Bundle BCU Health Board 26 November 2026

1 09:30 - PRELIMINARY MATTERS

1.1 09:30 - 26.212 Welcome, Introductions and Apologies for Absence

1.2 09:33 - 26.213 Declarations of Interest relating to the Agenda

1.3 09:34 - 26.214 Unconfirmed Minutes of the Health Board Meeting held on 24 September 2026
26.214 Minutes from Health Board Meeting 24.09.26 V0.2 (Public)

1.4 09:35 - 26.215 Matters Arising and Action Log
26.215 Summary Action Log Health Board (Updated 20.11.26) Public

1.5 09:40 - 26.216 Independent Review: Well Led Organisation (Verbal Update)

1.6 09:50 - 26.217 Consent Agenda

2 09:50 - STRATEGIC ITEMS

2.1 09:50 - 26.218 Experience Item (Asset Based Community Development)
26.218 Experience Video Item Report v1.0

2.2 10:10 - 26.219 Director of Public Health Annual Report 2026
26.219 Public Health Annual Report

2.3 10:30 - 26.220 Community by Design
26.220 Community by Design FINAL

2.4 10:50 - BREAK

2.5 11:00 - 26.221 Employee Experience and Engagement Report
26.221 Employee Experience and Engagement Report (Reward and Recognition) V2.1

2.6 11:15 - 26.222 Development of the 2027-30 Integrated Medium Term Plan
26.222 Development of the 2027-30 IMTP Progress Update and Next Steps FINAL

3 11:30 - INTEGRATED PERFORMANCE

3.1 11:30 - 26.223 Chair's Assurance Report - Quality, Safety and Experience Committee
26.223 AAA Report for QSE Committee 05.11.26 V1.0

3.2 11:35 - 26.224 Integrated Quality Report
26.224 Integrated Quality Report - Final (Public)

3.3 11:45 - 26.225 Public Services Ombudsman for Wales Annual Letter 2025-26
26.225 PSOW Annual Letter 2025-26
26.225.1 Appendix A - PSOW Annual Letter 2025-26 - Betsi Cadwaladr University Health Board
26.225.2 Appendix B - Response to Ombudsman Annual Letter 2025-26
26.225.3 Appendix C - PSOW Annual Letter Action Plan 2025-26

3.4 11:55 - 26.226 Annual Presentation of the Nurse Staffing Levels - Autumn 2026
26.226 Annual Presentation of the Nurse Staffing Levels - Autumn 2026 (Coversheet)

3.5 12:05 - 26.227 Chairs Assurance Report - Performance and Finance Committee
26.227 AAA Report for P&F Committee 27.10.26 V1.0

3.6 12:10 - 26.228 Integrated Quality and Performance Report
26.228 IQPR Coversheet v2
26.228.1 IQPR - HB 26112026 - Final

3.7 12:20 - 26.229 Finance Report
26.229 Finance Report 2026-27 Coversheet Month 7 v2
26.229.1 BCU 2026-27 M07 Finance Report v2

3.8 12:30 - LUNCH

4 13:00 - GOVERNANCE, RISK AND ASSURANCE

4.1 13:00 - 26.230 Chairs Assurance Report: Audit, Risk and Assurance Committee
26.230 ARAC Committee AAA Report 20.10.26 v3.0

4.2 13:05 - 26.231 Chairs Assurance Report: People and Culture Committee
26.231 AAA Report for P&C Committee 08.10.26 V1.0

4.3 13:10 - 26.232 Equality Annual Report 2025-2026
26.232 Equality Annual Report 2025-26

5 13:15 - CONSENT AGENDA

5.1 26.233 Chair's Report
26.233 Chair's Report November 2026

5.2 26.234 Chief Executive Report

5.3 26.235 Annual Review of RM01 Risk Management Framework
26.235 Risk Management Framework Review - V1.0

5.4 26.236 Corporate Governance Report
26.236 Corporate Governance Report

5.5 26.237 Committee & Advisory Group Chair's Reports
26.237.1 AAA Report for Remuneration Committee 05.10.26 v1.0
26.237.2 AAA Report for PPHP Committee 05.11.26 V0.2
26.237.3 AAA Report for MHL Committee 12.11.26 V1.0
26.237.4 AAA Report for LPF 03.11.26 v1.1
26.237.5 AAA Report for HPF 18.09.26 V1.0
26.237.6 AAA Report for Executive Committee (Aug-Oct 2026)

6 13:20 - CLOSING BUSINESS

6.1 13:20 - 26.238 Review of Meeting Effectiveness

6.2 13:22 - 26.239 Date of the Next Meeting - Thursday 28 January 2027

6.3 13:24 - 26.240 Resolution to Exclude the Press and Public

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Health Board Meeting
held in Public on 24 September 2026
at Venue Cymru, Llandudno

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Clara Day	Executive Medical Director
Debbie Eyitayo	Executive Director of People and Organisational Development
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Paul Lambert	Independent Member
Chris Lothian-Field	Independent Member
Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Deputy Chief Executive / Executive Director of Allied Health Professionals and Health Science
Fôn Roberts	Associate Member (Representative of Directors of Social Services)
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
In Attendance	
Lynne Bushell	Head of Health, Safety and Security *(part meeting)*
Dan Eyre	Head of Capital Development *(part meeting)*
Laura Jones	Corporate Governance Manager
Chris Lynes	Deputy Executive Director of Nursing
Dr Kathy McLean	Well Led Review Panel Member *(Observer)*
Phylis Makurunje	Aspiring Board Member
Justine Parry	Acting Director of Digital, Data and Technology
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Pam Wenger	Director of Corporate Governance
Dame Alwen Williams	Well Led Review Panel Member *(Observer)*

PRELIMINARY MATTERS

26.171 Welcome, Introductions and Apologies for Absence

The Chair welcomed Board Members, members of the public and those viewing online to the meeting and apologies were noted for Carol Shillabeer and Stuart Keen. The Chair thanked Teresa Owen, Deputy Chief Executive / Executive Director of Allied Health Professionals and Health Science, for deputising for the Chief Executive during the meeting.

The Chair welcomed Dame Alwen Williams and Dr Kathy McLean to the meeting as well as Prof Sir Stephen Powis online, who are members of the Well Led Review Panel and are undertaking a

Unconfirmed

review on behalf of Welsh Government noting that a number of discussions have taken place ahead of the formal Board meeting taking place today.

The Chair highlighted a number of key agenda items, including the regular **Experience Item,** the **Citizens Experience and Engagement Report** and the **Annual Quality Report.** The **Winter Resilience Planning 2026/27 Report** forms part of regular September reporting while the **Urgent and Emergency Care Report** provides an overview of performance in this area. The agenda also includes a range of governance, risk and assurance matters.

26.172 Declarations of Interest Relating to the Agenda

No declarations of interest were raised.

26.173 Unconfirmed Minutes of the Health Board meeting held on 30 July 2026, and the Annual General Meeting held on 29 July 2026

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board meeting held on 30 July 2026 and the Annual General Meeting held on 29 July 2026 were a true and accurate record subject to the following addition to the minutes from the Annual General Meeting held on 29 July 2026.

It was noted that the Health Board have received correspondence from Mr Milne regarding the draft minutes from the Annual General Meeting proposing that the relevant minute be expanded to provide additional detail and context in relation to the discussion, whilst maintaining an appropriate summary record of the meeting. The following narrative will be included in the confirmed version of the minutes:

Mr Milne raised a matter regarding a meeting with the Chair and Chief Executive. The Chair confirmed that the Chair and Chief Executive welcome opportunities to meet with members of the public to hear about their experiences of Health Board services and to identify learning and opportunities for improvement. The Chair clarified that such meetings were not intended to revisit matters that had previously been considered and concluded, or to discuss individual members of staff or operational matters. These matters would continue to be managed through the Health Board's established policies, procedures and governance arrangements. The Chair emphasised that the Health Board welcomed constructive feedback and remained committed to listening to and learning from the experiences of patients, service users and members of the public.

26.174 Matters Arising and Action Log

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

Healthy Travel Charter

- In relation to action 25.209.1 it was noted that the Health Board have committed to the Healthy Travel Charter and an action plan has been circulated outside of the meeting however further progress is required to progress the specified actions. It was agreed that an action relating to the **Healthy Travel Charter** should remain on the action log and the Director of Corporate Governance will take this forward with the Executive Committee noting that the action log will be revised to reflect this.

Chief Executive's Report

Unconfirmed

- Reference was made to Chief Executive's Report from the July meeting and the update provided around the **Primary Care Summit** convened by the Cabinet Minister for Health and Social Care to consider how the **Community by Design Transformation Programme** could be translated into practical delivery. It was confirmed that work is progressing Nationally with further discussions planned for October 2026. A Programme Director has been appointed who will be supported by a Clinical Reference Group and work is underway to progress the 0.5% resource shift requested by Welsh Government. It was agreed that a report would be provided for the next Board meeting being held in November 2026.

The Chair noted that this was the final Board meeting for the Executive Director of Finance, Russell Caldicott before taking up a new role. He thanked him for his contribution and wished him well for the future.

Action:

- **26.174.1** An action relating to the Healthy Travel Charter to remain on the action log and the Director of Corporate Governance will take this forward with the Executive Committee.
- **26.174.2** A report on the progress of the Community by Design Transformation Programme to be reported back to the Board in November 2026.

It was resolved that the Board:

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

26.175 Experience Item

The Deputy Chief Executive / Executive Director of Allied Health Professionals and Health Sciences introduced the experience item and a video presentation was shared with the Board:

- It was noted that the Experience Item is a standing agenda item focused on the experiences of patients using Health Board services and this item is based on the **Community High Dependency Team.**
- The Board heard how the patient received ongoing support from the **Community High Dependency Team** following a spinal injury sustained in an accident noting that the role of the team is provide specialist care over a period of time for patients affected by trauma or injury.
- Thanks were extended to the patient and the team for sharing their experience, which demonstrates the value of early intervention and the provision of care available within the home environment.

In discussing the report, the Board:

- Emphasised the value of patient experience stories in understanding the impact of services and sought clarification on the associated resource, financial implications and sustainability. It was confirmed that the specialist team identified in the story are a small resource who provide holistic care to patients with complex needs, with some patients requiring care outside of the area and away from their families. It was agreed that a briefing paper would be provided with further information on the number of patients requiring this provision of care including the team's resource requirements.
- Thanks were extended to the team for their work in this area.

Action:

Unconfirmed

- **26.175.1** Briefing note to be provided on the Community High Dependency Team noting the number of patients requiring this provision of care as well as the team's resource requirements.

It was resolved that the Board:

- **NOTED** the patient experience and the positive feedback regarding the Community High Dependency Team.

26.176 Chair's Report

The Board received the report and the Chair highlighted:

- Thanks to the Vice Chair, Gareth Williams for his support, significant contribution and commitment to the Health Board over the past three years and wished him well for the future.
- A collaborative project that has been completed by staff and patients at **Ty Llywelyn**, recognising the value of **Arts in Health** and reflected positively on the accompanying film and event held in the Tape Community Music and Film Centre based in Old Colwyn.
- The Health Board have been involved in promoting **Organ Donation Week** including an annual event to recognise and commemorate donors.
- It has been 92 years since the **Gresford Colliery Disaster** in which 266 people lost their lives, the Chair recognised the efforts of the rescue teams prior to the formation of the National Health Service and paid tribute those who were injured or lost their lives.

In discussing the report, the Board:

- Queried progress in relation to the recruitment of a Health Board Vice Chair, it was confirmed that the appointment is being progressed by Welsh Government, interviews are due to take place in October 2026 and confirmation is anticipated ahead of the next Board meeting in November 2026.

It was resolved that the Board:

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

26.177 Chief Executive's Report

The Board received the report and the Deputy Chief Executive / Executive Director of Allied Health Professionals and Health Sciences highlighted:

- The report provides an overview of the key activity undertaken by the Chief Executive both Nationally and Locally.
- The forthcoming **Annual Staff Achievement Awards** event being held in Venue Cymru tomorrow, noting that over 400 people are due to be in attendance and expressed appreciation to all those involved.
- Thanks to Russell Caldicott for his significant contribution to the Health Board, particularly during a challenging period, and recognised the positive impact of his work.
- Further work on the **Foundation for the Future Programme** has been paused pending completion of the **Well Led Review**, to ensure the findings of the Review inform the future direction required.
- The Chair thanked the Deputy Chief Executive / Executive Director of Allied Health Professionals and Health Sciences for deputising for the Chief Executive and extended well wishes to the Chief Executive during a period of sickness absence.

Unconfirmed

It was resolved that the Board:

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

26.178 Vice Chair's Report

The Board received a verbal update and the Vice Chair highlighted:

- Appreciation to the Chair for his support and valuable working relationship, recognising his continued commitment to the people of North Wales.
- The significant progress made by the Health Board over the past three years, recognising the current fragile position and the considerable external pressures. The work of the Executive Team and the Board was acknowledged in strengthening governance, complaints management and organisational learning, whilst recognising that further work remains.
- Positive examples of progress within **Primary and Community Care**, including the community resource teams, Dentistry, Ophthalmology and Pharmacy, and noted the need for further progress in realigning resource into community services, recognising the role of **Community by Design** expected to support this area of work.
- The significant progress that has been made across **Children and Adult Mental Health Services** and the dedication from staff, while highlighting the need to strengthen multidisciplinary working and support early intervention and improved access to services to provide support for the people of North Wales.
- The value of engaging directly with staff, acknowledging their responsiveness and commitment to improving services and thanked staff for their continued hard work.
- Thanks to the Executive Team, Governance Team and Independent Members for their contribution, recognising improvements in Board and Committee governance, transparency and organisational support.

It was resolved that the Board:

- **NOTED** the verbal update received.

STRATEGIC ITEMS

26.179 Citizens Experience and Engagement Report

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

- The paper provides a strategic overview of citizen experience and engagement during the first quarter of 2026/2027.
- A range of evidence has been collated including direct patient engagement, community conversations, political correspondence, digital engagement and the work of Llais.
- The feedback highlights the issues of importance to communities, the actions being taken, and how citizen feedback is informing strategic decision-making, drawing together the key themes emerging from these engagement channels.
- The key themes include access and waiting times, urgent and emergency care pressures, continuity of care, communication and involvement, and equitable access to services noting that recurring system themes demonstrate the need for stronger evidence of organisation-wide impact
- Positive feedback also highlighted compassionate staff, welcoming environments, Welsh-language care and responsive community services noting that local feedback is producing identifiable service level change.
- The report demonstrates how citizen insight is informing longer-term planning, reflecting contributions from colleagues, Llais and local communities.

Unconfirmed

In discussing the report, the Board:

- Queried how the **Patient Experience Survey Results** compared nationally in terms of benchmarking and the Health Board's position. It was confirmed that benchmarking is completed and comparators are included within the report. The All-Wales Patient Experience Group allows learning across Wales noting that the Health Board response levels are significantly higher than other Health Boards and the results are broadly in line with the All Wales average.
- Recognised the positive approach to listening and co-production and suggested this is reviewed in further detail by the Quality, Safety and Experience Committee noting the importance of this resource for improving patient experience.
- Noted the importance of sharing relevant feedback with staff and highlighted the value of local insight in informing strategic work, service change and the wider organisational picture.
- Acknowledged that patient experience is positive where services are accessible, but access remains a key concern, particularly for dentistry, and welcomed the proposal for a **North Wales Dental School.**
- Reflected on greater improvements in reducing delays in **acute hospitals** and **community hospitals** and sought clarity on long stays and delayed transfers of care across both settings, in particular **community hospitals** and opportunities to improve patient flow. It was agreed that a briefing note would be circulated outside of the meeting to provide further detail.
- Sought assurance on balancing the long-term digital ambition with digital inclusion, particularly for rural communities. It was confirmed that the historical digital estate is hindered by short term finance noting that plans are in place to align the digital work to the **Clinical Services Plan** to support a more inclusive approach.

Actions:

- **26.179.1** Quality, Safety and Experience Committee to review the patient experience information and survey results in further detail and the Director of Corporate Governance to determine whether this report should be considered by the Quality, Safety and Experience Committee rather than the Planning, Population Health and Partnerships Committee in future and which Committee should provide oversight going forward.
- **26.179.2** Briefing note to be circulated in relation to the breakdown of long hospital stays and delayed transfers of care across acute and community hospitals including opportunities to adopt a revised system to improve patient flow.

It was resolved that the Board:

- **NOTED** the key themes from citizen feedback.
- **RECOGNISED** the role of the citizen voice in shaping organisational objectives and decision-making, as well as operational improvements.

26.180 Royal Alexandra Hospital Phase 1: Progress Report

The Board received the report and the Deputy Chief Executive / Executive Director of Allied Health Professionals and Health Sciences and the Head of Capital Development highlighted*:*

- The report provides an update and assurance to the Board on the work that is progressing in relation to the **Royal Alexandra Hospital Development Programme**.
- A Welsh Government Project Assurance Review has been undertaken and advised an overall Amber assessment rating which shows work is progressing but there are a number of challenges that need to be addressed.

Unconfirmed

- Contractor mobilisation commenced in July 2026 and work is taking place to identify a Senior Responsible Officer and support the establishment of substantive leadership arrangement to ensure programme oversight.
- Key lessons have been learnt from the **Llandudno Orthopaedic Hub Programme** and these will be reflected throughout the process.
- Delays relating to ecological matters have now been resolved, with revised completion scheduled for the end of November 2027.
- There is a continued focus on the key risks, particularly the electrical supply, with discussions ongoing to maintain progress. The capital elements are progressing through standard processes, informed by learning from previous challenges.

In discussing the report, the Board:

- Sought clarity on the reporting arrangements and frequency to ensure the Board remained fully sighted and able to provide appropriate challenge.
- Referred to the risks identified, particularly in relation to the power supply and queried whether these relate to previous challenges. It was confirmed that the risk rating reflects both current and previous issues and will remain red until the power issue is resolved.
- Emphasised the need for regular capital reporting, bringing together key projects and Key Performance Indicators to provide clear oversight of risks and enable appropriate scrutiny through the Performance, Finance and Information Governance Committee. It was confirmed that this has previously been reported to the Board and the Director of Corporate Governance agreed to review this in further detail.
- Queried which Committee has responsibility for this Programme to provide assurance to the Board. It was confirmed that this aligns to the reporting of the **Annual Delivery Plan** therefore overarching responsibility sits with the Planning, Population Health and Partnerships Committee however there will be elements that will align to other Committees. Amendments are being made to the Committee Terms of Reference with Information Governance transferring over to the Planning, Population Health and Partnerships Committee which will allow the proposed, retitled Performance and Finance Committee to provide further oversight on Capital.
- Referenced the recent **Capital Governance Arrangements Advisory Report** completed by Internal Audit which was recently shared with the Audit Committee noting recurrent weaknesses in business cases and assurance. Also queried the support being provide to Senior Responsible Officers to ensure they are appropriately informed on their responsibilities. An approach to targeted training was welcomed noting that the Executive Committee are working through roles and responsibilities for programme management.

Action:

- **26.180.1** Director of Corporate Governance to review the requirements of regular capital reporting arrangements with the Director of Environment and Estates highlighting the need for clear information in relation to Key Projects and Key Performance Indicators to provide clear oversight of risks and enable appropriate scrutiny.

It was resolved that the Board:

- **NOTED** the progress of the Royal Alexandra Hospital (RAH) Development Programme.

INTEGRATED PERFORMANCE

26.181 Chair's Assurance Report - Planning, Population Health and Partnerships Committee

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

Unconfirmed

- The Committee welcomed the positive progress being made across the **Digital, Data and Technology portfolio** in relation to digital transformation, system change and the achievement of the **Service Desk Institute Accreditation**.
- There have been some significant delays to National programmes including the **Laboratory Information Management System Programme**.
- Concerns were raised around the ongoing National delay in the implementation of the **Electronic Healthcare Record Programme** and discussion took place around how this can be taken forward if National funding is not made available.
- A range of information had been shared with the Committee around the **Estates Strategy** and **health inequality** which will all feed into the **Integrated Medium Term Plan** and the **Clinical Services Plan**.
- Further assurance is required in respect of areas within the **Annual Delivery Plan** that are not currently on track for delivery and the Committee discussed suggested amendments to the **Annual Delivery Plan** reporting in order that each Committee takes accountability for their actions and timescales, with high risks being escalated up to the Board via the Chair's Assurance Report.

In discussing the report, the Board:

- Highlighted that Independent Members do not have access to all Committees via the iBabs electronic system and requested whether this could be provided. The Director of Corporate Governance agreed to take this forward for action.
- Reported that the **Planning Maturity Matrices** have previously been shared with the Board and the annual self-assessment has been completed early to support reflection and learning, with overall scores remaining stable and improvements evident across several sub-domains, noting that the deadline for submission has not yet been confirmed by Welsh Government.

Action:

- **26.181.1** Director of Corporate Governance to provide access for Independent Members to all Committees via the iBabs electronic system.

It was resolved that the Board:

- **NOTED** the content of the report noting that the Maturity Matrices and Annual Delivery Plan were approved by the Committee on behalf of the Board.

26.182 Winter Resilience Planning 2026/27

The Board received the report and the Deputy Chief Executive / Executive Director of Allied Health Professionals and Health Sciences highlighted:

- The work has been developed in partnership with the **North Wales Regional Partnership Board** as well as colleagues from health, social care, primary care and local authorities to co-design the plan noting that the plan received positive feedback from the **North Wales Regional Partnership Board.**
- This is a high level plan aligned to Welsh Government priorities focused on reducing escalation, improving patient flow, avoiding unnecessary admissions, strengthening community-based care, improving discharge performance, and eliminating corridor care wherever possible.
- There is strong strategic alignment around frailty, **Urgent and Emergency Care** improvement, Home First principles, integrated discharge arrangements and community resilience.

Unconfirmed

- The themes highlight the work that has been taking place across the whole system of the Health Board and the strengths and improvements that have been made across a range of services.

In discussing the report, the Board:

- Queried how this plan differs from the plan for 2025/26. It was confirmed that last year's improvement sprints strengthened the position going into Winter, although February 2026 remained challenging, and emphasised the need to apply this learning and maintain core improvements throughout the year.
- Welcomed the plan's key aims but suggested greater clarity is provided on the specific winter measures, delivery timescales, financial implications and risk management, suggesting these areas could be strengthened ahead of submission.
- Suggested the need for greater consistency across Local Authorities in supporting hospital discharge and strengthening shared responsibility for patient flow.
- Emphasised the need to strengthen frailty management and advanced care planning within primary care, exploring community-based alternatives to hospital admission that reflect patient requests.
- Sought clarity on how regional weather risks are monitored and reflected in local plans, particularly where adverse conditions affect staff access to hospital sites also referring to Summer pressures due to an increase in visitors to the area and the extreme heat recently experienced. It was confirmed that all service areas have business continuity plans in place to deal with cold and hot adverse weather noting that regular updates are provided.
- Queried the Health Board's relationship with Local Authorities around discharging patients. It was confirmed that strengthened collaboration is taking place between the Health Board and Local Authorities, supported by improved data sharing and revised processes to coordinate discharges, whilst recognising that further improvements are required.
- Agreed to consider the comments shared for inclusion ahead of the report being submitted noting that this builds on the work highlighted within the **Urgent and Emergency Care Report** to provide assurance in terms of partnership working. It was confirmed that the report will be strengthened and the final version that is submitted to Welsh Government will be shared with Board Members outside of the meeting.

Action:

- **26.182.1** Strengthen the report by incorporating the comments received and share the final version submitted to Welsh Government with Board Members outside the meeting.

It was resolved that the Board:

- **REVIEWED** the Resilience Planning approach for 2026/27.
- **APPROVED** the Winter Plan.

26.183 Urgent and Emergency Care Progress Report

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

- Concerns remain around timely access to care within **Emergency Departments** referring to the Performance Metrics on slide 11 of the **Integrated Quality and Performance Report** presentation.
- There has been some recent progress in relation to ambulance patient handovers which is an important area of improvement for patients as well as those in the community waiting for ambulances.

Unconfirmed

- Performance against patients waiting over 24 and 48 hours in **Emergency Departments** continues to be an area of concern however triage times are improving and staff are working extremely hard in these areas.
- An **Urgent and Emergency Care Improvement Plan** has been developed to address actions arising from the **Healthcare Inspectorate Wales inspection of Ysbyty Glan Clwyd Emergency Department** and the plan is being implemented across the Health Board noting that the full report was published on 10 September 2026 and has been considered by the Quality, Safety and Experience Committee.
- Peer reviews are taking place to identify and share the learning noting that **Healthcare Inspectorate Wales** returned unannounced and were able to see some areas of improvement reflected in staff experience and operational oversight.
- The **NHS Performance and Improvement Team** are currently completing a review focussed on quality and how the Health Board can provide the best level of care.
- At the Board meeting in June 2026, an investment of over £6m was approved and this is being utilised to provide additional workforce capacity, strengthen operational arrangements and enable measurable improvements in patient care noting that nursing and medical recruitment is progressing, with bank and agency staff providing interim cover pending substantive appointments
- Work has also taken place to strengthen current governance arrangements, and a fortnightly **Urgent and Emergency Care Operational Delivery Group** has been established to co-ordinate and measure safe and effective care improvement consistently across **Urgent and Emergency Care** departments.

In discussing the report, the Board:

- Stated that the Vice Chair has chaired an **Urgent and Emergency Care Oversight Group** and reinforced the work taking place across the three departments to drive improvements, providing confidence that appropriate actions are being taken and supported by a robust detailed plan.
- Emphasised the need to support people at home to assess their ongoing care needs, with greater consistency in decision-making, reduced risk aversion and year-round access to assessment services to support appropriate use of community hospital capacity.
- Highlighted the need to address the requirements for staff training and support. It was confirmed that cultural improvement work is taking place as identified through the **Healthcare Inspectorate Wales Report** to ensure clear Integrated Health Community oversight.
- Highlighted the importance of providing newly qualified nurses with appropriate support. It was confirmed that consideration is being given to provide preceptorship and experience in a range of clinical areas prior to commencing work in **Emergency Departments** to provide support as staff settle into their roles.
- Proposed that, given the progress made, detailed scrutiny around **Urgent and Emergency Care** should transition to the appropriate Committee, with the Board retaining strategic oversight. It was agreed that the Performance, Finance and Information Governance Committee would oversee delivery of the plan and performance through aligned reporting with the **Integrated Quality and Performance Report** noting that the Quality, Safety and Experience Committee would continue to provide scrutiny from a patient safety perspective.

Action:

- **26.183.1** Performance, Finance and Information Governance Committee to provide detailed scrutiny and oversight of performance and delivery in relation to Urgent and Emergency Care providing assurance to the Board.

Unconfirmed

It was resolved that the Board:

- **NOTED** the progress made in response to the Healthcare Inspectorate Wales inspection at Ysbyty Glan Clwyd.
- **NOTED** progress in implementing the approved Urgent and Emergency Care investment and development of the draft Urgent and Emergency Care Improvement Plan.
- **APPROVED** the proposed strengthening of Urgent and Emergency Care governance arrangements, including the establishment of an Urgent and Emergency Care Operational Delivery Group.
- **SUPPORTED** the development of an organisation wide Urgent and Emergency Care Operating Model and core Urgent and Emergency Care standards.
- **RECEIVED** ongoing assurance through future reporting on delivery, impact, risks and outcomes associated with the Urgent and Emergency Care Improvement Programme.
- **AGREED** that the Performance, Finance and Information Governance Committee will oversee delivery of the plan and performance via the Integrated Quality and Performance Report.

26.184 Chair's Assurance Report - Quality, Safety and Experience Committee

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

- The Committee received an update on progress in relation to compliance with Section 25A of the Nurse Staffing Levels (Wales) Act 2016 noting that **Emergency Departments**, **Mental Health and Learning Disability inpatient services** and **Community Hospital inpatient wards** have been reviewed and concerns have been raised around the need to address current staffing levels within existing budgets.
- A Deep Dive into **Endoscopy** will be undertaken at the next Committee due to concerns in this area.
- The patient story shared directly by the patient during the last meeting highlighted communication, escalation and advocacy issues for patients with complex needs, with learning to be shared through quality improvements and governance arrangements.

It was resolved that the Board:

- **NOTED** the content of the report

26.185 Integrated Quality Report

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

- The information contained within the report aligns to the **Integrated Quality and Performance Report** presentation referring to slide 31 onwards which highlights the performance metrics.
- The main risks relate to timely access to safe and effective care with a current focus on **Emergency Departments**, service fragility and **Endoscopy** issues noting the Deep Dive that is due to be presented to the Quality, Safety and Experience Committee.
- Concerns have been raised around the **Never Events** that have taken place and a summary is included in the report where these have occurred noting that the **Never Events** are currently progressing through a full investigation process.
- A stocktake of **Local Safety Standards for Invasive Procedures (LocSSIPs)** is being completed and work is underway to standardise and provide clarity in relation to audit

Unconfirmed

reporting noting that a theatre improvement programme is being developed with the **NHS Performance and Improvement Team** as part of the **Quality Review**.
- The **Clinical Quality Executive Delivery Group** has been established to ensure a multi professional approach to quality and provide a focus on the relevant risks in this area noting that progress will be reflected in the next iteration of the report.
- There has been an increase in the level of complaints received during the reporting period with themes around access to **Emergency Departments** and **Planned Care**.
- A **Listening to People Complaints Framework** was implemented in April 2026 to provide increased focus on early engagement and resolution, alongside additional support for teams.
- Performance against **Nationally Reportable Incidents** is positive with the Health Board continuing to deliver the shortest median investigation completion times in Wales.

In discussing the report, the Board:
- Noted the increased maturity in the organisation's approach to learning and sought assurance on how the Board can be confident that learning is being embedded consistently across the organisation. It was confirmed that the key areas for consideration include embedding organisational learning through safety huddles and rapid quality reviews and work continues to bring teams together to share views and define Health Board wide approaches noting that consistent shared learning will require continued focus.
- Referred to the value of bedside learning as an area that can reinforce learning through practical experience and provides a return to core principles.
- Suggested the need for greater standardisation across the three acute sites supported by shared learning and peer review, alongside continued focus on implementing recommendations and supporting fragile services.
- Referred to culture and learning including responses to complaints and queried what action is being taken and sought assurance on sustained improvement in this area. It was confirmed that discussions have taken place at the Executive Committee around the need to consider people metrics alongside quality metrics, with work underway to develop the availability of collective data. It was also noted that following the inspection, a culture audit and staff listening sessions have been completed which have informed a thematic report and a collaboratively developed action plan.
- Acknowledged the progress being made, encouraged staff to maintain the momentum and confirmed that the Quality, Safety and Experience Committee will continue to closely monitor progress.

It was resolved that the Board:
- **NOTED** the contents of the Integrated Quality Report and the assurance provided regarding quality, safety and experience across BCUHB.
- **SUPPORTED** the improvement actions and governance arrangements outlined within the report to address identified risks and sustain organisational learning and quality improvement.

26.186 Annual Quality Report

The Board received the report and the Executive Medical Director and Deputy Executive Director of Nursing highlighted:
- All NHS bodies are required to publish an **Annual Quality Report** to include an assessment of improvement outcomes and their impact on the quality of health services provided.
- Work is taking place to align the report with the developing Health Board-wide approach to the **Clinical Services Plan**, **Annual Plan** and **Integrated Medium Term Plan** priorities.

Unconfirmed

- The report includes reference to V2 of the **Quality Management System** and its implementation with further learning expected to emerge.
- The report reflects the position during April 2026 and will continue to expand to include **Community by Design** and **Planned Care** as the quality agenda moves forward.

In discussing the report, the Board:

- Considered that the report would benefit from a more balanced assessment with greater focus and clarity on timescales and impact noting the need for consideration of the Health Board's overall expectations and priorities.
- Noted that further clarity is required from Welsh Government on the requirements also referring to the All Wales Report on Quality Governance and the work taking place with the **NHS Performance and Improvement Team** focussing on quality which will enable improvements ahead of the production of the next **Annual Quality Report**.
- Highlighted that the report has been developed in line with annual reporting requirements but requires greater scrutiny noting that a recent Welsh Health Circular will inform a refined template which can be utilised for future reporting.
- Agreed that the Board approve the report subject to minor amendments confirming that the Chair of the Quality, Safety and Experience Committee will oversee the final revisions endorsed by the Executive Medical Director and Deputy Executive Director of Nursing and the final version of the report will be shared with Board Members.

Action:

- **26.186.1** Strengthen the report by incorporating the comments received and share the final version of the Annual Quality Report with Board Members outside of the meeting.

It was resolved that the Board:

- **APPROVED** the Annual Quality Report for 2025-2026 subject to the minor amendments required.

26.187 Chairs Assurance Report - Performance, Finance and Information Governance Committee

The Board received the report and **NOTED** the content.

26.188 Integrated Quality and Performance Report

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

- Thanks to the Senor Finance Team and the Programme Director for Value and Sustainability for their hard work and driving forward improvements in this area.
- The report has been strengthened and will continue to evolve as the overarching report.
- Sustained progress has been made in reducing **Planned Care waiting times** with the number of patients waiting over 104 weeks reducing by 80% noting a move from transactional to transformational improvements in this area.
- **Cancer performance** was reported as 57.1% at the end of July 2026 but remains significantly below the national target noting that **Cancer performance** is challenged across the whole of NHS Wales.
- **Diagnostic performance** has continued to improve with the percentage of patients seen within eight weeks increasing from 47.1% at the end of January 2026 to 68.3% at the end of July 2026 highlighting a reduction of around 14,500 patients waiting over 8 weeks.

Unconfirmed

- There has been an increase in vacancies due to additional resource requirements and continuing concerns around sickness absence noting that the Healthy Workforce Group are providing support to areas of particular need.
- Agency usage is reducing, supported by a focused programme of work on medical and agency workforce usage.

In discussing the report, the Board:

- Welcomed the revised format of reporting noting the improved alignment with other reports that are being shared with the Board.
- Drew attention to **theatre utilisation** noting the lack of improvement, continued scrutiny requirements and associated appointment cancellations. It was noted that **Planned Care** funding is supporting external input and informing the development of an integrated plan as part of the work with the **NHS Performance and Improvement Team**.
- Raised concerns regarding the position on follow-ups, with assurance sought that improvement work is progressing. It was confirmed that there has been progress through the governance process, with work underway to implement and embed an agreed approach.
- Noted that the number of discharges before midday remained unchanged. It was confirmed that discharge lounge activity is monitored, including patients discharged from beds but not the hospital setting. Work is taking place to track alerts and escalations over time to demonstrate progress rather than provide a snapshot.
- Queried the benefit of sharing this information more widely across the organisation in an accessible and user-friendly format. It was confirmed that local teams have access to their respective elements noting that there is an ambition to provide a wider organisational picture and extend engagement across frontline teams.

It was resolved that the Board:

- **NOTED** that the exceptions in the report are being monitored and are under considerable scrutiny, despite this there is considerable risk that the Health Board's trajectories will not be met this quarter. The Board are therefore asked to provide robust oversight and challenge, ensuring that recovery plans are delivering measurable improvement and that management actions are commensurate with the scale of the operational, quality and financial challenges facing the Health Board.

26.189 Finance Report

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

- All Health Boards in Wales have received correspondence from the Director General emphasising the need for strengthened grip and control.
- The in-month deficit is reported as £6.4m at Month 5, which is a £2.8m adverse to the Month 5 profiled financial plan deficit of £3.6m.
- The Year-to-date deficit is £29.3m, representing an adverse variance of £11.4m, against the planned year to date deficit of £17.9m.
- The monthly spend is approximately £2m per month more than allocated, discussions are taking place with operational leadership team and the **Integrated Performance Executive Delivery Group** noting that the current forecast for 2026/27 remains a deficit of £43 million which will reply on successful implementation of recovery actions to recover the year-to-date overspend.
- To achieve the submission of a balanced financial plan, there is a need to deliver an enhanced savings programme of £63 million, representing an additional £17 million above the £46 million savings target currently incorporated within the submitted financial plan.

Unconfirmed

- Work is taking place to identify additional savings which would realign the position noting that work remains ongoing in this area and information will be shared with colleagues in due course to enable decision making.

In discussing the report, the Board:

- Acknowledged the continued work to deliver the required savings, whilst recognising the need for targeted investment to support service improvements.
- Reflected on the savings ambition of £63m, noting an unapproved **Integrated Medium Term Plan** and queried how these impact the achievement of a balanced financial position over a three-year period. It was noted that £82m is conditional on delivery of the plan, with £108m of funding dependent on achieving a balanced financial position, reinforcing the for increased ambition to achieve the required financial position.
- Noted the need for further information on additional savings opportunities to be presented to the Board over the coming months to support informed decision-making.

It was resolved that the Board:

- **RECEIVED ASSURANCE** on the content of the report.

GOVERNANCE, RISK AND ASSURANCE

26.190 Chair's Assurance Report: Audit Committee

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

- There are a number of significant long-standing audit recommendations that remain open noting that relevant colleagues are being requested to attend specific meetings to highlight progress and agree the actions required for closure.
- A range of corporate risks remain static noting the need for clear programmes of work, supported by defined timescales and evidence of progress.

In discussing the report, the Board:

- Referred to the **Centre for Mental Health and Society review** with the associated Independent Member declaring an interest due to employment with Bangor University and querying the outcome of the advice provided. It was confirmed that the response identified no fraudulent activity and the governance issues referring back to 2012 had been resolved. It was agreed that the report that had been considered by the Audit Committee would be shared with Board Members.

Action:

- **26.190.1** The report on the Centre for Mental Health and Society review presented to the Audit Committee to be shared with Board Members outside of the meeting.

It was resolved that the Board:

- **NOTED** the content of the report

26.191 Board Assurance Framework 2026-2027

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

- The **Board Assurance Framework** has been reviewed by the Committees during the last cycle of meetings noting that the revised reporting had been welcomed confirming that further work is required to strengthen outcomes and deliverables.

Unconfirmed

- The report is moving towards a stronger assurance focus, recognising the role of the Audit Committee to provide overall assurance to the Board.
- The **Board Assurance Framework** has been aligned to the strategic risks and the Integrated Medium Term Plan.

In discussing the report, the Board:

- Queried the delay in relation to the **Diabetes pathway**, it was confirmed that work is taking place in relation to pathways, practice level data is being analysed to provide targeted support, whilst also addressing data quality.

It was resolved that the Board:

- **NOTED** the refreshed Board Assurance Framework and current assurance position.
- **RECEIVED ASSURANCE** that appropriate arrangements are in place to identify, monitor and manage the Health Board's principal strategic risks.
- **NOTED** the assurance themes and observations arising from Committee and Audit Committee scrutiny.
- **SUPPORTED** ongoing work to strengthen outcome-based assurance, benefits realisation and evidence of strategic impact.
- **ENDORSED** the continued development of the Board Assurance Framework and associated reporting arrangements.

26.192 Risk Appetite Annual Review 2026-2027

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

- The organisational **Risk Appetite Statement** has been reviewed at the Informal Board and is being reported to seek approval for the implementation of the revised **Risk Appetite Statement for 2026/27.**
- The review of the **Risk Appetite Statement** will be brought forward during 2027 noting that the **Annual Review of the Risk Appetite and Risk Tolerance** will report back to the Board in November 2026.

It was resolved that the Board:

- **NOTED** the Report.
- **APPROVED** the revised Risk Appetite Statement for 2026/27.
- **AGREED** that the revised appetite is implemented across the Health Board and incorporated into the Risk Management Framework arrangements and reporting processes.

26.155 Corporate Governance Report

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

- The proposed amendments to the **Governance and Accountability Framework**, including the **Scheme of Reservation and Delegation (SoRD)** have been considered and approved by the Audit Committee and recommended to the Board for approval.
- A number of revisions to the Committee **Terms of Reference** are highlighted within the report.
- The **Transfer Log** has been shared for transparency and going forward, where actions are closed, they will be removed from the **Transfer Log**.

It was resolved that the Board:

Unconfirmed

- **NOTED** the corporate governance updates contained within the report, including the summary of business considered in private session, the affixing of the Common Seal, the Well-Led Review update, the UK Covid-19 Inquiry learning and the refreshed Board Assurance Framework.
- **APPROVED** the proposed amendments to the Governance and Accountability Framework, including the Scheme of Reservation and Delegation, following recommendation by the Audit Committee.
- **APPROVED** the revised Committee Terms of Reference and **NOTED** the Committee Annual Reports for 2025/26.
- **NOTED AND RATIFIED** the Approved Clinicians and Section 12(2) Doctors approvals included within the supporting appendices.
- **NOTED** the assurance provided through the NHS Wales Shared Services Partnership Committee.
- **NOTED** the update on the work of the MWJC including the Strategic Review of the MWJC, the Mid Wales Priorities and Delivery Plan and the RHCW Work Programme.
- **REVIEWED** the Transfer Log schedule.

26.194 Chairs Assurance Report: People and Culture Committee

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

- A number of areas had been considered by the Committee and further work is required in relation to the sustainability of the workforce.

It was resolved that the Board:

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

26.195 Health, Safety and Security Annual Report

The Board received the report and the Director of Corporate Governance and the Head of Health, Safety and Security highlighted:

- The report has been to the People and Culture Committee and provides assurance on the work completed during 2025/26.
- The report outlined the progress made to date, highlighting key achievements, areas requiring further improvement and associated organisational risks.

In discussing the report, the Board:

- Expressed concerns in relation to the levels of violence and aggression, with further clarity sought on the measures and actions being implemented to address this. It was confirmed that an action plan is being developed, informed by improved incident data and validation, with targeted interventions, strengthened partnership working and a violence prevention framework providing greater triangulation and assurance.
- Acknowledged this this is an area of organisational risk and queried how this is being managed. It was confirmed that a further **Health and Safety Audit** is underway, building on the work completed to improve transparency, with a focus on embedding arrangements at frontline level and exploring a digital solution to strengthen ward to Board governance and assurance.

It was resolved that the Board:

- **APPROVED** the Health, Safety and Security Annual Performance Report 2025-2026.

Unconfirmed

- **TOOK ASSURANCE** from the progress made in strengthening governance, assurance and organisational oversight not only over the last 12-months but also the 36-months.
- **RECOGNISED** the significant improvement journey undertaken following the 2024 Internal Audit and health and safety gap analysis.
- **ENDORSED** the strategic priorities for 2026-2027.
- **SUPPORTED** continued organisational focus on workforce safety, particularly violence and aggression prevention.

26.196 Welsh Language Services Annual Report

The Board received the report and the Deputy Chief Executive / Executive Director of Allied Health Professionals and Health Sciences highlighted:

- The Annual Report provides assurance that the Health Board have continued to strengthen compliance with the **Welsh Language Standards** and advance the ambitions of the Welsh Government's **'More than just words' Framework** during 2025–2026.
- There continues to be a focus on enhanced bilingual communications, signage and corporate identity which provides positive benefits to patient outcomes.
- The Health Board has had increased participation in Welsh Language training, with over 1,000 staff accessing learning opportunities during the year and thanks were expressed to the Board for their contribution and the learning that has been undertaken.
- The Chair of the Health Board as the **Welsh Language Champion** welcomed the organisation's commitment to embracing the Welsh Language and promoting its use across the organisation.

In discussing the report, the Board:

- Clarification was sought on the distribution of posts where Welsh Language is essential or desirable, including the extent to which these relate to clinical areas. It was confirmed that the policy prioritises Welsh Language requirements for administrative and reception roles as key points of patient contact, with plans to strengthen Welsh Language capability in specialist and senior roles.
- Queried whether Welsh Language capability was stronger in particular areas, such as children's and dementia services, noting the importance of ensuring staff new to the area understand the bilingual context and culture. It was confirmed that priority areas have been identified which include those highlighted noting that the Welsh Language Team focus support accordingly and pilot work underway within the Speech and Language Therapy Team.

It was resolved that the Board:

- **APPROVED** the Welsh Language Services Annual Monitoring Report 2025/26 and the More Than Just Words Plan for 2022/27.

26.197 Committees and Advisory Group Chair's Reports:

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

- Mental Health Legislation Committee, Gareth Williams
- Charitable Funds Committee, Dyfed Jones
- Stakeholder Reference Group, Peter Lewis
- Executive Committee, Carol Shillabeer

Unconfirmed

It was resolved that the Board:

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

CLOSING BUSINESS

26.198 Review of Meeting Effectiveness

It was agreed that there is a need to balance inclusive discussions with sufficient focus on key strategic matters with an ambition for Committees to operate more strategically, including greater use of consent agendas and consideration of future priorities. It was proposed that work continues to reorder agendas to prioritise strategic matters, with papers reframed to support higher-level discussions and reduce unnecessary operational detail. It was agreed that there is a need to review the structure and presentation of reports to enable greater strategic focus.

26.199 Date of Next Meeting:

Thursday 26 November 2026 at 9.30am in Venue Cymru. Llandudno.

26.200 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."

Unconfirmed

Health Board Action Log (Public)

Updated 20.11.26

Open Actions						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
			REMAIN OPEN			
1	**26.174.1**	24.09.26	**Healthy Travel Charter** An action relating to the Healthy Travel Charter to remain on the action log and the Director of Corporate Governance will take this forward with the Executive Committee. This action supersedes action 25.209.1 which has been closed.	Pam Wenger	Jan 27	**Remain Open** **15.10.26** The Director of Corporate Governance will link in with the new Director of Environment and Estates once they commence in post. **24.09.26** An action plan update has been circulated to Board members outside of the meeting and this will be taken forward for further action. It was agreed at the Board meeting that this action should remain on the action log as further progress is required in this area and the Director of Corporate Governance will take this forward with the Executive Committee.
2	**26.175.1**	24.09.26	**Experience Item** Briefing note to be provided on the Community High Dependency Team noting the number of patients requiring	Teresa Owen	Jan 27	**Remain Open** **20.11.26** This is being progressed and an update will follow in due course.

			this provision of care as well as the team's resource requirements.			
3	**26.182.1**	24.09.26	**Winter Resilience Planning 2026/27** Strengthen the report by incorporating the comments received and share the final version submitted to Welsh Government with Board Members outside the meeting.	Teresa Owen	Jan 27	**Remain Open** **20.11.26** This is being progressed and an update will follow in due course.
4	**26.102.1**	28.05.26	**Proposal to becoming a Maethu Cymru / Foster Wales Partner and Foster Friendly Employer** The work to develop the Health Board to become a Foster Wales Partner and Foster Friendly Employer to progress via the Executive Committee and People and Culture Committee and report back to the Board in future.	Debbie Eyitayo	Jan 27	**Remain Open** **05.11.26** This is reporting to the People and Culture Committee in December 2026 and will report back to the Board via the AAA Report. **22.06.26** This work will be progressed to report to the People and Culture Committee in December 2026 before reporting back to the Board.
5	**26.102.2**	28.05.26	**Proposal to becoming a Maethu Cymru / Foster Wales Partner and Foster Friendly Employer** Further work to be completed to develop a focus on issues concerning children and young people at the Board in a more comprehensive manner.	Helen Stevens-Jones	Jan 27	**Remain Open** **05.11.26** A report on children and young people will report back to the Board in January 2027. **26.06.26** The Youth Board presented at the Board Development Session held on 25 June 2026, further work is taking place in this area and will aim to report back to the Board in January 2027.
			ACTIONS PROPOSED FOR CLOSURE			
1	**26.174.2**	24.09.26	**Chief Executive's Report**	Jane Moore	Nov 26	**Action proposed for closure**

			A report on the progress of the Community by Design Transformation Programme to be reported back to the Board in November 2026.			**17.11.26** A report on Community by Design is included on the agenda for the November Board meeting. **13.10.26** An item on the Community by Design Transformation Programme has been included on the agenda for the Board meeting in November 2026.
2	**26.179.1**	24.09.26	**Citizens Experience and Engagement Report** Quality, Safety and Experience Committee to review the patient experience information and survey results in further detail and the Director of Corporate Governance to determine whether this report should be considered by the Quality, Safety and Experience Committee rather than the Planning, Population Health and Partnerships Committee in future and which Committee should provide oversight going forward.	Pam Wenger	Nov 26	**Action proposed for closure** **14.11.26** Following review, it is proposed that the Citizen Engagement Report continues to be considered by PPHP Committee, reflecting its focus on citizen and community engagement. Relevant patient experience intelligence, including survey findings and themes relating to quality, safety and service delivery, will be considered through QSE Committee, with assurance on associated clinical and service improvement actions provided through the appropriate Executive leads. This provides clearer oversight while avoiding duplication between Committees.

3	**26.179.2**	24.09.26	**Citizens Experience and Engagement Report** Briefing note to be circulated in relation to the breakdown of long hospital stays and delayed transfers of care across acute and community hospitals including opportunities to adopt a revised system to improve patient flow.	Chris Lynes	Nov 26	**Action proposed for closure 20.11.26** A briefing note has been circulated to Board members outside of the meeting.
4	**26.180.1**	24.09.26	**Royal Alexandra Hospital Phase 1: Progress Report** Director of Corporate Governance to review the requirements of regular capital reporting arrangements with the Director of Environment and Estates highlighting the need for clear information in relation to Key Projects and Key Performance Indicators to provide clear oversight of risks and enable appropriate scrutiny.	Pam Wenger Arwel Hughes	Nov 26	**Action proposed for closure 17.11.26** The Performance and Finance Committee considered the proposed approach to capital governance in October 2026. In line with this approach, arrangements are being developed for regular capital reporting. This is included on the agenda for the Performance and Finance Committee.
5	**26.181.1**	24.09.26	**Chair's Assurance Report - Planning, Population Health and Partnerships Committee** Director of Corporate Governance to provide access for Independent Members to all Committees via the iBabs electronic system.	Pam Wenger	Nov 26	**Action proposed for closure 05.11.26** Independent Members have now been provided with access to all Committees via the iBabs electronic system.
6	**26.183.1**	24.09.26	**Urgent and Emergency Care Progress Report** Performance, Finance and Information Governance Committee to provide detailed scrutiny and oversight of	Pam Wenger	Nov 26	**Action proposed for closure 14.10.26** Urgent and Emergency Care is included on the P&F Committee cycle of business and reports to

			performance and delivery in relation to Urgent and Emergency Care providing assurance to the Board.			every meeting. This will continue to report back to the Board via the AAA Report.
7	**26.186.1**	24.09.26	**Annual Quality Report** Strengthen the report by incorporating the comments received and share the final version of the Annual Quality Report with Board Members outside of the meeting.	Clara Day	Nov 26	**Action proposed for closure** **20.11.26** A copy of the final version of the Annual Quality Report has been circulated to Board members outside of the meeting.
8	**26.190.1**	24.09.26	**Chair's Assurance Report: Audit Committee** The report on the Centre for Mental Health and Society review presented to the Audit Committee to be shared with Board Members outside of the meeting.	Pam Wenger	Nov 26	**Action proposed for closure** **05.11.26** A copy of the report that went to the Audit Committee has been circulated to Board members via email.
9	**25.209.1**	27.11.25	**Healthy Travel Charter** Progress against the Healthy Travel Charter to report back to the Board in May 2026.	Pam Wenger Stuart Keen Jane Moore	~~July 26~~ Revised timescale Jan 27	**Action proposed for closure** **24.09.26** It was agreed at the Board meeting that this action should remain open as further progress is required in this area and the Director of Corporate Governance will take this forward with the Executive Committee. **17.09.26** An action plan update has been circulated to Board members outside of the meeting and this will be taken forward for further action. **10.07.26** Further work is required in relation to the Healthy Travel Charter and

						this will be discussed further by the PPHP Committee. **21.04.26** A brief progress update on the Healthy Travel Charter has been included in the Q4 Population Health Delivery Report being provided to the PPHP Committee in May 2026 and a further report will be submitted to the Committee in July 2026. This will be reported back to the Board in July via the Committee AAA Report. **16.03.26** This information will be included in the Public Health Delivery Plan and reported to the PPHP Committee in May 2026. **19.01.26** The Healthy Travel Charter has been included on the forward workplan for both the PPHP Committee and the Health Board in May 2026.
10	**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.	Debbie Eyitayo Georgina Roberts	~~May 26~~ Revised timescale Jan 27	**Action proposed for closure** **05.11.26** This will be the focus for the staff story being presented to the P&C Committee in December 2026 and will report back to the Board via the AAA Report. **09.09.26** This was discussed at the P&C Committee agenda

						setting meeting on 06.08.26 where it was suggested this is linked to an upcoming National celebration day also aligned to a work programme / strategic business. This is being discussed by the Workforce team to agree how this is taken forward. **19.01.26** This area of work will align to the Foundations for the Future Programme and will therefore report to the People & Culture Committee later in the year, the timescale has been revised to reflect this. **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.
Closed Actions (as agreed at meeting on 24.09.26)						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
1	**26.143.1**	30.07.26	**All Ages Community Health Digital Solution – Outline Business Case**	Pam Wenger	Sept 26	**07.09.26** The oversight for capital projects sits with the PFIG Committee and the

			Director of Corporate Governance to clarify the oversight required by the Performance, Finance and Information Governance Committee and Planning, Population Health and Partnerships Committee in relation to Digital.			delivery of digital projects sits with the PPHP Committee. Lead Executive Directors to ensure relevant Independent Members are briefed on Digital projects ahead of Committee meetings taking place.
2	**26.148.1**	30.07.26	**Integrated Quality Report** Director of Corporate Governance and Deputy Executive Director of Nursing to provide a briefing note outside of the meeting on the legislation requirements and implementation plan for the amendment to the Deprivation of Liberty Safeguards guidance.	Pam Wenger Chris Lynes	Nov 26	**15.09.26** A briefing paper has been circulated to Board members by email outside of the meeting. **08.09.26** This action is being progressed and a briefing will follow in due course.
3	**26.131.1**	25.06.26	**Emergency Department Business Case** The Director of Corporate Governance to share the Healthcare Inspectorate Wales Reports with Board Members for information.	Pam Wenger	Sept 26	**30.07.26** It was confirmed during the July Board meeting that this information has now been shared and the action can be closed. **21.07.26** The Healthcare Inspectorate Wales Reports will be shared once they become available.
4	**26.93.1**	28.05.26	**Integrated Quality Report** The submission to Health Inspectorate Wales in response to the inspection at the Emergency Department at Ysbyty Glan Clwyd to be shared with Board Members once complete.	Clara Day	Sept 26	**30.07.26** It was confirmed during the July Board meeting that this information has now been shared and the action can be closed. **21.07.26** This action links with action 26.131.1 and the Healthcare Inspectorate Wales

						Reports will be shared once they become available.
5	**26.98.1**	28.05.26	**Finance Report** Further detail on the financial position to be provided to the Board due to the significance of the challenge.	Russell Caldicott	Sept 26	**16.09.26** The Financial Savings Plan is reported within the Finance Report being presented to the Board in September 2026. **21.07.26** The Financial Savings Plan was discussed at the Board Development Session held on 25 June 2026 and further discussions are ongoing.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

STORYTELLING: ASSET-BASED COMMUNITY DEVELOPMENT

Dyddiad y Cyfarfod Date of Meeting	26 November 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Adelle Stopher, Senior Public Health Practitioner Dafydd Gwynne, Strategic Partnerships Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad Report Purpose	For Noting

**Crynodeb Gweithredol
Executive Summary**

This report accompanies the Public Health Annual Report and presents community perspectives on asset-based community development in a video format. It highlights two case studies featured in the Director of Public Health's Annual Report, showcasing programmes delivered in Upper Denbigh and Wrexham.

The accompanying full report can be accessed via the Director of Public Health Annual Report 2026: Using the Power of Communities to Improve Health and Wellbeing.

**Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
N/A		

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
ABCD	Asset-Based Community Development

STORYTELLING: ASSET-BASED COMMUNITY DEVELOPMENT

1. **Y SEFYLLFA**
SITUATION

1.1 The Board is asked to receive the Director of Public Health Annual Report Introduction video, which showcases practical examples of asset-based community development across North Wales, highlighting how community strengths, partnerships and local leadership can improve health and wellbeing outcomes and support prevention.

2 **Y CEFNDIR**
BACKGROUND

2.1 The Director of Public Health's Annual Report explores the role of asset-based community development in supporting health and wellbeing across North Wales. It considers how communities can be empowered to build on local strengths and resources to improve outcomes and reduce health inequalities. Please see the Director of Public Health Annual Report 2026: Using the Power of Communities to Improve Health and Wellbeing for the full report and further information.

2.2 The introductory video and report are supported by two examples from across North Wales, namely Upper Denbigh and Wrexham, illustrating how community-led approaches have enabled local people, voluntary organisations and public services to work together to identify opportunities, address local challenges, and strengthen community wellbeing

3 **MATERION PENODOL I'W HYSTYRIED**
SPECIFIC MATTERS FOR CONSIDERATION

3.1 The stories demonstrate:

- How asset-based community development can be applied through different models and approaches.
- The role of the Health Board in supporting the development and delivery of initiatives such as Active North Wales through partnership working with local communities, services and organisations.
- How existing community assets, such as The Venture in Wrexham, can be strengthened through responsive support and collaboration between communities and Health Board services.
- The importance of recognising, valuing and building on community strengths, relationships and resources.
- How communities can be empowered to identify priorities and shape solutions that meet local needs.
- The contribution of asset-based approaches to strengthening community resilience, improving wellbeing and reducing health inequalities.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1 No new risk is proposed for escalation on the basis of the case studies presented. However, the stories demonstrate the importance of continued investment in community capacity, partnership working and community-led approaches to support health improvement, wellbeing and the reduction of health inequalities.

5 ARGYMHELLION
RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Board is asked to:

- **NOTE** the video and the recommendations outlined in the full report.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	1. Focus on Health and Wellbeing If more than one applies, please list below: 3.Improve Access, Outcomes and Experiences
Yr Egwyddorion Dylunio Design Principles	People First Inclusive Design Equity and Accessibility Consistency with Organisational Values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	CRR25-03 Population Health Risk 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. BAF24-06 - There is a risk of not delivering the required improvements to transform care and enhance outcomes

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	The report promotes equitable health improvement and reduction of inequalities.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	The report has a strong focus on reducing health inequalities and improving wellbeing by supporting communities to build on existing strengths and assets. It recognises that communities experiencing greater disadvantage may

		require proportionate support and investment to achieve equitable health outcomes.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: x
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	Not required as the report does not introduce a service change or policy decision
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Report supports equitable access to opportunities that influence health and wellbeing.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No separate assessment required; report available bilingually.
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The report is presented for noting and does not propose changes to services, policies or resource allocation. There are no specific impacts identified in relation to members of the Armed Forces community.

Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not applicable as the report is for information and does not change service delivery.
	Galluogwyr Ansawdd **Enablers of Quality** Culture and Valuing People	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales A Resilient Wales A More Equal Wales A Wales of Cohesive Communities A Prosperous Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	Not applicable
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	

Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2026: USING THE POWER OF COMMUNITIES TO IMPROVE HEALTH AND WELLBEING

Dyddiad y Cyfarfod Date of Meeting	26 November 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Adelle Stopher (Senior Public Health Practitioner) Dafydd Gwynne (Strategic Partnerships Manager)
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Dr Jane Moore, Executive Director Public Health

Pwrpas yr Adroddiad Report Purpose	For Noting

**Crynodeb Gweithredol
Executive Summary**

The purpose of this report is to provide the Board with an update on the development of, and key recommendations from, the 2026 Executive Director of Public Health Annual Report 'Using the Power of Communities to Improve Health and Wellbeing'. This statutory and independent report has been produced by the Executive Director of Public Health and focuses on the role of Asset Based Community Development (ABCD) in improving health, wellbeing and reducing inequalities across North Wales.

North Wales has a wealth of community strengths, including strong local identities, active voluntary organisations, valuable community assets and people committed to supporting one another. As the needs of the population continue to evolve, there is an opportunity to build on these strengths to improve wellbeing, strengthen connections, and create healthier and more equitable communities. Building on the 2025 Director of Public Health Annual Report, 'Building Health', this year's report explores the three core elements of ABCD: discovering community strengths and assets, connecting people and organisations, and mobilising local action. Through examples from across North Wales, it demonstrates how community-centred approaches are supporting prevention and contribute to improved health and wellbeing outcomes.

The report reinforces the ambitions of the Regional Wellbeing, Prevention and Anchor Framework and highlights the importance of partnership working across public, voluntary and community sectors. It concludes that embedding strengths-based and community-centred approaches requires the following enablers to support communities to flourish and to maximise opportunities for improved population health: • sustained commitment • workforce development • collaborative leadership • proportionate investment The Board is asked to note the development and key recommendations of the Annual Report and support the continued promotion of community-centred approaches that contribute to improved health and wellbeing outcomes across North Wales.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Director of Public Health Annual Report Working Group	Jan 2026-Oct 2026	Report developed using evidence review, population health data, stakeholder engagement, community case studies and examples of Asset Based Community Development practice across North Wales.
Public Health Senior Leadership Team		Oversight of report.
Third Sector and Community Partners		Community case studies and images provided. Overall support in development of the report.
Executive Committee		For noting.
PPHP Committee		For noting.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
ABCD	Asset Based Community Development
BCUHB	Betsi Cadwaladr University Health Board

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2026: USING THE POWER OF COMMUNITIES TO IMPROVE HEALTH AND WELLBEING

1. Y SEFYLLFA / SITUATION

1.1 The purpose of this report is to present the 2026 Executive Director of Public Health Annual Report, titled "Using the Power of Communities to Improve Health and Wellbeing", for noting by the Board. The report fulfils the statutory responsibility of the Executive Director of Public Health to provide an independent assessment of matters affecting the health of the population of North Wales. The report explores how Asset Based Community Development (ABCD) can support improved health and wellbeing outcomes by recognising and mobilising the strengths, assets and capabilities that already exist within communities.

2 Y CEFNDIR / BACKGROUND

2.1 North Wales benefits from many strengths, including strong communities, cultural identity, natural resources and active voluntary and community sectors. However, significant health inequalities remain across the region. The report highlights challenges associated with an ageing population, increasing long-term conditions, social isolation and persistent inequalities in healthy life expectancy. It builds upon the 2025 Director of Public Health Annual Report, Building Health, and aligns with the Regional Wellbeing, Prevention and Anchor Framework, which seeks to improve population health and reduce inequalities through prevention and community-centred approaches.

2.2 The report demonstrates how ABCD provides a practical framework for working with communities by focusing on discovering community assets, connecting people and organisations, and mobilising local strengths to support community-led change. Through a range of case studies from across North Wales, the report illustrates how communities can improve wellbeing, strengthen social connections and contribute to reducing health inequalities when supported to lead action on issues that matter most to them.

2.3 The **Discover** chapter explores how communities can identify and understand their local assets, including people, places, community groups, stories and institutions. Examples of how this is already being delivered across North Wales include:

- Place Shaping and Community Alliances on Anglesey, where listening to communities and recognising local strengths can help residents identify priorities and shape solutions that matter to them.
- Young people influencing local decision-making in Bro'r Llynnoedd
- Community-led transport solutions and community garden projects bringing generations together in Crigyll.

2.4 The **Connect** chapter highlights the importance of relationships, social connection and community participation. It explores how connecting people, services and organisations can create opportunities for collaboration, improve wellbeing and strengthen community resilience. Case studies include:

- Tywyn Library, which has evolved into a community hub offering activities, support services and community transport coordination
- Actif North Wales work in Upper Denbigh, which brought together young people, local organisations and partners around a shared purpose.

2.5 The **Mobilise** chapter focuses on how communities can be supported to turn ideas into action. The report demonstrates how trusted relationships, partnership working and sustained investment can help communities lead change and improve local wellbeing. Examples include:

- The Venture in Caia Park, which has supported community-led development for over 40 years
- Empowering Parents Empowering Communities (EPEC) Autism programme in Flintshire, which uses peer-led approaches to strengthen local capacity, confidence and support networks.

2.6 The report identifies a number of key enablers required to embed Asset Based Community Development (ABCD) approaches at scale, including system leadership, cross-sector partnership working, workforce capability, and sustained investment through the Regional Wellbeing, Prevention and Anchor Framework.

2.7 The report's formal recommendations are set out in ‘Chapter 6: Building Our Future Together’ and are presented as actions that organisations across North Wales should work together to deliver:

- Commit to adopting and delivering the Regional Wellbeing, Prevention and Anchor Framework to build system readiness and enable long-term change, including sharing learning and developing a regional community of ABCD practice.
- Commit to cross-sector, multi-agency working through shared goals that align with community priorities.
- Address inequality through proportionate approaches, combining asset-based practice with targeted action for communities facing the greatest need and building on learning from Marmot Places, including Denbighshire.

- Use Asset Based Community Development (ABCD) within Health Impact Assessments to ensure lived experience, local strengths and community voices inform decisions about health and wellbeing.
- Resource ABCD approaches consistently across the region to ensure communities have the conditions needed to mobilise their strengths and lead change.
- Build cross-sector workforce capability and confidence in ABCD through integrated training, reflective practice and local learning networks.
- Use mixed-methods evaluation approaches that capture process, health, equity and economic outcomes and identify who benefits, who does not, and what can be improve.

2.8 **Implementing ABCD within Major Change Programmes**

Delivering sustainable improvements in population health requires a fundamental shift towards approaches that recognise communities as equal partners in creating health and wellbeing rather than solely recipients of services. Asset Based Community Development (ABCD) approaches provide a foundation for this shift, ensuring that communities are actively involved in identifying priorities, shaping solutions, influencing decision-making and leading change within the places where they live, work and connect.

Community by Design represents an important delivery vehicle for ABCD in North Wales, supporting more sustainable, holistic, prevention-focussed, and equitable models of health and wellbeing. In addition, the principles of participation, co-production, shared decision-making and community leadership should also be integrated from the outset into:

- Other major change programmes, including the Clinical Services Plan
- Strategic planning and service improvement
- Organisational change initiatives

This creates opportunities for communities to help define both the challenges and the solutions, with the Health Board and system partners working alongside them as facilitators, enablers and partners.

3 **MATERION PENODOL I'W HYSTYRIED**
SPECIFIC MATTERS FOR CONSIDERATION

The report identifies several key themes:

- The importance of shifting from deficit-based approaches towards strengths-based approaches that focus on community assets and capabilities.
- The role of social connection, community participation and empowerment in improving health and wellbeing outcomes.
- The contribution of Asset Based Community Development to prevention, reducing health inequalities and strengthening resilience.

- The importance of cross-sector collaboration between public services, voluntary organisations and communities.
- The need for long-term commitment, workforce development and sustainable investment to embed ABCD approaches at scale.
- Opportunities to support delivery of the Regional Wellbeing, Prevention and Anchor Framework through community-centred approaches.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1 Failure to strengthen community-centred approaches and address the wider determinants of health may contribute to:

- Continued widening of health inequalities.
- Increased demand on statutory services resulting from preventable ill health and social isolation.
- Missed opportunities to mobilise community assets and local leadership.
- Reduced progress towards achieving the ambitions of the Regional Wellbeing, Prevention and Anchor Framework.
- Failure to adequately address Corporate risk 25-03 (Population Needs) and Board Assurance Framework risk 24-06 relating to transformation and enhanced outcomes.

5 ARGYMHELLION
RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Board is asked to:

- **NOTE** the content and key messages of the 2026 Executive Director of Public Health Annual Report 'Using the Power of Communities to Improve Health and Wellbeing'.
- **SUPPORT** the promotion of Asset Based Community Development principles across BCUHB and partner organisations as part of a whole-system approach to prevention and reducing health inequalities.
- **AGREE** the report's recommendations, including continued commitment to the Regional Wellbeing, Prevention and Anchor Framework, cross-sector partnership working, workforce development, community involvement and proportionate investment in community-centred approaches.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	1. Focus on Health and Wellbeing If more than one applies, please list below: 3.Improve Access, Outcomes and Experiences
Yr Egwyddorion Dylunio Design Principles	People First Inclusive Design Equity and Accessibility Consistency with Organisational Values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Corporate risk 25-03 (Population Needs) Board Assurance Framework risk 24-06 relating to transformation and enhanced outcomes.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	The report promotes equitable health improvement and reduction of inequalities.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	The report has a strong focus on reducing health inequalities and improving wellbeing by supporting communities to build on existing strengths and assets. It recognises that communities experiencing greater disadvantage may require proportionate support and investment to achieve equitable health outcomes.

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Do/Yes: ☐	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	Not required as this is an independent report and does not introduce a service change or policy decision.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Report supports equitable access to opportunities that influence health and wellbeing however an WP8a form is not required for the independent report.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No separate assessment required; report available bilingually.
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The independent report is presented for noting and does not propose changes to services, policies or resource allocation. There are no specific impacts identified in relation to members of the Armed Forces community.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not applicable as the report is for information and does not change service delivery.
	Galluogwyr Ansawdd **Enablers of Quality**	

Have you undertaken a Quality Impact Assessment Screening?	Culture and Valuing People	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales A Resilient Wales A More Equal Wales A Wales of Cohesive Communities A Prosperous Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Health Board

COMMUNITY BY DESIGN

Dyddiad y Cyfarfod **Date of Meeting**	26 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Vicky Allum, Community by Design Programme Director (Interim) Lois Jones, Community by Design Programme Manager (Interim)
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

North Wales faces changing and increasingly complex physical and mental health needs, alongside continuing inequalities in health outcomes, access and experience. Community by Design provides a framework for strengthening prevention, earlier intervention and coordinated healthcare, helping people to remain healthy and independent for longer.

The national Community by Design (CbD) Programme is focused on three strategic shifts: Prevention and Population Health Management; Long-term Conditions Management; and Urgent and Same-day Care. These provide a common national direction, rather than a predetermined service model. In North Wales, the shifts will be applied in response to local population needs, existing services and available resources. The local approach will be developed in the context of the Clinical Services Plan (CSP) and other relevant national and regional programmes.

Prevention and population health management provide a foundation across all three shifts, rather than being confined to a single area of work. This will inform how services identify and respond to needs earlier, reduce inequalities, support people to manage their health and improve outcomes across the life course and care pathways.

The three national shifts are reflected in the first three workstreams of the local CbD Programme. These workstreams will continue to progress agreed immediate opportunities and existing commitments while the longer-term North Wales portfolio develops. A fourth local workstream will lead programme mobilisation, strategic design and the development of the evidence and enablers needed to support delivery. The work across all four workstreams will build on the initial plan submitted in response to the Welsh Government expectation for an annual 0.5% increase in the proportion of expenditure allocated to primary and community care from 2027/28.

The programme will be clinically and professionally informed, evidence based and shaped through engagement with people of all ages, communities, staff and partners, including consideration of Welsh language needs and preferences. An outcomes and benefits led approach will be developed as an integral part of the design process. The programme will be supported by clear governance and assurance arrangements.

The Board is asked to endorse the vision and current scope of the local programme, support the proposed delivery approach and continued development of the portfolio, and note the governance arrangements and key strategic risks.

Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Committee	10/11/2026	The Executive Committee welcomed the developing approach and encouraged further discussion as the programme progresses. Members highlighted the importance of strategic alignment, prevention, partnership working, accessible communication and a clear distinction between the national programme and its application in North Wales.
Dr Jane Moore, Executive Sponsor	12/11/2026	Review and agreement of changes made in response to feedback from Executive Committee

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
CSP	Clinical Services Plan
CbD	Community by Design
ICCS	Integrated Community Care Systems
IMTP	Integrated Medium-Term Plan

MCP	Major Change Programme
P&F	Performance and Finance Committee
PPHP	Planning, Population Health and Partnerships Committee

COMMUNITY BY DESIGN

1. Y SEFYLLFA / SITUATION

North Wales faces changing and increasingly complex physical and mental health needs. People are living longer, often with multiple long-term conditions, while inequalities in health outcomes, access and experience remain. This places increasing pressure on services and reinforces the need for a planned and sustainable approach to meeting future population health needs within the resources available to the Health Board.

Community by Design provides a framework for strengthening the Health Board's focus on population health, wellbeing, prevention and earlier intervention, alongside the development of more accessible, holistic, coordinated and sustainable healthcare services. Prevention and population health management provide a foundation across the programme, informing how services identify and respond to needs earlier, reduce inequalities, support people to manage their health and improve access, experience and outcomes.

It is not simply about relocating existing services from hospitals into community settings. It is about supporting people to remain healthy and independent for longer, responding to health needs earlier, reducing inequalities and improving coordination between services, with specialist and hospital care available when needed.

At a national level, Community by Design provides a common direction through three strategic shifts: Prevention and Population Health Management; Long-term Conditions Management; and Urgent and Same-day Care. The Health Board must determine how this direction should be applied in North Wales, taking account of local population needs, existing services and the workforce, resources and infrastructure available.

Community by Design will be developed alongside the Clinical Services Plan (CSP) so that population health, community-based healthcare and the future development of clinical services are considered together.

At its July 2026 meeting, the Board received an update through the Chief Executive's Report on the Primary Care Summit convened by the Cabinet Secretary for Health and Care and the national work to translate Community by Design into practical delivery. The Board noted the developing national programme, the appointment of programme leadership and the work underway in response to the Welsh Government expectation for a 0.5% resource shift. It was agreed that a further report would be presented to the November 2026 Board meeting.

This paper updates the Board on progress to date and sets out the developing vision, scope, delivery approach and governance arrangements for Community by Design in North Wales.

2 Y CEFNDIR / BACKGROUND

A Healthier Wales sets out the ambition for people to remain healthy and independent for as long as possible, with greater emphasis on wellbeing, prevention and services designed around people's needs rather than organisational boundaries.

Earlier in November 2026, the Cabinet Minister for Health and Care called on NHS leaders to work beyond organisational boundaries to improve services and health outcomes, highlighting that doing more of the same is not an option if the health and care system is to remain sustainable for future generations. The Minister emphasised the importance of prevention, earlier intervention, improving population health and enabling more people to live independently within their communities for longer.

This direction is reinforced by the all-age *Mental Health and Wellbeing Strategy 2025–2035* and its *2025-2028 Delivery Plan*, which emphasises promoting good mental health and wellbeing, earlier support and connected, person-centred services. Related national and regional work on mental health, suicide and self-harm prevention, dementia and learning disabilities will also inform the developing approach in North Wales.

The national CbD Programme is focused on three strategic shifts:

1. **Prevention and Population Health Management**, supporting physical and mental wellbeing, reducing health inequalities, and identifying opportunities to prevent or delay ill health through earlier intervention and proactive support.
2. **Long-term Conditions Management**, improving proactive, coordinated support for people living with one or more physical or mental health conditions, helping people stay well and reducing fragmentation between services.
3. **Urgent and Same-day Care**, making it easier for people to receive timely advice, assessment and treatment, with clearer access to urgent care services and support closer to home where appropriate.

These shifts aim to make healthcare simpler, more coordinated and closer to home, while ensuring that mental health, specialist and hospital care remain available when needed. The national Integrated Community Health and Social Care (ICCS) Model in Figure 1 illustrates this overall direction.



Figure 1: ICCS Model Wales.

The national model provides a shared direction for Community by Design but is not a predetermined service model for North Wales. Its application will need to reflect local population health needs, inequalities, existing services, demand and capacity, workforce availability and the wider enablers required to support sustainable change.

For North Wales, this will require an understanding of:

- physical and mental health and wellbeing needs across the life course and within and across localities;
- inequalities and variation in access, experience and outcomes;
- language and communication needs, including the needs of Welsh speakers and the impact these may have on access, experience and outcomes;
- community involvement;
- existing primary, community, mental health, learning disability and related support services;
- relationships with specialist and hospital services;
- demand and the capacity available across different settings;
- service pressures, gaps and dependencies; and
- workforce, digital, estates and infrastructure enablers required to support service transformation and sustainable change.

The local vision for North Wales is:

> *A health and care system designed around people, place and population need, enabling healthier lives, stronger communities and sustainable services.*

This vision aligns with the Health Board's four organisational Strategic Intent Statements: focusing on wellbeing; enhancing the coordination of care; improving access, outcomes and experience; and creating a modern, people-centred healthcare system.



Figure 2: Emerging Community by Design Framework for North Wales.

Figure 2 illustrates how the three national strategic shifts are reflected in the emerging Community by Design framework for North Wales. It also shows the local programme enablers, the relationship with the CSP, alignment with the four organisational Strategic Intent Statements, and the involvement of staff, patients, partners and communities in shaping its development and delivery.

What could Community by Design mean in practice?

A person experiencing early signs of a long-term condition, alongside concerns about their mental wellbeing, may currently need to contact several services and may not receive coordinated support until their needs become more serious.

Community by Design could bring services together in the community to identify these needs earlier and make it easier to access coordinated advice, assessment and support through primary and community healthcare, mental health services and relevant partner organisations. This could provide a clearer route through services, with specialist or hospital care available when needed.

This is an illustration of the intended direction, rather than an agreed future service model. Detailed proposals will be developed through evidence, engagement and the Health Board's established planning and decision-making arrangements.

Community by Design forms part of the Health Board's wider approach to planning for the future through the CSP. It brings a particular focus to the three national strategic shifts and the development of coordinated primary and community healthcare, while the CSP provides the broader framework for the future development of clinical services across North Wales.

Developing the two in a coordinated way will support a shared understanding of population needs, service demand, clinical evidence and future service requirements. It will also help ensure that primary and community healthcare is considered alongside mental health, specialist and hospital services, recognising the interdependencies between them.

Delivering this ambition will also require close collaboration with partners. Community by Design will therefore support engagement and joint working with people and communities across all ages, primary care, local authorities, social care, the third sector, academic partners and other organisations where there are shared opportunities to improve physical and mental health outcomes, reduce inequalities, improve access to care and support the sustainability of Health Board services.

3 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

Developing and Delivering Community by Design in North Wales

National and local work has identified the conditions needed to translate Community by Design into practical delivery. These include strong clinical and professional leadership, population health evidence, meaningful involvement of communities and staff, effective partnership working, and the workforce, digital, data, estates and financial enablers required to support change. Prevention and population health management will provide a foundation across the programme. As illustrated through the national life-course model in Figure 3, this means recognising how physical and mental health needs change from childhood through to later life, and identifying opportunities to improve wellbeing, reduce inequalities, prevent or delay ill health and provide support earlier.



Figure 3: National life-course model.

An initial portfolio of opportunities has been identified through engagement across the Health Board. It brings together relevant Integrated Medium-Term Plan (IMTP) commitments, related Major Change Programmes (MCPs), activity linked to the developing CSP, and opportunities identified through the initial plan submitted in response to the Welsh Government expectation for an annual 0.5% increase in the proportion of expenditure allocated to primary and community care from 2027/28.

This portfolio represents a starting point rather than a final delivery plan and will continue to evolve through population needs assessment, strategic design, locality analysis, evidence, engagement and the Health Board's wider planning processes. While the 0.5% expectation is an important enabler of change, Community by Design is broader in scope and focused on improving outcomes, experience and the coordination of care.

The programme will be clinically and professionally informed, evidence based and shaped through engagement with people of all ages, communities, staff and partners, including consideration of Welsh language needs and preferences. Its development will be coordinated with the CSP and draw on relevant expertise from across the Health Board and partner organisations.

The development and prioritisation of the CbD Programme portfolio will be guided by five principles:

- **Strategic Alignment**: Alignment with the CSP, organisational priorities and the wider strategic direction for health and care.

- **Patient and Population Benefit**: Potential to improve physical and mental health and wellbeing, quality and experience, while reducing health inequalities.
- **Resource Shift and System Impact**: Contribution to a sustainable outcome/benefit led shift in activity, workforce and resources towards community-based care and wider system transformation.
- **Value and Sustainability**: Effective use of available resources to achieve outcomes and benefits that can be sustained across pathways and populations.
- **Deliverability and Viability**: Feasibility in the context of system readiness, capacity, dependencies, affordability and operational constraints.

These principles will provide a consistent basis for reviewing the portfolio and identifying opportunities with the greatest potential to improve outcomes, reduce inequalities and support sustainable community-based healthcare. They will not replace the Health Board's established arrangements for approving investment, disinvestment, resource shift or significant service change.

Programme Workstreams and Initial Focus
The three strategic shifts continue to be developed through the national CbD Programme. In North Wales, they are reflected in the first three workstreams of the local CbD Programme, with a fourth local workstream focused on programme mobilisation, enablers and strategic design:

- **Workstream 1:** Prevention and Population Health Management
- **Workstream 2:** Long-term Conditions Management
- **Workstream 3:** Urgent and Same-day care
- **Workstream 4:** Programme Strategic Design, Mobilisation and Enablers

Workstreams 1 to 3 provide the local governance structure for taking forward the three national strategic shifts. Agreed immediate opportunities and existing commitments will continue through these workstreams while the national work develops, and the longer-term North Wales portfolio is shaped through evidence, engagement and prioritisation.

Although reflected specifically in Workstream 1, prevention and population health management will be embedded across all four workstreams. Each workstream will identify opportunities to improve wellbeing, reduce inequalities, respond to needs earlier, support people to manage their health and prevent or delay avoidable deterioration.

Alongside this immediate activity, the initial programme development focus will be **Workstream 4: Programme Strategic Design, Mobilisation and Enablers.** This local workstream will bring together the evidence and enabling requirements outlined earlier in this paper, identify gaps in understanding and establish the programme arrangements needed to support delivery across the three strategic shifts.

Its scope and priorities will be refined as the programme develops, taking account of emerging national work, local evidence, organisational priorities, available capacity and related work, including the CSP. This will include appropriate alignment with national and regional programmes for mental health and wellbeing, suicide and self-harm prevention, dementia and learning disabilities. The outputs from Workstream 4 will inform the continued development and prioritisation of the North Wales portfolio across Workstreams 1 to 3.

Intended Outcomes, Benefits and Assurance

Community by Design is intended to contribute to improved physical and mental health and wellbeing, reduced health inequalities, earlier identification of and response to health needs, and more accessible and coordinated healthcare. These outcomes will be supported by embedding prevention and population health management across the programme.

The next phase will further define the programme's intended outcomes and benefits, how progress will be measured and where delivery depends on other programmes or partner organisations. This will inform the development of a benefits framework and delivery roadmap.

The programme is supported by dedicated leadership and the following governance arrangements (Figure 4):

- a Programme Board, providing strategic direction, oversight and accountability;
- a Reference and Advisory Group, providing advice, insight and constructive challenge; and
- a Programme Implementation Group, coordinating delivery across the four workstreams.

Figure 4: BCUHB CbD Programme governance arrangements.

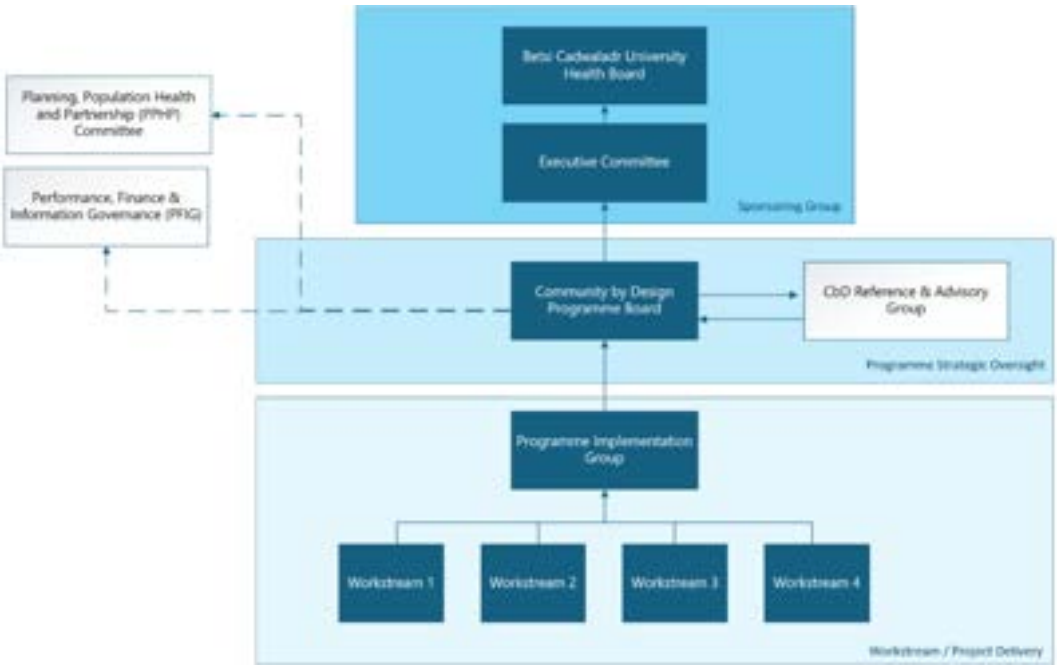
Together, these arrangements will provide strategic oversight, advice and delivery coordination, informed by clinical, professional, operational, partner and community perspectives. Progress will be monitored against agreed milestones, outcomes and benefits, alongside resources, quality, equality, risks and dependencies.
The Executive Committee will receive regular assurance on progress and matters requiring escalation, with reporting aligned to the IMTP and the Board Assurance Framework (BAF). Delivery will be supported by collective leadership across the Health Board and effective collaboration with partners and communities.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO / KEY RISKS / MATTERS FOR ESCALATION

The programme aligns with existing strategic risks within the BAF relating to service sustainability, inequalities, workforce capacity and the delivery of integrated care.

The key risks associated with the delivery of Community by Design are:

- **Whole-System Ownership**: Community by Design is viewed as the responsibility of the programme rather than a shared organisational and system-wide approach, limiting collective ownership, alignment and delivery.
- **Mobilisation and Enablers**: Workforce, digital, data, estates, governance and other key enablers do not develop sufficiently to support transformation.



- **Strategic Alignment:** Community by Design is not sufficiently aligned with the IMTP, CSP and wider transformation priorities.
- **Partner Alignment:** Differing priorities, capacity or readiness across organisations affect collective delivery.
- **Change Readiness:** The capacity, engagement or conditions needed to support new approaches are not sufficiently developed, affecting implementation, benefits realisation and long-term sustainability.

5 ARGYMHELLION / RECOMMENDATIONS

The Board is asked to:

- **NOTE** the national Community by Design progress and its developing application in North Wales;
- **ENDORSE** the vision and current scope of the local CbD Programme;
- **SUPPORT** the proposed delivery approach and continued development of the programme portfolio;
- **SUPPORT** the embedding of Community by Design principles within organisational planning, service redesign and transformation activity; and
- **NOTE** the programme governance arrangements and key strategic risks.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	If more than one applies, please list below: ALL
Yr Egwyddorion Dylunio **Design Principles**	If more than one applies, please list below: ALL
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	The CbD Programme supports the mitigation of several principal organisational risks by enabling a shift towards prevention, earlier intervention and more integrated, community-based models of care. This includes reducing health inequalities, improving access, outcomes and experience, strengthening coordination of care for people with long-term conditions, and supporting the development of a sustainable, modern and future-focused health and care system.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	See below.
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	A Strategic Equality Impact Assessment (SEIA) has been developed for the CbD Programme and will be refined as programme design evolves, with approval through the agreed governance arrangements. The SEIA will remain a live document throughout

		the programme lifecycle, informing decision-making and the ongoing assessment of equality and socio-economic impacts. Workstream and project-specific SEIAs will be completed at the appropriate stage of development.
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Do/Yes: ☒	Naddo/No:
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	An Equality Impact Assessment (EQIA) has been developed for the CbD Programme and will be refined as programme design evolves, with approval through the agreed governance arrangements. The EQIA will remain a live document throughout the programme lifecycle, informing decision-making and the ongoing assessment of equality and socio-economic impacts. Workstream and project-specific EQIAs will be completed at the appropriate stage of development.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	See above.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Do/Yes: ☒	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	See above.

Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	See above.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Programme design ongoing; workstream and project-specific QIAs will be completed at the appropriate stage of development.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable at this stage of the CbD Programme. DPIAs will be completed, as appropriate, as Projects are developed and mature through the programme lifecycle.
Asesiad o Effaith ar Atal Twyll	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi ystyried yr effeithiau ar atal twyll? **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable at this stage of the CbD Programme. Counter fraud implications will be considered as individual workstreams and projects are developed.
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	
	There is no immediate additional financial commitment associated with this paper; however, delivery of Community by Design will require the progressive alignment and deployment of existing resources to support agreed priorities. Any future investments or service changes arising from the programme will be subject to established clinical, quality, financial, planning and business case processes, in accordance with the Scheme of Reservation and Delegation.	

Health Board

EMPLOYEE EXPERIENCE AND ENGAGEMENT REPORT REWARD AND RECOGNITION

Dyddiad y Cyfarfod **Date of Meeting**	26 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Katie Sargent Head of Employee Experience and Engagement
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Debbie Eyitayo Executive Director of People Services and Organisational Development

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

This report sets out recent progress on the *effective recognition* element of our Staff Experience Strategic Intent, which was approved by the Board in March 2026.

This is a key strategic aspiration for improving how valued by and connected our employees feel to the organisation. Numerous insights gathered by the Health Board indicate that work is required to improve metrics relating to morale and staff engagement, as highlighted by our 2025 NHS Wales Staff Survey findings and in feedback relating to how staff feel the organisation recognises and rewards colleagues' efforts.

This work is closely connected to the Culture and Leadership Programme and associated improvement plan.

Continued Board support will ensure that recognising and rewarding colleagues as part of our employee engagement approach remains central during a period of substantial organisational change.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
People and Culture Executive Delivery Group	15.9.26	Report received and progress noted
People and Culture Committee	8.10.26	Report received and progress noted

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
N/A	

EMPLOYEE EXPERIENCE AND ENGAGEMENT REPORT
REWARD AND RECOGNITION

1 Y SEFYLLFA
SITUATION

A key part of our strategic approach to improving the experience and engagement of our employees is effective, consistent recognition. We aspire to regularly and publicly acknowledge and celebrate employee efforts and achievements to cultivate a culture of appreciation.

Our Values and Behaviours Framework details how we will provide *a good place to work, learn and succeed* and *we say thank you and well done.*

We have a number of mechanisms in place to deliver this aspiration and progress to date, along with further work underway to strengthen our offer, is detailed in this report.

This report updates the Board on the recent progress made in this area and plans for further improvement.

2 Y CEFNDIR
BACKGROUND

Findings from the 2025 NHS Wales Staff Survey suggest that there is more to do to improve how valued by the organisation staff feel. Although 72 per cent of survey respondents agree that their immediate line manager values their work, only 44 per cent agree that their work is valued by the organisation. This represents a decline of 2.66 percentage points since 2024 and is 3.6 percentage points below the NHS Wales Health Board average.

Deliverables related to our work to improve employee reward and recognition are captured and monitored in the Culture, Leadership and Engagement Improvement Plan 2026-2029.

3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

3.1 Annual BCUHB Staff Achievement Awards

A record 535 nominations for 223 teams and 312 individuals were submitted this year, providing us with an array of examples of staff achieving excellence across the organisation, in all manner of roles and disciplines. Each year, we have seen the number of nominations received increase as has the standard of entries.

These stories provide us with shining examples and rich insight into innovation, good practice and team working that can be shared to inspire others and promote learning and confidence in the organisation.

Each award category criteria includes the requirement to evidence the demonstration of our organisational values of compassion, openness and respect.

Every single member of staff or team who received a nomination but was not shortlisted has been written to by the Chief Executive, congratulating them on their efforts. This correspondence – sent to over 500 nominees - included a copy of their nomination and a special *BCUHB Staff Achievement Awards nominee* email signature to use to show their achievement.

Finalists and winners will receive *BCUHB Achievement Awards finalist* and *BCUHB Achievement Awards winner* email signatures which will demonstrate the organisational pride in their achievements both internally and externally.

The awards ceremony was held at Venue Cymru on Friday 25th September and the 400 guests included category finalists and their teams, Board members, event sponsors and partners.

Over 90 per cent of the cost of the event was covered by income generated by the Employee Experience and Engagement Team through sponsorship and ticket sales revenue.

To extend the reach of the celebration of colleagues on the night, a highlights video of the event was produced and shared on BetsiNet so that it is widely accessible.

This provides an opportunity for colleagues to congratulate finalists on their achievement, helping to grow a culture of peer recognition. Write ups of all ten finalists have been promoted on our external website and on social media.

3.2 External awards

We are fortunate to have a number of colleagues who are leading the way in their field of expertise. It is also important that we support and celebrate those who are recognised by external bodies for their work, therefore we have continued to promote and share success stories, as well as support colleagues to complete nominations.

3.3 Long service recognition

Following the 2025 Long Service Awards celebrations in October 2025, the need for change in our approach was identified due to a number of factors, notably:

- feedback from staff;

- the inequity of the established process - 75 per cent of eligible employees did not receive any recognition because they did not apply (due to being unaware of the process or unable to submit the required paperwork due to time constraints);
- the absence of designated funding to support the delivery of a sustainable Long Service recognition programme; and
- declining sentiment scores relating to staff morale in the NHS Wales Staff Survey 2025, as referred to above.

During discussions at the People and Culture Committee meeting in December 2025, it was agreed that a Task and Finish Group be established to carry out an assessment of a future approach to recognising our long serving employees and to make recommendations to the Executive Committee.

After gathering feedback from over 1,000 staff through surveys and during one-to-one and group conversations, the Task and Finish Group was convened, bringing together subject matter experts including Trade Union partners.

The Group worked through key issues to reach consensus regarding an organisational approach to recognising long serving NHS colleagues that is equitable, meaningful and sustainable.

Proposals were considered by the Executive Committee in May 2026 and were supported. It was agreed that this recognition would deliver benefits including improved morale, engagement and motivation which in turn will lead to improved experience and outcomes for patients.

It was agreed that 2026/27 would be an ‘amnesty year’ where colleagues who have missed out on the current 25 year recognition milestone under the existing process are captured. We will then focus solely on colleagues reaching 25 and 40 years service in 2027.

It was also agreed that costs would be met via charitable funding.

<u>Key elements of the new approach</u>

- the introduction of an automated system based on ESR data identifying eligible staff, where employees are contacted proactively, thus ending the requirement to self-nominate;
- recognising aggregated time in the NHS, not solely BCUHB, ceasing the requirement for at least five years’ service of the 25 to be completed at BCUHB. It is understood that this approach may mean that some recipients of the award have already received recognition of their long service in other NHS organisations. It should also be noted that ESR may not hold robust data on previous NHS service for all staff;

- the inclusion of all contracted, validated NHS employment. This does not include bank staff; and
- retaining the 25 years' service milestone and introducing 40 years as an additional milestone for recognition. This will be reviewed after three years.

2026 arrangements

At the time of writing, 720 staff have been identified for long service recognition this year, broken down by cohort in the table below.

Cohort	Number
25 years service in 2026	296
25 years service in 2025	146
40 years service in 2026	59
Amnesty year	246
Total	**747**

Figure 1: number of staff members who will be recognised for long service in 2026

Of these 747 members of staff, 513 have indicated they wish to attend a celebration event with 416 of these opting to bring a guest, meaning that almost 1,000 people will be attending celebration events.

Due to these high numbers, we are holding two sittings at each venue to accommodate all colleagues and their guests:

- the West IHC events at the Management Centre, Bangor University on November 4th;
- the East area events at the Grosvenor Pulford Hotel near Chester on November 10th; and
- the Central events on November 16th at the Kinmel and Kinspa Hotel in Abergele.

3.4 Monthly Seren Betsi Awards

We continue to recognise colleagues who demonstrate our organisational values of **compassion, openness and respect** in their work through our Seren Betsi awards. This helps to spread awareness of our values and behaviours across the organisation and connect them to staff by showcasing individuals and teams who personify them.

Winners are chosen from our existing pipelines including Staff Achievement Award nominations, EDoN Award nominations and Greatix nominations.

A Seren Betsi is awarded each month, with the award recipient's contribution celebrated with a surprise visit from a member of the Board and member of their local senior leadership team.

The related promotion on our staff intranet, BetsiNet, also attracts praise and congratulatory comments from staff across the organisation, supporting a growing positive culture of peer recognition.

3.5 Staff recognition and celebration boards
In order to help deliver demonstrable evidence that BCUHB recognises, promotes and values the efforts of our staff, and bolster efforts to improve morale and pride in colleagues' efforts at work, staff celebration display boards have been installed in 21 of our hospital locations over the summer.

These boards have been populated with short, bilingual case studies of BCUHB staff from a wide range of disciplines and levels of seniority, to publicly recognise and celebrate their excellent work and accomplishments.

The Employee Engagement and Experience Team selected the initial tranche of 144 staff and teams feature on the boards. They reflect a broad range of job roles and achievements, incorporating:

- national recognition e.g. NHS Wales Award winners/finalists, Royal College award recipients;
- Health Board recognition e.g. Staff Achievement Award winners, Seren Betsi recipients, GREAT-ix nominees, Welsh Language Award winners;
- patient feedback; and
- personal achievements.

By showcasing a wide range of staff and different types of achievements, we intend to encourage colleagues to utilise the 'call to action' on the posters' QR codes to submit nominations of colleagues via the existing well-established GREAT-ix staff recognition system.

Evidence suggests that this is fuelling increased numbers of nominations for staff recognition. During July, coinciding with about half of the planned boards going up, there was a 40 per cent increase in the monthly average number of Greatix nominations received. This trend was maintained in September, with a 35 per cent increase on the monthly average number.

The boards also present an opportunity to enable patients and service users to use an additional QR code to feed back to our People's Experience Service.

The initiative has been developed in a way believed to be sustainable and affordable, with quarterly updates ensuring fresh staff achievements are celebrated. The second quarterly update to the boards is currently underway.



Figure 2: staff at Denbigh Infirmary viewing their local staff celebration board

3.6 Staff wellbeing benefits

As part of our commitment to deliver an improved staff benefits package, a new development relates to becoming an Active Workplace. We have teamed up with parkrun to showcase how staff can take part – by walking, jogging, running, volunteering or even just spectating and supporting.

parkrun is a free, timed and volunteer-led 5k event, which takes place in venues across North Wales every Saturday at 9am.

We have actively promoted a different parkrun each month amongst our colleagues, and shared what BCUHB parkrunners and walkers love about taking part. This has sparked considerable enthusiasm amongst staff who are both seasoned parkrunners and the parkrun curious.

We are also part of an NHS Wales-wide network to promote the physical benefits of parkrun to staff.

We are also working with our local authority leisure and physical activity providers to co-ordinate sharing opportunities available locally to staff to participate in exercise

and wellbeing activities. This includes promotion of preferential rates and offers which have been negotiated with local gyms and leisure facilities.

4 CASGLIAD
CONCLUSION

The organisation has made significant progress in strengthening staff recognition and reward. The next step is to ensure these efforts are aligned, coordinated and embedded consistently alongside connected culture and leadership workstreams.

Staff impact of these initiatives will be measured through our NHS Staff Survey outcomes and reduction in employee relations matters such as disciplinaries and Respect and Resolution (grievances) as well as reduction in sickness absence levels.

Further work will also be done to measure the impact of these approaches as part of the organisation's quality improvement methodology with the expectation that there will be a correlation to improvements in patient experience.

5 ARGYMHELLION
RECOMMENDATIONS

The Board is asked to:

- **SUPPORT** the approach outlined in the report as part of the wider Culture, Engagement and Leadership improvement work.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience
Yr Egwyddorion Dylunio **Design Principles**	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: x
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

	If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Choose an item.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

DEVELOPMENT OF THE 2027-30 INTEGRATED MEDIUM TERM PLAN (IMTP): PROGRESS UPDATE AND NEXT STEPS

Dyddiad y Cyfarfod **Date of Meeting**	26 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Emma Lea Assistant Director Corporate Planning (Interim)
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Paolo Tardivel – Executive Director of Transformation and Strategic Planning (Interim)

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

Development of the 2027-30 Integrated Medium Term Plan (IMTP) is progressing in line with the Health Board's revised planning cycle. Significant progress has already been made through the completion of the reflection and learning phase, refresh of the Integrated Planning Framework, establishment of strengthened governance arrangements and engagement with Board members, partners and stakeholders.

The 2027-30 IMTP is being developed within a broader strategic context including the emerging 10-Year Strategy, Clinical Services Plan, National Clinical Services Plan, Population Needs Assessment, Welsh Government priorities and organisational improvement requirements. The IMTP will provide the principal mechanism through which these priorities are translated into deliverable actions and outcomes for the population of North Wales.

Learning from previous planning cycles has informed a number of enhancements to this year's approach, including a more focused prioritisation framework, earlier Board engagement, strengthened governance arrangements, improved alignment between priorities and resources, and a unified modelling approach. These changes are intended to improve organisational focus, strengthen planning maturity and increase confidence in the deliverability of the final plan.

Overall, progress remains on track and the Health Board is well positioned to complete development of the draft IMTP ahead of formal consideration, approval and submission to Welsh Government in March 2027. The Board is asked to comment on progress to date, support the enhancements to the planning process and agree the proposed next steps and timetable for IMTP development.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Informal Board Development Session	August 2026	Strategic discussion covering the emerging 10 Year Strategy, Clinical Services Plan and IMTP priorities.
Executive Team	August-October 2026	Agreement of revised planning approach, governance arrangements and prioritisation methodology.
Strategic Planning and Service Change Group	July-August 2026	Reflection and Learning Engagement Feedback gathered from executive leads, service leaders, planners and corporate teams. Planning Maturity Matrix Self-Assessment reviewed
Planning, Population Health and Partnerships Committee (PPHP)	September 2026	Planning Maturity Matrix Self-Assessment refresh approved for Board via Chairs Report.
Regional Leadership Group and Partners	September-October 2026	Discussion of regional priorities, partnership opportunities and alignment across the system.
Planning, Population Health and Partnerships Committee (PPHP)	October 2026	Development session on resource prioritisation and alignment of investment decisions.
Stakeholder Reference Group / Local Partnership Forum / Healthcare Professionals Forum	August - November 2026	Early engagement on planning priorities and planning arrangements.
Service Reconfiguration and Revenue Investment Oversight Group	October 2026	Will provide greater scrutiny of business cases, investment proposals and requests for inclusion within the IMTP.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
IMTP	Integrated Medium Term Plan
CSP	Clinical Services Plan
PPHP	Planning, Population Health & Partnerships Committee
PFIG	Performance, Finance & Information Governance Committee
RPB	Regional Partnership Board
WG	Welsh Government

DEVELOPMENT OF THE 2027-30 INTEGRATED MEDIUM TERM PLAN (IMTP): PROGRESS UPDATE AND NEXT STEPS

1. Y SEFYLLFA / SITUATION

1.1 The Health Board has commenced development of its 2027-30 Integrated Medium Term Plan (IMTP).

1.2 The 2027-30 IMTP is being developed within a wider strategic planning landscape that includes development of the Health Board's emerging 10-Year Strategy, the Clinical Services Plan, organisational improvement priorities, special measures de-escalation requirements and emerging national policy directions:

1.3 This year's planning process has been intentionally redesigned to strengthen links between strategic intent, operational delivery, resource allocation and accountability for implementation. The revised approach reflects learning from previous planning cycles and aims to produce a more focused, deliverable and evidence-based plan.

2 Y CEFNDIR / BACKGROUND

2.1 Integrated medium-term planning remains the primary mechanism through which NHS Wales organisations translate national priorities, population need and organisational strategy into deliverable programmes of work.

2.2 Development of the 2027-30 IMTP is taking place alongside a number of important strategic planning and policy developments, including:

- Development of the Health Board's emerging 10-Year Strategy.
- Ongoing development of the Clinical Services Plan.
- Delivery of Special Measures improvement requirements and de-escalation criteria.
- Emerging Welsh Government strategic priorities and Programme for Government commitments.
- Anticipated national planning and performance guidance.
- Emerging service-specific national strategies, including cancer, mental health, workforce, digital and estates strategies.
- Findings from population needs assessments and regional planning activity through the Regional Partnership Board.

2.3 The 2027-30 IMTP is being developed within a complex national planning environment. Whilst Welsh Government planning guidance is awaited, the Health Board is actively considering a range of national strategic

developments including the Programme for Government, the emerging NHS Wales Planning and Performance Framework, the National Clinical Services Plan, and a range of service-specific national strategies covering cancer services, mental health, workforce, digital and estates. The IMTP will act as the mechanism through which these national priorities are translated into local delivery plans and measurable outcomes for the population of North Wales.

2.4 The Health Board is also drawing upon evidence from the North Wales Population Needs Assessment and regional planning arrangements to ensure that future service priorities reflect changing population needs, demographic trends and inequalities.

2.5 The Health Board also recognises that national planning guidance, the planning and performance framework and financial settlement are not usually confirmed until late December. Consequently, an iterative planning process is required, allowing early development of priorities whilst retaining flexibility to accommodate national requirements as they emerge.

2.6 Development of the revised planning cycle is also intended to support delivery of a number of Special Measures de-escalation expectations, particularly those relating to strategic planning, prioritisation, governance, performance oversight and organisational maturity.

2.7 The 2027-30 IMTP is being developed within an integrated planning framework and will serve as the Health Board's principal delivery vehicle for translating strategic ambition, national requirements and population need into measurable actions and outcomes. Development of the IMTP is therefore being informed by several interdependent planning products and frameworks, including:

- Emerging 10-Year Strategy.
- Local Clinical Services Plan.
- National Clinical Services Plan.
- Population Needs Assessment.
- Welsh Government Planning and Performance Framework.
- Service-specific national strategies (Mental Health, CSP etc).
- Programme for Government priorities.

Collectively, these planning products provide the strategic, population, service and policy context within which the IMTP will be developed and delivered.

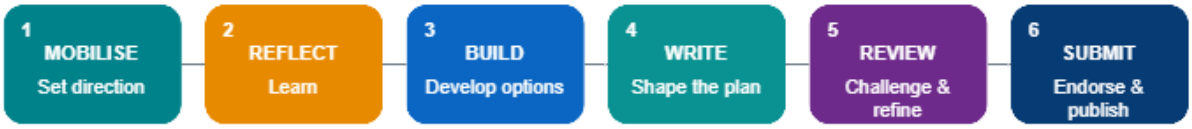
3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

3.1 Effective strategic planning is a key component of organisational maturity and forms part of the wider evidence base supporting the Health Board's improvement journey and progression towards de-escalation. The enhanced planning approach described within this report is intended to strengthen strategic planning capability, improve the alignment between priorities, performance and resources, and demonstrate the characteristics expected of a high-performing NHS organisation.

Introduction of a revised 'continuous' Planning cycle

3.2 For 2026/27 the Health Board introduced a revised annual planning cycle to create a more structured approach to planning, delivery and organisational learning.

3.3 The continuous cycle comprises six interdependent stages:



All of which cover the following:

- **Mobilise**: Implementation of the agreed plan, including Delivery, Monitoring and Evaluation
- **Reflect**: Reflection and Learning and applying that to future improvements
- **Build**: Strategic Direction Setting and Planning Guidance and Framework Development supporting planning approaches across the organisation
- **Write**: Plan Production and Prioritisation, including resource alignment and finalisation
- **Submit**: A Board agreed plan submitted to Welsh Government and mobilised within the organisation.

3.4 The revised cycle provides a clear annual framework through which planning activity, assurance arrangements and stakeholder engagement can be coordinated.

Strengthening the Planning Approach for 2027/30: *What's Different This Year?*

3.5 Development of the 2027-30 IMTP represents a step forward in the Health Board's planning approach. Drawing on organisational learning, planning maturity assessments, internal audit findings and special measures improvement requirements, the planning process has been fundamentally strengthened to improve organisational focus, increase transparency regarding priorities and resources, and provide greater confidence in deliverability.

3.6 The overall aim is to strengthen organisational focus, improve alignment between priorities and resources, and provide greater confidence regarding deliverability. Key changes introduced for the 2027-30 IMTP include:

- Introduction of a structured continuous planning cycle.
- Earlier Board involvement in strategic direction setting and engagement on allocation of resources.
- Stronger alignment between the IMTP, 10-Year Strategy and Clinical Services Plan.
- Explicit links between planning priorities and resource allocation.
- Reduced number of organisation-wide priorities.
- Strengthened executive governance arrangements.
- Greater use of modelling and evidence.
- Stronger focus on deliverability, risk and accountability supported by the development of a unified modelling approach.
- Increased engagement with partners and stakeholders earlier in the process.

Learning from Previous Planning Cycles

3.7 Reflection and learning activity undertaken during early summer 2026 identified several opportunities to strengthen future planning arrangements.

3.8 Key learning and the resulting improvements are summarised below:

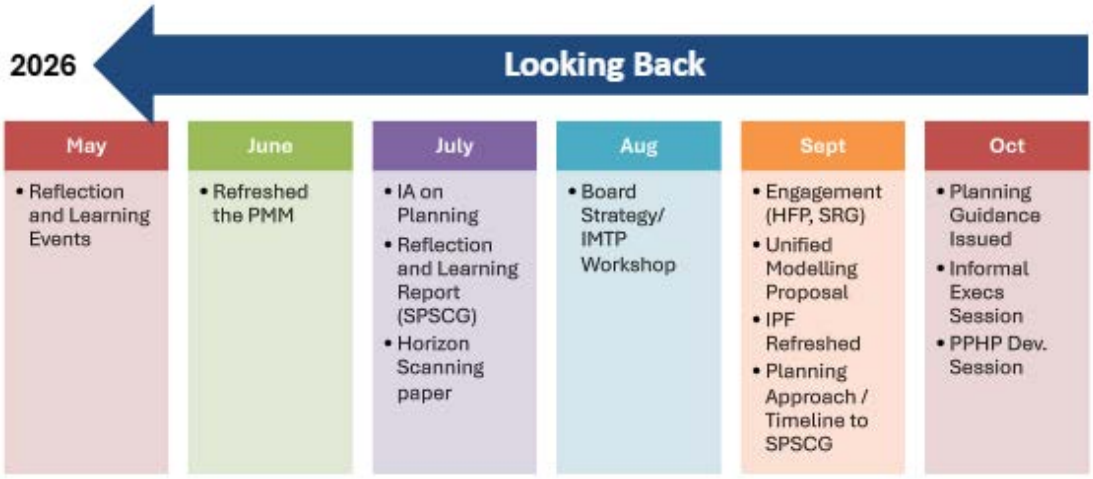
Learning Identified	Improvement Introduced
Planning remains concentrated towards the end of the cycle.	Continuous planning cycle and planning approach developed and implemented
Plans contained too many priorities, diluting organisational focus.	Introduction of a tiered planning framework with a proposed smaller number of Board-level priorities aligned to the 4 Strategic Intentions.
Greater clarity was required regarding how resources support priority delivery.	Dedicated Board development sessions and enhanced processes linking resources to planning priorities.
Demand and capacity modelling approaches lacked consistency.	Development of a unified modelling approach to support planning assumptions.
Alignment between planning, performance and accountability required strengthening.	Refresh of the Integrated Planning Framework with clearer links between plans, and monitoring and assurance arrangements.
Earlier operational engagement was required.	Integrated Planning guidance issued earlier and wider engagement with operational, clinical and corporate teams.

Visibility of delivery risks could be strengthened.	Greater emphasis on risk, dependency and mitigation identification within planning templates.

3.9 These changes are intended to support development of a more focused, deliverable and affordable IMTP.

Progress to Date

3.10 Since completion of the 2026-29 IMTP, substantial preparatory work has been undertaken to support development of the next planning cycle. The Health Board has completed the reflection and learning phase, refreshed its planning framework, undertaken planning maturity assessments, received a Reasonable Assurance rating from Internal Audit in relation to planning arrangements, established strengthened governance arrangements and engaged Board members, executives, staff and partners in shaping the emerging approach. As a result, the Health Board entered the formal IMTP development phase earlier and with greater organisational clarity than in



previous years.

3.11 **Reflection and Learning**: A structured reflection and learning exercise has been completed involving executive leaders, planners, operational teams and corporate functions. Feedback has directly informed revisions to the planning framework and supporting processes (**May**). The findings from the Planning Maturity Matrix assessment have also been incorporated into the programme of planning improvements and support wider organisational improvement objectives, including Special Measures de-escalation requirements (**June**). The Internal Audit on planning returned a finding of 'Reasonable Assurance' reflective of the growing maturity in this space (**July**)

3.12 **Strategic Direction and Planning**: An Informal Board development session was held in **August** 2026, bringing together discussion on the emerging 10-Year Strategy, Clinical Services Plan and IMTP to ensure alignment of strategic intent and organisational priorities. This represents a more integrated and earlier strategic discussion than in previous planning cycles.

3.13 **Planning Infrastructure**: The following milestones have been completed.

- Publication of planning guidance for the 2027-30 planning process.
- Refresh of the Integrated Planning Framework.
- Development of a unified modelling proposal.
- Establishment of strengthened executive governance arrangements for business cases and prioritisation.
- Executive discussion regarding prioritisation and plan tiering.
- Partner engagement through regional leadership arrangements.
- Planning, Population Health and Partnerships Committee development session focused on aligning resources to organisational priorities.

3.14 Collectively, these activities provide a strong foundation for development of the draft 2027-30 IMTP.

3.15 **Emerging Financial Context**: Whilst national planning guidance and financial allocations are not yet confirmed, it is anticipated that the financial environment will remain challenging. Planning assumptions have therefore been developed on the basis of affordability, prioritisation and sustainable delivery. However, this may require further prioritisation as the IMTP develops.

3.16 **Board Committee Journey to date**: Engagement with the Board and its supporting governance structure has commenced significantly earlier than in previous planning cycles to support the development of the 2027-30 IMTP. In August 2026, an Informal Board Development Session was held to consider the emerging 10-Year Strategy, Clinical Services Plan and IMTP as part of a single strategic discussion, providing early direction on the Health Board's priorities and future ambitions. During September and October 2026, engagement was undertaken with regional partners and system leaders to inform the development of planning priorities and ensure alignment with wider partnership and population needs. In October 2026, the Planning, Population Health and Partnerships Committee (PPHP) participated in a dedicated development session focused on the alignment of resources to organisational priorities and the role of the Board in shaping investment decisions. Together, these discussions have enabled early engagement, challenge and direction from Board members, partners and stakeholders, helping to inform the emerging IMTP well in advance of formal plan approval.

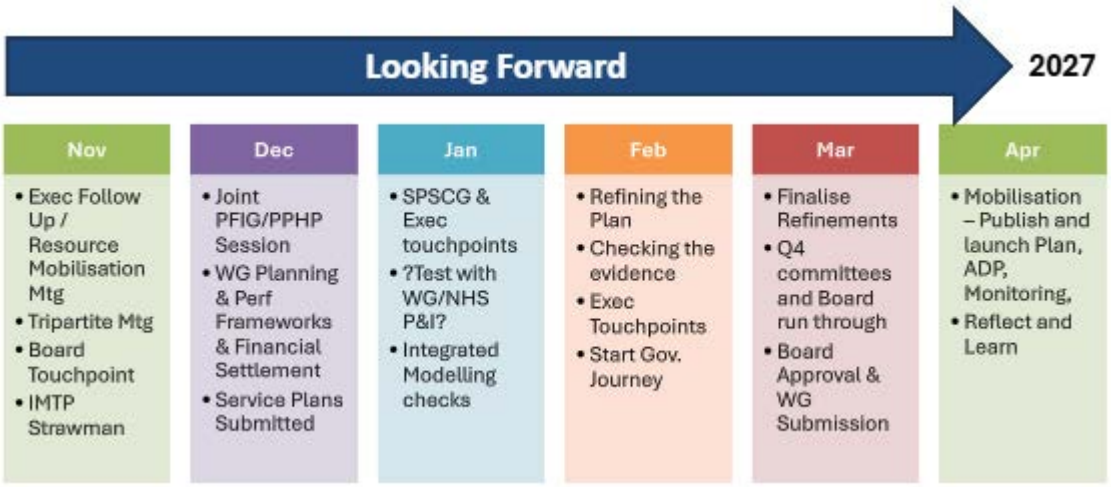
3.17 Overall, progress against the revised planning cycle remains on track. Significant preparatory work has been completed earlier than in previous planning cycles, providing a strong foundation for development of the draft

IMTP and positioning the Health Board well to respond to forthcoming national planning guidance and financial settlements.

Moving forward and the next steps



3.18 **High-Level Plan and Key Milestones**: The remaining stages of IMTP development are summarised below:



Milestone	Timing
Completion of high-level draft IMTP Strawman	End Nov 2026
Committee engagement and assurance discussions *(various)* e.g. Utilising Exec Committee sessions	Nov - Jan 2026
Joint PPHP and PFIG development session regarding resource allocation	Dec 2026
Welsh Government Planning and Performance Frameworks issued; Indicative financial settlement confirmed	Dec 2026 *(estimated)*
Draft IMTP refinement and committee consideration	Jan - Feb 2027
Informal Board discussion of near-final draft	Feb 2027
Final Governance Sign offs – SPSCG, PPHP, PFIG	Feb 2027
Board approval of 2027-30 IMTP	Mar 2027
Submission to Welsh Government	Mar 2027

3.19 In addition to formal committee scrutiny, ongoing engagement will continue with Board members, staff representatives, operational leaders, clinical leaders and partner organisations to ensure collective ownership of the final plan.

3.20 New governance arrangements have been established to provide greater scrutiny of business cases, investment proposals and requests for inclusion within the IMTP. This is intended to ensure that only proposals with demonstrable strategic alignment, affordability and deliverability progress through the planning process.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1 The Board should note the following key risks:

- Continued uncertainty regarding national planning guidance and performance requirements.
- Timing and scale of the Welsh Government financial settlement.
- The need to align multiple strategic planning products being developed simultaneously.
- Continuing financial and workforce pressures across the NHS which may require prioritisation decisions during plan development.

4.2 These risks are being actively managed through the Health Board's revised planning governance arrangements.

5 ARGYMHELLION
RECOMMENDATIONS

5.1 The Board is asked to:

- **COMMENT** on the progress made to date in developing the 2027-30 Integrated Medium Term Plan and the proposed approach to engagement and plan development over the remainder of the planning cycle.
- **SUPPORT** the enhancements to the planning process, including the revised planning cycle, planning framework, prioritisation methodology and arrangements for aligning resources to priorities.
- **AGREE** the proposed approach and timetable for continued development, scrutiny, approval and submission of the 2027-30 Integrated Medium Term Plan.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below: The IMTP Development paper predominantly links to Strategic Intent 4 "Create a modern, people-centred healthcare system
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Corporate Risk Register and Board Assurance Framework - Betsi Cadwaladr University Health Board Related to 4B Strategy and Planning

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: No
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

	If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This is an update on the progress on IMTP planning in the organisation
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This is an update on the progress on IMTP planning in the organisation
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	This is an update on the progress on IMTP planning in the organisation
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This is an update on the progress on IMTP planning in the organisation
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This is an update on the progress on IMTP planning in the organisation
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		05/11/2026	**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: • **Integrated Quality Report:** The Committee was unable to take assurance from the overall quality position, reflecting the cumulative range and significance of clinical risks, particularly the deteriorating Infection Prevention and Control position and inconsistent delivery of fundamental standards. Further evidence is required that strengthened Executive oversight is translating into sustained improvement. • **Commissioned services:** The Committee expressed concern that four high-priority internal audit recommendations remained outstanding 18 months after the original review. Urgent progress is required to implement the Board-approved Commissioning Assurance Framework, strengthen quality and contract oversight, and address commissioning capacity. • **Endoscopy - Deep Dive**: The Committee noted the positive recovery in waiting times but remained concerned about the surveillance backlog, cancer performance and workforce, capacity and infrastructure risks, emphasising the need for a sustainable long-term solution rather than continued reliance on short-term insourcing.		
2b	Assurance	The QSE Committee wish to Assure members of the Board that: • **100 Stories:** The Committee welcomed the powerful co-produced work on young people transitioning into adult services, which is informing transition pathways, service improvement and wider partnership working. • **Learning disability services:** The Committee received assurance from positive external inspection findings, strong person-centred practice and progress against strategic priorities, while noting ongoing system-wide challenges relating to accommodation, delayed discharges, workforce and health inequalities. • **Nurse staffing:** The Committee received assurance that the Health Board continues to comply with its statutory duty to calculate nurse staffing levels, while noting risks		

		associated with funding arrangements and sustained use of escalation capacity.
2c	Advise	The QSE Committee wish to Advise members of the Board that: • **Integrated Quality and Performance Report**: The Committee noted continued improvement in planned care, including reductions in long waits and diagnostic breaches, while significant challenges remain in urgent and emergency care, cancer performance and higher-risk specialties. • **Complaints and AI**: The Committee noted increasing complaints and repeat correspondence, including greater use of AI tools in preparing submissions, and the impact on volume and complexity, while emphasising that concerns must continue to be considered fairly and learning used to improve services. • **Clinical Services Plan**: The Committee noted the revised approach and timetable for the Clinical Services Plan, including greater clinical engagement and focus on fragile services • **Cancer Review**: the Committee requested timely progress reporting on implementation of the Audit Wales cancer review recommendations.
2d	Review of Risks	The Committee reviewed the corporate risk relating to timely access to safe and effective care and noted the need for further work to strengthen the articulation of assurances and alignment with operational risks, recognising the collective Executive ownership of the risk.
2e	Sharing of learning	Nothing to share at this stage.
3	Items for Referral	Nothing to refer.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

INTEGRATED QUALITY REPORT

Dyddiad y Cyfarfod **Date of Meeting**	26 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	• Patient Safety: Chris Lynes, Deputy Director of Nursing (Patient Safety) and Tracey Radcliffe, Head of Patient Safety • Safeguarding and Public Protection: Michelle Denwood, Director of Safeguarding and Public Protection • IPC: Deputy Director of Nursing Infection Prevention and Decontamination • Patient and Carer Experience: Chris Lynes, Deputy Director of Nursing (Patient Experience) and Leon Marsh, Head of Patient Experience Clinical Effectiveness: Joanne Shillingford, Head of Clinical Effectiveness • Quality Assurance: Jo Kendrick, Head of Quality, Erika Dennis, Quality Lead Manager, Sarah Musgrave Quality Learning Business Manager • Healthcare Law: Matthew Joyes, Deputy Director for Legal Services and Debbie Kumwenda, Healthcare Law Lead Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	• Dr Clara Day, Executive Medical Director • Teresa Owen, Executive Director of AHPs and Healthcare Science • Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

This Integrated Quality Report provides the Board with an overview of the principal quality, safety and experience risks across BCUHB, together with progress on improvement activity and areas of assurance and concern. The principal corporate quality risk remains **timely access to safe and effective care**, with particular concerns relating to Emergency Department overcrowding, fragile clinical services and variation in the reliable delivery of care to agreed standards.

Urgent and emergency care remains a significant quality and safety risk. Emergency Department overcrowding continues to affect patient safety and experience. Improvement activity following the HIW inspection of Ysbyty Glan Clwyd Emergency Department remains under enhanced oversight, while the Quality Peer Review of Ysbyty Gwynedd Emergency Department has identified further patient safety, governance, environmental and operational issues requiring action.

Fragility within clinical services continues to affect timely access and resilience, with endoscopy and gastroenterology remaining areas of particular concern due to demand, workforce and infrastructure pressures. Mitigating actions and executive oversight of recovery remain in place.

Reducing avoidable harm remains a key priority. Fifteen Never Events were reported between October 2025 and September 2026. The Safer Surgical Procedures Improvement Programme has been established in response, including pan-BCU governance, standardised LocSSIPs and procedural checklists for high-risk procedures, strengthened audit and assurance, and work addressing human factors and safety culture.

Healthcare-associated infection also requires sustained attention, particularly C. difficile and MSSA. The Health Board continues to face challenges in delivering sustained improvement, including operational pressures, workforce constraints, estate limitations and variation in the consistent application of infection prevention measures. Strengthened oversight, escalation and organisational learning arrangements are being implemented to support improved compliance and performance.

Significant pressures remain within incident management, with a high volume of open incidents and incidents awaiting harm assessment. Improvement trajectories and targeted support are in place. Nationally Reportable Incident caseload management has improved, although overdue cases require continued focus.

Regulatory assurance requires continued focus, with a number of HIW improvement plans remaining open or overdue and subject to enhanced oversight.

Patient experience presents a mixed picture: overall experience remains positive, although waiting-time satisfaction and the volume and timeliness of complaints response continue to require attention.

Mortality indicators show improvement overall, with the position in relation to stroke mortality at Wrexham Maelor Hospital is undergoing structured clinical review.

External review and assurance activity is an important part of the Health Board's quality improvement approach. The organisation is awaiting the formal output of the NHS Wales Performance and Improvement Quality Position Statement and the independent Well-Led Review, which will complement the Audit Wales review of quality governance. The findings will inform the further development of the Health Board's Quality Plan.

Overall, the report demonstrates significant improvement activity and strengthened clinical quality governance. A number of important quality and safety risks continue to require sustained focus and evidence of improvement. These areas will continue to be closely monitored through Executive oversight and the Quality, Safety and Experience Committee, with significant matters escalated to the Board as appropriate. Findings from external reviews will also be considered as part of the Health Board's ongoing quality improvement and assurance arrangements.

The Board is asked to:

- **NOTE** the quality, safety and patient experience position set out in the Integrated Quality Report, including the principal areas of risk and improvement.
- **RECEIVE ASSURANCE** that the principal quality and safety risks and associated improvement activity are subject to ongoing oversight and scrutiny through the Quality, Safety and Experience Committee, with significant matters escalated to the Board as appropriate.
- **NOTE** the ongoing external review and assurance activity and that the findings will inform continued improvement, quality governance and development of the Quality Plan.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group	**Date**	**Outcome, Evidence and Data**
Quality and Safety Executive meeting (QSE)	5/11/2026	Assurance on progress but noted the areas of significant risk that remain

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
NRIs	National Reportable Incidents
IO	Investigating Officer
PST	Patient Safety Team
IHCs	Integrated Health Communities
COPD	Chronic Obstructive Pulmonary Disease
DoLS	Deprivation of Liberty Safeguards
ECHR	European Convention on Human Rights
HCAI	Healthcare Associated Infection
AWTTC	All Wales Therapeutics and Toxicology Centre
WHC	Welsh Health Circular
IPC	Infection Prevention and Control
FMT	Faecal Microbiota Transplant
PIR	Post Infection Review
HLD	High Level Disinfection
ATP	Adenosine Triphosphate
PSOW	Public Services Ombudsman Wales
PEARS	People's Enquiry and Resolution Service
PES	People's Experience Service
NICE	National Institute for Health and Care Excellence
CET	Clinical Effectiveness Team
AMaT	Audit Management and Tracking
SCEG	Strategic Clinical Effectiveness Group
BAT	Baseline Assessment Tool
SSNAP	Sentinel Stroke National Audit Programme
Sentinel Stroke National Audit Programme	Healthcare intelligence and quality improvement service
RAMI	Risk Adjusted Mortality index
HIW	Health Inspectorate Wales
CIW	Care Inspectorate Wales
CAF	Commissioning Assurance Framework
PET (scan)	Positron Emission Tomography Scan
PFD	Prevention of Future Deaths
LFERs	Learning from Events Reports
WRP	Welsh Risk Pool

INTEGRATED QUALITY REPORT

1. Y SEFYLLFA / SITUATION

1.1 For the NHS in Wales, quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve.

1.2 In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are safe, timely, effective, efficient, equitable, and person-centred. Underpinning these domains are six enablers, which are leadership, workforce, culture, information, learning and research and whole-systems approach.

1.3 These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

2 Y CEFNDIR / BACKGROUND

2.1 BCUHB remains committed to delivering high-quality services across all areas of care. To drive continuous improvement and provide assurance BCUHB routinely monitors a range of quality metrics.

2.2 This report summarises BCUHB's current position regarding quality performance and identifies key actions required to strengthen outcomes and achieve sustained improvement.

3 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO / KEY RISKS / MATTERS FOR ESCALATION

3.1 Against the corporate risk of *timely access to safe and effective care* there are particular concerns relating to

- overcrowding in emergency departments,
- fragility of services particularly endoscopy
- delivery of care to known standards

4 ARGYMHELLION / RECOMMENDATIONS

4.1 Gofynnir i'r Pwyllgor
The Board is asked to:

- **NOTE** the quality, safety and patient experience position set out in the Integrated Quality Report, including the principal areas of risk and improvement.
- **RECEIVE ASSURANCE** that the principal quality and safety risks and associated improvement activity are subject to ongoing oversight and scrutiny through the Quality, Safety and Experience Committee, with significant matters escalated to the Board as appropriate.
- **NOTE** the ongoing external review and assurance activity and that the findings will inform continued improvement, quality governance and development of the Quality Plan.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below: Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: 4. Improving quality, outcomes and experience
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	**BAF 26_03:** Failure to Improve Access, Outcomes and Experience **BAF 26_04**: Failure to Deliver and Create a Modern, People-Centred Healthcare System that is Future Focused **CRR25-01:** Timely access to safe and effective care 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)

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
	Do/Yes: ☒	Naddo/No: ☒

Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of the Socio-economic Duty when making strategic decisions?*	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:X
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	This report is purely administrative in nature and submitted for information only.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only

Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd **Enablers of Quality** All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only
	Choose an item.	

Cyfreithiol **Legal**	
Enw Da **Reputational**	Yes (Include further detail below) Please see report for further details
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

1. QUALITY CONCERNS RISK OVERVIEW

1.1 The Heath Board's main corporate quality risk is 'timely access to safe and effective care'.
Of particular concern within this risk:

- Overcrowding in Emergency Depts with risk of risk of patient harm, poor patient experience and staff burnout
- Fragile services with risk of patient harm, poor patient experience and staff burnout. There is currently a particular concern around endoscopy services
- Lack of delivery of care to known standards with risk to safe and effective care

Further detail is therefore provided to the Board associated with these risks, current mitigations and improvement programmes.

In addition, with the introduction of the Clinical Quality Executive Delivery Group, the first meeting asked all areas to bring their highest quality risks for discussion. The list of risks below is collated from this meeting. Some were present in single areas but many were shared across different areas of the health board. Following this meeting, all areas are ensuring identified risks are appropriately represented locally, pan health board risks are being collated and corporate risk registers updated if required. Identified risks will then be interrogated further with linkage to operational colleagues to help prioritise actions as controls and mitigations.

Overcrowding within Emergency Departments continues to create risks of patient harm, poor patient experience and staff burnout, compounded by cultural challenges and the need for sustained whole-system transformation. The Ysbyty Glan Clwyd Emergency Department HIW Inspection full report was published on 10th September.

In particular to note:

- Performance in UEC pathways remains challenged as detailed within the Integrated Performance Framework.

- An action plan for the HIW inspection for YGC ED is place. Oversight is via Executive led escalation meetings. Strengthening of the YGC leadership team is in progress to fill vacancies and extra support being provided to ensure action plan is progressing, along with local improvement plans.

Emergency Department quality and safety concerns continue to be reviewed through a triangulated approach, incorporating EICOP incidents,

Fragile clinical services present risks to patient safety, service resilience and care quality due to workforce shortages and difficulties in maintaining sustainable specialist provision.

- Gastroenterology, and particularly endoscopy, continues to receive executive oversight. A “Deep Dive” was reported to the QSE
- Delayed access to planned care can also occur with service fragility. Learning associated with the Welsh Government first appointment insourcing programme and a broader overview of actions to oversee commissioning as per previous internal audits was presented to QSE.

A broader organisational risk is the variability in understanding, measuring and delivering good quality care to known standards which may lead to inconsistent practice and a failure to consistently provide safe and effective care. This includes the number of Never Events being reported.

A specific current risk is associated with ligature management. This is detailed further in section 1.6 below

While improvement programmes, quality reviews, strengthened governance arrangements and national support are in place, these risks require continued executive and committee oversight and organisational focus to ensure sustainable improvements in patient safety, quality of care and patient experience. An overall Quality Plan will be developed incorporating findings and recommendations from recent external reviews when available, particularly the Quality Statement from NHS Wales P&I, Audit Wales quality review and the independent panel Well Led review.

1.2 Endoscopy

Endoscopy and gastroenterology services continue to face significant challenges due to high demand, workforce pressures and infrastructure constraints, resulting in ongoing delays for some diagnostic and surveillance procedures. While there has been sustained improvement in urgent suspected cancer and diagnostic waiting times,

surveillance patients remain the most affected by delays and continue to be prioritised according to clinical risk. This is also the subject of an open Ombudsman concern.

A range of actions are underway to improve performance and reduce patient risk, including increased service capacity, validation of patient referrals as per national recommendations currently using locum cover, enhanced clinical prioritisation processes and additional clinical cover arrangements.

Risks also remain within the decontamination service due to ageing infrastructure and equipment. Plans for a new centralised facility are progressing, with completion expected in 2027. Executive oversight continues to ensure patient safety, service resilience and delivery of recovery plans.

A deep dive by the Endoscopy Network was presented at QSE as part of the planned care update to the committee.

1.3 Infrastructure, Equipment and Digital Systems

Ageing infrastructure, clinical environments and specialist equipment continue to present challenges across a number of services, with potential impacts on patient safety, service resilience and operational effectiveness. Work is ongoing to mitigate these risks through capital investment programmes, equipment replacement plans and estates management processes.

Significant progress has been made in the implementation of digital systems, including electronic prescribing, maternity records and radiology information systems, with further developments underway. However, the absence of a fully integrated Electronic Health Record remains a key risk, limiting interoperability between systems and affecting the availability of complete patient information. In addition, the continued use of multiple patient identifiers creates patient safety risks and can make it difficult for clinicians to access a comprehensive patient record. Further investment in digital infrastructure and integrated record systems remains a priority to support safer, more efficient and coordinated patient care.

1.4 Workforce Sustainability

Workforce sustainability remains a significant organisational risk, with recruitment, retention and some senior leadership vacancies continuing to affect a number of clinical and specialist services. These pressures have the potential to impact service resilience, patient care, waiting times and the delivery of improvement programmes.
A range of measures are in place to mitigate these risks, including targeted recruitment initiatives, workforce planning, temporary staffing arrangements and enhanced governance oversight. Where necessary, Health Board-wide solutions and support from

commissioned partner organisations are being utilised to maintain safe service provision, supported by an ongoing review of commissioned services and service agreements.
Work also continues to address the impact of the new Resident Doctors Contract, with many rotas now compliant but further improvement work is required and ongoing for remaining areas. Additional support, partnership working with staff representatives and oversight from the Guardian of Safe Working are helping to progress. Nursing workforce levels continue to be monitored and reviewed in line with statutory requirements to support the safe delivery of care.

1.5 Never Events

In NHS Wales, a Never Events are defined as:
"Serious incidents that are preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers."

BCUHB reported one Never Event in August and two in September. This takes the rolling 12-month total to 15 which is markedly above the national average.

These were

- Retained foreign object post procedure – retained swab following forceps birth and episiotomy
- Wrong site surgery – Procedure to eye.
- Wrong Implant/Prothesis – Incorrect component used during a knee replacement operation.

Targeted improvement programmes continue to be implemented to strengthen compliance with clinical safety standards and reduce the risk of recurrence.

Key areas of focus include improving medication safety through enhanced compliance with nurse second-checking processes and the implementation of Nursing and Midwifery Quality Standards. In addition, a Surgical Procedures Improvement Programme has been established to strengthen procedural safety, standardise Local Safety Standards for Invasive Procedures (LocSSIPs) and improve use of the WHO Safer Surgical Checklist. The programme includes enhanced governance arrangements including discussion within all departmental meetings, development of standardised checklists for high-risk procedures, increased audit and assurance activity, and a focus on human factors and safety culture.

Lessons from Never Events and procedural incidents continue to inform improvement actions and governance oversight across the Health Board and will be supported further in external programmes implemented following NHS Wales P&I Quality Position Statement.

1.6 Diagnostic risks

Although overall performance in diagnostic services has improved considerably over the past few months, there are certain areas which continue to face significant capacity pressures due to workforce shortages, infrastructure limitations and increasing demand> this creates risks to patient outcomes, service performance and compliance with national standards.
The most significant concern is a substantial cellular pathology backlog of over 3,500 cases, for which external support has been commissioned and now commenced. Additional challenges include radiology workforce shortages, limited out-of-hours interventional radiology provision where options are being explored, gaps in some maternity ultrasound procedures due to overall ultrasound demand, prolonged waits for MRI scans for patients with cardiac devices with a BCUHB solution now agreed to be implemented, clinical engineering fragility and extended community phlebotomy waiting times.

Pre-Operative Assessment Clinic (POAC) capacity has been escalated as a Tier 1 risk due to its impact on patient optimisation, theatre efficiency and elective recovery, with recruitment and improvement initiatives underway.

1.7 Ligature Management

Work continues to strengthen ligature management arrangements across the Health Board. A programme of capital works continues to support ligature reduction. The MHLD Division has adopted the All Wales Policy and Procedure, together with the associated ligature assessment documentation and ligature awareness training. A Ligature Programme Board has also been established to provide Health Board-wide oversight and monitoring.

2. Clinical Effectiveness

2.1 Clinical Audit

During August and September, there were 10 Tier 1 National Clinical Audit reports, and 1 outcome review published all scheduled for responses during October and November 2026.

Eleven reports have been published in August and September, 10 included BCU identifiable data. The table below outlines the benchmarking information:

Tier 1 Project reference	Title	*Performance against*	
		National Benchmark	*Last BCU report*
NCAORP/2026-27-35	National Audit of Care at the End of Life (NACEL) - 2025 State of the Nation Report	G	G
NCAORP/2026-27-35	National Audit of Care at the End of Life (NACEL) - Mental Health Spotlight Audit 2025 State of the Nation Report	G	N/A
NCAORP/2026-27-44	National Maternity & Perinatal Audit (NMPA) - State of The Nation Report 2026	A	G
NCAORP/2026-27-13	National Oesophago-Gastric Cancer Audit (NOgCA) - State of the Nation Report 2026	G	G
NCAORP/2026-27-17	National Pancreatic Cancer Audit (NPaCA) - State of the Nation Report 2026	G	G
NCAORP/2026-27-07	National Hip Fracture Database (NHFD) - Mind the gap - Challenging inequities in hip fracture care (1st Jan - 31st Dec 25)	A	G
NCAORP/2026-27-11	National Audit of Primary Breast Cancer (NAoPri) - State of the Nation Report 2026	A	G
NCAORP/2026-27-12	National Audit of Metastatic Breast Cancer (NAoMe) - State of the Nation Report 2026	A	A
NCAORP/2026-27-47	Mothers and Babies: Reducing risk through Audits and Confidential Enquiries across the UK (MBRRACE) - Saving lives, Improving Mother's Care (2022 - 2024) *	N/A	N/A
NCAORP/2026-27-18	National Non-Hodgkin Lymphoma Audit (NNHLA) - State of the Nation Report 2026 (2024 Audit Period)	G	G

NCAORP/2026-27-19	National Kidney Cancer Audit (NKCA) - State of the Nation 2026	A	G

Key	***Comparison with National Benchmark*:**	***Comparison with Last BCUHB Report*:**
R	Where BCUHB reported performance is at or above the benchmark in fewer than 50% of KPIs	Where the previously reported BCUHB performance has deteriorated in more than 50% of Key performance indicators (KPIs) according to the latest National audit report
A	Where BCUHB reported performance is at or above the benchmark in 50% to 74% of KPIs.	Where the previously reported BCUHB performance has been maintained or improved in 50% to 74% of KPIs in the latest reporting period.
G	Where BCUHB reported performance is at or above the benchmark in 75% or more of KPIs.	Where BCUHB has maintained or improved in 75% or more of KPIs since the previous reporting period

- *MBRRACE-UK is a national programme which monitors maternal, newborn, and infant outcomes to reduce mortality and improve healthcare outcomes

- The BCUHB MBRRACE report (2026) for perinatal mortality in BCUHB in 2024 has an overall red rating due to an increase in number of neonatal deaths (NND). Further analysis of this shows that the stillbirth rate sat within normal parameters and the outlying status related to neonatal mortality; that is mortality after a live birth. Full review of all neonatal mortality during this time period has been completed by the service. Because of small numbers and thus potential identifiable data this is described in more detail within the confidential report.

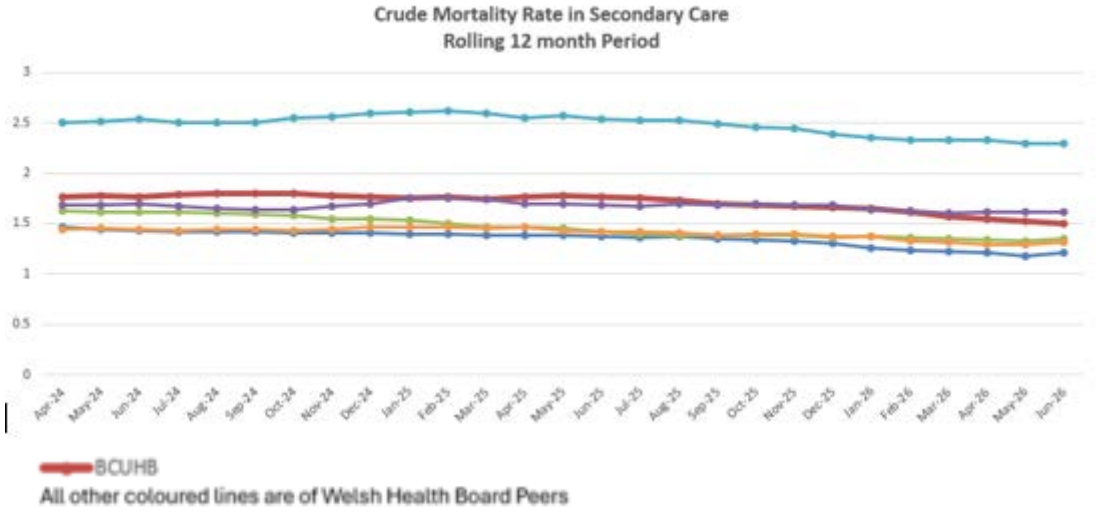
2.2 NICE Guidelines

Progress continues to be made in strengthening NICE compliance across the Health Board through collaborative engagement between clinical and operational teams, supported by robust monitoring and escalation arrangements. Overdue NICE responses are subject to a formal escalation process, with regular reporting through governance structures to ensure accountability and support timely completion.

Current activity is focused on addressing high-priority overdue guidance, including Sepsis, Pneumonia and Child Maltreatment, alongside targeted work to review areas rated as partially achieved. A programme of baseline assessment training and supporting guidance is being developed to strengthen compliance assessment processes and drive further improvement across the organisation.

2.3 Mortality

Review of Mortality Data taken from CHKS iCompare System:
Crude Mortality Rate in Secondary Care 12-month rolling average - BCUHB vs Peer (All Other Welsh Health Boards excluding Powys):



The Health Board has seen sustained improvement in mortality measures over the last 12 months. Crude mortality rates, which had remained above the Wales average since April 2024, have continued to improve and, by June 2026, were aligned with the national average. The 12-month crude mortality rate reduced to 1.5%, representing a 15.3% reduction compared with the previous year. Risk-adjusted mortality performance has also improved, with a continuing downward trend in RAMI since May 2025. BCUHB has recorded the lowest RAMI among Welsh Health Boards for the eight months to June 2026, indicating fewer observed deaths than expected when adjusted for patient risk factors.

A specific area of focus relates to stroke mortality, where Wrexham Maelor Hospital has been identified as a borderline outlier within the Sentinel Stroke National Audit Programme. A retrospective clinical review is underway to provide assurance regarding care quality and identify any learning, with ongoing oversight through established stroke governance arrangements. Initial review has also identified and addressed local audit data quality issues.

Further work is progressing to strengthen organisational learning from falls-related deaths and serious incidents. A collaborative programme involving

mortality, falls, patient safety, nursing and medical teams has been established to improve the alignment of investigations, mortality reviews and coronial processes, ensuring learning is identified, shared and translated into service improvement. Key areas of focus include deterioration, frailty, anticoagulation, treatment escalation planning and clinical documentation.

3.Infection Prevention Control

3.1 Strategic Improvement Goals (2025-2027)

Healthcare-associated infection (HCAI) performance remains a significant challenge, with most key infection metrics currently above planned trajectories, particularly Clostridioides difficile and Staphylococcus aureus bloodstream infections. While hospital-onset E. coli remains below trajectory, performance across other infection measures highlights the need for sustained improvement. It is recognised that a proportion of bloodstream infections, particularly Gram-negative infections, originate in the community and are not directly attributable to healthcare delivery.

A comprehensive improvement programme is in place, supported through the Strategic Infection Prevention Group, with a focus on enhanced surveillance, post-infection reviews, antimicrobial stewardship, strengthened audit and assurance processes, workforce development, and improved organisational learning. Particular emphasis is being placed on reducing avoidable healthcare-associated infections, improving scrutiny of infection cases, and addressing recurrent themes identified through reviews and audits. Recent outbreak activity has reduced compared with previous periods, although outbreaks continue to have an impact on bed capacity and operational resilience.

The Health Board continues to face challenges in delivering sustained improvement, including operational pressures, workforce constraints, estate limitations and variation in the consistent application of infection prevention measures. Strengthened oversight, escalation and organisational learning arrangements are being implemented to support improved compliance and performance.

4. Patient Safety Incidents

Open incidents as at the end September 2026 is at 5,550, which is similar to the number open at the end of August 2026. 3490 incidents have been open greater than 30 days, again similar to last month. In the last 5 weeks, 4056 incidents were reported and 3968 were closed, resulting in a net increase in the backlog which is a consistent trend. Overall, incident submissions continue to slightly outpace closures, maintaining pressure on the open incident position.

A significant number of incidents also have outstanding interim harm assessments, including incidents involving moderate to catastrophic harm, and work continues through Patient Safety governance arrangements to improve compliance and ensure timely review, escalation and management of risks.

Nationally Reportable Incident (NRI) management continues to show improvement. While 19 NRIs were reported during the period, the overall number of open investigations has reduced over the last year, with no cases remaining open for more than 12 months. The Health Board continues to demonstrate strong performance in progressing investigations, with the shortest median completion time in Wales. Ongoing focus is being maintained on reducing overdue investigations, embedding learning from completed reviews and strengthening patient safety improvement across the organisation.

5. Patient and Carer Experience

5.1 Complaints

Complaints activity has increased significantly during 2026, resulting in growing pressure on complaint handling processes and the emergence of a backlog despite sustained improvements in performance over recent years. While BCUHB continues to receive a lower rate of complaints per 100,000 population than the Wales average, demand currently exceeds organisational capacity in some areas, affecting the timeliness of responses and overall performance.

As at October 2026, both the total number of open complaints and overdue complaints had increased, with overall compliance reducing to 75.9%, although this remains above the organisational target. The number of legacy complaints outstanding from prior reporting periods has reduced significantly, demonstrating progress in addressing historic backlog cases.

During the reporting period, complaint volumes continued to exceed closures, contributing to an increase in the number of open cases, particularly within East and Central Integrated Health Communities. The majority of complaints continue to relate to delays in clinical assessment and treatment, communication with patients and families, staff attitude and behaviour, appointment management, medication issues and patient care.

The Health Board continues to monitor complaint trends closely through established governance arrangements, with a focus on understanding underlying themes, reducing backlogs, improving response timeliness and ensuring learning from complaints informs quality improvement and service development.

5.2 Patient Experience

Patient experience as measured by CIVICA returns remains positive overall, with performance exceeding the NHS Wales benchmark for overall satisfaction. Based on over 9,000 survey responses, between 1st August 2026 and 30th September 2026, 86.4% of patients rated their experience as good or very good, with particularly strong performance in dignity and respect and the ability to communicate in a preferred language. The Health Board is currently ranked fourth in Wales for overall patient experience and recent satisfaction scores demonstrate an improving trend.

The People's Enquiry and Resolution Service (PEARS) managed more than 700 enquiries during the reporting period, with appointments, communication and clinical treatment or assessment remaining the most common themes. Fifty-three compliments were received, most frequently recognising caring and professional staff and services that exceeded expectations. Waiting time satisfaction remains below the national benchmark and continues to be an area for improvement.

Targeted patient engagement activity has been undertaken across a range of services to better understand patient experiences and support service improvement. This has included Care2Share interviews, patient stories and co-production initiatives, with feedback directly informing changes to ward environments, patient information, communication processes and service delivery. In addition, the People's Experience Service continues to support quality improvement and regulatory response activity, including work arising from Healthcare Inspectorate Wales recommendations within emergency departments.

The Health Board remains committed to strengthening the use of patient feedback, lived experience and engagement to inform service improvement, enhance patient-centred care and support continuous quality improvement across services.

6. Quality Assurance

6.1 Health Inspectorate Wales

HIW inspection action plans remain in progress, with some overdue actions requiring continued monitoring.

The Quality Assurance Team continue to work with clinical areas to progress HIW action plans. Below are listed all open HIW improvement plans, with targeted plans to progress completion. Continuous monitoring via Local HIW Review Meeting, service accountability meetings and Executive Quality Delivery Group (EQDG).

Inspection – Conwy Learning Disabilities Team, HIW/CIW Assurance Check (9th
to 11th February 2026)

The assurance check was undertaken jointly by Healthcare Inspectorate Wales (HIW)and Care Inspectorate Wales (CIW) and reviewed the statutory functions and performance of both Conwy County Borough Council's Community Learning Disability Team and Betsi Cadwaladr University Health Board's Learning Disabilities Directorate. As a result, a number of recommendations and actions are shared across the Local Authority and Health Board and require a multi-agency response. Progress is being delivered collaboratively through established partnership arrangements, with ongoing oversight through local and corporate governance structures.

Inspection – Ablett Unit, YGC (27th to 29th April 2026)

- Status: Overdue
- Recommendations: 16
- Actions: 52 total, 41 completed (46% to 79% from last reporting period)
- Progress Status: 11 actions remain
- Closure Date: 15th November 2026

Summary of Overdue Actions

Oversight of these actions is maintained through established governance processes, with progress monitored regularly to ensure delivery and capture organisational learning. Based on current progress, there is confidence that the remaining actions will be closed as the final assurance evidence becomes available.

HIW Inspection – Nuclear Medicine Inspection, Ysbyty Gwynedd (26-27 March 2026)

- Status: Overdue
- Recommendations: 24
- Actions: 26 total, 19 completed (40% to 73% from last reporting period)
- Progress Status:7 actions Closure Date: 31st October 2026

Summary of Overdue Actions

Evidence demonstrating completion of the remaining actions has been collated by the service and is currently undergoing final review and quality assurance. Subject to successful validation of the evidence provided, the actions will be updated accordingly and the improvement plan is expected to achieve full compliance, with no remaining overdue actions. Progress continues to be monitored through established governance arrangements to ensure appropriate oversight and assurance.

HIW Inspection – West End Medical Centre (21 April 2026)

- Status: Overdue
- Recommendations:6
- Actions: 20 total, 8 completed (15% to 40% from last reporting period)
- Progress Status:12 actions remain
- Closure Date: 31 January 2027

Progress is being monitored through established governance arrangements, with several actions awaiting final assurance, supporting documentation or completion of planned review cycles. The service has reported continued progress against the improvement plan and work remains ongoing to achieve full compliance with the HIW recommendations.

HIW Inspection – YGC Emergency Department Immediate Improvement Plan (5 – 7 May)

- Status: Overdue
- Recommendations:9
- Actions:52 total, 46 completed (87% to 88% from last reporting period)
- Progress Status:6 actions remain
- Closure Date: 31 December 2026

Summary of Overdue Actions

The remaining actions relate to the completion of leadership and culture development initiatives, implementation of governance arrangements for staff concerns, evaluation of improvement measures through PDSA cycles Progress continues across all outstanding actions. The majority of actions have been implemented in practice and are awaiting final assurance, supporting evidence or completion of planned review cycles before closure. Progress is monitored through established governance arrangements to ensure ongoing oversight, delivery and organisational learning.

HIW Inspection – YGC Emergency Department Main Improvement Plan (5 – 7 May)

- Progress Status: 162 actions
- Closure Date: 31 May 2027).

Summary of Overdue Actions

The service continues to progress all outstanding actions, which are subject to robust oversight through a dedicated weekly improvement meeting jointly chaired by the Integrated Health Community Director of Nursing Central and the IHC Director of Therapies. This forum brings together senior operational, medical and nursing leaders to review progress, risks and barriers to delivery. This includes an executive escalation meeting with the IHC.

The dates for delivery set were consciously ambitious due to associated patient safety concerns. Whilst it was acknowledged that the actions would be challenging to fully deliver, it was necessary to place the required importance and sense of urgency to complete the actions. HIW colleagues have been kept up to date with progression of the improvement plan and actions through the regular engagement meetings

7. Public Service Ombudsman for Wales

BCUHB has maintained sustained compliance with Ombudsman requirements, with overall compliance against recommendations at 91%. Engagement with the Ombudsman's office has strengthened, supporting timely resolution and improved assurance.

BCUHB currently has 37 open Ombudsman cases, down from 38 in previous reporting period.

Public Interest Reports

The Ombudsman considers these cases to raise issues of public interest, subject to any representations from the Health Board or complainant.

Final Public Interest Report 202404388
The Ombudsman's investigation has considered the following:

The Ombudsman's investigation considered aspects of the patient's care and treatment following a prostate cancer diagnosis.

Six recommendations were issued by the Ombudsman. The Health Board has submitted a final action plan to the Ombudsman and provided evidence of compliance against the recommendations. Ongoing monitoring will continue through established governance arrangements until all actions are fully embedded.

Final Public Interest Report 202501841

The Ombudsman's investigation considered the appropriateness of prescribed medication and whether sufficient information and support had been provided to the patient and family regarding associated safety risks.

The report included six recommendations to be completed by December 2026. Substantial progress has been made, with enhanced prescribing controls, revised patient counselling standards, audit activity and strengthened governance arrangements now in place. The remaining two actions are on track for delivery within the Ombudsman's required timeframe and will continue to be monitored through established governance processes

Executive oversight of Ombudsman activity. A thematic review of Ombudsman cases has been undertaken to identify recurring themes and opportunities for

organisational learning. Learning arising from Ombudsman investigations, Public Interest Reports and recommendation compliance activity will be incorporated into wider organisational learning arrangements, including the Integrated Concerns Process and Learning Repository.

The Health Board continues to work openly and collaboratively with the Ombudsman and remains focused on ensuring timely implementation of recommendations and the dissemination of learning arising from investigations.

8. Healthcare Law

8.1 Coroner and Inquests

During the reporting period, one Prevention of Future Deaths (PFD) Report was received by the Health Board. The Coroner's concerns relate to the circumstances of an unwitnessed inpatient fall within community setting.

A response was submitted within the required timeframe, setting out the Health Board's actions and commitments. The response set out local actions to strengthen risk assessment, observation and supervision arrangements, and environmental safety within communal patient areas. Health Board-wide commitments include sharing the learning across community hospital services and relevant governance forums, and strengthening Executive-level scrutiny and assurance of incident investigations and learning reviews.

A second PFD Report was received where the Coroner raised concerns with delays in the availability of stress echo tests, particularly in relation to patients at Ysbyty Glan Clwyd but also with regional variations across North Wales; highlighting that this could lead to inconsistencies and delays in receiving timely treatment. The concerns are being reviewed and a response will be provided within the required timeframe.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

PUBLIC SERVICES OMBUDSMAN FOR WALES ANNUAL LETTER 2025-26

Dyddiad y Cyfarfod **Date of Meeting**	26 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Joanne Kendrick, Head of Quality Erika Dennis, Quality Lead Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Chris Lynes, Deputy Executive Nurse Director Clara Day, Executive Medical Director

Pwrpas yr Adroddiad **Report Purpose**	For Assurance The Board is asked to review the Public Services Ombudsman for Wales (PSOW) Annual Letter 2025-26, consider the Health Board's response, and receive assurance regarding arrangements in place to address identified areas for improvement and monitor progress against actions arising.

Crynodeb Gweithredol
Executive Summary

The Public Services Ombudsman for Wales (PSOW) Annual Letter 2025-26 (Appendix A) provides an overview of complaint handling performance and themes identified across Welsh public services. This paper presents the Health Board's proposed response to the Annual Letter (Appendix B) and the accompanying action plan (Appendix C) developed by the Quality Directorate.

Since consideration of the response by Executive Team, the Health Board has continued work to strengthen arrangements for managing Ombudsman investigations and recommendations. This includes completion of an initial review of response timeliness and escalation arrangements and commencement of a

thematic review of Ombudsman activity over the previous two years. The review will consider trends arising from Public Interest Reports, Investigation Reports and Early Resolution outcomes to support organisational learning and continuous improvement.

Public Interest Reports received by the Health Board continue to be reported through the Integrated Quality Report and associated governance arrangements. This paper focuses on the strategic actions being taken in response to the Annual Letter and the Health Board's approach to strengthening oversight, learning and assurance processes.

Learning arising from Ombudsman investigations, Public Interest Reports and recommendation compliance activity will be incorporated into wider organisational learning arrangements, including the Integrated Concerns Process and Learning Repository. Actions within the accompanying action plan have also been aligned to relevant priorities within the Annual Quality Plan to support delivery of wider quality improvement objectives across the Health Board.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
The draft Health Board response and accompanying action plan were developed by the Quality Directorate, with input from relevant corporate governance colleagues. The response has been reviewed and approved by the Deputy Director of Nursing and the Executive Medical Director. Following advice from the Director of Corporate Governance, the Annual Letter, Health Board response and associated action plan has been considered through the Health Board's governance framework, commencing with the Executive Team, followed by the Quality, Safety and Experience Committee, before final consideration by the Board.		

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
PSOW	Public Services Ombudsman for Wales

PUBLIC SERVICES OMBUDSMAN FOR WALES ANNUAL LETTER 2025-26
LLYTHYR BLYNYDDOL OMBWDSMON GWASANAETHAU CYHOEDDUS CYMRU 2025-26

1. Y SEFYLLFA SITUATION

1.1 The Health Board has received the Public Services Ombudsman for Wales Annual Letter 2025-26, setting out complaint activity, interventions, recommendations and compliance performance relating to the organisation. PSOW has requested that the Annual Letter is formally considered by the Board and that the organisation informs PSOW of the outcome of its considerations and any resulting actions.

2. Y CEFNDIR BACKGROUND

2.1 The Public Services Ombudsman for Wales investigates complaints concerning public services in Wales and promotes learning and improvement arising from complaint investigations. Annual Letters provide organisations with performance information together with comparative data and areas requiring consideration.

The Health Board has undertaken an initial review of Public Services Ombudsman for Wales response timeliness and escalation arrangements. The findings have informed the accompanying action plan and will support ongoing improvement work.

In addition, a thematic review of Ombudsman activity covering the previous two years has commenced. The review will consider activity trends, themes and recommendation implementation to identify opportunities for organisational learning and service improvement.

Consideration is also being given to enhanced governance arrangements to support executive oversight of Ombudsman activity and recommendations.

3. MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

3.1 The Board is asked to:

- Note the content of the PSOW Annual Letter 2025-26.
- Endorse the Health Board's response to the Annual Letter and associated action plan.
- Note the work undertaken to review response timeliness and escalation arrangements.

- Note the commencement of a thematic review of Ombudsman activity over the previous two years.
- Receive assurance that arrangements are being strengthened to support organisational learning, recommendation implementation and oversight of Ombudsman activity.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1 Failure to effectively implement Ombudsman recommendations and demonstrate organisational learning may adversely affect public confidence and organisational reputation. This risk is being mitigated through implementation of the action plan, ongoing thematic review work and strengthening of governance and oversight arrangements.

5. ARGYMHELLION
RECOMMENDATIONS

5.1 The Board is asked to:

- **NOTE** the content of the Public Services Ombudsman for Wales Annual Letter 2025-26.
- **REVIEW** and **ENDORSE** the Health Board's proposed response to PSOW.
- **ENDORSE** the accompanying action plan developed in response to the matters raised.
- **RECEIVE ASSURANCE** regarding arrangements to improve recommendation compliance and strengthen organisational learning.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	N/A

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No direct impact
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No direct impact
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	No direct impact
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No direct impact
Human Rights Act	Do/Yes: ☐	Naddo/No: ☒

Have Human Right based concerns been addressed within WP8a	Canlyniad/Outcome:	No direct impact
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No direct impact
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No direct impact
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	No direct impact
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	

Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No direct impact
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No direct impact
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	There is a reputational risk associated with non-compliance with Ombudsman recommendation timescales and any perceived failure to demonstrate organisational learning. This risk is being mitigated through implementation of the action plan and enhanced governance oversight arrangements.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Ombwdsmon
Ombudsman
Cymru · Wales

Ask for: Complaints Standards
01656 641150
Caseinfo@ombudsman.wales

Date: 17 September 2026

Mr Dyfed Edwards
Chair
Betsi Cadwaladr University Health Board

By email only
dyfed.edwards@wales.nhs.uk

Dear Dyfed

Annual Letter 2025-26

Our role

As the Public Services Ombudsman for Wales, we independently consider complaints about public services and investigate alleged breaches of the councillor Code of Conduct. We also set complaints handling standards for public bodies, drive continuous learning from complaints and undertake investigations into public services on our own initiative.

Purpose of this Annual Letter

This letter provides an update on our work for this period, and highlights key trends in Welsh health and public service complaints. It details performance specific to your organisation and outlines the positive actions we would like you to take.

Overview - a record-breaking year

This letter, as always, coincides with the publication of our Annual Report, which holds special significance this year as we mark our 20th anniversary. We closed our busiest year on record where the office received 4,507 duly made complaints across its public services and Code of Conduct remits — 27% more than last year, 47% more than 3 years ago, and 3 times as many as 20 years ago.

To meet this demand, we closed a record number of complaints, 29% more than last year and 43% more compared with 3 years ago. We intervened in 568 of complaints that we closed.

ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond to correspondence in Welsh.

Finding swift resolutions to complaints, where possible, remains important to us and benefits all parties involved. This year, 85% of our interventions included an element of Early Resolution, a process we hope has proved valuable to both your organisation and to complainants.

Despite the increased volume of cases, our case handling times remained efficient. Initial assessments and Early Resolutions were completed within 4 weeks - well ahead of our 6 week target. Additionally we maintained a downward trend in our average investigation time which was 54 weeks this year from 64 weeks in 2023-24.

Overview of health board complaints

During 2025-26, we received 1,351 complaints about health boards marking a significant 42% increase from the previous year. Clinical treatment in hospitals remains the most frequent source of concern. Additionally, complaint handling accounted for approximately 14% of complaints. While this represents a positive decline from 18% 2 years ago, specific concerns in this area are detailed below.

We intervened in 22% of health board complaints that we closed – compared to 27% last year.

Performance specific to your organisation

During 2025-26, we received 283 complaints about your organisation and closed 272 complaints (some of which may have been carried over from the previous year).

We intervened in 21% of the complaints we closed about your organisation.

We published 1 public report in the public interest relating to your Health Board. As you will be aware, this case concerned significant delays experienced with a PSMA PET scan, meaning that the patient waited longer than expected for treatment, allowing his prostate cancer to progress. The case was especially troubling given previous public interest reports of similar failings, and the Health Board's poor complaint handling further compounded the injustice experienced (202404388).

As a result, I have asked your Board to review this case, in line with its legal requirements under the Duty of Candour. I am concerned to note that 1 of the recommendations relating to the duty of candour review remains outstanding. My office will continue to follow up on this.

Overall, we made 157 new recommendations to your organisation in the cases closed this year.

There were 137 recommendations that fell due during this period. Your organisation complied with 61% of these within the agreed timescales.

Detailed data on the complaints we handled about your organisation in this period can be found in the appendices below.

Improving compliance with our recommendations

We always take time to ensure that recommendations and timescales are agreed with public bodies before finalising them. Therefore we expect agreed deadlines to be met. Timely compliance is not, however, as high as it should be; with only 69% of our recommendations across Wales complied with on time as at 31 March 2026. Promptly delivering agreements to resolve injustice or hardship for individuals, and implementing systemic learning on time, is vital to build and maintain public trust in both our office and your organisation.

We recognise that unexpected challenges arise that make deadlines difficult to meet. In response to feedback from public bodies, we have adapted our approach moving forward: if you request a reasonable extension on or before the original deadline, and you meet that new date, it will be recorded as complied with on time. We hope this is a welcome adjustment that will help demonstrate a more accurate compliance rate over the coming years.

Supporting improvement of public services – key themes and our own initiative work

When an investigation reveals serious systemic risks that may affect many individuals, or offer wider sector lessons, we publish a public interest report. We published 9 such reports during this period, the vast majority concerning health boards. If you have not already done so, I encourage you to read these reports for their valuable insights - here.

Tragically, we have seen some instances of both individual shortcomings and wider systemic failures causing injustice to citizens in Wales. Key themes in this period have included: poor waiting list management (including inappropriate removal of patients from waiting lists); poor prescribing practice failures where we have seen communication and process breakdown between medical and pharmacy teams; and delays and clinical failures in urgent cancer referrals and ophthalmology.

We have also seen concerning complaint handling failures. Some health board complaint investigations have shown a lack of curiosity, objectivity and rigour which are essential to robust and thorough complaint investigation. In addition, we have seen failures to remain open and transparent with service users who have experienced harm, falling short of duty of candour requirements.

I strongly encourage all health boards and trusts to read the 5 public interest reports and recommendations issued during this period, and to use these insights to proactively strengthen your own complaint handling practices where appropriate.

We continue to expand the use of our own initiative powers. These allow us to investigate emerging issues proactively, addressing administrative failings before they multiply.

This year we issued a follow up report on public bodies' compliance with our previously published report on carers. You will recall I shared my original report with you given your role in identifying, assessing and supporting carers, especially during hospital discharge, and working collaboratively with others as part of an integrated system. Our follow up report can be found here.

Ongoing own initiative investigations

As at March 2026, we were conducting a further 4 own initiative investigations which focus, among other things, on:

- potential maladministration and service failure in health care
- how social landlords deal with complaints about disrepair and damp and mould.

We expect to complete this work later in 2026, and will determine then if the findings warrant publication in the public interest.

Our Complaints Standards Work

By the end of March 2026, all local authorities, health boards and 21 housing associations in Wales were operating under our model complaints policy. During 2025-26, we initiated the transition for the remaining housing associations and we expect them to be fully compliant by the end of September 2026.

Organisations that are already compliant, or will be shortly, account for 85% of new complaints about public services which we receive.

Our free complaint handling training remains highly requested; we delivered 58 sessions to public bodies across Wales this year, bringing our total since 2020 to over 600 sessions and 10,000 participants.

More broadly we expect to publish the data on complaints handled by local authorities in Wales during 2024-25 and 2025-26 in the Autumn.

Action we would like your organisation to take

To build on findings from this period, can I ask that your organisation takes the following actions:

- Present this Annual Letter and associated data to the Board at the next available opportunity and notify me of the planned meeting dates.
- Review the data in this letter, alongside your own data to better understand your performance, identify trends, and review your compliance with recommendations made by my office.

- Read the reports highlighted in this letter to extract relevant learning for your own Authority.

- Provide my office with a copy of your Annual Report for 2025-26 on the Duty of Candour and Quality.

- Inform me of the outcome of your considerations and proposed action plan at the earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris
Public Services Ombudsman

Cc. carol.shillabeer3@wales.nhs.uk
bcu.ombudsman@wales.nhs.uk

Information Sheet

Glossary of terms a guide to some of the terms used within our Annual Letters and Appendices.

Appendix A shows the number of complaints we received for all health boards in 2025-26. 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 2025-26. 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 we closed for the Health Board in 2025-26. 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.

Annual Letters - Glossary of terms

Term	Definition
Complaints received	The number of duly made complaints we receive about a Public Body.
Duly made complaint	A complaint about public services is duly made when: • the organisation is within our jurisdiction and • the organisation has replied or had the opportunity to reply and • the events complained about happened less than a year ago, or the complainant became aware of them less than a year ago (unless there was a good reason the complainant could not complain sooner) and • the complainant is entitled to bring a complaint and • we have the details we need e.g. name, contact details, organisation being complained about, we can understand the complaint. A complaint about a local councillor is duly made when: • we have the details we need e.g. name and contact details of the complainant, the name of the councillor and the Local Authority they are a member of • we have a signed declaration from the complainant and any third parties whose evidence has been submitted.
Early Resolution	A matter which is closed without investigation because there is an obvious solution and the body agrees to carry out action to resolve the matter. The body must give us evidence that it has taken action within the timeframe agreed.
Intervention	Cases which we have closed and we have either: • Upheld the complaint after investigation. • Resolved the complaint by way of Voluntary Settlement. • Resolved the complaint by way of Early resolution.

Voluntary Settlement	A matter which has progressed to investigation stage but closed without the investigation being completed because we agree that action which the body has voluntarily suggested it will take is appropriate to resolve the matter. The body must give us evidence that it has taken action within the timeframe agreed.
Uphold	A matter we have closed after investigation and where we found that something went wrong.
% of interventions	The number of public service complaints we closed that involved Early Resolution/Voluntary Settlement and those which we upheld following an investigation, divided by the total number of duly made public service complaints we closed in the reporting period.
Upheld %	The proportion of the complaints in which we intervened that we upheld in the reporting period, shown as a percentage.
Cases Closed	The number of complaints we closed during the reporting period. This may be different from the number we received because there may be some complaints we received in the previous reporting period but which we closed in this reporting period.
Recommendation	These are actions which we ask bodies to take within agreed timescales when we find something has gone wrong. These may be actions to help the individual complainant or systemic actions to help improve services for all service users. We can make recommendations as part of an Early Resolution, Voluntary Settlement or when upholding a complaint following investigation. When we make recommendations, organisations must provide evidence to us that they have complied.
Recommendations made	The number of recommendations we made to bodies during the reporting period. (1 April 2025 to 31 March 2026)
Recommendations falling due	The number of recommendations which needed to be complied with within the reporting period (1 April 2025 to 31 March 2026). Some recommendations will have been made in the previous reporting period but fell due within this reporting period.

Recommendations complied with in line with agreed target date %	The number of recommendations which were complied with by the agreed timescale as set out in Early Resolution, Voluntary Settlement or Investigation report (applicable for those falling due in 2025-26).
Population	Population is included to provide context, based upon the size of an organisation. However, it is recognised that complaints can be made by people who are not included in the population figure, for example, residents from outside the health board or local authority area, or non-contract holders. • For **local authorities**, population refers to the estimated total number of people living in the local authority area. The figures are taken from the StatsWales.[1] • For **housing associations**, population refers to the total stock at social rent, shown in units. This includes general needs stock, sheltered stock, other supported stock and extra care stock with non self-contained bedsits, hostels and shared housing. This figure is taken from StatsWales.[2] • For **health boards**, population refers to the estimated total number of people living in the health board area. The figures are taken from StatsWales.[3]

[1] Population estimates by local authority, year, sex and age | StatsWales
[2] Social landlord housing stock, including social and non social housing | StatsWales
[3] Population estimates by local health boards, year, sex and age | StatsWales

Appendix A – Complaints received (overview)

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	263	601,686	0.44
Betsi Cadwaladr University Health Board	283	697,115	0.41
Cardiff and Vale University Health Board	230	519,662	0.44
Cwm Taf Morgannwg University Health Board	173	449,346	0.39
Hywel Dda University Health Board	172	389,160	0.44
Powys Teaching Health Board	31	135,059	0.23
Swansea Bay University Health Board	199	394,553	0.50
Welsh Ambulance Services University NHS Trust	37	-	-
Total	**1388**	**3,186,581**	**0.44**

Appendix B – Complaints received (by organisation)

Betsi Cadwaladr University Health Board	Complaints Received	% share
Admissions/discharge and transfer procedures	2	1%
Adult Mental Health	16	6%
Ambulance Services	0	
Appointment procedures (including outpatients)	11	4%
Care Homes	0	
Child and Adolescent Mental Health	4	1%
Clinical treatment in hospital	142	50%
Clinical treatment outside hospital; Dentist	1	0%
Clinical treatment outside hospital; GP	4	1%
Clinical treatment outside hospital; Other	7	2%
Clinical treatment outside hospital; Physiotherapist	0	
Complaints Handling	0	
Confidentiality	0	
Continuing care	9	3%
De-Registration	0	
Disclosure of personal information / data loss	1	0%
Finance and Taxation	0	
Funding	1	0%
Gender Identity Funding	0	
Health	26	9%
Housing	0	
Independent Health Care providers	0	
Medical records/standards of record-keeping	3	1%
Medication; Prescription dispensing	5	2%
Non-medical services	2	1%
Nosocomial (Framework)	0	
Other	14	5%
Other miscellaneous	3	1%
Out of Hours GP care	1	0%
Patient list issues	9	3%
Poor/No communication or failure to provide information	1	0%
Prisoner Care	6	2%
Recruitment and appointment procedures	1	0%
Referral to treatment time	8	3%
Rudeness/inconsiderate behaviour/staff attitude	6	2%
Services for vulnerable adults (eg with learning difficulties. or with mental health issues)	0	
Various Other	0	
Whistle-blowing	0	
Total	**283**	

Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	64	254	25%
Betsi Cadwaladr University Health Board	57	272	21%
Cardiff and Vale University Health Board	38	216	18%
Cwm Taf Morgannwg University Health Board	32	172	19%
Hywel Dda University Health Board	43	160	27%
Powys Teaching Health Board	7	28	25%
Swansea Bay University Health Board	49	195	25%
Welsh Ambulance Services University NHS Trust	8	36	22%
Total	**298**	**1333**	**22%**

Appendix D – Complaint outcomes (by organisation)

Betsi Cadwaladr University Health Board		% Share
Complaint investigation discontinued (with early resolution at assessment stages)	0	
Complaint investigation discontinued (without settlement)	0	
Decision not to investigate complaint	108	40%
Early resolution	37	14%
Matter out of jurisdiction	62	23%
Non-public interest report issued: complaint not upheld	9	3%
Non-public interest report issued: complaint not upheld with early resolution at assessment stage	1	0%
Non-public interest report issued: complaint upheld	17	6%
Non-public interest report issued: complaint upheld with early resolution at assessment stage	1	0%
Premature	36	13%
Public interest report issued: complaint upheld	1	0%
Public Interest report issued: complaint upheld with early resolution at assessment stage	0	
Special Interest Report	0	
Voluntary settlement	0	
Total	**272**	

Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2025-26	Number of recommendations falling due in 2025-26	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	175	142	70%
Betsi Cadwaladr University Health Board	157	137	61%
Cardiff and Vale University Health Board	86	92	71%
Cwm Taf Morgannwg University Health Board	94	93	72%
Hywel Dda University Health Board	118	118	81%
Powys Teaching Health Board	9	10	70%
Swansea Bay University Health Board	143	144	60%
Welsh Ambulance Services University NHS Trust	23	36	83%

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: TBC

Dear Michelle,

Re: Ombudsman Annual Letter 2025/26

Thank you for your Annual Letter for 2025-26 and for the continued work of your office in promoting transparency, accountability, and improvement across public services in Wales.

The Health Board values the constructive relationship that it has with the Public Services Ombudsman for Wales and has welcomed the opportunity to review the data provided in advance of publication of the Annual Letter.

The Health Board remains committed to becoming a learning organisation, ensuring that feedback, complaints, concerns and Ombudsman recommendations are used to drive meaningful improvements in the quality and safety of services provided to the people of North Wales. This commitment continues to be supported through our Integrated Concerns arrangements, quality governance framework and wider organisational improvement programme.

Complaint Volumes and Context

The Health Board notes that 283 complaints relating to Betsi Cadwaladr University Health Board were received by the Ombudsman during 2025-26, compared with 236 during the previous year, representing an increase of 47 complaints.

Whilst this increase is noted, it should be considered within the context of the Health Board serving the largest population in Wales. When adjusted for population size, the Health Board recorded 0.41 complaints per 1,000 residents, compared with an NHS Wales average of 0.44 complaints per 1,000 residents. Despite receiving the highest number of complaints in absolute terms, the Health Board's complaint rate sits broadly within the mid-range of Welsh Health Boards.

Most importantly, the Health Board recognises that every complaint represents an opportunity to listen, learn and improve and remains committed to ensuring that concerns are addressed effectively, compassionately and at the earliest opportunity.

Ombudsman Interventions

The Health Board welcomes the reduction in Ombudsman interventions during 2025-26. Despite the increase in complaint volumes, the number of interventions decreased from 64 in 2024-25 to 57 in 2025-26. Similarly, the intervention rate reduced from 28% to 21%.

The Health Board notes that its intervention rate of 21% sits below the NHS Wales average of 22%, is broadly within the mid-range of Welsh NHS organisations, and represents an improvement from 28% in 2024-25.

Whilst every Ombudsman intervention provides valuable opportunities for learning and improvement, the reduction in interventions suggests that a greater proportion of concerns are being resolved through local arrangements without requiring formal Ombudsman intervention. This is encouraging and may indicate that improvements in complaint handling, investigation quality and local resolution processes are beginning to have a positive impact.

Ombudsman Recommendations and Organisational Learning

The Health Board notes that the number of recommendations arising from Ombudsman investigations reduced from 196 in 2024-25 to 157 in 2025-26.

This reduction occurred alongside lower intervention rates, fewer Ombudsman interventions and an increased number of complaints received during the reporting period. These indicators provide some assurance that the Health Board's ongoing work to strengthen complaint handling processes, organisational learning arrangements and service improvement activity is having a positive impact.

The Health Board continues to welcome the learning arising from Ombudsman investigations and remains committed to implementing recommendations and embedding improvements across services. Learning from Ombudsman cases is routinely shared through governance structures and quality improvement arrangements to support wider organisational learning and reduce the likelihood of recurrence.

The Health Board has also noted the wider themes highlighted within the Ombudsman's Annual Letter, including waiting list management, urgent cancer pathways, prescribing practices, complaint handling and Duty of Candour compliance. The Health Board will consider these themes alongside local intelligence and existing improvement programmes to identify any additional learning or assurance required through established governance arrangements.

The Health Board notes the Public Interest Report referred to within the Annual Letter relating to delays experienced in accessing a PSMA PET scan and the subsequent impact on a patient's treatment pathway. The Health Board recognises the seriousness of the findings and remains committed to ensuring that learning arising from this case is embedded through existing improvement, governance and organisational learning processes. The Health Board also notes the Ombudsman's comments regarding the associated Duty of Candour review and will continue to monitor progress against any outstanding actions through established arrangements.

Compliance with Recommendations

The Health Board acknowledges that compliance with agreed recommendation completion dates remains the key area requiring improvement.

The data indicates that 137 recommendations were due for completion during 2025-26, with a reported compliance rate of 61%. This represents a reduction from the position reported in 2024-25, where compliance was reported at 65%, and is an area where the Health Board accepts that further improvement is required.

Whilst this measure relates to achievement of agreed target dates rather than whether recommendations were ultimately implemented, the Health Board recognises the importance of delivering recommendations within agreed timescales and the assurance this provides regarding organisational responsiveness, accountability and learning.

The Health Board is currently undertaking a review of recommendation compliance to better understand the factors contributing to the deterioration in performance and to identify any further improvements required to strengthen oversight, accountability and timely delivery of actions. This work will help ensure that lessons are fully understood and that improvement activity is appropriately targeted.

Over the past year, the Health Board has strengthened its arrangements for monitoring Ombudsman recommendations, including enhanced executive oversight, strengthened reporting arrangements, RAG-rated compliance reporting, including key performance metrics, and greater visibility of overdue actions through corporate governance processes. The Health Board has also continued to work collaboratively with NHS Wales partners and the Ombudsman's office to support a more consistent all-Wales approach to recommendation monitoring and reporting.

The Health Board also welcomes the recent changes introduced by the Ombudsman to the way compliance with recommendations is measured. Following feedback from public bodies, the Ombudsman has recognised that circumstances can arise where agreed timescales cannot be met despite best intentions and where extensions have been requested and agreed. From April 2026, where a public body requests an extension before the original deadline, the Ombudsman agrees the request and the

recommendation is subsequently completed within the revised timescale, compliance will be recorded as having been achieved on time.

The Health Board believes this change will provide a more accurate reflection of recommendation delivery where revised timescales have been formally agreed, whilst continuing to encourage timely implementation and accountability. It is anticipated that this revised approach, alongside strengthened internal governance arrangements and the review currently underway, will support improved compliance performance in future reporting periods.

Continuous Improvement

The Health Board remains focused on improving the experience of people who raise concerns and ensuring that complaints, incidents, patient feedback and Ombudsman learning are considered collectively to support service improvement.

Notwithstanding the improvement required in relation to recommendation compliance, we are encouraged by the reduction in intervention rates, reduction in Ombudsman interventions and lower numbers of recommendations arising from Ombudsman cases during the reporting period. These indicators suggest positive progress in a number of areas and provide assurance that work undertaken to strengthen local complaint handling arrangements, organisational learning and service improvement is beginning to have a positive impact.

The implementation of the NHS Wales Listening to People Framework will further support our ambition to ensure concerns are responded to consistently, compassionately and effectively whilst strengthening organisational learning and improvement.

Conclusion

The Health Board welcomes the opportunity to review and reflect upon the data provided and values the continued support and challenge offered by the Public Services Ombudsman for Wales.

Whilst complaint volumes have increased during 2025-26, the Health Board notes the reduction in Ombudsman interventions from 64 to 57, the improvement in intervention rates from 28% to 21%, and the reduction in recommendations arising from Ombudsman investigations from 196 to 157. Whilst no single measure should be considered in isolation, taken collectively these indicators suggest a positive direction of travel for the organisation.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

These findings provide encouraging evidence that local complaint handling arrangements are becoming increasingly effective and that learning and improvement activity is having a positive impact.

At the same time, the Health Board recognises that compliance with recommendation completion timescales requires further improvement. A review of compliance performance is currently underway and, together with strengthened governance arrangements and the Ombudsman's revised compliance methodology, the Health Board is committed to improving performance in this area and ensuring recommendations are delivered in a timely manner.

The Health Board acknowledges the findings and observations contained within the Annual Letter and will ensure that the letter and associated data are considered through its governance arrangements, including reporting to Board. The Health Board will review the learning arising from the reports referenced within the Annual Letter, continue its review of recommendation compliance, and provide the Ombudsman's office with the outcome of its considerations and any resulting actions through the appropriate channels.

An action plan has been developed to support delivery of the actions arising from consideration of the Annual Letter. Progress will be monitored through the Health Board's Corporate Regulation and Governance Meeting and reported through established governance arrangements, providing assurance to the Executive Team, Quality, Safety and Experience Committee and Board regarding implementation and ongoing progress. Learning arising from Ombudsman investigations, Public Interest Reports and recommendation compliance activity will be embedded within the Health Board's wider organisational learning and quality improvement arrangements, including the Integrated Concerns Process, Learning Repository and relevant priorities within the Annual Quality Plan.

The Health Board will separately provide the Ombudsman's office with copies of its Annual Quality Report and Annual Duty of Candour Report

We look forward to continuing to work collaboratively with your office to ensure that learning from complaints and investigations drives meaningful and sustained improvements for the people of North Wales.

Yours sincerely



Dyfed Edwards
Cadeirydd / Chair

c.c Carol Shillabeer, Chief Executive
Deborah Kelly, Executive Director of Nursing and Midwifery and executive lead for PSOW
Pam Wenger, Director of Corporate Governance

PSOW Annual Report 2025-26: Action Plan

Ref	Action	Lead	Evidence / Output	Due Date	RAG
1	Present Annual Letter and Health Board response through governance arrangements, including Board	Quality Directorate (Corporate Regulation & Assurance)	Board paper and minutes	26/11/2026	**Green**
2	Review learning from Ombudsman Public Interest Reports published during 2025-26 (across Wales) and identify any relevant local actions	Quality Directorate (Corporate Regulation & Assurance)	Learning summary presented to the Corporate Regulation and Governance Meeting	Q4 2026/27 (Jan-March 2027)	**Green**
3	Complete review of Ombudsman recommendation compliance performance and identify opportunities to improve timeliness of delivery	Quality Directorate (Corporate Regulation & Assurance)	Compliance review report for Deputy Executive Nurse Director and Head of Quality	30/09/2026	**Green**
4	Monitor implementation of actions arising from Ombudsman recommendations and report compliance performance through existing governance arrangements	Quality Directorate (Corporate Regulation & Assurance)	Routine compliance reporting to the Corporate Regulation and Governance Meeting	Monthly	**Green**
5	Obtain assurance regarding completion of the outstanding Duty of Candour recommendation referenced within the Ombudsman Annual Letter (202404388)	Quality Directorate (Corporate Regulation & Assurance)	Assurance report received and monitored through Corporate Regulation and Governance Meeting, QSE Committee and Board	31/10/2026	**Green**

Ref	Action	Lead	Evidence / Output	Due Date	RAG
6	Provide Annual Quality Report and Annual Duty of Candour Report to PSOW	Quality Directorate (Corporate Regulation & Assurance)	Reports submitted to PSOW	30/12/2026	**Green**
7	Provide PSOW with outcome of Health Board consideration of the Annual Letter and resulting actions	Quality Directorate (Corporate Regulation & Assurance)	Final response issued	30/12/2026	**Green**
8	Integrate learning arising from Ombudsman investigations, Public Interest Reports and recommendation compliance reviews into the Annual Quality Plan and organisational learning arrangements to support quality improvement across the Health Board.	Quality Directorate (Corporate Regulation & Assurance)	Evidence of learning themes mapped to Annual Quality Plan priorities and recorded within the organisational learning repository.	Q4 2026/27	**Green**

RAG Key:

- ● **Red** = Significant concern / off track
- **Amber** = Some concern / at risk
- **Green** = On track

Health Board

ANNUAL PRESENTATION OF THE NURSE STAFFING LEVELS – AUTUMN 2026

Dyddiad y Cyfarfod **Date of Meeting**	26 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Alison Griffiths Director of Nursing Workforce, Staffing & Professional Standards Joanna Brown Nurse Staffing Programme Lead
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Deborah Kelly Executive Director of Nursing and Midwifery

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol
Executive Summary

This paper introduces the 2025/26 Annual Presentation of Nurse Staffing Levels for Betsi Cadwaladr University Health Board (BCUHB), covering the period 1 October 2025 to 30 September 2026, in accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016.

The nurse staffing level calculations were undertaken in accordance with the statutory guidance issued under the Nurse Staffing Levels (Wales) Act 2016 and approved by the designated person. Within Welsh Health Boards, the designated person is the Executive Director of Nursing, acting on behalf of the Chief Executive.

At the time the autumn statutory nurse staffing reviews and calculations were undertaken, the Executive Director of Nursing and Midwifery post was vacant. Approval was therefore provided by the Deputy Executive Directors of Nursing in accordance with the Health Board's governance and delegated authority arrangements.

The accompanying appendices, developed by the All-Wales Nurse Staffing Group, are a mandatory component of the annual presentation of the nurse staffing levels

to Board and ensure a consistent approach to reporting across NHS Wales Health Boards and Trusts.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Quality, Safety & Experience Committee	5th November 2026	Endorsed for Board approval

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
RN	Registered Nurse
HCSW	Health Care Support Worker
WTE	Whole Time Equivalent
NSA	Nurse Staffing Levels (Wales) Act 2016

ANNUAL PRESENTATION OF THE NURSE STAFFING LEVELS – AUTUMN 2026

1. Y SEFYLLFA / SITUATION

1.1 The statutory guidance supporting the Nurse Staffing Levels (Wales) Act 2016 requires Health Boards to provide annual assurance to the Board on nurse staffing levels in all wards covered by Section 25B of the Act.

1.2 This assurance is provided through:

1.2.1 An annual presentation by the designated person setting out the calculated nurse staffing levels for each ward to which Section 25B of the Act applies; and

1.2.2 An annual assurance report to the Board on compliance with the Nurse Staffing Levels (Wales) Act 2016.

1.3 In line with these requirements, nurse staffing level calculations are undertaken twice yearly in spring and autumn using the prescribed triangulated methodology. This paper accompanies the 2025/26 Annual Presentation of Nurse Staffing Levels for Betsi Cadwaladr University Health Board (BCUHB), covering the period 1 October 2025 to 30 September 2026.

1.4 The calculated nurse staffing levels for all Section 25B wards have been approved by the designated person. These levels, expressed as the required nursing establishments for adult acute medical, surgical and paediatric inpatient wards, form the basis of the annual presentation.

2 Y CEFNDIR / BACKGROUND

2.1 Nurse staffing levels are determined in accordance with the statutory guidance, incorporating professional judgement, quality indicators and workforce metrics.

2.2 The approved nursing establishments form the basis of workforce planning and are expected to be maintained through the Health Board's revenue allocation, taking account of substantive staffing requirements and planned service delivery.

3 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

3.1 The Board is asked to note the following matters arising from the 2025/26 nurse staffing level review:

3.1.1 Statutory nurse staffing level calculations have been completed for all wards within the scope of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 and approved by the designated person.

3.1.2 The calculated nurse staffing levels establish the nursing establishments required to support the delivery of care that meets all reasonable patient care needs and is sensitive to those needs.

3.1.3 Arrangements remain in place to monitor, review and respond to material changes in patient acuity and dependency, service demand, workforce profile and ward configuration that may impact nurse staffing requirements.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1 The risks outlined below impact the Health Board's ability to provide full and unqualified assurance regarding compliance with the Nurse Staffing Levels (Wales) Act 2016, workforce sustainability, and the delivery of safe and effective care, and therefore require continued Board oversight.

4.2 Outstanding Funding Requirements:

4.2.1 The statutory guidance requires Health Boards and Trusts to take all reasonable steps to maintain approved nurse staffing levels, which are expected to be supported through the organisation's revenue allocation.

4.2.2 Nurse staffing reviews undertaken between autumn 2024 and spring 2026 identified increases in nurse staffing requirements within Hebog, Prysor and Morris wards. The resulting establishment changes were approved by the Board; over 24 – 26 financial period.

4.3 Unfunded Escalation Bed Capacity:

4.3.1 Sustained pressures across the system continue to necessitate the routine use of unfunded escalation bed capacity, with an average of 147 unfunded escalation beds in operation at any given time, 54 of which are located within Section 25B wards. While a proportion of this activity can be absorbed within existing establishments, a significant proportion requires additional staffing to maintain safe and effective care.

4.3.2 The workforce establishment required to support the current unfunded escalation bed capacity has been identified; however, a strategic

decision is required regarding the long-term position of these beds, including whether this capacity can be safely de-escalated or requires recurrent funding to support continued operation.

4.3.3 Until a sustainable solution is agreed, the Health Board will continue to carry elevated operational, quality, workforce and regulatory risk.

5 ARGYMHELLION RECOMMENDATIONS

5.1 The Board is asked to:

5.1.1 **TAKE ASSURANCE** that the Health Board has complied with its statutory duties under the Nurse Staffing Levels (Wales) Act 2016.

5.1.2 **NOTE** the position associated with unfunded escalation bed capacity.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Wise Spending
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Unfunded escalation bed capacity.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The report concerns internal workforce establishment decisions. There is no impact on protected groups identified within the report, and the associated public sector equality duties are not engaged (there are no associated impacts on any of the protected groups).
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The report does not introduce decisions that would disproportionately affect individuals or communities experiencing socio-economic disadvantage.
	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A

Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The report concerns internal workforce establishment decisions. There is no impact in terms of equality.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The proposal does not alter patient rights, service entitlements, privacy, liberty, or care pathways. It is an internal workforce establishment decision rather than one affecting individual rights.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The changes proposed do not affect the delivery of bilingual clinical services, communication with the public, or access to information in Welsh.
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	There is no evidence that the proposed workforce establishment impacts members of the Armed Forces community differently from other staff or service users. The proposal does not create or remove access to services that specifically affect veterans, serving personnel, or their families.

Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	The report concerns internal workforce establishment decisions. Whilst the report itself does not introduce changes to clinical services, nurse staffing levels are recognised as a contributor to care quality and patient outcomes.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The report concerns internal workforce establishment decisions. There is no impact in terms of data protection.
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm:	The report concerns internal workforce

Have you considered the counter fraud impacts	If no, please include rationale:	establishment decisions. There is no impact in terms of counter fraud.
Cyfreithiol **Legal**	Yes (Include further detail below)	
	The Nurse Staffing Levels (Wales) Act 2016 places a statutory duty on Health Boards to have *"regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively*" and within 25B areas to "*calculate and take all reasonable steps to maintain nurse staffing levels".*	
Enw Da **Reputational**	Yes (Include further detail below)	
	There is potential reputational impact with regard to quality, financial performance, or operational delivery as a result of unresolved staffing due to budgetary issues associated with unfunded beds. Failure to maintain safe staffing levels, particularly within 25B areas and Emergency Departments, may attract scrutiny from regulators, the public, and Welsh Government.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Premium agency costs will remain unless staffing gaps are addressed, including those associated with the unfunded escalation bed capacity. Failure to reduce agency spend will attract ongoing scrutiny.	

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		27/10/2026	**Report of:**	Performance and Finance
Quoracy met:		Yes		
1	Agenda	The Performance and Finance Committee (P&F) continues to meet bi-monthly. The Committee considered an agenda which is attached: P&F Committee - BCUHB		
2a	Alert	The P&F Committee wishes to alert members of the Board that: • Urgent and Emergency Care performance remains significantly challenged. Ambulance handover performance is below trajectory, waits exceeding 12 hours remain above the escalation threshold, and gaps in acute-site leadership and workforce capacity continue to affect delivery, particularly outside normal working hours. There has been no real progress in reducing Pathway of Care Delays and the Committee remains concerned at the lack of progress on Discharge to Recover and Assess (D2RA). The Committee believes it is unacceptable that one of the three UEC priorities agreed by the Board is not being progressed because of lack of finance. • The ambition to eliminate waits exceeding 104 weeks by the end of March remains at material risk. Although the overall position is improving, delivery is constrained by specialty-specific pressures, including general surgery, orthopaedics, dermatology, urology and ENT, alongside the timing of insourcing mobilisation and the need to sustain progress beyond year-end. • Significant concerns remain regarding capital governance. Internal Audit reported that the Capital Investment Group has not consistently been quorate or operated in accordance with its terms of reference, with insufficient executive attendance and continuing weaknesses in programme delivery. The nuclear medicine programme has also experienced unacceptable and costly delays while revenue and scrutiny issues were resolved within the Executive. Capital Governance and Nuclear Medicine items relate to action AC26.85.01 received from Audit Committee.		
2b	Assurance	The P&F Committee wishes to assure members of the Board that: • The Integrated Performance Report continues to improve and provides clearer information on performance, actions and areas requiring escalation. The Committee noted the		

		reduction in the planned financial deficit from £43.0m to £34.3m, the identification of £53m of savings opportunities and strong improvement in diagnostic waiting times. • There is strengthened grip and oversight of Planned Care recovery. Cohorts and actual performance are being reviewed weekly, risks are being identified at specialty level, and mitigating actions are being developed. The Committee also noted significant progress in reducing the number of patients waiting more than 104 weeks, while recognising that the trajectory becomes substantially more challenging from December. • The Community by Design work is being developed as a whole-system programme rather than solely as a financial transfer. Opportunities have been stratified by readiness and complexity, with an emphasis on prevention, frailty, hospital-at-home models, partnership working and the development of measurable population outcomes, and inequality and sustainability benefits.
2c	Advise	The P&F Committee wishes to advise members of the Board that: • The Committee supported a more strategic approach to financial sustainability, recognising that investment may be required to secure longer-term quality, productivity and financial benefits. The more strategic discussion will continue through the Board Development session. • The Committee supported regular capital reporting and the strengthening of the Capital Investment Group as the principal operational forum. The Capital Procedure Manual is to be refreshed and brought to the Committee for assurance, with an initial capital report expected at the next meeting. • The Committee noted the need for a separate finance report to continue to be presented to the Board, notwithstanding the integration of finance within the Performance Report, in order to maintain clear oversight of the Health Board's statutory financial duties.
2d	Review of Risks	All three risks within the Committee's remit remain above risk appetite, with unchanged scores; despite strengthened governance arrangements, assurance on control effectiveness remains moderate, with further emphasis needed on delivery of mitigations and demonstrable risk reduction.
2e	Sharing of learning	The Committee identified the following learning: • Savings delivery should be recognised and celebrated even where operational pressures offset the financial benefit; sustainable improvement will require service redesign and investment-to-save approaches rather than reliance on short-term controls alone.

		• Board and Committee priorities should be supported by transparent resource choices. Proposals should set out what is required, the expected benefits and the financial implications so that informed decisions can be made, rather than being halted by a general narrative that no funding is available. • Major programmes require clear decision-making, timely escalation and active Executive participation. The delays affecting nuclear medicine and the wider concerns regarding capital governance reinforce the need for strengthened accountability and post-project evaluation.
3	Actions and referrals to other Committees	• Quality, Safety and Experience Committee: Refer infection prevention and control performance for further scrutiny, particularly healthcare-associated infection levels and the resulting loss of bed capacity, including the 120 bed days lost across August and September. • People and Culture Committee: Maintain oversight of the establishment control review and seek assurance that the revised arrangements are proportionate and reduce unnecessary hurdles to recruitment; and consider the possibility of introducing generic recruitment arrangements for non-specialist roles (e.g. general administration, financial administration) which would allow 'reserve lists' of appointable candidates to be used to fill vacancies much more quickly (a model used, for example, in the Civil Service).

Health Board

INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

Dyddiad y Cyfarfod Date of Meeting	26 November 2026
Statws Cyhoeddi Publication Status	Open / Public
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Olivia Shorrocks, Director of Performance Michelle Jones, Head of Financial Reporting
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Alan Streets Interim Executive Director of Finance
Pwrpas yr Adroddiad Report Purpose	For noting

Crynodeb Gweithredol Executive Summary
This report summarises the health board's current position in relation to its agreed performance metrics and identifies key actions required to improve performance and achieve sustained improvement. It provides the health board with an objective assessment, underpinned by analysis, highlights performance issues alongside longer-term data and information on the improvements underway. Members are asked to note the current position and assurance levels against performance metrics. There have been no changes to escalation statuses this month

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
Not applicable for this report		

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
A&E	Accident and Emergency
AB	Aneurin Bevan Health Board
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
BCU/BCUHB	Betsi Cadwaladr University Health Board
C&V	Cardiff and Vale University Health Board
CRR	Corporate Risk Register Reference
CTM	Cwm Taf Morgannwg University Health Board
ENT	Ear, Nose, and Throat
GDS	General Dental Services
GP	General Practitioner
HDda	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
IHC	Integrated Health Community
LPMHSS	Local Primary Mental Health Support Services
MH&LD	Mental Health and Learning Disabilities
MMR	Measles, Mumps and Rubella
NHS	National Health Service
NR	non-recurrent
PADR	Performance Appraisal and Development Review
P&F	Performance and Finance Committee
QSE	Quality, Safety, and Experience Committee
SB	Swansea Bay University Health Board
SM	Special Measures
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government
YTD	year to date

INTEGRATED PERFORMANCE AND QUALITY REPORT

1.0 Y SEFYLLFA / SITUATION

1.1 The Integrated Quality and Performance Report underpins the health board's Performance and Accountability Framework and integrates key performance indicators (KPIs) taken from:

- Key deliverables from the annual and Integrated Medium-Term Plan (IMTP)
- Special measures de-escalation criteria
- NHS Wales Performance Framework Measures
- Key deliverables in response to Welsh Government (WG), Healthcare Inspectorate Wales (HIW, Health Education and Improvement Wales (HEIW) and other formal recommendations

2.0 Y CEFNDIR / BACKGROUND

2.1 This report provides an assessment of organisational performance, outlining key achievements, areas of challenge, and the actions being taken to drive improvement against the domains of:

- Operational performance and access
- Quality, safety and patient experience
- People and places
- Population health and prevention
- Finance and sustainability

It brings together quantitative data, narrative analysis, and strategic context to present a comprehensive overview of service performance across the health board. The performance measures and targets reported within this section are aligned to Welsh Government expectations for 2026/27.

3.0 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

3.1 Performance and access

Planned care - the number of people waiting more than two years for treatment has fallen by over 8,000 patients since July 2024, representing a

reduction of almost 80 per cent. The October reported position of 2,106 is ahead of recovery trajectory supported by a £20.24 million recovery programme. This programme which is underway seeks will reduce long waits and eliminate both 104-week planned care waits and 8-week diagnostic waits by March 2027. This programme includes a combination of delivery plans with additional activity through insourcing, outsourcing, waiting list initiatives and the maximisation of theatre capacity.

Cancer performance has reduced below trajectory and the de-scalation target of 55% in September with a performance of 52.1%. Challenges remain specifically within skin and breast services with recovery plans being actively reviewed to accelerate improvement in these areas.

Diagnostic performance has seen significant improvement with the percentage of patients seen within eight weeks increasing from 47.1% at the end of January 2026 to 79.3% at the end of October 2026. This means that the number of patients waiting over 8-weeks for a diagnostic test has reduced by over 18,000 this year. Capacity constraints continue within key services, particularly radiology, non-obstetric ultrasound and endoscopy, where demand from all pathways i.e. inpatient, urgent, cancer and routine demand alongside workforce pressures continue to impact performance.

Performance against the percentage of people accessing **adult psychological therapy** within 26 weeks reduced to 55.3% in September from 61.8% in August 61.8% starting treatment within 26 weeks. Additional clinical capacity will support increased psychological therapies activity, although sustainable improvement in waiting times will take time to emerge. Recovery will remain subject to close monitoring against planned trajectories

Children and Adolescent Mental Health performance has dipped below the 80% target in September with performance having been impacted by a 20% increase in demand into the service during quarter 2. Performance against the assessment target (Party 1a) is expected to return to above the 80% standard from October. Part 1b (intervention) performance is not currently on track to achieve the 80% recovery target by January 2027 and a focused review is taking place with service teams to improve the current position.

Access for children requiring **neurodevelopment** assessments remains below expectations at 14.6% within 26 weeks for BCUHB against an 80% target. The number of patients waiting more than three years for assessment has reduced by 977 since January 2026 to 299. Current forecasts indicate that there will

remain a shortfall in capacity to clear the three year wait cohort by March with discussions taking place to secure further additionality.

High demand and ongoing flow constraints across the urgent and emergency care pathway continue to place considerable pressure on services across the Health Board. Challenges in discharging patients in a timely manner, together with wider system capacity pressures, are reducing available bed capacity and impacting patient flow through emergency departments. As a result, performance remains challenged across all three acute hospital sites, with continued implications for patient safety, patient experience, quality of care, staff wellbeing, and organisational reputation.

A series of targeted actions are being delivered through the 90-day plans, focusing on front door flow, clinical decision making, discharge, and patient flow. Overall, the UEC position across the health board remains poor with only one of the UEC IMTP targets being met (time to clinical decision maker).

During October BCU did not meet the special measures de-escalation target or the IMTP internal trajectory, with 2,027 patients handed over 45 minutes, this exceeded the de-escalation target by 851 patient handovers. Self-presentations increased modestly by 1.2% (152 attendances) with performance against the 12-hour emergency department metric significantly above the health board trajectory and reporting as the worst in Wales at 19%. Median time to clinician was 126 minutes, exceeding the national target by 61 minutes and indicating continued pressure for clinical review. The number of patients experiencing a pathway of care delay improved by 14% with total delayed days decreasing by 7.2% mostly coming from Improvements seen in West IHC acute and community.

3.2 **Quality, safety and patient experience**

There were 457 open complaints in the week commencing 2 November 2026. A 41% increase from 324 in early August. Complaints continue to reflect themes relating to communication / appointment delays, sustained ED pressures and delays in waiting times for operations and treatments. Targeted interventions continue with IHCs/Divisions to support management of outstanding caseload and improve timely resolution.

One never event (wrong site surgery) was reported during October 2026 bringing the 12-month rolling total to 14 never events. Although individual incidents differ in their nature, recurring themes around compliance with established safety standards, procedural controls and human factors are apparent.

Infection Prevention and Control (IPC) Healthcare-associated infection remains a concern, particularly in relation to deteriorating performance against Clostridioides difficile trajectories. There is growing concern that current environmental capacity and operational pressures are limiting the Health Board's ability to consistently implement effective infection prevention and control measures. Whilst mitigation measures have been implemented it is acknowledged that sustainable resolution will require strategic solutions rather than continued reliance on temporary arrangements.

3.3 Finance and Sustainability

The Health Board's financial plan identified an £89.0m gap to achieve a break-even position. After a planned saving target of £46.0m, a £43.0m planned deficit remained. Consequently, the Health Board did not forecast to achieve the statutory financial duty of a breakeven position.

In October, (Month 7) the Health Board reduced its forecast planned deficit from £43.0m to a £34.3m following confirmation of an £8.7m reduction in the Welsh Risk Pool forecast contribution. This improvement does not reduce the in-year financial challenge as Welsh Government had agreed to match any additional in-year Welsh Risk Pool contribution, subject to the Health Board identifying and delivering sufficient further savings and controls to achieve a balanced financial position. A risk remains that the required Welsh Risk Pool contribution could subsequently increase.

As at the end of October (Month 7), the Health Board reported an in-month deficit of £6.5m, which is £3.6m adverse to the in-month planned deficit of £2.9m and £4.4m higher than forecast for the month. The year-to-date position is a deficit of £37.6m and is £17.6m above the revised year to date planned deficit of £20.0m. Year-to-date pressures predominantly relate to Medical Pay due to Medical Agency premium, Clinical Services & Supplies Non-Pay, Primary Care Drugs, Healthcare Services provided by other NHS Bodies and Continuing Healthcare. Urgent action is required to identify and implement mitigating actions to contain the monthly cost overruns of circa £2.5m per month and recover the £17.7m year-to-date deficit above plan.

Delivery of the £34.3 million revised planned deficit forecast is dependent upon a number of key assumptions, including:

- Successful implementation of the recovery plan sufficient to reduce the underlying monthly run rate to planned levels and recover the year-to-date overspend. The IHC's and Services have been instructed to identify a 1% reduction in forecast run rate, close the remaining gap against budget reducing savings requirements.
- Full funding by Welsh Government of all 2026/27 pay awards and associated pay uplift
- Receipt of all anticipated income streams.

As at October 2026, savings schemes with a forecast deliverable value of £55.7m have been progressed, representing an increase of £2.7m from previous month. However, only £36.4m have been identified as budget releasing, with a recurrent full year impact of £29.5m, which will result in a budgetary shortfall of £16.5m and create an additional pressure for the new financial year.

Welsh Government has reiterated its expectation that the Health Board delivers against its key financial duty and submits a balanced financial plan. To do so, further recurring savings of £17m would be required to reduce expenditure to planned levels. Should costs return to those reflected in the current financial plan and the additional £17m cost reduction be implemented, this would facilitate the release of additional Welsh Government funding in respect of the Welsh Risk Pool and enable achievement of a balanced financial plan.

Failure to achieve the statutory financial duty places at risk access to approximately £100 million of Welsh Government funding (reduced from £108m due to the impact of the reduced Welsh Risk Pool contribution and associated funding). This would significantly increase the financial challenge facing the organisation and constrain its ability to maintain services, invest in workforce and infrastructure, and support delivery of operational recovery plans in future years.

3.4 **People and places**

Workforce performance shows a mixed position in October 2026. Vacancy rates improved for the third consecutive month, reducing to 8.6%, supported by increased substantive staffing, particularly through student streamlining, although recruitment challenges, establishment controls and hard-to-fill roles continue to constrain progress. Workforce planning and productivity work has strengthened through targeted support to fragile services, enhanced governance arrangements and actions to reduce reliance on temporary staffing. Enhanced oversight of long-term medical agency use is now in place through strengthened governance and work through the Value and Sustainability Programme. Actions through the insourced medical bank service and the Variable Pay and Agency Control Framework are supporting reduced agency dependence, with delivery remaining achievable if planned controls and interventions continue to be embedded.

Turnover remains stable at 7.0% and continues to compare favourably with last year, reflecting the impact of ongoing retention initiatives. However, sickness absence increased to 6.25%, driven largely by seasonal illness, with targeted interventions underway in high-risk areas to support attendance improvement. Agency expenditure increased during the month, primarily within Medical and Dental staffing, although overall usage remains lower than the same period last

year. Performance against workforce governance measures is mixed; PADR compliance remains below target at 80.1%, while Mandatory Training compliance remains above the organisational target overall at 89.9%, though Medical and Dental compliance continues to require focused improvement.

4.0 ASSESSMENT

The health board continues to face significant challenges in delivering sustained recovery. Performance against national standards remains below expectation in many services, most notably urgent and emergency care, cancer and planned care. The improvements reported against planned care and diagnostics are encouraging and expected to be sustained. Alongside these operational challenges, the health board faces substantial financial risk, with delivery of the statutory financial duty critical to maintaining access to Welsh Government support funding and supporting future service sustainability. Recovery plans are in place, but delivery at pace will be critical during the remainder of 2026/27.

5.0 ARGYMHELLION / RECOMMENDATIONS

5.1 Members are asked to:

- **NOTE** the current performance position, including areas where performance remains below agreed trajectories and national standards; and
- **CONSIDER** the assurance provided on the pace and effectiveness of recovery actions, particularly in relation to urgent and emergency care, cancer, quality and patient safety, and financial sustainability.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Equity and Accessibility Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	CRR 25-01 Timely Access to Safe and Effective Care CRR 25-06 Value Delivery and Financial Sustainability CRR 25-08 Non-Compliance with Regulatory and Legislative Requirements

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd	**Galluogwyr Ansawdd**	**Meysydd Ansawdd**

A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd? **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	Yes (Include further detail below)	
Enw Da **Reputational**	Yes (Include further detail below)	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Trugaredd
Compassion

Agored
Openness

Parch
Respect

26 November 2026

Betsi Cadwaladr University Health Board

Integrated Quality and Performance Report (IQPR)

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Introduction

This report sets out the health board's performance against the latest available data, using management information where appropriate and summarises progress against a range of national and local performance measures.

The health board is using the ‘3As assessment’ approach to highlight either an alert, advise or assure status for each key performance metric:

- **Alert** (may require discussion): There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
- **Advise** (to monitor): There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
- **Assure** (to note): There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Due to the special measures status of the health board, an additional element to complement the 3As approach has been introduced:

- **Escalate** (Serious concerns, action required): There is limited confidence that the actions in place will address performance issues at a sustainable level. Executive level intervention is necessary to resolve the situation.

Executive Summary: Performance and access

The health board continues to make progress in reducing **planned care** waiting times. The position of 2,106 at the end of October is a significant improvement from two years ago where 10,294 were waiting over two years – a reduction of 8,188. It is also ahead of the agreed plan. Additional funding has been received from Welsh Government, and this will support further planned reduction in waiting times up to the end of March 2027.

There has also been significant improvement in **diagnostic** performance with the percentage of patients seen within eight weeks increasing from 47.1% at the end of January 2026 to 79.3% at the end of October with a reduction in the patients waiting over 8 weeks of over 18,000.

Cancer performance reduced to 52.1% in September which is below the de-escalation percentage of 55% and remains considerably below the national target of 75%. A number of late pathology results have since been received and indicate that on the quarterly resubmission that performance will increase to above 55%. Plans are being developed to reduce the total backlog of dermatology patients, this is the area driving the volume of patients waiting longer than 62 days.

Urgent and Emergency Care - A series of targeted actions are being delivered through the 90-day plans, focusing on front door flow, clinical decision making, discharge, and patient flow. Delivery of these initiatives is progressing across all Integrated Health Communities, with continued monitoring required to assess their impact and support performance recovery. During October, ambulance conveyance activity increased (8.1%), with 53% of patient handovers completed within the 45-minute target. BCU did not meet the special measures de-escalation target or internal trajectory for October, with 2,027 patients handed over after more than 45 minutes. This exceeded the de-escalation target by 851 patient handovers. Self-presentations increased by 1.2% (152 attendances) with performance against the 12-hour emergency department metric significantly above the health board trajectory and the worst in Wales with 19%. 41% of breaches related to patients who were not subsequently admitted. Median time to clinician was 126 minutes, exceeding the national target by 61 minutes and indicating continued pressure for clinical review. The number of patients experiencing a pathway of care delay improved by 50 patients with total delayed days decreasing by 986 mostly coming from improvements seen in West IHC acute and community.

Adult Mental Health - Part 1A and B performance remained above the national 80% standard in September 2026. Sustainability is focused on reducing locality variation and people experiencing longest waits, supported by strengthened accountability arrangements and targeted engagement with NHS Wales Performance and Improvement.

Psychological Therapy - Performance reduced from 61.8% in August 2026 to 55.3% in September 2026, remaining below the national 80% standard . Additional clinical capacity and recruitment are supporting recovery plans, with enhanced performance scrutiny and targeted improvement engagement, focused on translating action into sustained improvements in access and waiting times.

Children and Adolescent Mental Health performance was below the 80% standard for both the assessment (77.4%) and intervention (79.5%) metrics during September. A 20% increase in assessment demand has impacted on this performance. Performance against the assessment target is expected to return to above the 80% standard from October. Part 1b (intervention) performance is not currently on track to achieve the 80% recovery target this year and focused review is taking place with service teams to review current position and delivery trajectories.

Neurodevelopment Assessments The health performance for September was 14.6% against the national target of 80% - the lowest performance in Wales. The number of three-year waits had reduced by 977 since January falling from 1,276 to 299 with further progress expected during the remainder of the financial year up to the end of March 2027.

Executive Summary: Quality, safety and patient experience

Complaints

There were 457 open complaints in the week commencing 2 November 2026, this is a 41% increase from 324 in early August. Complaints continue to reflect themes relating to communication / appointment delays, sustained ED pressures and delays in waiting times for operations and treatments. The persistence of recurrent themes within reported concerns suggests that learning is not yet consistently resulting in the necessary improvement actions. Targeted interventions continue with IHCs/Divisions to support management of the outstanding caseload and improve timely resolution.

Patient Experience

Overall patient experience remains positive. Data up to 8 November 2026 indicates that 85.89% of patients reported their overall experience as positive. Satisfaction levels were positive with 84.3% of respondents reporting they were 'Always' treated with dignity and respect (86.33%) and 90.59% noting that they were able to communicate in a preferred language which exceeded the national benchmark of 85% satisfaction.

Patient Safety Incidents

Incident management performance continues to present a challenge, with the overall incident backlog increasing during October 2026. A total of 5,584 incidents remained open at month end, including 3,514 incidents open for more than 30 days. During the reporting period, 4,174 incidents were reported and 4,033 closed, resulting in a further net increase in the backlog. This reflects a sustained position whereby incident reporting continues to outpace closure activity, increasing pressure on local governance processes and timely investigation completion.

Patient Safety

One never event (wrong site surgery) was reported during October 2026 bringing the 12-month rolling total to 14 never events. Although individual incidents differ in their nature, recurring themes around compliance with established safety standards, procedural controls and human factors are apparent. There is particular concern regarding variation in adherence to WHO Surgical Safety Checklists, LocSSIP arrangements and procedural standardisation. Whilst significant improvement work is now underway across specialties, the Health Board must continue to strengthen assurance regarding the consistent application of fundamental patient safety standards. Work is progressing across specialties to develop local action plans, strengthen oversight arrangements and improve implementation of standardised procedural controls across the organisation.

Infection Prevention and Control (IPC) Healthcare-associated infection remains a significant concern, particularly in relation to deteriorating performance against Clostridioides difficile trajectories. There is growing concern that current environmental capacity and operational pressures are limiting the Health Board's ability to consistently implement effective infection prevention and control measures. Whilst mitigation measures have been implemented it is acknowledged that sustainable resolution will require strategic solutions rather than continued reliance on temporary arrangements.

Executive Summary: Population health and prevention

Highlights

- RSV uptake within the 65 – 74-year-olds clinically at-risk cohort is the highest in Wales at 54.3%, as at 16th November 2026.
- Substance misuse treatment completion remains high at 97.1% for September 2026 (national target is 80%).
- Digital activity for the level 2 weight service is increasing and is currently exceeding trajectory (259 against a trajectory of 204 for Q2).
- Building on the work established through the Well North Wales programme, the Regional Partnership Board (RPB) and Health Board have worked collaboratively with partners to co-produce a Regional Anchor Charter.

Meningitis B Vaccination Programme – 2026/27

As at the latest update (10/11/2026), 3,198 first doses (35.9%) and 2,431 second doses (27.3%) had been delivered to the eligible 17–18-year-old BCUHB cohort. Uptake varies across North Wales, with first-dose coverage ranging from 31.8% in Denbighshire to 41.1% in Conwy. Large employers within the BCU footprint, e.g. Airbus, are being contacted to enquire about the eligibility of apprentices and the potential of providing on-site vaccination sessions. Additional communications work is also planned.

Flu Programme – 2026/27

The 2026/27 flu campaign commenced on 1 October 2026 with delivery across North Wales supported by more than 200 primary care stakeholders alongside an integrated Health Board delivery plan. The wider programme, including vaccination for people aged 65 and over, takes a co-administration approach where eligibility for flu and COVID-19 vaccination aligns. At 10/11/26, 59% of residents aged 65 and over, 38.5% of 2–3-year-olds, and 27.9% of under 65s at clinical risk in BCU had been vaccinated. The 75% target has already been surpassed in the care home resident cohort.

The staff flu programme is now led by the Integrated Vaccination Service, with appointments, drop-in and peer-vaccinator sessions available, including twilight sessions to provide a convenient option for staff on shift. A new staff feedback and incentive initiative has been taking place; feedback results will help to advise future programmes.

Diabetes Care

Foot surveillance (FS) and urine albumin (UA) remain the lowest-performing of the eight NICE diabetes care processes. UA has seen a comparative month on month increase and at October 2026 was 4.3% higher than October 2025. However, FS has not shown the same improvements. Practices with the lowest uptake have been contacted directly by the Deputy Medical Director, requesting improvement action plans and offering targeted support. This work is being strengthened through Community by Design and the emerging governance arrangements of the Diabetes Partnership Board.

Executive Summary: People and places

Vacancy Rate - In October 2026, the vacancy rate improved for a third consecutive month falling to 8.6% (1792.7 vacancy WTEs). Actual WTE increased by 79 WTEs on the previous month; however, budget WTE also grew by 36.5 WTEs. The increase in actual WTE is largely attributable to the onboarding of Student Streamlining (+77.2 WTEs) which led to a 1.1% reduction in the Registered Nursing and Midwifery vacancy rate. The Medical and Dental vacancy deteriorated by 1.3% following the loss of 9.7 actual WTEs and an addition of 16 budget WTEs, increasing the vacancy position by 25.7 WTEs. Progress is being supported through strengthened workforce planning, targeted recruitment activity, improved application filtering processes, and focused interventions in priority areas. Work is underway to review the establishment control process with the aim of streamlining arrangements

Workforce Planning and Efficiency Programme has been strengthened through targeted support to fragile services, with workforce action plans developed to stabilise services and mitigate workforce risks. Governance has been enhanced to embed workforce planning within service redesign, while the Interprofessional Education Group is aligning workforce planning, education commissioning and future workforce supply in line with national work with HEIW. Progress against workforce productivity priorities has continued the ratification of the revised Consultant Job Planning Policy. Reducing temporary staffing reliance and optimising workforce deployment remain key priorities. Enhanced oversight of long-term medical agency use is now in place through strengthened governance and work through the Value and Sustainability Programme. Actions through the insourced medical bank service and the Variable Pay and Agency Control Framework are supporting reduced agency dependence. The Health Board is strengthening the governance, systems and workforce intelligence needed to support sustainable workforce transformation, reduce temporary staffing dependence, and align workforce capacity and capability with service, financial and population health priorities.

Turnover - The turnover rate in October 2026 increased by 0.1% to 7%, a 0.7% improvement on the position last year. Estates and Ancillary remained highest at 10.1%, down 0.3% on the previous month. Registered nursing turnover remains unchanged at 4.9%. A range of retention initiatives remain in place, to support workforce stability and improve retention across the organisation.

Sickness Absence - Total rolling sickness rose to 6.25% in October 2026, almost 0.5% higher than the October 2025 position. The was a rise in the monthly sickness rate across all staff groups with Healthcare Science, Medical and Dental, AHPs, Estates and Ancillary and Add Prof and Tech all increasing by more than 1%. The surge in sickness rate is attributable to an increase in sickness related to cold, cough and flu (+0.35%). Organisation wide sickness reduction work is underway, with hotspot areas identified for targeted intervention to support staff attendance and deliver a measurable reduction in absence levels.

Agency Workforce Usage - Agency use increased by 0.4% in October 2026 but was 0.5% lower year on year. Agency spend was £2.652m, up £388k on the previous month but down £458k year on year. Medical and Dental remained the largest user at £1.763m up £350k on September 2026. Nursing agency spend increased between September and October 2026, up £75k to £628k but has improved year on year (-£258k).

Performance Appraisal and Development Review compliance remains unchanged at 80.1%, down 1.2% year on year. Additional Clinical Services and Students are the only staff groups currently meeting the 85% target. Estates and Ancillary was lowest at 73.9%

Mandatory Training Compliance - Level 1 Mandatory Training compliance dropped to 89.9% in October 2026. Medical and Dental remains lowest, and only non-compliant, staff group at 74.5%. Continued focus is being directed towards improving compliance among bank staff, medical staff, and departments currently below the required threshold, with targeted interventions in place to support achievement of the organisational target.

Executive Summary: Finance and sustainability

Financial Plan

- At Month 6 (September) the 2026/27 planned deficit reduced from £43.0m to £34.3m following £8.7m reduction in the forecast contribution to the Welsh Risk Pool. This does not attain the key duty of the health board to achieve a balanced position, and therefore the £82m conditionally recurrent allocation being at risk.

Financial Position

- As at the end of October the Health Board is reporting an in-month deficit of £6.5m and adverse variance to plan of £3.6m. Year-to-date deficit is £37.6m and £17.6m adverse to the revised year to date planned deficit of £20.0m. Year-to-date pressures predominantly relate to Medical Pay due to Medical Agency premium, Clinical Services & Supplies Non-Pay, Primary Care Drugs, Healthcare Services provided by other NHS Bodies and Continuing Healthcare .
- The below table summarises the monthly actual and forecast variance for 2026/27. The forecast is based on the assumption that mitigating actions can be delivered to reduce the monthly overspend against the planned deficit and recover the year to date overspend.

	2026/27 Monthly Variance													
	Actual							Forecast						
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Year to Date Position £m	Full Year Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(5.4)	(5.6)	(6.2)	(5.8)	(6.4)	(1.8)	(6.5)	(3.0)	(0.5)	2.0	2.0	2.8	(37.6)	(34.3)

Savings and Mitigations

- As at the end of October (Month 7), the Health Board has identified £55.7m Green saving schemes, an increase of £2.7m from previous month.
- In-month savings delivery is £5.9m, with year-to-date savings delivery of £35.2m, of which £22.6m is budget releasing, resulting in a £4.3m shortfall in budget extractable savings compared to the year-to-date savings target of £26.8m (7/12ths of the annual target of £46m). In-month delivery is £5.9m, against the £3.8m target.

Capital Programme

- The approved Capital Resource Limit (CRL) for 2026-27 is £55.8m, which is forecast to be spent in full.

Key Risks & Matters for Escalation

- Urgent action is required to identify and implement mitigating actions to contain the monthly cost overruns and recover the year-to-date deficit above plan.
- As part of the financial recovery plan, IHCs and Services have been requested to identify a 1% reduction in forecast run rate, close remaining gap against budget reducing savings requirements. As a result, a range of additional recovery actions have been identified, and are currently being implemented. A remaining £7.0m, originally identified to contribute towards the £17m stretch target, remains under assessment to determine clinical impact and deliverability
- **Recovery actions identified to date are insufficient to restore the run rate to plan or recover the accumulated overspend and further work is urgently required.**

Section 1
Performance and access



Scorecard: Performance and access (1 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
LMU	Total number of ambulance coveyances to acute emergency departments	-	-	-	N/A	3437	3392	3778		Advise
3AP02	Percentage of ambulance handovers within 15 minutes	80%	-	23%	7th of 7 (at Sep 26)	17.1%	14.7%	14.1%		Escalate
3AP01	Number of ambulance patient handovers over 45 minutes	0	-	1709	7th of 7 (at Sep 26)	1467	1791	2058		Escalate
LMU	Number of ambulance patient handovers over 1 hour	-	1710	0	6th of 6 (at Apr 26)	1174	1511	1702		Escalate
LMU	Number of ambulance patient handovers over 4 hour	-	-	0	N/A	237	440	472		Escalate
LMU	Median emergency ambulance response time to purple: arrest category calls	6-8 Mins	-	-	N/A	08:13	07:43	RIA		Advise
LMU	Median emergency ambulance response time to red: emergency category calls	6-8 Mins	-	-	N/A	08:57	09:13	RIA		Advise
LMU	Total number of attendances to Minor Injury Units (MIUs)	-	-	-	N/A	6142	5841	5302		Alert
LMU	Total number of attendances to acute emergency departments	-	-	-	N/A	16331	15536	15813		Alert
LMU	Median time from arrival at an emergency department to triage by a clinician	-	60	-	4th of 6 (at Mar 26)	16.00	16.00	17.00		Escalate
3AP04	Median time from arrival at an emergency department to assessment by a clinical decision maker	-	-	140	5th of 6 (at Mar 26)	140.0	123.0	126.0		Escalate
NPF25	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	95%	-	0	7th of 7 (at Aug 26)	59.1%	58.7%	51.4%		Escalate
3AP03	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	0	1718	2594	7th of 7 (at Aug 26)	3773	3723	4025		Escalate
LMU	Total number of patients who spent over 24 hours in the ED	-	-	0	N/A	1405	1677	1807		Escalate
LMU	Total number of patients who spent over 48 hours in the ED	-	-	-	N/A	258	352	405		Escalate
LMU	Number of patients who did not wait to be seen at the ED	-	-	-	N/A	1871	1710	1642		Escalate
LMU	Consistently realise 33% of discharges by midday.	-	-	33%	N/A	15.8%	15.0%	16.7%		Alert
LMU	Total number of unplanned returns to ED within 48 hours with the same complaint	-	-	-	N/A	688	632	510		Escalate

Scorecard : Performance and access (2 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
3AP05	Number of Pathways of Care Delayed discharges (total patients)	-	0	200	8th of 8 (at Apr 26)	304	347	297		Escalate
3AP06	Number of bed days lost to delayed pathways of care (total)	-	-	8980.67	N/A	13647	14289	13258		Escalate
LMS	Stroke: percentage patients received CT scan within 20 minutes of clock start	40%	-	-	N/A	21.2%	18.0%	21.6%		Escalate
LMS	Stroke: percentage of all stroke patients thrombolysed	20%	-	-	N/A	17.0%	9.9%	16.4%		Alert
LMS	Swallow screening within 4 hours of clock start	-	-	-	N/A	68.4%	77.0%	74.0%		Alert
LMS	Stroke: percentage direct admission to ASU within 4 hours	-	-	40%	N/A	30.4%	35.3%	34.0%		Alert
3BP03	Number of patients waiting more than 26 weeks for a new outpatient appointment (Welsh Patients Only)	0	-	30.0%	8th of 8 (at Aug 26)	22064	RIA	RIA		Alert
3BP02	Number of patients waiting over 52 weeks for a new outpatient appointment	-	-	0	7th of 7 (at Mar 26)	4794	4424	RIA		Advise
3BP01	Number of patients waiting more than 104 weeks for referral to treatment	0		-	8th of 8 (at Aug 26)	2337	2116	RIA		Alert
3BP14	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	55%	57%	5th of 6 (at Jul 26)	57.0%	52.1%	RIA		Escalate
3BP15	Number of patients on an active suspected cancer pathway after day 62	-	-	1038	N/A	191	205	RIA		Escalate
3BP16	Number of pathways waiting more than 8 weeks for a specified diagnostic (all ages)	0		3688	5th of 7 (at Aug 26)	6695	4769	RIA		Alert
NPF28	Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	95%	-	-	8th of 8 (at Aug 26)	36.8%	36.6%	36.4%		Escalate
3BP04	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	96,059	137002	129156	7th of 7 (at Aug 26)	147373	150036	RIA		Escalate
3EP01	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%	-	80.0%	7th of 7 (at Aug 26)	80.0%	77.4%	RIA		Alert
3EP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	-	80%	7th of 7 (at Aug 26)	78.8%	79.5%	RIA		Alert
3DP01	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%	-	80.0%	5th of 7 (at Aug 26)	90.0%	89.1%	RIA		Assure
3DP02	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%	-	80.0%	4th of 7 (at Aug 26)	91.1%	86.6%	RIA		Assure

Scorecard : Performance and access (3 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
LMM	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)	-	-	83.0%	5th of 7 (at Mar 26)	88.1%	89.1%	RIA		Alert
NPF19	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health	80%	-	72%	6th of 7 (at Aug 26)	61.8%	55.3%	RIA		Alert
3DP06	Number of Out of Area placements	-	-	9	N/A	9	4	RIA		Alert
NPF18	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	-	11.7%	7th of 7 (at Aug 26)	16.2%	14.6%	RIA		Alert
3BP05	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0		0	6th of 7 (at Aug 26)	1687	1691	RIA		Advise
NPF30	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	0	-	-	3rd of 7 (at Aug 26)	37	28	RIA		Advise
NPF31	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	0	-	-	6th of 7 (at Aug 26)	813	674	RIA		Alert
3BP11	Percentage of lists with a start time 15 minutes or more past the scheduled start time	-	-	68%	N/A	40.8%	40.6%	41.5%		Alert
FALSE	Percentage of theatre procedures finished more than 60 minutes early	-	-	77%	N/A	25.8%	26.1%	22.7%		Alert
LMP	Number of cases per theatre session	-	-	-	N/A	2.2	2.1	2.1		Alert
LMP	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	-	-	0	N/A	10.3%	12.8%	12.0%		Alert
LMP	Percentage Treat in Turn Rate (Stage 4)	-	-	-	N/A	23.0%	21.0%	RIA		Alert
LMP	Vascular - Emergency readmission within 28 days of first spell discharge date rate	-	-	-	N/A	17.2%	14.1%	RIA		Alert
LMP	Vascular surgery theatre capped utilisation	-	-	-	N/A	79.7%	70.5%	76.5%		Alert

UEC: Ambulance Handover

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP02	Percentage of ambulance patient handovers within 15 minutes	N/A	90%	17%	21%	28%	46%
	3AP01	Number of ambulance patient handovers over 45 minutes	1,176	Zero	2,318	1,923	1,282	950

Percentage of ambulance patient handovers within 15 minutes		Number of ambulance patient handovers over 45 minutes	
Latest Month			Latest Month
October 2026			October 2026
Profile			Profile
28%			1,709
Actual			Actual
14.1%			2,058
Status			Status
Escalate ↔			Escalate ↔
Benchmark	BCU ranked 7th of 7 health boards as of October 2026.	BCU ranked 7th of 7 health boards as of October 2026.	Benchmark

What does the data tell us? The special measures de-escalation target of 1,176 handovers over 45 minutes, has not been achieved in October with BCU recording 2,027 patient handovers exceeding 45 minutes which exceeded the de-escalation target by 851 handovers. BCU did not achieve its own internal Q2 trajectory, demonstrating a deteriorating position in performance against handover delays. Performance against the 15-minute handover standard continues to be a significant challenge, with 14.1% of patients handed over within 15 minutes against the national target of 90%.

Actions being taken to improve –Improving ambulance handover performance depends on strengthening patient flow across the whole hospital pathway, from the front door through to timely discharge. Key actions include weekly joint BCUHB-WAST performance reviews, delivery of a pre-alert audit programme, implementation of the SPoA integration plan, and strengthened booking-in, dual-PIN and escalation processes. These are supported by enhanced senior clinical decision-making, expanded Frailty and SDEC services, Trusted Assessor models, Optimal Hospital Flow Facilitators, and improved bed management and discharge arrangements to create capacity and support sustainable handover improvements.

Expected impact upon forecasted performance –Performance against 15-minute handovers did not meet the expected Q2 target and presents a significant delivery risk for Quarter 3. While performance for handovers exceeding 45 minutes met the quarter 2 annual plan trajectory, it is currently off track to deliver for Q3, substantial and sustained improvement will be required to achieve the national target of zero.

UEC: Median time to assessment by clinical decision maker in less than 60 minutes

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP04	Median time to assessment by clinical decision maker in less than 60 minutes	<60 minutes	<60 minutes	160	140	140	90

Median time to assessment by clinical decision maker in less than 60 minutes

Latest Month
October 2026
Profile
140
Actual
126
Status
Escalate ↔

What does the data tell us? Performance has improved over the last two months. The October position was 126 minutes, achieving the Health Board trajectory and improving by 11 minutes compared with October 2025, although remaining 66 minutes above the national target.
Performance by IHC was 117 minutes in West, 121 minutes in East, and 140 minutes in Central. During October, 32% of patients received a first clinical assessment within 60 minutes, remaining within normal variation. The longest wait to first clinical assessment was 21 hours and 14 minutes, recorded in West IHC
Actions being taken to improve –Improvements will be supported through enhanced medical presence within the Emergency Department, enabling earlier senior clinical assessment, more timely specialty input, and prompt admission or discharge decisions. Delivery of key front-door transformation initiatives, including Senior Clinical Decision Makers, an Acute Front Door Frailty Service, and expanded Same Day Emergency Care (SDEC) pathways. In addition, the Emergency Department business case approved by the Board will provide further opportunities to enhance capacity, workforce resilience, and patient flow. Implementation planning is underway, with progression subject to the next phase of approval and mobilisation. Workforce investments associated with the business case include additional SHO and middle-grade medical staffing within East IHC from January and February 2027, alongside the recruitment of two Advanced Clinical Practitioners. Central IHC is expected to receive six Clinical Fellows, with appointments anticipated from February 2027, whilst West IHC continues to progress nursing recruitment, withf appointments scheduled to commence in the new year.
Expected impact upon forecasted performance – Although the median time to clinical decision maker remains aligned to the health board's internal trajectory following two months of improvement, sustained improvement will be required to deliver the March 2027 target. The workforce investment is expected to support improved patient flow and timeliness of clinical assessment.

UEC: Number of patients who spend less than 4 hours and 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	Number of patients who spend less than 4 hours in ED and MIU	N/A	95%	95%	95%	95%	95%
	3AP03	Number of patients who spend 12 hours or more in ED and MIU	<10%	Zero	3,189 (21%)	2,743 (17%)	2,297 (15%)	1,850 (10%)

Number of patients who spend less than 4 hours in ED & MIU

Latest Month
October 2026
Profile
95%
Actual
51.4%
Status
Escalate ↔

Benchmark

BCU ranked as 7th of 7 health boards as of October 2026.

Number of patients who spend 12 hours or more in ED

Latest Month
September 2026
Profile
2,297 (15%)
Actual
4,025 (19%)
Status
Escalate ↔

BCU ranked as 7th of 7 health boards as of October 2026.

Benchmark

What does the data tell us? The October position deteriorated across both Emergency Department breach measures. Performance against the 12-hour target declined by 2% compared to September, while performance against the 4-hour target deteriorated by 8%. By Integrated Health Community (IHC), 12 hour breach performance was 16% in the West, 19% in Central and 23% in the East. 41% of the 12 hour breaches across BCU are non-admitted patients highlighting that whilst hospital flow remains a key factor, there is also a need to address delays affecting patients who are ultimately discharged from the Emergency Department. The East IHC remains a significant area of concern, recording the highest rate of 12 hour Emergency Department and Minor Injury Unit waits in Wales and showing a sustained deterioration over the last three months.

Actions being taken to improve- A range of targeted initiatives are being implemented across all IHC's to improve patient flow, reduce avoidable admissions and decrease 12-hour waits. At YGC, the Core ED model and Ward 14 step-down ward are now in place to support patient flow. On the 2nd November YG began their work integrating the MDU footprint into DOSA to create additional capacity and support flow from SDEC for GP referrals. Although the impact is not yet reflected in performance, improvements are expected to emerge over the coming weeks as these changes become embedded.

Expected impact upon forecasted performance – Recovery of performance remains a key priority, with a focus on returning to the planned improvement trajectory required to achieve the 10% year-end target by March 2027. Sustained improvement is required across all three Integrated Health Communities, with particular focus on the East IHC, where performance challenges present a significant risk to delivery of the target.

UEC: Discharges

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	TPG-28	Discharges before midday	N/A	33% of discharges by midday	33%	33%	33%	33%
	TPG- 29	Weekend discharges	N/A	25% by the end of March 2027	15%	17%	20%	>25%

Discharges before midday

Latest Month
October 2026
Profile
33%
Actual
16.7%
Status
Alert ↔

Benchmark	N/A

Weekend Discharges

Latest Month
w/c 2nd Nov
Profile
20%
Actual
12.4%
Status
Alert ↔

N/A	Benchmark

What does the data tell us? – Both metrics remain below the agreed trajectory, with performance largely unchanged over the reporting period. The lack of variation indicates that improvement initiatives have not yet translated into measurable performance gains, reinforcing the need for targeted actions and increased pace of delivery to achieve the required level of improvement.

Actions being taken to improve – A number of initiatives have been introduced across the IHC's within the 90 day plans improve pre-midday discharges. Key initiatives include standardising Board Rounds to strengthen early discharge planning, implementing Integrated Discharge Hubs and expanding Discharge to Recover and Assess pathways to improve coordination, and introducing Trusted Assessor models to reduce assessment delays. Improvements to TTO (to take out) processes, discharge documentation and seven-day working aim to enable earlier discharge on the day patients are clinically ready. Supporting work on clinically optimised patient management, flow dashboards, long length of stay reviews and strengthened multi-agency collaboration will further reduce delays and improve timely patient discharge.

Expected impact upon forecasted performance – Based on current performance trends, discharge levels are not forecast to deliver on the planned trajectories .

UEC: Pathway of Care Delays (PoCD)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP05	Number of patients on delayed pathways of care	273	12-month reduction	260	221	158	158
	3AP06	Number of bed days lost to delayed pathways of care	N/A	12-month reduction	11,628	9,926	7,090	7,090

Number of patients on delayed pathways of care

Latest Month
October 2026
Profile
158
Actual
297
Status
Alert ↓

Number of bed days lost to delayed pathways of care

Latest Month
October 2026
Profile
7,090
Actual
13,258
Status
Escalate ↔

What does the data tell us? A total of 13,258 delayed bed days were recorded during the month, 6,168 above the Quarter 3 profile. West IHC accounted for 43.3% (5,734 days) of all delayed bed days, with 54.7% (3,136 days) attributable to just four patients awaiting specialist Learning Disability placements. This highlights the significant impact of a small number of complex cases. Performance improved in both East and West IHCs, with West reducing delayed bed days by over 1,000 during October and delayed patient numbers decreasing each month since June 2026. Delayed patient numbers remain broadly comparable across East (115), Central (98) and West (84), demonstrating ongoing system-wide discharge pressures.

Actions being taken to improve – Implementation of the Integrated Discharge Hubs (IDH) remains on track for full North Wales roll-out in mid-November, with some sites already operational. The hubs are supporting earlier pathway allocation, improved joint decision-making between health and social care, and more effective management of complex discharges. Focus continues on Pathway 1 and Discharge to Recover and Assess (D2RA) to support the Home First approach.

The Choice and Exceptionality Guidance is now being implemented to reduce delays associated with placement preferences and funding disputes, while the relaunched Complex/High-Cost CHC process has improved the timeliness of funding decisions. Progress is also being made on some of the Health Board's longest-standing Learning Disability discharge delays. In parallel, the Trusted Assessor model is being strengthened to reduce assessment duplication and support timely discharge, alongside targeted work to minimise health-related delays and improve access to community-based support.

Expected impact upon forecasted performance – Continual improvement in reducing the number of delays is predicted but reducing the days delays will require focused actions.

Stroke: Scan, and Thrombolysis

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	LMS01	CT scan within 20 minutes of clock start	N/A	N/A	40%	40%	40%	40%
	LMS02	All patients thrombolysed	N/A	N/A	20%	20%	20%	20%

CT scan within 20 minutes of clock start

Latest Month
September 2026
Target
40%
Actual
19.0%
Status
Escalate ↔



Percentage of all patients thrombolysed



Latest Month
September 2026
Target
20%
Actual
10.5%
Status
Alert ↔

What does the data tell us? Timely access to CT imaging is a critical component of the stroke pathway, as it enables rapid diagnosis of stroke and supports timely treatment decisions, including reperfusion treatment i.e. thrombolysis and thrombectomy. In August, CT scan within 20 minutes achieved 21.6%, against the national target of 40%. The YGC position ranked as the third best in Wales at 32.1% with Wrexham Maelor 8th at 17.1% and Ysbyty Gwynedd 9th at 7.1%. For the same period, thrombolysis rates achieved 17.2%, against a national target of 20%. While performance remains below target, it exceeds the all-Wales average of 11.7%, indicating that eligible patients are more likely to receive thrombolytic treatment than the national average. Nationally BCU acute sites rank well against other acute sites in Wales, with Ysbyty Gwynedd 2nd (21.4%), Wrexham Maelor 3rd (17.1%) and YGC 5th (15.1%).

Actions being taken to improve

Pre-hospital video triage (PhVT) is used by the 3 acute stroke teams who take calls from WAST colleagues between 09:00 – 19:45, seven days a week. Regular breach meetings are held by the 3 acute stroke teams to review compliance against a number of KPIs, including CT within 20 mins of clock start, thrombolysis, thrombectomy and admission to ASU <4 hours. In addition, the YGC team are taking part in a 12-month improvement programme with NHS Elect, focused on sustained improvements in thrombolysis and thrombectomy compliance. The learning from which will be shared with other site in BCUHB and Wales.

Expected impact upon forecasted performance

The use of PhVT is shown to have a positive impact on time to scan, which has been replicated in YGC, as it allows for patients, who are conveyed by ambulance, to be met on arrival to ED and taken straight for their CT scan. This also supports the ability to thrombolise eligible patients and supports a number of KPIs within the stroke pathway.

Stroke: Acute Stroke Unit (ASU) Admission, and Swallow Screening

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	LMS06	Direct admission to the ASU within 4 hours	N/A	N/A	40%	40%	40%	40%
	LMS07	Swallow screening within 4 hours of clock start	N/A	N/A	-	-	-	-

Direct admission to the ASU within 4 hours

Latest Month
September 2026
Profile
40%
Actual
37.1%
Status

Swallow screening within 4 hours of clock start



Latest Month
September 2026
Target
N/A
Actual
77.9%
Status

What does the data tell us? Direct admissions to the Acute Stroke Unit (ASU) within 4 hours was 27.9% in August, against a target of 40%. This target was last met in July with a position of 43.5%. The SPC analysis demonstrates a gradual improving trend since April 2025, albeit with continued month-to-month variation. Performance remains significantly below the all-Wales position of 41.3%, with YG the only site achieving above the target (50.0%) and 6th in National rankings, Wrexham Maelor 9th (25.0%) and YGC 10th (22.4%). Swallow screening within 4 hours achieved 68.3% in August. Although there is no nationally set target for this measure, performance remains just below the all-Wales average of 70.9% with YG (78.6%) and Wrexham Maelor (71%) achieving above the all-Wales average and YGC achieving under with 59.5%, for Augst 2026.

Actions being taken to improve: Regular breach meetings are held by the 3 acute stroke teams to review compliance against a KPIs, including admission to ASU and swallow screening within 4 hours of clock start. and an agreement to prioritise stoke patients and ring fencing of beds on the ASU. The team in the ASU in YMW have been focusing on length of stay and discharge planning. With regard to swallow screening, the ED team attend breach meetings in all 3 IHCs and if identified, additional training is provided to ED staff to ensure they are trained in the correct swallow assessment (YALE).

Expected impact upon forecasted performance: Site pressures and IPC issues impact on this KPI but teams work together to overcome these issues

Planned Care: Suspected Cancer Pathway

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP14	Suspected cancer pathway 62 days wait	55% (four consecutive months)	75%	56%	57%	58%	60%
	3BP15	Number of patients on an active suspected cancer pathway after day 62	N/A	Backlog Reduction	1,286	1,093	929	789

Suspected cancer pathway 62 days wait

Latest Month
September 2026
Profile
57.0%
Actual
52.1%
Status
Escalate ↔



Benchmark

BCU ranked 5th of 6 health boards as at September 2026

Number of patients on an active suspected cancer pathway after day 62



Latest Month
October 2026
Profile
1,038
Actual
2,867
Status
Escalate ↔

Benchmark

BCUHB is an outlier in terms of total waits and volume of patients waiting after day 62.

What does the data tell us? - Following seven consecutive months above the de-escalation target (subject to resubmission of April – June data) the performance in September has dipped below the 55% de-escalation target with a performance of 52.1%. The number of patients waiting over 62 days on a suspected cancer pathway continues to increase and is driven by continued increases within the dermatology tumour site cohort. Between January and August 2026, 37,737 patients were told that they did not have cancer.

Actions being taken to improve – A revised proposal has been developed and awaiting operational and clinical review. This proposal includes actions to accelerate reduction in total waits and reduce the backlog of dermatology patients as the original plan has not delivered the expected reduction in active pathways to date – this is a key recovery area.

Expected impact upon forecasted performance – Confirmation of plan to support dermatology cohort is key to delivery. The continued increase in number of patients on an active pathways after day 62 places significant risk on delivery of targets and whilst the percentage seen within 62 days has met the de-escalation threshold, this remains significantly adrift of national standard.

Planned Care: 8-weeks Diagnostic Waits – Recovery Profile

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP16	8 weeks diagnostic waits	75%	100%	-	-	2,574	1,637
	3BP16	No. of patients waiting in excess of 8 weeks for diagnostic test	N/A	Zero	-	-	86%	90%

8 weeks diagnostic waits

Latest Month
October 2026
Profile
79.0%
Actual
79.3%
Status
Alert ↔



Benchmark

BCU ranked 5th of 7 health boards as of September 2026

No. of patients waiting in excess of 8 weeks for diagnostic test



Latest Month
October 2026
Profile
3,688
Actual
3,624
Status
Alert

Benchmark

BCU ranked 5th of 7 and accounts for 13.6% of all Wales backlog as at September 2026

What does the data tell us? – At the end of October 79.3% of patients were waiting eight weeks or less for a diagnostic test which is above the special measures de-escalation standard. There has been significant improvement in the diagnostic performance during 2026 from 47.1% in January 2026. During this period (January – October 2026) the number of patients waiting over eight weeks has reduced from 21,800 to 3,624 which is a reduction of 18,176.

Actions being taken to improve – There is continued focus at modality level to reduce the backlog position. Additionality has commenced within cardiac physiology during September where backlog numbers have started to reduce and additional capacity is also being sought to further support reducing neurophysiology backlog with this expected to commence in January 2027.

Expected impact upon forecasted performance – Ongoing monitoring of key pressure areas of endoscopy, cystoscopy, non obstetric ultrasound and cardiac physiology is key for continuation of improvement trajectory moving into the remaining months of the year. Sustainability remains a challenge.

Planned Care: Referral to Treatment Metrics

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	Total RTT Pathways	N/A	N/A	Reduction	Reduction	Reduction	Reduction
	3BP02	Open outpatient pathways waiting < 52 weeks	98%	100%	90%	91%	93%	93%

Total RTT Pathways

Latest Month
October 2026
Profile
Reduction
Actual
181,487
Status
Alert



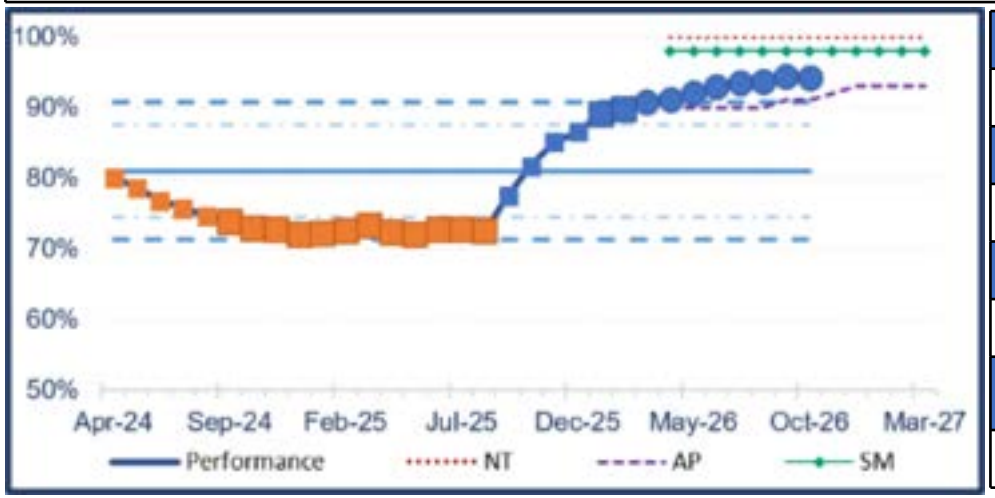
Benchmark

March 2026 – September 2026 – all Wales waiting list increased by c55K, with increase at all health boards

What does the data tell us? – The overall waiting list has remained stable at approximately 181,000 over the last four months. This is an increase from the end of March position of approximately 178,000.

Actions being taken to improve and expected impact upon forecasted performance – The health board's Planned Care Major Change Programme provides framework to integrate pathway redesign, national best practice and value-based healthcare principles with focus on specialty specific actions as part of this work.

Open outpatient pathways waiting < 52 weeks



Latest Month
October 2026
Profile
91%
Actual
94.2%
Status
Advise ↔

Benchmark

BCU ranked 6th of 8 health boards as of 02/11/26 (RTT Weekly Dashboard, NHS P&I)

What does the data tell us? – The % of patients waiting over 52 weeks for a first new outpatient appointment stands at 94.2% against a trajectory of 91% at the end of October. This is an improvement from 90.8% at the end of March 2026.

Actions being taken to improve and expected impact upon forecasted performance There is an internal focus to reduce long waits for outpatient appointments with all 104-week waits to be eliminated by December 2026 apart from pain management where a commissioned solution will commence in December.

Planned Care: Referral to Treatment – 104 weeks Recovery Profile

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
	3BP01	104 weeks for referral to treatment	3% of open pathways	Zero	2,292	2,274	2,352	1,858	1,331	990	257

104 weeks for referral to treatment

Latest Month
October 2026
Profile
2,274
Actual
2,106
Status
Alert ↔



Benchmark	BCU ranked 8th of 8 as of September 2026

What does the data tell us? – At the end of October the number of patients waiting over two years had fallen to 2,106. 168 ahead of the plan. This represents a significant improvement during the first seven months of 2026 which has seen the number of patients waiting over two years for treatment reduce from 3,562 a reduction of 1,456.

Actions being taken to improve – Additionality plans have commenced following confirmation of additional funding. Significant improvement will be required during quarter 4 and this is linked to procurement and mobilisation timeframe required which will result in some of the solutions not commencing until January

Expected impact upon forecasted performance – Delivery progress is monitored via single recovery plan with Director led meetings to ensure continued progress in line with agreed trajectories. At this stage there are some risks relating to specific cohorts of patients including uro-gynaecology, oral maxillofacial surgery, orthopaedics and urology with further focus on solutions to be mobilised to ensure continued progress towards the end of March 2027.

Planned Care: Productivity / Utilisation

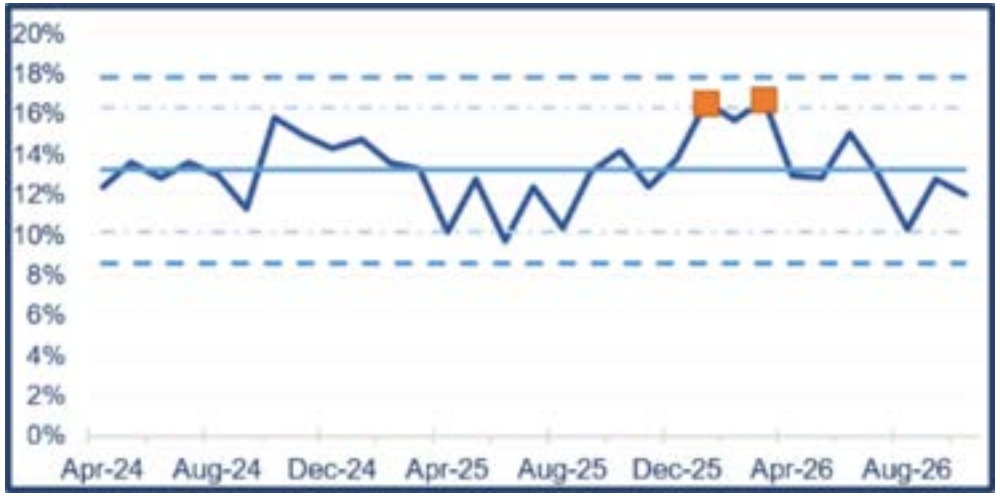
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP13	Theatre session overall utilisation is reported as a key KPI to underpin the GIRFT standard	N/A	85%	78%	80%	85%	85%
	LMP02	Theatre Short Notice Cancellations	N/A	N/A	N/A	N/A	N/A	N/A

Theatre Session Overall Utilisation

Latest Month
October 2026
Profile
81.7%
Actual
75.2%
Status
Alert ↔



Theatre Utilisation – Short Notice Cancellations



Latest Month
October 2026
Profile
N/A
Actual
12.0%
Status
Alert ↔

What does the data tell us? – Over the last seven months (April – Oct-26) **theatre utilisation** has averaged 73.3%. Performance is significantly adrift of trajectory where plan expectation is for improvement of 85% by end of quarter 3. Current performance does not suggest that sufficient improvements are being made and sustained. Overall cases per sessions remains at 2.1 at health board level. **Short notice cancellations** decreased from 12.8% in September to 12.0% in October but remains within normal variation.

Actions being taken to improve – Improvement work sits within a wider system effort including actions derived from the Clinical Implementation Network Optimisation Framework completion, and ongoing alignment of strategic plans. Improvement activity is ongoing at site and specialty level with recent activity including review of standard operating procedures for sending for first patient and streamlining of instrument sets to improve turnaround times. Quick launch of e-HSQ has also been undertaken to release pre-operative assessment capacity and improve theatre utilisation.

Area	CPS
West	2.1
Central	2.0
East	2.2
BCU	2.1

Expected impact upon forecasted performance – Based on current trend, overall theatre utilisation performance is not expected to deliver the step up required during the remainder of this financial year. Further detail on local and pan BCU actions to deliver sustained improvements will be required as part of ongoing recovery plans alongside actions from the Clinical Implementation Networks. These plans are expected to include measures to increase utilisation and deliver additional cases within existing establishment.

Planned Care: Productivity / Utilisation

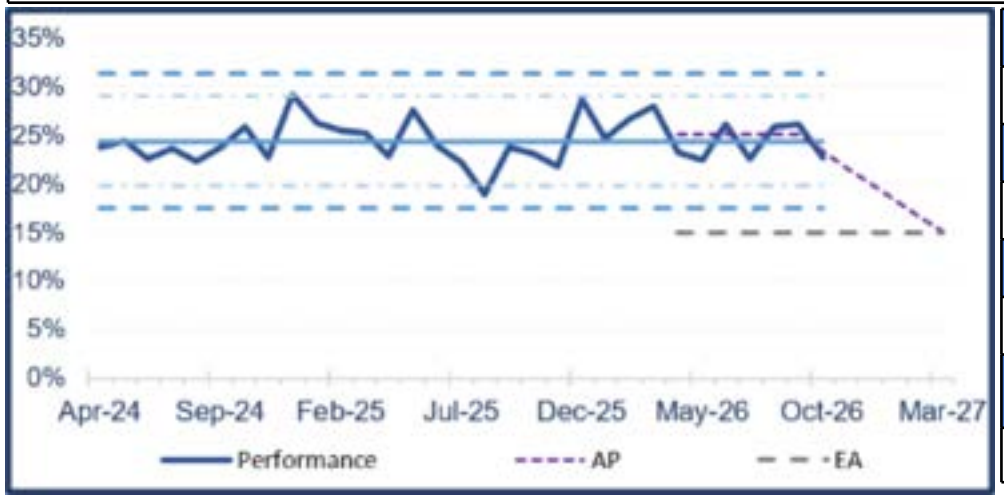
	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
Metric Overview	3BP11	Theatre session utilisation is improved to achieve GIRFT standard late starts (>15 mins)	N/A	<15%	44%	35%	25%	15%
	3BP11	Theatre session utilisation is improved to achieve GIRFT standard of early finishes (>60 minutes)	N/A	<15%	25%	25%	20%	15%

Theatre Utilisation – Late Start

Latest Month
October 2026
Profile
31.7%
Actual
41.5%
Status
Alert ↔



Theatre Utilisation – Early Finish



Latest Month
October 2026
Profile
23.3%
Actual
22.7%
Status
Alert ↔

What does the data tell us? – As at the end of October, early finishes is showing the expected profile improvement however late starts remain off track and does not demonstrate assurance in delivery of the targeted improvement included within the health board plan this year. During the last seven months (April – October), surgeon or anaesthetist delay due to reviewing patients are the main reasons noted for late starts with ophthalmology having the highest volume by specialty. For early finishes, completion of planned cases and cancellation of patients are the main reasons noted with Trauma & Orthopaedics and Ophthalmology having the highest volume of early finishes.

Actions being taken to improve – Actions are being undertaken at site and specialty level which include monitoring reason and number of list order changes on the day resulting in late starts, addressing themes and avoidable change. This data is shared with clinical and operational teams for collaborative working.

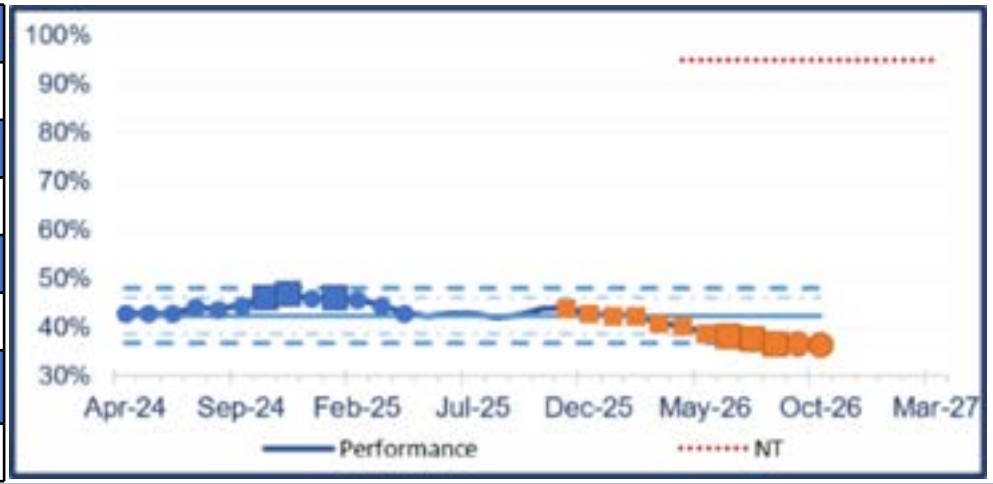
Expected impact upon forecasted performance – Levels of opportunity to increase theatre utilisation differ at specialty level dependent on procedure time and improvement work. Despite work continuing to reduce avoidable early finishes through more effective list fill and improved pathway flow the health board is not on track to deliver improvement targets at this stage with improvement work sitting within a wider system effort. Progress is overseen by the planned care recovery programme.

Planned Care: Outpatient Activity

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	% of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	N/A	12 month improvement towards national target of 95%	Improvement	Improvement	Improvement	Improvement
	3BP04	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Continuous reduction	Zero	138,903 (-5%)	131,593 (-10%)	124,282 (-15%)	116,971 (-20%)

% R1 patient pathways waiting within or within 25% beyond clinical target date

Latest Month
October 2026
Profile
Improvement
Actual
36.4%
Status
Escalate ↔



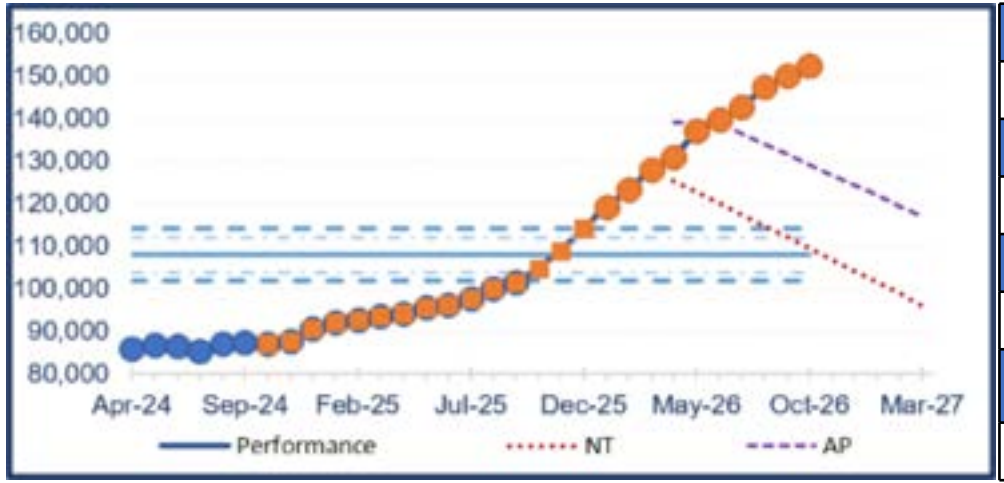
Benchmark

BCU ranked 8th of 8 health boards as of September 2026

What does the data tell us? – There continues to be a deterioration in the % of patients waiting within target with the performance reducing by 7.6% between November 2025 and October 2026.

Actions being taken to improve and expected impact – Work continues to support re-direct / transfer of patients to WGOS pathways following clinical review. This metric was escalated at PFIG in October 2026. The service is producing an action plan to include key actions and delivery timescales to improve performance. This plan will be presented to an internal forum in December 2026, which will provide oversight and monitoring to support targeted improvement in performance within this area.

Follow Up Delayed by over 100%



Latest Month
October 2026
Profile
129,156
Actual
152,247
Status
Escalate ↔

Benchmark

BCU ranked 7th of 7 health boards as of September 2026 – 46% of all Wales total

What does the data tell us? – Continued increase month on month with performance over 23k adverse of trajectory at the end of October 2026. There are over 47k more patients overdue at the end of October 2026 compared to same reporting point in 2025.

Actions being taken to improve – A clinically-led four-tier validation and pathway review approach has been established, with early implementation in Gynaecology demonstrating positive results. Discussions are taking place with NHS Performance and Improvement Colleagues regarding confirmation of the national clinical directive on equitable approach regarding discharge to SOS and PIFU and the expected re-engagement rate per specialty.

Adult Mental Health Measures

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3DP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years & over	65%	80%	80%	80%	80%	80%
	3DP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years & over	65%	80%	80%	80%	80%	80%

Mental Health Measure Part 1a - Assessments

Latest Month
September 2026
Profile
80%
Actual
89.1%
Status
Assure ↔

Mental Health Measure Part 1b - 1st Intervention

Latest Month
September 2026
Profile
80%
Actual
86.6%
Status
Assure ↔

Benchmark	BCU ranked 5th of 7 health boards as of September 2026	BCU ranked 6th of 7 health boards as of September 2026	Benchmark

What does the data tell us? Both Part 1 access measures remained above the national 80% standard in September 2026. Assessment performance was 89.1%, compared with 90.2% in August, while first therapeutic interventions reduced from 91.1% to 86.6%. Although overall compliance is maintained, the latest position reinforces the need to address variation in access and sustain improvements across localities.

Actions being taken to improve? Following the Corporate Performance Accountability Review, greater emphasis is being placed on targeted recovery and delivery assurance. Validation of waiting lists, increased clinical activity and focused management of longer waits remain key priorities. Group interventions and remote delivery options are being utilised to support access, alongside strengthened scrutiny of locality-level performance. Further engagement with NHS Wales Performance and Improvement is supporting focused review of improvement opportunities.

Expected impact upon forecasted performance Performance is anticipated to remain above the national standard, with targeted interventions supporting more consistent access and reductions in longer waits. The effectiveness of recovery actions will continue to be assessed through established accountability arrangements, with particular attention to areas where progress remains slower.

Adult Mental Health Measures

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3DP06	Material reduction in the number of adult mental health out of area placements	N/A				TBC	TBC
	3BP05	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	N/A	80%	72%	72%	72%	72%

Out of Area Placements

Latest Month
September 2026
Profile
TBC
Actual
4
Status
Advise



Psychological Therapies

Latest Month
September 2026
Profile
72%
Actual
55.3%
Status
Alert

Benchmark	N/A	BCU ranked 4th of 7 health boards as of September 2026	Benchmark

What does the data tell us? Psychological therapies performance reduced to 55.3% in September, from 61.8% in August, below the national 80% standard and the 72% planning profile. In contrast, Out-of-Area Placements reduced from 9 to 4, demonstrating further progress in minimising reliance on care outside North Wales.

Actions being taken to improve Psychological therapies recovery is being supported by additional clinic accommodation and workforce recruitment, alongside enhanced accountability following the Corporate Performance Accountability Review. Targeted engagement with NHS Wales Performance and Improvement is providing further opportunity to examine delivery challenges and strengthen recovery arrangements. For Out-of-Area Placements, daily operational scrutiny, proactive discharge planning and executive oversight continue to support patient flow and appropriate use of local provision.

Expected impact upon forecasted performance Additional clinical capacity is expected to support increased Psychological Therapies activity, although sustainable improvement in waiting times will take time to emerge. The reduction in Out-of-Area Placements provides a stronger starting position ahead of winter, with operational oversight and winter preparedness arrangements focused on maintaining this improvement.

Child and Adolescent Mental Health (CAMHS)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3EP01	Percentage of Local Primary Mental Health Support Service **assessments** undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	75%	80%	80%	80%	80%	80%
	3EP02	Percentage of therapeutic **interventions** started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years.	60%	80%	80%	80%	80%	80%

Measure – Part 1A (Assessments) – people aged under 18 years		Mental Health Measure – Part 1B (Interventions) – people aged under 18 years	
Latest Month			**Latest Month**
September 2026			September 2026
Profile			**Profile**
80%			80%
Actual			**Actual**
77.4%			79.5%
Status			**Status**
Alert ↔			Escalate ↑
Benchmark	BCU ranked 7th of 7 health boards as of September 2026	BCU ranked 7th of 7 health boards as of September 2026	**Benchmark**

What does the data tell us? – Performance for the **assessment** metric (part 1A) remained slightly below the target of 80% for a second month having previously achieved month on month between July 2024 and July 2026. Similarly for the **interventions** metric (1B), performance is below the 80% target for a second month following significant improvement demonstrated during 2025/26. Whilst theoretical modelling suggests adequate capacity, actual operational capacity and current challenges, is significantly reduced by workforce and the requirement to deliver specialist interventions. Demand also remains consistently higher than anticipated with referrals into the service at 20% higher than the same period last year.

Actions being taken to improve – Whilst there has been some appointments successfully made in East locality remaining vacancies will be re-advertised as part of ongoing recruitment efforts. Whilst this strengthens workforce sustainability the additional staffing will primarily enable reduction in current agency usage. As the service prioritises patients in chronological order (unless deemed clinically urgent), it is anticipated that performance percentages will reduce further as older cases are seen.

Expected impact upon forecasted performance – Performance against Part 1A has improved ahead of original recovery trajectory with management data indicating that the target will be met in October. Part 1b performance remains significantly challenged and is not currently on track to achieve the 80% recovery target from January 2026 – a focused review is taking place with the teams to review position and delivery trajectories.

Neurodevelopment (ND)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3EP03	Percentage of C&YP waiting less than 26 weeks to start neurodevelopment assessment	N/A	80%	12%	12%	12%	12%

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Latest Month
September 2026
Profile
12%
Actual
14.6%
Status
Alert ↔



Waiting List Profile

Month	<26 weeks	26+ weeks	ND Total	Of which 3yr+	Of which 4yr+
Jan-26	883	6,982	7,865	1,276	0
Feb-26	756	6,560	7,316	547	2
Mar-26	851	6,069	6,920	592	3
Apr-26	856	6,162	7,018	643	15
May-26	895	6,151	7,046	652	18
Jun-26	1,014	5,779	6,793	423	14
July-26	1,131	5,544	6,675	407	5
Aug-26	1,064	5,524	6,588	326	2
Sept-26	939	5,509	6,448	299	1

Benchmark	BCU ranked 7th of 7 health boards as of September 2026. No health board achieving target with all Wales performance 23.5%

What does the data tell us? – Performance is considerably below national expectation with those waiting less than 26 weeks to start an ADHD or ASD assessment at 14.6%. The total waiting list has reduced by 1,417 since January 2026 and now stands at 6,448. Within this, the number of patients waiting in excess of 3 years has reduced by 977 patients from 1,276 at end of January 2026 to 299 at end of September 2026.

Actions being taken to improve – A regional neurodevelopment training day took place in November including a prudent assessment workshop to support teams to embed the prudent principles when undertaking assessments. Due to additional assessment activity, teams have seen an increase in waiting lists for medication reviews, some additional capacity is being arranged to address this increase.

Expected impact upon forecasted performance – Whilst additionality continues to support reduction in extreme wait patients, given the size of the waiting list and the volume currently more than 26 weeks, the focus this financial year is on reducing long waits over 3 years.

Section 2
Quality, safety and patient experience



Scorecard: Quality, safety and patient experience

REF	Measure Description	Target Suite NT	Target Suite SM	Target Suite AP	Wales Benchmark	Actual Performance Aug-26	Actual Performance Sep-26	Actual Performance Oct-26	Actual Performance 6 Month Activity	Status
NPF39	Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	-	-	4th of 8 (at Jul 26)	95.7%	RIA	RIA		Assure
NPF49	Number of new never events	0	-	-	21st of 23 (at Aug 26)	1.0	1.0	1.0		Assure
NPF40	Nationally reportable incidents open over 12 months	0	-	-	1st of 11 (at Aug 26)	0	0	0		Assure
4HP02	12 month rolling average crude mortality rate	-	-	-	N/A	1.4	1.4	RIA		Assure
NPF41	Cumulative number of hospital onset Klebsiella spp BSI cases	23	-	-	3rd of 6 (at Sep 26)	13	19	22		Assure
NPF42	Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases	1	-	-	3rd of 6 (at Sep 26)	4	6	6		Alert
NPF43	Cumulative number of hospital onset E.coli BSI cases	63	0	-	6th of 6 (at Sep 26)	46	57	63		Alert
NPF44	Cumulative number of MSSA BSI cases	75	-	-	6th of 6 (at Sep 26)	96	107	122		Assure
NPF45	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	-	-	-	5th of 6 (at Mar 26)	52.0	54.4	57.7		Assure
LMQ	Number of new reported falls	-	-	-	N/A	301	299	350		Advise
LMQ	Number of reported falls with actual harm (moderate and above, post review)	-	-	-	N/A	19	24	33		Advise
NPF50	Overall Health Board patient experience score (out of 10)	8.5	-	-	N/A	8	9	9		Advise
LMQ	Number of avoidable hospital acquired pressure ulcers (HAPU) (post review)	-	-	-	N/A	47	50	36		Advise
LMQ	Number of National reportable incidents (NRIs)	-	-	-	N/A	10	15	14		Assure
LMQ	The number of complaints open	-	-	-	N/A	358	412	457		Alert
LMQ	Percentage of complaints that are not overdue	-	-	-	N/A	83.5%	76.5%	73.7%		Assure

REF	Measure Description	Target Suite NT	Target Suite SM	Target Suite AP	Wales Benchmark	Actual Performance Q3 25/26	Actual Performance Q4 25/26	Actual Performance Q1 26/27	Actual Performance Notes	Status
3HP02	Gabapentin and pregabalin (DDDs per 1,000 patients)	10%↓ YoY	-	1592.9	5th of 7 (at Jun 26)	1676.5	1592.4	1623.3		TBC
3HP03	Average quantity per item prescribed from start period for the reference basket of medicines	10%↑ (Mar26)	-	-	6th of 7 (at Jul 26)	32.08	32.22	32.38		TBC
3HP04	Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed	80%	-	50.9	2nd of 7 (at Jun 26)	42.1%	44.5%	46.0%		TBC

Never Events

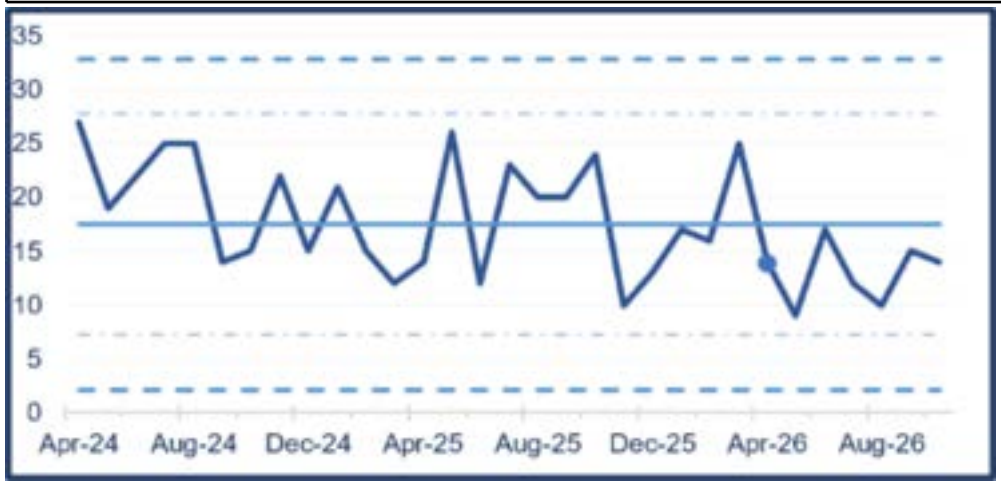
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	NPF49	Number of new never events	N/A	0	0	0	0	0
	LMQ04	Number of new National Reportable Incidents (NRIs)	N/A	N/A	-	-	-	-

Number of new never events

Latest Month
October 2026
Profile
0
Actual
1
Status
Alert



New National Reportable Incidents (NRI) by incident date (snapshot in time data)



Latest Month
October 2026
Profile
N/A
Actual
14
Status
Advise

Benchmark	BCU ranked 11th of 11 health boards as of September 2026	N/A	Benchmark

What does the data tell us? - One never event (wrong site surgery) was reported during October 2026 bringing the 12-month rolling total to 14 never events. Nationally Reportable Incidents (NRIs) increased during October, with 57 open investigations at month end, although overdue cases reduced to seven. Current evidence suggests this increase is attributable primarily to infection outbreaks and complex incidents requiring multiple NRI classifications rather than a single emerging theme. Despite the increase in open cases, assurance is provided by the Health Board maintaining the shortest median investigation completion time in Wales at 105 days, compared with the All-Wales median of 174 days.

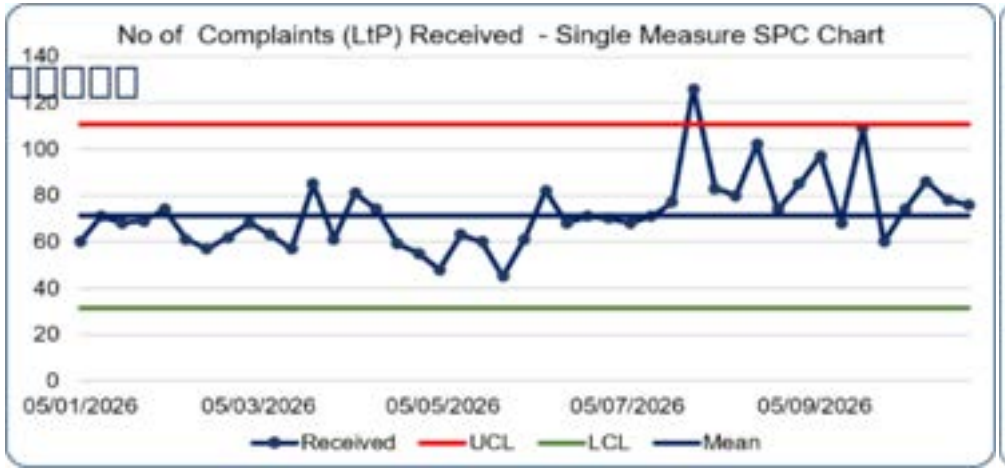
Actions being taken to improve and Expected impact upon forecasted performance - Ongoing weekly oversight arrangements remain in place to support investigation quality and timely closure of nationally reportable incidents. Although individual incidents differ in their nature, recurring themes around compliance with established safety standards, procedural controls and human factors are apparent. There is particular concern regarding variation in adherence to WHO Surgical Safety Checklists, LocSSIP arrangements and procedural standardisation. Whilst significant improvement work is now underway across specialties, the Health Board must continue to strengthen assurance regarding the consistent application of fundamental patient safety standards. Work is progressing across specialties to develop local action plans, strengthen oversight arrangements and improve implementation of standardised procedural controls across the organisation.

Complaints

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	NPF49	Number of complaints received	N/A	N/A	N/A	N/A	N/A	N/A
	LMQ05	Number of open complaints	N/A	N/A	N/A	N/A	N/A	N/A

Number of complaints received (weekly)

Latest Position
w/c 26 October
Profile
N/A
Actual
76
Status
Alert



Benchmark
N/A

Number of open complaints (weekly)



Latest Position
w/c 2 November
Profile
N/A
Actual
457
Status
Advise

Benchmark
N/A

What does the data tell us? The latest position shows 457 open complaints as of 2 November 2026, indicating that the overall volume of open complaints remains elevated, and continues to increase week on week. This represents an increase from the 324 open complaints reported in early August; an increase of 41%. The sustained level of open complaints reflects the ongoing challenge of balancing new demand with the capacity of services to investigate and respond to concerns.

Actions being taken to improve - A programme of work is underway to improve complaints performance and reduce the outstanding backlog through a stronger focus on early resolution and process efficiency. The expansion of the Early Resolution First approach, alongside streamlined handling of low-harm complaints, is intended to accelerate resolution times and reduce the number of cases progressing to formal investigation. The persistence of recurrent themes within reported concerns suggests that learning is not yet consistently resulting in the necessary improvement actions, providing limited assurance that underlying issues are being effectively addressed
Expected impact upon forecasted performance – The improvement programme is intended to increase the timely resolution of concerns, reduce the overall number of open and overdue complaints and improve compliance.

Quality: Patient Experience and Regulation 28 notices

All open NRIs

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

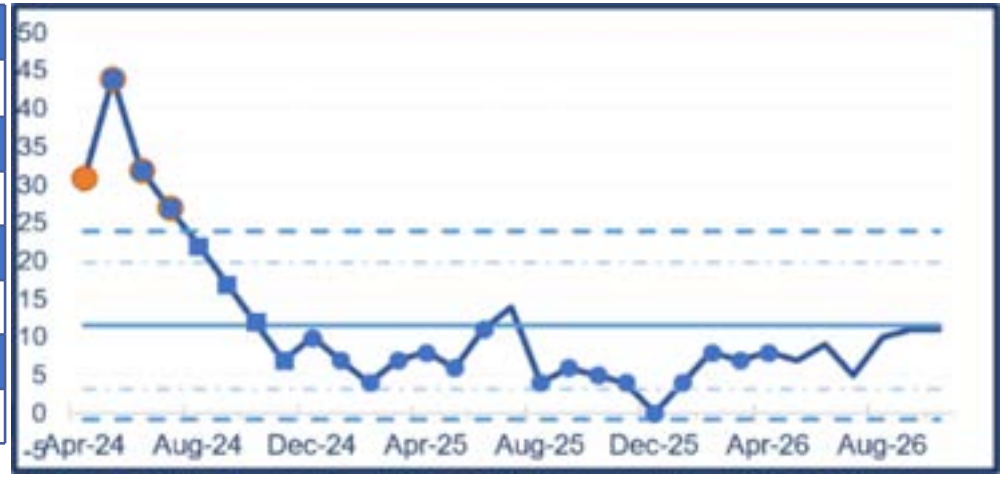
Latest Month
October 2026
Profile
N/A
Actual
58
Status
Advise



All overdue NRIs

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

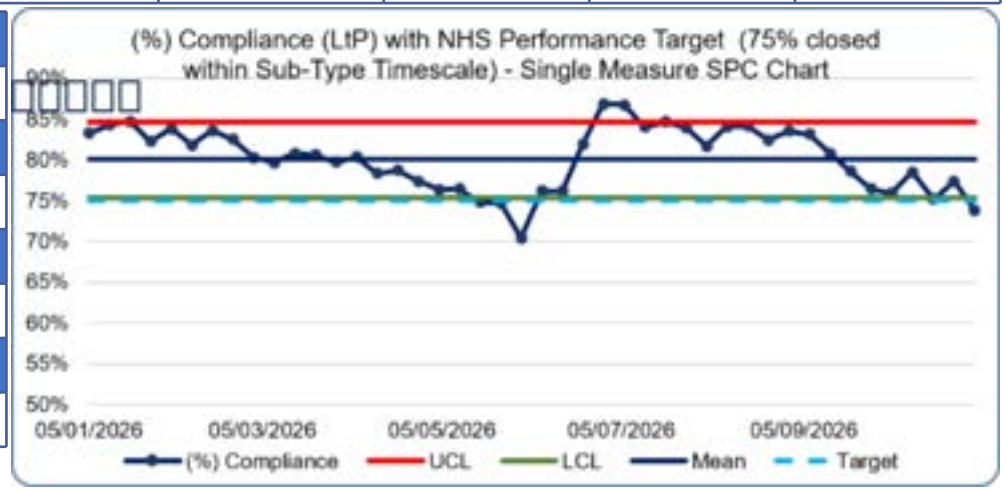
Latest Month
October 2026
Profile
N/A
Actual
11
Status
Advise



Percentage of complaints within agreed timescales

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Position
w/c 2 November
Profile
N/A
Actual
73.7%
Status
Alert



Number of overdue complaints

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Position
w/c 2 November
Profile
N/A
Actual
120
Status
Alert



Quality: Infections

Number of hospital onset E-coli BSI cases

SM De-Escalation	8	Framework	N/A	Latest Benchmark	N/A

Latest Month
October 2026
Profile
N/A
Actual
6
Status
Advise



Number of hospital onset C-Diff cases

SM De-Escalation	11	Framework	N/A	Latest Benchmark	N/A

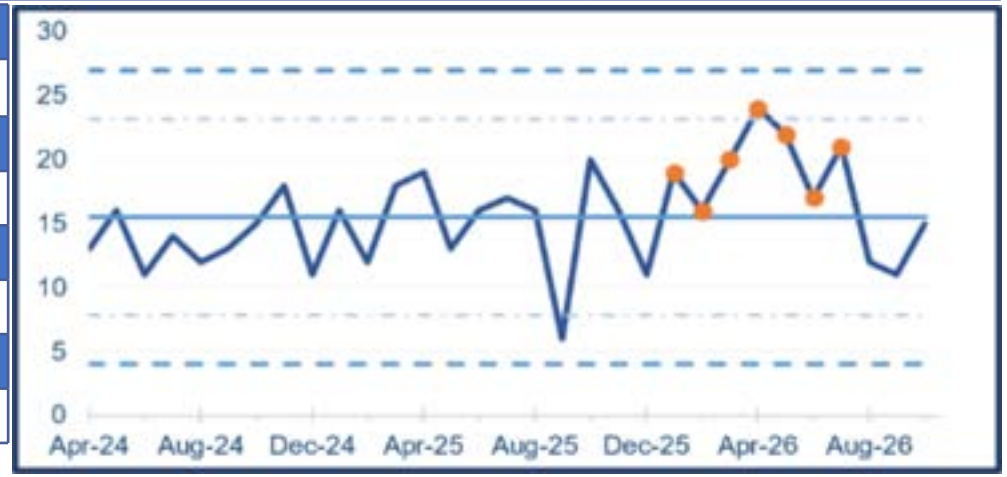
Latest Month
October 2026
Profile
N/A
Actual
26
Status
Advise



Number of MSSA cases

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

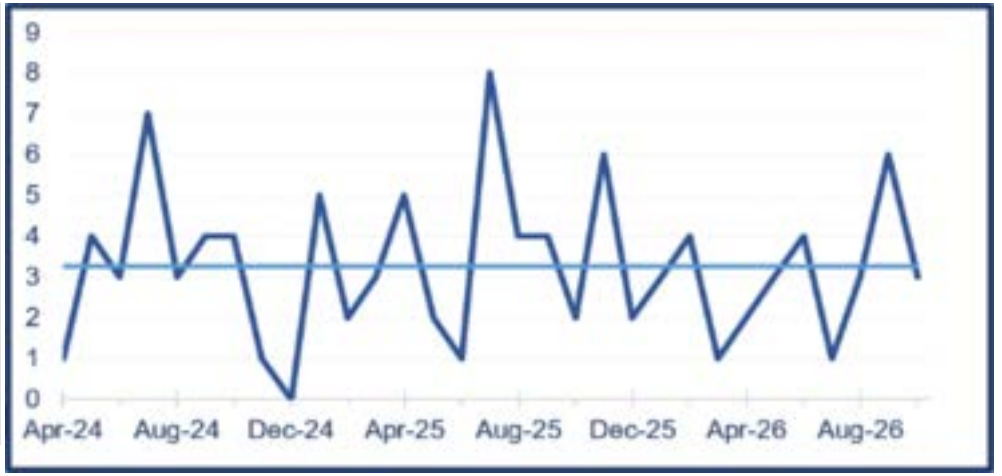
Latest Month
October 2026
Profile
N/A
Actual
15
Status
Advise



Number of hospital onset Klebsiella spp BSI cases

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
October 2026
Profile
N/A
Actual
3
Status
Advise



Quality: Patient Experience and Regulation 28 notices

Overall health board patient experience score

SM De-Escalation	N/A	Framework	8.5	Latest Benchmark	BCU ranked 5th out of 9 at May 2026

Latest Month
October 2026
Profile
N/A
Actual
8.5
Status
Advise



Regulation 28 notices (Prevention of Future Deaths reports)

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

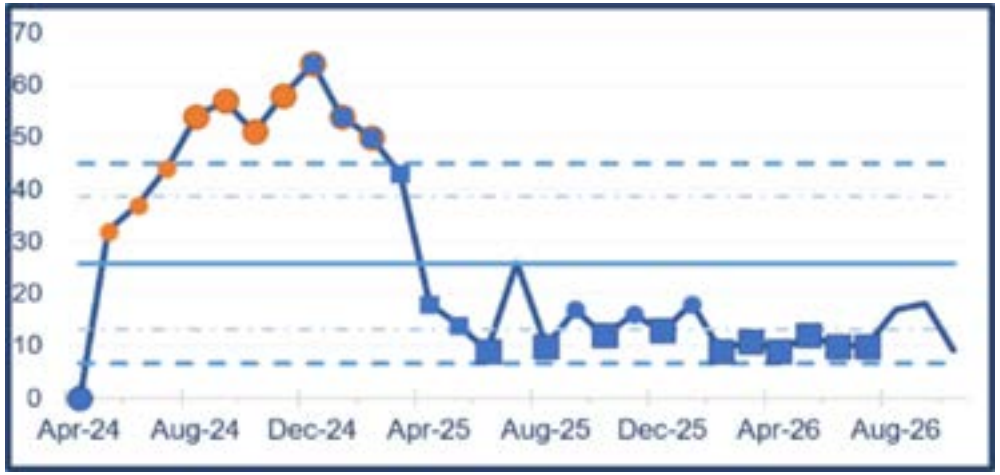
Latest Month
October 2026
Profile
N/A
Actual
1
Status
Advise



Number of overdue Learning from Event Reports (LFERs)

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

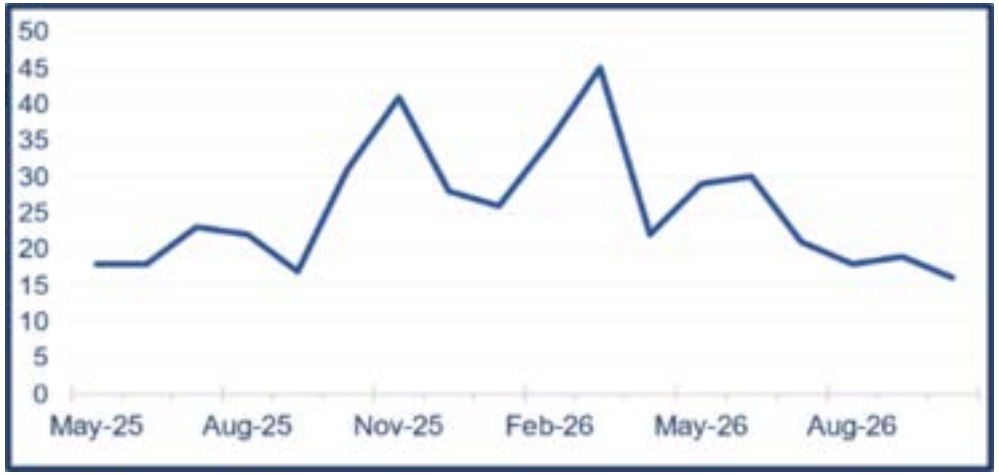
Latest Month
October 2026
Profile
N/A
Actual
9
Status
Assure



Number of new Ombudsman contacts

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
October 2026
Profile
N/A
Actual
16
Status
Assure



Section 3
Population health and prevention



Scorecard: Population health and prevention

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
1BP02	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	-	-	3rd of 7 (at Aug 26)	43.0%	RIA	RIA		Alert
3DP05	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	80%	-	-	1st of 7 (at Sep 26)	96.1%	97.1%	RIA		Assure
LMPH	Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes	-	-	45.7%	7th of 7 (at Mar 26)	44.1%	44.1%	44.5%		Advise
1AP07	Percentage of patients (*adults) with diabetes who have had foot surveillance recorded within 15 months	80%	-	-	5th of 7 (at Sep 26)	65.6%	65.2%	65.0%		Advise
1AP08	Percentage of patients (*adults) with diabetes who have had their urine albumin recorded within 15 months	80%	-	-	5th of 7 (at Sep 26)	65.3%	65.1%	65.3%		Advise
LMPH	Rate of babies being fed breast milk exclusively at birth (via breast or bottle)	-	-	-	N/A	58.2%	60.4%	RIA		TBC
LMPH	Rate of babies being fed breast milk exclusively at 10 days (via breast or bottle)	-	-	48.6%	N/A	49.9%	46.5%	RIA		TBC
1CP01	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	-	48.0%	3rd of 7 (at Oct 26)	Seasonal	Seasonal	51.0%		TBC
1DP04	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	70%	-	52.3%	4th of 7 (at Sep 26)	54.8%	50.8%	67.8%		TBC
2AP01	Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS)	YoY↑	-	-	6th of 7 (at Mar 26)	31.5%	31.6%	31.3%		TBC
2AP02	Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS)	YoY↑	-	-	6th of 7 (at Mar 26)	40.3%	39.6%	38.9%		TBC
3HP01	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	63%	-	49.7%	6th of 7 (at Aug 26)	46.9%	50.3%	RIA		TBC

Scorecard: Population health and prevention

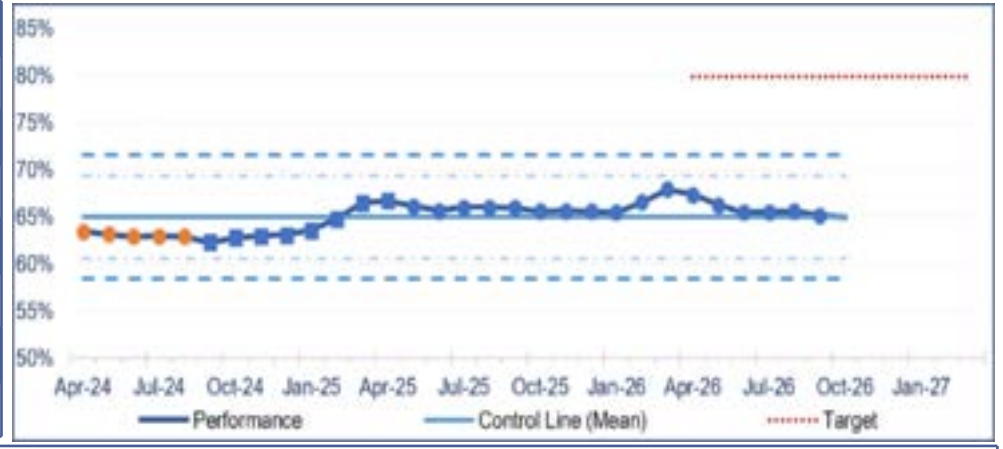
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Q4 25/26	Q1 26/27	Q2 26/27	Notes	
1AP01	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q2: 3.5%	-	4.2%	3rd of 7 (at Jun 26)	8.1%	1.7%	RIA	Annual Target	Assure
1AP02	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40%	-	40.0%	2nd of 7 (at Jun 26)	22.5%	29.6%	RIA		Advise
1DP01	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster and second MMR dose)	95%	-	91.0%	2nd of 7 (at Jun 26)	87.6%	89.0%	RIA		Advise
1DP02	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	-	76.7%	6th of 7 (at Jun 26)	70.8%	72.4%	RIA	School year based	Advise
LMPH	Percentage of teenagers receiving the MenACWY vaccination by the end of year 11	-	-	80.0%	N/A	74.5%	75.4%	RIA	School year based	Advise
LMPH	Level 2 adult weight service - increase digital activity	-	-	204	N/A	370	138	259		Assure

Population Health and Prevention

Percentage of patients (*adults) with diabetes who have had foot surveillance recorded within 15 months

SM De-Escalation	N/A	Framework	80%	Latest Benchmark	N/A

Latest Month	October 2026
Target	80%
Actual	65.0%
Status	Alert



Benchmark	BCU ranked 5th of 7 at September 2026

Percentage of patients (*adults) with diabetes who have had their urine albumin recorded within 15 months

SM De-Escalation	N/A	Framework	80%	Latest Benchmark	N/A

Latest Month	October 2026
Target	80%
Actual	65.3%
Status	Advise



BCU ranked 5th of 7 at September 2026	Benchmark

Data is for adults only rather than 12 years and over as stated within the Performance Framework

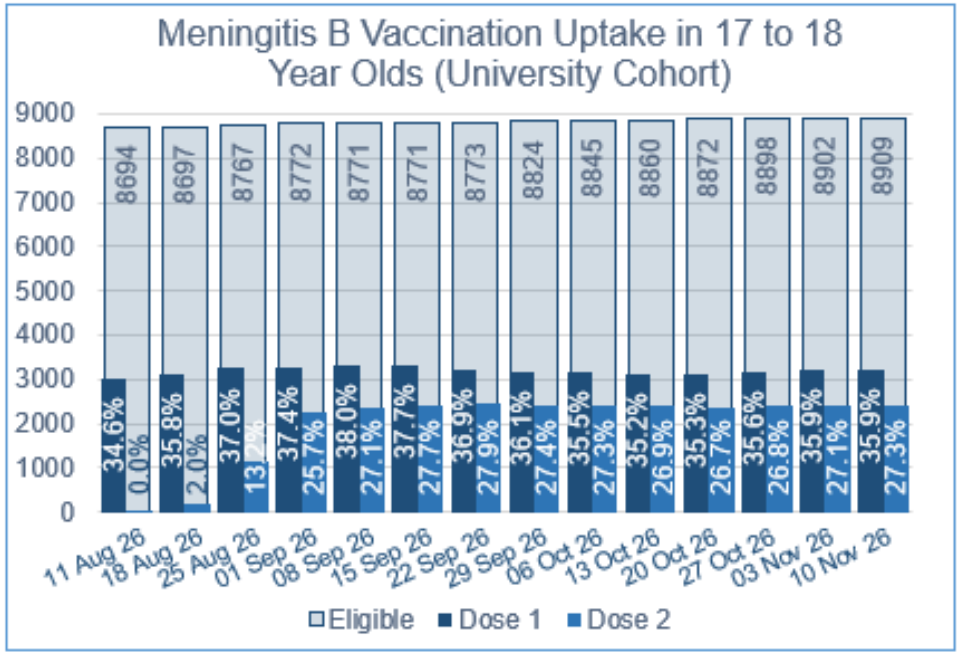
What does the data tell us? Foot surveillance (FS) and urine albumin (UA) continue to be the lowest recorded of the eight NICE recommended care processes for diabetes. UA has seen sustained improvement; Oct 26 was 4.3% higher than Oct 25. FS has lower levels recorded than the equivalent month in 2025/26.

Actions being taken to improve: Targeted improvement activity continues to support uptake of the eight NICE recommended care processes, including Foot Surveillance and Urine Albumin. Tailored communications and newsletters have been issued at cluster level, supported by regular engagement meetings focused on performance improvement and reduction of unwarranted variation. Practices with the lowest uptake have been contacted directly by the Deputy Medical Director, requesting improvement action plans and offering targeted support. In response to Foot Surveillance performance, work will be undertaken with clusters to better understand any specific barriers affecting delivery and recording of foot checks within the eight care processes, enabling targeted local improvement actions to be developed. This work is being strengthened through Community by Design and the emerging governance arrangements of the Diabetes Partnership Board.

Expected impact upon forecasted performance: These actions are expected to support further improvement in uptake of the eight NICE recommended care processes during 2026/27, including Foot Surveillance and Urine Albumin. Targeted engagement with lower-performing practices, together with increased cluster-level support and oversight, is intended to improve recording and reduce variation across North Wales. While improvements are expected to be incremental, Urine Albumin continues to show a positive trajectory, whereas Foot Surveillance remains below expected levels and may require sustained intervention before significant improvement is reflected in reported performance.

Uptake of MenB vaccination in individuals aged 17 to 18 years of age					
Time-Limited Programme	N/A	**Framework**	N/A	**Latest Benchmark**	N/A

Latest Data
10 Nov 26
Target
N/A
Actual
35.9% / 27.3%
Status
Advise



*Please note these figures are based on those resident in Wales as at 09/11/2026. There is potential for uptake figures to decrease compared to previous reports due to movements in and out of Wales and vaccinations received elsewhere not being recorded in WIS.

Benchmark	10 November 2026 Dose 1: BCU ranked 7th of 7 Health Boards Dose 2: BCU ranked 7th of 7 Health Boards

What does the data tell us?

As at the latest update, **3,198 first doses (35.9%) and 2,431 second doses (27.3%)** have been delivered to the eligible 17–18-year-old BCUHB cohort. First-dose uptake remains variable across North Wales, ranging from 31.8% in Denbighshire to 41.1% in Conwy, indicating opportunities to improve coverage. Encouragingly, second-dose uptake continues to progress as individuals reach the required interval between doses. The wider PHW data also demonstrate a socioeconomic gradient in uptake, with lower coverage amongst those living in the most deprived communities.

Actions being taken to improve

We continue to work closely with both Bangor and Wrexham universities and other further education establishments to promote and extend the offer to young adults (cohort one and cohort two).

A further invite letter was sent to cohort one (17- and 18-year-olds) in October reminding them of their eligibility regardless of their further education pathway.

Population health communication officers have created a short YouTube video aimed at young adults reminding them of eligibility and the importance of vaccination.

Availability of clinics are advertised on Betsi net. Young adults can attend on a walk-in basis, no appointment necessary, to provide accessible support.

Additionally, large employers in the BCU footprint e.g. Airbus, are being contacted to enquire about the eligibility of apprentices and the potential of providing on-site vaccination sessions.

Planning is taking place for communications regarding the 1st dose offer deadline (at the end of December 26).

Expected impact upon forecasted performance

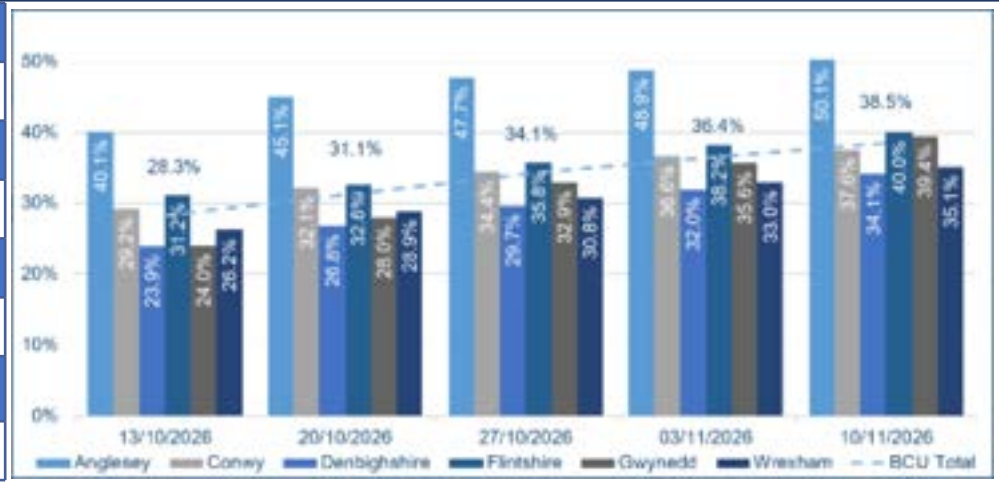
Response to offers has been lower than hoped to date despite numerous and varied approaches to promote and offer the vaccination. All efforts will continue and newer initiatives should see continued take up. The communications regarding the end of December deadline should coincide with the return home of students who attend education settings outside of Wales, having a positive impact on numbers.

Population Health and Prevention

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	LM	Percentage uptake of the influenza vaccination amongst 2–3-year-olds	N/A	N/A	-	-	45%	50%
	1CP01	Percentage uptake of the influenza vaccination amongst those aged 65 and over	N/A	75%	-	-	73%	75%

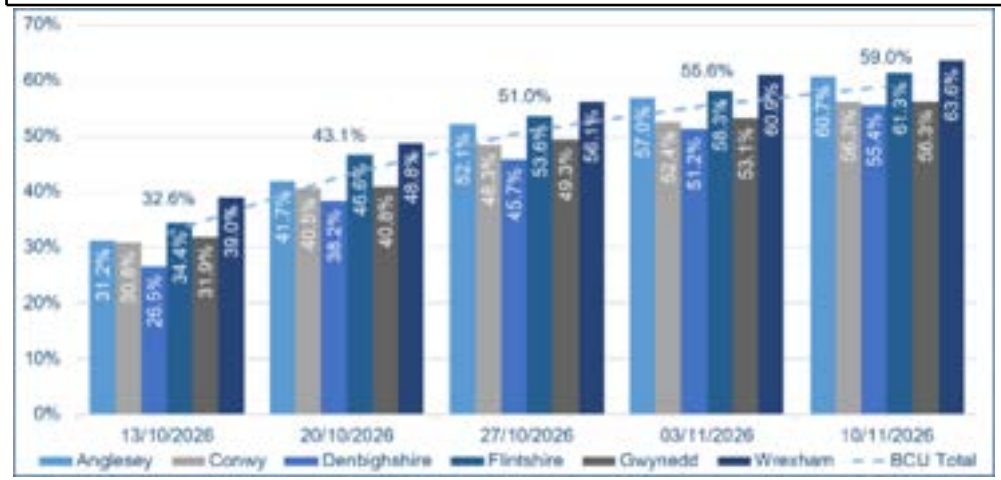
Percentage uptake of the influenza vaccination amongst 2–3-year-olds

Latest Month
10 Nov 26
Profile
Nov 26 = 39%
Actual
38.5%
Status
Advise



Benchmark	N/A

Percentage uptake of the influenza vaccination amongst those aged 65 and over



Latest Month
Nov 26
Profile
Nov 26 = 71%
Actual
59.0%
Status
Alert

Benchmark	BCU ranked 3rd of 7 health boards as of October 2026

What does the data tell us? The 2026/27 flu vaccination programme continues to progress across North Wales. Uptake amongst those aged 65 and over has increased steadily since the start of the campaign, reaching 59.0% by 10 November 2026, against a profile of 71%, indicating further improvement is required to achieve year-end targets. Uptake in 2- and 3-year-olds has increased to 38.5% by 10 November 2026 against a profile of 39%, demonstrating performance broadly in line with expectations, although variation remains between localities and practices.

Actions being taken to improve: Delivery is being supported through a coordinated Health Board and primary care approach involving more than 200 stakeholders across North Wales. The Integrated Vaccination Service continues to work with primary care practices and Operational Immunisation Groups to identify areas of lower uptake and reduce unwarranted variation. From 1 November 2026, practices with uptake below 40% in the 2- and 3-year-old programme are being contacted and supported with additional invitations, while practices with uptake below 10% are receiving direct engagement to identify barriers and agree improvement actions. From December, walk-in opportunities will be introduced across the board. The programme is also being strengthened through delivery of the Vaccine Equity Plan, targeted work in areas of deprivation, and recruitment of additional data input support to improve intelligence-led interventions and targeting of populations with lower uptake.

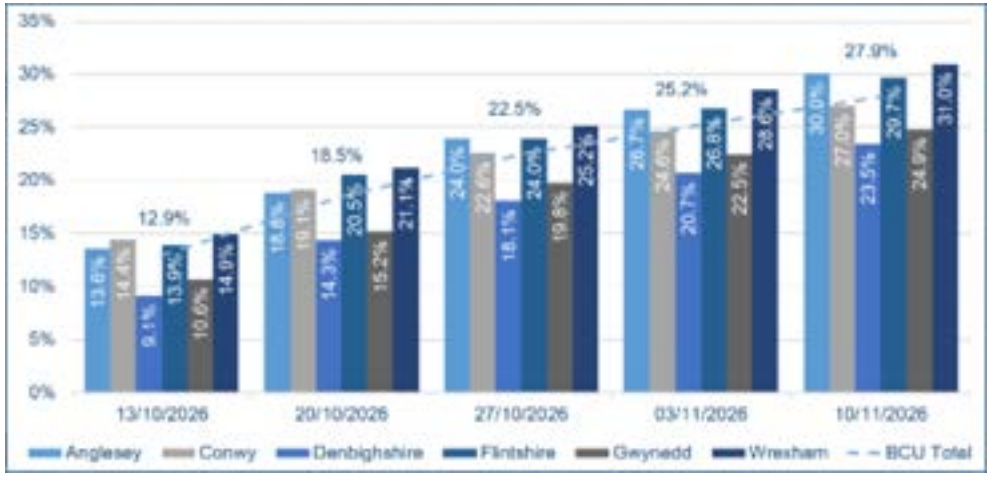
Expected impact upon forecasted performance: The combined focus on proactive call / recall activity, targeted support to lower-performing practices, improved use of vaccination intelligence, and delivery of vaccine equity initiatives is expected to support continued growth in uptake across both cohorts during the remainder of the campaign. Planned walk-in provision and enhanced local engagement are anticipated to improve access for underserved groups and help reduce variation between communities. While uptake in the 65+ cohort remains below profile at this stage of the programme, these targeted interventions are intended to increase vaccination opportunities and support continued improvement in uptake throughout the remainder of the vaccination season.

Population Health and Prevention

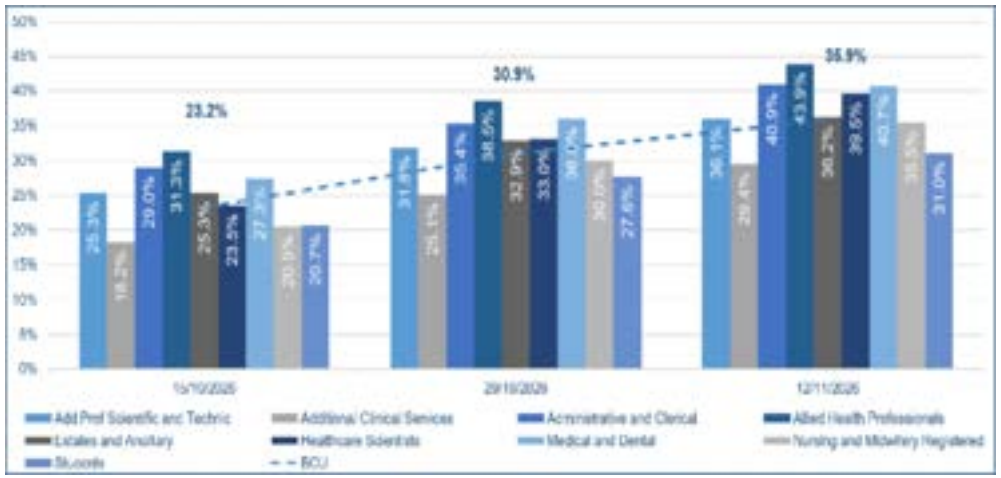
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	LM	Percentage uptake of the influenza vaccination amongst those aged 6 months to 64 years with clinical risk	N/A	N/A	-	-	40%	45%
	LM	Percentage uptake of the influenza vaccination amongst BCU staff	N/A	75%	-	-	51%	55%

Percentage uptake of the influenza vaccination amongst those aged 6 months to 64 years with clinical risk

Latest Month
10 Nov 26
Profile
Nov 26 = 34%
Actual
27.9%
Status
Advise



Percentage uptake of the influenza vaccination amongst BCU staff



Latest Month
12 Nov 26
Profile
Nov 26 = 39%
Actual
35.9%
Status
Advise

What does the data tell us? The 2026/27 flu vaccination programme continues to progress across North Wales. Uptake amongst staff has reached 35.9% by 12 November 2026. Uptake in 6 months to 64 years with clinical risk has increased steadily to 27.9% by 10 November 2026 against a profile of 34% for the end of November. Variation remains between localities/groups.

Actions being taken to improve: Starting the first week of December, the Integrated Vaccination Service (IVS) will be supporting GP practices by inviting all eligible citizens who have not yet been vaccinated via letter. They will be invited to attend a local vaccination centre where they will be offered a flu vaccine with a view to optimizing uptake in each cohort. During November, the IVS are engaging with practices who have a low uptake to support with additional materials to help them engage with patients.

The staff flu programme is led by the IVS, with appointments, drop-in and peer-vaccinator sessions available, including canteen twilight sessions to provide a convenient option for staff on/changing shift. A new staff feedback and incentive initiative has been taking place with a view to promoting uptake; survey feedback results will also help to advise future programmes. Work has begun with DDaT to investigate the data, in particular a breakdown of staff groups, to see where further targeted intervention is required.

Expected impact upon forecasted performance: Continued improvement in uptake is expected as the impact of targeted invitations, enhanced practice support and staff-focused interventions is realised. Additional plans for future months will continue to be developed with a view to further increase in uptake rates.

Population Health and Prevention

Percentage of children who are up to date with the scheduled vaccinations by age 5

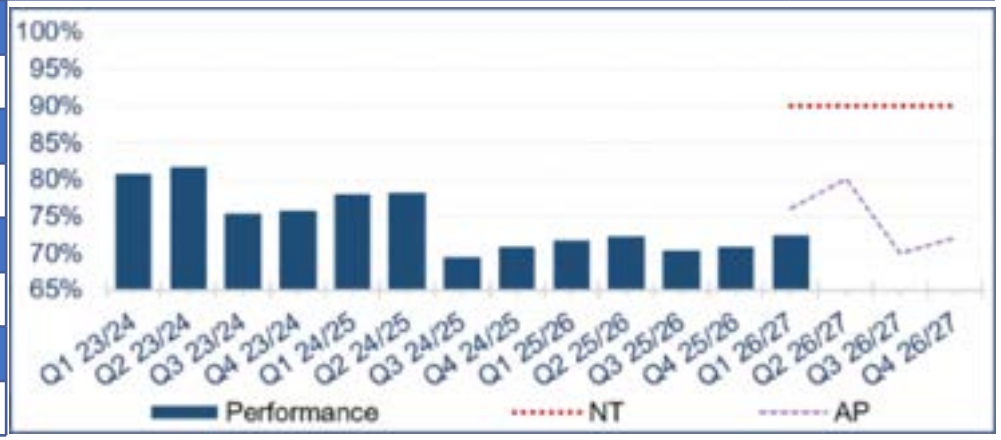
SM De-Escalation	N/A	Framework	95%	Latest Benchmark	BCU ranked 2nd out of 7 at Q1 26/27

Latest Month
Q1 2026/27
Profile
N/A
Actual
89.0%
Status
Advise

Percentage of children receiving the HPV vaccination by the age of 15

SM De-Escalation	N/A	Framework	90%	Latest Benchmark	BCU ranked 5th out of 7 at Q1 26/27

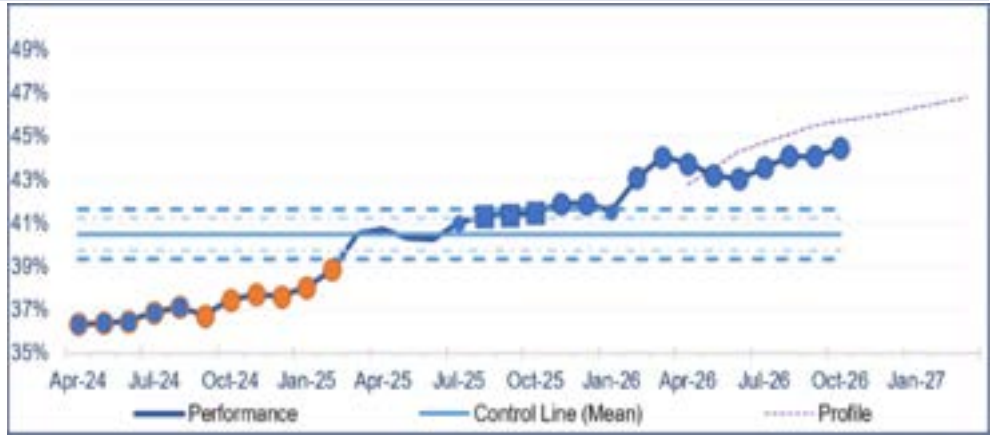
Latest Month
Q1 2026/27
Profile
N/A
Actual
70.8%
Status
Advise



Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

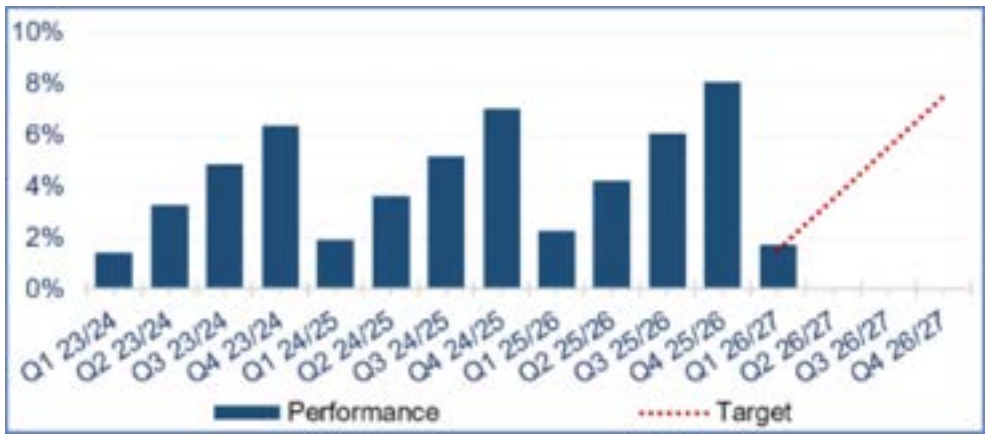
Latest Month
October 2026
Profile
45.7%
Actual
44.5%
Status
Alert



Percentage of adult smokers who make a quit attempt via smoking cessation services

SM De-Escalation	N/A	Framework	7.5% Annual	Latest Benchmark	BCU ranked 3rd out of 7 at Q1 26/27

Latest Month
Q1 2026/27
Profile
1.5%
Actual
1.7%
Status
Assure



Section 4
People and places



Scorecard: People and places

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
NPF36	Percentage of sickness absence rate of staff (month by month)	YoY↓	-	6.0%	7th of 13 (at Jul 26)	6.35%	6.17%	6.83%		Advise
LMW	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal,	-	-	-	6th of 13 (at Jan 26)	80.3%	80.1%	80.1%		Assure
LMW	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	-	-	-	N/A	90.3%	90.2%	89.9%		Assure
LMW (NPF37*)	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	-	-	-	N/A	0.56%	0.60%	0.63%		Assure

Percentage of sickness absence rate of staff (month by month data)

SM De-Escalation	N/A	Framework	*comparative 12-month reduction	Latest Benchmark	BCU ranked 3rd of 13 at April 2026

Latest Month
September 2026
Profile
6.0%
Actual
6.83%
Status
Alert



Percentage of Performance Appraisal Development Reviews (PADRs) undertaken

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
October 26
Profile
N/A
Actual
80.1%
Status
Advise



Percentage of staff who are up to date with all appropriate L1 mandatory training

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
October 26
Profile
N/A
Actual
89.9%
Status
Advise

To be updated

Turnover Rate of those leaving BCUHB (month by month data)

SM De-Escalation	N/A	Framework	*comparative 12-month reduction	Latest Benchmark	N/A

Latest Month
October 26
Profile
N/A
Actual
0.63%
Status
Advise



Section 5
Finance and sustainability



Scorecard: Finance and sustainability (1 of 2)

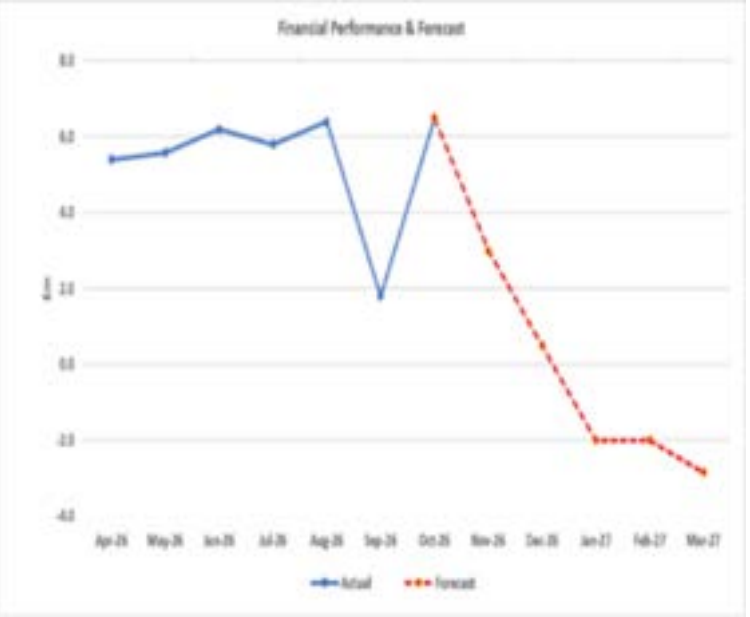
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
LMF	In-month revenue position (expenditure over planned deficit of £3.6m per month £m)	3.6	-	-	N/A	2.8	2.6	3.6		Escalate
LMF	Year to date revenue position (expenditure over planned year to date deficit) (£m)	-	-	-	N/A	11.4	14.0	17.6		Escalate
LMF	Year to date pay position (expenditure over planned year to date deficit) (£m)	-	-	-	N/A	5.5	6.8	9.4		Escalate
LMF	Year to date non pay position (expenditure over planned year to date deficit) (£m)	-	-	-	N/A	8.5	10.8	12.0		Escalate
LMF	Year to date income position (income over planned year to date deficit) (£m)	-	-	-	N/A	-2.6	-3.6	-3.8		Assure
LMF	In-month accountancy gains (£m)	-	-	-	N/A	0.7	0.1	0.1		Assure
LMF03	Budget releasing savings (£m)	46	-	-	N/A	31.8	33.6	36.4		Escalate
LMF	Full year effect of recurrent budget releasing savings (£m)	46	-	-	N/A	27.3	27.9	29.5		Escalate
4GP01	Deliverable green schemes full year forecast (including accountancy gains) (£m)	46	-	-	N/A	47.5	53.0	55.7		Assure
LMF	Forecast delivery against identified green savings plans	100%	-	-	N/A	104.2%	105.8%	109.9%		Assure
LMF	Full year effect of recurrent green deliverable savings (£m)	46	-	-	N/A	32.6	33.2	35.5		Escalate
LMF	Value and sustainability forecast (including red and pipeline) (£m)	46	-	-	N/A	58.4	58.2	60.4		Assure
NPF38	Agency forecast reduction (30% reduction in 2026-27 from 2025-26 outturn)	-30%	-	-	13th of 13 (at Aug 26)	-23.2%	-22.4%	-17.8%		Escalate
LMF	Additional clinical services agency expenditure (£'000)	-	-	-	N/A	0.0	0.1	-0.1		Advise
LMF	A&C agency expenditure (£'000)	-	-	-	N/A	0.4	0.6	-0.4		Advise

Scorecard: Finance and sustainability (2 of 2)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
LMF	Estates & facilities agency expenditure (£'000)	-	-	-	N/A	-0.5	0.0	0.0		Assure
LMF	Forecast closing cash balance (£m)	-	-	-	N/A	-36.5	-27.7	-27.7		Escalate
LMF	Year to date capital spend (£m)	58.6	-	-	N/A	7.1	9.6	18.7		Assure
LMF	Forecast capital spend (£m)	60.0	-	-	N/A	60.0	58.0	55.8		Assure
LMF	Accountability agreements - % signed	100%	-	-	N/A	91.0%	92.0%	93.0%		Advise
LMF	Invoices on hold quantity	-	-	-	N/A	7754	8403	7699		Advise
LMF	Invoices on hold value (£m)	-	-	-	N/A	13.9	14.8	15.0		Alert
LMF	No PO no pay quantity	0	-	-	N/A	1035	973	947		Alert
LMF	No PO no pay value (£'000)	0	-	-	N/A	1.9	1.8	2.3		Alert
LMF	PO breaches (£'000)	0	-	-	N/A	0.3	0.4	0.5		Alert
LMF	Staff overpayments (£'000)	0	-	-	N/A	0.06	0.03	0.10		Alert
LMF	Cumulative PSPP Target: Non-NHS invoices paid within 30 days by number	95%	-	-	N/A	-	97.3%	-	Quarterly	Assure
LMF	Cumulative PSPP Target: Non-NHS invoices paid within 30 days by value	95%	-	-	N/A	-	98.4%	-	Quarterly	Assure
LMF	Cumulative PSPP Target: NHS invoices paid within 30 days by number	95%	-	-	N/A	-	88.3%	-	Quarterly	Alert
LMF	Cumulative PSPP Target: NHS invoices paid within 30 days by value	95%	-	-	N/A	-	96.8%	-	Quarterly	Assure

Revenue Position

	Actual							Forecast					2026/27 Cumulative against Plan				
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance	Full Year Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(197.0)	(197.3)	(200.1)	(202.7)	(201.4)	(205.5)	(198.6)	(198.2)	(201.7)	(203.6)	(201.5)	(208.9)	(1,402.7)	(1,402.7)	0.0	0.0%	(2,416.7)
Miscellaneous Income	(14.7)	(15.4)	(15.3)	(16.1)	(15.7)	(16.1)	(16.9)	(16.7)	(16.5)	(16.6)	(16.5)	(19.2)	(106.4)	(110.2)	(3.8)	3.6%	(195.6)
Health Board Pay Expenditure	101.6	102.4	104.9	102.9	103.4	103.7	103.7	101.0	100.6	100.9	101.0	101.2	713.3	722.7	9.4	1.3%	1,227.5
Non-Pay Expenditure	115.5	115.9	116.7	121.7	120.1	119.6	118.3	116.8	118.1	117.3	115.0	124.0	795.8	827.8	32.0	4.0%	1,419.0
Total Deficit / (Surplus)	5.4	5.6	6.2	5.8	6.4	1.8	6.5	3.0	0.5	(2.0)	(2.0)	(2.8)	0.0	37.6	37.6		34.3
Planned Deficit	3.6	3.6	3.6	3.6	3.6	(0.8)	2.9	2.9	2.9	2.9	2.9	2.9	20.0	0.0	20.0	100.00%	0.0
Total Deficit / (Surplus) above Plan	1.8	2.0	2.6	2.2	2.8	2.6	3.6	(0.7)	(2.4)	(4.9)	(4.9)	(5.7)	20.0	37.6	17.6		34.3



- As at Month 6 (September) the planned deficit has reduced from £43.0m deficit to £34.3m, following £8.7m reduction in the forecast contribution to the Welsh Risk Pool, treatment in line with Welsh Government instructions.
- As at the end of October the Health Board is reporting an in-month deficit of £6.5m and adverse variance to plan of £3.6m. Year-to-date deficit is £37.6m and £17.6m adverse to plan demonstrating that the underlying financial performance remains a significant challenge. Recovery actions identified to date are insufficient to restore the run rate to plan or recover the accumulated overspend and further work is urgently required.
- A recovery plan is being developed with IHCs and Services requested to identify a 1% reduction in forecast run rate, close the remaining gap against budget reducing savings requirements. These actions are intended to support a reduction in the current monthly cost overrun of circa £2.5m and recover the £17.6m year to date deficit above plan. As the recovery plan is still being developed, delivery remains subject to a high degree of risk.
- A range of additional recovery actions have been identified and are currently being implemented. A remaining £7.0m, originally identified to contribute towards the £17m stretch target, remains under assessment to determine clinical impact and deliverability.

Risks

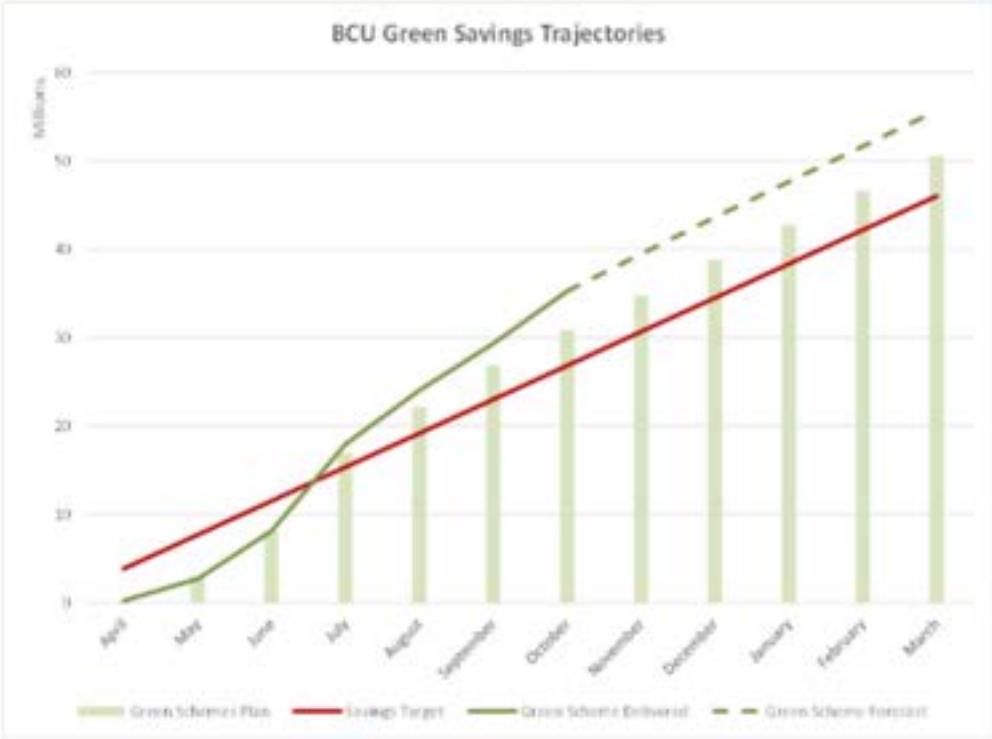
- The below are risks to the Health Board's financial position for 2026/27. Where it is clear of specific costs for risks and opportunities, these are incorporated into the forecast position.

Risks - Pressures not assumed in Forecast Outturn	£m	Level
Risk of conditionally recurrent funding removed	£82.0m	Low
Risk that Prescribing costs may rise by up to 4% when growth of certain items is included	£2.0m	Medium
Expenditure run rate continues above plan	£10.6m	Medium
Welsh Risk Pool increases above current forecast	TBC	Low
Resident Doctors New contract impact	TBC	High
Impact of new contracts for Dental, GMS and Community Pharmacy	TBC	Medium
Financial consequence arising from regulatory action	£1.0m	High
Risks - Benefits assumed in the Forecast Outturn		
Non-Delivery of Unplanned Additional required mitigations yet to be finalised	£17.6m	Medium
Total Risks	**£113.2m**	
Opportunities not factored into the Forecast Outturn		
Retaining Band 2/3 Balance Sheet opportunities (Estimated value)	£1.3m	Medium
Conversion of Red & Pipeline Opportunities to Savings	£4.7m	Medium
Submission from Divisions: Options towards the £17m stretch	£7.0m	Medium
Total Opportunities	**£13.0m**	

Savings Performance against Target

- The Health Board's financial plan set a recurring savings target of £46.0m to be delivered in 2026/27, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year value of Green Schemes total £55.7m, of which £27.2m is recurring, with a full year effect of £35.1m. £44.8m is cash releasing, £4.3m relates to accountancy gains, £4.2m is income generation and £2.3m are cost avoidance schemes. However, only £36.4m of these savings have been identified as budget releasing, with a recurrent full year impact of £29.5m. This will result in a shortfall of £16.5m which will create an additional financial pressure in 2027/28.
- Year to date savings delivery target totals £26.8m (7/12ths of the annual target of £46m) with savings delivered to date totalling £35.2m. However, of these savings £22.6m is budget releasing resulting in a £4.3m shortfall in budget extractable savings verse that targeted year to date. In-month delivery is £5.9m, against the £3.8m target.
- Red schemes and pipeline opportunities total £4.7m, work is progressing to convert into green schemes.

			Budget Releasing Savings						
Services	Total Saving YTD £m	Total Saving Forecast £m	Recurring Target £m	Forecast - Delivery £m	Forecast - Variance (+ve = adverse) £m	FYE Savings forecast £m	YTD - Target £m	YTD - Delivered £m	YTD - Variance (+ve = adverse) £m
West Integrated Health Community	4.7	8.0	7.1	6.7	0.4	6.5	4.1	3.7	0.4
Central Integrated Health Community	7.7	11.1	9.6	9.4	0.2	5.8	5.6	6.1	-0.5
East Integrated Health Community	6.1	10.3	9.1	7.3	1.8	7.6	5.3	3.9	1.4
MHLD	3.6	5.7	4.3	5.5	-1.2	6.2	2.5	3.4	-0.9
Womens Services	1.1	1.5	1.1	1.0	0.1	0.0	0.6	0.9	-0.2
Commissioning Contracts	0.0	0.3	7.0	0.3	6.7	0.8	4.1	0.0	4.1
Diagnostic and Specialist Clinical Support	1.3	1.7	1.9	1.1	0.8	0.1	1.1	0.8	0.3
Cancer Services	1.6	2.5	1.8	1.7	0.1	1.5	1.1	1.1	0.0
Dental Services	0.1	0.3	0.2	0.3	-0.1	0.0	0.1	0.1	0.0
Service Support Functions & Other Budgets	3.2	4.1	3.9	3.1	0.7	1.0	2.3	2.5	-0.2
Grip and Control Savings	5.9	10.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Saving Total	**35.2**	**55.7**	**46.0**	**36.4**	**9.6**	**29.5**	**26.8**	**22.6**	**4.3**
Non Budget Releasing Savings				14.9	-14.9	6.0		8.4	-8.4
Accountancy Gains			0.0	4.3	-4.3	0.0	0.0	4.3	-4.3
Total	**35.2**	**55.7**	**46.0**	**55.7**	**-9.7**	**35.5**	**26.8**	**35.2**	**-8.4**



Appendices

- Interpreting Statistical Process Control (SPC) Charts
- How to interpret the Integrated Performance Scorecard
- Abbreviations
- Further Information



Interpreting Statistical Process Control (SPC) Charts

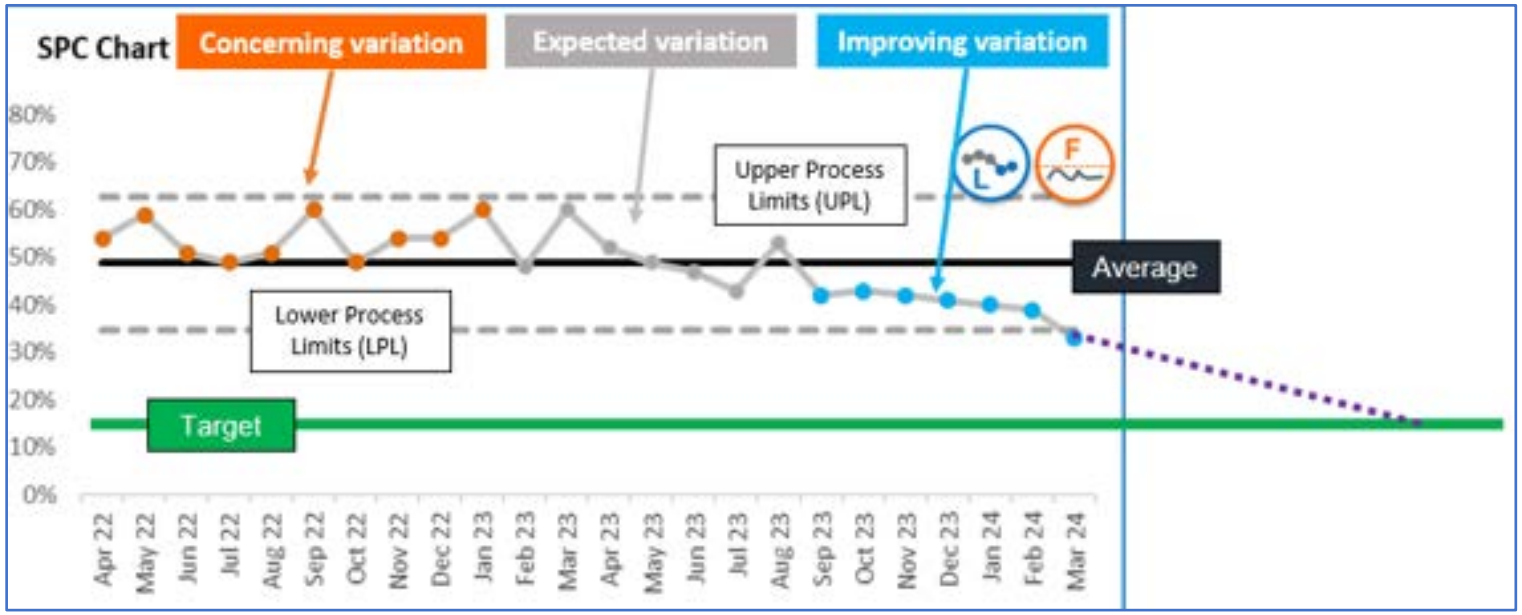
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated, and improvement actions implemented

Blue – there is a pattern of improvement which should be learnt from

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Key

Status		
	Escalate	Escalate (Serious concerns, action required): There is no confidence that the actions in place will address performance issues at a sustainable level. Executive level intervention is necessary to resolve the situation.
	Alert	Alert (may require discussion): There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
	Advise	Advise (to monitor): There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
	Assure	Assure (to note): There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.
	↔	There has been no change in the escalation status in month / quarter.
	↑	There has been an increase in the escalation status in month / quarter.
	↓	There has been a decrease in the escalation status in month / quarter.

How to interpret the Integrated Performance Scorecard

Diagram and description of Scorecard elements

Target Suite:
NT = Nationally Mandated Target
SM = Special Measures De-escaltion Target
AP = current Month Trajectory (where we planned to be at this point)

Actual Performance Window
Month: Actual position for previous 3 months to date
Trend to Date: Trend graph for previous 6 months
Variance & Assurance: SPC Indicators

Delivery Assurance:
Based on data, intelligence etc, what is our level of confidence that the stated performance inprovement will be delivered.

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
LMU01	Total number of ambulance coveyances to acute emergency departments	-	-	-	N/A	3237	3580	3340		Advise
3AP02	Percentage of ambulance handovers within 15 minutes	80%	-	-	6th of 6 (at Apr 26)	10.6%	11.6%	10.0%		Escalate
3AP01	Number of ambulance patient handovers over 45 minutes	0	-	-	N/A	1960	2143	2059		Escalate
LMU02	Number of ambulance patient handovers over 1 hour	-	1710	-	6th of 6 (at Apr 26)	1697	1820	1755		Escalate
LMU03	Number of ambulance patient handovers over 4 hour	-	-	-	N/A	569	582	527		Advise
LMU04	Median emergency ambulance response time to purple: arrest category calls	6-8 Mins	-	-	N/A	07:46	07:36	RIA		Advise

Measure Reference Numbers
Prefix
NPF = NHS Wales Performance Framework
LMU = Local Measure Urgent & Emergency Care
LMP = Local Measure Planned Care
LMQ = Local Measure Quality, Safety & Experience
LMW = Local Measure Workforce & Organisational Development
LMF = Local Measure Finance
LMPH = Local Measure Preventiuon & Population Health
All other Prefixes are from the Annual Delivery Plan

Full Measure Description

Benchmark of Performance compared to rest of Wales

BCUHB position compared to other Welsh NHS Organisations

Abbreviations

Please see below a list of abbreviations commonly found within this report:

Abbreviation	Definition
A&C	Administrative & Clerical
AME	Annually Managed Expenditure
ASU	Assessment and Support Unit
BSI	Bloodstream Infection
C&YP	Children and Young People
CRL	Capital Resource Limit
CDS	Community Dental Service
CO	Carbon Monoxide
CT scan	Computed Tomography Scan
DDaT	Data, Digital and Technology
DDD	Defined Daily Dose
DEL	Departmental Expenditure Limit
DOSA	Day of Surgery Admission
ED	Emergency Department
FNC	Funded Nursing Care
FS	Foot Surveillance
FTE	Full Time Equivalent
GDS	General Dental Service
GIRFT	Get It Right First Time
GMS	General Medical Service
HCAI	Healthcare Acquired Infection
HEIW	Health Education and Improvement Wales
HPV	Human Papillomavirus
IHC	Integrated Health Community
IDH	Integrated Discharge Hub
IPC	Infection Prevention and Control

Abbreviation	Definition
IVS	Integrated Vaccination Service
KPIs	Key Performance Indicators
LDS	Learning Disability Services
LFER	Learning from Event Reports
LocSSIP	Local Safety Standards for Invasive Procedures
LPMHSS	Local Primary Mental Health Support Service
m	million
MDU	Medical Day Unit
MenACWY	Meningococcal A, C, W, and Y
MHLD	Mental Health and Learning Disabilities
MIU	Minor Injuries Unit
MSSA	methicillin-sensitive Staphylococcus aureus
NHS P&I	National Health Service Performance & Intelligence
NICE	National Institute for Health and Care Excellence
NT	National Target
PADR	Performance Appraisal and Development Review
PFIG	Performance, Finance & Information Governance
PhVT	Pre-Hospital Video Triage
PIFU	Patient Initiated Follow-Up
PIPS	Pharmacist Independent Prescribing Service
PO	Purchase Order
PSPP	Public Sector Payment Policy
Q	Quarter
R&D	Research & Development
RIA	Reported in Arrears
RPB	Regional Partnership Board

Additional Information

Integrated Quality and Performance Report
Betsi Cadwaladr University Health Board

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

Regular updates on how we improve healthcare services for patients can be found on social media:

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Health Board

BCU FINANCE REPORT 2026-27 – MONTH 7 (OCTOBER)

Date of Meeting	26 November 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development
Lead Executive Team Member name and title	Alan Streets, Interim Executive Director of Finance.

Report Purpose	For Noting

Executive Summary

This report provides a briefing on the Health Board's financial position as at the end of Month 7 (October 2026), together with progress against the approved Capital Programme and delivery of the 2026/27 savings programme.

Finance Report

The Health Board reported an in-month deficit of £6.5m in Month 7 (October), which is £3.6m adverse to the in-month profiled financial plan deficit of £2.9m.

Year-to-date position is reporting a deficit of £37.6m, representing an adverse variance of £17.6m, against the planned year to date deficit of £20.0m. This reflects expenditure levels exceeding plan by approximately £2.5m per month, primarily driven by pressures relating to Medical Pay due to Medical Agency premium, Clinical Services & Supplies Non-Pay, Primary Care Drugs, Healthcare Services provided by other NHS Bodies and Continuing Healthcare. Urgent action is required to identify and implement mitigating actions to contain the monthly cost overruns of circa £2.5m per month and recover the £17.7m year-to-date deficit above plan.

The below table summarises the monthly actual and forecast variance for 2026/27:

	2026/27 Monthly Variance													
	Actual							Forecast						
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date Position	Full Year Forecast Outturn Position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Monthly Surplus/ (Deficit)	(5.4)	(5.6)	(6.2)	(5.8)	(6.4)	(1.8)	(6.5)	(3.0)	(0.5)	2.0	2.0	2.8	(37.6)	(34.3)

In September the Health Board reduced its forecast planned deficit from £43.0m to a £34.3m following confirmation of a £8.7m reduction in the Welsh Risk Pool forecast contribution. This improvement does not reduce the in-year financial challenge as Welsh Government had agreed to match any additional in-year Welsh Risk Pool contribution, subject to the Health Board identifying and delivering sufficient further savings and controls to achieve a balanced financial position. A risk remains that the required Welsh Risk Pool contribution could subsequently increase.

Delivery of the £34.3 million revised planned deficit forecast is dependent upon a number of key assumptions, including:

- Successful implementation of the recovery plan sufficient to reduce the underlying monthly run rate to planned levels and recover the year-to-date overspend. The IHC's and Services have been instructed to identify a 1% reduction in forecast run rate, close the remaining gap against budget reducing savings requirements.
- Full funding by Welsh Government of all 2026/27 pay awards and associated pay uplift
- Receipt of all anticipated income streams.

As at October 2026, savings schemes with a forecast deliverable value of £55.7m have been progressed, representing an increase of £2.7m from previous month. However, only £36.4m have been identified as budget releasing, with a recurrent full year impact of £29.5m, which will result in a budgetary shortfall of £16.5m and create an additional pressure for the new financial year.

Welsh Government has reiterated its expectation that the Health Board delivers against its key financial duty and submits a balanced financial plan. To do so, further recurring savings of £17m would be required to reduce expenditure to planned levels. Should costs return to those reflected in the current financial plan and the additional £17m cost reduction be implemented, this would facilitate the release of additional Welsh Government funding in respect of the Welsh Risk Pool and enable achievement of a balanced financial plan.

Failure to achieve the statutory financial duty places at risk access to approximately £100m of Welsh Government funding (reduced from £108m due to the impact of the reduced Welsh Risk Pool contribution and associated funding).

This would significantly increase the financial challenge facing the organisation and constrain its ability to maintain services, invest in workforce and infrastructure, and support delivery of operational recovery plans in future years.

Financial Risks

The containment and reversal of cost overruns is critical to delivery of the revised £34.3m planned deficit outturn for 2026/27. The cumulative financial risk to achievement of the 2026/27 financial plan is currently assessed as approximately £31.2m (excluding the risk to receiving the £82m conditionally recurrent funding).

The mitigation of overspends and successful implementation of the recovery plan is key to achieving the £34.3m planned deficit forecast outturn.

Cash

Closing cash balance as at 31st October was £6.6m, including £1.6m cash held for revenue expenditure and £5.0m for capital projects. The Health Board is currently forecasting a closing cash balance for 2026-27 of (£27.7m) made up of (£31.8m) revenue cash and £4.1m capital cash.

Savings

The 2026/27 Financial Plan requires delivery of £46.0m of recurring budget releasing savings, equivalent to 2.4% of recurrent budgets excluding ringfenced funding.

As at the end of October (Month 7), the Health Board has identified £55.7m full year green saving schemes, representing an increase of £2.7m from previous month and exceeding the £46.0m full year savings target by £9.7m.

Of the total savings identified £27.2m is recurring, with a full year effect of £35.1m. The identified schemes comprise of £44.8m cash releasing savings, £4.3m accountancy gains, £4.2m income generation and £2.8m cost avoidance schemes. Of the full year value, £36.4m of these savings have been identified as budget releasing, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

A further £4.7m savings opportunities remain classified as Red-rated and pipeline opportunities. Further work is required to progress these schemes to Green status and secure deliverable benefits within this financial year.

The year-to-date savings delivery target totals £26.8m (7/12ths of the £46m annual target) with savings delivered to date totalling £35.2m.

Of these savings, £22.6m is budget releasing, resulting in a £4.3m shortfall in budget extractable savings compared to the year-to-date target, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

Capital Programme

The approved Capital Resource Limit (CRL) for 2026-27 is £55.8m which includes £0.5m IFRS16 Funding and £55.3m Capital.

Donated Income of £2.2m has been reported from Month 4 onwards. This is made up of £0.8m donated income and £1.4m in relation to the Ysbyty Gwynedd Helipad Redevelopment.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
N/A		

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit

M7 Finance Report 2026-27 M7

Appendix 1: BCU 2026/27 M07 Finance Report – October 2026

ASSESSMENT	
Link to Intentions	4.Create a Modern, People Centred Healthcare System
	If more than one applies, please list below: This paper aligns to the strategic goal of attaining financial balance and supports a number of organisational priorities.
Design Principles	Wise Spending
Corporate Risks and Board Assurance Framework	Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) **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.)* BAF24-03 – Value Delivery & Financial Sustainability *(There is a risk that the Health Board will be unable to secure current non-recurrent (one-off) allocations in future financial years, as these allocations are conditional on meeting agreed financial plans. Failure to secure this resource will require services to operate within a significantly reduced financial envelope.* *The objective is to achieve long-term financial sustainability or maximise value from its spending).* **Link to Corporate Risk Register:** CRR24-06 Suitability and Safety of Sites CRR26/27-Fin-01 Delivery of the 2026/27 Financial Plan and Financial Sustainability
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the*	Yes: ☐	No: ☒
	Outcome:	Not applicable
	If no, please include rationale:	

requirements of the Welsh Language Standards)		
Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	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.
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** Data to Knowledge	**Domains of Quality** Effective
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales	
Evironmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	No - Not Applicable
	If no, please include rationale:	
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome:	No personal data included in the report.
	If no, please include rationale:	
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☒	No: ☐
	Outcome:	
	If no, please include rationale:	
Legal	There are no specific legal implications related to the activity outlined in this report.	

Reputational	Yes (Include further detail below)
	Implications of deterioration of forecast to reputation.
Resource Impact *(People / Financial)*	Yes (Include further detail below)
	The Health Board is in receipt of £82m of conditionally 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 improved upon and delivered the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.

Trugaredd
Compassion

Agored
Openness

Parch
Respect

26 November 2026

Finance Report – Health Board
October - Month 7 2026/27

Alan Streets
Interim Executive Director of Finance

Executive Summary: Finance and sustainability

Financial Plan

- At Month 6 (September) the 2026/27 planned deficit reduced from £43.0m to £34.3m following £8.7m reduction in the forecast contribution to the Welsh Risk Pool. This does not attain the key duty of the health board to achieve a balanced position, and therefore the £82m conditionally recurrent allocation being at risk.

Financial Position

- As at the end of October the Health Board is reporting an in-month deficit of £6.5m and adverse variance to plan of £3.6m. Year-to-date deficit is £37.6m and £17.6m adverse to the revised year to date planned deficit of £20.0m. Year-to-date pressures predominantly relate to Medical Pay due to Medical Agency premium, Clinical Services & Supplies Non-Pay, Primary Care Drugs, Healthcare Services provided by other NHS Bodies and Continuing Healthcare .
- The below table summarises the monthly actual and forecast variance for 2026/27. The forecast is based on the assumption that mitigating actions can be delivered to reduce the monthly overspend against the planned deficit and recover the year to date overspend.

	2026/27 Monthly Variance													
	Actual							Forecast						
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Year to Date Position £m	Full Year Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(5.4)	(5.6)	(6.2)	(5.8)	(6.4)	(1.8)	(6.5)	(3.0)	(0.5)	2.0	2.0	2.8	(37.6)	(34.3)

Savings and Mitigations

- As at the end of October (Month 7), the Health Board has identified £55.7m Green saving schemes, an increase of £2.7m from previous month.
- In-month savings delivery is £5.9m, with year-to-date savings delivery of £35.2m, of which £22.6m is budget releasing, resulting in a £4.3m shortfall in budget extractable savings compared to the year-to-date savings target of £26.8m (7/12ths of the annual target of £46m). In-month delivery is £5.9m, against the £3.8m target.

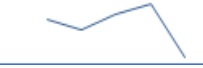
Capital Programme

- The approved Capital Resource Limit (CRL) for 2026-27 is £55.8m, which is forecast to be spent in full.

Key Risks & Matters for Escalation

- Urgent action is required to identify and implement mitigating actions to contain the monthly cost overruns and recover the year-to-date deficit above plan.
- As part of the financial recovery plan, IHCs and Services have been requested to identify a 1% reduction in forecast run rate, close remaining gap against budget reducing savings requirements. As a result, a range of additional recovery actions have been identified, and are currently being implemented. A remaining £7.0m, originally identified to contribute towards the £17m stretch target, remains under assessment to determine clinical impact and deliverability
- **Recovery actions identified to date are insufficient to restore the run rate to plan or recover the accumulated overspend and further work is urgently required.**

Scorecard: Finance and sustainability (1 of 2)

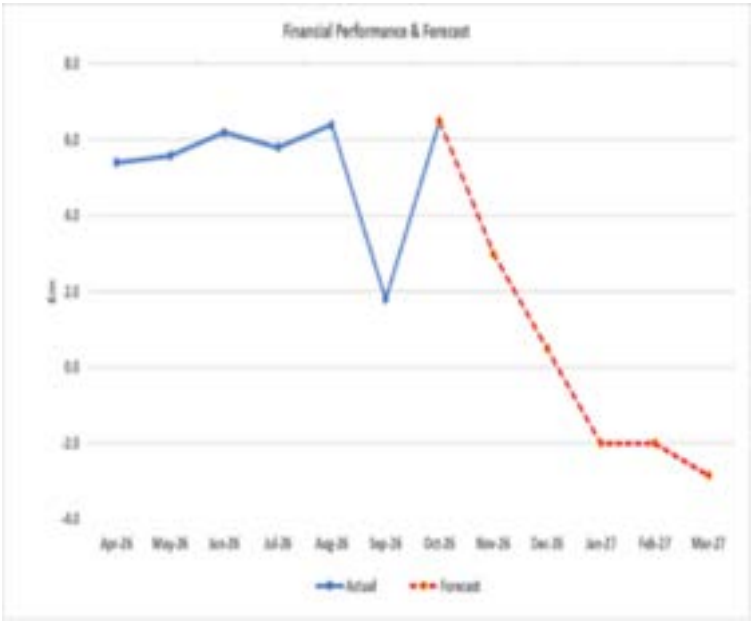
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
LMF	In-month revenue position (expenditure over planned deficit of £3.6m per month £m)	3.6	-	-	N/A	2.8	2.6	3.6		Escalate
LMF	Year to date revenue position (expenditure over planned year to date deficit) (£m)	-	-	-	N/A	11.4	14.0	17.6		Escalate
LMF	Year to date pay position (expenditure over planned year to date deficit) (£m)	-	-	-	N/A	5.5	6.8	9.4		Escalate
LMF	Year to date non pay position (expenditure over planned year to date deficit) (£m)	-	-	-	N/A	8.5	10.8	12.0		Escalate
LMF	Year to date income position (income over planned year to date deficit) (£m)	-	-	-	N/A	-2.6	-3.6	-3.8		Assure
LMF	In-month accountancy gains (£m)	-	-	-	N/A	0.7	0.1	0.1		Assure
LMF03	Budget releasing savings (£m)	46	-	-	N/A	31.8	33.6	36.4		Escalate
LMF	Full year effect of recurrent budget releasing savings (£m)	46	-	-	N/A	27.3	27.9	29.5		Escalate
4GP01	Deliverable green schemes full year forecast (including accountancy gains) (£m)	46	-	-	N/A	47.5	53.0	55.7		Assure
LMF	Forecast delivery against identified green savings plans	100%	-	-	N/A	104.2%	105.8%	109.9%		Assure
LMF	Full year effect of recurrent green deliverable savings (£m)	46	-	-	N/A	32.6	33.2	35.5		Escalate
LMF	Value and sustainability forecast (including red and pipeline) (£m)	46	-	-	N/A	58.4	58.2	60.4		Assure
NPF38	Agency forecast reduction (30% reduction in 2026-27 from 2025-26 outturn)	-30%	-	-	13th of 13 (at Aug 26)	-23.2%	-22.4%	-17.8%		Escalate
LMF	Additional clinical services agency expenditure (£'000)	-	-	-	N/A	0.0	0.1	-0.1		Advise
LMF	A&C agency expenditure (£'000)	-	-	-	N/A	0.4	0.6	-0.4		Advise

Scorecard: Finance and sustainability (2 of 2)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Aug-26	Sep-26	Oct-26	6 Month Activity	
LMF	Estates & facilities agency expenditure (£'000)	-	-	-	N/A	-0.5	0.0	0.0		Assure
LMF	Forecast closing cash balance (£m)	-	-	-	N/A	-36.5	-27.7	-27.7		Escalate
LMF	Year to date capital spend (£m)	58.6	-	-	N/A	7.1	9.6	18.7		Assure
LMF	Forecast capital spend (£m)	60.0	-	-	N/A	60.0	58.0	55.8		Assure
LMF	Accountability agreements - % signed	100%	-	-	N/A	91.0%	92.0%	93.0%		Advise
LMF	Invoices on hold quantity	-	-	-	N/A	7754	8403	7699		Advise
LMF	Invoices on hold value (£m)	-	-	-	N/A	13.9	14.8	15.0		Alert
LMF	No PO no pay quantity	0	-	-	N/A	1035	973	947		Alert
LMF	No PO no pay value (£'000)	0	-	-	N/A	1.9	1.8	2.3		Alert
LMF	PO breaches (£'000)	0	-	-	N/A	0.3	0.4	0.5		Alert
LMF	Staff overpayments (£'000)	0	-	-	N/A	0.06	0.03	0.10		Alert
LMF	Cumulative PSPP Target: Non-NHS invoices paid within 30 days by number	95%	-	-	N/A	-	97.3%	-	Quarterly	Assure
LMF	Cumulative PSPP Target: Non-NHS invoices paid within 30 days by value	95%	-	-	N/A	-	98.4%	-	Quarterly	Assure
LMF	Cumulative PSPP Target: NHS invoices paid within 30 days by number	95%	-	-	N/A	-	88.3%	-	Quarterly	Alert
LMF	Cumulative PSPP Target: NHS invoices paid within 30 days by value	95%	-	-	N/A	-	96.8%	-	Quarterly	Assure

Revenue Position

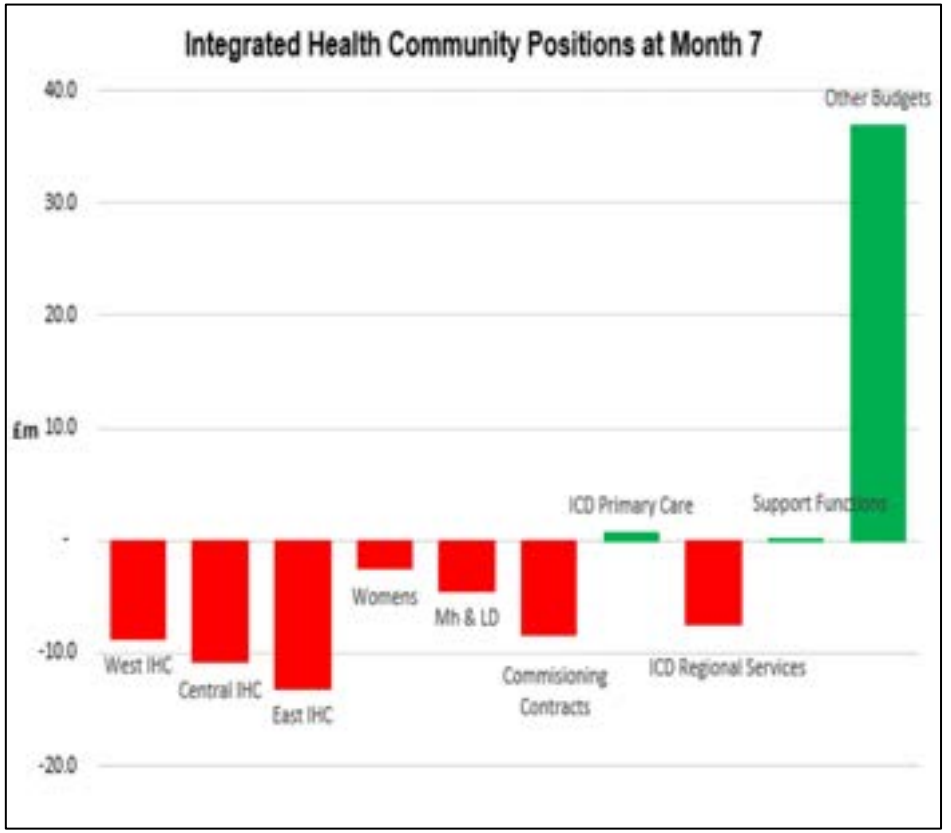
	Actual							Forecast					2026/27 Cumulative against Plan				
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance	Full Year Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(197.0)	(197.3)	(200.1)	(202.7)	(201.4)	(205.5)	(198.6)	(198.2)	(201.7)	(203.6)	(201.5)	(208.9)	(1,402.7)	(1,402.7)	0.0	0.0%	(2,416.7)
Miscellaneous Income	(14.7)	(15.4)	(15.3)	(16.1)	(15.7)	(16.1)	(16.9)	(16.7)	(16.5)	(16.6)	(16.5)	(19.2)	(106.4)	(110.2)	(3.8)	3.6%	(195.6)
Health Board Pay Expenditure	101.6	102.4	104.9	102.9	103.4	103.7	103.7	101.0	100.6	100.9	101.0	101.2	713.3	722.7	9.4	1.3%	1,227.5
Non-Pay Expenditure	115.5	115.9	116.7	121.7	120.1	119.6	118.3	116.8	118.1	117.3	115.0	124.0	795.8	827.8	32.0	4.0%	1,419.0
Total Deficit / (Surplus)	5.4	5.6	6.2	5.8	6.4	1.8	6.5	3.0	0.5	(2.0)	(2.0)	(2.8)	0.0	37.6	37.6		34.3
Planned Deficit	3.6	3.6	3.6	3.6	3.6	(0.8)	2.9	2.9	2.9	2.9	2.9	2.9	20.0	0.0	20.0	100.00%	0.0
Total Deficit / (Surplus) above Plan	1.8	2.0	2.6	2.2	2.8	2.6	3.6	(0.7)	(2.4)	(4.9)	(4.9)	(5.7)	20.0	37.6	17.6		34.3



- As at Month 6 (September) the planned deficit has reduced from £43.0m deficit to £34.3m, following £8.7m reduction in the forecast contribution to the Welsh Risk Pool, treatment in line with Welsh Government instructions.
- As at the end of October the Health Board is reporting an in-month deficit of £6.5m and adverse variance to plan of £3.6m. Year-to-date deficit is £37.6m and £17.6m adverse to plan demonstrating that the underlying financial performance remains a significant challenge. Recovery actions identified to date are insufficient to restore the run rate to plan or recover the accumulated overspend and further work is urgently required.
- A recovery plan is being developed with IHCs and Services requested to identify a 1% reduction in forecast run rate, close the remaining gap against budget reducing savings requirements. These actions are intended to support a reduction in the current monthly cost overrun of circa £2.5m and recover the £17.6m year to date deficit above plan. As the recovery plan is still being developed, delivery remains subject to a high degree of risk.
- A range of additional recovery actions have been identified and are currently being implemented. A remaining £7.0m, originally identified to contribute towards the £17m stretch target, remains under assessment to determine clinical impact and deliverability.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	£m
WG RESOURCE ALLOCATION	(198.6)	(198.6)	0.0	0%	(1,402.7)	(1,402.7)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.8	0.7	0.1		0.3
West Area	18.5	19.2	(0.7)		129.4	132.6	(3.2)		(8.1)
Ysbyty Gwynedd	12.5	13.4	(0.9)		88.0	93.1	(5.1)		(9.7)
Facilities	1.2	1.2	(0.0)		8.6	9.0	(0.4)		(0.7)
Total West	32.3	33.9	(1.6)	-5%	226.8	235.5	(8.7)	-4%	(18.2)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.2	0.1	0.0		1.0	1.0	0.1		0.0
Central Area	24.2	24.0	0.3		169.3	173.1	(3.9)		(10.1)
Ysbyty Glan Clwyd	15.5	16.6	(1.1)		108.8	115.5	(6.8)		(13.0)
Facilities	1.5	1.6	(0.0)		10.7	10.9	(0.2)		(0.4)
Total Central	41.4	42.3	(0.8)	-2%	289.7	300.5	(10.8)	-4%	(23.4)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.7	0.6	0.1		0.1
East Area	27.0	28.1	(1.0)		189.0	195.9	(6.9)		(13.2)
Ysbyty Wrexham Maelor	13.3	14.4	(1.2)		93.4	99.5	(6.0)		(9.7)
Facilities	1.4	1.5	(0.1)		9.8	10.0	(0.3)		(0.4)
Total East	41.8	44.0	(2.3)	-5%	292.9	306.0	(13.1)	-4%	(23.2)
Total Midwifery and Women's Services	4.5	4.9	(0.4)	-9%	31.1	33.5	(2.5)	-8%	(4.5)
Total Mental Health and LDS	16.3	16.1	0.2	1%	115.9	120.3	(4.5)	-4%	(8.6)
Total Commisioning Contracts	27.2	29.0	(1.9)	-7%	190.9	199.2	(8.3)	-4%	(15.3)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	3.0	3.1	(0.0)		21.3	20.9	0.3		0.0
Community Dental Services	0.6	0.6	0.0		4.5	4.2	0.3		0.4
Other Primary Care	0.1	0.5	(0.3)		0.9	0.8	0.1		(0.0)
Total Integrated Clinical Delivery Primary care	3.8	4.2	(0.3)	-8%	26.6	26.0	0.7	2%	0.4
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(2.0)	(2.4)	0.4		(13.5)	(15.9)	2.3		3.0
Diagnostic and Specialist Clinical Support	7.6	8.5	(0.9)		53.4	58.9	(5.4)		(9.6)
Cancer Services	6.3	7.1	(0.8)		44.6	48.9	(4.4)		(6.5)
Total Integrated Clinical Delivery	11.9	13.3	(1.4)	-11%	84.5	92.0	(7.5)	-9%	(13.1)
Total Service Support Functions	15.2	15.5	(0.3)	-2%	107.1	107.0	0.2	0%	(0.5)
Total Other Budgets	7.1	2.0	5.1	72%	57.1	20.3	36.9	65%	106.4
Total Health Board Position	**2.9**	**6.5**	**(3.6)**		**20.0**	**37.6**	**(17.6)**		**0.0**



- Year-to-date position is reporting a deficit of £37.6m, £17.6m adverse to the planned year to date £20.0m deficit.
- As at Month 6 the 2026/27 forecast position has reduced from the £43.0m deficit to a planned deficit of £34.3m.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

Expenditure – Pay & Non-Pay

Pay Costs	2026-27												Cumulative			Full Year Forecast
	Actual							Forecast								
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	14.0	13.9	13.9	13.7	13.9	13.8	13.8	14.5	14.4	14.5	14.5	14.5	110.0	97.1	12.9	176.2
Medical & Dental	23.3	23.5	25.5	24.5	24.9	24.5	24.7	22.8	22.7	22.8	22.8	22.8	157.2	170.9	(13.7)	277.0
Nursing & Midwifery Registered	31.2	31.5	31.9	31.2	31.3	31.7	31.8	31.1	31.0	31.1	31.1	31.2	216.5	220.5	(4.0)	377.9
Additional Clinical Services	15.3	15.6	15.6	15.9	15.9	15.6	15.4	15.3	15.3	15.3	15.3	15.4	104.6	109.3	(4.7)	186.2
Add Prof Scientific & Technical	4.4	4.4	4.4	4.3	4.3	4.5	4.5	4.0	4.0	4.0	4.0	4.0	32.5	30.8	1.7	49.1
Allied Health Professionals	6.8	6.8	6.9	6.7	6.6	6.9	6.9	6.7	6.7	6.7	6.7	6.7	45.6	47.6	(2.0)	81.2
Healthcare Scientists	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.7	1.7	1.7	1.7	1.7	13.3	13.2	0.2	20.7
Estates & Ancillary	4.6	4.7	4.7	4.6	4.6	4.8	4.7	4.8	4.8	4.8	4.8	4.8	32.7	32.7	0.1	58.0
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.7	0.6	0.1	1.1
Health Board Total	101.6	102.4	104.9	102.9	103.4	103.7	103.7	101.0	100.6	100.9	101.0	101.2	713.3	722.7	(9.4)	1,227.5
Other Services (Incl. Primary Care)	3.2	3.2	3.3	3.3	3.1	3.4	3.2	3.2	3.2	3.2	3.2	3.2	20.8	22.6	(1.8)	38.8
Total Pay	104.7	105.6	108.2	106.3	106.5	107.1	106.9	104.3	103.9	104.2	104.2	104.5	734.1	745.3	(11.2)	1,266.3

Non-Pay Costs	2026-27												Cumulative			Full Year Forecast
	Actual							Forecast								
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	22.3	22.2	22.0	22.5	22.8	22.4	22.2	22.6	22.6	22.7	22.7	22.7	159.7	156.5	3.2	269.7
Primary Care - Drugs & Appliances	11.1	10.6	11.8	12.8	12.3	12.7	12.0	11.2	12.3	11.2	10.6	11.5	79.7	83.3	(3.6)	140.0
Provider Services - Non Pay (excluding drugs & depre	20.1	19.6	20.1	20.8	18.5	21.1	19.5	20.7	20.5	19.9	19.7	17.5	113.0	139.6	(26.6)	237.9
Secondary Care - Drugs	9.2	9.1	9.3	10.6	8.9	10.0	9.3	8.5	8.8	8.4	8.2	8.5	66.8	66.3	0.6	108.6
Healthcare Services Provided by Other NHS Bodies	33.4	33.9	33.7	33.9	36.3	33.7	35.7	34.2	34.0	34.0	34.0	34.8	238.2	240.5	(2.4)	411.5
Continuing Care and Funded Nursing Care	11.9	12.4	12.6	13.0	12.9	11.8	12.0	11.7	12.0	12.0	11.0	12.0	84.8	86.6	(1.8)	145.2
Other Private & Voluntary Sector	3.5	3.5	2.8	3.2	2.8	2.7	2.7	3.2	3.1	4.4	4.0	4.0	22.2	21.2	1.0	40.0
Joint Financing and Other	0.5	0.4	0.4	0.3	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	1.9	2.7	(0.8)	4.1
Losses, Special Payments and Irrecoverable Debts	0.3	0.3	0.6	0.2	0.9	0.6	0.4	0.4	0.4	0.4	0.4	0.4	1.8	3.2	(1.5)	5.2
Non-pay costs	112.3	112.1	113.2	117.4	115.6	115.3	114.1	112.7	114.0	113.1	110.9	111.6	768.0	800.0	(32.0)	1,362.2
AME/DEL Depreciation	3.2	3.9	3.5	4.3	4.5	4.3	4.1	4.1	4.1	4.1	4.1	12.4	27.8	27.8	0.0	56.7
Total non-pay	115.5	115.9	116.7	121.7	120.1	119.6	118.3	116.8	118.1	117.3	115.0	124.0	795.8	827.8	(32.0)	1,419.0

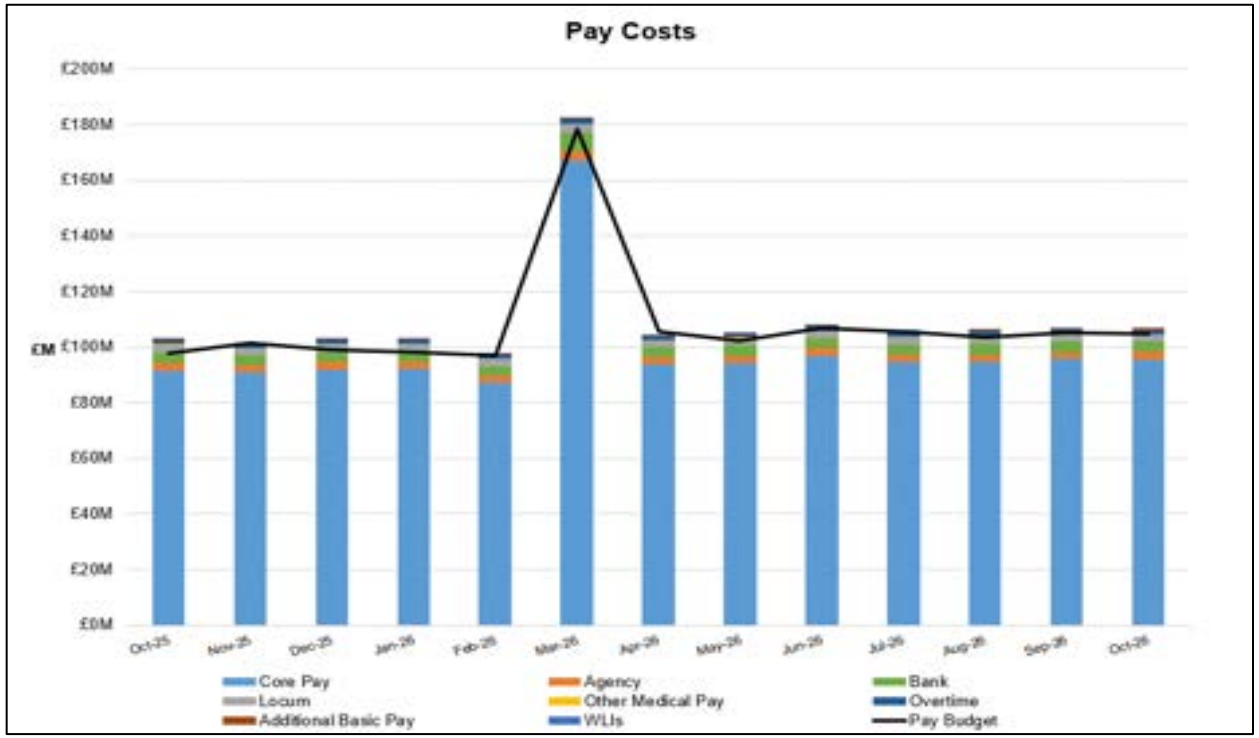
Health Board Pay:

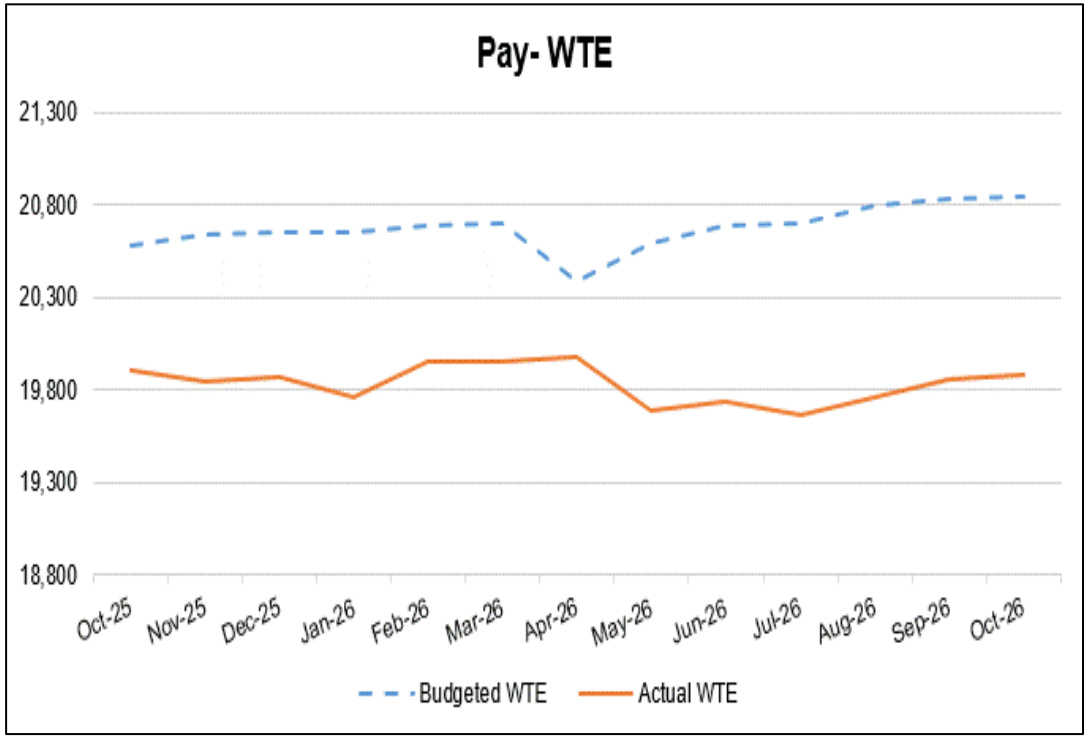
- Month 7 Provider Services Pay remains the same as the previous month.
- Variable Pay totals £11.3m for October, a reduction of £0.1m from previous month driven by reductions of £0.3m Locum, £0.2m Bank and £0.1m WLI's, offset by increases in other areas.
- Other detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) decreased by £1.2m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure - Pay





Actual 2026-27								
Variable Pay	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	Total £m
Agency	2.5	2.5	2.6	2.4	2.5	2.3	2.7	17.5
Overtime	1.2	1.2	1.3	1.3	1.4	1.4	1.5	9.2
Locum	2.7	2.8	2.6	2.9	2.9	2.7	2.5	19.1
WLIs	0.4	0.4	0.5	0.7	0.5	0.5	0.5	3.5
Bank	3.7	4.0	3.8	3.7	4.2	4.0	3.7	27.1
Other Non Core	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.3
Additional Hours	0.5	0.4	0.4	0.4	0.5	0.5	0.5	3.2
Total	**11.1**	**11.3**	**11.4**	**11.5**	**11.9**	**11.4**	**11.3**	**79.9**

- October budgeted WTE increased 23 WTE from September. See Slide 16 for further detail.
- Variable Pay totals £11.3m for October, a reduction of £0.1m from previous month, driven by reductions of £0.3m Bank and £0.2m Locum, offset by a £0.4m increase in Agency.

Pay - WTE

	2025/26					2026/27							
	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	In-Month Movement
Budgeted WTE	20,637	20,649	20,656	20,693	20,705	20,384	20,593	20,688	20,704	20,794	20,827	20,850	23
Actual WTE	19,844	19,869	19,767	19,952	19,951	19,978	19,691	19,740	19,663	19,764	19,853	19,888	35

- Budgeted WTE increased by 23 WTE in October from previous month, with the below table providing further detail on Budgeted WTE movements.
- Actual worked in October is 19,888, an increase of 35 WTE from September.

	25/26 WTE Budget					26/27 WTE Budget								
	M08 Nov	M09 Dec	M10 Jan	M11 Feb	M12 Mar	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	In Month Movement	Explanation of movements (>5wte) from previous month
West IHC - Management	8	8	8	8	8	8	8	8	8	8	8	8	0	
West IHC - West Area	1,572	1,572	1,572	1,573	1,573	1,567	1,585	1,589	1,590	1,595	1,586	1,601	15	Final Managed Practices RIGA funded staffing model approved - £850k RIGA now converted into WTE and allocated to core Managed Practice staffing
West IHC - Ysbyty Gwynedd	1,838	1,840	1,841	1,846	1,855	1,836	1,885	1,913	1,912	1,908	1,920	1,925	5	ED Business case +2.24WTE, ZC05 funded agency nurses +4WTE, Funding converted from B3 to Band 7 -0.58WTE, HEIW STP post ended -1WTE, Funding from ZE03 for Lung Cancer SN +1WTE, Eakin sponsorship within Stoma services for 1WTE, additional Band 6 nurse as agreed +1WTE, Funding ceased for 2 planned care roles beyond Sep (-2WTE)
West IHC - Facilities	382	382	382	382	382	382	382	382	382	382	382	382	0	
Centre IHC - Management	8	8	8	14	14	15	15	17	17	17	17	18	1	LLGH Hub: +1.00WTE new starter in Theatres
Centre IHC - Central Area	2,310	2,309	2,303	2,307	2,307	2,263	2,296	2,296	2,293	2,295	2,302	2,304	2	+2.87WTE Flying Start adjustment
Centre IHC - Ysbyty Glan Clwyd	2,243	2,245	2,245	2,248	2,250	2,243	2,256	2,258	2,260	2,257	2,257	2,257	0	
Centre IHC - Facilities	422	421	421	419	419	420	420	420	420	420	420	420	0	
East IHC - Management	10	10	10	10	10	10	10	10	10	10	10	10	0	
East IHC - East Area	2,483	2,485	2,481	2,485	2,484	2,470	2,479	2,508	2,513	2,513	2,515	2,514	-1	
East IHC - Ysbyty Wrexham Maelor	1,954	1,962	1,970	1,971	1,972	1,908	1,963	1,962	1,964	2,046	2,052	2,052	0	
East IHC - Facilities	365	365	365	365	366	365	365	365	366	366	366	366	0	
Midwifery & Womens Services	695	696	696	696	695	684	687	693	695	694	694	694	0	
Mental Health & LDS	2,327	2,327	2,326	2,327	2,331	2,299	2,324	2,347	2,348	2,346	2,348	2,355	7	+5.53WTE Income Target Clinical Psychology Training Programme plus skill mix virements
COVID Programmes	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	15	15	15	15	15	0	
Dental CDS	168	167	165	165	165	166	166	166	166	166	167	169	3	
Other Primary Care	15	15	15	15	15	15	15	15	15	15	15	15	0	
Diagnostics & SCS	1,028	1,028	1,029	1,031	1,030	1,023	1,023	1,024	1,024	1,027	1,034	1,034	0	
Cancer Services	423	423	424	423	423	423	425	425	425	425	424	425	1	
Corporate	2,249	2,249	2,255	2,269	2,265	2,147	2,146	2,151	2,152	2,154	2,162	2,152	-9	-8.23WTE Estates & Capital Planning Realignment of H&S budget
Med ED/R&D	124	125	125	125	127	126	126	123	132	135	135	135	0	
Health Board Total	**20,637**	**20,650**	**20,656**	**20,693**	**20,705**	**20,384**	**20,591**	**20,688**	**20,704**	**20,794**	**20,827**	**20,850**	**23**	

Pay Costs - Agency

	2026-27 Agency Spend £m												YTD Expenditure £m	2026/27 Forecast £m
	Actual							Forecast						
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27		
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	0.6	1.1
Central Area	0.2	0.2	0.2	0.1	0.0	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.9	1.7
East Area	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.4	2.5
Ysbyty Gwynedd	0.4	0.5	0.4	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.5	0.5	3.4	5.9
Ysbyty Glan Clwyd	0.8	0.7	0.8	0.8	0.9	0.9	1.0	1.0	0.9	0.8	0.8	0.8	5.9	10.2
Ysbyty Maelor Wrexham	0.3	0.2	0.3	0.3	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	1.5	2.3
Mental Health & LDS	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	1.8	3.3
Womens	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.7	1.1
Other incl pan BCU Cancer Servcies and Corporate	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.2	0.2	0.1	0.1	0.1	1.2	1.9
Total Agency	2.5	2.5	2.6	2.4	2.5	2.3	2.7	2.7	2.6	2.5	2.4	2.4	17.5	30.1



- Agency expenditure for October (Month 7) is £2.7m (2.5% of total pay), a £0.4m increase from previous month and is £0.4m less compared to the 2025/26 monthly average of £3.1m. 2026/27 Full year Agency forecast outturn is £30.1m (2.4% of total pay), a £1.7m increase from the £28.4m forecast outturn reported at Month 6. The increase is forecast is predominantly against Medical Agency, reporting an increase of £1.8m.

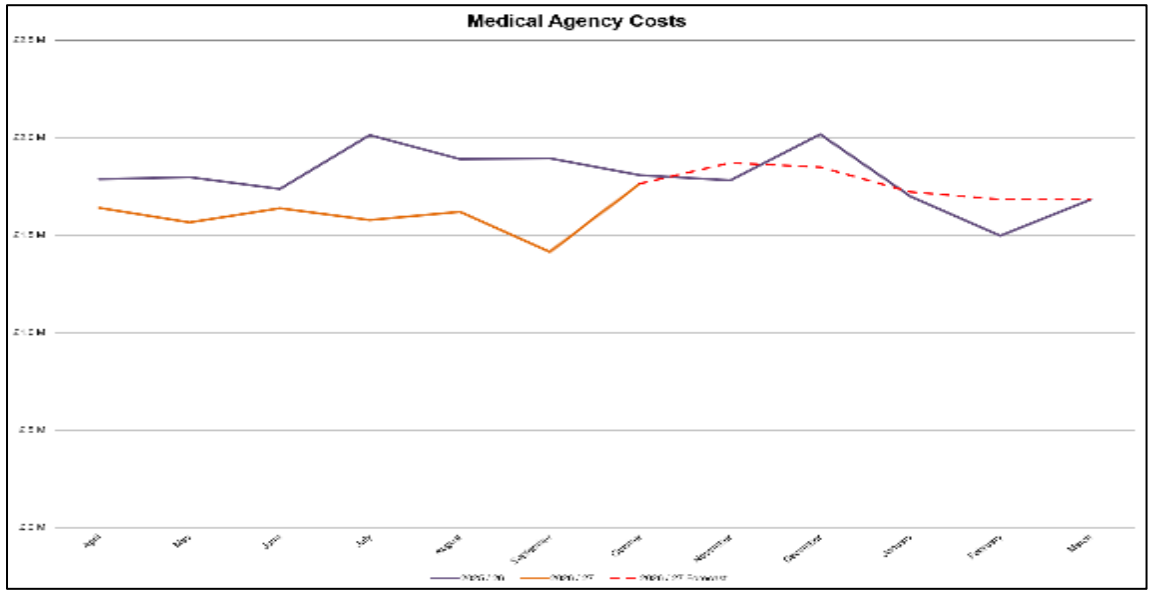
- The 2026/27 agency forecast outturn is forecast to reduce by £6.5m (17.8%) compared to the 2025/26 Agency full year spend of £36.6m. Further reductions of £4.5m (total reduction of £11.0m) would be required to achieve the cabinet secretary enabling target of 30%.

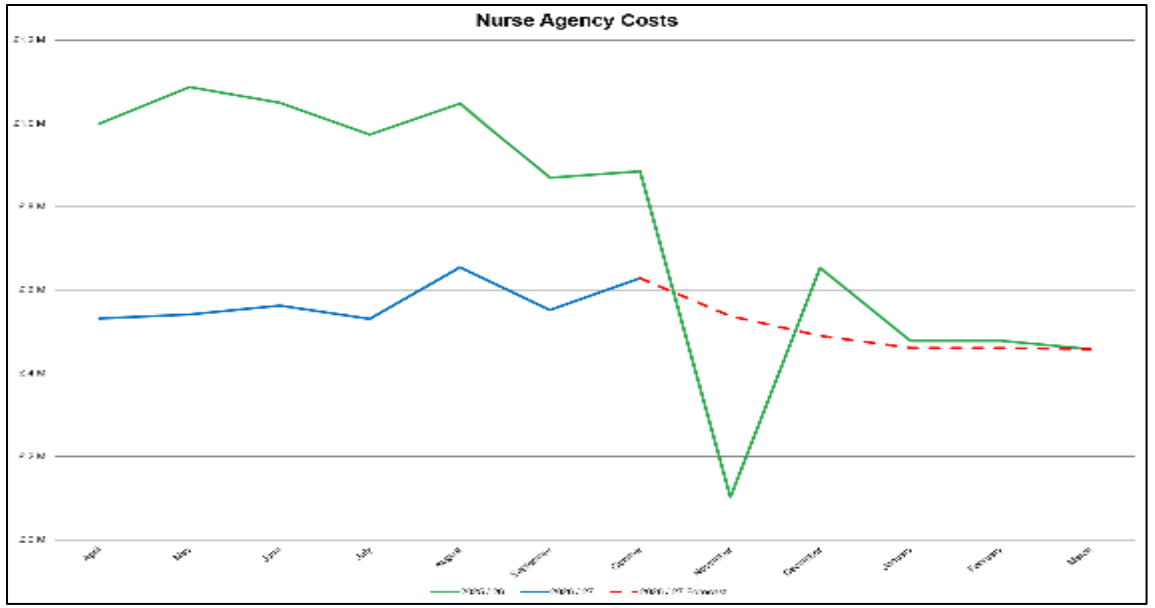
- October (Month 7) Medical Agency expenditure is £1.8m, an increase of £0.4m from previous month. The monthly average medical agency expenditure for 2025/26 was £1.8m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.7m), Ysbyty Gwynedd (£0.4m), Mental Health (£0.3m) and Ysbyty Maelor Wrexham (£0.1m) and East Area (£0.1m) covering medical vacancies and sickness.

- Registered Nurse agency costs totalled £0.6m for the month, the same as previous month spend. In-month Nurse Agency spend is predominantly within Ysbyty Glan Clwyd (£0.3m), Ysbyty Maelor Wrexham (£0.1m), and Ysbyty Gwynedd (£0.1m).

- Other agency costs totalled £0.3m in October, the same as previous month spend and is £0.2m less than the 25/26 monthly average. Other Agency costs mainly consist of Allied Health Professionals spend of £0.3m in October.

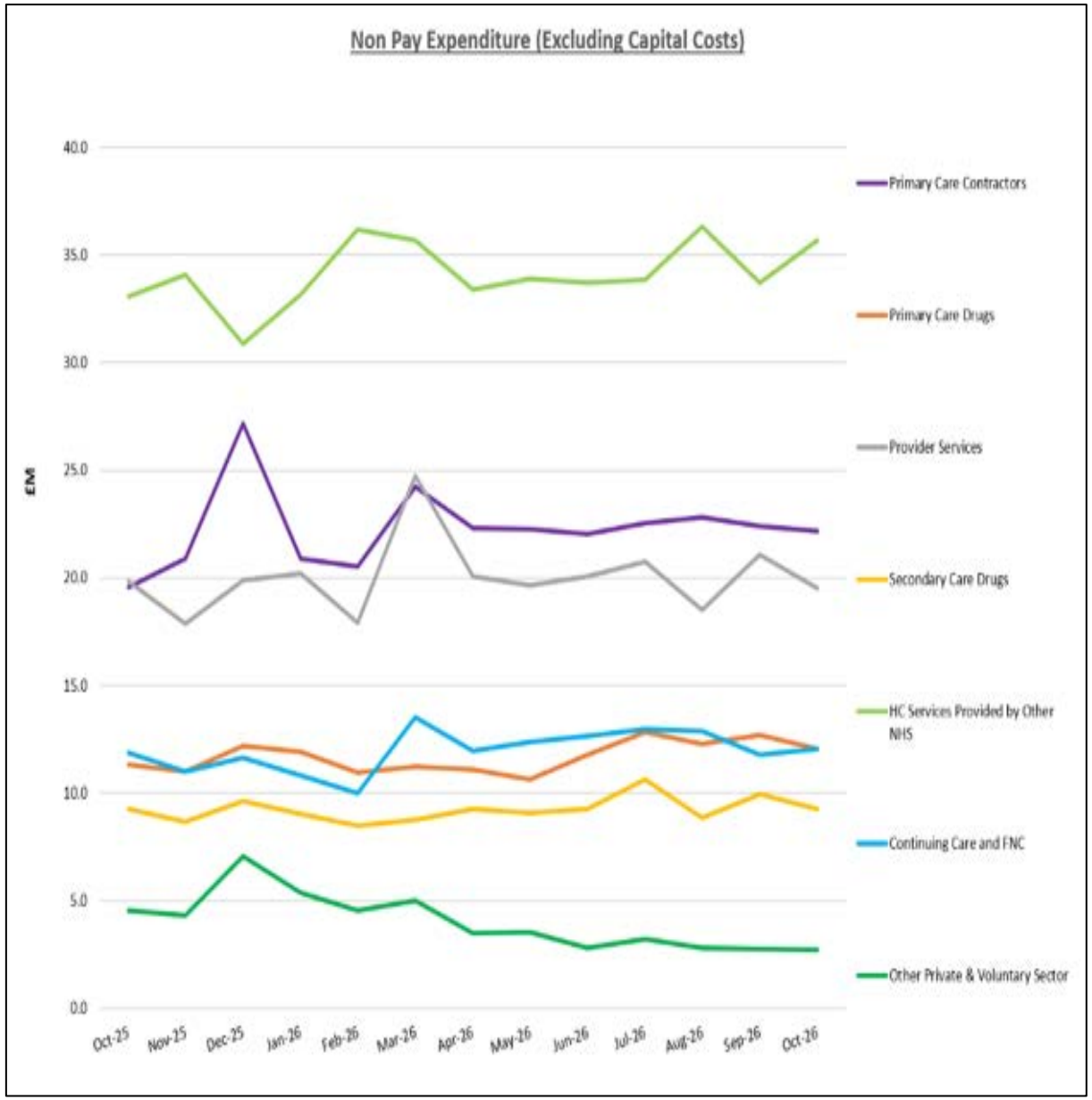
Pay Costs - Agency





Expenditure – Non-Pay

- **Primary Care Contractor:** October in-month expenditure decreased by £0.2m (1.0%) and is £0.5m less than forecast for the month with the reduction being predominantly in GMS.
- **Primary Care Drugs:** Expenditure decreased by £0.7m compared to previous month, of which £0.5m is due to actual August data being less than the anticipated sum accrued in previous months.
- **Provider Services Non-Pay:** Provider Services Non-Pay in-month spend decreased by £1.5m (7.3%) and is £0.5m less when compared to previous months monthly average. The in-month reduction is reported against Clinical Services & Supplies (£0.5m), General Services & Supplies Non-Pay (£0.5m) and Other Services Non-Pay (£0.5m).
- **Secondary Care Drugs:** Expenditure decreased by £0.7m (7.0%) from previous month and is £0.2m higher than forecast, of which £0.2m is a reduction in Cancer Services NICE Drugs plus a reduction in Dermatology Home care Drugs and Rheumatology.
- **Healthcare Services provided by Other NHS Bodies**: Expenditure increased by £2.0m (5.9%) from previous month and is £1.5m higher than forecast for the month, of which £0.5m is JCC additional activity on Welsh and English contracts, £0.4m increase in UHNM activity plus the year-to-date impact of the c.£1.3m additional WG funding received or anticipated in-month.
- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** In-month expenditure increased by £0.3m (2.3%) and is in line with forecast for the month. Whilst in-month spend increased, spend is £0.4m less than previous months monthly average
- **Other Private & Voluntary Sector:** Expenditure relates to a variety of providers, including Hospices, Mental Health organisations and planned care activity providers.



Risks

- The below are risks to the Health Board's financial position for 2026/27. Where it is clear of specific costs for risks and opportunities, these are incorporated into the forecast position.

Risks - Pressures not assumed in Forecast Outturn	£m	Level
Risk of conditionally recurrent funding removed	£82.0m	Low
Risk that Prescribing costs may rise by up to 4% when growth of certain items is included	£2.0m	Medium
Expenditure run rate continues above plan	£10.6m	Medium
Welsh Risk Pool increases above current forecast	TBC	Low
Resident Doctors New contract impact	TBC	High
Impact of new contracts for Dental, GMS and Community Pharmacy	TBC	Medium
Financial consequence arising from regulatory action	£1.0m	High
Risks - Benefits assumed in the Forecast Outturn		
Non-Delivery of Unplanned Additional required mitigations yet to be finalised	£17.6m	Medium
Total Risks	**£113.2m**	
Opportunities not factored into the Forecast Outturn		
Retaining Band 2/3 Balance Sheet opportunities (Estimated value)	£1.3m	Medium
Conversion of Red & Pipeline Opportunities to Savings	£4.7m	Medium
Submission from Divisions: Options towards the £17m stretch	£7.0m	Medium
Total Opportunities	**£13.0m**	

Balance Sheet & Cash

- Closing cash balance as at 31st October 2026 was £6.6m, which included £1.6m cash held for revenue expenditure and £5.0m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2026-27 of (£27.7m) made up of (£31.8m) revenue cash and £4.1m capital cash.
- The forecast closing cash balance assumes working balance support of £4.0m for capital payments relating to Right of Use Assets and £23.0m for movements in revenue balances.

	Opening Balance Beginning of Apr-26 £'m	Closing Balance End of Oct-26 £'m	Forecast Closing Balance End of Mar-27 £'m
Non-Current Assets			
Property, plant and equipment	812.0	803.6	813.3
Intangible assets	1.2	0.9	1.2
Trade and other receivables	185.3	185.1	185.3
Non-Current Assets sub total	998.5	989.6	999.8
Current Assets			
Inventories	21.7	21.9	21.7
Trade and other receivables	140.7	138.8	138.9
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	8.0	6.6	-27.7
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	170.4	167.3	132.8
TOTAL ASSETS	1168.9	1156.9	1132.6
Current Liabilities			
Trade and other payables	245.2	208.4	216.9
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	49.6	47.7	47.7
Current Liabilities sub total	294.8	256.1	264.6
NET ASSETS LESS CURRENT LIABILITIES	874.1	900.8	868.0
Non-Current Liabilities			
Trade and other payables	21.2	21.2	21.7
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	185.8	185.8	185.8
Non-Current Liabilities sub total	207.0	207.0	207.5
TOTAL ASSETS EMPLOYED	667.1	693.8	660.5
FINANCED BY:			
Taxpayers' Equity			
General Fund	412.6	439.3	406.1
Revaluation Reserve	254.5	254.5	254.5
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	667.1	693.8	660.5

Capital

BUDGET 2026/27		
Capital Resource Limit 2026/27	**£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	14.08	
All Wales Scheme	41.26	
CRL	**55.34**	

CAPITAL PROGRAMME 2026/27	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.5	4.1	5.9	1.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.6	0.2	1.6	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	5.0	1.7	5.0	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	2.5	0.3	2.5	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	0.0	0.0	0.0	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	0.6	0.0	0.6	0.0	Brokerage managed within the programme.
WG Discretionary Capital	**14.1**	**6.4**	**15.5**	**1.4**	**Over Commitment**

- Approved Capital Resource Limit (CRL) for 2026/27 is £55.8m including (£0.5m IFRS16 Tranch1) which is forecast to be spent in full.
- As previously agreed with Welsh Government the prior year expenditure of £1.377m for Royal Alexander Hospital – Phase 1 is to be re-provided to discretionary from the All-Wales allocation.
- Donated Income of £2.197m has been reported from Month 4 onwards. This is made up of £800k donated income and £1.397m in relation to the Ysbyty Gwynedd Helipad Redevelopment.

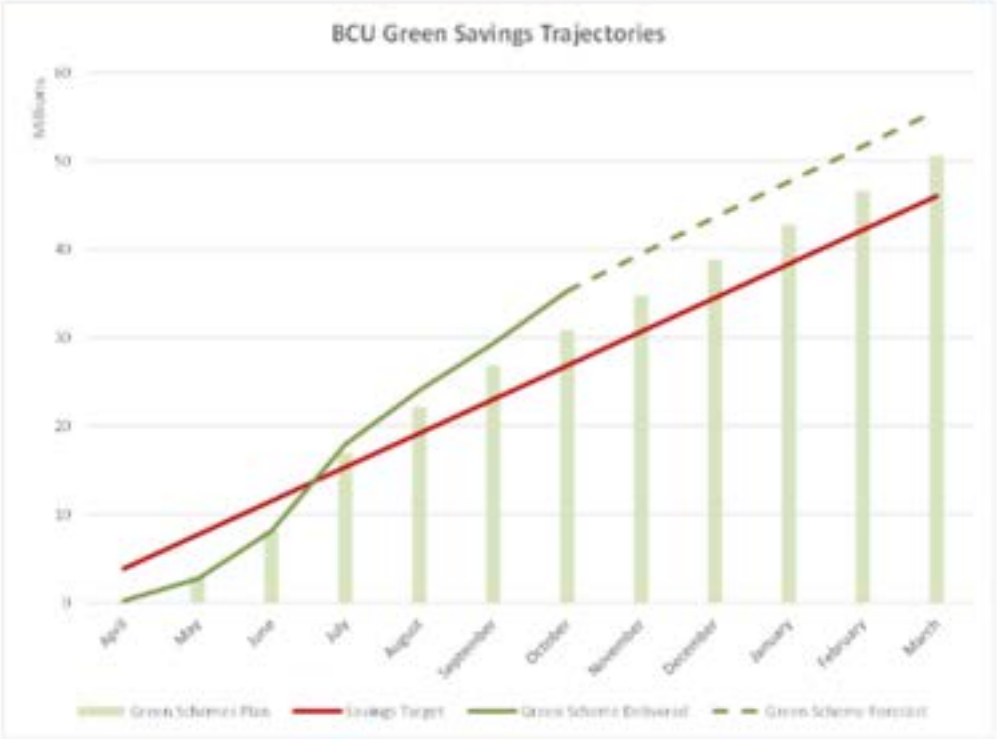
Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Royal Alexander Hospital - Phase 1	18.7	5.5	17.4	(1.4)	Construction works are ongoing for new hub and demolition, based on a last months programme. A revised estimated cashflow will be n submitted to Welsh Government (WG) 15-10-26. Project risks and associated mitigation measures are being reviewed on a weekly basis and escalated where necessary.
Replacement Diagnostic and Treatment Equipment	1.6	0.9	1.6	0.0	Both Linac have now been installed with the second due to be commissioned imminently. The programme for purchase of service lead equipment is being reviewed and is progressing with procurement.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	4.0	2.7	4.5	0.5	Construction works are progressing well, remain on programme, and are currently within budget. Work is ongoing to finalise the legal lease agreements with the electrical supplier for the new substation, with this activity remaining in line with the project programme. Amendments to the cable routing have been reviewed and approved by the Board. Any remaining project risks are being actively
TEF - Fire	2.4	0.6	2.4	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The fire safety elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Infrastructure	5.0	0.8	5.0	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The infrastructure elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Decarbonisation	0.4	0.1	0.4	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. Funding allocated for the solar farm at Ysbyty Gwynedd has been rephased into the next financial year.
TEF - Mental Health	2.1	0.0	2.1	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The Mental Health elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements. Change request forms are due to submitted to support some underspend within the mental health allowance.
TEF - Infection Prevention Control	0.6	0.0	0.6	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Decontamination	0.8	0.1	0.8	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The Decontamination elements remain on track in terms of expenditure and delivery; there is a timing risk.
Redevelopment the Hospital Helipad at Ysbyty Gwynedd	1.0	1.0	1.0	0.0	during Q3. Mitigation measures relating to the adjacent footpath are currently being reviewed under the direction of the Project Board to ensure any potential impacts are appropriately managed and do not affect project delivery.
Diagnostic Equipment 2026-27	1.8	0.1	1.8	0.0	The tender documentation is in the final stages of completion and is being submitted to Procurement for review and approval. It is noted that the installation and enabling works are scheduled to be undertaken during Q4, in accordance with the project programme. The project team will continue to monitor progress to ensure key milestones are achieved and any emerging risks are managed appropriately.
End of Year Digital Funding 2025-26	0.4	0.4	0.4	0.0	Complete.
Mental Health Quality and Safety Schemes 2026-27	0.6	0.0	0.6	0.0	programme. Construction works are scheduled to commence following procurement, with completion on site currently programmed for Q4. The project teams will continue to monitor progress and manage any emerging risks to ensure delivery remains on track.
North Wales Medical School Fees	0.3	0.2	0.3	0.0	Works to prepare business case is ongoing. We are targeting business case submission to be quarter 4.
Digital Backlog Funding	1.5	0.0	1.5	0.0	The funding is to procure legacy hardware and data centre resilience works that will be delivered by 31 March 2027.
Catheter Laboratory Equipment Funding – 2026-27	0.1	0.0	0.1	0.0	Procurement process complete, awaiting delivery in Q4.
All Wales Capital	**41.3**	**12.3**	**40.4**	**-0.9**	
Donated	**0.8**	**0.3**	**0.8**	**0.0**	
Donated - YG Helipad Redevelopment	**1.4**	**0.0**	**1.4**	**0.0**	
Right of Use Assets	**0.5**	**0.0**	**0.5**	**0.0**	
Total	**58.0**	**19.0**	**58.5**	**0.5**	

Savings Performance against Target

- The Health Board's financial plan set a recurring savings target of £46.0m to be delivered in 2026/27, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year value of Green Schemes total £55.7m, of which £27.2m is recurring, with a full year effect of £35.1m. £44.8m is cash releasing, £4.3m relates to accountancy gains, £4.2m is income generation and £2.3m are cost avoidance schemes. However, only £36.4m of these savings have been identified as budget releasing, with a recurrent full year impact of £29.5m. This will result in a shortfall of £16.5m which will create an additional financial pressure in 2027/28.
- Year to date savings delivery target totals £26.8m (7/12ths of the annual target of £46m) with savings delivered to date totalling £35.2m. However, of these savings £22.6m is budget releasing resulting in a £4.3m shortfall in budget extractable savings verse that targeted year to date. In-month delivery is £5.9m, against the £3.8m target.
- Red schemes and pipeline opportunities total £4.7m, work is progressing to convert into green schemes.

			Budget Releasing Savings						
Services	Total Saving YTD £m	Total Saving Forecast £m	Recurring Target £m	Forecast - Delivery £m	Forecast - Variance (+ve = adverse) £m	FYE Savings forecast £m	YTD - Target £m	YTD - Delivered £m	YTD - Variance (+ve = adverse) £m
West Integrated Health Community	4.7	8.0	7.1	6.7	0.4	6.5	4.1	3.7	0.4
Central Integrated Health Community	7.7	11.1	9.6	9.4	0.2	5.8	5.6	6.1	-0.5
East Integrated Health Community	6.1	10.3	9.1	7.3	1.8	7.6	5.3	3.9	1.4
MHLD	3.6	5.7	4.3	5.5	-1.2	6.2	2.5	3.4	-0.9
Womens Services	1.1	1.5	1.1	1.0	0.1	0.0	0.6	0.9	-0.2
Commissioning Contracts	0.0	0.3	7.0	0.3	6.7	0.8	4.1	0.0	4.1
Diagnostic and Specialist Clinical Support	1.3	1.7	1.9	1.1	0.8	0.1	1.1	0.8	0.3
Cancer Services	1.6	2.5	1.8	1.7	0.1	1.5	1.1	1.1	0.0
Dental Services	0.1	0.3	0.2	0.3	-0.1	0.0	0.1	0.1	0.0
Service Support Functions & Other Budgets	3.2	4.1	3.9	3.1	0.7	1.0	2.3	2.5	-0.2
Grip and Control Savings	5.9	10.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Saving Total	**35.2**	**55.7**	**46.0**	**36.4**	**9.6**	**29.5**	**26.8**	**22.6**	**4.3**
Non Budget Releasing Savings				14.9	-14.9	6.0		8.4	-8.4
Accountancy Gains			0.0	4.3	-4.3	0.0	0.0	4.3	-4.3
Total	**35.2**	**55.7**	**46.0**	**55.7**	**-9.7**	**35.5**	**26.8**	**35.2**	**-8.4**



Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		20/10/2026	**Report of:**	Audit, Risk and Assurance Committee
Quoracy met:		Yes		
1	Agenda	The Audit, Risk and Assurance Committee continues to meet bi-monthly. The Committee considered an agenda which can be accessed: ARAC - BCUHB		
1	Agenda	The Audit, Risk and Assurance Committee continues to meet bi-monthly. The Committee considered the published agenda and supporting papers.		
2a	Alert	The Audit, Risk and Assurance Committee wish to alert members of the Board of: • The overall compliance assurance position remains limited. A substantial number of internal audit recommendations remain open or overdue, including limited and unsatisfactory assurance actions, and overdue policies include those with patient safety implications. • Internal Audit reported limited assurance for Health and Safety and Foundations of the Future. For Foundations of the Future, Internal Audit identified weaknesses in programme governance and delivery arrangements, including incomplete governance documentation, benefits realisation, programme planning and milestone monitoring. Delivery slippage and resource constraints were also highlighted. The Committee sought assurance on the actions being taken to strengthen programme governance, clarify accountability and improve oversight of delivery, benefits and risks. • The Committee received the Audit Wales review 'Are Cancer Services Improving at BCUHB?', noting continued challenges in performance against the suspected cancer pathway target and the absence of a single integrated and costed cancer plan. The Committee highlighted the importance of strengthened planning, governance and oversight to support sustained improvement. • The Committee considered the Audit Wales All-Wales review 'Are NHS Estates Fit for Purpose?' alongside the position within BCUHB. The Committee recognised the significant and long-standing challenges associated with the condition of the estate and sought further assurance on the prioritisation of high-risk issues, including fire safety, and on the effectiveness of governance and longer-term planning arrangements.		

		• Procurement reported 85 retrospective file notes in 2025/26, totalling £5.4m of expenditure processed without prior procurement influence, alongside resource pressures arising from commissioning, capital and medical equipment work. • Internal Audit highlighted a requisition processing control issue. Immediate action was taken to address the specific matter, with further work underway to assess the wider control environment and ensure appropriate controls are consistently applied.
2b	Assurance	The Audit, Risk and Assurance Committee wish to assure members of the Board that • Fifty-six internal audit recommendations had completed the Health Board closure process and were presented for closure, with relevant Executive Committee and Internal Audit follow-up checks undertaken. • Policy compliance is improving and patient safety-related policies are being prioritised, although the backlog means assurance remains limited. • Cyber security received substantial assurance, with effective arrangements for managing cyber security and resilience risks and one recommendation to strengthen documented senior accountability and assurance routes. • Post-payment verification activity has largely caught up on outstanding routine and revisit work, with learning and improvement shared with contractors as well as recovery action. • The Procurement Annual Report highlighted the level of waiver requests have reduced substantially from the 2022/23 peak and procurement performance against most all-Wales key performance indicators remains positive. • Counter Fraud delivery continues to progress, supported by good uptake of e-learning. • A learning repository is live with early adopter services. The Committee welcomed the focus on sharing organisational learning and requested a future practical demonstration.
2c	Advise	The Audit, Risk and Assurance Committee wish to advise members of the Board: • Foundations for the Future now requires urgent Board-level consideration of programme direction, governance, resources, milestones, benefits and reporting. The Committee recommended that the matter be raised with Chair for consideration at the next Board Meeting. • The zero-based budgeting action should remain open. A timetable and proposed approach, including whether elements can inform the 2027/28 budget round, should return to the next Audit, Risk and Assurance Committee, with oversight through the Performance and Finance Committee.

		• Limited and unsatisfactory audit recommendations should be grouped by responsible committee, with clear executive ownership, prioritisation and realistic delivery dates so that committees can provide assurance on progress and slippage. • The Decision-Making and Prioritisation Framework should be amended for delegation limits and reserved matters, supported by a concise user guide, implementation plan, evaluation and incorporation into leadership development. People and Culture Committee should oversee the training element and report back within six months. • The refreshed Risk Management Framework should make clearer the requirement for risk reduction/de-escalation plans and show the Audit, Risk and Assurance Committee's overarching assurance role. • Cancer, estates and other major programmes require integrated, costed plans aligned to the Integrated Medium Term Plan, clinical services planning and available workforce and capital resources.
2d	Review of Risks	• The Committee reviewed the updated Risk Management Framework and revised risk appetite arrangements and endorsed them subject to strengthening the description of risk reduction/de-escalation plans and the Audit, Risk and Assurance Committee's assurance role. • Risks relating to audit recommendation delivery, patient safety policy compliance, major change programme governance, cancer performance, estates condition and fire safety require continued monitoring through the responsible Board committees. • The Committee emphasised that escalation must be accompanied by clear ownership, actions, resources, milestones and an explicit decision where risk must be tolerated.
2e	Sharing of learning	• Major change programmes need approved programme documentation, defined scope, cost, milestones, benefits, resourcing and formal written reporting from the outset. • Audit action closure must evidence effectiveness and impact, not only completion of activity; committee oversight should focus particularly on limited and unsatisfactory assurance findings. • Retrospective procurement activity should trigger targeted training and strengthened accountability, with repeat non-compliance escalated appropriately. • Governance frameworks must be made usable through concise guidance, practical examples, leadership development and subsequent evaluation. • Organisational learning should be captured once, shared across services and linked to evidence of changed practice and improved outcomes.

3	Actions to be considered by the Board or other Committees	• **Board**: receive an urgent update on Foundations of the Future, including programme direction, governance, resources, milestones, benefits and reporting arrangements. • **Performance and Finance Committee**: oversee zero-based budgeting, procurement/file-note controls, capital and business case capacity, and relevant audit recommendations; provide assurance on prioritisation and delivery. • **People and Culture Committee**: oversee Health and Safety improvements and leadership/management training linked to the Decision-Making and Prioritisation Framework; report Health and Safety assurance back to Audit, Risk and Assurance Committee following its December meeting. • **Quality, Safety and Experience Committee**: oversee patient safety-related policy compliance, commissioned services quality and safety, cancer improvement actions, and assurance arising from the Ombudsman Public Interest Report. • **Planning, Public Health and Partnerships Committee**: oversee Audit Wales estates recommendations, including the estates strategy, condition survey, fire safety actions, information systems and workforce planning. • **Audit**, **Risk and Assurance Committee**: receive the community equipment procurement lessons learned and Senior Responsible Officer assurance in private at the next meeting; and schedule a demonstration of the learning repository.

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		08/10/2026	**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: • The Committee noted the decision to defer consultation on the organisational structures element of the Foundations for the Future programme in light of current organisational capacity and leadership considerations. Members raised concerns regarding the continued uncertainty for staff and the potential impact of further delay on organisational confidence, workforce stability and programme delivery. The Committee emphasised the importance of maintaining momentum on preparatory workstreams and providing clear communication to staff while future arrangements are considered. • The Committee received assurance from the Strengthening Social Partnership Report, noting the continued commitment to partnership working across the organisation whilst recognising the need to maintain focus on effective engagement and trade union partnership arrangements.		
2b	Assurance	The P&C Committee wish to Assure members of the Board that: • The Committee received a staff story highlighting the experiences of employees returning to work following serious illness and treatment, including the ongoing impact on confidence, identity, wellbeing and workplace relationships. Members reflected on the challenges faced by staff who become patients within the organisation and received assurance regarding the support available through Occupational Health, wellbeing services, managerial guidance and return-to-work processes. The Committee development and importance of identifying the practical learning arising from staff stories and advised that further work should focus on understanding the “so what?”, including opportunities to strengthen reasonable adjustments, enhance support for staff receiving care within their own organisation, inform workforce training and policy development, and ensure that staff feedback		

		translates into meaningful improvements in employee experience. • The Committee received assurance on progress against the Health Inspectorate Wales Emergency Department Improvement Plan, noting the actions being implemented to strengthen leadership, workforce stability, staff wellbeing, psychological safety and organisational culture within the Emergency Department. Members welcomed the positive feedback from follow-up inspection activity and the work undertaken to address issues identified through staff engagement and cultural review processes. The Committee emphasised the importance of sustaining momentum, demonstrating the impact of improvement actions over time and ensuring that staff feedback continues to inform meaningful and lasting cultural change. • The Committee received assurance from the Equality Annual Report, noting continued progress in embedding equality considerations across strategic planning, service delivery and workforce initiatives, while recognising the ongoing focus required to address inequalities and strengthen organisational intelligence. This report will now be received at the Board meeting in November 2026. • The Committee received assurance from the Workforce Equality Standard Organisational Report, noting positive external feedback and evidence of progress in embedding equality, diversity and inclusion across the organisation. Members recognised the need to continue addressing inequalities in staff experience, representation and career progression through targeted interventions and strengthened inclusive leadership practices. • The Committee received assurance from the Annual Report, noting continued progress in reducing the gender pay gap and improving workforce equality data, whilst recognising the need to address remaining disparities in representation and progression. The Annual Employment Report 2025-2026 and the Equality Pay Gap Report are attached as appendices in the supporting documents.
2c	Advise	The P&C Committee wish to Advise members of the Board that: • The Committee received assurance from the Employee Experience and Engagement Report, noting progress in strengthening staff recognition and engagement through a range of organisational initiatives, including the Achievement Awards, long-service recognition programme and staff recognition schemes. Members welcomed the increased levels of staff participation and nominations and recognised the contribution of these initiatives to promoting organisational values, supporting staff experience and fostering a culture of appreciation. The Committee encouraged continued efforts to maximise staff engagement with recognition programmes

		and to further promote and celebrate staff achievements across the organisation.
2d	Review of Risks	The Committee reviewed risks within its remit and noted ongoing oversight of risks relating to: • Workforce culture and engagement. • Leadership capability and organisational development. • Staff wellbeing and attendance. • Workforce capacity and resilience. • Equality, diversity, inclusion and Welsh language compliance. The Committee received assurance on the Corporate Risk Register and noted the revised risk assessment relating to organisational leadership capacity and operating model arrangements. Members acknowledged that the increased risk score reflected the current organisational context, including executive leadership vacancies and delays to the organisational structures programme. The Committee noted the planned mitigating actions and emphasised the importance of ensuring that these actions deliver measurable risk reduction and appropriate assurance to the Board.
2e	Sharing of learning	The Committee received an update from the Head of Counter Fraud in relation to Action AC25/151.1 and AC26.22 around workforce issues and counter fraud arrangements.
3	Actions to be considered by the Performance and Finance Committee	Refer concerns regarding the alignment of workforce establishments, vacancy controls and budget management arrangements to the Performance and Finance (P&F) Committee for consideration and assurance regarding the approach to establishment review and resource planning.
4.	Overall Assurance Opinion:	The Committee is able to provide reasonable assurance that appropriate governance and workforce arrangements are in place across its areas of responsibility. This reflects evidence of progress in staff support, organisational culture, equality and inclusion, while recognising that sustained focus is required to address leadership capacity, workforce stability, staff experience and the delivery of measurable improvements in areas of continuing operational pressure.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

EQUALITY ANNUAL REPORT 2025-2026

Date of Meeting	26 November 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Ceri Harris – Head of Equality and Human Rights
Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People Services & Organisational Development

Report Purpose	For Approval

Executive Summary

This paper presents the Equality Annual Report 2025-2026 and provides assurance regarding the Health Board's compliance with the Equality Act 2010, Public Sector Equality Duty, Socio-economic Duty, Human Rights Act 1998 and associated Welsh Government policy requirements. The report details progress made during Year 2 of the Strategic Equality Plan (SEP) 2024-2028 and demonstrates how equality, diversity, inclusion and human rights have been embedded across organisational governance, workforce development, service delivery, population health initiatives and transformation programmes.

The report evidences significant progress in strengthening organisational capability to identify and reduce inequalities through improved equality intelligence, strengthened governance arrangements, enhanced scrutiny of Equality and Socio-economic Impact Assessments, implementation of the Workforce Race Equality Standard (WRES), preparation for the Workforce Equality Standard (WES), and alignment with key Welsh Government programmes including the Anti-racist Wales Action Plan, LGBTQ+ Action Plan, Code of Practice for Autism Services and Accessible Communication Standards.

The Health Board continues to strengthen its position as an Anchor Institution through programmes focused on prevention, population health management, social prescribing, inclusion health, homelessness prevention and reducing health inequalities. Notable achievements include development of the Regional Anchor Charter, implementation arrangements for the revised Accessible Communication and Information Standards, expansion of equality monitoring within workforce and patient systems, and the continued use of co-production to shape policy, services and transformation programmes.

The report demonstrates measurable outcomes across workforce, patient and community activities, including:

- Delivery of 344 Integrated Equality Impact Assessments and Socio-economic Impact Assessments supporting informed and lawful decision-making.
- Ongoing improvement in compliance with the Socio-economic Duty, evidenced through annual audits and Welsh Government self-assessment returns.
- Establishment of governance arrangements to implement the revised Accessible Communication and Information Standards and improve accessibility for patients with communication needs.
- Progress in implementing recommendations arising from the Workforce Race Equality Standard and publication of race, disability and gender pay gap reporting.
- Growth and development of Staff Equality Networks, supporting staff voice, inclusion and belonging, with the Neurodiversity Network exceeding 400 members.
- Delivery of major engagement events including Diverse Together North Wales 2025 and equality-focused health fairs, strengthening partnerships and lived experience involvement.
- Increased use of equality data and population health management approaches to support intelligence-led planning and reduce health inequalities.

Despite positive progress, the report recognises continuing challenges relating to workforce inequalities, health inequalities experienced by marginalised populations, data quality and completeness, financial pressures and organisational capacity. Priorities for 2026-2027 focus on inclusive recruitment and progression, equality outcomes measurement, pay gap action planning and strengthening engagement with underrepresented communities.

The report provides assurance that the Health Board remains committed to embedding equality, diversity, inclusion and human rights as key enablers of organisational improvement, quality of care and population health outcomes.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
Equality and Human Rights Strategic Forum	8th Sept 2026	Endorsed for Board Approval
People and Culture Executive Delivery Group	15 Sept 2026	Endorsed for Board Approval
People and Culture Committee	8th October 2026	Endorsed for Board Approval

Acronyms / Glossary of Terms	
WRES	Workforce Race Equality Standard
WES	Workforce Equality Standard
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer/questioning and plus to represent other groups.
SEP	Strategic Equality Plan

EQUALITY ANNUAL REPORT 2025-2026

1. SITUATION

1.1 The Equality Annual Report 2025-2026 is presented to the Board for approval and publication. The report fulfils statutory reporting requirements under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.

1.2 The report outlines progress made during the second year of the Strategic Equality Plan 2024-2028 and demonstrates how equality, diversity, inclusion, socio-economic considerations and human rights have been integrated into the Health Board's governance, planning, workforce and service improvement arrangements.

1.3 The report also demonstrates how equality objectives contribute to wider organisational priorities including Special Measures improvement programmes, the Integrated Medium-Term Plan, Foundations for the Future and the development of Strategic Intent Statements that will inform the future ten-year strategy for the Health Board**.**

2. BACKGROUND

2.1 As a listed public authority in Wales, the Health Board must publish an Annual Equality Report which demonstrates compliance with statutory equality duties and progress against published Equality Objectives. The report provides evidence of actions undertaken to eliminate discrimination, advance equality of opportunity and foster good relations between different groups.

2.2 The Strategic Equality Plan 2024-2028 established a framework of objectives and actions informed by engagement, equality evidence, population need, stakeholder feedback and Welsh Government priorities. The Equality Annual Report provides a transparent assessment of progress against these commitments and identifies areas requiring further development.

2.3 The report reflects a broad range of activity undertaken across services, workforce programmes and partnerships. It demonstrates increasing integration of equality considerations within organisational decision-making and highlights the role of equality and human rights as enablers of sustainable organisational improvement whilst the Health Board remains in Special Measures.

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1 Statutory Compliance and Governance Assurance

The report provides assurance that the Health Board continues to discharge its duties under the Equality Act 2010, Public Sector Equality Duty, Socio-economic Duty and Human Rights Act 1998. Governance and accountability arrangements have been maintained through the Equality and Human Rights Strategic Forum, Equality Stakeholder Group and wider organisational governance structures.

The report evidences enhanced scrutiny of Integrated Equality Impact Assessments and records the completion of 344 assessments during 2025-2026, supporting informed and lawful decision-making across policies, service changes, strategies and operational developments.

3.2 Building an Effective Organisation

Significant progress has been made in strengthening equality intelligence and evidence-informed planning through the development of minimum equality data standards across patient and workforce systems. This work supports population health management, service planning and delivery of the Health Board's ambition to move towards a "tell us once" approach that better recognises and respects individual need.

The report also evidences continued progress in implementation of the Socio-economic Duty, demonstrated through annual audit arrangements, board development activity and increasing completion of Socio-economic Impact Assessments for strategic decisions.

3.3 Reducing Health Inequalities and Delivering Strategic Change

The report highlights substantial work to address health inequalities and improve access, outcomes and experience through:

- Inclusion Health assessments relating to asylum seekers, refugees, sex workers and people with learning disabilities.
- Development of social prescribing and community wellbeing approaches supporting people experiencing loneliness, financial hardship and wider determinants of poor health.
- Establishment of the Regional Anchor Charter supporting action on employment, procurement, sustainability and community wellbeing.

- Population Health Management programmes examining respiratory disease, pharmaceutical access and pre-diabetes inequalities.
- Preparatory work supporting implementation of new homelessness legislation and reducing inequalities experienced by vulnerable populations.

These programmes provide evidence that equality objectives are influencing both healthcare delivery and wider determinants of health.

3.4 Workforce Equality, Culture and Inclusion

The report demonstrates ongoing progress in creating a more compassionate, inclusive and equitable workplace through implementation of:

- Workforce Race Equality Standard recommendations.
- Publication of race, disability and gender pay gap reports.
- Staff Equality Networks and Equality Champions programmes.
- Anti-racism, neurodiversity, active bystander and inclusion education programmes.
- Culture Change Leadership Programme and Values and Behaviours Framework.
- Hate Crime Charter and Trust Mark accreditation.

The report provides assurance that equality considerations continue to influence organisational culture, leadership development and workforce experience

3.5 Improving Patient Experience and Inclusive Care

The report highlights a range of initiatives designed to improve patient experience and ensure equitable access to healthcare, including:

- Implementation arrangements for the revised Accessible Communication Standards.
- Expansion and assurance via the accessible patient information and Readers Panel quality assurance arrangements.
- Co-produced resources supporting autistic people, LGBTQ+ communities and people with communication needs.
- Delivery of Children's Rights initiatives and inclusive health resources.
- Enhanced engagement and co-production with patients, carers and community stakeholders.

These activities demonstrate progress in reducing barriers to access and improving patient experience through a human rights-based approach.

4. CONCLUSION

The Equality Annual Report demonstrates substantial progress during 2025-2026 in embedding equality, diversity, inclusion and human rights across the Health Board. The breadth of evidence presented demonstrates compliance with statutory duties, delivery of Strategic Equality Plan commitments and increasing integration of equality considerations into organisational planning and service delivery.

The report provides assurance that equality and human rights remain central to improvement activity, workforce development, patient experience and efforts to reduce health inequalities across North Wales. It also identifies clear priorities for further improvement and continuous development during 2026-2027.

5. KEY RISKS / MATTERS FOR ESCALATION

Whilst positive progress has been made, the report identifies continuing risks associated with:

- Delivery of statutory obligations under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.
- Delivery of the Health Board's commitments under the Anti-racist Wales Action Plan.
- Workforce inequalities affecting recruitment, progression and experience.
- Variability in equality monitoring data quality and completeness.
- Persistent health inequalities experienced by protected groups, inclusion health populations and communities experiencing socio-economic disadvantage.
- Financial and workforce pressures which may impact delivery pace and capacity.

The principal corporate risks remain:

- **Risk 1971**: Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011.
- **Risk 4986**: Failure to deliver Health Board obligations under the Anti-racist Wales Action Plan.

6. RECOMMENDATIONS

The Health Board is asked to:

- **NOTE** the Equality Annual Report 2025-2026 and the progress achieved during Year 2 of the Strategic Equality Plan 2024-2028.
- **RECEIVE ASSURANCE** that appropriate governance arrangements are in place to support compliance with the Equality Act 2010, Public Sector Equality Duty, Socio-economic Duty and Human Rights Act 1998.
- **RECEIVE ASSURANCE** regarding progress made in reducing inequalities, strengthening equality intelligence, improving workforce inclusion and embedding equality within service planning and transformation activity.
- **SUPPORT** the priorities identified for 2026-2027, including inclusive recruitment and retention, equality-based pay gap action planning, improved equality monitoring and strengthened engagement with underrepresented communities.
- **APPROVE** the Equality Annual Report 2025-2026 for publication.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below: 1. Focus on Health and Wellbeing 2. Enhance the Co-ordination of Care of People 4. Create a Modern, People Centred Healthcare System
Yr Egwyddorion Dylunio Design Principles	People First All Principles
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Evidence is identified in both the Report and the EQIA completed on the SEP.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	An SEIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	An EQIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	An EQIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Recognition of the need to ensure that support and services meet the needs of

Have the principles of the Armed Forces Covenant been addressed within WP8a		current and previous serving military population.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Areas of compliance would be included in the EQIA
	Galluogwyr Ansawdd **Enablers of Quality** Culture and Valuing People Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A More Equal Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Have you undertaken a Data Protection Impact Assessment Screening?		
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	Yes (Include further detail below)	
	The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod **Date of Meeting**	26 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Dyfed Edwards Chair
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Not applicable

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

This report provides information on key issues within the organisation and external work with Government and other partners

- Meetings with Elected Representatives
- Appointments
- Details of visits and meetings

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Not applicable		

Report of Chair to Betsi Cadwaladr University Health Board

November, 2026

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

Well-Led Review

The past weeks have involved a number of meetings regarding the Independent Well-Led Review of Betsi Cadwaladr University Health Board, which is due to be published by Government on **24 November 2026**, alongside a statement from the Cabinet Minister for Health and Care. The Review considers important aspects of the Health Board's leadership and governance, including strategy, culture, leadership, governance and accountability, and its publication will therefore represent an important point in our continuing improvement journey. The Board has engaged openly and constructively with the independent process and, as we approach publication, our priority will be to receive the report in the same spirit, to understand its findings and recommendations fully and to give them the careful consideration they deserve. It will be important that we do not seek to reach premature conclusions or consider the Review in isolation from the wider improvement and escalation arrangements within which the Health Board is operating. The period following publication will therefore be used to reflect on the findings, and consider appropriate actions. This preparatory work will enable the Board to give **substantive consideration to the Review at its January meeting**, including the Health Board's organisational response, the actions arising from the recommendations and the arrangements through which the Board will maintain appropriate oversight and assurance of delivery. Our focus will be not simply on responding to individual recommendations, but on ensuring that the learning from the Review supports meaningful and sustainable improvement across the organisation in order for us to support our staff and population we serve.

Engaging with others

An event in Cardiff hosted by the Welsh NHS Alliance provided an opportunity for discussion with the Health and Care Minister together with Deputy Minister for Social Care, Mental Health and Women's Health and Deputy Minister for Public and Preventative Health. There is much agreement to move towards a more preventative health care system as is strong support for the Community by Design principles. The whole NHS must now work to create the context where this will be possible

We have undertaken a number of briefing sessions with MSs and MPs of all parties over the past weeks. Such meetings have allowed us to share information regarding our progress and challenges with elected members. Our intention is to hold these

briefings on a six-monthly basis. Similarly, visits to Emergency Departments across our region has given some MSs / MPs insight into the work by our staff and the pressures they face. These visits were comprehensive, looking at the whole system and the flow of patients into and out of hospital.

Recognising Staff

Our staff are the NHS in north Wales. They are committed to providing the best possible care for our population and often work in challenging circumstances. It is right that we take every opportunity to thank them and to recognise their commitment. It was a pleasure for myself and Teresa, Deputy CEO, to present the Staff Achievement Awards in Venue Cymru in September. There were over 500 nominations this year, a record number, with 30 being shortlisted for the 10 categories. It was an inspiring evening enjoyed by all.

Award ceremonies recognising Long Service have taken part across the region recently and I was privileged to be present at the Long Service Awards in both our East and Central regions. Some 750 members of staff who have worked for the NHS for over 25 or over 40 years have been thanked and recognised for their service. Longevity and the ability to sustain a commitment in a role are some of the attributes that we see in our Health Board. I was honoured to be part of these events and they were a timely reminder of the dedication of so many of our staff.

The team arranging these events have done and excellent job and I look forward to seeing this work develop in order that we have regular opportunities to show our support and gratitude for the staff of Betsi Cadwaladr University Health Board.

Below is a summary of some of my meetings and visits up to November 18, 2026.

Date	Meeting / Visit
21 September	Pre Board Meetings with Independent Members
21 September	Pre Board Meeting with Pam Wenger Director of Corporate Governance
21 September	Finance Oversight Group
21 September	Teresa Owen, Deputy Chief Executive
22 September	Dr Kathy Mclean, Chair Well-Led Review
22 September	Gareth Williams Vice Chair BCUHB
22 September	Pam Wenger Director of Corporate Governance
23 September	Board Development Session, Llandudno
23 September	Informal Board, Llandudno
24 September	Board Meeting, Llandudno
25 September	Staff Achievement Awards Ceremony Venue Cymru
28 September	Anglesey County Council Partnership and Regeneration Scrutiny Committee, Llangefni
28 September	Interim Director of Finance Interviews
29 September	Community Assessment Day, Holyhead
29 September	Penygroes Well-being Hub Project meeting
29 September	Penrhos Programme Board, Penyberth Pwllheli
29 September	Mabon ap Gwynfor Cabinet Minister and Jacqueline Totterdell Director General, NHS Wales
30 September	Independent Members Meeting
1 October	Darren Hughes Wales NHS Confederation
5 October	Remuneration Committee
5 October	Urgent and Emergency Care Performance Meeting
6 October	Welsh Government Health and Care Ministers and NHS leaders, Cardiff
6 October	Mabon Ap Gwynfor Cabinet Minister for Health and Care, Cardiff
7 October	Health Board Agenda setting meeting
8 October	Audit Wales Structured Assessment interview
8 October	Ruth Glazzard, Chair of DCHW
9 October	Clara Day, Executive Medical Director
9 October	Chair and Chief Executive Briefing with Reform Members of Senedd
9 October	Chair and Chief Executive Briefing with Plaid Cymru Members of Senedd and Members of Parliament
9 October	Chair and Chief Executive Briefing with Labour Members of Senedd and Members of Parliament
9 October	Chair and Chief Executive Briefing with Conservative Members of Senedd
12 October	Bridget Elliot, Recovery Director UEC
12 October	Debbie Eyitayo Executive Director of Workforce and Pam Wenger Director of Corporate Governance

Date	Meeting / Visit
12 October	Urtha Felda, IM Appraisal
12 October	Stuart Keen, Director of Estates
12 October	Weekly Performance Meeting
13 October	Interviews for Vice Chair position BCUHB, Llandudno
14 October	Gareth Williams, Vice Chair
14 October	Carol Shillabeer, Chief Executive
14 October	Pam Wenger, Director of Corporate Governance
15 October	Arts in Health Recovery Environmental Art Psychology, Hergest, Ysbyty Gwynedd
15 October	Introductory Meeting with Interim Director of Finance Alan Streets
15 October	Sian Gwenllian MS
16 October	Visit to Ysbyty Gwynedd Emergency Department with Reform MS
16 October	Visit to Ysbyty Gwynedd Emergency Department with Plaid Cymru MSs
19 October	Debbie Eyitayo Executive Director of Workforce
19 October	Clare Budden IM
19 October	Weekly Performance Meeting
20 October	Pam Wenger, Director of Corporate Governance
21 October	Mid-Wales Joint Committee Review
22 October	Andrew Corbett-Nolan, Good Governance Institute and Pam Wenger Director of Corporate Governance
22 October	Introductory Meeting with Matt Powls Interim Chief Operating Officer
23 October	Visit to Wrexham Maelor Emergency Department with Ken Skates MS and Sam Rowlands MS
23 October	Visit to Wrexham Maelor Emergency Department with Reform MS
23 October	Visit to Wrexham Maelor Emergency Department with Plaid Cymru MSs
23 October	Guest Speaker, Guild of the Graduates of the University of Wales, Bangor Branch
26 October	Judith Hardisty, Acting Chair of Health Education and Improvement Wales
26 October	Carol Shillabeer, Chief Executive
27 October	Performance, Finance & Information Governance (PFIG) Committee
27 October	Pam Wenger, Director of Corporate Governance
28 October	Chairs Advisory Group
29 October	Board Development Session
9 November	Weekly Performance meeting
10 November	Long Service Awards Ceremony, Wrexham
11 November	Alan Streets, Interim Executive Director of Finance

Date	Meeting / Visit
11 November	Carol Shillabeer, Chief Executive
11 November	Well-Led Escalation meeting, Kathy McClean, Em Wilkinson-Brice and Carol Shillabeer, Chief Executive
12 November	Pam Wenger, Director of Corporate Governance
12 November	Introductory Meeting with Interim Director of Nursing Deborah Kelly
12 November	CEO and Leader Conwy County Council, CEO and Social Care Cabinet Member Denbighshire County Council with Carol Shillabeer, Chief Executive
16 November	Long Service Awards Ceremony, Abergele
17 November	Remuneration Committee
17 November	Kathy McClean, Em Wilkinson-Brice and Carol Shillabeer, Chief Executive, Well-Led Review feedback Llandudno
18 November	Executive Directors and Independent Members Well-Led Review feedback with Kathy McClean and Alwen Williams, Llandudno

HEALTH BOARD

ANNUAL REVIEW OF RM01 RISK MANAGEMENT FRAMEWORK

Dyddiad y Cyfarfod **Date of Meeting**	26th November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Jody Evans, Assistant Head of Risk Management
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol
Executive Summary

The annual review of the RM01 Risk Management Framework has been completed to ensure that the Health Board's approach to risk remains aligned with the revised 2026/27 Risk Appetite Framework and the developing governance arrangements for risk reporting, scrutiny and escalation. The revised Framework incorporates the updated risk domains, appetite statements and escalation thresholds approved by the Health Board in September 2026.

The principal change is the transfer of detailed scrutiny and monitoring of Corporate Risk Register and Board Assurance Framework risks to the relevant Executive Delivery Groups. This places accountability, constructive challenge and oversight closer to the Executive leads responsible for managing the risks and delivering the required mitigating actions.

The Risk Scrutiny Group will retain an organisation-wide role, overseeing the effectiveness and maturity of risk management and supporting the development of a stronger risk culture. Its continuing role will be reviewed as the revised

arrangements become established, including consideration of whether the Group remains necessary after the next six months.

Taken together, the changes provide clearer accountability, more direct scrutiny of strategic risks, and strengthened escalation and reporting arrangements. They also support a more integrated line of sight between risk ownership, executive delivery and the assurance provided to Committees and the Health Board.

The Health Board is asked to approve the revised RM01 Risk Management Framework and the associated reporting, scrutiny and escalation arrangements, supporting its submission.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Committee	Sept 26	Endorsed the proposed Executive Delivery Group reporting arrangements.
Health Board	Sept 26	Updated risk appetite approved.
Executive Committee	Oct 26	Approved the revised Risk Framework including the proposed Executive Delivery Group reporting arrangements and revised risk appetite.
Audit Committee	Oct 26	Approved the revised Risk Framework including the proposed Executive Delivery Group reporting arrangements and revised risk appetite.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
CRR	Corporate Risk Register
RSG	Risk Scrutiny Group
BAF	Board Assurance Framework

ANNUAL REVIEW OF RM01 RISK MANAGEMENT FRAMEWORK

1. Y SEFYLLFA
SITUATION

To seek Health Board approval of the revised RM01 Risk Management Framework following its annual review. The changes reflect the updated Risk Appetite Framework and revised governance arrangements for risk reporting, scrutiny and escalation.

2. Y CEFNDIR
BACKGROUND

The Risk Management Framework provides the overarching structure for identifying, managing, escalating and monitoring risk across the Health Board. Following Board and Executive discussions on risk appetite and governance arrangements, updates are required to ensure the Framework remains aligned to current organisational requirements.

3. MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

Risk Appetite
The Framework has been updated to reflect the revised 2026/27 Risk Appetite (approved by the Board in September 2026), including updated risk domains, appetite statements and escalation thresholds.

Risk Governance Arrangements
It is proposed that:

- Detailed scrutiny of CRR and BAF risks will be undertaken by the relevant EDGs.
- EDGs become the primary forum for challenge, oversight and monitoring of strategic risks.
- The Risk Scrutiny Group provides organisational oversight of risk management effectiveness, risk maturity and risk culture and consideration will be given if the group could be stood down in the next 6 months
- Escalation and reporting arrangements are amended to reflect the revised governance model.

4. Governance Oversight, Scrutiny and Assurance

During 2026, the Health Board has continued to strengthen its strategic risk management arrangements through implementation of the revised Corporate Risk Register, Executive Committee deep dive reviews of Corporate Risks, and completion of the annual review of the Risk Appetite Framework. These developments have enhanced risk reporting, executive oversight and organisational assurance arrangements.

The annual review of the RM01 Risk Management Framework incorporates the revised 2026/27 Risk Appetite Framework and updates to risk governance arrangements.

Under the proposed model, Executive Delivery Groups (EDGs) will undertake detailed scrutiny of Corporate Risk Register (CRR) and Board Assurance Framework (BAF) risks, strengthening accountability and challenge closer to risk ownership and delivery.

The Risk Scrutiny Group (RSG) will provide organisational oversight of risk management effectiveness, risk maturity and risk culture, supported by revised reporting and escalation arrangements.

The proposed changes strengthen executive accountability, align risk governance arrangements with organisational delivery structures and support a more integrated approach to risk oversight and assurance across the Health Board.

5. ARGYMHELLION RECOMMENDATIONS

The Health Board is asked to:

- **APPROVE** the updated RM01 Risk Management Framework and agree that the relevant amendments are incorporated into the Risk Management Procedures and Guidance for implementation across the Health Board.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Corporate Risk Register and Board Assurance Framework - Betsi Cadwaladr University Health Board

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Naddo/No: ☒	
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	N/A

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒ Administrative Report
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Administrative Report
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	

	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

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Health Board

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	26 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol
Executive Summary

This report provides the Board with an update on key corporate governance matters and supports the Board in discharging its responsibilities in accordance with Standing Orders.

The report:

- records the decisions made during the private Health Board meeting held on 24 September 2026;
- summarises the strategic matters considered at the Informal Board and Board Development sessions on 29 October 2026;
- reports the use of the Health Board's Common Seal;
- sets out the programme of formal Board meetings, Informal Board sessions and Board Development for 2027/28;
- provides an update on the Board Visit Programme, including emerging themes and arrangements for follow-up and escalation;
- seeks ratification of the approvals of Approved Clinicians and Section 12(2) Doctors;
- presents the transfer log schedule for review;
- presents the Integrated Concerns Policy and Procedure, attached at Appendix 3, in accordance with the Board's responsibilities under the Standing Orders and Standing Financial Instructions.

- updates the Board on relevant statutory inquiries and the arrangements for identifying and responding to any implications for the Health Board.

The Board is asked to note the updates, ratify the relevant clinical approvals and review the transfer log schedule, as set out in the recommendations.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
N/A		

Acronymau / Rhestr Termau
Acronyms / Glossary of Terms

N/A	Not Applicable
PFIG	Performance, Finance and Information Governance Committee
NW	North Wales
NHS	National Health Service
VAT	Value Added Tax
IMHA	Independent Mental Health Advocacy
BCUHB	Betsi Cadwaladr University Health Board
GGI	Good Governance Institute
SoRD	Scheme of Reservation and Delegation
S12(2)	Section 12(2) Approved Doctors
UK	United Kingdom
BAF	Board Assurance Framework
IMTP	Integrated Medium-Term Plan
CRR	Corporate Risk Register
LIMS	Laboratory Information Management System

CORPORATE GOVERNANCE REPORT

1. **Y SEFYLLFA**
SITUATION

1.1 The purpose of this report is to provide the Board with an update on key corporate governance matters.

2 **Y CEFNDIR**
BACKGROUND

2.1 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.

2.2 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.

3 **MATERION PENODOL I'W HYSTYRIED**
SPECIFIC MATTERS FOR CONSIDERATION

3.1 **SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 24 SEPTEMBER 2026**

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 24 September 2026:

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
26.205	**Ophthalmology Expansion Business Justification Case**	• **APPROVED** 'in principle' the Business Justification Case for Phase 1 of the Ophthalmology Outpatients Expansion and Refurbishment Programme at Ysbyty Gwynedd. • **APPROVED** 'in principle' the capital investment of £1.259 million to progress the Phase 1 enabling works, funded through Welsh	Draft Status – Final Version will be Published.

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		Government Health & Safety/Backlog Maintenance funding and the Health Board's Discretionary Capital Programme. • **AUTHORISED** progression of the procurement process and appointment of a contractor in accordance with Standing Financial Instructions and the approved project governance arrangements. • **NOTED** that approval is limited to Phase 1 and does not constitute approval or financial commitment for Phases 2 and 3, which will require separate business case approval through the Health Board's governance processes.	
26.206	**Planned Care Report**	• **NOTED** and **ENDORSED** the actions being taken by the Executive in utilising the additional funds to improve access for the local population.	Commercially Sensitive
26.207	**Legal Report**	• **APPROVED** authority to settle one high value claim as follows: ➢ Give authority to the Director of Corporate Governance and the Deputy Director of Legal Services to settle damages up to the requested amount, less any interim payments already made and subject to	Legally Privileged

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		adjustment for CRU recovery. ➢ Give delegated authority to the Director of Corporate Governance and the Deputy Director of Legal Services to make any interim payments on account of costs (with approval for total costs to be brought back to Board) and approve any necessary defence costs arising in connection with this claim. • **NOTED** the outcome of previously approved high-value claims. • **NOTED** the other significant legal matters. • **NOTED** the legal horizon scan and the emerging legal developments identified for Board awareness.	
26.208	**Health and Safety Executive Prosecution**	• **NOTED** the decision of the Health and Safety Executive to prosecute the Health Board. • **NOTED** the background to the Health and Safety Executive decision, and the legal advice provided. • **AUTHORISED** the Chief Executive and Chair, in consultation with the Deputy Director for Legal Services and external lawyers, to determine the subsequent conduct of proceedings in	Legally Privileged

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		accordance with the Board's decisions.	
26.209	**Laboratory Information Management System Report**	• **NOTED** the critical risk of losing the Blood Transfusion service capability when support for Telepath ends on 31 March 2027. • **ACKNOWLEDGED** the extremely low assurance that National wLIMS 2.0 will deliver a stable minimum viable Blood Transfusion product by the 1st April 2027 time. • **APPROVED** in principle to the dual running of the Blood Transfusion element from the national programme whilst undergoing procurement activity of the on-premises stand-alone solution in Option 3. There is the possibility to pursue this option in concert with other affected health boards, and this will be explored. • **NOTED** the five-year revenue cost • **NOTED** that due to the contract value, Welsh Government approval will also be required to be sought. • **DELEGATED** the final go / no-go procurement decision to the Executive Committee, taking account of the extremely low assurance of the National wLIMS 2.0 programme, procurement deadlines, confirmed	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		hardware costs, VAT treatment and financial position. • **DECIDED** to **SUPPORT** Option 3 in principle and delegate the final go/no-go procurement decision to the Executive Committee.	
26.210	**Confidential Quality Report**	• **NOTED** the significant patient safety, regulatory and service risks outlined in this report and satisfy itself that appropriate arrangements are in place to manage, monitor and escalate these risks, recognising that significant risks remain and sustained improvement is required.	Identifiable Information
26.211	**Executive Committee (Private Items)**	**NOTED** the report from the Executive Committee.	Commercially Sensitive

3.2 **INFORMAL BOARD AND BOARD DEVELOPMENT – 29 OCTOBER 2026**

The Board met informally on **29 October 2026** to provide dedicated time for consideration of a number of significant strategic priorities. The programme included the Adult Mental Health National Clinical Plan, the Health Board's Financial Plan and Urgent and Emergency Care (UEC)**.**

The afternoon was dedicated to Board Development facilitated by the Good Governance Institute (GGI)**.** The session formed part of the Board's continuing development programme and provided protected time for members to reflect collectively on Board effectiveness, governance, culture and behaviours, and the characteristics of a high-performing Board**.**

The session also provided an opportunity for members to consider the Board's ongoing development in the context of the Independent Review**,** with a focus on learning, collective leadership and how the Board continues to strengthen its governance arrangements going forward.

3.3 AFFIXING OF THE COMMON SEAL

In line with Standing Orders, the Board receives a routine report on documents to which the Common Seal has been affixed. The Board is asked to note that the Common Seal has been affixed as per the below table:

No.	Title	Approval Route	Date Signed & Sealed	Seal No.
251	Bron Castell Centre, Caernarfon	Capital Investment Group 14th May 2026 Divisional Estates & Capital Group (Mental Health Learning Disabilities) 20th May 2026 (No Formal Record)	24.09.26	736
252	Lease Agreement - Office A016 Colwyn Bay Leisure Centre (Eirias Park)	Capital Investment Group 16.04.26	24.09.26	737 & 738
253	Transfer Of Land at The Elms EMI Facility in Wrexham From Coleg Cambria To BCUHB. The Elms E.M.I. Support Unit, Rhosddu Road, Wrexham LL11 1EB	Capital Investment Group	05.11.26	739
254	Land Registry - Land at the rear of Refail Bach, Gaerwen, Anglesey LL60 6BW	Charitable Funds Committee	09.11.26	740

3.4 BOARD MEETINGS 2027/28

The Board Meeting Calendar for 2027/28 has been developed to provide a balanced programme of formal Health Board meetings, Informal Board sessions and dedicated Board Development.

Formal Health Board meetings are scheduled for:

24 June 2027
29 July 2027
30 September 2027
25 November 2027

27 January 2028

Informal Board Sessions are scheduled for:

26 May 2027
29 September 2027
24 November 2027
29 March 2028

Board Development Sessions are scheduled for:

29 April 2027
24 June 2027
26 August 2027
28 October 2027
16 December 2027
24 February 2028

The programme provides dedicated space for strategic discussion and Board development alongside the formal business of the Health Board, whilst ensuring that matters requiring formal approval or decision continue to be considered through the appropriate governance arrangements.

3.5 BOARD VISITS

The Board Visit Programme continues to develop, providing Board members with opportunities to engage directly with services and staff and gain greater insight into the delivery of the Health Board's strategic priorities.

A range of visits have now taken place across acute, community and specialist services, including Emergency Departments, Orthopaedics/Ophthalmology, the Flow Hub, Radiology, the IV Access Service, Community Care Teams and the North Wales Cancer Centre. The programme is designed to provide coverage across different areas of the Health Board and to align visits, where appropriate, with strategic priorities.

A programme of further visits is planned between now and the January Board meeting. Confirmed visits currently include the Wellbeing Hub, a Welsh language/inclusive service visit, the Royal Alexandra Hospital and Llandudno Hospital. Further visits are also being developed across palliative and hospice-at-home services, primary care, dementia and frailty, mental health, discharge pathways and other priority areas. The programme will continue to evolve as dates and services are confirmed.

Feedback and emerging themes

Early themes emerging from the feedback include:

- strong staff commitment, positive team working and a clear focus on patient care;
- opportunities to support care closer to home and improve pathways across organisational and geographical boundaries;
- digital, data and information-sharing as important enablers of effective service delivery;
- workforce sustainability, capacity and leadership arrangements;
- estates and infrastructure as important enablers of service delivery and patient experience; and
- the importance of enabling appropriate local autonomy, innovation and service improvement.

As the programme develops, feedback will continue to be reviewed collectively to identify recurring themes and areas of learning which can help inform the Board's wider understanding of service delivery and organisational priorities. Alongside this thematic review, individual feedback will continue to be considered to identify any specific matters requiring action, follow-up or escalation. These will be directed to the appropriate Executive or service lead and tracked through the relevant governance arrangements. The collective themes and learning arising from the visits will continue to inform future Board reporting.

3.6 APPROVED CLINICIANS AND SECTION 12(2) DOCTORS

The Board is asked to note and ratify the approvals in line with the requirements of the Welsh Government Guidance Document "Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians", the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the "All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals" document.

The following appendices are included in the supporting pack.

Appendix 1.1: Approved Clinicians (All Wales)
Appendix 1.2: Section 12(2) Doctors (All Wales).

3.7 TRANSFER LOG REPORTING

In line with the commitment outlined in the last Corporate Governance Report, arrangements have been strengthened to ensure clarity regarding matters for Committee consideration and those requiring Board oversight. The resulting schedule is included at Appendix 2 for review.

3.8 STATUTORY INQUIRIES

3.8.1 UK Covid-19 Inquiry: Module 4 and Module 6

The Welsh Government published its response to the UK Covid-19 Inquiry Module 4 report, which considered vaccines and therapeutics. The response provides the Welsh Government's position on the Inquiry's findings and recommendations and sets out the actions being taken, or proposed, in Wales.

For the Health Board, the response is relevant to the continuing programme of learning from the pandemic and the need to ensure that national recommendations and resulting actions are appropriately considered within existing governance and assurance arrangements. The Health Board will therefore continue to monitor the Welsh Government response and any associated requirements, identifying where further organisational action or assurance is required.

The UK Covid-19 Inquiry has also now published its Module 6 report, concerning the impact of the pandemic on the adult social care sector. The report will require consideration alongside the Health Board's wider approach to Covid-19 Inquiry learning and preparedness. While a number of the findings and recommendations are principally directed towards governments and the social care sector, there are important interfaces for the NHS, particularly in relation to partnership working, the interaction between health and social care services, and system resilience. The Discovery and Learning Steering Group will review the report and its recommendations to identify any implications and ensure that relevant learning is incorporated into existing governance, assurance and improvement arrangements.

The Board will continue to receive updates on the implications of UK Covid-19 Inquiry reports and the Welsh Government's responses, including any actions arising for the Health Board.

3.8.2 **Thirlwall Inquiry**

Lady Justice Thirlwall published the final report on 15 September 2026. It comprises a summary report and three main volumes, with recommendations also published separately in English and Welsh. The Inquiry examined events at the Countess of Chester Hospital between 2015 and 2018 and their wider implications.

The report identifies profound failures in management, governance and safeguarding. The wider themes include patient safety, safeguarding, organisational culture, escalation of concerns, leadership accountability and the ability of NHS systems to recognise and respond to emerging patterns of harm.

The report is primarily directed at England, however the findings have important relevance for NHS Wales and the Health Board. The report is currently being considered by the Discovery and Learning Group.

3.8.3 **The Independent Inquiry into Grooming Gangs**

The Health Board is in receipt of a Rule 9 request from the Inquiry, and work is progressing to source the necessary information and evidence.

4 INTEGRATED CONCERNS POLICY AND PROCEDURE

In accordance with the Standing Orders and Standing Financial Instructions, the Board is responsible for approving policies relating to the management of concerns, complaints and incidents, in line with Listening to People: The NHS Wales Complaints, Incidents and Redress Process. The Integrated Concerns Policy and Procedure is therefore attached at Appendix 3 for the Board's approval.

5 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS BOARD ASSURANCE FRAMEWORK / MATTERS FOR ESCALATION

There are no risks or matters for escalation.

6 ARGYMHELLION RECOMMENDATIONS

Members are asked to:

- **NOTE** the decisions made at the private Health Board meeting held on 24 September 2026, as reported in section 3.1.
- **NOTE** the strategic matters considered at the Informal Board session and the Board Development session held on 29 October 2026.
- **NOTE** the documents to which the Common Seal has been affixed, as detailed in section 3.3.
- **NOTE** the programme of formal Health Board meetings, Informal Board sessions and Board Development sessions set out in section 3.4.
- **NOTE** progress with the Board Visit Programme, the emerging feedback themes and the arrangements for follow-up, escalation and future reporting.
- **NOTE AND RATIFY** the approvals of Approved Clinicians and Section 12(2) Doctors set out in Appendices 1.1 and 1.2 of the supporting pack.
- **REVIEW** the transfer log schedule at Appendix 2.
- **NOTE** the statutory inquiry updates in section 3.8, including the arrangements for reviewing findings and recommendations, identifying

implications for the Health Board and responding to the Rule 9 request from the Independent Inquiry into Grooming Gangs.

- **APPROVE** the Integrated Concerns Policy and Procedure, attached at Appendix 3, in accordance with the Board's responsibilities under the Standing Orders and Standing Financial Instructions.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	4.Create a Modern, People Centred Healthcare System
	If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Ansawdd	**Galluogwyr Ansawdd**	**Meysydd Ansawdd**

A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd? **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** Leadership	**Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report

Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Cyfreithiol **Legal**	Yes (Include further detail below)	
	There are legal implications within the High Value Claims items reported	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		05/10/2026	**Report of:**	Remuneration Committee
Quoracy met:		Yes		
1	Agenda	A meeting of the Remuneration Committee took place on 05.10.26. All Remuneration Committee meetings are held in private session due to personal identifiable subject matter.		
2a	Alert	The Remuneration Committee wish to alert members of the Board that: 1. Succession planning at very senior levels, and throughout the organisation, required due consideration. The Committee had tasked the People Services and Organisational Development Directorate with addressing the issue and reporting back to the next meeting. 2. A new 'Special Advisor to the Board – Clinical Governance, Quality and Patient Safety' role would be recruited to for a period of 12 months to focus on quality and safety and the need for additional clinical expertise at Board level. 3. Clarity was sought on Director level support to Primary and Community services.		
2b	Assurance	The Remuneration Committee wish to assure members of the Board that 1. Delegated financial accountability was aligned appropriately with permanent, temporary and cover arrangements to the senior roles discussed. 2. All actions undertaken via the Chair's action process between meetings were ratified.		
2c	Advise	The Remuneration Committee wish to advise members of the Board that 1. Updates on recruitment activity in regard to the following roles was shared and approvals agreed where appropriate. This included interim arrangements where necessary. 1.1. Executive Director of Nursing & Midwifery 1.2. Executive Director of Strategy, Planning and Partnerships 1.3. Executive Director of Finance 1.4. Chief Operating Officer 1.5. Director of Digital, Data and Technology 1.6. Director of Corporate Governance 1.7. Director of Environment and Estates		

		2. Extension of secondment arrangements had been agreed: 2.1. Interim Executive Director Strategy and Transformation 2.2. Acting Director of Digital, Data and Technology 2.3. Interim Integrated Healthcare Community (IHC) Nurse Director West 2.4. Interim Director of Operations West 3. Appointments were agreed / ratified to the roles of 3.1. Interim Executive Director of Nursing and Midwifery 3.2. Interim Chief Operating Officer 3.3. Deputy Chief Executive Officer 3.4. Interim Divisional Director (Mental Health and Learning Disabilities) 3.5. Interim Executive Director of Finance
2d	Review of Risks	Risks were discussed in regard to • potential capacity gaps within critical Executive Team roles should there be an absence of timely, successful recruitment consideration. • Support to very senior roles • Recruitment and retention following Welsh Government's commissioning of Well Led Review and recent Ministerial Targeted Intervention. • Leadership continuum of complex Welsh Government capital schemes.
2e	Sharing of learning	None.
3	Actions to be considered by the Board	The Board is asked to: **APPROVE** the following appointments as members of the Board, as per the Standing Orders: • Interim Chief Operating Officer: Matt Powls • Interim Executive Director of Nursing and Midwifery: Deborah Kelly • Interim Executive Director of Finance: Alan Streets

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		05/11/2026	**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: • **Inclusion Health:** The Committee highlighted that organisational and service boundaries can prevent vulnerable people receiving care when and where they present. A practical example was given in Wrexham, where individuals accessing a trusted substance misuse service may be unable to receive wound care because they fall outside the relevant district nursing postcode boundary. The Committee considered that barriers of this nature should be capable of resolution within the Health Board and emphasised the need to design services around people rather than requiring individuals to navigate organisational boundaries. • **Annual Delivery Plan:** The Committee raised significant concern regarding the pace of delivery against the Annual Delivery Plan, with only 48% of expected deliverables achieved at Quarter 2 and 57% currently forecast for delivery by year-end. The Committee highlighted the significant delivery risk associated with the volume of outstanding actions now falling into Quarters 3 and 4 and requested that future reporting more clearly distinguish between delivery constraints within the Health Board's control and those dependent on external factors. The Committee understands that there have been some challenges this year which couldn't have been foreseen around Leadership gaps and the time involved in the Well Led Review; but the number of areas where performance is outside of the targets and timescales we have set for ourselves is a significant cause for concern. The Annual Delivery Plan and the Integrated Planning Framework are attached as an appendices in the supporting documents.		
2b	Assurance	The PPHP Committee wish to assure members of the Board that: • **Director of Public Health Annual Report-** Asset-Based Community Development: The Committee gave strong		

		support to asset-based community development, recognising it as an evidence-based successful means of working with, rather than to, communities. Members welcomed the practical and accessible nature of the approach and the existing North Wales examples, including work with Actif North Wales, while emphasising the importance of embedding the approach through the IMTP, Community by Design, workforce development and regional partnership arrangements. • **Inclusion Health Offer:** The Committee supported the proposed Inclusion Health approach, developed from needs assessments, evidence reviews and engagement with people most impacted by avoidable health inequalities. ted with lived experience. Assurance was provided that the intention is not to create parallel services, but to embed inclusion across existing programmes and pathways, strengthen continuity of care and use existing community and partner assets more effectively. • **Community Pharmacy Services:** The Committee welcomed the significant contribution of community pharmacy to delivering care closer to home and highlighted the need for Board performance discussions to better reflect the full breadth of Health Board activity, including primary, community, prevention and population health services, rather than being predominantly focused on secondary care.
2c	Advise	The PPHP Committee wish to advise members of the Board that: • **Turning strategy into delivery:** Across the first two substantive items, the Committee consistently emphasised that the next step is to translate strong strategic approaches into clear, measurable delivery. This includes identifying specific actions through the Integrated Medium Term Plan (IMTP), determining how impact will be measured, making appropriate use of existing resources and partner networks, and ensuring new models are embedded into mainstream Health Board programmes rather than operating as standalone initiatives. • **Director of Planning Report:** The Committee noted revised timescales for the Penley and Tywyn service change programmes and emphasised the importance of capturing learning from these processes to support a more proportionate and timely approach to future service change, while maintaining robust engagement and consultation. • Following joint work across BCU, Officers met the WG deadline of the end of October to submit a programme of

		service changes which will help shape the Community by Design Programme and move expenditure and service delivery to community settings. This plan will be integrated into work to develop the IMTP and 10-year strategy.
2d	Review of Risks	• **Artificial Intelligence Risk:** The Committee highlighted the rapidly evolving organisational risks associated with the increasing use of Artificial Intelligence (AI) and emphasised the need for these risks to be clearly understood, appropriately owned and managed corporately, rather than being viewed solely as an Information Governance or Digital responsibility. • **Patient Records Storage:** The Committee highlighted the continuing risk associated with the storage of paper patient records, noting the significant capacity and cost pressures and the dependency on longer-term digital solutions, including progression of the Electronic Health Record and scanning strategy.
2e	Sharing of learning	• **Service Change:** Learning from the Penley and Tywyn programmes should inform future service change, particularly around realistic planning assumptions, proportionate consultation processes and allowing sufficient time for consideration of alternative proposals.
3	Actions to be considered by other Committees	• No specific actions identified for referral to other Committees.

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		12/11/2026	**Report of:**	Mental Health Legislation Committee
Quoracy met:		Yes		
1	Agenda	The Mental Health Legislation Committee continues to meet quarterly. The Committee considered an agenda which is attached: MHL Committee - BCUHB		
2a	Alert	The Mental Health Legislation Committee wishes to alert members of the Board that: • **AMHP Capacity:** Continuing constraints in Approved Mental Health Professional availability are contributing to delays in timely assessments, with joint work underway with local authority and police partners. • **Section 3 Detentions:** A notable increase was reported. Further analysis will determine whether this represents an emerging trend with implications for service capacity. • **Associate Hospital Managers:** Recent difficulties securing sufficient panel members have resulted in some hearings being rescheduled, although all affected hearings have subsequently taken place.		
2b	Assurance	The Mental Health Legislation Committee wishes to assure members of the Board that: • **Mental Health Act Compliance:** Robust scrutiny arrangements continue to identify, escalate and rectify errors, with evidence of learning and appropriate follow-up where detention documentation is found to be invalid. • **Section 136:** The Committee welcomed reducing activity and improved appropriateness of use, alongside a reduction in under-18 cases and no reported admissions of under-18s to adult psychiatric wards. • **Healthcare Inspectorate Wales:** All four Mental Health Act-specific actions arising from the Healthcare Inspectorate Wales work were reported as completed and approved.		
2c	Advise	The Mental Health Legislation Committee wishes to advise members of the Board that: • **Digital Developments:** Progress continues towards an Electronic Health Record for Mental Health and Learning		

		Disabilities. • **Legal Developments:** The Committee also noted the impact of the recent Supreme Court judgment on Deprivation of Liberty Safeguards practice and continuing national uncertainty in its interpretation. There is no longer a Deprivation of Liberty Safeguards backlog, partly because of fewer applications but also sustained staff effort. • **Court of Protection:** Improved in-house legal oversight is providing more timely support and greater organisational visibility of increasingly complex cases.
2d	Review of Risks	The Committee continues to monitor risks associated with Approved Mental Health Professional availability and timely statutory assessment; an emerging increase in Section 3 detentions and potential capacity implications; legal compliance arising from Mental Health Act / Deprivation of Liberty Safeguards requirements; and the availability of Associate Hospital Managers to support timely hearings. Mitigating actions and enhanced monitoring are in place.
2e	Sharing of learning	Nothing to note.
3	Actions to be considered	Nothing to note.

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		03/11/2026	**Report of:**	Local Partnership Forum
Quoracy met:		Yes		
1	Agenda	The Local Partnership Forum going forward will meet quarterly. The Committee considered an agenda which is attached: LPF - BCUHB		
2a	Alert	The Local Partnership Forum wish to alert members of the Board that: • **Speak Up Safely:** Fear of detriment, unresolved concerns and capacity pressures persist and slow responses cause frustration. • **Governance:** Quorum ambiguity for the meeting requires resolving. The Terms of Reference require review, including social partnership provisions and clearer recording of trade union representation.		
2b	Assurance	The Local Partnership Forum wish to assure members of the Board that: • **Ysbyty Glan Clwyd Emergency Department:** Positive inspection-revisit feedback and ongoing improvement work were reported, but not full resolution. Wider-team wellbeing support was to be checked. • **Staff Wellbeing:** The Psychology team were fully staffed and Occupational Health waiting lists were being addressed. The Speak Up Safely audit follow-up has strengthened processes, but capacity and data gaps remained. • **Healthcare Science:** The first annual report increased the visibility of service developments and quality responsibilities, alongside continuing workforce and implementation pressures. • **Routine Governance:** No interests were declared and the previous minutes were accepted. Sexual safety staff-story action closed; The Integrated Medium Term Plan action remained open.		
2c	Advise	The Local Partnership Forum wish to advise members of the Board that: • **Continuing Professional Development:** Implementation of the reported 49-hour provision and profession-specific training was raised and further national guidance was awaited. • **Reviews and audits:** Well Led Review publication timing was unknown. Sharing arrangements for the limited-		

		assurance Foundations for the Future audit report were to be checked. • **Partnership:** Members sought workshop opportunities for the LPF, a forward work programme and social partnership agenda items. The All Wales Partnership Forum minutes were requested. • **Wellbeing:** A Wellbeing Support week is planned from 30 November 2026, including outdoor activities and National Trust/RSPB access. The aspect of equitable access remained a concern.
2d	Review of Risks	None to note
2e	Sharing of learning	None to note
3	Actions to be considered by the BCUHB Health Board	• No actions to be considered by other Committees or Board.

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		18/09/2026	**Report of:**	Healthcare Professionals Forum
Quoracy met:		Yes		
1	Agenda	Health Care Professional Forum continues to meet quarterly. The Committee considered an agenda which is attached: HPF - BCUHB		
2a	Alert	The Health Care Professional Forum wish to alert members of the Board that: • Following a presentation on the All Ages Mental Health & Learning Disabilities Electronic Health Records, the forum wanted to highlight the importance of ensuring shared learning from digital transformation programmes and opportunities for cross-organisational sharing. • Concerns were raised by the Community Optometry representative regarding: o Digital referral system issues. o Referral safety. o Absence of a Pan-BCU Clinical Lead. o Lack of clear escalation routes. • The forum noted the ongoing delays and uncertainty regarding future resourcing and progress of the Women's Health Plan locally. • The forum were keen to see organisational consideration and visibility, given to national service reports, in particular the Thirlwall report, which highlights systematic issues relevant for all areas.		
2b	Assurance	The Health Care Professional Forum wish to assure members of the Board that: • Digital clinical improvement continues across several areas, with a number of positive impacts highlighted. • The forum welcomed an update on the Fragile Services Framework by the Executive Medical Director and noted the simplicity and adaptability of the framework and existing quality management approaches, and the benefit		

		of early identification of service issues. Members also noted the importance of ensuring the identification of fragility being linked to organisational support and intervention. • There have been positive workforce developments noted by Hospital Pharmacy and Healthcare Science representatives. • Positive forum membership appointments including a new Community Pharmacy representative and Mental Health and Learning Disabilities medical representative. In addition, Dr Tim Davies has agreed to continue for a further term as the Primary and Community Care representative.
2c	Advise	The Health Care Professional Forum wish to advise members of the Board that: • Work is ongoing to identify a secondary care medical representative.
2d	Review of Risks	• Lack of clear referral and escalation routes for Optometry. • The ongoing delay is progressing the Women's Health Plan locally.
2e	Sharing of learning	• Learning from national reports. • Learning from digital transformation programmes, including MHLD, ePMA, Digital Maternity System.
3	Actions to be considered by the BCUHB Health Board	• Escalation of the longstanding Optometry/Ophthalmology leadership concerns. • Clarity regarding the organisational response to the Thirlwall Inquiry.

Health Board Key Issues Report				
Board Date		26/11/2026		
Date of Committee		26/08/2026 9, 16 & 23/09/2026 7, 21 & 28/10/2026	**Report of:**	Executive Committee (EC)
Quoracy met:		Yes - for each meeting		
1	Agenda	This consolidated report draws together the principal matters from seven meetings held between 26 August and 28 October 2026. Agendas and papers were circulated through the established governance arrangements. Given the number of meetings and material cross-cutting matters considered, the report exceeds the usual two-page guideline to provide the Board with a clear and proportionate account of the principal alerts, assurances, advice and required actions.		
2a	Alert	The Executive Committee wishes to alert members of the Board that: • Quality and patient-safety pressures remain material. More than 5,000 incidents awaited review at 26 August, including around 500 initially assessed as moderate harm or above. Subsequent reporting included three further Never Events, recurring themes in women's services and orthopaedics, increasing complaints and concerns about standards of care, procedural compliance, investigations, culture and organisational learning. • The Committee had limited assurance regarding the pace of improvement in urgent and emergency care, particularly at Ysbyty Glan Clwyd, and highlighted concerns relating to operational grip, site governance, patient flow and readiness for winter. • Maternity and neonatal services remain under significant scrutiny. The Committee considered the red MBRRACE neonatal mortality rating, unexpected term admissions to the Wrexham neonatal unit and increased postpartum haemorrhage rates at Ysbyty Gwynedd. Local reviews had not identified systemic governance failure, but continued executive oversight, transparent reporting and thematic review were required. • The continuity of the Blood Transfusion Service was escalated as a critical patient-safety risk because support for the existing system ends on 31 March 2027 and confidence in timely delivery of the national replacement was low. A twin-track contingency approach was initiated and the risk progressed through the Board route.		

		• Delivery of the Annual Delivery Plan was off trajectory. At Quarter 2, 41% of deliverables were reported as on track and 180 of 318 deliverables, 57%, were forecast for completion by year end. The Committee regarded this as a significant executive risk requiring intervention across portfolios. • Most corporate risks remained above risk appetite. Although risk-management processes were established, the Committee was not assured that mitigating actions were consistently producing measurable risk reduction. Statutory compliance also provided limited assurance because of overdue audit actions and policies, continuing regulatory scrutiny and inconsistent evidence of implementation. • Procurement and commissioning capacity, late approvals and incomplete governance routes continued to create avoidable service-continuity, financial and delivery risks. The Committee did not approve proposals where options, affordability, benefits, delegated authority or implementation evidence were incomplete.
2b	Assurance	The Executive Committee wishes to assure members of the Board that: • The Committee has exercised active challenge and decision discipline, approving matters where the need, authority, affordability, controls and implementation readiness were sufficiently evidenced, and returning underdeveloped proposals through the appropriate governance route. • A revised Urgent and Emergency Care Improvement Plan was strengthened following EC challenge and approved for Board consideration, with clearer links between priorities, actions, governance and financial assumptions. • The Clinical Quality Executive Delivery Group has improved executive visibility of significant quality, safety and regulatory risks. Reporting includes oversight of Never Events, maternity and neonatal outcomes, diagnostics, infection prevention and complaints, with common themes being brought together through wider quality-governance work rather than separate and duplicative structures. • Statutory nurse-staffing calculations were completed through the required governance arrangements. The Committee nevertheless maintained qualified assurance because of unfunded establishments, escalation-bed capacity and associated workforce and financial risks. • The Decision Making and Prioritisation Framework, revised business-case approach, consent agenda guidance and updated Risk Management Framework

		strengthen the connection between delegated authority, scrutiny, escalation and accountability. • Information Governance performance continued to improve, and the Public Services Ombudsman response and action plan were endorsed for onward scrutiny, with emphasis on timely completion and organisational learning.
2c	Advise	The Executive Committee wishes to advise members of the Board that: • The Committee is increasingly acting as a decision and assurance gateway rather than a paper-processing forum. Proposals are being returned where they do not clearly state the decision sought, delegated authority, patient and service impact, affordability, options, risks, benefits and evidence of implementation readiness. • The 0.5% resource-shift plan was approved as a framework for further development and submission to Welsh Government, not as approval of the individual investments or service changes within it. The wider Community by Design model is to return to the Committee for collective strategic discussion before the Board paper is finalised. • Delivery reporting must move beyond describing the position and provide a concise executive account of red-rated areas, corrective action, timing, expected impact and material capacity constraints. Executive Directors are reviewing red and amber actions within their portfolios. • Each corporate risk remaining above appetite is to have at least one measurable risk-reduction objective. Detailed risk scrutiny will sit closer to delivery through the relevant Executive Delivery Groups, while the Risk Scrutiny Group retains oversight of risk-management effectiveness, maturity and culture. • Clearer single-point accountability is being established through Executive Sponsor and Senior Responsible Officer arrangements. Appointments must be matched with authority, capacity, role clarity and programme support. • Future assurance reporting should focus more consistently on outcomes and impact, not activity alone, and should triangulate quality, performance, workforce, finance and patient-experience information.
2d	Review of Risks	The principal risks reviewed across the period were: • Quality, patient safety and service continuity, particularly Never Events, maternity and neonatal outcomes, transfusion, urgent and emergency care, incidents,

		complaints, infection prevention, restrictive practice and ageing diagnostic equipment. • Winter preparedness and operational grip, including patient flow, discharge, workforce resilience and the pace of improvement within escalated services. • Strategic delivery and affordability, including the Annual Delivery Plan trajectory, winter resilience, unplanned cost pressures, unfunded staffing and escalation capacity, recurrent commitments and benefits realisation. • Governance and compliance, including delegations, overdue audit and policy actions, procurement compliance, contract oversight, commissioning assurance and evidence that agreed controls operate in practice. • Organisational capacity and readiness, including leadership gaps, programme sponsorship, workforce resilience and the cumulative impact of improvement, review and regulatory activity.
2e	Sharing of learning	Learning identified for wider application included: • The existence of a governance process does not itself demonstrate assurance; reporting must evidence improved outcomes, implementation of controls and measurable reduction in risk. • Significant decisions should not progress without a balanced options appraisal, explicit authority, whole-life affordability, impact assessment and clear ownership. • Known risks must move consistently from service identification to corporate oversight, with defined controls, escalation and evidence that improvement is sustained. • Future commissioned, insourced and funded programmes require stronger clinical ownership, earlier multidisciplinary involvement, clearer commissioning oversight and plans for reintegrating patients into Health Board pathways. • Strategic plans should distinguish clearly between an enabling framework and approval of individual investments or service changes. • Governance should remove duplication and enable timely decisions at the correct delegated level, rather than create additional approval layers.
3	Actions for the Board	The Board is asked to: **NOTE** the alerts, assurances, advice, risks and learning arising from the seven Executive Committee meetings. **NOTE** the limited assurance regarding the pace of quality improvement, urgent and emergency care, winter readiness, Annual Delivery Plan performance and measurable reduction of corporate risks. **SUPPORT** the continued shift to decision-ready papers, outcome-based assurance and proportionate escalation through

		the Executive Delivery Groups, Executive Committee and Board committees. **REQUIRE** significant unresolved matters to return through the agreed governance route with clear ownership, timescales, intended outcomes and closure evidence.
4	Overall assurance opinion	Reasonable assurance overall, with limited assurance in relation to the pace of quality improvement, urgent and emergency care, winter readiness, delivery of the Annual Delivery Plan and achievement of measurable reductions in corporate risk. The Committee has demonstrated active challenge, escalation and decision discipline, but the Board should not infer from the existence of governance processes that the required improvement or risk reduction has yet been achieved.