Bundle BCU Health Board 28 May 2026

1 09:30 - PRELIMINARY MATTERS

1.1 09:30 - 26.81 Welcome, Introductions and Apologies for Absence
Dyfed Edwards, Chair

1.2 09:33 - 26.82 Declarations of Interest relating to the Agenda
Dyfed Edwards, Chair

1.3 09:35 - 26.83 Minutes of the Previous Meeting held on 26 March 2026
Dyfed Edwards, Chair
26.83 Minutes from Health Board Meeting 26.03.26 V0.4 (Public)

1.4 09:40 - 26.84 Matters Arising and Action Log
Dyfed Edwards, Chair
26.84 Summary Action Log Health Board (Updated 21.05.26) Public

1.5 09:45 - 26.85 Experience Item
Debbie Eyitayo, Executive Director of People and Organisational Development and Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
26.85 Experience Item (Becoming a Foster Partner)

1.6 10:05 - 26.86 Citizens Experience and Engagement Report
Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
26.86 Citizen Experience and Engagement Report

1.7 10:20 - 26.87 Chair's Report
Dyfed Edwards, Chair
26.87 Adroddiad Cadeirydd Mai 2026 Saesneg

1.8 10:30 - 26.88 Chief Executive Report
Carol Shillabeer, Chief Executive
26.88 CEO Report May 26 V1.0 Final

1.9 10:40 - 26.89 Vice Chair's Report
Gareth Williams, Vice Chair
26.89 Vice Chairs Report May 26 V1.0

2 10:50 - STRATEGIC ITEMS

2.1 10:50 - 26.90 Community by Design
Tehmeena Ajmal, Chief Operating Officer
26.90 Community by Design

2.2 11:10 - BREAK

2.3 11:20 - 26.91 Penley Community Hospital - Case for Change
Tehmeena Ajmal, Chief Operating Officer
Link to Supporting Papers
26.91 Penley Community Hospital v1.4

3 11:40 - INTEGRATED PERFORMANCE

3.1 11:40 - 26.92 Chair's Assurance Report - Quality, Safety and Experience Committee
Caroline Turner, Independent Member
26.92 AAA Report for QSE Committee 07.05.26 V1.0

3.2 11:50 - 26.93 Integrated Quality Report
Angela Wood, Executive Director of Nursing and Midwifery and Clara Day, Executive Medical Director
26.93 Integrated Quality Report - May 26

3.3 12:00 - 26.94 Urgent and Emergency Care Progress Report
Tehmeena Ajmal, Chief Operating Officer
26.94 UEC revised report may 2026

3.4 12:15 - 26.95 Chairs Assurance Report - Performance, Finance and Information Governance Committee
Gareth Williams, Vice Chair
26.95 AAA Report for PFIG Commitee 28.04.26 V1.0

3.5 12:20 - 26.96 Integrated Quality and Performance Report
Russell Caldicott, Executive Director of Finance
26.96 IQPR Coversheet
26.96.1 IQPR

3.6 12:30 - 26.97 Performance Management Framework
Carol Shillabeer, Chief Executive Officer and Russell Caldicott, Executive Director of Finance
26.97 Integrated Performance Framework Report - Final
26.97.1 Performance Management Framework - May 2026 revision - Final

3.7 12:40 - 26.98 Finance Report
Russell Caldicott, Executive Director of Finance
26.98 Finance Report Coversheet - Month 1
26.98.1 BCU M01 Finance Report 26-27

3.8 12:50 - 26.99 Annual Delivery Plan 2025/26 - Quarter 4 Progress and Key Programmes Report
Emma Lea, Assistant Director of Corporate Planning (Interim)
26.99 ADP Q4 2025_26 Progress Report (Coversheet) FINAL
26.99.1 ADP Q4 Report V1.0
26.99.2 Key Programmes Report

3.9 13:05 - LUNCH

4 13:35 - GOVERNANCE, RISK AND ASSURANCE

4.1 13:35 - 26.100 Chairs Assurance Report: Audit Committee
Paul Lambert, Committee Chair
26.100 Audit Committee AAA Report 21.04.26 - v1.0

4.2 13:40 - 26.101 NHS Wales Staff Survey 2025 Report
Debbie Eyitayo, Executive Director of People and Organisational Development
26.101 NHS Wales Staff Survey Report V6.2

4.3 13:50 - 26.102 Proposal to becoming a Maethu Cymru / Foster Wales Partner and Foster Friendly Employer
Debbie Eyitayo, Executive Director of People and Organisational Development

26.102 Proposal to becoming a Maethu Cymru-Foster Wales Partner and Foster Friendly Employer - Final Board Paper

4.4 14:00 - 26.103 Commissioning Assurance Framework
Russell Caldicott, Executive Director of Finance
26.103.1 Commissioning Assurance Framework
26.103 Commissioning Assurance Framework

4.5 14:10 - 26.104 Board Assurance Framework
Pam Wenger, Director of Corporate Governance
26.104 Board Assurance Framework May 2026 V1.0
26.104.1 Appendix 1 - Board Assurance Framework V1.0

4.6 14:15 - 26.105 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
Link to Supporting Papers
26.105 Corporate Governance Report V1.1

4.7 14:20 - 26.106 Committee & Advisory Group Chair's Reports
Remuneration Committee, Dyfed Edwards
Planning, Population Health and Partnerships Committee, Clare Budden
People and Culture Committee, Dyfed Jones
Mental Health Legislation Committee, Gareth Williams
Local Partnership Forum, Carol Shillabeer
Executive Committee, Carol Shillabeer
26.106.1 AAA Report Remuneration Committee 17.03.26 & 12.05.26 v1.0
26.106.2 AAA Report for PPHP Committee 07.05.26 V1.0
26.106.3 AAA Report for P&C Committee 09.04.26 V1.0
26.106.4 AAA Report for MHL Committee 14.05.26 v1.0
26.106.5 AAA Report for LPF 05.05.26 v1.0
26.106.6 AAA Report for Executive Committee (Final)

5 14:25 - ANNUAL / BI-ANNUAL REPORTING

5.1 14:25 - 26.107 Annual Assurance Report of the Nurse Staffing Level May 2026
Angela Wood, Executive Director of Nursing and Midwifery
26.107 Annual Assurance Report of the Nurse Staffing Level May 2026

5.2 14:30 - 26.108 Emergency Preparedness, Resilience and Response Annual Report
Jane Moore, Executive Director of Public Health
26.108 EPRR Annual Report 2025-26 v2

6 14:35 - CLOSING BUSINESS

6.1 14:35 - 26.109 Review of Meeting Effectiveness
Dyfed Edwards, Chair

6.2 14:37 - 26.110 Date of the Next Meeting - Thursday 25 June 2026
Dyfed Edwards, Chair

6.3 14:39 - 26.111 Resolution to Exclude the Press and Public
Dyfed Edwards, Chair

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

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Health Board Meeting
held in Public on 26 March 2026
at Venue Cymru, Llandudno

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Emma Adamson	Associate Member: Chair of Healthcare Professionals Forum (part meeting)
Tehmeena Ajmal	Chief Operating Officer
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
Prof Mike Larvin	Independent Member
Paul Lambert	Independent Member
Peter Lewis	Associate Member: Chair of Stakeholder Reference Group
Chris Lothian-Field	Independent Member
Dr Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Andrew Doughton	Performance Audit Manager, Audit Wales (part meeting)
Fflur Jones	Performance Audit Lead, Audit Wales (part meeting)
Laura Jones	Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
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
Dave Thomas	Performance Audit Director, Audit Wales (part meeting)
Jason Walker	Chief Clinical Information Officer (part meeting)
Pam Wenger	Director of Corporate Governance

PRELIMINARY MATTERS

26.43 Welcome, Introductions and Apologies for Absence

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

Unconfirmed

The Chair highlighted that the agenda includes a number of key reports and colleagues from Audit Wales would be joining the meeting to discuss the **Structured Assessment Report**. It was noted that **Urgent and Emergency Care** continues to be a regular report to the Board and the Experience Item will provide a focus on **Cancer Services** and the work of the support groups. There will also be discussion on the **Integrated Medium Term Plan** which will provide an oversight of what the Health Board are aiming to achieve over the coming years.

Apologies were received for Fon Roberts, Dyfed Jones and Dylan Roberts.

26.44 Declarations of Interest Relating to the Agenda

No declarations of interest were raised.

26.45 Unconfirmed Minutes of the Health Board meeting held on 29 January 2026 and the Trustees Meeting held on 28 January 2026

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board meeting held on 29 January 2026 (subject to the amendment agreed below) and the minutes of the Trustees Meeting held on 28 January 2026 were a true and accurate record.

An amendment will be made to item 26.10 Mental Health Strategic Report on page seven of the minutes of the Health Board meeting held on 29 January 2026. The amendment will be made in line with an email received from Mr David Graves noting that the minutes provide a summary of the discussion and do not capture the points raised verbatim.

26.46 Matters Arising and Action Log

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

In relation to action **26.20.1** it was noted that a report on the Integrated Performance and Accountability Framework has been included on the agenda for the meeting as the Board have previously requested a refresh of the Performance Report.

It was resolved that the Board:

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

26.47 Experience Item

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

- It was noted that the focus for the story was on **Cancer Services** and the support provided to patients across the Health Board noting the significant amount of work taking place in this area.
- In addition to the Cancer support groups, a number of additional support groups are available across the organisation for a range of specialties. The positive impact provided by these groups is invaluable and ensures that additional support pathways are made available to patients.

In discussing the video presentation, the Board:

Unconfirmed

- Noted that the agenda includes an item focussed on **Cancer Services** aimed at performance and delivery.
- Acknowledged the wellbeing element experienced and the ongoing support available following treatment and queried whether this experience can be measured. It was confirmed that there are currently no metrics in place however work is ongoing to gather feedback across entire patient journeys to capture evidence around increased rates of recovery from patients receiving wrap around support.
- Suggested this work links in with the **Third Sector** and encouraged the use of support networks across the region. It was agreed that multi agency working is required to help people navigate their Cancer journey including areas such as income and housing.
- Stated that Cancer is becoming a long term condition and there is a need to support the wellbeing element of living well with Cancer. It was noted that the **Clinical Services Plan** will look to address this and include a wider set of measures.
- Queried whether the NHS have the resources and policies available to support people living with Cancer. It was confirmed that objectives one and two of the **Strategic Intent** focus on supporting communities and work is taking place to address local community infrastructures. Feedback is also routinely provided in relation to experience and outcomes and going forward there will be a need to focus on capturing and measuring wellbeing experiences.

It was resolved that the Board:

- **NOTED** the Experience item.

26.48 Employee Engagement and Experience Report

The Board received the report and the Executive Director of People and Organisational Development highlighted:

- The report sets out a suggested approach to further develop and improve employee engagement and outlines key strategic initiatives designed to engage and listen to staff.
- The work is closely linked to the **Culture and Leadership Programme** and the associated **Culture, Leadership and Engagement Improvement Plan 2026-2029** describes key activity to enhance engagement and measure outcomes.
- The report outlines the activity undertaken during the past twelve months which includes improved leadership visibility and access as well as initiatives to support listening to the staff voice.
- Around 200 **Culture Change Leaders** have now been appointed and work is taking place to support two-way conversations with staff to start to improve culture across the organisation.
- The proposed strategic direction includes a five-pillar **Strategic Engagement Framework** which aligns with the work of the Chartered Institute of Personnel and Development and the **Culture, Leadership and Engagement Improvement Plan.**

In discussing the report, the Board:

- Welcomed the approach, supported the work taking place and noted the **Culture Change Leaders Event** due to take place during April 2026.
- Noted that the data from the Health and Safety Executive highlights workplace stress as a key concern and queried whether a proactive approach is required. It was agreed that prevention is an area that needs to be addressed noting that occupational health and wellbeing teams have been strengthened and are working collaboratively. It was also noted that stress management is crucial given the inherent pressures of both life and work.
- Recognised progress is required in terms of transparent communication to ensure staff are informed and engaged with any changes including the **Foundations for the Future**

Unconfirmed

Programme. Employees also require clear ownership and support in their roles and it was agreed that providing the correct infrastructure is important to empower staff to take control of their working environments.

- Established that cultural transformation is a gradual process, requiring dedicated time and engagement with **Culture Change Leaders** to ensure progress in this area can be achieved.
- Highlighted that staff work under tremendous stress and pressure and there is a need to provide a supportive, kind and caring culture and reach out to staff to provide help and support via Health and Wellbeing services.
- Confirmed that engaged colleagues provide greater levels of care noting that staff have engaged well with the canteen conversations that have taken place with the Chair and Chief Executive recognising that a high level of management visibility is important to ensure views can be shared.

It was resolved that the Board:

- **SUPPORTED** the approach outlined in the report as part of the wider Culture, Engagement and Leadership improvement work.
- **APPROVED** the suggested strategic approach to staff engagement and experience described in the report.
- **NOTED** that approval provides the clear organisational mandate required to embed consistent engagement practice across the Health Board.

26.49 Chair's Report

The Board received the report and the Chair highlighted:

- The Cabinet Secretary for Health and Social Care, Jeremy Miles has confirmed that funding from Welsh Government is being provided to support the redevelopment of the **Royal Alexandra Hospital** in Rhyl. This has been in progress for over a decade and the Chief Executive, Director of Environment and Estates and their teams were thanked for their continued work to ensure this important development is taken forward. This will address and benefit the needs of the local population and also provide services that will relieve some of the pressures on Ysbyty Glan Clwyd.
- A memorandum of understanding has recently been signed with **Wrexham University** which emphasises the potential for collaborative working and provides an opportunity to develop skills and training for staff within their roles.
- Engagement with elected members continues, there may be a change in Government following the elections in May 2026 and colleagues from the Senedd were thanked for the positive relationships and engagement that has taken place with the organisation.
- The Health Board promote direct contact from members of staff and the public with any areas of concern noting the importance of receiving feedback relating to services.

It was resolved that the Board:

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

26.50 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- The revised accountability, escalation arrangements have been received from Welsh Government, the Chief Executive agreed to circulate this document to members of the Board and include as an appendix to the next Board report.

Unconfirmed

- A **National Assurance Assessment for Maternity and Neonatal Care and Services** has been completed by Welsh Government which has provided an important opportunity to learn and develop. The report has now been published and this will be reviewed to reflect on progress and priorities in this key service area.
- The Covid-19 Module Three has been published and focusses on the health service and response which will provide some areas of learning going forward.
- The **Llandudno Orthopaedic Hub** is due to open ahead of the next Board meeting and thanks were expressed to all those involved in the project.
- A large commitment from Welsh Government for capital development may be received to invest in the Health Board's **Health and Wellbeing Hubs**. This funding would present a significant opportunity for the organisation to advance these services, while emphasising the Health Board's responsibility to ensure timely and appropriate development.
- The **Electronic Prescribing and Medicines Administration (ePMA) System** is due to be fully implemented by the end of the week. Digital development is a key stream in enhancing care and will be discussed in further detail as part of the **Enhancing Care through Digital Developments** item on the agenda. The teams involved were praised for their work in this area and thanks were expressed to all.

In discussing the report, the Board:

- Acknowledged that an item on the **National Assurance Assessment for Maternity and Neonatal Care and Services** will be received by the Quality, Safety and Experience Committee in May 2026 and Prof Sally Holland, who led the review, will be in attendance.
- Referred to the findings from the **National Assurance Assessment** around staffing levels and the requirement in relation to the current population needs. It was confirmed that this will be a core part of the planning process with Public Health colleagues to ensure the true needs of the population are initially identified to enable services to be built around the needs of the population.
- Recognised that going forward work will be taking place in relation to the **National Assurance Assessment**, caesarean birth rates will be reviewed from a National and Local perspective and compliance against maternity staffing will be reassessed.

Action:

- **26.50.1** Chief Executive to circulate the revised accountability, escalation arrangements from Welsh Government and include as an appendix to the next Board report.

It was resolved that the Board:

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

STRATEGIC ITEMS

26.51 Structured Assessment Report

The Board received the report and the Chief Executive, Audit Wales colleagues and Director of Corporate Governance highlighted:

- Appreciation to Dave Thomas for his contributions while employed at Audit Wales and for the impact he has made on the NHS in Wales. Appreciation was also given to Andrew Doughton, Fflur Jones, the Director of Corporate Governance, and their teams for their efforts and involvement in the **Structured Assessment**.
- The **Structured Assessment** is an annual, independent review undertaken by Audit Wales to evaluate how effectively the Health Board is governed and managed. There has been a

Unconfirmed

focus on improving the effectiveness of the organisation which will continue and will help to shape the priorities of the Health Board going forward.

- The assessment is part of the Auditor General's statutory responsibilities and examines whether a Health Board has the governance, planning and financial management arrangements required to deliver safe, sustainable services.
- The assessment has been through a clearance process for factual accuracy highlighting areas of good practice alongside a number of identified risks.
- The key findings include the Board's commitment to openness, transparency and an appropriate level of challenge including a strengthened **Board Assurance Framework** and positive progress on the previous recommendations made to the Health Board.
- The assessment also highlights ongoing challenges in leadership capacity, performance management, strategic planning and financial sustainability.
- The recommendations provide a clear set of priorities for the coming year, and continued collective focus will be key to maintaining momentum and supporting sustained improvement noting that the responses to the recommendations are appropriate and comprehensive.
- The constructive working relationships between colleagues was recognised as this has facilitated the production of the report, reflecting on the journey of the Health Board over the past two to three years and the improvements and progress achieved.

In discussing the report, the Board:

- Agreed that the report provides a fair assessment noting the work taking place to address portfolios.
- Highlighted an issue around accountability agreements not being returned in a timely manner. It was confirmed that the Audit Committee are taking steps to address management responses to audit recommendations and Executive Directors are being invited to join the Committee on a regular basis to respond to Audit recommendations.
- Referred to the triangulation of Audit work and the flow of this work as focus areas for the relevant Committees suggesting this is an area for further discussion and review.
- Highlighted reference in the report to historic recommendations and how these can be reflected once actions have been completed. It was confirmed that Internal Audit do discuss a range of historic recommendations with the Governance Team on a regular basis. The recommendations are also monitored via a progress report to the Audit Committee noting that recommendations will be closed off throughout the year if sufficient evidence is provided however further work is required in this area.
- Acknowledged the **Foundations for the Future Programme** noting the positive approach to completing a socialisation exercise with staff. It was agreed that the pre engagement exercise is an important step to ensure colleagues are closely engaged and involved in the co-design elements of the programme.
- Recognised that the Health Board are on a journey and progress is being made. The **Structured Assessment** recognises the improvements made in governance, communication, processes and plans which have allowed the organisation to be managed more effectively than in previous years. Further work is required to ensure the organisation develop services fit for the future and provide the best possible health services for the population of North Wales.
- Expressed thanks to all those involved noting the open working relationships with Audit Wales colleagues.

It was resolved that the Board:

- **RECEIVED** the report and **NOTED** the report has been shared with all Board Members.

Unconfirmed

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

26.52 Cancer Report

The Board received the report the Chief Operating Officer and Executive Medical Director highlighted:

- The report has been requested to review in detail the current performance in relation to **Cancer Services** and the next steps to develop the service and respond to the challenges.
- There is no single cancer pathway as a patient's cancer journey stems across different pathways and requires ongoing treatment from a range of healthcare professionals and services therefore improving cancer care requires a co-ordinated and collaborative approach.
- The causes of cancer are complex and include a combination of factors therefore cancer prevention is key, there is a need to identify suspicions of cancer rapidly and move forward with treatment, reducing the length of time patients need to wait.
- The National target of 80% of patients starting first definitive cancer treatment within 62 days from point of suspicion has been achieved for a short period of time however this is difficult to sustain and there is a need to strengthen diagnostic capacity and address fragile services across the cancer pathway.
- The number of people developing cancer is increasing as people are living longer and there is also an increase in survival rates for people with cancer therefore there is a need for the Health Board to invest in the ability to support those patients.
- **Cancer Services** cover a range of areas including population behaviours, awareness of symptoms, uptake of screening programmes and early diagnosis. It was also noted that each month circa 4000 people are referred, assessed and receive confirmation that they do not have cancer which is an important element of the process.
- There have been improvements in surgery including robotic surgery and as the **Clinical Services Plan** develops this will allow the geography of treatment provision to be reviewed in further detail.
- Research is also a vital element of **Cancer Services** and trials have been taking place nationally to make progress in this area.

In discussing the report, the Board:

- Acknowledged the need to provide focus in the prevention space in line with the **Strategic Intentions** including the importance of population awareness. It was agreed that identifying symptoms and receiving an early diagnosis is important to provide the best outcomes for patients noting the work completed to reduce the backlog in this area.
- Referred to one stop clinics where patients are assessed and receive diagnostic tests in one clinic querying whether these clinics will form part of the **Estates Strategy**. It was confirmed that work is taking place to identify the best opportunities for these clinics which could form part of the **health and wellbeing hubs**.
- Inquired about progress on the **Clinical Services Plan**, it was confirmed that the aim is to launch the Plan in May 2026 to provide an overarching framework for a programme of work aligned to challenged services.

Unconfirmed

- Recognised many patients do not want treatment and queried the management of palliative care. It was confirmed that there is a programme of work associated with this area, there is a need to balance the guidelines with individual care noting the risk and benefits.
- Highlighted the screening rates noting rates are low in relation to cervical screening. It was confirmed that this is being addressed as part of the health inequality work and is an area that requires early diagnosis.
- Queried whether specific testing provides opportunities to identify other issues, for example a mammogram detecting heart issues. It was confirmed that this practice is used in certain areas such as lung and bowel cancer screening and is standard practice where utilised.
- Enquired how **Primary Care** can be supported to ensure GPs refer cancer patients appropriately. It was confirmed that there is a need to focus on structured pathways to ensure suspected cancer patients are referred and reviewed within a reasonable timescale.
- Confirmed that further work is required within communities to ensure quicker access to local services, noting that transformation in technology could help in this area and highlighted a UK wide trial utilising Artificial Intelligence (AI) to detect cancer symptoms is currently taking place. It was confirmed that elements of AI are being used in practice across the Health Board to identify stages of cancer which provides opportunities to continue to innovate.
- Queried how areas of this work can be embedded as part of the Health Board vision to develop services. It was agreed that the Quality, Safety and Experience Committee should receive **Cancer Services** as an agenda item at a future meeting to consider how this area of work can be taken forward following discussion and report back to a future meeting of the Board.

Action:

- **26.52.1** Quality, Safety and Experience Committee to receive Cancer Services as an agenda item at a future meeting to consider how this area of work can be taken forward following discussion at the March Board and report back to a future meeting of the Board.

It was resolved that the Board:

- **DISCUSSED** the content of the paper and supported the strategic priorities outlined.

26.53 Level 5 Escalation Report

The Board received the report the Interim Executive Director of Transformation and Strategic Planning highlighted:

- The Health Board were placed into **Level 5 escalation status** by Welsh Government in February 2023 and the report outlines the areas of progress and the remaining challenges that require further progress before de-escalation can be achieved.
- The organisation has achieved stabilisation across governance, leadership, quality, finance and planning and progress has been made in delivering key performance foundations. This is supported by strengthened controls, clearer strategic direction and improved organisational maturity.
- Improvement is evident in areas including stronger board governance, leadership development with a focus on progressing culture change including the importance of values and behaviours.
- Progress has also been made in relation to clinical oversight, patient safety, concerns and incident management however there is a requirement to make improvements in relation to **Urgent and Emergency Care, Cancer Services** and **Planned Care**.
- The organisation can now demonstrate strengthened controls, improved planning maturity and stronger financial grip. Going forward there is a need to ensure sustained performance

Unconfirmed

improvement across a range of operational areas in order to improve patient experience and patient safety.

In discussing the report, the Board:

- Acknowledged the evidence available around de-escalation in certain areas and queried the work taking place with Welsh Government around the current position of the Health Board. It was confirmed that de-escalation is a challenge, the organisation have made progress in certain areas however sufficient improvement is still required in relation to **Planned Care** and **Urgent and Emergency Care**. Going forward the focus needs to be around providing the best possible services for the population.
- Noted that improvements in terms of waiting lists had largely been due to insourcing and outsourcing and queried whether services would be sustainable once funding for these contracts was discontinued.

It was resolved that the Board:

- **RECEIVED ASSURANCE** regarding the continued progress being made across all domains, recognising the scale of work undertaken to date.
- **NOTED** the challenges that remain and the overall risks to potential future de-escalation.

26.54 Integrated Medium Term Plan Progress Report

The Board received the report and the Interim Executive Director of Transformation and Strategic Planning provided an update on the Annual Delivery Plan 2025/26 - Quarter 3 Progress Report and the Integrated Medium Term Plan 2026/29**.**

Annual Delivery Plan 2025/26 - Quarter 3 Progress Report

- The report provides an overview of progress against the **Annual Delivery Plan** highlighting areas where improvement activity is required to optimise delivery and ensure impact.
- Executive commentary has been included for those areas that are not due to deliver before the end of the reporting year.
- Over 70% of the deliverables are progressing well and remain on track for delivery by the end of Quarter 4 these include areas such as the **Strategic Intents**, the Governance Hub, **Value and Sustainability** and the **Quality Management System**.
- There are a number of challenging areas identified with low delivery confidence which includes **Digital and Data** and **Primary and Community Care** as well as operational delivery of **Diagnostics**.
- The Quarter 4 report will go through Board governance once complete to provide a full overview of 2025/26.

In discussing the report, the Board:

- Noted the savings achieved in relation to **Value and Sustainability** and queried how the savings have been achieved. It was agreed that this information would be made more visible going forward.
- Acknowledged the difference in tone between key reports and raised concerns around **Primary and Community Care** and **Community by Design**. It was confirmed that work has taken place to try and balance the messaging being shared and highlighted that **Community by Design** has been included as a major change programme in the next **Annual Delivery Plan** as this is an important area of work to take forward.
- Recognised that **Diabetes** has low delivery confidence highlighting the impact this will have on services going forward. It was confirmed that this will need to align with the **Community**

Unconfirmed

by Design programme and the **Clinical Services Plan** to ensure the biggest impact for the needs of the population.

- Noted the need for triangulation of reporting going forward aligned to the strategic direction and development of the Health Board which will be an area of focus and will provide assurance to the Board.

Integrated Medium Term Plan 2026/29

- A presentation was shared with the Board noting that the organisation has been on a development journey over the last three years and is now moving into a new strategy development phase by approving the four **Strategic Intent** statements that have been co-created with partners.
- An element of continuous planning has been introduced to develop aspects of the plan more organically and allow earlier engagement both internally and externally.
- The key messages, plan on a page and priority projects and programmes for 2026-29 were shared with the Board noting the elements that have seen changes in relation to the **Major Change Programmes, Key Programmes** and **Fragile Services.**
- The **Financial Plan for 2026/27** was also shared noting the underlying deficit of £114m and the need to attain an estimated £89m in savings to achieve the key statutory duty and break-even position.
- There are opportunities for savings and a target of £46m has been set for the 2026/27 plan.
- The **Capital Plan** has been approved by the Performance, Finance and Information Governance Committee and is contained within the **Integrated Medium Term Plan** and detailed within the appendices.
- The next step will be to incorporate any key points raised into the final design of the plan ahead of submission to Welsh Government on 31 March 2026.

In discussing the report, the Board:

- Queried whether the £82m from Welsh Government is recurrent. It was confirmed that it has been allocated on a conditionally recurrent basis and it is understood that this will be retained for 2026/27.
- Acknowledged that Purdah commences shortly during the pre-election period and queried whether this will affect approval of the plan. It was confirmed that the plan will not be considered until the new Government has been appointed therefore this will result in a delay.
- Suggested that savings may be recognised as part of the **Foundations for the Future Programme**. It was confirmed that further work is required in this area around efficiency and productivity and this will be completed as part of the programme.
- Referred to the positive development and challenging but more realistic objectives and queried whether the Ministerial expectations will be achieved. It was confirmed that this is mandatory so there is a need to deliver on those areas to report back to Welsh Government.
- Noted the financial position and the importance of financial sustainability stating that going forward there may be a need to review funding utilisation in some areas to identify how services can be provided differently by reviewing service models at a more granular level to balance priorities.
- Emphasised the need to cascade the priorities within the plan throughout the organisation with the aim of staff across the Health Board being able to identify where they can contribute to the delivery of the **Integrated Medium Term Plan**.
- Advised by the Accountable Officer that if the Health Board does not meet its statutory duty to break even there will be a requirement to escalate to reach a financial position.

It was resolved that the Board:

Unconfirmed

- **RECEIVED ASSURANCE** on the progress made during Quarter 3 and note the delivery confidence for the remainder of the financial year.
- **NOTE** the Integrated Medium Term Plan 2026/29 report.
- **APPROVE** the Capital Programme 2026-28 as included within the Integrated Medium Term Plan.
- **AGREE** to **SUPPORT** the submission of the IMTP to Welsh Government noting the financial circumstances.
- **AGREE** the development of a Financial Recovery Plan in accordance with the Health Board Standing Financial Instructions.

26.55 Enhancing Care through Digital Developments

The Board received a presentation and the Acting Director of Digital, Data and Technology and the Chief Clinical Information Officer highlighted:

- The presentation demonstrates a significant amount of activity that has been taking place within the Digital space utilising capital investment to provide a safe and secure network, replacing hardware where required, continuing to address cyber security risks and starting to retire legacy systems that are no longer utilised.
- The **Electronic Prescribing and Medicines Administration** has been a large scale digital programme with the potential to reduce spend and resource across the organisation. The system is now live across all in-patient sites for patient prescribing and helps to strengthen patient safety and support whole medicine pathways.
- Reference was made to the progress to date in relation to a range of programmes including the **All-Ages Mental Health and Learning Disabilities Electronic Healthcare Record**, the **Radiology Information System Procurement** and the **Laboratory Information Management System.**
- The next steps will include expanding the digital academy to utilise tools and facilities to make significant efficiencies, strengthening third party suppliers and ensure governance is in place to provide a safe and secure environment.
- Gratitude was expressed for the dedication of staff and their engagement and willingness to work closely with services to successfully implement new systems.

In discussing the report, the Board:

- Enquired about business continuity and what support is offered once new systems have been implemented. It was confirmed that work takes place with staff to develop business continuity plans and these are shared with each ward when a new system goes live.
- Identified that prescribing is a patient safety issue and the implementation of the **Electronic Prescribing and Medicines Administration** will have benefits that can be realised as well as learning which will continue as new systems are being applied.
- Acknowledged the amount of data gained from digital system and queried whether this is used for research purposes. It was confirmed that meetings are taking place to connect with universities and options are being explored with **Bangor University**.
- Recognised the range of systems being taken forward and queried whether they are compatible with current systems. It was confirmed that a requirement has been established to state the need for compatibility and alignment to the **Electronic Healthcare Records** system. Work is taking place to review and risk assess systems and identify any systems that may need to be decommissioned.
- Confirmed that this work will assist in improving care and clinical staff experience therefore there is a need to build a care system to a high standard and ensure consistency across the organisation.

Unconfirmed

It was resolved that the Board:

- **SUPPORTED** and **ACKNOWLEDGED** the work undertaken by Digital teams and the positive impact on the organisation to date.
- **ENDORSED** the ongoing programme of digital transformation as a strategic enabler for improved access, outcomes, and experience, in alignment with the Integrated Medium Term Plan and the Board Assurance Framework.

INTEGRATED PERFORMANCE

26.56 Urgent and Emergency Care Progress Report

The Board received the report noting that this is now a standard item for the Board meeting and the Chief Operating Officer highlighted:

- The **Urgent and Emergency Care Programme** has maintained a clear and disciplined focus on immediate delivery of priorities in the short term as well as addressing the long term six goals programme.
- There have been some improvements in ambulance waiting times and packages of care since Sprint 1 took place during December 2025. However, this is difficult to sustain due to the complexity of **Urgent and Emergency Care** and pressures within other areas of the system.
- The upcoming 21-day reviews and 6As audit (a light-touch but structured assurance tool) provide a critical next step in consolidating progress and ensuring lessons translate into sustainable system improvement.
- There is a need to establish clinical equality standards related to discharge planning. This is aligned to discussions with the Local Partnership Board to ensure partnership working.
- There are concerns around safety and quality of care for patients and staff, in particular those who are managed in corridors and work is taking place to review these areas of care and ensure patients are moved to wards as quickly as possible.

In discussing the report, the Board:

- Expressed concerns around sustainability noting the need for strong leadership to achieve lasting progress. It was confirmed that improvements are being made across the three sites including positive relationships with clinicians and increased levels of accountability. There is a need to build on operational skills within challenging environments, emphasising that sustainable change must become second nature, which has not yet been achieved.
- Acknowledged the pressures for staff working in **Emergency Departments** and queried what is being done to prevent normalisation of corridor care. It was confirmed that work is taking place with Executive Directors around undesignated spaces to proactively manage ward space and an Executive Oversight Panel has been established. In addition, live dashboards are being utilised in **Emergency Departments** to monitor patient numbers, appropriate nursing cover is being reviewed, dynamic risk assessments are taking place and regular staffing reviews are being conducted to systematically manage corridor care.
- Referred to the use of the discharge lounge and it was confirmed that there are clear standards around the use of this area which are not routinely adopted due to the challenges. Discharging patients earlier in the day allows more efficient transfer of patients to wards noting that timely movement is crucial. Whenever possible, patients should be assessed at home or in community spaces and work is being done to review effective models to support this approach.
- Confirmed that this is a significant area of focus and there is a need to collaborate learning from incidents with operational teams and maintain strict protocols, while continually

Unconfirmed

managing risks across the system. There is also a need to address complex cases and balance required care allowing teams to contribute to innovative solutions in this area.

It was resolved that the Board:

- **RECEIVED and NOTED** the measurable improvements delivered through the Urgent & Emergency Care Programme, including reductions in Pathway of Care Delays, improved ambulance handover performance, and strengthened discharge processes.
- **ENDORSE** the continued implementation of system-wide actions, including the Discharge to Recover and Assess model, Home First principles, and the expansion of Trusted Assessor roles, as critical enablers of sustainable improvement.
- **SUPPORTED** the establishment of a pan-BCU Same Day Emergency Care Task and Finish Group, and the further development of the Single Point of Access model, to enhance alternatives to admission and improve system flow.
- **REQUESTED ASSURANCE** on the sustainability of improvements, particularly in relation to discharge pathways, community capacity, and out-of-hospital care, and confirm that risks and resource implications are being actively managed.
- **APPROVED** the integration of Sprint and MADE learning into business as usual, with regular reporting on progress, risks, and impact.
- **NOTED** the reputational risks associated with ongoing delays and endorse continued whole-system collaboration with Local Authority and Regional Partnership Board partners.
-

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

The Board received the report and the Commitee Chair highlighted:

- The Committee agreed to alert the Board to the challenges around **Urgent and Emergency Care.** This was confirmed as a significant area of focus; however, there is limited evidence that learning from incidents is being consistently embedded in practice. Strengthened collaboration with operational teams is required to ensure learning is translated into improvement, alongside adherence to robust protocols and ongoing risk management across the system. There remains a need to address complex cases effectively while supporting teams to contribute to innovative and sustainable solutions.

It was resolved that the Board:

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

26.58 Integrated Quality Report

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

- New guidance is due to be introduced in relation to complaints and during the period, 83% of complaints were closed within 30 days above the 75% target. The team are confident they can maintain the standards in this area of work.
- One **Never Event** has been reported relating to a chest drain insertion which has prompted strengthened emphasis on safe procedural practice outside theatres.
- Targeted programmes are underway in relation to **Infection Prevention and Control**, issues were highlighted during January 2026 around norovirus and there has now been a reduction.
- In relation to **Prevention of Future Deaths,** systemic risks were highlighted within gastroenterology and endoscopy and this is being taken forward by the Executiv Medical Director.

Unconfirmed

- One **Public Interest Report** remains open due to an outstanding action on the Commissioning Assurance Framework and the Ombudsman has granted an extention.

In discussing the report, the Board:

- Queried whether there are any patterns in relation to **Nationally Reportable Incidents.** It was confirmed that these incidents do fluctuate however thematic issues do not tend to be recognised in this area.
- Referred to the attitude towards work pressures and whether this causes any issues. It was confirmed that any complaints received in relation to attitudes and behaviours are fed back to the teams to identify any patterns and support is also provided by the Organisational Development Team.
- Highlighted the **Public Interest Report** and the recommendation around strengthening complaint handling and early resolution to reduce escalation. It was confirmed that a deep dive will be completed in response to the Report.

It was resolved that the Board:

- **NOTED the report; and**
- **RECEIVED ASSURANCE** from the report noting that all exceptions within the report are being monitored and have management plans to track completion.
- **NOTED** the the action plans are tracked through core quality forums.

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

The Board received the report and the Independent Member highlighted:

- The Committee agreed the need for targets and timelines within reports to be more specific to ensure completion within a timely manner.
- **Planned Care** was not reported to the last meeting however the Committee agreed that this should be a regular update to maintain oversight and assurance.

It was resolved that the Board:

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

26.60 Performance Management Framework

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

- The report presents a refreshed **Integrated Performance and Accountability Framework** for approval and implementation from April 2026.
- The framework sets out a transparent approach to monitoring, measuring and improving organisational performance and establishes clear lines of accountability at every level of the organisation.
- The framework adopts a balanced scorecard approach and is assessed using a Red, Amer, Green (RAG) rating system enabling early identification of risks and triggering escalation or support as required.
- The framework will allow focus on delivery of strategic objectives in terms of performance and highlights where performance is moving off track.

In discussing the report, the Board:

- Noted that the actions included in the report are not consistent with current practice. It was confirmed that there is a need to provide evidence of implementation and this is a core

Unconfirmed

deliverable under the **Foundations for the Future Programme**. The aim is to have clear roles and responsibilities and achieve a balance in terms of providing support and holding people to account. It was agreed that this would be discussed in further detail over the coming weeks and will be reported back to the Performance, Finance and Information Governance Committee to provide assurance on progress.

- Highlighted that where the framework suggests staff may lose autonomy if they do not keep within set targets, this does not align with creating a compassionate culture. It was confirmed that the aim is start with baseline budgets and as delivery is recognised within designated budgets, autonomy will increase.
- Confirmed that requirement of the organisation to strengthen performance management and accountability and ensure people are held to account appropriately.

Action:

- **26.58.1** The Performance Management Framework to be discussed in further detail by the Board and reported back to the Performance, Finance and Information Governance Committee to provide assurance on progress.

It was resolved that the Board:

- **NOTED** the report.
- **AGREED** for a further review at the Performance, Finance and Information Governance Committee before final approval in May 2026.

26.61 Integrated Quality and Performance Report

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

- There has been an 80% improvement in the number of patients wating over 52 weeks noting that national funds have been utilised to deliver this substantial reduction.
- Improvements have also been seen in the number of patients waiting over 104 weeks for all stages of treatment with a 70% increase in the figures from the same reporting period in 2025.
- There has been an increase in the numbers waiting for **Diagnostics** due to the additional first new outpatient appointments that have been completed as part of the national initiative however performance has improved in the number of patients waiting in excess of 8 weeks for a **Diagnostic**.

In discussing the report, the Board:

- Referred to the work around **Cancer Services** and confirmed that a Network Manager has now been appointed and Cancer review meetings are taking place to capture the relevant data.

It was resolved that the Board:

- **RECEIVED** and **NOTED** the report for assurance.
- **ENDORSED** the improvement actions underway.
- **IDENTIFIED** any areas requiring further scrutiny or escalation.

26.62 Finance Report

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

- The Health Board is reporting a year-to-date deficit of £17.3m with a forecast position of £17.4m by the end of the financial year.

Unconfirmed

- This position includes receipt of the £82m of non-recurrent funding going forward into the 2026/27 plan.
- The savings delivery position is £40m and with some additional balance sheet gains the combined total is circa £54m.

It was resolved that the Board:

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

GOVERNANCE, RISK AND ASSURANCE

26.63 Chair's Assurance Report: Audit Committee

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

- Concerns relating to deteriorating assurance in statutory compliance and timeliness of management responses to audit recommendations noting that Executive Directors are attending Audit Committee on a rolling basis to discuss any areas of concern.
- A review of risks is due to take place to drive down risk levels and address gaps in controls.

It was resolved that the Board:

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

26.64 Corporate Risk Register

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

- The **Corporate Risk Register** has been received by the Committees, and further interrogation work will take place around operational risks and actions. Sessions with the Executive Committee and the Board will be arranged over the coming months.

In discussing the report, the Board:

- Queried the additional controls required column and it was confirmed that this refers to risk outside of the risk appetite that require additional controls to drive down the risks to facilitate a downward trend. Going forward there is a need to focus on managing risk well across the organisation.

It was resolved that the Board:

- **NOTED** the current position of the Corporate Risk Register.
- **SUPPORTED** the actions being taken by the Executive Team to review the risks exceeding tolerance and the proposed actions.
- **SUPPORTED** the approach in reviewing Corporate Risk Register from the Executive Team and future Board Development in this area.
- **SUPPORTED** the continued refinement of risk descriptors and controls.

26.65 Corporate Governance Report

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

- The Standing Orders and Standing Financial Instructions are included in the supporting papers referring to minor changes that have been reviewed by the Audit Committee.

It was resolved that the Board:

- **NOTED** the report.
- **RATIFIED** the Chair Action taken since the last meeting.

Unconfirmed

- **NOTED** the affixing of the Common Seal.
- **RATIFIED** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.
- **AGREED** the Annual Cycle of Business and the 'outline' Board Development Plan for 2026-27.
- **NOTED** the Assurance Report from NHS Wales Shared Services Partnership Committee.

26.66 Committees and Advisory Group Chair's Reports:

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

- Planning, Population Health and Partnerships Committee
- People and Culture Committee
- Mental Health Legislation Committee
- Charitable Funds Committee
- Stakeholder Reference Group
- Local Partnership Forum
- Healthcare Professionals Forum
- Executive Committee

It was resolved that the Board:

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

CLOSING BUSINESS

26.67 Review of Meeting Effectiveness

The Board reflected on the discussions held noting:

- The agenda had been lengthy however key matters had been discussed in detail.
- The quality and tone of the reports had seen an improvement and therefore further scrutiny had been required by the Board.
- There had been good strategic discussion and suggested that informal sessions could be utilised to gain an understanding in certain areas to allow discussion at strategic level during Board meetings.
- The **Chairs Advisory Group** have agreed to start working towards a consent agenda for those items that have been presented to Committee meetings.
- **Urgent and Emergency Care** is an important area of concerns and requires full attention from the Board.

26.68 Date of Next Meeting:

Thursday 28 May 2026 at 9.30am in Venue Cymru

26.69 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,

Unconfirmed

publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Unconfirmed

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

Health Board Action Log (Public)

Updated 21.05.26

Open Actions						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
REMAIN OPEN						
1	**26.52.1**	26.03.26	**Cancer Report** Quality, Safety and Experience Committee to receive Cancer Services as an agenda item at a future meeting to consider how this area of work can be taken forward following discussion at the March Board and report back to a future meeting of the Board.	Tehmeena Ajmal	July 26	**Remain Open** **21.04.26** This has been included on the forward workplan for the QSE Committee suggesting this item is included on the agenda for the July meeting.
2	**25.209.1**	27.11.25	**Healthy Travel Charter** Progress against the Healthy Travel Charter to report back to the Board in May 2026.	Stuart Keen Jane Moore	July 26	**Remain Open** **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.
3	**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 Nov 26	**Remain Open** **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.
ACTIONS PROPOSED FOR CLOSURE						
1	**26.50.1**	26.03.26	**Chief Executive's Report** Chief Executive to circulate the revised accountability, escalation arrangements from Welsh Government and include as an appendix to the next Board report.	Carol Shillabeer	May 26	**Action proposed for closure** **21.04.26** The letter from Nick Wood to all NHS Chairs and Chief Executive Officers regarding Accountability Interface Arrangements was

						circulated to Board Members on 21.04.26 via email and has been included in the supporting papers for the May Board meeting.
2	**26.58.1**	26.03.26	**Performance Management Framework** The Performance Management Framework to be discussed in further detail by the Board and reported back to the Performance, Finance and Information Governance Committee to provide assurance on progress.	Russell Caldicott	May 26	**Action proposed for closure** **14.05.26** This will be reported to the Board in May 2026 and performance will be reported to the Performance, Finance and Information Governance Committee as part of normal governance process.
3	**26.20.1**	29.01.26	**Integrated Performance Report** Future Integrated Performance Reports to refer to the gap in performance against the Special Measure Cancer target to highlight what is required to reach the target.	Russ Caldicott	May 26	**Action proposed for closure** **14.05.26** The Integrated Performance and Quality Report now includes reference to performance for Special Measures requiring the Health Board to have seen 55% of patients within appropriate timeframes on four consecutive months, comparing this to current performance. **18.03.26** The Integrated Performance and Accountability Framework is going through the governance process and this action will be addressed in the reporting cycle once approved.

4	**25.208.1**	27.11.25	**Director of Public Health Annual Report** Progress against the recommendations included in the Director of Public Health Annual Report to be taken forward by the Executive Committee and reported back to the Planning, Population Health and Partnerships Committee.	Jane Moore	May 26	**Action proposed for closure** **23.04.26** As part of the Q4 activity in 2025/26, there has been significant focus on embedding the ambitions described in the Director of Public Health Annual Report into key Health Board plans and ongoing progress will be reported to the PPHP Committee via the Population Health Delivery 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 Executive Director of Public Health is taking this forward with the Executive Committee and this has been included on the forward workplan for the PPHP Committee in May 2026.
5	**25.210.1**	27.11.25	**Culture and Leadership Programme – Discovery Phase Synthesis Report** The Three Year Culture, Leadership & Engagement Improvement Plan to be further developed and progress to be monitored by the People and	Debbie Eyitayo George Roberts	May 26	**Action proposed for closure** **09.04.26** The revised report was presented to the Committee in April 2026 and progress will be monitored by the Committee for assurance. **23.02.26** The report was presented to the People & Culture Committee in February

			Culture Committee to provide assurance up to the Board.			2026 and it was agreed that further work was required to review and reprioritise some of the actions and present this back to the Committee in April 2026 once further work has been completed on the actions. **06.01.26** The Three Year Culture, Leadership & Engagement Improvement Plan has been included on the agenda for the P&C Committee being held in February 2026 and will be reported back to the Board via the AAA Report.

Closed Actions (as agreed at meeting on 26.03.26)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	**26.05.1**	29.01.26	**Experience Item** The Executive Director of Allied Health Professionals and Health Science to provide further information on the role of the service neutral staff member linked to Bangor University's Centre for Mental Health and share the information outside of the meeting.	Teresa Owen	March 26	**19.03.26** An update against this action has been circulated to Board outside of the meeting.
2	**26.10.1**	29.01.26	**Mental Health Strategic Report**	Teresa Owen Pam Wenger	March 26	**05.03.26** The Mental Health Strategic Progress Report has been included on the 2026-27

			A Mental Health Strategic Report to be presented to the Board on a bi-annual basis.			Board Cycle of Business for July 2026 and January 2027.
3	**26.18.1**	29.01.26	**Integrated Quality Report** Future Quality Reports to include an analysis of the information reported to highlight what the data is telling us and also include hyperlinks where further information has been shared with Committees.	Angela Wood	May 26	**16.03.26** This information has been shared with the Team and will be considered for future reports.
4	**25/176.1**	25.09.25	**Integrated Performance Report** A high level summary report to be produced highlighting the current performance against the changes that are taking place to transform the way services are managed to maintain sustainable change.	Russell Caldicott	March 26	**18.03.26** This action is linked to action 26.20.1 and will be incorporated into the Integrated Performance and Accountability Framework. **19.01.26** This will be included on the agenda for the Board meeting in March 2026 and the PFIG Committee in February 2026. **13.11.25** Discussions have taken place at the Executive Committee in relation to the Performance Report and Framework. The Performance portfolio has been transferred over to the Executive Director of Finance.

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

Health Board

BECOMING A FOSTER PARTNER

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Andrew Rogers, Head of Corporate Communications
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 Noting

Crynodeb Gweithredol **Executive Summary**
A patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary of the experience and actions undertaken in response to the story is included in the paper. Barry Graham-Jones staff story.mp4

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		

STAFF EXPERIENCE STORY: BECOMING A FOSTER CARER

Overview of staff story

This story shares the experience of a member of staff becoming a foster carer, highlighting the support received and the positive outcomes for all involved.

2. Background

Betsi Cadwaladr University Health Board (BCUHB) is seeking to make a formal organisational commitment to becoming a Maethu Cymru/Foster Wales Partner and Foster Friendly Employer.

This commitment would recognise and strengthen the organisation's support for employees who are foster carers, and contribute to wider regional and national efforts to increase the number of foster carers across North Wales, supporting the most vulnerable children and young people in the community.

This aligns with wider organisational priorities around workforce wellbeing, retention, and social value within the communities we serve.

To support this approach, raise awareness and help other people understand more about this process this video shares the experiences of a member of staff.

3. Summary of staff experience

Barry John Graham-Jones has more than 20 years' experience as a registered nurse and now works full-time as an Advanced Nurse Practitioner at Llandudno General Hospital, providing assessment, diagnosis and treatment for patients with complex physical and mental health needs.

When Barry and his husband Dan first considered becoming foster carers, they were unsure what to expect. Ten years later, they describe it as one of the best decisions they have ever made and they cannot imagine life without the child who has now been part of their family for nine years.

The couple began exploring fostering in 2015. After initially considering adoption, they spoke with their local authority fostering team and realised fostering would allow them to support children in their local community while continuing their careers.

At the time, Barry was working as a Ward Manager. He recalled that workplace policies largely focused on maternity, paternity and adoption leave, with limited recognition of the specific needs of foster carers. He said it sometimes felt difficult to balance both roles. There was less understanding of the foster care role and the time needed for meetings, training and settling a child into the home.

Originally approved as short-break carers providing respite care, Barry and Dan planned to support several children. However, after welcoming a child for regular weekend stays, the arrangement gradually became long-term.

Barry continues to balance full time employment alongside fostering. He emphasises that practical support from employers, including flexibility to attend meetings, training and key appointments, can make a significant difference for foster carers who are working. Barry has this support has played an important part in his own experience.

Nine years on, fostering has not only changed the life of a local child - it has enriched theirs as well.

The Corporate Communications Team extend their gratitude and appreciation to the storyteller for sharing his experience.

3. Recommendations

3.1 The Board is asked to **NOTE** this report.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	People First 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**	Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) Not Applicable
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: • A more equal Wales. • A resilient Wales.

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 applicable
Asesiad o'r Effaith Economaidd-gymdeithasol	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol? **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
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?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **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:	
	Do/Yes: ☐	Naddo/No: ☒

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?*	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**	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.	

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

Health Board

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

This Citizen Experience and Engagement Report provides the Health Board with a high-level overview of citizen feedback from January to March 2026. It focuses on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais.

Across these engagement and representation routes, the dominant themes are:

- Emergency Department (urgent and emergency care) experience and conditions
- Waiting times and delays across whole pathways (i.e. referral to diagnostics to results to treatment)
- Access to care, particularly primary care and NHS dentistry
- Whole system gaps – discharge, social care, community capacity
- Trust, communication and patient experience
- Prevention and future focus

This report primarily reflects the experiences of those who have raised concerns and does not fully capture the many positive experiences that are less frequently voiced.

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**
A draft version of the Report was discussed at Executive Committee	22.04.26	Support
A draft version of the Report was discussed at the Planning, Population Health and Partnership Committee	07.05.26	Support

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
AI	Artificial Intelligence
GP	General Practitioner
NHS	National Health Service
PEARS	People's Enquiry and Resolution Service

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

1. SITUATION

1.1 PURPOSE

This report provides the Health Board with a strategic overview and assurance on citizen feedback from January to March 2026. It focuses on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais.

The update also demonstrates how current feedback is being used to guide ongoing work, alongside examples of where it has already resulted in meaningful change.

2. BACKGROUND

2.1 What citizens are telling us: Headline themes

Across the engagement and representation routes, the dominant themes from January to March 2026 have been:

- Emergency Department (urgent and emergency care) experience and conditions
- Waiting times and delays across whole pathways (i.e. referral to diagnostics to results to treatment)
- Access to care, particularly primary care and NHS dentistry
- Whole system working – discharge, social care, community capacity
- Trust, communication and patient experience
- Prevention and future focus

Alongside these system issues, citizens continue to recognise outstanding staff kindness, compassionate care and peer support. This is echoed in digital engagement, which highlights positive feedback on services, messages of thanks and recognition for staff and strong emotional connection to local teams.

This report mainly reflects feedback from individuals who have chosen to share concerns or experiences, and as such, it tends to highlight areas where care has fallen short of expectations. While this insight is essential in identifying risks and priorities for improvement, it does not capture the full range of citizen experience. Many people receive good, compassionate care and do not routinely provide feedback when services meet their expectations. The Health Board therefore continues to triangulate this intelligence with wider performance data, surveys and positive feedback to maintain a balanced and proportionate understanding of experience.

The Board recognises that there is significant work underway across all of these areas to drive improvement, supported by clear action plans and system-wide collaboration. While progress is being made, it is acknowledged that performance is not yet consistently where it needs to be, and that further sustained effort is required in a number of areas. The Board remains committed to accelerating improvement and ensuring that the changes being implemented translate into meaningful and consistent improvements in citizen experience.

2.2 All-Wales People's Experience Survey

From 1 January 2026 – 31 March 2026, the Health Board received 19,161 All-Wales People's Experience Survey responses. 85.33% of people rated their overall experience of accessing Health Board services as positive (good (18.57%) and very good' (66.76%)).

78.83% of people shared positive experiences around the time they waited to be seen, with 30.31% of respondents reporting the wait was 'about right', 10.73% felt it was 'a bit shorter than expected' and 32.79% felt it was 'much shorter than expected'.

85.47% of respondents reported 'always' treated with dignity and respect' and 90.30% of respondents 'always' being able to communicate in their preferred language, including Welsh, English, Polish, Panjabi and Portuguese.

Other key survey data:

- 74.03% of people were 'always' well cared for
- 77.82% of people were 'always' listened to
- 75.62% of people were 'always' involved in decisions about their care
- 79.94% of people said things were always explained to them in a way they could understand

The NHS Wales People's Experience Survey is now available to the public in 9 top languages spoken in Wales, including a BSL video survey.

2.3 Learning from feedback

On a monthly basis, ward and service managers receive patient feedback survey data and are responsible for reviewing themes, identifying opportunities for improvement and implementing local actions where required. Learning and improvement activity is reported through Integrated Health Community (IHC) and Specialist Services Patient and Carer Experience Groups, with examples of changes made in response to patient feedback shared as part of ongoing quality improvement arrangements.

On a quarterly basis, IHCs and Specialist Services undertake a broader review of feedback themes and emerging trends, identifying organisational learning and areas requiring further focus. This intelligence is reported through the Patient and Carer Experience Group to the Quality Delivery Group to support oversight and assurance.

In addition to supporting operational improvements, themes from citizen feedback are increasingly being used to inform wider strategic planning and service development work across the Health Board. This includes informing the development of the Clinical Services Plan, Health Board Strategy and Integrated Medium Term Plan (IMTP), alongside shaping specific service change and engagement programmes, including ongoing work in Tywyn and Penley.

Feedback gathered through surveys, community conversations, stakeholder engagement activity, political correspondence and lived experience work helps ensure that organisational priorities and future service models are informed by citizen experience, local need and the practical impact of services on communities. This supports the Health Board's commitment to co-production, early engagement and people-centred service design.

3. SPECIFIC MATTERS FOR CONSIDERATION

To strengthen assurance that citizen voice leads to tangible change, the Health Board is presented with key themes arising from citizen engagement during this period, alongside actions taken and early indications of impact.

3.1 Urgent and Emergency Care

People said that urgent and emergency care continues to involve long waits, overcrowding and, at times, care being delivered in non-clinical environments such as corridors. Experiences shared highlight concerns about dignity, comfort and communication whilst waiting, particularly where delays extend over prolonged periods.

Feedback across all channels also demonstrates a clear public understanding that these pressures are linked to wider system challenges, including bed availability, delayed discharge and access to community-based care.

Supporting this, detailed patient feedback analysis (across 2025/26, based on over 12,000 survey responses) indicates that experience within Emergency Departments remains below that of the wider Health Board, with key aspects of care - such as feeling cared for, listened to, involved, and having things clearly explained - falling short of expected standards. There is also evidence of a recent decline in patient experience, reinforcing the concerns raised through wider engagement and highlighting the need for continued focus on improvement.

Qualitative feedback from the analysis highlights the compassion and professionalism of staff, particularly during challenging circumstances. However, common themes within feedback include communication, involvement in care decisions and patients feeling listened to, with a deterioration in experience measures noted during Q4 2025/26, likely reflecting increasing operational pressures within the emergency care settings.

Actions taken: An Urgent and Emergency Care programme plan is now agreed for 2026/27, focused on improving patient flow, timely discharge and reducing pressure across Emergency Departments. This highlights the following:

Key Delivery Expectations for 2026–27

- Implementation of community and admission-avoidance pathways (Falls, Single Point of Access, Frailty) to reduce avoidable conveyance and admissions.
- Delivery of safe and timely ambulance handovers, aligned to national guidance and Getting It Right First Time (GIRFT) recommendations.
- Restoration of whole-hospital flow, including Pathway of Care Delay (POCD) reduction, Trusted Assessor models and seven-day discharge processes.
- Explicit expectation that funding is phased and managed quarterly, with delivery and spend aligned to agreed milestones.

For 2026/27, BCUHB has developed a comprehensive Six Goals for Urgent and Emergency Care delivery plan aligned to IMTP Priority 3A and national programme requirements. The plan confirms £2.69m of core Six Goals funding and sets out five priority workstreams focused on community-based falls response, Single Point of Access, front door frailty, ambulance handover and optimal hospital flow. Delivery will prioritise admission avoidance, improved front-door decision-making, timely ambulance handovers, and whole-hospital flow, supported by strengthened discharge and Pathway of Care Delay reduction. Each workstream is underpinned by clear governance, named leads, quarterly deliverables and a phased financial plan to ensure funded activity is delivered as intended and provides assurance on the effective use of national funding across 2026/27.

This remains a complex whole system challenge, and whilst some progress has been made, further sustained improvement is required. The UEC progress report at May's Health Board describes the challenges and progress in more detail.

3.2 Waiting times and delays across whole pathways

People said that long waiting times remain a significant concern across the whole patient pathway, including for outpatient appointments, diagnostics, test results and treatment. In addition to the length of waits, people highlighted the uncertainty and anxiety associated with delays, particularly where there is limited communication or clarity about next steps.

Concerns were most frequently raised in relation to orthopaedics, dermatology, ophthalmology and diagnostics, with some patients reporting deterioration in their condition or quality of life whilst waiting.

Actions taken:

The Health Board continues to make progress in reducing the longest waits and increasing overall capacity. Key actions include:

- A 62.8% reduction in patients waiting more than two years for planned treatment over the past 12 months.
- A 93.2% reduction in two-year waits for a first outpatient appointment and a 79.9% reduction in one-year waits.
- A 47% reduction in two-year waits for orthopaedic care.
- Continued use of insourcing and outsourcing arrangements to increase activity and reduce backlogs.
- Development of new facilities, including the orthopaedic surgical hub at Llandudno, to support additional capacity.

Despite this progress, it is recognised that improvements are not yet being experienced consistently by patients, and further work is required to improve both waiting times and communication throughout the pathway.

3.3 Access to care, particularly primary care and NHS Dentistry

People said that accessing primary care remains difficult and inconsistent, with challenges in securing GP appointments, limited continuity of care and reliance on early morning access models. Some people reported avoiding services altogether due to previous negative experiences.

Access to NHS dentistry continues to be a concern, with limited availability leading some people to travel long distances, pay privately, or go without care. More broadly, people highlighted challenges accessing community-based services, including physiotherapy, mental health support and preventative services. These access issues are contributing to increased demand on urgent and emergency care services.

Actions taken:

A range of actions are underway to improve access and provide alternative pathways:

- Continued expansion of community pharmacy services, offering treatment and advice for a wide range of conditions without the need for a GP appointment. The Health Board currently contracts 144 pharmacies across North Wales to deliver NHS pharmaceutical services.

- Ongoing development and expansion of dental provision across North Wales, which saw new NHS contracts mobilised in 2025/6 worth over £4m.
- Increased utilisation of the Dental Access Portal, which in 2025/6 supported 11,000 people to be allocated to NHS practices.
- Work to improve signposting and public awareness of alternative services, including Minor Injury Units and community-based care options.

These actions aim to improve timely access to care, reduce pressure on GP practices and Emergency Departments, and provide more care closer to home.

3.4 Whole system – discharge, social care, community

People said that delays in hospital care are often linked to wider system challenges, particularly access to social care, care packages and community support. There is increasing awareness among the public of the interdependencies between hospital services, local authorities and community provision.

Feedback highlighted concerns about delayed discharge, availability of community beds and reduced access to local services, particularly in rural areas. Transport and travel distances were also identified as barriers to accessing care.

Actions taken:

The Health Board continues to work closely with local authority partners and the third sector to strengthen whole-system working:

- Joint initiatives to improve discharge pathways and increase availability of community-based care and reablement services.
- Continued focus on maximising community capacity through reablement approaches, service re-design and strengthen community-based support. As part of the Local Authority transformation fund which has seen increases in reablement, community packages of care provision, and an increase in social care staff to reduce delays due to social care assessments / social worker allocation.
- Ongoing collaboration through Regional Partnership Boards to support integrated planning and delivery of health and social care services. Two ‘winter’ sprints were held which identified system performance, key actions and learning to inform ongoing resilience.
- Continued engagement with communities and partners to inform service development and ensure local needs are reflected.

Key Delivery Expectations for 2026–27

- Reduction in the number of people delayed in hospital, reduction in the number of days delayed and reduction in the number of people delayed due to awaiting assessment

- Focus on rolling out and embedding Trusted Assessor models of care
- Further embedding of care provider awareness and discharge improvement programmes
- Working with partners and patients regarding discharge planning and reluctant discharge guidance
- Implementation of the interorganisational Memorandum of Understanding / Vision for Discharge (Learnings from the Winter Sprints). Workshop to be held on 19th May to operationalise the learning and key actions.

This work is central to improving patient flow, reducing hospital pressures and enabling more care to be delivered closer to home.

3.5 Communication, trust and patient experience

People said that communication and feeling listened to remain key aspects of their experience. Some patients reported feeling dismissed, not fully informed, or unclear about what to expect when accessing services or waiting for care.

At the same time, there is consistent and strong recognition of the professionalism, compassion and dedication of frontline staff, even in the context of significant system pressures.

This period has also seen increased influence of media reporting, targeted campaigns and social media activity, including AI-generated content, shaping public perception and, at times, contributing to misinformation or misunderstanding.

Actions taken:

A number of actions are underway to strengthen communication, trust and patient experience:

- Increased focus on clear, timely and accessible public information, particularly in relation to urgent and emergency care and alternative pathways.Continued development of feedback mechanisms, including real-time patient surveys

and engagement activity, to ensure patient voice informs service improvement.
- Continued promotion of campaigns to help people choose the right service and understand what to expect when accessing care.
- Ongoing recognition and celebration of staff achievements to support morale and reinforce public confidence.
- Strengthened social media monitoring and engagement to respond to emerging issues, address misinformation and provide accurate information.

These actions aim to improve transparency, build trust and ensure that patient experience remains central to service delivery.

3.6 Prevention and future focus

People said that there is strong support for a greater focus on prevention and helping people to stay well for longer. However, some expressed concern that this should not detract from addressing current pressures and access issues within the system.

Feedback highlighted the importance of early intervention, improved access to screening and diagnostics, and stronger partnership working across health, local authorities and the third sector.

Actions taken:

The Health Board is continuing to:

- Work with partners to strengthen prevention and early intervention approaches.
- Promote screening, vaccination and healthy lifestyle initiatives.
- Explore opportunities to improve access to preventative services and community-based support.
- Engage with communities to ensure that prevention strategies are informed by lived experience.

4. ENGAGEMENT ON STRATEGY AND SERVICE DEVELOPMENTS

In parallel with operational improvements, the Health Board has undertaken engagement to shape strategic developments

4.1 Youth Voice and Strategic Engagement Development

As part of strengthening citizen voice and co-production, a Youth Voice workshop was held in March 2026 involving around 40 participants, including young people, youth workers, healthcare professionals and Health Board staff, to inform the development of a Youth Voice Forum. Young people emphasised that engagement

must be meaningful, with clear evidence that their views influence decisions, rather than being tokenistic. Success was described as young people being equal partners in decision making, with inclusive opportunities to participate and clear feedback on how their input leads to tangible change.

The Board will hear directly about potential next steps from some of the young people involved at a session due to take place in June.

4.2 Service Change Engagement in Tywyn:

The Health Board continues to undertake targeted engagement with patients, staff, community representatives, and local stakeholders to inform decisions about future service models in Tywyn. This has included structured workshops, community meetings, and facilitated discussions to ensure that a broad range of perspectives is captured. Ongoing feedback from engagement activity in Tywyn indicates strong and sustained public demand for the inpatient ward to be re-opened. This is accompanied by significant concerns regarding access to care, extended travel distances, and the associated risks to patient safety.

4.3 Service Change Engagement in Penley:

Ongoing engagement across the area highlights a strong demand for clearer, more detailed proposals, alongside questions about future intentions, funding security and the long-term use of the building. Access to local services remains a key concern, particularly in relation to transport barriers, rural isolation and patient safety. There is clear support for a broader, all-age model focused on prevention and practical community services.

Together, these engagement exercises demonstrate the Health Board's commitment to involving citizens, staff and partners at the earliest stages of service and strategy design.

5. ASSURANCE FOR THE HEALTH BOARD

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

6. RECOMMENDATIONS

6.1 The Health Board is asked to:

- **NOTE** the key themes from citizen feedback.

- **ASSURE** itself that citizen voice is shaping organisational objectives and decision-making, as well as operational improvements.

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 If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Many of the themes highlighted in this paper align directly with existing risks on the Health Board's Board Assurance Framework (BAF) and Corporate Risk Register (CRR). These include risks relating to timely access and waiting times, quality and safety of care, workforce resilience, health inequalities, and reputation/public confidence. The citizen feedback presented here reinforces areas already identified as strategic risks and provides further evidence to inform mitigation and assurance.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales If more than one applies, please list below:

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: ☐	No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	An Equality Impact Assessment (EqIA) is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes. EqIAs will be undertaken as appropriate to support individual service change proposals.
	Do / Yes: ☐	No: ☒

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*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	A Socio-Economic Impact Assessment (EqIA) is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes. EqIAs will be undertaken as appropriate to support individual service change proposals.
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?*	**Galluogwyr Ansawdd** **Enablers of Quality** Culture and Valuing People	**Meysydd Ansawdd** **Domains of Quality** Person Centred
	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 isod 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	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 risk to public confidence and reputation in relation to waiting times, bed capacity, staff shortages, corridor care and ambulance delays, underscoring the importance of timely	

	reassurance, clear factual communication and addressing misinformation to maintain public confidence and reduce uncertainty
Effaith ar Adnoddau *(Pobl / Ariannol)*	There is no direct impact on resources as a result of the activity outlined in this report.
Resource Impact *(People / Financial)*	

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

Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 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**	

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

May, 2026

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

Board and Committees

A patient story, 'This Too Will Pass', was shown at a **recent Quality, Safety and Patient Experience Committee (QSE)** reinforcing learning on dignity, kindness, stigma reduction and whole-life support. This underlines our ambition to listen to service users and support them in shaping our services going forward. It can be viewed here **https://youtu.be/uliVWOgd-7o** The film will also be shown in Y Ganolfan Porthmadog on 15 July 2026.

The recently completed **Board Self-Assessment** for 2025-26 is an open evaluation of the way we work together as a Board. The report underlines what our strengths are whilst also a basis for further development. We are currently considering how we can work with a partner in order to develop further as a Board

Congratulations and *Diolch* to Gareth Jones, who has recently been appointed as Vice Chair of the **Stakeholder Reference Group** (SRG). Best wishes to Gareth in supporting the work of this group

There have been recent meetings of the **Finance Oversight Group, Informal Board and the Performance Group** with some clear themes developing, namely the need to ensure that we empower staff to deliver on performance and finance locally in order to develop ownership and accountability. Whilst it is the Board's role to set the strategic direction for the organisation, delivery should be local

Engaging with others

The May elections to the Senedd has resulted in the formation of a new government and we will seek to work productively with the Plaid Cymru team – **Rhun ap Iorwerth MS, First Minister, Mabon ap Gwynfor MS, Cabinet Minister for Health and Care, Nerys Evans MS, Deputy Minister for Public and Preventative Health and Delyth Jewell MS, Deputy Minister for Social Care, Mental Health and Women's Health**. We are aware of the new government's priorities for health and understand the significance of our performance as a Health Board in this context.

As a region we now have 24 Senedd Members across all political parties and we will endeavour to engage positively with each of them in order to support their work in representing constituents. We have planned briefing sessions with members in their political groups and I will hope to meet up with as many new members as possible over the next period. I also wish to acknowledge and thank past Ministers and Senedd members for the opportunity to work with them over the past three years. We wish them all well for the future.

I had the pleasure of attending a number of events over recent weeks: I was a guest at two celebration dinners to commemorate **25 years since the recruitment of Filipino nurses here in the Health Board.** It was an opportunity to thank them all for their dedication and commitment and also a reminder of the international nature of our workforce. ***Dysgwr y Flwyddyn* – the Welsh Language Learner of the Year Award** - was an excellent ceremony acknowledging the efforts of so many staff in learning Welsh. We have close on one thousand staff in the Health Board now learning Welsh – a great success which is the result of the excellent work of the Welsh Language team. I had the privilege of attending a performance of **The Shackleton Play by staff and people in their care at Tŷ Llywelyn, Bryn y Neuadd**. Supported by our Arts in Health Team, it was inspirational to see this production and talk to some of the cast. Our health and well-being is influenced by many factors and the arts can have a positive impact on population health as this project illustrates. **Deepening Roots** is a project led by Coed Lleol and I attended a session at Pensychnant Conservation Centre, Conwy. The session formed part of an ongoing programme designed to support staff well-being through meaningful connection with nature, creativity, and mindful outdoor experiences. Clare Budden, Independent Member and Chief Executive of Clwyd Alyn Housing Association recently invited Jane Moore, Executive Director for Public Health and myself to the **Well-Fed project at Shotton, Deeside**. This is a social enterprise that was established in 2019 as a unique partnership between Can Cook, Clwyd Alyn Housing Association and Flintshire County Council. They supply meals to housing associations, care homes, local authorities, and businesses, helping them meet operational needs whilst improving access to good food and improve the health of everyone through diet. There is clear potential for us as a Health Board to explore possibilities for both staff and patients.

Below is a summary of some of my meetings and visits up to May 21, 2026.

Date	Meeting / Visit
19 March	Wellbeing, Prevention and Anchor Framework Event
19 March	BCUHB Welsh Learner of the Year Ceremony
20 March	Deepening Roots Event, Pensychnant
23 March	Jacqueline Totterdell, Director General NHS Wales
23 March	Independent Members, CEO and Director of Corporate Governance
23 March	End of Year Review with Cabinet Secretary for Health and Social Services
23 March	Weekly Performance Meeting
23 March	Phylis Makurunje, Aspiring Board Member
24 March	Welsh Language Strategic Forum
24 March	All Wales Chairs Peer Group
24 March	Gareth Williams, Vice Chair
24 March	Pam Wenger, Director of Corporate Governance

Date	Meeting / Visit
24 March	Interview: Advancing Dementia as a National Priority
25 March	Chairs objectives with Cabinet Secretary for Health and Social Services
25 March	Board Development Session, Llandudno
26 March	Health Board, Llandudno
27 March	Arts & Minds Celebration event - Performance of the Shackleton play, Tŷ Llywelyn, Bryn y Neuadd
30 March	Key Worker Accommodation Meeting
31 March	Darren Hughes, Wesh NHS Confederation
31 March	Pam Wenger, Director of Corporate Governance
31 March	Kirsty Williams, Chair Cardiff and Vale University Health Board
31 March	Welsh NHS Confederation Webinar with Director General Health, Social Services and Early Years
1 April	Ysbyty Gwynedd Foyer Project and Cafe Opening
2 April	Porthmadog Primary Care Centre meeting with local representatives
2 April	First Minister Visit to Llandudno Hospital Orthopaedic Centre
7 April	Carol Shillabeer, CEO
7 April	NHS Wales Graduate Presentation
9 April	Health Board Agenda Setting
9 April	Financial Oversight Group
16 April	Mid Wales Joint Committee Discussion
17 April	Filipino Nurses 25th Anniversary Celebratory Event (West),Caernarfon
20 April	Mid Wales Joint Committee Review - Workshop
20 April	Carol Shillabeer, CEO
20 April	Weekly Performance Meeting
21 April	Audit Committee
21 April	Cwmni Seren Cyf, Blaenau Ffestiniog
22 April	CEO and Chair discussion with Group of Medical Leadership, St Asaph
23 April	Wales Life Sciences Hub
24 April	Filipino Nurses 25th Anniversary Celebration Event (Central and East), Wrexham
27 April	Carol Shillabeer, CEO
27 April	Weekly Performance Meeting
28 April	Performance, Finance and Information Governance Group
29 April	BCUHB Culture Change Leaders Celebration Event
30 April	Board Development, Llandudno
5 May	Local Partnership Forum
5 May	Pam Wenger, Director of Corporate Governance
6 May	Carol Shillabeer, CEO

Date	Meeting / Visit
7 May	Planning Partnership and Population Health Committee
7 May	Quality, Safety and Experience Committee
8 May	Regional Partnership Board
11 May	David Graves, Llais Offices, Bangor
11 May	Vice Chair Appraisal
11 May	Weekly Performance Meeting
12 May	Carol Shillabeer, CEO
12 May	Remuneration Committee
12 May	Carol Shillabeer, CEO and Pam Wenger Director of Corporate Governance
12 May	Jane Farrell, Improvement Advisor and Carol Shillabeer, CEO
12 May	Gareth Williams, Vice Chair
12 May	Pam Wenger, Director of Corporate Governance
13 May	Paolo Tardivel and Tehmeena Ajmal
13 May	Finance Oversight Group
14 May	Helen Stevens-Jones, Director of Partnerships, Engagement and Communication
14 May	Claire Budden Independent Member Appraisal
15 May	Marc Jones MS and Carrie Harper MS, Wrexham
18 May	Well-Fed Project, Shotton
18 May	Carol Shillabeer, CEO
18 May	Weekly Performance Meeting
19 May	Pam Wenger, Director of Corporate Governance
19 May	Private Audit Committee
20 May	Cyngor Gwynedd Corporate Parent Panel
21 May	NHS Wales Digital Conference 2026, Cardiff

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

Health Board

CHIEF EXECUTIVE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Carol Shillabeer, Chief Executive Officer
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Carol Shillabeer, Chief Executive Officer

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol **Executive Summary**
This report provides an overview of key developments and activities led by the Chief Executive between the 14 March and 14 May 2026. The report covers the key interactions with Welsh Government, developments within the health board and wider partnership and community related matters.

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**	
BCUHB	Betsi Cadwaladr University Health Board
NHS	National Health Service
CEO	Chief Executive Officer

1.0 INTRODUCTION

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period 14 March to 14 May 2026.

2.0 INTERFACE WITH WELSH GOVERNMENT

2.1 Escalation Board Meeting

Members of the Executive Team met with Welsh Government officials in April as part of the revised NHS Wales Accountability Arrangements under which Level 5 organisations, oversight meetings are held monthly. Discussions covered leadership and governance, quality and patient experience, performance and recovery priorities, workforce and culture, strategic planning and finance. An update on the meeting was provided to the Board at the Informal Board meeting on **30 April 2026**. Welsh Government has requested further information to support ongoing oversight, with a focus on clear accountability, transparent Board reporting, delivery against agreed plans and demonstrable improvement for patients and staff. Furthermore the focus on financial performance across NHS Wales is significant, and the Health Board has been asked to present Financial Recovery Plans to the Welsh Government officials.

The next oversight meeting is scheduled for **29 May 2026**, with required actions being coordinated through the Executive Team and reported through the Board and its committees as appropriate. The letter received from Welsh Government following the meeting has been shared with the Board. These meetings are likely to evolve as is the role of the NHS Performance and Improvement following the establishment of the Intervention Support function.

2.2 Intervention Team

The Intervention Support Team continues to work alongside the Health Board and Executive Team as part of the agreed Level 5 Special Measures support arrangements, providing targeted expertise, challenge and additional capacity to accelerate improvement. This includes focused support on Urgent and Emergency Care, Planned Care and Cancer services, alongside the appointment of a **Recovery Director** working to the Chief Operating Officer to strengthen delivery grip, coordination and pace of improvement, without assuming line management responsibility.

Clear reporting and accountability arrangements remain in place, supported by fortnightly Improvement Oversight meetings chaired by the Chief Executive. A meeting with the NHS Performance and Improvement (Intervention Support) Team was held on **20 May 2026** and, in line with the NHS Wales Accountability Framework, a verbal update will be provided at the Board Meeting.

3.0 KEY UPDATES

3.1 Executive Team

A small number of executive and senior leadership vacancies are currently being progressed through agreed recruitment arrangements. These include Executive Director of Nursing and Midwifery, Executive Director of Strategy, Planning and Partnerships and in due course the Chief Digital Officer/Director of Data, Digital and Technology.

The Health Board is taking a measured and transparent approach to filling these posts, balancing timely appointments with the need to secure the right leadership capability to support patients, staff and ongoing improvement.

3.2 Strengthening Accountability

As part of the approach agreed by the Audit Committee in February 2026 to strengthen the Health Board's system of internal control, Annual Accountability Letters and Accountability Statements for 2026/27 have been formally issued to all Executive Directors. The Accountability Statements are being issued at the start of the financial year to reinforce personal accountability, support continuous oversight throughout the year, and avoid reliance on an end of year process. Directors are expected to maintain their statements as live documents, drawing on proportionate and credible assurance in line with their statutory, regulatory and delegated responsibilities.

This approach strengthens clarity of accountability, supports the Chief Executive's Statement of Internal Control, and provides a clear audit trail demonstrating how Directors are discharging their responsibilities, escalating issues appropriately, and addressing any identified weaknesses in control or assurance, in line with Audit Committee expectations.

3.3 Corporate Directorate Reviews

Corporate Directorate Reviews were held during April, in accordance with the Health Board's extant Integrated Performance and Accountability Framework. The reviews provide a structured, executive-led mechanism for scrutinising performance and delivery against agreed objectives, including progress against directorate plans, delivery of the Annual Plan, financial performance, risks and issues, and compliance with governance and statutory requirements. The reviews are evidence-based and support clear accountability, enabling the Executive Team to provide appropriate challenge, agree corrective actions where required, and ensure continued alignment between directorate activity, organisational priorities and regulatory expectation.

It is proposed that reporting on the performance reviews as part of the Integrated Performance and Accountability Framework should be considered by the Performance, Finance and Information Governance Committee.

3.4 Foundations for the Future Socialisation

The Foundations for the Future new Operating Model is progressing, with significant focus of late on the Structure element of the model. It is important to stress that proposed changs to structures alone will not necessarily improve the effectiveness of the organisation in delivering its objectives and therefore a strong emphasis is put upon the development of strategy (including models of care), culture, people and processes.

A pre-consultation (socialisation) step was added into the process regarding structures and this has proved invaluable in engaging colleagues further in the design ahead of formal consultation. The formal part of the process is imminent and planning for engaging and supporting staff through this period is well advanced. It is anticipated that following a 6-week consultation that a period of careful consideration will take place with a full published response and finalised position to follow in late August.

Essential to enabling the new operating Model to be as successful as possible as quickly as possible is the development of a Delivery Plan. Work is well underway across all domains to align the interdependencies needed for the Operating Model to get off to the best start possible. This includes work across strategy (and planning), culture, people (including leadership development, competencies acquisition etc) and processes (decision-making framework, streamlining bureaucratic processes etc). The Delivery Plan will be presented to the People and Culture Committee for scrutiny.

3.5 Listening to People - statutory guidance

As of the 1st of April, the Health Board has successfully implemented changes to the way concerns are investigated across Wales. One of the key changes being introduced is the new Listening to People statutory guidance, replacing the existing Putting Things Right guidance.

These changes affect everyone working across NHS Wales, not just colleagues in patient support or concerns roles. The new approach places a strong emphasis on compassion, openness, timely communication and listening to people when they raise concerns about their care.

Compliance with National standards is being monitored weekly with all operational areas and reported through the Quality, Safety and Experience Committee.

3.6 Digital Maternity System

The Digital Maternity System (BadgerNet) went live successfully across all maternity services on 10 March 2026. Since go-live, 662 babies have been safely recorded on the system, reflecting strong early adoption across all sites. The system is replacing paper maternity records with a single digital record, improving the quality and safety

of care for women and babies, supporting better information sharing and decision-making, and improving staff experience.

The programme represents an important cultural shift towards digitally enabled maternity care and aligns with national expectations and Ministerial Priority 5. Work is now progressing into Phase 2, which will further strengthen the system through additional integrations, building on the stable and safe platform now in place, with a clear focus on maximising benefits for families, staff and system-wide safety over the coming months.

4.0 MEETINGS/VISITS

4.1 Regional System Engagement Event Wellbeing, Prevention and Anchor Framework

In March, I attended a North Wales system engagement event bringing together the Chairs of the Public Services Boards, the Regional Partnership Board and the Health Board to shape the Regional Wellbeing, Prevention and Anchor Framework. The event reinforced the scale and persistence of inequalities across our communities, with stark differences in healthy life expectancy driven by socio-economic factors. What was particularly encouraging was the shared commitment across organisations to work differently as a whole system, focusing on prevention, the wider determinants of health, and our collective role as Anchor Organisations.

The Framework provides a practical and coherent way to build on work already underway, align our efforts, and translate ambition into action locally. This approach will be important in supporting more consistent, long-term improvement in health and wellbeing across North Wales.

4.2 Culture Change Leaders Celebration Event

In April, with members of the Board I attended the Culture Change Leaders Celebration Event, which brought together colleagues from across the organisation who are actively contributing to culture change through their everyday leadership. The event provided an opportunity to recognise and celebrate this work, hear local examples of improvement, and reflect on how compassionate and inclusive leadership is being embedded in practice. Contributions from our Culture Change Leaders of which there are approx. 200 across the organisation, alongside reflections from Professor Michael West, reinforced that sustainable culture change is not driven by strategy alone, but by consistent behaviours, relationships and leadership at all levels. The event reaffirmed our collective commitment to creating a culture where staff feel valued, listened to and supported to deliver the best possible care.

5.0 RECOGNITION

5.1 Moondance Cancer Awards

A number of individuals and collaborative projects from BCU have been recognised in the shortlist for this year's Moondance Cancer Awards, recognising their achievements and contributions to the development of cancer services.

Shortlisted entries from BCU include:

- Caroline Williams, Network Manager for Cancer (Cancer Services Leadership & Delivery Award)
- The Specialist Prehabilitation Service for Cancer (Better Patient Experience Award)
- Co-Produced Breast Cancer Diet Video Resource (Patient & Public Participation & Involvement Award)
- Building a Multi-Professional Radiotherapy Workforce (Working Together Award)
- Improving Access to Cancer Research Through Collaboration (Working Together Award)

5.2 Quality Improvement Recognition

The Corporate Quality Development Team (comprised of Queens Nurses) supporting care homes have received national recognition for their work, having been approached by both the Queen's Nursing Institute and the Royal College of Nursing to feature in a national blog highlighting best practice. This will showcase the impact of the Quality Assurance Framework and Care Quality Support Tools (CQSTs) in strengthening care quality and assurance. The team has also been invited to present their work at an all-Wales national meeting and the Welsh Queen's Nurse meeting, providing further external validation of the Health Board's leadership in care home quality improvement.

5.3 Nursing and Midwifery Conference and Awards

On 11 May 2026, the Health Board hosted its third Nursing and Midwifery Conference and Awards at the Optic Centre, St Asaph, attended by over 150 colleagues. Timed to coincide with International Nurses Day, the event celebrated excellence, leadership and compassion across nursing, midwifery, students, support staff and teams.

A total of **12 awards** were presented, recognising individual and collective impact across clinical care, leadership, quality improvement, education, innovation and patient experience.

- **Lifetime Achievement Awards** were presented to **Mandy Jones** and **Chris Lynes**, recognising more than six decades of combined service and outstanding leadership, mentorship and contribution to nursing across North Wales. The award was sponsored by the **Royal College of Nursing**.

- **Nurse of the Year** was awarded to **Caroline Lidford** for her leadership and innovation in improving access to care for people with learning disabilities and reducing health inequalities.
- **Midwife of the Year** went to **Louise Taylor** for delivering holistic, family-focused care within complex community settings and for her leadership in learning and infant feeding education.
- **Support Staff of the Year** was awarded to **Ashley Owen** for compassionate, person-centred dementia care that enhances dignity, wellbeing and ward culture.
- **Student of the Year** was awarded to **Alwen Sayer**, recognising reflective practice, patient focus and early leadership potential.
- **Rising Star Award** was presented to **Lucy Bromley** for early, impactful leadership, service improvement and team development within a high-pressure clinical environment.
- **Together We Care Award** recognised the **Central and South Denbighshire ANP Frailty Team** for collaborative, advanced practice that reduces hospital admissions and improves outcomes for frail and elderly patients.
- **Quality, Safety and Patient Experience Award** was awarded to the **Ward-based Clozapine Nurses at Ty Llewelyn Medium Secure Unit** for sustained audit and quality improvement work that strengthened safety, governance and patient understanding.
- **Infection Prevention Excellence Award** went to **Gaynor Hughes** for leadership in infection prevention, risk identification and strengthening patient safety culture.
- **Outstanding Leadership Award** was presented to **Tesni Sullivan** for visionary, compassionate leadership that has transformed services and patient journeys.
- **Innovation and Digital Excellence Award** was awarded to the **ePMA Nursing Team** for leading the transition from paper to electronic medicines administration, improving safety and supporting digital transformation.

5.0 CONCLUSION

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

6.0 RECOMMENDATIONS

Members of the Board are asked to

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

SUPPORTING PAPERS:

- Letter dated 16.03.26 from Nick Wood, Deputy Chief Executive, NHS Wales

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	People First 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**	The activity outlined in this report does not give rise to any new corporate risks. The areas of focus during the reporting period particularly leadership and governance, delivery of improvement priorities, performance recovery and strengthening accountability are aligned to existing risks within the Board Assurance Framework and continue to be managed through established governance and escalation arrangements. Engagement with Welsh Government and the Intervention Support Team provides additional scrutiny and assurance against these risks, with progress and issues reported through the Executive Team, relevant oversight meetings and Board committees in line with the NHS Wales Accountability Framework.

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*
	Do/Yes: ☐	Naddo/No: ☒

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*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*Not required*
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?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **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**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required

Have you considered the Armed Forces Covenant Due Regard Duty?		
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**	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.	

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

Health Board

VICE CHAIR'S REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Gareth Williams, Vice Chair
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Gareth Williams, Vice Chair

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol **Executive Summary**
This report provides an overview of the programme of visits, range of duties and activities undertaken by the Vice Chair.

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**	
PFIG	Performance, Finance and Information Governance Committee
MHLD	Mental Health and Learning Disability
CAMHS	Children and Adolescents Mental Health Services
EAG	Expert Advisory Group
WGOS	Welsh General Ophthalmic Services

1. INTRODUCTION

Since returning from my extended leave earlier in the year, I have resumed a programme of visits related to primary and community care and mental health, alongside routine meetings with executive colleagues and (of course) the range of duties undertaken as an Independent Member and Chair of Performance, Finance and Information Governance Committee (PFIG).

2. MEETINGS / VISITS

2.1 Mental Health

I have continued to have regular meetings with Teresa Owen, Executive Director, Vicky Jones, Head of Strategy for Mental Health and Learning Disability (MHLD) Division, and Louise Bell, the Associate Director for Children and Adolescents Mental Health Services (CAMHS) as well as a final meeting and Ros Alstead, the Chair of the Expert Advisory Group (EAG) following the discussion of the Group's final report at the January Board meeting.

Unfortunately, a planned meeting of the Together for Mental Health in North Wales Board had to be cancelled because confirmed attendances from outside the Health Board were minimal. This was somewhat worrying and we are working with Regional Partnership Board colleagues and the Welsh Government to consider how best to inject new momentum into working with partners and those with lived experience now that the new Welsh Government strategy is fully in place. It is essential given the very significant changes underway and the strong community focus of the 'Open Access' model which is being developed that we succeed in fully engaging local authorities and third sector partners.

I was delighted to have the opportunity of visiting the Seren Mother and Baby Unit at the Countess of Chester Hospital (jointly funded by the Welsh NHS in order to provide beds for mothers and babies from North Wales) where I met Elaine Worrall, the Ward Manager along with Debbie Griffin, our Head of Perinatal Mental Health. The Unit provides a fantastic environment (co-designed with those with lived experience) to support mothers suffering from acute mental ill-health, including great facilities to enable fathers and other family members to spend quality time with them and their babies It was really uplifting to hear of the early evidence of improved outcomes, notably in terms of length of stay, are resulting from having such excellent, specialist care closer to home. It was also encouraging to see that signage and other materials were bilingual.

A second very encouraging visit was to meet health staff at HMP Berwyn. In this challenging environment, with a constantly changing population including large numbers of remand prisoners, it was clear that an experienced and highly committed team led by mental health registrant nurses was delivering a wide range of health services to inmates. It was striking that, unlike in many other parts of the Health Board, front-line management felt empowered to innovate and adapt provision to meet changing needs – largely because services are funded by the Prison Service.

Moreover, given the difficulty of transporting prisoners to appointments outside the prison, the concept of providing 'care closer to home' is being implemented as fully as possible. Although it may seem a bizarre thought, in considering how we implement our new major programme of 'Community by Design', there may be lessons to be learnt from this microcosm of our services.

2.2 Primary and Community Care

In terms of Primary and Community Care I have had regular meetings with our Chief Operating Office, Tehmeena Ajmal and our Executive Director for Public Health, Jane Moore.

I have also discussed with Alan Lawrie, the Associate Director of Primary Care the work he has been doing to review the current footprints of our primary care clusters and the potential of a new (albeit modest) stream of funding within the General Medical Services (GMS) contract – the Change Fund and Workforce Development Fund. These twin funds should enable clusters or other GP practice collaboratives to directly deliver shared services which has been to date one of the major drawbacks to cluster working (along with the lack of resource made available from Health Boards to 'mainstream' successful initiatives piloted by dedicated Cluster funding). I was also able to discuss this with colleagues in the Vice-Chairs' network, facilitated by the Welsh NHS Confederation.

I was also able to visit a Knee Clinic being held in Rhosllanerchrugog. This is a somewhat different model being developed in the East IHC to the physiotherapy Community Assessment Days which have been developed in the West IHC to speed up the process of outpatient assessment. There are advantages to the approach, not least that as it is on a more limited scale and focused only on knee issues, it can be delivered in Health Board premises (without paying for, or relying on the generosity of, leisure centres or community venues). The patients I met were pleased to have been given the opportunity for an appointment close to home and the staff clearly also enjoyed the opportunity to work more as a team than is often possible given the lack of a dedicated outpatient physiotherapy facility at Wrexham Maelor (at least, until the second phase of Plas Gororau is completed). However, I felt that the presence of a wide range of third sector and local authority partners at the Community Assessment Day I visited before Christmas in Porthmadog made the experience more of a 'one-stop shop' which perhaps was even more valuable to patients.

I have previously reported on the excellent work being done in terms of improving the range of services available through community pharmacy – an area in which the Health Board is ahead of the rest of Wales in most respects.

I was therefore pleased to have the opportunity to visit the new 'Treat and Train' Optometry facility at Holywell Hospital (there is also a second base at Deeside Hospital) and to visit a high street opticians (Specsavers in Flint). This trains optometrists working in the community to offer a range of additional services which are funded through the relatively new Welsh General Ophthalmic Services (WGOS).

This is already relieving pressure on secondary services, reducing the unacceptably long waits for some patients to have follow-up appointments and enabling much greater access on the high street to prescriptions for urgent eye problems , and in due course will make available a much wider range of services such as diagnosis and treatment of glaucoma.

All those I met (many of whom worked in England as well as Wales) were keen to tell me that the Welsh contract made it much easier for optometrists to develop their skills and deliver a wider range of services in primary care than was the case anywhere else in the UK.

3. CONCLUSION

The report intends to give an overview of key activities undertaken by the Vice Chair as well as important matters to draw attention to.

4. RECOMMENDATIONS

Members of the Board are asked to:

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

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	People First 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**	The activity outlined in this report does not give rise to any new corporate risks.

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*
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*
Ansawdd	**Galluogwyr Ansawdd** **Enablers of Quality**	**Meysydd Ansawdd** **Domains of Quality** All Apply

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?*	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
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:	
	Do/Yes: ☐	Naddo/No: ☒

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*	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.	

Health Board

COMMUNITY BY DESIGN

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Tehmeena Ajmal – Chief Operating Officer Paolo Tardivel - Interim Executive Director Transformation and Strategic Planning
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Tehmeena Ajmal – Chief Operating Officer

Pwrpas yr Adroddiad **Report Purpose**	For Discussion

Crynodeb Gweithredol / Executive Summary

Community by Design is a nationally initiated programme aligned to a long-standing Welsh Government policy direction towards integrated, preventative and community-based care.

In December 2025 a national strategy event reinforced that CbD should be understood not as an additional programme, but as a core operating framework for the health and care system, positioning primary and community services as the coordinating hub of care.

Within Betsi Cadwaladr University Health Board, there is a strong and consistent message that delivering this ambition requires:

- A fundamental shift from reactive, service-led models to proactive, population-health approaches
- Designing care around people and place, with neighbourhood-level multidisciplinary teams
- Addressing system fragmentation, siloed working and unwarranted variation

Population health evidence discussed at the event highlighted the importance of this shift, including:

- Rising multimorbidity and demand
- Widening health inequalities linked to deprivation
- Increasing pressures from an ageing population

This paper offers an outline of the national programme and local opportunities, recognising the programme is in its early stages of development. It has been informed by three key sources of insight:

- The Community by Design Strategy Development Event (16 December 2025)
- Informal Executive Team discussions (13 May 2026)
- The Planning, Population Health and Prevention (PPHP) Committee Development Session (14 May 2026)

Together, these are helping to shape a more mature and coherent articulation of the programme. The December 2025 strategy event established a shared system-wide understanding of Community by Design as the organising framework for delivering integrated, community-centred care at scale, highlighting key enablers, barriers and opportunities.

Subsequent discussions at Executive Committee and Planning, Population Health & Partnerships Committee have built on this foundation, refining the focus on outcomes, delivery approach, governance and prioritisation.

The discussion at Board is aimed at further shaping, at this stage, further development of the Programme scope and intentions.

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	13/05/2026	Discussion on core elements of Community by Design, next steps for discovery and design phases
PPHP	15/05/26	Discussion on core elements of Community by Design, and the implications for the priorities and strategic direction of the Health Board

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
CbD	Community by Design

COMMUNITY BY DESIGN

1. Y SEFYLLFA / SITUATION

Policy and strategic direction in Wales towards community-led provision have been strong and consistent for more than fifteen years, with a view that implementation will lead to improved health outcomes. Although there has been extensive activity, innovation, and examples of excellent work, the transformation remains incomplete with hospital-centric models still prevailing across Wales.

This paper sets out the national framework, local context, and early opportunities, recognising the programme is at an early stage of development. It seeks Board support to position CbD as a core organising framework and to enable the next phase of discovery, design, prioritisation and delivery.

To drive forward action to achieve this shift in focus and activity a national Community by Design Transformation Programme has been established to accelerate progress and to ensure that:

- People and staff can navigate care pathways easily
- Appointments are timely and appropriate to need, in the right setting
- Staff well-being is enhanced
- Population health management and prevention are systematically embedded into every contact.

Underlying principles include designing services with communities, working in partnership, including with local communities, ensuring actions are clinically driven, and moving beyond primary care to focus on the whole system, where activity is based in the community by default and in an acute setting by exception.

Both the national programme and local delivery are at the very early stages of development, providing the opportunity to discuss internally and with wider partners what this programme should deliver for the population of North Wales.

This paper presents a strengthened strategic articulation of the *Community by Design (CbD)* programme, informed by:

- Community by Design Strategy Development Event (16 December 2025)
- Informal Executive Team discussions (13 May 2026)
- Planning, Population Health and Prevention (PPHP) Committee Development Session (14 May 2026)

Collectively, these inputs have supported CbD from a conceptual ambition to a more coherent system-wide framework, with greater clarity on outcomes, delivery approach, governance and prioritisation.

CbD is positioned as the core operating framework for delivering integrated, community-centred care at scale across North Wales.

2. Y CEFNDIR / BACKGROUND

Community by Design is a nationally initiated programme aligned to long-standing Welsh Government policy direction towards integrated, preventative and community-based care.

The December 2025 strategy event reinforced that CbD should be understood not as an additional programme, but as a core operating framework for the health and care system, positioning primary and community services as the coordinating hub of care

Within BCUHB, there is a strong and consistent message that delivering this ambition requires:

i. A fundamental shift from reactive, service-led models to proactive, population-health approaches
ii. Designing care around people and place, with neighbourhood-level multidisciplinary teams
iii. Addressing system fragmentation, siloed working and unwarranted variation

Population health evidence discussed at the event highlighted the urgency of this shift, including:

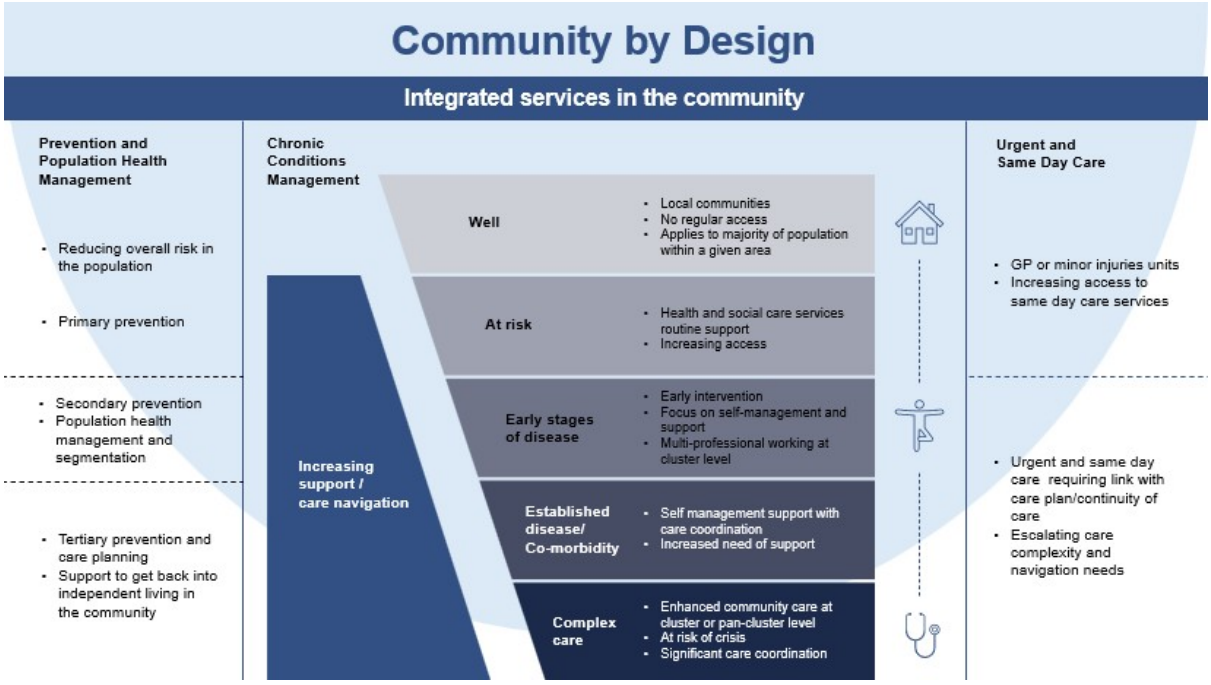
iv. Rising multimorbidity and demand
v. Widening health inequalities linked to deprivation
vi. Increasing pressures from an ageing population

This creates a compelling case to accelerate transformation towards prevention, early intervention and community-based care models.

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

The national programme has developed three key pillars for the CbD programme: prevention and population health management; urgent and same day care, and chronic conditions management, to deliver the following outcomes:

- Improved population health and reduced inequalities
- Reduction in prevalence and complications of chronic disease
- Improved quality of life, particularly for frailty and end-of-life care
- Improved access, experience and care coordination
- Increased citizen activation and shared decision-making
- A measurable shift in resource and cost towards community-based care

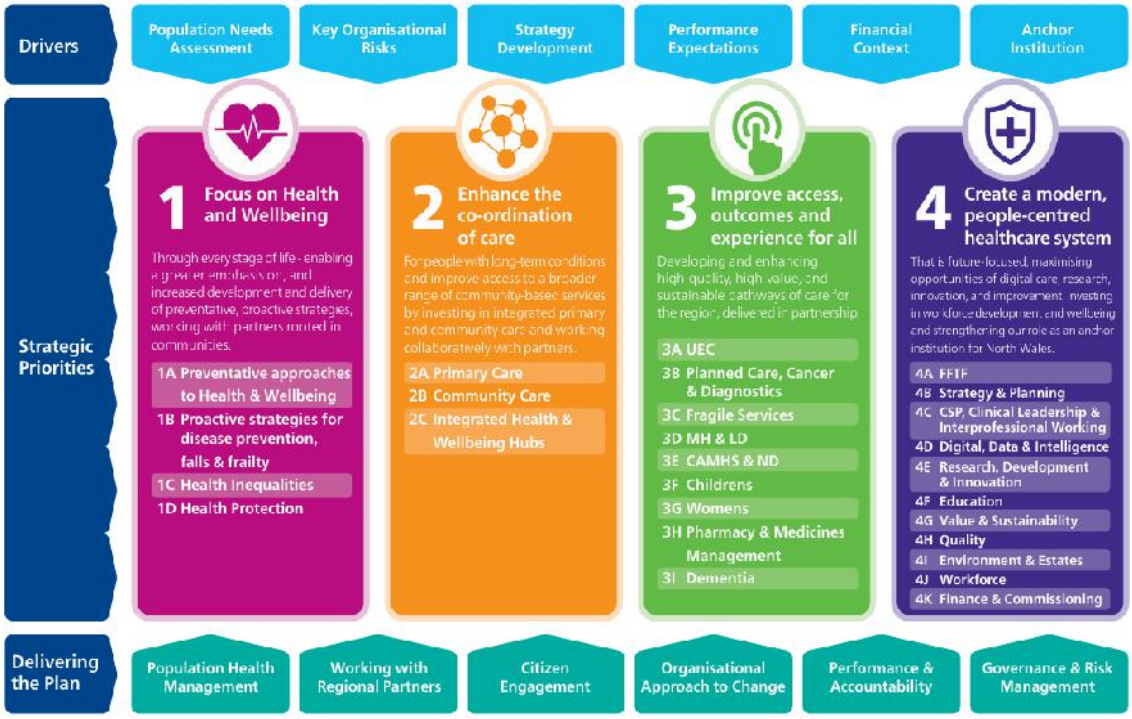


Each Health Board is required to establish a local CbD Transformation Board, as well as to support the development of the national principles and key enablers. Given the extent and nature of the transformation, the role of the Health Board will therefore include:

- Providing strategic clarity on purpose, outcomes and priorities
- Ensuring CbD operates as a system-wide framework rather than a collection of initiatives
- Supporting the conditions required for success, including governance, resource alignment and cultural change

The Strategy Development Event held in December and the two discussions at Executive Committee and PPHP further emphasised the importance of strong, measurable ambitions (e.g. reducing or eliminating avoidable chronic disease burden) to drive transformation at scale.

The emphasis that is increasingly emerging and being repeated is that the Community By Design development should be focused on reimagining the whole system and not merely on expanding traditional primary and community care. This means that the work should encompass all 4 of the Health Boards Strategic Intent statements (below) at its core. Importantly this work is about creating a modern people-centred healthcare system that not only focuses on what the statutory sector does but where at its heart are communities, including the wealth of assets available. This must be the underlying drive of the work.



A consistent theme was the need to move towards a wellbeing and prevention-led system, including:

- Investment in wider determinants of health (housing, employment, social connection)
- Stronger focus on early years, healthy ageing and reducing modifiable risk factors
- Supporting citizens to take greater ownership of their health

Discussions considered how a transformed system should enable individuals to feel more in control of their health and active partners in care, rather than be passive recipients. This would be assisted by seamless, coordinated care, reducing fragmentation and simplifying access.

The strategy event described a future state where:

- Care is no longer fragmented
- Navigation is simple, joined-up and centred on individual need
- Services operate as integrated, multi-professional teams across organisational boundaries

A core principle underpinning this future state is that services should be redesigned, not simply relocated. Future models identified through discussions included:

- Expanded community diagnostics and screening
- Single points of access at neighbourhood or cluster level
- Repurposing community facilities into health and wellbeing hubs

- Reduced reliance on routine follow-up and increased self-management

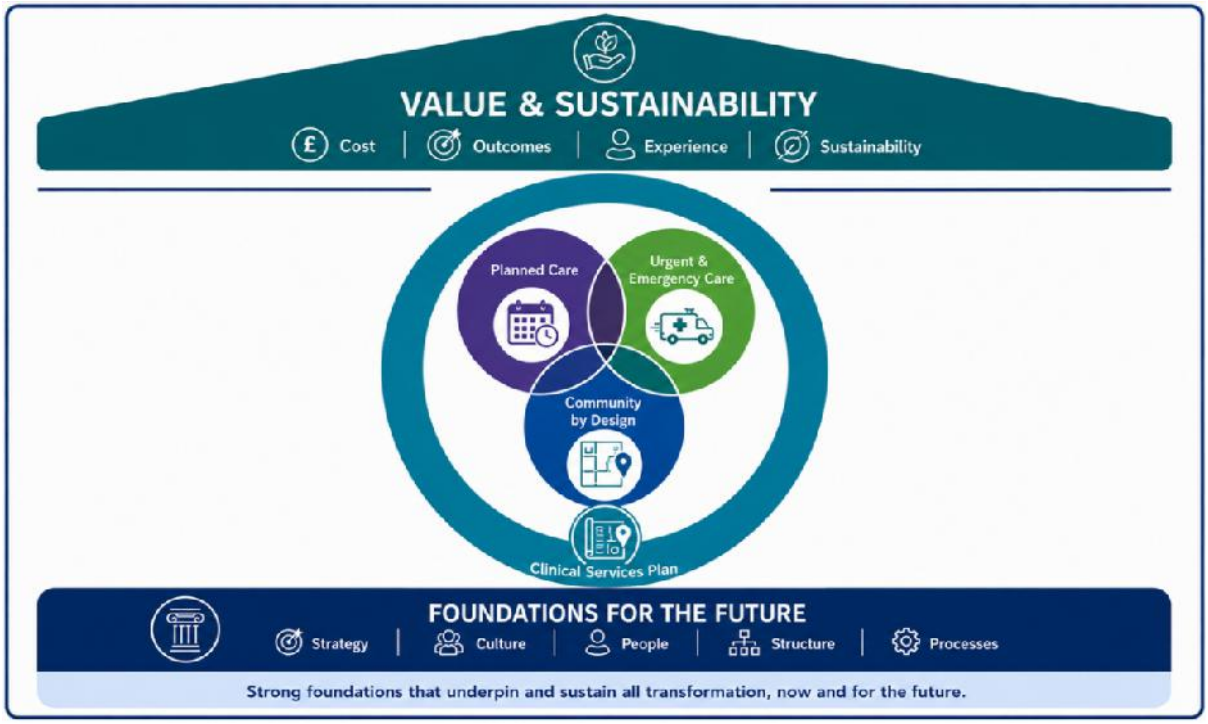
This aligns with the consistent view that success depends on re-imagining care delivery, not replicating acute models in community settings.

There was also strong emphasis on whole-system working, including:

- Integration with local authorities and third sector partners
- Recognising unpaid carers, volunteers and community assets as part of the workforce
- Strengthening co-production and community involvement.

Next steps will include a structured co-design with ongoing engagement internally and externally, clarity about priorities and outcomes, and identification of key enablers. It is also crucial that the programme operates in alignment with the other major change programmes, influencing and being influenced by them.

Delivery will be supported through the establishment of a CbD Transformation Board, with clear accountability, milestones and reporting aligned to the Integrated Medium Term Plan (IMTP) and Board Assurance Framework. Early priorities will focus on identifying demonstrator pathways and establishing measurable outcomes.



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

This programme aligns to existing strategic risks within the Board Assurance Framework relating to service sustainability, workforce capacity, and delivery of integrated care.

There are a number of keys risks and issues associated with developing and delivering the programme:

- Ensuring a robust and wide-ranging discovery phase to understand the current strengths and limitations of community models of care across the region
- Time, commitment and trust to build engagement and ownership for co-design and co-delivery
- Current workforce capacity, capability and models could act as constraints to effective design and delivery
- Financial and governance arrangements between partners, and financial constraints limiting opportunities for new investment
- Fragmentation across primary, community and secondary care
- Cultural barriers including risk aversion and siloed behaviours that could inhibit more innovative design solutions
- Digital and estates limitations that could affect the most advantageous design options

5. ARGYMHELLION / RECOMMENDATIONS

Members are asked to:

- **NOTE** the strengthened strategic intent, informed by system-wide engagement and evidence
- **SUPPORT** the framing of CbD as the core operating framework for community-based transformation
- **ENDORSE** the focus on outcomes, co-design, prevention and system integration
- **SUPPORT** the proposed next steps, including clear prioritisation and early demonstration of impact
- **AGREE** that the Planning, Population Health and Partnership Committee take a lead on the oversight and delivery in accordance with the IMTP

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Intent**	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**	Choose an item. 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**	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):** Public 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:
	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	A Healthier Wales	

Wellbeing of Future Generations Act – Wellbeing Goals		
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:	
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)*	Yes (Include further detail below)	
	At this stage, there is no immediate additional financial commitment; however, delivery of Community by Design will require a progressive shift in how existing resources are prioritised, aligned and deployed across the system.	

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

Health Board

PENLEY COMMUNITY HOSPITAL – CASE FOR CHANGE

Date of Meeting	28 May 2026
Publication Status	Open/ Public
	Not Applicable
Report Author(s) name and title	Ryan Welch, Lead Manager – Community Services, East IHC Sophie Stevens-Jones, Strategy Programme Manager
Lead Executive Team Member name and title	Paolo Tardivel, Interim Executive Director Transformation and Strategic Planning. Tehmeena Ajmal, Chief Operating Officer

Report Purpose	For Approval

Executive Summary

Purpose

This paper presents the Case for Change for Penley Community Hospital and seeks approval from the Board to progress potential future service options to formal public consultation.

The need for change

The 8-bedded inpatient unit at Penley Community Hospital was temporarily closed in December 2024 due to significant and ongoing concerns regarding workforce sustainability, patient safety and service viability. Since that time, the Health Board has undertaken a comprehensive review of the service model, alongside an extensive programme of engagement with local communities, staff, partners and stakeholders.

The review and ongoing monitoring have continued to demonstrate that the inpatient bed-based model at Penley Hospital is no longer clinically safe, sustainable or aligned with population need. The key drivers for change being:

- **Workforce fragility** including longstanding recruitment and retention issues resulting in the inability to provide stability, development and to support continuous and sustainable service delivery.
- **Limited clinical infrastructure** on site with minimal medical input and no embedded therapy or pharmacy provision, significantly restricting the cohort of patients who could be safely cared for.
- **Low utilisation by the local population** with only a small number of Penley residents accessing the service in the year prior to closure, and over a third of all admissions coming from areas with alternative community hospital provision closer to patients' homes.
- **High levels of delayed transfers of care** resulting in prolonged lengths of stay, increased risk of deconditioning, and patients remaining in hospital settings without receiving active rehabilitation or treatment.
- **Poor value for money** with a high cost per bed compared to other community hospital provision, without corresponding clinical benefit. An eight bedded unit is against best practice in this respect.

Taken together, these factors mean that the historic model ("doing nothing") presents continued and significant risks to quality, safety and workforce sustainability, doesn't represent an effective use of public resources and does not best meet local population health need.

Legislative considerations

Service change consultation for NHS bodies in Wales is not governed by a single statute, but by a framework of primary legislation, statutory duties and Welsh Government guidance, as outlined on page 51 (Legislation, Guidance and Governance) of the paper. Within the Health Board's governance framework comprising Standing Orders, the Scheme of Reservation and Delegation of Powers, and wider governance arrangements—the responsibility for determining service change sits with the Board as a reserved matter. The review and pre-consultation engagement phase has therefore been undertaken in line with this framework and will continue to do so throughout the formal consultation process.

Pre-consultation engagement

Since July 2025, the Health Board has undertaken a structured and transparent programme of pre-consultation engagement, including two independently facilitated stakeholder "Balanced Room" sessions and wider engagement with residents, staff, third sector partners, clinicians, local authority representatives and advocacy organisations.

This engagement has shaped the development of a shortlist of three viable future service options, each of which responds to the need to deliver safe, sustainable

and value-based care to the local community, while reflecting different approaches to the use of the Penley Hospital site and resources.

Key Group	Date	Outcome/Evidence
Balanced Room 1	Sept 2025	Long-list and medium list of options.
Balanced Room 2	Oct 2025	Development of desirable criteria and shortlisted options.
Community engagement events	Jul 2025 – Apr 2026	Themes including: desire for local services, assurance on protection of local resource, clarity on process and options, ongoing NHS involvement in services within the third-sector option.
Internal clinical and operational assurance	Ongoing	Options clinically-assessed against the Safe, Timely, Effective, Efficient, Equitable and Person-centred (STEEEP) Quality Standards of services.

Proposed options for consultation

In summary, given the view that the existing model continues to present challenges in delivering safe and effective healthcare, the three proposed and clinically-supported alternative options for further consideration are:

1. **An NHS-led Integrated Health and Wellbeing Hub**, repurposing the site as a multi-professional hub providing community, outpatient and preventative services closer to home.

2. **A Third Sector–Led Health and Wellbeing Hub**, combining NHS-supported clinical services with third sector leadership and delivery of wider health, wellbeing and social support.

3. **Services in the Community (No Physical Building)**, redirecting resources from a fixed site into enhanced community-based and home-first services across the South Wrexham area.

All three alternatives are aligned with A Healthier Wales, the Health Board's strategic intent statements as outlined in the Integrated Medium-Term Plan and the need for a long-term, sustainable approach to the care of frail and older people and rural populations.

While the current evidence indicates significant challenges to reinstating the previous inpatient model in a safe and sustainable way, the Health Board has not reached a final decision on the future configuration of services; each option carries different risks and opportunities which will be explored further through public consultation.

Next steps

The purpose of this paper is not to recommend a preferred option at this stage, nor to seek a decision on any potential future model or service reconfiguration.

The paper seeks to provide a summary of the Case for Change and draw attention to all supporting appendices which outline the process followed to develop the alternative options which are being proposed for Board approval for full public consultation

Full detail of the evidence base, review findings, engagement activity, quality impact assessment and option development is provided in the appended documentation.

The consultation process is intended to test both the shortlisted options and any reasonable alternative proposals raised through engagement before any final decision is taken.

Timeline

23 April 2026	Strategic Planning and Service Change Group
7 May 2026	Planning, Population Health and Partnerships Committee (Private)
28 May 2026	Options suggested for approval by the Board (Public)
June 2026	Consultation documentation development and finalisation. Including easy read, bilingual, BSL, consultation survey.
Mid-July to end-September 2026	Formal consultation period (extended period to take into account the summer holiday period rather than delay launch).
October 2026	Post consultation analysis and reporting
November 2026	Period of conscientious consideration
TBC December 2026/early 2027	Decision making Board meeting (Public)

Recommendation:

- **APPROVE** the proposed options for the purposes of formal public consultation, noting that no preferred option or final decision is being sought at this stage.

Supporting Papers:

- Appendix 1 – Balance Room 1 Output Report
- Appendix 2 – Balance Room 2 Output report
- Appendix 3 - Penley Community Hospital Service Review Pre Consultation Engagement Report
- Appendix 4 – Penley Community Hospital Service Review Integrated Quality Impact Assessment
- Appendix 5 – Penley Community Hospital Service Review Integrated Equalities Impact Assessment, including Socio-Economic duty
- Appendix 6 – Penley Community Hospital Service Review Travel Impact Assessment
- Appendix 7 (a,b & c) – Penley Community Hospital Service Review Welsh Language Assessment

Engagement (internal/external) undertaken to date (including receipt/ consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
Service Change Oversight Group	20 April 2026	To ensure further financial scrutiny before publication. On that basis, the group gave approval to proceed to the next stage.
Strategic Planning and Service Change Group	23 April 2026	To ensure clarity of the clinical case for change. On that basis, the group gave approval to proceed to the next stage.
Planning, Population Health and Partnerships Committee	7 May 2026	Approval to proceed to the next stage.

Acronyms / Glossary of Terms	
Balanced Room sessions	The balanced room approach supports having a diverse range of perspectives represented when developing and appraising options.
Continuous Engagement	Ongoing involvement of identified stakeholders in the development of proposals or options.

Consultation	A specific, duty and legally bound period of gathering direct input on proposed options.
SPSCG	Strategic Planning and Service Change Group

Penley Community Hospital

Case for Change

April 2026

V1.4

1. Introduction

This Paper will provide the background to Penley Hospital and the issues culminating in the temporary closure of the Penley unit in December 2024. The Paper will describe the service and model of care previously provided at Penley, review the activity and usage of the 8 beds in the year up to the temporary closure and provide narrative with supporting information regarding the challenges in the provision of safe effective and efficient care.

The paper will also provide an overview of the pre-consultation activity and feedback that has taken place and been received on the future of services at Penley Hospital. It will summarise the efforts taken to involve the local community and stakeholders in the pre-consultation phase to support the development of options and sets out the legal framework guiding this process, with the aim of ensuring transparency and meaningful participation as decisions are made about the provision of healthcare in Penley.

Finally, the paper will provide detailed information in relation to the three developed options derived following the stakeholder balanced room sessions, for the use at Penley Hospital. It will take into consideration the work undertaken through the two sessions, along with feedback from the initial engagement with local communities to outline some indicative models which could be supported for each option. This will allow some further thought and feedback to be provided from a wider cohort of stakeholders throughout the consultation period.

2. Background

Penley Hospital is a former community hospital founded in 1946 as part of an initiative to care for Polish ex-servicemen who fought alongside the allies in the second world war, and their families who settled in the area. At that point the site was a large 720 bedded facility.

In 2002 the hospital housed only six patients who occupied just one of the 30 wards on the site. It was closed in 2002 by the then North East Wales NHS Trust and subsequently in 2004 the wider hospital site was sold. The remaining Penley site is in the ownership of BCUHB and a portion leased to the Trustees of Penley Rainbow Centre. There are no covenants associated with the site.

An 8 bedded bungalow was opened in 2004 to replace the previous facility. The site has 8 bedrooms each with ensuite facilities, a large dayroom and ancillary rooms. All cleaning, food, drugs, and ancillary support is provided from the Wrexham Maelor some 10.6 miles away.

No other services or health provision were provided from the site.

Historically, Penley has provided care for patients who are well enough to leave a main hospital but not yet ready to go home.

The number of patients suitable for this type of care has been limited, and ongoing difficulties with recruitment and reliance on temporary staff have made it increasingly difficult to deliver safe and sustainable care.

The site was temporarily closed in December 2024. Key issues behind the decision included:

- Sustainability of the care model due to the very limited number of patients suitable for care in the hospital.

- Workforce challenges in supporting the low numbers of patients safely i in the short and medium term.

Since July last year (2025), the Health Board has had conversations with the local community, reviewed the challenges, listened to what matters most to people, and have explored different scenarios for delivering care that is safe, high-quality and sustainable.

Two multi-stakeholder sessions have also been carried out to support the development of options for the future of services.

Penley Hospital remains closed, with ongoing monitoring whilst work to explore the future provision of services from the site is undertaken.

3. The Review

This review relates to the Health Board's strategic direction using the quadruple aims to;

- Improve the health of the population (prevention, early intervention, and self-management)
- Enhance the patient/user experience including quality, access, and reliability (enabled by digital and supported by engagement)
- Have a motivated and sustainable health and social care workforce.
- Deliver value-based health care with demonstratable rapid improvement and innovation (enabled by data with a focus on outcomes)

The review will consider evidence and standards in relation to service delivery and population health for the population of Penley and the surrounding area and will focus on the following areas;

- Workforce Recruitment and Retention
- Population Health Need
- Quality standards and evidence
- Activity and value for money

The key factors affecting service delivery and the ability to provide current service provision are in relation to the care model and demand and workforce sustainability, which is impacting on the future of the current and potential service models. This issues paper will review the existing service configuration along with service gaps to identify opportunities to

deliver a sustainable service model and provide safe, high-quality services in line with population health needs.

The overriding aim of services is to improve health outcomes, provide safe and high-quality care and deliver a sustainable model for the local population of Penley and the surrounding area ensuring a sustainable service model. In this paper there is a focus on achieving quality standards, addressing local population health need, and making the most cost-effective use of resources.

National standards for nursing and clinical services set clear expectations for safety, efficiency, and effectiveness. This review seeks to establish the principles upon which safe and sustainable care can be provided. The review compared current services, alongside these recognised standards.

National strategy provides a clear direction for health improvement through upstream prevention. It recognises that the burden upon acute hospitals is unsustainable and promotes the delivery of care closer to the patient's home when it is safe and appropriate to do so. This is supported by the establishment of national targets within the Annual Quality Framework to reflect the requirements for workforce redesign, as well as meeting national guidelines and clinical policies. These aspects are all encompassed in the current assessment.

3.1 Population Health Need

The BCUHB Public Health Team have set out a Health and Wellbeing Profile for Penley which describes the demographics and wider determinates of health for the local population of Penley and surrounding area.
The profile for the village of **Penley**, largely corresponds to **Middle Super Output Area (MSOA) Wrexham 018**, shown in Figure 1, which is composed of four LSOAs (Table 1).

Lower Super Output Areas LSOAs have a mean population of approximately 1,500; a minimum population of 1,000 and a maximum population of 3,000. There should be a minimum of 400 households and a maximum of 1,200 households in each LSOA.
Middle Super Output Areas MSOAs have a mean population of about 7,000, with a minimum population of 5,000 people and not exceeding 15,000 people. The minimum number of households in each MSOA is 2,000 and the maximum is 6,000.

Source: Public Health Wales Observatory, 2013

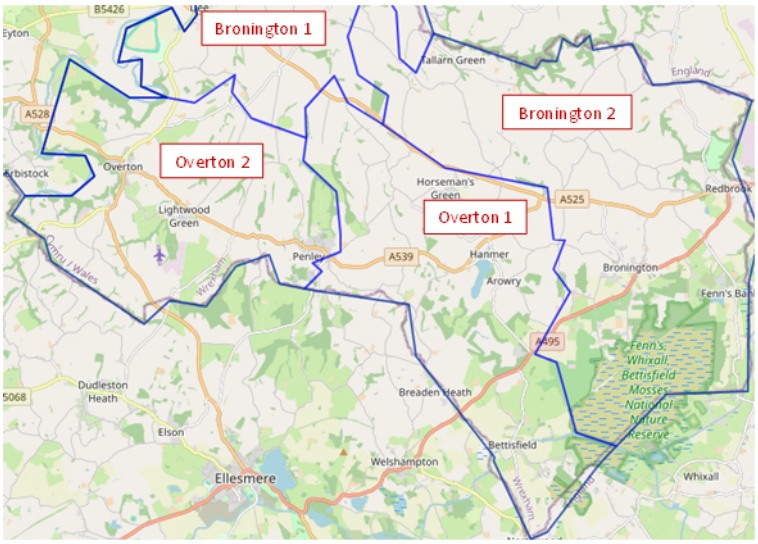


Figure 1: MSOA Wrexham 018 & LSOAs

MSOA	LSOA Name
	Bronington 1
MSOA Wrexham 018	Bronington 2
	Overton 1
	Overton 2

3.2 Demographics and Social Determinants

North Wales has a population of around 691,991 residents. The region has an ageing population, with almost 23.9% of the population aged 65 years and over and 3.1% aged 85 years and over, both of which are higher than the averages for Wales as a whole.

Wrexham UA has a population of around 136,149 residents. The UA has a younger population compared with the other UA areas across the region, with the highest proportion of residents aged 0 to 15 years and lowest proportion of residents aged 65 years and over and 85 years and over

MSOA Wrexham 018 has a population of almost 6,480. Within MSOA Wrexham 018, Wrexham 018D (Overton 2) has the largest number of residents. Almost 28% of residents in MSOA Wrexham 018 are aged 65 years. Just over 4% are aged 85 years and over; these are higher than the averages for BCUHB and Wales.

At LSOA level, LSOA Overton 2 has the youngest population profile; LSOA Bronington 1 has the highest proportion of residents aged 65 years and over (33.2%) and LSOA 018C (Overton 1) has the highest aged 85 years and over (5%).

Table 2 and 3 below highlight that there are approximately 200 people (32.1%) aged over 65 years within the area currently served by Penley.

Table 2: Population estimates, all persons, by age group, MSOA Wrexham 018 and LSOA areas, 2022

		All ages	0-15 years	16-24 years	25-44 years	45-64 years	65 years and over	85 years and over
Wrexham 018A	Bronington 1	1,594	221	111	294	439	529	54
Wrexham 018B	Bronington 2	1,470	184	100	227	515	444	71
Wrexham 018C	Overton 1	1,362	193	116	259	403	391	68
Wrexham 018D	Overton 2	2,051	391	168	433	618	441	77
MSOA Wrexham 018		**6,477**	**989**	**495**	**1,213**	**1,975**	**1,805**	**270**

Source: Office for National Statistcs, MYE 2022

Table 3: Percentage of population by age group, all persons, MSOA Wrexham 018 and LSOA areas, 2022

		0-15 years	16-24 years	25-44 years	45-64 years	65 years and over	85 years and over
Wrexham 018A	Bronington 1	13.9	7.0	18.4	27.5	33.2	3.4
Wrexham 018B	Bronington 2	12.5	6.8	15.4	35.0	30.2	4.8
Wrexham 018C	Overton 1	14.2	8.5	19.0	29.6	28.7	5.0
Wrexham 018D	Overton 2	19.1	8.2	21.1	30.1	21.5	3.8
MSOA Wrexham 018		**15.3**	**7.6**	**18.7**	**30.5**	**27.9**	**4.2**

Source: Office for National Statistcs, MYE 2022

LSOA **Bronington 2** is the most deprived of the four **Penley LSOAs**, ranked as the 1,290th most deprived LSOA in Wales.

17.1% of residents aged 16 years and over in **MSOA Wrexham 018** have no qualifications, which is below the average for **Wrexham UA** and Wales.

Wrexham UA has the second lowest percentage of housing assessments free from category one hazards and among the lowest number of known and estimated houses of multiple occupancy in the region

3.3 Health and Wellbeing

The main mechanism that links the socio-economic environment and poor health is likely to be psychosocial stress. Poor socio-economic circumstances lead to anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life. They also increase risk-taking behaviour such as smoking, alcohol misuse, drug taking and unsafe sex. The socio-economic environment also determines the level of exposure to physical environment hazards, such as poor housing and road traffic

In **Wrexham UA**, 9.1% of adults report smoking, this is among the lowest across the region and below the average for Wales (12.8%) but not statistically significantly lower. Smoking prevalence is almost three time higher among adults in the most deprived areas compared to those in the least deprived areas.

The percentage of adults in **Wrexham UA** (15.5%) reporting to drink alcohol above the recommended guidelines is lower than the averages for Wales and BCUHB.

In **Wrexham U**A, just under 22% of adults report eating at least five portions of fruit and vegetables the previous day, which is similar to the average for BCUHB but below the Wales average (28.5%).

Around half of adults in **Wrexham UA** report meeting the recommended levels of physical activity each week.

In **Wrexham UA**, just over 75% of working age adults report being in good health, which is the same as the average for BCUHB and above the Wales average (72.6%). Just under 73% of adults in **Wrexham UA** report being free from limiting long term illness, which is similar to the BCUHB average and higher than the average for Wales.

Table 4: Long term health problem or disability, Wales, Wrexham UA and MSOA Wrexham 018, 2021

	W02000095 : Wrexham 018 2021 Mid-layer SOA		Wrexham Local Authority		Wales Country	
	count	%	count	%	count	%
All usual residents	6,387	100.0	135,117	100.0	3,107,494	100.0
Disabled under the Equality Act: Day-to-day activities limited a lot	410	6.4	12,708	9.4	319,406	10.3
Disabled under the Equality Act: Day-to-day activities limited a little	622	9.7	14,917	11.0	350,860	11.3
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	487	7.6	8,802	6.5	206,540	6.6
Not disabled under the Equality Act: No long term physical or mental health conditions	4,868	76.2	98,690	73.0	2,230,688	71.8

Data above from the 2021 Census on long term health problems or disability show that 6.4% of residents in **MSOA Wrexham 018** report being disabled under the Equality Act, with day-to-day activities limited a lot; this is lower than **Wrexham UA** (9.4%) and Wales (10.3%).

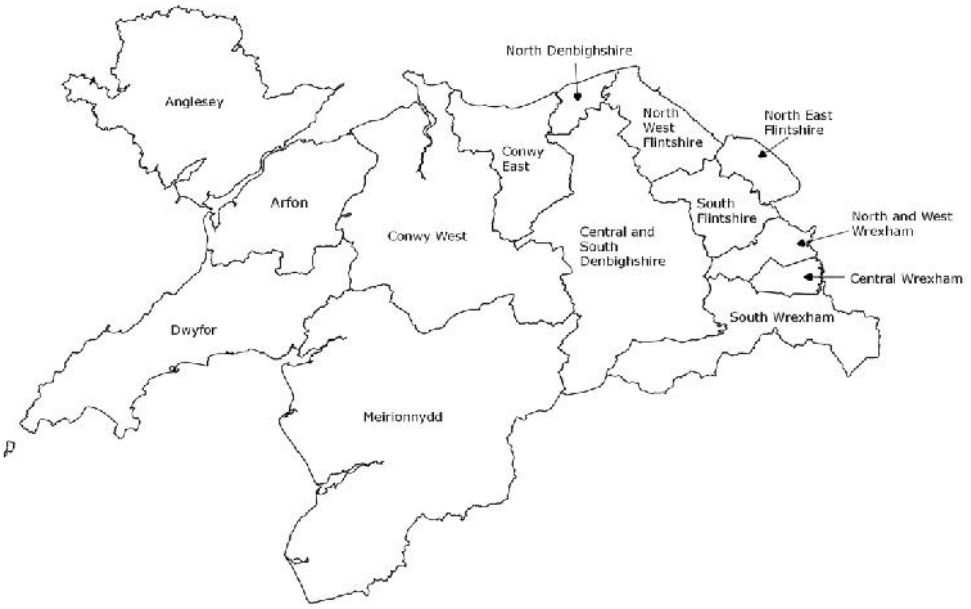
Wrexham UA's score of mental well-being score of 50 indicates better mental well-being compared to the other UAs in North Wales.
8.1% of people in **Wrexham UA** report feeling lonely which is the second lowest across the region and below the averages for BCUHB (10.4%) and Wales (12.7%) and among the highest who report to volunteer

3.4 Primary Care Cluster Areas

Primary Care Cluster Areas are a small group of GP practices, which work together to develop services in the community. Primary Care Clusters each serve a registered population of between thirty and fifty thousand patients.

Primary care data for the **Wrexham Primary Care Clusters** is also presented in this report. The four **Penley LSOAs** are located in **South Wrexham Primary Care Cluster**.

Figure 2: Primary Care Cluster boundaries, Betsi Cadwaladr University Health Board, 2016



Produced by Public Health Wales Observatory, using GP cluster boundaries.
© Crown Copyright and database right 2016, Ordnance Survey 100044810

Primary Care Cluster chronic conditions registers

Table 5 shows the percentage and numbers of patients with a chronic condition registered on GP practice registers. The data is taken from the Quality Assurance and Improvement Framework (QAIF) disease registers. The QAIF replaces the Quality and Outcome Framework (QOF) (Welsh Government, 2020).

It should be noted that there are variations in the coding and recording of chronic conditions by practices.

Table 5: Percentage of patients registered as having a chronic condition, Wales, Betsi Cadwaladr UHB, Wrexham Primary Care Clusters, April 2024

	Asthma (%)	Atrial fibrillation (%)	Cancer (%)	Chronic obstructive pulmonary disease (%)	Diabetes mellitus (patients aged 17+) (%)	Epilepsy (patients aged 18+) (%)	Heart failure (%)	Hypertension (%)	Stroke and transient ischaemic attack (%)
Wales	7.2	2.6	3.6	2.3	8.2	0.9	1.3	16.0	2.2
Betsi Cadwaladr UHB	7.5	2.7	4.2	2.6	8.0	0.9	1.3	17.3	2.2
Primary Care Cluster:									
North & West Wrexham	7.9	2.6	4.3	2.4	7.9	0.8	1.1	17.6	2.1
Central Wrexham	6.9	2.3	3.4	2.3	7.7	0.8	1.3	16.2	2.1
South Wrexham	7.9	2.8	4.0	2.6	7.9	1.0	1.2	18.3	2.3

Source: QAIF; StatsWales (WG)

South Wrexham cluster have the highest percentage of patients registered with Asthma, atrial fibrillation, epilepsy hypertension and stroke and transient ischaemic attack of the Wrexham

3.5 Older People

Rising life expectancy is likely to increase the prevalence of frailty, which is estimated to affect around one in four people aged 85 years and over.
Wrexham UA has a relatively high rate of hip fracture.

The rate of patients registered by their GP as having dementia is highest in the South Wrexham Primary Care Cluster (this includes the Penley catchment area) which are similar to the Wales average. By comparison, rates in Central Wrexham Primary Care Cluster are statistically significantly higher than Wales.

Premature mortality from key non-communicable deaths in **Wrexham UA** is relatively high compared to other UAs in North Wales but not statistically different to the Wales average. WIMD 2019 data shows the rates in the four LSOAs that make up **MSOA Wrexham 018** are all below the rate for Wales as a whole.

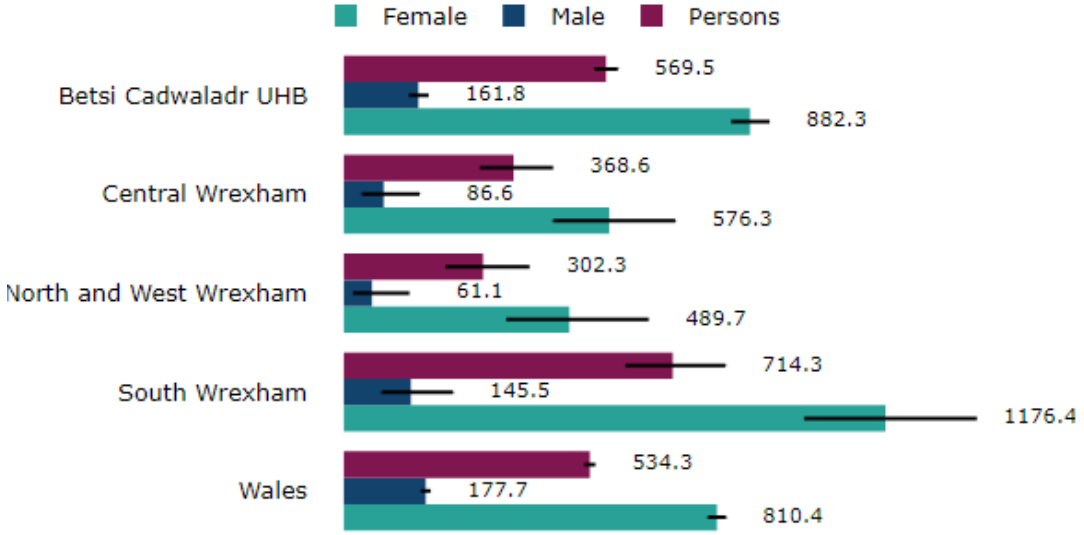
3.5.1 Frailty

Rising life expectancy is likely to increase the prevalence of frailty, which is estimated to affect around one in four people aged 85 years and over.

The Quality Assurance and Improvement Framework (QAIF) disease registers records the number of patients aged 50 years and over with osteoporosis. South Wrexham Primary Care Cluster seems to recording a relatively high rate (Figure 2).

Figure 3: Osteoporosis Register, EASR per 100,000, persons, males and females, Wales, Betsi Cadwaladr UHB and Wrexham Primary Care Clusters, 2023

Produced by Public Health Wales using Audit+, DHCW



3.6 Children and Young People

In **Wrexham UA**, 7.9% of babies are born with low birth weight, which is the highest across the region.

87.5% of children aged 4 years in **Wrexham UA** are up to date with routine immunisations. 27% of children aged 4 to 5 years in **Wrexham UA** are overweight or obese.

Wrexham UA has the highest teenage conception rate (21 per 1,000 females aged under 18 years) in North Wales and is higher than the rates for BCUHB (17.8 per 1,000) and Wales (15.2 per 1,000).

4. The Assessment of Current Services

Penley Hospital is an 8 bedded inpatient facility. No other services are provided from the site.

Inpatients at Penley Hospital are cared for over the 24-hour period by Registered Nurses (RN) and Health Care Support Workers (HCSW). There are 1 RN and 1 HCSW on each shift.

Patients are under the medical care of the Care of the Elderly (COTE) team, with one session (4 hours) a week provided. In addition, there is ad-hoc cover from Advanced Nurse Practitioners (ANPs) as required.

There are no therapy or medicines management hours allocated to support Penley Hospital.

Due to the situation, isolation, and levels of available medical, nursing and lack of therapy resource this impacts on the type of patients who can be safely cared for in Penley Hospital.

As such, patients who are being considered for transfer to Penley Hospital require individual review from both a medical and nursing perspective prior to transfer.

The most frequent groups of patients transferred are those no longer requiring hospital level care and are awaiting new care home placements, packages of care and occasionally those who require End of Life care.

Criteria for admission

- Patients should be deemed medically fit for discharge by the referring team and must not have medical needs which require frequent, planned, regular intervention as there is only one medical visit per week. Unstable medical conditions cannot be managed.
- Patients must have nursing needs which can be met by the team in Penley. In particular, care must be taken that the required number of staff will be available for moving and handling issues and that any specific dietary issues can be supported e.g. special diets
- Patients with cognitive impairment who display challenging behavioural and psychological symptoms such as walking with purpose or who require close supervision because of, for example falls risks, cannot be safely managed because of the physical layout of the unit and the available staffing numbers.
- There is no piped oxygen on site and patients requiring regular or long-term oxygen therapy will need a clear plan from the referring team as to how this will be provided e.g. concentrator.
- Patients must have completed all therapy interventions and any required reports should have been completed.
- Patients being transferred to wait for care home placements or packages of care should have all relevant paperwork and meetings completed prior to transfer (e.g. What Matters/Best Interest meetings/ Nursing Assessments) – there must be a clear

discharge destination identified and these are best completed by ward teams who have been caring for the patient for a prolonged period.

- Patients being transferred require an up-to-date drug chart with at least 7 days space available.
- Pharmacy cover is limited and medications are ordered and delivered via the Wrexham site. At least 7 days' supply of medications must be transferred with the patient to allow for any non-stock medication administration.
- A discharge letter covering the acute site stay must be completed.
- For patients transferred for End-of-Life care, they must have been seen by the Consultant providing cover to Penley Hospital prior to transfer to enable the completion of appropriate Medical Cause of Death Certification and Cremation forms as appropriate.
- Clear discussion with the patient and their family around the transfer to Penley Hospital must be documented including decisions around DNACPR decisions and documentation, discontinuation of observations and discussions around re-escalation to the acute site.
- Patients with End-of-Life symptoms requiring daily medical intervention because of unpredictability will not be suitable because of the lack of available medical cover.

There is no onsite mortuary in Penley and the body of a deceased patient cannot be transferred back to the mortuary in Wrexham.

Patients who may require referral to HM Coroner after their death require special discussion to ensure that the relevant legal process can be followed. Their transfer may not be suitable because of the legal issue of chain of evidence.

Primary care

For the majority of the population in Penley GMS Primary Care is provided from either Overton or Hanmer.

Dee Valley Medical Practice is a practice with just over 7,000 registered patients with its main surgery located in Overton (3.2 miles north west of Penley) and a small Branch Surgery in Bangor on Dee, (4.8 miles north). They provide GMS services via a range of professionals including GPs, Advanced Nurse Practitioner, Practice Nurses, Healthcare Assistants and Community Pharmacists along with visiting support from Midwives and Health Visitors.

Hanmer Surgery is a Practice located in the village of Hanmer (2.1 south east of Penley) with just under 2,000 registered patients. They provide GMS services via a range of professionals including GPs, Practice Nurses, Healthcare Assistants and Community Pharmacists along with visiting support from Midwives and Health Visitors. Hanmer Surgery currently operates from a dated site which at times limits the range and volume of services it is able to provide and as a result have for a number of years been looking into the possibility of relocating to a more appropriate premises. They have an active Patient Voice through the Hanmer Surgery Patient Action Group whose main focus is to champion the development of new fit for purpose accommodation.

District Nursing

District Nurses are based in Overton GP Practice (Dee Valley Medical Practice, Overton, 15 High Street, Overton -On -Dee, Wrexham, LL13 0ED.

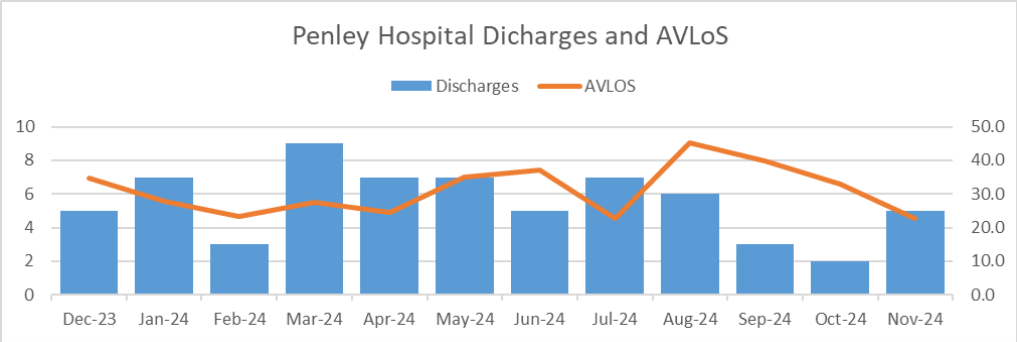
The District Nursing Service is one point of contact for people to access community home based general nursing services. They provide care through an appropriately skilled and qualified nursing workforce, which delivers an equitable and accessible range of services. They predominantly see patients who are deemed housebound, with the focus of care being promotion and maintenance of health, providing support through ill health, promoting and maximising independence, recovery, and/or the terminal stages of life. The District Nursing service leads and delivers care within patient's homes, residential and care home settings, clinics and hospital settings.

Pharmacy

Community pharmacy services are available in Overton, with the pharmacy open Monday to Friday between 09:00 and 18:00 and Saturdays from 09:00 to 13:00. The services offered by the pharmacy include dispensing of prescribed medicines, acceptance of unwanted medicines, support with management of minor illness through the Common Ailments Service, support with obtaining supplies of regular prescribed medicines through the Emergency Supply Service, support with contraception through the Emergency and Bridging Contraception Service, optimisation of treatment for COPD and asthma through the Inhaler Review Service, support with stopping smoking through the Help Me Quit in Pharmacy service, a seasonal influenza vaccination service, and supply and return of patient sharps bins.

4.1 Activity Data

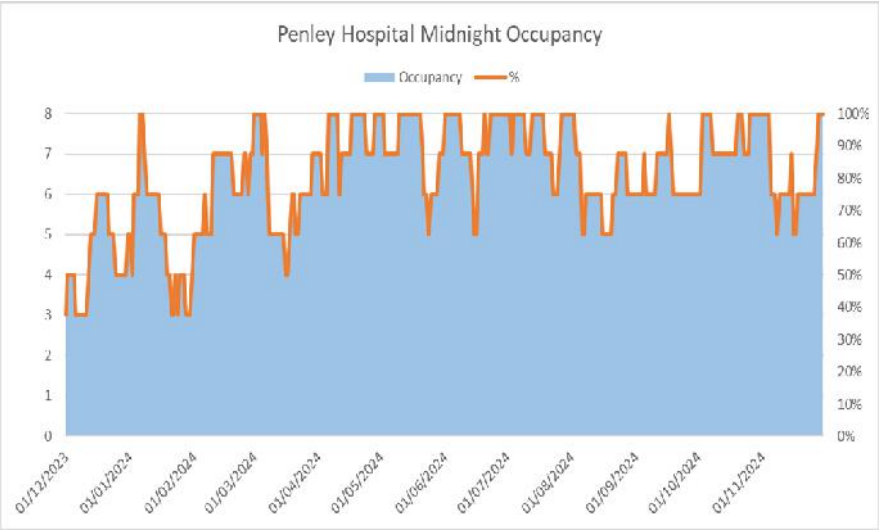
Between December 2023 and November 2024, the average length of stay for patients was 31.1 days.



Average length of stay for community hospitals in Chirk and Mold for this period were 42.9 and 47.1 days.

Of the 59 patients admitted to Penley Hospital from other BCUHB hospitals during this period, 49.2% were admitted from Chirk Community Hospital, 47.5% from Wrexham Maelor Hospital, and 1.65% each from Mold and Deeside Community Hospitals.

The average occupancy rate for this same period was 80.5%. This means on average there were 6 patients in Penley over this period. Mold Community Hospitals were 95.2% and 101.7%, respectively.



Of the 59 patients admitted from other BCUHB hospitals to Penley Hospital from December 2023 until its temporary closure in December 2024;

- 49.2% (29) normally resided in Wrexham and the surrounding areas,
- 27.9% in Chirk (16) and the surrounding areas
- 13.1% (8) in Penley and the surrounding areas
- 6.6% (4) in Llangollen
- 1.6% each in Powys and Corwen (2).

At least 22 (37%) of patients in Penley during this time had community hospital provision available closer to their home.

4.2 Financial Context

BCU WIDE Context

The National Health Service Finance (Wales) Act 2014 places two financial duties on Local Health Boards:

a) **Revenue resource performance**: A duty to ensure that expenditure does not exceed the total funding allotted to it over a period of 3 financial years.

b) **Integrated planning:** A duty to prepare a plan, in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the Revenue resource performance while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The NHS in Wales, just as the wider Public Sector across the UK, has experienced significant financial pressures over the past 5 years, most notably the transition out of the COVID Pandemic response. Rising demands and service pressures have been compounded by the significant increases in the costs of staffing, agency, consumables and energy.

The Health Board has faced a significant underlying deficit position, which is an accumulation of drivers that include cost pressures, historic investment decisions and non-delivery of savings programmes. In previous financial years, many of these cost pressures have been mitigated through non-recurrent measures and non-recurrent funding support from the Welsh Government.

The Health Boards Integrated Medium Term Plan 2026-29*,* sets out how it must improve the way it delivers services, become more efficient, productive and effective, modernise practice and learn from others as well as share the innovation and best practice that is evident across the health board. It must improve through using public resources wisely, providing value for money to the taxpayer, particularly in financially constrained times. Further strengthening the relationships with communities and partners and enabling and supporting staff across the organisation will enable significant improvement to be achieved through the timespan of its Plan.

The 2026/27 Annual Inflationary Allocation for growth limits the ability of the Health Board to meet inflationary pressures, with the regulatory bodies for NHS Wales promoting this to be a zero-investment budget. The attainment of the key financial duty to deliver a balanced financial plan for the year is therefore challenging, requiring careful prioritisation and a disciplined approach to planning to balance affordability with ensuring high quality services remain accessible and delivered in a timely fashion for the local population. Prioritisation and clarity on where resources are deployed for 2026/27 will therefore be needed, decisions aligned to population need in meeting the immediate need in addition to a long-term strategic focus, ensuring services are sustainable in meeting the needs of those requiring our services today and fit for the challenge of meeting the increasing demands of tomorrow

The targeting of improvements through implementation of a Value & Sustainability approach to enhance delivery for the local population, securing gains in productivity and efficiency through service reviews aligned to benchmarking with improvements to financial standing is a key strategic focus. This lays the foundations to enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable in the longer term.

4.3 Penley Context

The Financial resources for Penley Hospital operating as an 8 bedded hospital cost £768,135 to run in 2023/24, including Estates and Facilities costs.

2023/2024 - Financial Out-turn Position Penley Hospital:							
Cost Centre	Class	Annual Budget	WTE Budget	WTE Actual		YTD Actual	
		£	No.	No.		£	
Income Total	Income	0	0.00	0.00		(646)	
Pay Total	Pay	716,511	17.09	15.81		684,983	
Non-Pay Total	Non Pay	73,608	0.00	0.00		83,798	
Grand Total		790,119	17.09	15.81		768,135	

- The budget and out-turn positions capture both pay (89%) and non-pay (11%) resources for the Clinical, Estates and Facilities costs.
- During the financial years leading up to the closure of the 8 beds, the Health Board regularly maintained staffing levels using Bank and Overtime: £35k in 2019/20; £18k in 2020/21; £40k in 2021/22; £38k in 2022/23, £52k in 2023/24 and £11k up until the temporary closure in 2024/25. As well as redirecting Nursing staff from other areas into supporting the 8 inpatient beds.
- Assuming 80% occupancy this equates to over £120,000 per bed per annum (£2,300 per week) before allocating Managerial and Corporate over-heads. This does not compare favourably to the Community Wards at Chirk and Mold Hospital, which range between £1,676 to £1,820 per week.
- Since the temporary closure the provision of security costs at Penley Hospital is circa £5,000 per month. This includes 4 x patrols per day plus additional costs for bank holidays and call-outs.

Nurse Staffing - In terms of the direct Nursing staffing for the Inpatient services within Penley Hospital, the following table summarises the overall financial position in relation to budget and actual Nursing Pay costs. It does not include any supporting costs, such as Medical, Facilities, Pharmacy or GP services.

Whilst there is physical capacity for 8 inpatient beds, it must be noted that the historic recurrent budget and funding within Penley Hospital has always remained for 8 beds, even in periods of low occupancy.

Year	Nursing Budget £000's	Outturn £000's
2019/20	542	418
2020/21	552	482
2021/22	574	500
2022/23	602	537
2023/24	643	658
2024/25	659	551
2025/26	633	46

The budget, excluding Estates and Facilities, is predominantly staff pay related (97%), with the remaining 3% being non-pay costs. Whilst the IHC has been set a Savings Target to deliver annually, in line with the requirement across the Health Board, no direct savings have been taken out of the Penley Hospital budgets due to potential changes in the use of the Hospital.

The following table summarises the funded whole time equivalent (WTE) establishment against those staff directly in post, that is ignoring the use of Bank, Agency and Overtime to cover any gaps.

Year	Funded WTE	In Post WTE	Vacancy WTE
2019/20	14.28	12.94	(1.34)
2020/21	14.28	13.47	(0.81)
2021/22	14.28	11.95	(2.33)
2022/23	14.28	12.63	(1.65)
2023/24	14.28	14.12	(0.16)
2024/25	14.16	2.24	(11.92)
2025/26	13.31	0.00	(13.31)*

*staff have been temporarily redeployed until a decision is made on the future of services and will continue to be engaged throughout the process.

5. Standards and Evidence

Quality is more than meeting service standards. It is system-wide, safe, effective, person-centred, timely, efficient, equitable care. To help achieve this, the Duty of Quality Act (2020) broadens the existing duty on NHS bodies. The required quality standards for delivering in-patient care includes medication safety, infection prevention and de-conditioning.

The Quality Statement for Palliative and End of Life Care outlines Welsh Government's vision for ensuring individuals receive high-quality care tailored to their needs, whether at home or in healthcare settings.

Pathway of Care Delays / Delayed Transfers of Care

A pathway of care delay (PoCD) is experienced by a hospital inpatient when they are ready to transfer to the next stage of care, but this is prevented by one or more reasons. PoCDs has a detrimental effect on the people who become delayed with significant implications for their independence. It is also necessary to consider however how a PoCD impacts on wider service delivery and performance across health and social care.

Prior to the temporary closure of Penley Hospital there were a number of patients that were medically fit for discharge but were occupying inpatient beds due to delayed pathways of care. A number of these delays were caused by factors such as a lack of packages of care and patients awaiting a space in care home beds.

Discharge to Recover and Assess at Home (D2RA) was introduced in Wales in 2018 and introduced 3 pathways of care. The D2RA Pathways model requires that patients should have a period of active reablement/rehabilitation intervention, preferably at home (D2RA Pathway 1) or in a bedded facility (D2RA Pathways 2 & 3) Based on the Optimising Hospital Patient Flow Framework criteria, acute and community hospitals must discharge all patients as soon as they are deemed clinically optimised to do so. For D2RA Pathways 1-3, patients must leave hospital within 48 hours (maximum) of being declared clinically optimised to do so. The majority of patients in Penley are awaiting placement (pathway 3) or care at home (pathway 2)

Pathway of Care Delays (POCD) are known as Delayed Transfers of Care. Between Dec 2023 and November 2024, Penley had the following 'delayed transfers of care':

Between the period of December 2023 & November 24 in Penley, there were an average of 5 delays per month as a result of pathway/package of care issues, total of 69 delays across the period. This equates to 62.5% of the total bed base of 8 beds. In some instances, this increases to almost 100% spiking in July 24. The total number of delayed days across the period is 3677.

Month	Patient Delays	Days Delayed
Dec 23	4	270
Jan 24	5	339
Feb 24	6	280
Mar 24	6	283
Apr 24	8	370
May 24	6	440
Jun 24	7	319
Jul 24	9	453
Aug 24	4	316
Sep 24	4	228
Oct 24	5	297
Nov 24	5	501
Grand Total	69	4096

With the top reasons for delay described below in order of frequency:

Delay Reason
Awaiting start of new home care package
Awaiting reablement care package
Awaiting Social worker allocation
No suitable abode
Awaiting completion of assessment by social care
Awaiting completion of assessment Nursing
Awaiting joint assessment
Awaiting RH availability
Awaiting completion of adaptations (DFG's)
Awaiting health completion of assessment/provision for equipment
Awaiting nursing/residential home self-funding
Awaiting provision of telecare and /or telehealth equipment
Homeless
Intervention by patient's legal representation
Awaiting NH availability
Awaiting restart of previous home care package

Patients LA

LA	Patients	%
Wrexham	67	97%
Denbighshire	>5	3%

5.1 Nurse Staffing Levels

Inpatients at Penley Community Hospital are cared for over the 24-hour period by Registered Nurses (RN) and Health Care Support Workers (HCSW) with the staffing model below,

Band	Job Title	WTE (whole time Equivalent)	WTE In post at time of temp closure
6	Junior Ward Sister	1.0	0.0
5	Band 5 Staff Nurse	4.30	3.72
2	HCSW	6.70	4.38
	Total	**12.00**	**8.41**

The Nurse Staffing Levels (Wales) Act 2016 is a law that requires Welsh health boards and trusts to ensure sufficient nursing staff to provide safe and effective care. It mandates the calculation and maintenance of appropriate nurse staffing levels in various healthcare settings. Initially focused on adult acute medical and surgical inpatient wards, but it includes

provisions for extending its requirements to other healthcare settings, including community hospitals, as evidence-based workforce planning tools are developed. The Act places a duty on Welsh health boards and NHS trusts to ensure sufficient nurses are available to provide safe and effective care

For Acute Wards current ratios are of 1 registrant to 8 patients or 1:4 when non registrants are included. For community Hospitals no ratio is determined, however the Health Board goes through a nurse staffing review of community Hospitals to ensure safe staffing in relation to the specific needs of each community ward. For the East community wards, it can be seen the staffing ratios within Penley are high.

	Bed numbers	Patient to RN ratio	Patient to HCSW ratio
Chirk	30	10 :1	7:1
Mold	40	10:1	7:1
Deeside	28	9:1	7:1
Penley	8	8:1	8:1

The level of risk associated with only having 2 members of staff in the building overnight is noteworthy, in recent months the executive nurse director has stated in order to provide safe and effective care a band 5 Staff nurse should not routinely be left as sole registrant, and that one registrant should not be working in isolation overnight. This would significantly impact on the staffing mix and numbers required. Doubling the Registrant workforce numbers and increasing the numbers of Band 6 within that.

5.2 Recruitment and Retention

Sickness between Dec 2023 and Nov 2024 -=7 weeks RN sickness, predominantly covered by Chirk staff & backfilled with agency/OT & HCA 18 weeks covered with bank. Throughout periods of sickness in Penley this was supported by initial review of the roster for safe staffing, and for any staff with time owing, offer additional hours, offer overtime. If unable to support with staff inhouse in Penley, Chirk roster review completed and staff would be asked to move if safe staffing numbers. If this was not possible, review of time owing, offer additional hours which if this was picked up by Chirk staff the shifts would then be put out to agency for RN cover in Chirk if needed to cover short fall – therefore this increased the agency spend for Chirk.

5.3 Medication Safety

In line with safe medication processes, BCUHB requires an independent second check and witnessed administration of controlled drugs, intravenous medicines, all insulin products and wherever a calculation is required. Staff must complete a competency framework to be able to undertake this role, which would typically be undertaken by a registered nurse. The current ward budget is only established to provide one registered staff member per shift and therefore non-registered staff are required to complete second checking on shifts. The MM01 BCUHB Medicines Policy states that non-registered staff require a Level 3 qualification to enable them to undertake the role of the second checker.

Not all non-registered staff in Penley have this level of qualification and there may, on occasion, be no second checker available. This can cause a delay in the administration of medication to patients leading to increased length of stay, a potential increased risk of medication errors, potential increased medication-related incidents, non-compliance with local and national regulations (with potential legal consequences), and increased stress for staff. It may also impact on the quality of patient care and staff retention.

5.4 De-conditioning

Patients in Community Hospitals are expected to be discharged within 21 to 35 days. However, prolonged hospital stays can negatively impact health, leading to sleep deprivation, increased risk of falls, delirium, infections, and muscle loss, which reduces mobility and independence (known as deconditioning or PJ paralysis). Addressing long stays is vital to preventing harm, disability, and unexpected costs, especially for vulnerable patients.
NHS Improvement 2018 refers to patients who have long lengths of stay in hospital and compares their pre-illness/pre-admission baseline. It was noted that 35% of 70-year-old patients experienced functional decline during hospitalisation. For people over 90 years of age this figure rises to 65% and a discharge audit found that 39% of people's length of stay or delay could have been discharged through alternative pathways and services better suited to their assessment need.

From Dec 2023 to Nov 2024 Penley' s average length of stay (AvLOS) was 31.6 days. This is in addition to the length of stay in either Wrexham Maelor or Chirk hospital There were no continuing requirements for hospital provision for the majority of patients. There are no therapy support provided for patients in Penley reinforcing the risks of extended hospitalisation.

Since December 2023 at least 50% of inpatient beds have been occupied by patients with pathway of care delays, on many occasions all beds (100%) were occupied by patients awaiting delayed transitions in care.

5.5 Infection Prevention

Infection prevention in Welsh Community Hospitals is guided by rigorous quality standards to ensure patient safety and minimize healthcare associated infections (HCAIs). The Code of Practice for the Prevention and Control of Healthcare Associated Infections set out essential infection prevention measures, emphasizing evidence-based protocols, staff training, and environmental cleanliness.

Public Health Wales enforces a zero-tolerance policy for preventable HCAIs, integrating national guidelines such as the National Standards for Cleaning in NHS Wales. Additionally, hospitals implement infection prevention improvement plans, focusing on staff education, compliance monitoring, and timely incident reporting. These measures collectively foster a culture of accountability and continuous improvement in infection control.

At Penley Hospital, should the registered member of staff become unwell whilst on duty, the ward could be left with no registrant cover posing a significant risk to patient safety and placing non-registered staff in a challenging position where they may be required to work outside the

scope of their role. This may lead to the ward being non-compliant with local and national quality and safety standards. To mitigate against this risk the staff member may remain on site providing clinical care either due to a lack of backfill or whilst awaiting assistance from another site - potentially increasing a risk of transmission and infection prevention risks.

Furthermore, patients can be at an increased risk of exposure during a prolonged hospital admission where there is a pathway of care delay.

5.6 End of Life Care

End-of-life care in NHS Wales is guided by a commitment to dignity, compassion, and person-centred support. The Quality Statement for Palliative and End of Life Care outline the Welsh Government's vision for ensuring individuals receive high-quality care tailored to their needs, whether at home or in healthcare settings. This approach integrates health and social care services, emphasizing collaboration across networks to provide holistic support, including bereavement care. Additionally, the All-Wales Care Decisions for the Last Days of Life Guidance offers evidence-based best practices to help healthcare professionals deliver individualized, compassionate care in the final days and hours of life.

The provision of end-of-life care in Penley and the surrounding area is provided by the District Nursing Team supported by the CRT which consists of the GP service, District Specialist Palliative Care, Nursing and Residential Homes, Local Authority, Therapies, and Pharmacy. When patients within Penley Unit require syringe drivers or end-of-life anticipatory medicines the District Nursing service provides this support as this requires 2 RNs and specialist training.

All staff at Penley had completed relevant EoL training and verification of death, roughly there have been 14 patients nursed between Dec23-Nov 24 Staff are supported by the District Nursing service to deliver syringe drive and anticipatory medications when required.

Currently there are 10 patients from Penley on the District Nursing case load, which includes three with a palliative diagnosis. Over the past 2 years there have been 18 patients from Penley on the district nursing caseload, delivering end of life care for three of those patients at home.

6. Estates and Facilities

Dedicated Catering and Domestic Services staff are employed specifically for Penley Hospital as follows. At the time of temporary closure of the hospital there were vacant hours, particularly in Catering where service was provided by relief members of staff a number of days a week:

	Band	Establishment	In post	Vacant

Catering	2	1.85wte	0.43wte	1.42wte
Domestic Services	2	0.96wte	0.75wte	0.2wte

Due to the limited numbers of patients at Penley, Catering were able to offer a bespoke service with a wide range of hot and cold options available to each individual patient. These included salads and sandwiches prepared on site. As in Wrexham Maelor Hospital and the remainder of the community hospitals in East, hot meals were delivered to the hospital frozen and regenerated in the on-site kitchen.

Penley Hospital is located in South Wrexham cluster and has been in this location since the 1940s when it was commissioned as a polish war veteran hospital. Churchill signed an accord at the conclusion of World War II, promising to maintain services for the Polish veterans for as long as they were needed. The original Penley hospital closed in 2002, and the site was redeveloped to form a new 8 bedded community hospital facility. In 2004 the wider historic Polish hospital site was sold. The remaining Penley site is in the ownership of BCUHB following the sale of site, a portion of which is leased to the Trustees of Penley Rainbow Centre. There are no covenants now associated with the site.

7. Interim Service Mitigation since April 2023

In response to being unable to safely open the ward, the Health Board has focused on providing alternative models of care. These included providing health and care services directly in patient's homes, working closer with care homes in the area to provide services for their residents and enabling and providing the health support for patients to spend their last few weeks and days with dignity in their own home. Partnership working with key stakeholders including the Local Authority and Third Sector services has been key in delivering the service mitigations.

Following the temporary closure of Penley Hospital in December 2024 a total of 8 patients from Penley postcodes have been admitted to Chirk Hospital, this is an average of 1.3 per month. These 8 patients have a total length of stay of 603 days (this includes acute hospital days).

8. Summary of Issues

Summary of Issues – Penley	
Population Health Need	The existing Penley site has supported 8 Penley residents during the year prior to the temporary closure At least 37% of patients who were admitted to Penley Hospital during December 23 – December 24 had community hospital provision available closer to their home.

	Penley Hospital serves a population of approximately 6500. A range of services are available within the Community to deliver physical wellbeing, mental health support, midwifery, and social care. Services are provided by the Health Board, Local Authority, and the Third Sector. This range of services supports achievement of the Public Health Wales prevention and wellbeing objectives. Further work is required to target gaps in service provision and strengthen and enhance delivery of existing services. Current Welsh government strategy is to provide care as close to home as possible but in the right setting. Admission to a community or acute hospital bed should occur only when the treatment they require can only be provided in that setting.
Quality and Safety Standards (Services meet standards, minimise risk to patients and patients have a good experience)	Quality is more than meeting service standards. It is system-wide, safe, effective, person-centred, timely, efficient, equitable care that should occur in a learning culture. To help achieve this, the Duty of Quality Act (2020) reframes and broadens the existing duty on NHS bodies. The Penley Hospital model does not always meet national quality standards. Limited medical input impacts on the cohort of patients who can be safely cared for at Penley Hospital. The majority of patients do not require hospital level care. The required quality standards for delivering inpatient care include medication safety, de-conditioning and infection prevention. The current model does not adequately provide assurance regarding • compliance with safe medication processes. • Potential de-conditioning of patients due to pro-longed hospital admission No therapies and pharmacy services were being delivered from Penley Hospital prior to the temporary ward closure thus negating any resource to support rehabilitation and care on site and impacting on patient experience and outcomes. The majority of patients in the pre closure period at Penley were not in the right care setting and were not receiving any active treatment but waiting for the right care setting or provision to become available Discharge to Recover and Assess at Home (D2RA) introduced in Wales in 2018 states that if the person is awaiting a domiciliary care package to support a return home, a level of reablement intervention must be maintained to prevent deconditioning and loss of the skills recovered through the period of reablement. This was not provided at Penley Hospital.

Workforce	The Health Board has a duty to provide safe levels of staffing to ensure patient safety, quality, and standards of care in line with the Nurse Staffing Levels (Wales) Act. A phased implementation of this was rolled out within District General Hospitals. Phased implementation has not, as yet, been rolled out in Community Hospitals. By law, there is a professional duty to ensure patient safety through adequate staffing levels and skill mix. To ensure the delivery of sustainable, safe services moving forwards, a resilient workforce is required. At present there is a lack of resilience within the nursing workforce model due to recruitment and retention challenges. In order to maintain patient and staff safety, staff are often transferred from Chirk community Hospital in cases of shortfall. This leaves Chirk Hospital - a 31 bedded unit - in a staffing deficit. To support modern nursing standards additional RN resource is required. To provide standards as required under D2RA meaningful and appropriate community hospital care, a multi-disciplinary team is required.
Financial (Affordability/Cost Effectiveness)	Betsi Cadwaladr University Health Board has a statutory obligation to plan and manage services within the allocation income it receives. The current ward staffing budget is consistent with other community hospital wards. Based on occupancy, (eight beds), the existing operating model of Penley Hospital is not efficient or effective in terms of providing value for money for the wider Penley community.
Deliverability and Sustainability (Realistic and Achievable)	The sustainability of the current service model is a challenge due to issues with the care model, patient and family choice/ acceptability, and workforce sustainability.
Efficiency and Effectiveness (Efficient use of resources/effective service delivery)	This is an opportunity to engage with the community to provide a more equitable and relevant service to address the needs of the community.

9. Conclusion of Assessment

The conclusion is underpinned by several key drivers for change. The most notable include:

1. **Improving population health** – There is an opportunity to improve patient outcomes and experience through a more co-ordinated, locally developed approach to addressing population health need, alongside wellbeing support and preventative care.

2. **Improving safety and quality** - Ensuring the delivery of safe, evidence based, patient focused and holistic care and service with optimum patient outcomes and patient experience in line with the Duty of Quality - which came into effect in April 2023 as part of the Health and Social Care (Quality and Engagement) (Wales) Act (2020) - and that are aligned to best practice models of care delivery.

3. **Sustainable skilled workforce** - Provision of workforce stability, ensuring staff recruitment, retention, and development are able to support continuous and sustainable service delivery and the ability to improve skill mix and opportunities for multi-disciplinary working and collaboration.

4. **Cost effectiveness** - Ensuring that services provided are cost effective, financially sustainable, and deliverable within allocated budget.

5. **Deliverability and Sustainability (Realistic and Achievable)** – The ability to deliver a consistent 24/7 inpatient ward without adverse impact on other health service provision, within existing constraints (available workforce, financial resource).

6. **Efficiency and Effectiveness –** Able to demonstrate efficient use of resources (finance, workforce, and estate); and improved/optimal clinical pathways to support improved patient outcomes and experience.

The findings from the work undertaken during this review recommend that there is a clear need to reconsider the way in which the existing service model is delivered at the Penley Hospital site. While the evidence gathered to date identifies significant challenges to reinstating the previous inpatient model in a safe, sustainable and effective way, no final decision has been made regarding the future configuration of services at Penley. The purpose of the next phase is to test the shortlisted options, alongside any reasonable alternative proposals raised through consultation, before any final recommendation is brought to the Board.

The Health Board has a strategic direction to improve population health, enhance patient experience including quality, access, and reliability (focus and evidence base for greater gain), to have a motivated and sustainable workforce and to deliver value-based cost-effective health care.

Partnership working between the NHS and its partner organisations, notably Local Authorities and the Third Sector will be essential for the review to provide the Health Board with a considered recommendation of the utilisation of the Penley Hospital site.

10. Post Engagement Assessment

A wide range of engagement and stakeholder involvement has been undertaken since the temporary closure of the site.

10.1 Stakeholder sessions – Development of options

Phased Engagement Approach

Since July 2025 there has been a focused engagement exercise with residents, staff, and stakeholders.

A phased approach to engagement has been conducted to support the service review process as follows.

Phase one (July 2025 to October 2025)

This phase of communications and engagement focused on:

- Listening to what matters to people — their priorities, concerns, ideas and experiences.
- Recording the feedback
- Raising awareness of the listening exercise, issues surrounding the temporary closure and opportunities to shape the future of local services.

Phase Two (November 2025 to April 2026)

Phase two of the communications and engagement activity focused on raising awareness of and inviting feedback on the shortlist of options, explaining the work to develop the options and actively seeking feedback from those who have been involved throughout, those most affected (as outlined by the Integrated Equalities Impact Assessment), staff and the wider community.

The second phase placed more of a focus on face-to-face community engagement to have more detailed conversations with members of the local community and representative groups.

10.2 Stakeholder sessions – Development of options

During the period of engagement, the Health Board conducted two “Balanced Room” stakeholder sessions with a view to develop options for future services in Penley Hospital.

For each stakeholder session (Balanced Room), a broad range of stakeholders were invited to attend. This invite was extended across a range of Health partners, (GP, Cluster and Third Sector), Local Authority (Adult Services, Local Councillors and Ward members), Llais, Disability Wales, North Wales Access Panel, Age Cymru, Hanmer Surgery Patient Participation Group, Overton on Dee WI, Polish integrated services and Helping Hands.

Stakeholder session 1 – September 2025

The first Stakeholder Session (Balanced Room 1) was convened and independently moderated to develop a long list of options for consideration, which were then appraised using BCUHB's essential criteria to develop a medium list of options. Use of the essential criteria ensured that each option was operationally viable for further consideration.

A detailed output report on Balanced Room 1 has been embedded as an Appendices ***(Appendix 1 – Balanced Room 1 output report)***

Stakeholder session 2 – October 2025

The second Stakeholder Session (Balanced Room 2) was convened with broadly the same audience to develop a set of desirable criteria reflecting the views of wider stakeholders not just the health board. Weightings were applied to each criterion and then the medium list of options was appraised using the co-developed and agreed essential criteria to develop a shortlist.

A detailed output report on Balanced Room 2 has been embedded as an Appendices ***(Appendix 2 – Balanced Room 2 output report)***

10.3 Options Development

Alongside suggestions for how to potentially overcome challenges in continuing the existing model, a number of potential alternatives were explored throughout the stakeholder sessions. These were to develop:

- Health and Wellbeing Hub (Integrated)
- Rehab / Step-down Facility with Beds
- Health and Wellbeing Hub plus Third Sector Facility
- Services in the Community (No Physical Building)
- approach but carries risks if funding and workforce are not secured locally.
- GP Surgery
- Care Home / Assisted Living
- Care Homes Providing Bed-Based Care

Each option was discussed in detail and appraised against the Health Board essential criteria of Quality and Safety, Efficiency and Effectiveness, Deliverability, Sustainability, Accessibility and Inclusion. This resulted in the following being taken as the medium-list for further exploration:

- Health and Wellbeing Hub (Integrated) - Passed all criteria, seen as a strong model for co-locating multi-professional services.
- Rehab / Step-down Facility with Beds - Passed all criteria, reflecting strong local support for bed-based rehabilitation and step-down care.
- Health and Wellbeing Hub plus Third Sector Facility - Passed all criteria, extending the hub concept by embedding voluntary sector organisations alongside NHS provision.
- Services in the Community (No Physical Building) - Passed all criteria in principle, offering flexible outreach and home-based care instead of a fixed hospital site.

These options were subject to further engagement, as well as continued experience information based on impact of the temporary closure as well as initial modelling ahead of a second stakeholder session. The second session saw the development of co-developed desirable criteria which covered improved patient experience, improved outcomes, improved accessibility of services and increased prevention and community support.

Based on the view in the room that they could better serve the health needs of the local community and following detailed discussions, the following options were agreed as the shortlisted alternative uses for further consideration:

1. **Health and Wellbeing Hub (Integrated)**: repurposing the hospital as a multi-professional hub where health, social care and potentially voluntary sector teams co-locate. The aim is to improve access to outpatient and preventative services closer to home, reducing travel and creating a focal point for care in Penley.

2. **Third Sector Led Health and Wellbeing Hub:** combining the integrated hub model with an explicit leadership and delivery role for third-sector partners. The proposal builds on existing strengths in the local voluntary sector to deliver health, wellbeing, and social support alongside NHS-led services

3. **Services in the Community (No Physical Building)**: redirecting resources away from maintaining a fixed site and investing instead in outreach and home-based services. This model prioritises flexibility and a “care closer to home” approach but carries risks if funding and workforce are not secured locally.

These shortlisted options are intended to support public consultation and are not presented as a preferred or final outcome. The Health Board remains open to alternative suggestions and modifications arising through the consultation process

10.4 Feedback from engagement

In addition to the development of shortlisted options, the feedback following the phased engagement process has also been collated and a number of themes have been highlighted.

- A strong desire for local health provision
- There has been some frustration with lack of clarity and detail
- Strong support for NHS-led or NHS-involved models
- Desire for exploring step-down, intermediate, and minor injury services
- Transport, accessibility, and infrastructure concerns
- Desire for community benefit beyond older people

Following review of feedback, actions have been put in place with a view to addressing themes which have been raised. Please see the table below which outlines the themes, along with current actions.

Theme	Actions/Mitigations put in place	Addressed	Further action required
A strong desire for local health provision	Each of the three options proposed improves local health provision across a range of patient cohorts.	In Full	N/A
There has been some frustration with lack of clarity and detail	It has been acknowledged that there has been a lack of detail within the engagment phase around the proposed models. Detail has now been included within the case for change paper work regarding indicative workforce models and services which could potentially be supported. Service and workforce models will be refined and developed following consultation	Partial	Further development of options/service models following consultation feedback
Strong support for NHS-led or NHS-involved models	Each of the three options either support an NHS-led or NHS-supported model of care. Option 1 NHS-Led Health & Wellbeing Hub, Option 2 Third Sector-led health and wellbeing hub (NHS Support), Option 3 - Improvement of community service provision (NHS- Led)	In Full	N/A
Desire for exploring step-down, intermediate, and minor injury services	During stakeholder sessions, step down facility/NHS led bedded unit options were explored, agreement to not take forward for consultation	Partial	Will revisit the options pending feedback from consultation
Transport, accessibility, and infrastructure concerns	Travel impact assessment completed which outlines any negative impact for each of the three proposals	Partial	Continuos development of travel impact assesment following consultation
Desire for community benefit beyond older people	Each of the three options improve health provision for a broad cohort of patients, not specific to older people. Each option aimed to provide integrated MDT approach to health provision	In Full	N/A

A detailed report on engagement activity has been embedded as an Appendices ***(Appendix 3 – Pre Consultation Engagement Report)***

During the consultation phase, communications activity will build on the feedback, particularly around clarity of concerns, and will take place across multiple channels to raise awareness of proposals and ways in which to get involved. Communications will also make it clear that no preferred option has been identified at this stage, and feedback received during consultation may result in refinement, combination, or reconsideration of the options presented

10.5. Critical Challenge and Review

Throughout the period of engagement, critical challenge has been provided from a range of stakeholders.

Stakeholder Sessions (Balanced Room)

Technical Advisors were present throughout both sessions, who provided advice and where relevant guidance to the wider group of stakeholders. Representation from Medical, Nursing, Operational Management, Estates and Equalities were all available to provide support.

Clinical Task and Finish Group

A Clinical Task and Finish Group has been implemented. According to Welsh Government guidance, NHS service changes must be clinically led, evidence-based and patient-focused to achieve the best performance and value-based health outcomes. Changes should be supported by clinicians to ensure safety and sustainability, addressing issues like workforce shortages, service quality, or implementing new models.

The group has been implemented in order to;

1. Receive regular updates on the service review process, engagement activity and feedback.
2. Provide clinical advice and guidance to the development of potential future models.
3. Review developing models based on clinical quality and safety.

The options which have been identified have been shared with the group in order to gather feedback and amend as appropriate. The feedback from this group has formed part of the development of the options for consultation. Consistent with the themes highlighted within the Pre Consultation Engagement Report feedback from the clinical task and finish group members outlined that further detail on proposed options should be considered.

The Clinical Task & Finish Group will continue to provide support, advice, challenge and guidance on the development of service models throughout the consultation process.

We will also seek independent clinical scrutiny and advice ahead of a final recommendation to the Board and a final decision on any future model being made.

LLAIS

In line with service change guidance (How to make changes to health services: guidance for NHS organisations | GOV.WALES) the Citizen Voice Body (LLAIS) has been included throughout the entire process, providing essential advice and critique on the engagement and service review. Representatives have been embedded in key forums such as the Balanced Room stakeholder sessions and active members of the local Penley steering group. Advice fand critique rom LLAIS has been key to ensure that consistency is applied and correct process has been followed.

11. Options for Consultation

The following options are presented to support meaningful public consultation. They are indicative models developed through engagement and stakeholder involvement and are intended to facilitate further discussion and feedback. No final decision has been taken regarding the future use of the Penley site or the configuration of local services

11.1 Option Summary

Each of the three alternative options have been costed to demonstrate affordability from a revenue (ongoing) perspective. The models at this stage are proposed/indicative and will be refined as appropriate through consultation and in line with the Health Board's IMTP and statutory requirement to deliver long-term financial balance and sustainability.

Option	Current Budget £000's	Cost of Proposal £000's	Change in cost base £000's
Option 1: Integrated Health & Wellbeing Hub	779	806	27
Option 2: Third Sector led Health & Wellbeing Hub	779	588	(191)
Option 3: Community-based Services	779	668	(111)

Further detail of the proposed model of each option is provided within the 'Options Detail' section of the paper.

Option 1 would require an additional £27,000 (4%) in addition to the current available budget.

Options 2 and 3 show a potential surplus against current funding which could potentially be reinvested in community-based care. Alternatively, this funding could be used to support commissioned services within the Third Sector led facility. This would need to be understood in detail at the next phase, in line with the Health Board's IMTP and statutory requirement to deliver financial balance and sustainability.

There may be a requirement for additional capital/revenue investment to support estate and IT development. At this stage, these costs are unknown, but services will work with colleagues from Estates and DDAT to ensure relevant costs are identified. Appropriate funding routes may need to be identified to support any alterations to the site.

11.2 Options Detail

11.2.1 - Health and Wellbeing Hub (Integrated)

A centre that combines multiple health and social care services under one roof, can offer significant benefits. This option provides the local population, along with the wider

community improved access to a broad range of community services from one location. This will align with the strategic goal of providing care closer to home. Patients from the local area(s) currently travel to access services which could be provided at an alternative site.

This option may require a significant amount of resource to redesign the building to deliver effective and safe care in a hub/health centre setting. This may include structural changes. Services which could potentially be delivered within the hub will need to be carefully selected, based on local need and the operational and clinical availability of resources which are feasible to deliver in an isolated clinical setting. These services would be in addition to the services currently on offer through the wider community.

The integrated approach combines statutory, commissions and voluntary services so that people can access multiple types of support in one location.

Benefits:

Holistic, Person-Centred Care - Encourages a whole-person approach rather than fragmented care.

Improved Service Coordination - Enables better communication and collaboration between professionals**.** While reducing duplication of services and avoid patients 'falling through gaps.

Better Patient Experience - One-stop-shop reduces the need for patients to travel between services. While also simplifying referrals and follow-up care.

More Efficient Use of Resources - Shared facilities and infrastructure lower operational costs over time.

Supports Early Intervention and Prevention - Integration facilitates early detection of issues**.** enabling rapid, multidisciplinary responses.

Stronger Community inequalities - Encourages community involvement, peer support, and health promotion.

Drawbacks:

Complexity of Setup and Governance - Requires coordination across multiple sectors (NHS, local councils, charities, private providers). Challenges in aligning policies, IT systems, and management structures.

High Initial Investment - Significant capital needed for premises, technology integration, and multi-service design.

Risk of Inequity - If not carefully designed, hubs may still fail to reach the most vulnerable or underserved. Some patients may prefer specialist, standalone services.

Staffing and Training Challenges - Multidisciplinary teams require ongoing training in integrated working. Risk of burnout or role confusion if expectations aren't clearly defined.

Workforce Model

The proposed health workforce model considers a wide range of staff groups. The level and number of which will be dependent on the clarity of service provision. Based on the financial envelope the following indicative workforce model has been developed. This model demonstrates the core services which could be supported on-site pending further review and feedback from the consultation process.

- Medical Provision – Supporting each clinical space
- Registrant – Supporting Clinical space
- Non-Registrant – Supporting Clinical Space
- District Nursing Community Nurse
- Physiotherapist
- Physiotherapist - Technical Instructor
- Health Visitor
- Occupational Therapist
- Occupational Therapist - Technical Instructor
- Community Mental Health Practitioner
- Dietician
- Speech And Language
- Podiatry
- Phlebotomist
- Domestics
- Receptionist

The medical and nursing provision outlined in the model demonstrates that there would be access to a broad range of medical & nursing services for patients in the local area. These services will be defined as the model develops. There would be designated clinical space to run services on a regular basis. "Services considered for this space may include:

- Falls Clinic
- District Nursing -Wound care
- Antenatal Clinics
- Pain Management
- Community Mental Health Clinics
- Smoking Cessation
- Sexual Health

The above would need to be considered within the limitations of the model outlined, and whether these services are in addition to established services or ran as 'in reaching' clinics.

There is also the ability for wider services outside of health to be provided. There would be access to both clinical and non-clinical available to support service delivery. This would support a Health & Wellbeing Hub model

Services may include the following.

- Social Connection & Community Activities – Group sessions, volunteering opportunities and other initiatives
- Counselling Services – Stress management
- Housing & Financial Advice – Guidance on housing issues, debt management and cost of living support

Although services outside of health would be delivered on-site under the hub model, the provision would need to be driven by specific agreements. The funding of these services would not sit with health and would sit with relevant authorities.

This model may require some capital/revenue investment to support some estate development. This may include some structural changes will which be reviewed as the options are refined.

Digital Data and Technology requirements will need to be explored in detail; at present there is limited network coverage on-site. A full review with DDAT technicians will be required to identify the required changes. Considerations to include

- Upgrading Network hub
- Introduction of swipe card access
- Increased number of ports/switches
- Improved telephony service
- Wireless connection improvement

Further work will need to be undertaken to identify the required alternations once the model has been agreed. There will then be a requirement to identify the appropriate capital/revenue funding stream which would support the developments.

Costing Detail

The indicative staffing resources within this service model are summarised below;

Staffing Resource	WTE*	Hours Per Week
Doctor	1.00	37.50
Registered Nursing	3.20	120.00
Therapy & Healthcare Sciences	4.30	161.25
Healthcare Support	1.60	60.00
Other Support Services	2.00	75.00
Total Staffing Resource	**12.10**	**453.75**

* WTE is the Whole Time Equivalent based on a 37½ hour full time working week

The costings demonstrate that this indicative model would require a budget increase of £27,000 (4%). This will continue to be refined as any model is developed.

11.2.2 Third Sector Led Health and Wellbeing Hub

Combining the integrated hub model with an explicit leadership and delivery role for third-sector partners. The proposal builds on existing strengths in the local voluntary sector to deliver health, wellbeing, and social support alongside NHS-led services.
Although this is a similar option to the BCU Led Health & Wellbeing Hub (Option A), this option would be led by a Third Sector partner and the model may differ dependent on the proposal by a third sector provider.

Key Features of a Third Sector–Led Hub

- Community ownership: Run by charities, social enterprises, or local voluntary groups, ensuring services reflect local needs.
- Integrated support: Combines health advice, social care, mental health support, fitness, nutrition, and social activities.
- Accessibility: Often located in familiar community spaces (libraries, community centres, faith buildings).
- Preventative focus: Emphasis on early intervention, lifestyle changes, and tackling social determinants of health (housing, employment, loneliness).
- Partnership working: Collaborates with NHS, local councils, and private partners, but led by the third sector.

Example Activities which the Hub could contain;

- Health Related Rehabilitative services – (E.G) Physical therapy, Occupational therapy, Speech and language therapy
- Drop-in sessions for mental health support
- Exercise and nutrition classes
- Peer support groups (e.g., for carers, people with chronic illness)
- Advice on housing, benefits, and employment
- Arts, culture, and social clubs to reduce isolation
- Volunteer opportunities to build confidence and skill

Benefits:

Tailored to local needs- Voluntary groups often have deep knowledge of community challenges.

Trust and engagement- People may feel more comfortable accessing services through community organizations than formal institutions.

Cost-effective- Preventative and community-based approaches can reduce demand on hospitals and GP surgeries.

Holistic wellbeing - Goes beyond medical treatment to include social connection, purpose, and empowerment.

Eases Pressure on Acute Hospitals - Helping reduce A&E wait times as patients are treated in the appropriate care setting as opposed to presenting in the acute setting.

Supports Patient Recovery - Provides a structured, supportive environment for rehabilitation. Helping bridge the gap between acute care and home, reducing the risk of readmission.

Promotes Independence and Better Outcomes - Patients receive physiotherapy, occupational therapy, and nursing care aimed at regaining daily living skills. Encouraging faster, safer transition back to home or supported living settings.

Cost-Effective Care - Less expensive to operate than acute hospital beds.

Appropriate Care Setting - Provides an appropriate setting for patients who no longer need acute care but still require access to care. Supporting discharge planning and social care coordination.

Improves Patient Experience - Patients benefit from a calmer, more recovery-focused environment than busy hospitals. Services can be tailored to patient goals, improving satisfaction and outcomes.

Drawbacks:

High Start-Up and Operational Costs – May require additional capital investment. Ongoing costs include staffing are hight for the number of beds being supported.

High Initial Investment - Significant capital needed for premises, technology integration, and multi-service design.

Risk of Inequity - If not carefully designed, hubs may still fail to reach the most vulnerable or underserved. Some patients may prefer specialist, standalone services.

Sustainability – provision by 3rd sector could be more vulnerable to financial sustainability concerns.

Workforce Model

As described above, the option is similar to the health led model, however a reduced level of BCU funded workforce will be required to support this model. The remainder being supported by the Third sector providers or partner organisations.

Workforce implications will continue to be worked through and will continue to be refined as appropriate following the formal consultation process.

The proposed health workforce model considers a wide range of staff groups, although reduced against Option A. The level and number of which will be dependent on the clarity of service provision.

Indicative workforce model overleaf;

- Medical Provision - Supporting each clinic space
- Registrant - Supporting Clinic Space
- Non-Registrant - Supporting Clinic Space
- District Nursing Community Nurse
- Physiotherapist
- Physiotherapist - Technical Instructor
- Health Visitor
- Occupational Therapist
- Occupational Therapist - Technical Instructor
- Community Mental Health Practitioner
- Dietician
- Speech And Language
- Podiatry
- Phlebotomist

In line with Option A, the medical, registrant and non-registrant provision will support clinics which will be defined as the model develops. Health services considered for this space;

- Falls Clinic
- District Nursing -Wound care
- Antenatal Clinics
- Pain Management
- Community Mental Health Clinics
- Smoking Cessation
- Sexual Health

In addition to Health roles/services, there will be a number of services which will be delivered/supported by the relevant third sector provider. This element of the service would not be funded by BCU as the proposal clearly defines a Third Sector led model.

Example Activities which the Hub could contain;

- Drop-in sessions for mental health support
- Peer support groups (e.g., for carers, people with chronic illness)
- Advice on housing, benefits, and employment

- Arts, culture, and social clubs to reduce isolation
- Volunteer opportunities to build confidence and skill

Considerations for supporting roles within the hub will need to be made by the Third sector providers, such as;

- Receptionist
- Domestics
- Social Prescriber
- Impact Lead Officer

Although the Health led model is not proposing a reinstatement of beds, there is the opportunity that the Third Sector provider may opt for some rehabilitation beds which would require some workforce investment, although again this would be supported by the Third Sector provider. Considerations for additional workforce in the following areas would then be required;

- Admissions Manager
- Registered Nurses
- Health Care Assistants.

At this stage there is no confirmation on the ownership of the building, or any leasing arrangements. The third sector led model may outline that the ownership remains with the Health Board, in which case there will be some considerations required from an Estates perspective. These will be worked up as the model is refined.

There would potentially be some alterations required from a Digital Data and Technology perspective, although not as detailed as the health led option. There would still need to be a review undertaken to ensure all the following areas are considered;

- Upgrading Network hub
- Introduction of swipe card access
- Increased number of ports/switches
- Improved telephony service
- Wireless connection improvement

Further work will need to be undertaken to identify the required alternations once the model has been agreed. There will then be a requirement to identify the appropriate capital/revenue funding stream which would support the developments.

Costing Detail

The indicative staffing resources within this service model are summarised below;

Staffing Resource	WTE*	Hours Per Week
Doctor	0.60	22.50
Registered Nursing	2.40	90.00
Therapy & Healthcare Sciences	3.30	123.75
Healthcare Support	1.20	45.00
Total Staffing Resource	**7.50**	**281.25**

* WTE is the Whole Time Equivalent based on a 37½ hour full time working week

The costings demonstrate that this indicative model is affordable against revenue allocation available. These will continue to be refined as the model is developed.

This shows a potential level of funding that may be available should the proposed model be preferred. This could potentially be reinvested into community-based services in addition to those posts being supporting in the hub. Alternatively, this funding could be used to support some service development through commissioning services, which will be driven by a successful third sector provider. This will be evaluated further once any model has been agreed in detail, and in line with the Health Board's IMTP and statutory requirement to deliver financial balance and sustainability. Full relevant procurement processes would be followed with this option.

11.2.3 Services in the Community (No Physical Building)

This option will expand current health community services on offer across the South Wrexham area. This option does not require the use of the building, redirecting resources away from maintaining a fixed site and investing instead in outreach and home-based services. This model supports care closer to home in a flexible setting.

This option utilises the financial revenue allocation associated with Penley and re purposes it to increase service provision across community services

Services to be expanded or introduced may include dependant on GAP analysis

- District Nursing
- Home First
- Community Resource Team
- Community Physio
- Occupational Therapy
- Speech and Language
- Dietetics
- Phlebotomy

- Falls support
- Mental health services

Potential developments to increase digital service model provision. This would require careful consideration as to what would be offered and would need to suit the population health need and consider the age profile of patients.

Benefits:

Improves Access to Care - Brings services closer to where people live, especially in rural areas. Therefore removing/reducing travel time and costs for patients.

Reduces Pressure on Hospitals and Emergency Services - Helps prevent unnecessary A&E attendances and hospital admissions. Supporting early intervention and chronic disease management in the community. This could potentially free up hospital beds for more complex or acute cases.

Improves Health Outcomes and Quality of Life – Better adherence to treatment plans and medications through ongoing community contact.

Enables Person-Centred, Holistic Care - Community services can address social determinants of health (e.g. housing, nutrition, mental wellbeing). Greater integration with social care, voluntary services, and mental health support.

Supports Independence and Self-Management - Helps people stay in their own homes longer with appropriate support. Promotes reablement, rehabilitation, and recovery avoiding potential deconditioning.

Cost-Effective and Sustainable - Lower cost per intervention compared to hospital-based care. Reduces long-term demand on more expensive secondary or tertiary care.

Enhances Health Equity - Improves access for vulnerable populations who face barriers to traditional care. Tailoring services to local community needs, addressing inequalities in health outcomes.

Drawbacks:

Workforce Shortages and Capacity Issues – Recruitment can be a challenge, especially in rural areas such as Penley. This can also present a challenge if the current staff are expected to increase service provision increasing likelihood of burnout.

Logistical Challenges - Coordinating care across geographically dispersed populations can be inefficient without good planning.

Expansion may lead to inefficient services (gaps or duplication) - Patients may receive care from multiple providers without appropriate poor communication or handover. Inconsistent service quality across regions due to resource capacity.

Patient Expectations and Access Challenges - Raising availability can increase demand beyond service capacity. Patients may expect quick access or home visits that services can't always deliver.

Difficulties Measuring Outcomes - Community health impact can be harder to quantify than hospital-based outcomes. Preventive care takes longer to show measurable cost savings or health benefits.

Resistance to Change – Patient population may resist new community-based approaches.

Workforce Model

Workforce implications continue to be worked through and will continue to be refined as appropriate.

The robust workforce model will be developed in conjunction with service leads, taking into consideration the current service on offer across South Wrexham and identifying potential areas for improvement. At this stage the workforce model is indicative of the type of role which could be supported. This may change following the consultation depending on feedback.

Indicative workforce model below;

- District Nursing Community Caseload Holder
- District Nursing Assistant Practitioner
- Physiotherapist
- Physiotherapist - Technical Instructor
- Home First - Registered Nurse
- Home First – Generic
- Occupational Therapist
- Occupational Therapy – Support
- Dietician
- Speech and Language Therapist
- Speech and Language - Technical Instructor
- Community Mental Health Practitioner

The model described above does not outline increased provision for partners outside of Health. However, this may be something which could be explored through commissioning/procuring services from partner organisations.

Although this option does not include the use of the building, there will potentially be some decommissioning costs from and Estates & Digital Data & Technology perspective to support the safe shut down of the building. These costs will develop as the model is defined.

There is also a requirement to continue to provide security for the site, which will be ongoing for the period it is unused, as it remains under ownership of the Health Board. Security is currently being provided by an external provider. Security costs inclusive of Camera costs,

are made up of Camera Rental - Camera Tower Rental and Rapid Speed Dome. Total costs per month averages £2,078.

The long-term plan for use of the building would need to be considered, should this option be preferred.

Costing Detail

The indicative staffing resources within this service model are summarised below;

Staffing Resource	WTE*	Hours Per Week
Registered Nursing	1.60	60.00
Therapy & Healthcare Sciences	5.80	217.50
Healthcare Support	2.40	90.00
Total Staffing Resource	**9.80**	**367.50**

* WTE is the Whole Time Equivalent based on a 37½ hour full time working week

The costings demonstrate that this indicative model is affordable against revenue allocation available. This will continue to be refined as the model is developed.

This shows a potential level of funding that may be available should the proposed model be preferred. This will be evaluated further once any model has been developed in detail, and in line with the Health Board's IMTP and statutory requirement to deliver financial balance and sustainability

The funding available is inclusive of all associated Penley Hospital budgets. At this stage, it is assumed that there would be no requirement to maintain the building on an ongoing basis, therefore the budget would be available to support the proposed model.

11.3 Quality Impact Assessment

A quality impact assessment has been undertaken across the three options which evaluates how the closure of Penley Hospital and any proposed future service changes may affect the Safe, Timely, Effective, Efficient, Equitable and Person-centred (STEEEP) Quality Standards of services provided to the Penley catchment area.

The integrated Quality Impact Assessment has been embedded as an Appendices ***(Appendix 4 – Integrated Quality Impact Assessment)***

Within the assessment, it outlines that the level of risk to Quality of implementing an alternative model is Low/Medium. Main risks including

- Workforce recruitment challenges for community and MDT roles.
- Need for capital upgrades (IT, estates) in Health and Wellbeing Hub options.
- Transition risks during implementation (service disruption, communications gaps).
- Long-term third-sector sustainability risks for third sector led facility.

While the level of risk to quality of not implementing an alternative model is Medium/High, this is based on the main risks of;

- Continuation of an unsustainable inpatient model with workforce safety risks.
- Failure to meet population health needs and prevent avoidable admissions.
- Loss of opportunity to reinvest funding into community care.
- Reputational risk due to failing to respond to engagement feedback.
- Ongoing estate costs with no service benefit.

12. Legislation, guidance and governance

Service change consultation for health bodies in Wales is not governed by a single piece of legislation. Instead, it must comply with a framework of primary legislation, duties, and Welsh Government guidance.

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

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

In practice, this creates the legal expectation that the public must be involved in decisions about significant changes to services.

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

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

- Gunning Principles
- Public Sector Equality Duty under the Equality Act 2010
- The Socio- Economic Duty (The Equality Act 2010 (Commencement No. 26) (Wales) Order 2021) per Welsh Government guidance “More Equal Wales: The Socio-economic Duty” (2021)

- Welsh Language (Wales) Measure 2011
- Duty of Quality and Duty of Candour (Health and Social Care (Quality and Engagement) Act 2020)
- Governance and Protocol Adherence
- The NHS Finance (Wales) Act 2014
- The Social Services and Well-being (Wales) Act 2014
- The Well-being of Future Generations (Wales) Act 2015
- The British Sign Language (Wales) Bill 2026

The review and pre-consultation engagement phase has operated with all of the above in mind and will continue to do so throughout the consultation phase.

Programme governance has been established to support this review with work led locally by the Penley Clinical Task and Finish Group, Penley Steering Group and East IHC oversight before reporting to the Service Change Oversight Group. Progress, risk and issues are escalated via this group to the Strategic Planning and Service Change Group ahead of onward reporting to the Planning, Population Health and Partnerships Committee and ultimately, the Health Board. Strategic oversight is gained via Senior Responsible Officers.

Established structures will continue throughout the consultation phase.

13. Recommendations

No final decision is being sought. It is recommended that the Board review and approve the following three future service options to be included in the consultation as proposals for the future of Penley Hospital:

1. **Health and Wellbeing Hub (Integrated)**: repurposing the hospital as a multi-professional hub where health, social care and potentially voluntary sector teams co-locate. The aim is to improve access to outpatient and preventative services closer to home, reducing travel and creating a focal point for care in Penley.

2. **Third Sector Led Health and Wellbeing Hub:** combining the integrated hub model with an explicit leadership and delivery role for third-sector partners. The proposal builds on existing strengths in the local voluntary sector to deliver health, wellbeing, and social support alongside NHS-led services

3. **Services in the Community (No Physical Building)**: redirecting resources away from maintaining a fixed site and investing instead in outreach and home-based services. This model prioritises flexibility and a “care closer to home” approach but carries risks if funding and workforce are not secured locally.

As outlined within the paper, services will continue to be developed following feedback from stakeholders through the consultation. Alternative suggestions will be welcomed throughout the consultation, as well as suggestions for how any challenges with the existing model may be overcome.

14. Appendices

Supporting Papers:

- Appendix 1 – Balance Room 1 Output Report
- Appendix 2 – Balance Room 2 Output report
- Appendix 3 - Penley Community Hospital Service Review Pre Consultation Engagement Report
- Appendix 4 – Penley Community Hospital Service Review Integrated Quality Impact Assessment
- Appendix 5 – Penley Community Hospital Service Review Integrated Equalities Impact Assessment, including Socio-Economic duty
- Appendix 6 – Penley Community Hospital Service Review Travel Impact Assessment
- Appendix 7 (a,b & c) – Penley Community Hospital Service Review Welsh Language Assessment

ASSESSMENT	
Link to Strategic Intentions	3. Improve Access, Outcomes and Experience 4.Create a Modern, People Centred Healthcare System
Design Principles	Choose an item. All
Corporate Risks and Board Assurance Framework	CRR25-05 Strategic Change – Impacting Care and Staff Delivery. There is a risk that patients may not benefit from planned improvements in care, access and outcomes if the Health Board does not effectively implement or develop its strategic change programmes. Link to BAF: BAF24-02
Wellbeing of Future Generations Act – Wellbeing Goals	Choose an item.
	A Healthier Wales A Wales of cohesive communities A more equal Wales

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☒	No: ☐
	Outcome:	Appended to this paper
	If no, please include rationale:	
Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☒	No: ☐
	Outcome:	As above
	If no, please include rationale:	
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
	Appended to this paper.	
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
	If more than one applies, please list below:	
Environmental /Sustainability Impact (5Rs)	Yes - Repurpose	
	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: The armed forces covenant due regard duty has been considered within Section 3 of the Equality Impact Assessment with the following outcome: 'There is no evidence that the Penley service review work disproportionately	

	impacts on the Armed Forces community'.	
	If no, please include rationale:	
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	A Data Protection Impact Assessment is not required for this paper as it does not propose any activity that involves the collection, use or processing of personal data. At this stage, the process does not introduce new systems or processes that would trigger data protection considerations.
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	A Counter Fraud Impact Assessment is not required for this paper as it does not propose any operational changes or activities at this stage that could introduce fraud risks. The paper does not involve financial transactions, system changes or procedural amendments that would necessitate an assessment of fraud controls.
Legal	Yes (Include further detail below)	

	Service Change Section 183 of the National Health Service (Wales) Act 2006 requires Health Boards with regard to services they provide or procure, to make arrangements to involve and consult current and prospective service users, or their representatives on: • Planning to provide services for which they are responsible. • Developing and considering proposals for changes in the way those services are provided. • Making decisions that affect how those services operate. All change must be completed in line with Welsh Government guidance, "How to make changes to health services: guidance for NHS organisations" and be mindful of representations made by Llais (the Citizen Voice Body established by the Welsh Government under section 15(4) of the Health and Social Services (Quality and Engagement) (Wales) Act 2020) When undertaking service change, NHS organisations must also fulfil their statutory duties as described within the: • Gunning Principles • Public Sector Equality Duty under the Equality Act 2010 • Socio Economic Duty under the Equality Act 2010 • Welsh Language standards • Duty of Quality (Health and Social Care (Quality and Engagement) Act 2020 • Governance and Protocol Adherence • The NHS Finance (Wales) Act 2014 • The Social Services and Well-being (Wales) Act 2014 • The Well-being of Future Generations (Wales) Act 2015
Reputational	Yes (Include further detail below)
	Failure to fulfil the requirements for lawful public engagement and consultation.
Resource Impact	Yes (Include further detail below)

(People / Financial)	Costs associated with: •Specialist Engagement Advisory Support. •Specialist Co-ordination and Management Support. • Analysis of engagement feedback. • Design of materials. • Easy Read version of Issues Paper. • BSL version of Issues paper. • Costs associated with holding engagement events e.g. venue, refreshments, travel, and specialist support; varies by location. • PO Box for survey returns. Following competitive tender, resource has been assigned to support formal public consultation in the form of the production of consultation materials, and specialist co-ordination and management support to undertake the necessary quality assurance and the independent analysis and reporting of results. Awarded contracts will be amended to reflect updated timescales. Additional external expertise will be required to support delivery of the public consultation.

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

Health Board Key Issues Report				
Board Date		28/05/2026		
Date of Committee		07/05/2026	**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: 1. **Urgent and Emergency Care** continues to present significant quality and safety risk, particularly relating to prolonged Emergency Department (ED) waits, ambulance handover delays, corridor care and patient deconditioning, despite strengthened oversight arrangements. 2. **Integrated Quality Report:** Never Events and system harm risk have increased in the current reporting period, primarily associated with process compliance in highly pressurised environments, indicating ongoing whole-system vulnerability. 3. **Mortality:** The Committee received an updated mortality briefing, was assured that surveillance, investigation and learning arrangements remain robust, and emphasised the importance of continuing to triangulate mortality intelligence with system pressures and quality improvement activity. Attached is the link to this paper for visibility QSE Mortality Paper		
2b	Assurance	The QSE Committee wish to Assure members of the Board that: 1. **Urgent and Emergency Care (UEC):** Clinical and executive oversight of UEC has strengthened, with regular, clinically led quality reviews now driving shared learning, scrutiny of harm and focused improvement action across ED sites. 2. **Integrated Quality Report/Regulatory Report:** Quality, regulatory and governance oversight is becoming more integrated, with improved triangulation of internal quality intelligence, Healthcare Inspectorate Wales requirements, ombudsman activity and coronial concerns. 3. **Nurse Staffing Act:** has been maintained, with Nurse Staffing Act requirements met and no additional ward establishment uplifts currently required based on acuity, harm and workforce review. The Committee has asked		

		that a paper return to Committee in relation to the Staffing ratios on the Wards not covered by the Act. 4. **Challenged Services Update (QS26.70):** The Committee noted continued pressure across identified challenged services, was assured that oversight arrangements are strengthening, and emphasised the importance of aligning this work with wider system transformation to support service sustainability and patient safety across North Wales. 5. **Adult Mental Health & Learning Disabilities:** The Committee noted ongoing service pressures, was assured of strengthened strategic and oversight arrangements, and emphasised the importance of community-based, holistic support and continued learning from patient experience to improve quality and outcomes.
2c	Advise	The QSE Committee wish to Advise members of the Board that: 1. **Welsh language statutory duties** should be recognised explicitly as a quality and safety issue, with consideration given to a Board-level briefing to strengthen organisational awareness and reduce future patient harm risk. 2. **Performance and quality reporting** should continue to shift towards clearer forward trajectories, milestones and delivery impact to strengthen early assurance and escalation. 3. **UEC mitigation must increasingly focus on prevention and community capacity**, including frailty support, care home management and alternatives to conveyance, aligned with the Clinical Services Plan and Integrated Medium Term Plan (Community by Design). 4. **Clinical Services Plan:** The Committee noted the emerging Clinical Services Plan, welcomed strong early clinical engagement, and emphasised the need for continued alignment with wider transformation programmes to support sustainable healthcare delivery across North Wales. This will return to Committee as part of a future Development Session.
2d	Review of Risks	The Committee reviewed the risks within its remit and noted: The Board Assurance Framework has continued to mature, with clearer governance, improved alignment to strategic priorities and increased accountability, while noting that further work is required to strengthen ownership, delivery confidence and the impact of assurance actions.

2e	Sharing of learning	The **patient story – "This Too Will Pass" (QS26.62)** reinforced learning on dignity, kindness, stigma reduction and whole-life support, informing service design, workforce education and mental health pathways and should be shared with the Board at the 28 May meeting **https://youtu.be/uliVWOgd-7o**
3	Actions to be considered by the	There were not items for referral. The above Patient Story will be shared at the Board meeting.

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

Health Board

INTEGRATED QUALITY REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 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:** Michelle Denwood, Director of Safeguarding and Public Protection • **IPC:** Andrea Ledgerton, 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, Lead Quality Business Manager • **Healthcare Law:** Matthew Joyes, Deputy Director for Legal Services
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	• Angela Wood, Executive Director of Nursing and Midwifery (Lead Executive) • 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 report provides an overview of quality, safety and experience performance across the Health Board for the period February–March 2026. Overall, assurance is mixed. Strong performance is evident in the timeliness of Nationally Reportable Incident (NRI) investigations, complaint handling, clinical audit benchmarking and mortality improvement. However, persistent patient safety concerns remain, notably the continued rise and recurrence of Never Events, ongoing infection prevention challenges, and external scrutiny through the Ombudsman and regulatory bodies. Progress continues in embedding quality management, organisational learning and compliance with national frameworks, though sustainability and consistency remain key risks.

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 and Safety Committee	07.05.26	Discussion and feedback incorporated into Board report
Executive Committee	06.05.26	Discussion and feedback incorporated into Board report

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
AMaT	Audit Management and Tracking System
BAT	Baseline Assessment Tool
CAF	Commissioning Assurance Framework
CIW	Care Inspectorate Wales
DXA	Dual-energy X-ray Absorptiometry
EICOP	Executive Integrated Concerns Oversight Panel
EMD	Executive Medical Director
EDON	Executive Director of Nursing and Midwifery
ESR	Electronic Staff Record
HCAI	Health Care Associated Infection
HIW	Health Inspectorate Wales
LFERs	Learning from events reports
LocSSIPs	Local Safety Standards for Invasive Procedures
LTP	Listening to People
NICE	National Institute for Health and Care Excellence
NRI	National reportable Incident

PALS	Patient Advice and Liaison Service
PES	People's Experience Service
PFD	Prevention of Future Deaths
PIR	Public Interest Report
QMS	Quality Management System
RAMI	Risk adjusted mortality index
SCEG	Strategic Clinical Effectiveness Group
SOP	Standard Operating Procedure
UEC	Urgent and Emergency Care

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 The Health Board remains committed to delivering high-quality services across all areas of care. To provide assurance and drive continuous improvement, the Health Board routinely monitors a range of quality metrics. These measures enable informed decision-making, support organisational learning, and underpin growth and development. This report summarises the Health Board's current position regarding quality performance and identifies key actions required to strengthen outcomes and achieve sustained improvement.

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

- Note the increase in NRIs and Never Events, including repeat events at the same site, and seek assurance that learning and system-level actions are robust and effective.
- Take assurance from strong national performance in complaints handling, NRI timeliness, clinical audit benchmarking and improving mortality indicators.

- Note successful implementation of the new NHS Complaints, Incident and Redress framework from April 2026.
- Review progress and risks associated with the Quality Management System rollout, including future sustainability.
- Note ongoing external scrutiny, including Public Interest Reports, Coroner Regulation 28 response requirements and the evolving legal and legislative landscape.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO

KEY RISKS / MATTERS FOR ESCALATION

Key risks requiring escalation include:

- **Patient Safety:** Rising frequency and recurrence of Never Events, with limited time between occurrences, indicating potential systemic control weaknesses.
- **Infection Prevention and Control:** Several key organisms exceeding agreed trajectories, outbreak activity and associated bed closures, impacting patient flow and safety.
- **Diagnostic and Treatment Delays:** Extended DXA scan waits within the Fracture Liaison Service, increasing fracture risk.
- **Governance and External Assurance:** Overdue actions from inspection reports, sustained Ombudsman scrutiny and missed deadlines for Public Interest Report actions.
- **Sustainability:** Absence of recurring funding and permanent resource to support long-term embedding of the Quality Management System.
- **Legal Exposure:** Increased potential liability following recent Supreme Court judgment and statutory changes introduced from April 2026.

5. ARGYMHELLION / RECOMMENDATIONS

5.1 The Board is asked to take the report as assurance. All exceptions noted in this paper are being monitored and have management plans to track completion. These action plans are tracked through core quality forums.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau 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**	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**	Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

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:	*N/A*
Asesiad o'r Effaith Economaidd-gymdeithasol	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol? **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*N/A*
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?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **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:	N/A
	Do/Yes: ☐	Naddo/No: ☒

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?*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
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:	N/A
Cyfreithiol **Legal**	Yes (Include further detail below)	
	Details in paper	
Enw Da **Reputational**	Yes (Include further detail below)	
	Details in paper	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Implementation of LTP framework April 2026	

1.0 PATIENT SAFETY

Nationally Reportable Incidents (NRIs)

From 01st February 2026 to 31st March 2026, there were 20 NRIs (by incident date) (compared to 14 in previous period.), including cases related to assessment/diagnosis, maternity outcomes, behaviour (including violence and aggression) and infection control.

At end March there were 47 open NRI investigations, with 4 overdue. Our performance is strong nationally. The proportion of NRIs that remain open for more than 90 days has increased from 21.5% to 33%. The median working days to completion is the lowest in Wales at 75 compared to the All-Wales median of 125 days.

Never Events

The Health Board reported two Never Events in this reporting period.

- One was related to a wrong implant/prosthesis noting that an almost identical Never Event was reported in October 2025, both occurring at the same hospital site. This is now subject to external review.

- The second Never Event was wrong site surgery (Dermatology in-sourcing). A new BCUHB protocol is being developed for one-stop surgery to be used within the service and with any partners.

Never Events occurring within BCUHB continues to rise, with 10 Never Events in a rolling period, April 2025 to March 2026, with limited time between events; the current median is 44 days.

Five of these have been a wrong site procedure, two an incorrect implant, two a retained object and one medicine administered by the incorrect route. It should be noted that the wrong site procedures are generally occurring outside of the formal operating theatre environment.

Current actions are focussed around ensuring that LocSSIPs and NatSSIPs are in place, standardised across the health board and followed with audit evidence in place. Audits of WHO checklist activity are undertaken; a review of this audit activity and its review is in place and will report through SCEG.

Number of Never Events occurring over the past three years

	Total
2022/2023	5
2023/2024	6
2024/2025	5
2025/2026	10
2026/2027	1

Safety Alerts

Safety alerts continue to be actioned, with compliance processes underway for the following national alerts:

PSA019, Delayed Administration of Rasburicase

PSA020, Incorrect Recording of Penicillin vs Penicillamine Allergy

PSA021, Risk Associated with Adult Breathing Circuits Lacking a Patent Exhalation Route

MHRA FSN DSI/2025/005, Profemur Hip Replacement components.

2.0 SAFEGUARDING

Safeguarding and Public Protection training compliance within Primary Care is well-established and improving, supported by effective partnership working and positive external assurance with additional targeted assurance work underway in response to Safeguarding Board feedback

Further targeted assurance activity is underway within Mental Health and Learning Disabilities (MHLD) services.

3.0 INFECTION PREVENTION AND CONTROL

The Health Board tracks six organism goals. Progress against the Health Care Associated Infection (HCAI) Strategic Improvement Goals is mixed. While reductions

have been achieved in some organisms, several key infection types currently exceed agreed trajectories, representing an ongoing patient safety and operational risk.

Performance Against Strategic Goals

- **Improved performance** is reported for:
  - *E. coli (hospital-onset)* – below trajectory
  - *MRSA* – below previous year levels
- **Performance exceeding trajectory** is evident for:
  - *C. difficile*
  - *Klebsiella (hospital-onset)*
  - *Pseudomonas (hospital-onset)*
  - *MSSA*
- **Community-onset performance** is also mixed, with:
  - Improvement in *Klebsiella*
  - Deterioration in *Pseudomonas* and *Staphylococcus aureus*

Outbreak activity peaked in February and March, there were 20 reported outbreaks primarily driven by Norovirus. Others were COVID (2), C. diff (5) and CPE (1)

Impact:

- 13 full ward closures

376 total bed days were lost, with Norovirus accounting for 91% (342 days)

4.0 PATIENT EXPERIENCE

4.1 COMPLAINTS

As of 30th March 2026, total open complaints increased to 311. Despite volumes rising, performance remains strong, with BCUHB being the best in Wales for average closure time (21 working days). 77.81% of complaints are closed within 30 days above the 75% target.

There has also been a rise in complaints relating to attitude and behaviour and communication. A focus review is being undertaken within the areas where the rise has occurred to support, mitigate and learn.

The Welsh Government has implemented a series of changes to National Health Service (NHS Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. These changes aim to modernise how concerns and complaints about NHS care are raised, investigated, and resolved, ensuring the system is fit for current and future needs. The change in legislation entitled Listening to People: The

NHS Complaints, Incident and Redress Process came into force on the 1st April, 2026.

The core aims of this new framework are to:

• Enhance safer care delivery through listening and acting on feedback.

• Promote an open and just culture.

• Increase transparency and trust.

• Mitigate future harm and support staff learning.

• Meet legal and ethical standards.

During February, March 2026 all key milestones were met on time and to schedule, with the health board meeting the deadline for implementation.

4.2 PATIENT FEEDBACK

Patient Advice and Liaison Service (PALS) resolved 1,561 enquiries in the period. Overall patient satisfaction remains high, with People's Experience Service (PES) results showing 86% positive experience. Targeted SMS feedback for maternity and neonatal care has been implemented.

To ensure the Health Board is open and accessible to receive feedback the NHS Wales People's Experience Survey is now available in 9 top languages spoken in Wales, including a BSL video survey.

5.0 CLINICAL EFFECTIVENESS

5.1 CLINICAL AUDIT

During Quarter 4 (February–March), three Tier 1 national clinical audits were published. These are scheduled for formal reporting during April–May 2026. In addition, four national audit reports containing BCUHB-identifiable data were published in Quarter 4.

Three of the four Tier 1 audits reports were rated Green in that BCUHB performance benchmarks well across other providers. One audit (Fracture Liaison Service) raised some concerns around provision. The Fracture Liaison Service is provided from the Ysbyty **Glan Clwyd (YGC)** site. Several markers were above the All-Wales average but concern was raised about significant delays of up to 15 months for Dual-energy X-ray Absorptiometry (DXA) scanning thus increasing the risk of delaying treatment to prevent future fractures.

5.2 NICE GUIDELINES

The Health Board continues to make steady and sustained improvements in the recording and monitoring of compliance with National Institute for Health and Care Excellence (NICE) guidance. This reflects:

- Ongoing support to clinical services; and
- Full embedding of the Audit Management and Tracking (AMaT**)** system.

To strengthen assurance, all instances of 'Not Achieved' compliance are now formally escalated to the Strategic Clinical Effectiveness Group (SCEG). Services are required to develop either an action plan or a Baseline Assessment Tool (BAT), setting out how and when compliance with national standards will be achieved.

A recent internal audit identified that some clinical leads were able to override compliance responses within AMaT, bypassing the full review process. Actions underway include:

- Removal of the override functionality within AMaT; and
- Direct follow-up by the Clinical Effectiveness NICE Team with services that have used this function, to ensure full compliance reviews are completed.

5.3 MORTALITY REVIEW

A corporate mortality update was presented at this month's Quality, Safety and Experience (QSE) meeting. This included:

- An analysis of BCUHB mortality metrics from the CHKS Annual Report 2024/25 with a deep dive into areas where data showed an apparent deterioration in mortality within BCUHB. A full review of coding and individual cases if required was undertaken and identified areas where further oversight maybe required. This has included BCUHB oversight of stroke mortality which will be incorporated into a newly commenced UK-wide QI programme for stroke care with YGC an identified participant.
- A review of deaths among patients known to mental health and learning disability services, and within substance misuse services, including deaths from suspected suicide.
- Population mortality metrics do not show a significant difference to All Wales levels in either secondary care mortality, death from suicide or in deaths in people with substance misuse.

Corporate mortality reporting shows a continued improvement in crude mortality with appropriate benchmarking to All Wales figures. The Risk Adjusted Mortality Index (RAMI) has also demonstrated an improvement since August, coinciding with achievement of the 95% clinical coding completion target.

The East and Central Integrated Health Community mortality panels have completed review of a historical backlog of cases, with learning disseminated through relevant organisational forums. West is already reviewing cases in real-time.

Concerns raised repeatedly by the Medical Examiner and within internal incident reviews include the need to escalate reversible deterioration more promptly, and to ensure early and open conversations with regards to DNACPR and ceilings of care for those where appropriate. In addition there is a need to implement Call 4 Concern, based upon Martha's law as detailed with Welsh Health Circular 2026 01. The Medical Director is leading a programme of work to address these issues in a systematic way.

6.0 QUALITY ASSURANCE

HIW inspection action plans remain in progress, with some overdue actions requiring continued monitoring. Recent assurance requests relate to staffing, safety, person-centred care and environmental issues.

Care Inspectorate Wales (CIW) inspections found no immediate concerns and improvement plans remain on track.

Peer Reviews identified documentation, communication, and governance gaps within the Trauma Network, with improvement work ongoing.

6.1 PUBLIC SERVICES OMBUDSMAN FOR WALES

The Ombudsman continues to represent a significant external driver of quality and governance assurance across the Health Board. There are currently 52 active cases, reflecting sustained levels of scrutiny.

Public Interest Reports

- Final Public Interest Report (Escalated)
  One Public Interest Report remains open due to an outstanding action relating to the Commissioning Assurance Framework (CAF). Despite an agreed extension to 31 January 2026, this deadline was missed. A further extension has been granted to 15 May 2026. Corporate oversight and Board-level governance arrangements are in place to secure a resolution.
- New Final Public Interest Report (PIR)

- New Final Public Interest Report
  A further Final PIR was issued in March 2026 relating to care for patients with possible prostate cancer, containing six recommendations. All actions are progressing in line with agreed timescales, with no immediate concerns regarding delivery.

Performance Metrics (March 2026)

Ombudsman activity remains high. There were 45 contacts in March, an increase from February, while new investigations remained stable. The rise in upheld and partially upheld complaints highlights the ongoing need to strengthen early resolution, complaint quality and organisational learning.

While the volume of recommendations continues to increase, overall compliance remains strong at 91%, reflecting improved tracking and governance. Limitations in response time reporting persist due to Datix functionality; however, national system improvements are underway and local updates were implemented from 1 April 2026.

6.2	QUALITY MANAGEMENT SYSTEM

The Health Board continues to make assured progress in establishing a Quality Management System (QMS), with core governance, digital infrastructure and oversight arrangements now in place. This provides the Board with greater visibility of quality maturity, standardisation of approach and strengthened organisational control**.**

Early implementation across clinical and corporate services is underway, supported by a dedicated Strategic Group and executive engagement. A completed six-month evaluation has confirmed alignment with organisational priorities, including the Foundations of the Future programme, and has informed the next phase of rollout.

The Board can take assurance that the programme is progressing as planned and is beginning to embed consistent quality management practices. However, long-term sustainability remains a key risk, due to the absence of dedicated recurring funding and permanent resource. Mitigation focuses on embedding QMS into business-as-usual processes, completing policy and governance arrangements, and expanding organisational adoption to maximise value and resilience.

6.3 ORGANISATIONAL LEARNING

The digital Learning Repository has completed Phase 1 and is ready for wider rollout in 2026. Early-adopter teams will begin utilisation, and work is underway to integrate learning into existing governance structures.

7.0 HEALTHCARE LAW

Newly issued PFDs

HM Coroner for South Wales Central has issued a Prevention of Future Deaths (PFD) report following an inquest into the death of a child in September 2024. The case did not involve the Health Board, and was issued to all health boards and trusts in Wales to highlight a potential risk.

The Coroner raised concerns about delays in accessing emergency medication during paediatric resuscitation, linked to a lack of standardisation of paediatric crash trolleys across hospital sites, particularly out-of-hours.

Legal Services is coordinating the response with relevant clinical leads. A response is required by 27 June 2026**.**

Response to PFDs

As reported previously, the Health Board received a PFD highlighting wider risks within gastroenterology and endoscopy services (notwithstanding the Coroner's conclusion that in this case death was due to natural causes and that the issues identified did not affect the outcome).

In response to the PFD, the Health Board set out a programme of immediate and longer-term actions to mitigate patient safety risks, including strengthened executive oversight, workforce recruitment and redesign, enhanced diagnostic capacity (including a temporary endoscopy unit), validation and rationalisation of waiting lists, and standardisation of referral and triage pathways. A Rapid Quality Review of gastroenterology services was convened in February 2026, with risks being reviewed and escalated through corporate governance arrangements.

The Health Board also confirmed work is underway to develop an Integrated Digestive Disease Service to improve resilience, governance and consistency of care across North Wales. The response provides assurance to the Coroner that the risks identified are being actively managed through clear governance, mitigation, and sustained service improvement.

Response to Other Coroner Concerns

In addition to formal Prevention of Future Deaths reports, the Health Board has responded to several Coroner observations which did not meet the statutory threshold for a PFD.

The Coroner sought assurance regarding delays in confirming permanent Emergency Department nursing establishments at Ysbyty Gwynedd. The Health Board confirmed that interim staffing arrangements have been maintained to mitigate patient safety risks while formal business cases progress through Executive approval processes.

Concerns were raised regarding the absence of a modern electronic clinical record system within mental health services. The Health Board confirmed that procurement of a new all-age mental health and learning disabilities electronic health record system is in its final stages, supported by Welsh Government, with defined timescales for contract award, mobilisation, and go-live.

Additional observations related to consent documentation, access to intravenous therapy, and overnight medical workload pressures. The Health Board outlined mitigating actions including mandatory consent training aligned to national guidance, the introduction of a dedicated intravenous access service, and interim clinical support measures while longer-term workforce solutions are progressed.

The Coroner highlighted sustained pressure across urgent and emergency care pathways, including ambulance handover delays and the provision of care in highly pressurised environments. The Health Board provided assurance that these risks are subject to strengthened executive oversight, informed by clinically led Rapid Quality Reviews, with enhanced escalation, monitoring, and system-wide actions undertaken in partnership with other organisations.

Liability Claims

Oversight of Welsh Risk Pool Learning from Events Reports continues to improve. At the end of the reporting period**,** 10 LFERs were overdue, showing sustained improvement compared with earlier in-year performance.

Overdue reports remain concentrated within a small number of Divisions and Integrated Health Communities. Year-on-year performance has improved, with fewer penalties incurred. Many delays reflect requests from the Welsh Risk Pool for additional information rather than failure to submit. Enhanced internal assurance processes remain in place to support timely, high-quality submissions.

Other Legal Matters

Legal Services issued guidance following a Court of Appeal judgment *(Townsend v Epsom and St Helier University Hospital NHS Trust)* on treatment decisions for patients lacking capacity, reinforcing best-interests decision-making, documentation, consultation and early escalation where disputes arise.

A Supreme Court judgment (*CCC v Sheffield Teaching Hospitals NHS Foundation Trust*) has significantly increased potential compensation in catastrophic paediatric injury claims, with implications for future clinical negligence exposure.

Key provisions of the Health and Social Care (Wales) Act 2025 and the NHS (Direct Payments) (Wales) Regulations 2026 came into force from 1 April 2026, introducing major system, commissioning and governance changes for Health Boards.

9.0 CONCLUSION

The Health Board continues to demonstrate areas of strong assurance, particularly in investigation timeliness, complaints management, clinical effectiveness and mortality improvement. However, recurring Never Events, infection prevention challenges and sustained external scrutiny represent significant risks requiring continued Board oversight. The focus for the coming period will be on preventing repeat safety events, strengthening infection control delivery, ensuring timely completion of regulatory and Ombudsman actions, and securing sustainable arrangements for quality management and organisational learning.

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

Health Board

URGENT AND EMERGENCY CARE PERFORMANCE

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Tehmeena Ajmal, Chief Operating Officer Supplemented by Carol Shillabeer, CEO
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Tehmeena Ajmal, Chief Operating Officer

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

Urgent and Emergency Care is of considerable concern to the Board, having discussed in detail at the meeting in September 2025 and at each meeting thereafter. Considerable concern has been raised regarding patients safety, patient and staff experience across the pathway and especially in the Emergency Departments.

The Intervention and Support Team is working in this area and has completed the diagnostic. The findings will now be reflected in the 90-day Operational Improvement Plans being supported by the Improvement Advisor.

In summary, the data is clear and unequivocal with the core issue relating to the flow of patients through the hospital system and the high level of pathway of care delays. Improvement can be made in the Emergency Departments, however without significant progress on flow this will not on its own materially improve patient safety and experience across the system.

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	06/05/2026	Further drafting required to ensure focusses on the improvements aligned to the performance trajectories

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
UEC	Urgent & Emergency Care
WG	Welsh Government
IMTP	Integrated Medium-Term Plan
ED	Emergency Department
POCD	Pathways of Care Delays
GIRFT	Getting it Right First Time
SPOA	Single Point of Access
SDEC	Same Day Emergency Care
HALO	Hospital Ambulance Liaison Officer
WAST	Welsh Ambulance Services (NHS) Trust
D2RA	Discharge to Assess then Recover
MDT	Multi-Disciplinary team
MCP	Major Change Programme
OPEL	Operational Pressures Escalation Levels
IHC	Integrated Health Community

URGENT AND EMERGENCY CARE REPORT

1. Y SEFYLLFA SITUATION

1.1 The UEC system remains under **sustained and significant pressure**, with performance across key indicators **well below the level required** to assure patient safety and meet our improvement trajectory.

- Only average of **38% of patients are handed over from the Ambulance service to the Emergency Department within 45 minutes** (Welsh Government standard is 100%), with no overall improvement week-on-week at regional level. There are some improvements at Wrexham Maelor, however these are not yet sufficient to be recognised as a trend.
- In terms of the first contact with patients who self-present (i.e. are not brought by ambulance) it takes on **average 19 minutes for triage assessment** to take place, against a standard of 15 minutes. Although at 19 minutes this is plateaued performance, compared to October 2024 this is an improvement from 28 minutes.
- Time from arrival to an assessment by a senior clinician in ED should meet a national standard of 60 minutes. Actual performance for the region is on average **123 minutes for assessment by senior clinician in ED**, representing an improvement from autumn 2025 when mean assessment time was 140 minutes. Ysbyty Gwynedd has the most improved performance with assessments taking place on average between 80 and 100 minutes over the last few weeks.
- **23% of patients are waiting over 12 hours in the ED.** This is unchanged over the last six weeks but this is generally improved over the 20-week period (was circa 25 – 30%). Ysbyty Gwynedd has the better performance, with the worst performance at 30% being at Ysbyty Glan Clwyd. Wrexham Maelor has had the biggest deterioration on this indicator over the last 12 months however this is now stabilising and showing signs of improvement. There is a split between admitted and non-admitted pathways, with the vast majority of over 12 hours waits being for patients awaiting an inpatient bed.
- The number of **patients experiencing a delay** in their pathway of care whilst in a District General Hospital (acute) has ranged from **108 to 163** at any one time; with the total number of days delayed (equating to unavailable bed capacity for new admissions) ranging from 3078 days to 5063 days). Specific deterioration took place in the autumn 2025 however this has now stabilised and returned to previous levels.
- The number of patients **experiencing delays in community hospitals** range from **126 to 184** over the last 12 months, with the number of days delayed ranging from 3864 to 5459 days. The overall performance trend is unchanged.
- All sites are operating **materially off track against planned trajectory** for all indicators (except for time to assessment by senior clinician in ED which

is currently meeting to internal IMTP trajectory but not the standard set by Welsh government in the NHS Performance Framework).

While there are areas of improvement, most notably in **triage performance and some site-level gains,** these are **not yet translating into system-level recovery**. Further detail on each site assessment and priority actions is given below.

This is a system constrained by **flow, capacity, and discharge**, and largely not by front-door process failure. Until these structural issues are addressed at pace and scale, performance will not recover.

This position presents:

- A **direct patient safety risk**
- A **system resilience risk**
- A **reputational and regulatory risk**

2.0 Y CEFNDIR BACKGROUND

Strategic Context and Expectations

The Board has agreed clear expectations aligned to special measures de-escalation:

- Reduce the proportion of **ambulance handovers over 45 minutes to 22% by end of quarter 4.** National standard is zero.
- Reduce the number of people waiting over **12-hour waits in ED to 10% by end of Q4.** National standard is zero.
- Improve the time for patients' arrival at ED to an **assessment by a senior clinician to 90 minutes by end of Q4**, against a national standard of 60 minutes.
- Deliver sustained improvement through **90-day operational Improvement Plan cycles**

The fuller outline of the trajectories against special measures de-escalation criteria and the Planning Framework is set out below:

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Reduce ambulance handover waits over 45 mins *	DE-01 SM-17 MAG-09 IPT-02	970[1]	Zero	2,466 (58%)	2,318 (55%)	1,923 (45%)	1,282 (30%)	950 (22%)
P02	Ambulance handovers in 15 mins *	EA-08 MAG-09	N/A	90%	471 (12%)	670 (17%)	819 (21%)	1,117 (28%)	1,788 (46%)
P03	Reduce 12 hour wait in major and minor emergency care setting *	DE-02 SM-19	< 10%	Zero	3,826 (42%)	3,189 (35%)	2,743 (30%)	2,297 (25%)	1,850 (10%)
P04	Reduce median time to assessment by senior clinical decision maker in ED *	SM-18	<60 mins	<60 mins	180	160	140	140	90
P05	Reduce delayed pathways of care - number of people who are delayed in hospital *	DE-10 SM-20 IPT-05	273	12m reduction	316	260 (-18%)	221 (-30%)	158 (-50%)	158 (-50%)
P06	Reduce delayed pathways of care - total days delayed for these patients *	DE-10 IPT-03	N/A	12m reduction	14,180	11,628 (-18%)	9,926 (-30%)	7,090 (-50%)	7,090 (-50%)

Notes: [1] 17% improvement in 1 hour ambulance handover, * This area will be supported by the Welsh Government and NHS Performance and Improvement Intervention Team.

As outlined above the health board is significant off track against the trajectories, with the exception of time to assessment by senior clinical decision making, however within this target is significant variation across the 3 health board EDs and between hours of day.

There is potential to make significant inroads into performance and although challenging the position is not irrecoverable. The Intervention and Support Team is specifically working with health board colleagues on the improvements and the finalisation of the 90-day Operational Improvement Plans is expected by the end of May, which will include the improvement actions that correlate to the diagnostic phase that has been undertaken.

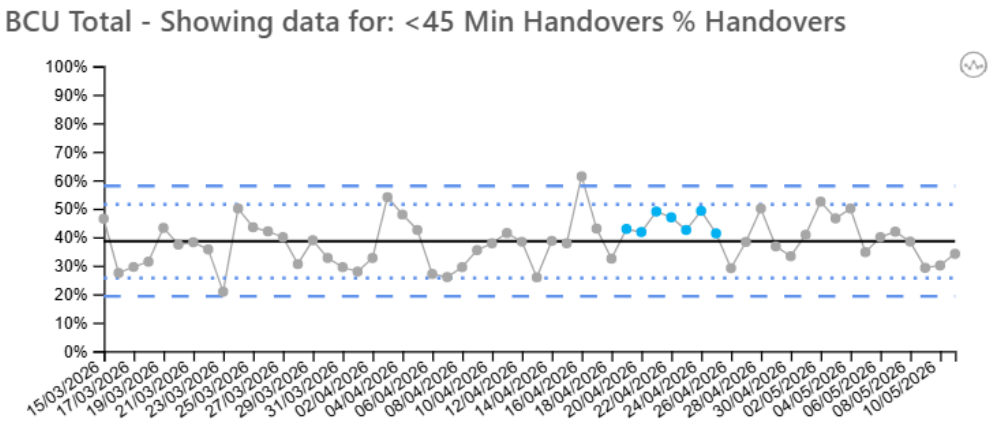
3.0 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

This section focuses on the specific high-level actions that are targeted to improving the key indicators, and in doing so will improve patient safety and the experience of both staff and patients in the Emergency Department. At Committee level (Performance, Finance and Information Governance and Quality Safety and Experience Committees) more detail of each Integrated Health Community key performance issues (including safety and experience) and the key high impact areas of action required at the local level will be presented.

3.1 Ambulance Handovers

Quarter 1 performance trajectory seeks to deliver an improvement to 45% of all patients arriving by ambulance being handed over to hospital staff within 45 minutes. This enables an improvement in the timely response of ambulances to people waiting for assistance in the community. April's performance indicates approximately 38% of patients were handed over within 45 minutes. There remains opportunity therefore to reach the 45%

and to improve further to delivering the 78% standard set out in the IMTP. This would meet de-escalation criteria.



Priority Actions:

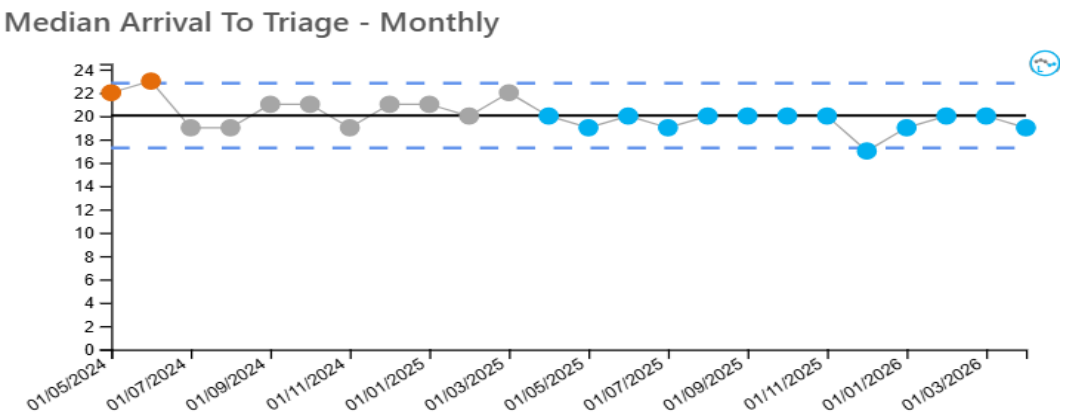
1. **Handover 45:** The Chief Operating Officer is working with counterparts in other Health Board and the Welsh Ambulance Services Trust to prepare for the full implementation of the 45-minute standard, i.e. all patients will be handed over to hospitals as a standard to enable greater ambulance availability for new calls. This practice has been implemented in England. There is risk regarding this next step of implementation in terms of overcrowding further already congested EDs, and therefore a careful risk assessment will be undertaken.

2. **Care in Undesignated Areas Standard Operating Procedure**: This has been revised and the updated version implemented during June. The tracking of care areas that are undesignated will be undertaken and reported. The aim is to reduce the risks associated with caring for people in overcrowded Emergency Departments, improving safety and experience.

It is clear that the core driver of the ability to handover patients arriving by ambulance is the space in the department and thus links directly to those patients who remain in the department for long periods awaiting an inpatient bed and the related actions. (see point 3.4 below)

3.2 Time to Triage

The health board has added this indicator in as an essential component of patient safety in terms of those people who self-present at the ED. The standard is 15 minutes and mean performance across the health board is currently 19 minutes, which is a small improvement (December 2025 achieved 17 minutes).



Priority Actions:

1. **Matching capacity with peak demand**: There is a review of hour of day triage times to enable increased/redeployed staffing capacity to deal with peak demand (usually between 3 – 8pm each day). In some part only, this links to the ED business case development, approval and implementation to ensure sustainable improvement is made. Evidence of improvement will be through monitoring hour of demand with available triage capacity, resulting in reducing triage times.

2. There is potential for **alternatives to ED** for some patients, and increasingly these alternatives will need utilisation and expansion. Where Urgent Treatment Centres are not in place, consideration to potential benefit will be undertaken during June, particularly for Ysbyty Glan Clwyd.

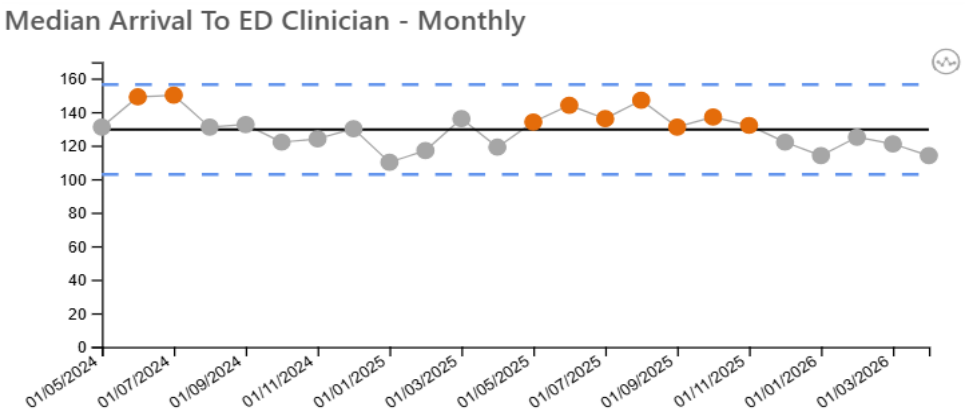
3. **Validation of the data** relating to time to triage will be considered to ensure that accurate records are being maintained and is a precise assessment of current performance.

.

3.3 Time to assessment by ED clinician

Quarter 1 trajectory looks to be on track at this stage, although the internal 'target' set is a considerable way off the national standard expected and should be subject to further internal challenge. Current performance sits at 123 minutes (mean), however there is significant variation between sites.

This indicator is affected by doctor staffing levels, and the matching of doctor availability to peak demand patterns. Also a factor is the availability of clinical rooms for assessment within crowded EDs. This is one of the most significant elements that impacts on patient experience.



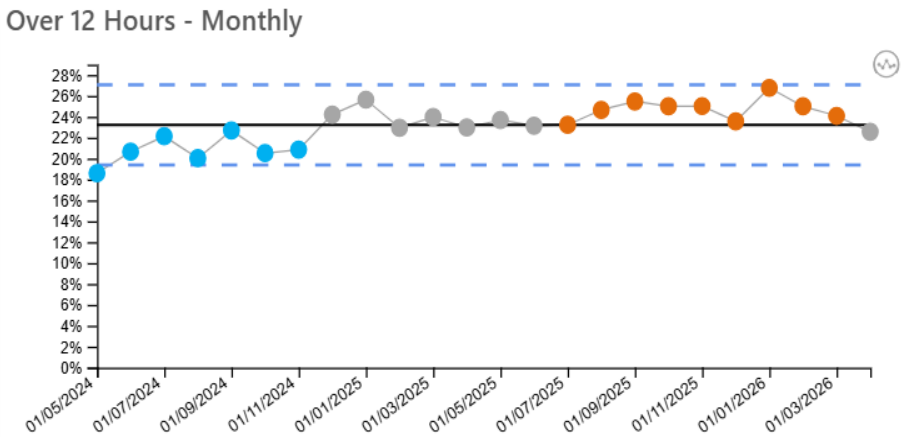
Priority Actions:

1. **Development, approval and implementation of the ED Business Case**. This relates to creating staffing rotas that meet the requirement of the Resident Doctors Contract that is being implemented, and a move to substantive staff in post, reducing the reliance on locum/agency staffing. The Business Case is in the final stages of development and is expected to be presented to the Executive Committee shortly.

2. **Estates**. A walk-through of each District General Hospital (DGH) estate has been undertaken. Proposals to enable additional clinical assessment rooms are progressing at Ysbyty Gwynedd, which will positively impact on the time patients wait for an assessment.

3.4 12 hour+ stays in the Emergency Department

Almost **1 in 4 patients is waiting over 12 hours** (23%) in the Emergency Department. The vast majority of patients are awaiting an inpatient bed to become available; with this directly linking to the number of patients experiencing pathway of care delays and unable to leave hospital. Over the past 2 years or so performance has deteriorated (from circa 20%), however there are very early signs of some improvement. The flow through the hospital is the single biggest factor that would positively impact on the safety and timeliness of care and treatment in the Emergency Department. Action is therefore focused on this, whilst also enabling the best care possible for those patients who are waiting for an inpatient bed.



Priority Actions:

1. **Forward Waiting Standard Operating Procedure.** This has now been revised to take account of learning, and will be implementation during June. Wrexham Maelor Hospital has been using this approach with positive benefit, however this is not in widespread use across the region as it is becoming across the UK. In essence, as a matter of routine when discharges from wards are known (there is a considerable effort to ensure early discharge to discharge lounges), a patient in the ED will be transferred to the ward. This helps to balance out the risk of congestion across the hospital rather than it being held in the ED. The numbers of timeliness of Forward waiting will be track to evaluate its effectiveness.

2. **Care in Undesignated Areas.** This has been referred to above, however is included her given the importance of staffing areas that are not usually part of the core clinical footprint (corridors etc). Increased staffing is being deployed, however a flexible approach will be adopted given the need to eradicate care in undesignated areas. GIRFT has recently published national guidance on this.

3. **Professional Standards.** There will be a further review of the application of 'Professional Standards'. This means that where a speciality consultation is required (beyond the scope of the ED clinician) there is an expected timeliness of that specialty to attend the ED. Great visibility of that timeliness will be shared to help identify patterns of delay that can be improved.

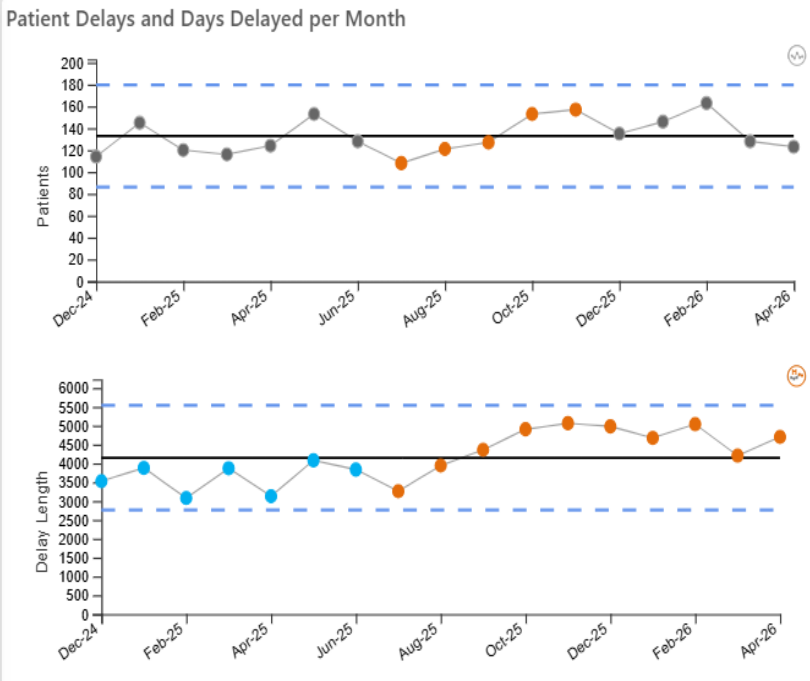
3.5 Pathway of Care Delays

The issue of patients being delayed in leaving hospital for the most appropriate pathway of care has the most significant on safety and access performance across the urgent and emergency care system. Staying too long

in hospital adds addition harm/risk of harm as patient decondition, and the ability for new patients to have timely access to an inpatient bed increases the risk of harm for them.

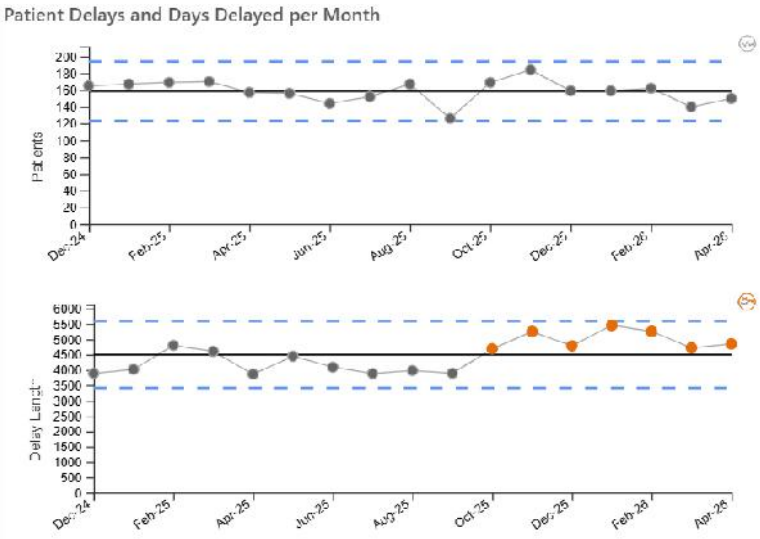
The Intervention and Support Team has focused on this area of the pathway in particular, presenting opportunity for significant improvement. The findings of the diagnostic phase are feeding into the 90-day Operational Improvement Plans at both IHC level and across the region.

The data below (15th May 2026) indicates that over time the numbers of patients experiencing a delay in **acute** hospitals is largely unchanged. The days of delay however have increased, thus reducing the numbers of beds available for new patients, and extending the time delayed patients have to get to the correct part of their pathway. Some improvement is noted in December 2025 and January 2026, coinciding with the Winter Sprint focused on discharge. This has not been sustained however.



Month	Total Patients	Delayed Days
Dec-24	114	3,527
Jan-25	145	3,879
Feb-25	120	3,078
Mar-25	116	3,869
Apr-25	124	3,129
May-25	153	4,080
Jun-25	128	3,835
Jul-25	108	3,261
Aug-25	121	3,941
Sep-25	127	4,359
Oct-25	153	4,904
Nov-25	157	5,064
Dec-25	135	4,981
Jan-26	146	4,675
Feb-26	163	5,039
Mar-26	128	4,205
Apr-26	123	4,702
Total	2,261	70,528

The pattern is similar for patients in community hospital settings (below).



Month	Total Patients	Delayed Days
Jan-25	167	4,021
Feb-25	169	4,802
Mar-25	170	4,606
Apr-25	157	3,864
May-25	156	4,449
Jun-25	144	4,093
Jul-25	152	3,883
Aug-25	167	3,982
Sep-25	126	3,892
Oct-25	169	4,690
Nov-25	184	5,253
Dec-25	159	4,789
Jan-26	159	5,459
Feb-26	162	5,258
Mar-26	140	4,720
Apr-26	150	4,850
Total	2,596	76,497

Priority Actions:

1. **Intervention and Support Team Diagnostic**. The diagnostic is complete and the key opportunities for improvement will now form a core part of the 90day Operational Improvement Plans. The level of engagement of teams working in frontline care has been strong and this is encouraging in terms of potential successful improvement. The Intervention and Support Team will be presenting separately to the Board on their work and this will feature in subsequent Board reports.

   Inconsistent application of D2RA and Home First principles is a primary driver of delayed discharge and ED exit block across BCUHB. The following improvement actions are in progress:
   - Executive-led validation and oversight of delayed patient lists, with weekly system-wide discharge reviews
   - Strengthening accountability for discharge ownership across IHCs and local authority partners and the development of a shared purpose and implementation plan between the Health Board and local authorities
   - Accelerating 21-day length of stay reviews and flow audit embedding standard practice
   - New data dashboard to highlight POCD delays, driving joint work with local authorities utilised as part of the reset fortnight
   - Implementation of criteria-led discharge pathways, including to virtual wards / Hospital at Home and hot clinics

2. **Shared Purpose**. In recognising that enabling people to leave hospital is a responsibility for both the health services and local government, a focus on partnership working and agreeing a Shared Purpose (a set of ways of working that improves the focus on supporting patients to find the right

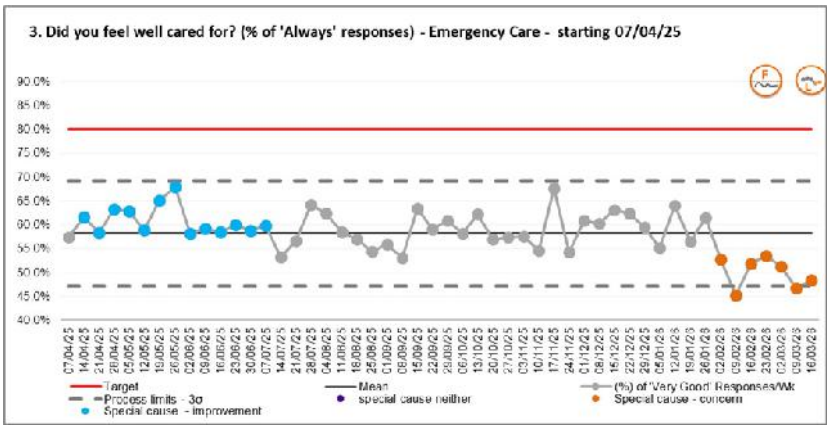
care pathway in a timely way). The Chair and CEO met with each Local Authority Leader and CEO (or their representative) in December. Further follow-up is being arranged.

Patient Experience

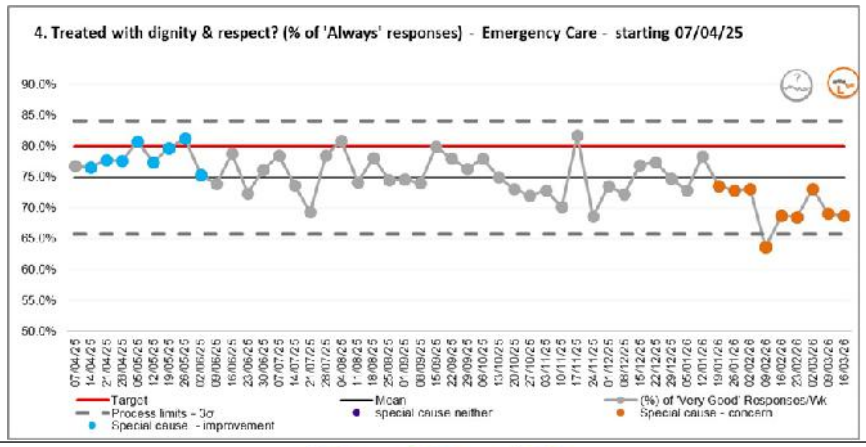
As can be seen in the graphs below, patient experience of the care in the Emergency care system is deteriorating. Positively, the health board has now secured the highest level of feedback of any health board through a concerted effort and systematic approach to seeking that feedback and making it as easy as possible for patients/carers to feedback. It is clear that the current position is unacceptable and positive change must be implemented urgently, improving both the experience and confidence in the emergency care system.

Individual Integrated Health Communities (IHC) will have their patient experience feedback reviewed as part of the Integrated Performance Framework process and accountability mechanisms.

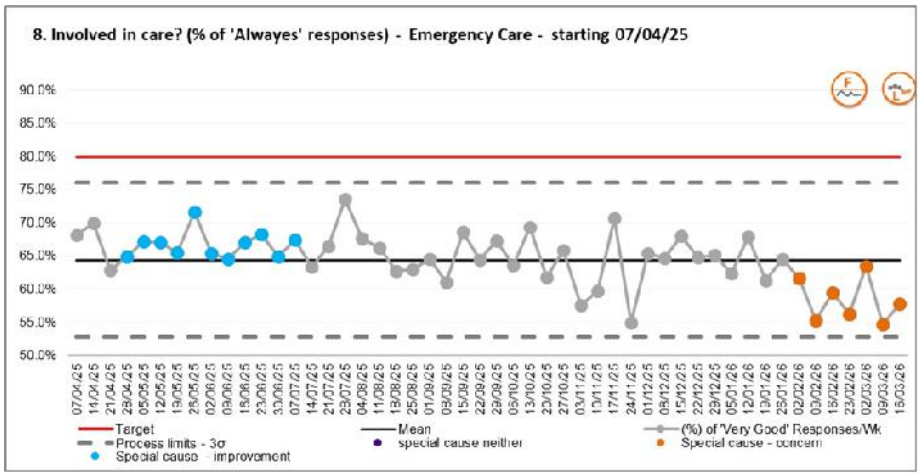
Did you feel well cared for



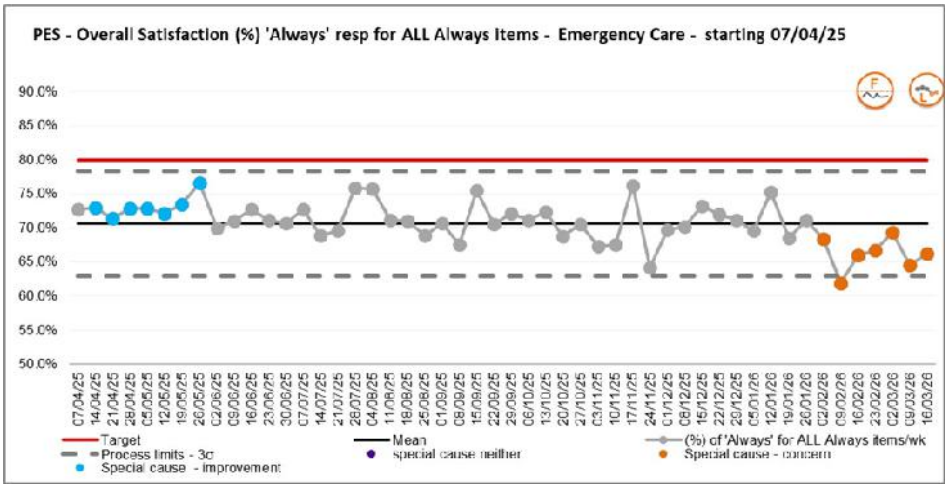
Were you treated with dignity & respect?



Were you involved as much as you wanted to be in your care?



Overall Satisfaction (%) of 'Always' responses



Quality Reviews

A Rapid Quality Review addressing concerns in UEC was held in November 2025 to ensure clear identification of quality concerns, with defined governance routes for oversight and pathways for improvement. Quality, Safety and Experience Committee receives an update in each meeting relating to quality and safety of care for patients within Emergency Pathways.

Oversight of defined quality metrics is held fortnightly as part of Executive Integrated Concerns Oversight Panel (EICOP). Each IHC reports in a structured manner outlining performance, incidents (including defined 'must report' incidents) and complaints. In addition, IHCs report daily forward waiting data, episodes of boarding *in extremis,*

numbers receiving care in undesignated areas, and a now standardised audit of intentional rounding for those in undesignated areas.

Incidents within the UEC pathways meeting the criteria for review in EICOP continue to be reviewed at rapid review stage. Learning in the last two months has included:

- the need for review of falls assessments and management in emergency care
- prompt review and clarity of ownership by specialist teams
- provision of access to digital systems for all non-substantive staff
- learning around chest drain placement and care
- clear communication with forward waiting patients (Patients moved to a ward area pending a planned discharge

Work is also in place via the CEO chaired weekly UEC oversight meeting to ensure review of all documentation associated with dynamic risk assessment within UEC pathways and learning from the first three months of implementation of the Forward Waiting SOP.

An Emergency Department business case has been developed to improve staffing resilience in the ED and is progressing through appropriate governance routes, with implementation subject to continued Executive and Board oversight

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

There are a number of significant risks to draw attention to which the above actions directly seek to reduce. A review and revision to the Corporate Risk relating to Urgent and Emergency Care will be undertaken during June 2026 to include an update on the expected impact of the 90-day Operational Improvement Plans..

Risk	Description	Rating	Position
Patient Safety	Harm due to prolonged waits (>12 hrs)	●	Immediate and ongoing concern
Ambulance Availability	Delays impacting community response	●	Whole-system risk
System Gridlock (delayed pathways	Exit block preventing admissions and causing harm	●	Primary operational failure point
Workforce	Staffing instability in EDs	●	Compounding factor, not root cause
Regulatory / Special Measures	Failure to meet de-escalation criteria	●	High likelihood without acceleration

The key message for the Board is that flow is the critical constraint. The data is consistent and unequivocal:

- Triage performance is **sustained and improving**
- The failure occurs **later in the pathway**
- This is a **flow problem across the whole system**, not an ED-specific issue.

There needs to be a step-change in discharge performance, including:

  - Daily senior clinical review of clinically optimised patients
  - Increased focus on **weekend discharges**
- Targeted intervention in **all sites**
- Strengthened **operational grip at site level** (90-day Operational Improvement Plans).

90-Day Delivery Focus

The 90-day improvement plans must:

- Deliver **measurable reductions in 12-hour waits and handovers**
- Focus on:
  - Long length of stay
  - Complex discharges
  - Community capacity utilisation

Delivery must be **tracked weekly and held to account**. This requires a **whole-system response**, including:

- Acute, community, local authority and mental health services
- Clear accountability for **end-to-end patient flow**

To provide assurance, the Board should expect:

- **Reduction in 12-hour waits within weeks, not months**
- **Improvement in handover performance trajectory**
- Clear evidence of:
  - Increased discharge rates
  - Reduced delayed pathways
  - Improved flow through hospitals

The position is **challenging but not irrecoverable**. There are clear signs that:

- Targeted interventions can deliver improvement
- Front-door processes are **not the root cause**

However, without **urgent and sustained action on flow and discharge**, we will:

- Fail to meet our performance expectations
- Continue to expose patients to unacceptable delays

We must move now from **managing pressure to resolving it**, through disciplined, system-wide delivery.

5.0 ARGYMHELLION/RECOMMENDATIONS

The Board is asked to:

- **NOTE** the current performance and risk position
- **SUPPORT** the requirement for accelerated system-wide action on flow and discharge
- **ENDORSE** strengthened operational accountability at site and system level
- **MAINTAIN FOCUS** on delivery of measurable improvement over the next 90 days

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience
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 – Access to Care

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:	
	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:	This work will improve quality
	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	Choose an item.	
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:	
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**	Yes (Include further detail below)	
	The issue of urgent and emergency care presents a significant reputational threat	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The ED Business Case will require funding. Funding has been set aside for this to a degree; until the Business Case is fully reviewed it cannot be confirmed if this will be fully funded.	

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

Health Board Key Issues Report				
Board Date		28/05/2026		
Date of Committee		28/04/2026	**Report of:**	Performance, Finance and Information Governance
Quoracy met:		Yes		
1	Agenda	The Performance Finance and Information Governance Committee (PFIGC) continues to meet bi-monthly. The Committee considered an agenda which is attached: PFIG Committee - BCUHB		
2a	Alert	The PFIG Committee wish to Alert members of the Board that: • In relation to Planned Care, while progress has continued in reducing long waiting times for planned care, members noted that much of this improvement has depended on **temporary measures**, such as additional clinics and external support. The Committee did not yet have sufficient assurance that **long-term, sustainable capacity and productivity** have improved to the same extent. • There is limited visibility at this stage of **when reliance on temporary arrangements will reduce** and how improvements will be maintained using the Health Board's everyday staffing and facilities. • The Health Board remains in a **forecast deficit position**. Although this reflects wider pressures across NHS Wales, it continues to present a risk if recurring solutions are not established. • The Committee did not have the opportunity to consider the revised Performance and Accountability Framework as requested by the March Board, but noted the issue is not with the draft document but with the failure of current operational arrangements to reflect it. • The draft financial outturn for 2025/6 clearly shows that we are far from achieving a 'left shift' as required by the Community by design initiative, with underspends in key areas of primary care delivery. • Although an initial review of the financial implications of Foundations for the Future suggests a saving in respect of the most senior management tiers, there is a need for greater consideration of the transition costs and likely overall costs.		
2b	Assurance	The PFIG Committee wish to Assure members of the Board that:		

		• Clear progress has been made in improving access to services, including:
		  ○ Significant reductions in the longest waiting times for planned care and in the number of patients waiting more than 52 weeks for a first outpatient appointment.
		  ○ Continued focus on improving cancer, diagnostic and urgent care pathways.
		• A refreshed **Integrated Performance Report** is being developed to make information clearer and easier to understand for Board members and the public, supporting more transparent oversight.
		• Internal Audit have been asked to review the **Foundations for the Future programme**, providing additional assurance on delivery, governance and risk management.

2c	Advise	The PFIG Committee wish to Advise members of the Board that:
		
		• Future improvement around planned care should now focus less on temporary recovery measures and more on:
		  ○ Improving productivity within existing services.
		  ○ Making the best use of staff time, theatres and clinical capacity.
		  ○ Clearly setting out how improvements will be sustained.
		• The Committee recommends that final approval of the **Commissioning Assurance Framework** is informed by Committee scrutiny to ensure it provides clear oversight of quality and safety in services provided by external partners.
		• Consideration may be needed on how current financial control arrangements balance necessary oversight with supporting local teams to take responsibility for delivery and improvement. The Committee is concerned that current arrangements stifle the ability of operational managers to make changes which would improve performance.
		• The Committee believes that opportunities to pilot genuinely pooled budgets with one or more local authorities to enable more rapid discharge of for Delayed Transfer of Care patients should be explored energetically.

2d	Review of Risks	PFIG received assurance and endorsed the updated Board Assurance Framework noting that: • The Committee received an update on the three risks of which it has oversight noting that the template for reporting risk to committee is being reviewed.

		• Work is underway to improve how risks are reported to committees, making them clearer and more consistent. • Continued reliance on temporary service arrangements remains an important risk that spans performance, finance and sustainability.
2e	Sharing of learning	There were no specific learning items to draw to the Board's attention on this occasion.
3	Actions to be considered by P&C Executive Committee QSE PPHP	• Assurance is sought on the **availability and continuity of programme management support** for the Foundations for the Future programme, to reduce the risk of disruption during implementation. • Attention is drawn to the **timing of Information Governance reporting**, to ensure relevant information is seen by Executive Committee in good time to support oversight and decision-making • The Executive Committee is asked to **escalate data on theatre productivity** in performance reporting, as there is no evidence of positive change. • QSE is asked to consider **the draft Commissioning Framework** to ensure quality and safety are given sufficient weight in procurement activity. • The current practice of our staff **advising journalists to source information through FOIs** should be reconsidered.

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

Health Board

INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Ed Williams Dirprwy Cyfarwyddwr Perfformiad Deputy Director for Performance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Russell Caldicott Cyfarwyddwr Gweithredol Cyllid Executive Director of Finance

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

This paper provides an update on Quality, Access, Workforce and Financial performance for information and assurance, with the full report included as an appendix and the key messages being;

Quality

Two New Never Events were reported as occurring in March 2026 as follows:

- Mis-diagnosis (Wrong Diagnosis)
- Failure to clinically assess

Planned Care

Patients waiting 52 weeks or more for their first outpatient appointment: The Operational teams have utilised national funds to deliver substantial reductions in patients waiting, from 31,905 patients waiting over 52 weeks to reporting 5,858 (an improvement of over 80%)
The latest unvalidated position for April 2026 is 6,265

Patients waiting over 104 weeks for all stages of treatment

The number waiting at the end of March 2026 was 2,161 (over 1,500 better than the planned end of March trajectory of 3,782).
The latest unvalidated position for April 2026 is 2,747

Cancer (national standard 75%)

In February 2025 the Health Board treated 53.1% (213 out of 401) of patients within the targeted 62 days. Whilst performance against the target remains challenging, there has been a significant reduction in the number of patients waiting in dermatology and the length of waits. The targeted performance to move out of special measures being 55% for four quarters. Plans are in train to achieve this targeted delivery, noting the level one targeted performance to be 75%.
The latest validated position for March 2026 is 54%

Diagnostics

Against the 8-week standard has significantly improved in February and March with a reduction of 9,000 patients from 21,800 to 13,778 in January 2026. Plans are being closely monitored to ensure delivery of sustained and continuous reduction of over 8 week waits throughout quarter 1 of 2026/27.
Concerns over non-Obstetric Ultrasound remain and are being closely monitored through operational teams.
The latest validated position for April 2026 is 12,396

Urgent & Emergency Care
The Minister has identified performance in relation to patients waiting in excess of 12 hours and ambulance handovers exceeding 45 minutes as two priority areas. In March 2026, performance has improved in five out of the six measures in escalation.

Performance was as follows:

- Ambulance handover delays over 45 minutes: 2,316 (65% of conveyances) with the longest delay over 26 hours.
  The latest validated position for April 2026 is 1,960 (longest 18 hrs)
- Number of patients waiting in excess of 12 hours: 3,631 (28% of attendances)
  The latest validated position for April 2026 is 3,400
- Decrease in number of patients waiting in excess of 24 hours: 1,849 (15% of attendances)
  The latest validated position for April 2026 is 1,707
- Decreased number of patients waiting in excess of 48 hours: 607 (6% of attendances)
  The latest validated position for April 2026 is 464
- Increased number of patients that did not wait 1,632 (11%)
  The latest validated position for April 2026 is 1,408
- Decreased number of patients with delayed pathways of care at 291

The latest validated position for April 2026 is 293

Whilst plans are in place to support improvements within urgent and emergency care, it will remain an area of concern and focus as we progress through 2026-2027.

Finances
The Health Board set a balanced plan at commencement of the financial year, re-forecasting post month 9 reporting of the position to a deficit of £17.4m following implementation of additional control measures.

The Health Board has submitted a £17.3m deficit for close of the 2025/26 financial year, Audit Wales now auditing the Health Board's financial statements (this is in line with the revised forecast submission made by the Health Board).

The 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board, or the plan set at commencement of the financial year in delivery of a balanced financial position.

3.6.2 2026/27 Financial Year

The Health Board has set a deficit plan of £43m for the year, requiring delivery of £46m in savings. The plan includes the conditionally recurrent £82m from Welsh Government (had this not been secured into 2026/27 the deficit would have been £125m).

The month 1 position represents a £5.4m deficit (£1.8m adverse to plan) largely a consequence of savings non-delivery (plan requires £3.8m to be delivered each month) which has in part been offset through maintaining the controls in place at close of the 2025/26 financial year.

The submission of a deficit plan does not satisfy the requirements of the Key Financial Duty to breakeven. As such, the Health Board is required to formulate a Financial Recovery Plan (FRP) for 2026/27 to deliver improvements to outturn, which will require identification of additional savings to that required as part of the plan.

t is essential the Health Board identifies and implements the savings plans for the financial year, else each month the attainment of the plan will become more challenging as prior month non-delivery has to be made good in later months. The securing of the £82m Welsh Government conditionally recurrent resource into 2027/28 at risk if performance is not delivered.

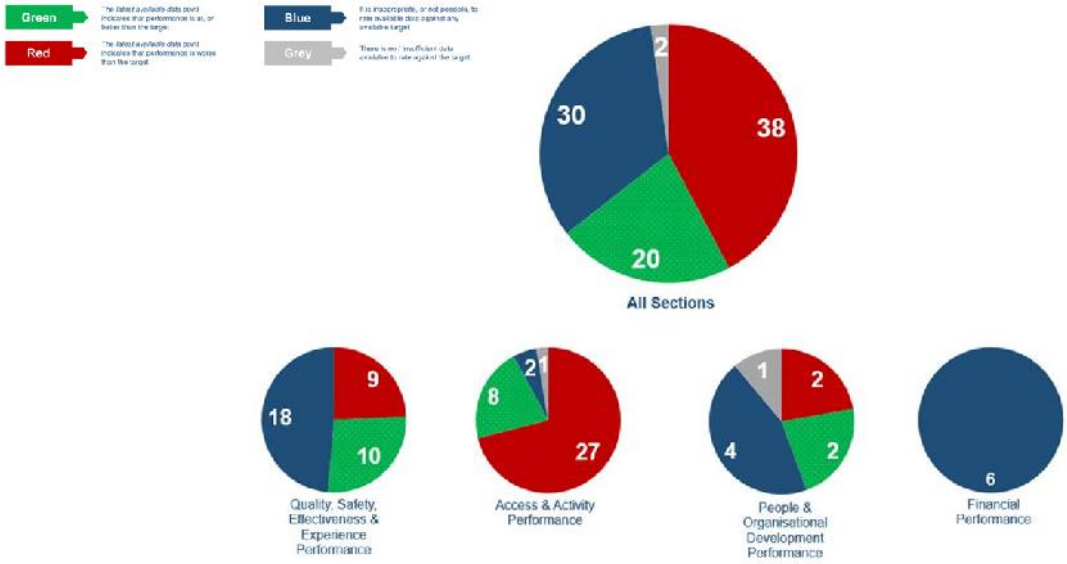
Members are asked to note the above and further that contained within this summary report that highlights key performance for the Health Board. The appendix to the report (appendix A – The Integrated Performance Report) identifying further the wider performance metrics.

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
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
PFIG	Performance, Finance, and Information Governance 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

INTERGRATED QUALITY & PERFORMANCE REPORT

1. Y SEFYLLFA SITUATION



1.1 Of the measures from the NHS Wales Performance Framework included in the report, 20 are on target, 38 are off target. There continues to be risk to delivery of a number of key metrics for which the attached report at appendix I gives further detail, containing the relevant dashboards for each of the four quadrants.

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

1.3 The Health Board continues to face significant challenges in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison) and in some instances attains national targeted levels.

1.4 Throughout 2025-26 plans to support delivery priorities to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance were initiated.

1.5 Members are invited to review the detail contained within the performance report to assess areas of key challenge and improvement opportunity, debating delivery on a balanced scorecard.

2 Y CEFNDIR BACKGROUND

2.1 The Performance Directorate now reports through to the Executive Director of Finance's portfolio, with development of the Integrated Quality and Performance Report (IQPR) a key objective to ensure the needs of Operational forums, Executive, Committees and the Health Board are met. The development of the report will build on the launch of the Foundations for the Future model for services, which is essential to ensure clarity on roles, responsibilities and accountability.

2.2 Statistical Process Control Charts (SPC) will be the main vehicle to report performance (historical, current and future trends) ensuring movements in performance are understood. In January 2026, Welsh Government have indicated the use of 'Making Data Count' methodology within all formal reports which has already been adopted by BCUHB and will be strengthened further in coming months. It is essential the users of the reports can ascertain the impact of key actions expected for future performance, and importantly how this compares to that contained within our Integrated Medium-Term Plans (IMTP) and national expectations.

2.3 Initial meetings with the Executive, Senior Leadership and the teams have occurred, with further debate to occur with Health Board colleagues to shape the future report model, the anticipation being this would be supported by;

- Hierarchical reporting (the information tailored for the audience)
- Review of metrics used for assessment, ensuring relevance
- Engagement with Operational and Clinical teams, to ensure actions planned to improve performance are quantifiable and thus can be used to forecast delivery
- A refreshed 'Performance and Accountability Framework' that will enable areas and directorates that require additional support to be identified and escalated
- A focus on key actions and impact, modelling future performance and alignment with submission of plans to Welsh Government and how this performance compares to both special measures criteria and Ministerial requirements.

2.4 The implementation of 'Foundations for the Future' in providing clarity on roles and responsibilities will support identification of lines of accountability, it is important that the accountability framework recognises high performing areas and differentiates with those requiring support to deliver improvement. Reporting future performance requiring Operational & Clinical colleagues to determine action to be taken and expected impact.

2.5 Whilst these developments are progressed, the report will continue to be developed, each section will endeavour to enhance reporting with inclusion of;

- A one-page high level summary of matters to be highlighted to members
- Then a page per quadrant, supporting a more focused view of the performance
- Finally, each performance metric is then articulated within the report to provide the detail should officers seek to understand more in regards to a particular metric
- Statistical Process Control Charts will be used to evidence forecast performance contained in our plans and how this compares to special measures and Ministerial requirements over the year, containing narrative for any actions and impacts to be implemented to enhance performance

3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

3.1 Of the measures from the NHS Wales Performance Framework included in the report, it remains clear that there continues to be significant risks to delivery on a number of key metrics described within this report.

3.2 The Health Board continues to face significant challenges in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve, with members invited to review the detail contained within the summary and full performance report to assess areas of key challenge and improvement opportunity.

3.3 Quality, Safety and Experience

Two New Never Events were reported as occurring in March 2026 as follows:

- Mis-diagnosis (Wrong Diagnosis)
- Failure to clinically assess

3.4 Access and Activity Performance

3.4.1 Introduction to Planned Care Delivery

This section contains the greatest number of measures within the report and articulates the access to services experienced by our local population. The

Health Board submission of the Integrated Medium-Term Plan (IMTP) indicating attainment of national directives for Planned Care on the basis of;

- Receipt of additional funds to support 104-week delivery
- Ability to commission activity from the private sector for key specialities

The Health Board received central allocations in 2025/26 to support commissioning of external care provision. The Health Board continues to seek to improve performance and has implemented additional oversight and escalation within the planned Care space (the Chief Executive Chairing a weekly oversight and escalation meeting) with additional oversight and governance through a weekly meeting of the Chair and Vice-Chair for the Health Board.

3.3.2 Planned Care Performance

3.3.2.1 Patients waiting over 52 weeks for a first outpatient appointment

The introduction of a centrally managed booking service for first outpatient appointment and adoption of GIRFT recommendations for each speciality in regards to clinic bookings resulted in a stabilisation of deterioration in performance that had been experienced by the Health Board.

In addition, the national initiative of placement for insourcing to service patients first new outpatient appointments has seen over 2,000 patients per weekend seen. This additionality has dramatically reduced the numbers of patients waiting for first outpatient appointment by over 80%. Whilst this is a significant achievement, the target of zero patients waiting over 52 weeks for their first outpatient appointment was not achieved, with 5,858 patients still remaining.

It is important to note some of these patients will require further intervention and this will place pressure upon delivery of the diagnostic 8 weeks and 104-week performance

(a) cohort of the stage 1 outpatients requiring a procedure with some of these urgent or even Urgent Suspected Cancer and displacing current routine capacity to service patients currently waiting in excess of 104 weeks.

3.3.2.2 Patients waiting more than 104 weeks for all stages of care delivery

The Health Board had targeted zero patients waiting over 104 weeks by 31st March 2026. The Health Board secured significant improvements with 2,161 patients (a 70% reduction over that period) waiting above 104 weeks for conclusion of their care. However, the trajectory to attain zero by 31st March 2026 was not achieved.

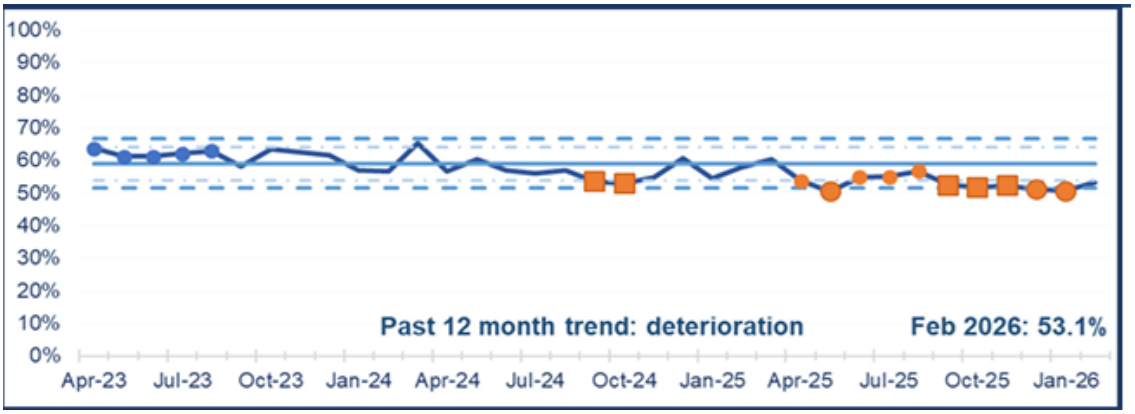
The Health Board continues to drive improvements alongside the commissioning of activity through the Planned Care Major Programme, with a focus placed on productivity and an example being improvements in theatre utilisation (early and late starts plus reducing cancellations at short notice or on the day) to support improvements in delivery.

3.3.2.3 Cancer Performance (national standard 75%)

In February 2026 the Health Board treated 53.1% (213 from 401) compared to (229 out of 447 in January) of patients within the targeted 62 days, as denoted within the below table;

	BCUHB Total	West	Central	East
Haematology	73% (19/26) ↓	86% (6/7)	64% (7/11)	75% (6/8)
Lung	68% (26/38) ↑	54% (7/13)	56% (5/9)	88% (14/16)
Upper GI	63% (17/27) ↓	50% (4/8)	67% (6/9)	70% (7/10)
Skin	59% (51/86) ↓	52% (13/25)	59% (19/32)	66% (19/29)
Colorectal	49% (20/41) ↑	44% (7/16)	50% (4/8)	53% (9/17)
Gynaecology	47% (9/19) ↑	17% (1/6)	60% (3/5)	63% (5/8)
Breast	43% (29/68) ↑	60% (15/25)	20% (4/20)	43% (10/23)
Urology	41% (29/71) ↓	38% (9/24)	42% (8/19)	43% (12/28)
Head & Neck	25% (4/16) ↓	20% (1/5)	20% (1/5)	33% (2/6)
Total	53% (213/401) ↑	50% (67/133) ↓	49% (59/120) ↑	59% (87/148) ↑

Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows reflect change from last month



Performance across Wales on Cancer performance remains challenged, measures have been deployed to enhance delivery in Dermatology (skin) through insourcing contractual performance, Colorectal with additional endoscopy, Breast through a re-alignment of clinic capacity away from Mondays and additional recruitment to Head and Neck consultants.

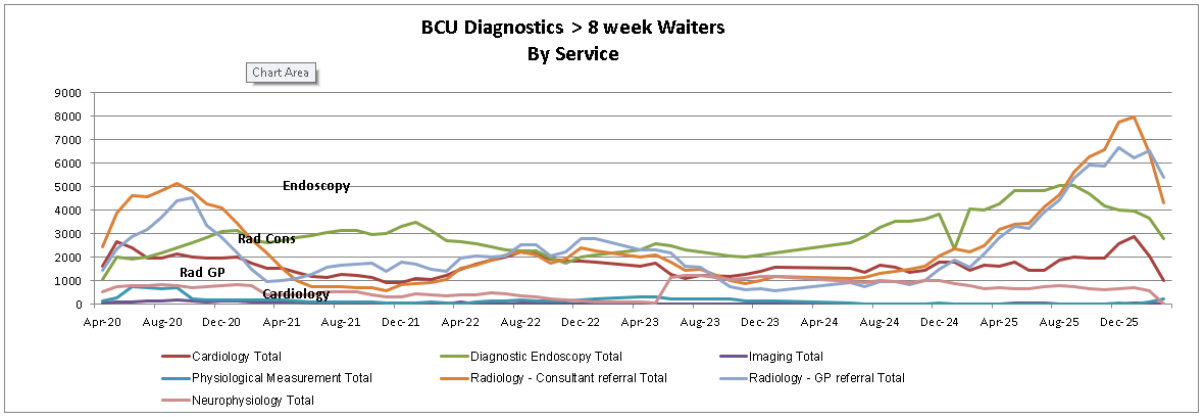
The Health Board continues to target performance above that required for special measures (55% for four consecutive months)

3.3.2.4 Diagnostics (performance against the 8-week standard)

Whilst diagnostics performance against the 8-week standard has deteriorated over the past 12 months, this was in part a consequence of 12,000 additional diagnostic episodes being required following the 52 week National programme. The increased demand centred predominantly upon Radiology, Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy, and there has been significant improvement in February and March, see below;

- With 21,800 patients waiting in excess of 8 weeks at end of January 2026 reduced to 13,778 (47% reduction) at end of March 2026.

- Drivers being increase in insourced Endoscopy & Radiology capacity across all sites with the c12,000 additional referrals from the National first outpatient initiative
- An allocation of £3.6m in year to improve the 8 weeks position at end of March 2026.



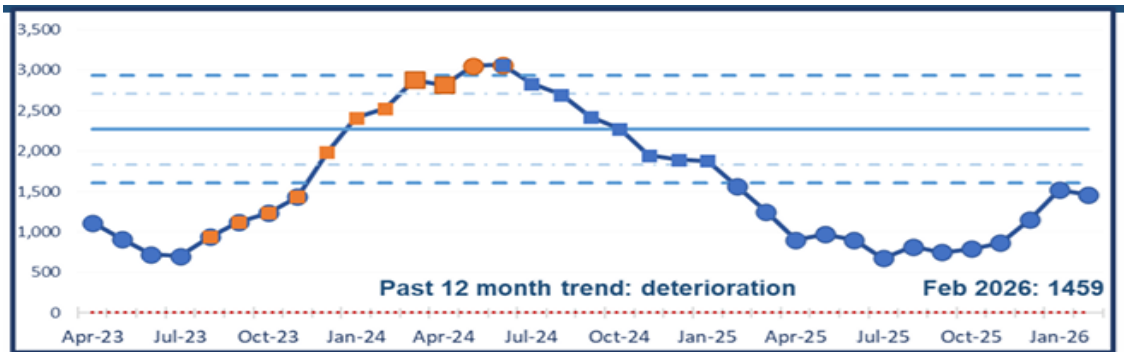
Key actions in the current quarter centring upon;

- Continuation of solutions (mobile MRI and mobile endoscopy suites)
- Adoption of additional demand management measures

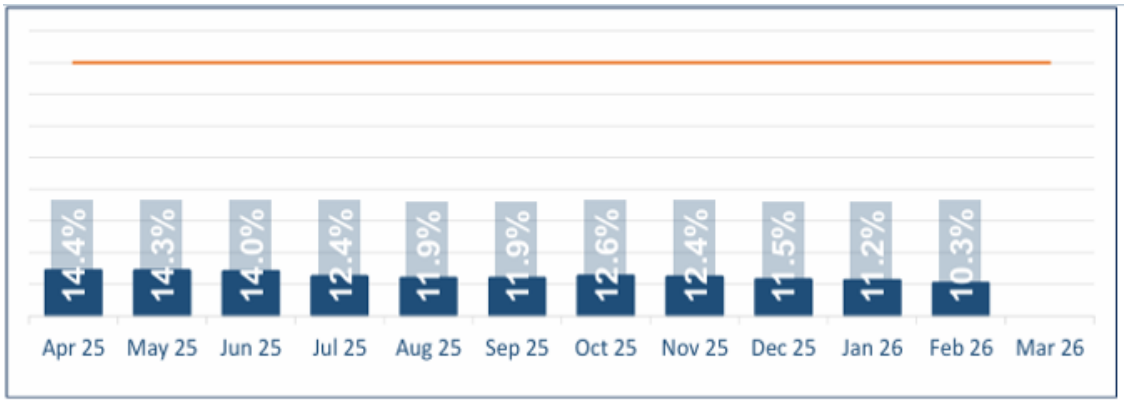
The initial plan was to reduce patient waiting times beyond 8-weeks to approximately 4,700 patients by 31st March 2026. However, the additional outpatient activity seen through the national 52-week first outpatient insourcing model resulted in significant additional diagnostic activity, adversely impacting upon performance in this area. The current position is for 13,778 patients to be waiting over 8 weeks for diagnostic tests.

3.3.2.5 Therapy Waits

Performance against the 14 week therapy waits target remains challenging with 1,459 patients waiting in excess of 14 weeks for their therapy. These patients are predominantly within Physiotherapy and Dietetics in the East IHC. The reasons for the delays include staffing levels in dietetics and availability of accommodation for physiotherapy.



3.3.2.7 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment



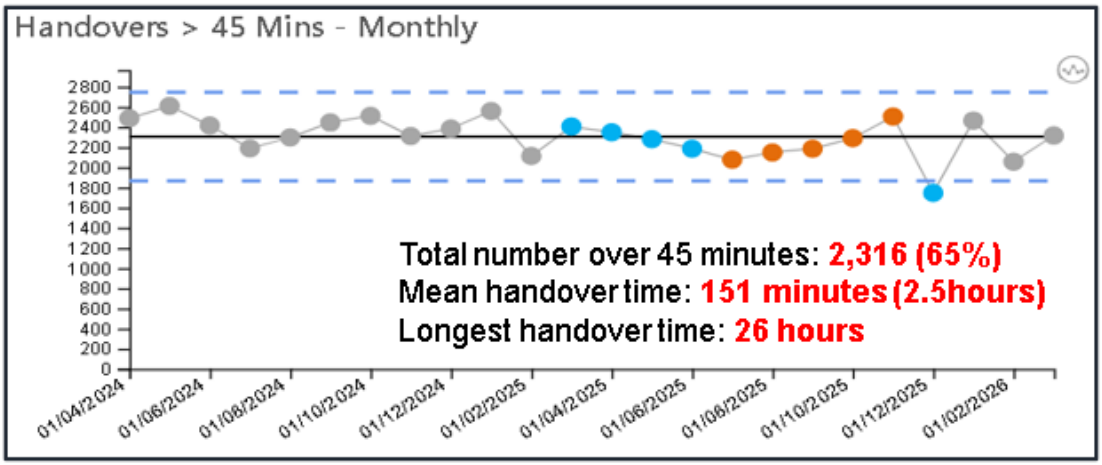
Neurodevelopment waiting times remain a concern, with the Health Board currently ranked as 6th of 7 in Wales with 10.3%. The All-Wales latest performance is 21% as March 2026 and no Health Board achieving the target. BCUHB is not achieving its internal improvement trajectory for March 2026.

3.3.3 Urgent & Emergency Care Performance

3.3.3.1 Ambulance Handovers within 45 Minutes

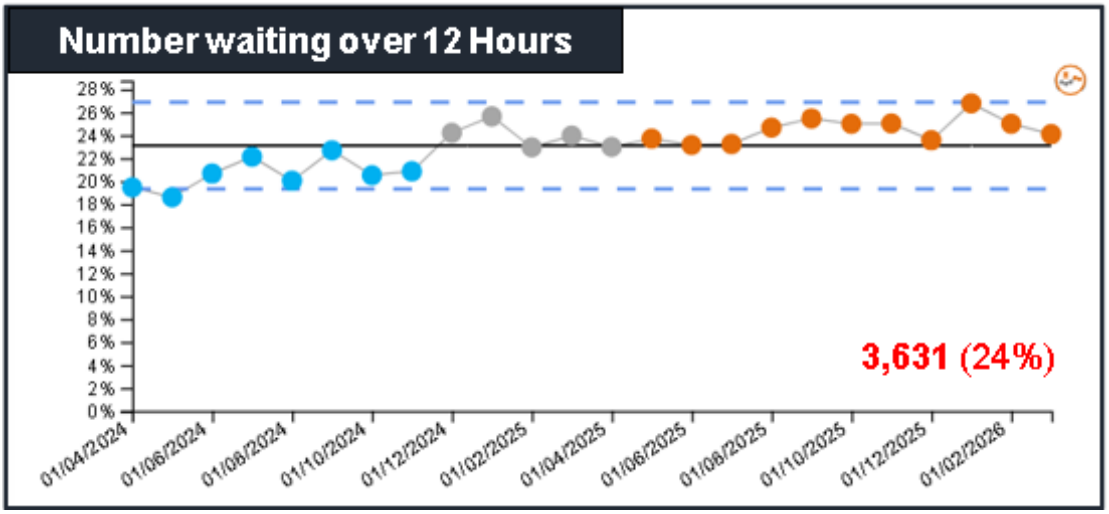
There is a focus placed upon performance in this area, the recent 45 minutes ambulance handover and acknowledgment of harm to patients owing to excessive waiting times is driving an immediate improvement requirement.

At the end of March 2026, 45% of ambulance patient handovers were completed in under 45 minutes, with 2,316 patients waiting over 45 minutes. The median time for a patient in an ambulance was 151 minutes (2.5hrs) with the longest delay handover delay experienced by a patient being 26 hours.



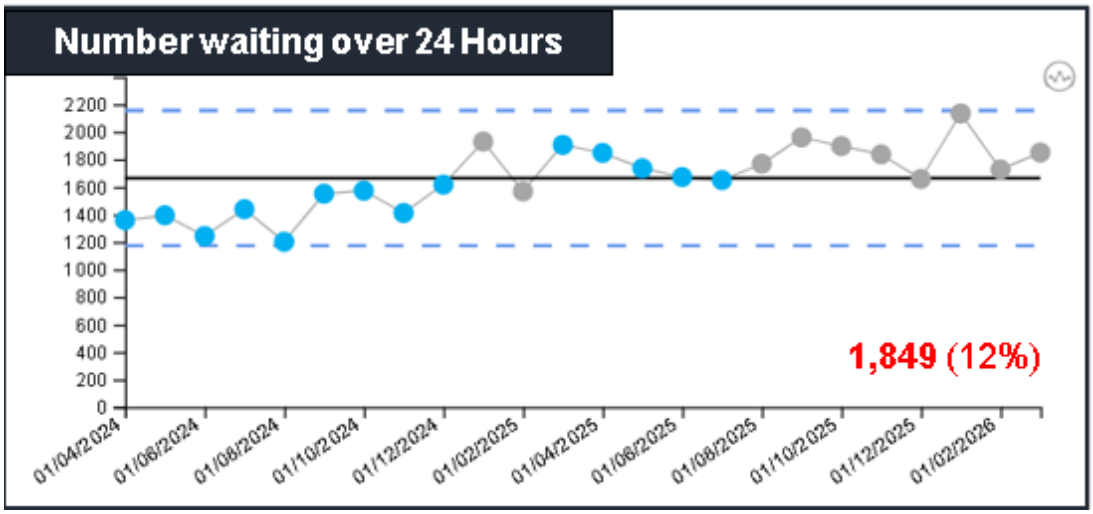
3.3.3.2 Patients waiting over 12 Hours in Emergency Departments

The number of 12-hour waits is 3,631 (previously 3,656) in the upper range of the SPC Chart below, measures to improve performance centre upon a focus on eradication of discharge delays (time of day and medically fit for discharge). The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients.

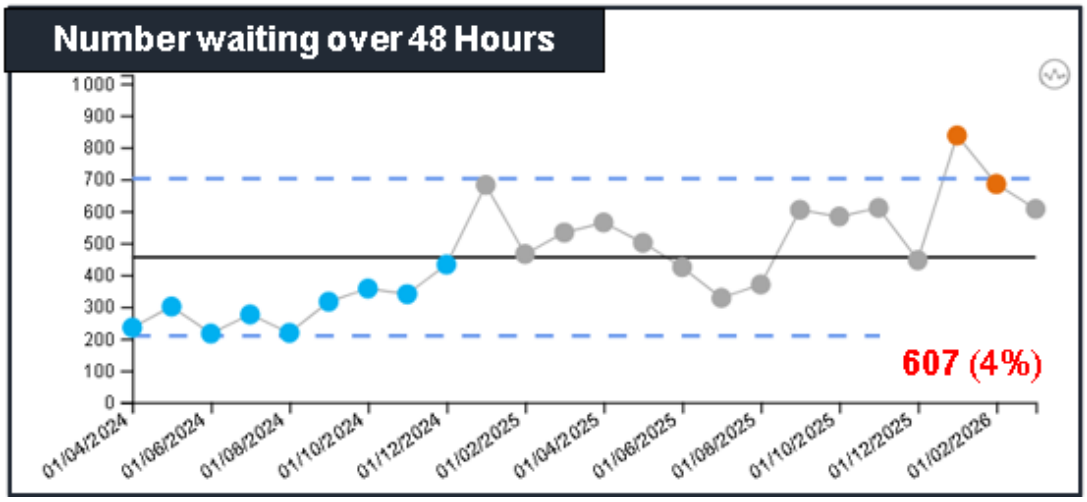


3.3.3.3 Patients waiting over 24 Hours in Emergency Departments.

The number of patients waiting beyond 24 hours has fallen from the high of January 2026 and now stands at 1,849, within the range of normal deviation through the SPC Chart. However, work is progressing with the teams on additional actions that would support enhanced performance in this area.



3.3.3.4 Patients waiting over 48 Hours in Emergency Departments



3.3.4 Summary

The Health Board has achieved improved access for patients waiting for outpatients new (80% reduction in patients waiting) and 104 weeks (70% reduction in patients waiting) for treatment. However, the pace of improvement does not match the ambition of the Health Boards Integrated Medium Term Plan (IMTP).

Major programmes of work in relation to Planned Care continue to drive opportunity for improvements in productivity and efficiencies within the Health Board, implementation of these productivity gains the substantive solution to ensure timely access to services for our local population.

The Urgent and Emergency Care space, requires urgent and greater focus in exploration of impactful solutions to drive much needed improvement.

3.5 Workforce and Organisational Development

Key metrics for the People and Organisational Development centre upon;

- Sickness absence has improved at 5.7%, this area a key focus to enhance care and deliver efficiencies
- The percentage of agency spend as a proportion of the total pay bill totals 2.3%
- After a steady decline over the last few months, the Personal Appraisal and Development Review (PADR) rates has recovered and remains above the 80% mark for the second month in a row. Performance has remained above the 80% throughout 2025/26 apart from a dip to 79.3% reported in January 2026.

3.6 Financial Performance Month 12 (March 2026)

3.6.1 2025/26 close of the financial year

The Health Board set a balanced plan at commencement of the financial year, re-forecasting post month 9 reporting of the position to a deficit of £17.4m following implementation of additional control measures.

The Health Board has submitted a £17.3m deficit for close of the 2025/26 financial year, Audit Wales now auditing the Health Board's financial statements (this is in line with the revised forecast submission made by the Health Board).

The 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board, or the plan set at commencement of the financial year in delivery of a balanced financial position.

3.6.2 2026/27 Financial Year

The Health Board has set a deficit plan of £43m for the year, requiring delivery of £46m in savings. The plan includes the conditionally recurrent £82m from Welsh Government (had this not been secured into 2026/27 the deficit would have been £125m).

The month 1 position represents a £5.4m deficit (£1.8m adverse to plan) largely a consequence of savings non-delivery (plan requires £3.8m to be delivered each month) which has in part been offset through maintaining the controls in place at close of the 2025/26 financial year.

The submission of a deficit plan does not satisfy the requirements of the Key Financial Duty to breakeven. As such, the Health Board is required to formulate a Financial Recovery Plan (FRP) for 2026/27 to deliver improvements to outturn, which will require identification of additional savings to that required as part of the plan.

It is essential the Health Board identifies and implements the savings plans for the financial year, else each month the attainment of the plan will become more challenging as prior month non-delivery has to be made good in later months. The securing of the £82m Welsh Government allocation into 2027/28 at risk if performance is not delivered.

4 ARGYMHELLION RECOMMENDATIONS

4.1 The Board is asked to:

- **NOTE** the content of the report.

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 *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?*	**Galluogwyr Ansawdd Enablers of Quality** All Apply	**Meysydd Ansawdd 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**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

Have you undertaken a Data Protection Impact Assessment Screening?	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.	

28 May 2026

Integrated Quality & Performance Report

Health Board

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Produced on behalf of the **Health Board**
by the **Performance Directorate and Partners**

Table of Contents

Title	Page
Cover	**1**
Table of Contents	**2**
Four Quadrant Escalation Summary	**3**
Performance Escalations Report	**4**
Children's & Adolescent Mental Health Service	5
Children's Neurodevelopment	6
Adult Psychological Therapies	7
Planned Care	8
Urgent & Emergency Care	15
Workforce and Organisational Development	21
Finance	24
Integrated Quality & Performance Report	**25**
Section 1: Quality, Safety & Experience	**27**
Section 2: Access & Activity Performance	**41**
Mental Health	42
Planned Care	45
Urgent & Emergency Care	55
Section 3: People & Organisational Development Performance	**60**
Section 4: Financial Performance	**64**
Additional Information	**69**
List of Abbreviations	**70**

The data presented in this report is up to 31.01.2026 unless otherwise indicated. Data with an IA symbol is a month in arrears.

Escalated Performance Measures at a Glance

KEY: ◻ = Better ❑ = Worse than previous reporting period

Quality
CRR 24-04 Failure to Embed Learning

❑ Two New Never Events have been reported since the last meeting of the Health Board in March 2026. Both events occurred in March.

1. Wrong Diagnosis (West Acute)
2. Failure to clinically assess (East Community

Finance
CRR 24-05 Financial Sustainability

Financial Position – March 2026

❑ Full Year Outturn – Deficit versus Plan **-£17.3m (subject to final audit)**

◻ In-month Variance to plan **£0.0m** (sustained balance of £0.0m)

Savings Position

◻ In month Savings Delivery including Accountancy Gains v target **£5.1m** (£1.8m more than the £3.3m target)

◻ End of Year Savings Delivery including Accountancy Gains v Target **£56.9m** (£16.9m above the target.

Capital Expenditure

Year to Date Plan is £33.2m. Spent £33.135m Underspend **£0.065m**.

Access & Activity
CRR 24-10 Urgent and Emergency Care; CRR 24-11 Planned Care;
CRR 24-12 Areas of Clinical Concern; CRR 24-13 Timely Diagnostics

◻ CAMHS Part 1b Interventions within 28 Days of Referral: **64.2%** (Target 80%) IA

❑ Neurodevelopment Assessment within 26 weeks: **10.3%** (Target 80%)

❑ Adult Psychological Interventions within 26 weeks: **58.1%** (Target 80%)

◻ Ambulance Handover Delays over 45 minutes: **2,316** (Target 0) **MP**

◻ Emergency Department waits over 12 Hours: **3,631** (Target 0)

◻ Emergency Department Waits over 24 Hours: **1,849** (Target 0)

◻ Emergency Department Waits over 48 Hours: **607** (Target 0)

❑ Number of patients left without being seen: **1,632** (11%) (Target 0)

◻ Number of patients with Delayed Pathways of Care: **291** (Target 0)

◻ Percentage compliance 62 Day Single Cancer Pathway: **54%** (Target 75%) IA

◻ Referral to Treatment waiting over 52 weeks 1st Appointment: **5,858**

◻ Referral to Treatment waiting over 104 weeks: **2,161** **MP** (Plan less than 3,780)

◻ Number of patients waiting over 8 weeks for Diagnostics: **13,778** (Target 0)

❑ Number of patients Over 100% due their clinical follow up: **128,079** (Target 0)

◻ Number of patients waiting over 14 weeks for therapies: **1,459** (Target 0)

* De-escalation criteria 55% x 4 months **MP = Ministerial Priority**

People & Organisational Development

◻ Personal Appraisal & Development Review (PADR): **80.7%** (Target 85%)

◻ Sickness & Absence: **5.7%** (Target Reduce)

◻ Agency Spend: **2.3%** (Target Reduce)

Performance Escalations Report

Quality, Safety and Experience: New Never Events

Escalated by:	Quality, Safety and Experience Committee	Date :	May 2026	Reason:	1 New Never Events	Status:	Worse

2 New Never Events were reported as occurring in March 2026. Details below.

Wrong Site Surgery – Dermatology East IHC

A patient attended a dermatology one-stop clinic following referral via the Urgent Suspected Cancer (USC) clinical pathway. The patient underwent cryotherapy treatment during the morning clinic and was also listed for a minor operative procedure (MOP) on the same day as part of a one-stop clinic pathway arrangements.

Following the procedure undertaken in the afternoon, the patient informed the clinic nurse that an incorrect area appeared to have been treated. The patient was immediately reviewed by the operating clinician and underwent further surgery on the same day to address the issue.

The investigation into this incident remains ongoing. A robust review of documentation undertaken and statements received from both doctors supporting the clinic.

Further findings and recommendations will be reported upon completion of the full investigation – initial conclusions indicate this situation arose due to a combination of failure to follow process (and a lack of tailored process for this type of clinic), along with human error.

Wrong Site Surgery – General Surgery West IHC

The patient underwent a laparoscopic assisted extended right hemicolectomy for bowel cancer. There was a tattoo placed distal to the tumour.

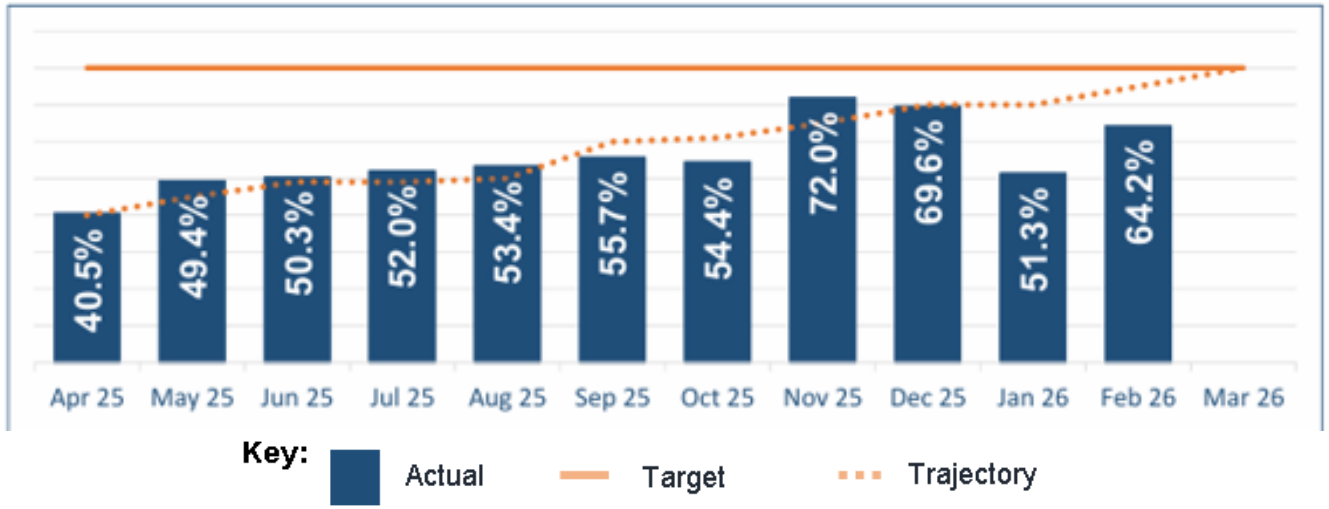
At the operation the surgeon could not find the tumour or the tattoo in the descending colon, however a few centimetres proximal there was a very visible tattoo and the surgeon assumed that that must be the tattoo indicating the site of the tumour. The surgeon proceeded with an extended right hemicolectomy (rather than a left hemicolectomy). This led the surgeon to take out the segment of bowel that did not have the cancer in it.

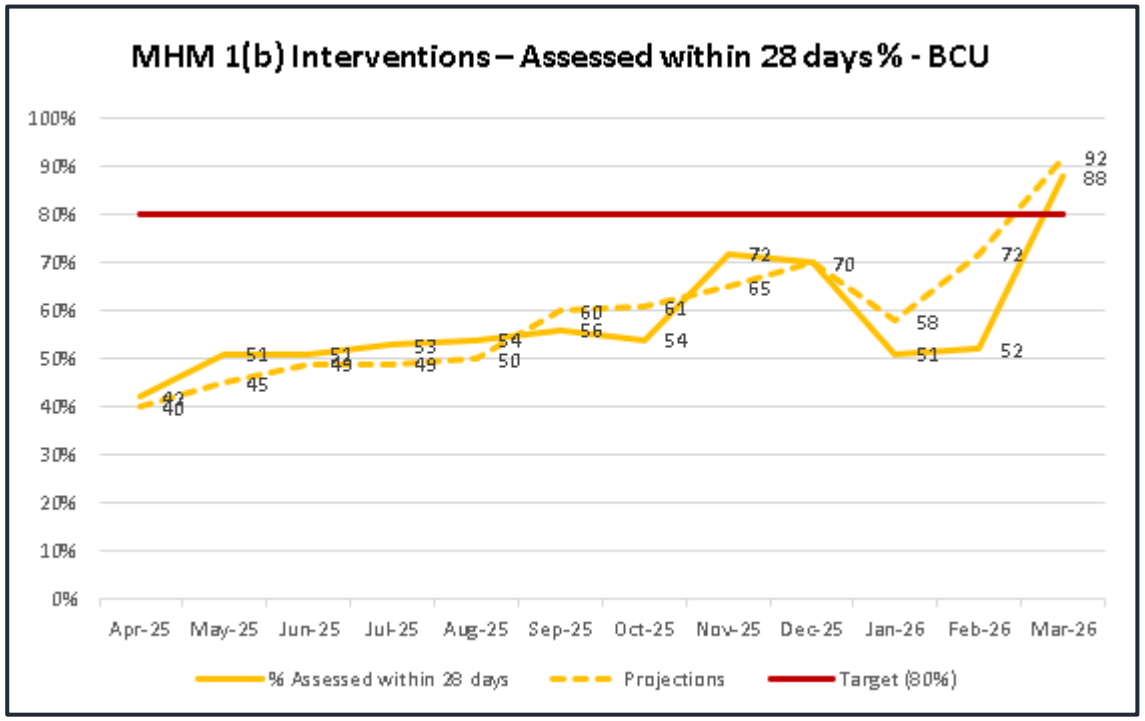
The patient has since had further investigations in preparation for further surgery.

Access: Children's & Adolescent Mental Health Services (CAMHS) (Part 1b: Therapeutic Intervention within 28 days)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improved

Whilst West and Centre Integrated Health Communities are performing well, East IHC has been compounded by lack of staffing thus impacting the overall position.





2026/27 trajectories have been submitted indicating that the MHM Part 1a and Part 1b targets will be sustained,
actions underway to ensure the trajectories are sustained include:

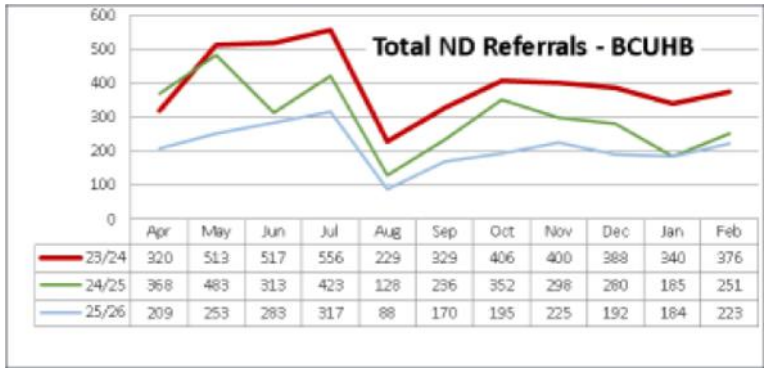
- Full roll-out of Getting Started Group across all teams will sustain increased capacity required for intervention offer
- Expansion of group therapy offer across all IHC teams
- Production of agency exit strategy aligned to local recruitment plans and timeframes agreed within Quarter 1.

- Trajectory not met in February however significant reduction in over 28 days waiting list position
- The forecast position for March indicates the target for MHM Part 1b of 80% will be achieved

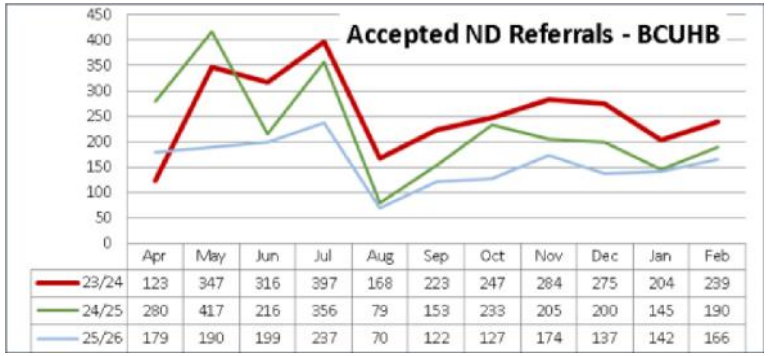
Access: Children's Neurodiversity (Assessed within 26 weeks of referral)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Not Improving

Performance against the measure remains poor, it is expected that no patients waiting over 3 years at 31.03.2026. However, this will **not** be sustained into 2026/27.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
23/24	320	513	517	556	229	329	406	400	388	340	376
24/25	368	483	313	423	128	236	352	298	280	185	251
25/26	209	253	283	317	88	170	195	225	192	184	223



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
23/24	123	347	316	397	168	223	247	284	275	204	239
24/25	280	417	216	356	79	153	233	205	200	145	190
25/26	179	190	199	237	70	122	127	174	137	142	166

26/27 Draft Trajectory

The trajectory shows a slight deterioration in performance in 2026–27 against the 26-week target, as anticipated, due to a residual capacity gap across all teams. Although this gap has reduced significantly, driven by a **63% increase in assessment** activity through a prudent approach and a **33% reduction in referrals** following the implementation of new ways of working with RPB compared to the previous year. A monthly shortfall of 98 assessments across the region remains. The trajectory assumes that all patients waiting over three years in 2025–26 will receive an assessment by the end of March, supported by the commissioning of additional capacity.

26/27 Waiting times

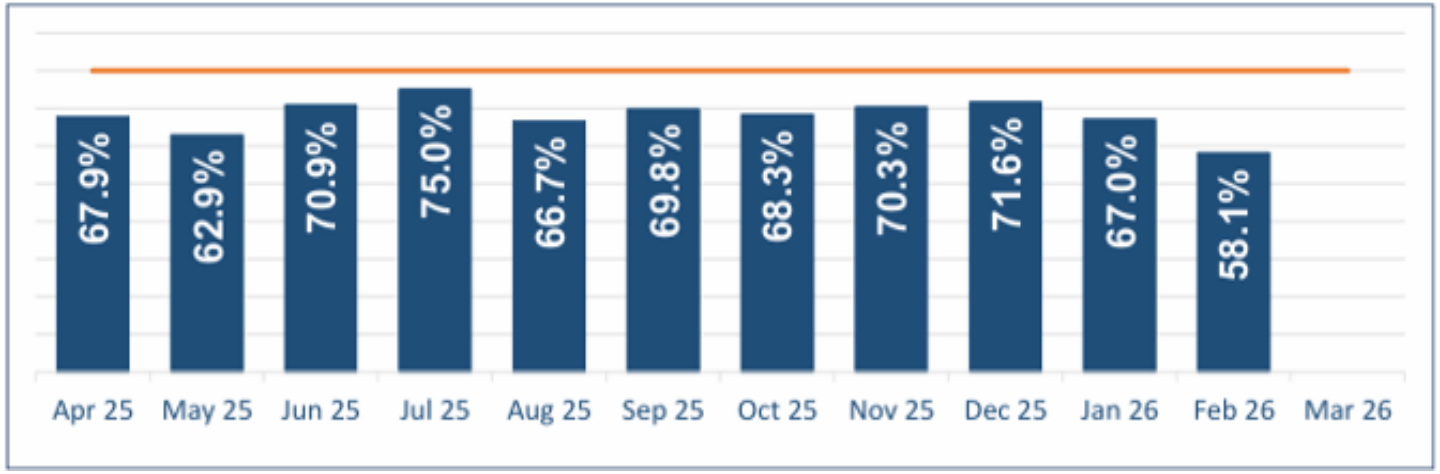
Assuming there are no waits exceeding three years at the end of 2025–26, modelling of the 2026–27 waiting list indicates that 2,437 patients would exceed a three-year wait. Job planning is underway within IHCs, including recruitment to existing vacancies, to inform future capacity assumptions and improvement trajectories. However, without additional investment, current capacity will be insufficient to prevent waits exceeding three years during 2026–27.Confirmation of the 2026–27 WG NDIP funding allocation is awaited. Should funding again be directed towards waiting list management, as in 2025–26, arrangements are in place to continue the use of private provider contracts. Based on year-to-date 2025–26 activity, current estimated annual assessment capacity across IHCs is 840, although this may increase following completion of IHC-level job planning. On the basis of current capacity assumptions, an estimated shortfall of 1,597 assessments remains to sustain waits below three years in 2026–27.

- Referrals received reduced by 29% in comparison with previous year
- Referrals accepted reduced by 30% in comparison with previous year
- Monthly capacity gap of 98 reduced from 250 previous year this is due to both reduction in referrals and implementation of ND prudent pathway to deliver 68% efficiencies in year. This will be sustained in 26/27

Access: Adult Psychological Therapies (Assessed within 26 weeks of referral)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Getting Worse

After a period of improvement in quarter 3, performance has deteriorated month on month since December 2025.



The latest available data is for February with overall performance of 58% against a performance framework standard of 80%.

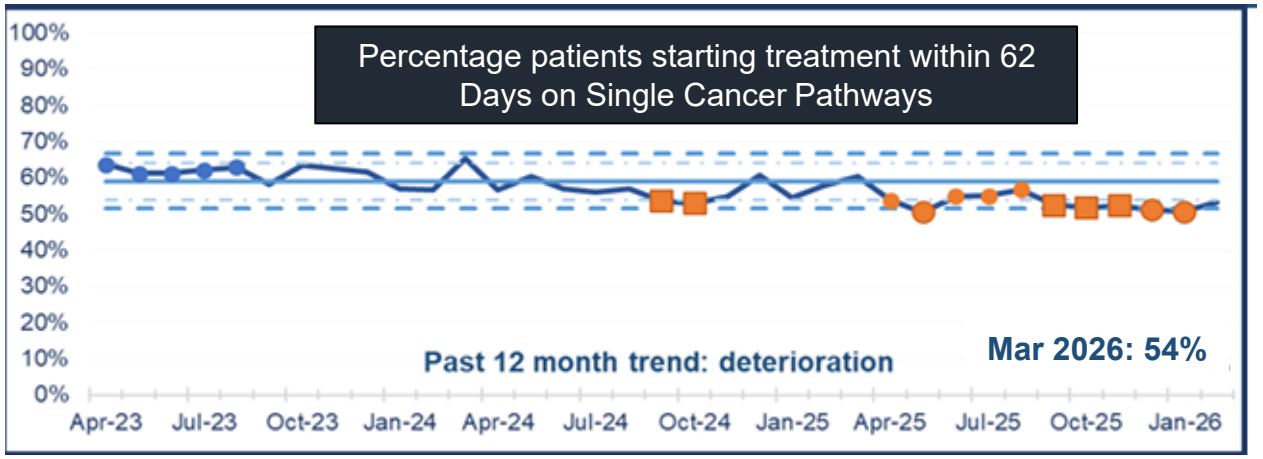
The downward trend is located in one area only with West and Central being 100%. The downward trend is due to the lack of clinic room provision for specialist psychological work in East. This issue has been raised at the Divisional Estates and Capital Group, and duly noted. Via the Chair's Report, this has been escalated through MHLD F&P and to the Senior Leadership Team. As a result, this has now been raised with our Executive for further discussion and resolution.

Performance Escalations Report
Planned Care Section

Access: Planned Care Cancer Services (62 Days Single Cancer Pathway (SCP)) page 1 of 2

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Special Measures De-escalation target is to consistently achieve at least 55% for four consecutive months. BCUHB is now 1% away from achieving the initial 55% rate.



	BCUHB Total	West	Central	East
Lung	74% (23/31) ↑	70% (7/10)	83% (10/12)	67% (6/9)
Skin	69% (59/85) ↑	68% (19/28)	62% (18/29)	79% (22/28)
Haematology	68% (13/19) ↓	57% (4/7)	89% (8/9)	33% (1/3)
Upper GI	61% (30/49) ↓	67% (12/18)	82% (9/11)	45% (9/20)
Colorectal	53% (30/57) ↑	[No Title]0/21)	64% (9/14)	50% (11/22)
Breast	48% (30/62) ↑	72% (18/25)	32% (8/25)	33% (4/12)
Urology	41% (40/98) ↔	25% (8/32)	62% (26/42)	25% (6/24)
Gynaecology	25% (5/20) ↓	25% (1/4)	17% (1/6)	30% (3/10)
Head & Neck	20% (4/20) ↓	14% (1/7)	11% (1/9)	50% (2/4)
Total	54% (243/452) ↑	53% (83/157) ↑	58% (92/159) ↑	50% (68/136) ↓

Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows reflect change from last month

In March 2025 the Health Board treated 54% (243 out of 452) of patients within the targeted 62 days. Whilst performance against the target remains challenging, there has been a significant reduction in the number of patients waiting in dermatology and the length of waits.

Details on both March 2026 performance and an overview of performance for 2025-26 are on the next slide.

Access: Planned Care Cancer Services (62 Days Single Cancer Pathway (SCP)) page 1 of 2

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

March 2026

- **Lung** teams treated 74% of patients in target which is above their average of 64%.
- **Skin** performance improved in month following the significant increase in capacity to reduce the backlog of patients waiting over 62 days. This fell to 334 patients at the end of March but has since increased to over 500 as the additional weekend insourced activity has ceased. Discussions are ongoing re plans to recover this position.
- **Colorectal** performance has improved for the third month in a row from an average of 26% in the last quarter to 53% this month. The majority of breaches are still due to pressures in endoscopy.
- **Breast** performance remains below plan due to challenges in the screening service and waits to surgery.
- The majority of **urology** breaches are prostate cancer patients. Insourced prostate biopsies commenced in February but the service is currently paused whilst a new contract is negotiated.

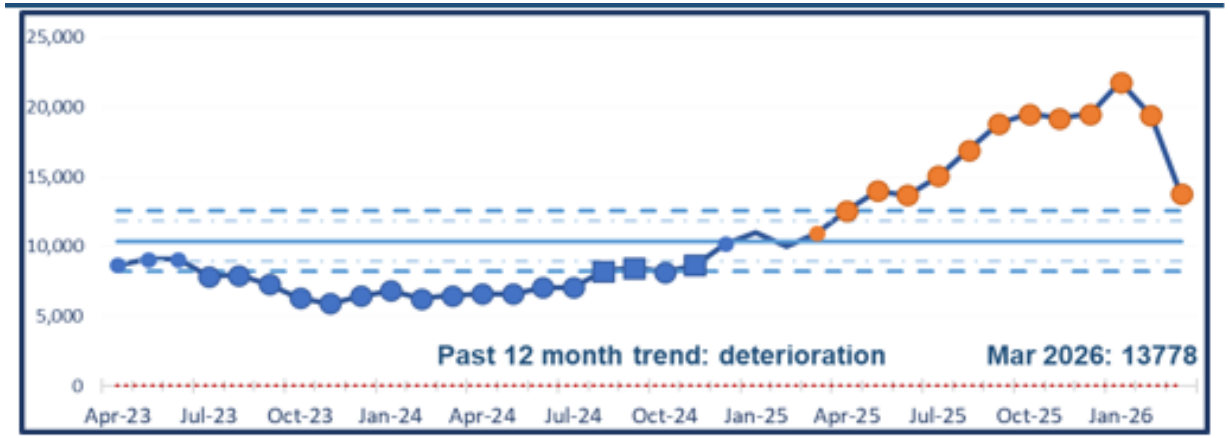
Review of 2025-2026

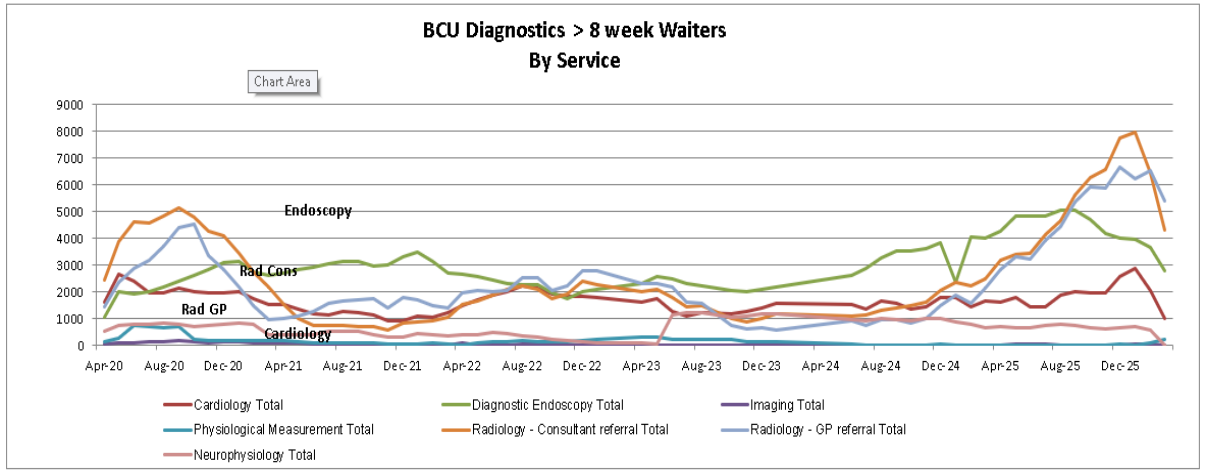
- BCUHB treated 5,713 new cancers, a 1% increase on 2024/25 numbers; skin and colorectal saw the biggest increases – see chart below.
- Averaging over the year 56% of new cancers were treated within 62 days of suspicion of cancer, which is the same as in 2024/25; only urology, colorectal, lung and upper GI saw small increases in the percentage treated in target.
- BCUHB received approximately 45,200 GP Urgent suspected Cancer (USC) referrals, a 2% increase on 2024/25
- Conversion rate from GP USC referral to cancer diagnosis remained at approximately 7%

Access: Planned Care Diagnostic Services (8 weeks & over)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Latest validated position for March 2026 shows a significant improvement over 2 months from 21,800 patients to 13,778 waiting over 8 weeks.





Position March 2026

Whilst the number of patients waiting over 8 weeks for a diagnostic test remains unacceptably high at 13,778 it should be noted that this is a significant reduction of over 9,000 patients (from 21,800) within 2 months.

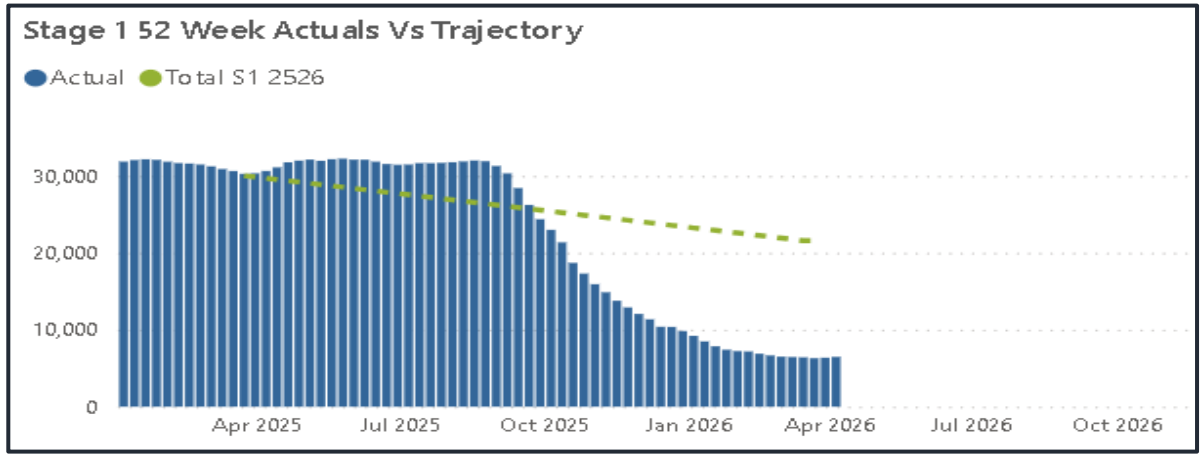
The reason for the sharp increase in the number of patients waiting over 8 weeks for a diagnostic test can be correlated to the significant amount of work undertaken to reduce the number of patients waiting over 52 weeks for their first outpatient procedure, from over 30,000 in August 2025 to 5,858 at the end of March 2026 which in turn generated demand for diagnostic investigations.

Access: Planned Care – Referral to Treatment Patients waiting over 52 weeks for new outpatient

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Continued and sustained reduction in the number of patients waiting over 52 weeks for their first outpatient appointment.

Number of patients waiting over 52 weeks for a new outpatient appointment



Position March 2026

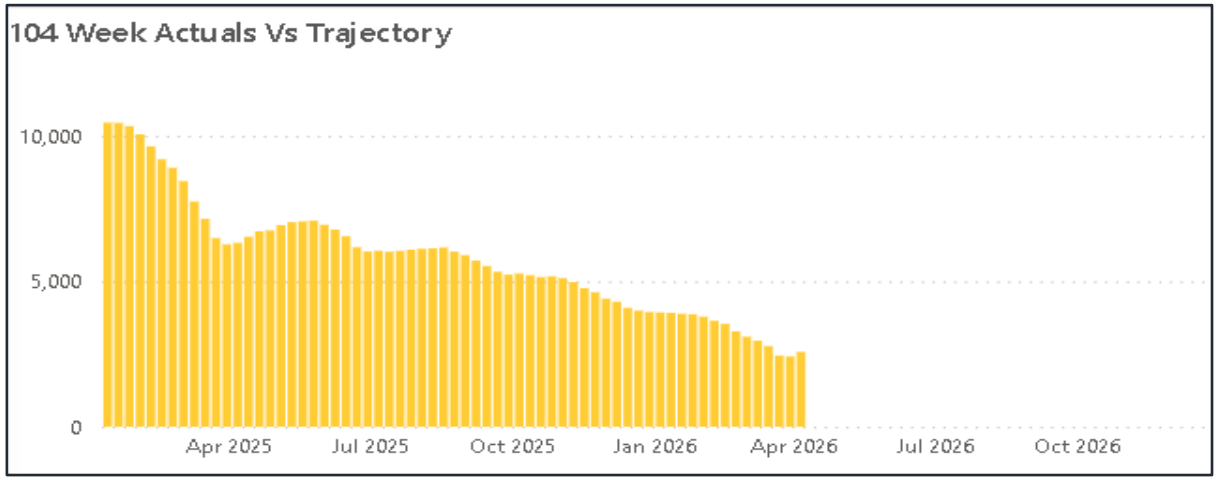
Whilst the number of patients waiting over 52 weeks for their first outpatient appointment (stage 1) remains unacceptably high at 5,858 it should be noted that this is a significant reduction of over 25,000 patients (from 34,000) within 7 months. It was intended to continue on this sharp reduction trajectory to reach zero patients waiting over 52 weeks for their first outpatient appointment by 31.03.2026.

However, the high volume of these patients that then required a diagnostic test (stages 2 and 3) created a significant and unsustainable demand upon diagnostic services together with impacting upon the ability to maintain momentum in delivering the projected reductions in the number of patients waiting over 104 weeks for treatment (stage 4).

Access: Planned Care – Referral to Treatment Patients waiting over 104 weeks (all stages)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

The number of patients waiting over 104 weeks for treatment continues to fall. The end of March position was 2,161, over 1,500 less than the 3,780 predicted.



Position March 2026

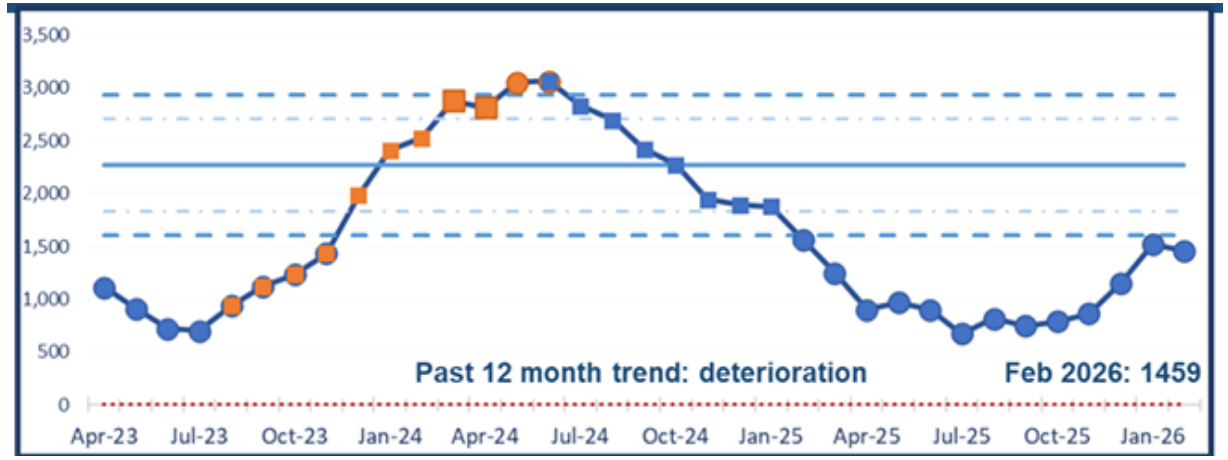
There has been a significant and sustained reduction in the number of patients waiting over 104 weeks (2 years) for treatment. From over 10,000 patients in April 2025 to 2,161 at the end of March 2026. This is approximately 1,500 more patients treated than the planned trajectory of 3,780 as submitted to Welsh Government in November 2025. This has been achieved despite the significant pressures from delivering the improvement trajectories at stage 1 and its impact upon demand at stages 2 and 3 as described in slides 11 and 12.

Unfortunately, there were 2 patients waiting over 3 years for treatment at the end of March However, these patients have been treated in April 2026. It is expected that there will be no patients waiting over 3 years going forward.

Access: Planned Care Therapy Services (14 weeks & over)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Getting Worse

After a substantial period of sustained improvement, performance against this measure has stagnated and the numbers of patients waiting over 14 weeks slowly increasing



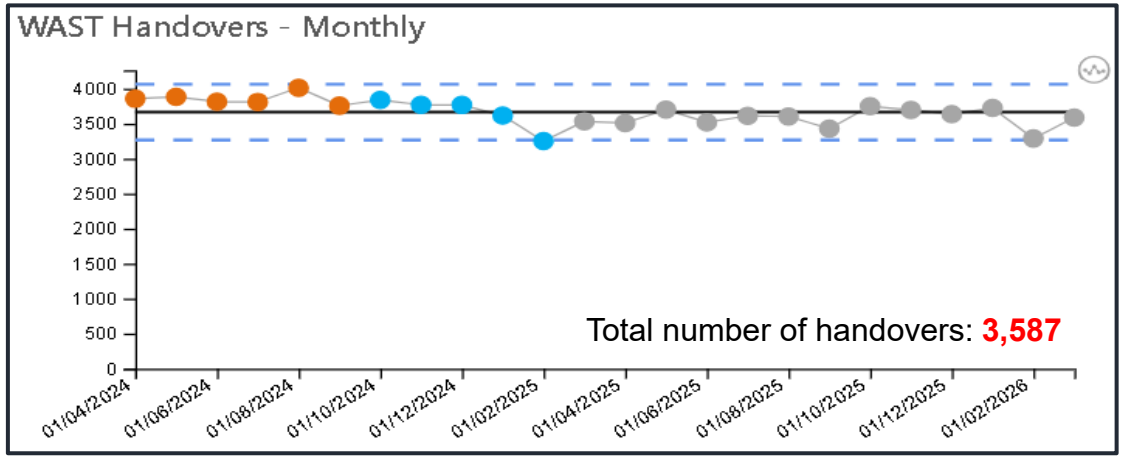
Performance against the 14-week therapy waits target remains challenging with 1,459 patients waiting in excess of 14 weeks for their therapy. These patients are predominantly within Physiotherapy and Dietetics in the East IHC. The reasons for the delays include staffing levels in dietetics and lack of available suitable accommodation for physiotherapy.

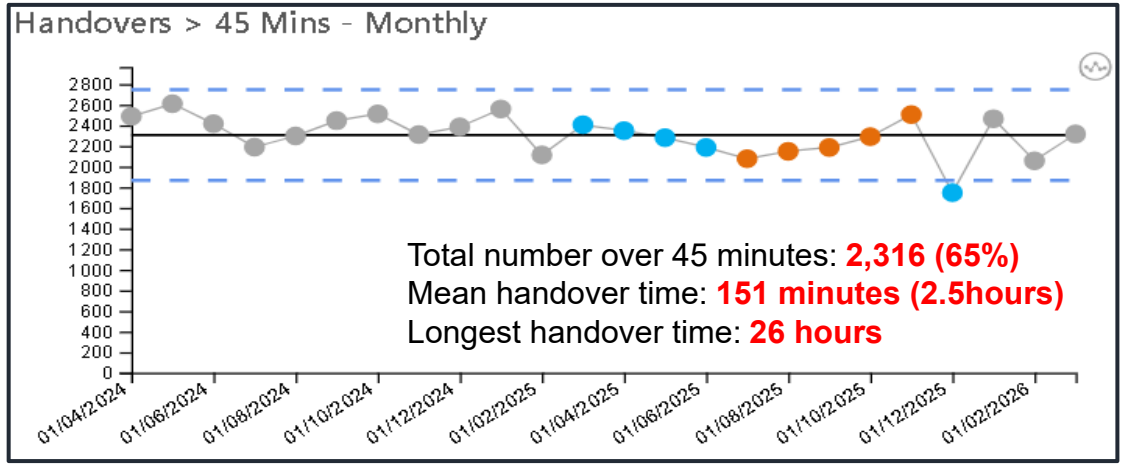
Performance Escalations Report
Urgent & Emergency Care Section

Flow & Efficiency: Urgent & Emergency Care – Ambulance Conveyances and Handovers

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

After improvement in December 2025, the number of ambulance handover delays **over** 45 minutes has returned to previous levels at 2,465 (over 66% of all conveyances)





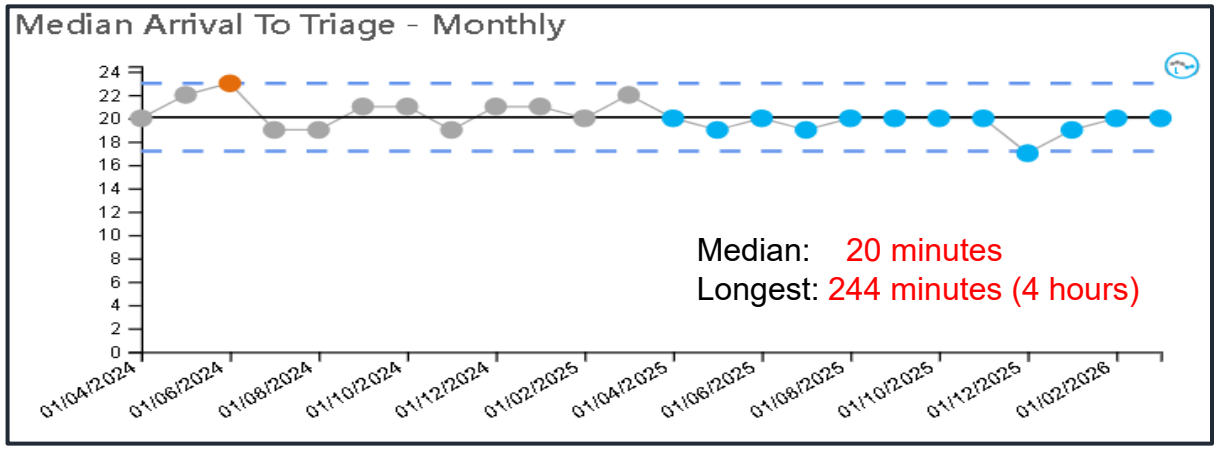
- A clinically-led **Urgent and Emergency Care Task Team** has been established to lead on taking decisive steps with senior clinical leaders and operational teams to support system-wide improvement and improve outcomes and experience for patients. The focus is on three key areas:
  - Reducing avoidable admissions and ambulance conveyances to Emergency Departments
  - Improving flow through the hospital including establishing an acuity-led discharge process and improved weekend flow
  - Working with clinical and operational teams to strengthen system working.

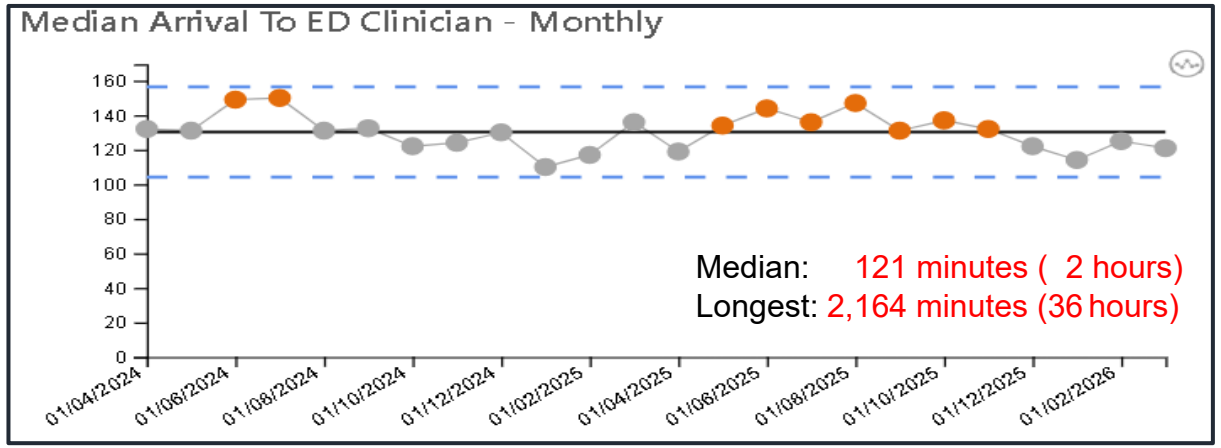
- An immediate priority working with WAST is to target a significant reduction in the number of patients waiting to be handed over to EDs from Ambulances to no more than 45 minutes (Handover 45).
- A revised Ambulance Performance Framework issued by WG with effect from 2nd December 2025, to ensure a focus on patient outcomes as well as response times.
- The Ambulance Performance Framework is being rolled out across the organisation and briefing sessions are established with WAST colleagues throughout November to provide background and context to the changes and support effective implementation
- The revised framework involves:
  - New 'orange now', 'yellow soon' and 'green planned' categories replace the current Amber and Green categories and build upon the "Purple Arrest" and "Red Emergency" categories that were introduced in July for the most life-threatening calls have been designed to improve care for patients and ensure they get the right response for their need.
  - Rapid clinical screening by paramedics and nurses in 999 clinical contact centres to help identify time sensitive conditions more quickly to deliver a safer service and improve outcomes.

Access: Urgent & Emergency Care – Emergency Department Process Time to Triage and Clinician (Efficiency)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Not Improving

The median time to triage has remained on or around 20 minutes and, time to clinician around 2 hours since April 20205. The longest time to triage is 4 hours and time to clinician in excess of 36 hours. There has been no statistically significant change in performance against this measure in the 2 years to date.





Current position:

- Latest nationally reported position **20 minutes** for median time to clinician for March 2026. This reflects no statistically significant change in 2 years.

Next actions

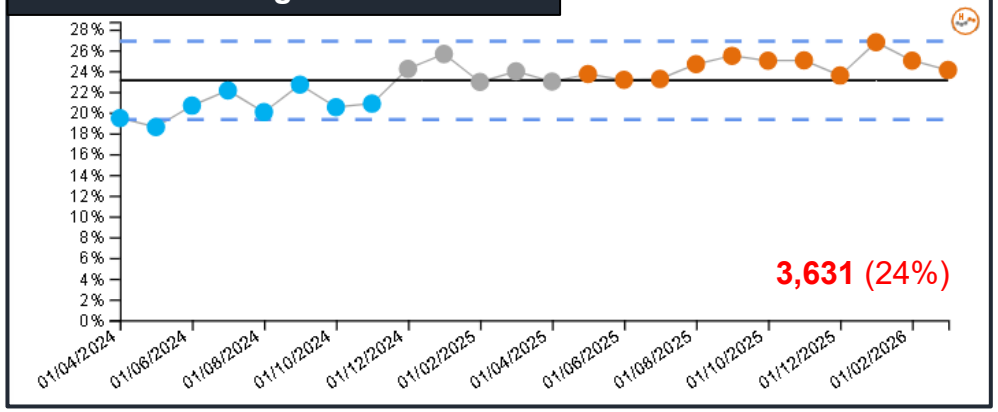
- The workforce model is being considered alongside the patient pathways and alternatives to ED, via streaming to other services, including SDEC.
- Ringfencing key clinical areas such as SDEC units from being used as a ward when the pressure for bed spaces becomes greatest.
- The existing 'Resilience Hub' established provides system leadership and coordination, enabling the North Wales health system to work as one.
- The 'Resilience Hub' will be fully enacted providing 7 day per week senior leadership for managing the system across North Wales.
- Acute Frailty pathway mapping and baseline assessment completed across all areas
- A trigger is in place that activates the redeployment of staff to additional triage which is being used. The threshold for the trigger and the staffing pattern relating to triage activity is being urgently reviewed to enable an improvement to the standard of 15 minutes.

Access: Urgent & Emergency Care – Emergency Department Waits 12 Hrs, 24 Hrs & 48 Hrs and Did Not Waits

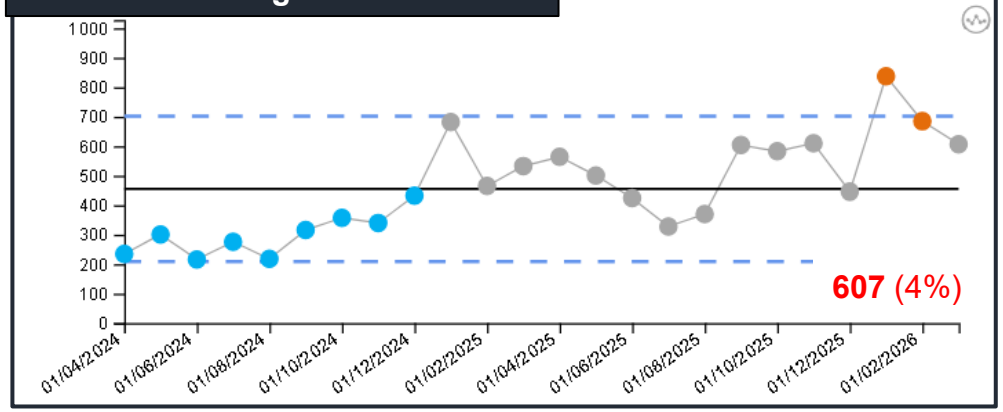
Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Performance has improved in all 3 metrics compared to December 2025 position and the same period last year. Added Over 48 Hour Waits for context

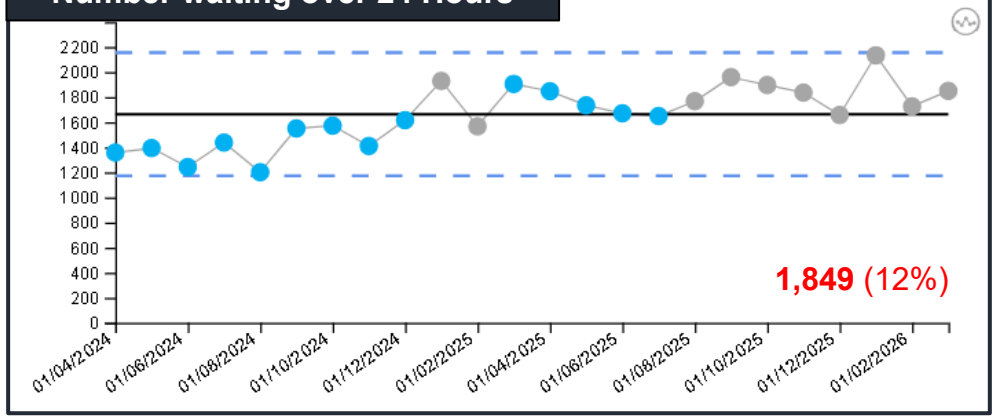
Number waiting over 12 Hours



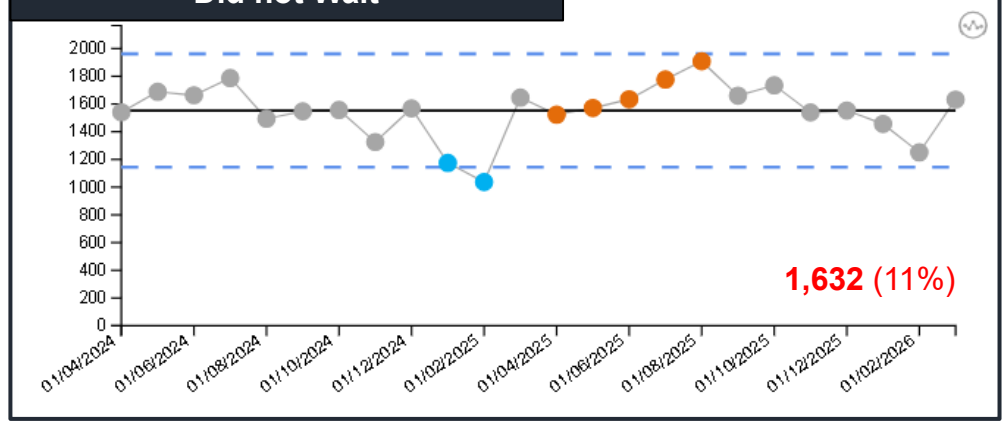
Number waiting over 48 Hours



Number waiting over 24 Hours



Did not Wait



It should be noted that whilst performance has improved against all three of the long wait metrics, the number of patients that did not wait for treatment remains high.

Access: Urgent & Emergency Care – Emergency Department waits

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Performance has deteriorated in all metrics compared to December 2025 position and the same period last year.

Current position:

- The number of 12-hour waits has decreased to 3,631 (previously 3,826) and is the upper range of the SPC Chart, measures to improve performance centre upon a focus on eradication of discharge delays (time of day and medically fit for discharge). The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients.

Next actions

- **Executive walkthroughs** have been held at each District General Hospital to engage clinical and operational teams in opportunity and solution identification, as well as providing visible leadership and commitment of the Board to supporting improvement on the ground. A commitment of high visibility has been made, without seeking to disrupt the work of local teams
- The Executive Medical Director led a **Rapid Quality Review** meeting drawing together clinicians to address :
  - Specific and focused consideration to quality concerns and risks within the pathways passing through the ED
  - Facilitate rapid and collective judgements about quality within these pathways
  - Identify actions within these pathways as a result of the risk identified to measure quality of care and risk within the ED pathways
  - Improve quality of care and reduce risk within ED pathways

- The focus on discharge, including time of discharge during the day and proactive onward admission of new patients to ward areas form part of the improvement work underway. Balancing the risk to patient safety, outcomes and experience across the system rather than holding the risk in the Emergency Department is key.
- Data dashboard developed utilising STREAM / Right Patient Right Place has been established and offers oversight across hospital systems to support flow and identify reasons for delayed discharges – this has been further developed with the 6 LAs and a positive enabler

Flow & Efficiency: Pathways of Care Delays

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Whilst the number of patients delayed is lower than the same period last year, the number of days delayed remains higher and at 12,771 is 2,000 higher than March 2025.

Position March 2026 compared to March 2025

Summary Analysis for Latest Census

Mar-25

Total Delays (Patients): 311

Total Days Delays: 10,934

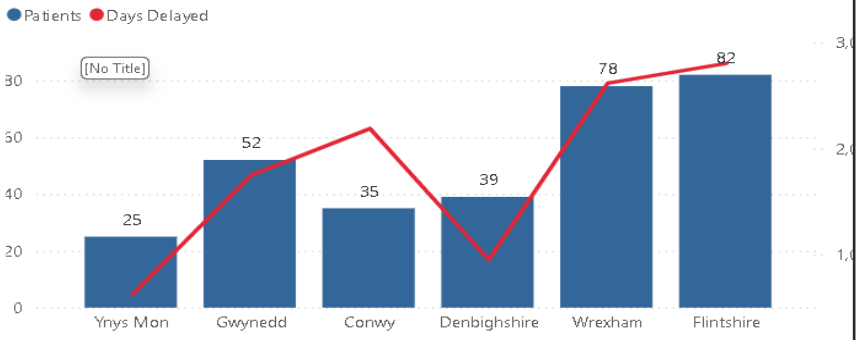
Average Days Delayed: 35

Assessment Delays (Patients): 140

Assessment Days Delays: 3,704

Assessment Average Days Delayed: 26

Patients and Days Delayed by Local Authority



Delay Reason Group	Total Delays	Total Days Delayed
Assessment Issues	124	2,754
Care Home Placement Arrangements	73	3,079
Disagreements/Legislation	11	804
Funding Issues	9	252
Home Adaption/Equipment Issues	10	265
Home Care Realted Issues	45	1,307
Housing Related Issues	19	1,696
NHS Bed Related Issues	2	178
Step Down to Recover and Assess	17	556
Transfer Related Issues	1	43
Total	311	10,934

Summary Analysis for Latest Census

Mar-26

Total Delays (Patients): 291

Total Days Delays: 12,771

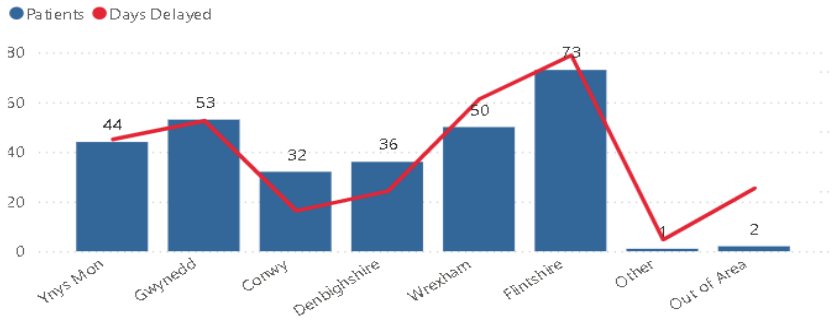
Average Days Delayed: 44

Assessment Delays (Patients): 69

Assessment Days Delays: 1,618

Assessment Average Days Delayed: 23

Patients and Days Delayed by Local Authority



Delay Reason Group	Total Delays	Total Days Delayed
Assessment Issues	96	2,102
Care Home Placement Arrangements	93	4,303
Disagreements/Legislation	12	1,009
Funding Issues	16	946
Home Adaption/Equipment Issues	8	204
Home Care Realted Issues	31	884
Housing Related Issues	16	2,922
Step Down to Recover and Assess	19	401
Total	291	12,771

Performance Escalations Report
Workforce, Organisational Development and Finance Sections

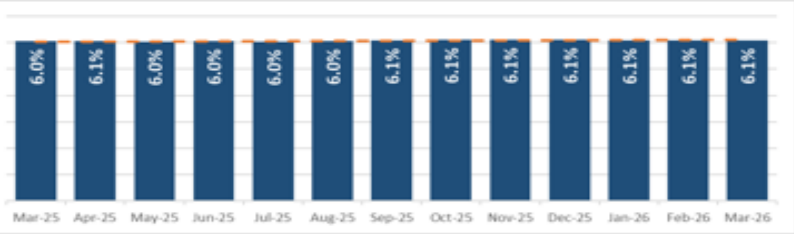
People: Staff Wellbeing and Development

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

At 80.7%, the rate of Personal Appraisal & Development Reviews remains within normal variation and higher than same period prior year

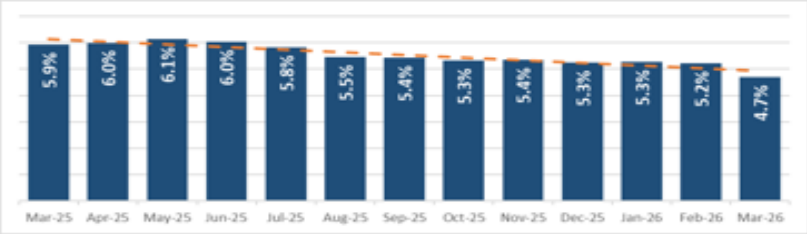
BCU Rolling Sickness Rate

The BCUHB rolling sickness rate has remained steady for the last 7 months at 6.1%. The position has increased by 0.1% on the same period last year. The in-month rate for March 2026 was 0.16% higher than it was in March 2025. In January 2026, BCU had the lowest rolling sickness rate of the 6 largest Health Boards in Wales.



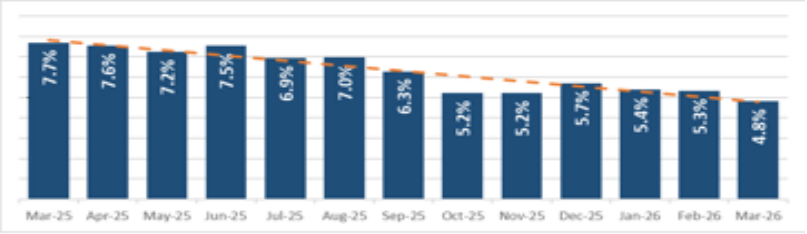
BCU Registered Nursing Turnover Rate

The registered nursing external turnover rate continues to reduce, falling to 4.7% in March 2026 from 5.9% in March 2025. In the 12-month period to March 2026 there were 69.1 FTE fewer leavers compared with the previous year. BCU was ranked 3rd against the 6 largest Health Boards in Wales with regards to nursing turnover in January 2026



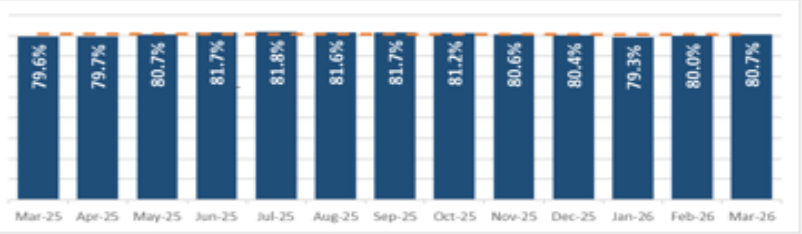
BCU Registered Nursing Vacancy Rate

The BCUHB registered nursing vacancy continues to improve and is 2.9% lower than it was during the same period last year. There are currently 304.5 FTE vacancies compared to 486.4 FTEs in March 2025. BCU had the second highest nurse vacancy rate of the 6 largest Health Boards in September 2025.



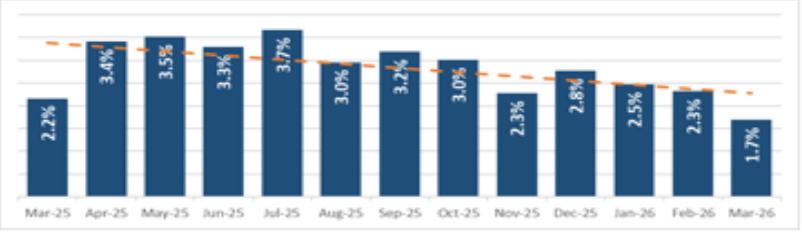
BCU PADR Rate

PADR compliance is showing an improving trend over recent months, increasing by 0.7% to 80.7% in March 2026, and it is 1.1% higher than it was during the same period last year. In January 2026 BCUHB was the second-best performer of 6 largest Health Boards in Wales for Appraisal compliance.



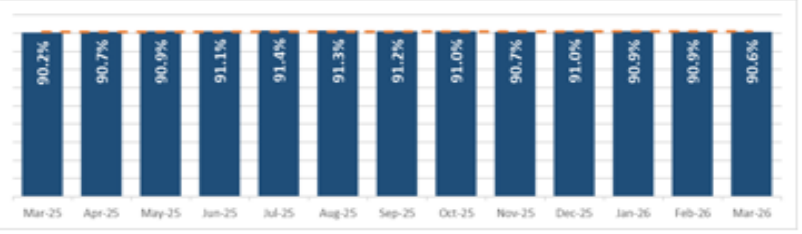
BCU Agency Usage Rate

Agency spend £10.35m lower across 2025/26 compared to 2024/25 demonstrating significant improvement. Lower agency rates reported in March 2025, August 2025 and March 2026 were caused by increases in total pay relating to the pay award and end of year.



BCU Mandatory Level 1 Training Rate

Mandatory Training Level 1 compliance remains well above the 85% target at 90.6%, however, there has been a small gradual decline over recent months. In January 2026 BCUHB has the highest level 1 mandatory training compliance of the 6 largest Health Boards in Wales.



Finance

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Deficit

The Full Year Draft unaudited financial position of the Health Board is reporting a deficit of £17.3m, £0.1m under the forecast deficit of £17.4m.

➢Draft 2025/26 end of year financial position is subject to the closure and submission of the final accounts for 2025/26 and the subsequent audit by Audit Wales. It is of note that the 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board to report a balanced financial position.

➢As at Month 9 (December), the forecast outturn was revised to report a deficit of £17.4m, as the Health Board had been required to absorb several national pressures following submission of the plan, having shortfalls in resource allocation for the Employers National Insurance uplift and Cost Uplift Factors (CUF) not matching the increased cost impact from provision of cross border services and additional pressures from JCC for cross border patients. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC). See further detail on Slide 6.

➢The below table summarises the monthly and full year variance for 2025/26:

	2025-26 Monthly & DRAFT Full Year Variance												
	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	DRAFT Full Year Variance £m
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	(0.0)	(0.1)	0.0	(17.3)

➢ The Health Board's £40.0m savings target is profiled on an equal twelfth's basis. Full year value of Green Schemes is £56.9m (comprising of £37.3m Savings, £0.9m Income Generation, £0.7m Cost Avoidance and £17.9m Accountancy Gains), an increase of £2.0m from the Month 11 forecast. Of these, £26.8m have been identified as recurring, with a full year effect of £32.7m, and £30.1m are non-recurring savings.

➢ The £32.7m full year recurring savings exceeds the 2025/26 financial plan recurring target of £30m, but below the £40m stretch target allocated to IHC's in 2025/26.

➢ In-month delivery includes savings of £3.8m, £0.1m Income Generation/Cost Avoidance and £1.2m Accountancy Gains against a target of £3.3m.

Integrated Quality & Performance Report

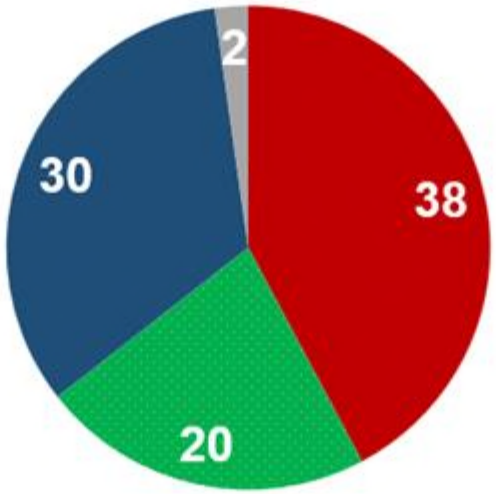
Summary of Performance to Month 9 (December 2025)

Green — The *latest available data point* indicates that performance is at, or better than the target

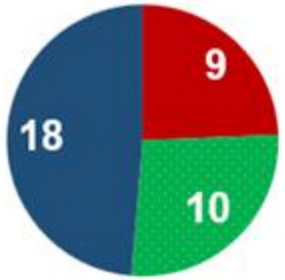
Red — The *latest available data point* indicates that performance is worse than the target

Blue — It is inappropriate, or not possible, to rate available data against any available target

Grey — There is no / insufficient data available to rate against the target



All Sections



Quality, Safety, Effectiveness & Experience Performance

Access & Activity Performance

People & Organisational Development Performance

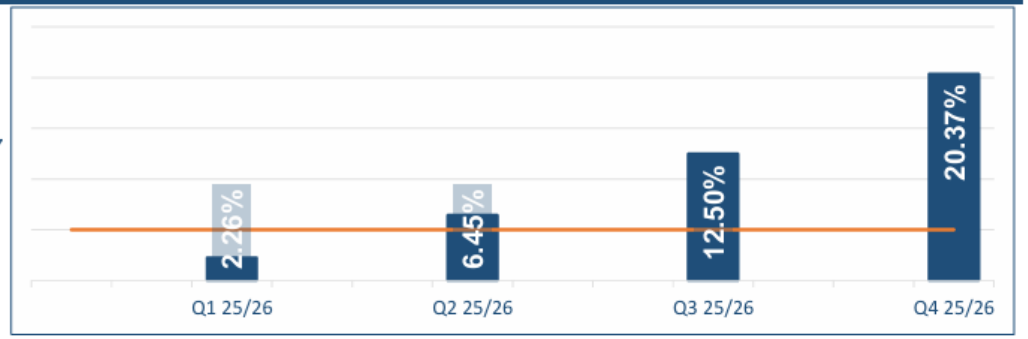
Financial Performance

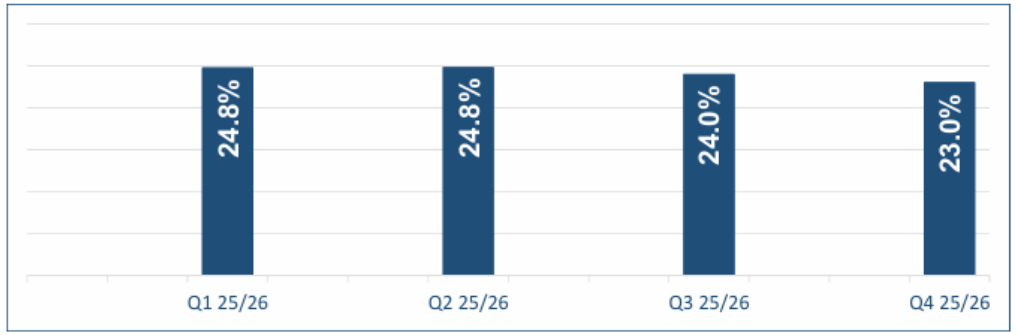
Section 1

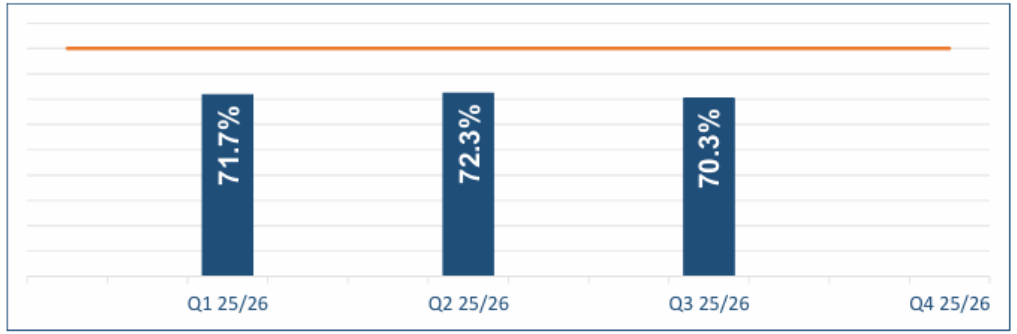
Quality, Safety, Effectiveness and Experience Performance

Prevention and Vaccinations

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	20.37%	2nd of 7 (at Dec 25)
-	QSE	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	TBC	23.0%	4th of 8 (at Dec 25)
-	QSE	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	TBC	70.3%	7th of 7 (at Dec 25)

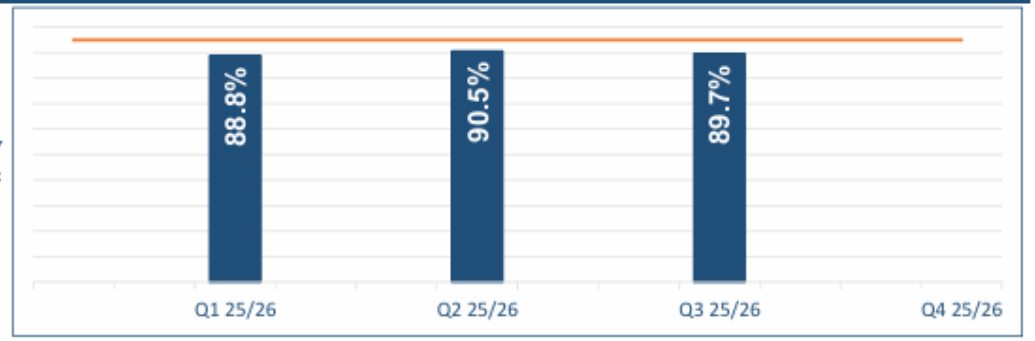


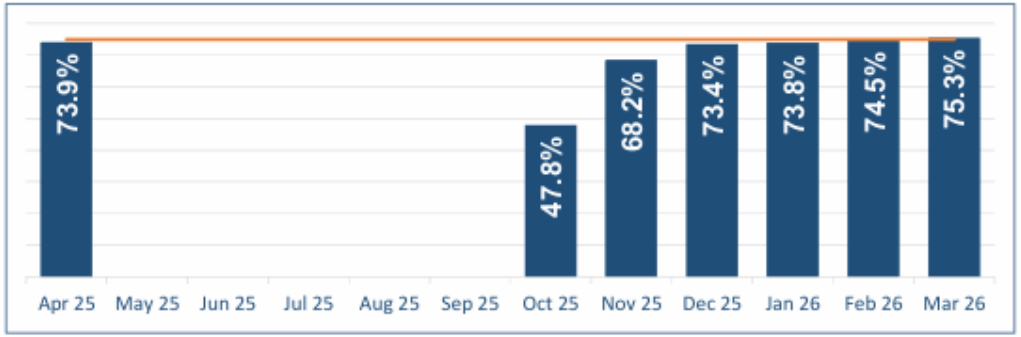


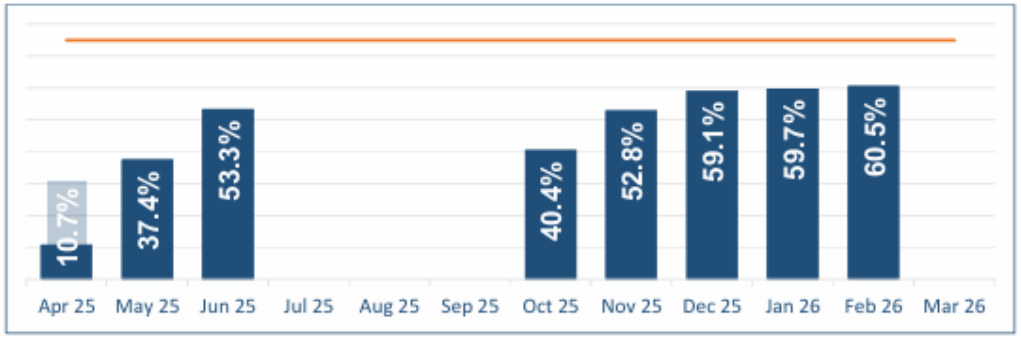


Prevention and Vaccinations

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	89.7%	3rd of 7 (at Dec 25)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	75.3%	1st of 7 (at Mar 26)
-	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster: All eligible people	75%	TBC	60.5%	2nd of 7 (at Feb 26)

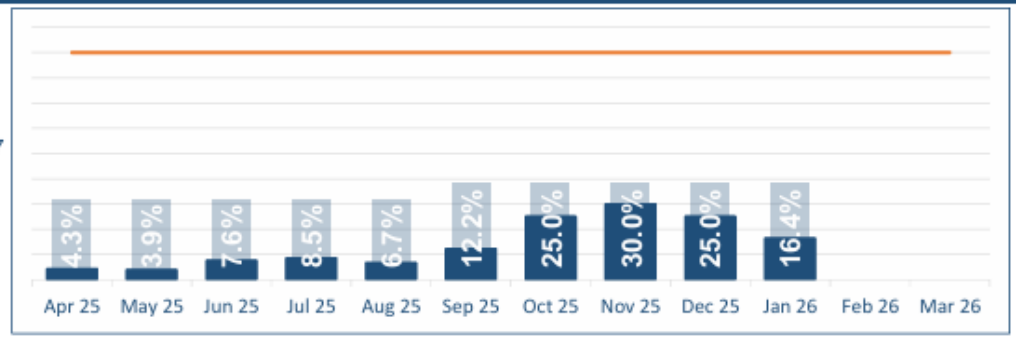


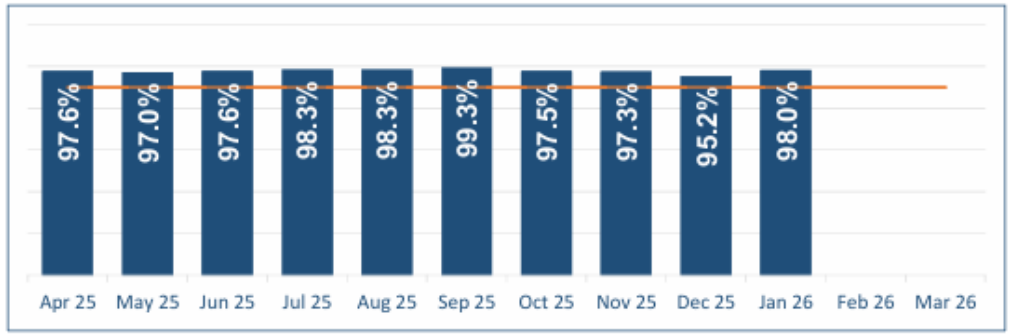


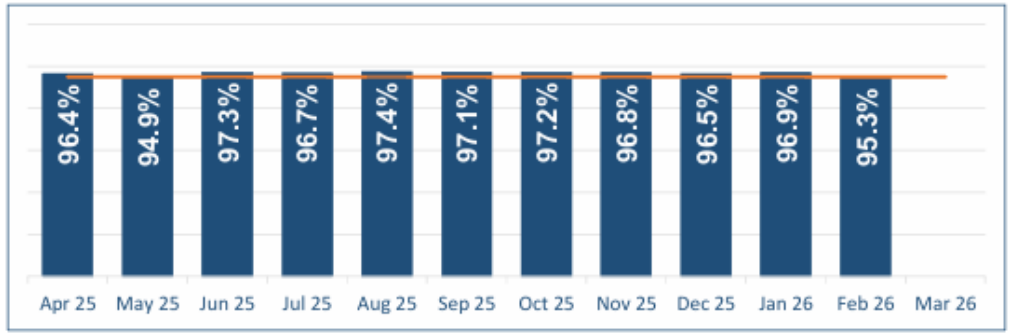


Prevention and Screening

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	16.4%	2nd of 7 (at Jan 26)
-	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	98.0%	3rd of 7 (at Dec 25)
-	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	95.3%	6th of 7 (at Feb 26)

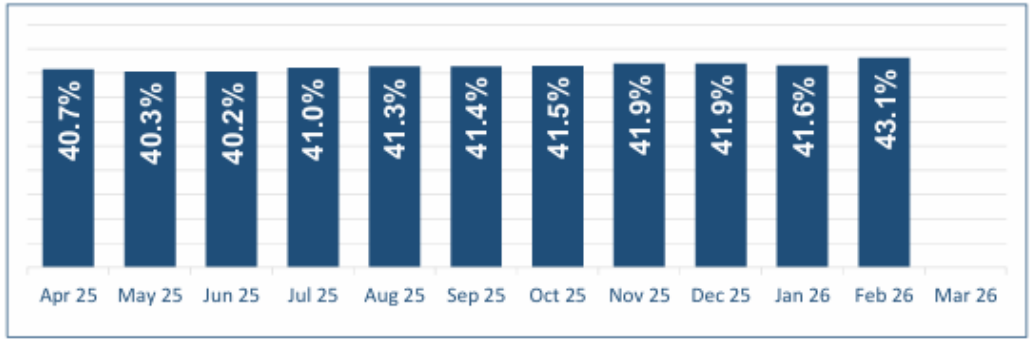


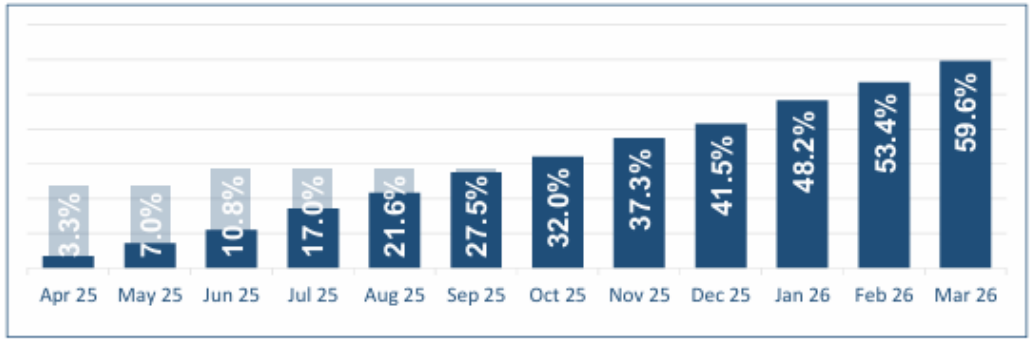




Prevention

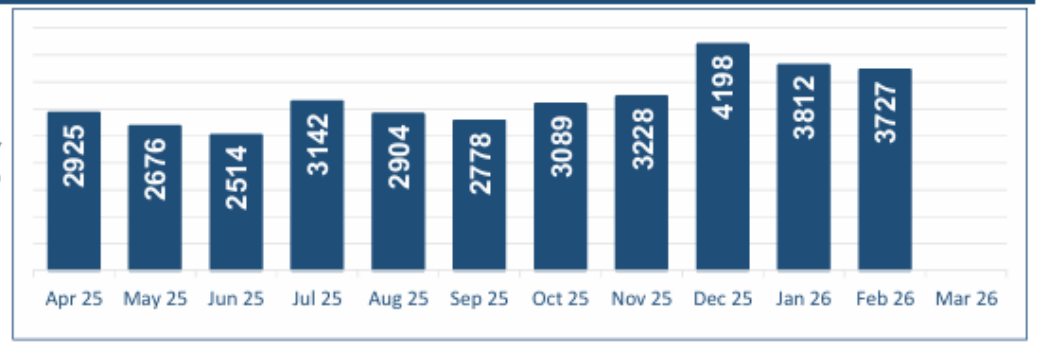
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	97.2%	1st of 7 (at Dec 25)
-	QSE	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2025/26 to 2024/25) to 100%	TBC	43.1%	7th of 7 (at Feb 26)
-	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increasing trend (to 30% (end Sept), then 100% (end Mar))	TBC	59.6%	6th of 7 (at Mar 26)

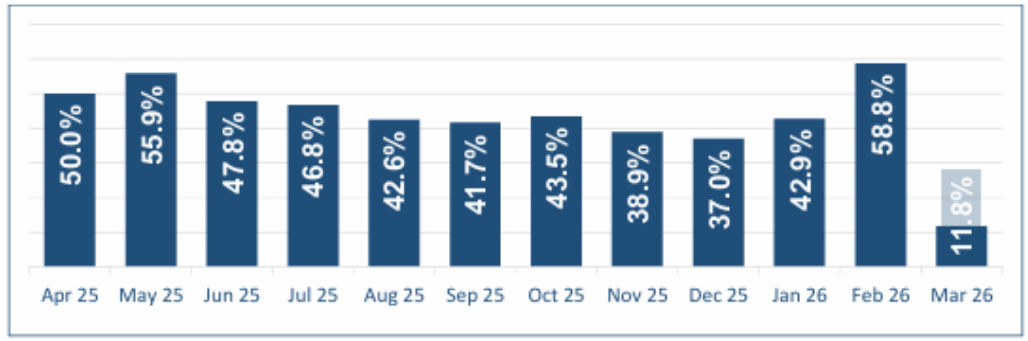


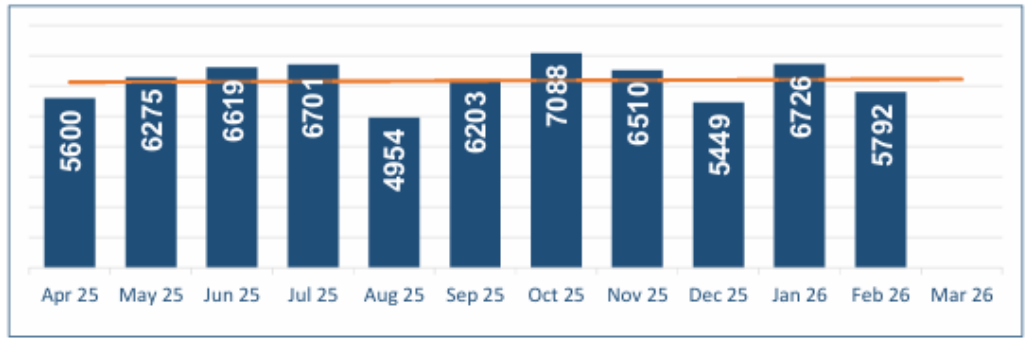


Patient Access and Experience

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2025/26 to 2024/25)	TBC	3727	1st of 7 (at Feb 26)
-	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 (>14 days after admission)	Equivalent month reduction (2024/25 to 2023/24)	TBC	11.8%	1st of 6 (at Mar 26)
-	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increasing trend	TBC	5792	2nd of 10 (at Feb 26)

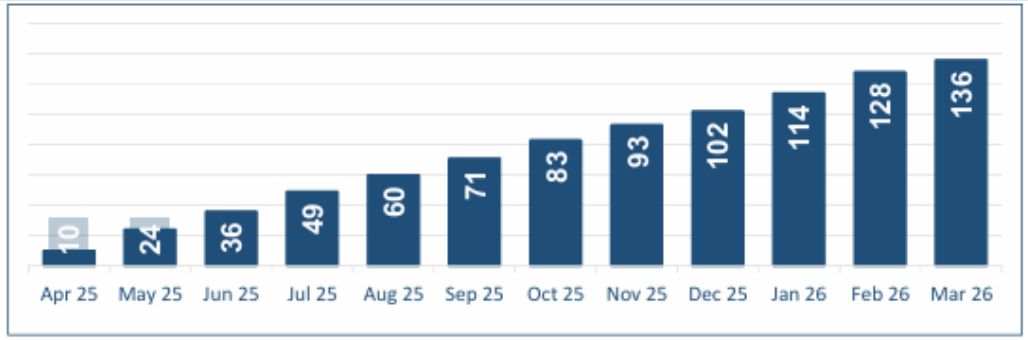


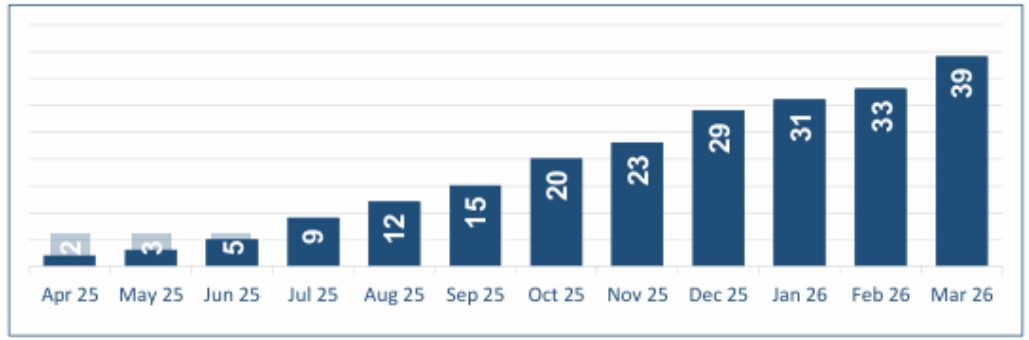


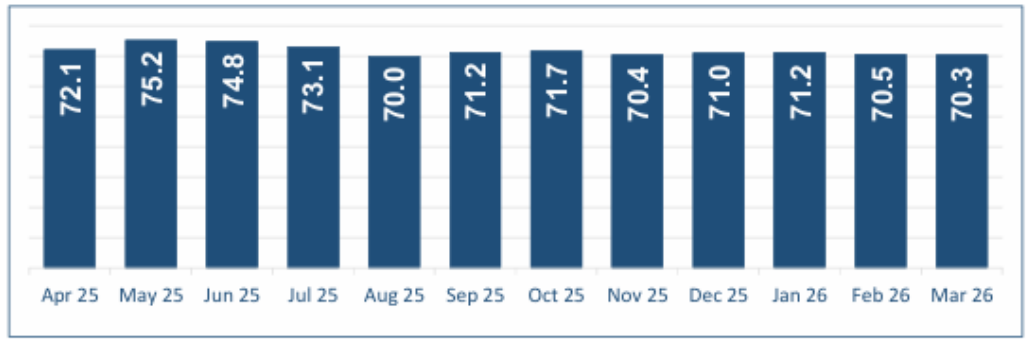


Infection Prevention and Control 1

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	TBC	TBC	136	5th of 6 (at Mar 26)
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27	TBC	39	6th of 6 (at Mar 26)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67	TBC	70.3	4th of 6 (at Mar 26)

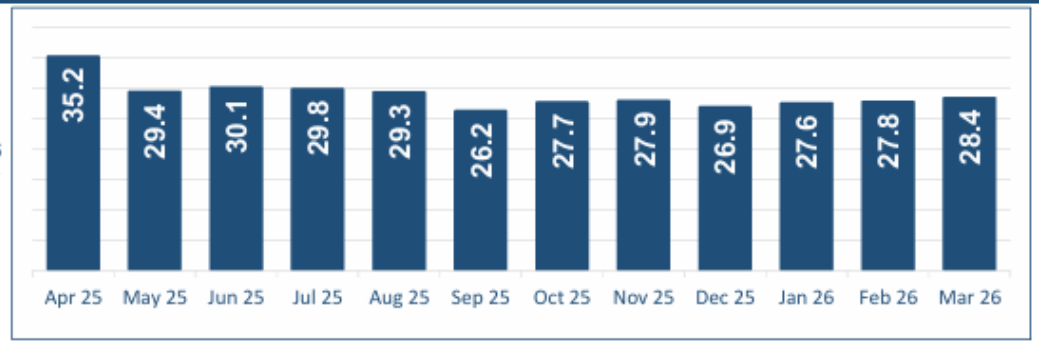


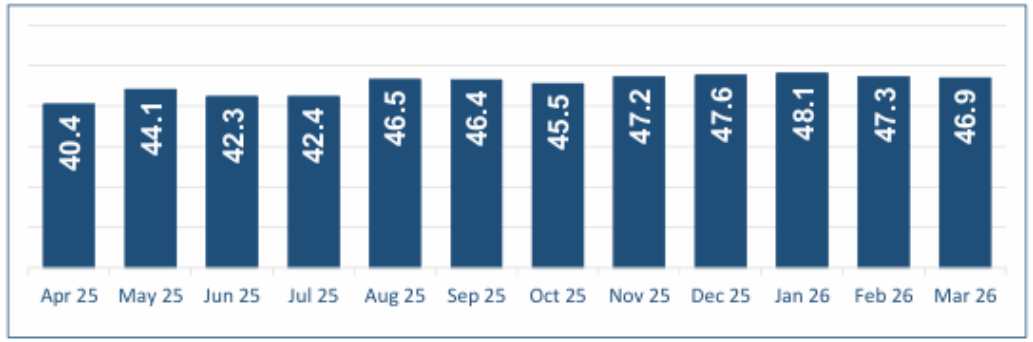


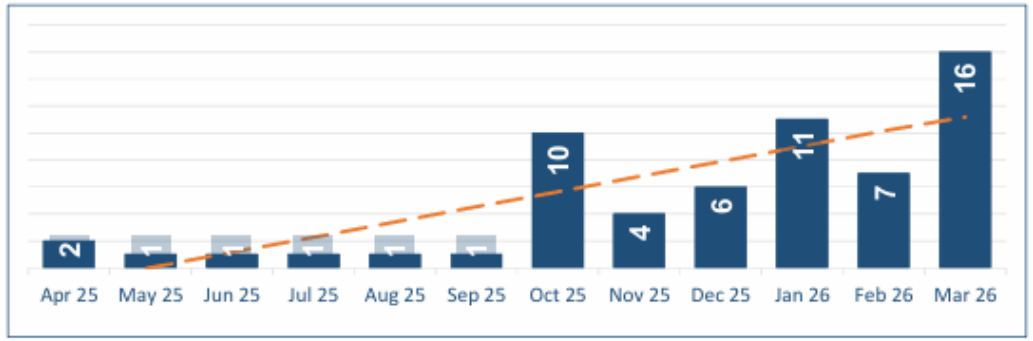


Infection Prevention and Control 2

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	20	TBC	28.4	3rd of 6 (at Mar 26)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25	TBC	46.9	5th of 6 (at Mar 26)
CRR: 24-04	QSE	Number of National reportable incidents that remain open 90 days or more	Decreas-ing trend	TBC	16	8th of 10 (at Nov 25)

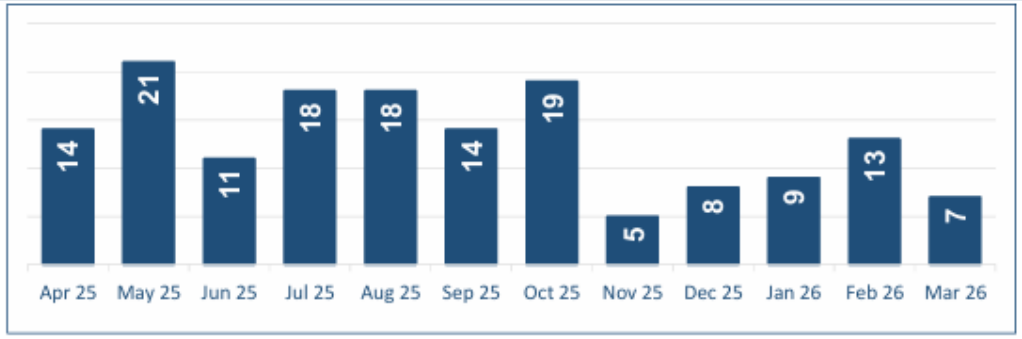


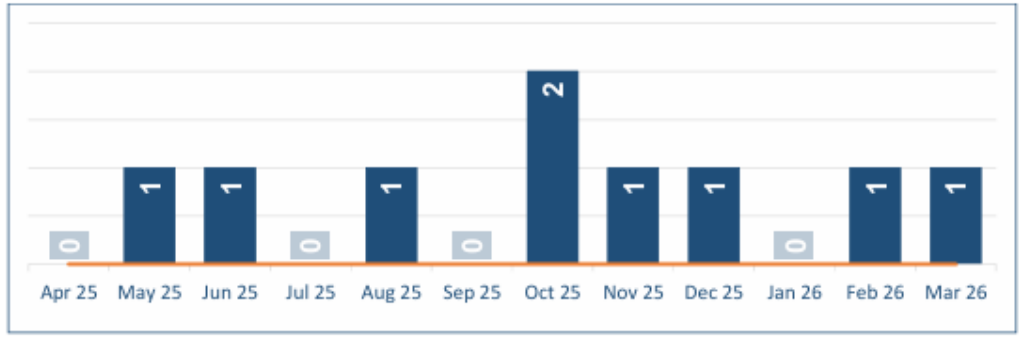


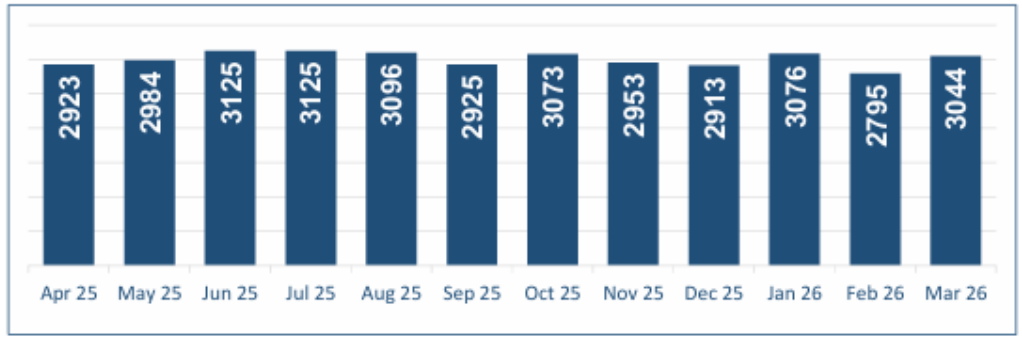


Patient Safety 1

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of National reportable incidents (NRIs)	N/A	TBC	7	
-	QSE	Number of new never events	0	TBC	1	
-	QSE	Number of patient safety incidents	N/A	TBC	3044	

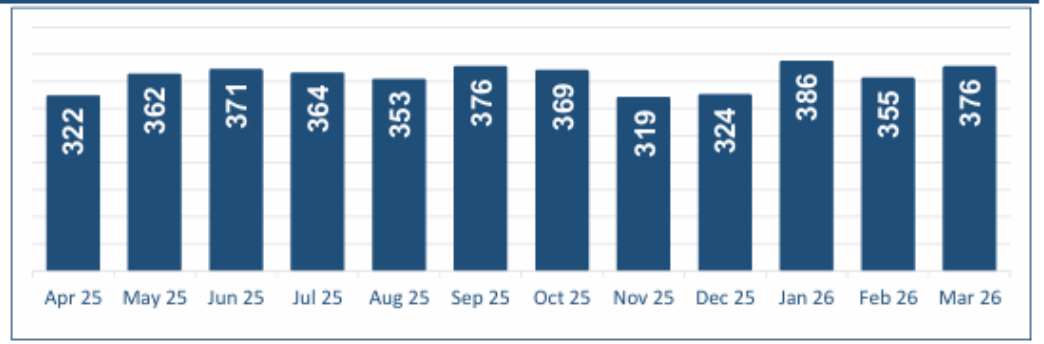


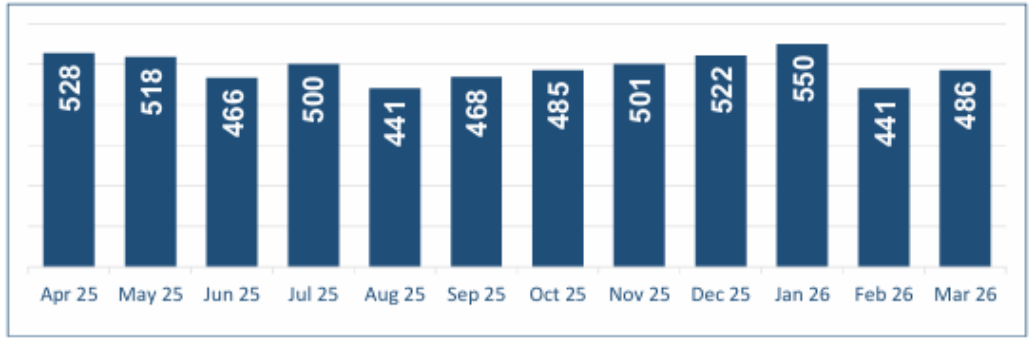


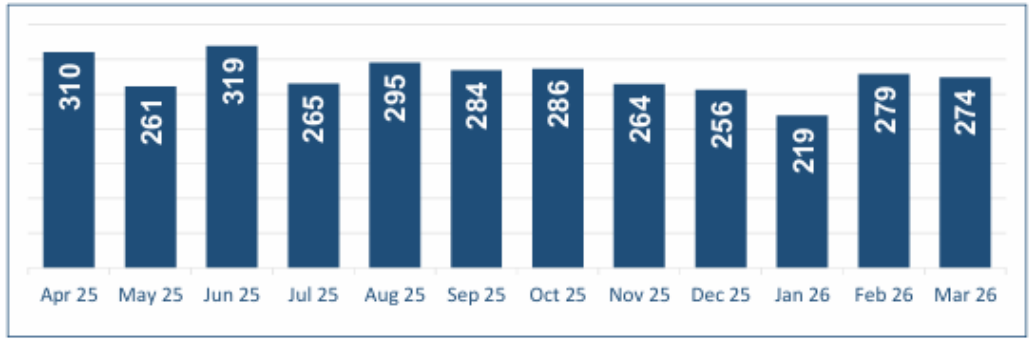


Patient Safety 2

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of reported falls	N/A	TBC	376	
-	QSE	Number of reported healthcare acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	486	
-	QSE	Number of reported medication incidents	N/A	TBC	274	

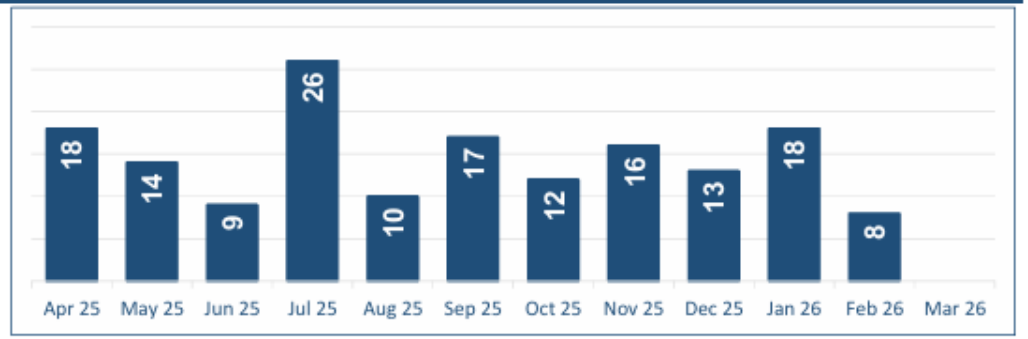


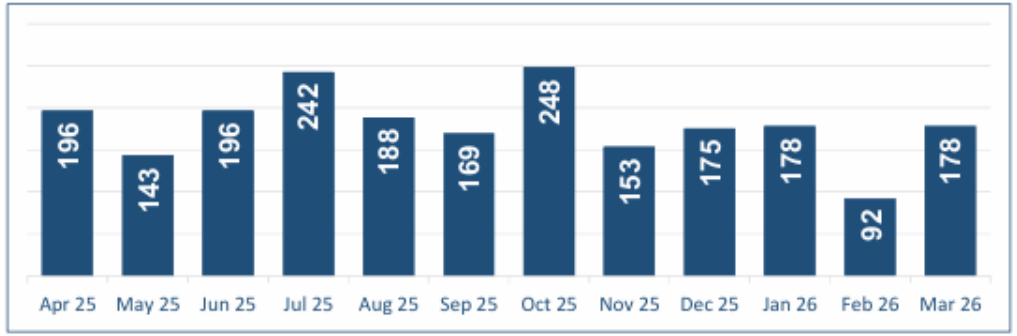




Patient Safety 3 and Staff Recognition

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of overdue 'Learning from Event Reports' (LFERs)	N/A	TBC	8	
-	QSE	Number of Great-ix submissions	N/A	TBC	178	

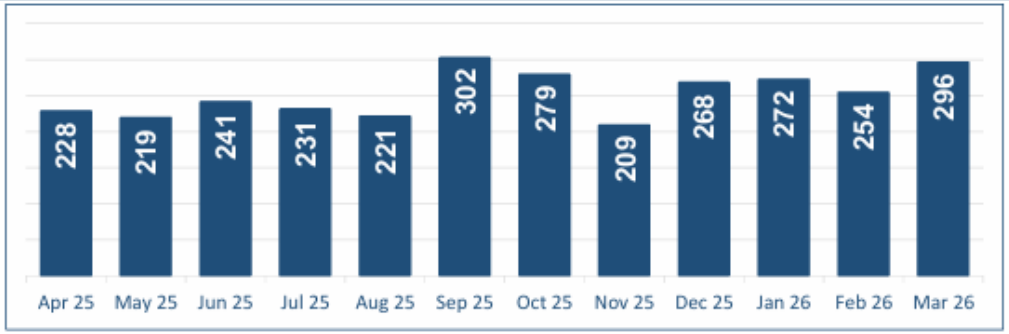


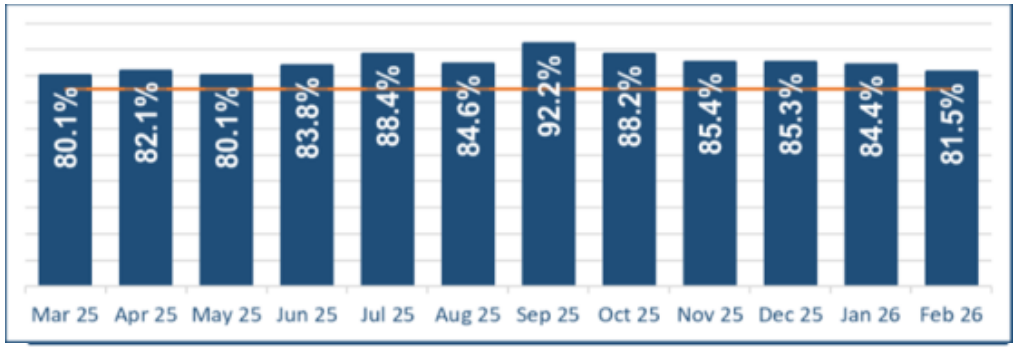


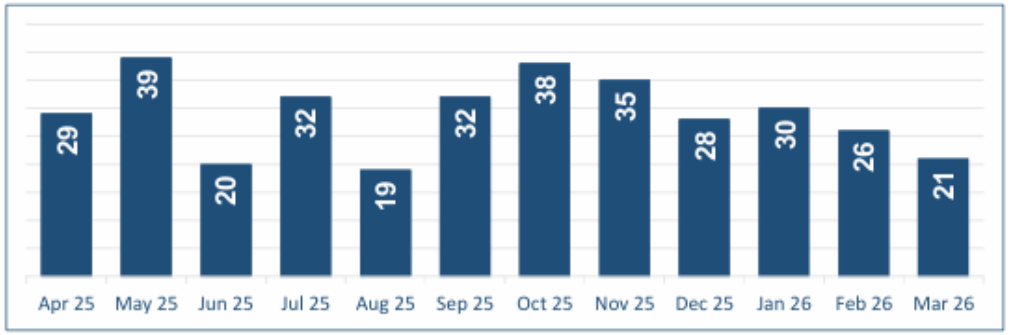
Patient Experience

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of 'Putting Things Right' (PTR) complaints	N/A	TBC	296	
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75%	TBC	81.5%	
-	QSE	Number of complaints closed as early resolutions	N/A	TBC	21	

[No Title]

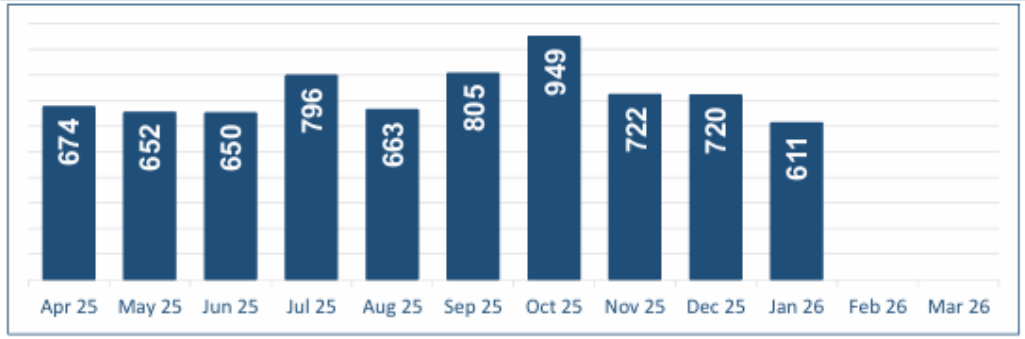


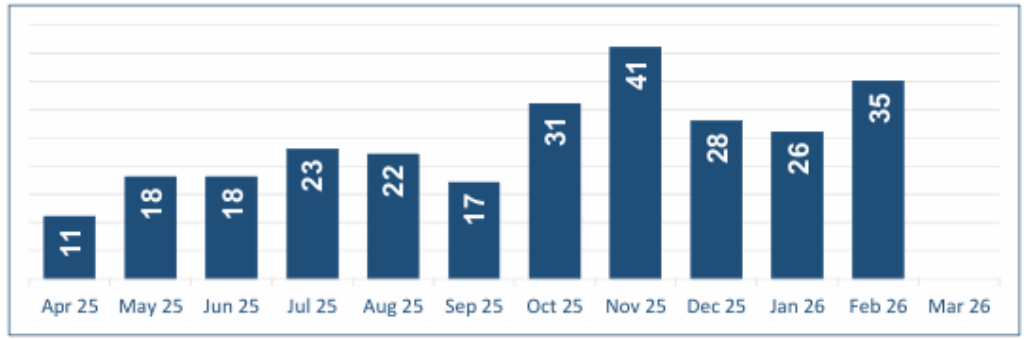


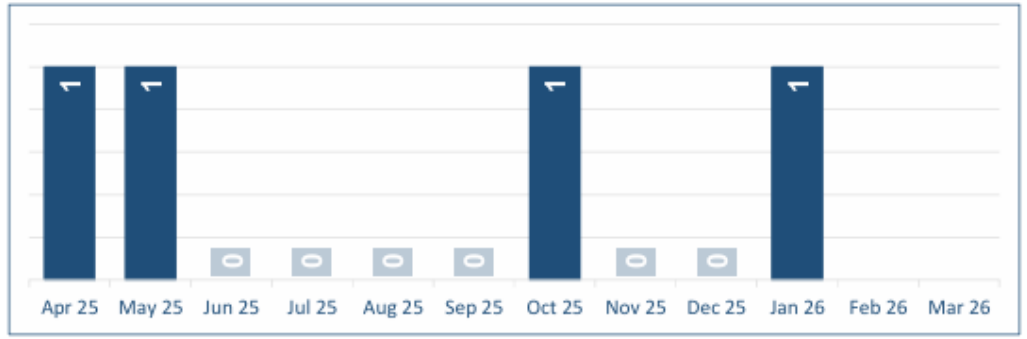


Patient Experience and Regulation Compliance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of PALS (Patient Advice and Liason Service) contacts	N/A	TBC	611	
-	QSE	Number of new Ombudsman contacts	N/A	TBC	35	
-	QSE	Number of regulation 28 notices	N/A	TBC	1	

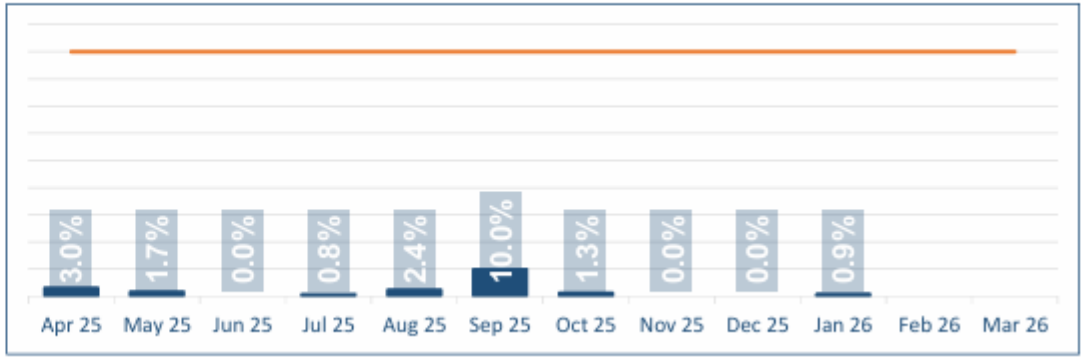


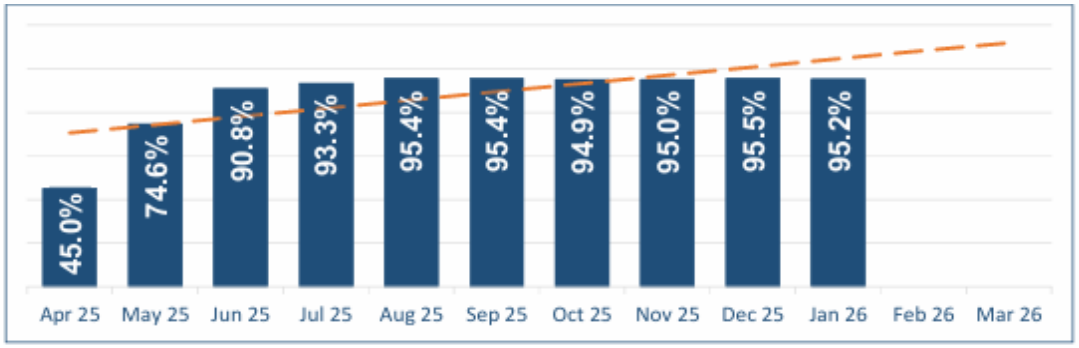




Clinical Coding Compliance

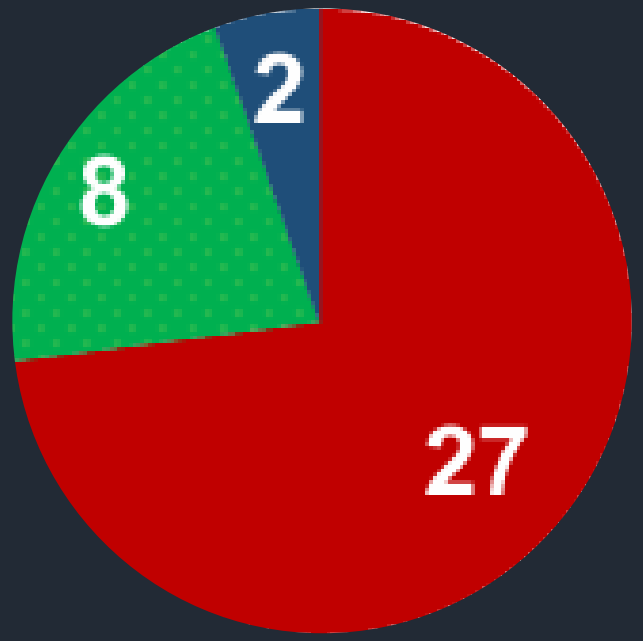
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	0.9%	8st of 8 (at Jan 26)
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increas-ing trend (to 95%)	TBC	95.2%	4th of 8 (at Jan 26)





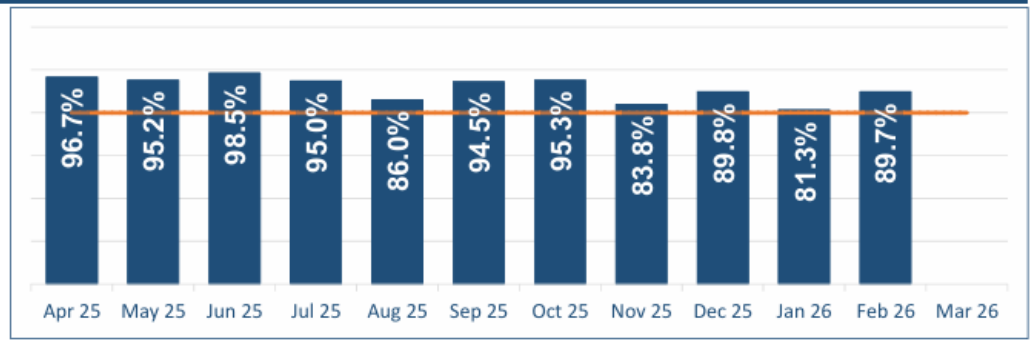
Section 2

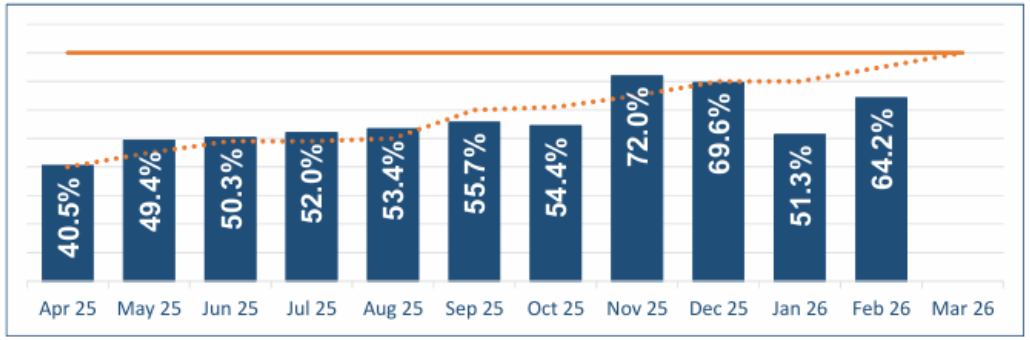
Access & Activity Performance

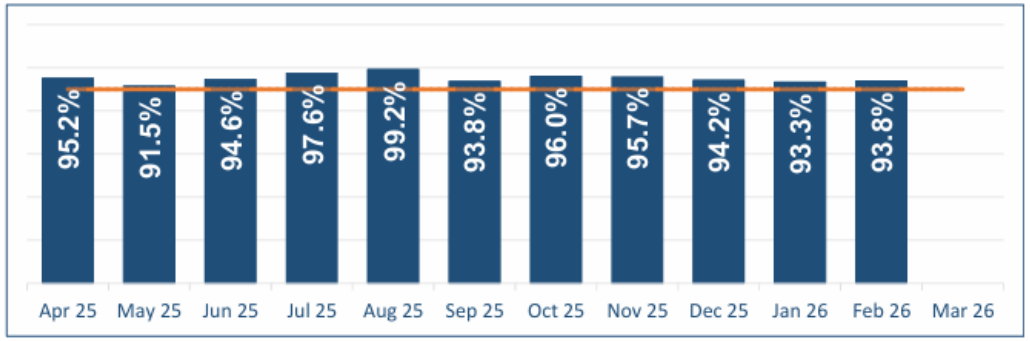


Access: Children's & Adolescents Mental Health Services CAMHS (Under 18 years of age)

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
SM: DM16	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	80.0%	89.7%	6th of 7 (at Feb 26)
SM: DM15	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	80.0%	64.2%	7th of 7 (at Feb 26)
SM: DM16	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	90.0%	93.8%	4th of 7 (at Feb 26)

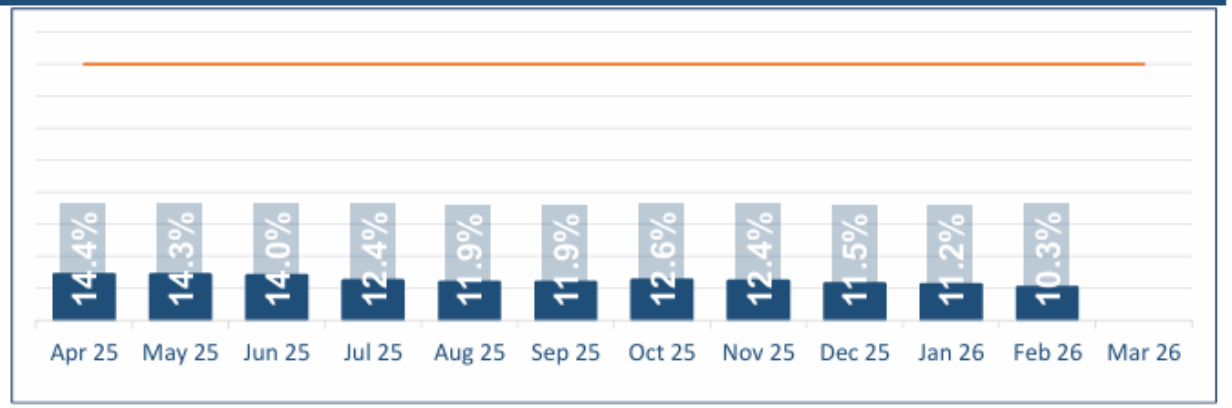






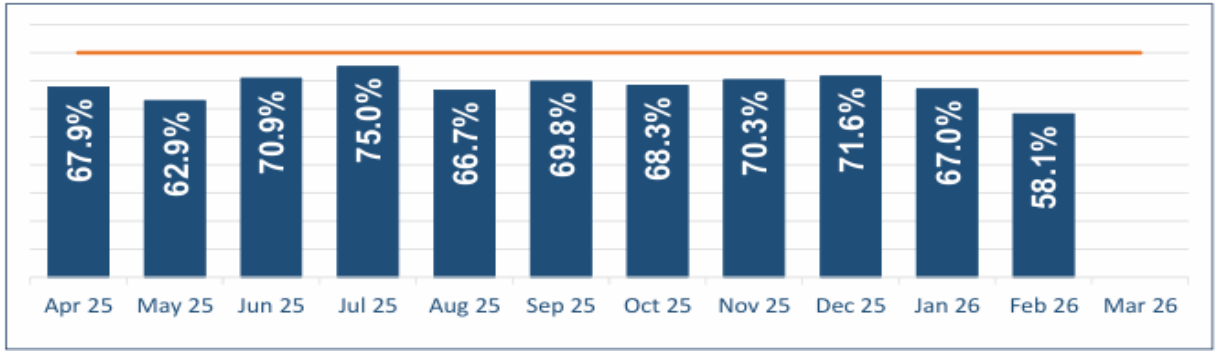
Access: Neurodiversity (Under 18 years of age)

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	TBC	10.3%	7th of 7 (at Feb 26)



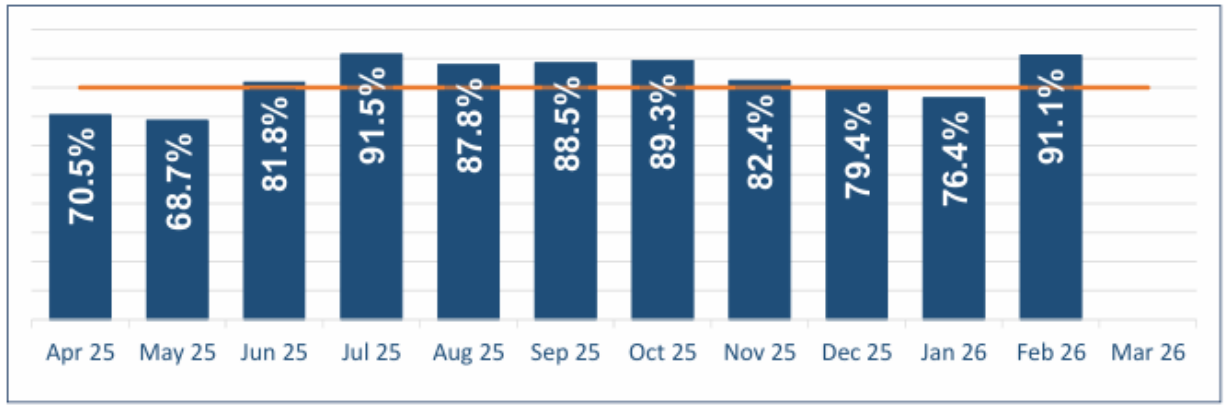
Access: Adult Psychological Services (26 weeks)

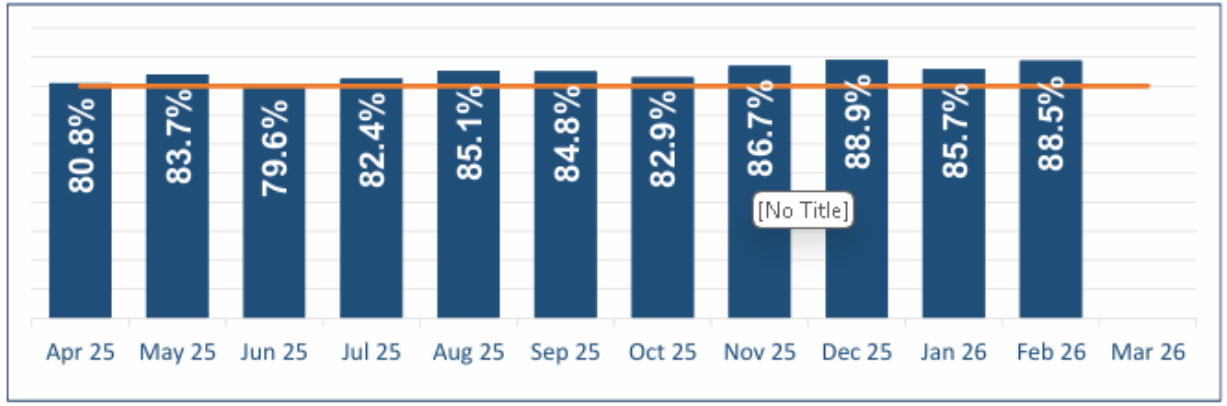
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	58.1%	3rd of 7 (at Feb 26)



Access: Mental Health & Learning Disabilities (18 years of age and over)

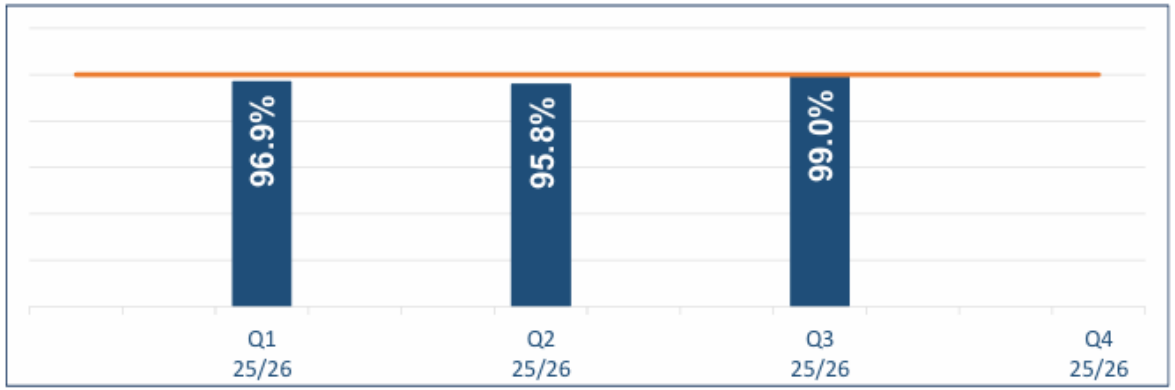
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM11	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	TBC	91.1%	4th of 7 (at Feb 26)
SM: DM12	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	TBC	88.5%	5th of 7 (at Feb 26)





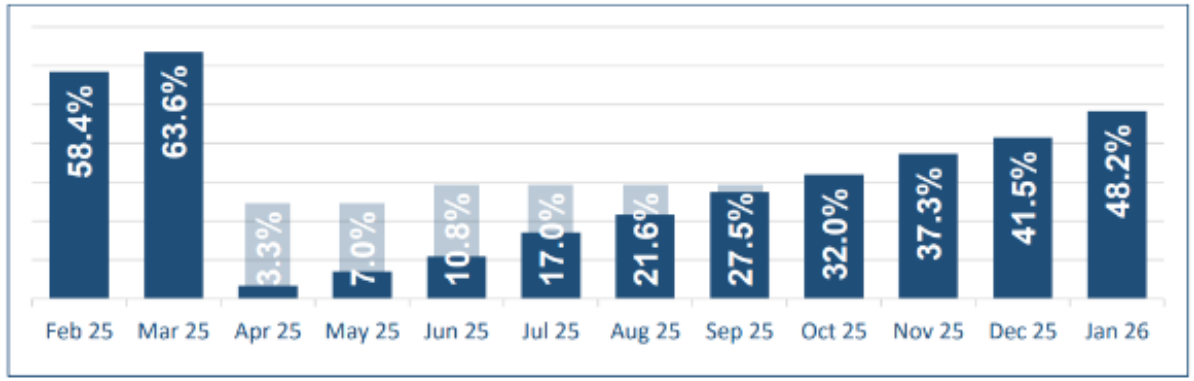
Access: GP Practice National Access Standards

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	99.0%	6th of 7 (at Mar 23)



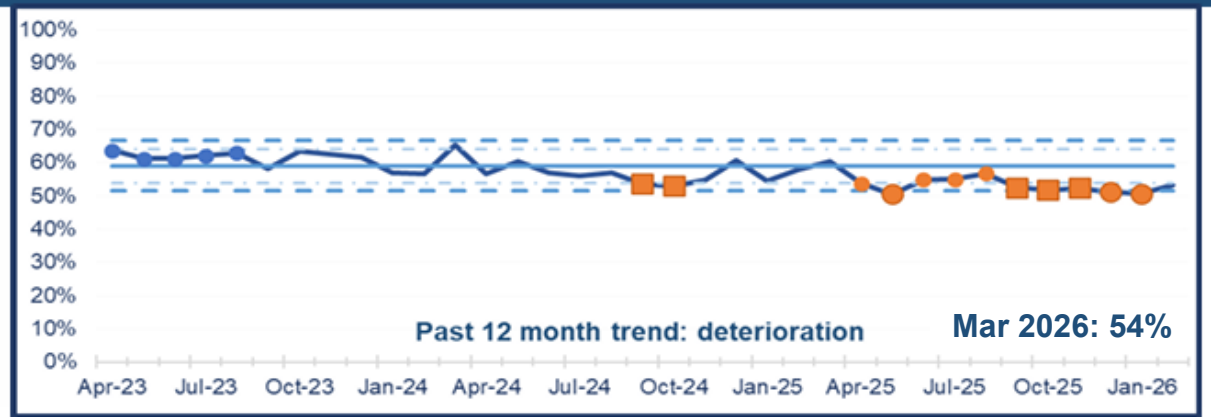
Access: General Dental practice Access Standards

-	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increas-ing trend (to 30% (end Sept), then 100% (end Mar))	TBC	48.2%	6th of 7 (at Apr 25)



Access to Cancer Services

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM01	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increas-ing trend (to 80%)	TBC	54%	5th of 6 (at Feb 26)



Access to Diagnostic Services

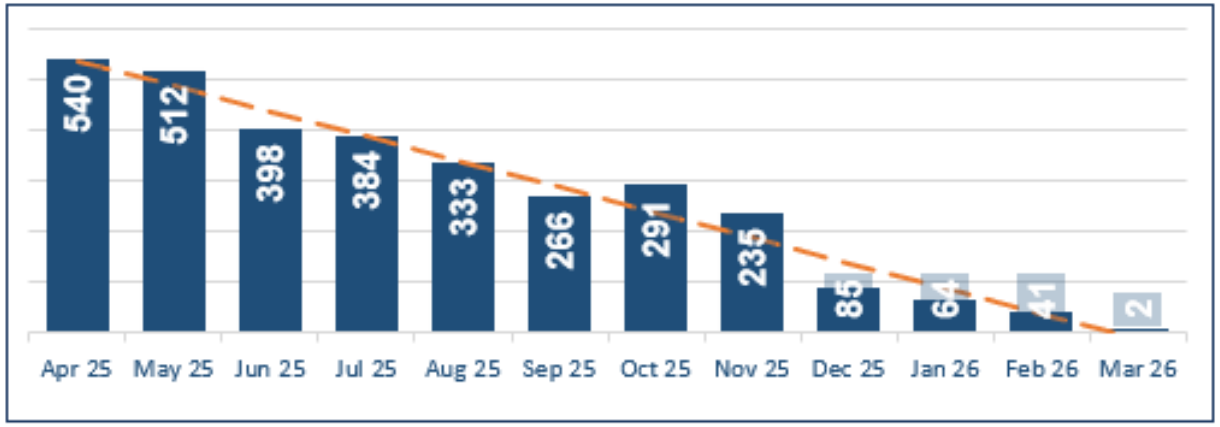
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	TBC	13778	7th of 7 (at Feb 26)

Access – Referral to Treatment (52 weeks Stage 1 (new outpatient) 52 Weeks (all stages)

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	TBC	5858	6th of 7 (at Feb 26)
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	TBC	33557	7th of 7 (at Mar 25)

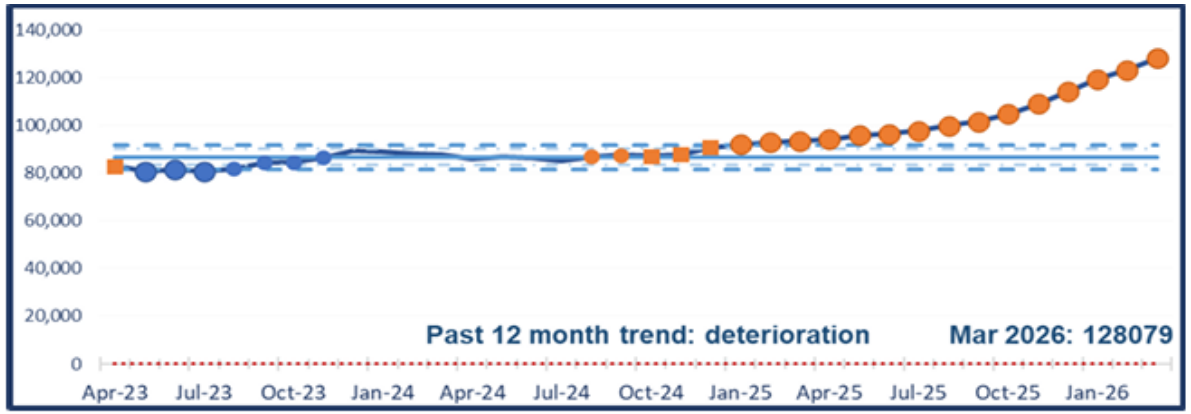
Access – Referral to Treatment (104 Weeks and 156 weeks)

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	TBC	2161	7th of 7 (at Feb 26)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	2	



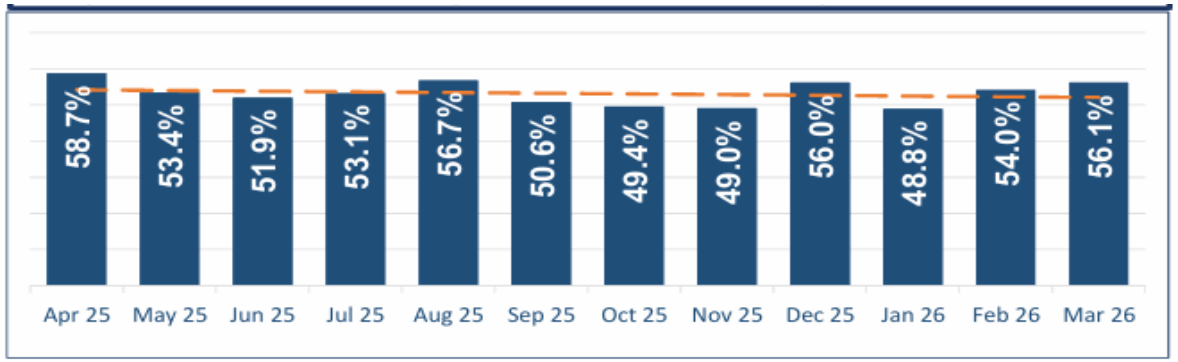
Access – Follow up Backlog over 100% overdue their Clinical Review date

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Equivalent month decrease	TBC	128079	7th of 7 (at Feb 26)



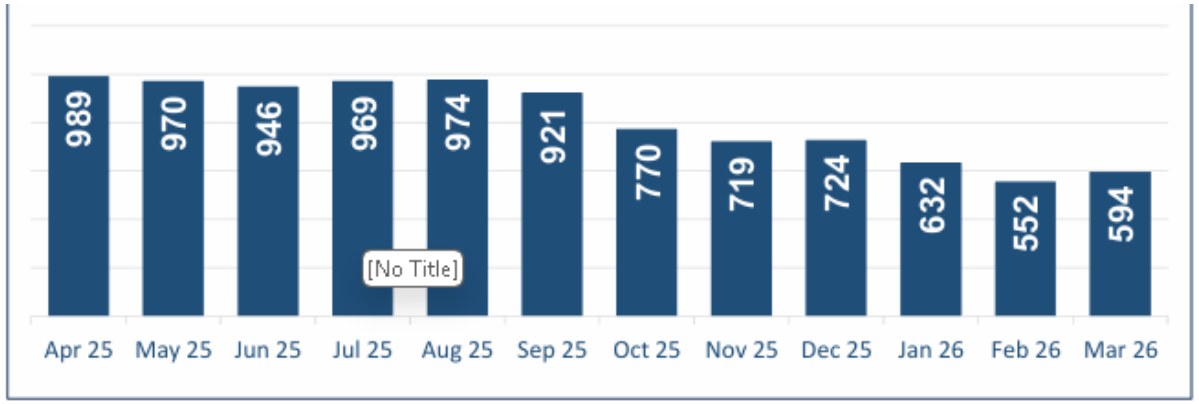
Access –Ophthalmology Backlog of urgent R1 Patients

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	56.1%	4th of 7 (at Mar 26)



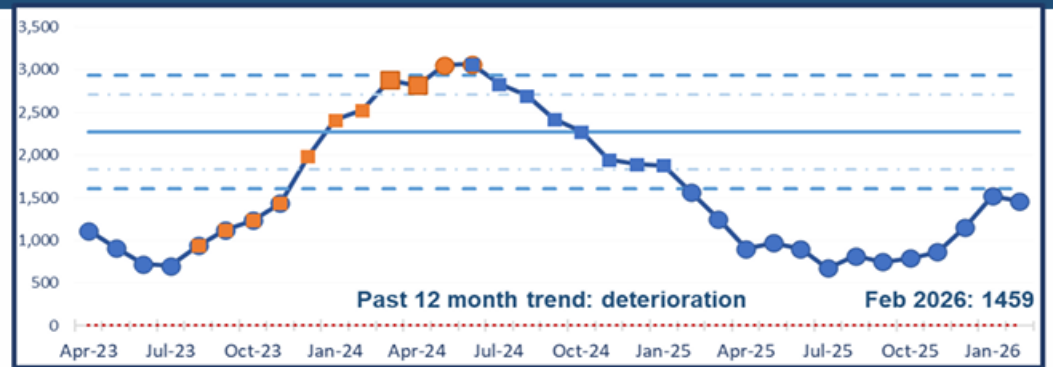
Access – Therapies for Under 18 years old

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100%	TBC	98.2%	3rd of 7 (at Feb 26)
-	PFIG	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Month on Month Reduction	TBC	594	



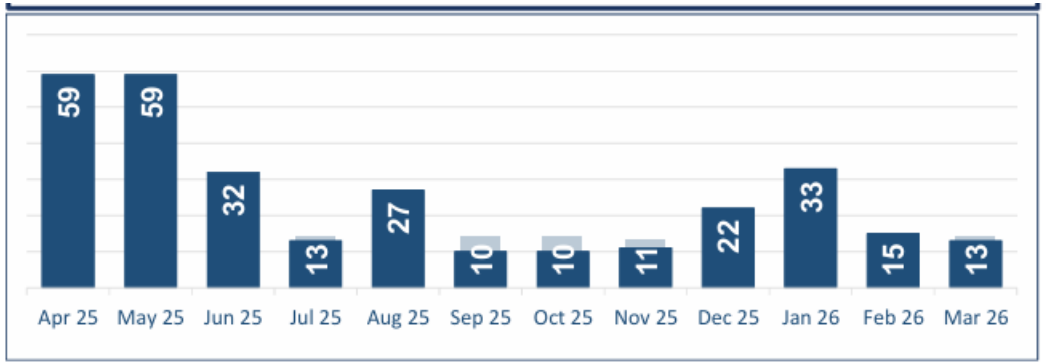
Access – Therapies All ages – Excluding Audiology

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM05	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	1459	6th of 7 (at Feb 26)



Access – Therapies Adult Audiology

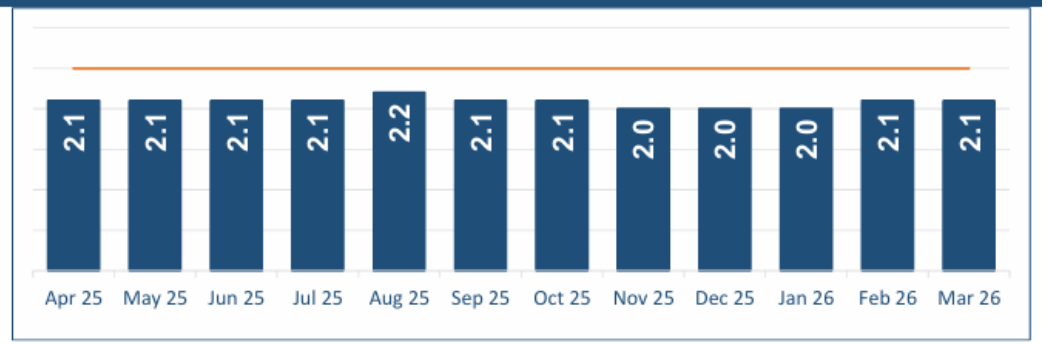
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Month on Month Reduction	TBC	13	

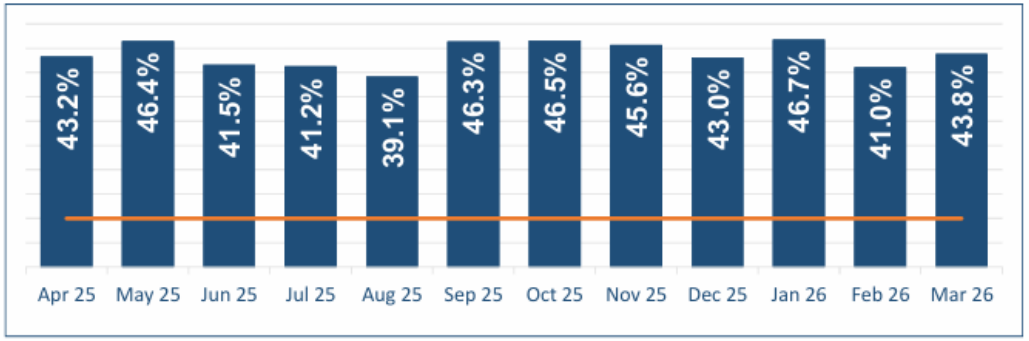


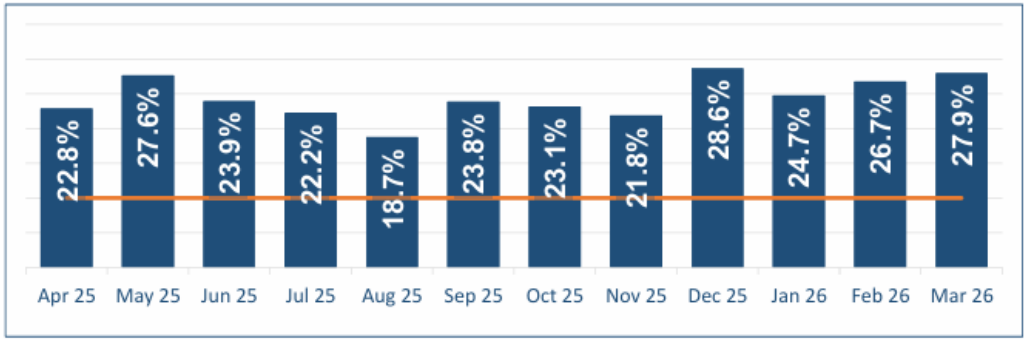
[No Title]

Efficiency & Productivity – Effective utilisation of theatre capacity (Part 1)

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of cases per theatre session	2.5	TBC	2.1	
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	43.8%	
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	27.9%	

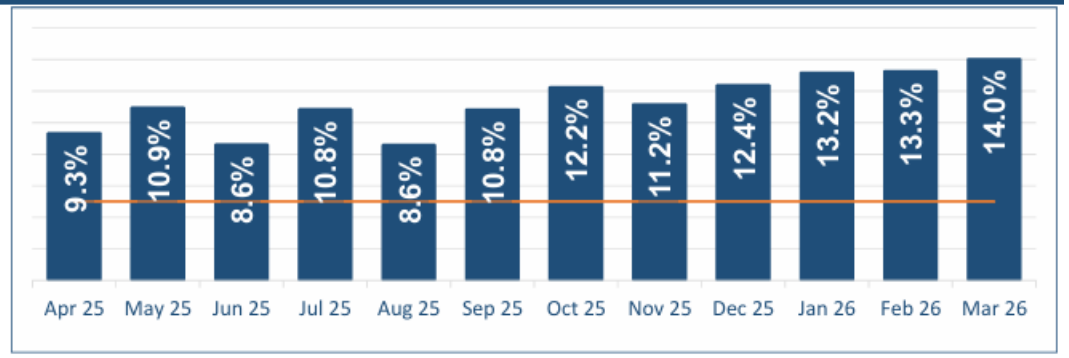


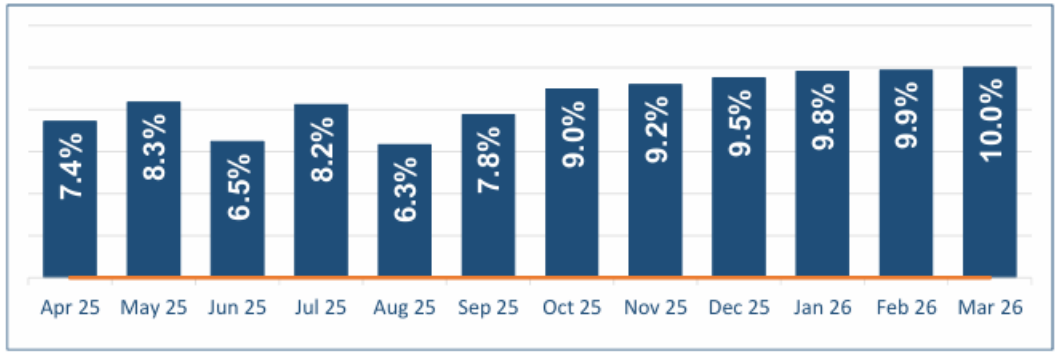




Efficiency & Productivity – Effective utilisation of theatre capacity (Part 2)

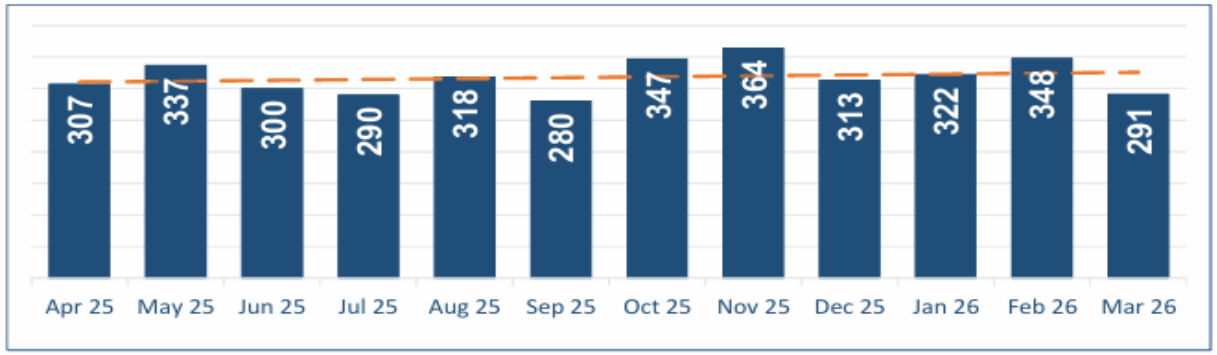
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	14.0%	N/A
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	10.0%	





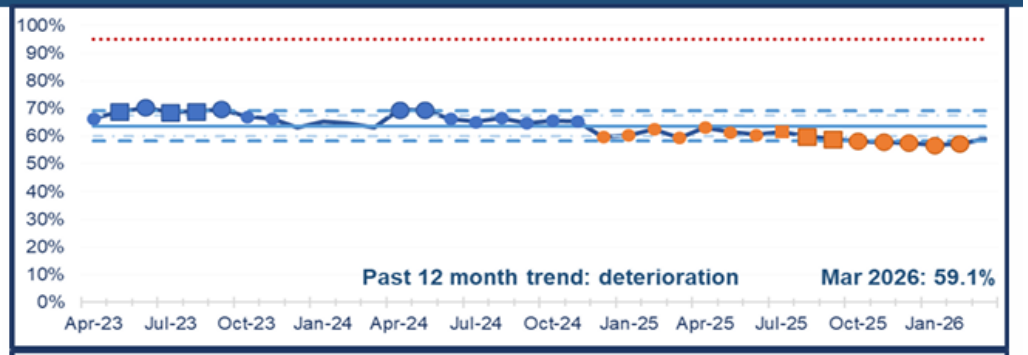
Efficiency – Patient Flow Pathways of Care Delays

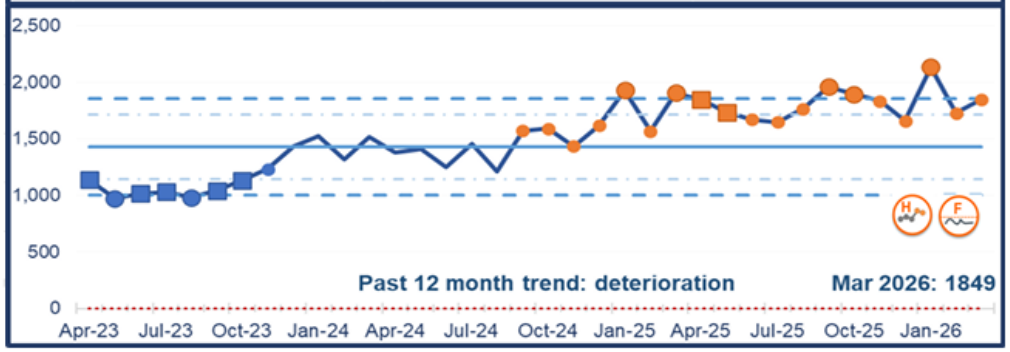
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	291	8st of 8 (at Mar 26)



Access – Urgent & Emergency Care: Emergency Department Waits

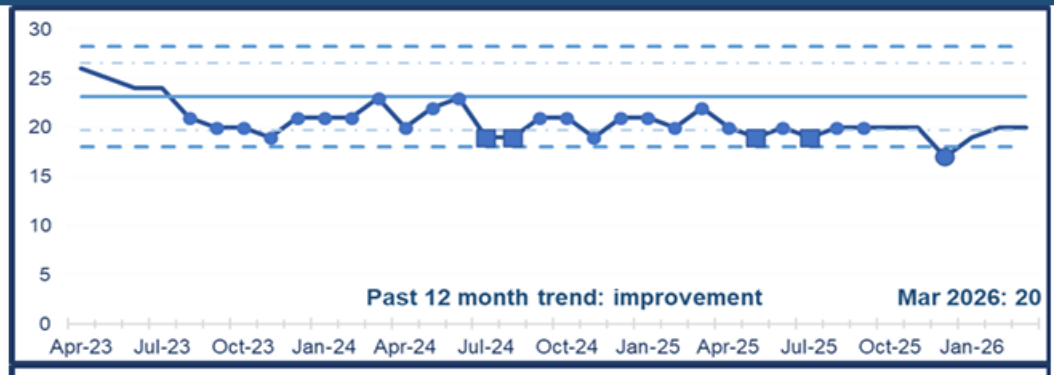
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2025/26 to 2024/25) to 95%	TBC	59.1%	7th of 7 (at Feb 26)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2025/26 to 2024/25) to 0	TBC	3631	7th of 7 (at Feb 26)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1849	





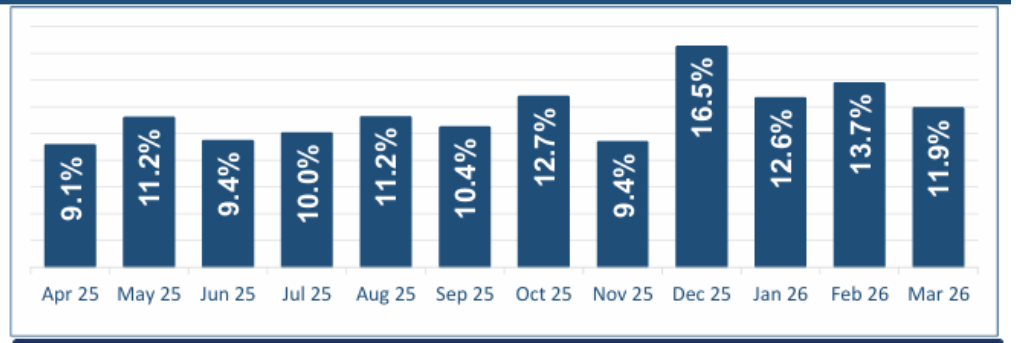
Flow – Urgent & Emergency Care: Emergency Department process wait times

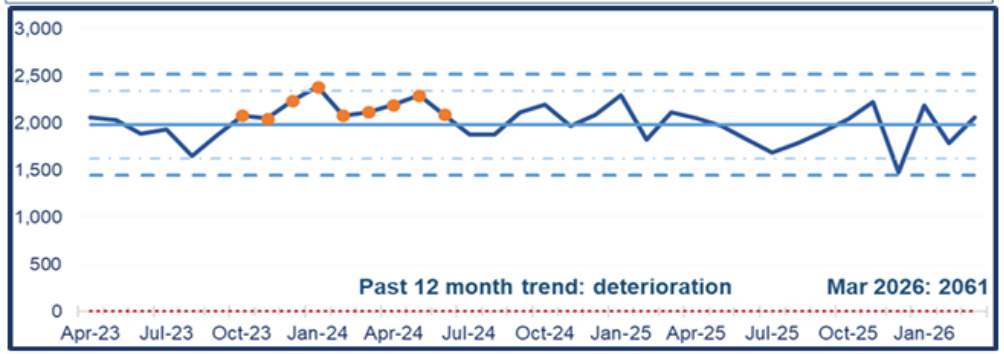
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	20.0	4th of 6 (at Feb 26)
CRR: 24-10 SM: DM07	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	121.0	5th of 6 (at Feb 26)

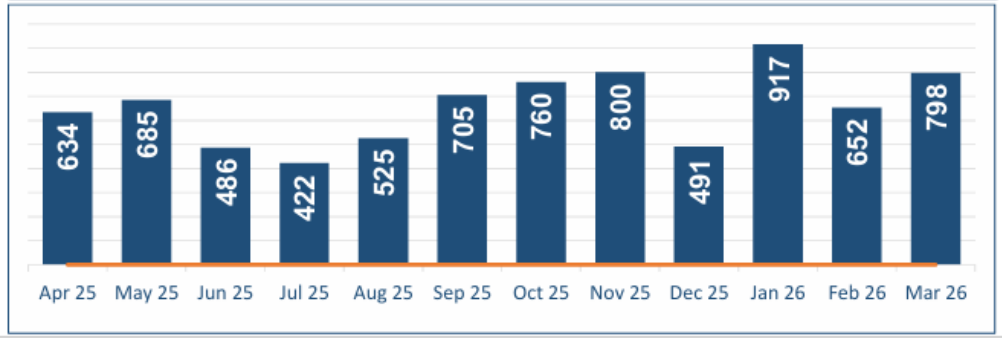


Flow – Urgent & Emergency Care: Ambulance Conveyances and Handover Times

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2025/26 to 2024/25) to 100%	TBC	11.9%	N/A
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	TBC	2061	6th of 6 (at Mar 26)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	TBC	798	

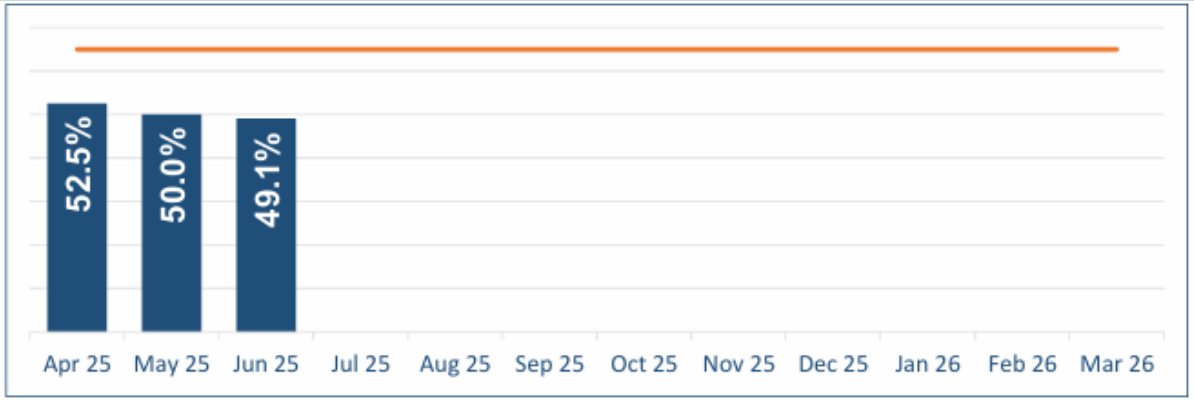






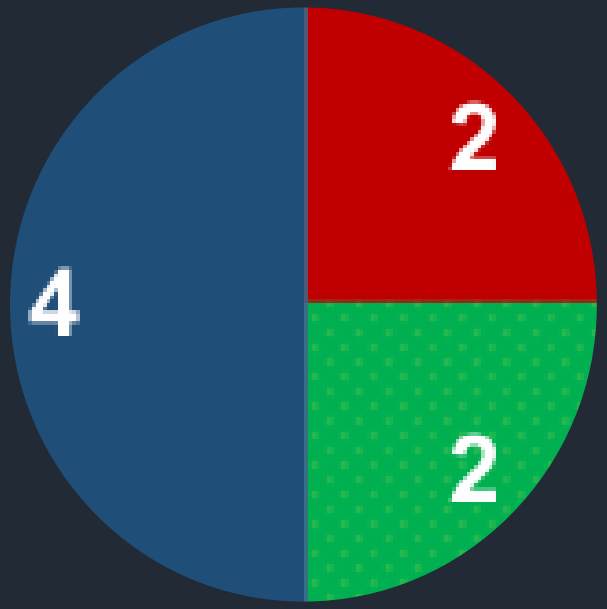
Flow – Ambulance Percentage Red Call Responses within 8 minutes

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-10	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	TBC	49.1%	6th of 7 (at Jun 25)



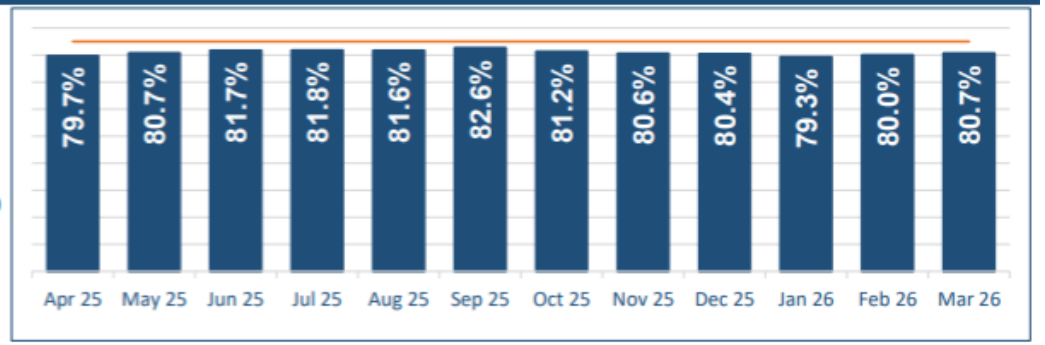
Section 2

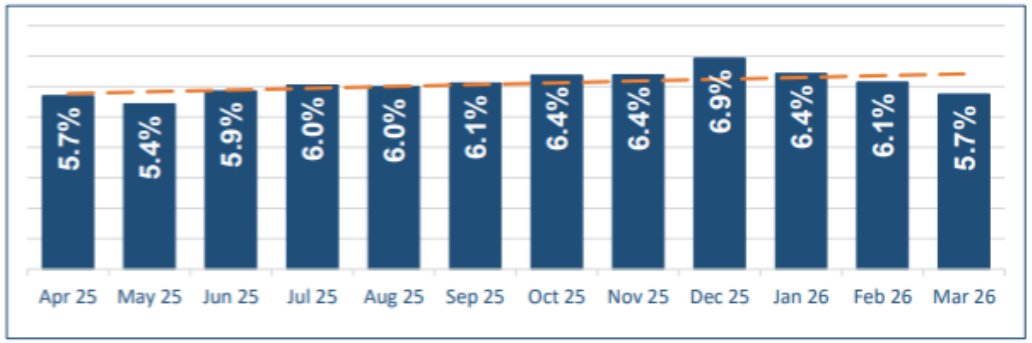
People & Organisational Development Performance

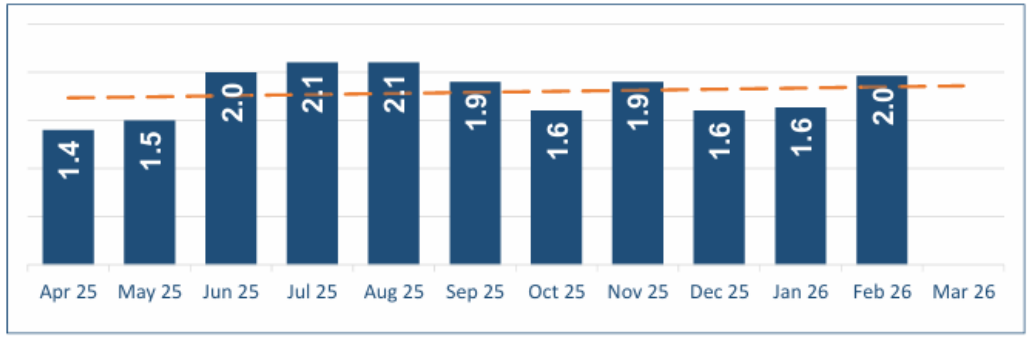


Staff Wellbeing and Development (includes Sickness, PADR, Mandatory Training and Disciplinary Proceedings)

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal, and doctors and dentists in training)	85%	TBC	80.7%	6th of 13 (at Jan 26)
-	PFIG	Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	5.7%	6th of 13 (at Jan 26)
-	PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	2.0	

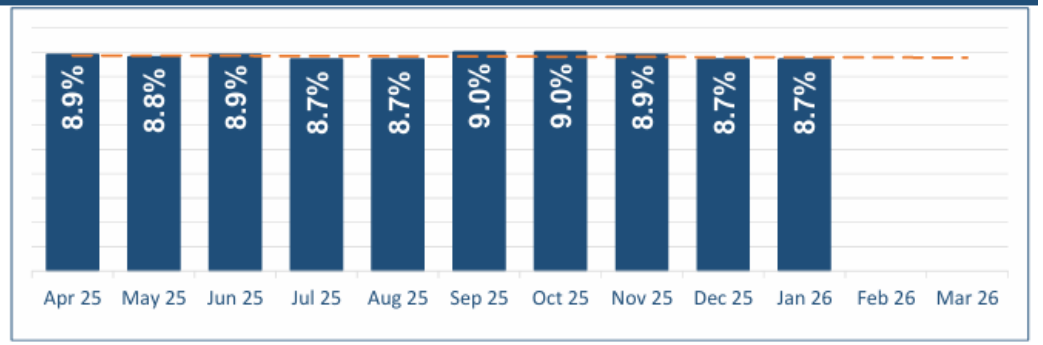


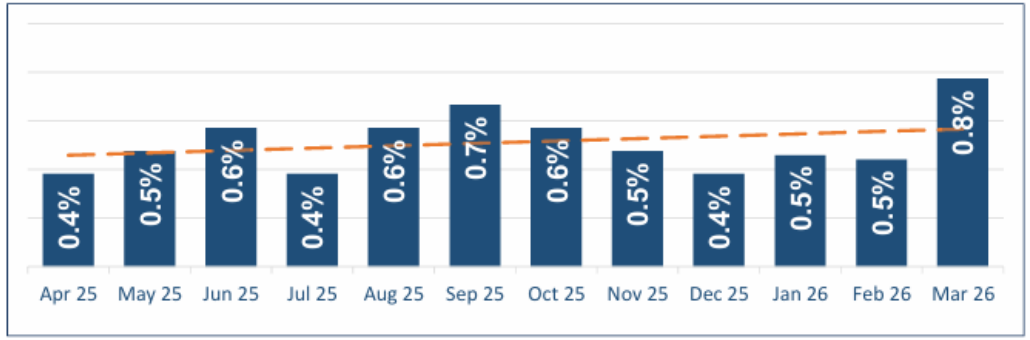


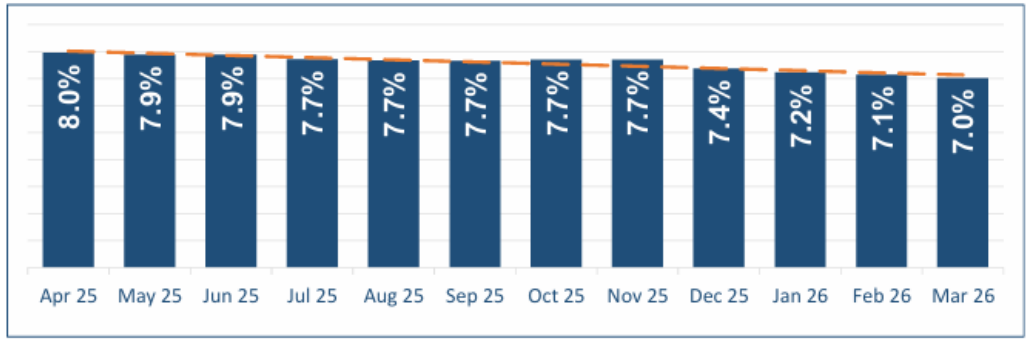


Staff turnover

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC	8.7%	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.8%	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.02%	

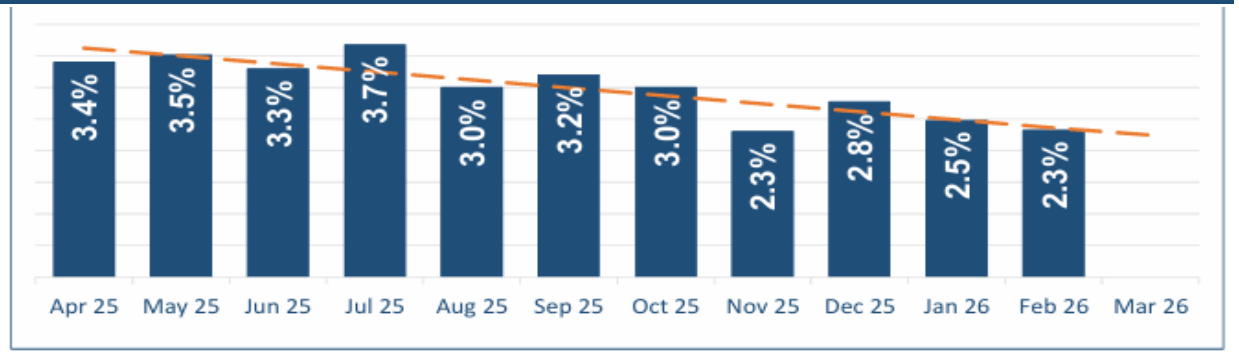






Value and Efficiency – Agency and Locum Usage

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	2.3%	9th of 12 (at Jan 26)



B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	*TYPE*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	105	76	46	115	(9)	72	(8)	(1)	69	12	(16)	103	564	564
2	Medical & Dental	1,787	1,866	1,737	2,012	1,889	1,894	1,807	1,780	1,892	1,699	1,497	1,781	21,641	21,641
3	Nursing & Midwifery Registered	999	1,087	1,049	973	1,048	869	885	102	547	478	478	574	9,089	9,089
4	Prof Scientific & Technical	15	8	22	29	31	53	(2)	40	9	16	18	11	250	250
5	Additional Clinical Services	2	35	(39)	6	(9)	2	12	7	4	1	3	(3)	21	21
6	Allied Health Professionals	424	403	435	486	418	393	405	361	319	333	273	582	4,832	4,832
7	Healthcare Scientists	16	20	16	21	3	12	12	13	20	18	40	34	225	225
8	Estates & Ancillary	0	0	(3)	3	0	0	0	20	0	1	(15)	0	6	6
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,348	3,495	3,263	3,645	3,371	3,295	3,111	2,322	2,860	2,558	2,278	3,082	36,628	36,628
11	Agency/Locum (premium) % of pay	3.4%	3.5%	3.3%	3.7%	3.0%	3.2%	3.0%	2.3%	2.8%	2.5%	2.3%	1.7%	3.3%	3.3%

Section 3

Financial Performance

Financial Position for Month 12 (March)

BCU Wide and Divisional Positions (Red = overspend against plan)													
	April £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	YTD £m
West IHC	(2.0)	(2.2)	(2.1)	(2.6)	(1.3)	(1.9)	(1.6)	2.9	(0.9)	(0.5)	(1.6)	(0.7)	(14.5)
Central IHC	(3.4)	(2.3)	(2.6)	(3.0)	(1.4)	(2.0)	(2.6)	7.9	(1.5)	(0.4)	(0.3)	(1.5)	(13.2)
East IHC	(3.4)	(3.5)	(3.8)	(3.5)	(2.1)	(3.2)	(3.3)	6.3	(1.6)	(0.8)	(1.7)	(1.7)	(22.3)
Womens	(0.3)	(0.3)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	0.2	(0.3)	0.1	(0.2)	(0.6)	(3.0)
MH & LD	(1.6)	(1.5)	(1.8)	(1.9)	(1.8)	(1.9)	(2.2)	(0.8)	(1.4)	(0.3)	(1.3)	(3.7)	(20.3)
Commissioning Contracts	(1.2)	(2.2)	0.2	(1.6)	(1.7)	(0.9)	(1.2)	0.0	0.6	(0.4)	(1.2)	1.3	(8.3)
ICD Primary Care	0.2	0.4	0.1	0.2	0.6	0.1	0.5	1.2	0.7	0.7	0.5	0.7	5.8
ICD Regional Services	(0.8)	(1.6)	(1.3)	(1.1)	1.6	(1.3)	(1.1)	1.1	0.5	(0.1)	(0.3)	0.3	(4.1)
Support Functions & Other Budgets	8.9	10.8	9.9	10.4	4.0	10.1	10.6	(19.8)	3.9	1.7	6.1	5.9	62.4
BCU Wide	**(3.7)**	**(2.4)**	**(1.6)**	**(3.6)**	**(2.3)**	**(1.4)**	**(1.2)**	**(1.0)**	**0.0**	**0.0**	**0.0**	**0.0**	**(17.3)**

Financial Savings Position at Month 12 (March)

Service Performance against Target	Annual				Year to Date		
	Target £m	Delivered £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.8	1.1	6.3	7.9	6.8	1.1
Central Integrated Health Community	10.0	7.9	2.1	5.4	10.0	7.9	2.1
East Integrated Health Community	10.0	10.0	-0.1	9.1	10.0	10.0	-0.1
MHLD	3.9	6.8	-2.9	9.1	3.9	6.8	-2.9
Womens Services	1.2	0.6	0.6	0.4	1.2	0.6	0.6
Diagnostic and Specialist Clinical Support	1.8	1.8	0.0	0.4	1.8	1.8	0.0
Cancer Services	1.5	1.6	0.0	2.0	1.5	1.6	0.0
Community Dental Sevices	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.5	0.1	0.2	3.6	3.5	0.1
Saving Total	**40.0**	**38.9**	**1.1**	**32.7**	**40.0**	**38.9**	**1.1**
Accountancy Gains		17.9	-17.9			17.9	-17.9
Total		**56.9**	**-16.9**	**32.7**	**40.0**	**56.9**	**-16.9**

2025/26 DRAFT Year End Position Key Pressures (DRAFT Subject to Final Adjustments and Audit)

Key messages:

➢**£17.3m Deficit - 2025/26 DRAFT Full Year Financial Position** subject to the closure and submission of the final accounts for 2025/26 and the subsequent audit by Audit Wales

➢It is of note that the 2025/26 £17.3m draft year-end deficit outturn position does not attain the key duty of the Health Board to report a balanced financial position.

➢As at Month 9 (December), the forecast outturn was revised to report a deficit of £17.4m, having shortfalls in resource allocation for the Employers National Insurance uplift and English tariff pressures above Cost Uplift Factors (CUF) methodology not matching the increased cost impact from provision of cross border services and additional pressures from JCC for cross border patients. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC).

➢Risk to delivery of the financial plan was escalated from July 2025 onwards. In direct response, the Health Board established the Financial Oversight Group in September 2025. Subsequently, all areas were asked to reduce expenditure by 1.0% in September 2025, with the ask increasing to 1.5% from October 2025. From December 2025, the Financial Oversight Group agreed to implement additional central financial controls to seek to improve the outturn over the remaining months of the financial year.

2025/26 Financial position	2025/26 Full Year Outturn £m
Local pressures	
JCC pressures	5.2
Capacity pressures, including premium working, escalated beds	10.0
Out of Area Mental Health placements	6.9
Cost overruns, including local contracting pressures & CHC	3.4
Total local pressures	25.4
National pressures	
English tariff pressures above Cost Uplift Factor (CUF) methodology	4.6
Employers National Insurance funding shortfall	4.2
Total national pressures	8.8
Savings & Mitigating Actions	
Additional Savings & Mitigating Actions	(16.9)
Total mitigating actions and savings	(16.9)
Total Financial Position	17.3

** Welsh Risk Pool & Workforce reorganisation funding confirmed, alongside confirmation that Dental underspend will not be clawed back.*

Summary of the financial Journey for 25/26

- February / March 2025 – A balanced financial plan agreed and submitted to WG.
- April through to June 2025 – National and local cost pressures escalated early in the year, driving increased forecast volatility.. Locally IHCs should have developed recovery plans and escalation to contain and improve local positions as per the procedure on budgetary control.
- July 2025 – The risk to delivery of the plan continued and was estimated at £20m, which was escalated through the Executive, with recommendations for the implementation of additional enhanced controls. Alternative decision made to ask IHCs to identify and implement an additional 1% cost saving.
- August 2025 – further escalation made through the Executive as insufficient mitigations identified by IHCs, resulting in the formation of the Board-level Financial Oversight Group who held their first meeting in September 2025.
- October 2025 – Financial Oversight Group increased the 1% cost savings ask of IHCs to 1.5%.
- December 2025 – level of identified mitigating actions from IHCs starting to impact but remained insufficient to reduce run rates, resulting in agreement that a) the forecast to be revised to £17.4m deficit, and b) to avoid a continued deterioration of the position, the additional enhanced cost controls would need to be implemented.
- January and February 2026 – Additional Enhanced Cost Controls, coupled with fortuitous non-recurring gains enabled both months to be reported as balanced in month, but insufficient to recover deficits built up earlier in the financial year.
- March draft financial outturn in line with revised financial plan, subject to Audit and final Welsh Government allocations.

Additional Information

Integrated Quality & Performance Report
Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance and Commissioning.
And further information on our performance can be found online at:

Our website www.bcu.wales.nhs.uk

Stats Wales https://statswales.gov.wales/Catalogue/Health-and-Social-Care

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Abbreviations

Please see below a list of abbreviations commonly found within the report:

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
Cmt	committee
CRR Ref	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
PFIG	Performance, Finance, and Information Governance Committee
QSE	Quality, Safety, and Experience Committee
R	recurrent
SB	Swansea Bay University Health Board
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government
YTD	year to date

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

Health Board

INTEGRATED PERFORMANCE FRAMEWORK

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Carol Shillabeer, Chief Executive Russell Caldicott, Executive Director of Finance/
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Russell Caldicott, Executive Director of Finance

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol
Executive Summary

This draft Integrated Performance Framework has been developed in line with improving the effectiveness of the health board in meeting its core purpose of securing high quality healthcare purposes for its population.

Discussions at Board and other Committees have informed the revised approach and the Framework now offers a crucial mechanism for continued improvement, including clear escalation and support and intervention approaches.

The Performance, Finance and Information Governance Committee has the primary oversight of the Framework and will be key in tracking implementation as well as receiving reporting of the outcomes of the performance regime, including escalations.

The Framework would be reviewed 12 months into its implementation, and revised accordingly.

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		Comments provided and further amendments made

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	

MEWNOSODWCH DEITL YR ADRODDIAD
INSERT REPORT TITLE

1. Y SEFYLLFA
SITUATION

The **Integrated Performance and Accountability Framework (2026–2029)** provides a comprehensive and structured approach to strengthening performance, accountability and assurance across Betsi Cadwaladr University Health Board (BCUHB). It is a critical enabler for delivering the organisation's **Annual Plan and Integrated Medium-Term Plan (IMTP)**, ensuring alignment between strategic priorities, operational delivery and individual accountability.

The refreshed Framework reflects organisational learning, regulatory expectations and the ambitions of the **"Foundations for the Future" programme**, and is designed to improve organisational grip, clarity of roles and consistency of performance management. It supports the Board in discharging its responsibilities for **quality, safety, financial sustainability and delivery of outcomes**, within an increasingly challenging NHS context.

The Board discussed the key factors to improving performance at its Informal meeting on 25th March and again during the Board meeting on 26th March. The revised Framework takes into account the discussions and specifically the feedback of the Chair of the Performance, Finance and Information Government Committee.

The themes of the discussions included:
- Role clarity and performance expectations
- Teamworking
- Skills and knowledge
- Data and transparency
- Accountability
- Recognition
- Learning, adoption and spread of good practice – based on industry standards and benchmarking

Underpinned by a culture that empowers and enables improvement, moving toward a high autonomy, high accountability environment.

2. Y CEFNDIR
BACKGROUND

Purpose and Scope

The Framework establishes a **single, integrated model** for:

- Monitoring and assessing performance

- Managing improvement and recovery
- Providing clear lines of accountability

It applies across **all services, corporate functions and commissioned activity**, ensuring consistent expectations and a whole-system approach to performance.

Its core purpose is to:

- Define **roles, responsibilities and governance arrangements**
- Establish **robust performance monitoring and reporting structures**
- Enable **proactive performance management**, including planning, risk management and problem solving
- Support a **culture of continuous improvement and transparency**

Strategic Alignment and Context

The Framework is explicitly aligned to:

- The Health Board's **strategic objectives and IMTP**
- Welsh Government's **National Performance Framework and Ministerial priorities**
- The **quadruple aims** of improved population health, better care experience, a sustainable workforce and value-based healthcare

It operates within a context of:

- Significant **performance challenges (particularly access and timeliness)**
- Ongoing **financial constraints and efficiency requirements**
- The need to strengthen **productivity, benchmarking and value**

The Framework therefore places greater emphasis on **measurable outcomes, benchmarking and delivery assurance**, including comparison with high-performing systems.

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

Core Principles

The Framework is underpinned by five principles that collectively drive behaviour and performance:

1. **Clear Accountability for Delivery** – Accountability cascades from Board to individual through aligned plans and PADRs.
2. **Effective Decision-Making** – Decisions are taken at the most appropriate level, close to delivery.
3. **Conditional Autonomy** – High-performing areas gain autonomy; underperformance triggers increased oversight.

4. **Openness and Transparency** – Consistent, shared use of performance data to support trust and informed decision making.
5. **Culture of Improvement and Empowerment**– Continuous improvement, leadership development and recognition of progress are prioritised.

Performance Framework and Measurement

Performance is managed through a **balanced scorecard approach**, providing a holistic view across five domains:

- **Quality** (safe, effective, patient-centred care)
- **Access and Timeliness**
- **People and Organisational Development**
- **Finance and Productivity**
- **Governance and Risk**

Key features include:
- Defined **metrics, targets and trajectories** aligned to IMTP delivery
- Strong emphasis on **data quality, timeliness and comparability**
- Integration of **patient perspective and outcomes**
- Use of **benchmarking** to drive improvement

Performance is assessed systematically using a **RAG-rated framework**, with clear thresholds and expectations for recovery plans where performance is off track.

Governance, Oversight and Accountability

The Framework establishes **clear governance structures and reporting lines**, ensuring robust oversight:

- **Board** – Sets strategic direction and receives assurance on performance and delivery
- **Chief Executive** – Accountable for organisational performance and operation of the Framework
- **Executive Team and Directors** – Responsible for delivery within their portfolios
- **Service Leadership Teams** – Accountable for operational performance, quality and resource use
- **All Staff** – Contribute to performance improvement through ownership of data and delivery against objectives

A structured cycle of performance review meetings operates at multiple levels:
- **Monthly service-level reviews**
- **Bi-monthly Executive-led reviews**

- **Quarterly Board and Committee oversight**

Escalation, Intervention and Support

A central feature is the introduction of a **transparent escalation and intervention model**, linked to performance ratings:

- **Green** – On plan; greater autonomy
- **Yellow/Amber** – Off plan; recovery plans required and monitored
- **Red** – Significant underperformance; enhanced intervention and oversight

Where performance does not improve:
- Levels of **autonomy may be reduced**
- **Additional oversight and support** are introduced
- Formal actions may include **recovery plans, capability processes or reallocation of responsibilities**

Conversely, high-performing areas benefit from:
- **Reduced reporting burden and oversight**
- Greater **decision-making autonomy**
- Potential prioritisation for **investment and development opportunities**

Culture, Capability and Improvement

The Framework goes beyond compliance, aiming to embed a **high-performance culture** characterised by:
- **Continuous learning and improvement**
- **Leadership development and support**
- Use of **data and insight to drive decision-making**
- Recognition and incentivisation of **good performance**

This is supported by potential development of **targeted support and intervention capability**, ensuring services receive tailored assistance to improve delivery.

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

Implementation and Assurance

The existing Integrated Performance Framework has been in place for over two years, however it has only been partially implemented. An Internal Audit Review indicated the need to enable resources to fully implement the

Framework more systematically, and therefore a targeted implementation plan will be developed to drive forward embedding the practice as standard. An **implementation plan** will ensure consistent adoption across the organisation, with progress monitored through Board committees. The Framework is integrated with key organisational systems including:

a. Planning and budgeting
b. Risk management
c. Governance frameworks
d. Quality and safety systems

Formal **review and evaluation will take place annually**, ensuring the Framework remains effective and responsive to organisational needs.

Conclusion

The Integrated Performance and Accountability Framework represents a **significant strengthening of the Health Board's operating model**, providing:

- Greater **clarity of accountability**
- Stronger **performance grip and escalation processes**
- More consistent **organisational oversight and assurance**

Its implementation will be central to improving delivery of strategic priorities, restoring performance, and ensuring the Health Board can provide **safe, high-quality, sustainable services** for the population of North Wales.

5. ARGYMHELLION RECOMMENDATIONS

Members are asked to:

- **APPROVE** the Integrated Performance Framework for implementation

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**	The Integrated Performance Framework strengthens assurance across key BAF risks relating to performance, quality, finance and governance by improving accountability, data transparency and escalation processes; however, a residual risk remains that inconsistent implementation may limit the extent to which assurance can be fully evidenced in the early stages.

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 Integrated Performance Framework has been designed to promote equitable access, outcomes and experience across all population groups. The framework's emphasis on consistent performance monitoring, data transparency and outcome measurement supports the identification and reduction of health inequalities in line with the Public Sector Equality Duty.
	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 Framework supports improved allocation of resources and prioritisation of services based on need, enabling a more systematic approach to addressing socio-economic disadvantage through performance oversight and targeted intervention
	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:	
	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:	The Framework reinforces a rights-based approach through its focus on quality, safety, transparency and accountability, supporting fair and consistent access to

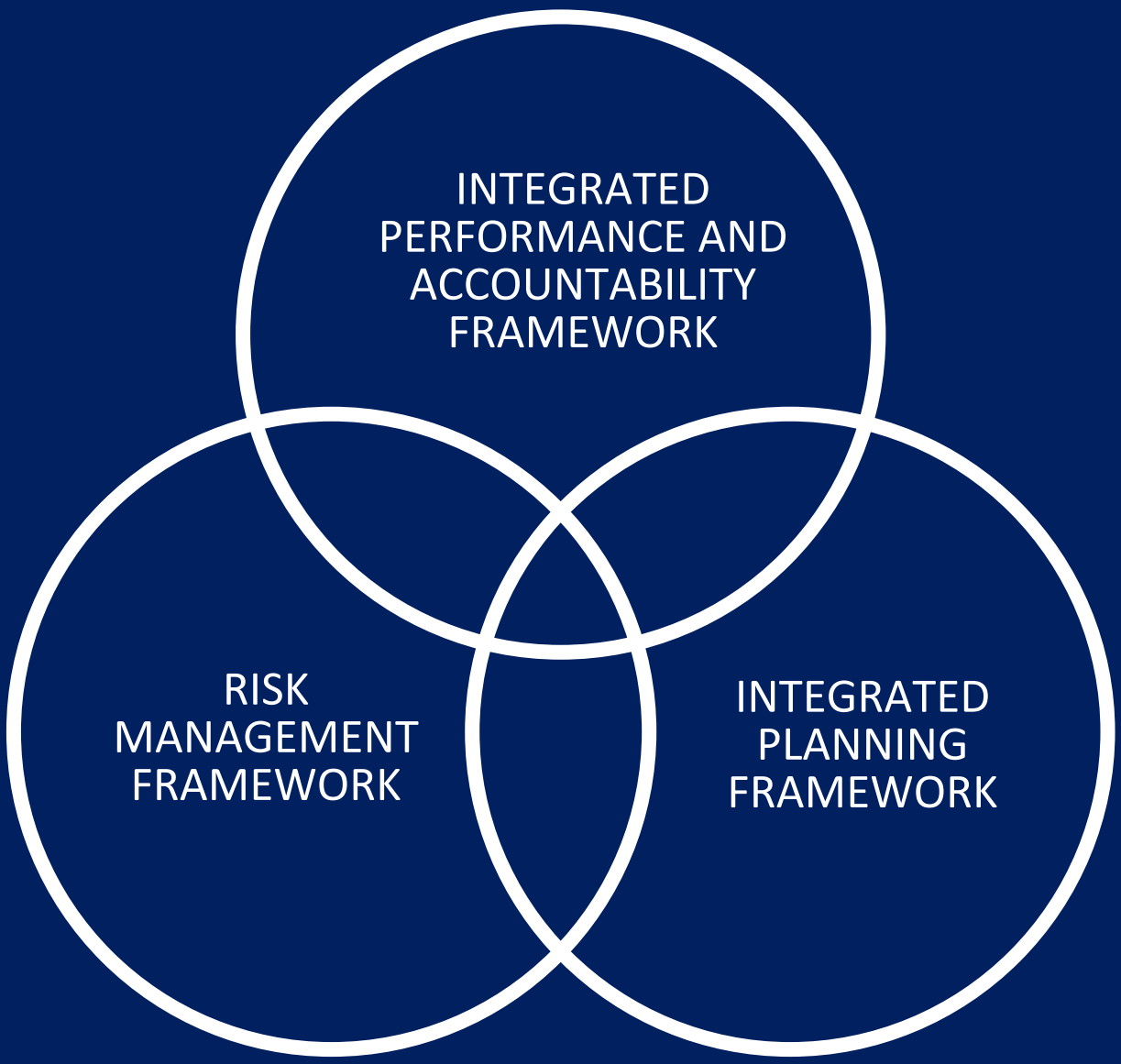
		services and decision-making processes.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	The Framework supports compliance with Welsh Language Standards through improved data, monitoring and accountability, ensuring services are responsive to the language needs of the population
	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:	No adverse impact identified. The Framework applies consistently across all population groups, including armed forces personnel and veterans, supporting equitable access and outcomes.
	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:	The Framework strengthens quality governance through a balanced scorecard approach, clear escalation processes and a focus on

		outcomes, safety and continuous improvement.
	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 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:	No direct environmental impact. Indirect benefits may be realised through improved productivity, reduced inefficiencies and more effective use of resources.
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**	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Enhanced transparency, accountability and performance oversight

Have you considered the counter fraud impacts		reduce the risk of fraud and strengthen control environments.
	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.	

INTEGRATED PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

2026-2029



Author & Title	Performance Management Framework
Responsible Department / Director:	Chief Executive Executive Director of Finance (with responsibility for performance systems)
Approved by:	
Date approved:	
Date activated (live):	
Documents to be read alongside this document:	Scheme of Reservation & Delegation (SoRD) Standing Financial Instructions (SFIs) BCUHB Integrated Planning Framework BCUHB Risk Management Framework BCUHB Values and Behaviours BCUHB Design Principles
Date of next review:	June 2027
Date EqIA completed:	N/a
First Operational:	April 2026
Previously reviewed:	September 2024
Changes made yes/no:	Yes

Please avoid printing this document – this protects the environment whilst also reducing the risk of out-of-date printed versions of the document.

The BCUHB Intranet should be referred to for the most current version of the document and relevant references.

DRAFT

Contents

1. Introduction 4
2. Context and Approach 6
3. Principles 7
4. Responsibilites 13
5. Performance and Accountability Approach 9
6. Implementation **Error! Bookmark not defined.**

DRAFT

1. INTRODUCTION

Betsi Cadwaladr University Health Board (BCUHB) is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of North Wales. To ensure that we achieve the best possible health and wellbeing outcomes for the residents of North Wales and that we provide the necessary standards of service, the Health Board sets out in this framework for integrated performance and accountability, processes to provide assurance on the comprehensive implementation of its Board Plan (Annual Plan/Integrated Medium-Term Plan).

An effective framework for assessment and management of performance and accountability supporting a culture and practice of improvement is key to the ongoing development of an effective organisation delivering for the people it serves. In line with work to strengthen the operating model as part of the Foundations for the Future Programme, this updated Framework takes into account the insights gathered from the Discovery Phase of that Programme and alongside other developments, primarily role clarity, should deliver clearer mechanisms for performance review (at individual and service level) and accountability for delivery of the organisations objectives.

The Framework is owned by the Board itself and has been reviewed and further developed as a result of the need to improve performance within an organisational culture that encompasses compassion, respect and openness. This is particularly the case as the health board seeks to build organisational capability for successful delivery of high quality, efficient and sustainable services. The context of the NHS and wider public services, including the challenging performance issues, significant financial constraints and widespread productivity and efficiency challenges, means that the Board will, where necessary, exercise its responsibility for delivering for the public by escalating and/or suspending levels of autonomy and decision making. This will be in circumstances where a service, or exceptionally the whole organisation, cannot assure the Executive and wider Board of delivery within expected autonomy and accountability arrangements.

The Framework applies to all activities in all parts of the Health Board. The scope also includes all services the Health Board commissions externally.

The key purpose of the framework is to:

- Define roles and responsibilities for monitoring, managing and improving performance and accountability assurance;
- Describe the structures required to deliver robust performance monitoring, management of improvement and accountability;
- Set out the processes of performance monitoring and management which will support accountability for delivery including proactive planning, problem solving and risk management.

Whilst the format and delivery of services may change over time, the areas where the Integrated Performance Framework apply includes all Executive responsibilities and all service delivery areas (directly provided or commissioned).

DRAFT

The Framework is not intended to:

- Exhaustively measure all aspects of organisational and commissioning performance.
- Replace or duplicate the role of Health Inspectorate Wales, Care Inspectorate Wales and for services based in England the Care Quality Commission.

The implementation of the framework will identify key performance metrics within specific domains with frequency of reporting articulated. It also allows for clear differentiation from those services/directorates performing well with appropriate recognition, and areas that require support and escalation to improve. The framework also indicates the response to be undertaken where performance does not improve in regards to a team or individual basis.

The framework will align as closely as possible to the regulatory models for oversight, reflecting the requirements of Welsh Government, particularly as these are strengthened from April 2026 onward. Importantly, an increasing emphasis on benchmarking including efficiency & effectiveness measures (benchmarking will include with high performing countries, other Health Boards and historic delivery) to ensure improvements deliver enhanced quality of care, financial sustainability and improved performance. The themes aligned to the accountability framework are as follows:

1. Quality – Is care safe, caring, effective, responsive and well led
2. Access and timeliness - Welsh Government Key Performance, particularly regarding access and service productivity/efficiency is achieved
3. People and OD – engaged colleagues, positive work experience, effective use of people resources
4. Finance – Ensuring services are efficient and productive
5. Governance – risk management, audit, sustainability

The framework will therefore ultimately ensure the Health Board plans are delivered that encompass delivery of our vision for safe, high-quality accessible care for our patients and a good experience for our staff within available resources.

Finally, the Performance and Accountability Framework clearly articulates the support available to leaders and managers to achieve targets set. This ranges from working together to develop plans to enhance performance, setting challenging but realistic targets for enhancement of performance and routine performance management meetings to assess delivery, with escalation as required.

DRAFT

2. CONTEXT AND APPROACH

This framework is designed to support the Health Board in the delivery of the Boards vision and strategic priorities. It is also designed to ensure that we meet our obligations to the wider-NHS system including our inspectors and Welsh Government.

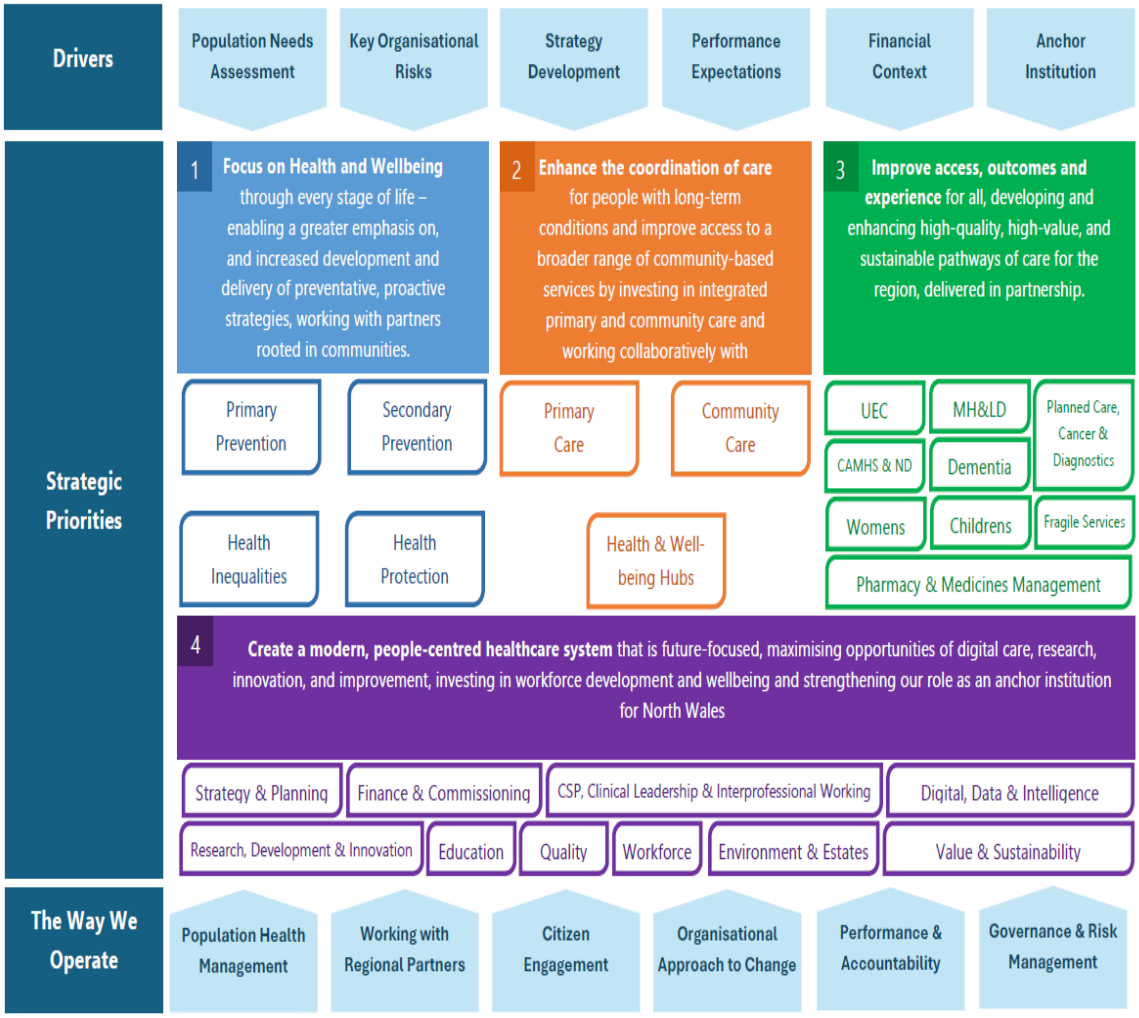
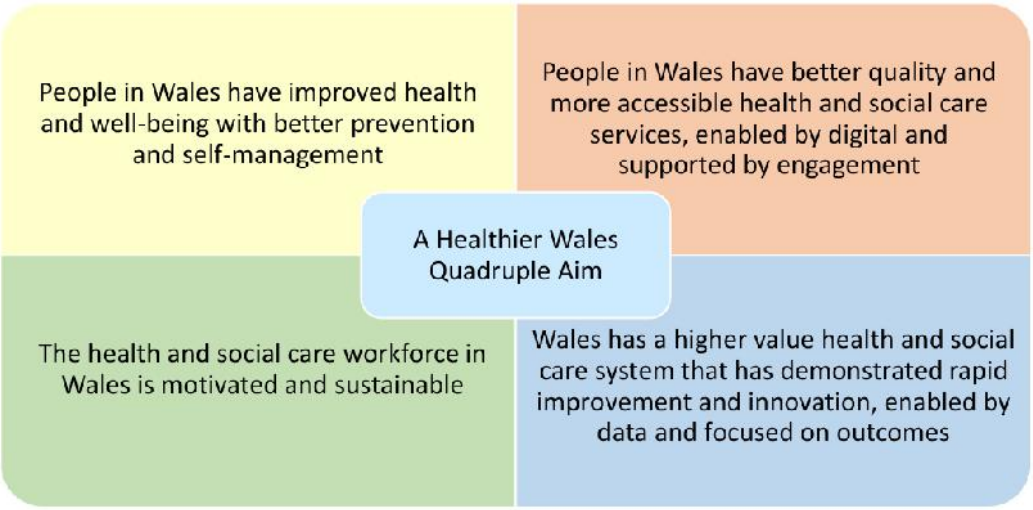


Figure 1: Health Board Annual Plan/IMTP – on a page 2026/27

The Welsh Government key measures contained within the National Performance Framework and Welsh Ministerial Priority Measures under the quadruple aims set out in 'A Healthier Wales' are:



The measures remain mapped to Welsh Government's 4 quadruple aims, as shown within the above graphic and re-iterated further within the below;

1. People in Wales have improved health and wellbeing, with better prevention and self-management
2. People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
3. The Health and Social Care workforce in Wales is motivated and sustainable
4. Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused upon outcomes

The resultant quantitative measures and performance within the quadruple aims as being;

- Number of measures where target has been achieved or actions required are back on tract
- Number of actions where measures are back on track but there is scope to improve
- Number of measures where the target has not been achieved or the actions required are not back on track and improvements are required.
- Target / Compliance not currently available

It is of note that Welsh Government resource the majority of the Health Board's income, providing 93% of total income.

3. PRINCIPLES

The Framework is underpinned by the following principles, derived from Health Board Governance Framework, Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation. The Performance Management Framework is built on five straightforward principles that guide how we manage, monitor and improve performance across the Health Board.

1. Clear Accountability for Delivery

Responsibility for delivery sits with the appropriate leadership teams. This includes all Executives, Senior Leaders and Managers across the organisation through services, teams and individuals into PADR (performance reviews). Individually and collectively, everyone will be accountable for delivering agreed priorities and demonstrating progress.

2. Effective Decision Making

Decisions should be made as close as possible to the people and services affected. This ensures decisions are timely, informed by operational reality and consistent with good organisational governance. This Framework will be supported by the Decision-Making Framework that is currently under development. In essence, managers should be accountable for making decisions within their level of autonomy without specific recourse to escalation unless in circumstances where there is a significant matter of course, e.g. insufficient budget, staffing establishment that is unfunded or subject to significant change that may trigger the Organisational Change Policy, or where the decision may be particularly contentious. This means that the majority of decisions in the usual day to day running of departments, divisions and directorates should be at the operational manager level without recourse to significant escalation.

3. Conditional Autonomy

The framework will enable assessment of performance within the areas and directorates, giving greater insight as to areas requiring support in achieving targeted levels of performance across the Health Board. Where a differential in performance against required standard is evident, those performing less well will receive greater levels of intervention and oversight. Areas delivering against objectives and levels of expected performance will have greater levels of autonomy than those that are escalated where the provisions set out above under Effective Decision Making can be modified or suspended.

4. Openness and Transparency

Performance information will be openly available and used consistently in assessments. This promotes fairness, builds trust and ensures decisions are based on accurate, shared data.

5. Creating a Culture Improvement

This fifth principle underpins the others. Without a culture and attitude focused on improvement, the other mechanisms will be only partly successful. Drive, support and recognition of improvement creates individuals, teams and services that will strive to deliver higher standards, greater access and better efficiency. Creating an approach that focuses on motivation, the skills needed to do the job, a curiosity and empowerment for innovation and development

DRAFT

and the hardwiring of recognition of progress will feature in the implementation of this Framework.

Performance will be assessed using a “balanced scorecard” approach to performance reporting based on our vision and strategic objectives. Leading health care organisations such as Kaiser Permanente have successfully adopted an approach which combines this balanced and integrated approach. This includes the focus on colleague engagement, standards of quality, citizen feedback/ratings, financial breakeven, and health equity. Further learning from this system will continue to be taken as the organisation develops its strategy and Clinical Services Plan.

4. RESPONSIBILITES

A key element of performance improvement and assurance arrangements is the need to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance across both directly provided and commissioned services. This responsibility includes exercising autonomy in line with their role and delivery expectations. The Board’s Strategic Objectives will be cascaded through the Annual Plan/IMTP and directorate, Division and integrated community plans to inform objectives for all teams and individuals throughout the organisation, and measurable targets will be set and agreed. This links directly to the continuous development and improvement of individual PADRs and Personal Development Planning.

Whilst it is everyone’s role to manage performance, the Board must drive a culture of performance by providing a clear vision together with health board aims, objectives and priorities by holding the Executive Team to account for the delivery of the Annual Plan/IMTP.

Effective performance monitoring, management and improvement in performance and performance assurance requires defined roles and responsibilities and clear ownership of measures. A summary of these roles and responsibilities is as follows:

4.1 Board

The Board has overall responsibility for the implementation of the Framework. The Board provides leadership and direction to the organisation and will agree the health board’s vision, aims, strategic objectives and annual priorities through approval of the Annual Plan 2023/2024 and Integrated Medium-Term Plan and will undertake and annual assessment of its performance. The Framework provides evidence to support the Board in receiving assurances on performance, safety and delivery against these aims, objectives and priorities.

4.2 Chief Executive Officer

The Chief Executive Officer is responsible for the management of the organisation including ensuring financial and quality of service responsibilities are achieved within available resources, identifying opportunities for improvement and ensuring those

DRAFT

opportunities are taken. The Chief Executive has delegated responsibility for the detailed operation of the Framework to the Executive Director of Finance and Performance. To discharge this responsibility, the post holder will work with the Executive Directors to ensure effective performance monitoring, management, improvement and assurance arrangements are in place across the health board.

4.3 Executive Team

The Executive Team, through the Executive Delivery Integrated Performance Group, provides a forum for Executive Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to the Board or other appropriate committees. The Executive Team also decides, given evidence from directorate or corporate teams, whether any deviation from required performance is material in relation to the health board's escalation process.

4.4 Executive Directors

Each Executive Director is responsible for supporting the development of strategic and organisational plans including the Annual Plan/IMTP and in the development and implementation of their own directorate, division and integrated community plan ensuring all plans are informed by evidence, achievable and challenging with particular reference to their areas of responsibility and/or expertise.

Each Director also has responsibility for supporting the analysis and reporting of performance for their areas of responsibility though the structures set out in the Framework, including participating in Directorate Performance Reviews for all Directorates and leading the performance review of their own directorate.

Each Director holds accountability for the performance of the area for which they have delegated authority within their Job description and in the Scheme of Delegation.

There are a number of Corporate Directorates in the Health Board which are vital in ensuring that the Health Board functions effectively. Each Executive Director/ Director for that function is responsible and accountable for:

- Ensuring that the services they provide are aligned to the strategic objectives of the organisation and deliver the outcomes required
- Supporting delivery of the organisation's objectives identified within the annual plan, through the development and delivery of service objectives
- Responsible for bringing in a balanced budget and delivery of performance, ensuring best use of resources. The Chief Executive and Executive Director of Finance will issue annually Accountability Agreements and Executive Directors/Directors will sign these agreements for annual budgets, agreed income targets, activity plans and associated performance targets and plans on behalf of their Corporate Directorate. Where performance escalation measures are in place, Accountability Agreements can be modified to reflect any changes to the level of autonomy and decision-making.
- Support Service Leadership (see section 4. 7) in delivery of their services for patients and management of resources

- Escalating key risks (and possible solutions) as appropriate within the reporting of risks within the Health Board to ensure Committees and the Health Board are kept informed of all key risks and their mitigation on a regular basis.
- Have access to the information, training and any expert advice they might require to exercise their responsibilities effectively.

4.5 Executive Director of Finance & Performance

In addition to the responsibilities described above, the Executive Director of Finance and Performance also has the delegated responsibility for the development and implementation of performance monitoring, management, improvement and assurance arrangements, and has delegated responsibility for preparing, implementing, and updating the framework, including:

- Ensuring that robust systems are in place for the performance monitoring, management and assurance of national, local and internal targets;
- Preparing the Integrated Performance Report giving assurance to the Board on performance;
- Facilitating performance reporting to all relevant Board Committees in association with the relevant Executive, including the Performance, Finance & Information Governance (PFIG) Committee and to the Quality, Safety and Experience (QSE) Committee, including exception reporting for adverse performance;
- Ensuring that plans to address adverse performance are developed and implemented by the relevant Executive Director/Senior Leaders and Manager;
- Ensuring that governance arrangements to support performance monitoring, management and assurance are in place, robust and effective; and
- Ensuring that all aspects of the Health Board's responsibilities are reflected within the Framework.

4.6 Senior Leaders and Managers

Senior Management across the organisation has responsibility for developing and managing the implementation of their Team Plans aligned to and in support of their directorate, division and integrated community plans and the regular undertaking of Personal Appraisal and Development Reviews. They are also responsible for promoting a culture of performance monitoring, management, improvement and assurance, participating in the development of strategic plans, and supporting the reporting of performance and delivery.

4.7 Role of the Directorate/Division/Locality leadership (Service Leadership)

Service leaders are responsible and accountable for the quality of service delivery, use of resources (people & financial) and performance of the services across the Health Board's strategic objectives delegated to their Directorate/Division/Locality.

Service Leadership is accountable to the Chief Operating Officer (COO); and for Mental Health and Learning Disabilities to the Executive Director of Allied Health Professions and Health Science. They are responsible and accountable for:

Key responsibilities include:

- Leading the development and delivery of clinical services across the Directorate/Division/Locality, achieving the desired outcomes outlined in the Integrated Medium-Term Plan (IMTP)
- Leading robust quality governance across clinical services, engagement with the Value & Sustainability programme to deliver continuous improvement
- Direct oversight is provided by the COO (Executive Director of Allied Health Professions and Health Science for Mental Health and Learning Disabilities), ensuring delivery of services to agreed specifications annually and throughout the life of the IMTP
- All managers with delegated budgets have a responsibility for bringing in a balanced budget and monitoring performance against the agreed plan and KPIs to ensure best use of resources. The Chief Executive and Executive Director of Finance will issue Accountability Agreements annually for sign off, each budget holder in signing approving the delegated annual budgets, agreed income targets, activity plans and associated performance targets. These Accountability Agreements may be modified is escalation measures are introduced.
- The Clinical Leaders within the Directorate/Division/Locality will provide assurances over the provision of safe, effective patient care and the management of clinical standards; identifying and demonstrating improvement actions being taken.
- Setting the culture within the Directorate/Division/Locality and ensuring effective leadership of their colleagues
- Escalation of key risks (and possible solutions) to the relevant Executive, to ensure that the Executive (and onward to Board where appropriate) are kept informed of all key risks and their mitigation on a regular basis (complying with the Corporate Risk Register requirements)
- Having access to the information, training and any expert advice they might require to exercise their responsibilities effectively.

4.8 All Staff

Every employee contributes towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data and information on their activity, and understand how that translates to the corporate performance of the organisation, taking positive personal action and responsibility to improve their own practice and performance.

Data input and data quality is a vital part of performance monitoring, management and assurance and in providing the right information for analysis enabling the detection of adverse performance and best practice or patient care and enabling changes and improvements to patient care to be undertaken effectively. All staff have a responsibility to contribute to planning and performance improvement though their Personal Appraisal and Development Review process.

4.9 Performance – A Patient Perspective

A patient centred approach to care involves engaging patients and their families in decision-making processes thus giving them greater responsibility for their own health. We must give patients adequate information on timescales, anticipated process, and their own responsibilities to assist the Health Board to provide efficient and effective treatment. This information will enable and encourage patients to question and monitor their own progress against targets.

5. PERFORMANCE & ACCOUNTABILITY APPROACH

5.1 Planning for Performance Delivery

Fundamental to robust performance management and improvement is alignment with the strategic planning cycle and processes. Developing robust plans will ensure a clear focus on delivery and a framework for prioritising resources. Coherent plans with clear alignment between the Annual Plan, Directorate Plans, Team Plans and Personal Appraisal and Development Reviews/Plans help to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance.

At every level of the organisation stemming from the Chair and Chief Executive Officer, staff will need to be involved in the process of agreeing plans, objectives, performance measures and targets to ensure ownership of the process and as a core component of the pay progression process. This means that performance improvements and objectives must be assessed, as stretching but achievable. These will reflect the Board's strategic objectives, translated into operational and individual objectives.

Recognising that the workforce is key to delivery, the Health Board will reflect and incorporate learning on the deployment of planning and performance management across the organisation to ensure continued improvement. Figure 2 below describes an alignment of plans to personal objectives and the relation to the Integrated Performance Framework.

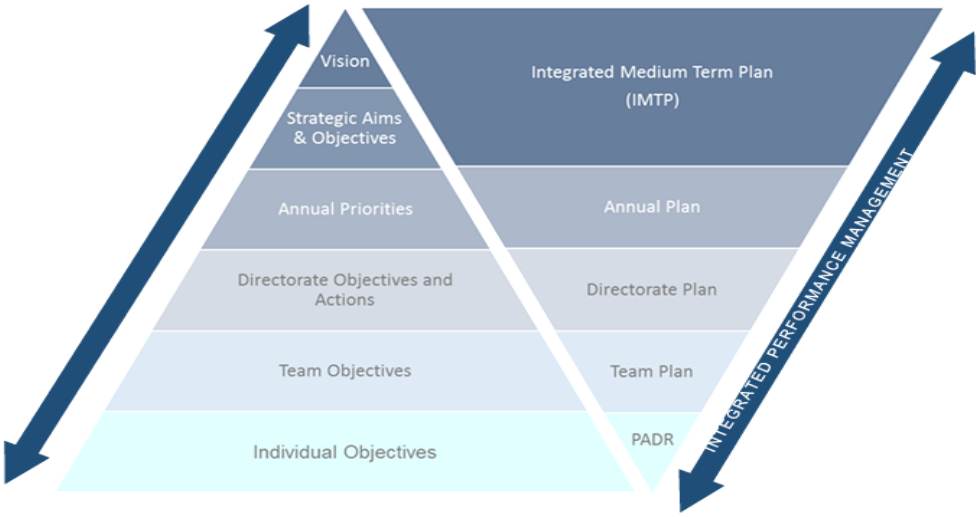


Figure 2: Integrated Performance Framework alignment to PADRs

5.2 Measuring Performance

The use of targets, measures, indicators and trajectories and their deployment across the organisation is a key part of implementing the Framework. All means of measuring performance should facilitate organisational understanding of performance and delivery and therefore should have the following characteristics:

Relevant
Timely
Able to avoid perverse incentives
Reliable
Clear accountability
Comparable
Well defined
Verifiable
Ambitious yet achievable

Performance measures will be agreed at various levels in the organisation. These include specifically Board, Board Committees, Directorate, Team, and at an individual level.

Performance Domains as articulated below will be applied to all service areas (Figure 3), and will also include a focus on delivery against plans (including Annual Plan/IMTP).

Domain /Perspective	Description
Quality (Safety, Effectiveness & Experience)	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving. Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of Patient Reported Outcome MeasureS (PROMS) and Patient Reported Experience MeasureS (PREMS).
Access and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
People & Organisational Development	A motivated and sustainable workforce that is well trained, and effective
Finance	Assurance that services are improving efficiency, productivity and delivery of financial plans, value-based health care.
Governance, Risk & Service Sustainability	Reporting progress against audit recommendations, management of risk registers fragile services and service sustainability. With alignment to Board Assurance Framework (BAF).

Figure 3 – Performance Domains

The Performance function will produce and report on the delivery of all elements of the reported performance throughout the year, linked to agreement of the key metrics to be assessed within each of the domains and agreed trajectories that represent attainment of the wider Health Board's Integrated Medium-Term Plan.

The Executive team will decide on which escalation category the Service Leadership falls within (taking into account both performance against metrics, as well as using professional judgement), and consequently the level of support they receive, utilising the rating system outlined below as a basis, noting this can be varied by the Executive:

Description	Score of each element within a domain (Executive can vary the scoring upon implementation)	Recovery plan in place.
Significantly off plan	15% off plan and over	Yes / No
Off plan	Off plan by up to 14%	Yes / No
On plan or above	On plan or above	N/A

The overall classification of performance within each domain will then be based on the following: -

Description	Overall rating	Rational
Significantly off plan	RED	Any KPI significantly off plan
Off plan – no recovery plan / not delivered recovery plan	AMBER	If more than two KPI's not delivering & no plan for rectification
Off plan – recovery plan identified / delivering	YELLOW	Off plan but recovery actions identified and delivering
On Plan/exceeding plan	GREEN	On or Above Plan

The OVERALL performance will be assessed, with the following criteria applied:

RED	1 Domain significantly off plan or 2 domains off plan with no recovery plan in place, or failure to deliver recovery plan
AMBER	2 domains off plan and NO recovery plan in place
YELLOW	Domain on plan but risks identified and recovery plan initiated
GREEN	On or Above Plan

5.3 Assessing Performance

The Performance function will report delivery of the performance against each of the domains highlighted and the performance will be assessed as follows:

Description	Frequency	In attendance
Annual Performance trajectories are set within Integrated Medium-Term Plan	Annually	Executive recommend, Board sub-committees endorse for Board adoption – in line the NHS Planning Guidance
Section 1: A. Performance against plan trajectories assessed across the whole of the Domains/matrix and performance overview/assessments of Service Leadership Teams B. The delivery against the IMTP actions	Every other month Quarterly	Executive Directors (monitoring) outputs of performance reviews through the Integrated Performance – Executive Delivery Group, Executive, Board Sub-committee and onwards to Health Board
Section 2: Performance against plan monitoring progress on actions, impacts, trajectories including performance assessments	Monthly	Service Leadership Teams, with Executive Director of Finance and Performance, Chief Operating Officer (or Exec Director of AHP and HS for MHLD), Medical Director/Exec Director of Nursing and Executive Director of People and Organisational Development (or designated deputies)
Section 3: Corporate Directorate performance reviews	Bi-annually	Chief Executive to oversee Executive and Directors delivery of departmental plans in year

The IPEDG will be chaired by the Chief Executive and meet *at least* every other month. IPEDG will be made up of Executive Team plus other invited senior leaders as appropriate and will consider the areas set out above in section 1.

The Executive Director of Finance and Performance, or another Executive Director nominated by the Chief Executive, will Chair the meetings outlined in section 2 above, with the Chief Operating Officer, Medical Director/Executive Director of Nursing and Executive Director of People and Organisational Development (or their nominated deputies) required to be in attendance. The Service Leadership Teams will be expected to comprehensively prepare for their performance review and the senior leadership team including clinical leads will be expected to be in attendance.

DRAFT

Underpinning this framework is the principle of earned autonomy with the better performing leadership teams having greater autonomy and less scrutiny.

The Chief Executive will chair the Corporate Directorate Performance Review six-monthly outlined in section 3 above. Executive Directors are expected to prepare, with their teams an assessment of their progress and delivery against objectives and measurable performance across all key domains.

The management of performance is then an essential aspect to the rectification of the leadership's performance and key to ensuring the Health Board attain its Annual Plan, the escalation and de-escalation process defined below.

5.4 Escalation / De-escalation Process

The overall RAG rating for each Service Leadership Team/Corporate Directorate will act as the trigger for any additional support or escalation / de-escalation.

For Service Leadership rated as 'Amber' or 'Red' and / or have failed to deliver any improvements for a sustained period of time (i.e. 3 months or more), additional interventions may be enacted to support the return of performance to acceptable levels. This includes the modification of levels of autonomy.

The decision to escalate a leadership team may be made on the basis of significant underperformance against multiple metrics; however, it may also be as a result of just one core area of underperformance which presents a significant risk to the overall delivery of the Health Boards plan. The recommendation to escalate will be made following comprehensive assessment, usually following the Performance Review meeting. The recommendation will be made to the Executive and where this reaches the highest level of escalation the Chief Executive will make the decision with engagement of the relevant Board Committee.

Additional interventions will range from putting in place a support package for a particular area of performance. If after a sustained period of time (i.e. 3 months or more) improvements have not been seen, more serious measures, such as reduced limits or removal of delegated budgets, or implementation of the Health Boards Capability Policy, should there be significant deterioration in performance which does not appear recoverable, though it is expected that such measures would only be implemented in extreme circumstances.

The support and escalation measures are shown below, alongside proposed trigger points for varying levels of interventions. It is not possible to plan for all eventualities as the type of response to escalation will differ for each area of underperformance. Therefore, any support and / or escalation will be tailored, to ensure the most effective outcome is delivered.

DRAFT

5.5 Capability & Performance Review

The Oversight Model sets out how the Health Board, Executive and Performance Review meetings will hold leadership to account for delivery in a consistent and transparent way.

Performance meetings will take place in accordance with the schedule set out in section 5.3. For those services rated Red or Amber that require additional intervention / support, increased oversight may be established. Preparatory work for each of these meetings will be expected from leaders and managers in attendance with the packs prepared through the Performance Department.

5.6 Board & Board Sub-Committees

Integrated Performance Executive Delivery Group will receive reports on performance, additional reporting to Executive Committee and then Health Board or its sub-committees forming part of the intervention requirement if performance continues to be adverse to plan and any agreed recovery plan.

Key issues regarding performance will be escalated from Executive to the Performance, Finance and Information Governance Committee and Health Board as necessary, together with a summary of mitigating actions to be taken.

5.7 Intervention and incentives

Intervention will be agreed on a case-by-case basis and the Health Board Executive reserves the right to apply interventions and support not articulated within this policy, but deemed necessary due to the circumstances causing the escalation.

Intervention will take the form of;

- Increased oversight and frequency of meetings (an example being weekly escalation)
- Reduction in autonomy of the Service Leadership/Corporate Directorate
- Requirement to produce recovery plans and document actions to deliver recovery as agreed with the relevant Executive, reporting recovery plans to subsequent performance meetings, officers supported to produce plans and held to account for delivery of these plans.

In line with the clear Board objective of improving the effectiveness of the organisation through building capacity and capability, consideration is being given to the establishment of a Support and Intervention Team. Such a team may be formed of people with specific expertise relevant to the escalation issue, and would draw on a wide range of input from within and at times out with the health board.

Continuation of escalation, and failure to deliver agreed recovery plans, will be considered in line with the Health Boards Capability Policy and Procedure.

DRAFT

The terms of de-escalation from formal intervention will move the Service or Directorate back into the normal reporting of performance, through agreement alongside the form of intervention at the Performance Review meeting by the Executive Directors.

The incentives and freedoms that services and directorate leadership receive are based on the delivery of the relevant elements of the Integrated Medium-Term Plan, Health Board operating plan and objectives in full.

The incentives include:

- Reduction in oversight, which involves de-escalation of meetings other than the quarterly performance assessment
- Enhanced earned autonomy for decision making within the Health Board, with the opportunity to debate an increase in the delegated limits to the service leadership for committing resources.
- Prioritisation for use of the Charitable Funds to support Research and Development or small works within the service leadership, allowing piloting of initiatives for enhanced patient care, productivity and care provision above that of basic NHS care.
- Prioritisation for use of capital expenditure to support infrastructure improvements from the £500k fund held aside within the Health Board's capital programme planning.

The designated leadership must operate within the overarching corporate framework (i.e. any policy ratified by the Health Board Board) as these are in place to protect the Health Board, patients and individuals.

5.8 Support

The role of the Health Board Executive is to support delivery of the objectives of the Health Board through actively supporting Service areas and Directorates to deliver key outcomes as defined within the three-year Integrated Medium-Term Plan. Whilst this will involve holding the leadership to account, it is predominantly to ensure leaders and managers are supported to maximise their potential for delivering high quality, safe, sustainable services.

Each leadership team has development needs and in a particularly challenging environment those development needs are likely to be both far-ranging and critical to success. It is essential that these developmental needs are identified and addressed in an organised way, to support delivery of objectives.

The Executive team will implement a supportive approach to understanding the evolving development needs of the Service and Directorate Leadership. The support will complement the annual operational plans and be targeted specifically at areas of particular challenge, in order that they produce effective development plans which include greater support for senior managers and leaders.

DRAFT

6. IMPLEMENTATION

An implementation plan will be developed to ensure all core elements of the Framework are effectively deployed, including evaluation. Progress against the implementation plan will be reported to the relevant Board Committee.

The Integrated Performance and Accountability Framework has direct links to the following key documents: -

- Strategic Objectives
- Planning Framework
- Values & Behaviours Framework
- Quality Management System
- Health Board's Standing Orders, Standing Financial Instructions and Scheme of Delegation and other relevant policies and procedures
- Health Board's Budgetary Control and Business case Policy
- Risk Management Framework

It is the responsibility of the service and directorate leadership teams to ensure compliance with the documents referenced above.

Review/evaluation of the of the Framework will take place in 12 months.

DRAFT

DRAFT

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

Health Board

BCU FINANCE REPORT 2026-27 – MONTH 1 (APRIL)

Date of Meeting	28 May 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	Russell Caldicott, Executive Director of Finance.

Report Purpose	For Assurance

Executive Summary

This report provides a briefing on the on the financial position of the Health Board as at the end of Month 1 (April 2026) and includes an update on Savings delivery against target.

Finance Report

The Health Board submitted a deficit plan totalling £43m for the 2026/27 financial year, including the conditionally recurrent funding totalling £82m. If this funding had not been secured from Welsh Government into 2026/27 the deficit would have increased to £125m. The deficit plan of £43m does not attain the key duty to break-even, the Health Board is required to develop a Financial Recovery Plan to improve the outturn.

In relation to month one of the financial year (April 2026) the Health Board is reporting an in-month deficit of £5.4m, which is £1.8m adverse compared to the Month 1 profiled financial plan deficit of £3.6m. The adverse position reflects a £3.2m shortfall in savings delivery for the month, partially mitigated by the continued application of the enhanced grip and control measures.

The below table summarises the monthly actual and forecast variance for 2026/27:

	2026/27													
	Monthly Variance													
	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)	(3.6)	(3.4)	(3.4)	(3.4)	(3.4)	(3.4)	(3.4)	(3.4)	(3.4)	(3.4)	(3.4)	(5.4)	(43.0)

As stated previously, the 2026/27 £43m planned full year deficit does not attain the key duty of the Health Board to achieve a balanced financial position, Welsh Government requiring development of a Financial Recovery Programme to improve outturn for 2026/27.

The focus remains on identification and implementation of savings contained within the Value and Sustainability Programme, with a focus placed upon improvements in securing efficiencies and productivity across the five themes of (a) Medicines Management (b) Workforce (c) non-pay (d) Continuing Healthcare and (e) Clinical Value, productivity and efficiency.

In the period these schemes are developed and importantly implemented, the Health Board continues to seek to mitigate shortfalls in savings attainment through containing cost overruns through application Welsh Governments Grip and Control measures, additional actions implemented during 2025-26 continuing into 2026-27, to include:

- **Non-Pay Expenditure Controls** where this doesn't impact direct clinical care
- **Procurement –** Enhanced approvals for non-clinical requisitions
- **Pay –** Oversight and controls placed upon external recruitment
- **Temporary Workforce –** Clinical Executive leadership oversight

Savings

The Health Board's financial plan requires a savings target of £46.0m to be delivered in 2026/27 with savings identification, reporting and monitoring developed through the Value and Sustainability thematic model as already articulated. The savings target is set at 2.4% based on recurrent budgets that exclude ringfenced budgets. The Value and Sustainability approach is focused on delivering improvements within the core domains of Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay & Procurement.

As at the end of April (Month 1), the Health Board has identified £2.6m Green saving schemes. Of these £2.1m are non-recurring savings, and £0.5m have been identified as recurring, with a full year effect of £1.5m. This is substantially behind the required £46m for the year and £3.8m requirement per month needed to attain the financial plan. Welsh Government are seeking for the Health Board to deliver

the key duty and submit a balanced plan, which would require enhanced savings delivery.

The full year plan value of Red Schemes totals £0.9m and the full year plan value of further pipeline opportunities is £30.9m, giving a combined total of £31.8m. Savings delivered in April (Month 1) totalled £0.2m, against a £3.8m in month target.

It is now vitally important that the savings opportunities are increased and those identified currently implemented at pace, every month delayed places greater pressure on the next months targeted financial position. As such, identification and delivery of green savings need to be progressed at pace, so as not to result in adverse performance in the early part of 2026/27 that will require recovery during the financial period.

Capital Programme

An update on the capital position will be provided from Month 2. This is not reported on in line the requirement to close the 2025/26 financial year, as per the guidance issued by Welsh Government contained within the Monthly Monitoring Return (MMR) submission requirements for month 1 of the start of the new financial year.

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	
CHC	Continuing Healthcare
CUF	Cost Uplift Factor
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit
FOG	Financial Oversight Group

BCU 2026-27 M1 Finance Report

***Please see Appendix A* - BCU 2026/27 M01 Finance Report – April 2026**

ASSESSMENT	
Link to Strategic 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 CRR25-06 Delivery of the 2025/26 Financial Plan
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*	Yes: ☐	No: ☒
	Outcome:	Not applicable

Screening (which includes the requirements of the Welsh Language Standards)	If no, please include rationale:	
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	

Environmental /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

Finance Report – Health Board April - Month 1 2026/27

Russell Caldicott
Executive Director of Finance

Executive Summary

Situation		• To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.
Statutory Financial Duties	**Revenue**	• The Health Board has submitted a deficit plan of £43m for the 2026/27 financial year, having secured the £82m conditionally recurrent funding into the year (deficit would have been £125m had these funds not been secured). Welsh Government requiring formation of a Financial Recovery Plan and improved outturn for the year • The Health Board's in-month position is reporting a deficit of £5.4m, which is £1.8m higher than the profiled financial plan deficit of £3.6m for Month 1. The position reflects a £3.2m shortfall in savings delivery for the month, partially mitigated by the continued application of the enhanced grip and control measures, which are helping to contain the overall deficit • The 2026/27 forecast position continues to be to deliver the planned deficit of £43m, in line with the financial plan for the year • The focus will remain on converting opportunities to implementation of savings schemes to ensure delivery of the plan, in the interim continuing to apply Welsh Government Grip and Control actions, controls put in place 2025-26 continuing into 2026-27
	Cash	• Closing Cash Balance to be reported from Month 2
	Savings	• The Health Board's financial plan has set a savings target of £46.0m to be delivered in 2026/27 profiled equally across the financial year, a focus placed on efficiency and productivity, improvement reported through the Value & Sustainability • Full year value of Green Schemes totals £2.6m, of which £0.5m is recurring • Year to Date Savings delivery is £0.2m against the in-month target of £3.8m • Red schemes and pipeline opportunities total £31.8m, work is progressing to increase the opportunities through Executive leads on the component parts of Value & Sustainability and implement plans to convert opportunities into green schemes
	Capital	• Approved Capital Resource Limit (CRL) for 2026/27 is £59.9m. Capital Position to be reported from Month 2, in line with Monthly Monitoring Return (MMR) Requirements.
	PSPP	• PSPP performance to be reported from end of Quarter 1.
Key Risks & Matters for Escalation		➢ The 2026/27 forecast position is to deliver the planned deficit of £43m, which is in line with the financial plan for the year and as required by Welsh Government seek to improve on this position to deliver the key financial duty ➢ The focus should remain on containing cost overruns and recovering the in-month deficit. Enhanced Grip and Control actions contained within the Welsh Government Grip and Control checklist implemented during 2025-26 will continue in 2026-27 as mitigation ➢ Identification and delivery of green savings need to be progressed at pace, so as not to result in adverse performance in the early part of 2026/27 that will require recovery during the financial period ➢ It is of note that the 2026/27 £43.0m planned deficit does not attain the key duty of the Health Board to achieve a balanced position,

Key Performance Indicators

Month 1 Position

In Month: £202.4m against plan of £200.6m

£1.8m adverse position

YTD: Same as above

Forecast

Projection at planned deficit but this is subject to risk.

£43.0m deficit

The deficit plan requires formation of a Financial Recovery programme

Month 1 Divisional Variance

West HC	£1.2m adverse
Central HC	£2.1m adverse
East HC	£2.3m adverse
Womens	£0.4m adverse
MH & LD	£1.5m adverse
Commissioning Centres	£1.3m adverse
ICB Primary Care	£0.3m favourable
ICB Regional Services	£1.7m adverse
Support Functions	£0.2m adverse
Other Budgets	£8.8m favourable

Savings

In Month: £0.2m against target of £3.8m

£3.6m adverse

Opportunities require plans to move to delivery, controls offering mitigation

Full Year Savings Delivery

£2.6m 'green' against target of £46.0m

£43.4 adverse

£31.8m Red and pipeline savings opportunities to be increased and implemented at pace

Year to Date Income

£14.7m against budget of £14.2m

£0.5m favourable

Year to Date Pay

£101.6m against budget of £103.1m

£1.5m favourable

Year to Date Non-Pay

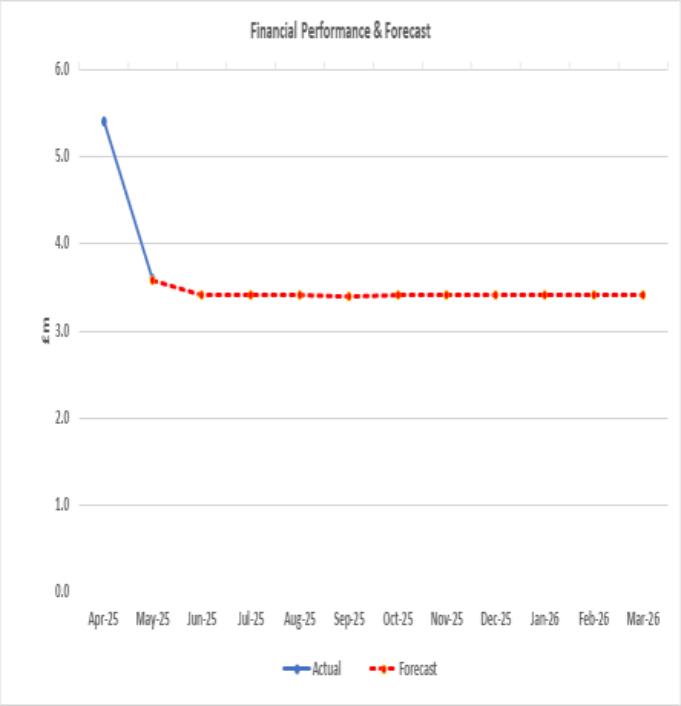
£115.5m against budget of £111.7m

£3.8m Adverse

Further reserves are to be issued for month 2 to areas and directorates

Revenue Position

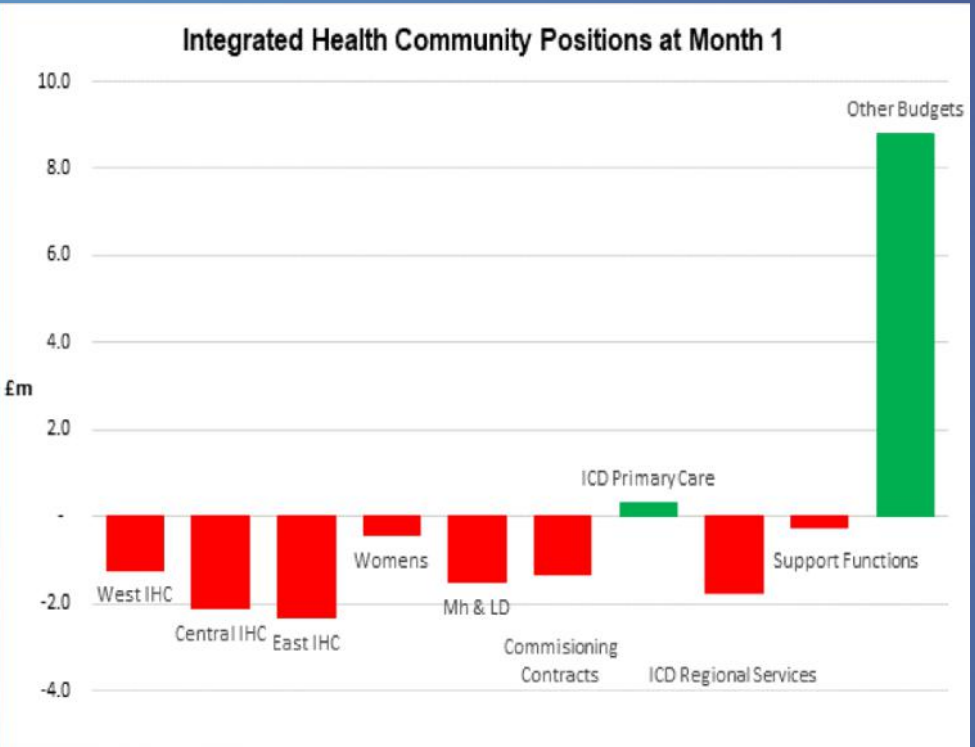
	Actual	Forecast											2026/27 Cumulative against Plan			
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	Budget £m	Actual £m	Variance £m	Variance %
Revenue Resource Limit	(197.0)	(196.0)	(196.9)	(196.2)	(194.7)	(196.4)	(196.1)	(195.7)	(196.9)	(195.9)	(194.8)	(197.9)	(197.0)	(197.0)	0.0	0.0%
Miscellaneous Income	(14.7)	(14.9)	(14.6)	(14.7)	(14.7)	(14.7)	(14.6)	(14.6)	(14.6)	(14.6)	(14.6)	(14.6)	(14.2)	(14.7)	(0.5)	3.5%
Health Board Pay Expenditure	101.6	102.8	102.8	102.5	102.6	102.9	102.8	102.8	102.8	103.0	103.0	102.8	103.1	101.6	(1.5)	-1.5%
Non-Pay Expenditure	115.5	111.7	112.1	111.8	110.2	111.6	111.3	110.9	112.0	110.8	109.8	113.1	111.7	115.5	3.8	3.4%
Total Deficit / (Surplus)	5.4	3.6	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	(3.6)	5.4	1.8	
Planned Deficit	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	0.0	3.6	100.00%
Total Deficit / (Surplus) above Plan	1.8	(0.0)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.7)	(0.2)	(0.2)	(0.2)	(0.2)	3.6	5.4	-1.8	



- The Health Board's in-month position is reporting a deficit of £5.4m, which is £1.8m higher than the profiled financial plan deficit of £3.6m for Month 1. The position reflects a £3.2m shortfall in savings delivery for the month, partially mitigated by the continued application of the enhanced grip and control measures, which are helping to contain the overall deficit.
- The 2026/27 forecast position is to deliver the planned deficit of £43m, which is in line with the financial plan for the year.
- The focus will remain on containing cost overruns and recovering the in-month deficit. Enhanced Grip and Control actions implemented during 2025-26 will continue in 2026-27.
  - Non-Pay Expenditure Controls where this doesn't impact direct clinical care
  - Procurement – Enhanced approvals for requisitions that are not clinical
  - Pay – Oversight and controls placed upon external recruitment
  - Temporary Workforce – Clinical Executive leadership oversight

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Planned Deficit £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	
WG RESOURCE ALLOCATION	(197.0)	(197.0)	0.0	0%	(197.0)	(197.0)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.1	0.1	0.0		0.1
West Area	18.0	18.5	(0.4)		18.0	18.5	(0.4)		(6.3)
Ysbyty Gwynedd	12.4	13.1	(0.8)		12.4	13.1	(0.8)		(9.0)
Facilities	1.2	1.3	(0.0)		1.2	1.3	(0.0)		(0.5)
Total West	31.8	33.0	(0.0)	0%	31.8	33.0	-1.2	-4%	(15.7)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	(0.0)		0.1	0.1	(0.0)		(0.1)
Central Area	23.5	24.2	(0.7)		23.5	24.2	(0.7)		(10.8)
Ysbyty Glan Clwyd	14.8	16.2	(1.4)		14.8	16.2	(1.4)		(17.6)
Facilities	1.5	1.5	(0.0)		1.5	1.5	(0.0)		(0.1)
Total Central	40.0	42.1	(2.1)	-5%	40.0	42.1	(2.1)	-5%	(28.6)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.1	0.1	0.0		0.1
East Area	26.4	27.5	(1.1)		26.4	27.5	(1.1)		(14.9)
Ysbyty Wrexham Maelor	12.7	13.9	(1.2)		12.7	13.9	(1.2)		(14.9)
Facilities	1.4	1.4	(0.0)		1.4	1.4	(0.0)		(0.7)
Total East	40.6	43.0	(2.3)	-6%	40.6	43.0	(2.3)	-6%	(30.4)
Total Midwifery and Women's Services	4.2	4.7	(0.4)	-10%	4.2	4.7	(0.4)	-10%	(4.7)
Total Mental Health and LDS	15.5	17.0	(1.5)	-10%	15.5	17.0	(1.5)	-10%	(17.4)
Total Commissioning Contracts	26.7	28.0	(1.3)	-5%	26.7	28.0	(1.3)	-5%	(15.7)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	3.1	2.8	0.3		3.1	2.8	0.3		0.9
Community Dental Services	0.6	0.6	0.0		0.6	0.6	0.0		0.3
Other Primary Care	0.3	0.3	(0.0)		0.3	0.3	(0.0)		(0.4)
Total Integrated Clinical Delivery Primary care	4.1	3.7	0.3	8%	4.1	3.7	0.3	8%	0.8
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.1)	0.2		(1.9)	(2.1)	0.2		2.1
Diagnostic and Specialist Clinical Support	7.2	8.4	(1.3)		7.2	8.4	(1.3)		(14.8)
Cancer Services	6.1	6.8	(0.7)		6.1	6.8	(0.7)		(7.5)
Total Integrated Clinical Delivery	11.4	13.1	(1.7)	-15%	11.4	13.1	(1.7)	-15%	(20.2)
Total Service Support Functions	15.2	15.4	(0.2)	-2%	15.2	15.4	(0.2)	-2%	(8.6)
Total Other Budgets	11.2	2.4	8.8	78%	11.2	2.4	8.8	78%	140.5
Total Health Board Position	3.6	(5.4)	(1.8)		3.6	(5.4)	(1.8)		0.0



- In-Month Position is reporting a deficit of £5.4m, which is £1.8m higher than the profiled Financial Plan deficit of £3.6m.
- The forecast position is to deliver a deficit of £43.0m, which is in line with the financial plan for the year.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11
- Further reserves are to be issued to areas and directorates for month 2 reporting, so as to highlight areas away from plan.

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	13.9	16.0	14.4	14.5	14.3	14.5	14.5	13.7	25.6	19.5	14.0	5.5	182.8
Medical & Dental	23.3	21.5	21.4	21.4	24.7	22.3	22.4	22.0	22.3	22.3	21.2	39.5	21.5	23.3	(1.8)	282.2
Nursing & Midwifery Registered	31.2	29.8	29.7	29.7	34.2	30.9	31.0	30.5	30.9	30.9	29.4	54.8	30.1	31.2	(1.2)	391.1
Additional Clinical Services	15.3	14.7	14.7	14.7	16.9	15.3	15.4	15.1	15.3	15.3	14.5	27.1	14.3	15.3	(1.0)	193.6
Add Prof Scientific & Technical	4.4	3.8	3.7	3.8	4.3	3.9	3.9	3.9	3.9	3.9	3.7	6.9	4.6	4.4	0.2	49.5
Allied Health Professionals	6.8	6.4	6.4	6.4	7.3	6.6	6.7	6.5	6.6	6.6	6.3	11.8	6.5	6.8	(0.3)	83.9
Healthcare Scientists	1.9	1.6	1.6	1.6	1.8	1.7	1.7	1.6	1.7	1.7	1.6	2.9	1.9	1.9	(0.0)	21.0
Estates & Ancillary	4.6	4.6	4.6	4.6	5.3	4.8	4.8	4.7	4.8	4.8	4.5	8.5	4.7	4.6	0.1	60.4
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	(0.0)	1.2
Health Board Total	**101.6**	**96.4**	**96.0**	**96.1**	**110.6**	**99.9**	**100.4**	**98.8**	**100.2**	**100.1**	**95.0**	**177.3**	**103.1**	**101.6**	**1.5**	**1,265.6**
Other Services (Incl. Primary Care)	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.2	2.7	3.2	0.5	38.0
Total Pay	**104.7**	**96.4**	**96.0**	**96.1**	**110.6**	**99.9**	**100.4**	**98.8**	**100.2**	**100.1**	**95.0**	**182.6**	**105.8**	**104.7**	**1.0**	**1,305.6**

Non-Pay Costs as per Monitoring Return Table	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	22.7	22.7	22.7	22.7	22.7	22.7	22.7	22.7	22.7	22.7	22.7	22.7	22.3	0.4	272.0
Primary Care - Drugs & Appliances	11.1	10.9	11.9	12.5	11.1	12.2	11.9	11.4	12.5	11.4	10.9	11.7	11.5	11.1	0.4	139.4
Provider Services - Non Pay (excluding drugs & depreciation)	20.1	16.1	15.6	15.5	15.4	15.7	15.9	15.9	15.8	15.9	15.7	15.8	15.1	20.1	(4.9)	193.3
Secondary Care - Drugs	9.2	9.4	9.4	9.4	9.3	9.4	9.3	9.3	9.4	9.3	9.3	9.4	10.0	9.2	0.8	112.2
Healthcare Services Provided by Other NHS Bodies	33.4	33.4	33.3	33.4	33.4	33.4	33.4	33.4	33.4	33.4	33.3	35.2	32.8	33.4	(0.6)	402.2
Continuing Care and Funded Nursing Care	11.9	12.1	12.1	12.1	12.1	12.0	12.1	12.2	12.2	12.1	11.8	12.2	11.7	11.9	(0.2)	144.5
Other Private & Voluntary Sector	3.5	3.2	3.2	2.4	2.4	2.4	2.2	2.2	2.2	2.2	2.2	2.2	4.2	3.5	0.7	30.5
Joint Financing and Other	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.5	(0.2)	4.4
Losses, Special Payments and Irrecoverable Debts	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.3	(0.1)	4.5
Non-pay costs	**112.3**	**108.5**	**109.0**	**108.7**	**107.0**	**108.4**	**108.2**	**107.8**	**108.9**	**107.7**	**106.7**	**109.9**	**108.6**	**112.3**	**(3.8)**	**1,303.0**
AME/DEL Depreciation	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	0.0	37.9
Total non-pay	**115.5**	**111.7**	**112.1**	**111.8**	**110.2**	**111.6**	**111.3**	**110.9**	**112.0**	**110.8**	**109.8**	**113.1**	**111.7**	**115.5**	**(3.8)**	**1,340.9**

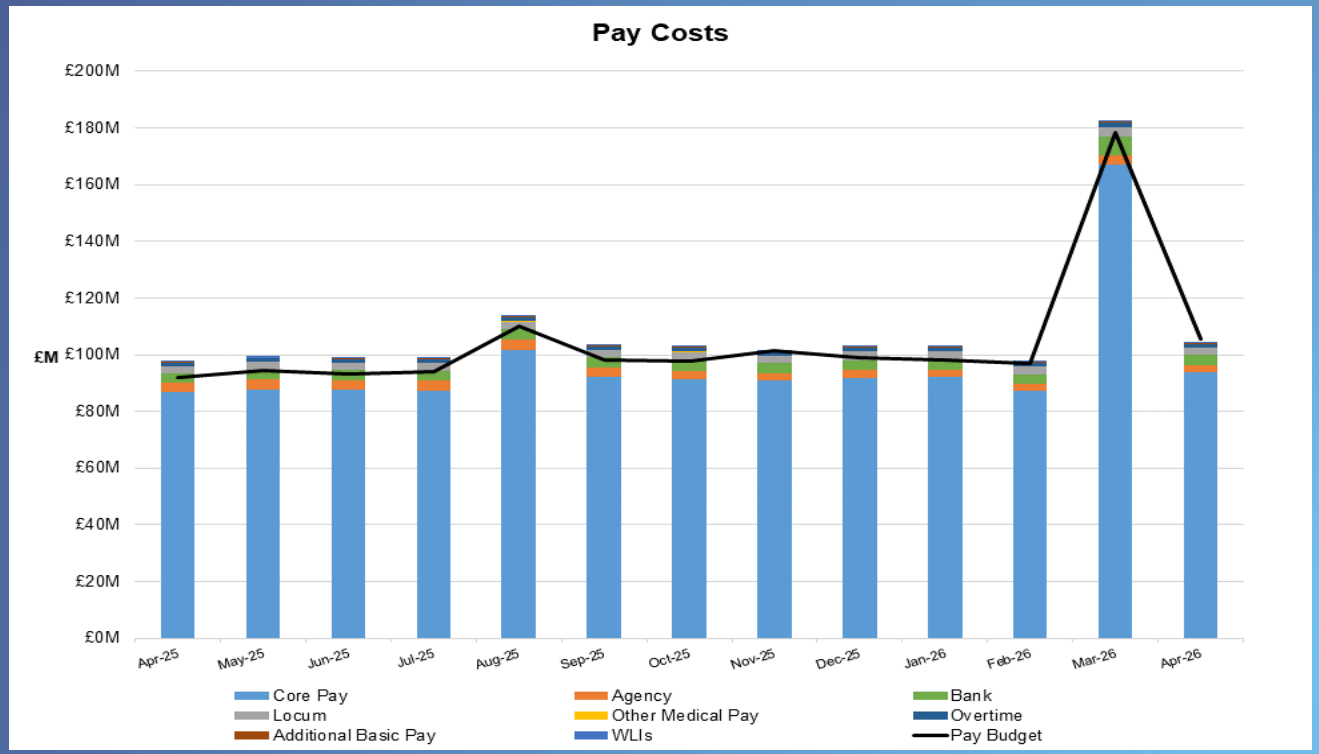
Health Board Pay:

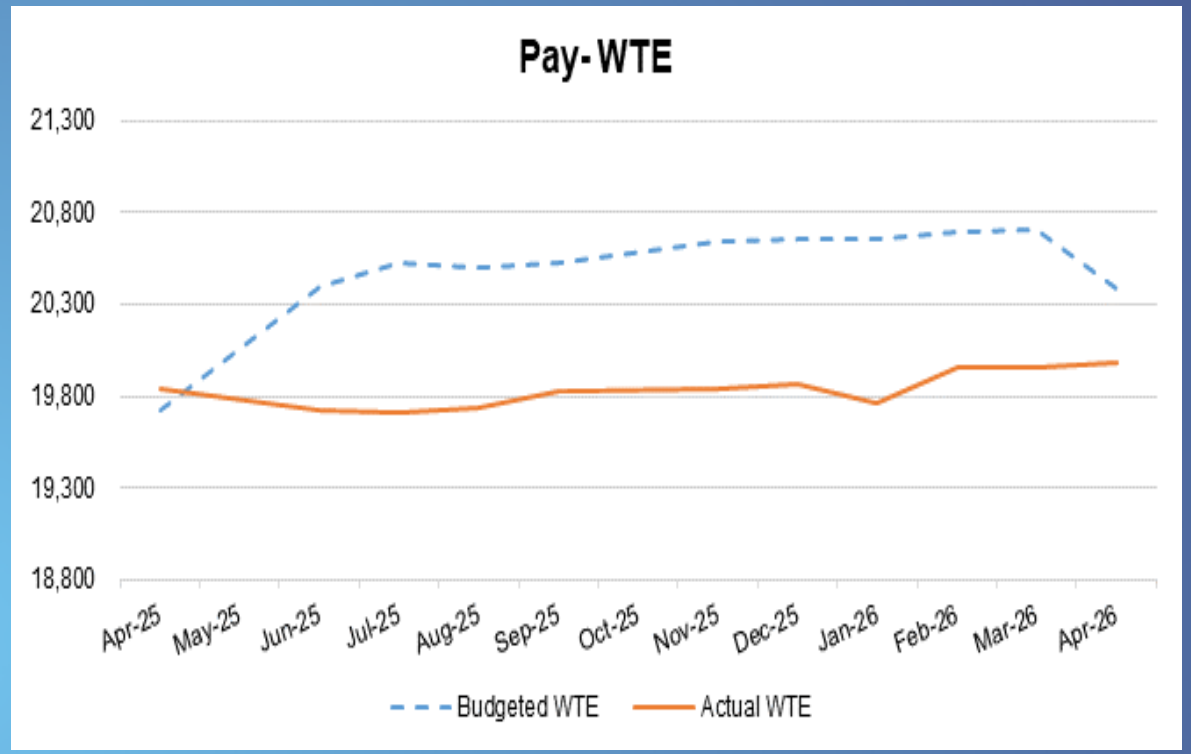
- Month 1 Provider Services Pay increased by £2.3m against the 25/26 monthly average pay cost (excluding year end pension adjustment), with £2.6m relating to the increase due to funded pay awards.
- Variable Pay totals £11.1m for April, a reduction of £4.7m from previous month driven by reductions of £2.8m in Bank, £0.6m in Locum, £0.6m in Agency and £0.4m in Overtime.
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) reduced by £15.8m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay





Variable Pay	Actual 2025-26					Actual 2026-27	
	M08	M09	M10	M11	M12	M01	YTD
	£m	£m	£m	£m	£m	£m	£m
Agency	2.3	2.9	2.6	2.3	3.1	2.5	2.5
Overtime	1.2	1.1	1.3	1.4	1.6	1.2	1.2
Locum	2.3	3.0	2.7	2.5	3.3	2.7	2.7
WLIs	0.6	0.5	0.5	0.4	0.4	0.4	0.4
Bank	3.8	3.6	3.8	3.7	6.5	3.7	3.7
Other Non Core	0.1	0.1	0.1	0.1	0.5	0.0	0.0
Additional Hours	0.5	0.4	0.4	0.4	0.4	0.5	0.5
Total	**10.7**	**11.6**	**11.2**	**10.8**	**15.8**	**11.1**	**11.1**

- April budgeted WTE reduced by 321 WTE from March. See Slide 8 for further detail.
- Variable Pay totals £11.1m for April, a reduction of £4.7m from previous month driven by a reduction of £2.8m Bank, £0.4m Overtime, £0.6m Agency and £0.6m Locum.

Pay - WTE

	2025/26						2026/27	
	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	Movement M01 V M12
Budgeted WTE	20,575	20,637	20,649	20,656	20,693	20,705	20,384	-321
Actual WTE	19,907	19,844	19,869	19,767	19,952	19,951	19,978	27

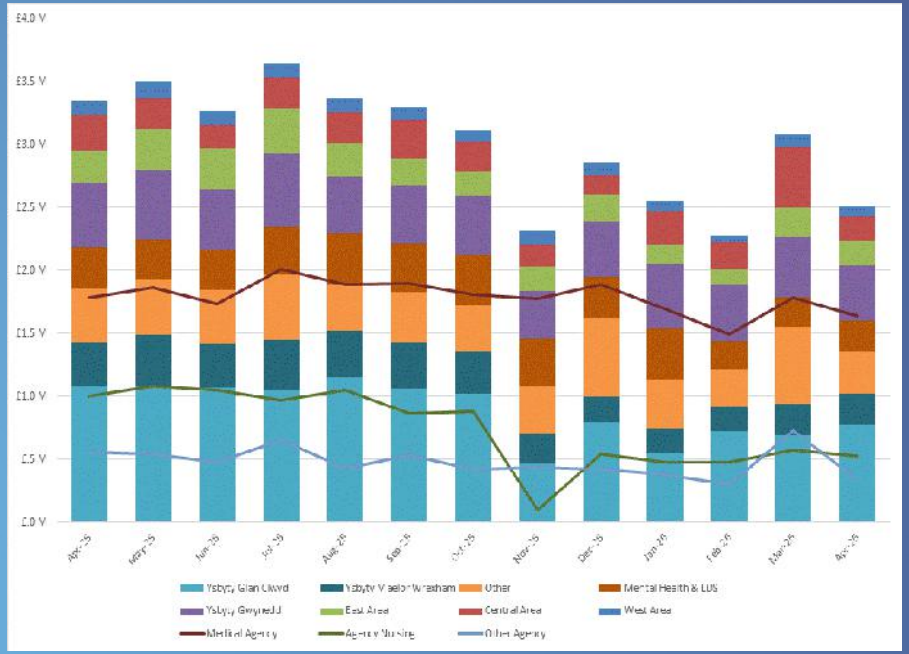
WTE Budget								
	2025/26						2026/27	
	M07 Oct	M08 Nov	M09 Dec	M10 Jan	M11 Feb	M12 Mar	M01 Apr	In Month Movement
West IHC - Management	8	8	8	8	8	8	8	0
West IHC - West Area	1,575	1,572	1,572	1,572	1,573	1,573	1,567	-6
West IHC - Ysbyty Gwynedd	1,839	1,838	1,840	1,841	1,846	1,855	1,836	-19
West IHC - Facilities	382	382	382	382	382	382	382	0
Centre IHC - Management	8	8	8	8	14	14	15	1
Centre IHC - Central Area	2,312	2,310	2,309	2,303	2,307	2,307	2,263	-44
Centre IHC - Ysbyty Glan Clwyd	2,241	2,243	2,245	2,245	2,248	2,250	2,243	-7
Centre IHC - Facilities	422	422	421	421	419	419	420	0
East IHC - Management	10	10	10	10	10	10	10	0
East IHC - East Area	2,476	2,483	2,485	2,481	2,485	2,484	2,470	-14
East IHC - Ysbyty Wrexham Maelor	1,906	1,954	1,962	1,970	1,971	1,972	1,908	-64
East IHC - Facilities	365	365	365	365	365	366	365	0
Midwifery & Womens Services	694	695	696	696	696	695	684	-11
Mental Health & LDS	2,319	2,327	2,327	2,326	2,327	2,331	2,299	-32
COVID Programmes	0	0	0	0	0	0	0	0
Dental GDS	14	14	14	14	14	14	14	0
Dental CDS	168	168	167	165	165	165	166	1
Other Primary Care	15	15	15	15	15	15	15	0
Diagnostics & SCS	1,024	1,028	1,028	1,029	1,031	1,030	1,023	-7
Cancer Services	423	423	423	424	423	423	423	-1
Corporate	2,251	2,249	2,249	2,255	2,269	2,265	2,147	-118
Med ED/R&D	123	124	125	125	125	127	126	-1
Health Board Total	**20,575**	**20,637**	**20,650**	**20,656**	**20,693**	**20,705**	**20,384**	**-321**

Key items of note;

- The report indicates a reduction of 321 posts, though reserves are to be allocated that will impact on this analysis
- Budgeted WTE movements will be further reconciled for month 2 reporting and details provided to Performance, Finance and Information Governance Committee of resultant movements.
- Further reserve movements to be enacted for month 2 reporting are expected to result in these variances moving, enabling therefore a true comparison of movements to be shared with members at this time.

Pay Costs – Agency

	Actual	2026-27 Agency Spend £m Forecast											YTD Expenditure £m	Forecast £m
	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	0.1	1.0
Central Area	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	1.1
East Area	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.3
Ysbyty Gwynedd	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	4.8
Ysbyty Glan Clwyd	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	9.3
Ysbyty Maelor Wrexham	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	2.5
Mental Health & LDS	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.7
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.6
Other incl pan BCU Cancer Servcies and Corporate	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.9
Total Agency	2.5	2.6	2.6	2.5	2.5	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.5	27.1



- Agency expenditure for April (Month 1) is £2.5m representing 2.4% of total pay, a reduction of £0.6m from previous month. Monthly average spend in 2025/26 was £3.1m. 2026/27 Full year Agency forecast outturn is £29.7m (2.3% of total pay), a decrease of £6.9m compared to the £36.6m 2025/26 full year actual agency spend.

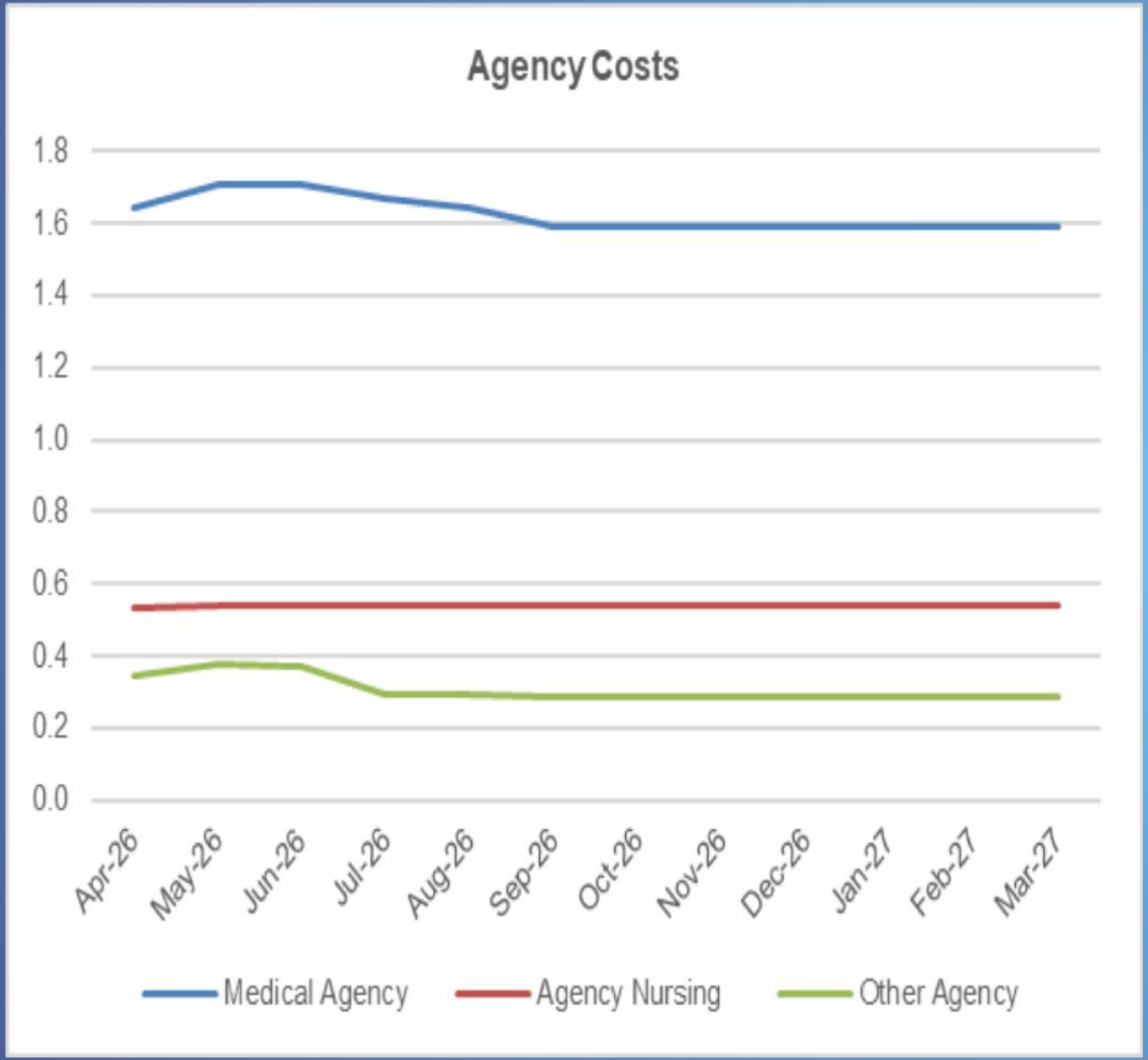
- Month 1 Medical Agency expenditure is £1.6m, a reduction of £0.2m from previous month. The monthly average medical agency expenditure for 2025/26 was £1.8m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.4m), Ysbyty Wrexham Maelor (£0.1m), Women's (£0.1m) and Mental Health (£0.2m), covering medical vacancies and sickness.

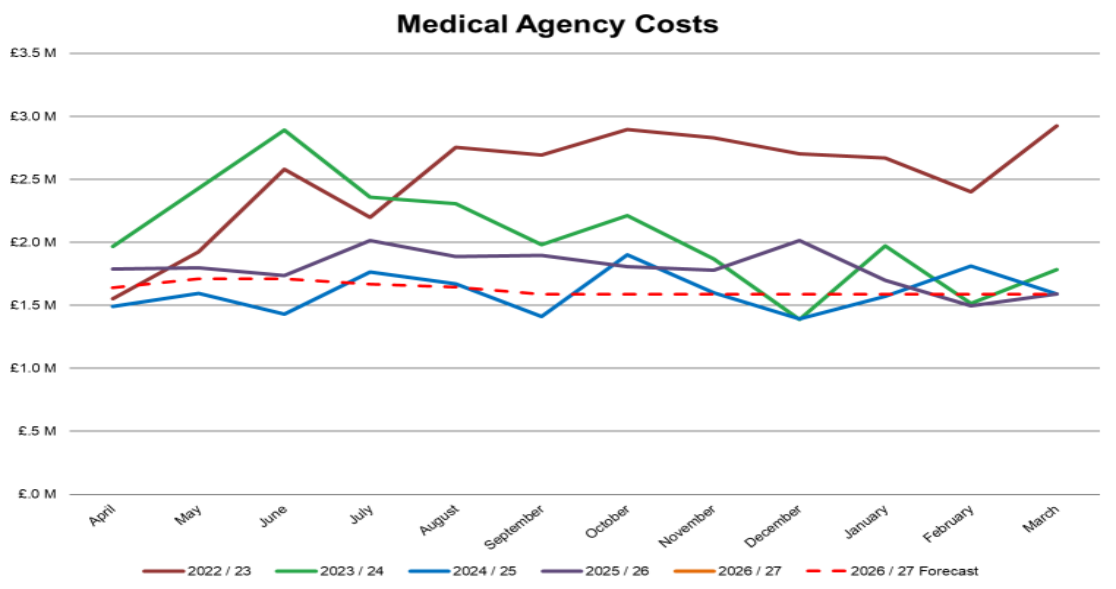
- Registered Nurse agency costs totalled £0.5m for the month and is a reduction of £0.1m from previous month spend. Agency Nurses are being used to staff unfunded escalated beds, low numbers of registered nurses available through the Nurse Bank and cover for ward vacancies to ensure Nurse Staffing Act ward staffing levels are maintained. In-month Nurse Agency spend is predominantly within Ysbyty Glan Clwyd (£0.2m), Ysbyty Maelor Wrexham (£0.1m), and Gwynedd (£0.1m).

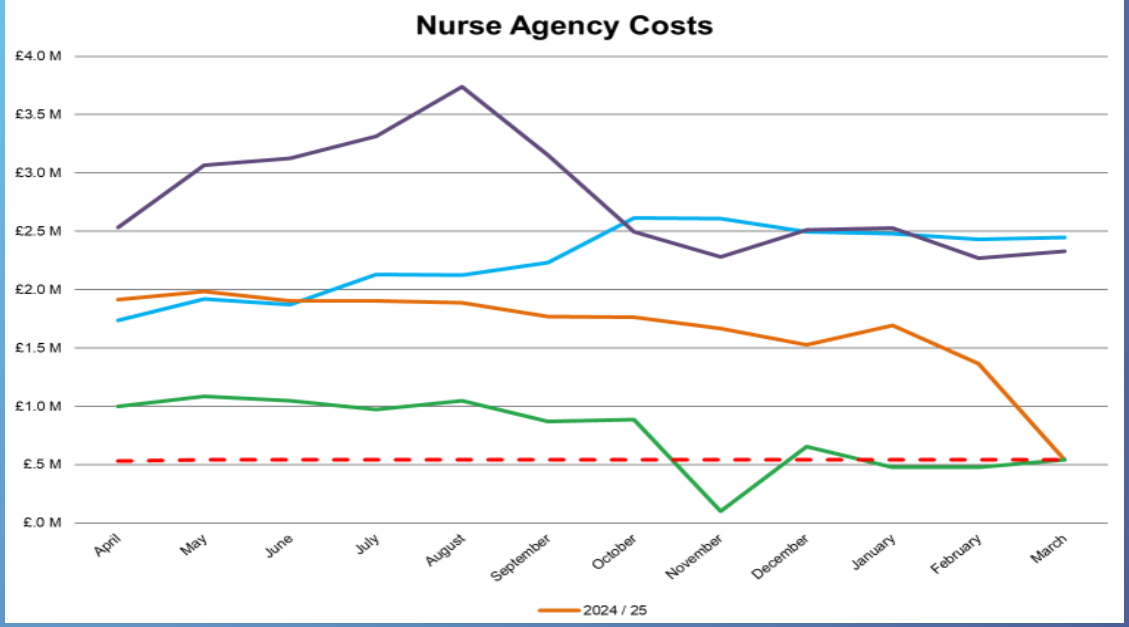
- Other agency costs totalled £0.3m in April, a decrease of £0.4m from previous month spend and is £0.2m less than the 25/26 monthly average. Other Agency costs mainly consist of Allied Health Professionals spend of £0.3m in April.

- Work continues to support the Cabinet Secretary workforce enabling actions within the required areas.

Pay Costs – Agency







Expenditure - Non-Pay

- **Primary Care Contractor:** April in-month expenditure increased by £0.9m from the 25/26 monthly average mainly within GMS and is £0.3m less than the annual plan profiled in Month 1.

- **Primary Care Drugs:** Expenditure is £0.3m less than 25/26 monthly average and £0.1m less than the annual plan profiled in Month 1 due to the overall number of Items Prescribed per Prescribing Day decreasing by 0.8%; February had 69,466 items prescribed per Prescribing Day compared to the average of 70,006 items per Prescribing Day in 2025/26.

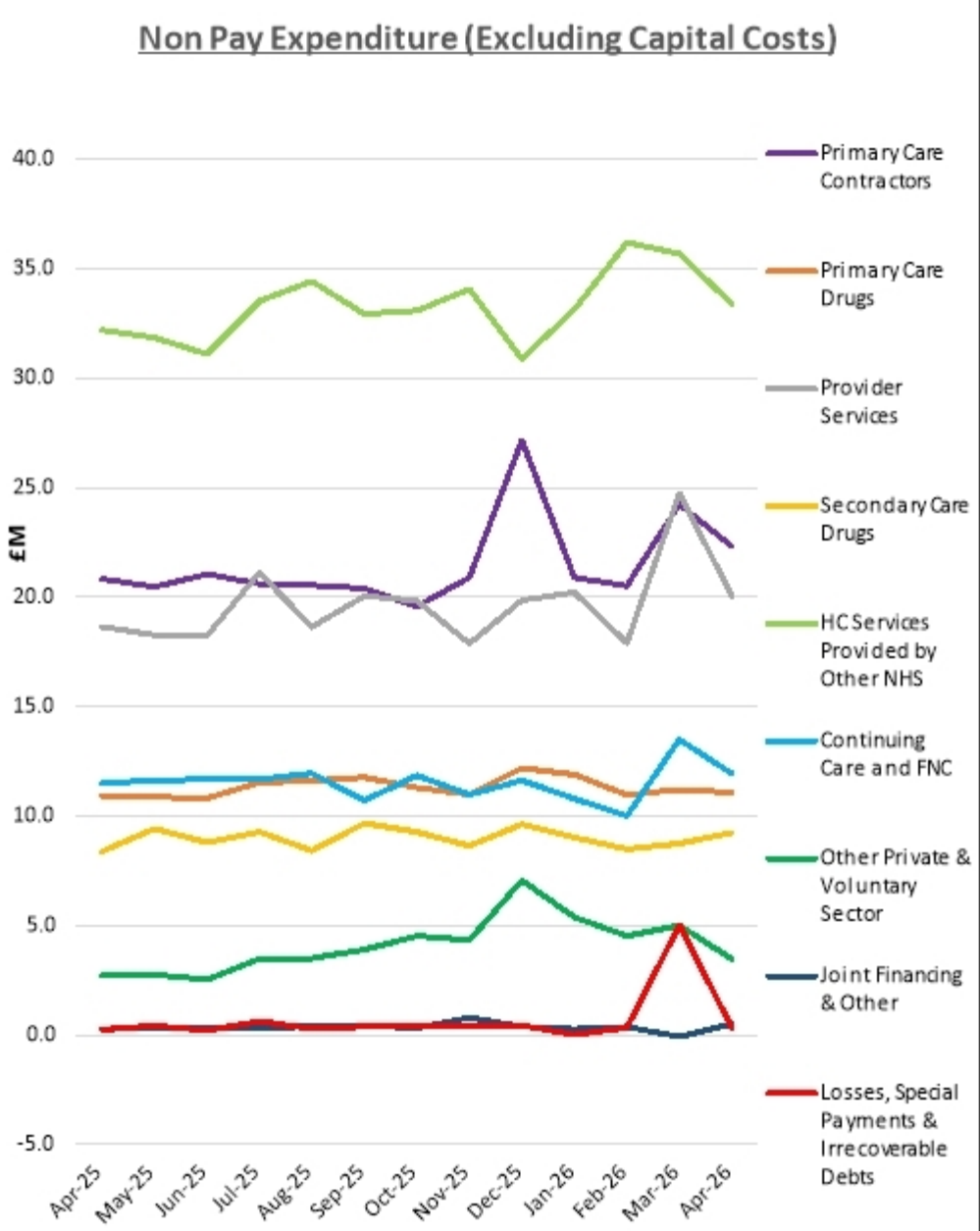
- **Provider Services Non-Pay:** expenditure is £0.4m higher than 25/26 monthly average, which is predominantly due to the increase in Clinical Services & Supplies including M&SE, Pacemakers, implants and contractual clinical services. April expenditure is £1.4m lower than the Month 1 profiled financial plan. This reflects funding reductions of £2.3m, alongside an in-month shortfall in savings delivery, which has been partially offset by lower expenditure driven by the continued application of grip and control measures.

- **Secondary Care Drugs:** Expenditure increased by £0.3m from 25/26 monthly average, with the increase being predominantly in Cancer Services due to drugs growth of 9.1% plus increased Haematology treatment costs.

- **Healthcare Services provided by Other NHS Bodies**:Expenditure is £0.1m higher than the monthly average for 25/26, and £2.2m higher than the annual plan profiled into Month 1 due to unplanned cost pressures associated with CAMHS Out of Area placements and UCLH commissioning contract volume higher than the average for 25/26, and £1.4m virement to other categories.

- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):**Expenditure increased by £0.4m from the 2025/26 monthly average, of which £0.2m increase relates to MHLD CHC packages due to an increase in new packages in April. In-month spend is £0.1m higher than the annual plan profiled into Month 1.

- **Other Private & Voluntary Sector:**In-month expenditure increased by £0.2m from the 25/26 monthly average and is £0.3m higher than the annual plan profiled into Month 1 being predominantly due to an increase in Community Equipment Stores spend .



Allocations

	£m
Total Allocations Received	2,337.3
Total Allocations Anticipated	17.2
Total Welsh Government Income	**2,354.5**

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is 2,354.5m.
- Confirmed allocations to date are £2,337.3m.
- Further anticipated allocations in year total £17.2m as detailed in the table.

Description	£m
Allocations Received	2,337.3
Total Allocations Received	2,337.3

Description	£m
Allocations anticipated	
Donated Asset Depreciation	1.5
Substance Misuse	6.4
IM&T Refresh Programme	2.5
Consultant Clinical Excellence Awards	0.3
Prevention and Early Years fund allocation 2026/27	1.2
A4C Payaward funding	33.7
WRP Funding - top slice	-34.0
SIFT Income Projection and variance	0.8
All Ages Mental Health Digital Solution 26/27	2.4
ESR charges 2026-27 "Future Workforce Solution - WG Support"	2.3
Total Allocations Anticipated	17.2

Risks (not included in financial position)

- 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	£m	Level
1	Risk of conditionally recurrent funding removed	£82.0m	Medium
2	Risk that Prescribing costs may rise by up to 4% when growth of certain items is included	£2.0m	Medium
3	Risk of unachieved savings	£20.0m	Low
4	Risk of final actual Band 2/3 costs being higher than the provision	TBC	Medium
5	Resident Doctors New contract impact	TBC	Medium
6	Impact of new contracts for Dental, GMS and Community Pharmacy	TBC	Medium
	Total Quantifiable Risks	**£104.0m**	

Balance Sheet & Capital

Balance Sheet Position

- To be reported from Month 2, in line with Monthly Monitoring Return (MMR) Requirements.

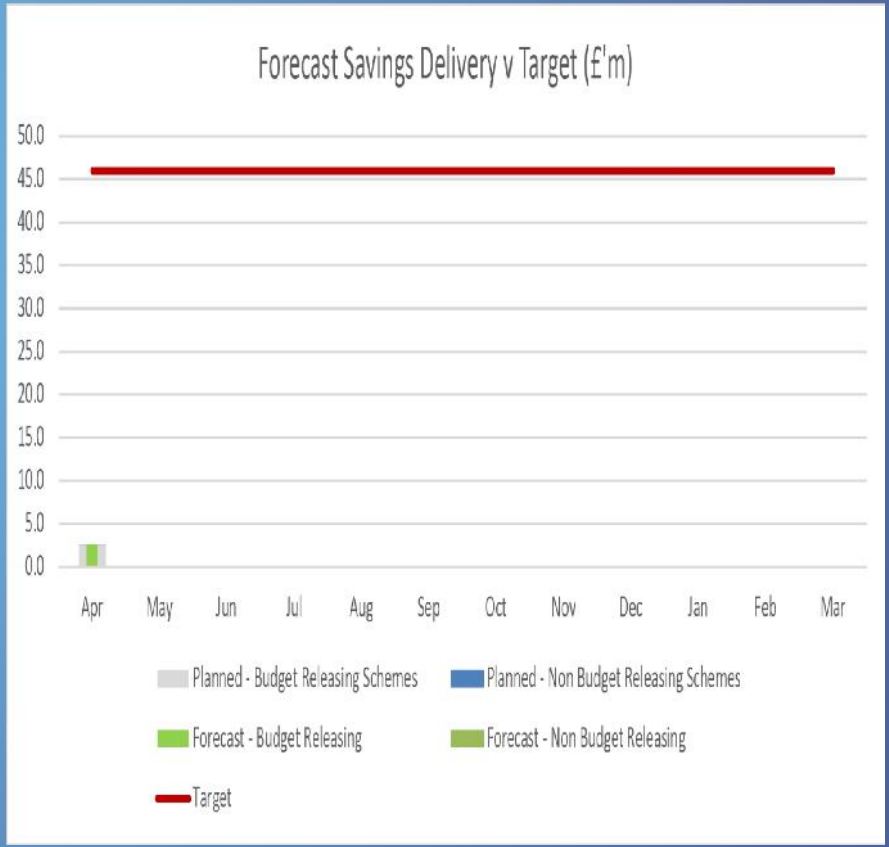
Capital

- Approved Capital Resource Limit (CRL) for 2026/27 is £59.9m.
- Capital Position to be reported from Month 2, in line with Monthly Monitoring Return (MMR) Requirements.

Savings Performance against Target

- The Health Board's financial plan has set a 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 is £2.6m and are all cash releasing in nature. Of these, £0.5m have been identified as recurring, with a full year effect of £1.5m, and £2.1m are non-recurring savings.
- In-month delivery includes Savings of £0.2m, against a £3.8m Target.

			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	0.0	0.4	7.1	0.4	6.6	0.4	0.6	0.0	0.6
Central Integrated Health Community	0.0	0.4	9.6	0.4	9.2	0.4	0.8	0.0	0.8
East Integrated Health Community	0.1	1.0	9.1	1.0	8.1	0.4	0.8	0.1	0.7
MHLD	0.0	0.2	4.3	0.2	4.2	0.0	0.4	0.0	0.3
Commissioning Contracts	0.0	0.0	1.1	0.0	1.1	0.0	0.1	0.0	0.1
Womens Services	0.0	0.0	7.0	0.0	7.0	0.0	0.6	0.0	0.6
Diagnostic and Specialist Clinical Support	0.0	0.1	1.9	0.1	1.8	0.1	0.2	0.0	0.2
Cancer Services	0.0	0.0	1.8	0.0	1.8	0.0	0.2	0.0	0.2
Dental Services	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.0
Service Support Functions & Other Budgets	0.0	0.4	3.9	0.4	3.5	0.1	0.3	0.0	0.3
Saving Total	0.2	2.6	46.0	2.6	43.4	1.5	3.8	0.2	3.6
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.2	2.6	46.0	2.6	43.4	1.5	3.8	0.2	3.6



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

Health Board

ANNUAL DELIVERY PLAN 2025/26
QUARTER 4 PROGRESS REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Closed / Private
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Emma Lea, Assistant Director Corporate Planning (Interim) - Transformation and Improvement
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

This report presents the year-end position against the Health Board's 2025/26 Annual Delivery Plan (ADP), which underpins delivery of the three-year Integrated Medium Term Plan. Overall performance has been mixed, reflecting significant operational pressures and system constraints experienced throughout the year.

Key achievements have been seen in enabling areas, including strengthened governance and quality assurance, delivery of the Value and Sustainability Programme exceeding financial targets, improvements in leadership and organisational culture, and full completion of citizen engagement and Welsh language commitments.

However, progress across core clinical and operational priorities has been more limited. Delivery has been impacted by factors including workforce availability, estate constraints, leadership capacity and national dependencies. While some improvement has been made in priority areas such as Adult MH, CAMHS, Plastics, Oncology, Womens, Children's, although performance in some areas remain below both organisational ambition and Welsh Government expectations.

The report also highlights that the year-end assessment differs from Quarter 3 projections, reflecting a shift to a more definitive "complete/incomplete" rating. This approach does not fully

capture partial progress in complex programmes and has informed improvements to the design of the 2026/27 ADP, which will better align deliverables with measurable performance outcomes.

Learning from the year indicates that the organisation was overly ambitious in planning, and future plans have been recalibrated to ensure a more realistic balance between ambition and deliverability. The approved three-year plan and 2026/27 ADP focus on achieving Special Measures de-escalation criteria as a priority, alongside sustainable performance improvement.

In conclusion, the Health Board has made tangible progress, strengthened its foundations, and improved planning maturity. However, significant challenges remain, particularly in key service areas such as Cancer, Planned Care, Neurodevelopment and Urgent and Emergency Care. The organisation is better positioned to build momentum in 2026/27, but sustained focus and improvement will be required.

The Board is asked to take assurance from the progress made, the learning identified, and the clear alignment of future priorities to address current performance gaps.

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**
Strategic Planning and Service Change Group	23rd April 2026	Approved for onward submission to PPHP
Planning, Population Health & Partnerships Committee	7th May 2026	Approved for onward submission to Board

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
ADP	Annual Delivery Plan
IMTP	Integrated Medium Term Plan
UEC	Urgent & Emergency Care

Annual Delivery Plan 2025/2026
Quarter 4 Progress Report

1. SITUATION

1.1. The Annual Delivery Plan 2025/26 sets out the Health Board's annual commitments in support of the three-year Integrated Medium-Term Plan. The report provides a Quarter 4 review against the organisations 2025/26 commitments set out in the 2025-2028 Integrated Medium-Term Plan and detailed in the 2025-26 Annual Delivery Plan (ADP).

1.2. The ADP has been developed to ensure full alignment with the organisation's 5 strategic objectives and 35 sub-objectives. Each action, initiative and performance measure within the plan directly supports the delivery of these priorities, ensuring that resources, efforts and outcomes are strategically focused to achieve the desired impact.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 This Q4 report provides the Board with a comprehensive and transparent overview of performance against the 2025/26 Annual Delivery Plan at year end. Overall delivery during 2025/26 has been variable, particularly in relation to the front-line service related objectives, reflecting sustained operational pressure and system constraints.

2.2 Areas where strong progress has been achieved relate mainly to the organisation's system enablers, such as strengthened governance and quality assurance arrangements, delivery of the Value and Sustainability programme exceeding financial targets, meaningful improvements in leadership and organisational culture, and the completion of all Citizen Engagement and Welsh Language deliverables.

2.3 However in some of our more important areas of work, across complex clinical, community and digital priorities, performance has been more constrained and delivery has been impacted on by national dependencies, workforce availability, estate constraints and leadership capacity.

2.4 Despite measurable improvements in some of the priority service areas (Adult MH, CAMHS, Plastics, Oncology, Womens, Children's), not enough progress has been made and expectations on performance and standards remain below the organisation's aspirations and Welsh Government requirements. This is something the Health Board needs to, and will, address with the support of the Welsh Government & NHS Performance & Improvement Team improvement intervention team that are focussing on Planned Care, Cancer, Diagnostics, UEC and will continue to monitor the delivery and progress through the ADP for 2023/2027.

2.5 The ADP Q3 paper, submitted to Board in March, presented a more positive position for the end of Quarter 4 Report. Quarter 3 reporting focused on delivery confidence for the remainder of the year, whilst Quarter 4 reflects the confirmed year end delivery and adopted

a more binary 'complete' or 'incomplete' rating. Adopting a binary approach and purely looking at the number of deliverables completed, does not demonstrate the whole picture. Some areas of the plan score poorly on that basis but have made significant progress (e.g. Planned Care 104 week waits), and there are also other areas of the plan where all deliverables were achieved but the service still is not in a place the organisation would want it to be (e.g. Neurodevelopment). The ADP for 2026/27 has been designed to mitigate that issue recurring by aligning the performance expectations and trajectories directly to the deliverables.

2.6 As part of the planning approach, learning from the last planning and reporting cycle, and reflective of the growing planning maturity, the Health Board may have been too ambitious in attempting to move so many important programmes of work forward concurrently. The Three Year Plan endorsed at Board in March (and the ADP for 2026/27) places more emphasis on realistic delivery expectations, balancing ambition with national performance expectations, re-focusing to achieve at least the Special Measures de-escalation criteria first, and then stretch performance beyond that where possible. The result is a more measured and realistic plan, which has a better balance of challenge and achievability.

2.7 Taken together, the year-end position demonstrates that the Health Board has continued to make progress, learned from challenge, strengthened its core capabilities and governance, and is well positioned to build momentum in 2026/27, but equally acknowledges there is still significant work to be done to achieve sustained and notable improvements for the population we service, particularly in services such as Cancer, Neurodevelopment, Urgent and Emergency Care, Planned Care, Diagnostics etc.

2.8 Orientation to the section below: Below is a summary of the year end position by Strategic Objective and Priority Area set out in more detail in the supporting documents Q4 Progress Report. Each section provides the following information:

- The left-hand box contains the title of the priority, a summary of the focus of the priority and how many deliverables were achieved within that priority against the total number of deliverables.

- The right-hand box starts with an overview of what has been achieved this year and its impact followed by what is left to do (if all deliverables haven't been achieved). The link between those deliverables and the 2026/27 ADP has been expressed at the end of each section.

Strategic Objective - Priority Area	Year End Summary
Objective 1: Building an Effective Organisation	
Effective Systems of Governance (1A) The focus of this objective is on improving governance effectiveness, risk management, and organisational accountability to enable consistent, quality-based decision making. 9 / 9 deliverables completed.	**Work completed and Impact** Progress has been made in strengthening processes to prepare for and respond to national inquiries, including establishment of the Discovery and Learning Steering Group, and initiation of a review of regulatory assurance and governance. Health and Safety delivery has advanced through the Three-Year Plan aligned to HSG65. Arrangements are in place to explore procuring a compliance management system to meet a number of requirements such as legislative and regulatory compliance, audit, risk and policy management. Collectively, this has improved regulatory assurance, organisational readiness, and visibility of compliance, strengthened governance, and increased stakeholder confidence. Progress has been reflected in the Structured Assessment reported to the Board in March 2026. **What is left to do** Further work is required to embed and sustain improvements; however, delivery confidence for 2026/27 is strong, with key frameworks and processes now in place. Priorities for 2026/27 include completing the regulatory assurance review, implementing a compliance management system to capture, disseminate and manage new legislation, closing outstanding Health and Safety actions, and fully embedding legislative monitoring and oversight arrangements. These actions are captured in the 2026/27 Annual Delivery Plan (Section 4H – Quality). Confidence remains high, subject to continued delivery against agreed timescales.
Foundations for the Future (1B) The focus of this objective is to move the new operating model decisively from design into delivery, securing formal approval and commencing implementation. 0 / 3 deliverables completed.	**Work completed and Impact** During 2025/26 the Health Board progressed the *Foundations of the Future* programme by completing discovery and delivering the majority of design work across the five interlinked workstreams of Strategy, Culture, People, Processes and Structures, including refinement of proposed structures, remits and organograms informed by extensive pre-consultation feedback, updating governance evidence for committee and Board consideration, resequencing dependent products such as Job Families and the Function Directory, maintaining transparent staff engagement, and advancing implementation planning where not dependent on structural approval. This work has had a strong enabling impact by strengthening organisational readiness, clarifying long-term strategic intent, improving planning maturity through strengthened IMTP and ADP processes, enhancing leadership engagement, progressing culture and values embedding, and delivering early assurance and service impact through CSP Phase 1, with Phase 2 mobilisation underway; while impacts are currently qualitative, the overall direction of travel has been endorsed by the Board and provides a firm foundation for transformation. **What is left to do** Remaining actions for 2026/27 include securing Executive approval of the revised timetable, commencing and completing formal consultation on structures, obtaining approval to proceed to the delivery phase, implementing and embedding the new operating model and structural changes, finalising dependent people and organisational design products,

	and establishing benefits realisation arrangements to track and report quantitative population-level outcomes as implementation progresses. Deliverables not completed have been captured within the 2026/27 ADP at section: 4A – Foundations for the Future.
Legislative Compliance (1C) The focus of this objective is to strengthen organisational readiness by improving governance, compliance and oversight across key statutory, safety and regulatory requirements through robust, consistent and sustainable systems and processes. 3 / 8 deliverables completed.	**Work completed and impact** Work pro strengthening processes for preparing for and responding to national inquiries, establishing a Discovery and Learning Group with approved terms of reference and referral processes, initiating a review of regulatory assurance arrangements and governance, advancing Health and Safety delivery through the Three-Year Plan aligned to HSG65, developing options for a Health Board wide audit action tracking system, and re-establishing arrangements to capture and disseminate new legislation, while exploring options for a compliant and value-for-money compliance management system. This work has improved regulatory assurance, organisational readiness and visibility of compliance, enhanced the ability to learn from national inquiries, strengthened governance and Health and Safety arrangements, and increased stakeholder and public confidence, supporting safer environments for patients, visitors and staff and enabling services to improve health and wellbeing across North Wales. Progress and focus have been reflected in the Structured Assessment received by the Board in March 2026. **What is left to do** Remaining actions for 2026/27 include completing and embedding the regulatory assurance review, progressing procurement and implementation of an appropriate compliance management system (with interim arrangements as required), completing outstanding Health and Safety actions carried into Q1, finalising and operationalising legislative monitoring processes, and continuing to strengthen audit, risk and compliance oversight to ensure sustained legislative compliance and assurance. Deliverables not completed have been captured within the 2026/27 at: For the incomplete deliverables, they can be found in the 2026/27 ADP in the following section: 4H - Quality
Quality Management System (1D) The focus of this objective is to standardise and embed a Quality Management System across the Health Board, strengthening governance, workforce understanding and assurance by integrating QMS into service planning, performance oversight and quality improvement. 4 / 5 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed implementation of the Quality Management System (QMS) by establishing standardised approaches to QMS maturity assessment, developing governance frameworks, aligning mobilisation and implementation planning across the organisation, embedding QMS within Clinical Service Planning and Challenged Services, and initiating early adopter sites to support learning and data collection, with governance arrangements aligned to the *Foundations of the Future* programme and transition of QMS activity into business as usual within the Quality Directorate. This work has strengthened organisational understanding of quality management, improved consistency and standardisation of care processes, enhanced governance and Board-level assurance in line with the Duty of Quality (Wales), supported proactive risk management and regulatory readiness, improved staff engagement and culture around quality improvement, and laid the foundations for better use of data to support safer, more reliable and efficient care for the population of North Wales. **What is left to do**

	Remaining actions for 2026/27 include managing dependencies and risks arising from the organisational restructure, expanding QMS rollout beyond early adopters as service capacity allows, completing organisational implementation and integration, securing sustainable resources through the appropriate approval processes, and further evaluating and embedding the QMS to deliver measurable quality, safety, regulatory and efficiency benefits at scale. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services
Objective 2: Developing Strategy and Long-Lasting Change	
Health Board Strategy & CSP (2A) The focus of this objective is to develop a clear, evidence-based Health Board Strategy and Clinical Services Plan with partners, prioritising challenged services and setting a strong long-term direction supported by quality, digital and data foundations. 4 / 6 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed delivery of the strategy development sub-objective by completing four of six deliverables, including co-creation and Board approval of four Strategic Intent Statements with partners, development of a draft Strategic Vision for Health and Wellbeing in North Wales, and initial mobilisation of key strategic delivery plans such as the Clinical Services Plan, alongside early work on supporting strategies including digital and estates. Progress on the Diagnosis phase was slowed by capacity constraints, and formal review of Well-being objectives was scheduled for a later phase. This work has established a clear long-term strategic direction for improving health and wellbeing, strengthened alignment with IMTP priorities, Welsh Government expectations and Special Measures requirements, improved shared understanding across clinical, operational and system partners, and laid qualitative foundations for future population-level improvement through clearer priorities, a stronger prevention and community-based focus, and readiness for pathway redesign, although measurable population outcomes are not yet expected at this stage. **What is left to do** Remaining actions for 2026/27 include completing the Diagnosis phase, progressing the Discovery phase including formal review and revision of Well-being objectives, reviewing overall programme timelines in light of the 2026–29 IMTP, and advancing detailed strategy delivery and implementation to translate the established strategic direction into measurable improvements in access, outcomes and equity for the population of North Wales. Deliverables not completed have been captured within the 2026/27 ADP at section: 4B – Strategy and Planning
Planning & Commissioning (2B) The focus of this objective is to strengthen planning and commissioning by improving organisational capability, consistency and maturity, ensuring decisions are underpinned by robust processes, reliable capacity assessment and sustainable commissioning arrangements. 5 / 6 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board made significant progress in strengthening planning and commissioning by enhancing organisational planning capability in line with the Independent Review of Planning, developing core planning competencies, securing Board approval of the Integrated Planning Framework (IPF) and embedding it within the current planning cycle, completing a National Planning Maturity Matrix self-assessment with resulting actions integrated into forward planning, and progressing key commissioning workstreams including planned care long-wait reductions, an internal review of insourcing and outsourcing, and joint work to review Third Sector contracts, alongside strengthened executive oversight through transfer of commissioning leadership to the Executive Director of Finance. This work has had a positive impact by embedding a stronger planning culture across the

	organisation, improving consistency, structure and collaboration in service-level and IMTP planning, increasing engagement and shared ownership among clinical and operational teams, and beginning to influence how services prioritise and work together to design more effective and sustainable services for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include further developing and embedding planning capacity and competencies through the Foundations for the Future programme, continuing to mature use of the IPF and planning maturity actions, completing and implementing the Commissioning and Assurance Framework, progressing insourcing/outsourcing and Third Sector commissioning reforms, and ensuring planning and commissioning are fully aligned to future operating models and requirements. Deliverables not completed have been captured within the 2026/27 ADP at sections: 4B – Strategy and Planning, 4K- Finance and Commissioning
Estates & Facilities (2C) The focus of this objective is to improve the quality, resilience and sustainability of the Health Board's environment, estate and facilities through prioritised capital investment, effective estates planning and stronger partnership working. 10 / 12 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Improving the Environment, Estate and Facilities* sub-objective by advancing a wide range of capital, estates and sustainability priorities, including approval and further development of the North Wales Medical School programme business case, continued delivery of major capital schemes (such as the Orthopaedics Hub in Llandudno, Royal Alexandra Hospital redevelopment, electrical infrastructure upgrades at Glan Clwyd, decarbonisation and anti-ligature works), review of capital prioritisation aligned to the All-Wales process, initiation of future capital prioritisation for 2025/26, progression of business continuity schemes, exploration of estate rationalisation opportunities, integration of renewable energy into capital developments, strengthening strategic external partnerships, and ongoing work on climate change risk assessment and facilities-related reviews within revised governance arrangements. This work has resulted in demonstrable progress across key capital programmes, strengthened governance and oversight through enhanced scrutiny arrangements, improved readiness for future service transformation, early benefits in sustainability and carbon reduction, enhanced business continuity, and the creation of enabling infrastructure to support safe, resilient and modern healthcare environments for the population of North Wales, while acknowledging that delivery has been affected by organisational and governance changes. **What is left to do** Remaining actions for 2026/27 include continuing delivery of multi-year and challenged capital schemes, progressing estate rationalisation as clinical strategies and utilisation intelligence mature, completing the climate change risk assessment, advancing renewable energy initiatives, concluding outstanding facilities reviews, addressing unresolved project-specific risks, and ensuring continuity of implementation and benefits realisation within the Health Board's revised governance and operating model. Deliverables not completed have been captured within the 2026/27 ADP at section: 4I – Environment and Estates.
Digital & Data (2D)	**Work completed and impact**

The focus of this objective is to enhance digital data and technology capability by securing investment, delivering core systems, strengthening cyber resilience and skills, enabling safer, efficient service transformation. 6 / 14 deliverables completed.	During 2025/26 the Health Board advanced delivery of the *Enhancing Digital, Data and Technology* sub-objective by implementing several major digital programmes, most notably the successful roll-out of the Digital Maternity EHR (BadgerNet) across all maternity settings, full deployment of electronic prescribing and medicines administration (ePMA) across all inpatient wards, completion and embedding of the Digital Roadmap within strategic planning, strengthened digital portfolio prioritisation and benefits governance, continued modernisation of the digital estate, and progress within the Laboratory Information Management System (LIMS) programme including deployment of Cellular Pathology. This work has delivered clear enabling benefits, including significant improvements in medication safety, clinical workflow efficiency, data quality, system resilience and regulatory assurance, reduced reliance on paper processes, and improved organisational readiness for integrated, digital-enabled care, with early patient safety and efficiency gains evident and further benefits to be realised as programmes mature. **What is left to do** Remaining actions for 2026/27 include progressing the Mental Health EHR subject to Welsh Government approval, continuing national and local recovery of the EHR Transformation Programme and LIMS workstreams, completing delayed programmes such as WPAS Phase 5 and Mortuary, restarting paused initiatives including the Therapies Manager and Digital Academy when capacity allows, and strengthening formal benefits realisation to demonstrate measurable improvements for patients and services across North Wales. Deliverables not completed have been captured within the 2026/27 ADP at section: 4D – Digital, Data and Intelligence
Value & Sustainability (2E) The focus of this objective is to improve value and long-term sustainability by reducing unwarranted variation, embedding value principles organisation-wide, and building capability for sustained clinical, workforce and financial improvement. 4 / 4 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board delivered a refreshed Value and Sustainability programme across six interrelated workstreams, including medicines management, continuing healthcare, workforce, non-pay and procurement, clinical variation and service reconfiguration, and value-based healthcare, with a primary focus on reducing waste, harm and unwarranted variation while embedding value-led improvement within organisational frameworks. This work has had a significant impact, with the programme forecast at Month 11 to deliver £54.9m savings against a £40m target, supporting delivery of the Health Board's financial duty to break even, contributing positively toward the conditions for recurrent release of £42m Performance and Transformation Funding, and protecting front-line services through improved long-term financial sustainability; alongside this, value-funded clinical projects have demonstrated clear qualitative benefits, including admission avoidance, reduced complications, improved patient experience and outcomes, and measurable improvements such as reduced bed days, lower readmission and mortality rates, and improved functional and wellbeing scores. **What is left to do** Remaining actions for 2026/27 include sustaining delivery of recurrent savings, further mainstreaming value-led improvement across all services, strengthening the consistent capture and reporting of qualitative and outcome-based benefits in line with internal audit recommendations, and

	embedding value-based healthcare principles more fully within planning, commissioning and service redesign to ensure ongoing financial and clinical sustainability for the population of North Wales.
Workforce Planning (2F) The focus of this objective is to strengthen workforce planning and development by embedding frameworks, building capability, improving governance, reducing costs and risk, and enabling sustainable, high-quality service delivery. 3 / 10 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board made steady progress in delivering the *Improving Workforce Planning and Development* sub-objective by establishing firm foundations, including ratification and initial rollout of a Strategic Workforce Planning Framework, development of aligned planning tools and templates, deployment of digital workforce intelligence dashboards, delivery of extensive training and engagement across priority services, and strengthened alignment with corporate planning through the IMTP process. This work has improved organisational capability and maturity in workforce planning, increased data-driven understanding of population and labour market changes, strengthened cross-departmental working, raised awareness of workforce transformation, and begun to enable better service planning, access and sustainability, supporting the long-term aim of a resilient, skilled and flexible workforce for the population of North Wales, although full patient-level benefits will accrue as implementation matures. **What is left to do** Remaining actions for 2026/27 include completing socialisation and embedding of the Workforce Planning Framework, further streamlining and integrating tools and dashboards, expanding workforce and education commissioning analysis, continuing targeted engagement with services, and translating improved planning capability into sustained reductions in agency use, improved job planning and sickness outcomes, and demonstrable improvements in patient access and care delivery. Deliverables not completed have been captured within the 2026/27 ADP at section: 4J - Workforce
Objective 3: Compassionate Culture, Leadership and Engagement	
Culture Development (3A) The focus of this objective is embedding a compassionate, values-led culture by strengthening leadership, staff engagement, governance and organisational learning, enabling accountability, autonomy and continuous quality improvement sustainably. 6 / 7 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Cultural Development* sub-objective by embedding the Values and Behaviours Framework across organisational activity, substantially completing the socialisation and embedding plan, delivering the King's Fund Culture and Leadership Programme with HEIW and Professor Michael West, expanding the Culture Change Leaders (CCL) programme to 163 staff across two cohorts, launching new supporting tools and training (including the Ripple Effect and Culture Health Assessment), strengthening leadership engagement across professional groups, and developing a refreshed Three-Year Improvement Plan for Culture, Leadership and Engagement. This work has had a positive and visible impact by improving staff engagement, morale, wellbeing and collaboration; strengthening compassionate and respectful behaviours; increasing leadership visibility and psychological safety; improving teamwork and inter-professional working; and supporting more consistent, patient-centred care experiences, with strong qualitative feedback from staff indicating a more positive, supportive and effective working culture that underpins safer, higher-quality care for the population of North Wales.

	What is left to do Remaining actions for 2026/27 include completing rollout of Cohort 3 of the CCL programme, finalising and implementing the Culture Health Assessment and culture heat-mapping to target priority areas, embedding the revised Three-Year Improvement Plan through Executive leadership, continuing to integrate the Framework across all professions and services, and strengthening governance, feedback loops and benefits evaluation to demonstrate sustained impact on staff experience, quality, safety and patient outcomes. Deliverables not completed have been captured within the 2026/27 ADP at section: 4A – Foundations for the Future
Leadership Development (3B) The focus of this objective is to develop inclusive, compassionate leadership capability at all levels by strengthening skills, confidence and support through programmes, coaching, evaluation and evidence-led improvement organisation-wide. 7 / 7 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Leadership Development* sub-objective by further developing and embedding the Integrated Leadership Development Framework, reviewing and evaluating existing leadership programmes, and delivering leadership development at scale across a wide range of staff groups, achieving strong participation, completion and satisfaction and establishing leadership development as routine business supported by sustainable programmes, workshops and forums. This work has strengthened leadership capability and confidence, improved consistency of people-management and compassionate leadership behaviours, enhanced support for staff wellbeing, and reinforced organisational resilience, providing key enablers for improved staff experience and longer-term improvements in patient safety, quality of care and service sustainability for the population of North Wales, although population-level outcomes are not yet directly measurable. **What is left to do** Remaining actions for 2026/27 include piloting and evaluating the mid-level Clinical Leadership Immersive Programme, completing alignment of the Integrated Leadership Development Framework with the HEIW Core Management Competency Framework once launched, and continuing to mature and evaluate leadership development to demonstrate sustained impact on organisational performance and patient outcomes.
Citizen Engagement (3C) This objectives focus is on embedding consistent, evidence-based citizen engagement, expanding reach and partnerships, and ensuring community voices influence decision-making, planning and service improvement across North Wales. 9 / 9 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Citizen Engagement and Partnership Working* sub-objective by expanding and strengthening engagement activity across North Wales, including targeted digital engagement campaigns, enhanced place-based and rural listening programmes, improved partnership working with local authorities and the Regional Partnership Board, delivery of councillor surgery pilots, progression of Youth Voice work, development of Anchor Institution principles, and implementation of a more systematic approach to capturing, analysing and reporting citizen feedback through emerging frameworks and toolkits. This work has had a positive impact by significantly increasing the reach, inclusivity and transparency of engagement, strengthening trust and relationships with communities and partners, improving the quality and credibility of insight informing planning and service development—particularly in rural areas—and embedding a more consistent,

	evidence-informed culture of engagement that supports responsive decision-making and reinforces public confidence across North Wales. **What is left to do** Remaining actions for 2026/27 include completing formal adoption and rollout of the Co-production, Engagement and Consultation Toolkit, scaling up place-based and youth-focused engagement, embedding Anchor Institution principles through delivery plans, extending councillor surgeries across all local authority areas, and further developing organisational capability, governance and reporting to ensure sustained, consistent and demonstrable use of citizen insight in shaping services and improving outcomes.
Welsh Language (3D) The focus of this objective is to embed Welsh language and culture by moving into delivery, strengthening workforce capability, promoting language choice, and improving access for vulnerable patient groups. 5 / 5 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Welsh Language and Culture* sub-objective by moving from planning to early operational delivery of Welsh Language Standards and the *More than just words* framework, with particular focus on embedding the Active Offer, strengthening workforce capability through expanded Welsh language learning pathways, and improving organisational readiness and compliance across acute settings. This work has delivered early and tangible benefits, including increased visibility and consistency of bilingual communication, greater routine provision of Welsh language interactions at first point of contact, improved staff confidence and cultural competence, and a more inclusive, person-centred and safer care experience for Welsh-speaking patients—especially vulnerable groups such as older adults, people with dementia and those experiencing distress. **What is left to do** Remaining actions for 2026/27 include progressing from early implementation to full operational embedding across all settings, further expanding and targeting workforce language capability, strengthening assurance and monitoring of compliance with Welsh Language Standards, and ensuring Welsh language considerations are fully integrated into policies, processes and service improvement to deliver sustained improvements in patient experience across North Wales.
Objective 4: Improving Quality, Outcomes and Experience	
Prevention and Early Intervention (4A) The focus of this objective is strengthening prevention and early intervention by targeting vulnerable groups, improving immunisation and health protection resilience, and building capability to demonstrate impact and reduce inequalities. 5 / 5 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed its prevention and population wellbeing priorities by delivering a broad public health programme focused on reducing the prevalence and progression of long-term conditions, including near-complete Infection Prevention and Control reviews across care homes, expanded community and targeted sampling supporting disease elimination agendas, timely responses to all health protection enquiries, delivery of vaccination and immunisation programmes, increased uptake of smoking cessation and weight management services, establishment of a Public Health Intelligence, Research and Evaluation Programme, and strengthened partnership working through inclusion health needs assessments, the Wellbeing and Prevention Anchor Framework, and homelessness insight projects. This work has had measurable impact through high vaccination uptake in care homes and staff, exceeded community and targeted sampling targets, improved protection against infectious disease,

	increased engagement in smoking cessation and weight management programmes, strengthened system intelligence on health inequalities and wider determinants of health, and enhanced readiness to address inclusion health and homelessness, collectively supporting safer, more preventative and equitable health outcomes for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include sustaining and improving vaccination uptake to meet national targets, strengthening validation of smoking cessation outcomes, further expanding healthy lifestyle support, embedding public health intelligence more consistently into planning and commissioning, implementing recommendations arising from inclusion health and homelessness work in line with forthcoming legislation, and continuing partnership-led action to reduce health inequalities and improve population wellbeing over the longer term.
Primary Care (4B) The focus of this objective is strengthening primary care and clusters by improving access, sustainability and workforce capability, reducing avoidable hospital demand, and developing community-based models of care. 11 / 16 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board made good progress in delivering the *Primary Care* sub-objective by strengthening foundations for the national Primary Care Model for Wales and the Community by Design (CbD) approach, establishing a Community by Design Board, embedding primary care priorities within the IMTP, expanding multidisciplinary working, improving access through same-day offers and urgent primary care initiatives, progressing dentistry procurement, supporting contractor sustainability, implementing contractual reforms such as WGOS 4 in optometry, investing in workforce development through the Primary Care Academy, and beginning reviews of cluster footprints and options for primary care at scale through potential federations. This work has had a positive impact by maintaining high levels of access and performance in general practice and out-of-hours services, increasing community-based provision as an alternative to ED attendance, delivering thousands of additional appointments, expanding the primary care workforce skill-mix, improving access to dental, pharmacy and optometry services, and positioning the system to deliver more integrated, accessible and closer-to-home care for over 90% of the population's NHS interactions in North Wales. **What is left to do** Remaining actions for 2026/27 include completing reviews of cluster footprints, progressing the establishment of primary care federations aligned to the future operating model, finalising the local Transformation Plan, further embedding cluster-based care home support and frailty models, strengthening Health Board managed practice arrangements, and commissioning and scaling integrated neighbourhood and community services in line with CbD ambitions to deliver consistent, high-quality primary and community care at scale. Deliverables not completed have been captured within the 2026/27 ADP at section: 2A – Primary Care
Community Care (4C) The focus of this objective is expanding community-based care through Enhanced Community	**Work completed and impact** During 2025/26 the Health Board made incremental progress in delivering the *Community Care* sub-objective by increasing weekend community nursing activity, expanding specialist palliative care clinical nurse specialist provision at weekends in West and Central areas, piloting elements of

Care, weekend nursing and palliative services, improving access, continuity and outcomes while reducing avoidable hospital admissions. 1 / 12 deliverables completed.	enhanced community care using existing and time-limited funding, and caring for more patients at home through Advanced Nurse Practitioners, GPs and multidisciplinary community teams, although several priorities remain dependent on business case approval and investment. This work has had a positive enabling impact by improving access to specialist palliative advice at weekends, supporting carers and clinicians, enabling more patients to receive complex care closer to home, facilitating earlier discharge from hospital, and freeing inpatient capacity, while recognising that the full benefits of extended weekend provision are constrained by variation across areas and the availability of wider partner services. **What is left to do** Remaining actions for 2026/27 include completing a baseline establishment review of District Nursing teams, improving consistency and reporting of weekend working, securing sustainable investment to increase weekend community and palliative care provision (particularly in the East), agreeing and developing a consistent Health Board-wide model for enhanced community care, progressing business cases where appropriate, and aligning community, primary care, therapy, diagnostic and social care services to maximise the impact of expanded community care delivery. Deliverables not completed have been captured within the 2026/27 ADP at section: 2B – Community Care
Planned Care / Cancer / Diagnostics (4D) **Planned Care** The focus of Planned Care is to improve planned care by strengthening data quality, pathway optimisation and demand-capacity management, reducing unwarranted variation, and increasing productivity and access to treatment. 7 / 18 deliverables completed.	**Planned Care** **Work completed and impact** During 2025/26 the Health Board progressed delivery of the *Planned Care, Cancer Care and Diagnostics* sub-objective by advancing a wide programme of improvement across validation, referral management, booking processes, pathway redesign and digital enablement, despite operational pressures and capacity constraints, including the introduction of automated and clerical waiting list validation, publication of a Clinical Validation Policy, strengthened clinical governance through the Planned Care Clinical Group, expansion of virtual and digital tools (including the NHS Wales App, video consultations and chatbot-enabled validation), rollout of community and advice-and-guidance pathways, and piloting and embedding service redesign models such as POPS clinics and high-volume low-complexity cataract pathways. This work has delivered early measurable impact through cleaner and more accurate waiting lists, faster access for patients who need care, reduced unnecessary secondary care demand, improved referral quality, enhanced patient experience and communication, increased use of digital and virtual care, and more efficient use of clinical capacity, supporting improved pathway flow and sustainability for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include finalising and resourcing a strengthened delivery plan through the IMTP, reaffirming clinical and managerial ownership, completing and embedding remaining pathway redesigns and diagnostic improvements, scaling successful pilots into business as usual, and accelerating delivery once organisational capacity and prioritisation are confirmed to achieve full programme objectives in a

	sustainable manner. Deliverables not completed have been captured within the 2026/27 ADP at section: 3B – Planned Care, Cancer & Diagnostics
Cancer Care The focus of the Cancer Care objective is improving care by reducing waiting times, clearing backlogs, optimising pathways and capacity, and developing sustainable models of diagnosis, treatment and support. 6 / 10 deliverables completed.	**Cancer Care** **Work completed and impact** During 2025/26 the Health Board progressed delivery of the *Planned Care, Cancer Care and Diagnostics* sub-objective by implementing a focused Suspected Cancer Pathway (SCP) delivery plan, progressing insourcing across key pressured specialties including endoscopy, dermatology and urology, introducing new pathways such as nurse-led triage in colorectal services, and enhancing patient support and referral quality through Community Health Pathways and the opening of the Maggie's Centre. This work has had a positive impact, with the backlog of patients waiting over 62 days reducing significantly from over 3,000 to 1,660—the lowest level since mid-2023—meaning more patients are receiving treatment sooner, alongside qualitative improvements in patient and family experience and better support for primary care decision-making. **What is left to do** Remaining actions for 2026/27 include delivering the second phase of the agreed SCP delivery plan, continuing to reduce and ultimately eliminate the remaining backlog, addressing capacity pressures in high-impact specialties to improve overall performance against the 62-day target, and embedding pathway and capacity improvements to deliver sustained, timely cancer care for the population of North Wales. Deliverables not completed have been captured within the 2026/27 ADP at section: 3B – Planned Care, Cancer & Diagnostics
Diagnostics The focus of this objective is to strengthen diagnostics through better demand and capacity management, workforce capability, digital systems and estates, ensuring equitable access, quality assurance and sustainable services. 7 / 11 deliverables completed.	**Diagnostics** **Work completed and impact** During 2025/26 the Health Board progressed delivery of the diagnostics element of the *Planned Care, Cancer Care and Diagnostics* sub-objective by focusing on nationally funded recovery programmes aligned to ministerial priorities, delivering the 104-week RTT and Outpatient Department diagnostics elements, increasing diagnostic activity levels, implementing key enabling digital infrastructure including Radiology RISP and partial rollout of the Pathology LIMS 2.0 programme, progressing a full business case for PET-CT/Nuclear Medicine, and addressing selected estates issues affecting diagnostic services. This work has enabled higher diagnostic throughput, reduced the longest waits, improved data quality and consistency across sites, strengthened the foundations for future service improvement, and supported safer and more sustainable diagnostics provision for the population of North Wales, although routine diagnostic waiting times and the eight-week backlog remain significant due to increased demand and reliance on non-recurrent, premium-rate capacity. **What is left to do** Remaining actions for 2026/27 include completing the LIMS 2.0 rollout (including mitigation of blood transfusion–related risks), securing approval and progressing delivery of PET-CT/Nuclear Medicine, further scrutiny and

	progression of outstanding diagnostics business cases such as endoscopy and digital cellular pathology, addressing remaining estates constraints, clarifying and prioritising the future diagnostics hub model, and shifting from short-term recovery activity to a sustainable, recurrent diagnostics service model over the remainder of the 2025–28 period. Deliverables not completed have been captured within the 2026/27 ADP at section: 3B – Planned Care, Cancer & Diagnostics
UEC (4E) The focus of this objective is improving urgent and emergency care by strengthening front-door access, hospital flow and discharge, reducing avoidable admissions, delays and emergency department pressure overall. 3 / 7 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Urgent and Emergency Care (UEC)* sub-objective by establishing refreshed governance and baselines across the programme's four workstreams, initiating development of a Single Point of Access (SPOA) including early datasets, workforce identification and pilot preparation, advancing community and care-home-based falls response planning with partners, completing baseline assessments for frailty services, reviewing and gap-analysing ambulance handover arrangements against national requirements, and commencing work to improve hospital flow through recruitment of Optimal Hospital Flow facilitators and development of a shared UEC lexicon. This work has strengthened system readiness, clarified variation and gaps across sites, improved alignment with the National Six Goals Programme, and laid the foundations for more consistent front-door management, improved patient flow, reduced avoidable admissions and deconditioning, and better coordination between community and hospital services, supporting timelier access to the right care for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include securing Six Goals funding to enable mobilisation at scale, piloting and implementing SPOA arrangements, rolling out community and care-home falls response training and infrastructure, establishing and delivering the agreed frailty model, standardising ambulance handover and flow processes across acute sites, finalising and embedding the UEC lexicon, and progressing Task and Finish arrangements to deliver sustained improvements in UEC performance, hospital flow and discharge. Deliverables not completed have been captured within the 2026/27 ADP at section: 3A – Urgent and Emergency Care
Adult Mental Health and Learning Disability (4F) The focus of this objective is improving adult mental health and learning disability services by strengthening quality, safety and access, reducing waits, enhancing crisis care, and progressing improvements. 6 / 7 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Adult Mental Health and Learning Disabilities (MHLD)* sub-objective by strengthening governance and delivery through the establishment of the Mental Health Oversight and Delivery Group, aligning services to the new national Mental Health and Wellbeing Strategy and the Strategic Programme for Mental Health, implementing RCPsych recommendations, improving crisis care models, advancing procurement of a Mental Health Electronic Health Record, embedding PREMs and initiating PROMs, expanding access to primary and specialist mental health services, reducing out-of-area placements including the opening of the Chester-based Mother and Baby Unit, and enhancing physical health support for people with mental illness and learning disabilities. This work has resulted in demonstrable improvements in access, quality and safety of care, with over 80% of patients seen within 28 days in

	primary care mental health services, 85% of service users reporting positive experiences, improved crisis responsiveness, better care delivered closer to home, and strengthened oversight, staff enablement and patient involvement, contributing to reduced health inequalities and improved outcomes for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include securing Welsh Government approval and implementing the MHLD EHR, further embedding redesigned crisis and community-based care models, continuing ligature risk reduction and safety programmes, completing shared deliverables with partner teams, and sustaining performance improvement through robust governance to deliver a coherent, accessible and resilient MHLD service model across North Wales. Deliverables not completed have been captured within the 2026/27 ADP at section: 3D – Mental Health and Learning Disabilities
CAMHS (4G) The focus of this objective is to strengthen CAMHS by improving workforce capacity, access and waiting times, embedding best practice, developing alternatives to admission, and supporting children's emotional wellbeing. 5 / 5 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board delivered significant progress against the *CAMHS* sub-objective by implementing the CAMHS Improvement Programme, achieving compliance with all Mental Health Measure Part 1a and Part 1b targets by year end, transforming the crisis care model through enhanced pathways and extended ED practitioner cover, strengthening early help and open-access approaches, embedding CAMHS provision within schools across all Integrated Health Communities, and developing a comprehensive three-year strategic workforce plan aligned to the wider Improvement Plan. This work has had a clear and measurable impact, including sustained performance against national targets, improved access and quality of care, a 31% reduction in paediatric admissions for young people in crisis, earlier identification and intervention, improved accessibility through school-based provision, and increased service resilience through diversified and innovative workforce roles, supporting better outcomes for children, young people and families across North Wales. **What is left to do** Remaining actions for 2026/27 include fully embedding the enhanced crisis pathway as a 24/7 model, progressing further towards open-access services, implementing and monitoring delivery of the workforce plan, sustaining performance as long waits are eliminated, and continuing to strengthen early intervention and community-based models to ensure long-term compliance, stability and improved mental health outcomes for the population.
Neurodevelopmental (4H) The focus of this objective is improving neurodevelopmental services by reducing waiting times, introducing prudent assessment, strengthening information sharing, and developing sustainable, needs-led models with partners across systems.	**Work completed and impact** During 2025/26 the Health Board progressed the *Neurodevelopment* sub-objective by significantly increasing assessment throughput, achieving the ministerial efficiency target, working with the Children's Regional Partnership Board to develop and implement a multi-agency, needs-led model of care, launching a shared needs-led profiling tool, and commencing workforce training across all local authorities to improve joint working with education and social services. This work has delivered measurable impact through a 63% increase in assessment throughput, substantial reduction in three-year waiting times, improved consistency of support for children and young people with ASD and ADHD while awaiting diagnosis and

5 / 5 deliverables completed.	post-diagnosis, and stronger whole-system collaboration, improving experience and outcomes for children, young people and families across North Wales. **What is left to do** Remaining actions for 2026/27 include clearing the residual backlog arising from under-delivery by a private provider, further building internal assessment capacity, completing rollout and embedment of the needs-led model and profiling tool across all partners, and securing anticipated Welsh Government NDIP investment to sustain reduced waiting times and ensure demand can be met on an ongoing basis.
Dementia (4I) The focus of this objective is improving dementia care by enhancing emergency department experience, strengthening education and training, creating dementia-friendly environments, and promoting prevention through collaboration across services. 2 / 11 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Dementia* sub-objective by strengthening governance and regional partnership working, expanding specialist leadership and practitioner capacity, implementing a Dementia Care Improvement Plan focused on emergency department experience, education, environments and prevention, rolling out multiple training and education initiatives, piloting and expanding preventative and community-based interventions, improving data capture and audit capability, and enhancing collaboration with local authorities, police and third-sector partners. This work has delivered positive and measurable impacts, including improved patient experience for people living with dementia in emergency settings, reductions in memory assessment waiting lists, improved performance against the National Audit for Dementia, increased staff capability through standardised education and training, better identification and support for people with dementia across hospital and community settings, and national recognition for innovative safety and community partnership initiatives, collectively supporting safer, more person-centred and preventative dementia care for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include securing additional pathway practitioner capacity, fully embedding deferred priorities within the revised Annual Delivery Plan, expanding dementia-friendly environment standards into estates and capital planning, completing dementia training needs analysis and scaling delivery, strengthening governance and reporting routes, and further integrating prevention-focused and community-based models to reduce variation, improve outcomes and respond to rising dementia prevalence. Deliverables not completed have been captured within the 2026/27 ADP at section: 3I – Dementia
Challenged Services (4J)	
Urology The focus of this objective was to strengthen urology services by developing a sustainable workforce model, standardising and improving clinical pathways, and ensuring equitable access to specialist and interventional	**Work completed and impact** During 2025/26 the Health Board progressed delivery of this sub-objective by maintaining safe interim arrangements for out-of-hours interventional radiology, securing Executive approval to proceed with vasectomy service commissioning, progressing My Medical Record (MyMR) integration through governance, and stabilising key urology pathways through targeted insourcing of LATP biopsies and flexible cystoscopy to increase capacity and resilience. This work has delivered clear benefits, including maintained patient safety and service continuity, significant reductions in waiting times (with

radiology services across the Health Board. It also aims to expand capacity and enhance patient experience through more efficient diagnostic and treatment pathways, better use of day-case and outpatient models, and improved MDT and on-call arrangements. 7 / 11 deliverables completed.	LATP biopsy waits reduced from 42 days to 10 days), improved access to diagnostics and cancer pathways, enhanced equity and experience through expanded vasectomy provision, reduced unnecessary outpatient attendances via MyMR follow-up pathways, and improved access to major cancer surgery closer to home through regional pathway agreements. **What is left to do** Remaining actions for 2026/27 include finalising and implementing a formal out-of-hours interventional radiology service level agreement, continuing interim insourcing until substantive staffing is secured, completing MyMR integration subject to national system processes, and transitioning vasectomy commissioning arrangements into full delivery to secure a sustainable, fully delivered service model. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services
Vascular The focus of this objective was to strengthen vascular services by developing a sustainable, skilled workforce and embedding high-quality, patient-centred pathways that improve safety, outcomes, and consistency of care. It also aims to expand capacity and enhance patient experience through improved models for AAA and CLTI care, better transfer and discharge processes, and the use of digital tools to track patients and support integrated multidisciplinary working. 5 / 8 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed delivery of the Vascular Challenged Services Plan by implementing nationally aligned improvements focused on strengthening multidisciplinary working, expanding nurse-led urgent review clinics, reducing long waits, beginning development of a strategic workforce plan, agreeing and embedding Standard Operating Procedures supported by audit cycles, engaging with the Quality Management System, and progressing pathway reviews and service redesign work, alongside continued delivery of complex vascular surgery through the SLA with University Hospital North Midlands. This work has had a positive impact by improving capacity and access, reducing the number of patients waiting over 104 weeks to five, ensuring patients are seen by the most appropriate clinician, strengthening quality assurance and governance, and laying the foundations for improved outcomes—particularly through development of a compliant, network-wide multidisciplinary diabetic foot service expected to reduce avoidable complications and amputations for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include completing and implementing the strategic workforce plan, finalising and embedding agreed service design principles, completing pathway audits and delivering targeted improvement actions, formalising and implementing the new multidisciplinary diabetic foot service model, and continuing progression toward a mature, sustainable vascular network aligned to national standards and preventative care objectives. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C- Fragile Services
Dermatology The focus of this objective was to strengthen dermatology services by improving workforce planning, standardising referral and care pathways, and expanding community-based and technology-enabled models such	**Work completed and impact** During 2025/26 the Health Board progressed the *Dermatology* sub-objective through delivery of an interim network-based service model, strengthened referral management supported by Community Health Pathways, expansion of teledermoscopy and medical photography, delivery of weekend one-stop urgent skin cancer clinics, utilisation of non-acute capacity at Connah's Quay Health Centre, and continued triage and pathway redesign, alongside equality impact assessment work and ongoing job-planning discussions. This work has had a positive and measurable impact by reducing referral-to-treatment waits

as Teledermoscopy. It also aims to increase capacity and enhance patient experience through better use of facilities, improved triage and follow-up processes, and closer integration with primary care. 5 / 10 deliverables completed.	(with general dermatology waits now under 36 weeks), significantly reducing cancer first outpatient waits, lowering unnecessary referral upgrades, increasing same-day diagnostics, improving patient experience through care delivered closer to home, and mitigating short-term service fragility despite continued workforce shortages. **What is left to do** Remaining actions for 2026/27 include securing sustainable senior medical staffing, embedding the interim service model within the wider Clinical Services Plan and Foundations for the Future programme, progressing substantive recruitment of specialty doctors, finalising job plans to maximise core capacity, and continuing challenged-service recovery actions through the 2026–29 IMTP to achieve a stable, sustainable dermatology service across North Wales. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services
Plastics The focus of this objective was to strengthen skin cancer and dermatology-related surgical pathways by improving commissioning arrangements, clarifying waiting list management, and expanding clinical and operating capacity across North Wales. It also aims to enhance patient experience and efficiency through better use of facilities, digital follow-up tools, and integrated working with primary care to deliver care closer to home. 5 / 7 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed recovery of the *Plastics* service by delivering productivity improvements, reducing waiting lists, increasing minor operating capacity, strengthening partnership working with Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), and identifying and opening Connah's Quay Medical Centre to support dermatology procedures and pilot plastics activity, despite delays caused by lease-related issues. This work has had a positive impact for the population of North Wales, with sustained elimination of 104-week waits, a marked reduction in patients waiting over 52 weeks, substantial improvement in follow-up backlog, increased local operating capacity, shorter waiting times for new patients, and reduced need for patients to travel out of area for treatment. **What is left to do** Remaining actions for 2026/27 include finalising commissioning and contractual arrangements with MWL and the Joint Commissioning Committee to determine repatriated and new activity levels, fully operationalising plastics services at Connah's Quay with appropriate funding, transferring relevant waiting lists to the provider, and embedding the expanded local service model to secure sustainable capacity and long-term improvement. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services
Oncology The focus of this objective was to strengthen oncology services by addressing critical workforce gaps, modernising treatment capacity, and developing an integrated service strategy that supports future demand and innovation. It also aims to enhance safety, efficiency, and patient experience through new technologies, improved radiotherapy capability,	**Work completed and impact** During 2025/26 the Health Board progressed delivery of the oncology sub-objective by introducing Stereotactic Ablative Radiotherapy (SABR) for lung cancer locally, advancing consultant and specialist recruitment, establishing a Clinical Strategy Working Group to develop a coherent Oncology Strategy, and delivering key technological improvements including replacement of LINAC radiotherapy machines and progress toward an all-Wales SACT software contract. This work has had a positive impact by improving patient experience and equity of access through reduced travel and more local treatment, strengthening service resilience and sustainability through reduced vacancy rates and workforce stabilisation, and enhancing the capability to deliver safer and more advanced cancer treatments for the population of North Wales.

and better access to care closer to home. 8 / 8 deliverables completed.	**What is left to do** Remaining actions for 2026/27 include progressing Phase 2 SABR expansion to additional tumour sites, finalising and implementing the Oncology Strategy, continuing to address workforce risks arising from national shortages, and building on recent technology investments to further increase local capacity and long-term service resilience.
Ophthalmology The focus of this objective was to strengthen ophthalmology services by addressing workforce gaps, standardising evidence-based pathways, and improving data, estates, and digital processes to support safe, consistent, and efficient care. It also aims to expand capacity and enhance patient experience through pathway efficiencies, integrated community models, demand-and-capacity planning, and improved access to timely treatment. 0 / 12 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed recovery of the *Ophthalmology* service by expanding Glaucoma Teach & Treat capacity, increasing cataract productivity through one-stop POAC and high-volume low-complexity models, delivering significant outsourcing and insourcing activity, improving data quality and referral coding, advancing digital transformation through Open Eyes and national e-Referral, and securing approval for targeted estates improvements including the West IVT clean room, alongside ongoing workforce recruitment and leadership strengthening. This work has had a positive impact by reducing long waits (with over 700 long-waiting glaucoma patients seen and nearly 1,000 cataract first appointments delivered), improving patient safety and access through advanced WGOS pathways, enhancing patient experience, and laying firmer foundations for reliable demand and capacity planning, thereby reducing harm and improving consistency of eye care for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include consolidating workforce resilience and clinical leadership, completing and embedding pathway redesign at scale, progressing digital and data integration to full maturity, delivering estates enhancements, and maintaining targeted outsourcing and insourcing while internal capacity is rebuilt, to achieve full stabilisation of a safe, sustainable and equitable ophthalmology service. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C - Fragile Services
Orthodontics The focus of this objective was to strengthen Orthodontic and Oral & Maxillofacial Surgery services by consolidating them into a single networked model, addressing workforce gaps, and implementing GIRFT-aligned quality improvements. It also aims to increase capacity and improve patient experience through better theatre utilisation, more effective outpatient pathways, and targeted action on waiting lists and access issues. 0 / 8 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed recovery of the orthodontic service by strengthening clinical leadership through appointment of a restorative dentistry consultant, establishing the North Wales Orthodontic Group to improve regional oversight, undertaking targeted insourcing to address the longest waits, initiating a comprehensive workforce and capacity review, completing risk assessments for long-waiting patients, and developing a detailed improvement plan informed by GIRFT recommendations alongside an inventory of clinical space and equipment. This work has had a positive impact by clearing the most excessive first-appointment waits and placing the service on track to achieve zero Stage 1 waits by March 2026, improving patient safety through identification of urgent clinical need, increasing transparency of follow-up treatment demand to support better planning, and laying foundations for improved equity, access and consistency of care for patients across North Wales. **What is left to do** Remaining actions for 2026/27 include addressing the significant remaining treatment backlog, recruiting and retaining specialist orthodontic staff, expanding and redesigning treatment capacity supported by improved

	estates and equipment utilisation, and implementing a standardised and sustainable regional service model to deliver long-term improvements in access, quality and patient experience. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C - Fragile Services
Trauma & Orthopaedics The focus of this objective was to improve orthopaedic services by reducing unwarranted clinical variation through strengthened workforce planning, standardised pathways, better data quality, and consistent clinical practices. It also aims to increase capacity and enhance patient experience by optimising resources, expanding activity where possible, and ensuring patients receive timely, equitable care closer to home. 2 / 10 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed recovery of the Orthopaedics service by reducing long waits, expanding the SOS follow-up backlog initiative, strengthening regional clinical leadership through the Orthopaedics Network and IHC leads, progressing implant rationalisation (with a hip implant decision in principle at Llandudno and knee discussions underway), improving clinical coding and data quality, and advancing standardisation of clinical pathways to reduce unwarranted variation. This work has delivered measurable impact, including a continued reduction in >104-week waits, improved follow-up waiting times, enhanced patient safety through clearing backlog risk, greater consistency of care across sites, better value through reduced variation, and improved data reliability to support planning and efficiency, positively influencing patient experience for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include further reducing follow-up backlogs through full SOS rollout across all IHCs, addressing ongoing capacity constraints, completing implant rationalisation, embedding high-quality coding (including MOPs), sustaining progress against the 104-week target, strengthening cross-site backlog support, and completing pathway standardisation to deliver a more consistent, sustainable orthopaedic service. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services
Womens (4K) The focus of this objective was to strengthen women's, maternity, and perinatal services by progressing key strategic developments such as the Women's Health Hub, recovery of gynaecology pathways, and implementation of digital and quality-improvement initiatives. It also aims to enhance prevention, workforce planning, and equitable access to specialist support, ensuring care is safe, modern, and aligned with national priorities. 7 / 10 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed delivery of the *Women's Services* sub-objective by completing the Discovery and Design phases of the Women's Health Hub programme, securing funding and accommodation at Llandudno General Hospital and commencing implementation, progressing maternity and neonatal quality priorities, introducing the digital maternity system, strengthening engagement and preventative approaches, and delivering targeted action to reduce historically long waits through validation, pathway redesign and capacity management. This work has had a positive impact by improving access and equity of care, reducing excessive waiting times, strengthening patient experience and confidence through better engagement and early use of PREMs, PROMs and national surveys, enhancing workforce capability and cultural competency, and building system readiness for ongoing quality surveillance, digital enablement and integrated models of care, with early qualitative and quantitative benefits evident for women, babies and families across North Wales. **What is left to do** Remaining actions for 2026/27 include completing and embedding the Women's Health Hub implementation, confirming leadership roles for the Women's Health Plan, expanding use of PREMs and PROMs, progressing public health and preconception priorities, sustaining maternity and neonatal

	quality improvements, and continuing service recovery and workforce development to realise longer-term population-level benefits despite ongoing workforce and financial challenges. Deliverables not completed have been captured within the 2026/27 ADP at section: 3G – Women's Health
Children and Young People (4L) The focus of this objective was to strengthen children's rights, voice, and experience within the Health Board by implementing the Children's Charter, establishing a Youth Voice Board, and progressing commitments such as the Wales Corporate Parenting Charter. It also aims to improve outcomes for children and young people through better immunisation uptake, clearer transition pathways, and collaborative approaches to supporting those with complex needs. 6 / 6 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board completed key work to strengthen children's rights and engagement by launching a publicly accessible Children's Charter, embedding awareness of the Charter and children's rights within mandatory safeguarding and trauma-informed care training, and strengthening regional partnership working through a more robust and active Regional Partnership Board (RPB) Children's Group with multi-agency sub-groups focused on priority areas. This work has had a positive impact by improving consistency in how children are communicated with, raising organisational awareness of children's rights, embedding rights-based and trauma-informed practice across the workforce, and strengthening multi-agency collaboration, enabling earlier identification of children's needs and more coordinated responses for children and families across North Wales. **What is left to do** Remaining actions for 2026/27 include further embedding and evaluating use of the Children's Charter in practice, continuing to strengthen the effectiveness of RPB Children's Group sub-groups, supporting local teams to translate partnership momentum into tangible service improvements, and developing clearer measures of impact on children's experience and outcomes.
Pharmaceutical Services (4M) The focus of this objective was to strengthen medicines management and pharmacy services by implementing key recommendations from the Independent Review, improving value-based prescribing, and progressing strategic developments such as centralised Radiopharmacy and community pharmacy models for long-term condition management. It also aims to support future workforce and education needs through delivery of the MPharm programme in partnership with Bangor University. 3 / 5 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Pharmaceutical Services* sub-objective by advancing implementation planning for the Independent Review of Hospital Clinical Pharmacy Services through national delivery assurance arrangements, completing and sharing the evaluation of the community pharmacy hypertension pilot, establishing a sustainable MPharm education programme with Bangor University, embedding improved medicines value monitoring in diabetes care, and mobilising the TrAMS Pharmacy Technical Services transformation programme with formal governance and programme management in place. This work has had an enabling but meaningful impact by strengthening consistency and assurance of clinical pharmacy services, demonstrating improved access and patient experience through pharmacy-led long-term condition management, improving transparency and governance of prescribing spend, and addressing long-term workforce resilience through a new local pharmacy education pipeline, thereby laying strong foundations for safer, more equitable and sustainable pharmaceutical care for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include progressing Wales-wide implementation of the Independent Review recommendations, translating diabetes medicines value work into measurable outcome improvements,

	completing the TrAMS option appraisal and any required business cases for radiopharmacy reconfiguration, embedding programmes into routine practice with clear milestones and benefits tracking, and continuing alignment with national priorities to secure sustained impact. Deliverables not completed have been captured within the 2026/27 ADP at section: 3H – Pharmacy and Medicines Management
Palliative Care, End of Life & Bereavement Care (4N) The focus of this objective was to strengthen palliative and end-of-life care by developing a strategic delivery plan, improving bereavement support through the SWAN model, and aligning services with national quality expectations. It also aims to enhance decision-making and service improvement through a dedicated workforce plan, quality improvement strategy, and supporting business cases. 2 / 4 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Palliative, End of Life and Bereavement Care* sub-objective by re-establishing leadership and operational support following a period of staff vacancy, forming a new strategic group, drafting a Strategic Delivery Plan for Palliative and End of Life Care, maintaining seven-day clinical nurse specialist and medical advice cover, continuing workforce planning activity, and progressing implementation of the SWAN bereavement model despite staffing constraints. This work has had a positive enabling and qualitative impact by ensuring continuity and safety of specialist palliative care services across North Wales, providing patients, families and professionals with consistent access to advice and support, and delivering compassionate, well-received bereavement care through SWAN pilots that have supported relatives and strengthened end-of-life practice on wards. **What is left to do** Remaining actions for 2026/27 include finalising and approving the Strategic Delivery Plan, strengthening and formalising strategic group membership, completing recruitment to support full SWAN rollout, improving activity data capture to inform workforce planning, exploring options to enhance specialist cover (particularly in the East), and embedding the agreed operating model to fully align delivery with the Welsh Government Quality Statement for Palliative and End of Life Care. Deliverables not completed have been captured within the 2026/27 ADP at section: 2B – Community Care
Dental (4O) The focus of this objective was to strengthen primary care dentistry by expanding access, modernising service models, and improving workforce capability through education, upskilling, and innovative approaches to service delivery. It also aims to improve performance, efficiency, and patient experience by enhancing procurement, financial management, waiting list processes, and the visibility of dental performance data. 7 / 10 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Dental* sub-objective by delivering a wide range of actions to increase general dental service (GDS) provision and strengthen system oversight, including awarding £6m of new dental contracts across North Wales, introducing the Dental Access Portal to streamline patient registration, sustaining major preventative public health programmes, developing a comprehensive dental workforce education and training plan through the Primary and Community Care Academy, and improving Board-level visibility and assurance of dental services through integrated performance reporting, while some priorities such as domiciliary pathways and CDS demand and capacity reviews were partially progressed but not completed due to reduced senior capacity. This work has had a positive impact by increasing current and future access to NHS dental care, reducing oral health inequalities through high-volume preventative programmes with demonstrable reductions in dental decay, strengthening workforce sustainability through targeted training and upskilling, and improving governance, transparency and accountability for dental services across North Wales. **What is left to do**

	Remaining actions for 2026/27 include full mobilisation of new dental contracts to realise population-level access benefits, completion of the domiciliary dental care pathway, finalisation of CDS demand and capacity reviews and waiting-list improvement actions and continued strengthening of senior leadership capacity to deliver the remaining priorities and sustain long-term improvements in access, prevention and performance. Deliverables not completed have been captured within the 2026/27 ADP at section: 2A Primary Care, 2B Community Care
Diabetes (4P) The focus of this objective was to strengthen diabetes care by increasing delivery of the 8 Care Processes, expanding access to new technologies such as Hybrid Closed Loop systems, and enhancing specialist multidisciplinary support. It also aims to develop more comprehensive adult service models to meet national requirements and respond to rising demand. 2 / 4 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Diabetes* programme by establishing baseline data and commencing active monitoring of the eight diabetes care processes, achieving early improvements against national targets, evaluating aspects of transition from children's to adult services, and developing a detailed business case and prioritisation approach for adoption of Hybrid Closed Loop (HCL) diabetes technology, alongside preparatory work to align diabetes pathways with wider Clinical Services Plan and *Foundations for the Future* activity. This work has begun to deliver measurable impact, with a moderate increase in the number of people receiving all eight care processes, evidence-based interventions associated with improved outcomes and reduced complications, and clearer system readiness for technology-enabled care, which has the potential to significantly reduce daily treatment burden and improve quality of life for people with Type 1 diabetes and their families across North Wales; however, population-level benefits remain at an early stage. **What is left to do** Remaining actions for 2026/27 include scaling up improvement across the eight care processes to deliver benefits at pace and scale, progressing funding and implementation of Hybrid Closed Loop systems, embedding a consistent and sustainable transition pathway to adult services within the Clinical Services Plan, and translating foundational work into sustained improvements in prevention, early intervention and long-term outcomes for the diabetic population.
Objective 5: Effective Environment for Learning and Skills Development	
University Partnerships (5A) The focus of this objective was to strengthen and expand strategic partnerships with higher and further education institutions to enhance research, education, training, and innovation, supporting the Health Board's University Designation. It also aims to progress major regional education developments—including the North Wales Medical School, MPharm programme, and dental education	**Work completed and impact** During 2025/26 the Health Board progressed the *University and Further Education Partnership* sub-objective by formalising strategic relationships with all major higher and further education partners in North Wales through signed Memoranda of Understanding with Bangor University, Wrexham University and Group Llandrillo Menai, agreement of an MoU with Coleg Cambria, and establishment of Strategic Steering Groups to oversee delivery and ongoing collaboration in education, training, research and development. This work has had a positive enabling impact by strengthening and coordinating workforce education pipelines, improving system-wide understanding of current and future skills needs, enhancing opportunities for research and innovation, supporting more efficient commissioning and governance arrangements, and reinforcing the Health Board's ambition to sustain its University designation, thereby contributing to long-term service sustainability and patient benefit across North Wales.

strategy—to build a skilled future workforce. 6 / 7 deliverables completed.	**What is left to do** Remaining actions for 2026/27 include fully embedding the regional partnership approach, continuing the work of Strategic Steering Groups to deliver agreed plans, aligning education partners more closely with development of the Clinical Services Plan, and progressing priority programmes such as the Medical School, MPharm development and dental workforce strategy in line with interdependencies and aligned timescales. Deliverables not completed have been captured within the 2026/27 ADP at section: 4E – Research, Development and Innovation
Research & Innovation (5B) The focus of this objective was to strengthen the Health Board's research and innovation ecosystem by establishing a supportive infrastructure, expert partnerships, and accessible guidance for innovators. It also aims to grow research activity and deepen collaboration with academic partners through increased joint and honorary appointments. 2 / 3 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Research, Development and Innovation* sub-objective by establishing a structured innovation support infrastructure to help staff and partners access expert advice, developing a pipeline of innovation and research projects, strengthening capacity through partnership appointments and research fellows with local academic institutions, and advancing collaborative working with Bangor University to support future growth in research capability. This work has had a positive enabling impact by increasing regional research capacity and capability, enabling the population of North Wales to participate in high-quality commercial and non-commercial studies with access to new technologies and treatments, strengthening staff recruitment and retention, and supporting innovation that has the potential to improve health outcomes and deliver longer-term economic and clinical benefits. **What is left to do** Remaining actions for 2026/27 include addressing capacity constraints within support services to enable growth in activity, embedding additional resource to achieve sustained increases in research participation, expanding collaborative academic posts, and further developing the innovation pipeline to translate ideas into scaled research, service improvement and potential commercial opportunities. Deliverables not completed have been captured within the 2026/27 ADP at section: 4E – Research, Development and Innovation
Academic Careers (5C) The focus of this objective was to define and develop a clear academic career pathway within the Health Board by engaging staff, agreeing a local working definition, and exploring best-practice models. It aims to establish the foundations for a governance framework that supports and strengthens academic career development. 1 / 2 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Academic Careers* sub-objective by establishing a Community of Interest Working Group with agreed terms of reference, developing an outline local Academic Careers Framework, completing a literature review, drafting an engagement workshop programme, and strengthening alignment with national work led by Health and Care Research Wales and internal People and Organisational Development policy, alongside submission of a discussion paper to Executive Committee. This work has had an enabling impact by creating clearer local structures, shared understanding and strategic alignment to support academic career development, strengthening links with research and workforce agendas, and laying the groundwork for enhanced recruitment, retention and capability building that will ultimately support improved care, innovation and outcomes for the population of North Wales. **What is left to do**

	Remaining actions for 2026/27 include further development and refinement of the Academic Careers Framework through the Community of Interest, gathering baseline data to enable future monitoring and reporting, aligning with any agreed national academic careers definition, and embedding academic career pathways within wider workforce, research and organisational development plans. Deliverables not completed have been captured within the 2026/27 ADP at section: 4F – Education Partnership and Projects, Academic Careers and Strategic Alignment of Education
Intelligence-Led (5D) The focus of this objective was to strengthen the Health Board's intelligence and analytics capability by improving data quality, expanding automation, and modernising the data infrastructure. It aims to ensure that planning and operational decisions are increasingly driven by high-quality insight, predictive analytics, and accessible real-time information. 5 / 6 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board delivered the *Intelligence-Led Organisation* sub-objective by embedding intelligence-led approaches across six priorities, including completion of a Robotic Process Automation proof of concept, introduction of a data quality kite-mark across priority datasets, strengthened forecasting and demand modelling, deployment of a modernised data infrastructure, and launch of an enhanced IRIS intelligence portal, with all milestones achieved except elements of predictive analytics affected by operational pressures. This work has had a positive enabling impact by improving data quality and assurance, enhancing forecasting and demand planning (including combined cancer outpatient and RTT modelling), strengthening real-time operational insight, and supporting more proactive, informed decision-making across services such as urgent and emergency care, thereby improving organisational responsiveness and planning for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include completing the remaining predictive analytics development, rolling out the data quality kite-mark more widely, further expanding automation capacity under Clinical Design Authority governance, progressing the roadmap to cloud analytics, and embedding intelligence-led approaches consistently across all clinical and operational pathways to maximise benefit realisation. Deliverables not completed have been captured within the 2026/27 ADP at section: 4D- Digital, Data and Intelligence
Learning Organisation (5E) The focus of this objective was to strengthen the Health Board's capability as a Learning Organisation by improving how it captures, evaluates, and shares learning from incidents, complaints, education planning, and national inquiries. It aims to embed more systematic, organisation-wide learning that drives continuous improvement in patient care and organisational performance. 3 / 4 deliverables completed.	**Work completed and impact** During 2025/26 the Health Board progressed the *Learning Organisation* sub-objective by fully establishing and maturing core organisational learning mechanisms, including the Organisational Learning Forum, centralised Learning Repository and thematic review processes, and by strengthening governance and assurance arrangements for learning from incidents, complaints and national inquiries through clearer escalation routes and coordinated oversight groups. This work has had a positive impact by improving the visibility, accessibility and consistency of shared learning, fostering a more open and practical learning culture, strengthening system-wide insight from patient safety and experience intelligence, and enabling more targeted improvement actions, thereby supporting safer, higher-quality patient care for the population of North Wales. **What is left to do** Remaining actions for 2026/27 include further embedding engagement with learning forums, monitoring and increasing attendance and participation,

	continuing to reduce incidents and harm through strengthened application of learning, refining thematic review commissioning and evaluation, and demonstrating sustained impact of organisational learning on quality, safety and patient outcomes. Deliverables not completed have been captured within the 2026/27 ADP at section: 4H – Quality

3. CHANGE CONTROL PROCESS

3.1 The Health Board has operated a robust change control process for the Annual Delivery Plan throughout the year, providing a transparent and auditable approach to any changes requested.

3.2 As the year has now drawn to a close and the final assessment for the plan complete, an end of year review has been undertaken against any commitments not completed. This process has been triangulated against existing planning processes for the 2026-29 plan, as many services took proactive steps to incorporate current work into the planning cycle where it was already deemed unlikely to conclude by March 2026.

3.3 As part of this process, steps are also undertaken to assess the potential to retire any objectives that have subsequently been superseded by newly agreed priorities. This has a resulted in a change control summary that is included at Appendix 2 in the supporting pack. The objectives are categorised as already covered by priorities within the IMTP, proposed to retire and proposed for addition into the 2026/27 plan.

4 NEXT STEPS

4.3 On 26th March the Board approved the submission of the Health Board's plan for 2026/29, although acknowledged given its inability to submit a financially balanced IMTP, the plan would be an Annual Plan set in a three-year context. Section 4 of that Plan represents the Annual Delivery Plan for 26/27, which builds on the momentum gained during this year with strengthening maturity across all areas.

4.4 The Planning Team have facilitated mobilisation of the 2026/27 Plan: cascading this through the organisation – including incorporating it into objective setting throughout the organisation, sharing with partners, and publishing it formally on its internet pages by way of an 'everyday' navigable version.

4.5 Continuing that journey of strengthening the planning maturity and capability across the organisation, reflections and feedback is being sought to help inform improvements to planning. Additionally, the Health Board will use the Planning Maturity Matrix Self-Assessment to reflect on what has improved and identify areas for further development. The shared reflections and learning, together with a clear understanding of where the organisation is in terms of planning maturity, will inform the review of the Integrated Planning Framework and subsequent planning guidance and support.

4.6 In the meantime, work is progressing to support robust monitoring and reporting against the ADP, including revised reporting and frequency to ensure early warning systems are in place and corrective action can be undertaken earlier. Further work is underway to align business and reporting cycles across a number of corporate functions to support consistency and standardisation of reporting and reduce duplication. The forward planning cycle will enable key committees and groups to be fully engaged in continuous planning through the year and have clear line of sight of progress through the annual planning cycle.

4.7 As stated in section 3 above, reflective of the need to ensure the plan is able to remain agile and responsive to changing needs and environments, a Change Control process for the ADP will be reviewed and updated, ensuring the organisation maintains clear lines of audit and accountability for any changes to the plan.

5 RECOMMENDATIONS

5.1 Board Members are asked to NOTE that as agreed via the CEO Chaired Strategic Planning and Service Change (SP&SC) Group and Planning, Population Health and Prevention (PPHP) Committee, in order to streamline reporting going forward this Annual Delivery Plan (ADP) report will incorporate the previously separate reports on Key Programmes and Challenged Services.

5.2 The Committee is asked to:

RECEIVE ASSURANCE on the progress made during 2025/26 and note the end of year position of delivery against the 2025/26 ADP.

NOTE the work to review the Change Control process will be undertaken in line with reporting against the ADP.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: All
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	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)
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

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:	*N/A*
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	*N/A*

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	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?*	**Galluogwyr Ansawdd Enablers of Quality** Choose an item.	**Meysydd Ansawdd Domains of Quality** Choose an item.
	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:	N/A
	Do/Yes: ☐	Naddo/No: ☒

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?*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
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:	N/A
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.	

APPENDIX 1

Quarter 4- 2025/26 ADP Monitoring Report

March 2026

Annual Delivery Plan Quarter 4 - Overview by Sub-Objective		
KEY:	**Complete**	**Not Complete**

1A Effective Systems of Governance	**Director of Corporate Governance**

1A.1. Develop and progress a Governance Improvement Plan to continuously improve governance arrangements, embedding recommendations from the 2024/25 Structured Assessment. The plan will include measurable actions to improve governance arrangements, ensuring that Board and Committee effectiveness is reviewed on an ongoing basis and improved accordingly.	Q4
1A.2. Undertake an annual formal board effectiveness self-assessment in accordance with good practice	Q4
1A.3. Develop a Governance Hub, Governance Toolkit and handbook and ensure that training and support is available for managers to understand the governance arrangements across the Health Board	Q3
1A.4. Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making	Q2
1A.5. Conduct risk maturity audits to measure and strengthen risk management and risk governance to ensure consistency in risk management practices across the Health Board.	Q3
1A.6. Complete the roll out of the three levels of the agreed risk management training.	Q3
1A.7. Deliver the training and support to managers in application of the SOs, SFIs and SoRD, with specific focus on procurement in securing value for money and engagement with the wider market in placement of orders for goods and services.	Q3
1A.8. Enhance the Accountability Agreements Framework with all staff who have responsibility for managing expenditure within the budget issued, for the purposes for which it was provided and adherence to the Health Boards approved SOs, SFIs and SoRD, specifically in regard to recruitment and commissioning of goods and services.	Q3
1A.9. Deliver a recovery plan to eliminate the backlog of overdue Learning from Events Report (LFERs, which are part of the claims and redress process with the Welsh Risk Pool), and embed a new process to ensure future timely submission and also a reduction in the number case LFERs that are 'red deferred' (which necessitate significant review and resubmission)	Q1

Overview

The Effective System of Governance sub objective is based around nine core priorities delivering measurable improvements to existing governance arrangements through the creation of a Governance Improvement Plan, improved governance arrangements with additional training and support, together with strengthening risk management practices and governance across the organisation. Outputs from this work are expected to result in improved governance arrangements, whole system quality-based decision making, improved recruitment and commissioning of goods and services and eliminate the backlog of overdue Learning from Events Reports (LFER).

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Improved internal and external confidence in governance arrangements, supported by Audit Wales' Structured Assessment 2025, which confirms that a Governance Improvement Plan is now established, reflecting tangible progress in strengthening core governance processes. The Structured Assessment was received by the Board in March 2026.
- Strengthened organisational governance environment, with delivery of 1A.1 supporting more effective corporate functions and contributing to improved assurance and confidence in governance among internal and external stakeholders
- Enhanced organisational understanding and consistency of governance practice, demonstrated by strong engagement with the Governance Hub, toolkit and handbook on BetsiNet, and by attendance of over 150 colleagues at each Corporate Governance Masterclass
- Closer alignment between strategic priorities and risk oversight, with the Board Assurance Framework (BAF) scheduled for refresh and realignment once the 10 year strategy is finalised. The roll out of the three levels of risk management has now been completed resulting in greater access to all levels of staff in Health Board and improved risk management effectiveness throughout the Health Board. The Internal Audit on Risk Management arrangements has been received giving "reasonable assurance" reflecting the work that has progressed.
- Improved quality and effectiveness of risk management, with ongoing review of the Corporate Risk Register (CRR); the January 2026 CRR will incorporate strengthened action clarity to support actual reduction in risk scores.
- Increased organisational capability and confidence in risk governance, reflected in high compliance with all three levels of risk management training, including more than 700 staff completing Level 1 and Level 2 compliance progressing toward the 85% tolerance target
- More consistent, transparent and accountable learning governance, supported by strengthened oversight, centralised tracking, and proactive monitoring of Learning from Events Reports (LFERs), which collectively enhance the organisation's approach to learning from legal concerns

1B Establishing Foundations for the Future	Chief Executive

1B.1. Conclude the Design Phase, having been through a process of co-design, testing and consultation, gaining formal approval to proceed to the delivery phase and implementation via the necessary governance.	Q2
1B.2. Implement the first phase of the new operating model, completing the 2025/26 work plan across structures, strategy, people, processes and culture.	Q3
1B.3. Develop the operating model work plan for 2026/27, including implementing the second and third phases and mechanisms to continue to monitor how it is being embedded and sustained across all aspects of structures, strategy, people, culture and processes.	Q4

Overview

The Establishment of the Foundations of the Future sub objective is about building an effective and sustainable organisation for the long term by ensuring the approach to five interlinked workstreams: Strategy, Culture, People, Process and Structures, are all aligned in the development of a new organisational operating model. The focus of the programme within this financial year consists of three priorities focusing on the final design, implementation and future development of the organisation. The programme is focused on making sure the Health Board has the most effective operating model to enable the best possible care for the people of North Wales with a shared ambition to work together to deliver the organisation's core purpose and strategic objectives with the right support and tools in place, to achieve this.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

The Structures design work is ongoing, and the anticipated consultation start date has shifted to later in April 2026, pending Executive Approval of new schedule. However, significant progress has been made in refining the design, analysing feedback and preparing for formal consultation next year (2026/27).

The following actions have been undertaken:

- Completing review and refinement of structures, remits and organograms based on extensive pre-consultation feedback.
- Updating governance evidence and preparing revised proposals for Committee and Board review early in 2026/27.
- Resequencing dependent products (Job Families, Function Directory) aligned with the revised consultation timeline.
- Maintaining transparent engagement through updated communication materials, leadership cascades, and staff engagement mechanisms.
- Progressing implementation planning across Strategy, Culture, People and Processes workstreams that can move forward independently of structural approval.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Whilst the Discovery work was completed, and most of the Design work has been delivered, providing the foundations for a future operating model across Strategy, Culture, People, Processes and Structures the final element of the deliverable to gain approval to proceed to delivery phase has not been achieved (1B.1) Although discussions with Board in January 2026 endorsed the overall direction of travel.
- A structured pre-consultation period was undertaken with Executive Directors, clinical leaders and corporate teams, generating significant feedback and further refinement of the proposed structures.
- Continued progress across all other Workstreams (Strategy, Culture, People, and Processes): Strategic intentions approved, IMTP/ADP strengthened, Culture and Values embedding is progressing; People and OD products are moving forward within available resources.
- CSP Phase 1 showing improved assurance and early service impact; CSP Phase 2 mobilisation ongoing.

Impacts at this stage are primarily qualitative and enabling. The programme has strengthened organisational readiness, improved planning maturity, clarified strategic intent, and enhanced leadership engagement. Once the operating model is implemented and structural changes begin to embed (during 2026/27), the quantitative population-level benefits will be tracked and reported through a Benefits Realisation Management approach.

1C Responding to Legislative Requirements	**Director of Corporate Governance**

1C.1. Complete a review of the current arrangements in relation to Regulatory Assurance to ensure the governance arrangements are robust and demonstrate improvements in compliance.	Q3
1C.2. Re-establish the legislation library, processes to capture new legislation, the dissemination of that legislation to the relevant areas of the Health Board and the development of plans to deliver any necessary changes.	Q3
1C.3. Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries	Q2
1C.4. Implement the Health Board's Three-Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology.	Q4
1C.5. Develop options for the introduction of an organisational wide system for monitoring audit recommendations.	Q2
1C.6. As an Operator of Essential Services, implement any actions required resulting from the forthcoming Cyber Security and Resilience Bill.	Q2
1C.7. Develop a Health and Safety Improvement Plan ensuring improvements are made to the Health Board's current Health and Safety Policy, guidance and practices.	Q3
1C.8. Develop a robust system of audit and action which informs the Health Board's readiness and implementation of the latest Medical Devices and Procurement Regulations.	Q4

Overview

The Responding to Legislative Requirements sub objective is based around eight core priorities delivering measurable improvements to regulatory assurance through the extensive review of current arrangements, improved processes for the preparation, response and implementation of requests from inquiries or new legislation. Outcomes from this work are expected to result demonstrate legislative compliance, and drive improvements to the Health Boards current policies, guidance and practices.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Improvements have been made in processes to prepare for, respond to, and embed learning from national inquiries, including the establishment of a Discovery and Learning Group, with Terms of Reference approved in August 2025, and an approved referral process and effectiveness review (1C.3)
- Options have been developed for a Health Board wide system for monitoring audit actions, ensuring improved tracking and oversight of compliance related activity (1C.5)
- Progress continues in implementing the Health Board's Three-Year Plan aligned to the HSE HSG65 Plan and associated development of Health and Safety policy, guidance and practices (1C.4, 1C.7) work have been carried over into Q1 of 2026/27.
- Legislative compliance is critically important to ensure the Health Board operates legally, ethically and in a way that prioritises patient well-being.
- A review of current arrangements relating to Regulatory Assurance has commenced to strengthen governance and demonstrate improvements in compliance. This includes the review by the Director of Corporate Governance of the Terms of Reference for the Regulatory Assurance Group (1C.1)
- Re-establishing the Legislation Library, introducing processes to capture new legislation, disseminating it across the organisation and developing plans to implement any required changes (1C.2). Further work is required to determine the most appropriate system for capturing and managing legislative requirements; this may continue into Q1 2026/27, and a short-term interim solution may be needed (1C.2). An extended period is required to source and procure a value for money compliance management system that meets a number of Health Board requirements.
- A compliance management system is necessary to meet a number of requirements such as legislative and regulatory compliance, audit, risk and policy management. Welsh Health Board approaches to compliance management systems are being considered in Q4, with a range of options under consideration (1C.8). Updates will continue to be provided during Quarter 1 by Health and Safety colleagues to ensure continued progress and compliance with legislation (1C.4, 1C.7)
- Improved response to legislative requirements strengthens organisational effectiveness and helps enable services to improve the health and well being of the population of North Wales. Progress and focus for this quarter is reflected in the Structured Assessment that was received by Board in March 2026.
- Stakeholder and public confidence is expected to increase as governance arrangements become more robust and compliance becomes more visible
- Enhanced readiness to respond to new legislation and learn from national inquiries ensures the organisation can apply learning to improve care and outcomes
- Continued strengthening of Health and Safety arrangements supports safer environments for patients, visitors and staff

1D Implementing the Quality Management System	Executive Director of Nursing and Midwifery

1D.1. Ratify a standardised QMS Maturity Assessment for Health Board services and development of a governance framework to enable operationalisation and agree an associated rollout plan.	Q2
1D.2. Complete a series of communication exercises and briefing sessions to keep BCUHB workforce informed about QMS utilising an educational and myth busting approach designed to strengthen knowledge and understanding of QMS. ** This objective has already been completed	Q1
1D.3. Integrate a QMS approach into the approach to Clinical Services Planning and early identification of challenged services.	Q3
1D.4. Evaluate the Heath Board's design and implementation of the QMS	Q2
1D.5. Improve the quality of estates infrastructure and buildings through (*Linked to 2C.5*)	Q4

Overview

The implementation of the Quality Management System (QMS) sub-objective consists of five priorities delivering standardised QMS maturity assessments across the Health Board, development of governance frameworks, mobilisation and implementation planning across the health board, integration of QMS into Clinical Service Planning and Challenged Services and evaluation of the Health Boards design and implementation of the QMS. Outputs from this work are expected to result in strengthened knowledge and understanding of the QMS across the BCUHB workforce.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- While rollout is progressing, alignment with the organisational restructure under Foundations of the Future presents a potential risk in delayed organisational rollout. There is also a dependency on service engagement and capacity, which may vary across departments.
- QMS project Group remain aligned to the foundation for future Project Group to ensure that any delays can be anticipated and mitigation.
- The strategic Meeting has had very positive support from all corporate services and QMS and corporate services are aligned.
- Early adopters have commenced their QMS journey to allow collection of data to start for parts of the organisation.
- QMS work is now moving into business as usual within the Quality Directorate. Resource SBAR will be progressed through the correct forums to support sustainability
- A QMS ensures that care processes are designed, monitored, and improved systematically. It reduces variability in care, helping prevent errors and adverse events.
- Consistency and Standardisation, Embedding quality planning, control, assurance, and improvement across all services leads to more predictable and reliable care delivery. Standard operating procedures and clear quality metrics reduce ambiguity and duplication.
- Stronger Governance and Accountability - A QMS clarifies roles, responsibilities, and escalation pathways. It supports board-level oversight and aligns with statutory duties like the Duty of Quality (Wales).
- Proactive Risk Management - Quality control and assurance mechanisms help identify risks early and take corrective action. This reduces the likelihood of harm and improves regulatory compliance.
- Enhanced Staff Engagement and Culture - A QMS fosters a culture of learning, openness, and shared responsibility for quality. Staff feel empowered to contribute to improvement and innovation.
- Better Use of Data and Intelligence - Quality systems promote the use of real-time data for decision-making and service redesign. This supports evidence-based improvements and more responsive care.
- Regulatory Readiness and External Confidence -A mature QMS demonstrates to regulators (like HIW) that the organisation is committed to safe, effective care. It builds public trust and strengthens the organisation's reputation.
- Financial and Operational Efficiency - Reducing waste, duplication, and rework leads to cost savings. QMS implementation can improve performance and reduced risk.

2A Developing and delivering a Health Board Strategy and Clinical Services Plan (CSP)	Executive Director of Transformation and Strategic Planning

2A.1. Work with partners to develop a high-level Strategic Intent for North Wales that will provide an outline of the joint priorities and areas of collaboration for the next 10-Years.	Q4
2A.2. Complete the diagnosis phase of the 10-Year Strategy development including agreement on the scope and development of a baseline assessment setting out a summary of the population health needs; performance; drivers for change; outcomes and quality standards.	Q4
2A.3. As part of the broader engagement on strategy development, review the Health Board Well-being objectives, ensuring continued alignment with the requirements of the Well-being of Future Generations (Wales) Act 2015 and Social Partnership and Public Procurement (Wales) Act 2023.	Q4
2A.4. Maintain regular dialogue with partners and stakeholders to inform strategy development via partnership boards and stakeholder groups.	Q4
2A.5. Complete phase 1 of the CSP focusing on services that are currently assessed as most challenged. This will develop well rounded plans based on a Quality Management System (QMS) approach, prioritising service improvements that can be made in the short to medium term in order to stabilise these services.	Q3
2A.6. Develop a Digital and Data Roadmap to underpin the Health Board's clinical and organisational transformation.	Q2

Overview

The implementation of this sub-objective consists of six inter-related priorities related to strategy development. They centre around the three main strategy development products of 1) Co-creating a Strategic Intent with partners for the population of North Wales, 2) The Health Board's 10-Year Strategy, 3) Strategic Plans to deliver the 10-Year Strategy e.g. Clinical Services Plan (CSP), Digital Roadmap (2A.6) , Estates Strategy (2C) etc.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Whilst progress has been made, with four of the six deliverables completed, Actions 2A.2 and 2A.3 remain outstanding.
- The Diagnosis phase remains only partially delivered due to limited team capacity and competing priorities, which has impacted on the original timeline (2A.2). Although additional capacity was secured in February and completion is now expected by the end of May 2026.
- The formal review and revision of the WB objectives was also not expected within 2025/26, as this work sits within the Strategy Discovery phase rather than the Diagnosis phase. (2A.3)
- The Discovery phase is currently scheduled for completion in 2026/27, and timelines for the wider Strategy programme will need to be reviewed in light of new commitments in the 2026–29 IMTP.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The key outcomes achieved to date relate to establishing a clear long-term strategic direction for improving health and wellbeing in North Wales. The four Board-approved Strategic Intent Statements, created collaboratively with partners, set out the major ambitions to be delivered for the population over the next decade and provide a strong strategic anchor for the IMTP. The Statements are supported by a draft Strategic Vision for Health and Wellbeing in North Wales, which articulates an ambition for fairer, more compassionate and sustainable care and healthier communities. Although still being refined through engagement, the Vision offers an early, population-focused framework that will guide future planning and service change.

Together, these developments lay the foundations for long-term measurable benefits by strengthening strategic alignment, supporting Special Measures requirements and Welsh Government expectations, and positioning the organisation to deliver improved outcomes for the people of North Wales.

- Work undertaken to develop BCUHB's draft vision, Strategic Intentions and initial mobilisation of the Clinical Services Plan (CSP) has produced some early benefits, mainly in strengthening shared understanding, improving alignment, and preparing the system for more detailed planning.
- Engagement activity has helped bring teams together around the direction of travel, particularly the shift towards prevention, community-based models and integrated neighbourhood working, as reflected in feedback from the Community by Design (CbD) discussions.
- Qualitatively, the work has contributed to clearer articulation of priorities, better recognition of population health needs and inequalities, and improved awareness of existing examples of good practice across clusters and community services. It has also supported more consistent conversations about the conditions required for change, such as workforce capacity, digital interoperability, culture and governance.
- From a quantitative perspective, measurable population-level outcomes are not expected at this stage. However, the process has engaged a broad range of clinical, operational and strategic stakeholders, helped identify service areas with potential for community-based delivery, and provided a structured foundation for the next phase of pathway redesign through the CSP.

Overall, the work has begun to create the alignment and preparatory groundwork it set out to achieve, with more tangible impacts on access, outcomes and equity expected as redesign and implementation progress.

2B Strengthening Planning and Commissioning	**Executive Director of Transformation and Strategic Planning / Director of Performance and Commissioning**

2B.1. Develop proposals to enhance capacity and capability for organisational wide planning, building upon the action plan produced following the Independent Review of Planning in 2024/25.	Q2
2B.2. Conduct a review of learning with stakeholders of the most recent planning cycle, updating the Integrated Planning Framework with any associated improvements and implementing them in the next planning cycle.	Q4
2B.3. Complete the National Planning Maturity matrix assessment and incorporate the outputs into the plans to improve the organisation wide planning system and capability	Q4
2B.4. Undertake a review of current and future commissioning commitments, drawing out the capacity required. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed.	Q3
2B.5. Conduct a Third Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards.	Q4
2B.6. A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development	Q1

Overview

The Strengthening Planning and Commissioning sub-objective is about ensuring the organisation has effective planning and commissioning at the heart of service design and delivery, to provide more effective and sustainable services for the population of North Wales. There are several different aspects to the work with the overarching aim of improving the organisational capability in this space. There are two elements to this; one on Planning, informed by the Special Measures independent review of planning, and the other on Commissioning, with some specific reviews of commitments, Third Sector and insourcing / outsourcing contracting.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The organisation has taken significant steps to strengthen its planning capability, building on the improvements made over the last year and aligning planning and commissioning commitments to support more effective and sustainable services for the population of North Wales. (2B.1)
- Further progress has been made to enhance organisational planning capacity and capability, informed by recommendations from the Independent Review of Planning. A set of core planning competencies for staff across the organisation have been developed and will form part of the Foundations for the Future programme into 2026/27 (2B.1)
- Approval of the Integrated Planning Framework (IPF) by the Board in November 2025 represents a key organisational achievement, demonstrating commitment to embedding learning and structured improvement from previous planning cycles (2B.2)
- The IPF has now been incorporated into the current planning cycle, supported by learning from Board Development Sessions, CEO–Executive 1:1s, and broad engagement with internal and external stakeholders (2B.2)
- The National Planning Maturity Matrix Self-Assessment has informed an organisational action plan that is now embedded within forward planning processes and is supporting improvements in planning maturity across the system (2B.3)
- Commissioning activity has been central to the delivery of in year planned care long wait reductions, with further essential components of the commissioning portfolio scheduled for progression across Q3 and Q4 (2B.4)
- **Leadership of the Commissioning portfolio has now transferred to the Executive Director of Finance, providing strengthened strategic oversight and clearer accountability for advancing commissioning workstreams.
- An internal review of insourcing and outsourcing has been undertaken and considered by the Executive Team. Similarly work has progressed on reviewing Third Sector contracts, with a joint workshop held with a view to co-developing a Third Sector Partnership Framework, which will align with the JCC led review of third sector commissioning. (2B.4 / 2B.5 / 2B.6)
- Collective work to build planning capability has now been incorporated into organisational approach to planning, supporting a strengthened culture of planning throughout the organisation
- Adoption of the IPF and development of service level plans aligned to the IMTP have contributed to a more consistent, structured and collaborative approach to planning across services
- Early impacts are evident in the development of the current IMTP, where engagement and shared ownership across clinical and operational teams have improved the quality and integration of planning outputs
- While there remains work to complete, the shift toward more cohesive organisational planning is progressing and is beginning to influence how services plan, prioritise and collaborate, this will continue to mature and embed within the planning cycles for 26/27 and beyond.

Ongoing work will focus on developing and strengthening planning capacity and capability across the organisation, ensuring alignment with the Foundations for the Future programme, as this defines future operating models and requirements (2B.1 / 2B.2 / 2B.3)

2C Improving the Environment, Estate and Facilities	Director of Environment and Estates

2C.1. Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise	Q1
2C.2. Progress work in relation to major capital schemes including prioritisation of: Orthopaedics Hub in Llandudno, Electrical Infrastructure at Glan Clwyd Hospital, Royal Alexandra Hospital in Rhyl, Ablett Mental Health unit in Glan Clwyd Hospital, Nuclear Medicine consolidation, Health and Well-being hubs, decarbonisation and anti-ligature work.	Q4
2C.3. Align ambitions relating to Health and Wellbeing Hubs to available capital funding. These play an important role in the Health Board's plans relating to primary care, the medical school, partnership working and shift left.	Q2
2C.4. Develop and commence implementation of a fit for purpose estates strategy to include estate rationalisation, decarbonisation and climate resilience, as well as maximising the potential and use of existing estate and opportunities with partners. Acknowledging that the estates strategy will be led by and informed by the Health Board's 10-Year Strategy and Clinical Services Plan.	Q4
2C.5. Maximise the potential of strategic disposals, partnership work and resultant capital receipts to reinvest in a modern and fit for purpose estate and infrastructure.	Q4
2C.6. Support organisational business continuity through the capital process, including the Wrexham Maelor and Ysbyty Gwynedd business continuity cases.	Q4
2C.7. Work with the Bangor University to support the development and growth of the North Wales Medical School.	Q3
2C.8. Provide leadership in the identification, prioritisation and delivery of schemes through the Integration and Rebalancing Capital Fund (IRCF), including participation in the Regional Partnership Board (RPB).	Q2
2C.9. Undertake a comprehensive assessment of facilities standards and performance, informing at improvement and development plan.	Q3
2C.10. Complete the Welsh Government Adaptation Climate Change Risk Assessment, develop an action plan to address the risks identified, utilising the adaptation toolkit and liaising with PSB and other key partners.	Q4
2C.11. Build strategic relationships with partners including Local Authorities and Third Sector organisations to understand the opportunities to collaborate and implementation routes.	Q4
2C.12. Install onsite renewable energy generation facilities where viable to do so	Q4

Overview

The Improving the Environment, Estate and Facilities sub- objective consists of 12 priorities based around multiple areas to; identify, prioritise and deliver schemes through the Integration and Rebalancing Capital Fund (IRCF), review current standards and performance of existing estate, inform future developments whilst maximising potentials from strategic disposals, enhancing efficiencies and opportunities especially around business continuity, whilst minimising contributions too and impacts from climate change.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

It should be noted that some outcomes have been impacted by the organisational structure and changes in the governance approach of the HB. Focus on the continuation into the next period for continuity.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- A business case has been developed for the North Wales Medical School and the approach has been agreed with the WG Capital Team and a Programme Business Case approved by the Health Board. This continues to be progressed with the Welsh Government recently agreeing to fund the fees for ongoing development. (2C.7).
- The major capital schemes continue to be progressed in line with the emerging governance requirements of the Health Board but are subject to various challenges, which are being addressed on a project specific basis. Positive progress has been made as follows: on Orthopaedics Hub in Llandudno – strong on-site progress; Electrical Infrastructure at Glan Clwyd Hospital – commencement of works, ; Royal Alexandra Hospital in Rhyl – approval of FBC and award of contract, ; Nuclear Medicine consolidation – presentation of OBC to WG however ongoing affordability challenges remain ongoing, ; Health and Well-being hubs – Initial prioritisation but now subject to revised governance, ; decarbonisation and anti-ligature work – both on-going works. Challenges relating to the Ablett Mental Health unit in Glan Clwyd Hospital remain to be addressed at Project Board level. (2C.2) and (2C.3) and (2C.8)
- The Health Board continues to explore estate rationalisation opportunities, though there are challenges relating to understanding current space utilisation and the opportunities to release space which are currently held at IHC level. The future development of clinical strategies and integrated approaches, such as, Health and Well-being hubs will support this further however the HB has a current valid Estate Strategy. (2C.4) and (2C.5)
- The business continuity works at YG and WMH continue to be progressed; however, these are phased multi-year schemes (2C.6)
- Onsite renewable energy projects are being integrated into schemes wherever possible, including the Royal Alexandra development and the Orthopaedic Hub in Llandudno. Stand-alone photovoltaic schemes are also being explored and will continue. (2C.12)
- The Health Board has continued to develop strategic relationships, though this remains ongoing. Examples include partnerships with RSLs, contractors and local authorities. (2C.11)
- Work continues on the delivery of the Climate Change Risk Assessment, but progress is affected by internal resource levels and internal skill sets. This will continue to 2026/27. (2C.10)
- A review of capital prioritisation has been completed, reflecting the outcomes of the All-Wales capital prioritisation exercise (2C.1)
- Progress on the review of facilities will be limited, as the delivery of facilities services currently remains within IHCs directly. However, work is underway to coordinate a wider review of car parking delivery and to advocate for improved IPC equipment. The core element will not be delivered. (2C.9)
- Work has commenced to begin the process for capital prioritisation for the next financial year. The scope was reviewed throughout the year and revised to reflect agreed emerging risks. This was completed for the 2025/26 Financial year. (2C.1)
- Demonstrable progress has been made across major capital schemes and Health and Well-being Hubs, with these programmes now embedded within the organisation's key programmes revised governance.
- These Some programmes are subject to formal scrutiny through SPSCG, project specific Boards and the newly convened Mental Health Oversight Board.
- Focus on the continuation into the next period for continuity

2D Enhancing Digital, data and technology approaches	Chief Digital and Information Officer

2D.14. Develop a clear cyber response plan for the organisation	Q2
2D.1. Secure a multimillion-pound investment from Welsh Government for the EHR Transformation Programme which will reduce paper records and be a key enabler for service transformation.	Q3
2D.2. Develop a Digital and Data Roadmap to underpin the Health Board's clinical and organisational transformation.	Q2
2D.3 Delivery of a digital maternity EHR and patient facing app, which will eliminate paper records.	Q4
2D.4. Completion of the implementation of the replacement diagnostics systems, RISP and LIMS.	Q4
2D.5. Procurement and delivery of Phase 1 of the Mental Health EHR programme informing the wider EHR transformation agenda.	Q4
2D.6. Complete the Therapies Manager System developments and increase the user satisfaction rating through Floorwalking and Engagement Teams.	Q4
2D.7. Complete the minimum viable recruitment of expertise to deliver basic 2020s DDaT services, appointing to all key funded posts within 25/26	Q4
2D.8. Effectively deliver, through strict prioritisation and effective resource management, the DDaT enabled portfolio of projects and programmes, with particular focus on benefits realisation. This exercise will include pausing or deferring some projects where necessary due to financial pressures.	Q4
2D.9. Complete delivery of phase 5 Welsh Patient Administration System (WPAS) including treatment function codes, cancer tracker, copy correspondence and patient numbering.	Q4
2D.10. Implement electronic Prescribing and Medicines Administration (ePMA) across acute sites	Q4
2D.11. Develop a proposal for Digital Academy training programme and launch a communications campaign so that staff feel empowered to use technologies.	Q4
2D.12. Support the implementation and roll-out of the NHS Wales App for maximum impact and benefit to include the uptake of its use for repeat prescriptions	Q2
2D.13. Eradicate unsupported systems and devices in line with available resources.	Q4

Overview

The Enhancing Digital, Data and Technology approaches sub objective is based around 14 priorities each delivering several technological improvements or advancements into the organisation, the benefits of which will enable service transformation, improve patient safety, and reduce reliance on paper-based processes. The programme includes major projects such as Electronic Health Records (EHR), Mental Health EHR, electronic prescribing (ePMA), maternity systems, and diagnostics platforms, all of which are critical enablers for future integrated care.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The overarching aim for Sub-Objective 2D has not yet been fully delivered due to a combination of national dependencies, revised Welsh Government timescales, and local resource constraints.
- Several key programmes were not deliverable within the year. The EHR Transformation Programme remains paused pending further national direction, with revised timelines now extending to 2027. The Mental Health EHR Programme is awaiting Welsh Government approval following procurement evaluation, with delivery milestones now expected in early 2026/27. The Therapies Manager System also remains paused.

- Progress on the Digital Academy has been limited as available resources have needed to be prioritised toward nationally mandated programmes. In addition, delays in national workstreams have impacted the delivery of WPAS Phase 5, with work now continuing into Q1 2026/27.
- At a national level, the LIMS programme has experienced delays. While progress continues in partnership with DHCW, this has affected the overall delivery profile for laboratory systems, including Blood Sciences and Blood Transfusion.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

Despite these constraints, significant progress has been achieved, with the successful delivery of several major digital programmes and meaningful improvements to the digital estate.

- The Digital Maternity EHR (BadgerNet) was implemented successfully across all acute and community maternity sites. This included integrations with core systems such as WPAS, Cito, and the Welsh Birth Notification Service, delivering anticipated improvements in safety, data quality and midwifery time. Formal benefits realisation tracking is planned for 2026/27.
- The ePMA programme achieved full implementation across all inpatient wards, making BCUHB the first Health Board in Wales to complete full inpatient deployment alongside the Shared Medicines Record. This represents a major improvement in medication safety, efficiency and clinical workflow compliance, with early benefits already identified.
- The Digital Roadmap has been completed and embedded within wider strategic planning, providing clear direction for future digital transformation. The DDaT portfolio is now managed through strengthened prioritisation and benefits governance arrangements, with internal audit providing substantial assurance.
- Further achievements include continued modernisation of the digital estate, reducing unsupported systems and devices, establishing the foundations for future applications rationalisation, and maintaining contribution to the NHS Wales App rollout. These activities collectively strengthen system resilience and readiness for cloud-based developments.
- Within the LIMS scope, Cellular Pathology was successfully deployed in February 2026, with Mortuary planned for April, while collaborative work continues with DHCW on Blood Sciences and Blood Transfusion.

2E Developing and delivering value and sustainability	**Executive Director of Finance**

2E.1. Design and deliver a refreshed value and sustainability programme for 2025/26, which has clear outcomes based on broader measures of value, to deliver qualitative, performance and financial improvement. This includes delivery of nationally aligned initiatives under the five workstreams of: Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay and Procurement.	Q4
2E.2. Focus on Clinical Variation to take advantage of nationally identified opportunities to expedite reductions in waste, harm and unwarranted variation.	Q4
2E.3. Build on work to embed value principles into the wider organisational frameworks: planning, commissioning, multiprofessional workforce modelling, performance, leadership and quality.	Q2
2E.4. Design a value training programme as part of the journey towards a Value Academy for North Wales and a longer-term commitment to building knowledge and capacity in delivering value-led improvement.	Q4

Overview

The Developing and delivering value and sustainability sub objective is based around four priorities: Delivering a refreshed value and sustainability programme, maximising opportunities to reduce waste, harm and clinical variation ultimately building knowledge and capacity in delivering value-led improvement into the wider organisational frameworks. The programme consists of the following workstreams: 1) Medicines Management 2) Continuing Health Care (CHC) 3) Workforce 4) Non-Pay & Procurement 5) Clinical Variation & Service Reconfiguration 6) Value-Based Health Care

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The primary measure of the programme was to deliver a £40m savings plan, utilising the Value & Sustainability Framework. At M11, the programme is forecast to over deliver against this target by £14.9m, delivering £54.9m savings.
- Through a targeted programme of delivery, V&S helps towards the delivery of long-term financial balance (which in turn will transition non-recurrent funding into recurrent funding) and thus protecting front-line activity and providing more sustainable service delivery.
- Discrete funded projects such as Heart Failure Phase 1, Lymphoedema and Cancer Prehabilitation have delivered tangible qualitative benefits around admission avoidance, mortality, flow/length of stay, functional outcome, patient satisfaction, anxiety/depression scores etc however the challenge for the programme in 26/27 is to mainstream the collation of these wider qualitative benefits to all workstreams within the programme framework, as per the recommendations within the internal audit report.
- From a quantitative perspective, the programme is forecast to over-deliver against its savings target by £4.9m, which supports the Health Board's financial duty to break even and provides a positive contribution towards the conditions set for the recurrent release of the £42m Performance & Transformation Funding.

From a qualitative perspective, the portfolio of value-funded projects evidences significant improvements in clinical quality and outcomes. As a case study example, the introduction of the Cancer Prehabilitation Programme has delivered the following benefits: -

- 1,200 bed days saved
- 560 HDU bed days saved
- 30% Reduction in Post-Operative Complications
- 5% Reduction in readmission Rates
- Reduced Levels of Anxiety & Depression
- Reduced Levels of Mortality
- Improved Functional Scores
- 100% PREMs scores (9+)

2F Improving workforce planning and development	Executive Director of People Services and Organisational Development

2F.1. Fully embed the training programme for workforce planning across the organisation with easy access guides and how to access support for teams to develop their plans.	Q2
2F.2. Detailed workforce plans to be in place for all key services across the organisation.	Q4
2F.3. Develop a suite of workforce planning tools to support teams and services develop and maintain their workforce plans.	Q3
2F.4. Develop an organisational strategic workforce planning framework, including integration into the other relevant organisational frameworks such as Planning and Quality.	Q3
2F.5. Conduct a comprehensive workforce analysis for therapy services in a prioritised manner.	Q2
2F.6. Development of therapy services plan, contributing to new clinical service models to support reductions in waiting times.	Q3
2F.7. Develop a Governance Framework to guide the operationalisation of the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (for HCPC registered professionals)	Q4
2F.8. Fully implement Variable Pay and agency control framework and ensure a 30% reduction in agency expenditure during 2025/26. This will be supplemented by no off-contract expenditure and reductions to zero spend for specific staff groups	Q2
2F.9. Ensure effective implementation of job planning policy to include ensuring that 90% of all Consultants have an agreed job plan in place at all times	Q2
2F.10. Reduce sickness absence levels through adherence to key policies such as Attendance at Work	Q3

Overview

The Improving workforce planning and development sub objective includes 10 priorities delivering a wide range of benefits for the organisation. Outputs from this workstream includes ensuring detailed workforce analysis and plans are in place supported by a suite of framework documents, planning tools, guidance and training. These outputs will be enablers to deliver better outcomes for patients like improved access to services, seeing the right clinician first time etc Resulting in measurable reduction in agency expenditure, effective job planning and reduced sickness levels together with better outcomes for patients, improved access to services and ensuring the right care in the right place at the right place.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

Based on progress to date, we are working towards delivering the overall aims, however, this will be beyond March 2026. The work completed so far has enabled foundations to be set to achieve the full ambition across 2026/27. The overall RAG rating reflects steady progress with a number of areas ongoing and with a continued focus in 2026/27.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

This year, significant progress has been made towards improving Workforce Planning & Development across the organisation. Key achievements include:

- An integrated Strategic Workforce Planning Framework has been ratified by Executive Committee and People & Culture Committee. The Framework is available on Workforce Planning and is undergoing socialisation within the Health Board.
- Workforce planning resources have been expanded, including templates aligned to the Skills for Health Six Step Methodology and IMTP requirements.
- A new Betsinet page Workforce Planning has been prepared to provide accessible guidance and support once the Framework is approved.

- Enhancing Operational Workforce Planning Tools and Support
- Digital tools such as the Power BI Workforce Planning Intelligence Dashboard, O365 Forms, Teams channels, and Mentimeter have been deployed to support data capture and workforce planning discussions
- The 6 B's Regeneration Framework Template and accompanying action plan are being used across services, with a review planned for 2026/27 to streamline and integrate tools.
- Workforce Planning Intelligence Pack and Dashboard Workforce Planning Intelligence Pack - Power BI have been aligned to key services, improving visibility and enabling more data driven planning, with a review planned for 2026/27.
- Training and support sessions have been delivered to People Services Business Partners and Professionals, Allied Health Professionals (AHP), Healthcare Science Professionals, CAMHS and Community & Specialist Mental Health & Learning Disabilities.
- Workforce Planning has strengthened its alignment with the Corporate Planning Team through active participation in the IMTP Development Collaborative Planning Group, this will continue to evolve.
- Engagement with key services has been ongoing, with opportunities provided throughout the year to participate in workforce planning.
- Initial work has begun with AHP and Health Science leaders on workforce and education commissioning analysis, with further development planned for 2026/27.
- The original objective was to strengthen Workforce Planning & Development so that the population of the area would benefit from a resilient, healthy and competent workforce that is fit for current demands and future challenges. The work undertaken has delivered measurable improvements that align strongly with these aims.
  Quantitative Impact.
- Services are understanding the population and labour statistics and how in the next few years the balance shifts and creates further challenges with an ageing population, increased ill health and decline in birth rates reducing the workforce and driving the need to think about workforce and service transformation.
- Engagement with 8 challenged services, Pharmacy, 31 Mental Health service, 4 CAMHS services and Corporate Governance.
- In excess of 45 training sessions delivered across services.
- Working relationships between departments have strengthened and will continue to be developed, leading to smoother service delivery and a more coordinated approach to meeting workforce, finance and service needs.
- Raised organisational awareness of the importance of workforce transformation, encouraging leaders and teams to think more strategically about skills, roles and future workforce models.

3A Culture Development	**Executive Director of People Services and Organisational Development**

3A.1. Fully implement and embed the Values & Behaviours Framework into our organisational policies, processes and practices so that staff live the values and behaviours in their day-to-day work.	Q1
3A.2. Conclude the Discovery phase of the Culture & Leadership Programme through a Synthesis Report which will guide our future culture and leadership approaches	Q2
3A.3. Co-produce draft Design phase priorities for further development in 2026/27 which shapes our compassionate, diverse and inclusive leadership approaches, identify what is going well and which areas need to be strengthened.	Q3
3A.4. Complete roll out of the Culture Change Leader (CCL) programme. The CCL role has been established to support the Culture & Leadership Programme. Leaders are drawn from a cross section of staff across the organisation who come together to make a difference by looking at the Health Board's current culture and helping to shape culture for the future.	Q3
3A.5. Build staff engagement through implementation of the staff engagement plan (including staff survey actions, staff stories, common PADR objectives (golden thread) and engagement events/activities) hard wiring engagement throughout leadership and management structures to the front line.	Q4
3A.6. Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making. This alongside using the RACI model (Responsible, Accountable, Consulted, Informed) in role profiles to describe individuals roles and responsibilities for activities and deliverables will support creating high autonomy and accountability across all roles.	Q4

3A.7. The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care.	Q4

Overview

The Cultural Development sub objective covers seven priorities aiming to deliver a number of benefits for the organisation. Outputs from this workstream includes implementation of a new values & behaviours framework into each organisational activity, production of a synthesis report which will guide our future culture and leadership approach and complete roll out of the culture change leadership programme. The Health Board is implementing the Kings Fund, Culture and Leadership Programme, with support from HEIW and the author Professor Michael West. Improved governance arrangements will support and align to the delivery of the organisation's strategic objectives. Anticipated outcomes include improved staff engagement, morale, and well-being leading to better patient care.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Work continues to integrate the Values & Behaviours Framework across our wider culture and leadership programmes. The Framework remains the foundation for all culture development and change activity. Our Socialisation and Embedding Plan is now 95% complete, with new opportunities for embedding being identified and addressed as implementation progresses.
- Teams have highlighted the need for support in reinforcing the impact of everyday behaviours on team morale—particularly around respect and civility. In response, we have developed a short training package, 'The Ripple Effect', which can be delivered locally. This aims to strengthen self-awareness and personal impact. Several teams have already requested sessions.
- Over 100 managers attended the most recent People Managers Forum where awareness of tools available to support the embedding of the Framework were highlighted. Managers completed the Values Selfie reflective activity, which generated positive discussion around personal impact. The Ripple Effect training package was formally launched at this event.
- Meeting held with the Executive Medical Director to explore embedding the Framework across Medical and Dental professions.
- Presented the Framework to student nurse forums across three sites to raise early professional awareness.
- Review underway of BetsiNet content to improve availability and usability of resources.
- Launch of the Culture Health Assessment, a new assessment tool aligned with the Values & Behaviours Framework (final draft complete).
- Continued collation of Culture Change Leaders case studies to showcase local embedding activity.
- Cohort 2 of the Culture Change Leaders Induction Programme is complete with positive feedback received. With the completion of Cohort 2, a further 76 CCLs have been inducted, bringing the total number across both cohorts to 163. Cohort 3 will commence in July with 52 staff already signed up for the programme.
- Arrangements are underway for the first CCL Celebration Event, scheduled for 29th April 2026. The event will highlight the achievements of our CCLs to date, their impact on culture change locally, and will include a keynote address from Professor Michael West.
- Our collaborative work with Professor Michael West and Health Education Improvement Wales (HEIW) to develop a case study of our Culture & Leadership journey continues to attract interest from other NHS organisations. Recent contacts include:
- The Director of Midwifery from Louth Hospitals, Ireland
- The Head of the new Centre for Compassionate Leadership at the RCN Foundation
- Our progress is also cited in an article written by Professor Michael West for a Psychology Journal special edition, and we are participating in the national evaluation of Compassionate Leadership commissioned by HEIW.
- The revised Three-Year Improvement Plan for Culture, Leadership & Engagement 2026-29 has been recently discussed at the Executive Team, more detailed actions will be identified by Executive leads prior to submission to People & Culture Committee for noting in June. Following this, the next stages of programme design and delivery will begin.
- The new interactive core module, 'Culture at BCUHB', has now launched. This module introduces the foundations of our Culture & Leadership Programme and supports the development of a Compassionate, Open and Respectful organisational culture.
- Final arrangements for the CCL Celebration Event on 29 April.
- Continued collection of CCL case studies to showcase local cultural improvement work.
- Development of a culture "heat map" using culture dashboard data, patient feedback and staff survey outcomes to identify priority areas for the next cohort and wider interventions.
- Sharing of the near-final case study developed with Professor Michael West and HEIW.

- Attendance at the People Managers Forum to update on CCLs and future programme phases.
- Launch of Cohort 3 CCL Induction dates (Q2 2026/27).
- Correspondence to divisional SLTs outlining how they can work with and support CCLs locally.
- Improved communication across the team.
- Enhanced engagement from team members.
- Increased motivation.
- More positive and open interactions.
- Improved collaboration – staff are more willing to share ideas and work across roles.
- Stronger teamwork.
- Enhanced wellbeing.
- Improved consistency of care approaches across wards.
- Greater visibility and approachability of senior leaders.
- Clearer ownership of quality, safety, and staff wellbeing actions at ward level.
- Improved engagement of students and newly qualified staff in service improvement.
- "Several colleagues have fed back that the atmosphere on the ward feels friendlier and more relaxed. Even in pressured situations, staff have described being better able to support one another and work together effectively".
- "There have been reports of stronger interprofessional collaboration, with greater appreciation of what different professional perspectives contribute and how this improves the experience for our service users".
- "Clarified practical areas for improvement, including the need for clearer structures, better feedback loops, and more protected reflective spaces".
- "The conflict style tool has helped me to recognise behaviours of others, and in myself, to more mindfully consider how I approach situations where conflict may arise."
- "Embedding culture changes within Specialist Commissioning Services allows for a shift in the leadership culture, placing mental health, well-being and psychological safety at the core of our services ensuring both staff and service users feel seen, heard and supported".
- "Culture change has really made coming to work a pleasure".
- "We strive daily to give great patient care, and I know I have found working here a happy place to be".
- "The team focused on creating a supportive, enjoyable, and psychologically safe working environment through a mix of wellbeing activities, consistent communication, and positive team culture. Overall, these actions have created an enjoyable work environment, enhanced motivation, increased staff engagement, as well as overall staff morale. The workplace feels positive, supportive and energising".

3B Leadership Development	Executive Director of People Services and Organisational Development

3B.1. Design a series of workshops to strengthen key areas of the Integrated Leadership Development Framework (LDF), with a focus on developing leadership skills in specific areas for example, workshops to embed the principles of compassionate leadership to enable leaders and managers to understand the benefits of a compassionate approach and how to apply compassionate behaviours in the workplace and to support to leaders and managers to have conversations with their staff through a compassionate lens, to build confidence and skills in managing difficult or challenging situations.	Q2
3B.2. Develop a core programme/offering for middle managers and leaders across the organisation. To be aligned with the ongoing national strategy building a core management competency framework across NHS Wales working with Health Education and Improvement Wales (HEIW) and a range of academic partners.	Q4
3B.3. Review and evaluate the first senior level programme – Glyder Fawr (Advanced Clinical Leadership Programme) delivered in 24/25 in readiness for the second cohort of this national HEIW led programme commencing at the end of Q1 25/26.	Q1
3B.4. Undertake a review of BCUHBs Coaching and Mentoring Network which will include: - A review of the effectiveness of the coaching network to ensure there are sufficient coaches to meet demand, that coaches on the network are actively coaching, that appropriate resources and support /supervision is in place. - A toolkit will be developed to support mentors across the organisation along with a co-designed mentoring network proposal.	Q4
3B.5. Evaluate the outcomes from previous cohorts of the Mynydd Mawr – Foundations of Leadership and Management programme (delivered 24/25) to identify learning outcomes and impact in the workplace.	Q1
3B.6. Launch new programme 'Leadership for All – 'Moel Famau', providing an introduction to leadership for all staff across the organisation irrespective of whether they are in a formal leadership role.	Q2
3B.7. Develop a set of metrics and reports from the Leadership hub, to analyse: user engagement, themes, attrition rates.	Q2

Overview

The Leadership Development sub objective is based around seven priorities delivering a number of benefits for the organisation. Focus is directed around the further development of the Integrated Leadership Development Framework combined with review and evaluation of existing leadership programmes. Outputs from this sub objective include building core management competency frameworks across NHS Wales professionalising operational management and leadership across the organisation.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- During 2025/26, the leadership programme delivered measurable improvements in leadership capability, reach and engagement, embedding leadership development at scale across the organisation. Participation spanned a wide range of staff groups and roles, with strong uptake, completion and satisfaction across leadership pathways and development activity.
- Evaluation evidence indicates improved leadership confidence and greater consistency of people management practice, particularly in relation to compassionate leadership behaviours, team leadership and supporting staff wellbeing. Leadership development is now established as routine business, supported by a sustainable suite of programmes, leadership workshops and forums.
- The mid-level Clinical Leadership Immersive Programme (CLIP) has been developed as part of the Integrated Leadership Development Framework; however, delivery has been deferred to 2026/27, with piloting and evaluation planned in the next financial year to inform future roll-out. In addition, delays in the launch of the HEIW Core Management Competency Framework mean that full alignment of the ILDF to the national framework is expected to move into 2026/27.
- While direct population-level outcomes are not yet quantifiable within the timeframe of delivery, the outcomes achieved in 2025/26 have strengthened the key enablers of improved outcomes for the population of North Wales, including improved staff experience, increased leadership capability, greater consistency of leadership practice and enhanced organisational resilience. These outcomes provide a strong foundation for longer-term improvements in patient experience, safety, quality of care and service sustainability.

3C Citizen engagement and partnership working	Director of Partnerships / Communications and Engagement

3C.1. Complete implementation of the recommendations in the independent review of engagement specifically: - Finalise and implement the 'Betsi Way' engagement framework, ensuring it is evidence-informed, high quality, and co-developed with agreed engagement principles. - Implement a structured reporting system to track and publicly share at least three concrete examples of how community feedback has influenced corporate plans, services and improvements - Establish a community of engagement practice within the Health Board, providing at least two training sessions and developing a toolkit to support staff with best practices and evidence-based approaches.	Q4
3C.2 - Increase engagement reach by 30% through targeted on-line community interactions, including at least four digital campaigns and expanded use of social media platforms	Q4
3C.3 - Expand the engagement programme across at least five North Wales communities, collaborating with key partners to ensure added value for residents, stakeholders and the Health Board.	Q3
3C.4 - Review the strategic approach to engagement with communities, specifically mapping out the next two years	Q3
3C.5 - Conduct at least three community listening events in rural areas, ensuring participation from at least 50 local residents, to gather feedback on healthcare needs and service improvements	Q4
3C.6 - Reset the Health Board's representation at the Regional Partnership Board establishing a structured reporting process to improve decision making	Q1
3C.7 - Trial a surgery-style approach with local councillors in two local authorities to support issue identification, evaluating its effectiveness in improving communication and engagement, with a view to expanding the approach across all local authorities	Q2
3C.8 - Further the Health Board's commitment to children and young people by developing an approach to ensure their voices influence decision making (Youth Voice approach). (*Linked to 4L.2*)	Q2
3C.9 - Co-develop and publish an Anchor Institution Principles and Charter with clearly defined principles ensuring alignment with community needs and organisational priorities	Q4

Overview

The Citizen engagement and partnership working sub objective is based around nine priorities delivering a number of benefits for the organisation focused o full implementation of the recommendations of the independent review of engagement. Outputs from this sub objective include expansion of engagement programmes across North Wales.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Targeted digital engagement and online campaigns have been delivered, supporting increased reach and visibility of engagement activity (3C.2)
- Place based engagement has expanded across at least five North Wales communities, including rural listening events and partnership led engagement, with insight captured through a structured monitoring framework (3C.3 / 3C.5)
- A more systematic approach to capturing, analysing and reporting citizen feedback has been implemented, including a routine monitoring report and the Citizen Experience and Engagement paper demonstrating how feedback influences plans, services and improvements (3C.1)

- A 'Co-Production, Engagement and Consultation Toolkit' has progressed through discussions at the PPHP Committee, Strategic Planning and Service Change Group, the Engagement Practitioners Forum and Llais, and is now entering a formal change management process (3C.1)
- Engagement with the Regional Partnership Board (RPB) has been reset, with improved attendance, contribution and interaction with regional partners (3C.6)
- First local authority councillor drop in pilot delivered in Ynys Môn, with a second pilot in Wrexham taking place shortly after the Senedd elections and dates in diaries are being firmed up for the rest of the Local Authorities (3C.7)
- A draft co-developed Anchor Institution Principles and Charter was presented to members of the Regional Partnership Board in March and work to progress this is embedded in the IMTP for 2026/27 (3C.9)
- Youth Voice work is progressing using a deliberate, co produced approach, paced to reflect the availability and preferences of children and young people (3C.8) This work will progress into 2026/27 following a North Wales wide youth workshop to develop the approach in March 2026.
- Engagement activity has strengthened trust and relationships with communities, partners and local authorities, improved relevance and quality of insight gathered, and increased transparency about how citizen feedback shapes decision making (3C.1–3C.9)
- Engagement reach has increased through expanded digital activity, public engagement events, rural listening sessions and partnership led approaches, evidenced through monitoring and reporting mechanisms (3C.2 / 3C.3 / 3C.5)
- Stronger, more mature relationships with local authorities and partners, demonstrated through the councillor surgery pilot and expanded partnership working, leading to earlier identification of local issues and more responsive system-wide collaboration (3C.7)
- Broader and more inclusive engagement reach, with a measurable increase in participation via digital campaigns, community-based activity, and rural listening events, ensuring a more representative evidence base to inform strategic decisions (3C.2, 3C.3, 3C.5)
- Enhanced place-based insight, particularly in rural communities, enabling more nuanced understanding of local health needs (3C.3, 3C.5)
- A more systematic and credible engagement infrastructure, including the 'Betsi Way' framework and embedded monitoring/reporting mechanisms, improving organisational consistency, accountability, and visibility of how feedback drives change (3C.1)
- Increased organisational capability and culture of engagement, supported by the development of communities of practice, toolkits, and training, contributing to longer-term sustainability of high-quality engagement approaches (3C.1)
- Clear strategic positioning as an Anchor Institution, with co-developed principles strengthening alignment between organisational priorities and community wellbeing outcomes and providing a foundation for future partnership-led impact (3C.9)
- Meaningful progression toward youth-informed decision making, with a co-produced Youth Voice approach establishing the foundations for sustained involvement of children and young people in governance and service design (3C.8)
- Overall shift toward a more integrated, evidence-informed engagement model, enhancing organisational credibility, supporting better service planning, and reinforcing public trust across North Wales (3C.1–3C.9)
- Engagement reach has expanded through digital and community activity, providing a more inclusive and representative evidence base and strengthening place-based insight, particularly in rural communities, to inform planning and service development. Stronger relationships with local authorities and partners, supported by the councillor surgery pilot and wider partnership working, are enabling more responsive collaborations.
- At the same time, a more systematic and credible engagement approach has been embedded through the 'Co-production toolkit' and improved monitoring and reporting, increasing consistency, accountability and transparency. Enhanced organisational capability, alongside clear Anchor Institution positioning and progress on Youth Voice, is supporting a sustainable culture of engagement. Together, this reflects a shift to a more integrated, evidence-informed model, strengthening credibility, improving planning and reinforcing public trust across North Wales.

3D Welsh Language & Culture	Executive Director of Allied Health Professionals and Health Science

3D.1 - Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings.	Q3
3D.2 - Adopt the Language Choice Scheme to a specific vulnerable patient group.	Q3
3D.3. Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce.	Q2
3D.4. In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services, which have been identified as a priority workforce group.	Q3
3D.5. Promote the use of Welsh language within the organisation	Q1

Overview

- The Welsh Language and Culture sub objective is based around five priorities delivering a number of benefits for the organisation focused around transition from planning to operational delivery of the Welsh Language Standards within the Welsh Language (Wales) Measure 2011 and the Welsh Governments Strategic Framework for Welsh Language Services in the Health Care sector 'More than just words'.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The transition from planning to operational delivery has begun to generate tangible improvements in how Welsh language services are embedded across acute settings in North Wales. The most significant progress relates to the 'Active Offer', workforce capability, and organisational readiness. These developments are already contributing to a more inclusive, safer, and person centred experience for Welsh speaking patients.
- Early implementation has strengthened the visibility and consistency of bilingual communication, with acute wards increasingly offering Welsh language interactions at first point of contact. This shift supports the overarching aim of treating language as a clinical need, particularly for vulnerable groups such as older adults, people with dementia, and those in distress. Workforce development has also accelerated. With A dedicated Welsh Language Tutor and additional support from the National Centre for Learning Welsh, learning pathways have been expanded and prioritised, with an increase in staff confidence in using Welsh. This is improving communication, strengthening cultural competence, and helping embed bilingual practice as a routine part of care.
- Active Offer becoming routine
  o More patients receiving Welsh language communication without needing to request it
  o Improved bilingual signage, reception interactions, and patient information
- Workforce capability increasing
  o Higher uptake of Welsh language training across acute settings
  o Supporting tailored learning, including for dementia and MHLD
  o Staff reporting greater confidence in using Welsh with patients
- Improved organisational compliance
  o Stronger alignment with Welsh Language Standards
  o Better integration of Welsh language requirements into policies and operational processes
  o Increased public visibility of bilingual health services across North Wales

- Enhanced patient experience and safety
  o Reduced communication barriers for Welsh speaking patients
  o More culturally sensitive and person centred care

4A Prevention and Early Intervention	Executive Director of Public Health

4A.1. Implement plan to target resources for our the most vulnerable groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveller communities) which will contribute to reducing inequalities in healthy life expectancy	Q4
4A.2. Creating the foundations for change, providing the Health Board with the means to demonstrate the impact of current prevention and early intervention activity across identified priority areas and determine where this could be improved.	Q4
4A.4. implement the National Immunisation Framework (NIF) for Wales locally and continue to provide improved resilience and variation.	Q4
4A.3. Develop proposals for Health Board capacity to prepare and respond to health protection threats, enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards.	Q4
4A.5. Refer to 'Section 4P – Diabetes' for the 2025/26 delivery priorities.	Q4

Overview

- The majority of what the NHS sees now is a result of long-term conditions - all of which have modifiable factors, and the majority have significant preventable factors.
  Our focus must be on reducing the prevalence (the number of people with long term conditions) and reducing the progression of these conditions (reducing the severe complications of long-term conditions) if we are to stop and then reverse the current widening gap between healthy life expectancy and life expectancy.

  There are four areas of focus as established in the 25/26-27/28:
  1. Working with partners to address the wider determinants of health
  2. Reducing Health Inequalities
  3. Improving the ability of people to maintain healthy lifestyles
  4. Improving the wellbeing of the population"

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- 215 out of 220 care homes have received an Infection Prevention Control review (98%), with 75% due for review receiving this
- Ongoing programme of Hepatitis B&C sampling in probation approved premises: Target 200, 235 completed
- Exceeded community sampling target for 25/26
- This work supports disease elimination agendas (Hepatitis B, Hepatitis C, HIV, TB) and strengthens protection against existing, new and emerging health protection threats. 100% of health protection enquiries received by the Health Protection Services responded to within 24 hour (162 received)
- The Vaccination & Immunisation Team has delivered protection against flu, COVID 19 and RSV, alongside ongoing delivery of MMR and HPV programmes

At Q4 Covid-19 Delivery in Care Homes

- West % uptake = 86.34%
  Central % uptake = 78.9%
  East % uptake = 83.8
- BCUHB are currently second amongst Welsh health boards with a 53.5% uptake in our staff population.
- As of 30th December 2025, BCU achieved 73.4% for flu vaccinations against the '65 Years and Older' flu metric (1.6% below the National target of 75%)
- 3,489 smokers were treated by HMQ Services, achieving a treated target rate of 7.1%, this exceeds the Tier 1 target of 5%. The CO-validated quit rate is 22.7% and the self-reported quit rate is 44.9%. The percentage of CO-validated quit rate remains low against a target rate of 40%, as telephone support remains a popular choice with service users.
- In 2025/26 referrals to the adult weight management service increased by 5%, with 5,903 referrals from April-Feb (inclusive) compared to 5,629 in the same period 2024/25. This includes 1,391 referrals for patients with BMI over 45 compared to 1,244 referrals in this category in the previous year.

In 2025/26 (as of 9/3/26) the Weight Management Service supported the following:

- 1,217 patients started the Kind Eating programme (adult level 2)
- 373 patients accessed Second Nature (digital adult level 2)
- 141 new patients were supported by the pregnancy weight management service
- 101 new patients started the Level 3 weight management programme for children and young people

- The Public Health Intelligence Research and Evaluation Programme has been established and is supporting key areas of Health Board work as we progress Population Health Intelligence. Supporting the Regional Partnership Board, the Wellbeing and Prevention Anchor Framework for North Wales has been launched.
- To inform a more comprehensive Inclusion Health offer for the Health Board, the Public Health Directorate has obtained insights through Health Needs Assessments and evidence reviews across key Inclusion Health Groups. These groups experience poorer access to our services and poorer health outcomes. Their insights reveal outstanding health needs, key barriers in accessing our services, and based on this we propose evidence-based recommendations to overcome these.
- BCUHB Public Health Directorate has collaborated with partners through Homelessness Insights Work, involving Local Authorities, BCUHB staff, people with lived experience, and conducted analysis of clinically optimised bed days. This work has been recognised nationally by Welsh Government for the proactive approach in preparing for legislative change. Key findings from this work are documented with clear recommendations to inform Health Board progress to meet the statutory Ask, Act and Cooperate duty on Health Boards under the forthcoming Ending Homelessness legislation (within the Homelessness and Social Housing Allocation (Wales) Bill expected Spring 2026).

4B Primary Care including Clusters	Chief Operating Officer

4B.1 Full engagement in the implementation of the national 'Primary Care Model' for Wales and focus on delivering the national Primary Care Programme. This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service (see also Diagnostics 4D.c.11)	Q4
4B.2 Develop the Primary Care 'same day' offer to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units.	Q4
4B.3 A pathways of care approach will be adopted to ensure that primary care professionals have access to the resources they need so that secondary care referrals only occur where they will add value to the patient.	Q2
4B.4 A 'Primary Care Academy' approach will support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability	Q4
4B.5 Access to primary care dentistry is a key priority and a GDS procurement process will be moved forward alongside consideration of new and innovation ideas to increase patient access. (*Linked to 4O.1*)	Q2
4B.6 Sustainability support will be reviewed in order to bolster support to contractors that are in difficulty. Where appropriate discussions will be held with national partners.	Q4
4B.7 Progress the strategic approach to a mixed model of primary care that supports contractors to remain independent contractors and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research.	Q3
4B.8 Implement the new GMS Contract Assurance Framework.	Q1
4B.9 Improve accuracy, visibility and use of primary care performance data.	Q2
4B.10 Develop proposals that address areas of poor primary care estate impacting upon care	Q4
4B.11 Work with Primary Care providers in North Wales to prepare and expand suitable training environments for Medical Students from the North Wales Medical School.	Q3
4B.12 Scope and test a model for commissioned community pharmacy services focused on long term condition management, starting with hypertension. (*Linked to 4M.4*)	Q4
4B.13 Develop proposals to expand the use of cluster-based Care Home support services that can provide timely assessment to minimise otherwise avoidable hospital conveyances and improve outcomes for Care Home Residents, including support to carers.	Q4
4B.14 'One stop' models of care that enhance the delivery of care for people with diabetes and related conditions will continue to be tested and if successful, expanded	Q4
4B.15 Discussions (internally and with partners) will be progressed to a conclusion as to whether the current 14 cluster footprints are optimal or whether a change of focus to pan-cluster footprints would be preferable	Q1
4B.16 Generate a proposal to develop a community collaborative model as an integrated Health and Social Care provision for North Wales, ensuring 'pooled' resources for 7-day provision as a collective through utilising established practices such as Trusted Assessor.	Q3

Overview

The primary Care sub objective is made up of 16 priorities the outcomes of which range from the implementation of the national 'Primary Care Model' for Wales and the national Primary Care Programme, dentistry, training, increased research opportunities, through too maximising opportunities for primary care as an alternative to ED attendance.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The ambitions for this sub objective are considerable and are based upon work undertaken in previous periods. They are also very much about continuing this work, creating solid foundations, spreading good practice and ensuring that P&C care services are developed in innovative ways and supported such that they can continue to deliver for patients and remain the care providers for over 90% of the population's interactions with the NHS.
- The reviews of cluster footprints must align with the both the ambitions to deliver upon the Transformation Plan and where the new operating model lands – this in effect means delivery in 2026/27, to rush to finalise this ahead of such would be foolhardy.
- Discussions are ongoing regarding the initial footprints for Federations if the strategic intent to deliver PC @ Scale as outlined in the All Wales Transformation Plan and also contained in the BCU plans is to be followed through. There will then be further work to do in 2026/27 to set these up and have them "oven ready" for being commissioned for delivery.
- The HB has already established the beginnings of a local Transformation Board and will be developing a local Transformation Plan on the back of work undertaken by the HB this year through the Community by Design Board.
- Further work is also required on supporting Health Board managed practices building on work previously commenced in 2023/2024 and assessing if this is fit for purpose for current organisation status and with full sight on future management arrangements across BCUHB as part of Foundations for the Future.
- Cluster-based Care Home support services have not been fully embedded. The red bag scheme has been rolled out in part of the East IHC however no expansion proposals in the Centre or West IHCs and the existing service and support has continued which will be captured in broader frailty model development in coming years.
- Therefore, whilst the sub objective was not complete in 2025/26, it can be seen that good progress has been made in many areas which will continue in the vast arena of P&C care that is one of the crucial areas to strengthen in order to achieve overall system resilience.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The PCMW was developed to become the vehicle by which A Healthier Wales would be delivered, establishing a whole system approach to sustainable and accessible local health and well being care. It set to deliver this by focussing on place-based care, care closer to home and multi professional working. Multi professional clusters were at the heart of its intended aims. There are 13 component parts of PCMW that are to be addressed ranging from an Informed Public and Empowered Citizens through to well-being and self-care, services that address the needs of the properly assessed needs of the population, services that can be directly accessed and delivery of exemplary multi-disciplinary care in particular for complex citizens.
- Within BCUHB there are already many of those component parts in place such as MDT working at practice and cluster level , a growing suite of directly accessible services , strong community resource teams delivering primary care led complex care in the community and a high level of signposting and care navigation to relevant services for patients. A pathways of care approach has also been adopted through the implementation if the 'Community Health Pathways' which is live and in place
- However, as with many other parts of Wales , there is not consistent development and implementation of these service areas with a wide range of different approaches across North Wales.
- The one of the roots to addressing this has been the establishment of a Primary Care Board, now Community by Design Board, chaired by the COO with very senior representation from Executive Team members and the Primary and Community family (clinical and managerial) from across BCUHB. This board having a mandate to pursue the aims of the PCMW, develop a transformation plan and monitor progress as well as challenging barriers that may become apparent.
- Progress has been made via this Board in setting out the Strategic Intent of the HB in terms of delivering focussed investment in primary and community care for services currently delivered in secondary care that are not necessarily as efficient, innovative, closer to patients and accessible. This work has been used to frame the IMTP for 2026/27 which is important given the potential changes in the Operating Model in 2026/27.
- The PCMW has to a great extent been overtaken at an All-Wales level by the Community by Design Transformation Plan, being led by the CMO, that looks to accelerate the development and delivery of integrated community services. The groundwork undertaken in 20205/26 puts the organisation in a more solid position to take on board the requirements laid out for HBs in that plan and as result deliver exemplary care to patients in the community in a timely manner without the need for access to secondary care service unless absolutely necessary.
- Alongside work on developing the component features that would deliver high quality place-based care, there has commenced a review of the current cluster footprints. There are currently 14 clusters across north Wales and they have stayed main as is for the past 10 years. It is important to consider now whether they are fit for purpose as is, whether they are capable of and have the capacity for delivering the intended aims of cluster work and that they remain relevant as the HB looks to create its 10-year strategy and clinical services plan.
- There remains in BCU, as with many other HBs, a plethora of teams and services in each geography, often opaque in terms of the patient care they can and do provide with multiple referral routes and assessments. In reviewing cluster footprints, it is essential to consider how really integrated streamlined neighbourhood care can be provided that removes this

fragmentation, simplifies the system for the benefit of all and results in high functioning neighbourhood teams that can accelerate the ambitions of the HB and WG resulting a far better services for citizens.

- It is clear that work is needed to consider how best to organise primary and community services to most effectively delivery primary care at scale. Evidence from elsewhere in the UK shows that a leading approach is the development of Federations that can both support individual GP practices as well as delivering services at scale for larger populations. Work has commenced to consider this, reviewing where this is working well and why and beginning to set the groundwork for initialising potential Federations within North Wales in 2026/27. The exact number, configuration and so forth need to be carefully worked through and are highly dependent upon the level of services that the HB would wish to commission in line with the requirements of CbD and the aspiration set out above.
- Cluster working has been in place for 15 years and the PCMW was developed in 2018 some 8 years ago. Over this period there have been multiple projects and programmes of work that have provided very direct benefit to the population of north Wales. There is a more diverse workforce in our GMS practices, including Physios, OTs, Paramedics and Pharmacists, alongside access to Tier 1 MH services where this was not readily available. As such the population of north Wales has had benefit from cluster funding and the HB promoting various aspects of the PCMW both in terms of access to new innovative services such a well-being support for children and young people, breathless hubs, improved access to counselling and so on.
- This funding and work on GMS sustainability, investment in community pharmacy and the Optometry contract have both provided new services and ensured that there remains timely access to our substantial primary care services dealing with over 500k calls to practices a month. As reported last year CAF, The Contract Assurance Framework is now business and a BCUHB GMS Sustainability Plan has been developed in order to support contractors; access to Primary Care dentistry has also been a key priority with A General Dental Service (GDS) procurement process (BCU-OJEU-56712 - Provision of Primary Care Dental Services) completed in early 2025.
- The 'same day offer' in Primary Care has been developed. GMS in hours access has been at 100% and the BCU GP Out of Hours service has been the best performing on clinical queue response times consistently last year. The Building Community Capacity Tier 1 Urgent Primary Care initiative established in the East IHC has also provided 50,364 additional appointments via GP Practices between April 2025 and end Jan 2026. Primary Care has also been key within the development of Workstream 1 within the UEC programme.
- The work that has commenced in regard to the HB being in a solid position to implement the CbD approach and invest in / commission primary and community care to deliver on services best placed closer to home with timely access, will ensure that the population of north Wales is in receipt of high-quality timely services over the coming years.
- Supporting the Primary Care workforce is also key and a programme plan has been established through the Primary Care Academy to support healthcare professionals to develop advanced skills within primary care and it has been confirmed with Bangor University that there are sufficient places available for Medical students here in North Wales. A further example of working with partner organisations includes a memorandum of Understanding for Trusted Assessors supporting Residential Homes has been codesigned with Local Authorities s and care providers and although not complete for 25/26, work is continuing on developing an interorganisational memorandum of understanding for discharge which will include working toward more 7 day provision.
- There has been implementation of the Optometry Contract (WGOS 4) directly benefitting patient care as well as number of the cluster schemes highlight above. One stop models of care have also been supported whereby two GP Practices ran a pilot using Point of Care testing equipment to support one stop annual review clinics for people with Type 2 diabetes. Therefore work under this objective to build the foundations and to further the components of the PCMW / CbD Transformation are equally as important and will deliver qualitative and quantitively benefits in the years to come.

4C: Community Care	Chief Operating Officer

4C.1. Enhanced Community Care - Generate options to increase provision of Enhanced Community Care (ECC)	Q1
4C.2. Enhanced Community Care - Develop a business case for increased ECC outlining options, costs, benefits, risks and possible funding streams	Q2
4C.3. Enhanced Community Care - Progress business case through Health Board governance to seek support for preferred option.	Q3
4C.4. Enhanced Community Care - Subject to available funding, undertake any necessary staff consultation, commence recruitment for agreed staffing, implement pathway changes, commence delivery of increased provision for ECC.	Q4
4C.5. Weekend Community Nursing - Review options to increase District Nursing provision at the weekend including the nature and level of weekend demand	Q1
4C.6. Weekend Community Nursing - Develop a business case for increased weekend community nursing capacity outlining the options, costs, benefits, risks and possible funding streams.	Q2
4C.7. Weekend Community Nursing - Progress business case through Health Board governance to seek support for preferred option	Q3
4C.8. Weekend Community Nursing - Subject to available funding, successful recruitment and outcome of staff consultation, work to agree implementation plans, commence recruitment and commence increased community nursing for weekends	Q4
4C.9. Weekend Specialist Palliative Care - Review opportunities to increase Specialist Palliative care capacity in the East to bring cover up to the same level as other parts of BCU i.e. 2 CNS's on duty at the weekend	Q1
4C.10. Weekend Specialist Palliative Care - Seek options to identify and secure funding additional weekend Palliative Care CNS hours	Q2
4C.11. Weekend Specialist Palliative Care - Commence recruitment for agreed SPC CNS hours and undertake consultation with existing staff on changing work patterns; subject to available funding.	Q3
4C.12. Weekend Specialist Palliative Care - Develop implementation plans to commence increased SPC CNS capacity for weekends and bank holidays; dependent on staff consultation, recruitment and prioritisation of resources.	Q4

Overview

The Community Care subobjective consists of 12 priorities, the outcomes of which aim to develop increased provision of Enhanced Community Care, through increasing District Nursing / community nursing and specialist palliative care weekend provision. However, a number of these proposals are subject to business case approval.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- There has been an increase in the reported level of community nursing hours worked at the weekend, as a proportion of weekday staffing, during the 2025/26 financial year. However, there remains significant variation across the three IHCs and our combined performance in is the region of 35%, against a target of 80%. Increased weekend working will require investment. Work is continuing, currently focused on a baseline establishment review across all District Nursing Teams in BCU. We are continuing to link with WG in respect of data definitions and improvements in our reporting. This remains a WG priority for the HB and this is reflected in our Annual Delivery plan.
- The increase in weekend palliative care specialist nursing has been achieved in West and Central, utilising existing resources and some additional "Further Faster" funding (Central IHC). No additional funding to support increased weekend cover in the East has been secured. East are looking again at possible opportunities to achieve some increase within existing resources. This is outlined in the service's Annual Delivery Plan.
- Some increased provision of Enhanced Community Care has been achieved during 2025/26. This has been supported in part using Further Faster funding (Central IHC). A consistent model for the provision of Enhanced Care across the HB has not been agreed. As a result, a business case to secure resources has not been developed. This Ministerial priority was not allocated

to an overarching transformation programme so progress could not be made. This is no longer a Ministerial priority from April 2026, however, the opportunity to develop these services and support the delivery of more complex care outside hospital remains. Such a service would benefit patients and reduce pressure on EDs and inpatient beds.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- There have been some small pilots of increased weekend community nursing provision. Comprehensive evaluation of the impact has not yet been undertaken. it is, however, acknowledged that the full impact of a significant increase in weekend community nursing will not be optimised until other related and partner services are also operational at the weekend (e.g. community therapies, Social care, primary care, routine diagnostics).
- There has been increased access to Palliative Care Clinical Nurse Specialists at weekends in two IHC areas. This has supported patients, their carers and other clinicians working at the weekend and benefitted patient care, with more timely specialist advice.
- Increased numbers of patients have been cared for at home, by Advanced Nurse Practitioners, GPs and community nursing, therapies and support staff. Some have been stepped up to Enhanced Care in their own homes, whilst others have stepped down to Enhanced Care to enable an earlier discharge from hospital. This has enabled their care to be delivered Closer to Home and has also freed up inpatient beds for patients who need hospital care.

4D.a Planned Care	Chief Executive / Chief Operating Officer

4D.a.1. Develop and implement the next stage of the Validation Approach in the Health Board; focusing on delivering high levels of data quality, updated waiting lists and application of waiting list policies.	Q1
4D.a.2. Implement locally the 8 nationally agreed Interventions Not Normally Undertaken (INNU), and the pipeline of INNUs that follow.	Q1
4D.a.3. Develop and implement best practice standards (GIRFT/Optimisation Framework) for referral advice and guidance (pre-referral) focusing on high volume, high opportunity specialties as a priority and rolling through other specialties thereafter.	Q4
4D.a.4. Assess the opportunities for Referral Triage and Alternative Pathways in high volume specialties as a priority; drawing up and commencing the implementation of service redesign proposals, learning from other organisations	Q2
4D.a.5. Implement the Health Pathways (including Pathway Alliance Programme) in priority specialties	Q3
4D.a.6. Implement specific specialty 'direct listing', specifically focused on ophthalmology as a priority	Q2
4D.a.7. Progress the implementation of the new Booking Service, enabling a consistent approach across the organisation.	Q4
4D.a.8. Review and update outpatient clinic templates, incorporating GIRFT/Optimisation Framework standards, across high priority specialties	Q2
4D.a.9. Implement a revised DNA/CNA approach, including overbooking mechanisms where DNA/CNA rates are above 5%.	Q2
4D.a.10. Develop and implement the revised model for Pre-Operative Assessment	Q3
4D.a.11. Identify specialty by specialty high utilisation opportunities to enable focused and targeted approach to achieve the 85% utilisation threshold.	Q4
4D.a.12. Review each specialty to identify opportunities for increased day case, and minor-ops/procedure room (Right Patient, Right Place-type) approach. Implement priority specialty improvements.	Q3
4D.a.13. Undertake a systematic approach to validating, data cleansing all Follow-up lists.	Q3
4D.a.14. Implement See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) on all priority specialties (linked to Optimisation Frameworks/GIRFT)	Q3

4D.a.15. Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity	Q1
4D.a.16. Introduce an enhanced demand and capacity modelling approach that takes into account all aspects of planned care and cancer pathways.	Q3
4D.a.17. Implement a programme of in-year commissioned capacity to support 2025/26 delivery	Q4
4D.a.18. Develop integrated specialty plans for 2026/27 based on the progress made across specialties in 2025, to include workforce, finance, commissioning aspects.	Q4

Overview

"This subobjective is made up of thirty-nine priorities separated into three categories;
A. Planned Care
B. Cancer Care
C. Diagnostics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The overarching aim for 25/26, has not been fully delivered due to a combination of operational pressures, capacity constraints, and changes in key personnel leading to reduced continuity in programme delivery. In particular, the pace of implementation has been affected by ongoing service pressures across acute and community settings, which have limited the availability of clinical and operational leads required to progress agreed actions. Additionally, refinements to the scope and dependencies with other workstreams have required realignment of timelines to ensure a cohesive and sustainable approach.
- A revised and strengthened delivery plan, moving into 26/27, is now in draft. Full achievement of the aim hinges on securing the necessary resource, time, and prioritisation within the IMTP. Until there is clarity on organisational priorities and the allocation of capacity to support this work, delivery timelines will remain at risk.
- To move forward, the proposed plan includes aligning the remaining deliverables with IMTP decision-making processes, reaffirming clinical and managerial ownership, and ensuring that the programme is appropriately prioritised within the wider portfolio. Once resourcing is confirmed, milestones will be refreshed, delivery confidence strengthened, and progress accelerated in a structured and sustainable way.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Despite the overarching aim not being fully delivered, several meaningful outcomes have already been achieved.
- Across the programme, significant progress has been achieved against the overarching aim, with measurable improvements delivered across 5 of the 6 workstreams. These achievements demonstrate early impact on pathway efficiency, data quality, referral management, and patient experience, contributing positively to service delivery for the population of North Wales. A suite of validation improvements has been implemented to cleanse our waiting lists to ensure those that need to be seen are seen more quickly.
- The EBO chatbot patient validation model launched in Trauma & Orthopaedics in October 2025, enabling virtual conversations with automated WPAS updates; this has since been rolled out to Gastroenterology, with Gynaecology planned next.
- Clerical validation capability has been strengthened, supporting the national requirement to validate >36week pathways and resulting in 23,000 validations completed, including 6,216 pathway closures—20% within the over104week cohort.
- Clinical validation has also been standardised through publication of the BCU Clinical Validation Policy, supporting resources, the launch of the Planned Care Clinical Group, and the commencement of structured validations across Gynaecology, General Surgery, T&O and ENT, linking with referral management and SOS/PIFU pathways.
- Significant steps have been taken to improve referral quality and reduce unnecessary secondary care demand.
- A successful exit strategy for Consultant Connect was delivered, removing a £200k cost pressure.
- WAP Full is now operational across CMATS, Dermatology, Urology, Max Fax, ENT (Central and West), Breast and Respiratory Medicine, with Gastroenterology on track by March and further go lives scheduled.
- Community Health Pathways continues to exceed expectations with 166 pathways live, supported by a prioritisation matrix to guide targeted improvement.

- Booking processes have been strengthened through the approval of the 2025 RTT Quick Guide and development of expanded outsourcing guidance. Stage 1 booking training has been rolled out via a train-the-trainer model.
- The NHS Wales App has been successfully launched for BCU patients, delivering over 51,000 new referral notifications and nearly 70,000 appointment notifications since October 2025.
- Use of video appointments has increased by 80% since March 2025, including a 65% rise in video group clinics, with a successful paramedic-to-ED avoidance pilot being scaled.
- A standardised pan-BCU approach to the Health Screening Questionnaire (HSQ) and POA pathway has been agreed following a successful trial, with outcomes now visible on PTL for high-volume, low-complexity identification.
- The POPS [Peri-Operative Older Persons clinic] trial in the West demonstrated meaningful impact, with 18% of reviewed patients opting for alternative treatment pathways.
- Cataract HVLC trials have transitioned into BAU listings across Centre and East, supported by detailed capacity/demand modelling to inform sustainable service redesign.
- Follow-up pathway validation has removed 2,203 duplicate pathways (33%) from a total of 6,714 validated by the Core Validation Team, with speciality-level improvements in Gynaecology, Dermatology, and T&O.
- Foundations for SOS/PIFU expansion have been strengthened through a refreshed project plan aligned with CIN discharge protocols, clinical validation requirements and the follow-up cleanse, all on track for completion by end of Q4 25/26.

4D.b Cancer Care	**Chief Executive / Chief Operating Officer**

4D.b.1. Recovery of the Health Boards cancer position and improved performance against the Suspected Cancer Pathway referral to treatment target, aiming to achieve 80% of cancer patients treated within 62 days of suspicion of cancer by March 2026.	Q4
4D.b.2. Clearance of the over 62-day waits is a priority as this is currently a large number of pathways. The Health Board will need to factor in the backlog clearance over the first 6 months towards delivering the 80% treated within 62 days standard by March 2026.	Q4
4D.b.3. Commission of additional external resource in endoscopy and dermatology whilst seeking to develop and recruit to more sustainable models of care to meet the needs of our population across north Wales.	Q1
4D.b.4. Work to improve referral pathways with the introduction of the Community Health Pathways tool.	Q2
4D.b.5. Introduction of nurse led triage model for patients with suspected colorectal cancer to increase the number of patients referred straight to test and reduce overall waiting times.	Q2
4D.b.6. Optimise the agreed teledermoscopy service and develop the evidence case to expand	Q4
4D.b.7. Investigate the case for new models for the assessment of women with post-menopausal bleeding to reduce time to diagnosis of gynaecological cancers.	Q2
4D.b.8. Develop a proposal for the expansion of robotic assisted cancer surgery.	Q4
4D.b.9. Consider a proposal to repatriate some services from England to north Wales; some plastic surgery and specialist radiotherapy procedures.	Q3
4D.b.10. Work with the charity Maggie's and the Steve Morgan Foundation to open a new Maggie's cancer support centre in the grounds of Ysbyty Glan Clwyd in 2025	Q4

Overview

"This subobjective is made up of thirty-nine priorities separated into three categories;
A. Planned Care
B. Cancer Care
C. Diagnostics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The Health Board has not achieved the Suspected Cancer Pathway target of 75% patients treated within 62 days of suspicion of cancer. This is due to pressures within specialties such as dermatology, gastroenterology, urology and breast surgery in particular. An SCP delivery plan was agreed by the Health Board in September 2025 and part 2 has been agreed for 26/27 and will be delivered during the year in order to improve performance.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Progress has been made with the backlog of patients waiting over 62 days with a suspicion of cancer reducing from over 3,000 to 1,660, the lowest number since mid-2023. This reduction means patients are being treated sooner but the overall percentage of patients treated in target will not improve until the backlog has been removed.
- Progress has made been made in reducing waiting times through insourcing - endoscopy, dermatology and urology and through new pathways including the introduction of nurse led triage in colorectal.
- Patient care has been improved through the opening of the Maggie's Centre to support patients and their families on their cancer journey and the development of Community Health Pathways to help primary care in making appropriate referrals

4D.c Diagnostics	Chief Executive / Chief Operating Officer

4D.c.1. Complete demand and capacity reviews for all diagnostic services, with implementation of identified improvement plans to deliver sustainable services and to deliver against forecast trajectory targets for reportable diagnostic services	Q4
4D.c.2. Ensure service delivery is equitable and high-quality experience for patients	Q4
4D.c.3. Undertake a rapid review of workforce capacity and skill mix to inform recruitment and retention strategy	Q2
4D.c.4. Deliver the major national information technology projects currently underway in Radiology and Pathology; subject to available resource prioritisation	Q3
4D.c.5. Progress the development of the medical illustration service to support the teledermoscopy service.	Q4
4D.c.6. Complete estates reviews for all diagnostic services, with prioritisation and progression of identified improvement projects	Q4
4D.c.7. Progress the Regional Diagnostics Hub project within the Planned Care Programme	Q4
4D.c.8. Progress Endoscopy, Nuclear Medicine/PET-CT and Digital Cellular Pathology business cases.	Q2
4D.c.9. Maintain capacity for a workstream to focus on transformational change, including AI	Q4
4D.c.10. Integrate diagnostics quality assurance approaches with the Health Board QMS.	Q4
4D.c.11. This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service (see also Primary Care 4B.1)	Q4

Overview

"This subobjective is made up of thirty-nine priorities separated into three categories;
A. Planned Care

B. Cancer Care
C. Diagnostics"

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Overarching aim is to deliver safe sustainable diagnostics services over a 3 year period 2025-28. Year 1 has focussed almost exclusively on national, non-recurrent funded recovery programmes targeted at the ministerial priorities for; 0 patients waiting more that 8 weeks for a specified diagnostic test; 0 patients waiting over 104 weeks (RTT) and the national OPD programme. This has generated significant additional demand on existing diagnostic services, with a number of procured non recurrent, premium rate solutions directed towards this activity. Unlikely to deliver all milestones this year; 8-week backlog circa 14k - plus delivered the 104 week and OPD diagnostic elements. Whilst individual routine diagnostic waits did not significantly reduce over the full year - higher levels of activity achieved and targeted performance improvements support improved access for patients over the full year.
- Progress in supporting elements e.g. radiology successful implementation of RISP IT project, creating a single patient database for BCUHB which will eliminate regional variation between sites and provide significant additional data for service improvement programmes. Similar for Pathology LIMS2.0 programme with partial rollout in 2025-26 and completion in 2026-27 (delayed nationally however all local actions have been completed in year). Note high risk regarding blood transfusion component under active management.
- Progress with business case for PETCT / nuclear medicine - FBC signed off by HB, progressing to WG for approval. Endoscopy and Digital Cellular Pathology business cases have also progressed in year.
- Some progress with estates issues e.g. RAAC pathology issue; YG audiology
- Unclear direction of travel with respect to diagnostics hub -to be prioritised in 2026-27 through planned care programme and Community by Design / community diagnostics projects.

4E UEC	Chief Operating Officer

Workstream 1 - Support at the Individual's Front Door 4E.1 - Implementation of the remote clinical assessment services framework - Implement a 'Single Point of Access' (SPOA) hub for urgent and emergency care that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present. The work will include assessing the current pathways, their effectiveness, consistency of usage and implementing alternative pathways that both reduce attendance at ED and provide suitable alternative to admission for ED clinicians to access when patients do present in an emergency. This will include trialling appointments in areas such as Ophthalmology, SDEC, Urgent Primary Care Centre's and Dental.	Q4
Workstream 1 - Support at the Individual's Front Door 4E.2 - Implement Community Based Falls Response Services to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate. This Community Service will be both a stakeholder of the SPOA hub as well as a pathway out of it. Both of these interventions will ensure that high risk patient groups (such as falls and breathlessness that make large contributions to the demand on ED) are supported in the most effective way	Q3
Workstream 1 - Support at the Individual's Front Door 4E.3 Ensure implementation of Primary Care Model, including delivery of national Primary Care Programme, and development of Primary Care Same Day Offer (4B.1 & 4B.2) is fully integrated into this workstream and delivers expected outcomes in terms of attendance at Secondary Care	Q4
Workstream 2 – Hospital Front Door 4E.4. Implement an Acute Front Door Frailty Service at all acute hospitals – integrated with community frailty services - that ensures that older people with frailty dependent on prioritisation of available resources are streamed to the most appropriate services within the hospital when required as quickly as possible and, where possible, discharged home on the same day. This will include an evaluation of the different approaches to acute front door frailty services in place inside and outside the Health Board	Q4

Workstream 2 – Hospital Front Door 4E.5 - Implement the Welsh Health Circular (WHC) - Ambulance Patient Handover Guidance to ensure timely transfer of patients from ambulance crews to Emergency Department (ED) staff.	Q2
Workstream 3 – Hospital Flow 4E.6 - Implement actions described in the Optimal Hospital Flow Framework to ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This will support a reduction in deconditioning, and the early identification within the first 24hrs of admission and communication of any support requirements on discharge which should support a reduction in pathways of care delays once embedded across both acute and community inpatient areas. This will be supported initially by two Optimal Hospital Flow Facilitators who will create and roll out training resources – a national initiative that is being tested in BCU to assess its impact. This work on reducing pathway delays is critical to removing surge capacity from routine use.	Q4
Workstream 4 – Discharge from Hospital 4E.7 - Introduce actions to improve pathways of care delays and discharge planning through: a) a single North Wales approach to validation of delays to support more effective reviews with Local Authorities, b) increasing the number of assessments undertaken by 'trusted assessors' including ensuring assessment takes place the right environment, reducing the dependency on contended social care resource, and reducing assessment delays, c) exploring options in relation to right sizing of both step up and step down community capacity, subject to the prioritisation of available resources.	Q4

Overview

"The UEC sub objective consists of seven priorities under four workstreams;
1. Support at the Individuals Front Door
2. Hospital Front Door
3. Hospital Flow
4. Discharge from Hospital

Outputs from which will include implementation of a remote clinical services framework, a 'Single Point of Access' Hub, a community-based falls response service supported by an acute front door frailty service and community frailty service. It is anticipated that this work will ensure patients get the right care for their needs quickly reducing demand on acute sites, reducing deconditioning and optimising hospital flow."

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The purpose is to provide the Area Delivery Partnership (ADP) with an update on progress across the Urgent and Emergency Care (UEC) programme, aligned to the National Six Goals Programme and BCUHB's Integrated Medium Term Plan (IMTP) 2026/27, and to outline key next steps for delivery in 2026/27.
- Single Point of Access (SPOA)
  - Leadership and governance arrangements have been refreshed, with work focused on establishing a clear baseline of current provision, including identification of good practice and system gaps.
  - Early development of datasets and reporting metrics has commenced to support future SPOA performance monitoring.
  - Preparatory activity for pilot delivery is underway, including identification of staff for early transition into SPOA roles, alignment with community pathways, and securing required clinical cover.
- Falls – Care Homes and Community
  - Engagement and capacity mapping across care homes has been completed.
  - St John's Ambulance has been confirmed as the training provider, with an agreed outline curriculum and a phased delivery schedule developed.
  - A communications package has been prepared to support engagement with care home managers and staff.

- Community-based falls response work has progressed, with a focus on developing the delivery model and securing Six Goals funding to support CRT training and equipment procurement.
- Frailty
  - A baseline assessment has been completed, including detailed site comparison.
  - Initial stakeholder identification for the project group is underway, with continued alignment to national frailty frameworks.
- Ambulance Handover
  - An initial review of the Ambulance Handover Action Plan has been completed, identifying evidence gaps against all 22 national requirements.
  - Key areas for standardisation have been identified, including triage, streaming, "fit to sit" processes, escalation, and specialist pathways.
  - Early engagement has been established with WAST to support pathway alignment and data sharing, alongside development of a structured evidence-gathering plan.
- Optimal Hospital Flow
  - Recruitment has commenced for two Optimal Hospital Flow Framework (OHFF) facilitators.
  - The first draft of the UEC Lexicon (terminology for Board rounds) has been developed and shared for feedback
- Key Risks / Issues
  - Delivery of several workstreams is dependent on securing National Six Goals funding to enable training, equipment procurement, and mobilisation at scale.
  - Variation in existing SOPs and processes (particularly for ambulance handover and flow) presents a risk to standardisation and assurance against national requirements.
  - Workforce capacity remains a critical dependency for SPOA and Frailty mobilisation. (Risk context drawn from programme activity and evidence gaps identified.)
- Next Steps – Next Reporting Period
  - Identify and confirm key staff for deployment during the SPOA establishment and pilot phase and finalise SICAT transition arrangements.
  - Finalise and publish the care home falls training rollout plan and monitor performance against national trajectories.
  - Secure Six Goals funding to support community-based falls response implementation, including CRT training and lifting equipment.
  - Establish the Frailty Project Group, validate baseline findings, agree the BCUHB frailty model, and commence site-level gap analysis and costing.
  - Collect and standardise site-level SOPs for ambulance handover and complete end-to-end process mapping across YG, YGC and WMH.
  - Finalise the UEC Lexicon and establish Board-level and operational Task & Finish Groups to standardise FLOW ways of working

4F Adult Mental Health & Learning Disability	**Executive Director of Allied Health Professionals and Health Science**

4F.1. Work with the NHS Executive to deliver the emerging Mental Health strategic improvement programme including patient centred safety, crisis care and access to community services.	Q1
4F.2. Continue to improve quality and safety of care, including full delivery of the Royal College of Psychiatry (RCPsych) Mental Health Invited Service Review.	Q4
4F.3. Continue to improve access to and reduce waiting times for North Wales citizens needing support from Community Mental Health Service.	Q4
4F.4. Develop a coherent overarching model for the delivery of care to people experiencing mental health crisis.	Q4
4F.5.- Deliver phase 1 of the Mental Health Electronic Healthcare Record (EHR) programme as a developing template for the wider transformation above. (*Linked to 2D.5*)	Q4
4F.6. Deliver progress across specialist service improvement projects, including Perinatal and Eating Disorder services.	Q4
4F.7. Deliver, with Capital Estates colleagues the 2025/2026 programme for Anti-Ligature estates work.	Q4

Overview

The Adult MHLD sub objective consists of eight priorities the outcomes of which include continued improvements to quality and safety of care, development of a coherent overarching model for delivery of care improving access and reduced waiting times for care.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- 25/26 has been a progressive year for MHLD division both from a strengthened delivery perspective and an enablement one. It has seen the new national Mental health and wellbeing strategy launch and the emergence of a clear Strategic programme for Mental Health (SPMH), which we are working closely with NHS Performance and Improvement (NHSPI) colleagues to advance. Quality of care continues to be of paramount focus and we continue to work with colleagues to deliver RCPsych recommendations and are engaging fully with the developing national Patient Safety Programme. A Mental Health Oversight and Delivery Group (MHODG) has been established chaired by the Chief Executive and this will ensure that we have an agreed and understood approach to mental health across the organisation.
- Access to and quality of the care provided across MHLD services has demonstrably improved with robust evidence gathering governance structure in place to capture improvements recommended by the RCPsych review and ensure that they are sustainable and continuous. This has involved patient/ carer stakeholders to ensure these improvements can be seen and felt. The division has undertaken a number of engagement opportunities with service users, staff and partners that will inform further improvements and support the redesign of services aligned more closely with community partners.
- Crisis care has been a considerable focus this year with a new model devised to support those in greatest need when they need it. Health inequalities continue to be addressed with the continued development of specialist services, improved access to core services and improved quality of care.
- Key to the improvement work is the enablement of staff through the introduction of an electronic health record. The procurement exercise has been concluded and approval is awaited from WG to award the contract to the preferred provider. The implementation of an EHR will be transformational for staff and service users in MHLD.
- Visible impact is observed and this has been more evident this year than before due to full introduction of Patient Reported Experience Measures (PREMs) across inpatient and community services. High satisfaction levels are observed with 85% of service users rating their overall experience as “good” or “very good.” This has coincided with the initiation of Patient Reported Outcome Measures with establishment of use of the ReQol tool with patients in some of our settings.
- Our work continues to tackle pervasive health inequalities by ensuring our residents are being treated closer to home by reducing out of area placements and with the opening of the Chester based Mother and Baby Unit (MBU) in December. Welsh women are already benefitting from the MBU care with positive outcomes. The division has implemented the physical health policy that address the wider health aspects of mental health and learning disabilities care and is supported by the roll out of EMIS, with staff already providing positive feedback on its introduction and use. Furthermore, in LD services the roll out of the Health Equalities Framework (HEF) and annual health checks ensure this service user group are effectively and holistically supported.
- We have improved access to primary care mental health services with over 80% of patients being seen withing 28 days for first assessment and first intervention. We also have improved access to specialist services that provide care and treatment for eating disorders across North Wales and Early Intervention in Psychosis support for patients in the East.
- All key workstreams are supported by a robust project management approach with clear performance management, reporting and escalation that feeds into and through our divisional governance process. Key project deliverables and risks are monitored with opportunities to escalate challenges built into the process along with seeking to accelerate any milestones where possible.
- For shared deliverables such as the implementation of the all-ages Mental Health EHR and ligature reduction works, we continue to work with colleagues across Estates, Health and Safety, CAMHS and DDaT to progress.
- The establishment of the aforementioned MHODG is a critical oversight structure to ensuring delivery and progress at an organisational level advocating that mental health is everyone’s business and that the division is enabled to connect more broadly for greater impact for North Wales citizens.

4G CAMHS	Chief Operating Officer

4G.1. Develop a CAMHS Strategic Workforce Plan and refreshed Training Strategy which will be informed by our Training Needs Analysis undertaken across CAMHS.	Q2
4G.2. Sustain Mental Health Measure Part 1a compliance against target for assessment and deliver the Part 1b target for intervention across all teams	Q3
4G.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.	Q1
4G.4. Develop proposals for Alternatives to Admission with our partners to ensure holistic provision of CAMHS is accessible for all children and young people including those young people who have chaotic lives with no access to safe accommodation.	Q4
4G.5. Evaluate the implementation of Schools In Reach into core CAMHS offer within IHCs to provide sustainable whole school approach to emotional health and well - being at the most accessible and consistent environment in young people's lives within all schools across North Wales.	Q4

Overview

The CAMHS sub objective consists of five priorities the outcomes of which focus around revised workforce planning and training, actions to ensure continued compliance with Mental Health Measure (MHM) Part 1a (targets for assessment) and attainment of Part 1b (targets for intervention across all teams), together with associated actions to sustain service provision as the service eliminates long waits.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The CAMHS Improvement Programme has successfully delivered its key objectives over the past year, demonstrating measurable impact across performance, access, and quality of care. All Mental Health Measure targets for 2026/27 were achieved by year end, reflecting sustained improvements in service delivery and system efficiency.
- Significant progress has been made in transforming the crisis care model. The launch of an enhanced crisis pathway marks a major step towards a 24/7 service, including the introduction of alternatives to hospital admission and extended hours for crisis practitioners working within Emergency Departments across BCUHB. These developments have directly contributed to a 31% reduction in paediatric admissions for young people in crisis, highlighting both improved community-based support and more effective early intervention.
- In parallel, an early help model of care has been developed to support the transition towards open access services, enabling earlier identification and intervention. Integration of CAMHS provision within schools has continued to strengthen, with this work now embedded as a core component of the CAMHS offer across each Integrated Health Community (IHC), improving accessibility and outcomes for children and young people.
- To ensure sustainability, a comprehensive three-year strategic workforce plan has been developed alongside our 3 Year Improvement Plan. This includes targeted action to expand and diversify the workforce, incorporating innovative roles such as peer support and lived experience practitioners. These developments will be critical in increasing capacity, enhancing service resilience, and ensuring that care is responsive to the needs of children, young people, and their families.

4H Neurodevelopment	Chief Operating Officer

4H.1. Complete the waiting list stratification exercise and consider prioritisation criteria.	Q2
4H.2. Launch a prudent assessment process across the teams.	Q2
4H.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.	Q1
4H.4. Gain approval for an Information Sharing Protocol with partners.	Q2
4H.5. Engage fully with the Children's RPB to develop a needs-led service model.	Q4

Overview

The Neurodevelopment sub objective consists of five priorities focused on improving services for children and young people with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Support for children and young people whilst on the waiting list and post-diagnosis relies on a whole-system approach working closely with partners across education and social services supported by the Children's Regional Partnership Board (RPB). The priorities relate to reducing waiting lists and the development of a needs-led service model combined with greater information sharing protocols with partners.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- There has been significant progress since the Ministerial Priority was introduced, aiming to reduce waiting lists to under three years and implement a needs-led model of care to manage demand for neurodevelopmental (ND) services. The 30% efficiency target has been achieved, with throughput for access to assessments within BCUHB has increased by 63%.
- Collaboration with the RPB to develop a multi-agency, needs-led model of care has advanced, and a needs-led profiling tool for use by professionals across all sectors has been launched. Training on the use of this tool is currently being rolled out across all six local authority areas.
- Although three-year waiting times have been significantly reduced, the service still needs to address a backlog caused by limited capacity from a private provider that did not meet contracted activity levels in 2026/27. This backlog is expected to be cleared in Quarter 1, alongside a plan to sustain this position and further improve internal capacity throughout 2026/27.
- However, continued progress will depend on the anticipated Welsh Government investment through the NDIP to clear the backlogs and bring the service to a position where we can meet demand.

4I Dementia	Executive Director of Nursing and Midwifery

4I.1. Emergency Department experience: Embed Emergency Department (ED) dementia improvement work in Integrated Health Communities (IHC)	Q4
4I.2.Emergency Department experience: Identify good practices elsewhere	Q3
4I.3. Emergency Department experience: Identify current BCUHB Emergency Department (ED) practices	Q3
4I.4. Education & Training: Enhance range and volume of dementia education and training	Q3
4I.5. Education & Training: Evaluate training	Q4
4I.6. Dementia-appropriate Environments: Facilitate extensive assessment of environments	Q1
4I.7. Dementia-appropriate Environments: Local action plan development and monitoring	Q3
4I.8. Dementia-appropriate Environments: Allocation of improvement resources	Q4
4I.9. Prevention: Creation/collate/share prevention resources	Q1
4I.10. Prevention: Identify opportunities to promote prevention	Q3
4I.11. Prevention: Collaborate with related specialities e.g. stroke	Q4

Overview

Dementia care is complex and requires skilled, person-centred approaches across all health services. Patients with dementia often occupy a significant proportion of hospital beds and present unique challenges that, if unmet, negatively impact outcomes, experience, and resource use. With dementia prevalence rising rapidly, the Health Board must strengthen care standards, reduce variation, and invest in workforce training and service improvements. A regional partnership and the Dementia Improvement Team are driving progress aligned with national policies and guidance, focusing on diagnosis, education, and personalised care. Effective dementia care benefits patients, families, and the wider health system by improving resource utilisation and supporting strategic goals. The Dementia subobjective consists of 11 priorities focused on prevention activities and patient experience improvements through training, best practice and environment improvements.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Bi weekly monitoring of annual delivery plan deliverables to priorities action for Q4 and ensure pace in Q1 2026.
- Close working with Planning team to defer some objectives appropriately into 2026-7 ADP
- Strengthened governance of dementia improvement plan reporting through IHC/Services patient and carer experience groups to strategic patient experience group. Further governance enhancement being explored.
- Secure pathway practitioner resource for a further 0.2 WTE (0.6 WTE total from 1.4.26)
- Re-engagement with the patient experience team and agreed priority actions - dementia now a high priority in the team's workplan for 2026-7

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Pathway practitioner resource remains allocated at 0.4 WTE
- Dementia hospital charter group commenced March 2026
- Strengthened dementia governance through the Strategic Patient Carer Experience Group reporting to Executive Quality Delivery Group. Re-establishment of pan-BCU Dementia Delivery & transformation Group.
- Appointment of 2nd Consultant Dementia Nurse (MHLD)

- Partial cross implementation of improvement initiatives across Emergency Departments.
- Scoping of training offer within BCUHB and Stakeholders undertaken by the regional workforce group for dementia.
- Completion of target ESR training modules including dementia appropriate environment assessment skills and Person-centred Observation Reflection Tool (PORT) training. Steps taken to widen resource for training delivery
- Minimum core educational standards for dementia agreed for MHLD
- Dementia training needs analysis for MHLD completed, report awaited
- Online training via Finding the Light in Dementia implemented (tier 2-3/Intermediate-advanced)
- Toolkit of dementia related 'prevention' resources contents agreed
- Regional Dementia Board re-established. Co-chair with Local Authority.
- Dementia Practice Educator 18-month pilot focused on the prevention of deconditioning and contractures in care home residents living with dementia within the Central area
- BCUHB Dementia Care Improvement Plan - 4 key areas Emergency Department Experience, Education, Environments, Prevention
- Agreement from Estates team to fund training of Estates staff in dementia friendly environments ahead of development of Estates/Capital Planning Dementia specification for BCU refurbishments and new builds
- Memory Support Pathway (MSP) as its contract is managed by BCUHB, part of the service is identifying inpatients to refer to the MSP. The MSP is the single-point of contact for dementia support in NW (beyond GP contact) and will sign-post people to their GP or provide information, advocacy, financial advice, activities etc.
- The BCUHB Dementia Improvement Team undertaken a thorough tour of the three Emergency Departments and met with staff to explore current practices as they relate to patients with dementia and their families.
- Datix changed nationally from July 2025 to have a field to identify if incidents related to a person with suspected/diagnosed dementia following a Request for Change. This is a question in National Audit for Dementia we have been previously been unable to respond to as no routine data due to current Datix design
- Successful pilot and further roll out of Red Bag Scheme
- Pilot of Community pre-diagnosis OT support for people with suspected dementia
- Living Better with Dementia film further promoted at numerous public events/film showings combined with a new North Wales Police partnership to promote living safely and well with dementia. This and the missing persons work led to us being shortlisted at the National Patient Safety Awards UK and received a Highly Commended award for coming second.
- Return Home interviews designed with North Wales Police to better understand/support missing people with dementia
- Various dementia education initiatives – teaching playing cards, activity handbooks, environments training aids commissioned (e.g. video, workshop resources); dementia workbook for Facilities staff
- Libraries providing memory boxes and training ‘playing cards’ on loan. Funding secured that has enabled creation of cards in Welsh.
- Delirium audits undertaken Central and West
- Re-invigorated Dementia Support Worker Forum with new leadership, now in its fifth year, providing leadership, peer-support and training for key dementia workforce
- Improved Emergency Department reported patient experience for individuals living with dementia (CIVICA)
- MSP performance data: Reductions in Memory Assessment waiting lists; Completion of Memory Assessment Dementia Pathway
- Improvement in several aspects of the National Audit for Dementia 2024 North Wales report published in Spring 2025
- Influence over content of Regional Dementia Strategy in July 2025
- Indirect impact on patient care and outcomes from better educated staff and some dementia environment improvements

4J.a Challenged Services: Urology	Chief Operating Officer

4J.a.1 Workforce: In-depth review to scope out non-medical workforce opportunities, ensuring their contribution to service delivery is maximized. Close remaining clinical and managerial lead role gaps supported by effective IHC leadership currently in post	Q2
4J.a.2 Quality / standard / practice / configuration: Establish a sustainable on-call model through a review of the current on call arrangements on a regional level, providing a resilient unscheduled care service to patients.	Q3
4J.a.3 Quality / standard / practice / configuration: Develop plans to deliver specialist services at a regional level aligned to the GIRFT and Royal College of Surgeons recommendations following stakeholder engagement and consultation if required	Q2
4J.a.4 Quality / standard / practice / configuration: Improve patient outcomes, deliver increased service efficiencies and reduced waiting times.	Q3
4J.a.5 Quality / standard / practice / configuration: Deliver equitable Interventional Radiology across the Health Board, including out of hours services (where appropriate). This will reduce the need for staff and patient travel as well as increasing the available treatment options.	Q2
4J.a.6 Quality / standard / practice / configuration: Develop a long-term plan around robotic assisted urology surgery for the patients of North Wales, benefitting the recruitment and retention and whilst building a futureproof service model.	Q2
4J.a.7 Additional Capacity: Improve the pre-investigation of patients via Straight to Test pathways with a focus on suspected cancer pathways. Ensuring nurse-led approaches are optimised to create consultant capacity where able.	Q2
4J.a.8 Additional capacity: Monitor Did Not Attend (DNA) and Could Not Attend (CNA) rates and implement mechanisms to mitigate reduced activity when the combined rate is greater than 5%, minimising the loss of clinical capacity.	Q2
4J.a.9 Additional capacity: Maximise day case and outpatient urology procedures, converting from inpatient where appropriate, to support improved in-patient average length of stay.	Q2
4J.a.10 Additional capacity: Review Multi-Disciplinary Team (MDT) utilisation: complex regional MDT and local MDT with a view to reducing duplication and recovering lost clinical capacity.	Q1
4J.a.11 Patient Experience: Utilise patient experience data to inform service delivery such as care closer to home, commissioning of major surgery, and timelier access to diagnostics and treatment.	Q4

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;
A) Urology
B) Vascular
C) Dermatology
D) Plastics
E) Oncology
F) Ophthalmology
G) Orthodontics
H) Trauma & Orthopaedics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Delivery against the overarching aim continues to progress, though several dependencies and system wide constraints have delayed full completion. Notably, the absence of a formalised out of hours Interventional Radiology (IR) Service Level Agreement (SLA) remains the primary limiting factor. While a safe interim escalation pathway is in place, this temporary model continues to generate avoidable delays and operational inefficiencies.
- Out of hours IR interim arrangements: - A temporary escalation process via the BCUHB Silver/Gold on call structure ensures urgent cases are transferred safely to North West providers pending completion of the Diagnostics-led SLA (4J.a.5).
- Vasectomy service commissioning - Executive approval has been secured to proceed with commissioning arrangements, enabling development of a stable and sustainable service model (4J.a.4).
- My Medical Record (MyMR) integration:
- An integration paper has been submitted to DHCW and is progressing through local governance routes to support implementation and more efficient follow up pathways (4J.a.4).
- Insourcing to stabilise key pathways
  o LATP biopsies: Insourced activity commenced in February 2026, providing 16 additional slots per weekend.
  o Flexible cystoscopy: Insourcing also began in February 2026, delivering 64 additional slots per weekend across East and Centre.
- Forward plans include:
  - Continuation of insourced LATP biopsy provision until substantive staffing is signed off by September 2026, ensuring resilience and sustained performance (4J.a.7).
  - Ongoing MyMR integration work, which remains aligned to expected timelines, subject to DHCW system processes (4J.a.4).
  - Transition of the vasectomy commissioning programme into full delivery following Executive approval (4J.a.4).
  - Expedited development and approval of the out of hours IR SLA, which is critical to securing full delivery of the overarching aim by March 2026 (4J.a.5).

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

Significant progress has been made toward achieving the overarching aim, with measurable service improvements and tangible benefits for the population of North Wales:

- Maintained patient safety and service continuity:
  - The interim out of hours IR escalation process has prevented service failure and ensured patient safety while longer term arrangements are finalised (4J.a.5).
- Enhanced access to major cancer surgery closer to home:
  - Agreement with The Wirral for cystectomy procedures establishes a sustainable pathway within the region and supports a phased approach to repatriating RAS prostatectomies from UCLH (London). This is a key step toward re establishing major cancer surgery within North Wales (4J.a.6).
- Improved equity and access in vasectomy services:
  - Commissioning developments expand provider options and increase capacity, supporting care closer to home and reducing waiting times (4J.a.4).
- MyMR follow up pathway benefits:
  - Reduction in unnecessary face to face appointments for prostate cancer patients.
  - Improved patient experience through digital access to results.
  - Establishes a foundation for future PSA tracking across pathways, not solely within secondary care (4J.a.4).
- Reduced waiting times through insourcing:
  - LATP biopsies: Delivery of 16 additional slots per weekend has reduced waiting times from 42 days to 10 days (4J.a.7).
  - Flexible cystoscopy: 64 additional slots per weekend ensured no patient waited beyond 104 weeks and supported management of national contract Stage 1 conversions.
    These achievements demonstrate clear improvements in access, patient experience, and service resilience, contributing directly to population health outcomes across North Wales.

4J.b Challenged Services: Vascular	Chief Operating Officer

4J.b.1 Workforce: Agree sustainable clinical workforce model that: (i) ensure patients are seen by the most appropriate professional for their needs, therefore increasing capacity and ensuring consultants are freed up to support the most complex cases. (ii) ensure that all staff are supported to work to the top of their competencies, through active training and learning. (iii) Develop network-wide to support job planning to ensure our workforce are deployed where demand is greatest	Q3
4J.b.2 - Workforce: Develop integrated workforce plan to address recruitment and retention challenges within the service and support implementation of a positive working culture, which fosters inclusion and respect across all staffing levels.	Q4
4J.b.3 Quality / standard / practice / configuration: Establish a sustainable medium-to-long-term model for Abdominal Aortic Aneurysm (AAA) services that ensures optimal patient outcomes.	Q2
4J.b.4 Quality / standard / practice / configuration: Commence work on implementing the revised patient-centric transfer, discharge and repatriation pathways and protocols to improve patient experience, reduced re-admissions and/ or 'failed discharges; and ensure appropriate follow-up arrangements are in place once patients are back in the community	Q3
4J.b.5 Quality / standard / practice / configuration: Progress the quality improvement plan aligned to health board's QMS system to ensure that quality improvement underpins all that the service does, including clearly documenting leadership structures, escalation processes, including processes for managing risk,	Q2
4J.b.6 Additional capacity: Establish an improvement programme for Chronic Limb threatening Treatment Ischemia with the aim of increasing the numbers of people being re-vascularised within five days of admission.	Q2
4J.b.7 Technology: Develop proposal for a patient information system that will enable tracking of vascular patients through their pathway, identify blockages and ensure patient care is expedited where necessary	Q3
4J.b.8 Patient Experience: Work with delivery partners (e.g., Care of the Elderly (COTE), stroke, palliative care, psychology, pain management, microbiology) to strengthen and build opportunities for the development of proposals for a greater, more integrated multi-disciplinary team around the patient approach, in order to ensure the holistic needs of the patient are met.	Q2

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;
A) Urology
B) Vascular
C) Dermatology
D) Plastics
E) Oncology
F) Ophthalmology
G) Orthodontics
H) Trauma & Orthopaedics"

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Actions taken forward in 2025/26 fall out of the 3-year Vascular Challenged Services Plan, which aims to ensure the delivery of high quality, safe, effective and integrated care and support. Delivery is aligned to nationally agreed standards set out within the Vascular Society's Provision of Vascular Services (2021),and enable the network to work towards achieving the wider

preventative and community health objectives within the subsequent, 2024, Provision of Vascular Services. The objectives and milestones delivered within this year therefore reflect part of the network's journey towards maturity and improvement.

- The particular focus of this year has been upon strengthening how we work together as well as with the wider MDT. Whilst a small number of milestones have been carried forward into 2026/27, we have nonetheless, successfully delivered a number of improvements.
- Nurse-led urgent review clinics continue to support increased capacity within the service and reduced demand on consultants, and have enabled patients to be seen by the most appropriate healthcare practitioner for their presenting need. The number of patients waiting over 104 weeks has been successfully reduced to just 5 people.
- Work to develop a strategic workforce plan has started and aims to help ensure the long-term sustainability of the service, in the face of considerable local and national workforce challenges.
- Standard Operating Procedures (SOPs) continue to be developed, agreed and implemented in order to ensure clear processes are in place to guide behaviour and practice. Audit tool are developed and have been included within the cycle of business of the new Vascular Audit group.
- A successful multi-disciplinary workshop was held to review the provision of multi-disciplinary diabetic foot services across the network. The findings of this workshop are being used to develop a proposed model for MDFS services across North Wales, which will ensure compliance with NICE standards. Once agreed and implemented, this workstream will see significant improvements in the shared management of diabetic foot problems, and a reduction in the number of people requiring higher interventions, including amputation.
- Following a review of the current delivery model has been undertaken, key design principles have been agreed ready for implementation as part of our 2026/27 improvement plan.
- The Network has continued to successfully engage with the Health Board's Quality Management System by introducing mechanisms to ensure quality underpins the work of the network. These improvements have been informed by the Quality Assessment tool. Individual areas of work within this area, which have contributed to our overall aim include:
- Pathway audit tools have been developed and are in the process of being undertaken across all key vascular pathways in order to identify where delays exist, and help develop a targeted programme of improvement in 2026/27
- The SLA with the University Hospital North Midlands has continued to ensure the safe provision of open elective and emergency AAA repairs for the people of North Wales.
- An improvement bundle has been developed which includes: MOU for hub and spoke working, SOPs for transfer and repatriations, transfer and repatriation pathways, and audit tools to monitor compliance.
- A tracker is in place to support the monitoring of patients on both surveillance and pre-operative AAA pathways. This tracker is used by VNS's to monitor where patients are up to in terms of surveillance and when they tip into requiring intervention. The pathways also helps identify and address delays in accessing pre-operative tests, clinics etc. Work will continue over the course of 2026/27 in order to further develop this tracker, and develop a more robust web-based system.

4J.c Challenged Services: Dermatology	Chief Operating Officer

4J.c.1 Workforce: Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.	Q3
4J.c.2 Workforce: Job planning to appropriately reflect all duties undertaken to better understand the workforce capacity and match it to patients' needs	Q3
4J.c.3 Quality / standard / practice / configuration: Introduce dermatological Community Health Pathways to support effective referral management processes, reducing secondary referrals through better informed resources within Primary Care to deliver some Dermatological services.	Q2
4J.c.4 Additional capacity: Ensure Minor Operation Procedure (MOP's) capacity is optimised within the available resources, to support expansion of Teledermoscopy i.e. the provision of dermatology services at a distance, using technology.	Q3
4J.c.5 Additional capacity: Increase medical consultant support where resources allow for primary care to support integrated working and extended roles, opening up educational opportunities to enhance knowledge and confidence with skin conditions, which will lead to fewer referrals into secondary care reducing the demand on the service and waiting times for patients	Q2
4J.c.6 Additional capacity: Open Connah's Quay facility to provide increased clinic and operating space including dressing clinics. Subject to available resources Connah's Quay will release 10 Minor Op sessions on a weekly basis, alongside opportunity to run one-stop sessions.	Q2
4J.c.7 Technology: Roll out Teledermoscopy across West IHC to maximise benefits across BCUHB	Q3
4J.c8. Technology: Optimise referral and triage processes to support e-referral (Welsh Admin Portal) roll out	Q2
4J.c.9 Technology: Develop business cases for technological solutions to reduce follow-up appointments, late cancellations and non-attenders (DNA's).	Q3
4J.c.10 Patient Experience: Act based on the insights gathered from patients within the dermatology service, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care	Q4

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;
A) Urology
B) Vascular
C) Dermatology
D) Plastics
E) Oncology
F) Ophthalmology
G) Orthodontics
H) Trauma & Orthopaedics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The Dermatology service is identified as a challenged service area due to rising demand, workforce shortages, and performance pressures in planned care, diagnostics, and cancer pathways. Skin disease is among the most common reasons for GP consultation, and skin cancer now accounts for approximately half of all cancers in the UK. Over the past decade, referrals—particularly urgent suspected cancer (USC)—have increased significantly, driven by public awareness and education. While some primary care practices manage non-cancerous lesions locally, secondary care services remain heavily relied upon for urgent, complex, and chronic dermatological conditions.
- Progress to date is meaningful; however, the overall position is Red as the overarching aim of the sub objective has not been fully delivered due to key dependencies, particularly the inability to appoint senior clinical staff preventing full attainment. Continued redesign through Foundations for the Future and the Clinical Service Plan will support long term sustainability but will take time to embed. Interim service model and the recruitment of three specialty doctors remain essential mitigation actions but have not yet translated into the stable staffing capacity. Despite ongoing workforce shortages, interim measures, and referral redesign are delivering tangible service improvements for patients across North Wales. And work will continue as part of the challenged services work programme and the 26-29 IMTP.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Whilst the overarching aim of the sub objective has not been fully delivered Key Progress has been made during 25/26 ADP including;
- Agreement to progress with interim service model (Network approach) ahead of broader Clinical Services Plan work in phase 2
- Progressing an Equality Impact Assessment
- Improvements across referral management supported by Community Health Pathways (CHP) in a number of sub specialities.
- Downward trend in upgrading of referrals through robust triage and availability of images provided by Primary Care.
- Continued improvement in referral to treatment (RTT) >104 week waiting time position.
- Teledermoscopy expanded supporting a reduction in cancer first-outpatient waits.
- Expansion into routine and urgent appointments to maximise utilisation of medical photography capacity.
- Weekend one stop urgent skin cancer clinics delivered to support significant reduction in urgent cancer backlog.
- Connah's Quay Health Centre live 12/02/2026 for outpatients, live 17/02/2026 for Minor Operative Procedures.
- From 23/02/2026 Connah's Quay fully utilised through agency locum/WLI sessions to reduce treatment targets across North Wales.
- Ongoing job plan discussions to utilise through core activity from April 2026.
- Addresses short-term fragility and provide a clearer understanding of patient and workforce impacts whilst long-term plans develop.
- Ability to return referrals to primary care with supporting approved pathways.
- General dermatology RTT wait <36 weeks. Reduction in wait for first outpatient for cancer from > 2000 to 1189
- Increase number of patients through Teledermoscopy pathway and direct to minor operating procedures
- Improved patient experience through same day diagnostics
- Reduction in waiting times.
- Activity undertaken on a nonacute site contributing to improved patient experience.

4J.d Challenged Services: Plastics	Chief Operating Officer

4J.d.1 Quality / standard / practice / configuration: Review of commissioning arrangements when they change in 2025 (actual date to be confirmed) - it is important to note providers will continue the outreach service irrespective of the commissioning arrangements.	Q4
4J.d.2 Quality / standard / practice / configuration: Handover of waiting list management to MWL following agreed threshold as limited demand and capacity information is currently held by BCUHB (Central and West waiting lists are still held by BCUHB even though MWL are the service provider).	Q4
4J.d.3 Additional capacity: Develop the proposal to open Connah's Quay as a joint facility with dermatology to provide increased clinic and operating space and capacity including dressing clinics. (duplicate of 4J.c.3)	Q2
4J.d.4 Additional capacity: Consider options for further outreach capacity across North Wales to increase access across the region as the Connah's Quay facility will provide capacity for patients within the East and Central Integrated Health Communities only	Q3
4J.d.5 Additional capacity: Review opportunities for increasing theatre throughput within existing facilities in East and West IHCs	Q3
4J.d.6 Technology: Generate a business case for the expansion of 'My Medical Record' to manage skin cancer follow-up patients; My Medical Record gives access to patients own online health record containing jointly managed information between the patient and the service	Q4
4J.d.7 Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care	Q4

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;
A) Urology
B) Vascular
C) Dermatology
D) Plastics
E) Oncology
F) Ophthalmology
G) Orthodontics
H) Trauma & Orthopaedics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Significant improvements have been made in relation to the plastics service in relation to reducing waiting times and increasing productivity. However the overarching aim of opening more physical capacity in north Wales has not yet been achieved. An appropriate site (Connah's Quay Medical Centre) has been identified and the facility has now been opened for dermatology procedures with an initial pilot plastics clinic also held there in Feb 2026. The opening was delayed due to unanticipated issues with the lease that then took longer than expected to resolve. Discussions are now ongoing with the plastics provider (MWL) and the commissioners (JCC) re the level of activity that could be repatriated to Connah's Quay and how much would be new activity and therefore require additional funding. This will be finalised and operationalised in the 26/27 contract and will allow the handover of waiting lists to MWL as the provider

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- We have reduced the waiting times for new patients referred to the plastics service. We have maintained the zero 104 week waits position and reduced the number of patients waiting over 52 weeks from 126 at the end of March 2025 to 43 at the end of December 2025
- We have reduced the backlog of follow-up patients waiting to be seen. At the end of March 2025 65% of the follow-up patients were overdue an appointment with 46% over 100% overdue. We have reduced this to 50% overdue with 21% over 100% overdue at end of December 2025.
- We have increased the minor operating capacity in West by moving from 3 to 4 patients per list and we have secured the capital funding to equip Connah's Quay Medical Centre appropriately in readiness to provide additional minor operating capacity for plastics patients from Central and East.
- We have strengthened working relationships with our plastics providers (Mersey and West Lancashire Teaching Hospitals NHS Trust, MWL) through the continuation of the Plastics Task and Finish Group and progress in implementing the agreed plastics recovery action plan.
- The above work has had a positive impact on the population of North Wales by reducing the time patients wait to be seen (see figures above) and increasing local capacity, reducing the need to travel to Merseyside for treatment.

4J.e Challenged Services: Oncology	**Chief Operating Officer**

4J.e.1. Workforce: Increase the number of substantive oncology consultants dependent on levels of available funding; providing greater continuity of care (replacing short term locums)	Q4
4J.e.2. Workforce: Substantive recruitment to multi-professional roles across oncology (nursing, operational and pharmacy) to meet the current demands and improve service provision and patient safety following recurrent funding approval	Q2
4J.e.3. Quality/Standard/Practice/Configuration: Develop a fully integrated service strategy to support future demand and innovation	Q3
4J.e.4. Quality/Standard/Practice/Configuration: Complete business case for 2 linear accelerators to replace machines which are coming to the end of their safe working life. Funding is secured via Welsh Government and replacement will ensure reduced machine downtime which impacts on treatment capacity for patients. This will also give the department the opportunity to purchase machines with the latest developments which could provide greater access and/or more capacity.	Q2
4J.e.5. Quality/Standard/Practice/Configuration: Establish SABR (Stereotactic Ablative Radiotherapy) - a highly targeted form of radiotherapy which targets a tumour with radiation beams from different angles) service in North Wales, commencing with treatment of lung cancers. This type of treatment is delivered in fewer numbers of treatments (with potentially minimal side effects) than conventional radiotherapy	Q2
4J.e.6. Technology: : Engagement with the implementation of the Electronic Health Record (EHR); this is an essential element for Oncology as currently oncology records are stored within dedicated oncology records and are not visible to the wider services through the main patient notes, placing a risk to patient safety when patients are admitted/seen elsewhere across the Board and the clinician does not have access to up-to-date clinical records	Q2
4J.e.7. Technology: Collaborate with the development of a single Welsh contract for Chemocare software to standardise the system across Wales with a view to reduce contract/service costs and ensure data is comparable.	Q3
4J.e.8. Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible	Q4

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;
A) Urology
B) Vascular
C) Dermatology
D) Plastics
E) Oncology
F) Ophthalmology
G) Orthodontics
H) Trauma & Orthopaedics"

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Introduction of SABR has improved patient experience by allowing lung cancer patients to receive specialised radiotherapy locally rather than travelling to Liverpool, reducing travel burden and improving continuity of care (4J.e.5)
- SABR represents increased equity of access for the population of North Wales and aligns with the aim of delivering more treatment locally and lays foundations for increased capacity as phase 2 tumour sites are introduced (4J.e.5)
- Consultant and Specialist recruitment progress supports longer term sustainability, though risks remain due to national workforce shortages (4J.e.1)
- The Clinical Strategy Working Group has enabled structured progression toward a coherent and sustainable Oncology Strategy, which will support improved planning, measurable outcomes and long term resilience (4J.e.3)
- Technological improvements such as the replacement of the two LINAC radiotherapy machines (4J.e.6) and the development of a joint all-Wales contract for essential SACT software (4J.e.7) has improved resilience with the potential to provide more advanced treatment opportunities in the future.
- Reduced vacancy rates across all professions improves sustainability of all elements within the service to ensure patients have access to the most appropriate person to support them (4J.e.2)

4J.f Challenged Services: Ophthalmology	**Chief Operating Officer**

4J.f.1 Workforce: Recruit to funded regional clinical (medical and Optometry) and operational business support leadership roles to drive forward service delivery and improvements	Q2
4J.f.2 Workforce: Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.	Q3
4J.f.3 Quality / standard / practice / configuration: Optimise to NICE/GIRFT evidenced based pathways for all ophthalmology sub specialities, delivered through pan BCUHB sub speciality networks. (Linked to 4L.f.4 and 4L.f.1)	Q4
4J.f.4 Quality / standard / practice / configuration: Make best use of available resources to expand locally agreed regional integrated care pathways (glaucoma and retinopathy) with community Optometrists. Develop opportunities for the WGOS (Welsh Government Optometry Services) (extended workforce) to provide equity in care and treatment delivery and reduce demand across the region (Linked to 4L.f.3 and 4L.f.1)	Q2
4J.f.5 Quality / standard / practice / configuration: Deliver cataract pathway efficiencies to improve timely access through: Pre – Operative Assessment Clinic (POAC)process improvement, direct listing, increased theatre utilisation (including High Volume Low Complexity (HVLC) and Minor Operating Procedures (MOPs), and monitoring of Hospital cancelled appointments and Did Not Attend to ensure maximum utilisation of available capacity and resources.	Q4
4J.f.6 Quality / standard / practice / configuration: Undertake an estates review to identify challenges and risks (ageing buildings, fragile infrastructure and access issues) and explore further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home.	Q2
4J.f.7 Quality / standard / practice / configuration: Ensure improvements in data quality	Q2
4J.f.8 Additional Capacity : Develop a business case for a centralised cataract hub and a centralised complex services centre to support regional service delivery (predeterminant of regional delivery would be 'go-live' of the ophthalmology national EPR	Q4
4J.f.9 Additional Capacity: Introduce See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment.	Q2
4J.f.10 Additional Capacity: Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub specialities including the recruitment of Eye Care Validators (Linked to 4J.f.3b and C)	Q3
4J.f.11 Technology: Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment whilst awaiting national systems delivery.	Q2
4J.f.12. Patient Experience: Act based on the insights gathered within existing Harm Review process, delivering improvements in patient experience through direct referrals and expansion of alternative community based pathways	Q4

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;
A) Urology
B) Vascular
C) Dermatology
D) Plastics
E) Oncology
F) Ophthalmology

G) Orthodontics
H) Trauma & Orthopaedics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Despite meaningful progress, the overarching aim has not yet been fully delivered due to longstanding structural challenges within Ophthalmology. These include sustained workforce and leadership gaps, ageing and constrained estates, and historic data-quality issues that have limited reliable demand and capacity planning. While recent improvements in Teach & Treat capacity, cataract pathway efficiency and digital/data work have strengthened the service, the scale of change required means that full system stabilisation is still in progress.
- To secure full delivery, the programme will now focus on consolidating workforce resilience, strengthening clinical leadership, and accelerating pathway redesign—supported by digital transformation through Open Eyes and national e-Referral, and targeted estates improvements such as the approved West IVT clean room. Maintaining outsourcing/insourcing support where necessary will ensure the longest waits continue to reduce while internal capacity is rebuilt.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Despite the outstanding challenges, ophthalmology has already delivered significant benefits for the population of North Wales. These include reductions in waiting times through expanded Glaucoma Teach & Treat (700 long-waiting patients seen), 995 outsourced/insourced cataract first appointments (as of Dec 2025), scaling of One-Stop POAC and HVLC cataract models to increase productivity, and improved patient safety through advanced WGOS pathways. Data-quality improvements, re-coding work, and progress on digital systems are supporting better referral management, more accurate performance reporting, and safer, more timely treatment.
- Together, these achievements demonstrate clear positive impact—reduced harm, improved access, and enhanced patient experience—while laying the foundations required to fully deliver a safe, sustainable and consistent eye-care service across BCUHB.

4J.g Challenged Services: Orthodontics	**Chief Operating Officer**

4J.g.1. Workforce: Consolidate the Orthodontic and Oral Maxillo Facial Surgery (OFMS) services to become a networked single service with one operational manager and budget working across the three IHCs	Q2
4J.g.2. Workforce: Support the recruitment of funded consultant vacancies and implement a strategic and operational Workforce Planning review to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.	Q2
4J.g.3. Quality / Standard / Practice / Configuration: Create and deliver an improvement plan, implement and monitor GIRFT recommendations as supported by the Royal College of Surgeons (Faculty of Dentistry) and the British Orthodontic Society.	Q2
4J.g.4. Additional Capacity: Introduce See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment.	Q3
4J.g.5. Additional Capacity: Deliver improvements in day-case surgery rates and ring fenced beds	Q3
4J.g.6 Additional Capacity: Improve effective utilisation of theatre capacity, optimising the right procedure in the right place to reduce unnecessary theatre utilisation	Q2
4J.g.7. Additional Capacity: Review management of, and validate, waiting list to support prioritisation of new patients, longest waiters and those requiring oral surgery as part of their pathway of care. Monitor DNA/CNA rates.	Q3

4J.g.8. Patient Experience: Review and act prudently on introducing improvements to patient experience based on insights gathered to date, such as access to care and the CHC review of harm to children waiting for appointments and treatments.	Q4

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;
A) Urology
B) Vascular
C) Dermatology
D) Plastics
E) Oncology
F) Ophthalmology
G) Orthodontics
H) Trauma & Orthopaedics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Significant treatment backlog remains across North Wales.
- Shortages of specialist orthodontic staff continue to limit treatment capacity.
- Insourcing reduced first appointment waits, but revealed a substantial number of patients now needing treatment, exceeding current capacity.
- Strengthen leadership and oversight through ongoing development of a clearer regional service model.
- Improve clinical space and equipment planning, guided by current site inventories and utilisation reviews.
- Increase treatment capacity through workforce planning and redesign.
- Improve patient access, safety, and experience by creating a standardised and sustainable regional service model.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Appointment of a restorative dentistry consultant has improved recruitment prospects and strengthened leadership.
- New recruitment adverts, with enhanced incentives and better digital infrastructure, aim to fill remaining workforce gaps.
- Workforce review underway to ensure future capacity aligns with demand.
- Insourcing has cleared the longest waits, putting the service on track to achieve zero Stage 1 (first appointment) waits by March 2026.
- Significant follow up treatment lists now visible to the North Wales Orthodontic Group, improving demand and capacity planning.
- Improved timeliness of first appointments and follow up treatment, supporting better patient safety and experience.
- Full risk assessment completed for long waiting patients, eliminating “unknown risks” and identifying urgent needs.

- Inventory of clinical spaces and equipment underway, identifying constraints and opportunities to improve room utilisation.
- North Wales Orthodontic Group established, uniting operational and clinical leaders to create consistent oversight across the region.
- Comprehensive improvement plan developed, incorporating GIRFT recommendations to address short-, medium-, and long term challenges.
- Progress toward a sustainable, standardised regional model, reducing clinical variation and improving equity of access.

4J.h Challenged Services: Trauma & Orthopaedics	**Chief Operating Officer**

4J.h.1. Workforce: Work with orthopaedic clinical leadership to deliver standardised effective job planning and subspecialty focused North Wales services', to enable a reduction in unwarranted clinical variation.	Q3
4J.h.2. Workforce: Address workforce shortages through recruitment and upskilling of existing non-medical workforce led by effective pan-BCUHB and IHC clinical leadership.	Q3
4J.h.3. Standard/Quality/Practice/Configuration: Reduce unwarranted clinical variation to increase productivity and improve patient outcomes through implant rationalisation, improved multi-disciplinary team working, job planning, trauma rota and demand/capacity mapping, and increased utilisation of SOS, PIFU and PROMs pathways.	Q3
4J.h.4. Standard/Quality/Practice/Configuration: Development and adherence to BMI guidelines for surgery to increase conversation rates >70%. This will entail some patients partaking in the lifestyle management programme to reduce their BMI in order to increase their appropriateness for surgery and as such improve their post-operative outcomes.	Q3
4J.h.5. Standard/Quality/Practice/Configuration: Improve data quality at a subspecialty level through more effective coding practices, therefore allowing better understanding of the underlying issues and as such where improvements are required.	Q2
4J.h.6. Standard/Quality/Practice/Configuration: Implement condition specific pathways for Carpel Tunnel Syndrome and Hip/Knee arthroplasty through collaboration with the national clinical implementation network and respective sub-specialty groups. This will reduce unwarranted variation in clinical practice and afford patients the same opportunities across the Health Board.	Q3
4J.h.7. Additional Capacity: Review current outsourcing and external commissioning arrangements and through demand and capacity mapping establish whether there is appetite and potential to repatriate activity, providing patients with care closer to home.	Q2
4J.h.8. Additional Capacity: Generate a proposal to increase patient activity in Abergele Hospital through an expansion of current Abergele criteria and / or investment into enhanced recovery on the site. Testing the link between optimising theatre utilisation and improving treat in turn rates.	Q2
4J.h.9. Additional Capacity: Implement consistent application of See On Symptom and Patient Initiated Follow Up pathways across North Wales. This will reduce the need for traditional in-person follow up appointments, creating capacity for patients that need to be seen	Q3
4J.h.10. Patient Experience: Utilise patient experience data to improve patient care with initiatives such as providing care closer to home and timelier access to diagnostics and treatment.	Q2

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;
A) Urology
B) Vascular
C) Dermatology

D) Plastics
E) Oncology
F) Ophthalmology
G) Orthodontics
H) Trauma & Orthopaedics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Ongoing follow up backlogs across sites, despite improvements.
- Capacity limitations continue to constrain the pace of backlog reduction.
- Ongoing work is being carried out to standardise clinical pathways and reduce unwarranted variation.
- Coding quality improvements (including MOPs coding) are still in progress.
- Continue to reduce follow up backlogs, expanding the SOS initiative across all IHCs
- Progress implant rationalisation—hip implant decision in principle for Llandudno, with knee implant discussions commencing.
- Strengthen clinical coding quality, improving data accuracy for demand and capacity planning.
- Maintain focus on achieving the 104 week target, using a balanced delivery model.
- Enhance cross site backlog support through the Orthopaedics Network and IHC clinical leadership.
- Improve patient experience by standardising clinical pathways, reducing unwarranted variation, and ensuring more consistent care across BCUHB.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Hip implant rationalisation agreed in principle for Llandudno; knee implant discussions underway.
- Medical travel agreement being finalised via the Llandudno project board.
- Reduction in >104 week waits (365 in Dec 2025 → 333 in Jan 2026), demonstrating sustained progress.
- Reduction in unwarranted variation, supporting more consistent, standardised pathways and better value care.
- Improved coding quality, including ongoing MOPs coding work, enabling stronger data reliability and planning.
- Efficiency gains supported by Planned Care teams through enhanced data quality.
- SOS follow up backlog initiative expanded, with West IHC underway and East/Centre scheduled for rollout by March 2026.
- Improved follow up waiting times, enhancing patient safety and experience.
- Increased clinical leadership engagement, with IHC leads supporting BCU wide delivery and strengthening pathway development and ownership

4K Women's	Chief Operating Officer

4K.1. Support the local establishment of a Women's Health Hub by March 2026 as a Ministerial Priority; dependent on the prioritisation of available resources. Principles of which will focus on preventative based women's health initiatives, accessibility to information and services with care as close to home as possible.	Q4
4K.2. Lead on the recovery of Gynaecology Cancer and Planned Care in line with GIRFT recommendations and Ministerial Targets.	Q4
4K.3. Progress business cases to secure Cancer and Planned Care Pathway Trackers and a Single Point of Access System for Gynaecology referrals to support recovery and pathway re-design.	Q4
4K.4. Support the implementation of the Preconception Strategy to include preventative based women's health initiatives.	Q4
4K.5. Develop a measurable plan to enable delivery of the Quality Management for Maternity and Neonatal Services, prioritising the 7 key actions which align to the MatNeo Safety Support Programme.	Q4
4K.6. Progress the business case to implement the Digital Maternity Solution for Services.	Q4
4K.7. Work in partnership with the NHS Executive to develop an implementation plan to deliver the Perinatal Engagement Framework commitments.	Q4
4K.8. Collaborate with HEIW to prioritise year 1 actions to ensure delivery of the Perinatal workforce plan.	Q4
4K.9. Develop a Perinatal Quality Surveillance Dashboard with key standard matrix with both network and national oversight in line with policy direction.	Q4
4K.10. Progress the business case to support the equitable implementation of a specialist infant feeding - lactation support service team in the 3 IHC areas - to improve breastfeeding outcomes in North Wales	Q4

Overview

The Women's services sub objective contains 10 priorities including the establishment of women's health hubs, implementation of prevention-based women's health initiatives, digital infrastructure improvements and prioritisation of seven key actions which align to the MatNeo Safety Support Programme.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

Throughout the year, significant progress has been made in advancing the overarching aims of Women's Services, with clear momentum across the Women's Health Hub programme, maternity transformation, and preventative and engagement focused workstreams.

Within the Women's Health Hub programme, both the Discovery and Design phases have been completed. This has included:

- A full population health assessment
- Demand and activity modelling
- Stakeholder mapping
- Development of a comprehensive engagement strategy
- Completion of the pathfinder model
- Funding and accommodation for the Hub have been formally secured at Llandudno General Hospital, and a dedicated project group is now driving implementation. Services at the Hub currently include Pelvic Health Physiotherapy, Psychology CBT, Post First Miscarriage Health Optimisation Offer and Menopause Support. In view of 26/27 Welsh Government have confirmed funding for the continuation of the Clinical Lead role and have requested Health Board confirmation of both the SRO and Clinical Lead for the Women's Health Plan by the 30th April.
- Preparatory work has also begun on introducing PREMs and PROMs to strengthen the Service's understanding of patient reported experience and outcomes for maternity and gynaecology services.
- Preparation to support Public Health in the refresh of the Preconception Strategy

- Completion of the baseline assessment against the Perinatal Engagement Framework
- Rollout of cultural competency training across community midwifery teams, focus will not progress to acute sites
- Delivery of phases 3–5 of the All Wales Maternity Survey. Survey 1 and 2 will be implemented by the end of June 2026 as per the Welsh Government requirements

Substantial advancement has also been achieved against the seven key actions within the Quality Statement for Maternity and Neonatal Services, including:

- Confirmation of the digital maternity system which went live on the 10th March 2026
- Completion of Perinatal Engagement Framework baseline assessment
- Strengthened engagement with under represented groups
- All three neonatal units signing the Bliss pledge with bronze accreditation achieved at YGC and Wrexham
- Completion of the BAPM FiCare Framework across all neonatal units
- Perinatal workforce planning has progressed, with the baseline assessment against the HEIW workforce plan now complete.
- The national specification is currently out for comment. A Perinatal Quality Surveillance Dashboard has been developed as one of the seven key actions within the Quality Statement.
- Funding has also been confirmed for 26/27 to maintain the specialist infant feeding and lactation service across the three IHCs.
- In addition, the Service has worked proactively to reduce long waiting times for women, with a particular focus on historically prolonged pathways. Through improved waiting list validation, targeted capacity management, pathway redesign and strengthened oversight arrangements, the Service has delivered sustained reductions in excessive waits. This has improved both access and equity of care, reduced patient anxiety associated with prolonged delays, and strengthened confidence in service recovery and resilience.
- Collectively, these achievements demonstrate strong momentum towards improving access, prevention, experience, and system capability across Women's Services, despite ongoing risks associated with workforce availability and financial pressures.
- The work delivered during the year has already contributed to early positive impact across Women's Services, both qualitatively and quantitatively.
- From a qualitative perspective, there has been stronger and more inclusive engagement with women, families, and under represented groups. Improved insight into local need has been achieved through survey activity, engagement mapping, and the design work underpinning the Women's Health Hub. Workforce capability has also been strengthened through leadership development, cultural competency training, and targeted pathway improvements, including bereavement and transitional care. In addition, more integrated models of care are beginning to emerge through the introduction of one stop clinic models and wider pathway redesign.
- Quantitatively, the Service has improved diagnostic and assessment capacity across key pathways, supporting more timely access to care. Readiness for perinatal quality surveillance has been completed, alongside deployment of new digital infrastructure through implementation of the Digital Maternity System. The early introduction of PREMs, PROMs, and the All Wales Maternity Survey has begun to generate actionable intelligence to inform continuous service improvement.
- While many population level benefits will be realised more fully as developments continue to progress, the foundations established this year are substantial. Collectively, they demonstrate clear progress toward improving accessibility, prevention, experience, and equity across Women's Services.

4L Children & Young People	**Chief Operating Officer**

4L.1. Work on raising awareness and implementing the Children's Charter across the Heath Board.	Q4
4L.2. Work towards the establishment of a Youth Voice Board in the Heath Board to ensure children's rights are upheld and children are consulted and involved in the development and provision of services. (Linked to 3C.8)	Q4
4L.3. Progress the Health Board signing of the Wales Corporate Parenting Charter to support care experienced children to have the same opportunities as all children.	Q2
4L.4. Further improvements in children's Immunisation uptake levels.	Q4
4L.5. Develop transition pathways.	Q4
4L.6. Work with partners on the Right Door approach to support children with complex needs.	Q4

Overview

The Children and Young People sub objective contains six priorities focused around supporting the Children's Charter and the Parenting Charter together with initiatives to increase the 'youth voice' within the organisation, as well as a focus on increasing the uptake levels of Children's immunisation and further support to children with complex needs.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The Health Board now has a Children's Charter in place which is accessible on the public facing Betsi web pages and is sign posted for staff on Betsinet. The Charter is designed for use by multiple age groups and focuses on achievable aspirations, particularly about how children wish to be communicated with.
- The awareness of the Charter and Children's Rights are aligned to all levels safeguarding mandatory training along with Trauma Informed care giving
- There has been improved partnership working across the region as the RPB Children's Group strengthens its presence and impact. This has become a more robust forum in 2025/26 with active multiagency sub-groups working to key priority areas.
- This provides momentum for local teams to move forward with improvements and new approaches, along with greater working together; therefore there is increased opportunity to need children's needs earlier.

4M Pharmaceutical Services	Chief Operating Officer

4M.1. Implement the prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings (including MHLD, Cancer, Women's) subject to available resources.	Q4
4M.2. Establish a Medicines Value prevention arm that leverages diabetes prescribing and Value-Based outcomes while optimising cost efficiencies.	Q2
4M.3. Develop a business case to centralise Radiopharmacy services, aligned with the nuclear medicine programme and supported by the national TrAMs programme team.	Q4
4M.4. Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension.	Q4
4M.5. Launch the first Mpharm cohort at Bangor University in 2025, working with General Pharmaceutical Council (GPhC) towards achieving Step 4 accreditation by the 2025/26 academic year	Q3

Overview

Work within the Pharmaceutical Services sub objective is based around five priorities: Implementing prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings, cost efficiencies through Medicines Value prevention (particularly in diabetes care), additional community pharmacy services, and the launch of a general pharmaceutical council approved master in pharmacy qualification with Bangor University.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

Delivery of the overarching aim is partially on trac, recognising that progress has varied across the component areas of the sub-objective and that several priorities are dependent on nationally led programmes with delivery timescales extending beyond March 2026.

- Fully embedded engagement in national Delivery Assurance Groups for the Independent Review of Clinical Pharmacy Services, with clear local readiness to implement agreed national standards and outputs as they are finalised.
- Completed the independent evaluation of the community pharmacy hypertension pilot, with findings formally shared into national policy and service development structures to inform future direction.
- Established the MPharm programme at Bangor University as a functioning and sustainable education pipeline, with the first cohort progressing successfully through the academic year.
- Mobilised the TrAMS Pharmacy Technical Services transformation programme, including formal programme governance arrangements, a funded programme manager in post, and an agreed forward plan following joint scoping and estates review work with NWSSP.

However, some elements were not fully deliverable by March 2026, including:

- Full implementation of the Independent Review recommendations for clinical pharmacy services, which are being delivered through Wales-wide programmes and will continue beyond the current financial year.
- Demonstrable population-level outcomes from diabetes medicines optimisation and value-based prescribing, where improved monitoring and foundations for evaluation are in place, but outcome measures require longer-term follow-up.
- Physical reconfiguration or centralisation of radiopharmacy services, which remains subject to completion of the TrAMS option appraisal and subsequent business case development.
- Overall, while not all actions were completed within the 2025/26 financial year, the key programmes have progressed as planned within their agreed national or multi-year timescales. There are no unmitigated risks that would prevent continued delivery, and the Health Board is well positioned to progress the remaining elements through 2026/27.Translating this year's foundational work into clear 2026/27 delivery plans, with defined milestones for embedding new ways of working into routine business.
- Aligning programmes with national priorities and standards to support consistency, sustainability and measurable impact.
- Strengthening governance, reporting and assurance arrangements to track progress against agreed outcomes and benefits.
- Using learning and data generated this year to refine service models, prioritise areas of greatest impact, and support value-based decision-making.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The work delivered over the course of this year has primarily had a foundational and enabling impact, creating the conditions for sustained improvements in pharmaceutical care, patient safety, access, and workforce resilience across North Wales.
- Qualitatively, the transition to nationally coordinated delivery of clinical pharmacy review recommendations has strengthened consistency, professional leadership, and assurance across hospital services during the year. This approach supports clearer standards and more equitable service models, ensuring that patients in North Wales benefit from Wales-wide improvements rather than variable local solutions.
- The successful delivery and completion of the community pharmacy-led hypertension pilot during the year has demonstrated the feasibility and acceptability of pharmacy-led long-term condition management. Patient and provider feedback, alongside operational activity data, provides strong evidence of positive patient experience, improved access to care, and effective utilisation of community pharmacy capacity.
- A significant workforce milestone has also been achieved through the launch of the MPharm programme at Bangor University. By the end of Q4, 31 students have enrolled on the MPharm programme, with a further 10 students commencing via the Preparatory Year route. Qualitatively, this represents the establishment of a new, sustainable education and training pipeline for the pharmacy workforce in North Wales, addressing long-standing recruitment and retention challenges. While the full population-level benefit will be realised over the medium to long term as graduates enter the workforce, this represents a critical early intervention to support future service capacity and resilience.

- In addition, routine monitoring of prescribing spend and volume for diabetes medicines has been embedded during the year, improving transparency and governance across primary care. Although direct outcome measures, such as reductions in diabetes-related complications, are not yet demonstrable, improved data visibility supports more informed decision-making and provides a strong foundation for future value-based evaluation and improvement activity.
- Overall, while population-level health outcomes will accrue over a longer timeframe, the work completed by the end of Q4 has delivered meaningful early impact and established strong foundations for sustained improvement in years ahead.

4N Palliative, End of Life and Bereavement Care	**Executive Director of Nursing and Midwifery**

4N.1 Develop a Strategic Delivery Plan for Palliative Care and End of Life Care (PEoLC).	Q4
4N.2. Commence implementation of the SWAN model for bereavement care, to support and guide the care of patients and their loved ones during end-of-life care and afterwards.	Q4
4N.3. Develop a model and workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care	Q4
4N.4. Finalise the Quality Improvement Strategy for End of Life Care Decision making. Develop an options appraisal and business case to improve PEoLC in accordance with the Quality Improvement Strategy for End of Life Care decision making.	Q4

Overview

The Palliative, End of Life and Bereavement Care sub objective contains four priorities all of which are scheduled for delivery within Q4. The outcomes of these priorities include development of a Strategic Delivery Plan for Palliative Care and End of Life Care (PEoLC), supporting patients and their families through implementation of the Sign/Words/Actions/Needs) SWAN model for bereavement care and revision of operating model and supporting workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- In 2025 the previous Head of Nursing retired and the post remained vacant for 7 months delaying the progression of the ADP priorities. There was no interim Head of Nursing in post and prolonged sickness in the Team Leads and work was therefore not progressed. In addition, there was no identified consistent operational support during this time.
- Since mid-August 2025, a new Head of Nursing is in post, operational support has been identified and work is now progressing. The Specialist Palliative Clinical Leads and Head of Nursing meet 6 weekly with the Executive Lead for Palliative Care and a newly formed strategic group has been commenced but is in its infancy as we review the membership to ensure there is appropriate representation to progress the work effectively.
- Staff shortages continue to impact the role out of the Swan Bereavement model of care however; recruitment processes are being followed to identify a suitable staff member. The pace of the implementation will improve once they have started in post. However, in the meantime, the roll out continues but at a slower pace.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The vacant Head of Nursing role was filled; operational support has been identified. This allows the work to progress, the teams to be appropriately supported and further support the delivery of a high-quality Specialist Palliative Care Service.
- A newly formed strategic group has been commenced (despite needing to review the membership) positive steps are being taken to progress the development and approval of a strategic delivery plan for Palliative Care and End of Life Care. This is currently in draft form. Weekend cover for palliative patients is maintained across all areas and whilst East have some work to do to either identify funding to increase CNS numbers or review if this can be achieved with existing template, patients and health care professionals have access to advice and support 7 days

per week. Work is also progressing to ensure the medical 24-hour advice line is maintained whilst staffing levels remain poor. At no time has there been no cover which is is a feat considering the medical shortfalls across the teams.

- Workforce planning and how to capture accurate activity to support this work is ongoing.
- The implementation of the Swan model of care despite the staffing shortfall continues to progress well with bereaved relatives being supported and signposted appropriately. This has been well received by the pilot wards who value the expertise, advice and training for end of life care the programme delivers.

4O Dental	Chief Operating Officer

4O.1. Work to increase GDS service provision, this will require consideration of new and innovative solutions alongside existing methods. The Health Board will continue to liaise with partners such as the Chief Dental Officer for Wales and the Local Dental Committee, to support this in addition to working with other Health Boards where primary care dental services are performing well.	Q3
4O.2. Re-evaluate areas of need and go back out to procurement for GDS access in 2025, working with the procurement team to improve the framework of the tender in order to expand the pool of potential bidders.	Q4
4O.3. Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community based service.	Q4
4O.4. Use the 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability. The aim is to expand this work in order to offer development opportunities both within CDS and GDS which will ultimately benefit patient care.	Q3
4O.5. Work with Public Health team in continued delivery of national programmes such as 'Designed to Smile' and 'Gwên am Byth'.	Q4
4O.6. Review and revise the dental budget to ensure appropriate support is given to services. This work will be revenue neutral and aims to leverage better value from the financial resources currently supporting the provision of dental services.	Q2
4O.7. CDS waiting lists to be addressed to ensure patients are not waiting significant lengths of time. Solutions include optimising front line clinical resource, improving the patient appointment booking centre (PABC), and creating key performance indicators (KPIs) to underpin operational management.	Q4
4O.8. Undertake a demand and capacity review for CDS services to understand activity patterns to be able to effectively forecast when staffing will be required and to what degree.	Q3
4O.9. The formation of a clear domiciliary dental pathway with a robust eligibility criterion. Agreeing the right approach will involve dental officers who are responsible for delivering the activity. As most of the domiciliary activity takes place within care homes, an inclusive approach will be taken to codesign any agreed pathways.	Q4
4O.10. Improve Board visibility of primary care dentistry performance data.	Q2

Overview

The Dental sub objective consists of 10 priorities incorporating a wide range of activities, the outcomes of which are designed to increase GDS provision, capacity and performance whilst also leveraging better value from current financial resources. Together with measures to enhance workforce stability and provide upskilling, training and development opportunities whilst supporting a community-based service and reducing waiting times for treatment.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- A significant number of priorities have been delivered as part of this sub-objective including improving Board visibility of primary care dentistry, increasing GDS service provision, progressing Public Health workstreams, and using an Academy approach to support healthcare professionals and create and education plan. Other priorities have been progressed but not completed and will continue into the new financial year in 2026/7. These include the formation of a domiciliary pathway, finalising a demand and capacity review of CDS activity and improving CDS waiting lists. The key reason for non-completion of some priorities is due to a reduced senior structure, with key roles not being in place during 2025.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- In 2025/6 £6m of dental contracts were awarded across North Wales including tier 2 services. Once all services are mobilised this will have a measurable impact on the population of North Wales, with an increase in access for patients. The introduction of the Dental Access Portal has created a streamlined approach allowing patients to register with a local practice.
- The continued delivery of Public Health programme 'Gwen am Byth' and 'Designed to Smile' provide preventative dental services for people in care homes and for children delivered through the community dental service. The programmes deliver high volume primary care prevention directly support reducing oral health inequalities, preventing avoidable dental disease and reducing demand on NHS dental and urgent care services. Recorded positive outcomes include a reduction in dental decay and sustained lower prevalence of dental caries, with a high impact for patients in deprived areas.
- The development of a dental education plan in partnership with the Primary and Community Care Academy, has set out a strategy for dental workforce across North Wales that will provide training, upskilling and development opportunities across the area. This includes bespoke training for roles such as Dental Hygienists and Therapists. The plan focuses on improving access to education and training opportunities, promoting skill-mix development and supporting recruitment and retention. The plan is a positive step towards a sustainable workforce which supports the right care for the population of North Wales.
- Improved visibility of primary care dentistry at a Board level has been achieved in 2025/26 with the dental service now reporting to the BCUHB's Integrated Performance Group. Where historically there has been limited visibility, representation for dental services has been strengthened with improved reporting and data, and has introduced a more rigorous accountability and assurance framework for the service.

4P Diabetes	Executive Director of Public Health

4P.1. The Health Board Diabetes Programme will contribute to increasing the % of those aged 12+ receiving the 8 Care Processes	Q4
Secondary care 4P.2. Implementation of the NICE Technology Appraisal to provide 'artificial pancreas' technology called Hybrid Closed Loop (HCL) systems which offer people who develop this particular auto-immune condition the opportunity to enjoy normal glucose control. There is a significant resource requirement associated with this development, which is planned for implementation over a 5-year period, subject to the agreement of funding.	Q4
4P.3. The Health Board will seek to strengthen the multi-disciplinary specialist diabetes team to support transition to adult services and to respond quickly to the increasing number of new presentations.	Q4
4P.4. In adult diabetes teams a more comprehensive service model will be required to deliver diabetes technology to people with Type 1 diabetes in line with the national directive	Q4

Overview

The Diabetes programme focuses on delivery of the Cabinet Secretary priorities and on improving the outcomes of people with diabetes in our population. It also sets out to respond to wider delivery targets associated with the change pathway for Diabetes treatment, prevention and early intervention.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The Diabetes programme focuses on delivery of the Cabinet Secretary priorities and on improving the outcomes of people with diabetes in our population.
- It also sets out to respond to wider delivery targets associated with the change pathway for Diabetes treatment, prevention and early intervention.
- Overall during 25/26 this programme / Sub objective has partially achieved its key deliverables. Areas that have been delayed or carried over into 26/27 plans are namely:
- 8 Care Processes: whilst we have successfully commenced monitoring data and seeing some initial improvement and identified areas for targeted work, we have not yet seen the benefits from this at scale.
- Transition to adult services: This has to form part of the Clinical Services Plan and associated pathways. Building on Foundations to the Future it builds a consistent and sustainable and high quality offer which can support the transition to adult services. Preliminary work has taken place to support this in 25/26 and is carried forward into 2627 plans.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Baseline data for the Diabetes 8 Care Processes has been established (4P.1)
- Improvements against targets for the 8 Care Processes have already been achieved during the year (4P.1)
- The case for the Hybrid Closed Loop (HCL) system has been developed with input from senior managers, intended for further refinement ahead of 2026/27 planning and funding allocations. This includes review of service model to support diabetes technology (Hybrid Closed Loop) (4P.2 / 4P.4)
- An evaluation of key elements of transition services has taken place. Findings will inform future plans and align with broader organisational work such as the Clinical Services Plan, Foundations for the Future, and pathway redesign programmes (4P.3)
- Moderate improvement has been seen in the number of people receiving all 8 Care Processes; where all are completed, evidence shows improved outcomes and reduced risk of complications.
- The Hybrid Closed Loop programme is supported by a prioritisation schedule to identify groups for transfer, with the business case demonstrating the expected benefits of HCL technology. Using clinically and cost effective diabetes technology will ease daily burdens for people with Type 1 diabetes and their families.
- Overall impact has been modest to date; however, key foundational work undertaken during 2025/26 will enable greater improvements across the diabetic population of North Wales from 2026/27 onwards

5A University and Further Education Partnership	**Executive Medical Director**

5A.1. The Health Board will seek to build the relationships with all higher and further education partners to improve the impact across research and development, education and training and innovation thus supporting our continued achievement of University Designation.	Q3
5A.2 . Having maintained and developed relationships, BCU will explore the value in a regional approach to partnership with all stakeholders.	Q4
5A.3. Work with education providers in the development of the Health Board's Clinical Services Plan to increase their understanding and open up opportunities for transformational and innovative change to be reflected.	Q4
5A.4. Building on the successful establishment of the North Wales Medical School, we will continue to work with and support all partners in achievement of strategic projects.	Q4
5A.5 (4M.5) - Launch the first MPharm cohort at Bangor University in 2025, with General Pharmaceutical Council (GPhC) Step 4 accreditation achieved by 2025/26	Q3
5A.6 (2C.7) - Work with the University of Wales Bangor to support the development and growth of the North Wales Medical School.	Q3

5A.7 (4O.3) - Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community-based service.	Q4

Overview

The University and Further Education Partnership sub objective is based around seven priorities delivering a number of benefits for the organisation focused around further developing relationships with all higher and further education partners in North Wales to improve research and development, education and training, all supporting continued University designation.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- MoUs are now in place with Bangor University, Wrexham University and Group Llandrillo Menai. An MoU with Coleg Cambria has been agreed and is due to be signed on 6th April. Strategic Steering Groups are also in place and will continue to meet throughout 2026/27 to further develop the strategic relationships and develop plans which will support the delivery of the aspirations set out in the MoUs.
- Strengthened and formalised partnerships with all higher and further education institutions will create a more coordinated and sustainable pipeline for the future workforce, improving recruitment, retention and development across clinical and non-clinical roles.
- A clearer, system-wide understanding of education and training needs will support more responsive planning, ensuring the organisation can better align skills, capacity and capability with service requirements.
- Improved collaboration with HE and FE partners will enhance opportunities for research, innovation and knowledge exchange, contributing directly to the Health Board's ambition to sustain its University designation.
- Greater consistency and shared governance across partners will support more efficient commissioning, reduce duplication and enable resources to be targeted where they have greatest impact.
- The establishment of Strategic Steering Groups and a regional partnership approach will strengthen decision-making and enable long-term alignment on key strategic programmes such as the Medical School, MPharm developments and dental workforce strategy.
- Some areas will continue to be delivered into 2026/27, e.g., regional approach to partnerships and engagement of education providers in the development of the Clinical Services Plan. This is due to interdependencies with other areas of work and a requirement to align timescales.

5B Research, Development and Innovation	Executive Medical Director

5B.1. Completed development of a support infrastructure and expert panel with M-SParc, OpTIC Technology Centre, Bangor University and Wrexham University, supported by Welsh Government. Innovators will be able to access the expert panel for advice and guidance.	Q4
5B.2. Continue to increase research activity, both commercial and non-commercial research.	Q4
5B.3. Increase the number of joint appointments and honorary research appointments with our academic partners.	Q4

Overview

The Research, Development and Innovation sub objective is based around three priorities focused around increasing both commercial and non-commercial research activity and to further develop supporting infrastructure with partners.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- An infrastructure has been developed for innovators to access expert advice, leading to a number of projects being identified and developed, including those highlighted in previous update statements.
- Further appointments have been made in partnership with local academic organisations, which will increase the capacity and capability of research activity in the region.
- Whilst we have not achieved a 10% increase in research activity due to lack of capacity from support departments this is being addressed with additional resource being put into place.
- Research activity has enabled the population of North Wales to participate in high-quality studies, providing access to new technologies and drugs that may improve future care and treatments
- Evidence suggests research-active organisations achieve better outcomes, improved mortality rates and stronger recruitment and retention of high-quality staff
- Appointment of research fellows will support increases in research activity and contribute to developing further collaborative posts with Bangor University
- The innovation support structure enables innovators to bring forward ideas that may improve health outcomes for the population of Wales and contribute to potential product commercialisation

5C Academic Careers	Executive Director of Allied Health Professionals and Health Science

5C.1. Whilst awaiting a national definition, hold a multidisciplinary workshop with those currently working in academic careers, and with those who aspire to this career pathway, to agree a local working definition.	Q2
5C.2. Explore the academic career pathway framework, utilising the outputs from the workshop to inform a paper, which will be built upon with proposals for the supporting governance framework, and supplemented by learning and best practice from other health and academic organisations.	Q4

Overview
The Academic Careers sub objective is based around two priorities delivering a revised academic careers pathway, however pending agreement of a formal national definition of academic careers scope of this sub objective will be limited to provision of a local working definition.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

Progress has been made in developing the foundations upon which academic careers will be taken forward in the Health Board with the following outputs being achieved by a small working group:

- The Community of Interest Working Group was established in November 2025 and has developed Terms of Reference and agreed membership to support delivery of the academic careers agenda *(5C.1)*
- An outline Academic Careers Framework has been developed as a key deliverable for the Annual Delivery Plan *(5C.2)*
- An outline programme for the Community of Interest workshop has been drafted, intended to inform the local working definition of academic careers pending national definition *(5C.1)*
- Links have been established with the national programme led by Health and Care Research Wales, as well as related policy work underway within People and Organisational Development, ensuring alignment and shared learning *(5C.2)*
- Outline framework for academic careers which will be further developed by the Community of Interest during 2026/27
- Literature Review of UK publications has been undertaken
- Discussion paper provided to Executive Committee for consideration
- Although no formal metrics are associated with the work, baseline information will be gathered in 2025/26 to support monitoring and reporting from 2026/27 onward. This will also inform research and development objectives *(5C.2)*

5D Intelligence Led	Chief Digital and Information Officer

5D.1. Build on proof-of-concept work to develop proposals for Robotic Process Automation (RPA) to reduce reliance on manual processes.	Q4
5D.2. Delivery of a Health Board data quality kite-mark to improve data for decision making, supported by the extension of data models written for RTT.	Q4
5D.3. Continued development of forecasting capabilities and proposals for the introduction of predictive analytics that will in turn support improved planning and decision making around planned and urgent and emergency care.	Q4
5D.4. Roadmap for the further development of data warehousing will be documented, incorporating the de-commissioning of the Health Board's legacy warehouse. Commence implementation of Cloud Based Technology through transition to the National Data Analytics Platform for submitting data and establishing arrangements for transition from On-Premise to Cloud, all aligned to the Care Data Resource.	Q4
5D.5. As part of the Operational dashboard (IRIS2) rollout, implement the necessary foundations that will enable use across all types of devices in an intuitive and bespoke manner.	Q1
5D.6. Building on the progress made with Planned care data, the Health Board will undertake a data maturity assessment of urgent and emergency care and develop a programme of work to develop the use of intelligence and insight in this area.	Q2

Overview

The Intelligence Led organisation sub objective is based around six priorities delivering enhanced automation of processes to reduce reliance on manual intervention, support improved decision making and reduce reliance on legacy systems.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The overarching aim for Sub Objective 5D has been delivered, with substantial progress made in embedding intelligence-led approaches across the Health Board. All milestones have been completed with the exception of elements of predictive analytics development, where operational challenges affected delivery timelines.
- The year saw the successful completion of the Robotic Process Automation proof of concept, which is now operational in improving data quality for oncology outpatient outcomes. Oversight through the Clinical Design Authority provides a framework for future expansion of automation capacity.
- A data quality kite-mark has been implemented across four datasets, supported by a user guide and a planned rollout for 2026/27. This work strengthens assurance in the information used for decision making at all levels.
- Forecasting capability has continued to develop, with refreshed winter modelling used to inform operational delivery for 2025/26 and the introduction of regular forecasting into weekly reporting. New work has brought cancer outpatient demand forecasting together with RTT modelling for the first time, supporting more effective planning for 2026/27. Further progress has been made through the development of diagnostic demand dashboards to inform demand and capacity assessments ahead of next year's trajectories.
- The transition to a more modernised data environment has progressed well. Migration to the second on premise data warehouse is complete, and the roadmap toward cloud analytics is now set out within the Digital Roadmap and Data Strategy. Engagement with the National Data Resource continues, particularly around metadata alignment in preparation for the National Data Analytics Platform.
- The redeveloped IRIS intelligence portal has been launched with improved functionality and usability across devices. This strengthens real time operational intelligence and supports more informed decision making. Alongside this, the completion of the UEC data maturity assessment and associated improvement plan is helping to embed more consistent data use within urgent and emergency care services.

Overall, the intelligence-led programme has delivered meaningful improvements in data quality, forecasting capability, operational insight and analytical infrastructure. These developments support more responsive, informed and proactive planning across the organisation, with clear benefits for services and populations across North Wales.

5E Learning Organisation	Executive Director of Nursing and Midwifery

5E.1. The Health Board will evaluate how the organisation learns from its investigations of serious incidents and complaints following the introduction of the Integrated Concerns and Complaints Policy.	Q4
5E.2 . The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care.	Q4
5E.3. Develop a discovery report to inform an Education Strategic Plan for the Health Board.	Q4
5E.4 Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries	Q4

Overview

The Learning Organisation sub objective is based around four priorities delivering improvements to how the organisation learns from its own investigations of serious incidents and complaints together with any requests arising from national inquiries. Combined with improvements to systems and processes used to ensure transfer of learning to improve patient care.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The organisational learning programme continued to strengthen in Quarter 4, with core systems, the Organisational Learning Forum (OLF), Learning Repository, and thematic review processes, now fully operational and maturing. These developments are improving visibility, consistency and transfer of learning to support safer patient care.
- A more mature and accessible organisational learning culture has begun to take shape through the continued development of the Learning Forum and the centralised Learning Repository. These mechanisms have strengthened the visibility and accessibility of shared learning, with staff contributions demonstrating increasing relevance and engagement. Although a rise in attendance has not yet been evidenced, feedback confirms that sessions are valued for their practical insight and opportunities for peer learning.
- The organisation's governance and assurance structures for learning from incidents have been further consolidated. Learning from incidents is now consistently reviewed within local Integrated Concerns Operational Groups, the Executive Integrated Concerns Oversight Panel, the Thematic Review Group, and the Organisational Learning Forum. This coordinated model ensures clearer routes for escalation, shared learning, and system wide action. Concurrent work to reduce incidents, including never events, complaints, and Prevention of Future Deaths reports, is supported through strengthened oversight within the Patient Safety, Patient Experience, and Regulatory Assurance groups. Patient experience intelligence continues to be captured through CIVICA surveys and patient stories, creating a fuller picture of quality and safety.
- The commissioning and governance of thematic reviews have become more structured and strategically aligned. The improved interface and clarity of roles between the Organisational Learning Forum and EICOP have enhanced governance oversight and strengthened the organisation's ability to identify emerging priorities and drive targeted improvement.
- Collectively, these developments indicate a maturing, system wide approach to learning, engagement, governance, and quality improvement, supporting more cohesive organisational insight and better-informed action across the Health Board.

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

Health Board

KEY PROGRAMMES REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Geraint Parry, Assistant Director of Transformation (Interim)
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Paolo Tardivel, Executive Director of Transformation and Planning (Interim)

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

This report provides the latest summarised position across the Key Programmes portfolio of work. The purpose of the report is to provide a more high-level overview of the current status and challenges to Board members, recognising that the Planning, Population Health and Partnerships (PPHP) committee undertakes more detailed scrutiny across all aspects of the programmes, including at its May meeting.

The paper outlines the good progress that has been made during the last year in what are inherently complex programmes to deliver, often including external partners. There have been some significant achievements through the year, including the implementation of the Electronic Prescribing and Medicines Administration (EPMA) system, the Radiology Informatics System Project (RISP) and the Digital Maternity System.

There are however a number of programmes experiencing significant challenges. These include the Laboratory Information Management System (LIMS) where a number of key national deliverables have been missed, and a pause on the Electronic Healthcare Record (EHR) following a national directive which impacts on the BCU transformation objectives.

The Planned Care Hub at Llandudno is further delayed due to an issue with the air handling unit, with the current opening unconfirmed. Overall, whilst PPHP noted the update and the positive progress it was not deemed possible to receive full assurance and remedial actions are required with partners to bring these programmes on track.

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**
Strategic Planning and Service Change	23rd April 2026	Approved for onward submission to PPHP
PPHP	7th May 2026	Update Noted

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
SPSCG	Strategic Planning and Service Change Group
PPHP	Planning, Population Health and Partnerships
IMTP	Integrated Medium Term Plan
RISP	Radiology Informatics System Project
EPMA	Electronic Prescribing and Medicines Administration
PIR	Post Implementation Review
IHC	Integrated Healthcare Community
SRO	Senior Responsible Officer
COO	Chief Operating Officer
RPB	Regional Partnership Board
DHCW	Digital Health and Care Wales
IRCF	Integration and Rebalancing Capital Fund
LIMS	Laboratory Information Management System
EHR	Electronic Healthcare Record
ADP	Annual Delivery Plan
WG	Welsh Government
HIW	Healthcare Inspectorate Wales
DMTP	Digital Medicines and Transformation Portfolio
DHCW	Digital Health and Care Wales
WP10	Welsh Prescribing Forms
WPAS	Welsh Patient Administration System
WBNS	Welsh Birthing Notification System
EDT	Electronic Document Transfer
API	Application Programming Interface

WCP	Welsh Clinical Portal
SOC	Strategic Outline Case
OBC	Outline Business Case
BJC	Business Justification Case
MOU	Memorandum of Understanding
IoACC	Isle of Anglesey County Council
DPIF	Digital Planning Improvement Fund

Key Programmes Report

1. SITUATION

1.1 The Health Board designated 15 Key Programmes during 2025/26 which are critical to the transformation of health and wellbeing service delivery in North Wales.

1.2 The purpose of this report is to provide the Board with the latest strategic overview and an end of year assessment of progress across these programmes. This builds upon updates previously provided to Board during the year (May 2025, September 2025, January 2026).

1.3 More detailed programme level updates continue to be provided to the Strategic Planning and Service Change Group for executive oversight, with the Planning, Population Health and Partnerships (PPHP) committee also receiving regular highlight reports in the intervening period as part of Board level oversight.

1.4 A number of the programmes have concluded during the year and are therefore reported for the final time in this report. As part of the IMTP development the portfolio has therefore been refreshed in line with this progress, along with Foundations for the Future and Value and Sustainability transitioning into this portfolio. These will be included in future reports as part of the 2026/27 progress reviews.

2 BACKGROUND

2.1 The Key Programmes, which operate in addition to the four Major Change Programmes, are a suite of inter-related programmes that represent a transformative solution to modernising the Health Board's approach to health and wellbeing delivery and improving population health.

2.2 The categorisation of these programmes took place during Quarter one of 2025/26, bringing together previously disparate programmes into a cohesive portfolio. This reflected the importance that the Health Board was placing on the service change element and ensuring improved outcomes for patients through new ways of working, beyond the delivery of individual programme objectives.

2.3 The programmes selected for inclusion represent key strategic initiatives, which together represent a significant transformational change for the organisation. The programmes enable the delivery of new models of service delivery and support the strategic objectives of the organisation, meeting not only current needs, but also starting to address the future needs of the population providing modern, fit for purpose solutions for the long-term.

2.4 The programmes provide an opportunity to improve integration of services with system wide collaboration, working with partners and in communities to deliver joined up services where clinicians have access to modern technological solutions delivered in fit for purpose premises.

3 SPECIFIC MATTERS FOR CONSIDERATION

3.1 The implementation of this portfolio approach, including regular reporting at the Strategic Planning and Service Change Group (SPSCG) has led to improved oversight and co-ordination during 2025/26. The approach has continued to evolve and mature during the year and has supported earlier escalation to the Executive team and executive intervention where required.

3.2 A number of programmes have concluded during the year in line with expected timescales, namely the Radiology Informatics System Project (RISP), Electronic Prescribing and Medicines Administration (EPMA) and the Digital Maternity System. Each of these programmes will go through formal Post Implementation Review (PIR) and early lessons learned are already identifying positive practice for spreading across future programmes. These include successful go-live support and a collaborative model post go-live between DDaT, suppliers, service leads and super-users. These form an important element of delivering change successfully within the organisation.

3.3 The scale of work undertaken in the rollout of EPMA during the final quarter of the financial year is significant and advances quality and safety provision within the organisation in a high-risk area. This commenced with an early adoption in Heddfan in December and has since extended to all inpatient areas in acute and community in each IHC, a significant achievement for the teams involved.

3.4 The Executive Team have undertaken a review of leadership capacity across the change portfolio and a decision has been made to transfer the leadership of the Health and Well-being Hubs to the Director of Environment and Estates, who will now become the Senior Responsible Officer (SRO). Arrangements are being made to bring the individual components together under a single Programme Board to accelerate progress, and this will align with the Community by Design Major Change Programme, which remains with the Chief Operating Officer (COO).

3.5 All Regional Partnership Boards (RPB's) have been requested to refresh their Integration and Rebalancing Capital Fund (IRCF) priorities and timescales and the Health Board submitted a refresh of the IRCF Capital Delivery Programme to the RPB on the 28th April. This confirms the current priorities and sequencing and includes the Porthmadog Primary Centre which was formally adopted into this portfolio via this year's IMTP. The RPB endorsed the Stage 0 IRCF application in February and an application to WG for money to write a Business Case is being drafted and updates will be included in future reports.

3.6 Several national key deliverables remain outstanding with the Laboratory Information Management System (LIMS). The local Pathology team are invested and engaged and options are being reviewed to bring forward deployment of Blood Sciences to ensure business continuity.

3.7 The lack of progress nationally regarding an Electronic Healthcare Record (EHR) is inhibiting local efforts regarding this critical initiative. In assessing interdependencies with the Clinical Services Plan it is evident that access to a modern, integrated record solution which can also be shared with specialist providers in the North West of England is vital to developing sustainable services to the population of North Wales.

3.8 Following a review of planning and reporting mechanisms, opportunities have been identified to streamline the reporting of this Key Programmes portfolio. The organisation is maturing its approach to planning year on year and the Annual Delivery Plan (ADP) reporting will be consolidated to incorporate further assurance around the progress of these programmes. This will remove duplication for operational staff and lead to a single set of reporting to the executive team and onward submission to committees of the Board.

3.9 There remain underlying issues across a number of the programmes. Of note is that the only two programmes reporting high delivery confidence (Digital Maternity System and EPMA) are at the latter stage of delivery having already seen key milestones delivered which shifted the delivery confidence. Whilst acknowledging that all these programmes are inherently complex, learning reviews will take place which will include determining how increased assurance and confidence can be provided at an early stage.

3.10 The following table provides further summary information across each of the programmes:

Programme	Summary Position
Mental Health	
Adult and Older Persons Mental Health Unit to improve access, quality and safety of mental health care across the region *SRO: Executive Director of Allied Health Professionals and Health Science*	The current stage of the programme is predominantly focused around the business case. The scheme has received direction to proceed at a revised capital budget of £108.1m and capital colleagues continue to explore the procurement route which will enable delivery of the scheme within the available WG capital budget. There are some risks to the Welsh Government approval of the business case as the national policy direction now has a much stronger emphasis on community provision. Regular discussions continue with WG colleagues and the business case is informed by community focused models of care and also proposes the closure of Bryn Hesketh which is one of the smaller units that the new national strategy is focused on disposing of. There are also some potential delays to decision making as a result of developing an All Wales plan.
Mental Health Electronic Health Record to improve the quality and safety of care relating to mental health (all age) services; improving staff experience *SRO: Executive Director of Allied Health Professionals and Health Science*	The All-Ages Mental Health and Learning Disabilities scope operates across 200 locations in North Wales with over 2,300 dedicated professionals, supporting 40+ specialty services for North Wales residents and some cross-border patients. The service is predominantly paper-based and the lack of digital enablement has been identified as a contributory factor to patient deaths, impacting clinical decision-making, staff retention, recruitment challenges, and regulatory compliance, as highlighted in numerous Health Inspectorate Wales (HIW) reports and external reviews, underscoring its significance as a current issue. These services at BCUHB require significant changes and modernisation, with a clear need for an Electronic Healthcare Record (EHR) system to improve workflows, clinical delivery, data capture, and transparency. This programme is not only about technology but about enabling a cultural shift in BCUHB - placing safety, quality, and accountability at the centre of care. Delivery of the EHR is therefore critical to Ministerial priorities for patient safety, quality, and workforce sustainability. A joint procurement was undertaken with Cwm Taf University Health Board in 2025, and the Procurement Outcome Report was approved alongside an updated Business Case, at the Private Health Board meeting in January 2026. The Health

	Boards are now awaiting formal approval from Welsh Government to progress to contract execution and implementation. There is a requirement for a decision by the 5th June to remain within the tender viability period, however any national decision had been paused due to the election period.
Planned Care	
Llandudno Planned Care Hub to improve access to elective/planned care, particularly Orthopaedics for the region *SRO: Executive Director of Finance*	During commissioning of the North Wales Surgical Centre an issue was identified with the performance of the air handling units. The solution to which is to replace the fans to meet the performance requirements. This has delayed the practical completion from April 2026 and first patient from May 2026. At present dialogue continues with the manufacturer of the Air Handling Units to expedite the programme of replacing the fans and as such a new date cannot be confirmed at present. Abergele will continue to be utilised for hip and knee replacements until the centre opens.
Improving safety, efficiency and effectiveness of care through digitisation	
Electronic Health Record to standardise and systematise care across the region, utilising a digital system for records and workflow *SRO: Chief Executive*	BCUHB currently lacks a modern Electronic Health Record (EHR), operating instead with a fragmented mix of national, local, and paper-based systems, impacting daily on the quality of care. BCUHB are, like all Health Boards in Wales, digitally immature, as highlighted by the Healthcare Information and Management Systems Society - Electronic Medical Record Adoption Model (HIMSS EMRAM) digital maturity assessment conducted in 2023, which rated the organisation at stage 1 out of 7. The absence of modern, digitally enabled systems is also impacting staff, who are left without tools that meet clinical and operational needs. Obsolete digital infrastructure continues to hinder the transformation of care delivery, resulting in inconsistent quality of care across services. To address these challenges, investment in a comprehensive EHR and a supporting digital transformation programme is essential in achieving BCUHB's strategic vision delivering clinically led, digitally enabled healthcare aligned with the quadruple aim for the people of North Wales. The programme is currently paused pending national direction from Welsh Government. At the March EHR Programme Board, Welsh Government digital lead confirmed that their immediate priority is the development of a national target architecture and that work on the national EHR strategy will commence in March. Their intent is to present a

	ten-year, holistic view of digital transformation and investment to the incoming Government by the end of May. The organisation will continue to undertake any preparatory work possible in the meantime and continue to report on the programme regularly rather than stand it down, due to the vital importance the EHR has on wider transformation.
Electronic Prescribing and Medicines Administration (ePMA) to improve quality, safety and efficiency of patient care across acute and community care *SRO: Deputy Executive Director of Nursing*	As part of the Digital Medicines and Transformation Portfolio (DMTP) led by DHCW, BCUHB has successfully delivered the ambitious challenge of implementing an ePMA system across all inpatient areas. This has required close collaboration between medicine, nursing, pharmacy, and digital teams to address long-standing challenges in medicines management, including workflow inefficiencies, prescribing errors, and the need for safe, real-time medication records. The programme aligns with Ministerial priorities on quality, safety, and workforce efficiency. Following a 12-week implementation period, all acute and community inpatient beds across BCUHB are now live with ePMA, successfully meeting the Welsh Government funding deadline of 31st March 2026. Clinical, Operational, Programme and Digital teams at every site worked together to deliver each go-live safely and effectively. Each go-live built on learning from the last, strengthening the programme and supporting safer, more effective medicines management across the organisation. This successful rollout reflects the dedication and professionalism of staff across all disciplines, underpinned by strong partnership working between BCUHB, Digital Health and Care Wales (DHCW) and the system supplier, Better Meds. Outpatient rollout for specialties using WP10s (Welsh Prescription forms) has also commenced in IHC's East and West, with IHC Central following shortly after their inpatient deployment. This marks a further significant milestone in the Health Board's commitment to modernising medicines management and improving patient safety. The team continues to support end users as they embed new ways of working into everyday practice. Alongside this, work is underway to transition the service to business as usual, ensuring that ongoing support, issue management, and optimisation activities are handed over smoothly to operational and digital teams. The programme is now

	entering its formal closure phase, with remaining actions, documentation and governance activities being completed in a controlled and structured way to ensure a safe, sustainable handover and a stable foundation for future optimisation.
Digital Maternity System to improve the quality and safety of care for pregnant women and their families; to improve staff experience *SRO: Director of Midwifery and Women's Services*	The Digital Maternity System went live successfully across all Maternity areas on 10th March 2026. As of 23rd of April at total of 662 babies have been born and entered onto the system; 284 at Wrexham Maelor, 190 at Ysbyty Glan Clwyd and 188 at Ysbyty Gwynedd. The programme supports a cultural shift within BCUHB, embedding digitally enabled maternity practices, improving information sharing, and enhancing decision-making. This aligns with Ministerial Priority 5 and national expectations for safe, digitally enabled maternity services. The project is now moving into Phase 2 which will involve a number of integrations including: • Viewpoint 6 to view ultrasound scans. • A WPAS / Welsh Birthing Notification System (WBNS) 2-way feed, to be provided by DHCW. • Cardiotocography (CTG) implementation across the Maternity estate. • Electronic Document Transfer (EDT) which will require an application programming interface (API) for DHCW to facilitate the transfer of documents to the Welsh Clinical Portal (WCP). • An in-context link to WCP to view results. This was scheduled to be delivered in a software release of BadgerNet on 24th March 2026 but has been delayed as issues were found during testing. DHCW are working on a resolution. • LIMS, which will need DHCW involvement. The in-context link is an interim measure until the integration with LIMS is available. It is anticipated that the majority of the integrations will be live over the next 6 months with the exception of LIMS. All Health Boards in Wales are now live with BadgerNet with the DHCW dependent integrations being coordinated at a national level.
Diagnostics Improvement	
Laboratory Information Management	Pathology currently has two LIMS systems, Telepath, used in Blood Transfusion and TCL2016, used in other disciplines. The national LIMS Programme (LIMS2) will

System (LIMS) to modernise and improve laboratory service delivery, providing staff with modern informatics systems *SRO: Associate Director, North Wales Managed Clinical Services*	replace both legacy systems and is being led by DHCW. Key benefits nationally include faster turnaround of tests, a reduction in the number of repeat tests, improved clinical safety through electronic test requesting and will facilitate supporting increasing demand. Originally scheduled to conclude in September 2025, the programme has encountered national challenges related to system build, configuration, and defect resolution which have impacted delivery timelines. Despite these issues, progress is being made, with the Cellular Pathology and Mortuary modules deployed in BCUHB during February and April 2026. These mark the first steps in a major modernisation of Pathology services across Wales, and the start of a multi-discipline rollout that will bring all Pathology services onto a single, modern, standardised system, delivering improved functionality and performance within the digital solution. BCUHB remains actively engaged with DHCW on this complex, patient critical programme, frequently taking a leading role in testing and assurance activities. Future planning and decision making is currently under review.
Health and Well-being Hubs A focus on service provision to local communities *SRO: Director of Environment and Estates*	
Bangor	BCUHB is continuing to work with Cyngor Gwynedd (the lead for the Strategic Outline Case) and external Leisure consultants to review the existing SOC in light of the Menai Centre ownership changes and feedback from WG over the past 12 months. The SOC will include additional plans for the Menai Centre incorporating leisure. Work is underway with service leads to review and verify accommodation footprints and requirements to deliver the service model. Work is due to be completed by the end of May 26. The revised SOC will then need to go through Local Authority and BCUHB governance before submission to WG for funding consideration to progress to Outline Business Case (OBC). Public Health Wales have completed a Summary Population Health Needs Assessment Profile for Bangor to help inform the revised SOC.

	A refreshed IRCF delivery programme which sets out potential project timescales has been submitted to the Regional Partnership Board who will then submit to WG. This will result in further conversations about the need for project prioritisation.
Caledfryn	The proposal involves purchasing and refurbishing a local authority building to establish a Health and Wellbeing Hub in Denbigh. The Business Justification Case (BJC) contract has been awarded to Archus and approved by BCUHB. However, the project team has been instructed not to progress with the BJC or the procurement of a construction partner until assurance is provided that capital funding is confirmed. A briefing paper has been prepared for the SRO outlining the position. The revenue paper to identify costs and potentially benefits to offset the revenue position is being finalised. The Project Director will present this to the IHC Directors and the SRO has indicated that Health and Wellbeing Hubs will be required to show revenue savings of around 5% in order to be viable. Monthly meetings continue with the Regeneration Team to explore opportunities for Transforming Towns capital funding to support development of the service model.
Conwy West	This case addresses challenges with the existing estate and the need to deliver more integrated health and care services in a modern, fit-for purpose environment in Conwy and Llandudno Junction. The case is being developed in partnership with Conwy County Borough Council, the GP Cluster and the Third sector. The Health Board has ratified the decision to defer this scheme until the 2028/29 financial year and as such the current focus is on progressing other schemes. A decision on the site will be made during this financial year and other decisions relating to the exact model will be dependent upon this.
Holyhead	A draft memorandum of understanding (MOU) between BCUHB and Anglesey Council (IoACC) has been prepared and shared with IoACC for review. Following a recent meeting with WG (11th March) on the next steps for Holyhead, the following was agreed:

	SOC scrutiny - WG IRCF are part way through the scrutiny of the Holyhead SOC (submitted in Oct 2024) and have provided partial feedback and will complete the review following further work by BCU & IoACC to review and refresh the SOC **Refresh of SOC** - IoACC & BCUHB are advised to look at refreshing the SOC in light of WG feedback regarding the balance of services and potential funding from other sources; Integration – WG have requested further strengthening around partnership to deliver an integrated hub (not just a Health hub) and to look at the best value of delivering this; This links to the balance of services and exploring potential funding from other Local Authority sectors – Leisure / Housing etc; **IRCF Project timelines / delivery** – A refreshed IRCF delivery programme which sets out potential project timescales has been submitted to the RPB who will then submit to WG. This will result in further conversations about the need for project prioritisation; **WG Regeneration / other capital contributions** – Partners have been requested to explore contributions from other capital sources as well as IRCF. These include All Wales Capital, Regeneration funds, Housing with Care Fund and Social Housing Grants. **Organisational Lead** – Partners to consider who is best placed to lead / deliver this scheme;
Penygroes	The former Canolfan Lleu scheme transferable costs exercise has now been completed by Grŵp Cynefin with support from BCU and submitted to WG. Work on the high-level estimated costs, capital delivery model and programme for a new Health Centre – as requested by WG – has also been submitted to WG. A meeting has been arranged by the Director of Estates with WG in May to discuss the next steps in terms of completing the business case. Discussions with Grwp Cynefin are also planned to discuss the land transfer issue for the health centre.

Royal Alexandra	Phase 1 Progress has advanced following Welsh Government approval with interim governance and work packages set up for operational readiness, key decant arrangements confirmed and design activity continuing. The Capital Decant has been completed and work is currently underway to divert a gas pipe and network cables. Overflow car parking arrangements have been agreed with Denbighshire County Council including a four hour free period for patients and staff engagement sessions have been held during May. Phase 2 has progressed with scope agreement and early preparatory work underway, including governance drafting, structural planning and initial data gathering. The Programme remains in active mobilisation, with a workshop during May around options and prioritisation. There is an ongoing Public Health analysis to inform service alignment with population needs. Overall the project is progressing well with upcoming workshops and structural costings being critical early milestones to confirm Phase 2 scope and next steps.
Waunfawr	The procurement route for Waunfawr Health Centre was agreed at the January 2026 Board. The Health Board is working with Shared Services (Specialist Estates) and BCU's Property Services to develop a Memorandum of Sale for the land purchase for the planned new facility in Waunfawr. Work is underway to procure an Employer's Agent & Cost Manager to develop the Employer's Requirements & tender documents for a design & build contract. A recent Project Board meeting was held (16th April) to ensure the Practice and relevant stakeholders are up to date with current progress. The aim is to update and revise the commercial and financial cases within the BJC to reflect any inflationary costs and the change in procurement route. It will then return to the Board for endorsement and be submitted to WG for funding approval. Depending on progress with commercial arrangements, it is anticipated this will be in the Autumn.

4 KEY RISKS / MATTERS FOR ESCALATION

4.1 The viability period for the Mental Health Electronic Healthcare Record (EHR) expires on the 5th June 2026, 365 days after tender closed. If the contract is not executed by this time this could lead to an impact of increased supplier costs. Furthermore, there is a broader Pause and Review exercise of the Welsh Government Digital Planning Improvement Fund (DPIF) to assess the financial viability of DFIF funded projects, and the organisation is awaiting the outcome of that review.

4.2 The aforementioned review of Digital programmes may also have a further impact on the organisation wide Electronic Healthcare Record which is already paused locally whilst awaiting national direction. It is increasingly likely that the Health Board will be expected to follow a national solution, however it important to note how critical this solution is to developing sustainable services in North Wales and the impact of any further delays. This includes recognition of patient flows into the North West of England and the need for integrated care and access to records.

4.3 National delays with the LIMS system could cause business continuity issues within Blood Sciences as the current system contract ceases on the 15th December 2026. Options are being reviewed to bring this forward to both ensure the business continuity and to mitigate the patient safety risk this poses.

4.4 The further delay to the opening of the Planned Care Hub in Llandudno means that the risks to full year benefits realisation that were identified in January Board report will now materialise. Whilst productivity and efficiency gains will continue to be pursued at existing sites in the meantime the full benefits within the business case will take longer to come to fruition. The CEO did commission an Internal Audit Capital review with a specific focus on Llandudno which identifies areas for strengthening and a full Post Implementation Review of the programme will also take place to identify lessons learnt for the future.

5 RECOMMENDATIONS

The Board is asked to:

- **NOTE** the update regarding progress during the first year, including some notable achievements, whilst also being appraised of some challenges which remain of concern and which had prevented PPHP from receiving full assurance.
- **AGREE** to the integration of future reporting into the Annual Delivery Plan to ensure increased synergy and reduced duplication

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	2. Developing strategy and long-lasting change
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: 4. Improving quality, outcomes and experiences
Yr Egwyddorion Dylunio **Design Principles**	Equity and Accessibility People First Inclusive Design Digital First Wise Spending
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	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)
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

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	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol? **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	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?*	**Galluogwyr Ansawdd** **Enablers of Quality** Choose an item.	**Meysydd Ansawdd** **Domains of Quality** Choose an item.
	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**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	Failure to deliver these changes could impact on partnership working and public confidence.	
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.	

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

Health Board				
Board Date		28/05/2026		
Date of Committee		21/04/2026	**Report of:**	Audit Committee
Quoracy met:		Yes		
1	Agenda	The Audit Committee continues to meet bi-monthly. The Committee considered an agenda which can be accessed: Audit Committee - BCUHB		
2a	Alert	The Audit Committee wish to alert members of the Board of: 1. Audit recommendation closure remains inconsistent, with several actions overdue, variable quality of supporting evidence, and insufficient clarity on governance routes, milestones and escalation mechanisms. 2. Statutory compliance risks persist, particularly relating to overdue policies and audit actions, despite improvement activity being underway. 3. Major programmes and frameworks (including governance, commissioning, performance management and value & sustainability) require clearer structure, oversight and delivery milestones to provide timely and reliable assurance. 4. Declarations of Interest reporting does not yet fully reflect risk exposure.		
2b	Assurance	The Audit Committee wish to assure members of the Board that: 1. Some areas of internal control are strengthening, evidenced by Internal Audit opinions, including areas of reasonable and substantial assurance although management response delays are still concerning. 2. The annual accounts process for 2025–26 is on track, with appropriate governance in place and external audit arrangements progressing as planned. 3. The Corporate Governance Improvement Plan provides a consolidated mechanism for tracking delivery against structured assessment recommendations and wider governance improvements, representing a positive step forward.		
2c	Advise	The Audit Committee wish to advise members of the Board: 1. Require clear governance frameworks, escalation routes and SMART milestones for all major programmes, enabling routine assurance on progress and delivery.		

		2. Support a more explicit, risk-based approach to Declarations of Interest, focusing on areas of greatest potential exposure rather than volume of returns alone. 3. Maintain continued oversight of statutory compliance and audit recommendation management as priority organisational risks during 2026–27.
2d	Review of Risks	1. Ongoing organisational risk associated with non-compliance, overdue audit actions, and incomplete policy management remains. 2. The effectiveness of major change and improvement programmes is contingent on strengthened governance, reporting clarity and assurance mechanisms.
2e	Sharing of learning	1. Improvements in areas such as asbestos management demonstrate the impact of sustained management focus and clear accountability. 2. Learning from audits and major projects highlights the importance of embedding assurance, oversight and evaluation early in programme design.
3	Actions to be considered by the Board or other Committees	There were no items for referral.

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

Health Board

NHS WALES STAFF SURVEY 2025 REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 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 and Organisational Development

Pwrpas yr Adroddiad **Report Purpose**	For Noting The Committee is asked to: • **NOTE AND DISCUSS** the results of the NHS Wales Staff Survey 2025; and • **SUPPORT** the planned next steps.

Crynodeb Gweithredol
Executive Summary

Part of our aim to improve culture, leadership and engagement is to listen to staff and demonstrate that they are being heard by the organisation. This includes collecting and analysing feedback on staff attitudes and experiences to inform improvements, a key part of which is the annual NHS Wales Staff Survey.

This report details the findings of the 2025 survey and outlines next steps.

Many of the themes emerging from the survey are familiar as they have been expressed by colleagues through other feedback mechanisms including:

- the Foundations for the Future discovery and design phase focus groups;
- engagement activity undertaken through the Culture and Leadership Programme;

- from the Culture Change Leaders;
- Speaking Up Safely;
- and staff recognition-related surveys and award nominations.

Therefore, many of the themes and issues staff raise are already in the process of being addressed for example through major change programmes including Foundations for the Future as well as through the Culture, Leadership and Engagement Improvement Plan 2026-28.

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	11.3.26	Changes suggested which have been incorporated into the paper for April 2026 People and Culture Committee, with the intention for this paper to go to public Board in May 2026
People and Culture Committee	9.4.26	Discussion and feedback. Qualitative data was received on 2.4.26 and headline information has been incorporated into this report at section 3.8
Local Partnership Forum	5.5.26	An earlier version (v5.0) of this paper was presented to Trade Union colleagues

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
HEIW	Health Education and Improvement Wales
IHC	Integrated Health Community
MHLD	Mental Health and Learning Disabilities
FFTF	Foundations for the Future

1 Y SEFYLLFA SITUATION

1.1 The 2025 NHS Wales Staff Survey went live on Monday 6th October and closed on Monday 1st December. NHS Wales organisations received access to quantitative data via HEIW's insights dashboard on 23rd February 2026.

1.2 Qualitative results (free-text comments which have been anonymised) were shared with Health Boards on 2nd April 2026. At the time of writing, we do not yet have access to the dashboard functionality to view results and run reports by staff group. This is expected in the coming days.

1.3 A national findings report, which gives an overview of quantitative results for Wales as a whole, is scheduled to be published by HEIW in early May 2026.

1.4 This report provides the Board with headline findings and outlines next steps for responding to this staff feedback.

2 Y CEFNDIR BACKGROUND

2.1 The NHS Wales Staff Survey takes place annually and is administered independently of the Health Board through HEIW and provider IQVIA. This is important in creating trust in the confidentiality of the feedback staff provide.

2.2 The survey now enables greater analysis of the response data at different organisational levels and we intend to build on last year's shift towards greater local responsibility and accountability for acting on what colleagues told us.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

Response rate

3.1 Our aim was to improve the 2025 participation rate by at least 5% compared to the 2024 survey across the Health Board. To embed local accountability, Directors and managers were set a target of achieving a 23% participation rate in their respective areas.

3.2 5, 203 staff members completed the survey which equates to a response rate of 24.9%. Although lower than the overall NHS Wales response rate of 30%, it represents an improvement for the Health Board from the 2024 response rate of 17.4% and exceeds our target of 23%.

3.3 The three Integrated Health Communities exceeded the target response rate of 23 per cent with West securing 29.6%; Central 28.1% and East 24.9%.

3.4 Neither Ysbyty Glan Clwyd nor Wrexham Maelor Hospital achieved the target response rate of 23% of staff participating in the survey, with Ysbyty Glan Clwyd achieving 19% and Wrexham Maelor Hospital achieving 18%. Ysbyty Gwynedd demonstrated a much improved performance with 32% of staff completing the survey. This was, in part, down to concerted efforts across the site to engage staff in promotional activities.

Staff Engagement Index score

3.5 We achieved a Staff Engagement Index score of 69.3% (70.9% in 2024). This compares to an NHS Wales staff index score of 70.8%. It should also be noted that there has been a general decline in Staff Engagement Index scores across Wales.

The Staff Engagement Index score measures how connected staff are to the organisation. Table 1 below highlights staff responses in terms of their agreement with each statement.

Staff Engagement Index Scores

2025 Staff Survey Index Score: **69.3%**

1.5 on NHS Wales Benchmark

1.6 on BCUHB 2024 Index Score

Sub-theme	Positive Responses	Wales Average	Negative Responses	Wales Average
Ability to contribute towards improvement at work (Involvement)				
23a) I am able to make improvements in my area of work	56.9%	58.2%	18.2%	16.9%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department	43.9%	44.7%	29.8%	29.5%
Intrinsic psychological engagement (Motivation)				
22a) I look forward to going to work	49.2%	48.5%	17.9%	17.4%
22b) I am enthusiastic about my job	65.2%	64.1%	9.9%	10.3%
22c) I am happy to go the extra mile at work when required	78.5%	77.2%	5.7%	5.8%
Staff advocacy and recommendation (Advocacy)				
23b) I would recommend my organisation as a place to work	47.7%	53.2%	22.4%	19.2%
23c) I am proud to tell people I work for my organisation	50.3%	58.0%	20.6%	14.5%

Favourable performance against NHS Wales Average

Unfavourable performance against NHS Wales Average

Figure 1: Staff Engagement Index Scores 2025

3.6 BCUHB achieved an above NHS Wales Health Board average score in the intrinsic psychological engagement (motivation) element of the Index:

- *I look forward to going to work* (49.2%, which is above the NHS Wales Health Board benchmark of 48.5%)

- *I am enthusiastic about my job* (65.2%, which is above the NHS Wales Health Board benchmark of 64.1%)
- *I am happy to go the extra mile at work when required* (78.5%, which is above the NHS Wales Health Board benchmark of 77.2%)

However, as seen in the 2024 survey results, staff responses to the staff advocacy and recommendation element of the Index draws the overall positivity of the score downward.

3.7 We have seen a deterioration in all ten of the survey themes between the 2024 and 2025 survey, although these are marginal reductions in most cases. These are shown in Table 2 below.

Further findings of note are:

- Although we are the lowest scoring Health Board in the in the *We are compassionate and inclusive* survey theme at 67.6% – a drop of 1.47% from 2024 – we remain just 2% off the NHS Wales Health Board average. The ongoing work on culture, behaviours and values will continue to address this area;
- 82.9% of survey respondents agree we are compassionate towards patients/service users. This is a small reduction of 0.41% from 2024 and beneath the NHS Wales Health Board average of 83.3%;
- We are the lowest scoring Health Board in the *We are all able to speak up* theme at 63.9%. This is a reduction of 1.85% and below the NHS Wales Health Board average of 65.6%. Further work through an internal audit on Speaking Up Safely has given an audit opinion of limited assurance and as a result some immediate changes are being worked through to strengthen the health board's Speaking Up Safely process in line with the national Welsh Government Speaking Up Safely Framework;
- Our score in the *Staff Engagement* theme has fallen by 2.88% to 55.9%, compared to an NHS Wales Health Board average of 57.7%; and 2024 saw a 6.7% improvement in our *Patient Safety* theme score, and in 2025, the score was 58.6%, a decline of 0.47%. This is over 1% away from the NHS Wales Health Board average. There are some responses to questions connected to the *Patient Safety* theme score that are concerning, for example, question 17c shows that 44.4% agree that they would be happy with the standard of care provided if a friend or relative needed treatment (27.7% disagreed). This is 10.9% below the NHS Wales Health Board average of 55.3%.

3.8 The qualitative data received on the 2nd April 2026 included comments from 1,649 individuals, which account for around a third of those completing the survey.

The comments have been redacted by HEIW to help protect the anonymity of participants and can only be filtered by 'tier two' organisational levels i.e. by

directorate such as Corporate Services or Cancer Services, rather than by 'tier three' department such as Finance or Cancer - Nursing.

The comments represent a mix of issues, topics and views and, notably, many are positive. Prevalent themes that respondents fed back with positivity include:

- Positive culture with supportive teams and managers;
- Pride in the NHS, their role and helping patients;
- Willingness to go above and beyond duties for colleagues, patients and the organisation; and
- Benefits of flexible working on work/life balance.

There are also disappointing and concerning comments of which the most prevalent themes include:

- Leadership and senior management disconnect from staff and patient care secondary to financial targets;
- Poor wellbeing, mental health and stress including inflexibility regarding working patterns;
- Staffing levels, excessive workload and burnout; and
- Bullying, harassment and toxic culture.

3.9 Headline findings are captured in the 2025 Staff Survey Snapshot document at **Appendix 1**.

3.10 Evidence demonstrates that NHS culture improvement programmes typically require several years to yield significant, lasting results, demanding long-term investment in staff capability and leadership. The Health Board has recently been audited on the delivery and progress of actions outlined in the plan (Three Year Plan 2024-2027 and IMTP 2025–28) to create a compassionate leadership culture across the organisation. The audit concluded reasonable assurance in this area.

Programmes such as our Culture and Leadership Programme aim to achieve effective transformation and are expected to achieve notable improvements in staff engagement after 12 to 24 months.

3.11 It is important to recognise the impact that organisational change has on staff experience as we progress with the Foundations for the Future programme.

It is also worth noting that our turnover is relatively low, indicating that colleagues are not leaving the organisation.

BCUHB positivity scores by theme 2025

Theme	Year	Positivity score	Annual Trend	Wales Average	Variance
Morale	2023	55.0%		54.1%	↑ 0.87
	2024	55.0%	↑ 0.04	54.6%	↑ 0.37
	2025	53.6%	↓ 1.44	53.7%	↓ 0.09
Patient Safety	2023	52.6%		53.8%	↓ 1.21
	2024	59.1%	↑ 6.48	58.7%	↑ 0.42
	2025	58.6%	↓ 0.47	59.7%	↓ 1.13
Staff Engagement	2023	59.3%		60.3%	↓ 1.06
	2024	58.8%	↓ 0.46	59.6%	↓ 0.75
	2025	55.9%	↓ 2.88	57.7%	↓ 1.76
We are all able to speak up	2023	65.3%		65.8%	↓ 0.58
	2024	65.8%	↑ 0.54	66.2%	↓ 0.42
	2025	63.9%	↓ 1.85	65.6%	↓ 1.65
We are compassionate and inclusive	2023	68.4%		69.6%	↓ 1.22
	2024	69.1%	↑ 0.68	70.0%	↓ 0.91
	2025	67.6%	↓ 1.47	69.6%	↓ 2.01
We are continuously learning and improving	2023	64.2%		64.1%	↑ 0.06
	2024	63.5%	↓ 0.69	64.0%	↓ 0.48
	2025	62.4%	↓ 1.13	63.1%	↓ 0.79
We are stronger together	2023	69.3%		68.5%	↑ 0.87
	2024	70.4%	↑ 1.08	69.2%	↑ 1.25
	2025	68.5%	↓ 1.93	68.7%	↓ 0.26
We champion flexible working	2023	59.1%		58.1%	↑ 1.00
	2024	62.3%	↑ 3.23	61.5%	↑ 0.84
	2025	60.0%	↓ 2.32	60.8%	↓ 0.85
We nurture healthy working environments	2023	56.5%		56.1%	↑ 0.37
	2024	57.8%	↑ 1.27	57.8%	↓ 0.03
	2025	56.4%	↓ 1.41	56.5%	↓ 0.15
We recognise everyone's contribution	2023	62.3%		61.5%	↑ 0.83
	2024	62.5%	↑ 0.16	62.1%	↑ 0.37
	2025	60.5%	↓ 1.99	61.2%	↓ 0.72

Figure 2: Positivity scores by theme in 2025, 2024 and 2023, compared with the NHS Wales average for Health Board organisations

Comparisons by division

3.12 Response rates against the ten survey themes are generally lower in the three district general hospitals than elsewhere in the organisation. The reason for this will need to be tested further but it may be due to hospital service demands and capacity pressures experienced at the time of the survey.

3.13 Staff responses at Wrexham Maelor showed improvements in key areas and were above the NHS Wales Health Board average in the following four themes; *Morale*, *Patient Safety*, *We Champion Flexible Working*, *We Nurture Healthy Working Environments*. This progress was not mirrored in Ysbyty Glan Clwyd and Ysbyty Gwynedd where staff responses were below the NHS Wales Health Board average in all ten themes.

3.14 Survey responses from staff within corporate services were more positive in the main and significantly above NHS Wales Health Board average in the following areas; *Morale, Staff engagement, We are continuously learning and improving, We are stronger together, We champion flexible working, We nurture healthy working environments, We recognise everyone's contribution*.

Responses from staff who completed the survey in MHLD and Children's Services were generally around or above the NHS Wales Health Board average.

Next steps

3.15 A clear, co-ordinated approach will be needed in responding to the survey findings and is set out in a 'plan on a page' at **Appendix 2**. Our response must also be proportionate to enable steady, meaningful progress while recognising ongoing operational pressures and wider organisational change.

3.16 This plan in will be overseen by the new People and Organisational Development delivery group. In terms of responding to what we have heard, it is important that we are able to demonstrate practically to staff what difference they will see going forward.

3.17 It is proposed that the staff survey action plan focuses on a small number of key theme areas. Focused work can be undertaken to make a tangible difference to staff experience prior to the next annual NHS Wales Staff Survey in October 2026.

We propose the organisation focuses on the following two priority areas already captured within the Health Board's Culture, Leadership and Engagement Improvement plan:

1. ***We are compassionate and inclusive*** – although compassion is one of our three organisational values, we are the lowest-scoring Health Board in Wales in this theme and a large proportion of the qualitative comments received refer to poor behaviour.

2. ***We are all able to speak up*** – this is a recurring theme through a number of staff feedback channels and the Staff Survey data bolsters this. No Health Board in Wales scores lower than BCUHB in the theme and compounding the feedback that some colleagues are afraid to speak up, there is a belief that the organisation would fail to act on concerns if staff spoke up. The fact that only one in four staff members participated in this year's survey reinforces this priority.

3.18 As stated above, there is already significant work underway to address these matters through the:

- Culture, Leadership and Engagement improvement plan 2026-2028;
- Foundations for the Future;
- Board development;
- Local People and Culture Committees; and
- strengthening the Speaking Up Safely framework.

3.19 The focus of our response to the survey is therefore not to introduce new programmes, but to clearly articulate how existing and planned work aligns to staff feedback and how it is expected to improve staff experience over time.

There is also scope for local action to address issues that are best influenced at team, service or divisional level. This will complement the corporate focus on priority themes that require consistent organisational leadership and support so that staff feel change is happening in their area of work, not just at a broad organisational level.

3.20 This approach builds on learning from the 2024 survey results, aligns with good practice across NHS Wales and reinforces the principle that responsibility for improving staff experience sits across the organisation rather than centrally.

There is an expectation that Directors are accountable for ensuring that survey results for their areas of responsibility are considered and that proportionate actions are identified and addressed.

Local People and Culture Committees provide the primary forum for discussion, support and oversight of local responses to survey feedback without introducing additional reporting burden.

Staff Survey Leads and Culture Change Leaders play a key role in enabling local conversations, supporting data interpretation and helping teams to identify practical improvements.

To support the above, central advisory support is available to help colleagues understand what the survey is telling them and to support action.

3.21 The *We Said, We Did* approach to communicating action taken in response to the survey that was introduced last year will continue. We will also be highlighting exemplary work taking place across the organisation in order to share excellence in order to inspire others.

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

The results of the 2025 NHS Wales Staff Survey demonstrate a decline in key areas, including the staff engagement index score.

There is a risk of deteriorating levels of engagement and involvement from staff across the organisation due to operational pressures and competing priorities, including organisational change as a result of the Foundations for the Future programme.

5 ARGYMHELLION
RECOMMENDATIONS

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

- **NOTE AND DISCUSS** the results of the NHS Wales Staff Survey 2025;
- **SUPPORT** the planned next steps.

Appendix 1

GIG Cymru NHS Wales Arolwg Staff Staff Survey

2025 Snapshot

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

Participation

5,203 BCUHB staff took part

- 45% increase in participants from 2024
- 24.9% of staff (1,626 additional voices heard, up from 17.4% in 2024)
- Respondents 75.4% female; 15.8% male; largest age group 51-65 (33.1%); 76.0% identify as white British; 17.1% have an impairment; and 13.3% consider themselves neuro diverse / divergent

Staff Engagement Index Score

69.3%

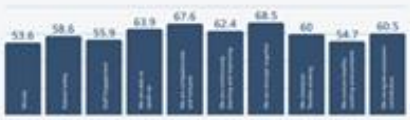
- Reduction on 2024 score of 70.9% and 2023 score of 71.3%
- 1.5% beneath Wales average of 70.8%
- Broadly in line with all Wales NHS engagement index score which has deteriorated by 0.8pp each year from 2023 onwards

Motivation

Higher score than Wales HB average:

- 65.2% enthusiastic about their jobs (Wales HB avg. 64.1%)
- 78.5% of staff happy to go the extra mile (Wales HB avg. 77.2%)
- 87.5% feel trusted to do their job (down 1.17pp on 2024; just above the Wales HB avg. 87.4%)

BCUHB performance by theme (%)



	2024 score	2025 score	National average	
Morale	55.0	53.6	53.7	0.1 ↓
Patient Safety	59.1	58.6	59.7	1.1 ↓
Staff Engagement	58.8	55.9	57.7	1.8 ↓
We are able to speak up	65.8	63.9	65.6	1.7 ↓
We are compassionate and inclusive	69.1	67.6	69.6	2.0 ↓
We are continuously learning and improving	63.5	62.4	63.1	0.7 ↓
We are stronger together	70.4	68.5	68.7	0.2 ↓
We champion flexible working	62.3	60.0	60.8	0.8 ↓
We nurture healthy working environments	57.8	54.7	54.9	0.2 ↓
We recognise everyone's contribution	62.5	60.5	61.2	0.7 ↓

Caring, belonging and feeling valued

- Although we are the lowest scoring health board in the *'We are compassionate and inclusive'* theme at 67.6% (a drop of 1.47pp from 2024), we are only 2pp from the national average
- 82.9% think we are compassionate towards patients / service users (down 0.41pp; just below Wales HB avg. of 83.3%)
- 72% feel that their immediate line manager values their work (down 1.86pp since 2024; Wales HB avg. 71.5)
- Only 44% feel their work is valued by the organisation (dropped 2.66pp since 2024; Wales HB avg. 47.6%)

Support through change

- Drop in positivity relating to involvement in deciding on changes that affect their work / area / team / department from 55.7% in 2023, 48.1% in 2024 to 43.9% in 2025
- Below national average (70.3%) relating to compassionate culture (67.4%), a drop of 1.38pp on 2024

Advocacy and feeling proud

- 50.3% are proud to tell people they work here (down 1.16pp since 2024; Wales HB avg. 58%)
- 47.7% would recommend BCUHB as a place to work (dropped 4.28pp since 2024; Wales HB avg. 53.2%)
- 44.4% would be happy with the standard of care provided if a friend or relative needed treatment (a fall of 2.51pp since 2024; 10.90pp below Wales HB avg. of 55.3%)

Speaking up

- We are the lowest scoring health board in the *'We are all able to speak up'* theme
- 74.4% feel secure raising concerns about unsafe clinical practice (down 1.23pp on 2024 and just under the Wales HB avg. of 74.8%)
- 74.3% feel secure raising concerns about unethical behaviour (down 0.44pp from 2024; slightly under the Wales HB avg. of 75%)
- But only 52.3% feel safe to speak up about general concerns (a 2.36pp deterioration from 2024; 4.46pp below the Wales HB avg. of 56.7%)
- Only 36.7% feel that the organisation would address their concerns if they spoke up. This is a 0.61pp fall on our 2024 score; and is 5.67pp below the Wales HB avg. of 42.4%

Appendix 2 – NHS Staff Survey 2025 plan on a page

Date	Action	Details
6th October 2025 – 1st December 2025	2025 NHS Wales staff survey live	
23rd February 2026	NHS Wales organisations received access to quantitative data via HEIW insights dashboard	5, 203 BCUHB employees responded to the survey – a 45 per cent increase on 2024
9th March	All BCUHB Directors received reports on their directorate results in order to inform conversations and actions	
Throughout April	Briefings through established meetings including all local People and Culture Committees to support interpretation of results	Local People and Culture Committees are the primary forum for discussion and monitoring
Throughout April	Staff survey leads, departmental leaders and People Services colleagues receive access to HEIW dashboard to review the performance in their area of responsibility and identify improvement opportunities	Over 90 colleagues across the organisation were nominated as local Staff Survey Leads to co-ordinate sharing results and action in response locally
2nd April 2026	NHS Wales organisations received access to qualitative data (free text comments)	1, 649 comments received from BCUHB employees
w/c 6th April	Training and support offered on use of HEIW data dashboard	Last year, over 70 staff members took up the offer of training and have been able to train other local colleagues
22nd April	Update to Employment Team meeting	
23rd April	Update to People Manager's Forum	

24th April	Update to Workforce Partnership Group meeting	
Early May (date TBC) 2026	HEIW publish national findings report (excluding qualitative data)	
5th May	Update to Local Partnership Forum	
w/c 11th May	Publication of headline survey findings on BetsiNet for all staff and sharing of supporting materials including templates and a guide. To include the two key areas of focus for the organisation which we suggest are *We are compassionate and inclusive* and *We are all able to speak up*	Progress against local Staff Survey priority actions monitored through local People and Culture Committees, providing locally-owned oversight and assurance
June and over summer	Promotion of case studies of teams who have acted on survey feedback and *We Said, We Did* poster templates for local adaptation	

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	People First 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**	**CRR24-01 -** There is a risk that BCU do not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls, organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

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	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol? **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	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?*	**Galluogwyr Ansawdd** **Enablers of Quality** Culture and Valuing People	**Meysydd Ansawdd** **Domains of Quality** Efficient
	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**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Have you considered the Armed Forces Covenant Due Regard Duty?		
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**	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.	

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

Health Board

PROPOSAL TO BECOMING A MAETHU CYMRU / FOSTER WALES PARTNER AND FOSTER FRIENDLY EMPLOYER

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Helen Stevens Jones, Director of Partnerships, Engagement and Communications
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 Approval

Crynodeb Gweithredol
Executive Summary

This paper sets out the intention for Betsi Cadwaladr University Health Board (BCUHB) to make a formal organisational commitment to becoming a Maethu Cymru/Foster Wales Partner and Foster Friendly Employer.

This commitment would recognise and strengthen the organisation's support for employees who are foster carers, and contribute to wider regional and national efforts to increase the number of foster carers across North Wales, supporting the most vulnerable children and young people in the community.

BCUHB is already well positioned to make this commitment. Existing All-Wales NHS People policies — including the Special Leave Policy, Flexible Working Policy, — provide a strong and enabling framework to support employees who foster. Formalising this commitment through initially committing to becoming a Maethu Cymru/Foster Wales Partner (Level 2) would build on existing provision and align with the Health Board's Anchor Institution role, employee wellbeing priorities, and commitment to supporting the communities it serves.

It is proposed that the Board formally adopts this commitment at its May 2026 meeting, aligning with Foster Care Fortnight, providing a clear and visible demonstration of organisational leadership and community support.

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	25/03/26	Strengthen the links to the Welsh Language with reference to Maethru Cymru/Foster Wales.
People and Culture Committee	09/04/26	Approved submission to Board

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

PROPOSAL TO BECOMING A MAETHU CYMRU/FOSTER WALES PARTNER AND FOSTER FRIENDLY EMPLOYER

1. BACKGROUND AND STRATEGIC CONTEXT

Foster carers play a vital role in providing stability, care and support to children and young people who are unable to live with their families. Maethu Cymru/Foster Wales, the national network of local authority fostering services in Wales, works to recruit and support foster carers and improve outcomes for children in care.

There are currently approximately 7,000 children in care across Wales, supported by around 3,800 foster families. In North Wales, 532 foster families support approximately 1,300 children and young people. However, there is a recognised need for at least 50 additional foster households per year in North Wales to meet growing demand and ensure children can remain close to their communities.

Many foster carers combine fostering with employment. Around 40% of foster carers continue to work, including individuals employed within BCUHB. Employer flexibility and support are critical in enabling staff to undertake fostering responsibilities, which may include attending training, meetings, and responding to placement needs.

As one of the largest employers in North Wales, BCUHB has an opportunity to demonstrate leadership in supporting foster carers and contributing to regional efforts to improve outcomes for children and young people.

This aligns strongly with the Health Board's role as an Anchor Institution — supporting the wellbeing of communities not only through healthcare delivery, but through employment practices, social value, and partnership working.

Maethu Cymru/Foster Wales offers two complementary levels of organisational commitment to support fostering. The first, becoming a Foster Friendly Employer**,** focuses on ensuring that people services policies, guidance and organisational culture actively support employees who are foster carers, including enabling flexibility, providing appropriate leave, and raising awareness of fostering within the organisation.

The second, becoming a Maethu Cymru/Foster Wales Partner**,** would represent a broader strategic commitment aligned to the Health Board's role as an Anchor Institution. This would include not only supporting employees who foster, but also working in active partnership with Maethu Cymru/Foster Wales and local authorities to promote fostering, contribute to regional recruitment efforts, and demonstrate organisational leadership in improving outcomes for children and young people in care. The organisation is committed to progressing to Foster Wales Partner level 2 in the first instance.

2. CURRENT POSITION

BCUHB already operates a comprehensive suite of All-Wales NHS People policies that provide a strong foundation for supporting foster carers.

These include:

Special Leave Policy (All-Wales)

The Special Leave Policy enables managers to grant paid or unpaid leave in a range of circumstances, including family responsibilities, domestic emergencies, and other exceptional circumstances. This provides flexibility to support employees attending fostering-related meetings, training, and responding to placement needs, this time would be unpaid.

Flexible Working Policy (All-Wales)

The Flexible Working Policy enables employees to request changes to working patterns, hours, or location, supporting work-life balance and enabling staff to manage caring responsibilities alongside their employment.

3. PROPOSAL – BECOMING A MAETHU CYMRU/FOSTER WALES PARTNER

Becoming a Maethu Cymru/Foster Wales Partner would represent a formal organisational commitment to supporting foster carers and working in partnership with Maethu Cymru/Foster Wales North Wales. It is proposed the BCUHB commits to attaining this level in the first instance.

This would include:

- Formal Board-level commitment to becoming a fostering-friendly organisation.
- Recognition of foster carers within workforce support and organisational culture.
- Partnership working with Maethu Cymru/Foster Wales North Wales.
- Raising awareness of fostering among staff and within the organisation.
- Supporting employees who foster or are considering fostering.
- Demonstrating the Health Board's role as a socially responsible Anchor Institution.

BCUHB has a strong foundation to achieve this level through its adoption of All-Wales Special Leave and Flexible Working policies.

This commitment would align with BCUHB's organisational values and wider priorities relating to employee wellbeing, equality, and community engagement. We would also commit to diverting existing resources within People Services to work on the achievement of this level.

4. FOSTER FRIENDLY EMPLOYER STATUS

Achieving formal Foster Friendly Employer status would require further work to ensure fostering is explicitly recognised and consistently supported within organisational policy, guidance, and practice.

This would include reviewing existing People Services policies and associated guidance to ensure that fostering responsibilities are clearly referenced and supported, and that there is consistent organisational understanding of how existing provisions, including Special Leave and Flexible Working, can be applied to foster carers. It would also require engagement with People Services and Organisational Development, staff partnership colleagues, and Maethu Cymru/Foster Wales North Wales to ensure that any enhancements are appropriate, proportionate, and operationally deliverable.

Specific areas of work would include:

- Reviewing relevant people policies and guidance to ensure fostering is appropriately recognised within existing provisions.
- Developing supporting guidance for managers to promote consistent and supportive application of Special Leave and Flexible Working provisions for foster carers.
- Considering whether any additional discretionary provisions, such as a defined allocation of paid leave for fostering-related responsibilities, should be formally introduced, taking account of operational impact and equity with other caring responsibilities.
- Raising awareness among staff and managers of the support available, and promoting fostering as part of the Health Board's wider Anchor Institution and social value commitments.
- Working with Maethu Cymru/Foster Wales North Wales to formalise organisational recognition and partnership arrangements.

The work could be progressed following the Board's commitment and attainment of Maethu Cymru/Foster Wales Partner status. This would ensure that BCUHB not only meets, but meaningfully embeds, Foster Friendly Employer standards in a way that is sustainable, equitable, and aligned with existing workforce frameworks.

This proposal was discussed at the recent People and Culture Committee in April 2026 and wad fully supported by committee members.

5. NEXT STEPS

The following next steps subject to the receipt of Board commitment are:

- People Services and Organisational Development to undertake further work to review existing People Services policies, guidance, and organisational practice to support achievement of Foster Friendly Employer status.
- This work will include engagement with Maethu Cymru/Foster Wales North Wales, staff partnership colleagues, and relevant internal stakeholders, and will consider whether any enhancements to existing provisions, guidance, or communications are required to ensure fostering is explicitly and consistently supported across the organisation.
- Progress update to People and Culture Committee, including any proposed policy clarifications, guidance, and implementation actions.
- Implementation of partnership, communications, and awareness activity will be progressed during 2026/27, with oversight through existing People Services and organisational governance arrangements.

6. RECOMMENDATIONS

The Board is asked to:

- **ENDORSE** the intention for Betsi Cadwaladr University Health Board to become a Maethu Cymru/Foster Wales Partner, aligning with Foster Care Fortnight.
- **NOTE** that becoming a Maethu Cymru/Foster Wales Partner reflects the Health Board's role as an Anchor Institution, supporting the wellbeing of children and young people and contributing to regional fostering capacity across North Wales.
- **NOTE** that BCUHB already has a strong foundation through its adoption of All-Wales People Services policies, which provide flexibility and support for employees with caring responsibilities, including foster carers.
- **SUPPORT** further work in 2026/27, led by People and Organisational Development, to progress to achieving Foster Friendly Employer status, including review of relevant policies, supporting guidance, and organisational practice.
- **AGREE** that organisational progress will be presented to the People and Culture Committee for assurance.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: N/A
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):** Public Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome: Negative Impact	
	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:
	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?*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**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	Choose an item.	
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:	
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**	Choose an item.	
Enw Da **Reputational**	Choose an item.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Choose an item.	

BETSI CADWALADR UNIVERSITY HEALTH BOARD COMMISSIONING ASSURANCE FRAMEWORK

Draft for Board approval 28/5/2026

Contents

1	**INTRODUCTION**	**2**
2	**SCOPE OF THE COMMISSIONING ASSURANCE FRAMEWORK**	**4**
3	**COMPONENTS OF THE COMMISSIONING ASSURANCE FRAMEWORK**	**5**
4	**APPENDICES**	**15**

1 Introduction

Betsi Cadwaladr University Health Board's (BCUHB) primary function is to improve the health and wellbeing of the population and secure or deliver quality care to directly meet the healthcare needs of its patient population. There is a range of services that the Health Board (HB) either cannot deliver directly due to the requirement for a specific specialism or geography, and as such the HB must commission some patient care services from external providers. There is a requirement to ensure that robust commissioning and contractual arrangements are in place to enable confidence that care is safe, effective and appropriate.

This Framework outlines the approach the Health Board will take to enable effective systems and processes are in place that promote effective commissioning and contracting, and thus enhance patient care provision.

1.1 Commissioning

The Health Board is both a commissioner and provider of services for its population, given the abolition of the purchaser-provider split in Wales in 2009. Most often, the health board acts as a 'commissioner' of care for services where it cannot directly provide a service to patients.

Commissioning is a strategic function involving the identification of population needs, service design, outcomes and decisions to secure provision. This is an area of development for the health board and the expertise, capacity and capability will continue to grow as part of the organisation's improvement journey. Procurement, contracting and contract management are mechanisms through which commissioned services are secured, monitored and assured. While closely linked, these functions serve different governance purposes, and the Board remains accountable for commissioning decisions across the full commissioning lifecycle, including pre-award decision-making.

It is often described as the Commissioning Cycle:

The health board aims to commission services that improve the health and wellbeing of the people of North Wales. The organisation will do this by securing sustainable care that enables

patients to receive modern, responsive, high quality yet cost-effective care and treatment that is effectively commissioned within the health board's financial resource limits.

This Commissioning Assurance Framework (CAF) describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that BCUHB is operating effectively to commission safe, high-quality and sustainable services within the resources available, delivering on statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients. This framework will be subject to an annual review.

1.2 Legal Framework and Core Principles

In delivering this Framework, the health board is required to operate within, and demonstrate compliance with, the Welsh statutory and policy framework governing commissioning and assurance. This includes duties under the Well-being of Future Generations (Wales) Act 2015, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (including the Duty of Quality in relation to services delivered on the Health Board's behalf), the Social Partnership and Public Procurement (Wales) Act 2023 (including socially responsible procurement and social value obligations), and applicable procurement legislation and Welsh Government policy, including the Procurement Act 2023 as it applies in Wales and the Health Service Procurement (Wales) Act 2024. The CAF supports the Board in discharging these duties through effective commissioning assurance.

Fundamental principles underpinning the Commissioning Assurance Framework:

- Ensuring that the patient is at the centre of the services commissioned by BCUHB. Capturing the patient experience alongside quality indicators is key to inform quality improvements. This involves working collaboratively with patients and carers in line with the NHS Wales People's Experience Framework (2025). This framework encompasses all services provided by NHS Wales organisations, including commissioned services.
- Work in partnership with providers to agree Service specifications.
- Ensuring the development of quality and safety indicators that are clinically-led and reflect the nature of the service delivered.
- Develop and support tools /mechanisms for analysis and reporting of Quality Indicators.
- Embed a culture whereby quality is seen as everybody's business across the organisation
- Reducing duplication and unwarranted variation.
- Ensuring appropriate safeguarding arrangements are in place to support our patients.

The CAF operates alongside, and does not replace, detailed procurement and contract governance processes. It provides Board-level assurance that commissioning activity and subsequent contract management are undertaken lawfully, transparently and in accordance with applicable procurement legislation and Welsh Government procurement policy.

The CAF approach places sustained quality standards and improvement at the heart of monitoring of healthcare that is commissioned. It is aligned with the BCUHB Quality Management System (QMS) and aims to ensure continuous improvement in the quality of care and treatment of services available for the people of North Wales.

This framework describes BCUHB's approach to commissioning assurance including:

- The principles and behaviours which will underpin the approach to assurance.
- The contents of the assurance framework.
- How the assurance process will operate; and,
- BCUHB's potential responses to the assurance process.

1.3 Standards of Good Practice in Contract Management

In the development of the CAF consideration has also been given to the principles of the National Audit Office Good Practice Contract Management Framework. The framework is designed to assist organisations in managing their contracts effectively. It emphasises the importance of structured contract management leading to better service delivery and improved value for money in public bodies.

The framework is structured around four main blocks that encompass 11 key areas for contract management. These blocks are:

1. **Structure and Resources**: ensuring that the right organisational structures and resources are in place for effective contract management.
2. **Delivery**: Focusing on the execution of the contract terms and ensuring that the services are delivered as agreed.
3. **Development:** Continuous improvement of contract management practices and capabilities.
4. **Strategy**: aligning contract management with organisational goals and strategies.

Each of these areas include specific activities that organisations should consider when planning and considering contract management.

The Framework outlies the fundamental activities to be executed during the operational phase of contracts including:

- Establishing clear contract ownership and governance structures.
- Regular assessment and evaluation of contract performance.
- Ensuring effective communications and reporting mechanisms are in place.
- Embedding knowledge management practices to capture lessons learned and improve future contact management efforts

2 Scope of the Commissioning Assurance Framework

This Framework applies to healthcare services commissioned by BCUHB and delivered by external providers, including services secured through legally binding contracts, NHS Long Term Agreements and Service Level Agreements, and commissioned services delivered by the independent, private or third sector. Where services or arrangements are subject to separate statutory assurance or governance regimes, this will be made explicit and managed through appropriate alternative processes. This framework does not apply to primary care commissioning and non-healthcare services.

The assurance process is a risk-based approach which differentiates high performing providers and those whose performance gives cause for concern. It provides a robust, supportive and structured framework for those in more challenged circumstances, with a lighter touch approach for the best performers.

A continuous assurance approach helps to identify emerging patterns of poor performance or any areas of potential risk, with less reliance on fixed points. The process uses information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings is dependent on the circumstances, the range of risks identified, and on the leadership response. The assurance framework recognises that assurance is a continuous process that considers the breadth of a Health Board's responsibilities.

It consists of the following five key areas:

- **Access to Care** - the timely access to health services to achieve the best health outcomes within agreed Referral to Treatment Time/and or other related targets;
- **Quality and Safety** - ensure that services being commissioned are safe, personal, effective and continuously improving;

- **Finance & Activity** – patterns and variation from the planned level of activity or a variation in cost that indicates higher/lower target performance;
- **Patient Experience** – Triangulating patient and carer feedback, along with complaints, and concerns and incident data raised with the Health Board, to strengthen its ability to detect early warning signs of deterioration in quality, as well as evidence of excellence that should be adopted and spread;
- **Governance and strategic change** – cover's the degree of government or regulator intervention and sustainability (planned and unplanned service changes).

A set of broad principles have been identified, which should underpin how commissioning assurance is undertaken:

- Assurance should be transparent and demonstrate to internal and external stakeholders and the wider public the effective use of public funds to commission safe and sustainable services.
- Assurance is primarily about providing confidence.
- Assurance should build on what commissioners and providers are already doing to hold themselves accountable locally to communities and stakeholders, for both statutory requirements and for national and local priorities.
- Providing patients and carers the opportunity to provide feedback on commissioned services, demonstrating ongoing learning and service improvements through "you said, we did" methodology
- Assurance should minimise bureaucracy and additional reporting requirements by drawing on available data and aligning with other regulatory and planning processes – there should be minimal additional paperwork.
- Assurance should be proportionate and respect the time and priorities of BCUHB and Providers.
- Assurance should be summative and take place over the year as on-going conversations.
- The tone, process and outcomes need to focus on development as well as performance.
- Accountability, learning and development will be integral to the process.
- Whilst uncompromising on the facts which describe the quality of services patients are receiving, BCUHB will be open minded in understanding the reasons for variation and, where a problem is found, clear on the consequences and actions needed in response.

The importance of a proportionate approach is emphasised above. Across all sector commissioning arrangements, the health board will work in partnership with providers to support continuous improvement, promote strong governance and safeguarding standards, and ensure that services remain safe, effective and responsive to the needs of patients, service users and communities.

Assurance approaches will be proportionate, risk-based and consistent with Welsh Government policy, while recognising the diversity, scale and operating environment of different sector, for example Third Sector organisations.

3 Components of the Commissioning Assurance Framework

3.1 Commissioning Arrangements

The Health Board Healthcare Providers fall into four distinct categories, including NHS/Joint Commissioning Committee, Independent/private, Third Sector organisations and Local Authorities, which determines the available procurement routes and type of contractual agreement.

3.1.1 NHS/Joint Commissiong Committee

NHS Long Term Agreements (LTAs) and Service Level Agreements (SLAs) between NHS bodies for healthcare in relation to NHS statutory functions reflect statutory duties of cooperation and are not commonly intended to act as legally enforceable contracts. Any disputes would normally be dealt with through an arbitration process involving Welsh Government and/or NHS-E as appropriate.

However, NHS bodies are legally capable of entering into binding contracts with one another, and in a commercial context there is a presumption of an intention to create legal relations unless clearly displaced through drafting and conduct. Care must therefore be taken to ensure that the form and operation of NHS-to-NHS arrangements accurately reflect the intended legal position.

BCUHB is not the main commissioner of any other Health Board or NHS Trust. The HB must constantly collaborate with more than 15 other NHS organisations across five health economies in England and Wales to secure the services its residents need. Constructive relationships, rooted in statutory duties of cooperation, are extremely important. The health board seeks to work with others to secure preventative and long-lasting solutions, delivered close to home where possible.

The commissioning arrangements for some healthcare services such as for specialised health services and emergency ambulance services are on a collective or all-Wales basis through the Joint Commissioning Committee (JCC).

3.1.2 Independent/Private Sector

For independent/private sector commissioned services contracts are put in place following a procurement exercise via NHS Wales Shared Services Partnership in line with Standing Financial Instructions, these contracts are legally binding.

All Wales, Crown Commercial, NHS and Shared Services Frameworks should be used where available before going out to the market through open competitive tendering procedures.

Commissioning arrangements in residential settings are through an overarching Pre Placement Agreement, supported by Individual Placement Agreements.

3.1.3 Third Sector Organisations

Third Sector organisations play a vital role in the delivery of health and wellbeing services for the population of North Wales, often providing flexible, community-based and preventative services that complement statutory provision and support wider system sustainability. Commissioning arrangements with the Third Sector may take the form of formally contracted services, similar to independent or private sector arrangements, or grant funding awarded as a contribution towards agreed service objectives.

Where services are commissioned under a contractual arrangement, Third Sector providers will be subject to proportionate commissioning assurance and performance monitoring arrangements, aligned to the principles set out in this Commissioning Assurance Framework.

Where grant funding is used, assurance arrangements will focus on ensuring transparency, value for money, delivery against agreed objectives and compliance with grant conditions, whilst recognising the distinct nature of grant funding and avoiding undue burden. Grant-funded services will be monitored through agreed reporting mechanisms and reviewed to ensure they continue to align with BCUHB strategic priorities and population needs.

3.1.4 Local Authorities

Local Authorities (LAs) are key strategic partners in the planning and delivery of health, care and wellbeing services across North Wales, particularly where responsibilities intersect across health, social care, public health, and preventative services. The health board commissions and, in many

cases, jointly commissions services with Local Authorities through a range of statutory and non-statutory arrangements, including pooled budgets, partnership agreements, service level agreements and collaborative delivery models.

Commissioning arrangements with Local Authorities are underpinned by statutory duties of cooperation and partnership working and are not generally legally enforceable contracts in the same way as independent sector agreements. However, the health board remains accountable for assuring itself that services delivered on its behalf are safe, effective, person-centred and represent appropriate value for money.

Assurance of Local Authority-delivered or jointly commissioned services will be proportionate and risk-based, drawing on agreed governance structures, performance and quality reporting, safeguarding assurance and existing partnership mechanisms.

3.2 Register of Healthcare Contracts

A central "register" of contracts is held within the Healthcare Contracts Team and includes all contracts, Long Term Agreements and Service Level Agreements issued for healthcare services within BCUHB. Service areas and Corporate Directorates will 'own' each contract with each Contract, Long Term Agreement or Service Level Agreement being given a unique reference number.

Where BCUHB is the commissioner the principles of good contract management remain an important part of the wider commissioning process, at a basic level, good contract management is about attention to detail.

It means understanding what the contract contains, who has responsibility for managing it, and whether performance, including quality performance, and costs are on track. The best results are achieved when those who are involved in commissioning and running the service work together to manage the agreement and have clear agreed processes and procedures in place to help them do so.

As a minimum the Central Contract's Register will contain the following key fields:

- Contract Unique Identifier
- Type of Contract (SLA, Framework, Grant etc.)
- Status (active/inactive)
- Value of contract, including extension periods
- Length of contract
- Date due for renewal
- Service Area
- Service Description
- Operational Leader
- Contractual Lead
- Overall Risk Rating (Level of Assurance)

The current system is being reviewed in 2026/27, and this section will be updated to reflect any changes resulting from the implementation of a new system.

3.3 Governance and oversight

The governance structure is intended to ensure that issues arising from commissioning assurance are considered and addressed at the appropriate level. Operational and performance concerns should ordinarily be escalated through Executive-level delivery and oversight groups before progressing to Board Committees, ensuring that the Board receives assurance following appropriate Executive scrutiny and intervention.

3.3.1 Executive Committee: sub-group on Commissioning and Contracting

In order to ensure the robustness of commissioning performance management, a Commissioning and Contracting sub-group to the Executive Committee will be established. This will oversee the implementation of this Framework enabling a robust assurance process, requiring collective leadership and management within the HB, including Quality, Finance, Service, Planning and Performance Departments.

The Group will also take into account local commissioning plans and patient flows / repatriation plans from England and additional outsourcing or insourcing initiatives in support of the HB short term plans. In addition, for consistency, this group will also oversee the healthcare contracts where BCUHB is the provider of services.

The Group will report via the Executive Committee to the Performance, Finance and Information Governance Committee and via the Quality Lead to the Quality, Safety and Experience Committee, on a quarterly basis. In addition, there will be strong links with the Continuing Health Care Strategic Group and the Planned Care Delivery Group. The executive lead for each of these groups will be responsible for escalation to the Group for their respective areas. In the first instance the focus of this group is limited to contracts delivering healthcare activity and how the HB builds the quality measures that are required for the delivery of services to patients as set out within the internal audit and Ombudsman reports. Once established the framework would be adopted for other non-healthcare contract monitoring arrangements.

3.3.2 Contract Monitoring Assurance Meetings (CMAM)

The Contract Monitoring Assurance Meetings (CMAM) are regular meetings covering the different sectors. There are separate arrangements for CHC, Third Sector, Planned Care, NHS/Other Healthcare and Local Authority contracts however within their remit they all have oversight and monitoring responsibility for the contracts in their sector including:

- Oversee the review of healthcare contracts; ensuring the work is outcomes-focused and driven by the needs of people and communities.
- Oversee the development and implementation and monitoring of BCUHB commissioning strategies.
- Monitor performance and quality outcomes against patient experience metrics and Welsh Government targets.
- Provide assurance through exception reports for the HOG on key performance indicators.
- Identify opportunities to minimise variation in service provision.
- Direct actions to address any performance issues including the mitigation of risk and escalating risks.
- Ensure that balance is achieved between the needs of communities, providers ad commissioners, in order to deliver change that is sustainable.

The Internal Contract Assurance Meetings provide the opportunity for key people to meet on a monthly basis to look at data received from providers.

The data and discussion will enable BCUHB to form conclusions on whether there are any areas of concern and whether to recommend to the Executive level Commissioning and Contracting Group that a service should 'step up' or 'step down' the Escalation Process for Providers (see Section 4.5). This provides BCUHB with a mechanism for monitoring and follow-up which can then be used to strengthen assurance and enables it to show how it is using the data to improve patient outcomes.

Key data is captured in a highlight report for each organisation and records exceptions and key trends drawn from for example:

Table 1: Monitoring Categories

Quality & Safety	Finance (Cost & Activity)	Access	Patient Experience
Serious incidents Breakdown of serious incidents (themes) New serious incidents Never events Mortality Clinical Audit Internal / External Audit C.diff rates MRSA rates HCAI/ pressure damage rates Safety solutions compliance	Cost against the plan Activity against plan Any other cost and activity information considered useful	Patient waiting times A&E RTT Urgent suspected cancers RTT Diagnostics RTT normal referrals Ambulance times Stroke bundles	Public service ombudsman responses Coroner responses HIW CQC CHC CIW WAO Complaints 1and compliments from any source Welsh language access and compliance with the Welsh Language (Wales) Measure
These may need to be varied dependent on the type of contract			

The highlight report should also consider the following areas of governance and strategic significance:

Governance and Strategic Change
• Healthcare Inspectorate Wales, Care Inspectorate Wales or Care Quality Commission inspection reports, notices and action • Levels of Government intervention • Wales Audit Office structured assessment reports • Annual Governance Statements • Well-led Assessments • High level reference to strategic change programmes • Independent inquiries and reviews • Service closures or suspended services • High level reference to organisational assurance processes • Changes to leadership • Staff engagement and surveys • Soft intelligence • Media issues

The highlight report will include commentary where further investigation may be needed or where further consideration may be given and be included within exception reports to the Commissioning and Contracting Group.

3.3.3 Contract Quality Review & Performance Management

Contract Quality and Performance Review Meetings (CQPRMs) will be held regularly with providers. The CQPRM will monitor all aspects of the provider contracts, including;

- Access
- Scheduled and Unscheduled Care
- Quality & Safety including patient safety and clinical effectiveness
- Patients Experience
- Finance (Activity & Cost).

The expected frequency of CQPRMs will be dependent on the circumstances, the range of risks identified, and on the leadership response.

Within these meetings, assurance on compliance will be sought and information reviewed in line with the contract requirements to ensure national standards for quality, performance, finance and patient experience as laid down in the NHS Wales Delivery Framework and that local expectation and targets are met. These processes will be led and co-ordinated by a commissioning team as appropriate to the contract, including representation from finance, contracts, planning, performance, quality and operation/planned care and informatics.

A critical gap in the system of oversight of quality and safety was identified in the Francis report (2013), which arose from the inability of commissioners to collect information on provider quality and to understand and make use of the contractual mechanisms that were available to them.

BCUHB recognises the importance of information and an understanding of how to act on it, and will use contractual mechanisms such as audit and investigation to understand quality in provider organisations. Where possible the triangulation of data relating to patient safety and quality of care will be undertaken. In addition, analysis of the concerns process and patient experience mechanisms will be utilised to evaluate impact on quality and patient safety.

These will be Commissioner managed meetings with a standardised agenda to ensure a holistic overview of performance relating to access, quality & safety, patient experience, finance and service developments. Membership and attendance will be agreed to ensure that the whole agenda is managed in a lean way with minutes and action points produced following each meeting.

An assessment of the provider escalation level will take place during each CMAM in line with the escalation process set out below and reported to Commissioning and Contracting Group. A policy will be in place for the retention of contract monitoring records within a central repository.

3.4 Developing and Implementing a Rating System for Providers

As a Health Board BCUHB needs to provide effective and robust monitoring arrangements to ensure performance, quality and efficiency of all services delivered on its behalf. It will have in place systems and processes for anticipating and responding to performance trajectories and risk assessments including measures of safety, effectiveness and user experience. There is strong evidence to suggest a rating should be based on a combination of indicators compiled from routinely available data, information from inspections and patient experience and not just data alone.

The Rating system to be used will be developed further by the Commissioning and Contracting Group an example is set out below:

Each provider will be rated to help BCUHB compare services and to highlight where care is good or outstanding and expose where care is inadequate or requires improvement. BCUHB will use the following categories for assessment; Access – Scheduled and Unscheduled Care, Quality & Safety, Patients Experience and Finance (Activity & Cost). Information is also collected in relation to Governance and Strategic change. Special Measures and levels of Government intervention are recorded. The BCUHB scoring system is used in addition to help provide assurance within the Health Board in relation to the services provided to its residents. This will be displayed in a high-level dashboard to show at a glance the provider rating (Arrows will be used to indicate the direction of monthly changes). Absence of required information will be recorded and the score will reflect whether there is an agreed development plan to provide such information.

Table 2 - High level Overview Scorecard

Provider		Assurance Framework Rating Assessment (Date)				
		Access	**Finance & Activity**	**Quality & Safety**	**Patient Experience**	**Overall Rating**
		USC / Planned				
1						Level 1
2						Level 1
3						Level 2 (2 or more ambers)
4						Level 3
5						Level 4 (2 or more reds for 3 months or more)

The Health Board's Integrated Performance Framework uses a red / amber / green system to facilitate the appropriate prioritisation and escalation of performance issues. The rating system for providers will utilise the same level of assurance and hence any adjustments made in the Integrated Performance Framework will be reflected in this Framework.

Tolerances may be agreed by the Executive Committee, for example, in relation to financial performance. The levels for assurance that will be utilised are as follows:

Table 3- Levels of Assurance

Green	On target. The number of milestones met greater than number of milestones not yet met (with no significant outliers)	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources
Amber	Risk to delivery (number of milestones met equals milestones not met) Missing objective/target but on agreed performance improvement trajectory	Enhanced monitoring via an exception report and associated remedial actions and trajectory for improvement includes Contract Quality Performance Review Meetings (CQPRM)
Red	Not on target Number of milestones not met is greater than those met Persistently not meeting threshold (3 months); and highly unlikely to achieve recovery within specified period	Escalated performance monitoring requiring detailed action plan and additional CQPRMs

3.5 Escalation Process for Providers

This Framework sets clear thresholds for intervention in underperforming providers and a rules-based process for escalation, including defined timescales for demonstrating improved performance.

Provider performance is assessed against a series of indicators using the most current data available, and the results trigger intervention by commissioners in the case of performance concerns. The escalation process will be a 'step-up, step-down' process. There will be a proportionate approach which takes into account the degree of risk for North Wales residents. For example, a small number of Betsi Cadwaladr Health Board residents may attend a large organisation in Special Measures, but the specific services used by Betsi Cadwaladr Health Board residents may not be a cause for concern.

3.5.1 Escalation Levels

Dependent on the level of escalation, the frequency and required attendee list for the CQPRMs will be determined by the CMAM's as appropriate to the type and value of contract.

	Level of Monitoring	Escalation	CQPM Meeting Frequency
Level 1 Green	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources	None - Routine monitoring	Routine Monitoring via CMAM
Level 2 Amber	Enhanced monitoring via exception and associated remedial actions and trajectory for improvement includes Contract Quality Performance Review Meetings (CQPRM)	Enhanced monitoring	Increase frequency as recommended by CMAM and reported to HOG
Level 3 1 xRed	One Red area Escalated performance monitoring requiring detailed action plans for exceptions	Escalated Monitoring *Reported to PFIG through Exec Committee*	Monthly meeting
Level 4 2+ Red for 3+ months)	Two or more Red areas CEO made aware – Provider summit may be arranged Escalated performance monitoring requiring detailed action plan for exceptions and increased frequency of CQPRMs	Escalated monitoring CEO informed & *Reported to Board*	Executive Lead to Chair meeting. Further escalation to CEO Led meeting and focused risk-based plan if there are significant and persistent concerns (supported by a provider summit where appropriate)

The Executive Committee will be informed if there is difficulty securing the frequency or attendance at the meetings needed.

Reasons for Escalation include:

- Any issues that present an immediate challenge to service continuity, which may affect the reputation of the commissioner and/or the provider and could result in any closure or partial closure of a service;
- Alarms or concerns arising from the examination of qualitative and quantitative data. For example, raised mortality rates, deteriorating infection profiles or concerning patient harm reports;
- Alternatively, a worrying set of workforce metrics (for example in relation to the Nurse Staffing Levels (Wales) Act 2016) or credible soft intelligence which is not readily accounted for by the provider;
- When a concern about quality has been identified and acknowledged by the provider and commissioner but where the mitigating actions to improve the situation are showing little signs of having an impact and patients continue to be at risk, or potentially at risk;
- Repeated failure to deliver agreed improvement plans;
- Evident or suspected poor leadership and/ or governance, particularly clinical governance;
- Serious media exposure / covert reporting;
- Increase of the number and type of minor concerns that begin to raise more fundamental questions of governance or competence of the provider to deliver a safe service;
- Highly critical independent service review reports which identify repetitive serious failures;
- Serious concerns raised by HIW, CHC, WG Intervention process or professional bodies.

BCUHB will review its use of the process if there is a civil contingency.

As matters escalate, particularly where contractual levers, sanctions or formal enforcement options are being considered, early engagement with BCUHB Legal Services should take place to support lawful, proportionate and defensible decision-making. BCUHB Legal Services involvement is not required for routine assurance activity but is expected at an appropriate early escalation point to manage legal risk.

An example of how the escalation process would be applied against the high-level dashboard is set out in Appendix 1.

Organisations in Government/Regulator “special measures” will be subject to a BCUHB Executive Committee decision about the level of BCUHB escalation and monitoring required. BCUHB may participate in arrangements involving Regulators and other Commissioners.

3.5.2 Chief Executive Level Escalation and Provider Summits

Where BCUHB has persistent and significant concerns that actions are not reducing risks at Level 4 the Chief Executive Officer will seek a series of focused meetings. Initially with relevant executives and other Commissioners of the service. A plan focusing on the major risks will be agreed and monitored. It may be supported by a summit meeting, the purpose of which will be to examine issues in detail and to have an open discussion about the concerns and testing the potential for improvement.

The summits may form two parts; the first an internal summit at an executive level and secondly a joint provider summit where the provider is invited to attend. The summit will involve crosschecking multiple sources of information such as complaints data, the public voice, performance, incidents, and infection rates, staffing ratios, together with reports and or concerns reported by HIW, CHC, CIW or WG. There will be a ‘Core Agenda’ for a collective internal summit to share intelligence and assess priority providers. There will be a robust record of the summit

conclusions including actions to be included in the risk-based plan. All provider summits held will be reported through to the relevant Board Committee of the BCUHB. A sample Agenda can be found at **Appendix 2**.

3.6 De-escalation Process

As the performance improves and risk assessments indicate a reduction in level of intervention required, de-escalation will be discussed by the members of the Internal Commissioning Assurance meeting and agreed by those responsible at the escalation level, i.e., level 3 Exec Director, level 4 CEO.

Any level 4 escalations will be reported to the relevant Board Committee. All Level 3 and above escalations will be reported to the PFIG by the HOG and considered there for de-escalation.

As de-escalation occurs, the membership of the CQPRM meeting will be reviewed to ensure that the correct level of intervention continues to support the improvement journey for the provider.

4 Appendices

4.1 Appendix 1

Table 4.4 Example of escalation level against high level performance overview

Provider	Date	Assurance Framework Rating Assessment (Date)					Escalation Level
		Access	Finance & Activity	Quality & Safety	Patient Experience	Overall Rating	
		USC Planned	USC Planned				
1						Level 1	**Level 1** – Routine monitoring
2						Level 1	
2						Level 2	**Level 2** - Enhanced monitoring Service Director informed
3						Level 3	**Level 3** Escalated monitoring (Executive Director) informed
4						Level 4	**Level 4** Escalated monitoring CEO informed Special Measures

4.2 Appendix 2 Internal Provider Summit

Attendees:

The Chief Executive Officer will decide the appropriate representation which may include:

Chief Executive

Executive Director of Finance or their deputy

Chief Operating Officer

Executive Director of Nursing and Midwifery or their deputy

Executive Director of Public Health or their deputy

Executive Director of Strategy and Transformation

Executive Medical Director or their deputy

(Other attendees may also be invited)

Sample Agenda for an Internal Provider Summit

1. Background and Purpose
2. How we are proposing to run the summit
3. Examination of available information and data including a summary and flagging of the big issues:
    - Governance and Strategic Change
    - Access
    - Quality & Safety
    - Finance
    - Patient Experience
    - Any other relevant data / information
    - No surprises
4. How concerned should we be?
5. Next steps

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

Health Board

COMMISSIONING ASSURANCE FRAMEWORK

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Draft Status - Final Version will be Published
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Russell Caldicott, Executive Director of Finance/ Tracey Pope, Head of Healthcare Contracts
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Russell Caldicott, Executive Director of Finance

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol
Executive Summary

This draft Commissioning Assurance Framework has been developed in line with improving the effectiveness of the health board in meeting its core purpose of securing high quality healthcare purposes for its population. The health board commissions a significant range of services from different sector/providers and this Framework seeks to set out the approach to the oversight of those services. This includes the quality, performance, cost and governance of services. The Framework will respond to matters such as Public Service Ombudsman Wales' reports where effective oversight of commissioned services was highlighted as an area for improvement, as well as internal challenges relating to the actual and potential impacts of insourcing and outsourcing care.

The first wave of implementing this new Framework will be on NHS to NHS healthcare and independent sector planned care arrangements. Whilst there are processes in place for the oversight of the care Sector these will be built upon and aligned into the Framework moving forward. An Implementation Plan will be developed should the Board approved this Framework. Further consideration will be given to the reporting alignment of services commissioned collectively via the Joint Commissioning Committee made up of the 7 health boards.

The Executive Committee will have oversight of the implementation and specifically the assessment rating and escalation of providers. The Committee will establish a sub-group (Commissioning and Contracting Group) to take forward the detailed work. The Executive Committee will report the work to both the Performance, Finance and Information Governance Committee for general performance and where there are specific quality matters to the Quality, Safety and Experience Committee. The Framework would be reviewed 12 months into its implementation, and revised accordingly.

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	April 2026	Comments provided and further amendments made
Performance and Finance Committee	28th April 2026	Comments on draft framework and approach

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	

MEWNOSODWCH DEITL YR ADRODDIAD
INSERT REPORT TITLE

1. Y SEFYLLFA
SITUATION

This report presents the draft Commissioning Assurance Framework for Board approval. The Framework establishes a structured approach for the oversight of commissioned services across NHS, independent sector and other providers, ensuring systematic assurance in relation to quality, performance, financial stewardship and governance.

2. Y CEFNDIR
BACKGROUND

The Health Board commissions a significant volume and range of services across multiple providers and sectors. Whilst a number of arrangements and controls are currently in place, these have developed over time and lack a single, cohesive framework that provides consistent oversight, clear accountability and transparency.

External review, including findings from Public Services Ombudsman Wales, alongside internal learning from commissioning challenges (including insourcing and outsourcing arrangements), has highlighted the need to strengthen oversight, escalation and assurance mechanisms.

The development of this Framework aligns with the organisation's broader focus on strengthening governance, improving transparency, and ensuring clear reporting through the committee structure to the Board.

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

The Board is asked to consider:

- The establishment of a single, coherent assurance framework covering all commissioned services. The proposed phased implementation, initially focusing on NHS-to-NHS and independent sector planned care.
- The proposed provider assessment and escalation approach, enabling early identification and management of risks
- The intention to align, over time, with regional commissioning arrangements through the Joint Commissioning Committee

The **governance and reporting arrangements**, including:

a. Executive Committee oversight of implementation

b. Establishment of a **Commissioning and Contracting Group** to drive delivery
c. Reporting via:
   i. Performance, Finance and Information Governance Committee (performance and finance)
   ii. Quality, Safety and Experience Committee (quality and patient safety)

The table below provides an overview of the financial value of commissioned services across key providers, demonstrating the scale of expenditure and associated organisational risk exposure. The concentration of contract value across a number of providers highlights the importance of robust and systematic oversight arrangements. The Commissioning Assurance Framework will strengthen the Health Board's ability to monitor quality, performance and financial controls across these contracts, enabling earlier identification of emerging risks, clearer escalation through governance structures, and improved assurance to the Board that commissioned services are delivering safe, effective and value-for-money.

Provider	Contract Value £'m
Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	16.5
The Clatterbridge Cancer Centre NHS Foundation Trust	4.9
Wirral University Teaching Hospital NHS Foundation Trust	2.4
Liverpool University Hospitals NHS Foundation Trust	10.4
University Hospital of North Midlands NHS Trust	5.0
Countess of Chester NHS Foundation Trust	33.5
Shrewsbury & Telford Hospital NHS Trust	2.5
Manchester University NHS Foundation Trust	1.9
Liverpool Women's NHS Foundation Trust	1.2
Shropshire Community Health NHS Trust	0.3

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

The principal risks associated with the Framework are:

- **Fragmented oversight** if implementation is delayed or inconsistently applied across commissioning areas
- **Insufficient grip on quality and performance** within commissioned services, particularly in the independent sector

- **Financial risk exposure** where contractual and performance controls are not consistently applied
- **Reputational risk** arising from failure to identify and escalate concerns in commissioned services in a timely manner
- **Interface risk** with regional and collaborative commissioning arrangements if roles, responsibilities and reporting lines are not clearly defined

Mitigation will be achieved through clear governance, defined escalation routes, and routine reporting through established Board committees.

5. ARGYMHELLION RECOMMENDATIONS

Members are asked to:

- **APPROVE** the Commissioning Assurance Framework
- **ENDORSE** the proposed governance and reporting arrangements
- **SUPPORT** the phased implementation approach
- **NOTE** that a detailed Implementation Plan will be developed for Executive Committee oversight
- **AGREE** that a formal review will be undertaken 12 months post-implementation

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**	The Commissioning Assurance Framework directly supports the mitigation of a number of principal Board Assurance Framework risks. In particular, it strengthens oversight in relation to **BAF 26/02 (delivery of co-ordinated and integrated care)** by providing a structured approach to managing cross-organisational and external provider arrangements. It supports **BAF 26/03 (timely access to high-quality care and patient experience)** through enhanced monitoring of performance, quality and outcomes within commissioned services, enabling earlier identification of deterioration and more timely intervention. In addition, the Framework contributes to the mitigation of risks relating to **service quality and transformation (including BAF 24-06 / 26/04)** by strengthening governance, accountability and assurance over externally delivered care. Collectively, the Framework enhances the Board's ability to triangulate assurance, address current gaps in control, and provide greater confidence that risks to the delivery of strategic objectives are being actively managed.

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):**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not required for this report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES		
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:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	Not required for this report
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Services commissioned must comply with the Welsh Language Measure.
	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:	Not required for this report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not required for this report

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?*	**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:	Not required for this report
	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:	Not required for this report
	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)*	Yes (Include further detail below)
	Delivery of the Framework will largely be achieved through the alignment of existing resources across finance, quality, performance and contracting functions, with any additional capacity requirements identified through the implementation plan. Over time, the Framework is expected to support improved value for money and reduced organisational risk.

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

Health Board

BOARD ASSURANCE FRAMEWORK

Dyddiad y Cyfarfod **Date of Meeting**	28 May 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 purpose of this report is to provide the Board with a consolidated overview of the current position of the Board Assurance Framework (BAF), including the status of mitigating actions and their alignment to the four Strategic Intents approved in March 2026.

The BAF continues to provide a structured mechanism for identifying and managing strategic risks to the delivery of organisational objectives. Progress has been made across a number of areas; however, a significant proportion of actions remain outstanding, with a high volume now delayed or overdue. This is impacting on assurance ratings across several principal risks, including workforce, digital transformation, financial sustainability, access to care and service quality.

The BAF has been subject to comprehensive review through the Health Board's committee structure. Committees have provided assurance ratings and commentary on risk positions, control effectiveness and progress against mitigating actions.

Whilst there is recognition of progress, consistent feedback has highlighted the need to strengthen the clarity and specificity of actions and, critically, to provide more robust, evidence-based reporting of progress to support confidence in the level of assurance presented to the Board.

The current position reflects a framework that is still developing in maturity. There is a clear requirement to move beyond descriptive reporting towards demonstrable delivery and impact, supported by measurable outcomes and stronger evidence of control effectiveness. This is particularly important in the context of the Health Board's Special Measures status and the requirement to demonstrate sustained improvement in governance and risk management arrangements.

Work is underway to map all existing and outstanding actions to the four Strategic Intents as part of the development of the refreshed 2026–2029 BAF. This provides an opportunity to strengthen prioritisation, align actions more clearly to strategic outcomes, and ensure that resources are directed to areas of greatest risk and impact.

In parallel, four proposed principal risks have been developed for inclusion in the refreshed 2026–2029 BAF, aligned to the Strategic Intents, and are presented for Board review and comment.

Strengthening the quality, consistency and evidential basis of the BAF will be a key priority for 2026/27. The Audit Committee will play a central role in this next phase, providing enhanced scrutiny and oversight to improve the quality of actions, ensure timely delivery, and strengthen the assurance available to the Board.

Overall, while the BAF continues to provide an essential line of sight on strategic risk, further improvement is required to ensure it provides the level of robust, evidence-based assurance needed to support effective Board decision-making.

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**
Risk Scrutiny Group (RSG)	16th April 2026	Full BAF Report
Executive Committee (EC)	22nd April 2026	Full BAF Report
Performance, Finance & Information Governance Committee (PFIG)	28th April 2026	BAF relevant to Committee: • BAF24-03 Not Achieving Long Term Financial Sustainability • BAF24-07 Not Delivering Timely Access to Care Resulting in Potential Clinical Harm, Poor Delivery of

		Performance Targets and Reputational Risk
Quality, Safety & Experience Committee (QSE)	7th May 2026	BAF relevant to Committee: • BAF24-06 Not Delivering the Required Improvements to Transform Care and Enhance Outcomes
Planning, Population Health & Partnership Committee (PPHP)	7th May 2026	BAF relevant to Committee: • BAF24-02 Not Delivering Strategic Development and Digital Transformation • BAF24-05 Not Engaging with Citizens, Partners and Communities • BAF24-06 Not Delivering the Required Improvements to Transform Care and Enhance Outcomes • BAF24-08 Not Implementing Evidenced Based Improvement and Innovation

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
BAF	Board Assurance Framework

BOARD ASSURANCE FRAMEWORK

1. Y SEFYLLFA SITUATION

1.1 The Health Board's Board Assurance Framework (BAF) has undergone its latest cycle of updates, and while progress continues across several areas, a significant proportion of mitigating actions remain outstanding, with a concentration of actions that are now delayed or overdue.

A total of 75 actions are currently recorded in the BAF, of which:

- 30 (40%) are complete,
- 9 (12%) progressing,
- 12 (16%) delayed, and
- 24 (32%) overdue, with many overdue actions linked to target dates of 31 March 2026.

The volume of delayed and overdue actions is contributing to continued Limited and Unsatisfactory assurance ratings across several principal risks, particularly those relating to workforce, digital transformation, financial sustainability, access to care, and service quality.

The Board has recently approved four new Strategic Intents, and all existing BAF actions particularly outstanding actions; must now be mapped to these new intents to ensure alignment with the forthcoming 2026–2029 BAF refresh. This mapping work is underway.

Overall, the situation requires Executive oversight, prioritisation and support to accelerate delivery, unblock cross-organisational constraints, and ensure that overdue and delayed actions are realigned, resourced appropriately, and incorporated into the refreshed BAF structure.

2. Y CEFNDIR BACKGROUND

The Board Assurance Framework (BAF) is the Health Board's primary mechanism for providing assurance that strategic risks to the delivery of organisational objectives are being effectively identified, managed and mitigated. It aligns principal risks, controls, assurances and mitigating actions and supports the Board, its Committees and the Executive Team in monitoring progress and identifying gaps requiring escalation or intervention.

The extant BAF was approved by the Board in January 2025 and continues to be updated routinely by Executive Leads and action owners. It was most recently reviewed through the Risk Scrutiny Group (RSG) in April 2026 and remains the basis

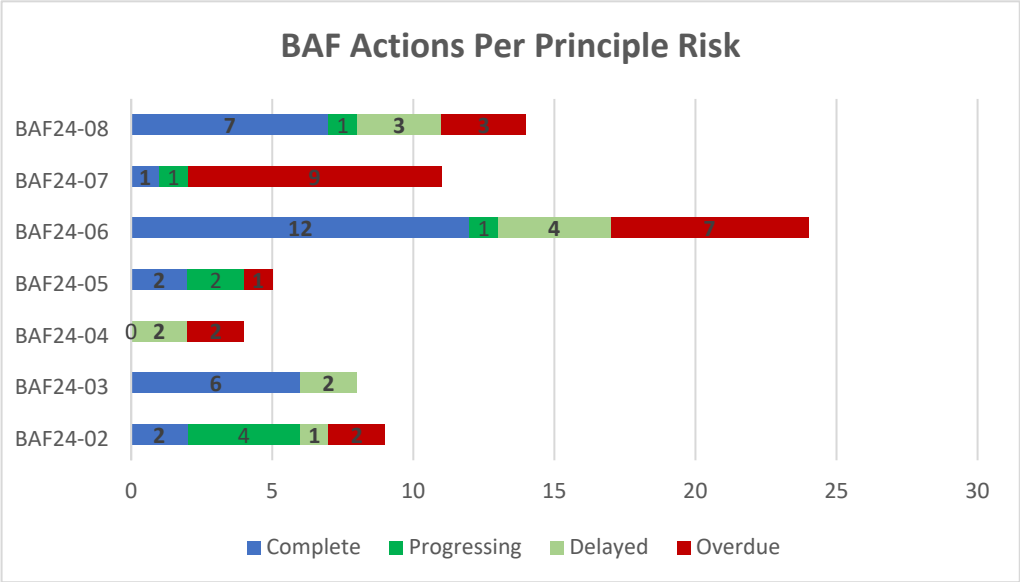
for oversight of strategic risks across quality, workforce, finance, digital transformation, and timely access to care.

In March 2026, the Board approved four new Strategic Intents, requiring the current suite of BAF mitigating actions to be mapped and realigned as part of the development of the Draft 2026–2029 BAF.

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

3.1 Overall Action Progress Position

Across the BAF, 75 actions are currently recorded:



4.

The high proportion of delayed and overdue actions reflects ongoing challenges including capacity constraints, limited recurring funding, dependencies on national programmes, and delays across digital, estates, workforce and clinical programmes.

3.2 Impact on Assurance Levels

Several BAF risks continue to carry Limited or Unsatisfactory assurance ratings, indicating insufficient evidence that existing controls are effective, and that current action delays are affecting overall risk mitigation.

Principal risks affected include:

- Not delivering timely access to care (BAF24-07) – *Unsatisfactory Assurance*
- Strategic development & digital transformation (BAF24-02) – *Limited Assurance*
- Long-term financial sustainability (BAF24-03) – *Limited Assurance*

- Workforce & culture (BAF24-04) – *Limited Assurance*
- Improvements to transform care and enhance outcomes (BAF24-06) – *Limited Assurance*
- These assurance levels are directly linked to the backlog in overdue actions, illustrating the need for strengthened executive focus.
- Committees consistently report that whilst progress has been made, there is a need for greater clarity and depth in proposed actions and more substantive evidence of progress to support robust assurance to the Board. This reflects a requirement to move beyond description towards demonstrable impact and delivery. The BAF has not yet reached the level of maturity required to fully support strategic decision-making. This reflects, in part, capacity and capability gaps within the supporting governance infrastructure.
- Strengthening this aspect of the framework will be a key priority for 2026/27. The Audit Committee will play a central role in this next phase, providing enhanced scrutiny and oversight to ensure that actions are clearly defined, measurable, and supported by evidence that enables the Board to take confidence in the assurance provided.

3.3 Outstanding actions align primarily to the following Strategic Intents:

- Strategic Intent 1 – Focus on Health & Wellbeing Through Every Stage of Life (Prevention, early help, population health, disease pathways)
- Strategic Intent 2 – Enhance the Coordination of Care Through Integrated Primary & Community Care
  (Primary care, community pathways, integrated models)
- Strategic Intent 3 – Improve Access, Outcomes & Experience Through High-Quality, Sustainable Pathways of Care
  (UEC, Planned Care, Cancer, Diagnostics, MHLD, CAMHS/ND, harm reduction)
- Strategic Intent 4 – Create a Modern, People-Centred Healthcare System (Workforce, leadership, culture, digital and data transformation, finance, value, estates and infrastructure)

Work continues to align these actions into the refreshed BAF structure for 2026–2029.

In support of this, four proposed principal risks have been developed for inclusion in the refreshed Board Assurance Framework (BAF). These are aligned to the Strategic Intents and reflect the organisation's key areas of risk exposure. The Board is invited to review, note and provide comment to ensure they accurately reflect the organisation's risk landscape and assurance requirements:

- BAF 26/01 – Failure to deliver improved population health and reduced inequalities
- BAF 26/02 – Failure to deliver enhanced coordination of care for people with long term conditions and improve access

- BAF 26/03 – Failure to Improve access, outcomes and experience
- BAF 26/04 – Failure to deliver and create a modern, people centred heath care system that is future focused

3.4 Key Constraints

Common constraints affecting delivery include:

- Limited recurrent funding for digital and workforce programmes
- Competition for capital resources across estates and equipment
- Vacancies and capacity gaps in critical roles
- Dependencies on national transformation or digital programmes

These constraints reinforce the need for Executive prioritisation and corrective action.

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

- High number of outstanding actions; 12 delayed and 24 overdue, many linked to 31/03/2026 deadlines, creating gaps in control.
- Several principal risks remain above tolerance with Limited or Unsatisfactory assurance (digital transformation, workforce, finance, care quality, and timely access to care).
- Capacity and resource constraints across workforce, digital, estates and clinical programmes are impeding delivery.
- Dependencies on national programmes (EHR, CAMHS/ND, DDaT) are causing unavoidable delays.
- Urgent need to map all outstanding actions to the four new Strategic Intents to support the 2026–2029 BAF refresh.

6. ARGYMHELLION RECOMMENDATIONS

The Board is asked to:

- **NOTE** the feedback from Committees following their review of the Board Assurance Framework, recognising the progress made to date whilst also highlighting the need for greater clarity, depth and evidential support in articulating actions and progress;
- **ENDORSE** the strengthening of the Board Assurance Framework during 2026/27, with a clear focus on ensuring that actions are specific, measurable and linked to demonstrable outcomes that support robust assurance;

- **AGREE** that enhanced reporting arrangements are developed to provide clearer evidence of delivery, including improved articulation of how actions mitigate risk and strengthen assurance to the Board;
- **SUPPORT** the role of the Audit Committee in providing strengthened oversight and scrutiny of the Board Assurance Framework, including regular review of the quality and effectiveness of actions and the evidence underpinning assurance; and
- **REQUEST** that progress against these improvements is reported to the Board through the agreed committee structure, enabling ongoing oversight and assurance of delivery.
- **COMMENT** on the four proposed principal risks that have been developed for inclusion in the newly refreshed Board Assurance Framework (BAF), aligned to the organisation's strategic priorities and key areas of risk exposure.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience 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**	Full Board Assurance Framework with specified linkages to the Corporate Risk Register.

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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social Economic impact assessments
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:	Not applicable.

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not applicable
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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
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
	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 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:	Not applicable
	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:	Not applicable
	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.	

Board Assurance Framework

Board Assurance Framework Report

1.0 Purpose

The Board Assurance Framework (BAF) serves as a strategic tool, designed to support the Health Board (BCUHB) in achieving its overarching goals and objectives. The BAF provides a structured approach for identifying, managing, and mitigating risks that may impact the successful delivery of our strategic priorities. Through clear alignment with our organisational strategy and key initiatives, the BAF enables us to maintain an accountable, transparent, and proactive approach to risk management.

The purpose of this BAF is threefold:

- To provide assurance that effective controls are in place to manage risks to our strategic objectives.
- To support informed decision-making by presenting clear, current risk insights to the Board and stakeholders.
- To align risk management efforts across the organisation, ensuring consistency with our vision of delivering high-quality, accessible healthcare services.

By integrating the BAF with our strategic priorities and operational plans, we can ensure that our risk management efforts directly support our mission to improve health outcomes, enhance patient safety, and foster a culture of accountability within BCUHB.

The purpose of this paper is to seek the Board's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, following review by the Committee's responsible for the risks**.**

The Board Assurance Framework was developed by the Board to reflect the Health Board's five strategic objectives within the IMPT and further to this, work is underway to review and re-align to the new strategic intents approved by Board in March 2026.

The extant BAF was formally approved by the Board on 30 January 2025 and continues to be updated on an ongoing basis by Executives and action handlers. It is reviewed through the Executive Committee in line with the Risk Management Framework, and was last considered by the Board Committees in November 2025 before being presented to the Board in full in January 2026. This update noted the approved increase in the risk score for BAF24-07 and the closure of BAF24-01.

What is Assurance in Relation to Board Assurance Risks?

In the context of the Board Assurance Framework, **assurance** refers to the level of confidence the Committee can place in the effectiveness of the current risk treatment strategies to mitigate identified threats to strategic objectives. It is based on the extent of

evidence available; internal or external, that demonstrates that key controls are in place and working effectively, and that actions to address gaps are progressing as intended.

Assurance levels help the Board determine whether risks are being managed effectively and inform decisions about resource allocation, priority areas, and potential escalations.

The four levels of assurance used are as noted in this report.

Rationale for Proposed Rating

The recommendation of **Limited Assurance** reflects a realistic and cautious assessment of the current position. Specifically:

- While some progress has been made on risk treatment strategies, there remain to be identified **key gaps in controls** that remain unresolved.
- More **evidence is required** particularly external or independent validation that controls are fully effective.
- Several actions remain as progressing and not yet complete before the risk scores can be confidently reduced.
- As such, the **likelihood of these risks materialising remains**, and further assurance is required before a higher assurance rating can be justified.

This rating encourages focused attention and targeted action in key areas while recognising that progress is underway.

1.1 Key Highlights

The full Board Assurance Framework (BAF) has been reviewed and updated and is now being considered through the Health Board's established governance arrangements starting with the Risk Scrutiny Group in April 2026. The BAF was last reviewed by the Risk Scrutiny Group in November 2025 and subsequently scrutinised by the Executive Committee, Audit Committee, and Board Committees as part of the routine reporting cycle.

Key Updates Since the Last Report

- BAF24-07 – Timely Access to Care: This risk continues to carry an *unsatisfactory assurance* rating, reflecting the Board's ongoing concerns regarding performance trajectories and sustained pressures on patient flow. The increased risk score (from 16 to 20), endorsed by the Board in January 2026, remains unchanged. BAF24-07 has also been scheduled for the next deep-dive review at the RSG in May 2026, where further scrutiny of actions and controls will be undertaken.
- Deep-Dive Activity: Several BAF risks have undergone detailed scrutiny through recent Risk Scrutiny Group (RSG) meetings:

  At the February RSG:

  - BAF24-04 – "Not Establishing a Compassionate Culture, Leadership, Engagement and Workforce Capacity and Capability" undertook a full deep dive, with resulting updates incorporated into the refreshed BAF.

At the March RSG:

- BAF24-06 (2) – “Improve integrated prevention to better population health and wellbeing”
- BAF2406 (1) – “A loss of organisational focus on patient safety and quality of care”

Both have undergone deepdive review, with feedback now embedded in the updated version.

- Closure of BAF2401: BAF2401 – “Not Fully Building an Effective and Accountable Organisation” was formally endorsed for closure at the January 2026 Board meeting and has now been removed from the BAF.
- Risk Scores: No further changes to risk scores have occurred since the previous reporting cycle. All remaining BAF risks continue to sit above their respective tolerance thresholds, with five risks remaining above appetite.
- BAF Action Progress: Progress continues across the BAF portfolio, with over one-third of actions now complete. Current action status:
  - 40% (30 actions) Complete
  - 12% (9 actions) Progressing
  - 16% (12 actions) Delayed
  - 32% (24 actions) Overdue, primarily due to target dates set at 31/03/2026

Completed actions will be archived in the next cycle for clarity.

1.2 Changes in Score

No further changes in risk scores have occurred since the previous cycle.

1.3 Risks above Health Board appetite

Five out of the eight threats are highlighted in the dashboard continue to be above tolerance

Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	20
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	20
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Executive Director of People Services and Organisational Development	16
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery	20

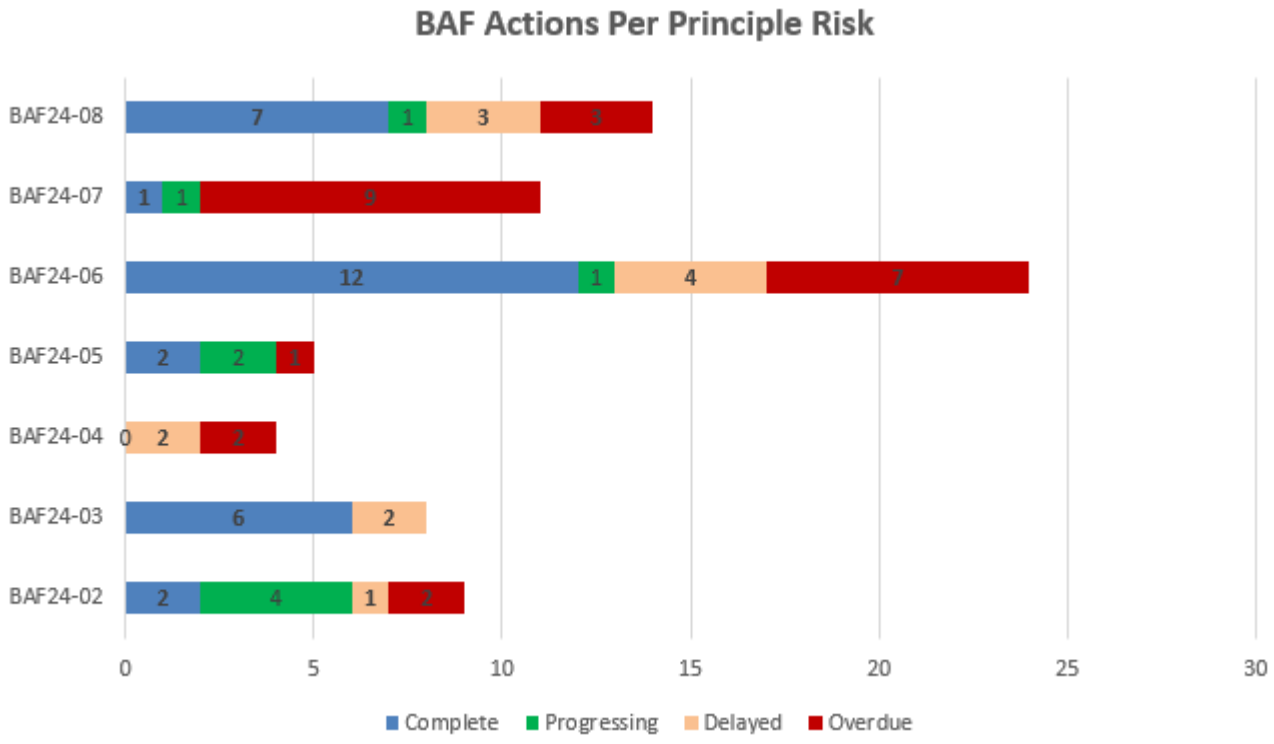
Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
		Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	
BAF24-07	Not Delivering Timely Access to Care Resulting in Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	20

1.4 Risks Proposed for Closure

There are no risks proposed for closure within this reporting period, as BAF2401 ('Not Fully Building an Effective and Accountable Organisation') has already been formally endorsed for closure by the Board in January 2026 and removed from the BAF.

1.5 Progression of BAF risk actions

Progress continues to be made across the Board Assurance Framework, with over one-third of all actions now completed. Following the addition of two new progressing actions in this reporting cycle, the updated action profile shows 30 actions completed (40%), 9 progressing (12%), 12 delayed (16%), and 24 overdue (32%). Those overdue actions are escalated through the Risk Scrutiny Group, Executive Committee and relevant Committees. Completed actions will be archived in the next reporting cycle for clarity and brevity.



In the forthcoming months, the BAF will be incorporated into the planning portal, enabling the corporate team to systematically monitor delays, blockers, low confidence actions and any emerging risks through the IMTP portal, thereby strengthening escalation and oversight arrangements.

Next Steps

- BAF risks linked to the new Strategic Intent deliverables will be monitored through the Portal System, enabling improved visibility, tracking and oversight of progress.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Committee and Committees, and Board (bi-annually) as per the Risk Management Framework.

Appendix

1. Appendix 1 – Board Assurance Framework:

Board Assurance Framework (BAF):

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

Appendix 1 – Board Assurance Framework

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Health Board's (HB**)** risk framework (with corresponding corporate and operational risks)
- Risk ratings – current (residual), tolerable and target levels. Risks are scored in line with the HB approved scoring matrix.
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (Averse = aim to avoid the risk entirely; Minimal = insistence on low-risk options; Cautious = preference for low risk options; Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment identified for each threat and opportunity, each assigned to a Risk Lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate: (1) Management (those responsible for the area reported on); (2) Risk and compliance functions (internal but independent of the area reported on); and (3) Independent assurance (Internal audit and other external assurance providers)**.**
- Unlike corporate risks where target dates are key for mitigation, risks will remain reported as the Board seeks assurance accordingly until the risk is sufficiently mitigated. Actions are based on quarters for the year.
- Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating.
- The RACI clarifies roles and responsibilities for tasks and deliverables and is utilised for sub-risks however the responsibility of the overall BAF risks lies with the **Executive Team** and accountability lies with the lead committee.

Likelihood score and descriptor					
	Very unlikely 1	**Unlikely 2**	**Possible 3**	**Somewhat likely 4**	**Very likely 5**
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

Key to lead committee assurance ratings:

	Substantial Assurance	The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.
	Reasonable Assurance	The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.
	Limited Assurance	The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.
	Unsatisfactory Assurance	The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High

Board Assurance Framework (BAF):

Appendix 1 – Board Assurance Framework

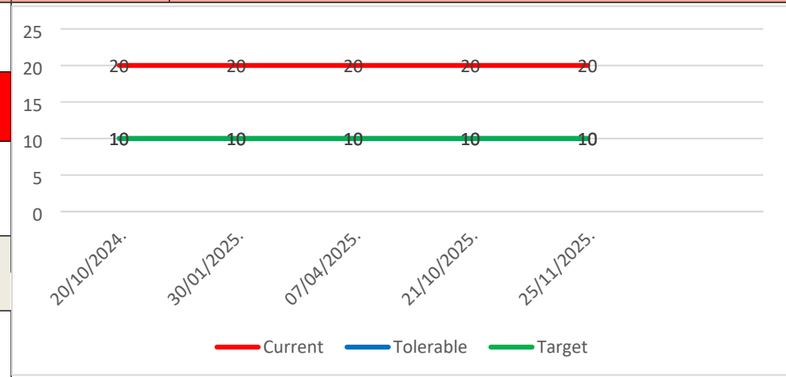
This BAF includes the following Risks to the HBs strategic priorities:

Reference	Principal risk: There is a risk of…	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive Committee	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Interim Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	22/04/2026	5x 4= 20 **Above Tolerance**	**5x 4= 20**	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	22/04/2026	5x 4= 20 **Above Tolerance**	**5x 4= 20**	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Executive Director of People Services and Organisational Development	People & Culture	20/10/2024	22/04/2026	4x 4= 16 Above Tolerance	**4x 4= 16**	4x 2= 8
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships, Communications and Engagement	Planning, Population Health & Partnerships	20/10/2024	22/04/2026	2x 3= 6	**2x 3= 6**	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnerships	20/10/2024	22/04/2026	5x 4= 20 **Above Tolerance**	**5x 4= 20**	5x 2= 10
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	22/04/2026	5x 4= 20 **Above Tolerance**	**5x 4= 20**	4x 2= 8
BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Medical Director & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	22/04/2026	4x 3= 12	**4x 3= 12**	4x 2= 8

2: Developing strategy and long-lasting change

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

Principal risk (what could prevent us achieving this strategic objective)	**BAF24-02: Not Delivering Strategic Development and Digital Transformation** **There is a risk we won't achieve our strategic and operational objectives as a Health Board, caused by having inadequate arrangements and skills for identification, commissioning and delivery of Digital, Data & Technology enabled change.** **This will lead to an inability to deliver new models of care in line with national and local strategies, which results in a degradation in patient safety, quality of care, public confidence, financial controls and reputation** .	**Strategic objective**	1. Developing strategy and long-lasting change (2A 10-year Strategy & 2H Strengthening Planning; 2E Digital, Data, and Technology;)
Lead Committee	Planning, Population Health & Partnership Committee	**Risk type**	Quality
Risk Lead	Executive Director Transformation and Strategic Planning / Chief Digital & Information Officer	**Risk appetite**	Open <15 Risk Above Tolerance
Related Corporate Risks:	CRR25-05, Strategic Change – Impacting Care and Staff Delivery; CRR25-04, Modernising our Infrastructure		



Risk rating	**Current exposure**	**Target**	**Review Dates**	
Consequence	**5**	5	**Initial date of assessment**	20/10/2024
Likelihood	**4**	2	**Last reviewed by Committee:**	07/05/2026
Risk rating	**20**	**10**	**Last updated by Executive:**	22/04/2026

Board Assurance Framework (BAF):

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

Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues**	**Assurance rating**
Responsible:	Assistant Director of Compliance and Business Management	Accountable:	Chief Digital & Information Officer		
Threat: the organisation may struggle to keep pace with the rapid evolution of digital, data, and technology innovations and have outdated systems, inefficiencies, and an inability to fully harness data for informed decision-making and personalised patient care by lack of investment in DDaT infrastructure due to competing priorities	• Cyber Security Plan (and evidenced of reasonable assurance through recent internal audit) • Plans to recruit key skills and capabilities gaps • Business case developed for Mental Health and Acute and Community Electronic Health Record **(**EHR**)** • Clear benchmarking with Gartner IT Score to assess and guide us on what we need to do. • Skills and capabilities augmentation contracts in place with third party companies to support the internal teams in delivering what is required	• **Limited recurring funding constrains the recruitment and retention of essential clinical and support roles.** • **Strategic Implication: Without stable investment in key positions, risks workforce shortages that could impact patient care, service delivery, and the achievement of national health priorities** • **Insufficient support to secure flexible augmentation contracts reduces the ability to respond rapidly to fluctuating demand across services.** • **Strategic Implication: Limited access to temporary or flexible expertise may hinder timely service delivery, staff resilience, and the organisation's ability to respond to emerging health pressures.**	**Management:** • Quarterly reviews of digital objectives including projects at service level to Senior Leadership Team • Performance and accountability meetings for Annual Plan objectives **Risk and compliance:** • Annual audit of data governance and cyber security measures • Corporate Risk in place **Independent assurance:** • Internal and external audits of data governance and technology • Information Commissioners office • Continual Benchmarking from Gartner Group and Service Desk Institute against best practice	**Limited visibility of long-term financial commitments for sustaining critical clinical and support roles** **Reduced ability to scale workforce rapidly; potential gaps in service delivery** **Outdated systems increase operational inefficiencies and limit adoption of innovative solutions.**	**Limited Assurance**

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
⬆	Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31st March 2025 will be completed. Senior Architecture posts in place but funded non-recurrently. These are resolving clinical system integration, which will also halt on the 31/03/2026 should recurrent funding not be secured.	Chief Technology and Information Officer	Overdue	**31/03/2026**
	Roll-out of key priority EHR transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. The Electronic Health Record (EHR) – Acute and Community, Outline Business Case (OBC) first draft was handed over from the external consultants in March 25, the OBC has been updated following engagement with legal, finance, procurement and DDaT. Currently, there is no funding to progress this further, and Welsh Government have asked all Health Boards to pause while they agree a national	EHR Programme Director (not in post)	Progressing	31/03/2028

Appendix 1 – Board Assurance Framework

	approach. The Mental Health EHR is progressing with the procurement evaluation complete. Once assurance activities have been completed the next step will be to finalise the Full Business Case (FBC) and award contract following board approval. A strategic outline case for the scanning plan is being prepared, with anticipated submission for formal approval in April 2026 via the appropriate governance board.			
	• Transformation of the DDaT Operating Model. Proposals for 2025/26 onwards are being progressed for consideration. ○ **Due to significant digital inflation, plans have been put forward and are currently being considered in line with other inflationary pressures.** ○ **Bids for growth are being revised to align with IMTP Planning processes** **Anticipated position and due date will be 30th April 2026**	Assistant Director of Compliance and Business Management	Delayed	**30/04/2026**
	Proposals, (repeated from previous years) for 2025/26 onwards are being progressed for consideration. Cost Pressures and Growth proposals submitted to Executive Team for consideration. Only RIGA 1 additional funding resource received which doesn't take into consideration the required cost pressures or growth initiatives. Will continue to review funding gaps and available schemes.	Assistant Director of Compliance and Business Management	Overdue	**31/03/2026**
⬆	**Expand the implementation of the Digital Training Academy enhancing the skills and understanding of clinical and non-clinical systems and O365 tools.**	**Chief Technology Officer**	**Progressing**	**30/09/2026**
	Implement and ensure Executive Decision and oversight of the Digital Prioritisation of projects and programmes in line with IMTP and Funding Arrangements.	**Assistant Director of Digital Delivery**	**Progressing**	**30/04/2026**

Board Assurance Framework (BAF):

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues**	**Assurance rating**
Responsible:	Assistant Director of Health Strategy & Planning	Accountable:	Interim Executive Director of Transformation and Strategic Planning		
Threat: Lack of a relevant long term 10-Year Strategy and Clinical Services Plan that can be used to strategically guide our short to medium term plans.	• Ensure strategy development aligns with population needs assessments. • Prioritise internal and external stakeholder engagement, collaboration and co-production. • Integrated planning framework updated with learning from each planning cycle. • Alignment of finances, workforce and performance via the Planning process.	• Limited public engagement and stakeholder input at the early formative stages of strategy development and planning. • Effective mechanisms to prioritise resources to strategic priorities. • Integrated view of impact of plans, demonstrating which outcomes have improved for the population.	**Management:** • Annual review of planning cycle. • Annual Delivery Plan progress reports on strategy development milestones. **Risk and compliance:** • External benchmarking of planning effectiveness through the Planning Maturity Matrix. **Independent assurance:** • Independent review as part of special measures. • Welsh Government annual assessment of submitted IMTP.	• **Lack of approved Digital Roadmap – Presented and accepted by the Strategic Planning and Change Group, awaiting delivery of the Clinical Services Plan to ensure aligned before onward approval by the Board.**	**Limited Assurance**

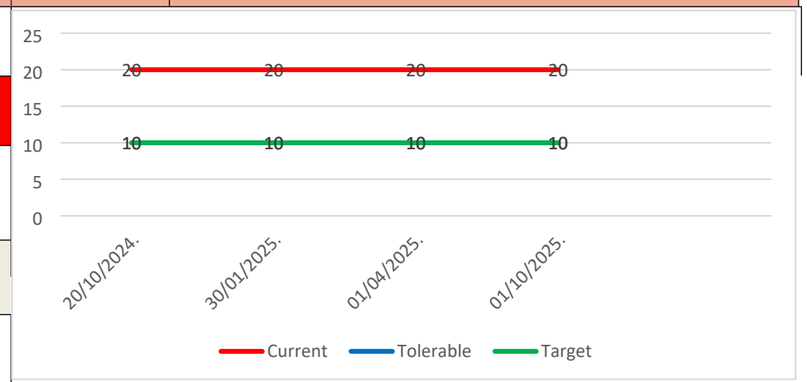
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
Strategic intent for North Wales to be developed with Partners in order to develop and deliver the 10-Year Strategy (subject to creating sufficient capacity in the Planning team to take this work forward).	Head of Health Strategy and Planning	Complete	29/01/2026
Implement phase 1 of Clinical Services Plans in relation to the Challenged Services. **Work in this phase has progressed as intended. Now that the CSP Phase 2 moves into mobilisation mode, operating as a major change programme, any ongoing work from this phase will transition into phase 2 and be monitored accordingly.**	Assistant Director of Transformation and Improvement (Interim)	**Complete**	30/03/2026
Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales	Head Of Health Strategy and Planning	**Progressing**	30/03/2027

Board Assurance Framework (BAF):

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Appendix 1 – Board Assurance Framework

Principal risk (what could prevent us achieving this strategic objective)	**BAF24-03: Not Achieving Long Term Financial Sustainability**			**Strategic objective**	2. Developing strategy and long-lasting change (2I Finance Governance Environment; 2D Capital Priorities: Supporting Change)
Lead Committee	Performance, Finance and Information Governance Committee	**Risk type**	Finance		
Risk Lead	Executive Director of Finance	**Risk appetite**	Open <15 Risk Above Tolerance		
Related Corporate Risks:	CRR25-06, Value Delivery and Financial Sustainability; CRR25-09, Safe Environment				



Risk rating			**Review Dates**	
	Current exposure	**Target**		
Consequence	5	5	**Initial date of assessment**	20/10/2024
Likelihood	4	2	**Last reviewed by Committee:**	28/04/2026
Risk rating	**20**	10	**Last updated by Executive:**	22/04/2026

Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps**	**Assurance rating**
Responsible:		Interim Director of Finance	**Accountable:**	Executive Director of Finance	
Threat: The financial climate is challenging, with no further allocations expected to offset adverse performance. The first financial duty is to attain a break-even financial position over a rolling three years period. In not achieving break even the organisation suffers; A regulatory breach from Failure to achieve the key duty results in a Qualification	• Annual Plan details requirements for further controls and required controls detailed in 'Gaps in controls' • Monthly reporting of financial performance, articulating risk to delivery, drivers of any financial risk and suggested actions in place to mitigate risk • Monthly reporting to Welsh Government financial performance each month, again articulating drivers of risk to delivery and mitigating actions	• Financial governance framework aligned with the organisation's strategic priorities • An endorsed Clinical Strategy that articulates demand and capacity modelling by speciality. • Financial capital resource availability • Integration of financial planning with performance and risk management processes • Whilst the Health Board has a balanced financial plan, this carries significant risk associated with continued opening of additional capacity areas and exposure to medicines and continuing healthcare rising costs. In addition, following endorsement of the financial plan, a	**Management:** Monthly financial reporting and budgetary controls Oversight through Performance, Finance & Information Governance Committee **Risk and compliance:** Oversight by Audit Committee Annual audit of financial governance effectiveness (to include budgetary control) Regular financial performance reviews **Independent assurance:**	Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings Value & Sustainability Programme launched to mirror the National models to place focus on savings delivery as a product of improvement with a track record of delivery Head of Internal Control Opinion articulating limited assurance over systems of internal control	**Limited Assurance**

Appendix 1 – Board Assurance Framework

Failure to achieve breakeven places at risk future receipt of conditionally recurrent allocations and/or the ability to attract prospective allocations. Cash depletion and a potential lack of ability to pay employees and suppliers of goods and services. The Health Board will still be required to meet its statutory duty to break-even, resulting in a need to reduce costs and potentially reduce access to services offered to the local population.	• Corporate risk for shorter term sustainability in place • A key element of delivery centres upon savings realisation, the Value & Sustainability programme formed to support mitigation of shortfalls and place focus on improvements driving financial sustainability.	number of significant risks have emerged from a movement from key planning assumptions. • Inconsistent alignment between financial planning and strategic service goals	Internal and external audit reports on financial controls Annual review of compliance with Welsh Government financial guidelines Audit Wales full access to mapping of financial transactions within financial statements to source ledgers Monthly oversight of financial performance by Welsh Government	Positive assurance for budgetary control environment Audit Wales issued a “true and fair” audit opinion on the 2024/25 accounts but gave a Qualification for regulatory breach. Health Board attaining financial plan. No changes from draft accounts to final submission following External Audit scrutiny	

Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
Implementation of Value Based Healthcare and a Value and Sustainability approach to savings development. Implemented and principle approach agreed, savings will be developed through Executive leads through transactional and transformational schemes. **Continually progressing – Action completion delayed as this is an ongoing process. Now embedded within the financial and performance framework via Integrated Performance Executive Delivery Group. To be approved for closure on the basis it will continue to mature as an approach.**	Finance Director - Commissioning & Strategy	**Complete**	31/03/2026
Strengthen financial forecasting and integrate financial risks into operational planning. Progressing through IMTP production. Deep Dive process already in place with CFOS on a monthly basis	Finance Director - Commissioning & Strategy	Complete	30/09/2025
Develop further the control environment for addressing planned position and implementation of any corrective actions. Additional control actions have been implemented to support the HB.	Finance Director - Commissioning & Strategy	Complete	31/03/2025
Enhanced Accountability & Performance framework to hold officers to account for delivery. Areas for escalation have been identified and separate meetings held with services chaired by CEO.	Finance Director - Commissioning & Strategy	Complete	27/12/2025

Board Assurance Framework (BAF):

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Appendix 1 – Board Assurance Framework

Responsible:	Head Of Capital Development	Accountable:	Director of Environment and Estates

Threat: Inadequate Capital Investment to Support Organisational Change	• Estates Strategy • Capital prioritisation programme aligned with strategic objectives that involves operational and clinical teams in prioritisation of limited resources • Project management for capital investments, the Health Board having substantial material schemes in train • Prioritisation of investments in infrastructure to support clinical services and statutory requirements • Capital Manual • Capital prioritisation for urgent projects • Six facet survey being completed for all provider infrastructure	• **Six facet survey being completed for all provider infrastructure** • Delays in capital project approvals and implementation. • Delays in raising orders likely to impact project critical path. • End of year wrap up report on overheads and programme progress. • Implement stronger project management controls to track capital investments. • Discretionary capital use in prioritisation between medical equipment, IM&T and Estates works (relative prioritisation between asset classes not undertaken) • Prioritisation of substantial business cases within the plans of the Health Board that aligns to Clinical Strategy	**Management:** • Monthly financial reporting of plan verse actual expenditure and budgetary controls **Risk and compliance:** • Some reviews to assess the alignment of capital investments with strategic goals Board **Independent assurance:** • Internal Governance of capital project progress and expenditure and reporting up to Committee and Welsh Government. • Welsh Government monthly reviews of plans for expenditure in year verse allocated resources.	• Reports on alignment of capital investments with strategic goals Board • Prioritisation plans being endorsed through Executive for inclusion within the IMTP endorsed through Health Board and Committees. • External support secured to service major capital developments. • Capital Investment Group formed, reporting into Executive on Capital works.	**Limited Assurance**

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
⬆	Decarbonisation reporting of key objectives through to Committee (PPHP) completed, articulating goals and objectives through to Health Board. Revised NHS Wales decarb plan **was published in 2025 and is currently under review. Health Board then to draft plan and an action plan.**	Director of Environment and Estates	**Delayed**	**30/06/2026**
	Ongoing development of Estates strategy to be informed by completion of **a reduced facet** survey **(to reflect unallocated budget),** a register of assets and most importantly clinical strategies (this review of estates is likely to take 12 months) and will be used to drive estate utilisation and rationalisation. **At present, this is delayed pending clinical strategies.**	Director of Environment and Estates	**Delayed**	**30/03/2027**
	Monthly reporting of this year's expenditure verse plans in order to ensure delivery of this year's capital programme, fully embedded and forms new control.	Executive Director of Finance	**Complete**	31/03/2026
	Prioritisation of major capital works within the strategy for the Health Board in completion of the three-year IMTP. Schemes and priorities discussed at Execs. **Complete, and Approved by Board on 26/03/2026.**	Head of Capital	**Complete**	31/03/2026

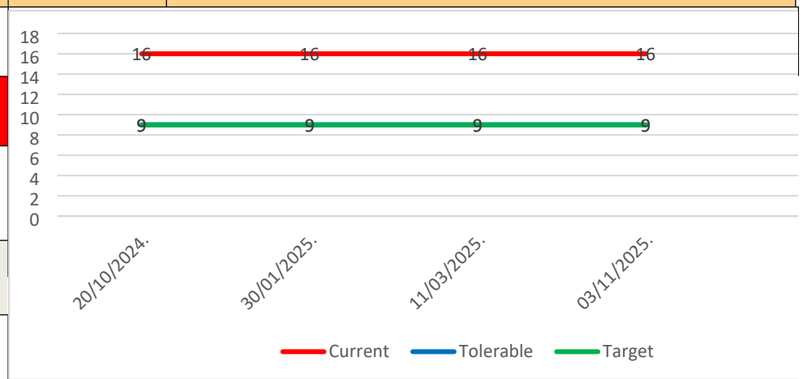
Board Assurance Framework (BAF):

Appendix 1 – Board Assurance Framework

3: Creating compassionate culture, leadership and engagement

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

Principal risk (what could prevent us achieving this strategic objective)	**BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability** A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.			**Strategic objective**	3: To have a compassionate culture, leadership & engagement (3A Compassionate Leadership and Organisational Development & 1G Workforce Planning)
Lead Committee	People & Culture Committee	**Risk type**	Quality		
Risk Lead	Executive Director of People Services	**Risk appetite**	Open <15 Above Tolerance		
Related Corporate Risks:	CRR25-02, Future Demand & Sustainable Workforce; CRR25-07, Leadership and Operating Model				



Risk rating			**Review Dates**	
	Current exposure	**Target**		
Consequence	4	4	**Initial date of assessment**	20/10/2024
Likelihood	4	2	**Last reviewed by Committee:**	14/08/2025
Risk rating	**16**	8	**Last updated by Executive:**	22/04/2026

Board Assurance Framework (BAF):

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Appendix 1 – Board Assurance Framework

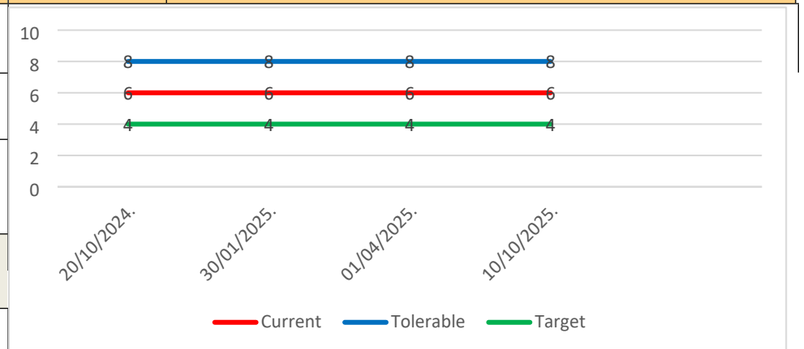
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues**	**Assurance rating**
Responsible:	Head of Policy, Practice & Compliance-WOD	Accountable:	Executive Director of People Services		
Threat: that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.	• Workforce Planning Framework in collaboration with HEIW • Skill-mix review and capacity-building programmes • Strategic partnership with Bangor University • Integrated Leadership Development Framework • Staff Engagement Plan • Continuous feedback loops for leadership performance • All Wales International Recruitment programme for nurses and doctors. • Improved Internal Audit Assurance with recruitment of senior and interim staff • Staff counselling / Occupational Health support • Strategic Equality Plan key driver in the culture change required for a compassionate and inclusive culture.	• Critical vacancies, particularly in clinical roles • Underdeveloped retention and progression pathways • Further embedding of Integrated Leadership Development Framework • Further leadership development initiatives • Current Equality governance arrangements require strengthening	**Management:** • Service Led skill-mix efficiency and commissioning requirements • Annual staff engagement surveys and reports to Committee and Board • People & Culture Dashboard to Committee **Risk and compliance:** • Corporate risks CRR25-02 People, Culture and Wellbeing CRR25-07 Leadership reported to committee. • Review of all Organisational Development risks reported. Local Workforce and Organisational Development risk meeting. • Quarterly performance reviews to CEO of Directorates/ Divisions • Freedom to Speak Up Guardian report **Independent assurance:** • Annual workforce plan reviews with HEIW • Internal Audit reports	• Limited Assurance Internal Audit report for Review of Workforce Planning Arrangements	**Limited Assurance**

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
	Prioritise implementing the workforce planning framework **across the Health Board, with initial prioritisation for 'challenged services'. This action is on-going as services become familiar with the templates and the governance arrangements for the framework are embedded throughout 2026/27**.	Exec Director People and OD / Associate	**Overdue**	31/03/2026

Appendix 1 – Board Assurance Framework

		Director Workforce Optimisation		
	Support the implementation of measures to aid reducing agency usage **and improve value and sustainability of workforce. Progress has been made in some staff groups and now a particular focus on M&D agency is needed throughout 2026/27. The action end date will need to be extended to the end of Q4 (from 31/03/2026).**	Exec Director People and OD / Associate Director Workforce Optimisation	**Delayed**	**31/03/2027**
	Implementing Values and Behaviours Framework. **The V&B framework has been implemented, additional actions will be agreed to further embed and enhance its adoption, these will be added to the BAF in the coming weeks.**	Exec Director People and OD	**Overdue**	31/03/2026
	Embedding Integrated Leadership Development Framework. **Three of the four programmes have already been written and launched. The remaining program pilot will be developed by the end of Q2 and the expected launch will be Q426/27. The ILDF framework will be reviewed by the Executive Committee in Q1_2026/27 to ensure it remains strategically aligned to the IMPT. The end date for action will be extended to end of September 2026 (from 31/03/2026).**	Exec Director People and OD	**Delayed**	**30/09/2026**

Principal risk (what could prevent us achieving this strategic objective)	**BAF24-05: Not Engaging with Citizens, Partners and Communities** Risk of ineffective engagement with citizens, partners and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.	**Strategic objective**	3: To have a compassionate culture, leadership & engagement encompassing 3B: Citizen Engagement & 3C: Being a Good Partner
Lead Committee	Planning, Population Health & Partnership Committee	**Risk type**	Reputation
Risk Lead	Director of Partnerships/Communications and Engagement	**Risk appetite**	Seek <25
Related Corporate Risks:	CRR25-03 Population Needs		



Risk rating			**Review Dates**	
	Current exposure	**Target**		
Consequence	2	2	**Initial date of assessment**	20/10/2024
Likelihood	3	2	**Last reviewed by Committee:**	07/05/2026
Risk rating	**6**	4	**Last updated by Executive:**	22/04/2026

Board Assurance Framework (BAF):

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

Appendix 1 – Board Assurance Framework

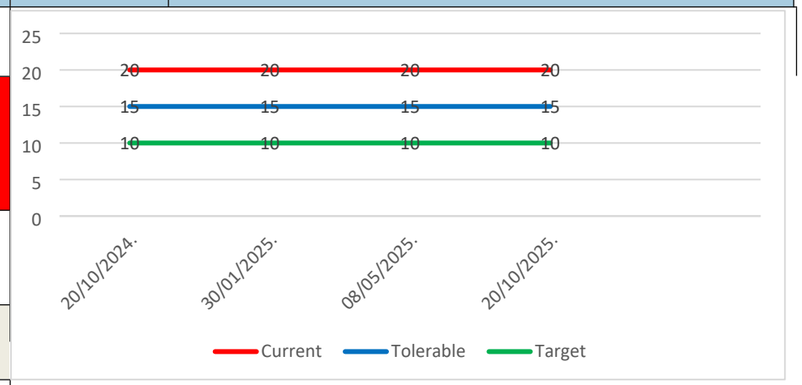
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues**	**Assurance rating**
Responsible:	Director of Partnerships/communications and Engagement	Accountable:	Director of Partnerships/communications and Engagement		
Threat: of ineffective engagement with citizens and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.	• Collaboration with key stakeholders • Strategic partnerships with local authorities and community organisations • Partnership governance frameworks • Comprehensive inclusive and diverse citizen engagement strategy • Accessible feedback mechanisms such as surveys and public engagement activity • Regular updates to the public on strategic priorities • Survey of engagement across the Health Board • Collaboration on complaint's process	• Communication back to the public on their influence from feedback • Lack of structured feedback from key partners • Limited cross-sector collaboration in specific service areas • Anchor Institute Framework	**Management:** • Citizen experience reports to Board • Feedback from engagement and where required public consultations. **Risk and compliance:** • Partnership feedback sessions • Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health & Partnership Committee **Independent assurance:** • Perception survey with partners • Independent Advisor for external perspective on engagement approach	Risk Register for Partnerships/Communications and Engagement.	**Limited Assurance**

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
⬆	Perception Survey completed. Survey findings to now go to Executive Committee and PPHP Committee**.**	Director of Partnerships/ Communications and Engagement	Complete	31/03/2025
	Developing Anchor Institute Framework – **ongoing, draft Anchor Charter developed with partners and being formally discussed at regional wellbeing and anchor charter event on 19.03.26.**	Director of Partnerships/ Communications and Engagement	Overdue	31/03/2026
	Citizen Engagement Plan being reviewed – the draft principles and framework developed – **Co-production, Engagement and Consultation Toolkit developed, Principles and Framework to be discussed at Executive Group Meeting before end of April 2026**.	Director of Partnerships/ Communications and Engagement	Progressing	30/06/2026
	Improve the feedback loop to ensure timely action on public input – ongoing, with review of Board actions against key themes by 31/01/25. January Citizen's Engagement report as evidence.	Director of Partnerships/ Communications and Engagement	Complete	31/01/2025
	Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead – plan in development, overseen by the Chief Executive Officer.	Director of Partnerships/ Communications and Engagement	Progressing	31/05/2026

4: Improving quality, outcomes and experience

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

Principal risk (what could prevent us achieving this strategic objective)	**BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes** Risk of ineffectively delivering consistent high quality of patient care across the HB resulting in incidents of avoidable harm and poor clinical unmet patient needs, regulatory non-compliance, and reputational harm.			**Strategic objective**	4. To Improve Quality, Outcomes and Experience (4A Patient Experience; 4B Prevention; 4I Adult Mental Health, Learning Disability)
Lead Committee	Quality, Safety and Experience Committee / Planning, Population Health & Partnership Committee	**Risk type**	Quality		
Risk Lead	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	**Risk appetite**	Open <15 Above Tolerance		
Related Corporate Risks:	CRR25-01, Timely Patient Access to Safe and Effective Care; CRR25-03, Population Needs				



Risk rating			**Review Dates**	
	Current exposure	**Target**		
Consequence	5	5	**Initial date of assessment**	20/10/2024
Likelihood	3	2	**Last reviewed by Committee:**	07/05/2026
Risk rating	20	10	**Last updated by Executive:**	22/04/2026

Board Assurance Framework (BAF):

Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Responsible:	Deputy Executive Director of Nursing	Accountable:	Executive Director of Nursing	Responsible Committee	Quality, Safety and Experience Committee
Threat: A loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction	• Integrated Concerns Policy and daily Hub meetings in place to review all concerns of moderate, grade4/5 and above • Patient incident/feedback systems and policies • Data analysis and learning at service level • Datix Reporting • Patient safety Staff training - Quality governance arrangements at Health Board, IHC/division & service levels including: ○ Local ICOG and Exec EICOG Groups ○ BCUHB patient safety, infection prevention, safeguarding and patient experience groups ○ BCUHB SCEG, meetings ○ Local and Exec Quality Delivery Groups ○ Clinical audit programme & monitoring arrangements ○ Ward accreditation/ metrics • Integrated Concerns Policy and Toolkit • Concerns Hub • Rapid review Sign-off process for incidents and Nationally Reported Incidents • Executive Led Oversight Group • Quality assurance visits • Internal Reviews against External National Reports • Getting it Right First Time (GIRFT) • Localised deep dives, reports and action plans • Operational grip on workforce gaps • Patient Advice and Liaison Service Activity • Comprehensive Cultural Competence training and awareness	• Operational oversight of sustainable change, evidence of learning and improvement measures • Harm review process to be approved for the planned care major change programme	**Management:** • Learning from deaths Report to QC and Board • Quarterly Strategic Priority Report to Board. • Divisional risk reports to SRG bi-annually. • Guardian of Safe Working report to Board • Quality and Governance Reporting Pathway. Quality Safety and Experience Committee reports include: ○ Safeguarding Annual Report to QSE ○ Infection Control Annual Report ○ Health and Safety Annual Report ○ Bimonthly Quality Report ○ Deep dive Reports ○ Risk Management Report ○ Integrated Performance Report ○ Duty of Quality annual report **Risk and compliance:** • Quality Dashboard • Duty of Candour • Corporate Risks • Ombudsman Annual Letter **Independent assurance:** • Health Inspectorate Wales Reports • Care Inspectorate Wales Reports • Coroners' reports: • Internal Audit reports. Patient Experience –Reasonable • Quality Directorate **–** Reasonable	Limited Assurance Internal Audit report for Limited Assurance: Lessons Learnt, Falls, Deprivation of Liberty All actions on track or closed • Nursing & Midwifery Vision Embedding (launched May 2025) • Allied Health Professional Strategy • Clinical services plan • Harms review process to be approved for planned care	**Limited Assurance**

			• Complaints management – reasonable • Royal College Reports • Llais Reports • Ombudsman Screening Quality Assurance Services assessments and reports of: • Antenatal and New-born screening • Breast Cancer Screening Services • Bowel Cancer Screening Services • Cervical Screening Services External Accreditation/Regulation annual assessments and reports of; • Pathology (UKAS) • Endoscopy Services (JAG) • Medical Equipment and Medical Devices (BSI) • Blood Transfusion Annual Compliance Report (MHRA) • Ionising Radiation (Medical Exposure) Regulations		

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
	Civica mapping of services to improve consistency of levels of feedback.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Expand real-time feedback systems across all services (SMS texting for priority areas e.g. ED).	Deputy Executive Director of Nursing	Complete	31/12/2024
	Quality Management System in development. – pilots in urology and vascular.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Reduced response times for addressing patient complaints.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Learning Repository Development – **A Project Group oversees governance, strategic alignment, and accountability for the wider rollout by 31st April 2026.** ***(Delayed from 31/11/2025)***	Deputy Executive Director of Nursing	**Delayed**	30/04/2026
	Harms review process to be approved for planned care activity.	Programme Director Planned Care	Overdue	30/11/2025

Board Assurance Framework (BAF):

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

Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Responsible:	Head of Public Health Assurance & Development	Accountable: Executive Director of Public Health	Responsible Committee	Population Health & Partnership Committee	
Threat: A widespread loss of organisational focus on investment and support to improve integrated prevention to better population health and wellbeing	• Public Health team and other teams across the HB, working on evidenced based programmes of work which link to National and local priorities • Integrated prevention strategies focused on population health and wellbeing to reduce health inequalities • Continuation of Grant funding confirmed 25/26 • Ministerial Priorities include Prevention and Population Health • Prevention, Population Health and Early Intervention Exec Delivery Group established July 25 will review Corporate and emerging risks.	• Limited access to timely integrated data supporting prevention activity. • Insufficient integration between prevention and clinical services • Services fail to prioritise prevention as part of the delivery of effective services and outcomes. • Large proportion of budget is non-recurrent grant funding • Diabetes Pathway Programme delivery plans (service level) - dependent on options for change agreement	**Management:** • Regular reports against a range of outcomes from the public health outcomes framework to Planning, Population Health & Partnership Committee (PPHP). The format for delivery reports is under review for 26/27 to explore more concise approach with all ministerial, local and national performance targets presented alongside the development of a set of core indicators (with associated metrics) under development. • The Prevention, Population Health and Early Intervention Delivery Group has been established over the last 6 months, chaired by the Exec Director of Public Health. This group reports to the Exec Committee and the PPHP Committee in relation to delivery. **Risk and compliance:** • CRR24-08 Delivering a population health approach to health and wellbeing and CRR24-18 Outbreak Management reported to Planning, Population Health & Partnership Committee. Corporate Risk Review has resulted in refresh and consolidation of these two risks into one. • Operational Risk Register maintained.	• Limited assurance of effective models - based on availability of data, intelligence, evidence and evaluation of impact of current prevention approaches within the Health Board and wider partner networks.	**Limited Assurance**

Appendix 1 – Board Assurance Framework

			Independent assurance: • Regular reports against a range of outcomes from the public health outcomes framework to Regional Partnership Board Public Service Boards & Welsh Government • Review held with Welsh Government October 25 –focus on shift to prevention, Health Improvement activity and health inequalities programmes.		

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
	Increase collaboration with community partners.	Strategic Partnership Manager	Complete	31/03/2025
	Strengthen the integration of prevention into service and Health Board planning.	Head of Public Health Assurance & Development	Complete	31/03/2025
	DDAT/Public Health Integrated approach to population health and clinical data and intelligence embedded in Health Board plans.	Assistant Director - Data, Intelligence & Insight / Consultant in Public Health Medicine	Complete	30/09/2025
	Diabetes Pathway Programme – completion of case for change and next steps agreed - delay in appointing Clinical Lead however this has now gone out for expressions of interest. There have been some revisions to the plan as a result and also in keeping with wider priority programmes including Primary Care. **Completion of the Diabetes Pathway Programme case for change has been completed however the overall implementation of the programme has been delayed in 25.26 due to dependencies, including the appointment of a Clinical Lead. The plan has been revised to align with wider priorities, and the completion date has moved from July 2025 to December 2026.**	Executive Director of Public Health	**Delayed**	**31/12/2026**
	Deliver Primary Care based approaches to improving the compliance with NICE guidance. **Awaiting update and revised date from Primary Care leads.**	Service Leads	Overdue	30/10/2025
	Grant funded Programme plans approved by Welsh Government and Public Health Wales.	Head of Public Health Assurance & Development	Complete	30/04/2025
	Prevention embedded in Board Major Programmes.	Programme Leads / SRO	Overdue	31/03/2026
	Development of Clinical Services Plan and Health Board Strategy recognises prevention as component part. **Development of the Clinical Services Plan and Health Board Strategy, which incorporates prevention as a key component, has been delayed due to dependencies on preceding work. The completion date has moved from March 2025 to December 2026.**	Consultant in Public Health	**Delayed**	**31/12/2026**

Board Assurance Framework (BAF):

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

Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Responsible:	Director of Mental Health & Learning Disabilities	Accountable:	Executive Director of Allied Health Professionals and Health Science	Responsible Committee	Quality, Safety and Experience Committee
Threat: Risk of insufficient focus on Mental Health, wellbeing and Learning Disabilities in the Health Board strategy, planning and operations leading to sub optimal patient outcomes, lack of an holistic approach, regulatory non-compliance and reputational harm.	• Alignment with Welsh Government National strategies for Mental Health and wellbeing, Learning Disabilities and Substance Misuse • Adherence to Royal College and Clinical standards • National NHS Executive Mental Health and Learning Disabilities (MHLD) Strategic Improvement Programme • Established Royal College Psychiatry Improvement programme with Health Board wide reporting and governance • Established reporting through existing HB Governance Frameworks, Oversight committees and routine audits to ensure compliance and monitor progress. • Inclusion in Health Board Annual Plan and monitoring mechanisms • Inclusion in organisational Major change programme, oversight and reporting • Clinically led Physical health work stream in MHLD • Primary care pathways • Crisis Care Concordat in place • **Out of Area bed utilisation biweekly escalation meetings** • **MHODG - developing ToRs taking an ambidextrous**	• Recruitment and Retention challenges impacting on workforce including interim posts • Engagement and collaboration with physical health services • 'Foundations for the Future' programme maturity • Insufficient focus on health inequalities • Lack of integrated Electronic Health Record and other digital systems • Limited visibility of Mental health and Learning disabilities data at Board level • Current risk to balanced financial position • Waiting lists for care coordination • Greater focus on community and earlier intervention services	**Management:** • External reviews in 2023-24, undertaken as part of Special Measures all recommendations completed and managed. • Performance Management and reporting e.g. IQPD • Civica and patient reporting metrics **Risk and compliance:** • Compliance with Royal College Standards • Audit Reports **Independent assurance:** • Development of co-produced Patient Carer engagement work • Expert advisory group • External reviews • National and Local performance reporting • Together 4 Mental Health Partnership Board in place	• Lack of integrated patient care records impacting on care, planning and reporting • Increasing the scope of performance reviews focusing on patient pathways. • Improving our real time patient data • Visibility of community mental health activity	**Limited Assurance**

Appendix 1 – Board Assurance Framework

	organisational approach to MH across the organisation led by the Chief Executive.				

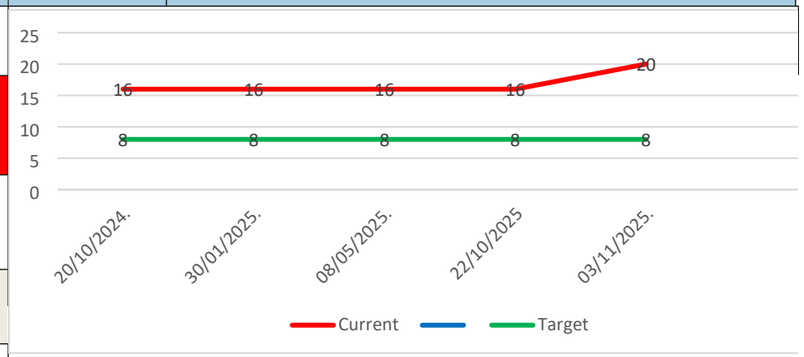
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
Recruitment plans for substantive workforce. Director of Nursing successfully recruited with anticipated start date 17th November 25. Recruitment activity remains business as usual, but progress made across the division and plan now in place. **All substantive SLT appointments in place with no interims. Vacancy rate improved - medic recruitment remains a challenge**	Director of Operations MHLD	Complete	31/09/2025
Increased pathways with Primary care. **Primary Care Service Transformation Delivery group has progressed with work completed outlining system challenges to inform next steps. On track but will be ongoing.**	Consultant Psychiatrist/medical Director	**Delayed**	31/12/2025 **(Ongoing)**
Active engagement with the Foundations for the future programme now completed as MHLD formally engage with aspects of the programme and with be Business as usual until FftF is rolled out.	Director of Operations MHLD	Complete	31/10/2025
Electronic Health Record programme with MHLD as early adopter. **Procurement concluded - assurance activity underway for award of contract. Implementation will be impacted by contract award timescales; this may impact the control completion date, but measures are being into place to mitigate this.**	Interim Director MHLD	Overdue	31/03/2026
Enhanced Savings plans. **OOA/ CHC remain the well documented risks here for delivery, but plans are progressing well.**	Chief Finance Officer	Overdue	31/03/2026
Responsive annual plan.	Head of Integrated Strategy and Development	Complete	31/03/2025
Capping OOA bed utilisation	**Divisional Directors**	**Overdue**	**31/03/2026**
Continued implementation of waiting list protocol to ensure patients are supported whilst waiting.	**Director of Operations**	**Progressing**	**Ongoing**
Implementation of Communication strategy, will remain dynamic and developmental. **Phase 2 plan progressed and group within division to provide leadership to ensure BAU.**	Head of Integrated Strategy and Development	Complete	31/12/2025
Alignment with Learning Disabilities national programme- Improving Care Improving lives review. **The LD transformation programme covers ECRS, Inpatient and Community Services and is fully aligned to the NHS P&I National improvement works. Improvements are project managed through service and divisional governance as well as the national programme. Progress to date includes successful roll out and uptake of Paul Ridd disability awareness training across BCU (not just LD services), introduction of the Health Equalities Framework (HEF) outcomes measure to support identifying health inequalities for people with a learning disability.**	Director Of Operations MHLD	Overdue	31/03/2026

Board Assurance Framework (BAF):

Appendix 1 – Board Assurance Framework

Principal risk (what could prevent us achieving this strategic objective)	**BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk** Risk of ineffectively delivering timely access to care resulting in potential clinical harm, poor delivery of performance targets and reputational risk			**Strategic objective**	4. To Improve Quality, Outcomes and Experience 4E: Planned Care; 4F: Cancer Care; 4G: Urgent and Emergency Care; 4H: Diagnostics; 4ICAMHS and Neurodevelopment)
Lead Committee	Performance, Finance and Information Governance Committee	**Risk type**	Quality		
Risk Lead	Chief Operating Officer	**Risk appetite**	Open <15 Risk Above Tolerance		
Related Corporate Risks:	CRR25-01, Timely Patient Access to Safe and Effective Care				

Risk rating			**Review Dates**	
	Current exposure	**Target**		
Consequence	5	4	**Initial date of assessment**	20/10/2024
Likelihood	4	2	**Last reviewed by Committee:**	28/04/2026
Risk rating	**20**	8	**Last updated by Executive:**	22/04/2026



Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Responsible:	Interim Associate Director for Emergency Care/ Associate Director of Planned Care/ Professional Service Manager Radiography/ Assistant Area Director – Children	Accountable:	Chief Operating Officer	Responsible Committee	Performance, Finance and Information Governance Committee
Threat: The Health Board faces significant risks related to the ability to meet national and local performance targets related to access to timely care. The increased patient acuity, backlog of long	• Initiation of demand capacity plans at specialty/service level • Improved planning including the Winter Resilience Plan with clear principles to protect urgent and planned care pathways • Major change programmes for Urgent and Emergency Care (UEC) and Planned Care • Strengthening preventative support through integrating services such as SICAT and GP out of hours with active community pathways	• Clinical variations and lack of standardised operational processes across the Health Board • Limited integration of pathways and care processes between primary,	**Management:** • Integrated Quality Performance Delivery • Tracking referrals and waiting times • Performance tracking on ambulance handovers	• Independent reviews (focused on areas of concern) • Daily Health Board wide oversight grip in control for UEC performance and reporting	**Unsatisfactory**

Appendix 1 – Board Assurance Framework

waiting times, lack of standardised processes and robust demand and capacity planning at service level may negatively impact the delivery of consistent quality of care. Without strategic planning and robust controls, these risks could lead to reduced public confidence, increased colleague fatigue, ineffective use of resources and failure to achieve regulatory compliance or national standards.	• Strengthening capability and capacity to lead and deliver services with clear executive Senior Responsible Officers (SRO) in place supported by clinical and operational leads • Cancer recovery plan • Planned care delivery plan against the agreed trajectories supported with resource allocations • Diagnostics delivery plan against the agreed trajectories supported with resource allocations • Governance framework for accountability including weekly executive led progress reviews for UEC and Planned Care • Chief Operating Officer and Director of Performance and commissioning collective leadership oversight for operational performance with support from the executive team • Clear workstreams (4) for UEC incorporated into operational planning and delivery as a framework aligned to the national 6 goals for UEC • Optimised hospital flow through SAFER programmes and discharge protocols ensuring resilience to protect planned care pathways • Access to care based on clinical urgency and then chronological wait across all programmes of care • Developing close partnership working with the 6 Local Authorities, Welsh Ambulance Service Trust (WAST), third sector and other providers to maximise care outcomes • Effective utilisation through planning and robust governance for use of nationally allocated resources for planned care and UEC • Regional approach in strategic planning through the Regional Partnership Board ensuring a North Wales approach for delivering services for our citizens	community and secondary care • Insufficient capacity in challenged services and Neurodevelopment • Strategic approach for equipment replacement scheme to ensure service efficiency and sustainability • Estates strategy to address service needs • Challenges in workforce retention and gaps in critical roles affecting service delivery Need for enhanced digital infrastructure to support predictive analytics and proactive planning	• Monthly Performance monitoring • Strategic Improvement Development Groups. • Reviewing consistency in triage processes **Risk and compliance:** • Performance reports to Integrated Performance Executive Delivery Group & Board • Corporate Risk reporting • Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs) data **Independent assurance:** • Some Internal Audit findings demonstrating assurance • Welsh Government Targets • Joint Executive Team WG • UEC Programme Board with WG attendance • NHS Executive touch points • Significant guidance and steer with National Imaging Programme • CAMHS & Neurodevelopment National Programme links established. National Specification being worked towards. • Regional ND, CAMHs meetings for improvement. • CAMHS & Neurodevelopment Enhanced Monthly NHS Exec meeting with performance leads.	• Health Board resource plan for seven-day UEC care model • Health Board workforce plan to align demand and capacity on a seven-day basis • Clear structure and delivery for pathways of care delays for North Wales as a system • Ensuring compliance with Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation. • Lack of consistent and reliable performance data at daily and weekly level. • Health Board workforce plan at modality level. • Specific diagnostics assurance process to delivery national patient standard for wait levels. • CAMHS & Neurodevelopment Improvement programme reporting to be defined and governance structure	

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
	UEC improvement programme review to ensure the necessary improvements and outcomes are having the required impact on quality and safety of UEC services. Sept midway review. Review of UEC programme completed. New clinically led UEC task team established, with revised priorities agreed with PPHP and NHS P&I.	Programme Director, UEC	Complete	30/09/2025

Appendix 1 – Board Assurance Framework

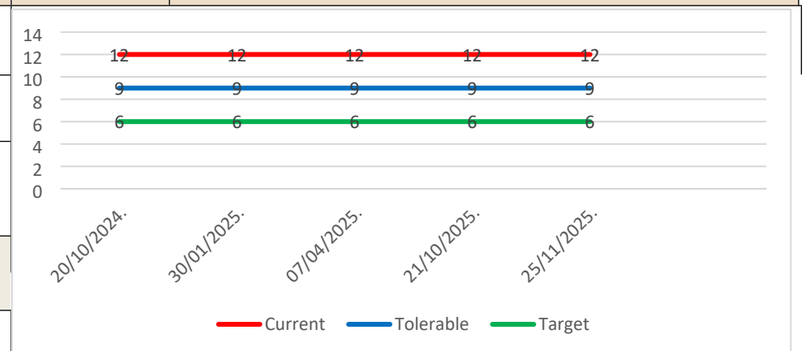
	Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, as a part of workstream one, needs aligning to enhanced community care Priorities agreed for primary and community transformation led by DPH, EMD and COO.	Primary Care Leads	Overdue	31/03/2026
	Deployment of live dashboards for real-time monitoring (complete) of performance and governance metrics. Standardise data collection and reporting processes to reduce variability in decision-making. Review of various dashboards to align input criteria and date. Data quality and alignment to data dictionary review ongoing. Dashboard designs work ongoing. Design phase to be complete by 31/07/2025. Once designed, build and deployment to take place with timescale tbc. **Dashboard completed and information now used in UEC programme management, further work to continue moving forward as we develop SPoA This is on track.**	Programme Director UEC/performance team	Progressing	30/06/2026
	Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists). Align digital plan to UEC plans. Alignment of plans consistent with revised prioritisation**.** **Work underway to improve digital interface with UEC. WECDS has just been updated to enhance the data collection for ED's.**	Programme Director UEC and DDAT team	Overdue	31/03/2026
	Standardising care pathways across the Health Board. Current mapping exercise. Sits within clinical service strategy, community health pathways being rolled out for development in elective care. **SPoA 'operational 'phase is commencing in Q1. There are clear performance metrics and expectations assigned to the developments into 2026/27**	UEC task team	Overdue	31/03/2026
	Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board. Reinforced with services, complete. To be evidenced in April 2026 through Plans. **Demand and capacity workshop held in February and a further session scheduled for early April to to review core demand and capacity planning across specialties within Q1 & confirm the position for 2026/27. This will be supported by a 'planned care sprint' to improve booking of long waiters into core capacity and transfers of care to appropriate services**	Head of Performance / Assistant Director - Data, Intelligence & Insight	Overdue	31/03/2026
	Strengthened workforce planning for key areas linked to challenged services.	Operations Manager Children's Services / Interim Executive Director of Transformation and Strategic Planning	Overdue	31/03/2026
	Telehealth care to strengthen out of hospital care including home systems and video facilitated care forms workstream 1 or 4 for UEC.	UEC task team	Overdue	31/03/2026
	Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models. Milestones to be reported.	Chief Operating Officer	Overdue	31/03/2026
	Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services).	Chief Operating Officer /Executive Director of Public Health	Overdue	31/03/2026
	Regional **improvement** approach for Child and Adolescent Mental Health (CAMHS)**and Childrens Neurodevelopmental Services. CAMHS Improvement Plan revised for 2026/27 to sustain delivery of the Mental Health Measure access targets which the HB achieved in 2026/27 for assessment and intervention. The Childrens ND 3-year improvement plan has been agreed with RPB to implement a needs-led Childrens ND delivery model across health, social care and education. The priority for 2026-27 WG NDIP funding that will be available to Health Boards is to maintain the**	**Programme Director CAMHS & ND Improvement Programmes**/Associate Director CAMHS - Regional	Overdue	31/03/2026

	elimination of three-year waits, with the flexibility to invest in wider system transformation activity. Increasing efficiencies realised in 2026/27 further into 2026/27and beyond to work towards meeting WG 26-week targets for ND			

5: Establishing an effective environment for Learning

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

Principal risk (what could prevent us achieving this strategic objective)	**BAF24-08: Not Implementing Evidenced Based Improvement and Innovation** Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care	**Strategic objective**	5: Effective Environment for Learning 5A: University Partnership; 5B: Research, Development and Innovation & 5C: Academic Careers)
Lead Committee	Planning, Population Health & Partnership Committee	**Risk type**	Quality
Risk Lead	Executive Medical Director /Chief Digital & Information Officer	**Risk appetite**	Open <16
Related Corporate Risks:	CRR25-04 Modernising our Infrastructure		



Risk rating			**Review Dates**	
	Current exposure	**Target**		
Consequence	4	4	**Initial date of assessment**	20/10/2024
Likelihood	3	2	**Last reviewed by Committee:**	07/05/2026
Risk rating	**12**	8	**Last updated by Executive:**	22/04/2026

Board Assurance Framework (BAF):

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps and issues**	**Assurance rating**
Responsible:	Assistant Director Data, Intelligence & Insight	Accountable:	Chief Digital & Information Officer		
Threat: Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients	• Data collated and available through various systems and software (IRIS/RTT Hub) • Information account Managers to ensure data is interpreted correctly • Some Integrated data analytics and reporting in place • Integrated Leadership Framework & Performance Appraisal and Development Review (PADR) policy, staff development toolkit. • Continuous professional development opportunities for staff	• Regular data analytics reviews and intelligence reports for further assurances • More Assurance on evidence of being intelligence-led • Insufficient integration of data analytics consistently across all service areas • Data driven decision-making framework for services • Limited use of real-time data in clinical decision-making • Inconsistent access to learning opportunities across different service areas • Limited evaluation of the impact of training on service delivery • Limited collaboration on research projects	**Management:** • Monthly data governance reviews • Progress against annual plan to committees • Result of internal data maturity assessment • Utilisation Statistics in IRIS **Risk and compliance:** • Annual reviews of the effectiveness of learning initiatives (OMD) **Independent assurance:** • Clinical body reporting on external evaluations of learning and development programmes (OMD)	• No external evaluation of statistics or use of statistics	**Limited Assurance**

Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
Develop BCU's data warehouse, broadening the range of datasets available. This was a milestone in the Annual Plan 2024/25. Evidence provided on additional datasets created. This now forms business as usual activity as and when new datasets are required.	Assistant Director - Data, Intelligence & Insight	Complete	31/03/2025
Standardise access to learning opportunities for recipient of intelligence products as well as in house team. Additional training provided, with Training Needs Analysis being completed. Once results are returned, a further training programme will be developed.	Assistant Director - Data, Intelligence & Insight	Complete	31/03/2025
Exploring the links with universities on opportunities to work together on data analytics.	Assistant Director - Data,	Complete	30/09/2025

Appendix 1 – Board Assurance Framework

	Contact secured with Bangor, Wrexham and Swansea Universities. Work ongoing to identify potential collaborative projects. Attendance secured at Bangor University careers event October 2025. This now forms part of business-as-usual activity.	Intelligence & Insight		
	Launch of IRIS2 to improve accessibility and useability of information products.	Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025
	Develop a model for Cancer Referrals and activity for single modality. Work is continuing with cancer services looking at breast pathways. Stage 1 demand for all tumour sites has been assessed against ringfenced capacity to incorporate into Referral to Treatment demand and capacity work, linked to workstream 6 of the Planned Care Programme. **Due to operational challenges and the complexity of cancer pathways and associated data, current focus is on short term operational forecasting and we will with colleagues from NHS Performance & Improvement to develop longer term (annual and beyond) forecasting tools for the cancer pathways. Revised due date 30/06/2026 from 30/11/2025)**	Assistant Director - Data, Intelligence & Insight	Delayed	30/06/2026
	Refresh Urgent and Emergency Care Winter Plan Model. This work was completed to inform the winter learning debrief event held in August with ongoing forecasting development.	Assistant Director - Data, Intelligence & Insight	Complete	31/07/2025
	Undertake a data maturity assessment for planned and urgent and emergency care to test for improvement from baseline position. Initial assessment undertaken to inform a development plan. Improvements underway related to winter planning and resilience.	Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025
	Development of a Training Needs Analysis and Training Programme for Intelligence Team and also for Planned Care data recipients. Training plan for Data Intelligence and Insight Team in development based on a team-based training needs assessment. Planned care data needs training met through IRIS2 launch events. Ongoing requirements will be monitored through the Planned Care Programme and lead analyst. **Action complete**	Assistant Director - Data, Intelligence & Insight	**Complete**	31/10/2025

Responsible:	Associate Director Research & Development & Programme Director – Education Partnerships & Projects		Accountable:	Executive Medical Director		
Threat: Ineffective university partnerships, inadequate joint investment in research, and supporting academic career development to sustain a joint effective environment for learning.	• Strategic partnerships with academic institutions developed during 2025/26 • Memorandum of Understanding in place with Bangor University and Group Llandrillo Menai. • Dedicated governance structure for North	• Inconsistent engagement with academic partners across all healthcare services • Lack of investment in healthcare innovation projects • Limited career progression opportunities in academia for clinical and non-clinical staff	**Timescale: 2025/26** (next update provided will be quarterly milestones based off annual plan)	**Management:** • Clinical Effectiveness Group reporting **Risk and compliance:** • Regular joint project reviews and risk register for projects maintained **Independent assurance:** • External evaluations of projects	• Memorandum of Understanding with Wrexham University due to be signed on 16th March 2026. • Memorandum of understanding with Coleg Cambria due to be signed in April/May 2026 • Internal governance arrangements and	**Limited Assurance**

Appendix 1 – Board Assurance Framework

	Wales Medical School and related projects • Strategic Steering Group in place with Group Llandrillo Menai and Wrexham University • Research governance structure • Collaboration with external research bodies and innovation hubs • All Wales Innovation Pathway deployed • **Membership of the Embedding Research in the NHS national group being led by Health and Care Research Wales** • **Academic Careers Working Group established**	• No Memorandum of Understanding in place with Wrexham University at present		• Welsh Government Annual review of university designation criteria	reporting to Clinical Effectiveness Group to be strengthened. • Reporting and monitoring of academic career pathways, assessments of joint academic roles and impact on healthcare delivery • Commitment to joint investment in research and innovation • Partnership reviews with universities. • Further review of independent assurance requirements • **Business case for academic careers to be provided to Executive Committee for consideration**	

	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	**Action Handler**	**Status of Actions**	**Date when action will be completed**
	Strengthen collaborative research projects with university partners. Draft 'Research Strategy on a Page' developed with Bangor University for consideration by the BU & BCUHB Strategic Steering Group **which is due to meet on 8th May 2026.** **Action delayed from 31/03/2025 to 31/05/2026**	Associate Director R&D & Programme Director - Education Partnerships and Projects	**Delayed**	**31/05/2026**
	Strengthen academic career pathways with universities **Academic Careers Community of Interest Working Group has been established and draft framework developed. The community of Interest is to be established during 2026/27. The development of this is to be supported by focus groups and workshops approach. A paper for the consideration of Executive Committee was considered on 4th March 2026 and agreement reached regarding support pending a further paper with a business case approach describing anticipated benefits and costs.** **Delayed from 31/03/2025 to 31/05/2026.**	Associate Director R&D & Programme Director - Education Partnerships and Projects	**Delayed**	**31/05/2026**

Appendix 1 – Board Assurance Framework

	Strengthen collaboration with Higher and Further Education partners across North Wales **Memoranda of Understanding have been developed with Bangor and Wrexham Universities as well as Group Llandrillo Menai and College Cambria. Signing is complete apart from CC which is expected to take place in April/May. Strategic Steering Groups are in place with Bangor, Wrexham and GLIM with arrangements to follow with CC in April/May. The collaborative partnerships will progress and mature during the course of 2026/27.**	Programme Director - Education Partnerships and Projects	Progressing	31/05/2026
	Increase R&D collaboration with industry and academic institutions. **MoUs have been developed as described above. Collaborations with industry have resulted in a number of joint bid applications to i4i, Contracts for Innovation and NIHR. BCU staff have presented nationally at events such as BioWales London, Cancer innovation.**	**Associate Director R&D**	Overdue	31/03/2026
	Secure additional funding for healthcare innovation projects. **A number of grant applications are being developed or are awaiting decision from funders. To date funding has been secured from Welsh Government Innovation and from Contracts for Innovation.**	**Associate Director R&D**	Overdue	31/03/2026
	Increase the number of joint appointments between the Health Board and academic institutions. **A number of honorary appointments have been awarded, and a joint research fellow post has been appointed to. A joint research fellow post in cardiology is in progress. We are awaiting decision regarding readvertising the joint post in cancer services.**	**Associate Director R&D**	Overdue	31/03/2026

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

f

Health Board

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 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**	Endorse for Board Approval

Crynodeb Gweithredol
Executive Summary

This Corporate Governance Report provides the Board with a comprehensive update on key governance activities undertaken since the last meeting, demonstrating continued strengthening of governance arrangements while the Health Board remains in Special Measures. The report confirms that statutory and regulatory requirements are being met through the effective application of Standing Orders, appropriate use of Chair's Actions, and transparent reporting of decisions taken in private session.

Progress is evidenced across a range of areas, including the review and approval of key governance frameworks such as the Joint Commissioning Committee arrangements, strengthening of Board assurance through committee oversight, and ongoing development of Board effectiveness informed by the 2025/26 self-assessment. The Board development programme, revised Board visits approach and continued focus on governance maturity through the Foundations for the Future programme further support this trajectory.

The report also highlights areas of ongoing focus, including strengthening executive leadership sustainability, sharpening strategic Board focus and further streamlining Board reporting to support clearer, outcome-focused assurance. The Board is therefore asked to note the progress made, acknowledge the continued

improvement trajectory, and approve the recommended updates to governance frameworks to support sustained organisational improvement and delivery.

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**	
DoT	Declaration of Trust
SO	Standing Orders
SoRD	Scheme of Reservation and Delegation

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 **URGENT CHAIRS ACTIONS**

The Health Board's Standing Order 2.1 allows for urgent action to be taken whereby it would not be practical to call an urgent meeting of the Board. Since the last meeting, there has been one Chair's Action on a High Value Claim full details will not be published as it would be personally identifiable and relates to ongoing litigation.

Date	Subject	Financial Implications	Additional Information	Supported by
30/04/26	IMCA Contract	Commercially Sensitive	Chair's Action approved	Gareth Williams William Nichols Rhian Watcyn Jones Mike Larvin
14/05/26	Maintenance of Community Equipment	Commercially	Chair's Action approved	Rhian Watcyn Jones William Nichols Gareth Williams

		Sensitive		Mike Larvin Dyfed Jones Caroline Turner

3.2 **SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 26 MARCH 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 26 March 2026:

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
26.74	**Waunfawr**	It was resolved that the Board: • **NOTED** the verbal update provided.	Legal Advice Privilege Applies
6.75	**Microsoft Enterprise Agreement Contract Renewal**	It was resolved that the Board: • **APPROVED** the Health Board's participation in the renewal of the All-Wales Microsoft Enterprise Agreement (EA). • **CONFIRMED** commitment to secure the required funding within the Integrated Medium Term Plan for the five-year term. • **ENDORSED** a controlled and evidence-based approach to early M365 Copilot deployment. • **NOTED** the organisational risks associated with non-renewal.	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		• **APPROVED** that the Health Board formally notifies Digital Health and Care Wales by signing the Commitment to Participate noted in Appendix C.	
26.76	**Contracts and Tender Approval Report**	It was resolved that the Board: • **NOTED** the report. • **APPROVED** BCUHB's participation in the renewal of the All-Wales Microsoft Enterprise Agreement (EA). • **APPROVED** proceeding to tender for Blood Transfusion Service. • **APPROVED** proceeding to tender for the Cisco Network Enterprise Agreement (EA	Commercially Sensitive
26.77	**Corporate Risk Register**	It was resolved that the Board: • **NOTED** the current position of the two private risks, both remaining above appetite. • **SUPPORTED** continued progress on the key digital infrastructure and cyber security actions. • **ENDORSED** ongoing governance and oversight to ensure timely risk reduction.	Commercially Sensitive
26.78	**Private Quality Report**	It was resolved that the Board: • **NOTED** the content of the report.	Personal Identifiable Information

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
26.79	**High Value Claims**	It was resolved that the Board: • **APPROVED** authority to settle damages up to capitalised sum of £25,997,145 to be apportioned between a lump-sum payment and PPOs as necessary (CN20-936). • **APPROVED** authority to settle damages up to £900,00 gross of interim payments and CRU (CN21-43). • **APPROVED** authority to agree the interim payment of £1,000,000 (plus any additional CRU repayment) (CN21-987). • **APPROVED** authority to settle damages up to £2,400,000 (100% liability valuation), noting that the Health Board will seek an appropriate liability discount in accordance with Counsel's advice (CN22-427). • **APPROVED** delegated authority to the Director of Corporate Governance and the Deputy Director of Legal Services to make any further interim payments on account of costs and to agree reasonable settlement of costs in accordance with advice	Personal Identifiable Information

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		from a Specialist Costs Lawyer. • **APPROVED** delegated authority to the Director of Corporate Governance and the Deputy Director of Legal Services to make any further interim payments on account of costs and to agree reasonable settlement of costs in accordance with advice from a Specialist Costs Lawyer. • **APPROVED** delegated authority to the Director of Corporate Governance and Deputy Director of Legal Services for necessary defence costs.	
26.80	**Executive Committee**	It was resolved that the Board: • **NOTED** the report from the Executive Committee.	Confidential Items shared

Informal Board – 30 April 2026

At the Informal Board and Board Development session held on 30 April 2026, members discussed a number of substantive strategic, governance and delivery matters to support collective understanding and inform subsequent formal governance processes.

Key areas considered included feedback from the Welsh Government Escalation Board and the Health Board's position within the NHS Wales Accountability Framework, with particular focus on quality, transparency, de-escalation criteria and the reporting of matters discussed in private.

The Board also explored priority service change proposals, including emerging consultation plans and the importance of meaningful community engagement, and reviewed the findings of the 2025/26 Board Self-Assessment, highlighting areas for further development such as succession planning and sharper Board focus.

In addition, members considered progress and next steps for the Foundations for the Future programme, the financial recovery plan and grip-and-control arrangements, and received briefings on forthcoming legislative changes arising from the Mental Health Act. No decisions were taken at the session; however, actions, areas for further assurance and matters requiring progression were identified for consideration through the appropriate committees and, where required, reported to the public Board.

3.3 AFFIXING OF THE COMMON SEAL

In-line with Standing Orders, a routine report on documents to which the common seal has been affixed is required. The Board is asked to note that the Health Board Seal has been affixed on the documents listed below.

No.	Title	Approval Route	Date Signed & Sealed	Seal No.
239	MHLD Helpline RSS Building Lease Renewal	Capital Investment Group 11.11.25 & Executive Committee 01.10.25	18.03.26	724
240	Lease Renewal of Carlton Court	Agreed by Executive Committee	21.04.26	725
241	Nuclear Medicine	Health Board 29/1/26 – Full Business Case. Welsh Gov Funding award 18.6.25	30.04.26	726 & 727
244	Land Lease – 9 Cleveland Ave, Tywyn	Discussion at Capital Investment Group on 17.10.24 and approved outside of Capital Investment Group by executives following	30.04.26	728

3.4 DECLARATION OF TRUST

The Health Board Charity has a Declaration of Trust (DoT) from 23 September 2010 that is registered with the Charity Commission. This is part of the constitution of the charity.

The DoT (attached at Appendix 1) has recently been reviewed and updated to ensure its continued relevance. Legal advisers reviewed the DoT and recommended some changes to ensure the document is current and reflects latest practice and regulations. Changes reflect the relevant contents from

the Charity Commission's 'model clause' and current law. Additions are highlighted in the draft DoT.

The DoT has been approved by both the Executive Committee and Charitable Funds Committee. It is recommended that the updated DoT is accepted by the Health Board, the Seal is attached and it is submitted to the Charity Commission for public record.

3.5 **ANNUAL REVIEW OF THE JOINT COMMITTEE COMMISSIONING COMMITTEE STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS**

During the reporting period, the Health Board considered and approved updates to the NHS Wales Joint Commissioning Committee (JCC) Governance Framework, in accordance with the JCC's Scheme of Reservation and Delegation, which reserves approval of joint committee governance arrangements to Local Health Boards. The refreshed framework brings together the Standing Orders, Standing Financial Instructions, Scheme of Delegation, Hosting and Memorandum of Agreement arrangements, Accountability Map and guidance on the handling of interests, providing a comprehensive and coherent basis for the operation of the JCC.

The review, undertaken during 2025–26, incorporates updated Welsh Government model requirements, reflects operational maturity and experience gained since the JCC's establishment, and confirms that the framework continues to operate effectively. Updated Terms of Reference for the Quality, Safety and Outcomes and Planning, Performance and Finance Sub-Committees were also approved, following endorsement through the JCC and its sub-committees, strengthening assurance, transparency and accountability for the commissioning of nationally planned services on behalf of NHS Wales.

The cover report and full appendices are provided in the supporting papers as Appendix 2.

3.6 BOARD SELF ASSESSMENT 2025-26

Leadership and Governance
The Board Self-Assessment 2025/26 evidences a positive and strengthening position in relation to leadership and governance. Board effectiveness and leadership are rated positively, with a strong culture of openness, respect and constructive challenge consistently reported. The Chair's leadership and the Chair and Chief Executive partnership are identified as key strengths, alongside effective working relationships between Independent Members and Executive Directors. The Board demonstrates collective ownership of governance responsibilities and openness to improvement, reflecting increased confidence, stability and maturity at Board level.

Quality
The assessment confirms robust Board challenge and oversight on quality and safety matters, with Members reporting confidence in how quality issues are scrutinised and escalated through Committees to the Board. There is growing focus on outcome-based assurance and understanding how quality improvements are embedded in practice. While further work is required to strengthen consistency and clarity of assurance narratives, the Board recognises this gap and has identified it as an explicit area for development, demonstrating increasing self-awareness and grip.

Planning and Performance
The Board Self-Assessment highlights a clear understanding of organisational priorities and the strategic challenges facing the Health Board. Members note strong commitment to strategy and governance, supported by improving alignment between governance processes, plans and reporting. However, the assessment also recognises that operational pressures can at times crowd out strategic discussion, and the Board has acknowledged the need to protect time for longer-term planning and system oversight. This clarity of insight reflects a more mature Board stance focused on continual improvement.

Finance
While the Board Self-Assessment does not focus heavily on detailed financial performance, it confirms that governance and assurance arrangements around risk, performance and sustainability are materially stronger. Members report improved confidence in the Board's ability to challenge, understand and oversee complex issues, including those with financial implications, supported by effective Committee structures and clearer assurance flows.

Workforce and Organisational Development
The assessment identifies workforce and leadership sustainability as a clear priority for further development. While progress has been made, the Board

recognises the need to strengthen collective executive leadership, reduce over-concentration of responsibility, and improve succession planning for both Executive Directors and Independent Members. This focus represents a key shift from stabilisation to embedding resilience and long-term capability, consistent with expectations for boards operating in Special Measures.

Overall Assurance
Overall, the Board Self-Assessment 2025/26 demonstrates meaningful progress in governance effectiveness, culture and capability while the Health Board remains in Special Measures. The Board has a clear understanding of its strengths and development priorities, is open to challenge, and is actively using self-assessment and Board development to drive improvement. This provides credible assurance that governance arrangements are continuing to strengthen and that the Board is increasingly well-placed to support recovery and progression on the de-escalation pathway.

Key Areas for Improvement (Board Self-Assessment)

Strengthening Executive Leadership Sustainability and Succession Planning	
The Board Self-Assessment identifies the need to strengthen collective and sustainable executive leadership, ensuring responsibilities are appropriately shared and not over-concentrated.	**Chief Executive**
Sharpening Strategic Focus at Board Level	
While commitment to strategy is strong, operational pressures can limit strategic discussion; the Board has therefore identified the need to better protect time for longer-term strategic oversight and system sustainability.	**Chair**
Further Streamlining of Board Papers and the Cycle of Business	
The assessment highlights that lengthy Board papers and agendas can dilute focus on outcomes and key risks; further streamlining of reporting and refinement of the Board's cycle of business are therefore required to support clearer, outcome-focused assurance as the organisation continues its recovery.	**Director of Corporate Governance**

3.7 BOARD DEVELOPMENT 2026-27

During the reporting period, the Health Board progressed arrangements to procure external support to deliver a Board development programme, in line with good governance practice and the findings of the Board's annual self-assessment.

A competitive procurement process is underway in accordance with Standing Orders and procurement regulations to ensure value for money, transparency and fairness.

The purpose of the tender is to support the continuing development of the Board and Executive Team, with a focus on collective effectiveness, leadership, and the behaviours required to support improvement and recovery. The outcome of the procurement will enable the Board to access independent expertise to support its ongoing development priorities, aligned to the Foundations for the Future programme and the expectations set out within the NHS Wales Accountability Framework.

3.8 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 3.1: Approved Clinicians (All Wales)
Appendix 3.2: Section 12(2) Doctors (All Wales).

3.9 UK COVID-19 INQUIRY

Module 3

The Module 3 '*Impact of the Covid-19 pandemic on healthcare systems in the four nations of the UK*' report was published on 19 March 2026, and brings together the findings and recommendations following evidence gathered over the course of the Module. This included oral hearings between 9 September and 25 November 2024, with oral evidence heard from a wide range of people including senior politicians, healthcare leaders, scientific experts and some of those affected by Covid-19. The written material included expert reports, documents shared with the Inquiry, witness statements and the 'Every Story Matters' record. For the first time, this Report includes some of the experiences and anonymised quotes from those who shared their stories via 'Every Story Matters'.

The Report concludes that the UK entered the pandemic ill-prepared and with its overstretched healthcare systems in a precarious state. The impact of the pandemic on them was devastating, and the Report summarises this as 'they coped, but only just'. Healthcare systems came close to collapse, with that collapse only narrowly avoided because of the extraordinary efforts of all those working in healthcare across the UK, which shows remarkable commitment and dedication.

Summary of Module 3 Recommendations

The Report, which totals over 400 pages in length, makes ten system-wide recommendations, all of which apply to Wales. These are provided below:

R1 Strengthen Infection Prevention and Control (IPC) Structures
R2 Create Clear, Compassionate Visiting Restriction Guidance
R3 Increase Fit-Testing Capacity for Respiratory PPE
R4 Improve Data Systems to Identify High-Risk Individuals
R5 Plan for Surge Capacity in Urgent and Emergency Care
R6 Ensure Hospital Capacity Can Be Rapidly Expanded
R7 Publish a UK-Wide Framework for Allocating Intensive Care Resources
R8 Systematically Record Healthcare Worker Deaths
R9 Create a UK-Wide Standardised Advance Care Planning Process
R10 Deliver Scalable Psychological Support for Healthcare Workers

Overall Themes for Wales

The recommendations repeatedly highlight Welsh needs in:

- Data and digital infrastructure
- Ventilation and estate improvement
- Fit-testing and PPE equity
- Workforce surge planning
- Advance care decision-making clarity
- Psychological support for staff

Module 4

The Module 4 report on Vaccines and Therapeutics was published on 16 April 2026, and examines the development, authorisation, procurement, delivery and safety monitoring of vaccines and therapeutics during the Covid-19 pandemic. The Inquiry concludes that the UK vaccination programme was an unprecedented public health achievement that saved hundreds of thousands of lives, underpinned by strong scientific capability, rapid research funding, effective clinical trials and expedited regulatory processes.

The Inquiry also identifies weaknesses in preparedness, particularly relating to manufacturing capacity, over-reliance on influenza-based pandemic planning, inequalities in vaccine uptake among certain communities, data fragmentation affecting safety surveillance, and the operation of the Vaccine Damage Payment Scheme. A number of system-level recommendations are made focusing on future pandemic preparedness, equity, data access, and compensation arrangements.

Summary of Module 4 Recommendations

The Report, which totals nearly 300 pages in length, makes five recommendations, all of which apply to Wales. These are provided below:

R1 Establishment of a pharmaceutical expert advisory panel
R2 Formalisation work with communities about vaccine equity strategies
R3 Improvements in monitoring and evaluation of vaccine uptake and delivery
R4 Proportionate access to linked healthcare records for assessment of safety signals
R5 Reform of the Vaccine Damage Payment Scheme

Even though there are no recommendations assigned directly to the Health Board within the Module 4 report, it is likely that the Health Board will be expected to contribute to and operate within revised frameworks and/or processes to satisfy the requirements of the UK Covid-19 Inquiry recommendations via the Welsh Government, UK Government or other public health or health security agencies.

Publication of other Inquiry reports

There will likely be recommendations and learning for the Health Board from a number of these Inquiry reports, but the one which is directed specifically to the Health Board is Module 3. Arrangements are already in place to receive and respond to this and any other Inquiry reports via the Discovery and Learning Steering Group, chaired by the Executive Director of Nursing and Midwifery. It is recommended that ongoing oversight of the Health Board's response to Module 3, including assurance on delivery against relevant recommendations, is undertaken by the Planning, Population Health and Partnerships Committee (PPHP), with progress and key issues escalated and reported to the Board as appropriate.

3.10 SHARED SERVICES PARTNERSHIP COMMITTEE

The Board is asked to note the assurance provided via the Shared Services Partnership Committee (SSPC) meeting held on 19 March 2026. The Committee considered a comprehensive range of governance, performance, financial and risk matters and confirmed that the overall governance framework remains fundamentally sound, supported by the findings of the Governance and Accountability Review and the associated implementation work now underway. Key areas of focus included risk management and escalation, financial sustainability, workforce and programme delivery, with the Committee providing appropriate challenge and scrutiny across these domains.

The Committee approved a number of significant items within its delegated authority, including service level agreements, procurement and contract expansions, and revisions to oversight arrangements, with assurance provided that governance, Scheme of Delegation and Standing Orders were appropriately applied. The Committee also noted continued progress against the Integrated Medium Term Plan, a stable financial position, strong performance against key indicators, and active management of the corporate risk register, including red-rated risks relating to cyber security, workforce, financial pressures and major programmes. Matters considered in private were managed in line with governance requirements.

Overall, the SSPC confirmed that effective governance, assurance and escalation arrangements are in place and operating as intended.

The report is attached at Appendix 4

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

There are no risks or matters for escalation.

5 ARGYMHELLION RECOMMENDATIONS

5.1 Members are asked to:

- **NOTE** the contents of the Corporate Governance Report and the progress made in strengthening governance arrangements;
- **RATIFY** the Chair's Actions taken since the last meeting;
- **NOTE** the decisions taken in private session and the affixing of the Common Seal;
- **RATIFY** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national requirements;
- **NOTE** the assurance provided through the NHS Wales Shared Services Partnership Committee;
- **APPROVE** the updated NHS Wales Joint Commissioning Committee Governance Framework, including Standing Orders and Standing Financial Instructions (subject to final Joint Committee approval);
- **ENDORSE** the continued development of Board effectiveness, including implementation of the Board development programme and Board visits aligned to IMTP priorities;
- **SUPPORT** the identified areas for improvement arising from the Board Self-Assessment, particularly strengthening executive leadership sustainability, sharpening strategic focus and streamlining Board reporting; and
- **RECOGNISE** the need for continued focus on strengthening assurance, including clearer articulation of actions and demonstrable impact in key governance and risk frameworks.

ASESIAD / ASSESSMENT	
• **Cyswllt â'r Blaenoriaethau Strategol** • **Link to Strategic Priorities**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: 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 *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?*	**Galluogwyr Ansawdd** **Enablers of Quality** Leadership	**Meysydd Ansawdd** **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.

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

Health Board Key Issues Report				
Board Date		28/05/2026		
Date of Committee		17/03/2026 and 12/05/26	**Report of:**	Remuneration Committee – Extraordinary meeting 17.03.26 Scheduled meeting 12.05.26
Quoracy met:		Yes		
1	Agenda	An extraordinary meeting of the Remuneration Committee met in order to discuss time critical issues on 17.03.26 and a scheduled meeting took place on 12.05.26. 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: On 17.03.26 1. Commencement of recruitment activity for 3 senior organisational roles needed to be agreed in order to ensure continued and balanced capability within the Executive Team. 2. Consideration of extensions to senior roles were discussed to provide alignment with consultation and implementation of the organisation's Foundations for the Future programme. On 12.05.26 1. Updates on current Executive Team recruitment to roles not substantively filled or subject to retirement plans were provided.		
2b	Assurance	The Remuneration Committee wish to assure members of the Board that on 17.03.26 1. Considered discussion took place to agree 1.1. the appointment of an external recruitment agency. 1.2. recruitment of the Executive Director Nursing & Midwifery role to commence due to the retirement of the current incumbent in August 2026. On 12.05.26 1. discussion took place in regard to making improvements to the recruitment process of Board members appointments especially in regard to the efficacy of stakeholder involvement.		
2c	Advise	The Remuneration Committee wish to advise members of the Board that:		

		On 17.03.26 1. Continuance of acting arrangements were agreed in relation to the Executive Director of Transformation & Strategic Planning and Chief Digital Information Officer roles. 2. Welsh Government (WG) were informed of the temporary contracted appointments in accordance with guidance. 3. Five secondment extensions were agreed in order to align with Foundations for the Future implementation. 4. Noted the pay uplift for Executive Salary Pay (ESP) Grades 2025/26 had been agreed by WG, including backdating to April 2025. 5. All appointments and secondments advised had received approval by WG, as required by WHC 2024/013. On 12.05.26 1. Recruitment activity in regard to the following roles was shared 1.1. Executive Director of Nursing & Midwifery 1.2. Executive Director of Strategic Planning 1.3. Digital Director 1.4. Short term appointment to the role of Deputy Chief Executive 2. There were no non-compliant new starters or agency interims within Executive and Senior Pay (ESP) grades 3. Following discussion, the Committee would follow up on the organisation's succession planning processes and Executive Team development & wellbeing plans.
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. • Effective capacity support to very senior roles
2e	Sharing of learning	Consideration of previous recruitment activity and secondment performance informed the discussion.
3	Actions to be considered by the People & Culture Committee	Medical leadership and engagement

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

Health Board Key Issues Report				
Board Date		28/05/2026		
Date of Committee		07/05/2026	**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: 1. **Key Programmes:** The Committee identified continued delivery risk across several major programmes, some of which are dependent on national approvals and external partners (including digital and estates programmes), which may impact timescales for delivery. 2. **Annual Delivery Plan and Directorate Planning Reports:** The Committee were concerned that final outturn data was out of alignment in some areas with the confidence rating reported to Board in March 26. This has been an ongoing challenge. Members felt that the 26/7 IMTP has set more realistic targets with better understanding of capacity; and reporting will be reviewed to better reflect where we are throughout the year. 3. **Major Change and Transformation:** The scale and breadth of concurrent transformation activity remains significant, placing sustained pressure on organisational capacity and increasing the risk of slippage if sequencing and resourcing are not carefully managed. 4. **Population Health Delivery Report:** Persistent health inequalities, particularly in vaccination uptake and prevention outcomes, are increasingly limiting population health improvement, with non-engagement and consent issues in specific communities posing a significant challenge to achieving national expectations.		
2b	Assurance	The PPHP Committee wish to Assure members of the Board that: 1. **Directorate Planning Report:** Strengthened planning arrangements are now in place, with clearer alignment between the IMTP, Annual Delivery Plan, major change programmes and the Quality Management System, supporting improved oversight and governance.		

		2. **Key Programmes:** The Committee received assurance that enabling functions, including strategic planning, programme management and clinical engagement, continue to mature and provide a more stable foundation for delivery. 3. **Emergency Preparedness, Resilience and Response Annual Report:** The Committee was assured that there has been significant improvement in emergency preparedness and business continuity arrangements, including stronger partner working, clearer plans and improved organisational readiness, though there is still more work to do.
2c	Advise	The PPHP Committee wish to Advise members of the Board that: 1. **Future Board assurance** would be strengthened by clearer articulation of delivery realism, including transparency about risks, dependencies and prioritisation, which will strengthen assurance and support informed decision-making. 2. **Major Change, Planning and Citizen Engagement:** Ongoing focus on sequencing and integration across transformation programmes will be essential, particularly where clinical services planning, workforce change and digital transformation intersect. 3. **Citizen Experience and Engagement:** Continued visibility of how citizen feedback and engagement insights are informing priorities and improvement activity will support public confidence and demonstrate responsiveness to community experience. 4. **Population Health Delivery Report:** Delivery of population health outcomes will increasingly depend on targeted, partnership-led approaches that address health inequalities and behavioural factors, with a continued focus on sustaining long-term prevention gains. It was suggested that this link to a Board discussion at a strategic level on Community by Design. The discussion also aligned to action 25.208.1 from the Board where it was requested that progress against the recommendations included in the Director of Public Health Annual Report be taken forward noting that there has been significant focus on embedding the ambitions described in the Report into key Health Board plans and ongoing progress will be reported to the Committee.
2d	Review of Risks	The Board Assurance Framework has continued to mature, with clearer governance, improved alignment to strategic priorities and increased accountability, while noting that further work is required to strengthen ownership, delivery confidence and the impact of assurance actions.

2e	Sharing of learning	N/A
3	Actions to be considered by other Committees	N/A

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

Health Board Key Issues Report				
Board Date		28/05/2026		
Date of Committee		09/04/2026	**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: 1. Feedback from staff engagement activity, including the NHS Wales Staff Survey and a staff experience presentation, indicates that further work is required to strengthen confidence in speaking up and to consistently embed positive leadership and management behaviours. 2. There is a need to maintain clear momentum and visibility of action arising from the NHS Wales Staff Survey 2025, particularly in relation to professional groups, staff wellbeing, workload, and leadership engagement. 3. The scale of organisational change associated with the Foundations for the Future Programme requires careful workforce planning and engagement to support staff wellbeing and morale throughout the delivery period.		
2b	Assurance	The P&C Committee wish to Assure members of the Board that: 1. Robust engagement and improvement activity is underway in response to the NHS Wales Staff Survey 2025, with plans for further analysis, triangulation of data, and reporting to the Board. 2. Progress has been made in strengthening the Culture, Leadership and Engagement Improvement Plan, including enhanced executive ownership, clearer accountability, and Organisational Development facilitated work to improve measurability and progress will be monitored by the Committee. These discussions align to action 25/210.1 from the Board where it was requested that the Three Year Culture, Leadership & Engagement Improvement Plan is further developed and progress is monitored by the People and Culture Committee to provide assurance up to the Board. 3. The Committee received assurance on the progress related to Consultant Job Planning, including collaborative development of protocols and continued monitoring as a key workforce assurance mechanism.		

2c	Advise	The P&C Committee wish to Advise members of the Board that: 1. The Committee endorsed the proposal for BCUHB to become a Foster Wales Partner (Level 2) and supported progression to Board approval in May 2026, aligned with the organisation's Anchor Institution role. 2. The revised Culture, Leadership and Engagement Improvement Plan will return to the Committee in June 2026 for assurance prior to wider governance consideration. 3. Ongoing assurance reporting will continue on Consultant Job Planning given its strategic importance to workforce sustainability and service delivery. 4. Focus on leadership and management development remains a high priority as this is a key driver to support improved organisational culture aligned to values. The opportunity to work with a university business school to co-design training and academic development that supports our strategic ambitions under Foundations for the Future is being explored.
2d	Review of Risks	There were no risks specifically highlighted in the meeting.
2e	Sharing of learning	Learning from the Staff Story – Speaking Up Safely highlighted the critical importance of leadership behaviours, psychological safety, and consistent organisational responses to concerns raised by staff.
3	Actions to be considered by the Audit Committee	The Committee received an update on Consultant Job Planning and agreed that assurance on progress in this area should continue, with relevant intelligence shared with the Audit Committee as part of the wider assurance framework

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

Mental Health Legislation Committee Key Issues Report				
Board Date		28/05/2026		
Date of Committee		14/05/2026	**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: Mental Health Legislation Committee - BCUHB		
2a	Alert	The Mental Health Legislation Committee wishes to alert members of the Board that: • There is low and stable use of Section 136 powers in under-18s and noted improving performance trends in Associate Hospital Manager hearings following recovery from earlier capacity issues. • Pressures associated with delayed discharge pathways and packages of care create potential risk to the appropriate and proportionate application of Mental Health Act powers across the system. • Continuing operational pressure related to Section 136 activity, including a high proportion of discharges with no mental disorder identified, was noted as a system concern. • Ongoing inter-agency dependencies, including variable local authority engagement, continue to contribute to delays outside the direct control of the Committee.		
2b	Assurance	The Mental Health Legislation Committee wishes to assure members of the Board that: • Mental Health Act governance, monitoring and statutory reporting arrangements remain robust and compliant with legislative requirements. • Inspection findings, audit outcomes and issues identified through Associate Hospital Manager scrutiny are subject to active oversight and tracked action. • Work is ongoing to stabilise Mental Health Act workforce capacity and strengthen resilience within legal and administrative support functions.		
2c	Advise	The Mental Health Legislation Committee wishes to advise members of the Board that: • Had an interesting discussion of informal admissions from		

		section 2 detentions and whether this was a positive or negative indicator. • Future assurance should continue to triangulate Mental Health Act activity with quality, safety and patient experience intelligence.
2d	Review of Risks	NA
2e	Sharing of learning	NA
3	Actions to be considered by the Quality Safety and Experience Committee	The Committee agreed that the emerging risk relating to delayed packages of care impacting the appropriate application of Mental Health Act powers should be escalated to the Quality, Safety & Experience Committee for system-level oversight.

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

Health Board Key Issues Report				
Board Date		28/05/2026		
Date of Committee		05/05/2026	**Report of:**	Local Partnership Forum
Quoracy met:		Yes		
1	Agenda	The Local Partnership Forum continues to meet quarterly. The Committee considered an agenda which is attached: Local Partnership Forum (LPF) - BCUHB		
2a	Alert	The Local Partnership Forum wish to alert members of the Board that: • Concerns raised about sexual harassment, power imbalances, and the need for stronger bystander intervention, highlighted through the staff story • Staff survey results show leadership disconnect, bullying, wellbeing pressures, and workload concerns, despite positive team support. • Trade union reps experiencing burnout due to facility time and release issues. • Financial position remains challenging with a £17.3m deficit, requiring a recovery plan and sustainable service redesign. • Issues raised around agency staff usage, workforce planning, and the need to review bank/agency models. • Public abuse toward staff noted, requiring preventative action.		
2b	Assurance	The Local Partnership Forum wish to assure members of the Board that: • Cultural Leadership & Engagement Plan progressing, with trade union collaboration recognised as essential. • PADR toolkit considered comprehensive; work underway to streamline processes, including for prescribers. • People Services report highlights compassionate, restorative approaches to employee relations. • Strong financial controls in place despite deficit; savings already delivered. • IMTP focuses on special measures de-escalation and partnership working. • 533 staff achievement award nominations demonstrate strong recognition culture. • “Ripple Effect” training launched to support civility and morale		
2c	Advise	The Local Partnership Forum wish to advise members of the Board that:		

		• Strengthen communication and visibility of leadership to address survey concerns. • Prioritise wellbeing, anti-bullying measures, and psychological safety across teams. • Continue embedding active bystander training and share staff stories with senior clinical groups. • Ensure trade unions have timely access to organisational structures to support meaningful engagement. • Maintain compassionate leadership approaches during financial recovery to avoid transactional decision-making. • Review workforce planning to reduce reliance on agency staff and improve long-term sustainability. • Support trade union reps with adequate facility time to prevent burnout.
2d	Review of Risks	None to note
2e	Sharing of learning	None to note
3	Actions to be considered by the BCUHB Health Board	• Debbie Eyitayo to include sickness absence update in her report. • Debbie Eyitayo and Stuart Keen to explore preventative measures for public-initiated abuse. • Rebecca Testa to streamline PADR toolkit and appendices, particularly for prescribers. • Jan Tomlinson to coordinate trade union feedback on IMTP involvement. • Russell Caldicott and Dyfed Edwards to review agency and bank staffing models. • Meetings to be arranged to provide trade unions with current organisational structure for input. • Continued engagement on structural review and cultural improvement initiatives.

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

Health Board

EXECUTIVE COMMITEE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	28 May 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Catrin Williams
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 Noting

Crynodeb Gweithredol **Executive Summary**
Since the last report the Executive Committee has convened on 11th March, 25th March, 8th April and 22nd April. These meetings have focused on strategic service developments, governance enhancements, and financial oversight aligned with the Health Board's priorities. The Executive Committee meets in private and therefore there may be some items of business that are considered to be confidential in accordance with the Health Board Standing Orders.

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		

EXECUTIVE COMMITTEE REPORT

Since the last report the Executive Committee has convened on 11th March, 25th March, 8th April and 22nd April. These meetings have focused on strategic service developments, governance enhancements, and financial oversight aligned with the Health Board's priorities.

The Executive Committee meets in private and therefore there may be some items of business that are considered to be confidential in accordance with the Health Board Standing Orders.

1.0 Meeting held on 14th January

1.1 Contracts and Capital Approvals

Items are reported in private paper

1.2 Governance and Risk

1.2.1 Structured Assessment Report

The Committee received the Structured Assessment Report ahead of Board submission. Members discussed the accuracy of the report and the importance of a clear management response.

Resolution: The Committee noted the report and agreed that the final management response will be completed ahead of Board submission.

1.2.2 Board Planning and Cycle of Business

The Committee received the updated planning cycle and noted improved clarity on reporting routes and alignment with strategic intent. Members discussed the need for further refinement.

Resolution: The Committee noted the plan and agreed that further refinement will continue ahead of Board submission.

1.2.3 Corporate Risk Register

The Committee received the Corporate Risk Register and discussed improvements to risk management processes and the need to focus on meaningful risk reduction actions.

Resolution: The Committee noted the register and agreed to support continued development of deep-dive sessions and enhanced oversight.

1.3 Special Measures 3 Years On

The Committee received the annual update on progress across the Special Measures domains. Members discussed the need to ensure the narrative is balanced, aligned with the Structured Assessment, and reflects both achievements and ongoing challenges. It was noted that some content remained incomplete and required finalisation ahead of submission.

Resolution: The Committee noted the update and agreed that the paper should be refined to ensure balance, accuracy and alignment prior to Board submission.

1.4 Capital Update and Programme 2026–2031

The Committee received the capital update and draft programme. Members discussed funding constraints and the importance of maintaining a forward pipeline of projects.

Resolution: The Committee noted the update and agreed the programme should proceed through governance to Board.

1.5 Integrated Medium-Term Plan 2026/27

The Committee received an update on the Integrated Medium Term Plan development and discussed the need for outstanding sections to be completed urgently.

Resolution: The Committee noted the update and agreed that Executive leads must provide outstanding content to enable finalisation ahead of submission.

1.6 Annual Delivery Plan Quarter 3 Progress Report

The Committee received the Quarter 3 update and noted the inclusion of mitigation plans for areas of concern.

Resolution: The Committee noted the update and agreed the report will progress to Board.

1.7 Employee Experience and Engagement Report

The Committee received the staff survey update and discussed declining scores and the need for focused corporate actions.

Resolution: The Committee noted the update, agreed to prioritise a small number of corporate actions, and agreed that further analysis will be brought back.

1.8 Orthoptic Waiting Times for Children

The Committee received an update on paediatric orthoptic waiting times and discussed the development of internal standards and reporting processes.

Resolution: The Committee noted the update, endorsed the reporting approach and agreed further refinement before inclusion in performance frameworks.

1.9 Laboratory Information Management System 2.0 Update

The Committee received an update on the national Laboratory Information Management System programme and discussed significant risks relating to timescales and the transfusion system.

Resolution: The Committee noted the risks and agreed that a cross-functional review will be undertaken to provide a clear recommendation.

1.10 Elective Caesarean Section Lists Funding

The Committee received the proposal for continuation of funding and discussed the need to clarify the most effective delivery model.

Resolution: The Committee supported continuation of the service and agreed that the funding model will be finalised outside the meeting.

1.11 Women's Health Hubs in Wales

The Committee received an update on the Women's Health Hub and discussed financial pressures and sustainability.

Resolution: The Committee agreed to continue the current provision to 30 June 2026 pending review and agreed that longer-term options will be developed.

2.0 Meeting held on 25th March

2.1 Contracts and Capital Approvals

Items are reported in private paper

2.2 Registered Nurse Establishment Alignment (September 2026 Graduates)

The Committee received an update on workforce planning for the September 2026 cohort and discussed the risks associated with workforce supply, affordability and sustainability.

Resolution: The Committee noted the position, agreed a caveated response to Welsh Government, and agreed further work is required to develop a sustainable approach.

2.3 Foundations for the Future

The Committee received an update on programme progress and discussed risks relating to culture, workforce capability and implementation.

Resolution: The Committee noted the update and agreed the continued direction of travel.

2.4 Llandudno Orthopaedic Hub

The Committee received a paper on final readiness for the Orthopaedic Hub and discussed staffing changes and commissioning progress.

Resolution: The Committee approved the bilingual name and associated staffing arrangements.

2.5 BCUHB Becoming a Foster Partner

The Committee received the proposal to become a Foster Wales Partner and discussed the organisational benefits.

Resolution: The Committee endorsed the proposal and agreed it should proceed to Board.

2.6 Urgent and Emergency Care Programme – 6 Goals Plan

The Committee received the proposed plan and discussed alignment with national expectations and system priorities.

Resolution: The Committee noted the plan and agreed it provides an appropriate interim position.

2.7 Digital Eye Care Update

The Committee received an update on the programme and discussed funding uncertainty and delivery risks.

Resolution: The Committee noted the update and agreed to proceed while escalating the funding position.

3.0 Meeting held on 8th April

3.1 Contracts and Capital Approvals

Items reported in private paper

3.2 Governance and Risk

3.2.1 Compliance with the Corporate Governance Code

The Committee received the annual compliance assessment and discussed areas requiring further development.

Resolution: The Committee noted the assessment and its progression through Audit Committee.

3.2.2 Executive Delivery Groups

The Committee received the proposal for Executive Delivery Groups and discussed the need for clarity, consistency and alignment with governance arrangements.

Resolution: The Committee supported the establishment of EDGs subject to development of consistent Terms of Reference.

3.2.3 Corporate Risk Management

The Committee received an update on risk management and discussed the need to strengthen prioritisation and alignment with strategic delivery.

Resolution: The Committee noted the update and supported further development of the approach.

3.2.4 Corporate Risk Management Internal Audit Report

The Committee received the internal audit report and discussed findings in the context of ongoing improvements.

Resolution: The Committee noted the report and the reasonable assurance provided.

3.2.5 Standards of Business Conduct

The Committee received an update and discussed the need to improve compliance and awareness across the organisation.

Resolution: The Committee noted the update and ongoing actions.

3.2.6 Corporate Governance Improvement Plan

The Committee received the improvement plan and discussed progress and priorities.

Resolution: The Committee noted the plan and ongoing monitoring.

3.3 Community Hospital Escalation Options (Gladstone Ward)

The Committee received the paper outlining options for escalation beds and discussed affordability, sustainability and alignment with wider community care models.

Resolution: The Committee agreed that Option 3 should not be progressed and supported further work on Option 1 as part of wider strategic planning.

3.4 Gastroenterology Rapid Quality Review

The Committee received an update on significant quality concerns within gastroenterology services and discussed the need for a coordinated response and stronger leadership.

Resolution: The Committee agreed to designate the service as fragile and supported a programme-based approach to recovery.

3.5 Senior Doctor Job Planning

The Committee received the paper on job planning and discussed the importance of consistency, affordability and alignment with national policy.

Resolution: The Committee supported the proposed approach, subject to controlled implementation and a further detailed plan.

3.6 Respiratory Physiology Waiting Times

The Committee received an update on variation in waiting times and discussed the need for improved visibility, coordination and service alignment.

Resolution: The Committee noted the update and that further work will be undertaken through existing programmes.

3.7 All Wales Accessible Communication and BSL Standards

The Committee received an update on emerging statutory requirements and discussed the need for clarity on national guidance and implementation.

Resolution: The Committee noted the update and agreed further work will follow once national guidance is issued.

3.8 Maternity and Neonatal Services Preliminary Response

The Committee received the preliminary response and discussed ongoing national uncertainty and local delivery arrangements.

Resolution: The Committee noted the update and that further reports will follow as national requirements are confirmed.

3.9 Community Pharmaceutical Needs Assessment

The Committee received the proposed approach and discussed governance arrangements and delivery timelines.

Resolution: The Committee approved the approach and agreed it should proceed.

3.10 Charitable Funds

The Committee received the update on charitable funds governance and discussed trustee responsibilities and application of funds.

Resolution: The Committee endorsed the revised Declaration of Trust.

4.0 Meeting held on 22nd April

4.1 Contracts and Capital Approvals

Items are reported in private paper

4.2 Governance and Risk

4.2.1 Board Assurance Framework

The Committee received the update and discussed alignment with strategic priorities.

Resolution: The Committee noted the position and approved the proposed approach to mapping actions.

4.2.2 Draft Accountability Report 2025–26

The Committee received the draft report and discussed arrangements for completion.

Resolution: The Committee noted the report and assurance provided.

4.2.3 Internal Audit Report – Culture and Leadership Development

The Committee received the report and discussed findings and improvement actions.

Resolution: The Committee noted the report and reasonable assurance.

4.3 Essential Environmental Works on Foelas to Enable Safe Repatriation

The Committee received a proposal to undertake environmental works and service changes to enable urgent repatriation of a complex patient and discussed the time-critical nature, lack of alternative provision and associated workforce requirements.

Resolution: The Committee approved the environmental works, bed reconfiguration and associated staffing uplift, and agreed further development of a longer-term model.

4.4 Registered Nurse Establishment Alignment – September 2026 Graduates

The Committee received the paper and discussed workforce sustainability, operational demand and affordability.

Resolution: The Committee supported the proposed approach, approved conversion of temporary demand in principle and approved use of reserves for a time-limited solution.

4.5 Mortality Reports

The Committee received updates on mortality and discussed variation across services, learning processes and improvement requirements.

Resolution: The Committee noted the reports and ongoing development of mortality review processes.

4.6 Citizen Experience and Engagement Report

The Committee received the report and discussed key themes including access, system pressures and public confidence.

Resolution: The Committee noted the report and agreed further refinement ahead of Board.

4.7 Strategic Planning and Service Change Group AAA Report

The Committee received the report and noted that no items were escalated for decision.

Resolution: The Committee noted the report.

4.8 Board Assurance Framework

The Committee received the update and discussed alignment with strategic priorities.

Resolution: The Committee noted the position and approved the proposed approach to mapping actions.

4.9 Draft Accountability Report 2025–26

The Committee received the draft report and discussed arrangements for completion.

Resolution: The Committee noted the report and assurance provided.

4.10 Internal Audit Report – Culture and Leadership Development

The Committee received the report and discussed findings and improvement actions.

Resolution: The Committee noted the report and reasonable assurance.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: 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**	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		
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 Applicable*
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 Applicable*
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality**	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **Domains of Quality** Choose an item.

Have you undertaken a Quality Impact Assessment Screening?	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**	Choose an item.	

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:	
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:	
	Do/Yes: ☐	Naddo/No: ☒

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*	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.	

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

Health Board

ANNUAL ASSURANCE REPORT OF THE NURSE STAFFING LEVEL MAY 2026

Dyddiad y Cyfarfod **Date of Meeting**	28 May 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**	Angela Wood Executive Director of Nursing & Midwifery

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

This paper introduces the 2025/26 Betsi Cadwaladr University Health Board (BCUHB) annual assurance report on compliance with the Nurse Staffing Levels (Wales) Act for the period 6th April 2025 - 5th April 2026.

This paper provides an update to the Health Board in respect of Betsi Cadwaladr University Health Board (BCUHB) statutory duty to calculate and take steps to maintain nurse staffing levels in accordance with the Nurse Staffing Levels (Wales) Act 2016.

The calculations have been undertaken in accordance with statutory guidance and approved by the designated person, the Executive Director of Nursing, acting on behalf of the Chief Executive Officer.

While the Health Board has complied with the statutory requirement to calculate nurse staffing levels and take reasonable steps to maintain them, the assurance provided through this report is constrained by ongoing financial pressures, unfunded establishments and sustained reliance on escalation capacity, as detailed within the accompanying annual assurance report.

The accompanying appendices have been produced by the All-Wales Nurse Staffing Group and must be used to form the annual assurance report to ensure consistency in the information from each Health Board within Wales, with mandated text in italics.

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	06/05/2026	Support
Quality and Safety Committee	07/05/2026	Support

ANNUAL ASSURANCE REPORT OF THE NURSE STAFFING LEVEL MAY 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:

- An annual presentation by the designated person setting out the calculated nurse staffing levels for each Section 25B ward; and
- An annual assurance report, structured to support the statutory triennial submission to Welsh Government.

1.3 In line with these requirements, bi-annual nurse staffing calculations are undertaken in spring and autumn using the nationally mandated triangulated methodology. The spring 2026 calculations underpin the assurance presented in this paper.

1.4 This paper therefore presents the 2025/26 Betsi Cadwaladr University Health Board (BCUHB) annual assurance report on compliance with the Nurse Staffing Levels (Wales) Act for the period 6th April 2025 - 5th April 2026, to enable the Board to take assurance on statutory compliance and note the risks that currently constrain full assurance.

1.5 All Section 25B wards have had nurse staffing levels calculated in line with statutory guidance using the nationally mandated triangulated methodology with required establishments for adult acute medical, surgical and paediatric inpatient wards having been identified and approved by the designated person.

2 Y CEFNDIR BACKGROUND

2.1 Under the Nurse Staffing Levels (Wales) Act 2016, nurse staffing calculations must be approved by a designated person authorised to act on behalf of the Chief Executive Officer. In Welsh Health Boards, this role is undertaken by the Executive Director of Nursing.

2.2 The approved calculation establishes the nurse staffing level for each ward, expressed as the required establishment to support a planned roster that enables nurses to meet all reasonable patient care requirements. These staffing levels are expected to be maintained through the Health Board's

revenue allocation, taking account of the substantive pay costs of employed staff.

3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

3.1 The Board is asked to note the following, which support the Health Board's strategic objective to improve access, outcomes and experience and enable Board assurance:

- Nurse staffing levels for all Section 25B wards have been calculated in line with statutory requirements using the nationally mandated triangulated methodology and have been approved by the designated person.

- Existing governance arrangements will continue to provide oversight of the maintenance of approved nurse staffing levels, including escalation where material changes in service delivery, acuity or ward configuration occur.

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

4.1 The risks outlined below each impact the organisation's ability to provide full assurance on statutory compliance, workforce sustainability, and safe care delivery and therefore require continued Board oversight.

4.2 Outstanding Funding Requirements:
Under the Act, Health Boards and Trusts must take all reasonable steps to maintain nurse staffing levels, funded through their revenue allocations. Three 25B wards across BCUHB have approved nurse staffing establishments, however, the corresponding budget uplifts required to deliver these establishments have not yet been implemented. This misalignment between agreed staffing levels and allocated financial resources presents a material and ongoing risk to compliance with the Act.

From a governance perspective, this issue limits the organisation's ability to provide full assurance to the Board regarding statutory compliance, workforce sustainability, and the delivery of safe and effective care. Until the required budget uplifts are secured, the Board will continue to carry heightened operational, financial, and regulatory risk, and this will need to be reflected in the organisation's risk management and assurance processes.

These unfunded establishments are currently being mitigated through a combination of temporary staffing and operational deployment, which is not a sustainable long-term position and increases both financial and workforce risk.

4.3 Unfunded and Escalation Beds:
Sustained pressures across the system continue to necessitate the routine use of escalation capacity, with an average of 157 unfunded beds or trolleys in operation at any given time. While a proportion of this activity can be absorbed within existing establishments, a significant proportion require additional staffing to maintain safe care delivery.

From a governance perspective, the persistent reliance on unfunded and variably staffed escalation areas presents a material risk to organisational compliance with statutory nurse staffing requirements, quality standards, and financial control. The inability to consistently staff these beds within approved establishments increases exposure to patient safety incidents, undermines the organisation's ability to provide robust assurance to the Board, and contributes to recurrent financial pressures.

Until a sustainable and funded approach to managing escalation capacity is established, including clarity on workforce supply and operational triggers, the Health Board will continue to carry elevated operational, quality and regulatory risk.

5 ARGYMHELLION RECOMMENDATIONS

5.1 The Board is asked to:

- **NOTE** the risks outlined in the report, including those related to unfunded nurse staffing establishments and sustained escalation capacity, and agree that these remain under active Board oversight through the corporate risk register.
- **TAKE ASSURANCE**, based on the accompanying Annual Assurance Report and associated appendices, that Betsi Cadwaladr University Health Board has met its statutory duty to calculate nurse staffing levels and take reasonable steps to maintain them in all Section 25B wards, while recognising the current constraints to full assurance.
- **SUPPORT** the actions and recommendations contained within the annual assurance report, including those necessary to address identified staffing, operational, and financial risks.

SUPPORTING PAPERS:
Appendix 1: Annual Assurance Report on compliance with the Nurse Staffing Levels
Appendix 2: Annual Assurance Report Summary of Required Establishment
Appendix 3: Summary of Nurse Staffing Levels for 25B Wards

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau 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**	Consistency with Organisational Values Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: Wise Spending
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	There are several risks associated with the subject and scope of this paper, including workforce, financial and operational risks related to staffing deficits, unfunded escalation capacity, and the need for timely decisions on nurse staffing establishments.

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):** Public 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-*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm:	The report does not introduce decisions that would

economic Duty when making strategic decisions?	If no, please include rationale:	disproportionately affect individuals or communities experiencing socio-economic disadvantage.
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: 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 equality.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	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*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	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*	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

been addressed within WP8a		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. There is no impact in terms of quality.
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**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not Applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The report concerns internal workforce establishment decisions.

Have you undertaken a Data Protection Impact Assessment Screening?		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** *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:	The report concerns internal workforce 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 should quality, financial performance, or operational delivery deteriorate as a result of unresolved staffing and budgetary risks outlined in this report. Failure to maintain safe staffing levels, particularly within 25B areas 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 unfunded escalated beds. Failure to reduce agency spend will attract ongoing scrutiny.	

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

Health Board

EMERGENCY PREPARENESS, RESILIENCE AND RESPONSE ANNUAL REPORT 2025/26

Date of Meeting	28 May 2026
Publication Status	Open/ Public
	Not Applicable
Report Author(s) name and title	Joanne Gauntlett, Deputy Head of Emergency Preparedness, Resilience and Response (EPRR) Sharon Scott, Head of Emergency Preparedness, Resilience and Response (EPRR)
Lead Executive Team Member name and title	Jane Moore Executive Director of Public Health

Report Purpose	For Approval

Executive Summary

This paper updates the Board on BCUHB Emergency Preparedness, Resilience and Response (EPRR) statutory requirements placed upon the Health Board by the Civil Contingencies Act (2004) and the NHS Act (2006) as amended by the Health and Social Care Act (2012), as required by the NHS EPRR Framework.

The Board is asked to:

- **TAKE ASSURANCE** that the Planning, Population Health and Partnerships Committee (PPHP) has endorsed the paper for Board approval.
- **NOTE** the key activities and response to incidents and emergencies during 2025/26.
- **RECEIVE ASSURANCE** that BCUHB is prepared to respond to an emergency and has resilience to the continued provision of safe patient care.
- **RECEIVE ASSURANCE** that where gaps in resilience have been identified, the key actions and milestones have been incorporated into the annual work plan.

Engagement (internal/external) undertaken to date (including receipt/ consideration at Committee/Group) Presented to Civil Contingencies Assurance Group 24/03/2026		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
Civil Contingencies Assurance Group	16.04.26	Approved for progression through Executive Committee, Planning, Population Health & Partnerships Committee, Board and Welsh Government.
Executive Committee	29.04.26	Revisions incorporated as suggested.
Planning, Population Health & Partnerships Committee	07.05.26	Endorsed the paper for Board approval.

Acronyms / Glossary of Terms	
Abbreviation	**Full Title**
CBRN(e)	Chemical, Biological, Radioactive Nuclear and Explosive
CCA 2004	Civil Contingency Act 2004
CCAG	Civil Contingencies Assurance Group (BCUHB internal meeting)
CCC	Civil Contingencies Committee
CEO	Chief Executive Officer
COBR	Cabinet Office Briefing Room
CONOPS	Concept of Operations
DECC	Department of Energy Climate Change
DEFRA	Department of Environment, Food and Rural Affairs
DPH	Director of Public Health
ECCW	Emergency Coordination Centre Wales
EMRTS	Emergency Medical Retrieval and Transfer Service
EPAG	NHS Wales Emergency Planning Advisory Group
EPRR	Emergency Preparedness, Resilience and Response
HAC	Humanitarian Assistance Centre
HACMG	Humanitarian Assistance Centre Management Group
HAZMAT	Hazardous Material
HCC	Health Command Centre
HECC	Hospital Emergency Control Centre
IMT	Incident Management Team
JESIP	Joint Emergency Services Interoperability Principles
LA	Local Authority
LRF	Local Resilience Forum

Acronyms / Glossary of Terms	
Abbreviation	**Full Title**
METHANE	A structured, standardised format used to share critical incident information **M**ajor Incident, **E**xact location, **T**ype of Incident, **H**azards, **A**ccess, **N**umber of casualties, **E**mergency services
MIO	Medical Incident Officer
MIP	Major Incident Plan
NBBB	National Burns Bed Bureau
NHS	National Health Service
NRW	Natural Resources Wales
NWLRF	North Wales Local Resilience Forum
NWP	North Wales Police
NWFRS	North Wales Fire and Rescue Service
OOH	Out of Hours
PHE	Public Health England
PHW	Public Health Wales
RD	Resilience Direct
RDPH	Regional Director of Public Health
REAP	Resource Escalation Action Plan (for WAST)
SAG	Safety Advisory Group
SCC	Strategic Coordination Centre
SCG	Strategic Coordinating Group (multi-agency)
SID	Sharing, Information and Discussion Site
SITREP	Situation Report
STAC	Scientific and Technical Advice Cell
TCC	Tactical Coordination Centre
TCG	Tactical Coordinating Group (multi-agency)
UEC	Urgent and Emergency Care
UKHSA	UK Health Security Agency
WAG	Welsh Assembly Government
WAST	Welsh Ambulance Service Trust
WB	Welsh Blood supplies
WCCC	Welsh Civil Contingencies Committee
WRF	Wales Resilience Forum

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

Emergency Preparedness, Resilience and Response Annual Report 2025 / 2026

Contents

1. EXECUTIVE SUMMARY 6
2. INTRODUCTION AND CONTEXTULISATION 6
3. ROLES AND RESPONSIBILITIES 8
4. CONSISTENT ACTIVITIES 10
5. NEW ACTIVITIES 10
6. CROSS GOVERNMENT COUNTER TERRORISM STRATEGY (CONTEST) ..11
7. NORTH WALES LOCAL RESILIENCE FORUM (NWLRF) 12
8 RESILIENCE DIRECT 13
9 MEETINGS AND OVERSIGHT 13
10. PERFORMANCE MANAGEMENT 14
11. COORDINATING LOCAL EMERGENCY (MAJOR INCIDENT) RESPONSE 14
12. 4x4 RESPONSE WALES 15
13. BETSI NET PAGE 15
14. TRAINING / EXERCISES / WORKSHOPS / SEMINARS 15
15. DEBRIEFS 21
16. GUIDANCE 21
17. PROGRESS AGAINST 2025/26 PRIORITIES 22
18. THE WAY FORWARD OVER THE NEXT 12 MONTHS 23
19. SUMMARY 24
20. KEY RISKS / MATTERS FOR ESCALATION 25
21. RECOMMENDATIONS 26
APPENDIX 1 – RESPONDING TO LOCAL INCIDENTS 27
APPENDIX 2 – PERFORMANCE MANAGEMENT 32

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE ANNUAL REPORT FROM 1st APRIL 2025 TO 31st MARCH 2026

1. EXECUTIVE SUMMARY

1.1 The Health Board must plan for and be able to respond to a wide range of incidents and emergencies which could affect its ability to deliver effective and responsive health or patient care. For example, these could be the effects of severe weather, another pandemic, mass casualty incidents, industrial action or a major transport accident. This report provides oversight and assurance on the Health Board's continued resilience to plan for and recover from a wide range of incidents and emergencies which could affect their ability to deliver effective and responsive health care.

2. INTRODUCTION AND CONTEXTULISATION

2.1 This section of the report outlines the statutory requirements and national considerations that determine or will have future influence on the BCUHB resilience agenda.

2.2 **Civil Contingencies Act (CCA) 2004 – Category 1 Responder Duties**
Betsi Cadwaladr University Health Board is a Category 1 responder, as specified by the Civil Contingencies Act (CCA) 2004, with a duty to prepare, plan and mitigate against disruptive incidents that threaten human welfare in the UK, the environment of a place in the UK or war or terrorism which threatens serious damage to the security of the UK. Other Category 1 agencies have a similar responsibility to work in partnership to alleviate disruption and the Health Board works within local, regional and national partnerships to achieve this aim.

2.3 The Health Board must retain the flexibility and capability to respond to local emergencies (major incidents) whilst maintaining critical activities. This flexibility must take in to consideration any transitional and future changes within the Health Board.

2.4 As a category one responder, the Health Board is subject to the following civil protection duties should an emergency occur and as such is required to:

- Assess the risk of emergencies occurring and use this to inform local contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform, and advise the public in the event of an emergency
- Share information with other local responders to enhance coordination
- Cooperate with other local responders to enhance coordination and efficiency.

Note: The CCA is supported by statutory regulations and non-statutory guidance.

2.5 The primary blueprint to achieving resilience is the Welsh Government's NHS Wales Emergency Planning Core Guidance, which outlines the requirement incumbent on Boards to prepare, maintain and exercise emergency plans whilst working in partnership. There are several other requirements contained therein, ranging from maintaining a Business Continuity Management system, Chemical, Biological, Radiological, Nuclear and Explosive (CBRNe) capability, to the anti-terrorist Prevent duty.

2.6 Under the requirements of the NHS EPRR guidance, the Health Board must:

- Have suitable and up-to-date incident response plans which set out how it would respond to and recover from a major incident / emergency affecting the wider community or the delivery of their services
- Adopt business continuity plans to enable them to maintain or recover the delivery of its critical services in the event of a significant disruption.

2.7 Business Continuity arrangements require ongoing improvement and exercising of completed plans, and this has been incorporated in to the EPRR team's work programme for 2026/27.

2.8 CBRNe and Hazmat preparedness and response arrangements for the Health Board requires ongoing improvement and this will be addressed through the 2026/27 workplan to further develop, in line with national planning arrangements, robust measures which includes determining the CBRN response equipment currently available at the three acute hospital sites, any national, local and / or onsite counter measure stocks and development of CBRNe / Hazmat response plans. Following completion of the scoping exercise and the updating of local plans, a table top exercise will be carried out to validate the robustness of plans.

2.9 This report documents the achievements from April 2025 to March 2026, together with the expectations for development in the future, including:

- BCUHB current EPRR role and responsibilities
- Consistent activities through 2025/26
- New activities during 2025/26
- Counter Terrorism Strategy (CONTEST)
- North Wales Resilience Forum
- Meetings and oversight
- Performance Management
- Training, Exercising and Coordinating incident response, and;
- The way forward over the next 12 months

3. ROLES AND RESPONSIBILITIES

3.1 BCUHB has a number of responsibilities under EPRR including:

- Appoint / nominate an Executive Director who is responsible for health emergency planning. This person should report to the board regularly on local risks with regards to delivering health care, and / or the health of the local population;
- Maintaining a sufficiently resourced and adequately trained health emergency planning team that can manage the day-to-day preparedness work, and support the Executive Director and BCUHB;
- Maintaining a health emergency planning network, through EPAG (NHS Wales Emergency Planning Advisory Group) (and other forums), to agree health resilience issues;
- Undertaking assurance processes via a mapping exercise and where there are capacity gaps, take measures to ensure coverage;
- Maintaining capacity to provide a 24/7 on-call rota through a single point of contact and activation plans. This includes response and incident support being available to staff on the on-call rotas, to IHCs and cross boundary requests for mutual aid;
- Ensuring BCUHB contributes fully to any local multi-agency training and exercising programme, especially, but not limited to, exercises that are of a statutory requirement for local high-risk sites, i.e. chemical plants, Holyhead Port, sports grounds licensing etc., and;

3.2 BCUHB Chief Executive

The Chief Executive is given responsibility by the Board for ensuring implementation and compliance of EPRR and is responsible for:

- Identifying leadership to coordinate and manage plans for local populations. These arrangements should build on previous years wherever possible to ensure learning and experience is not lost.
- Ensuring that day-to-day management arrangements between providers and partner organisations are in place to allow the system to cope with any difficulties, and;
- Ensuring all IHCs have in place clear escalation and communication arrangements. These will include assurance that conference calls via Microsoft Teams are arranged with the EPRR team and Incident Response Team, if required.

3.3 Director of Public Health

The Executive Director of Public Health has the delegated responsibility for EPRR for the Health Board. The activities highlighted above are delivered by the EPRR Team on behalf of the Executive Director of Public Health.

3.4 EPRR Team

The role of the EPRR Team is to maintain the statutory requirements and associated activities of the CCA 2004.

The team utilises a variety of data sources including IRIS, to inform and support decision making at all levels.

The EPRR team's current support to Urgent and Emergency Care provides a bespoke service that is not replicated elsewhere, enabling BCUHB to have a shared operational and resilience footing, pulling together data, analysis and system response either from an NHS operational system perspective or as part of a wider multi-agency response structure.

The EPRR team provides an immediate incident support cell for the Strategic and / or Tactical Commander in situational assessment and whole system command and control.

The current role and responsibilities of the EPRR team can be summarised as follows:

- Assurance and audit processes;
- Coordination of NHS representation at NWLRF activities;
- Coordination and delivery of NHS incident debrief meetings;
- Reviewing and maintaining incident response plans;
- Training and exercising;
- Engagement with stakeholders, including NWLRF, GP Out of Hours, IHCs, Mental Health Services, Women's Services and Primary Care;
- Maintaining and oversight of Strategic, Tactical and Operational on-call rotas;
- Leading or supporting the NHS response to a local emergency (major incident / business continuity), and;
- Coordinating NHS participation during the recovery phase of an incident.

The EPRR team also provides:

- Operational management of urgent and emergency care systems;
- Twice daily system resilience calls / tactical risk huddle reporting of system pressures and risk for informing National calls;
- Engagement with IHCs on alignment of local escalation plans and their effectiveness in relieving pressures;
- Oversight and management of Weekend Planning arrangements identifying key risks and mitigation across the system
- Providing weekly executive escalation reports to the Executive Team covering ED data, Staff / workforce data, vaccination updates and EPRR horizon scanning;
- Assessing urgent and emergency care pressures and supporting sites to resolve patient flow problems where appropriate, and;
- Providing debrief reports to influence and inform future plans of the Health Board.
- Continuing to maintain provision to provide local system management for routine capacity issues, diversion and winter pressures.

- Supporting UEC on the delivery of satisfactory performance and the monitoring of that performance through SITREPs, daily ED performance and coordinated communication systems;
- Coordination of the Bronze (operational), Silver (Tactical) and Gold (Strategic) on-call rotas and ensuring staff are sighted on any potential risks through the weekend planning meetings.

4. CONSISTENT ACTIVITIES

4.1 During 2025/26 a number of consistent EPRR activities have been conducted, including:

- Participation in the North Wales Local Resilience Forum (NWLRF) activities locally;
- Participation in NHS Resilience activities locally, regionally and nationally;
- Maintenance and testing of on-call rotas to support the BCUHB command and control function;
- Development and delivery of further training to on-call staff, Clinical Site Managers and loggists;
- Chairing of the NWLRF Mass Fatalities group and development of the Mass Fatalities capabilities day that took place on 18th March 2026;
- Maintenance of the Betsi net site that focuses upon resilience matters;
- Maintenance of the Teams resources for on-call staff, and;
- Coordination of BCUHB participation in multi-agency exercises and All Wales training opportunities.
- Undertaking of all Annual Work Programme workstreams which has included more than 10 workstreams for 2025/26. The annual work programme for 2026/27 has also been created and signed-off for reporting against during the upcoming financial year.

5. NEW ACTIVITIES

5.1 Activities conducted within the reported year (2025/26) have increased the overall levels of preparedness and resilience within the Health Board; these include:

- Development of a new loggist handbook;
- Conducting loggist training;
- Development of on-call Teams Channel;
- A review and update of the Business Continuity Management Procedure;
- Formation of a group to specifically look at major incident training provided to ED clinicians;
- A review of the Health Board's Adverse Weather Plan;
- Responding to 24 national and local emergencies (major incidents, business continuity) at either, strategic or tactical levels;
- Development and facilitation of business continuity workshops with services / directorates to raise awareness and improve resilience;
- Design and delivery of UEC Operational Masterclasses;

- Development and facilitation of a BCUHB health economy winter pressures / surge debrief workshop;
- Creation of a business continuity dashboard for monitoring and compliance;
- Creation of dashboard for monitoring on-call staff training competencies;
- Provided support to the Urgent and Emergency Care programme;
- Mapping of NSRA risks into the BCU Matrix;
- Managing the daily operational activities associated with urgent and emergency care, and;
- Participation in the national workshop for the development of the UKHSA Adverse Weather Plan 2026.

5.2 The EPRR Team provides comprehensive coordination of the Bronze (Operational), Silver (Tactical), and Gold (Strategic) on-call rotas to ensure robust leadership coverage and effective decision-making across the Health Board at all times. As part of this function, the team leads the weekly weekend planning process, ensuring that senior leaders and on-call officers are fully sighted on emerging risks, operational pressures, and any potential system vulnerabilities ahead of the weekend period. Following each weekend, feedback from sites and services is systematically collated, reviewed, and disseminated to Heads of Sites and Service Leads to support organisational learning and strengthen future preparedness. This structured feedback loop enables themes, risks, and areas for improvement to be identified promptly, ensuring that learning is embedded and that the Health Board maintains a resilient and well-informed on-call system.

6. CROSS GOVERNMENT COUNTER TERRORISM STRATEGY (CONTEST)

6.1 CONTEST is an integrated cross government approach to counter terrorism and comprises of an approach based on four main work-streams each with a clear objective:

- Pursue - stopping terrorist attacks;
- Protect - strengthening our protection against attack;
- Prepare - mitigating the impact of attacks, and;
- Prevent - stopping people becoming terrorists or supporting violent extremism.

6.2 BCUHB continues to contribute actively to the Protect, Prepare, and Prevent objectives of the UK CONTEST Strategy, ensuring a coordinated health-sector role in counter-terrorism preparedness across the organisation.

6.3 The EPRR Team works closely with the Safeguarding Team to ensure alignment between Prevent duties, organisational safeguarding responsibilities, and wider resilience arrangements. This includes joint participation in relevant multi-agency forums.

6.4 Through 2026/27 the EPRR Team will work closely with the Safeguarding Team to support integrated training that will support the early identification and

appropriate escalation of concerns. This will help to improve operational awareness across clinical and non-clinical services. The overarching aim is for there to be a more structured programme of targeted training and awareness-raising to ensure sustained compliance with statutory duties and increased organisational resilience.

7. NORTH WALES LOCAL RESILIENCE FORUM (NWLRF)

7.1 In order to fulfil the duties under the CCA, the BCUHB needs to operate effectively as a collective body in collaboration with its partners in the NWLRF.

7.2 BCUHB attends the NWLRF on behalf of all IHCs and participates in NWLRF activities.

7.3 The mandatory requirements of the NWLRF are:

- Category One responders must be effectively represented;
- It must meet at least once every six months, but meets quarterly;
- It must also deliver government policy by coordinating the local response to government initiatives;
- Plan for the formation of a Strategic Coordinating Group (SCG) or Tactical Coordinating Group (TCG)to coordinate the multi-agency response to an emergency, and;
- Exercise plans, learn and implement lessons from exercises, emergencies and emerging policy.

7.4 The resilience structure within North Wales is centred upon the NWLRF. The NWLRF and several key sub groups focus upon specific elements from the National Capabilities work stream that require local mitigation. All of the sub groups listed below have BCUHB attendance coordinated or provided by the EPRR team:

- Risk Assessment group
- Warning and Informing Group
- Lessons management Group
- Coordination, Training and Exercise Group
- Infrastructure and Logistical Preparedness Group
- Learning and Development / Interoperability Group
- Severe Weather Group
- Health Group
- Community Resilience and Humanitarian Assistance Centre Group
- Mass Fatalities Group
- Environmental Group
- Digital Infrastructure Group

IHCs are appraised of the activities highlighted above through the BCUHB Civil Contingencies Assurance Group.

7.5 Due to the high volume of meetings where BCUHB representation is required, the recurring essential meetings have been tabulated with a lead and deputy identified for each.

8 RESILIENCE DIRECT

8.1 The Deputy Heads of EPRR maintain and update the BCUHB pages on the secure online resource Resilience Direct. (Resilience Direct is a fully accredited and secure information-sharing platform for Emergency Responders. It allows for real time information to be shared across all organisational and geographic boundaries). Increasingly this platform is being used as a secure medium for interagency communications, incident management and coordination.

9 MEETINGS AND OVERSIGHT

9.1 Emergency Preparedness Assurance Group (EPAG)

EPAG is a regional All Wales NHS Emergency Preparedness Leads group consisting of representatives from the seven Health Boards in Wales meeting on a quarterly basis to focus on NHS EPRR related matters, developing assurance programmes and sharing best practice across Wales.

9.2 Civil Contingencies Assurance Group (CCAG)

This Executive Led group provides the leadership, coordination and governance of civil contingencies planning and preparedness within Betsi Cadwaladr University Health Board, encompassing emergency response and business continuity planning, across all services, in accordance with the Welsh Government's NHS Wales Emergency Planning Core Guidance.

- To develop, support and promote the civil contingencies / resilience culture throughout the health board
- To provide oversight and coordination of emergency planning and business continuity planning
- To ensure that plans for business continuity and emergency response are developed as per national guidance or emerging risks, and reviewed and tested in line with guidance and policy
- To ensure a suitable command, control and communication infrastructure is established and maintained to support an emergency / major incident response
- To review, action and disseminate relevant local and national guidance, plans and procedures
- To identify the impact of new or revised legislation / guidance and reflect it in procedures
- To manage any action plans resulting from lessons learnt after live activations, or local or national exercises
- To agree and support an annual training programme for the health board, ensuring that relevant staff have the skills to undertake their identified role during an emergency / major incident

- To agree and support an annual exercising programme for emergency / major incident response plans and business continuity plans at a specified exercising frequency
- Participate in any audit of resilience arrangements
- Review and escalation of EPRR risks
- Report on an annual basis to Board with a six-monthly update on progress.

9.3 **Safety Advisory Group (SAG)**

The local SAGs are chaired by the Local Authorities. The purpose of the SAG is to deliver to the public a safely planned and organised event; that meets all the statutory obligations under relevant legislation; that meets the standards of safety applied to all public events across North Wales, and to review and agree recommendations made at Joint Agency Planning Meetings

The Deputy Head of EPRR represents the Health Board at the local SAG meetings and cascades event information to the on-call Teams channel when there is, or is potential for, impact upon local health services. This information is readily accessible by staff on the BCUHB operational, tactical and strategic on-call rotas.

10. PERFORMANCE MANAGEMENT

10.1 Performance management is conducted through a number of proactive and constructive activities designed to enable BCUHB to achieve the required standards.

10.2 BCUHB has undertaken, a self-assessment against the NHS England Core Standards for EPRR. Following a self-assessment, and in line with the definitions of compliance, the organisation declared itself as demonstrating 'Limited Assurance' against the EPRR Core Standards. This was based on actions taken over the previous twelve months and the CCG commitment to effective EPRR planning and response. The EPRR team has a detailed work plan to address any identified gaps. This was verified following scrutiny by the Internal Audit Team.

Note: Whilst Wales specific EPRR Core Standards are being developed, BCUHB uses the established NHS England EPRR Core Standards as a self-assessment framework as these are directly aligned to the Civil Contingencies Act.

11. COORDINATING LOCAL EMERGENCY (MAJOR INCIDENT) RESPONSE

11.1 In order to ensure a cohesive response to any local emergency (major incident) whether NHS related or involving multi-agency partners, BCUHB has arrangements in place to facilitate an appropriate response.

11.2 Dependent upon the scale and nature of the local emergency (major incident) there are arrangements in place to activate a scale able NHS response across the three IHCs.

11.3 The activation procedure was last tested through an activation exercise led by WAST on 26th November 2025.

12. 4x4 RESPONSE WALES

12.1 During winter 2025/26, BCUHB again utilised the support of 4x4 Response Wales (4x4 RW), a volunteer organisation with registered charity status and affiliation to the National 4x4 Response network operating across the UK.

12.2 4x4 RW maintains regional teams throughout Wales whose members voluntarily provide their time, vehicles, and expertise to assist Emergency Services, Emergency Planning Officers, Resilience Groups, Health Authorities, and other partner organisations during periods of adverse weather or emergency need. In line with the existing agreement between BCUHB and 4x4 RW, this resource is used only in exceptional circumstances to ensure that staff essential to maintaining critical services are able to travel safely to work. Throughout the winter period, there were several instances where severe weather conditions necessitated their deployment to support the continuity of key clinical and operational services. Further work is underway with 4x4 RW in preparation for winter 2026/27 to strengthen and streamline the booking and activation process, ensuring enhanced robustness and clarity for all parties.

13. BETSINET PAGE

13.1 The EPRR intranet pages have continued to be actively maintained and updated throughout the past twelve months, providing a central, accessible source of up-to-date information on resilience, major incident arrangements, business continuity, and statutory duties for all BCUHB staff. To further strengthen accessibility and operational readiness, an on-call Microsoft Teams Channel was established in 2025 for staff undertaking Strategic (Gold), Tactical (Silver), and Operational (Bronze) on-call responsibilities. This dedicated channel houses all relevant on-call rotas, digital copies of the on-call packs, contact directories, operational templates, and supporting reference materials. Access is appropriately controlled and available to the Strategic (Gold) Commander, Tactical (Silver) Commander, Operational (Bronze), administrative support staff, and trained loggists. The introduction of this platform has improved information sharing, ensured consistent access to current documentation, and supported a more efficient and resilient approach to on-call coordination.

14. TRAINING / EXERCISES / WORKSHOPS / SEMINARS

14.1 The Welsh Government NHS Emergency Planning Core Guidance 2015 states that as a minimum requirement, NHS organisations are required to undertake a live exercise every three years, a tabletop exercise and physically setting-up of the control centre every year and a test of communications cascades every six months. To meet these requirements, the EPRR team has coordinated all

local NHS attendance (as observers or as participants) at multi-agency exercises, workshops and seminars.

The BCUHB Senior Managers that are part of the On-Call rota, are invited to attend relevant training arranged by the EPRR Team.

All BCUHB staff that are part of the on-call rota are to be asked to complete a training needs analysis document. The results from these will help the EPRR team determine the content and level of training to be provided to on-call staff during the coming year.

The EPRR team has delivered the following training to BCUHB staff:

- **Loggist Training** – a total of 32 staff have completed this training;
- **Director on-call training / Strategic, Tactical and Operational Commanders** – a total of 159 (80%) on-call staff have now completed this training.
- **Clinical site managers** – a total of 27 (69%) of CSMs have completed this training.
- **Operational Masterclasses** – a total of 54 staff have attended these sessions
- **Business Continuity Awareness Session** – a total of 29 staff attended this session
- **Service specific BCP workshops / training** – these have been delivered either via Teams or face to face. The support sessions have to date been delivered to Womens Services, Mental Health and Learning Disabilities, Switchboard, Corporate, Public Health and IHC West.
- Multi-Agency delivered training
- Wales Gold
- Wales Silver (JESIP Tactical)
- JESIP Operational
- GSB Silver / Tactical Command Training
- UK Resilience Academy LRF Risk Training

14.2 **Exercises and workshops**

BCUHB has participated and coordinated NHS involvement in a number of exercises during 2025/26 including:

- **MHLD IHC West, Ty Llewellyn Business Continuity Exercise 10/04/2025**
  This exercise was utilised to exercise a tactical and operational response to a major incident leading to the evacuation of the Ty Llywelyn Mental Health Unit. The exercise provided challenges on a range of issues that would have to be addressed when responding to a major incident that triggers a major evacuation. The exercise tested and evaluated the immediate and on-going response of the Ty Llywelyn Mental Health Unit to the evacuation, shelter

and transfer of a diverse group of patients with a broad range of dependency needs.

- **Exercise Solaris (30/04/2025)**
  Exercise Solaris was a table top exercise run over Microsoft Teams to exercise multi-agency pandemic response arrangements and plans at LRF level in preparation for Exercise Pegasus (Exercise Pegasus is detailed later in this section).

- **MHLD IHC East, Heddfan Unit Business Continuity Exercise 30/05/2025**
  This exercise was utilised to exercise the immediate and on-going response at a tactical and operational level in the event of a major incident leading to the evacuation of the Heddfan Mental Health Unit. The exercise provided challenges for participants to work through covering a range of issues that would have to be addressed when responding to a major incident that triggers a major evacuation including the evacuation, shelter and transfer of a diverse group of patients with a broad range of dependency needs.

- **Winter 2024/25 learning and debrief event (05/06/2025)**
  This event brought together healthcare professionals to reflect on lessons identified from Winter 2024/25 and explored ideas and opportunities to shape the response to the winter ahead (2025/26). The aim of the event was to develop the Winter Planning Framework with clear expectations and to agree key planning milestones for Winter 2025/26 to build “realistic” plans and avoid planning repetition and cross cutting requests.

- **Winter Storm 2025**
  This multi-agency workshop took place on 11th June 2025 with the keynote speaker sharing lessons learnt from the response to the devasting Valencia floods, with breakout sessions focussing on the importance of JESIP in a multi-agency response.

- **Public Health Directorate Away Day 17/06/2025**

- **MHLD Ablett Unit (IHC Central) Business Continuity Exercise 10/07/2025 (Exercise Clear Ward)**
  Exercise Clear Ward was a table top exercise to test the Ablett Adult Mental Health Unit’s ability to respond to an outbreak requiring evacuation of the unit.

- **Exercise Amber Dragon (WXM FC) 15/07/2025**
  Exercise Amber Dragon was a tabletop exercise conducted to test the multi-agency response to a Major Incident at Wrexham Stadium and surrounding areas, including the railway station. This exercise was prompted by a rise in risk due to increased activity and football events in the Wrexham area. The

exercise was led by BTP and attended by Transport for Wales, North Wales Police, the NHS and the Fire Service, and aimed to evaluate interoperability and existing response plans.

- **Health Protection Simulation Exercise (17/07/2025)**
  To review and assess the capacity, skill, experience and equipment resources within the Health Protection Service for responding to urgent community sampling requests

- **28/07/2025 – IHC East, AHPs BC Exercise (Exercise Disconnected Care)**
  Exercise Disconnected Care was a table top exercise to test the resilience and effectiveness of business continuity arrangements across Therapy Services in IHC East in response to a cyber-attack that disables access to clinical records / systems.

- **Welsh Water – Exercise Dyffryn Conwy (13/08/2025)**
  The scenario of this multi-agency table top exercise was based on the Bryn Cowlyd water pipe burst that occurred in January 2025. Whilst the scenario was the same, the time of year was changed to the summer which presented additional challenges for agencies to work through.

- **Exercise Pegasus (22-23/09/2025, 13-14/10/2025 & 3-4/11/2025)**
  Exercise Pegasus was a tier 1, table top national exercise, led by the Department of Health & Social Care, aimed at rigorously assessing the UK's preparedness, capabilities, and response strategies in the context of a pandemic arising from a novel infectious disease. The Exercise focussed on the initial stages of a pandemic, structured around three pivotal time points.
  Phase 1: Emergence – 22nd and 23rd September 2025
  Phase 2: Containment – 13th and 14th October 2025
  Phase 3: mitigation – 3rd and 4th November 2025.

- **PH Team Away Day (09/10/2025)**
  The EPRR team led an interactive training session with the Public Health Directorate to raise awareness.

- **Exercise Bite Back (18/11/2025)**
  Exercise Bite Back was a table top exercise run by Public Health Wales over Microsoft Teams. This exercise explored the multi-agency response to invasive mosquitos in Wales

- **WAST MI Communications Cascade (26/11/2025)**
  WAST conducted a Major Incident Communications cascade exercise to test the effectiveness of their communication cascade systems. WAST cascaded a fictional METHANE report and send this out as part of the

communication test. Following receipt of the major incident exercise communication at switchboard level, each tier of BCUHB on-call on 26/11/2025 were contacted via established command and control processes.

- **North Wales Mass Rescue Maritime Incident Response Framework Exercise**
  This table top exercise was based on a Mass Rescue Maritime Incident in North Wales and was an opportunity to test the newly completed Maritime Incident Response Framework.

- **Exercise Annwn (Conwy Tunnel) 19/01/2026**
  Exercise Annwn was a live in-tunnel bore exercise that allowed Emergency Services and the North and Mid Wales Trunk Road Agency to practice their response to a major incident occurring in the tunnel.

- **UK Resilience Academy Risk and Consequence Assessment Workshop 28-29/01/2026**
  The purpose of this workshop was to equip resilience and emergencies professionals with the knowledge and skills to effectively assess, interpret, and present risk information, ensuring a comprehensive understanding of national, community, and organisational risk registers and their role in resilience and emergency planning.

- **Exercise Mercurius 11/03/2026**
  This was a communications-focused exercise attended by the BCUHB internal communications team designed to test and strengthen multi-agency communication capabilities during a large-scale incident attracting international media interest.

- **Mass Fatalities Capabilities Day 18/03/2026**
  This event was an opportunity for multi-agency partners to present their response and capabilities to a mass fatalities incident.

14.3 **Seminar and additional activities**
In order to ensure continual development of the EPRR function, BCUHB has participated in a number of additional activities including:

- **National Workshop to develop the UKHSA Adverse Weather Plan**
  The national workshop provided an opportunity for health and social care leads to participate in the development of the UKHSA Adverse Weather Plan for 2026;

- **Prevent Conference Wales 2026**
  This online conference took place on 25th February 2026 to introduce and promote Prevent processes and projects delivering in Wales under the UK

Government Prevent Strategy Framework. During the conference sessions explored emerging trends in the Prevent space, including: Mis/Dis/Mal Information; Fascination with Mass Violence; Online Radicalisation; The type of content available online; Channel Panel procedures, and; Making effective Prevent referrals.

- **Wales Civil Contingencies Conference 2025 – The Human Aspects of Civil Contingencies**
  This event took place on 1st October 2025 and focused on the Human Aspects of Civil Contingencies. Guest speakers from varied backgrounds shared their experiences and personal reflections as a result of their involvement with significant incidents that have occurred across the UK in recent years. These included the Manchester Arena Attack, Hackney Cyber Attack and setting up a Humanitarian Assistance Centre.

- **Health Prepared Wales Conference**
  This online conference took place on 20th November 2025 and brought together healthcare professionals, emergency preparedness resilience and response professionals, policymakers, and community partners to reflect on lessons identified from past emergency, explore current challenges, and strengthen multi-agency preparedness, response, and recovery strategies across NHS Wales and the wider system;

- **Strengthening Wales Cyber Resilience**
  This online seminar arranged by South Wales Local Resilience Forum took place on 19th January 2026 and brought together representatives from all four Welsh Local Resilience Forum (LRF) Digital Infrastructure Groups (DIGs), providing a valuable opportunity to share insights, strengthen collaboration, and hear from a range of guest speakers on enhancing our collective cyber resilience.

- **Major Accident Hazard Pipelines – EPRR Awareness session**
  This session took place on 21st January 2026 and was scheduled to raise awareness and understanding of the statutory duties placed on NWLRF organisations by the Pipeline Safety Regulations 1996 (PSR 1996).

- **Mass Casualty Incident Arrangements for NHS Wales**
  A series of awareness sessions regarding the Mass Casualty Incident Arrangements for NHS Wales took place throughout February 2026. The purpose of these awareness sessions was to strengthen confidence and clarity in NHS Wales would respond to the most challenging and high impact emergencies.

14.4 **Responding to Local Incidents**
Between 1st April 2025 and 31st March 2026, BCUHB responded to 25 national and local emergencies, including major incidents and business continuity

events, at either the Strategic (Gold) or Tactical (Silver) level. These incidents required coordinated decision-making, multi-agency engagement, and the rapid deployment of established EPRR arrangements to maintain service continuity and safeguard patient care. The breadth and frequency of these responses demonstrate the continued pressure on the system and highlight the critical importance of maintaining robust preparedness across all services. Each incident has generated valuable organisational learning, which has been captured through formal debrief processes and used to strengthen resilience arrangements across the Health Board. A full breakdown of all incidents managed during the reporting period is provided in Appendix 1.

15. DEBRIEFS

15.1 Following any major incident or business continuity activation, the EPRR Team undertakes a structured and comprehensive debrief process to ensure organisational learning is actively captured and embedded. This includes an immediate hot debrief with those involved to identify initial observations, followed by a more detailed cold debrief once operational pressures have eased. Insights from both stages are consolidated into a formal debrief report, which outlines clear findings, lessons identified, and an action plan with named leads and defined timescales. These reports ensure accountability, promote continuous improvement, and facilitate the dissemination of lessons learnt across relevant teams and services to strengthen the organisation's overall preparedness and resilience.

16. GUIDANCE

16.1 The following guidance has been released during the course of 2025/26:

- UKHSA Adverse Plan – BCUHB reviewed the content of the local plan and ensured actions were taken locally to comply with the guidance.

- NHS England Core Standards for Emergency Preparedness, Resilience and Response –the aim of the core standards is to clearly set out the minimum EPRR standards expected of NHS organisations in England and providers of NHS funded care. Whilst these standards are not mandatory in Wales they are used to inform planning requirements and best practice.

- Wales Resilience Framework 2025 - The Wales Resilience Framework 2025 reaffirms the Welsh Government's commitment to reduce the risk and impact of emergencies and to work in partnership to strengthen Wales' preparedness. The Framework sets out the Welsh Government's vision, expectations and how they will continue to support responders and Local Resilience Forums. The internal EPRR work programme is fully aligned to the Wales Resilience Framework.

- Public Health Wales – Chemical Decontamination Guidance for Health Boards. This guidance was released in January 2025 and is being incorporated in to internal plans.

17. PROGRESS AGAINST 2025/26 PRIORITIES

17.1 In the 2024/25 EPRR annual report, the priorities to improve overall resilience for 2025/26 were:

- Exercise Pegasus
- Business Continuity
- CBRN Assessment
- Winter 2024/25 debrief
- Pandemic Influenza Plan
- Training and Exercising
- Cyber Security
- Communications Cascade Exercise

17.2 Progress against these priorities is as follows:

- **Exercise Pegasus and Pandemic Influenza Plan**
  Exercise Pegasus was a tier 1, table top national exercise, led by the Department of Health & Social Care, aimed at rigorously assessing the UK's preparedness, capabilities, and response strategies in the context of a pandemic arising from a novel infectious disease. This exercise took place throughout September, October and November 2025. This exercise has helped develop the structure for the Health Boards pandemic response plan that is currently in draft format. It is anticipated that further national guidance to support this workstream will soon be released.

- **Business Continuity**
  In September 2025, the EPRR Team developed and implemented a comprehensive Business Continuity Dashboard, representing the first formal business continuity governance and compliance reporting mechanism introduced within BCUHB. The dashboard incorporates a RAG-rated system to record and monitor the status of each Business Continuity Plan (BCP), supported by a clear governance audit trail and an associated percentage compliance indicator. This provides a transparent and consistent method for assessing organisational readiness. The primary aim of the dashboard is to ensure that all Health Board BCPs are identified, tracked, measured, and routinely monitored, enabling the EPRR Team to promptly identify services requiring additional support. This enhanced visibility strengthens organisational resilience by ensuring that risks, gaps, and improvement needs are systematically addressed.

- **CBRN Assessment**
  The scoping exercise at the three Acute sites has now been completed in conjunction with a training and education gap analysis. The results from this will be used to take forward the work programme in 2026/27.

- **Training and Exercising**
  As can be seen from Section 13 of this report, significant training has been delivered to staff and there have been multiple opportunities for relevant staff to participate in internal and external exercises to enhance their knowledge and skills. Internal and external training and exercising opportunities will continue to be offered to key staff to improve compliance. A training dashboard has been developed to log and monitor training compliance with regular reporting to IHCs and CCAG.

- **Cyber Security**
  The EPRR team have worked alongside Cyber colleagues to incorporate a cyber specific section in to business continuity templates. Cyber resilience is included withing EPRR internal training sessions and close working between the two teams will continue throughout 26/27.

- **Communications Cascade Exercise**
  As detailed in section 13.2, a communications cascade exercise was conducted in November 2025.

18. THE WAY FORWARD OVER THE NEXT 12 MONTHS

18.1 The NHS England EPRR Core Standards and the Wales Resilience Framework together with any new national or international risks and threats will again form the basis upon which EPRR activities will be conducted by BCUHB for 2026/27.

18.2 The priority during 2026/27 will be for the Health Board to remain able to respond to any incident that may arise as a result of malicious acts, accidents or natural hazards; further strengthen by way of training and exercising its response arrangements; and continue to support services across the Health Board and within the wider Local Resilience Forum to improve its preparedness.

18.3 Accountability arrangements should remain clear at all times and BCUHB must continue to test and review its arrangements. In addition to the Health Board, the three IHCs are required to maintain a good standard of preparedness to respond safely and effectively to a full spectrum of threats, hazards and disruptive events, such as pandemic flu, mass casualty, potential terrorist incidents, severe weather, chemical, biological, radiological and nuclear incidents, fuel and supplies disruption, public health incidents and high profile / large scale events.

18.4 To ensure compliance with the EPRR Team's work programme, IHC service business continuity plans will start to be put through an audit process conducted by the EPRR team against ISO:22301. Following each audit, a report and appropriate action plan will be developed to address any shortfalls and these will be shared with the service. These reports will be followed up after a period of 6 months to monitor their progress against action plans that have been developed.

18.5 A review of CBRN training and education with a gap analysis and action plan is to be further developed in light of updated national guidance and a Health Board plan with site specific appendices will be created. Following completion of the local plan, a table top exercise will be carried out to validate the robustness of plans.

18.6 The Health Board will update its Pandemic Response Plan and a table top exercise will be carried out to validate the robustness of the plan.

19. SUMMARY

19.1 Over the past twelve months, activity has focused on maintaining a robust EPRR function while the newly established EPRR Team has embedded itself within the organisation. This has included the systematic review, adaptation, and maintenance of existing emergency preparedness and business continuity plans to ensure that both the Health Board and the Integrated Health Communities (IHCs) remain equipped to plan for and respond effectively to local emergencies, including major incidents. The organisation's capability has been tested on multiple occasions throughout the reporting period, both in and out of hours, providing valuable operational learning and demonstrating the resilience and responsiveness of arrangements in place.

19.2 Looking ahead to 2026/27, organisational priority will remain centred on ensuring the continued ability to respond to any incident that may arise. Malicious acts and pandemic influenza continue to represent significant threats within the national risk landscape, and preparedness for these hazards must remain strong. In addition, the increasing impact of environmental change continues to elevate the likelihood and severity of extreme weather events. Periods of intense heat, prolonged cold, high rainfall, and strong winds all pose risks of disruption to health services and the wider system. Ensuring readiness for these challenges will be a key area of focus in the forthcoming year.

19.3 During the next twelve months, the preparedness of NHS services will need to be closely monitored as the Health Board progresses through its organisational restructure under the Foundations for the Future programme. It is essential that the EPRR function remains resilient throughout this period of change and that capability, capacity, and continuity of statutory responsibilities are not adversely affected. Maintaining clear governance, stable processes, and strong

communication pathways will be critical to ensuring ongoing compliance and operational readiness.

19.4 The Board can be assured that BCUHB takes its statutory and wider NHS responsibilities for Emergency Preparedness, Resilience and Response, and Business Continuity extremely seriously. The organisation has established the necessary governance infrastructure, plans, and reporting mechanisms to ensure these duties are discharged effectively and professionally. Ongoing development of arrangements, coupled with strengthened oversight and assurance, supports a consistent and resilient approach to emergency preparedness across all services.

19.5 The establishment of the centralised EPRR Team has created a single, coherent point of contact for the IHCs, significantly reducing duplication, confusion, and variation in the way planning and incident response activities are coordinated. This streamlined approach has resulted in clearer communication, improved consistency, and more efficient operational support. The change has been positively received by internal colleagues and highly commended by multi-agency partners across North Wales, enhancing partnership working and reinforcing BCUHB's role in regional resilience arrangements.

19.6 Joined-up working between the EPRR Team and the Unscheduled and Emergency Care (UEC) function has further strengthened overall operational management, particularly during periods of system pressure. Improved integration has enhanced situational awareness, enabled more coordinated responses to emerging risks, and supported more effective escalation and decision-making across the system. This collaborative approach continues to contribute to safer, more resilient delivery of services during periods of challenge.

20. KEY RISKS / MATTERS FOR ESCALATION

20.1 There remains an ongoing requirement to strengthen organisational awareness of Emergency Preparedness, Resilience and Response (EPRR) across BCUHB to ensure that all staff understand their individual and collective responsibilities when responding to a service interruption or local emergency, including a major incident. Continued emphasis on communication, training, and clear guidance will be essential to embedding a consistent understanding of roles, escalation expectations, and the actions required to maintain service continuity during periods of pressure. Enhancing staff awareness in this area will further support the Health Board's ability to respond swiftly, safely, and effectively, ensuring that resilience remains central to day-to-day operations.

20.2 Ensuring that all on-call staff are fully trained and competent in their Emergency Preparedness, Resilience and Response (EPRR) responsibilities remains a key organisational priority. During 2025/26, compliance with EPRR training for

Strategic (Gold), Tactical (Silver), and Operational (Bronze) commanders increased to 80%, reflecting improved engagement and strengthened training pathways. The focus for 2026/27 will be to achieve 100% compliance across all tiers of the on-call rota, ensuring that every officer required to undertake critical decision-making during major incidents or business continuity events is fully prepared, confident, and equipped to discharge their role effectively. Continued monitoring, targeted follow-up, and enhanced training provision will support the Health Board in meeting this target and further strengthening organisational resilience.

20.3 As outlined in Section 17.2, significant progress has been made in strengthening Business Continuity (BC) governance and compliance across the Health Board. The Business Continuity Dashboard is now fully active and live, providing all services with a transparent mechanism to view, amend, and monitor their Business Continuity Plans (BCPs) in real time. Compliance is now captured through a clear RAG-rated system supported by percentage compliance indicators, enabling services to understand their current position and identify areas requiring further action. Monthly BC compliance reports are produced and circulated to the Civil Contingencies Assurance Group (CCAG) and Directorate BC Leads, ensuring regular oversight, escalation of emerging risks, and continued organisational focus on maintaining robust and tested BC arrangements. These strengthened reporting and assurance processes support ongoing improvement and reinforce the Health Board's commitment to effective business continuity management.

21. RECOMMENDATIONS

21.1 The Board is asked to **SUPPORT** the EPRR team:

- To work with IHCs to gain further evidence from IHCs to ensure that business continuity plans and supporting arrangements are being continually reviewed, maintained and embedded to the requirements of the CCA and aligned standard / guidance, and that lessons learnt from incidents and exercises are incorporated into these plans.

- To continue raising awareness around roles and responsibilities for EPRR across the Health Board and with our partner agencies.

- To maintain coordination of BCUHB representation at NWLRF sub groups.

- To ensure Strategic and Tactical on-call staff attend necessary training and participate in training and exercise events.

APPENDIX 1 – RESPONDING TO LOCAL INCIDENTS

BCUHB has responded to a number of incidents between 1st April 2025 and 31st March 2026 and a full list of these incidents can be found below.

- **Gas Leak (Adjacent to YGC) 11/04/2025**
  A tactical coordinating group was established following concerns relating to a gas leak adjacent to YGC. An immediate repair was undertaken and risk mitigated.

- **Road Traffic Collision, Bodfari – 23/04/25**
  This incident occurred out of hours and consideration had to be given to opening additional emergency theatres with the associated calling in of additional members of staff. The debrief that occurred highlighted the importance of not using abbreviations and colloquialisms. The incident was managed within existing resources

- **SACT (Systemic Anti-Cancer Treatments) – May 2025**
  The EPRR team supported oncology and pharmacy colleagues to maintain safe delivery of cancer services whilst critical equipment was under urgent repair.

- **Heddfan Mental Health Unit Power Loss – 01/06/25**
  It was reported to the EPRR team that the Heddfan Unit suffered a full power loss overnight. However, an incident response team was not required to be set up as this was managed on site and no additional resources were required.

- **Conwy Tunnel Fire 19/06/2025**
  A tactical coordinating group was established. During this incident BCUHB worked with partner agencies to ensure for example, arrangements were in place should emergency vascular patients have needed to be transferred from YG to YGC. Traffic diversions were shared with staff via the internal communications team.

- **Storm Floris 04/08/2025**
  Storm Floris brought some extremely strong and unseasonable winds to parts of Scotland. However, across Wales storm Floris wasn't nearly so strong, but we did see some gusty winds of 50-60 mph, some spells of heavy rain. Following watching briefs, no incidents were reported from any area of BCUHB. Weather updates were shared regularly and business continuity plans were in place but not required.

- **Flintshire Water disruption 08/08/2025**
  In the early hours of 8th August 2025, a water pipe in Hawarden, Flintshire burst disrupting reservoir supply across the Deeside and Flintshire area. A Tactical Coordination Group (TCG) was established to coordinate the multi-agency response.

For BCUHB, Deeside Community Hospital remained on constant tanker supply, Mold and Holywell Community Hospitals were on watching briefs (tankers were on standby if required), vulnerable persons known to BCUHB were identified and all Care / Nursing / Residential Homes, GPs and Community Pharmacies were identified and bottled water distributed as necessary. Supply distribution continued daily until the issue was resolved. Bottled water stations were also put in place for the public to access.

- **RTC A55 Holywell 09/08/25**
  A Major Incident was declared by North Wales Police (NWP) following a Road Traffic Collision (RTC) on the A55 near Holywell. A tactical coordinating group was established. YGC ED teams were placed on alert to receive casualties, the incident was managed within existing resources.

- **YGC Cath Lab Gas Leak 10/09/2025**
  Internal incident response meetings were set up due to a gas leak outside of the cath lab at YGC. The estates team worked with the utility company for a rapid resolution and repair. As the building had emersion heaters attached to the boilers, hot water to the building was maintained. Therefore, business continuity plans were not activated and patients did not have to be relocated to other specialty services.

- **Storm Amy 03/10/2025 and closure of Menai Bridge**
  Due to high winds from Storm Amy travel restrictions were put in place on Britannia Bridge coinciding with this and due to urgent engineering works Menai Bridge was closed from 3rd October until 10th October. Communications were shared widely and business continuity plans were enacted to support travel disruption, vulnerable patients in the community and mitigate any urgent transfers off the island.

- **Laundry Supply Disruption 03/10/2025**
  Laundry disruptions were reported on 3rd October affecting main sites, immediate work was undertaken to put additional linen into the system to ensure sufficient supply, business continuity plans were in place to manage disruption to services and maintain regular oversight.
  - .
- **East Water Burst Pipe Ruthin Road 10/10/2025**
  Reports received of a burst water main on Ruthin Road Wrexham which put access to the hospital at risk, access was reopened within 2 hours after initial repair. Traffic light system put in place to enable full repairs to be undertaken. All site management aware and comms distributed to GPs and Pharmacies in the area. No impact on services.

- **East Area Switch Board 16/10/2025**
  Due to a temporary drop in resources the EPRR team supported Business Continuity management in Wrexham Maelor Hospital to ensure risk reduction and continuity of critical switchboard services.

- **YGC Incident 04/11/2025**
  The EPRR team was asked to facilitate a 'hot debrief' following an incident at Ysbyty Glan Clwyd. Actions and recommendations were identified and services involved agreed to ensure additional training for on-call and front-line staff around the legal process that has to be followed for a patient to be able to be detained or transferred to 136 suites under the Mental Health Act would be made available.

- **Water Outage in the Buckley area 06/11/2025**
  A pharmacy in the Buckley area made the EPRR team aware that they had no water. Welsh water confirmed a temporary outage due to a burst water main and an expected resolution time was provided that was met. As a precaution the dialysis team made contact with patients in the affected area and reminded them of the importance of checking the chlorine level in the water before commencing their next home dialysis session.

- **Storm Claudia 14/11/2025**
  The MET Office placed Yellow warnings for wind and rain in place for most of North Wales Friday 14th to Saturday 15th November. Two TCGs were established to ensure all agencies were prepared and support if required. Internal communications were issued and teams were asked to factor the potential impact of the weather alerts into their weekend plans.

- **YGC Loss of Steam, Sterile Services – 20/11/2025**
  This incident resulted in the Sterile Services department having to implement their Business Continuity Plan and the service was relocated to ensure there was no impact on theatre activities.

- **Wrexham Maelor Hospital Power Failure 24/11/2025**
  The hospital had some dips in power f resulting in significant risk to the site, which was rectified within 90 minutes. However, a second dip to power caused further disruption. Operational Estates transferred the electrical load, and the situation was escalated with specialist contractors attending site to complete repairs.

- **Storm Bram 09/12/2025**
  This adverse weather event brought significant high winds and as a consequence of this there was a power loss at YG. Generators were stood up, but power surges resulted in a loss of CT capability. Whilst this was resolved, any patients requiring a CT scan were diverted to YGC.

- The strong winds from Storm Bram also resulted in two TCGs being established:

- A TCG was established due to the berths at Holyhead being closed and the resultant stacking of lorries and the management of welfare provisions to those stranded.

- A TCG was established due to a Transport for Wales train hitting a tree on the line towards Blaenau. There was also flooding further down the line into Blaenau Ffestiniog. There were no casualties as a result of this incident.

- **Adverse Weather (snow) 04/01/2026**
  A TCG was established due to the severe weather (snow fall) in North Wales, especially in parts of Gwynedd and Anglesey. The 4x4 voluntary response service was utilised by the Health Board to enable critical staff to get to their place of work. No agencies declared a major incident and the response was continued with the use of the severe weather plan.

- **Storm Goretti 07/01/2026**
  This adverse weather event brought winds, rain, sleet and snow to North Wales. A TCG was established on 7th January 2026 . Further TCG meetings took place on 8th January 2026 and an additional Transport cell was established to support the objectives of the TCG. School closures had an impact on all agencies.

- An internal critical incident was declared on 8th January 2026 as a result of continued and sustained, significant pressure across the health system and the predicted adverse weather associated with Storm Goretti. This decision was made to ensure the Health Board could plan proactively to provide the necessary support to services, staff and patients. All services were asked to ensure their business continuity plans were put in place and to work closely with the IHC and site management teams. An internal incident management team (IMT) was also established to coordinate activity in the run up to, and during the weekend with further details shared directly with services and departments. The internal critical incident was stood down on 9th January 2026. While the Internal Critical Incident was stood down, all actions put in place to reduce pressures and recover remained ongoing over the weekend.

- **Conwy Tunnel Closure 29/01/2026**
  A TCG was established following a serious road traffic incident the Health Board was represented at the meeting. Whilst initial preparatory actions were put in place due to the nature of the injuries, casualty transfers took place to trauma centres outside of North Wales.

- **National Bone Cement Shortage 18/02/2026**
  An internal incident management group was established to manage the Health Board's response to the National bone cement shortage. This resulted in all cemented orthopaedic procedures (primarily hip and knee replacements) being postponed for a period of time whilst an alternative product was approved for use. Non-cemented procedures continued and it was accepted that some procedures took place outside of standard time order so that theatre sessions were not wasted.

- **YGC Electrical Failure 28/02/2026**
  On Saturday 28th February Ysbyty Glan Clwyd experienced a fault on its High Voltage ring main system which impact on the electrical supply to the Emergency Quadrant Sub-Station. This resulted in an automatic transfer of the electrical supply for the sub-station to an emergency stand-by generator. Full mains power was restored on Tuesday (3rd March) afternoon. During this time, some planned procedures needed to be rearranged, but urgent care, trauma and IT services were maintained throughout.

- **IT Outage 25/03/2026**
  On the afternoon of 25th March 2026, a Wales-wide network outage occurred affecting NHS organisations connected via BT Public Services Network / PSBA, as confirmed by national updates. The outage resulted in a loss of internet connectivity and widespread disruption to Cloud hosted systems. At BCUHB, this led to the loss or degradation of multiple clinical and operational systems. Clinical areas reported significant operational pressure, particularly in Emergency Departments and Maternity, necessitating the use of business continuity (paper-based) processes.

APPENDIX 2 – PERFORMANCE MANAGEMENT

Section 10 (Performance Management) of this report notes that, following a self-assessment against the NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards and an independent review conducted by NHS Wales Shared Services Partnership Audit and Assurance Services (Internal Audit), the Health Board declared a position of 'Limited Assurance' with regards to EPRR and Business Continuity. This appendix provides an overview of the rationale underpinning this assessment.

The EPRR Core Standards framework comprises ten key domains:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- Hazardous Materials / Chemical, Biological, Radiological and Nuclear (HazMat / CBRN)

The self-assessment methodology allows organisations to rate their level of compliance against each domain as fully compliant, partially compliant, or non-compliant.

The Health Board's assessment identified partial compliance across all domains, reflecting that whilst substantial progress has been made, it is not yet in a position to declare full compliance in any of the core standards. Importantly, there are no domains in which the Health Board is assessed as non-compliant, demonstrating that appropriate foundational arrangements are in place across all areas.

Internal Audit completed a review of the EPRR work programme in 2025. Their findings recognised that the Health Board has made meaningful progress in strengthening its EPRR framework, supported by an enhanced governance structure and a clearly defined and structured work programme. The review also acknowledged that further development is ongoing across several domains.

However, the Internal Audit report concluded that continued focus is required in several key areas, including:

- Achieving comprehensive Business Continuity Plan coverage across all services
- Ensuring timely and consistent exercising and testing of plans
- Strengthening staff training and awareness

- Securing full alignment between risk management processes and EPRR policies

To address these findings, the EPRR Team has developed a detailed work programme for 2026/27, which is aligned to the EPRR Core Standards and Wales Resilience Framework, and is designed to deliver further measurable improvement across all domains. This programme will continue to build capability, maturity, and assurance, with the objective of progressing towards full compliance.

It is recognised that achieving full compliance across all domains is likely to require sustained effort over a number of years, reflecting the complexity of the standards and the resource implications, including both workforce capacity and financial investment.

ASSESSMENT	
Link to Strategic Intentions	4.Create a Modern, People Centred Healthcare System
Design Principles	Simplify, Standardise, and Adopt Best Practices
Corporate Risks and Board Assurance Framework	The EPRR Work Programme for 2025/26 has 9 live risks on Datix, these are aligned with National and regional Civil Contingencies Risk Registers.
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☒	No: ☒
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply

Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales	
Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated

		impacts on any of the protected groups).
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	