

Bundle BCU Health Board 26 March 2026

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - 26.43 Welcome, Introductions and Apologies for Absence
Dyfed Edwards, Chair
- 1.2 09:33 - 26.44 Declarations of Interest relating to the Agenda
Dyfed Edwards, Chair
- 1.3 09:35 - 26.45 Minutes of the Previous Meeting held on 29 January 2026 and the Trustees Meeting held on 28 January 2026
Dyfed Edwards, Chair
 - 26.45.1 Minutes from Health Board Meeting 29.01.26 V0.4 (Public)
 - 26.45.2 Minutes from Health Board Trustees Meeting 28.01.26 V0.3 (Public)
- 1.4 09:40 - 26.46 Matters Arising and Action Log
Dyfed Edwards, Chair
 - 26.46 Summary Action Log Health Board (Updated 19.03.26) Public
- 1.5 09:45 - 26.47 Experience Item
Angela Wood, Executive Director of Nursing and Midwifery
 - 26.47 Experience Item (Cancer Services Support Groups)
- 1.6 10:05 - 26.48 Employee Experience and Engagement Report
Debbie Eyitayo, Executive Director of People and Organisational Development
 - 26.48 Employee Experience and Engagement Report March 26 v4.4
- 1.7 10:20 - 26.49 Chair's Report
Dyfed Edwards, Chair
 - 26.49 Chair's Report V2.0
- 1.8 10:30 - 26.50 Chief Executive Report
Carol Shillabeer, Chief Executive
 - 26.50 CEO Report March 26 V1.0
- 2 10:40 - STRATEGIC ITEMS
- 2.1 10:40 - 26.51 Structured Assessment Report
Pam Wenger, Director of Corporate Governance
 - 26.51 Structured Assessment V2.0
 - 26.51.1 BCUHB Structured Assessment Final Report
- 2.2 10:50 - 26.52 Cancer Report
Tehmeena Ajmal, Chief Operating Officer
 - 26.52 Cancer Report V2.0
- 2.3 11:10 - BREAK
- 2.4 11:20 - 26.53 Level 5 Escalation Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
 - 26.53 Level 5 Escalation - Progress Report
- 2.5.a 11:35 - 26.54 Integrated Medium Term Plan Progress Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
 - Annual Delivery Plan 2025/26 - Quarter 3 Progress Report
 - 26.54a ADP Q3 2025 26 Progress Report FINAL 2.2
 - 26.54a Appendix FINAL - Annual Plan Sub-Objective Q3 Monitoring Report v2.0
- 2.5.b 12:05 - Integrated Medium Term Plan 2026-29
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
 - 26.54 b FINAL - IMTP Cover Sheet - 2026-03-26 V0.4
 - 26.54b FINAL - IMTP Narrative Plan - Board - 2026-03-26 V0.4
- 2.6 12:05 - 26.55 Enhancing Care through Digital Developments

Justine Parry, Acting Director of Digital, Data and Technology

26.55 Digital Update Health Board March 2026

3 12:25 - INTEGRATED PERFORMANCE

3.1 12:25 - 26.56 Urgent & Emergency Care (UEC) Progress Report

Tehmeena Ajmal, Chief Operating Officer

26.56 Urgent & Emergency Care (UEC) Progress Report V1.0

3.2 12:40 - 26.57 Chair's Assurance Report - Quality, Safety and Experience Committee

Caroline Turner, Committee Chair

26.57 AAA Report for QSE Committee V3.0

3.3 12:45 - 26.58 Integrated Quality Report

Angela Wood, Executive Director of Nursing and Midwifery

26.58 Integrated Quality Report - March 26 V2.0

3.4 12:55 - LUNCH

3.5 13:25 - 26.59 Chairs Assurance Report - Performance, Finance and Information Governance Committee

Rhian Watcyn Jones

26.59 AAA Report for PFIG Committee 24.02.26 V1.0

3.6 13:30 - 26.60 Performance Management Framework

Russell Caldicott, Executive Director of Finance

26.60 - Performance Management Framework - Cover

26.60a - Performance Management Framework - V2.0

3.7 13:40 - 26.61 Integrated Quality and Performance Report

Russell Caldicott, Executive Director of Finance

26.61 Integrated Quality and Performance Report (Coversheet) Final

26.61.1 IQPR Presentation V1.0

3.8 13:50 - 26.62 Finance Report

Russell Caldicott, Executive Director of Finance

26.62 Finance Report (Coversheet) Month 11

26.62.1 BCU 2025-26 M11 Finance Report

4 14:00 - GOVERNANCE, RISK AND ASSURANCE

4.1 14:00 - 26.63 Chairs Assurance Report - Audit Committee

Paul Lambert, Committee Chair

26.63 Audit Committee AAA Report 17.02.26 V1.0

4.2 14:05 - 26.64 Corporate Risk Register

Pam Wenger, Director of Corporate Governance

26.64 Corporate Risk Register Report March 2026 Public V1.0

26.64.1 Appendix - Corporate Risk Register

4.3 14:10 - 26.65 Corporate Governance Report

Pam Wenger, Director of Corporate Governance

26.65 Corporate Governance Report V2.0

26.65.1 Appendix A - Cycle of Business for the Board 2026-27 V0.4

26.65.2 Appendix B - Draft BCUHB Board Development Programme 2026-27

4.4 14:15 - 26.66 Committee & Advisory Group Chair's Reports

Planning, Population Health and Partnerships Committee, Clare Budden
People and Culture Committee, Dyfed Jones
Mental Health Legislation Committee, Gareth Williams
Charitable Funds Committee, Dyfed Jones
Stakeholder Reference Group, Peter Lewis
Local Partnership Forum, Carol Shillabeer
Healthcare Professional Forum, Emma Adamson
Executive Committee, Carol Shillabeer

26.66.1 AAA Report for PPHP Committee 05.03.26 V1.0

26.66.2 AAA Report for P&C Committee 12.02.26 V1.0

26.66.3 AAA Report for MHL Committee 05.02.26 V1.0

26.66.4 AAA Report for CFC Committee V1.0

26.66.5 AAA Report for SRG 02.03.26 V1.0

26.66.6 AAA Report for LPF 03.02.26 V1.0

26.66.7 AAA Report for HPF 06.03.26 V1.0

26.66.8 March Board EC Report v2 - Public (E)

- 5 14:20 - CLOSING BUSINESS
- 5.1 14:20 - 26.67 Review of Meeting Effectiveness
- 5.2 14:25 - 26.68 Date of the Next Meeting - Thursday 28 May 2026
- 5.3 14:25 - 26.69 Resolution to Exclude the Press and Public

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Health Board Meeting
held in Public on 29 January 2026
at Venue Cymru, Llandudno

Board Members present	
Name	Title
Dyfed Edwards	Chair
Emma Adamson	Associate Member (Chair of Healthcare Professionals Forum)
Tehmeena Ajmal	Chief Operating Officer
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Clara Day	Executive Medical Director
Urtha Felda	Independent Member
Dyfed Jones	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
Fôn Roberts	Associate Member (Representative of Directors of Social Services)
Georgina Roberts	Interim Executive Director of People Services and Organisational Development
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
In Attendance	
Laura Jones	Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
Justine Parry	Acting Director of Digital, Data and Technology
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance

PRELIMINARY MATTERS

26.01 Welcome, Introductions and Apologies for Absence

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

The Chair highlighted the ongoing work that will be reflected during the meeting including a significant report focussed on **Mental Health Services** reflecting the progress made over the past twelve months. It was also noted that **Urgent and Emergency Care** continues to be a regular focus area for the Board and there will be discussion around the **Key Programmes, Strategic Intent** and **Integrated Medium Term Plan** setting the direction for the coming years.

The Chair welcomed Jane Farrell, Improvement Advisor who will be working closely with the Health Board. The Chair also welcomed Debbie Eyitayo who will be commencing with the Health Board on 2 February 2026 as the new Executive Director of People Services and Organisational Development.

Apologies were received for Gareth Williams, Angela Wood and Dylan Roberts.

26.02 Declarations of Interest Relating to the Agenda

No declarations of interest were raised.

26.03 Unconfirmed Minutes of the Health Board meetings held on 27 November 2025.

Members received the unconfirmed minutes of the meeting held on 27 November 2025.

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board held on 27 November 2025 were a true and accurate record.

26.04 Matters Arising and Action Log

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

It was resolved that the Board:

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

26.05 Experience Item

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

- It was noted that this regular Board item highlights the value of input from staff, the public and service users to guide organisational improvement.
- The story draws on the experiences of two storytellers who have benefited from assistance provided by the **Enhancing Lives Team**, highlighting how this support has positively influenced their lives.
- Listening to the patient voice is vital for enhancing standards of patient care, particularly within the Mental Health portfolio.
- Thanks were extended to those who shared their personal experiences highlighting the need for providing assistance related to benefits, substance misuse and alcohol abuse. The focus remains on delivering care as close to individuals' homes as possible while ensuring a nonjudgmental approach.

In discussing the video presentation, the Board:

- Queried the sustainability of these services and it was confirmed that ongoing collaboration is underway with partners across North Wales. Local Authority representatives have engaged in discussions regarding future plans to ensure continued support for individuals.
- Referred to Bangor University's Centre for Mental Health, particularly its focus on substance misuse and queried reference in the report to a service neutral staff member and whether this is an advocacy role. The Executive Director of Allied Health Professionals and Health

Science agreed to collate further information relating to this area of work and share it with the Board outside of the meeting.

- Highlighted that the impact of mental health services extends beyond patients to families and communities with a wide range of impact therefore person-centred support is important.
- Acknowledged the need for partnership working with organisations including the housing associations, Local Authorities and local employers to provide cross-sector collaboration.
- Expressed thanks to the storytellers for sharing their experiences and noted that feedback from direct experiences are key to the organisation's improvement journey.

Action:

- **26.05.1** 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.

It was resolved that the Board:

- **NOTED** the Experience item.

26.06 Citizen Experience and Engagement Report

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

- The quarterly report provides an overview of citizen feedback via various channels including direct patient feedback, digital platforms and the work of LLais.
- The key themes identified include pressures in **Urgent and Emergency Care**, waiting times in **Planned Care**, access to dental services, **Neurodevelopment** waiting lists and access to **GPs** and **Mental Health Services**.
- The feedback reflects concerns in relation to instances where expectations have not been met however positive feedback is being received although not as frequently voiced, in areas such as compassionate care.
- Feedback is being utilised to inform actions and track improvements, and work continues on the Health Board's long-term strategy and service change which includes areas such as Women's Health, Tywyn and Penley.

In discussing the report, the Board:

- Confirmed that the report has been received by the Planning, Population Health and Partnerships Committee where there was focused discussion on the forward-looking strategy and development of a proactive communications plan.
- Queried why there has been an increase in negative feedback during a period of increased productivity in relation to waiting lists. It was confirmed that despite proactive efforts there has been a general increase in negative communication towards the NHS during the Winter period and a media landscape that tends to spotlight negative news leading to positive stories receiving less attention.
- Raised concern in relation to the negative media coverage received and queried what work is taking place to highlight the positive aspects. It was confirmed that ongoing proactive communication is taking place across various channels, including social media to share the Health Board's successes. Emphasising these achievements helps build community confidence and supports staff morale. It's also crucial to encourage politicians and the media to present a balanced view, recognising the hard work of the NHS staff.
- Inquired what is being done to address waiting lists for **Neurodevelopment** patients suggesting collaborative training is required with the education sector to ensure only those

who need specialist services are included on waiting lists. It was confirmed that supplementary funding has been secured to address waiting lists, with particular emphasis on reducing wait times for those who have been waiting the longest. There is a focus on redesigning services to ensure a more proportionate offer and partnership working continues to provide improvements in this area.

- Confirmed that commitment remains to learn from citizen feedback and experiences, using this insight to drive ongoing service improvement and ensure voices are heard in decision-making processes.

It was resolved that the Board:

- **NOTED** the key themes from citizen feedback.
- **ASSURED** itself that the citizen voice is shaping organisational objectives and decision making, as well as operational improvements.
- **ENDORSED** the continued strengthening of citizen voice mechanisms, ensuring lived experience is embedded in service planning and transformation.

26.07 Chair's Report

The Board received the report and the Chair highlighted:

- There has been a busy period of ward visits over the Winter months including a visit to Ysbyty Gwynedd on Christmas Day to thank staff for their dedication. Staff work exceptionally long hours during Winter and Christmas periods and gratitude was expressed for their continued efforts.
- The **Health Board Trustees Meeting** took place on 28 January 2026 and the ongoing work of the Charity and the extensive fundraising contributions were noted.
- The Chair has attended a wide range of Local Authority meetings, including a recent visit to Anglesey County Council, which provides opportunities for councillors to raise questions with the Health Board. Engaging with elected representatives is an important area of work to better understand and represent community needs.
- The report includes a summary of performance related matters that have recently been discussed including timely access to services. This is a key area of public concern that requires ongoing monitoring and reporting to ensure the Board understand the demand and provides guidance to the whole organisation to make improvements and ensure a high quality of services are provided.

In discussing the report, the Board:

- Highlighted the recent, valuable engagement with Anglesey County Council noting that work has been taking place to provide drop-in sessions with elected members and Health Board staff which have been well received and allowed open dialogue. There is an intention to extend these drop-in sessions to other Local Authorities to promote discussion and partnership working for collaboration in delivering better services for residents.
- Referred to the Memorandum of Understanding Signing with Coleg Llandrillo Menai and queried whether this is completed with other colleges. It was confirmed that an Education Steering Group has been established, the discovery work of the group is nearing completion and following this, the design work will review how the organisation work productively with higher and further education services.

It was resolved that the Board:

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

26.08 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- Significant changes are expected this year with the potential for a new Government and Chief Executives across NHS Wales are collaborating to ensure that the NHS can adapt its operations as necessary.
- There is a need to maintain a rigorous approach within a challenging financial context, with an emphasis on both preventative measures and effective service delivery.
- The recent Referral to Treatment Governance and Accuracy Data issue has been addressed and the Planning, Population Health and Partnerships Committee received a detailed report and considered this matter. The report identifies the error, provides assurance that processes have now been strengthened and learning has been shared across organisations noting that Welsh Government are now confident in publishing Health Board figures.
- Progress against the Health Board's response to Level 5 escalation will be discussed at the next Board meeting in March 2026.
- Digital developments are underway with the implementation of the Electronic Prescribing and Medicines Administration (EPMA) noting that the new maternity and eye care systems are also being progressed.
- Work continues to address the number of patients waiting for an appointment and 40,000 additional outpatient appointments have been undertaken since September 2025. This work includes weekend working and staff contribution was recognised.
- The Health Board are currently the top performing Health Board in North Wales for flu and COVID vaccinations in the over 65s. Thanks were extended to the public for the high uptake.
- A Cancer Services update is scheduled for the next Board meeting, National work continues and there has been an increase in the number of patients being seen for suspected cancer and faster identification of those without cancer.
- Thanks were extended to Georgina Roberts for her leadership and contribution over the past two years as the Interim Executive Director of People Services and Organisational Development.

It was resolved that the Board:

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

26.09 Vice Chair's Report

The Board received the report and the Director of Corporate Governance noted that the Vice Chair was not present at the meeting and referred to the extensive work recently completed by the Vice Chair.

It was resolved that the Board:

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

STRATEGIC ITEMS

26.10 Mental Health Strategic Report

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

- Thanks to Ros Alstead and Phil Meakin for their contribution to the work noting that members of the **Expert Advisory Group** were invited to provide statements for the Board meeting and David Graves and Sue Irlam from Llais were in attendance.

- The work completed demonstrates a continuous dedication to enhance services by learning from previous experiences and focusing on future improvements.
- The summary of the work completed including the Introductory Report and the report from the Independent Advisor highlights the foundational work completed which is essential to enable the organisation to move forward.
- Progress with the implementation of the Mental Health Electronic Healthcare Record will transform Mental Health services and the collaborative work with Cwm Taf demonstrates shared learning and working together across Wales.
- The Health Board are currently achieving the Welsh Government targets which is important for service delivery and the wide range of recommendations from the Royal College of Psychiatrists work highlights the progress made and the areas that require further focus.
- The work completed by the Independent Advisor has been presented to the Quality, Safety and Experience Committee and gratitude was expressed to the experts and Llais for their collaborative efforts.
- There is a now a need to learn from the work completed and move forward to progress and focus on major workstreams that will transform patients' lives.
- The Mental Health Oversight and Development Group has been established to progress this area of work. There will be an emphasis on patient and carer engagement, considering findings and best practice and listening to patients to maintain the external connections developed.
- The focus moving forward will be around developing an Outcomes Framework and ensuring visibility and positivity around the Mental Health work across the Health Board.

The Board received the report from the Independent Advisor, Ros Alstead and the following was highlighted:

- The report took over twelve months to complete and thanks were extended to the Expert Advisory Group, Llais and Board members for their support and contributions.
- Regular updates have been presented to the Quality, Safety and Experience Committee along with bi-annual reports submitted to the Board.
- It was noted that implementing actions does not necessarily mean improvements have been made, there is a need to provide real time measurements to ensure sustained improvements can be evidenced.
- The Expert Advisory Group was comprised of individuals, and each member's views are their own. The report has been shared with members of the group, and their feedback has been incorporated.
- The supporting paper provides a further detailed review of the improvement actions from the original Royal College of Psychiatrists Review highlighting that these have been addressed.
- Significant progress has been made in many areas which includes appointing to senior roles including a Nurse Consultant for Dementia, plans to ensure all relevant staff receive the required training, evidence of leadership in relation to Mental Health pathways and a costed plan to remove ligatures.
- Service user and carer engagement has improved, with the use of patient experience information via the Civica system however sharing positive feedback at team level is an area that requires focus.
- There is inconsistency across the audits completed and further work is required in relation to multidisciplinary ward rounds.
- Staff are considered essential 'equipment' within Mental Health services, and this care is highly valued and important to patients as well as the need for improved patient comfort and privacy.

- Recommendations have been made in relation to progressing concerns raised by the Expert Advisory Group in relation to mortality reviews, routine provision of dementia services and digital enablement with a range of recommendations to be taken forward by the Mental Health Oversight and Development Group.
- The review is intended to drive improvements for patients across North Wales and thanks were expressed for the ongoing support received.
- Thanks were also extended for the work completed by the Independent Advisor and the work of the Expert Advisory Group which has been a key area of focus and aims to provide enhanced Mental Health provision for the people of North Wales.

The Board received comments from Sue Irlam, Llais Representative and the following was highlighted:

- Thanks were extended to the families of Tawel Fan and members of the Expert Advisory Group for sharing their experiences as well as the Chair of the group and members of the Health Board for the professional partnership working that has taken place.
- The report has received strong support from Llais recognising the balanced and fair approach taken, identifying areas of improvement as well as examples of good practice.
- There was emphasis on the importance of acting on the recommendations expressing concerns regarding past shortcomings of the Health Board urging the Mental Health Oversight and Development Group to focus on continuous improvements without delay.
- Llais extended an offer to assist in engaging with patients, families and Health Board staff to deliver high-quality care for patients.

The members of the Expert Advisory Group who were not present at the Board meeting had been given the opportunity to contribute and the Independent Advisor, Ros Alstead read out the statements shared by the members.

The Board received a report from David Graves and other members of the Expert Advisory Group and the following was highlighted:

- A single model of service delivery is required, that includes a multi-disciplinary approach as well as identifying consistent individual care coordinators for each patient to understand individual needs as this form of support is essential.
- There is a need to continue to support the development of an Outcomes Framework to support the work of the Mental Health Oversight and Development Group and improve service delivery.
- Progress on the ward accreditation system is required to ensure best practice is being applied and a focus on mortality within Mental Health services.
- The past 13 years have presented significant challenge and there is a need to ensure improvements are now implemented and sustained.

The Chair expressed thanks to all those who have continued to provide support to the Health Board to improve Mental Health services and move forward following the catastrophic events that took place.

In discussing the report, the Board:

- Queried how the work will be taken forward and what is the ambition of the Health Board. It was confirmed that the Health Board is committed to rebuilding public trust by driving improvements and Chief Executive referred to a table contained within the report outlining the key priorities. There is a need to develop a consistent model across the region, strengthen crisis response resource, align the service model to the strategic intent and



ensure there is continuity and a focus on outcomes. It was confirmed that a Mental Health Strategic Report will be presented to the Board on a bi-annual basis going forward.

- Acknowledged that structured, detailed reports have been received by the Quality, Safety and Experience Committee which have provided a clear understanding of the progress and oversight of the Health Board in relation to the Royal College of Psychiatrists Report. The information has provided clarity around the risks and the work required to move forward and the Committee will continue to receive regular reports from the Mental Health Oversight and Development Group.
- Referred to the Foundations for the Future programme and whether this will help to address areas of improvement as well as transferring learning across the organisation and beyond Mental Health services. Reference was made to the Ockenden and Holden Reports previously completed in this area of work, noting that some issues are organisation-wide, including culture and behaviours. There is a need for strategies to be developed and implemented across the whole Health Board, not solely within Mental Health services.
- Highlighted the length of time taken to recognise these issues and queried whether the current indicators are effective. It was confirmed that there is a need for clear escalation and intervention pathways. Openness and transparency in reporting have improved and this needs to be supported by a culture that enables staff to raise concerns.
- Recognised that culture is an important issue and staff must work together to promote a caring and compassionate environment as part of the organisation's development journey.

Action:

- **26.10.1** A Mental Health Strategic Report to be presented to the Board on a bi-annual basis.

It was resolved that the Board:

- **NOTED** and **CONSIDERED** progress against the Health Board building blocks/foundations and Improvement Actions.
- **NOTED** and **CONSIDERED** the accompanying report from the Chair of the Expert Advisory Group Report.
- **AGREED** the Mental Health Oversight and Development Group to consider and progress the key considerations outlined in this report and the Chair of the Expert Advisory Group report.
- **SUPPORTED** the proposal to produce a regular report from the Mental Health Oversight and Development Group to the Quality Safety and Experience Committee.

26.11 Health Board Strategic Vision Statement and Strategic Intentions Report

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

- The report presents the draft Strategic Vision Statement along with the proposed Strategic Intentions to improve health and wellbeing across North Wales. Together these documents set a clear, shared direction that brings staff, partners and communities together around long-term ambitions for population health and wellbeing.
- The documents will guide future decision making, investment and service transformation as work progresses on the development of a new 10-Year Strategy and Clinical Services Plan for the organisation.
- The Strategy Programme follows a discover, design and deliver approach and has been co-created with staff, partner organisations and community representatives including reflections from the Stakeholder Reference Group and Local Partnership Forum to ensure the information reflects local needs and shared priorities.

- The aim of the draft Strategic Vision Statement is to build a future where everyone in North Wales has the support they need to live a healthier and happier life. Further development of the vision will continue to be refined to reflect shared ambition and priorities.
- Four Strategic Intentions have been developed for approval by the Board and these focus on a shift to prevention, enhancing the coordination of care, improving access, outcomes and experiences and creating a people centred healthcare system.
- Subject to Board approval, the Strategic Intentions will replace the existing five strategic objectives, originally developed as part of the Special Measures response, and will set the strategic direction for the Health Board's 2026–2029 Integrated Medium Term Plan and well as the 10-Year Strategy and Clinical Services Plan.

In discussing the report the Board:

- Acknowledged the level of work completed in terms of communication and engagement events with Local Authorities and partners noting that the priorities will shape the direction for future progress and will be reflected in the Integrated Medium Term Plan as the organisation continue to develop the 10Year Strategy and Clinical Services Plan.
- Queried how alignment can be achieved in terms of partnership working and delivery. It was confirmed that there will be an emphasis on partnership working, recognising that many objectives can only be achieved collaboratively. Recent Winter planning has shown effective collaboration which the organisation aim to maintain moving forward.
- Inquired whether the four Strategic Intentions translate into measurable outcomes. It was confirmed that work is taking place to introduce a more numerate focus with higher level indicators and the Integrated Medium Term Plan will include additional priorities enabling objectives to become more measurable to drive progress.
- Recognised that the Board is responsible for setting the Strategic Intent which will be articulated in the 10 Year Strategy. The Board Assurance Framework will be further developed in line with this to provide assurance that strategic priorities are being delivered and further detailed work will be required as we move forward, to frame the Board Assurance Framework and provide assurance to the Board.
- Highlighted the range of health inequalities that need to be addressed. This was acknowledged noting that the Health Board have a significant role as an anchor organisation therefore further work is required with partner organisations to address areas including employment and housing alongside healthcare.

It was resolved that the Board:

- **APPROVED** the Strategic Vision Statement, noting that it will continue to be refined during the strategy discovery phase.
- **APPROVED** the four proposed Strategic Intentions, which will underpin the organisation's future planning including the new 10 Year Strategy, Clinical Services Plan and Integrated Medium Term Plan.

26.12 Integrated Medium Term Plan 2026-29 Development Progress Report

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

- The report outlines the approach and progress in developing the Health Board's 2026–29 Integrated Medium-Term Plan and the key next steps required to finalise the submission by the end of March 2026.



The work builds on the learning from the 2024/2025 planning cycle and aims to be more focused, realistic and deliverable, with clearer prioritisation and stronger alignment between strategy, operational plans and resource allocation.

The plan is being developed within a clear strategic context, informed by the proposed Strategic Intentions whilst recognising that the organisation remains at Level 5 escalation and needs to demonstrate progress across all domains of the NHS Wales Escalation Framework.

- The planning approach has included broader engagement, a more continuous planning process and integration of the Annual Delivery Plan. This has been enhanced by moving to a unified numerate planning process to bring together demand, capacity, activity, workforce and financial modelling.
- A sequence of Board and Committee meetings throughout February and March will support scrutiny and refinement, ahead of final consideration by the Board on 26 March 2026 and formal submission to Welsh Government by 31 March 2026.

In discussing the report, the Board:

- Acknowledged the importance of balancing ambition with available resources, skills and staff. It was noted that the aim of the Board is to set targets that are both ambitious and realistic and provide a clear understanding of the organisation's current position and capabilities. Whilst plans should be ambitious, building confidence is essential therefore there is a need to ensure staff and the people of North Wales are confident the Health Board are able to deliver.
- Recognised the need to identify the difference this will make to the people of North Wales. It was confirmed that there is a need to provide clarity in terms of improvements, oversight of delivery against the plan and visibility of outcomes and evidence.
- Agreed there is a need to balance the level of ambition and the aim to achieve level four de-escalation.
- Queried whether the plan will ensure the Health Board cater for the diverse range of communities including rural areas to ensure equity across regions. It was confirmed that the plan will support health and wellbeing and consider equity in access to services and transport for all communities. It will be necessary to evaluate the design principles to ensure that an appropriate level of equity is provided throughout all areas of access.

It was resolved that the Board:

- **NOTED** the report; and
- **AGREED** with the approach outlined and the next steps in the development of the IMTP

26.13 Foundations for the Future

The Board received the report and the Chief Executive highlighted:

- Thanks to the Interim Executive Director of People Services and Organisational Development, the Programme Director for Foundations for the Future and the Executive Team for their work on the programme.
- The design phase of the programme has focussed on the operating model and the organisational function. It was noted that due to the current challenges in service access for the population of North Wales as well as considering outcomes, experience and cost, there is a need to address change in this area.
- **The Discovery Report published in 2024** highlighted seven key themes which included the need for interdisciplinary working, ensuring services and waiting lists are offered equitably and the need to address challenges related to autonomy, accountability and resources.

- Building on the previous work relating to the operating model and the ongoing need for benefits realisation, there is a clear emphasis on both enhancing current services and planning for future development. Central to this approach are the four Strategic Intent Statements, with a strong focus placed on ensuring the organisation is able to deliver effectively on these commitments.
- The approach addresses five key elements which include Strategy (Strategic Intent), Culture (Culture Change Programme and Values & Behaviours), People (Skills and Development) Processes (Decision making at appropriate levels) and Structure (Redesign required to provide a Regional Delivery of Services).
- The paper refers to Models A, B, and C emphasising Primary and Community Care as a central area for service access and recommends a more streamlined approach is required to enable corporate functions to support frontline service delivery.
- The programme will seek to improve organisational effectiveness for patients and citizens by enhancing access, equity and sustainability of service provision.
- It was recognised that change can be very challenging for staff and expressed thanks to staff across the organisation for their contribution and cooperation during this period.
- The draft structures are currently being socialised, and a formal consultation is being prepared in line with the policy that has been agreed in partnership. A timetable is being established, incorporating consultation and feedback stages and the views shared will be considered.
- The aim is to provide a more consistent, once for Wales approach to healthcare.

In discussing the report, the Board:

- Queried whether the programme is based around finance. It was confirmed that the focus is on organisational effectiveness noting that the financial elements will be considered and there will be transparency around costing however the programme is not financially driven.
- Acknowledged the new regional services and queried how these will correspond with existing Local Authority structures and relationships, it was confirmed that this area of work will be taken into account as we move forward.
- Recognised that staff anxiety is high and queried whether a clear communications plan will be provided to assure staff. It was confirmed that communication is being delivered and staff will compassionately support those affected.
- Suggested the need to have a Primary Care representative and agenda item covered at the Board. It was confirmed that the redesigned structure will help this area of work to be addressed in further detail.
- Confirmed that transport discussions are included in partnership engagement and planning.
- Queried the resource required for the consultation period to ensure organisational values are upheld. It was confirmed that capacity remains a challenge however resource has been realigned to allow an internal approach to be utilised and the people workstream will be key to ensure implementation is completed considerably.
- Highlighted the importance of understanding organisational complexity, identifying strengths and service gaps and ensuring clinical functionality at all levels. There will be a need for leaders to support teams and help staff deliver the desired care effectively to patients.
- Referred to leadership growth and talent succession including knowledge and skills development which will be a key area of improvement within the programme.
- Confirmed that the People and Culture Committee have oversight of this programme noting that the aim is to improve the health and wellbeing of population and also provide health services of high value and quality with a need to consider the best ways of working to ensure delivery.

It was resolved that the Board

- **NOTED** the report.
- **DISCUSSED** the progress.
- **AGREED** the progression to the next stage, including further engagement and consultation.

26.14 Key Programmes Report

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

- The report provides the latest strategic overview of progress across the Key Programmes portfolio of work.
- The Health Board have 15 Key Programmes across the organisation which are essential to the transformation of health and wellbeing service delivery within North Wales.
- Further detailed reports continue to be presented to the Strategic Planning and Service Change Group for executive oversight and the Planning, Population Health and Partnerships Committee continue to receive regular highlight reports.
- Challenges remain at programme level and it was noted that none of the 15 programmes are considered fully on track or have high delivery confidence, as each programme continues to face underlying issues.
- Deep dive review sessions are being held for specific programmes to closely examine where problems have arisen.
- Programme health checks are underway via the Portfolio Management Office as the first step towards a root cause analysis around themes for programme delays and support is being provided for Senior Responsible Officers and Programme Leads.
- In relation to the Electronic Prescribing and Medicines Administration system it was noted that this is a key intervention that enables safer medication prescriptions to be provided. It also supports audit processes and aligns with the Value and Sustainability agenda. The system is now live in East Integrated Healthcare Community, with plans to expand into West and Central regions by the end of the financial year. Staff have responded positively and the system is expected to enhance overall productivity.
- In relation to the Llandudno Orthopaedic Hub it was noted that building work continues and this is a key challenge as the timeframes continue to move forward. Work is also taking place to secure the clinical model and staffing structure.
- In relation to the Health and Well-being Hubs the Chief Operating Officer has been appointed as the Executive Sponsor to oversee the schemes across North Wales and unify these under a single framework. Each scheme is being assessed in relation to service delivery, community engagement and provision of health and well-being services. There is a need to build community capacity, align with the 'Community **by Design**' work, integrate services and work closely with third sector partners.

It was resolved that the Board:

- **SUPPORTED** the approach being undertaken regarding management oversight and the need for the continued maturing of the programme approach to ensure successful delivery in line with original expectations.
- **AGREED** to continue to receive updates at every other Board meeting with the Planning, Population Health and Partnerships (PPHP) committee to continue to provide Board level oversight in the intervening period.

26.15 Developing Sustainable Solutions for the Future of Penley Community Hospital

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

- The report provides a progress update on the review of future service needs for the local population, following the closure of inpatient beds at Penley Community Hospital in December 2024 and seeks approval from the Board on the proposed way forward.
- An initial phase of consultation engagement has been conducted with a wide range of participants, and this process has enabled options to be co-developed considering a broad range of views.
- The report includes three shortlisted potential models and Llais have suggested that further, continuous engagement should take place ahead of a formal public consultation period post-election, to ensure parity with the Tywyn Community Hospital service change process.

In discussing the report, the Board:

- Agreed to continue local discussions and engagement with stakeholders and undertake a formal public consultation following the election period in May 2026.
- Requested that the recommendation is amended to read “the elections to the Senedd”.

It was resolved that the Board:

- **NOTED** the work carried out to date.
- **NOTED** the shortlisted options, which will come for approval to a subsequent Board following further, more detailed work.
- **APPROVED** the recommendation to undertake a formal consultation on the future of services delivered from Penley Community Hospital following the elections to the Senedd in May 2026.

INTEGRATED PERFORMANCE

26.16 Urgent and Emergency Care Progress Report

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

- The position in relation to Urgent and Emergency Care performance, Emergency Department pressures, including ambulance waiting times and patient experiences has previously been discussed by the Board.
- A commitment was made to improve patient experience by Christmas, walkabouts were completed, feedback was received and a significant step change occurred which included a Winter Sprint Fortnight which took place from 8–22 December 2025, the development of a live dashboard and significant improvements in mobilising pathways of care.
- Further improvements were made in preparing patients for discharge and creating better ward flow to expedite patient in a more timely manner.
- These changes noted improvements in ambulance handovers and reduced delays, along with a significant reduction in emergency department pressures.
- A second Sprint Fortnight has been initiated involving Local Authority colleges aiming to further reduce patient delays using similar targets to the Winter Sprint Fortnight.
- There will also be a focus on optimising the 'front door' process and enhancing community care to support patients at home and improve planned hospital arrivals. This will assist in developing a single point of access and support community pharmacies and Primary Care to only direct patients to Emergency Departments when necessary.
- Work will also take place to ensure Minor Injury Units are open as scheduled, Out of Hours access is available and protect same day emergency care for appropriate patients.

- Teams are engaged in this area of work and diagnostics are being conducted to identify where the greatest improvements can be made to improve department flow and 'front door' processes recognising the need to improve quality and safety to minimise harm within the department.
- A rapid quality review was conducted in November 2025, and the outcome has been discussed by the Quality, Safety and Experience Committee noting the need to ensure learning and best practice is shared across sites.
- Concerns continue to be raised around waiting times for patients and delays in ambulance handovers and staff continue to be concerned about the working environment but are committed to providing quality care. Efforts are required to ensure patients can be discharged from acute care to the next care setting as soon as possible as this has an impact on patients accessing emergency care as well as ensuring staff working within this environment are supported.
- The Winter Sprint Fortnight in December demonstrated significant collaborative working with Local Authorities, the dashboard was welcomed by staff and there is encouragement to continue developing and building on this work.

In discussing the report, the Board:

- Referred to the 'front door' and queried whether those present in Emergency Departments are accessing the correct service. It was confirmed that Emergency Departments can be the default service utilised by the population and there is a need to ensure alternative services are provided to protect Emergency Departments for emergency patients.
- Acknowledged the improvements made as part of the Winter Sprint Fortnight and queried whether the organisation have the resources to sustain this level of provision and operational grip. It was confirmed that the Sprint has provided useful information, improved processes and enabled better use of care in the community therefore sustainability is key. It was also noted that operational resource will be addressed as part of the Foundations for the Future programme.
- Referenced single point of access noting that work is taking place with Cardiff around scheduling Unscheduled Care which may provide alternative opportunities for patients.
- Agreed there is a need to work closely with partners and the Regional Partnership Board to develop the provision for future population need as we move forward.
- Confirmed that a progress report will be presented to the Board at the next meeting in March 2026.

It was resolved that the Board:

- **NOTED** the delivery and impact of the Winter Sprint Fortnight, including measurable reductions in Pathway of Care Delays, improved front-door flow, increased protection of Same Day Emergency Care (SDEC) capacity, and the associated improvement in ambulance handover performance.
- **SUPPORTED** the development of key programme deliverables in line with the national 6 goals framework and service improvement initiatives.
- **ENDORSED** the implementation of the All-Wales Release to Respond Protocol as a critical patient safety framework to support timely ambulance handovers and consistent escalation across the system.
- **ACKNOWLEDGED** that sustaining improvement will require continued whole-system focus and partnership, particularly with Local Authorities and Welsh Government, to address underlying structural capacity constraints that impact discharge flow, Same Day Emergency Care (SDEC) utilisation, Single Point Of Access (SPOA) effectiveness and ambulance handover performance.

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

The Board received the report and the Committee Chair highlighted:

- The Committee received an update on Challenged Services which identified areas of improvement and development.
- A report was received in private in relation to Vascular which is an important area for consideration.
- The National Carers Report has been referred to the People and Culture Committee as this aligns with providing support to carers to help keep people out of hospital.

It was resolved that the Board:

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

26.18 Improving Quality Report

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

- The report has been reviewed by the Quality, Safety and Experience Committee.
- The Health Board reported four Never Events during October and November 2025, one of which has been downgraded as NHS Performance & Improvement determined it did not meet the criteria for a Never Event.
- The North Wales Safeguarding Board published the findings from the Gwynedd Child Practice Review and recommendations have been made to the Health Board in relation to data sharing and safeguarding assurances which are being taken forward.
- There has been a positive trend in relation to outbreak data during October and November 2025 and during December, mask wearing was mandated in clinical areas to address the higher prevalence of infection in hospitals, community and amongst staff groups, this has now been de-escalated.
- There has been a significant increase in the number of complaints received and the figures relating to concerns regarding the Emergency Departments will be separated out as we move forward.

In discussing the report, the Board:

- Highlighted that issues are being reported but queried what is being done to address these issues. It was agreed that an analysis of the information reported would be useful to highlight what the information is telling us.
- Suggested that the mortality review has been based on processing data rather than action. It was confirmed that further information is included in the report shared with the Quality, Safety and Experience Committee and once the process has been developed further there will be a need to analyse the data and extract the learning. It was suggested hyperlinks could be included in future reports to emphasise where further information has been shared with Committees.

Action:

- **26.18.1** Future Improving 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.
-

It was resolved that the Board:

- Took **ASSURANCE** from the report noting that all exceptions within the report are being monitored and have management plans to track completion.

- Took **ASSURANCE** that the action plans are tracked through core quality forums.

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

The Board received the report and the Independent Member highlighted:

- The financial position was discussed and alerted to the Board.
- There is a lack of improvement in performance indicators relating to theatre utilisation which are key measures of efficiency and productivity.

It was resolved that the Board:

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

26.20 Integrated Performance Report

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

- The operational teams are working hard to deliver against the performance targets.
- National funds have been utilised to deliver substantial reductions in patients waiting 52 weeks or more for their first outpatient appointment which has seen a reduction from 31,905 to 8,500 patients which correlates as a 74% improvement.
- There has been a reduction in the number of patients waiting over 104 weeks for all stages of treatment which now totals 3,668 which correlates as a 65% reduction however this is not in line with the Welsh Government target.
- In relation to Diagnostics this area remains challenging, plans are in place to deliver improvements in specific areas and are being closely monitored to ensure delivery against the targeted performance of 4,700 patients waiting.
- There have been some improvements in performance in relation to Cancer as measures have been deployed to enhance delivery in Dermatology through insourcing contractual performance, Colorectal with additional endoscopy, Breast through additional clinic capacity and additional recruitment to Head and Neck consultants.
- There has been an increase in sickness absence levels as well as employee relations cases which could be due to the work completed around culture and behaviours.
- The performance levels are not as high as required however the teams continue to make improvements.

In discussing the report, the Board:

- Referred to the performance in relation to Cancer noting that 52.4% of patients have been treated within the 62 day target and the targeted performance to move out of Special Measures is 55% and queried whether the target is obtainable. It was confirmed that the target needs to be attained over four consecutive months to reach the Special Measures target and agreed to refer to the gap in future reports to highlight the improvements required to reach the target.
- Noted the difficulty in reaching the Cancer target due to the complexity of care required, multidisciplinary teams are working to make improvements in this area and Cancer performance will be a focus at the next Board meeting in March 2026.

Action:

- **26.20.1** 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.

It was resolved that the Board:

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

26.21 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 as at 31st December 2025.
- This position is driven by the year to date impact of local and capacity pressures, out of area Mental Health placements and employer National Insurance shortfall and inflation.
- A review of delivery against the plan has been completed, and the initial 1% cost improvement will not be attainable therefore the Financial Oversight Group have agreed to implement further centrally controlled measures designed to prevent a further deterioration in the position whilst maintaining access and quality of services for the local population.
- The Health Board received £82m of conditionally recurrent funding during 2024/2025 with conditions based upon attainment of the financial plan. The current forecast deficit places the Health Board at risk of receipt of this allocation in 2025/2026 and future financial years. Further discussions will be required with Welsh Government in relation to this allocation.

In discussing the report, the Board:

- Queried whether there are plans in place if the Health Board does not meet the requirements to receive the £82m of conditionally recurrent funding. It was confirmed that clarity is required from Welsh Government as not receiving the allocation would create a significant impact for service delivery.
- Referred to the £8.8m in unbudgeted additional costs and suggested this area could be reviewed to help address the deficit position. It was confirmed that a more detailed review of these costs would be undertaken.
- Highlighted the controls in place and queried whether earlier implementation could have been possible. It was confirmed that the organisation was responding to the request to provide increased autonomy for accountable officers however further development is required to provide this going forward noting that key decisions will be outlined in the Annual Delivery Plan for the Health Board.
- Emphasised that work has taken place to review the schemes that do not have a detrimental impact on patient care and evaluate the capital programmes to identify the committed resources.
- Referenced the Foundations for the Future programme and whether this will result in efficiencies. It was confirmed that there will be some efficiencies and the Clinical Services Plan will result in further long term resources.
- Confirmed that the Health Board are currently the second best performing Health Board in Wales in relation to financial management and discussions are taking place with Government in relation to the £82m recurrent funding.
- Agreed that moving forward there is a need for a well structured organisation with clear accountability lines to ensure the skills are in place to deliver a managed budget.

It was resolved that the Board:

- **NOTED** the content of the report

GOVERNANCE, RISK AND ASSURANCE

26.22 Chair's Assurance Report: Audit Committee

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

- The Committee raised concerns around the provision of timely evidence relating to Management Responses to Internal Audit reports noting the need to see improvements in this area.
- Concerns were also raised around the ability to evidence the embedding of learning across the organisation and suggested historical learning could be reviewed to identify sustainability.

It was resolved that the Board

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

26.23 Board Assurance Framework

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

- The Board Assurance Framework has been reviewed by the relevant Committees to provide assurance to the Board and is aligned to the Strategic Intentions.
- Once the 10 Year Strategy has been developed, the Board Assurance Framework will be revised to align and ensure deliverables can be identified.
- The key changes and current position are referenced in the report with some suggested closures due to duplication.
- BAF24-07 currently remains unsatisfactory as it was felt the score was too low, work is taking place to provide assurance that the risk is being sufficiently managed.
- A number of risks are currently above tolerance and work is being completed on the Corporate Risk Register and processes to manage these risks to ensure the right mitigations and actions are in place.
- Thanks were expressed to the Head of Risk Management for her work and contributions as she will shortly be leaving the organisation.

It was resolved that the Board:

- **NOTED** the current position of the BAF and the committee scrutiny and feedback received.
- **ENDORSED** the closure of BAF24-01 (Effective & Accountable Organisation), with any remaining actions monitored via CRR25-08 in the Corporate Risk Report.
- **SUPPORTED** the increase in the current score for BAF24-07 from 16 to 20, reflecting operational pressures and alignment with CRR25-01.
- **APPROVED** the proposed assurance ratings as reviewed by the responsible committees and request targeted improvement plans where assurance remains Limited or Unsatisfactory.

26.24 Corporate Governance Report

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

- The report includes an urgent Chairs Action for ratification, the matters discussed at the previous private Board meeting and instances for affixing the common seal.
- Joint Committee and Partnership reports have been included in the supporting papers along with the published independent review into the governance and accountability arrangements of North Wales Shared Services Partnership in the supporting papers for transparency.
- The revised policy management policy process is being finalised before going out to consultation ahead of publication.

It was resolved that the Board:

- **NOTED** the report.



- **RATIFIED** the Chair Action taken since the last meeting.
- **NOTED** the affixing of the Common Seal.
- **RATIFIED** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.

26.25 Board Champions Annual Report

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

- This is a new report following the publication of a Welsh Health Circular noting that Champions offer focused attention and commitment at Board level.
- Independent Members have been identified to fulfil the roles and the work completed will contribute to the **Annual Governance Statement**.
- Thanks were extended to those who have undertaken these roles in addition to Board and Committee commitments.

It was resolved that the Board:

- **NOTED** the work Board Champions have undertaken over the past year and the priorities for the next year.

26.26 Committees and Advisory Group Chair's Reports:

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

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

The Chair of the Planning, Population Health and Partnership Committee referred to the Referral to Treatment Governance and Accuracy Report that has been published and provides assurance that a robust review has been completed and actions have been implemented.

It was resolved that the Board:

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

The Board reflected on the discussions held noting:

- A range of important reports had been presented and discussion had been positive, constructive and motivating.
- The patient perspective is valuable to inform the Board and the Welsh-English balance aligns to the Health Board ambitions based around culture.
- Significant time had been used to discuss the **Strategy** and the Board remains transparent and focused on long term improvement.
- The **Mental Health** item required focus and the **Expert Advisory Group** provided useful insights.



CLOSING BUSINESS

26.27 Date of Next Meeting:

Thursday 26 March 2025 at 9.30am

26.28 Resolution to Exclude the Press and Public

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

Unconfirmed

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Health Board Trustees Meeting
held in Public on 28 January 2026
at Venue Cymru, Llandudno

Board Members present	
Name	Title
Dyfed Edwards	Chair
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance (via Zoom)
Clara Day	Executive Medical Director
Dyfed Jones	Independent Member (part meeting)
Paul Lambert	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
Georgina Roberts	Interim Executive Director of People Services and Organisational Development
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
In Attendance	
Laura Jones	Corporate Governance Manager
Justine Parry	Acting Director of Digital, Data and Technology
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance
Neil Williams	Senior Financial Accountant

PRELIMINARY MATTERS
T26.01 Welcome to the Trustees Meeting The Chair welcomed Board Members, members of the public and those viewing online to the Health Board Trustees meeting to review the excellent work accomplished by the charity. Apologies were received for Gareth Williams, Angela Wood, Clare Budden and Dylan Roberts.
T26.02 Declarations of Interest Relating to the Agenda No declarations of interest were raised.
T26.03 Unconfirmed Minutes of the Health Board Trustees meetings held on 30 January 2025 Members received the unconfirmed minutes of the meeting held on 30 January 2025. It was resolved that the Board:

- **AGREED** that the minutes of the Health Board held on 30 January 2025 were a true and accurate record.

T26.04 Awyr Las Annual Report and Accounts for 2024/25 for Ratification

The Board received the report and the following was highlighted:

- The Charitable Funds Committee meet on a quarterly basis and the Chair of the Committee stated that the Awyr Las Annual Report and Accounts are being presented to the Trustees to provide an overview of the work completed by the Charity.
A significant amount of work is undertaken to sustain the Charity and its related activities.
- Awyr Las manage around 450 separate funds, supporting various services across the organisation and the Senior Financial Account together with the team support the financial administration of the charity by overseeing the financial elements and assisting those responsible for managing the funds.
- The Charity funds a broad spectrum of work which includes enhancing patient care, driving innovation throughout the organisation and supporting staff development and wellbeing.
- Areas that have benefited from Awyr Las funding include Cancer and Therapy patients, Arts in Health to support dementia and Mental Health patients and investment in equipment to help services operate more effectively and reduce waiting times.
- Work continues to improve the Health Board experience for patients and visitors and Awyr Las funds have been allocated to provide volunteers who offer support at hospital entry points, improve clinical spaces and redesign areas for visitors to provide care for children and patients in waiting areas.
- The Charity also supports an annual event at Venue Cymru to celebrate staff achievements and recognise the important work completed by the staff of the Health Board.
- Thanks were expressed to all the public and staff members who support the Charity and the positive impact the work of Awyr Las has for the people of North Wales.

The Executive Director of Finance and the Senior Financial Account referred to the Accounts and highlighted:

- The Audit Wales team have completed an audit of the accounts and provided an unqualified audit report.
- The Annual Report provides a statement of financial activities for the year ending 31 March 2025 noting that the income and expenditure has been highlighted and the year's total income resource was £2,316,000 noting that the report provides a breakdown of income streams.
- A high value of legacy gifts have been received and donations have seen a slight downward trend however this is in line with the current National picture.
- A wide range of fundraising events continue to be arranged by both staff and members of the public and these donations are gratefully received as they make a significant difference for patients, families and staff.
- A number of grants have been received related to ongoing projects such as the Arts in Health activity projects as well as funding from the Arts Council for Wales.
- The total expenditure for the year was £1,800,000 which supported the purchase of equipment such as wheelchairs, appropriate seating and furniture as well as development and research.
- Net gains on investments totalled £205,000, the overall net increase totalled £721,000 and the balance sheet included in the report provides further information on the value of the investments.

- Brewin Dolphin have been appointed via a tender process as the Investment Managers for the Charity.
- The accounts have been presented to the Charitable Funds Committee and appreciation was expressed to Audit Wales for their effective collaboration with the team.
- There is a need to agree the accounts by 31 January 2026 and the recommendation from the Charitable Funds Committee was to endorse the accounts for onwards approval by the Trustees of the Charity (in accordance with the Health Board Standing Orders)
- A workshop will now take place to reflect on the work completed and discuss how to utilise funds going forward to receive the best outcomes for the people of North Wales.

In discussing the report, the Board of Trustees:

- Referred to the funding from Awyr Las being utilised within communities as well as supporting the main hospital sites noting that this will assist the Health Board as it moves forward with the prevention agenda. It was confirmed that the connection between fundraising and investment is important and there is a need to utilise the funding more strategically to drive forward improvements.
- Acknowledged the use of unrestricted and designated funds noting that some areas receive more funding than others and queried how the organisation can enable those areas that don't attract as much funding. It was confirmed that certain funding is restricted due to the donor wishes. However a significant amount of funding is received unrestricted therefore this will be discussed in further detail at the workshop to review how to allocate funds to these areas where required.
- Expressed gratitude to those who have contributed to the work completed and those who have supported the Charity through fundraising events, highlighting appreciation for the funding received which has truly made a positive impact for the people of North Wales.
- Approved the annual report and accounts for the period 2024/25

It was resolved that the Board of Trustees:

- **RECEIVED ASSURANCE** from the Charitable Funds Committee recommendation to endorse the Annual Report and Accounts (Appendix 1) and to provide delegated authority to the Chair of the Charitable Funds Committee and the Executive Director of Finance, to sign the Annual Report and Accounts.
- **APPROVED** the charity annual report and accounts for the period 2024/25
- **PROVIDED** delegated authority to the Chair of the Charitable Funds Committee and the Executive Director of Finance to sign the Letter of Representation to Audit Wales.
- **NOTED** the Audit of Accounts Report.

The Annual Report and Accounts will be submitted to the Charity Commission in advance of the deadline for submission of 31 January 2026.

Health Board Action Log (Public)

Updated 19.03.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
REMAIN OPEN						
1	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		Remain Open 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.
2	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	Remain Open 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.
3	25.209.1	27.11.25	Healthy Travel Charter	Jane Moore	May 26	Remain Open



			Progress against the Healthy Travel Charter to report back to the Board in May 2026.			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.
4	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 Culture Committee to provide assurance up to the Board.	Debbie Eyitayo George Roberts	May 26	Remain Open 23.02.26 The report was presented to the People & Culture Committee in February 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.
5	25/129.1	31.07.25	Chair's Report	Debbie Eyitayo Georgina Roberts	May 26	Remain Open



			People and Culture Committee to discuss opportunities to support young people into the workplace and report back to the Board.		Revised timescale Sept 26	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	26.05.1	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	Action proposed for closure 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 A Mental Health Strategic Report to be presented to the Board on a bi-annual basis.	Teresa Owen Pam Wenger	March 26	Action proposed for closure 05.03.26 The Mental Health Strategic Progress Report has been included on the 2026-27 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	Action proposed for closure 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	Action proposed for closure 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.
Closed Actions (as agreed at meeting on 29.01.26)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	25.211.1	27.11.25	Urgent and Emergency Care Progress Report	Tehmeena Ajmal	March 26	19.01.26 An update on the performance elements of UEC



			The Performance elements of Urgent and Emergency Care to report to the Performance, Finance and Information Governance Committee and the safety elements to report to the Quality, Safety and Experience Committee.			was discussed at the PFIG Committee in 18.12.25. The safety elements will be reported to the QSE Committee in March 2026 as part of the Integrated Quality Report.
2	25.211.2	27.11.25	Urgent and Emergency Care Progress Report Urgent and Emergency Care to be a standing item for the next Board meeting being held in January 2026.	Tehmeena Ajmal	Jan 26	19.01.26 The Urgent and Emergency Care Progress Report has been included on the agenda for the Board meeting being held in January 2026.
3	25.211.3	27.11.25	Urgent and Emergency Care Progress Report A scoping exercise relating to the provision of care closer to home to be undertaken and reported back to the Board in January 2026.	Tehmeena Ajmal	Jan 26	19.01.26 A paper on UEC will be presented to the Board at the January meeting. The team are currently scoping community based services as part of the development of the SPOA and Community by Design work to align these areas to broader pieces of work.
4	25/138.1	31.07.25	Chairs Assurance Report - Performance, Finance and Information Governance Committee People and Culture Committee to discuss the increase in corporate functions and costs in relation to job evaluation.	Georgina Roberts	Nov-25 Revised timescale Jan 26	05.12.25 The P&C Committee received an update on corporate growth analysis at its meeting on 04.12.25 following the request and this has been referenced in the P&C Committee AAA Report to the January Board. 18.11.25 An update on the increase in corporate functions



						will be included in the People Operations Report being presented to the P&C Committee in December 2025. 27.10.25 A Job Evaluation paper was presented to the P&C Committee in October 2025, this did not address the increase in corporate functions therefore this area will be reported in the People Operations Report being presented to the P&C Committee in December 2025. 09.09.25 A paper on Job Evaluation is being presented to the People and Culture Committee in October 2025 and will be reported back to the Board via the AAA Report.

Health Board

CANCER SUPPORT GROUP PATIENT STORIES

Dyddiad y Cyfarfod Date of Meeting	26 th March 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Hannah Hughes – Patient & Carer Experience Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Angela Wood, Executive Director of Nursing and Midwifery

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.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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 Termiau Acronyms / Glossary of Terms

[Cancer Support Group Patient Stories - WELSH SUBTITLES.mov](#)

[Cancer Support Group Patient Stories - ENGLISH SUBTITLES.mov](#)

1. Overview of patient story

The patient story shares the experiences of two storytellers who are accessing and receiving support from cancer support groups across the Health Board. One storyteller describes their experience of accessing a cancer specific support group for Head and Neck Cancer. One storyteller describes their experience of setting up and accessing a general cancer support group for Pwllheli and Pen Llyn. The storytellers describe the positive impact this has had on their lives and supporting them and others through their cancer journeys.

1.1 Key messages

- Storytellers highlight the role of support groups in cancer care
- Storytellers highlight the importance of the User Involvement Facilitator role in supporting Person Centred Care within cancer services
- Storyteller highlights the importance of the North Wales Cancer Patient Forum
- Storyteller highlights the role of the BCUHB Macmillan Cancer Information and Support Officers and access to Macmillan Support Grants

2. Summary of learning and improvement

The patient story has been shared across cancer services for learning and good practice.

2.1 Highlighting the role of support groups

This patient story highlights the experiences of two storytellers who have accessed different types of cancer support groups and the benefits that they have experienced.

Support groups may be beneficial at any point in a cancer journey, from point of diagnosis to living with and beyond cancer. They may be designed to support people with any type of cancer or for those with a specific cancer diagnosis. Groups often support partners and families as well. Some groups are more formal and include guest speakers or attendance from health professionals and some may be more

informal and incorporate physical / creative activities and time for a cuppa and a chat. Groups often meet on a regular basis in a community venue or public space and some meet face to face, while others provide online support.

The benefits of joining a support group can include listening and learning from the experiences of others, participating in activities to support wellbeing, sharing common feelings, and coping strategies and gaining a sense of community. These groups provide safe, accessible spaces for individuals affected by cancer to access peer support, information, and wellbeing resources within their local communities.

2.2 Highlighting the role of the User Involvement Facilitator in Person Centred Care

Sitting within the cancer Person Centred Care team, the role of the User Involvement Facilitator is to ensure that the lived experiences of people affected by cancer directly influence the planning, development, and delivery of services across the Health Board. The role focuses on strengthening patient engagement, improving person-centred care, and ensuring that cancer services across North Wales are shaped by the insights and experiences of patients.

A key part of the work of the User Involvement Facilitator is to co-ordinate and facilitate the North Wales Cancer Patient Forum and to support patient representatives to actively participate at Cancer Advisory Groups, Person-Centred Care Group, and the Cancer Board meetings. This ensures that patient voices are embedded in decision making processes at all levels.

The User Involvement Facilitator works collaboratively with Cancer Clinical Nurse Specialist teams and Assistant Practitioners to identify gaps in holistic support for patients and their families. Recent work has supported the facilitation of several tumour specific support groups across the Health Board.

The Assistant Practitioners support patients throughout their treatment journey, helping with day-to-day clinical tasks, providing clear information and acting as a consistent point of contact. They also link patients with relevant support groups and wellbeing services. The Assistant Practitioners will be attending support groups for the first 12 months to support, help facilitate and to make sure patients are feeling comfortable. The aim is that support groups will be patient led after 12 months.

2.3 Highlighting the North Wales Cancer Patient Forum

One of the storytellers describes that their support group also acts as a learning environment and feedback mechanism to the Health Board, learning from the experiences of patients and contributing to Health Board service developments. This storyteller is a valued member of the North Wales Cancer Patient Forum.

The North Wales Cancer Patient Forum is a network of people living across North Wales who have been affected by cancer and who share an interest in improving cancer care for others. The Forum recognises that the personal experiences of cancer patients, family and friends brings a special understanding and knowledge of cancer care and that their views and ideas have an important part to play in helping to shape and transform cancer services.

The North Wales Cancer Patient Forum is open to anyone living in North Wales who has experience of cancer treatment or caring for a cancer patient. There are a variety of ways that people can choose to be involved depending upon their interests and availability. There are three levels of participation from sharing feedback and taking part in surveys, to becoming a patient representative and joining focus groups and advisory meetings.

By working together with the Health Board and other cancer-related organisations, the Forum can provide a meaningful platform to make a real difference to cancer care.

2.4 Highlighting BCUHB Macmillan Cancer Information and Support Officers

One of the storytellers describes having encouragement, guidance, support and attendance from the Macmillan Cancer Information and Support Officer when they initially set up their support group. This group has grown from strength to strength and the Macmillan Cancer Information and Support Officer has continued to support with advice and information.

There are three Macmillan Cancer Information and Support Officers based in the Macmillan Information and Support Centres at the three acute sites across the Health Board with one in each Integrated Health Community area. They provide a vital role in providing non-clinical cancer information, advice, support for anyone affected by cancer, relatives, friends, and healthcare professionals across the Health Board. This may include living with cancer and other conditions, living with or beyond a cancer diagnosis and offering a safe place to talk. They offer signposting and referral to other services, including welfare rights assessments and helping people to find and access local support groups.

2.5 Highlighting access to Macmillan Support Grants

One of the storytellers describes securing a grant from Macmillan Cancer Support to set up their group. Macmillan Support Grants are a one-off payment of no more than £15,000 that can be used to directly benefit people living with cancer.

Grant applications have both funding and eligibility criteria and may be used to fund events, group outings, room hire and refreshments, information stands and community projects, physical activity linked to personalised care and education sessions for people living with cancer. Applications can be taken from cancer self-

help and support groups, Macmillan professionals and the wider workforce, voluntary, third sector, community groups and partner organisations. Macmillan welcome applications that aim to support diverse communities, promote inclusion, and encourage peer-to-peer support.

The User Involvement Facilitator has supported several teams to successfully secure grant funding from Macmillan Cancer Support to enable the set-up of support groups and to support them through their first year.

2.6 Sharing and using the patient story

This patient story will be shared across cancer services. It will be shared at the Person-Centred Care Sub Group to support service improvement discussions.

It will be shared at the Forums for both the Cancer Clinical Nursing Teams and Assistant Practitioners to highlight the value and impact of cancer support groups. Sharing the story in these forums will help demonstrate how support groups complement the clinical nursing teams, reduce isolation, and improve patient experiences. It will act to encourage other teams to consider establishing site specific support groups where gaps are identified.

The story will be shared with The North Wales Cancer Patient Forum so that patient experiences continue to inform how cancer services are planned and delivered across the Health Board.

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

3. Recommendations

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

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	4. Improving quality, outcomes and experience
	If more than one applies, please list below: • Creating compassionate culture, leadership, and engagement. • Establishing an effective environment for learning.

Yr Egwyddorion Dylunio Design Principles	People First If more than one applies, please list below: Consistency with organisational values.
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	Not Applicable

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS

Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	Not applicable
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	Not applicable.
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales A More Equal Wales. A Resilient Wales.	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	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?	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: ☐	No: ☒
	Outcome:	
	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

EMPLOYEE EXPERIENCE AND ENGAGEMENT REPORT

Dyddiad y Cyfarfod Date of Meeting	26 March 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 Approval The Board is asked to: • SUPPORT the approach outlined in the report as part of the wider Culture, Engagement and Leadership improvement work. • APPROVE the suggested strategic approach to staff engagement and experience described in Figure 1 on page 5 of the report.

Crynodeb Gweithredol **Executive Summary**

This report sets out a suggested approach to further developing our strategic aspirations for improving how connected our employees feel to the organisation.

It outlines key strategic initiatives designed to engage and listen to staff and demonstrate that they are valued by the organisation. This includes collecting and analysing feedback on staff attitudes and experiences to inform improvements, a key part of which is the NHS Wales Staff Survey 2025. A report on the survey will be presented to the Board in May following a detailed review at the People and Culture Committee.

This work is closely connected to the Culture and Leadership Programme, which the Board were updated on in their November 2025 meeting by way of the Synthesis Report. The associated Culture, Leadership and Engagement Improvement Plan 2026-2029, which has been updated following comments from the Board in November, describes key activity to improve engagement and details how it will be measured.

The report also updates the Board the headline action undertaken, and progress made in relation to our ongoing work to deliver improvements in employee engagement and experience.

The organisation has made significant progress in strengthening staff voice, leadership visibility and recognition. The next step is to ensure these efforts are aligned, coordinated, and embedded consistently.

Board support will provide the clarity and authority needed to accelerate this work and ensure staff engagement remains central during a period of substantial organisational change.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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	17.12.25	Discussion and feedback, which has been integrated into this report
People and Culture Committee	12.02.26	Feedback requesting the report to be more strategic for the Board
Executive Committee	11.03.26	Feedback incorporated into Board report

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

BCUHB	Betsi Cadwaladr University Health Board
CCL	Culture Change Leaders

1 Y SEFYLLFA SITUATION

This paper proposes a clear strategic direction for strengthening employee experience and engagement across BCUHB. It builds on the Culture, Leadership and Engagement Improvement Plan 2025–2028 and incorporates key learning from staff feedback.

Recent activity demonstrates strengthened leadership visibility, structured staff listening and improvements in approaches to staff recognition, culture insight and staff support. The Board's feedback and endorsement of this direction will ensure these activities are implemented consistently and sustainably across the organisation during a period of significant change.

1. Context and Strategic Need

- Many colleagues report they are still not consistently listened to, involved or supported across all teams and sites.
- Changes connected to the Foundations for the Future programme may create uncertainty, increasing the need for trust, communication and clarity.
- Staff experience and engagement directly influence patient safety, staff retention, wellbeing and organisational stability.

A Board-supported strategic engagement framework is necessary to standardise expectations and embed consistent practice across BCUHB.

2. Progress to Date – Examples of Action Already Taken

Below are specific examples from the past 12 months, evidencing tangible progress and organisational commitment.

2.1 Leadership Visibility and Access

- Chair and Chief Executive drop-in sessions introduced in January 2026, enabling staff to ask questions directly and raise concerns.
- CEO Leadership Briefings via MS Teams now held regularly, offering senior colleagues Q&A opportunities and clarity on priorities.
- Executive participation in People Manager's Forum has grown, with significant increases in attendance and engagement.
- Locality visits by Executive Directors across multiple sites, engaging directly with clinical and non-clinical teams.

2.2 Staff Voice and Listening

- Culture Health Assessment tool piloted by Culture Change Leaders to support teams in understanding their culture and identifying improvement actions.

- Culture dashboard developed to track cultural indicators at Health Board level.
- Structured listening approaches rolled out, including stay conversations, exit/new-starter surveys, one-to-ones, PADRs and Schwartz Rounds.
- Speaking Up Safely platform increasingly used as an additional avenue for staff voice.
- Staff Stories hub established on BetsiNet, including written stories and short films, presented at People Manager's Forums.

2.3 Role of Culture Change Leaders

- Almost 200 Culture Change Leaders appointed, actively promoting NHS Wales Staff Survey participation, and supporting local culture diagnostics.
- CCLs trained to use the Staff Engagement Toolkit and Values & Behaviours Toolkit, embedding these tools at team level.

2.4 Recognition and Reward

- Monthly Seren Betsi values awards ongoing, recognising individuals and teams demonstrating compassion, openness, and respect, with Board/local leadership involvement in presentations.
- 2025 Staff Achievement Awards attracted a record 450 nominations and 500 attendees, with 87.5 per cent of costs funded via income generated through sponsorship, ticket sales and NHS Charities Together.
- Long service recognition review underway with a joint Health Board/trade union task and finish group, reporting in June 2026.
- Benefits package review ongoing, benchmarking against leading NHS employers and exploring shopping/leisure discounts and enhancements to flexible offers.

2.5 Organisational Change Support

- Engagement activities linked directly to Foundations for the Future, ensuring staff concerns and cultural findings inform the programme.
- Senior leadership increasingly involved in shaping major programmes such as Primary Care cluster development and collaborative redesign.

3. Proposed Strategic Direction

3.1 Vision

To create a compassionate, connected organisation where staff feel valued, heard, and involved, supported by a consistent engagement approach across all sites, professions, and teams.

3.2 Five-Pillar Strategic Engagement Framework

1. Compassionate leadership driving psychological safety and trust.
2. Clear, transparent communication at all levels.
3. Strong line-management practice supported through training, expectations, and tools.
4. Meaningful employee voice, including listening mechanisms and involvement in improvement.
5. Visible action and feedback demonstrating the impact of staff input.

This aligns with CIPD best practice and the Culture, Leadership and Engagement Improvement Plan.



Figure 1 - full page version in appendix 2

4. Key Risks (if not progressed)

- Declining engagement due to operational pressure and structural change.
- Survey fatigue if staff do not see meaningful action.
- Inconsistent leadership behaviours without a clear, Board-backed framework.
- Potential impact on quality, retention, and organisational reputation.

Mitigation relies on strong leadership visibility, regular communication, and clear expectations set at Board level.

Conclusion

The organisation has made significant progress in strengthening staff voice, leadership visibility and staff recognition. The next step is to ensure these efforts are aligned, coordinated and embedded consistently.

Board support will provide the clarity and authority needed to accelerate this work and ensure staff engagement remains central during a period of substantial organisational change.

5 ARGYMHELLION RECOMMENDATIONS

The Board is asked to:

- **SUPPORT** the approach outlined in the report as part of the wider Culture, Engagement and Leadership improvement work.
- **APPROVE** the suggested strategic approach to staff engagement and experience described in Figure 1.

Approval provides the clear organisational mandate required to embed consistent engagement practice across BCUHB.

Appendix 1 – Excerpts from the Culture, Engagement and Leadership Improvement Plan 2025-2028 that relate to engagement

Ref.	Objective	Start	Target	Required outcome	Measures
1.1	Design and deliver psychological safety training, focussing on specific and actionable behaviours that support psychological safety within teams and across the organisation, with at least 80% of participants reporting increased confidence in applying these behaviours post-training feedback.	Q1 2026	Q4 2026	A culture where staff at all levels feel they can speak up and call out inappropriate behaviours in order to continue to develop the culture we want to see.	3% increase in NHS Wales staff survey participation rates. A year on year increase in scores in the NHS Wales staff survey relating to the theme We are all able to speak up (Q14a-14d; 23d; 14i -14k; 17d-17e). Baseline in 2024 - 65.4%. Target in 2025 - 67.4%; 2026 - 69.4%; 2027 - 71.4%; 2028 - 73.4%.
1.2	Develop and publish a clear organisational vision that aligns board-level ambition with frontline reality. Communicate the vision internally and externally to stakeholders.	Q1 2026	Q2 2026	All staff have an awareness of the organisational vision and understand how the work they do connects/aligns to the wider organisational vision.	Staff understand the vision and how they contribute to it through the PADR process.
1.5	Implement a consistent cultural approach across the health board by further implementation of the shared values and behaviours framework. Embedding them through training,	Q3 2026	2028	Teams living and displaying the organisational values through their everyday interactions with one another.	85% of staff will report a consistent culture across their team and/or department measured via the NHS Wales staff survey relating to the theme We are

Ref.	Objective	Start	Target	Required outcome	Measures
	leadership communication, and internal policies.			Staff accountability to adhere to the framework. Inclusion of a Values & Behaviours section within the PADR documentation, to aid staff reflection on behaviours with a focus on 'what' they did to achieve their goals, as well as 'how' they achieved this through their behaviours.	compassionate and inclusive - Compassionate culture. A year on year increase in NHS Wales staff survey participation rates. Baseline in 2025 - 24.9%. Target in 2026 - 30%; 2027 - 35%; 2028 - 40%; 2029 - 45%.
2.1	Complete a review and streamlining of governance processes across the organisation. This will involve mapping current governance procedures, identifying duplication and delays, and implementing at least five process improvements to reduce administrative	Q1 2026	Q2 2026	Clear governance processes in place. Staff feeling empowered to influence local decisions/change.	A year on year increase in scores in the NHS Wales staff survey relating to the theme We are all able to speak up - Autonomy and control (Q14a - 14d;23d). Baseline in 2024 - 72.9%. Target in 2025 - 74.9%; 2026 - 76.9%; 2027 - 78.9%; 2028 - 80.9%.

Ref.	Objective	Start	Target	Required outcome	Measures
	burden and increase efficiency.				
2.2	Develop and implement a set of meaningful organisational metrics that demonstrate the impact of initiatives on staff engagement. This will include at least 10 key metrics EG engagement scores, retention, well-being indicators, participation rates tracked monthly with quarterly reporting to senior leadership.	2027	2027	Staff feel PADR/Mandatory training are meaningful. Support staff wellbeing and work-life balance.	A year on year increase in staff engagement index scores in the NHS Wales staff survey. Baseline in 2024 - 70.9%. Target in 2025 - 72%; 2026 - 73%; 2027 - 75%; 2028 - 77%.
2.5	Implement a process to celebrate and share positive feedback more widely across the organisation, including patient experience data.	2027	2027	Embed process to capture positive feedback from patients and service users. Increased staff morale.	80% of staff reporting increased awareness of patient feedback in a staff survey,
2.6	Implement a structured staff recognition programme that promotes greater recognition of staff achievements across the organisation.	Q1 2026	Q4 2026	Boosts morale and motivation. Supports improved mental health and wellbeing. Enhanced productivity and engagement.	A year on year increase in scores in the NHS Wales staff survey relating to the theme We recognise everyone's contribution (Q04e; 15a-15b; 15e). Baseline in

Ref.	Objective	Start	Target	Required outcome	Measures
					2024 - 62%. Target in 2025 - 64%; 2026 - 66%; 2027 - 68%; 2028 - 70%.
2.11	Develop and implement compassionate feedback mechanisms, including a structured 360° feedback process for leaders and key roles. This will include training on giving and receiving compassionate feedback, clear guidance on how feedback is used, and an anonymised system for collecting feedback.	2027	2027	Increase self-awareness and identify leadership strengths and development needs.	A year on year increase in scores in the NHS Wales staff survey relating to the theme We are compassionate and inclusive - Compassionate Culture (Q01j; 16a-16d; 17a-17d;). Baseline in 2024 - 68.4%. Target in 2025 - 70.4%; 2026 - 72.4%; 2027 - 74.4%; 2028 - 76.4%, and Compassionate Leadership (Q04f-04g; 04i). Baseline in 2024 - 68.9%. Target in 2025 - 70.9%; 2026 - 72.9%; 2027 - 74.9%; 2028 - 76.9%.
4.6	Develop and implement a structured inclusion programme that ensures all voices across the organisation are heard. This will include regular staff listening sessions, inclusive forums, and	2028	2028	Ensuring the views and ideas of all staff and patients are heard and integrated into developing our services.	A year on year increase in scores in the NHS Wales staff survey relating to the theme We are all able to speak up (Q14a-14d; 23d; 14i-14k; 17d-17e). Baseline in 2024 - 65.4%. Target in 2025 - 67.4%;

Ref.	Objective	Start	Target	Required outcome	Measures
	anonymous feedback channels, with at least 75% of departments participating.				2026 - 69.4%; 2027 - 71.4%; 2028 - 73.4%.
5.2	Improve how leaders and managers cascade information and key messages to their teams.	Q2 2026	Q3 2026	Develop more engaging and two-way communication where staff feel informed, involved and listened to.	Measure TBC.



Appendix 2 – Full page version of Figure 1 from page 5

Suggested Staff Engagement and Experience Strategic Approach

Foster a culture of voice and involvement

Give staff a voice

Create channels for employees to provide feedback and be involved in decisions that affect their work, ensuring their input is heard and valued.

Promote a shared vision

Help employees understand the purpose and importance of their work, aligning them with the organisation's broader goals, vision and values.

Build psychological safety

Cultivate an environment where staff feel safe to express concerns, offer suggestions, and take risks without fear of negative consequences.

Develop strong and supportive leadership

Engaged line managers

Train and support line managers to lead their teams compassionately, providing opportunities for recognition and development.

Visible senior leadership

Ensure senior leaders are approachable, communicate well, and are actively involved in fostering an engaging and supportive environment.

Invest in employee development and wellbeing

Career growth

Offer ongoing training, workshops, mentorship, and other development opportunities to help staff grow their skills and advance their careers.

Prioritise wellbeing

Implement initiatives and a flexible approach to work that support employee wellbeing, ensuring a healthy work-life balance and recharging staff energy.

Effective communication and recognition

Clear, open communication

Maintain regular, two-way communication to keep employees informed about goals, processes, and changes, building trust and transparency.

Consistent recognition

Regularly and publicly acknowledge and celebrate employee efforts and achievements to cultivate a culture of appreciation.

Measure and adapt

Measure engagement

Use surveys and other metrics to understand current engagement levels and identify areas for improvement.

Use feedback to adapt

Analyse feedback and engagement data to make necessary adjustments, ensuring continuous improvement in the staff experience.



ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     3. Creating compassionate culture, leadership and engagement
	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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Do/Yes: ☐	Naddo/No: ☒

Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Canlyniad/Outcome:	
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People	Meysydd Ansawdd Domains of Quality Efficient
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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:
	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 <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

Have you considered the Armed Forces Covenant Due Regard Duty?	If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i>	Do/Yes: ☐	Naddo/No: ☒
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i>	Do/Yes: ☐	Naddo/No: ☒
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod Date of Meeting	26 March 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 ymgwymerwyd 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

March, 2026

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

Developing the Organisation

We have an opportunity in our discussions today to consider the progress of the Health Board with the **Audit Wales Structured Assessment** item. This is a fair assessment by an independent body and confirms our progress during the last year. It is good to see the recognition of the work around the internal workings of the organisation, such as governance, whilst we know well that the key improvements the public want to see are around access to services. Increased meetings with Government have highlighted this as has the insight and support of Jane Farrell, our Improvement Adviser. It is clear that most of our efforts and energy are currently spent on permanent fire fighting whilst we know that sustainable improvement and change in the key areas of **Planned Care, Urgent and Emergency Care and Cancer Services** require a different approach.

As we move to a new financial year and adopt an **Integrated Medium Term Plan** it is this factor of sustained improvement that will be essential for us to progress as a Health Board and ensure both the quality and access to essential services that will serve our population and staff. This is our responsibility as a Board and will be at the heart of our work over the next period.

The work around **Foundations for the Future** will support a new approach and the next period of consultation with this project gives us all an opportunity to listen to views and ideas from a variety of colleagues. Such dialogue will be informative and help influence the shape of the organisation for future years.

Engaging with others

Carol, our Chief Executive and I, have recently held **briefing sessions** for Senedd Members and Members of the UK Parliament across all parties. This has allowed us to provide a summary of our progress as we note 3 years of **Special Measures** and discuss the challenges we face as a Health Board. Such dialogue is important as elected members are in regular contact with us on behalf of their constituents which provides us with important insight into our services. The discussions were constructive and helpful and we hope to continue such briefings following the Senedd Elections this May.

We were pleased to welcome the **First Minister, Eluned Morgan MS and the Cabinet Secretary for Health and Social Services, Jeremy Miles MS** to visit the

North Wales Cancer Centre at Ysbyty Glan Clwyd and the Royal Alexandra Hospital at Rhyl. It was excellent to be able to see how the investment in new equipment at Ysbyty Glan Clwyd will support our radiotherapy and cancer services and the announcement of the funding required to support the development of the Royal Alex which will allow the provision of further health and well-being services for Rhyl and the surrounding area. This was also a reminder that there is a need to ensure consistent investment in the NHS, not just to upgrade our estate but also to support new technology and equipment that will provide the best possible services for our population.

The signing of a **Memorandum of Understanding with Wrexham University** at the Optic, St Asaph recently was significant. Both ourselves and the University recognise the potential for collaboration that will help develop both organisations as well as support the development of skills and training across a wide range of employment opportunities. It is a further example of BCUHB operating as an ‘**anchor institution**’ and working in partnership with others to further our socio-economic impact on the population of our region. This follows a recent MOU with **Grŵp Llandrillo-Menai** with an intention to ensure a similar agreement with **Coleg Cambria**.

Below is a summary of some of my meetings and visits up to March 17, 2026.

Date	Meeting / Visit
23 January	Jane Farrell, Improvement Advisor
26 January	Health Board Chief Executive Weekly Meeting
26 January	Independent Members, CEO and Director of Corporate Governance
26 January	Weekly Performance Meeting
27 January	All Wales Chairs Peer Group
27 January	Bangor University Pharmacy Programme Launch
27 January	Pam Wenger, Director of Corporate Governance
28 January	Cabinet Secretary for Health and Social Services Monthly Meeting
28 January	Health Board Trustee Meeting, Llandudno
28 January	Informal Board, Llandudno
29 January	Health Board, Llandudno
2 February	Future Nurses Event, Ysbyty Glan Clwyd
2 February	Clara Day, Executive Medical Director
2 February	Weekly Performance Meeting
2 February	Cabinet Secretary for Health and Social Services Monthly Meeting
3 February	Local Partnership Forum
3 February	Pam Wenger, Director of Corporate Governance
4 February	Jeremy Griffith, Director of Operations Welsh Government
5 February	Official Opening of Bwthyn y Ddol, Colwyn Bay

Date	Meeting / Visit
9 February	Agenda Setting for March Board
9 February	Clare Budden, Independent Member
9 February	Pam Wenger, Director of Corporate Governance
9 February	Health Board Chief Executive Weekly Meeting
9 February	Jane Farrell, Improvement Advisor and Carol Shillabeer CEO
10 February	Canolfan Lleu Penygroes Project team
10 February	Audit Wales re Structured Assessment
10 February	Chair of Swansea Bay Health Board
11 February	Chair of Cardiff and Vale Health Board
12 February	People and Culture Committee
12 February	Debbie Eyitayo, Executive Director of People Services
12 February	Rhys Jones Health Inspectorate Wales
12 February	Cllr Julie Fallon, Leader Conwy Council
13 February	Health Inspectorate Wales re Vascular Services
16 February	Health Board Chief Executive Regular Meeting
16 February	Liz Fletcher, Childrens Services BCUHB (West)
16 February	Weekly Performance Meeting
17 February	Audit Committee
17 February	Pam Wenger, Director of Corporate Governance
19 February	Meet with Patient for Patient Story
19 February	Drop in Session with Chief Executive at Ysbyty Wrexham Maelor
23 February	Visit to North Wales Cancer Centre, Ysbyty Glan Clwyd with First Minister Cabinet Secretary for Health and Social Care
23 February	Visit to Royal Alexandra Hospital Rhyl with First Minister and Cabinet Secretary for Health and Social Care
23 February	Weekly Performance Meeting
23 February	Audit Wales Research Interview
24 February	Health and Wellbeing Hubs Touchpoint
24 February	Performance Finance Information Governance Committee
24 February	Pam Wenger, Director of Corporate Governance
24 February	Helen Stevens-Jones, Director of Partnerships and Communications
24 February	Chair Peer Group Meeting
25 February	Jane Farrell, Improvement Advisor
25 February	Health Board Chief Executive Weekly Meeting
25 February	Chairs Advisory Group
26 February	Board Development
27 February	Dafydd Gwynne, Public Health Strategic Partnerships Manager
2 March	Digital Healthcare Webinar
2 March	Briefing Session with Health Board Chief Executive and Welsh Conservative Senedd Members

Date	Meeting / Visit
2 March	Pam Wenger, Director of Corporate Governance
2 March	Health Board Chief Executive Weekly Meeting
2 March	Briefing Session with Health Board Chief Executive and Plaid Cymru Senedd Members
2 March	Briefing Session with Health Board Chief Executive and Welsh Labour Senedd Members
2 March	Jane Farrell, Improvement Advisor and Carol Shillabeer Chief Executive
2 March	Weekly Performance Meeting
4 March	Clara Day, Executive Medical Director
4 March	Cabinet Secretary for Health and Social Care and Chief Executive, NHS Wales
4 March	Independent Members Meeting
5 March	Welsh NHS Confederation Webinar
16 March	Signing of Memorandum of Understanding with Wrexham University
17 March	Pam Wenger, Director of Governance
17 March	Health Board Chief Executive Regular Meeting
17 March	Remuneration Committee

Health Board

CHIEF EXECUTIVE REPORT

Dyddiad y Cyfarfod Date of Meeting	27 March 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 9 January and 13 March 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 ymgwymerwyd 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 Termiau 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 9th January and 13th March.

2.0 INTERFACE/KEY ANNOUNCEMENTS AND PUBLICATIONS: WELSH GOVERNMENT

2.1 Integrated Medium-Term Plan: Scrutiny Session

The recent Welsh Government scrutiny session tested the robustness of the Health Board's emerging Integrated Medium-Term Plan and sought assurance on our ability to deliver sustained performance improvement across planned care, cancer, urgent and emergency care, and diagnostics. The Executive Team outlined clear trajectories and enabling actions and Welsh Government probed the credibility of the timelines, workforce assumptions, and operational mitigations, emphasising the need for consistent delivery of safety-critical flow improvements, ambulance handover reduction, and strengthened governance of performance risks. The Executive Team committed to refining the final trajectories, evidencing enabling actions already in train, and providing further assurance on capacity, risk management, and implementation certainty ahead of final Integrated Medium-Term Plan (IMTP) submission.

2.2 Intensive Support Team

The implementation of the new Welsh Government *NHS Wales Accountability Framework* issued by Welsh Government comes into effect from April 2026. The Framework establishes clearer expectations for performance, more consistent oversight mechanisms, streamlined national meeting structures aligned to the escalation and intervention framework, and a single performance and outcomes framework to be adopted by all NHS organisations. These changes will shape the way the Health Board engages with national oversight processes, and internal arrangements are now being aligned to ensure full compliance with the expectations of the Framework.

The Intervention Team has now been confirmed as part of the strengthened support arrangements from Welsh Government. As previously communicated, Jane Farrell has been appointed as the Improvement Advisor to lead this integrated team, working across Urgent & Emergency Care, Planned Care and Cancer. The Improvement Advisor will operate alongside the Executive Team and NHS Performance & Improvement (NHS P&I), providing targeted coaching, constructive challenge and specialist delivery support to strengthen grip and accelerate progress in the areas of greatest pressure.

This enhanced support model, led by the Improvement Advisor, brings additional expertise, structure and focus to the Health Board's improvement work and will act as an important mechanism for strengthening delivery discipline and supporting sustainable progress.



2.3 National Assurance Assessment for Maternity and Neonatal Care and Services

The Welsh Government commissioned an Assurance Assessment of Maternity and Neonatal Care and Services, led by Professor Sally Holland with a panel of experts. The Health Board actively participated in the evidence gathering and review process, and although there will be no specific Health Board report the process provided a useful opportunity to again reflect on progress and priorities in this key service area.

In summary the findings of the report include:

Strengths –

- *These include much positive feedback from expectant women and their partners, and new mothers and fathers about many aspects of the quality of their care in maternity and neonatal services. Where they have not received the care they need, many are keen to help services improve.*
- *Staff who engaged with our assessment demonstrated a strong commitment to providing high quality and safe care throughout the maternity and neonatal pathway and we observed much positive practice during our site visits. This commitment was evident despite many challenges in the current system.*
- *Freestanding midwife-led units enable many women to receive antenatal and postnatal care and give birth in high-quality environments, particularly supporting those in rural areas to avoid long journeys to hospital.*
- *At a national and local level, there has been a renewed focus and commitment to maternity and neonatal services in the last few years, and this has led to positive changes in some measurable outcomes.*

Weakness and vulnerabilities-

- *Many families report poor experiences, with concerns about postnatal support, the involvement of fathers and unmet mental health needs.*
- *Our assessment is that national organisations tasked with delivering, commissioning, monitoring, holding to account and driving improvements in maternity and neonatal services are too often working in parallel, rather than maximising the potential of their collective knowledge and remits. The potential for real-time monitoring of data and spotting unsafe trends, understanding inconsistencies and inequalities and setting national and local priorities is not yet realised.*
- *Current staffing levels and configurations do not meet the requirements of current population needs, nor the rapid increase in caesarean births and induction of labour. This means that safety and well-being is compromised throughout the maternity journey. Staff morale has been hit hard by these issues, and by what is experienced as a relentless negativity about maternity services in the public domain.*
- *There are inconsistencies in the organisation and staffing of triage and induction of labour processes and shortages of obstetric theatre provision. Postnatal care, especially, is inadequately staffed and supported.*
- *Analysis and necessary reconfiguration of neonatal provision in south Wales has been unduly delayed.*

- *Wales lags behind Scotland and England in its provision of mental health care in maternity and neonatal units.*
- *The process of responding to incidents, including death and serious injury, is inconsistent, overly procedural and does not reliably involve families. It often serves to further traumatise families who have experienced harm and limits the capacity to learn and improve.*
- *And finally, but importantly, Wales along with the rest of the United Kingdom has seen an unprecedented rise in medical interventions, particularly caesarean rates, without evaluating the consequences for women, babies, families, and for health service resources.*

The Welsh Government response to the Assurance Assessment is yet to be received. For the health board the findings and subsequent response will be considered through Executive fora and Board Committee, specifically Quality, Safety and Experience Committee.

2.4 Royal Alexandra Hospital

The Welsh Government has approved the Business case for the development of the Royal Alexandra Hospital, specifically the Reablement Unit, Minor Injuries Unit, Diagnostics service and other associated elements. This £33M investment in services locally will enable a better offer to people in Rhyl and further afield and will support Ysbyty Glan Clwyd. The work on the development will start in the coming months and will progress swiftly. Phase 2 of the development is currently being worked on in terms of investment in the main hospital and a separate Business case will come to the Board later in the new financial year.

The health board hosted Welsh Government members and key partners to recognise the importance of this development, particularly given the length of time it has taken to successfully gain approval and investment for these services.

3.0 KEY UPDATES

3.1 Executive Team

Since the last Board meeting, there have been several important changes to report on. Following many years of valued service to the organisation, Angela Wood (Executive Director of nursing and Midwifery) has confirmed her intention to retire in August. Her leadership, commitment to quality and support for colleagues have been considerable. There will be an opportunity to recognise Angela's contribution, and recognition of work she has led as her departure approaches; in the meantime, we would wish Angela well during her last few months with the health board.

The Board is also advised of the resignation of Dylan Roberts (Chief Digital and Information Officer) whose final working day will be 9 April. In his time with the health board Dylan has shown innovation and leadership in taking forward key elements of the digital and information agenda. We extend our sincere thanks for his

valuable contribution during a period of considerable operational challenge and wish him well in his future career.

With the Executive Team now almost fully recruited, with recruitment into newly vacant posts being planned, I will now be progressing a structured programme of facilitated development sessions over the coming months. This reflects the organisation's ongoing commitment to strengthening collective leadership capability and aligns with wider development activity already underway, including the regular. These Executive development sessions will focus on building a cohesive leadership culture, supporting role clarity following recent portfolio changes, and ensuring the team is well equipped to lead the organisation through its next phase of improvement. The approach will provide protected time for strategic reflection, shared learning and strengthening executive relationships, helping to embed a unified, resilient and future-focused Executive Team.

3.2 Foundations for the Future

Since the last meeting, significant emphasis has been placed on the socialisation of the *Foundations for the Future* proposals across senior leadership teams to enable Executive Directors to hold open, consistent and transparent discussions with their direct reports on the structural elements of the proposed operating model, ensuring that all senior colleagues receive the briefing within a tight and coordinated timeframe.

Feedback from these sessions, along with insights gathered through wider pre-engagement and socialisation conversations, has been collated and considered by the programme team, reflecting the questions and themes emerging from the various leadership forums Executive Directors have attended. This process has supported clearer understanding of the proposals, helped identify areas requiring further clarification or alignment, and ensured that staff are continually engaged as the programme moves towards the consultation.

3.3 Staff Survey

Part of our aim to improve culture, leadership and engagement is to listen to staff and demonstrate that they are being heard by the Board. One way we have done this is by participating in the 2025 NHS Wales Staff Survey, which was open to all employee for a period of 2 months from 6 October 2025-1 December 2025. We have now received raw response data from the survey, however we expect to receive full results, including qualitative feedback/anonymised free text comments feedback at the end of March 2026.

From the raw data received, we know 5203 of our staff completed the survey which equates to a response rate of 24.9%. Although this is lower when compared to the overall NHS Wales response rate of 30%, it does represent an improvement for the Health Board from 2024 response rate of 17.4%.

The health board achieved a Staff Engagement Index score of 69.3% (70.9% in 2024). This compares to 70.8% NHS Wales (mix of health boards, NHS Trusts and Strategic Health Authorities) staff index score. The staff engagement index score measures staff views on their ability to contribute towards improvements at work, their motivation and their recommendation of the organisation as a place to work. In terms of the staff engagement score, it is positive to note from the raw data that we scored above the NHS Wales average on staff looking forward to going to work 49.2%; staff enthusiastic about their job 65.2%; and staff going the extra mile at work when required 78.5%.

Once we have the full results, we will be able to consider the information by professional groups, seniority and other related demographics. We will provide a detailed report of the findings and proposed actions in response to staff feedback at the next Board meeting. I would like to take the opportunity to thank all colleagues who took the time to share their feedback through the staff survey.

4.0 MEETINGS/VISITS

4.1 His Majesty Coroner meeting

I recently met again with HM Senior Coroner John Gittins to discuss the progress of the health board and priorities for further development. I was able to report the positive progress in relation to the business case approval and procurement of the Mental Health Electronic Health Record with planned implementation starting in 2026/27. Positive working relationships continue to be reported between health board colleagues and the Coroner's Office, with acknowledgment of the significant progress made in relation to the investigation and reporting process, whilst noting that there remain some improvements in relation to consistency of timeframes for reporting which are being taken forward.

4.2 Senedd Members Briefing

As part of the Chair and my ongoing commitment to openness, transparency and constructive engagement with elected representatives, we held our latest structured briefings on 2 March 2026 with Members of Parliament and Senedd Members for North Wales. This provided an opportunity for us to outline recent areas of improvement, acknowledge the challenges we continue to face, and respond directly to questions and concerns raised by members.

The issues discussed reflected what we are hearing consistently through political correspondence, patient feedback, surveys, community conversations, digital engagement and the work of Llais. These included access to planned care; pressures in urgent and emergency care; long waits for children's neurodevelopmental assessments; access to NHS dentistry; and car parking pressures at our acute hospital sites.

Further briefing schedules will be scheduled following the upcoming Senedd election.

4.3 Signing of Memorandum of Understanding with Wrexham University

The signing event with Wrexham University on 16 March marked an important milestone in strengthening our strategic partnership. Through the Memorandum of Understanding, both organisations confirmed a shared commitment to developing the health and care workforce, expanding education and training opportunities, and deepening collaboration in research, innovation and Welsh-language provision. The event brought together senior leaders from both organisations and provided a valuable opportunity to reinforce our joint ambitions. A Strategic Steering Group has already begun overseeing delivery, positioning us to grow local talent pipelines, widen access to learning pathways, and enhance our collective impact across North Wales.

5.0 CONCLUSION

The report intends to give an overview of key activities I have undertaken as Chief Executive and provides an opportunity for feedback.

6.0 Recommendations

Members of the Board are asked to **NOTE** the updates provided in this report.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	1. building an effective organisation
	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)

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not required</i>
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not required</i>
Ansawdd <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> Quality	Galluogwyr Ansawdd Enablers of Quality All Apply	Meysydd Ansawdd Domains of Quality All Apply

<i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	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	
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: ☐ Canlyniad/Outcome:	Naddo/No: ☒ 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: ☐ Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Do/Yes: ☐	Naddo/No: ☒

Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Health Board

STRUCTURED ASSESSMENT REPORT

Dyddiad y Cyfarfod Date of Meeting	26 March 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Glesni Driver, Head of Statutory Compliance and Inquiries
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 Structured Assessment is an annual, independent review undertaken by Audit Wales to evaluate how effectively Betsi Cadwaladr University Health Board (BCUHB) is governed and managed. Its primary purpose is to provide assurance to the Board, Welsh Government, and the public that the organisation has robust governance, planning, and financial management arrangements in place to deliver safe, sustainable services.

The assessment also supports organisational learning and improvement by identifying strengths, areas for development, and specific recommendations for action. By applying a consistent framework across all Welsh Health Boards, the Structured Assessment promotes transparency, enables benchmarking, and highlights system-wide issues that may require national attention.

Summary of Findings

The 2025 Structured Assessment acknowledges that assurance and performance arrangements within BCUHB are continuing to develop, though further work is needed to ensure consistency across the organisation. A strengthened Board Assurance Framework is now in place, and while performance management processes are improving, they are not yet delivering the required impact in all areas.

Progress is evident in quality governance and in the approach to tracking recommendations, though some delays in responses and supporting evidence still affect the timely closure of audit actions.

Strategic planning remains an area where progress has been slower than anticipated. The long-term strategy, Clinical Services Plan, and the Foundations for the Future organisational redesign programme have each experienced delays due to capacity pressures and the need for extensive engagement. These programmes are central to shaping the future design of services and organisational structures, and the report highlights the importance of ensuring sufficient programme capacity, strengthening Executive oversight, and enabling Independent Members to engage fully as plans develop.

The Assessment also recognises continued improvements in financial reporting, internal scrutiny, and savings delivery. However, the Health Board's financial position remains challenging, with the 2025–26 in-year forecast deteriorating during the year and ongoing reliance on historic budget baselines affecting financial maturity. The late issuing of accountability agreements reflects the need for further strengthening of financial governance arrangements and clearer alignment between budgets and responsibilities.

In summary, the Structured Assessment reflects an organisation that has strengthened its governance transparency and culture and is making progress in several important areas. However, it 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.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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
Board Members	December 2025	Further consideration with Chair, CEO and Audit Wales
Executive Committee	March 2026	Supported with agreement to finalise the management response in advance of the Board
Acronymau / Rhestr Termiau Acronyms / Glossary of Terms		
None		

STRUCTURED ASSESSMENT REPORT

1. Y SEFYLLFA SITUATION

- 1.1 To present the final version of the **2025 Structured Assessment** for Betsi Cadwaladr University Health Board (BCUHB).
- 1.2 This report also provides an update on progress on recommendations included within the 2024 Structured Assessment. It also provides an update on the actions from the 2022 and 2023 Structured Assessments listed within the 2024 Report, and the progress made to date relating to those.

2 Y CEFNDIR BACKGROUND

Audit Wales undertakes a Structured Assessment of each Welsh Health Board to provide an independent, system-wide view of how well the organisation is being run. At its core, the assessment examines whether a Health Board has the governance, planning, and financial management arrangements needed to deliver safe, sustainable services. This work is part of the Auditor General's statutory responsibilities and is carried out annually.

The assessment focuses on three interlocking areas that determine whether a Health Board is functioning effectively:

- *Board transparency, effectiveness, and cohesion* — whether the Board is operating openly, making informed decisions, and working together constructively
- *Corporate systems of assurance* — whether the organisation has robust mechanisms to identify risks, monitor performance, and ensure quality and safety
- *Corporate planning and financial management* — whether the Health Board has credible plans and the financial discipline to deliver them, especially in the face of significant pressures.

The purpose is both for assurance and improvement:

- **Provide independent assurance to the public and Welsh Government**
Health Boards manage large budgets and deliver essential services. The assessment gives a clear, evidence-based view of whether they are being governed properly and using public money appropriately.

- **Support organisational learning and improvement**
Each report identifies strengths and areas for development, along with recommendations. Health Boards are expected to act on these, and progress is reviewed in subsequent years.
- **Promote consistency and transparency across Wales**
By applying a common assessment framework, Audit Wales enables comparison across Health Boards and highlights system-wide issues that may require national attention.
- **Strengthen resilience in a challenging environment**
Recent assessments note that Health Boards face significant financial pressures and operational challenges. The Structured Assessment helps ensure that leadership, planning, and governance arrangements are robust enough to respond effectively.

The findings feed into:

- Board and committee discussions
- Annual governance statements
- Welsh Government oversight and escalation frameworks
- Internal improvement plans
- Public transparency about how well the Health Board is performing

As the assessment is repeated annually, it creates a longitudinal picture of progress, stagnation, or deterioration.

3 **STRUCTURED ASSESSMENT 2025**

The Health Board's Structured Assessment 2025 is attached at *Appendix 1*. The key focus of the work was on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:

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

The assessment presents a mixed picture. The Board is commended for its transparency, openness and constructive culture, and there is evidence of maturing governance practices. However, significant challenges remain that continue to affect the Health Board's ability to deliver the operational performance improvements; notwithstanding the progress that has been made during 2025/26. These challenges centre on strategic leadership

capacity, performance management, financial maturity and delays in organisational change programmes.

The key findings are highlighted below:

Governance and Board Effectiveness

Audit Wales recognises the Board's commitment to openness and transparency. Meetings are accessible to the public, discussion is open, and the introduction of the Alert, Assure, Advise (AAA) reports has strengthened how committees report to the Board. Committee behaviours are considered positive and well-chaired, with appropriate challenge and scrutiny.

However, some governance processes require strengthening. In a small number of cases, papers considered in private did not clearly set out the rationale for exclusion from the public domain, though recent policy developments are expected to address this. Committee minutes are published only after confirmation at the next meeting, resulting in delays to public visibility. Executive attendance at some Audit Committee discussions, particularly for Audit Wales reports, has not always been consistent.

Executive Leadership

The report describes continued pressure on the Executive Team. Despite significant progress in appointing substantive Executive Directors, the Chief Executive continues to be drawn into operational and programme matters that should sit within delegated portfolios. This limits strategic focus and contributes to slower progress on major programmes. Audit Wales highlights the need to ensure that portfolios are manageable and appropriately distributed, and that a clear process is put in place for designating a Deputy Chief Executive.

The newly established Executive Committee is viewed positively, though its sub-structures and escalation processes require further clarification. The report notes that major organisational initiatives, including the Foundations for the Future programme, have not always been sufficiently discussed at Executive level.

Assurance, Risk and Performance

A more robust Board Assurance Framework is now in place and aligned with strategic objectives. Nevertheless, assurance processes are not yet driving adequate reduction in risk levels or performance improvement. Internal Audit provided limited assurance on performance management arrangements due to lack of documented performance discussions and inconsistent accountability.

Performance in several key service areas remains below target, including urgent and emergency care, cancer, diagnostics, dentistry and CAMHS. While some improvements are noted particularly in complaints handling and the

reduction of long waiting times the Health Board continues to face significant scrutiny from Welsh Government, which has deployed additional expert support to accelerate improvement.

Strategic Planning and Organisational Change

Progress in developing the long-term strategy and the clinical services plan has been slower than planned, with revised timelines now extending into 2026.

The Foundations for the Future programme, intended to redesign the operating model, has experienced considerable delays. Capacity constraints and the need for extensive engagement have slowed progress, and although Board Committee has had regular items, the Board itself has only received high level updates.

Financial Management

The report acknowledges improvements in financial reporting, scrutiny and savings delivery. The Health Board ended 2024–25 within its control total and submitted a financially balanced IMTP for the first time in over a decade.

Accountability agreements were issued late and without full information, leading to delayed sign-off. Although procurement training, budget manager resources and improved reporting are helping to build capability, a more mature financial culture is still required.

3.1 Overview of New and Outstanding Recommendations

The 2025 Structured Assessment sets out a series of new recommendations where further progress is required, alongside a number of outstanding recommendations from previous assessments that remain incomplete. Taken together, they highlight the areas where the Health Board still needs to strengthen its corporate foundations to support sustainable improvement.

The new recommendations focus on strengthening transparency, executive leadership resilience, oversight of major change programmes, and financial accountability. In summary, Audit Wales advises that the Health Board should:

Strengthen governance transparency

- Ensure that all items considered in private sessions are supported by clear explanatory papers.
- Publish Alert, Assure, Advise (AAA) reports more quickly to improve the timeliness of public information.

Reinforce and rebalance executive leadership

- Ensure delegated responsibilities are consistently applied so that the Chief Executive can focus at a more strategic level.

- Establish a clear process for designating a Deputy Chief Executive to improve resilience.

Improve Executive presence in scrutiny

- Ensure relevant Executive Directors attend key committee discussions, particularly for audit items where their input is essential for assurance and timely action.

Accelerate and strengthen the 'Foundations for the Future' programme

- Improve programme management capacity and governance arrangements so the revised April 2026 timeline is credible.
- Ensure all Executive Team members are fully sighted on, and aligned with, the planned changes.
- Provide Independent Members with sufficient information and opportunities for effective scrutiny before the new structure is finalised and implemented.

Enhance financial planning and accountability

- Move away from rolling forward historic budgets and develop a more intelligence-led approach that better reflects organisational priorities.
- Issue accountability agreements earlier in the financial year, with the necessary information, to ensure they can be signed promptly and meaningfully.

Outstanding Recommendations (From Previous Years)

Several recommendations from earlier assessments remain either partly implemented or in progress.

Year	In progress	Completed (or superseded)
2024	5	4
2023	1	4 (1 superseded)
2022	1	3

4 SUMMARY

In summary, five recommendations remain open from the 2024 Structured Assessment, one recommendation remains open from the 2023 Report and one from the 2022 Report. The progress against these recommendations will be monitored by the Audit Committee.

5 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

Whilst a considerable amount of work has been done to progress recommendations from the last and previous Structured Assessments, progress to bring these recommendations to a closure is required.

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

The implementation of recommendations from Structured Assessments will enable the Health Board to demonstrate Board transparency, cohesion, and effectiveness, progress around corporate systems of assurance, and improvements in approach to financial management.

7 ARGYMHELLION RECOMMENDATIONS

7.1 Gofynnir i'r Bwrdd: The Board is asked to:

- **RECEIVE** the report and **NOTE** the report has been shared with all Board Members;
- **NOTE** 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; and
- **NOTE** the management response to the Structured Assessment and that the progress will be monitored by the Audit Committee and reported to the Board via the Chairs Assurance Report

APPENDIX 1 STRUCTURED ASSESSMENT 2025

ASESIAD / ASSESSMENT

Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities



4. Improving quality, 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

Not applicable, other than those relating to individual regulatory body reviews and audit reports

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:

No impact

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:

No impact

Os naddo, dylech gynnwys y rheswm:
If no, please include rationale:

<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Ansawdd Enablers of Quality Data to Knowledge Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Do/Yes: ☒ Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐ No impact

Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	No impact
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	No impact
	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.	

Structured Assessment 2025

Betsi Cadwaladr University Health Board

March 2026

About us

We have prepared and published this report under section 61(3) (b) of the Public Audit Wales Act 2004.

© Auditor General for Wales 2025

You may re-use this publication (not including logos except as an integral part of the document) free of charge in any format or medium.

If you re-use it, your re-use must be accurate and must not be in a misleading context. The material must be acknowledged as Auditor General for Wales copyright and you must give the title of this publication. Where we have identified any third-party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

If you need any help with this document

If you would like more information, or you need any of our publications in an alternative format or language, please:

- call us on 029 2032 0500
- email us at info@audit.wales

You can use English or Welsh when you get in touch with us – we will respond to you in the language you use.

Corresponding in Welsh will not lead to a delay.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Audit Wales follows the international performance audit standards issued by the International Organisation of Supreme Audit Institutions (INTOSAI).

Contents

Audit snapshot	4
Key facts and figures	7
Our findings	8
Recommendations	29
1 About our work	33
2 Previous audit recommendations	36
3 Management response	50
4 Key terms in this report	56
About us	58

Audit snapshot

What we looked at

- 1 We looked at how well Betsi Cadwaladr University Health Board (the Health Board) is governed and whether it makes the best use of its resources. We looked at four areas in particular:
 - how well its board works;
 - how it keeps track of risks, performance, service quality, and recommendations;
 - how it produces key plans and strategies; and
 - how it manages its finances.
- 2 We also looked at the Health Board's progress in implementing recommendations from:
 - previous structured assessment reports; and
 - our 2024 report on cost savings.

Why this is important

- 3 NHS bodies continue to face a wide range of challenges associated with the need to modernise and transform services to deal with constrained finances, growing demand, treatment backlogs, workforce shortages, and an ageing estate. It is therefore more important than ever for the boards of NHS bodies to have strong corporate and financial governance arrangements in place. This helps provide assurance to themselves, the public, and key stakeholders that they are taking the right steps to deliver safe, high-quality services and to use public money wisely.

What we have found

- 4 We found that the Board and its committees are operating effectively with open discussion and effective challenge. However, executive leadership arrangements are causing some concern. Despite there being a largely substantive Executive Team in place, the Chief Executive is still being drawn too extensively into operational issues and specific programme leadership. There is also a need to ensure executive portfolios support more collective organisational leadership by the Executive Team rather than this being vested in just a few individuals.
- 5 The Health Board's current operating model is recognised as not being fit for purpose. Much stronger and clearer accountabilities for performance is needed given the significant service delivery challenges being faced by the organisation. The Foundations for the Future programme that aims to introduce a new operating model is a necessary and appropriately ambitious initiative. However, its implementation is taking longer than originally planned. The revised implementation date of April 2026 looks very challenging given that limited and high-level information on the model has shared with the Board. The model will also require an extensive internal consultation exercise before it can be rolled out.
- 6 The Health Board is focusing strongly on the achievement of its statutory financial requirements. It is encouraging that it was able to submit a financially balanced medium-term plan, although the plan was not approvable due to a lack of detail on delivery approaches. A focus on longer term financial sustainability is still needed, although this is being impeded by the continued absence of a clinical services plan.
- 7 There is good oversight of financial performance but the Health Board is forecasting a year-end deficit position of £17.4 million as of month ten. It is also of significant concern that a number of accountability agreements for 2025-26 were signed very late into the 2025-26 financial year, including by several of budget holders in the Executive Team.

What we recommend

8 We have made nine recommendations to the Health Board within the following areas:

- Increasing transparency within board business;
- Strengthening lines of assurance to board committees;
- Strengthening resilience within the Executive Team;
- Ensuring financial controls are well-understood, clearly articulated and agreed; and
- Ensuring sufficient programme management capacity for its review of operating structures.

Key facts and figures

Within the Welsh Government's Escalation and Intervention framework, the Health Board is currently at level 5 (Special Measures).

In 2024-25, the Health Board had a year-end deficit of £7.6 million.

In 2024-25, the Health Board aimed to save £48 million but ended up saving £58.4 million.

The Health Board's 2024-25 financial statements were submitted for external audit on time. The accounts received an unqualified True and Fair opinion. However, they also received a qualified regulatory opinion because the Health Board did not break even from 2022-23 to 2024-25.

Despite submitting a financially-balanced Integrated Medium Term Plan for the first time in 13 years, the plan was not approved by Welsh Government due to a failure to set out how the Health Board would meet Welsh Government delivery expectations in a number of key areas.

The Health Board is facing significant in-year financial challenges, and, as of month-ten is projecting a deficit of £17.4 million for 2025-26.

The Health Board has fully implemented 11 out of 19 outstanding structured assessment recommendations since our last report.

Our findings

Board effectiveness and executive leadership

The Board and its committees operate well. With most executive team roles now filled substantively, it is crucial that responsibilities are more effectively delegated and distributed amongst that team

Public openness of board business

- 9 The Board runs its meetings in an open and accessible way. Most meetings take place in person in Llandudno, with extra meetings held online. Live translation from Welsh to English is available. The public can join meetings by attending in person or watching them on YouTube, either live or as a recording. Board members speak openly and do not avoid discussing difficult topics.
- 10 The Health Board has made it easier for the public to access information about its committees. The website explains how people can ask to attend its public committee meetings which are mostly held in person. Unlike Board meetings, they are not live-streamed but are recorded for the purposes of the minutes. The Health Board is considering ways to increase the public transparency of meetings in accordance with its Standing Orders.
- 11 In general, private sessions of Board and committee meetings are handled appropriately. Papers explaining why items are kept private are mostly provided, but in very few instances this information is missing. The Health Board should make sure this is always included. Some of those we interviewed also suggested that authors could more carefully separate sensitive and non-sensitive information to put more information in the public domain.

- 12 There has been a small increase in the number of decisions taken as chair's actions¹ in 2025 although the Health Board is managing these appropriately. The Health Board states this is a result of additional requests coming through that could not have been reasonably foreseen before a formal meeting. Most reports of chair's actions over the past 12 months clearly demonstrated how they were supported by Independent Members, and actions were well-documented, including the financial implications of decisions, though we note the report for November 2025 did not include this detail as this was commercially sensitive due to an individual claim.
- 13 Papers to support Board and committees are generally published in a timely way and in accordance with Standing Orders. Breaches in respect of late papers are reported to the Audit Committee although members have raised concerns at Audit Committee during the year that not all breaches are captured on the breach log.
- 14 The Health Board publishes committee meeting minutes after they have been confirmed at the following committee meeting, which is typically two or three months later. The Health Board introduced "Alert, Assure, Advise" highlight reports in December 2024. These are provided within Board agenda packs and effectively summarise the key committee decisions and discussion points to help provide assurance to the Board. If the Health Board is not able to publish minutes in a more timely way, it should look to upload the Alert, Assure, Advise reports to the website in advance of the Board papers as an alternative measure.

¹ A 'chair's action' refers to a decision taken outside of a formal board or committee session.

Supporting effective board conduct

- 15 The Health Board is working to improve its processes for recording declarations of interests, gifts and hospitality. An internal audit into standards of business conduct in 2023-24 provided a limited assurance rating in this area. Their subsequent follow up found that while some progress had been made, many actions were overdue. These included strengthening approval processes and the accuracy of published Board Member Register of Interests. The Health Board is working to address these issues by March 2026.
- 16 The Health Board is updating its overdue policies, however, progress is slow. Although action was taken to improve the position in 2024, by October 2025 38% (40 out of 104) of its total policies remained overdue. Of these only seven out of 18 high-risk policies have been updated in the last six months. It is therefore important that the revisions the Health Board is currently making to its policy management process support more timely review.

Assurance on Joint Commissioning Committee effectiveness

- 17 The Joint Commissioning Committee (JCC) was established in April 2024 as a joint committee of the seven Health Boards in Wales. It is responsible for planning and commissioning a range of specialised services and other healthcare services, including emergency medical services, on behalf of the seven Health Boards.
- 18 As part of this year's structured assessment, we reviewed whether the Board is receiving the right level of assurance about how effectively the JCC is operating, as well as about the Health Board's involvement in JCC meetings and activities.

- 19 The Board has received some information related to the activity of the JCC during the past 12 months. This has included two quality safety outcomes highlight reports from the JCC to the Quality, Safety and Experience Committee and changes to the JCC standing orders. However, a consistent theme of our interviews was that Board members did not feel sufficiently sighted on the activity of the JCC and the Health Board's involvement. To strengthen oversight further and ensure the Board feels better informed, the Health Board could routinely share the minutes of the JCC minutes with the Board.

Board and committee meeting effectiveness

- 20 Our committee observations during 2025 have found that committees are generally working well. Meetings are well-chaired and members observe meeting etiquette and provide a good balance between scrutiny and support. However, particularly during Audit Committee meetings we have noted that the lead Executive Directors are not always in attendance to cover what are sometimes key issues identified in papers and reports, specifically audit reports such as our planned care and urgent and emergency care reports. Discussions at committees would be strengthened by ensuring more consistent representation from appropriate members of the Executive Team for these key items.
- 21 Each year committees review their terms of reference and cycles of business to ensure their agendas are aligned to the Health Board's key priorities as set out in the IMTP. We have noted however that committee chairs had not been meeting regularly as a group in 2025 due to capacity challenges. It is important that these meetings happen regularly to enable timely cross-referral of issues between committees and triangulation of key risks. We understand these capacity challenges have now been resolved with meetings due to resume in early 2026.
- 22 The Corporate Governance team is taking action to improve the quality of Board and committee papers. We found that papers sometimes focus on describing activity, rather than explaining performance outcomes and providing realistic trajectories for improvement. The Health Board has issued a new template for papers and is training report authors in 2026.

Hearing from staff and service users

- 23 The Board and committees appropriately hear from patients and staff through formal reports and stories which help to set the tone for the subsequent discussions. The Board receives an item at each meeting which contains the experience of either a patient or carer. Recently, the Health Board has aligned its patient experience story to a Board agenda item, such as for urgent and emergency care, which helps it to triangulate information.
- 24 Members of the Board take part in visits to hear experiences directly from staff and patients. To further strengthen this, in November 2025, the Health Board developed a formal protocol to support the Board when visiting different services across the organisation.

Board cohesion and continuous improvement

- 25 The Board is now stable in respect of its membership. There has only been one change to the Independent Member cadre with one member leaving in August 2025 and another starting in October 2025. The tenure of the Vice-chair has been extended to November 2026.
- 26 The Health Board has a valued Board development programme in place. The bi-monthly development sessions were developed by board members and are supported by external facilitators. These development sessions alternate with bi-monthly board briefings on topical issues such as clinical services planning and performance reporting.
- 27 The Board regularly reflects on the effectiveness of its meetings. Its most recent self-assessment had a good response rate and identified what's working well and where improvements are needed. Members gave positive feedback about the level of interaction and challenge in meetings. They also suggested areas for improvement, including clarifying the role of associate members, shortening papers, and focusing more on strategic issues rather than operational detail.

- 28 Committees carried out their own self-assessments, which raised similar themes. These exercises show a mature approach and a shared commitment to continuous improvement. Alongside the annual reviews, informal reflection on meetings is a regular item on Board and committee agendas.

Executive Leadership

- 29 In last year's Structured Assessment, we commented on the need to substantively fill Executive Team vacancies. Over the last year, the Health Board has successfully appointed to three vacant Executive roles,² leaving one interim post.³ This represents a significant step forward in terms of establishing a stable and substantive Executive Team.
- 30 While the issues we described within the Executive Team in our original Board Effectiveness review in February 2023 are no longer present, the Executive Team is still not functioning in the way it needs to. A clear concern that emerged from our work this year is that the Chief Executive is being drawn into operational issues and programme leadership in a way that places significant pressure on their capacity and affects the pace at which important developments can move forward. This is not a sustainable position in the context of the nature and scale of the challenges the Health Board faces. The Health Board needs to urgently move to a position where the Chief Executive can operate at a higher level, with members of the Executive Team being held accountable for leading their portfolios in line with their delegated authorities.

² These are a substantive Chief Operating Officer, who began in April 2025, a substantive Medical Director, who began in October 2025 and more recently a substantive Director of People and Organisational Development, due to begin in early 2026

³ Executive Director Transformation and Strategic Planning was held by an interim postholder with that term due to end in December 2026 at the time of our review

- 31 Linked to the above point, it is important that Executive portfolios are realistic and deliverable and do not result in the responsibility for leadership of some of the organisation's most significant challenges being vested in just a few senior leaders. One area that will need to be kept in view is the viability of the portfolio of the Executive Director of Finance. This has recently been expanded to include responsibilities previously held within the Director of Performance and Commissioning role. The Executive Director of Finance also has responsibilities as the "Delivery Director" for Planned Care, which involves providing oversight and assurance of the delivery programme design and implementation. This is alongside the Chief Operating Officer who is responsible for day to day operational deployment to deliver the planned care programme.
- 32 With the Health Board still in Level 5 escalation and facing significant service delivery challenges it is essential that organisational leadership responsibilities are shared appropriately across the Executive Team such that it can provide the collective and collegiate leadership the organisation requires. This should include a process to identify a designated Deputy Chief Executive.
- 33 The Health Board set up the new Executive Committee to replace its earlier Executive Team meetings in January 2025. Meetings are well-attended and there is a clear record of the key discussion points and decisions. The Executive Committee reports into the Board, which enhances the transparency of senior decision-making. Whilst this work is positive, there is a need to clarify and formalise the arrangements for the sub-structures that sit underneath and report into the Executive Committee. There is also a need to ensure that the Executive Committee is fully aware of, and able to influence key organisational developments such as the Foundations for the Future Programme. It does not appear that this programme has been discussed at the Executive Committee, despite its central importance in organisational transformation.

Providing board assurance

Despite significant activity to review assurance frameworks, they are not currently resulting in the reduction of risk scores or improving performance

Managing strategic and corporate risks

- 34 A new, more robust Board Assurance Framework (BAF) is now in place aligned to the Health Board's five strategic priorities. The risks listed on the BAF provide generally good coverage of key risk areas. In addition, the Board discussed and agreed its risk appetite against its strategic objectives during summer 2025. However, as stated in previous years, there is more work to do to ensure that the Health Board's strategic objectives are Specific, Measurable, Achievable, Relevant and Time-bound (SMART). The Health Board will have an opportunity to strengthen this as it moves to revise its long-term vision in 2026.
- 35 There is regular operational and corporate oversight of BAF risks by management. Risks are also reported to and receive scrutiny from each committee and the Board on a regular basis. Whilst Internal Audit recently provided a reasonable assurance review of risk management, it set out several issues, such as overdue reviews and lack of SMART action planning.

- 36 Revisions to the corporate risk register encourage a greater strategic oversight of risks, but the Health Board needs to keep this in view to ensure it is now not too high-level to support effective corporate scrutiny and oversight. The revised draft Corporate Risk Register comprises of 11 strategic risks with a selection of the more operational corporate risks de-escalated to be managed operationally at Director level. Discussion at the Audit Committee showed that management need to do further work to ensure risks are defined clearly. At present the corporate risk register is at such a high level that it may lead to risks being interpreted differently. In addition, whilst reports consistently demonstrate actions to address risks, very few risk scores move during the year, suggesting a need to better focus on the impact of mitigating actions.

Managing performance

- 37 The Health Board's performance framework is not yet sufficiently driving required performance improvements. The Health Board has recently commissioned work to develop a more targeted Performance Management Framework. Its aim is to strengthen performance scrutiny by the Board and its committees by ensuring that metrics are sufficiently and clearly defined. We note improvements to the Health Board's Integrated Performance Report in December 2025 which provides greater analysis of the impact of its improvement activities for areas where performance is off-track.
- 38 Internal Audit reviewed the current performance framework in July 2025 and gave it a limited assurance rating. A key weakness identified was that there were no written records from performance meetings between operational services and the executive team. This makes it hard to be sure that poor performance is being properly managed. Several of our interviews indicated issues with unclear and weak accountability arrangements, including lack of regular performance management meetings within directorates. The Health Board has set out actions to respond to the weaknesses identified by Internal Audit in this area.

- 39 Although the Board and its committees regularly scrutinise service delivery, performance against several key targets remains poor or is deteriorating. This is resulting in growing frustration within the Board and increasing concern from the Welsh Government. While there are some notable improvements, such as in complaint responses and a reduction in 104-week Referral to Treatment waiting times and 52-week first outpatient waiting times, performance in other key areas remains worrying. This includes wider planned care performance and associated waiting list accuracy, urgent and emergency care, cancer, primary care, dentistry, and child and adolescent mental health.
- 40 Reflecting the Health Board's on-going challenges with the delivery of safe, timely and effective care, in November 2025 the Cabinet Secretary for Health and Social Care announced further measures to support the organisation in tackling these challenges. The support will take the form of a small team of experts who will work alongside the Chief Executive and the Board to drive rapid improvements across a number of key service areas.

Monitoring quality and safety

- 41 We are currently undertaking a review of the Health Board's quality governance arrangements. This work includes a follow-up of actions to respond to recommendations we made in our 2022 Review of Quality Governance Arrangements. This work also incorporates a review of the steps being taken by the Health Board to implement the new Duty of Quality and Duty of Candour under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. We will report this work in early 2026.

Tracking and monitoring recommendations

- 42 The Health Board is working to improve its approach for responding to recommendations, but there is more to do. The Audit Committee receives the audit tracker at each meeting through its standing Statutory Compliance Report. This includes detail on open audit recommendations and those proposed for closure. Reports also provide information relating to broader regulatory reviews and inspection.

- 43 Over the course of the year, we have noted positive developments, including a reasonably systematic approach for administering the recommendation database. The Health Board intends to automate this further next year, with a new digital system in 2026. This will automate the process for sending reminders and tracking overdue recommendations. Notwithstanding the broader issues we identify in paragraph 20 around Executive officer attendance at committees, the Health Board has introduced a good process whereby Executive Leads attend the Audit Committee on a rotational basis to discuss their outstanding audit recommendations.
- 44 Less positively, we have noted persistent issues with delays and incompleteness in management responses to audit recommendations. In some cases, this has then resulted in consequent delays in reporting to committee. We also found that since May 2025 there have been 60 occasions where the evidence to close internal and external audit recommendations was not sufficient. We note that this has recently started to improve. As part of this year's work, we have reviewed the Health Board's progress on previous structured assessment recommendations that are still open. As shown in **Appendix 2**, only 11 out of 19 recommendations made between 2022 and 2024 are now closed, while others are still in progress.

Preparing plans and organisational change

Progress to develop plans and implement change is slower than intended.

Producing key strategies and plans

- 45 Development of the Health Board's long-term strategy and clinical services plan is taking longer than intended. It originally expected to have both plans in place by September 2025. The Health Board approved a high-level strategic vision statement and set of four strategic intent statements at its January 2026 Board meeting. The Health Board intends these statements to provide a clear direction as it moves forward to refresh its long-term strategy. Whilst work continues to refresh its long-term strategy, the Health Board is continuing to work towards the five strategic objectives⁴ it set out in 2023, which have guided its recent planning and risk management work.
- 46 The Health Board is now aiming to be in a position to seek feedback on a draft clinical services plan by April 2026. Although things are moving more slowly than planned, it will at least enable recently appointed members of the Executive Team, including the Chief Operating Officer and Executive Medical Director to contribute to its development.

⁴ The five strategic objectives are: Building an effective organisation; Developing strategy and long-lasting change; Creating compassionate culture, leadership and engagement; Improving quality, outcomes and experience; and establishing an effective environment for learning.

- 47 The Health Board reviewed and updated its well-being objectives in 2025. As part of this process, it engaged with key external stakeholders, including Welsh Government and the Office of the Future Generations Commissioner, and sought views from staff and the public through a survey. Following this work, the Health Board amended three of its existing objectives and introduced two new ones to reflect recent Welsh Government legislation. Looking ahead, the Health Board plans to undertake a further review of its well-being objectives once its long-term organisational strategy has been updated, to ensure that the objectives remain aligned with any revised strategic priorities.
- 48 The Health Board submitted a financially balanced Integrated Medium-Term Plan (IMTP) for 2025-28. This is the first financially balanced plan it has submitted since 2012-2013. The Welsh Government recognised this progress but remained unable to approve the plan due to other weaknesses. These included insufficient information on how the Health Board would meet Welsh Government delivery requirements in a number of key areas, including planned care, cancer, diagnostics, urgent & emergency care, diabetes, stroke, dentistry, and Child and Adolescent Mental Health services. Our own review also found that the plan could be strengthened by including information on the internal and external engagement involved in its development.
- 49 The Health Board is improving how it involves Independent Members in developing its IMTP, but more work is needed. Members saw a draft earlier than in previous years (December 2024 and February 2025), which is positive. However, early drafts had gaps that made review difficult. The Board plans to improve engagement for 2026-27 by discussing IMTP themes during the plan's development, making the process more inclusive. It also needs to involve operational staff more closely, especially those in its Integrated Health Community (IHC) structure, as well as its regional partners.

Organisational change

- 50 The Health Board recognises that its current organisational structure and operating model is not supporting clear and effective accountability for the service improvements which are necessary. A need for clearer roles, authority and accountability mechanisms was a common concern raised by the staff we interviewed as part of this year's structured assessment.
- 51 In response to these challenges the Health Board has established a 'Foundations for the Future' programme. This ambitious programme aims to drive organisational improvements by clarifying staff roles and updating structures, culture, strategy, people, and processes. Whilst the programme is progressing, it is taking longer than originally planned. The Health Board originally intended to finish the design phase of the organisational structure by April 2025 before beginning to put a new structure into action. Plans were then made to share the new structure with the People and Culture Committee in November 2025, but this did not happen either. In January 2026 the Health Board discussed a paper setting out the results of the discovery work on the Health Board's structures. It subsequently agreed that the Health Board could move to the next stage of 'delivery' including engagement and consultation on the new proposed structures.
- 52 Despite these delays, the Health Board still intends to roll out the new operating model during April 2026, with the People and Culture Committee expecting to receive a draft structure for review in January 2026. However, timescale for roll out is very challenging given the limited capacity within the programme implementation team and the need for significant consultation and engagement with staff across the Health Board ahead of the roll out. Within this timetable, the Health Board will also need to ensure that Independent Members have sufficient time to consider and scrutinise the planned changes. Thus far, there has been limited, and high-level information to the Board at formal and board development sessions.

- 53 The Foundations for the Future programme was initiated in 2024. Since that time a number of key posts in the current IHC structure have been maintained on an interim basis with other posts remaining vacant. Whilst it is understood that the Health Board will not want to recruit substantively to a structure that is going to change, the current situation is leading to uncertainty for staff and gaps in IHC leadership. Ensuring that there is sufficient capacity to quickly progress the Foundations for the Future programme needs to be a key priority for the Health Board, noting that the changes that the programme will instigate will take time to embed.
- 54 The Health Board has been progressing its Foundations for the Future programme without a substantive Executive Director of Workforce and Organisational Development in post. The Health Board has, however, now been able to recruit to that post and the successful candidate will take up the role at the end of February 2026 bringing much needed executive capacity to support roll out and implementation of the programme.

Board assurance on partnership working

- 55 The Health Board is working closely with key partners to deliver shared priorities through the Regional Partnership Board, Public Service Boards and the Six Goals Programme. It also engages directly with key stakeholders including Local Authorities, the Welsh Ambulance Services University NHS Trust and third sector organisations, as well as citizen voice body, Llais. Engagement is used to discuss key priorities and strategic aims, including its winter plans, urgent and emergency care plans and in developing the Well North Wales initiative⁵.

⁵ <https://bevancommission.org/tackling-inequalities-together/>

- 56 Whilst reports to the Planning, Population Health and Partnerships Committee do highlight key activities for specific engagement work, such as on winter planning, the Health Board could improve how it reports on collaborative working. An Internal Audit in August 2025 recognised steps that the Health Board is taking to improve engagement and communication but overall gave a limited assurance opinion. Issues included missed deadlines, unclear evidence of completed actions, no Standard Operating Procedures for engagement, and no reporting on the engagement strategy between January 2024 and March 2025.

Monitoring delivery of strategies/plans

- 57 IMTP progress reports show the Health Board is doing fairly well with its planned actions. In 2024-25, the Health Board completed 85% of its IMTP actions (268 out of 314). For the 46 actions that were not finished, the Board agreed to either carry them forward into 2025-26 or retire them.
- 58 However, recent changes to how IMTP progress reports are presented have made it more difficult for the Board to track progress and see how actions are affecting the organisation's performance. An Annual Delivery Plan accompanies the IMTP to provide more detailed milestones to the achievement of plans. The Board received a quarterly progress report in September 2025, and the Performance, Finance and Information Governance Committee received one in December 2025. Changes to the reporting style since September 2025 mean it is no longer clear which actions have been completed in each quarter as reports focus only on whether the Health Board is confident that actions will be completed in-year, and do not show what impact actions may or may not have had on their intended outcomes.

Managing finances

Whilst the Health Board is maintaining a strong focus on achieving in financial balance, significant challenges remain in respect of financial planning and budget management

Meeting financial objectives and duties

- 59 The Health Board has been in receipt of strategic assistance funding from Welsh Government since November 2020, which includes £40 million a year to support the achievement of year-end financial balance. Despite receiving an extra £11.5 million from Welsh Government on top of its strategic assistance funding, at the end of 2024-25 the Health Board reported a deficit of £7.6 million. To put this in context though, the deficit was equivalent to 0.4% of the Health Board's total operational expenditure and was within the financial control total of £8.6 million set by Welsh Government.
- 60 The Health Board also failed to meet its statutory duty to break even over the three-year period from 2022 to 2025 with a total deficit of £31.52 million. More positively, the Health Board was able to submit a financially balanced IMTP for the period 2025-28. However, the Welsh Government was not able to approve the plan for the reasons set out in paragraph 49.
- 61 The Health Board was forecasting reaching a financial balance at the end 2025-26 until month nine. This was despite financial reports showing challenging in-year financial positions. However, the most recent (month 10) position forecasting a £17.4 million deficit with financial reporting highlighting risks of £26 million relating to English Tariff Inflation and the Employers National Insurance funding shortfall, as well as pressures from mental health out of area placements and continuing healthcare.

- 62 The Health Board has a reasonably good track-record on delivery of savings. In 2024–25, the financial plan required £48 million in recurring savings. By year-end, the Health Board delivered £58.4 million, £10 million more than planned. However, £14.4 million of this was non-recurrent and included “accountancy gains”.

Financial planning arrangements

- 63 The Performance, Finance and Information Governance Committee received and discussed the Health Board’s financial plan prior to its submission to the Board with the broader IMTP in March 2025. However, the financial plan was focussed on 2025-26, with only limited, and high-level detail on its financial plans for years two and three. This short-term focus does not adequately support the Health Board to make strategic and transformational decisions for its services.
- 64 The Health Board’s current budget-setting approach does not support longer-term planning for service improvement. In 2025-26, as in previous years, the Health Board has rolled over previous years’ budgets. This approach limits targeted investment in areas that need improvement. The problem is made worse by unfunded permanent posts in the workforce. Without a stronger process, like zero-based budgeting,⁶ the Board is likely to miss financial targets and underfund its strategic goals. The Health Board recognises this and expects major programmes in 2026, like ‘Foundations for the Future’ and the development of its long-term strategy and clinical services plan to lay the groundwork for a better approach.
- 65 For 2025-26, the Health Board set a savings target of £40 million. To achieve this, it used a mix of approaches:
- Setting an organisation-wide target to cut 1.5% from its budget; and
 - Using the Value and Sustainability workstream to identify recurring savings

⁶ Zero-based budgeting is a financial planning approach where every expense must be justified for each new period, starting from a ‘zero base’ to ensure allocations are based on current needs and priorities rather than historical spending.

- 66 When the Health Board submitted its 2025-26 financial plan to Welsh Government, it had only identified £20 million of the required savings. The full list of savings schemes was not completed until month six. The Health Board told us that the Value and Sustainability workstream is now working to identify a longer term “pipeline” of savings that can support the Health Board’s approach to cost improvements.
- 67 Since April 2021, the Health Board has received £42 million per year of additional Welsh Government strategic financial assistance. This funding supports planned care, unscheduled care and mental health service improvements. The Health Board has improved scrutiny of spending plans but the timing of this process, which took place after the financial year had begun, has also caused some problems. The scoring and scrutiny process for bids led to the funding becoming delayed, which meant that the Health Board struggled to use these resources for new transformation projects this year. Most of the money was already committed to cover ongoing staff pay, which meant there was little left to start new initiatives.

Financial management arrangements

- 68 The Audit Committee and the Board review the Health Board’s Standing Orders and Standing Financial Instructions regularly, most recently in October 2025. Officers report any breaches to the Audit Committee. The Committee also gets regular reports on the Health Board’s counter-fraud programme, high-value purchases, losses, special payments, and single tender actions. Whilst remaining high, the number of purchase orders that did not comply with Standing Financial Instructions in 2025-26 have reduced compared to previous years. The Health Board recognises that many of these are for known expenditure, but that the variable nature of the volume of purchase orders means that retrospective orders are produced.

- 69 The Health Board issued its accountability agreements for budget holders across the organisation in August 2025 (month five). In addition to being issued well into the financial year, the letters did not clearly state the delegated budgets. As a result of this and other issues, several accountability agreements were unsigned across the organisation at the time of our fieldwork. As of December 2025, 380 agreements across the organisation had been signed, and 50 were yet to be returned which crucially included 10 of the 14 budget holders within the Executive Team. We understand this has since improved with only 11 outstanding as of February 2026, with three of those within the Executive Team. Nevertheless, the Health Board needs to ensure that its arrangements for accountability agreements in future years enable budget holders to sign their agreements in a timelier way.
- 70 Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation (SORD), are up to date but budget delegation and authority is not operating as set out. In September 2025, the Board approved the latest version of the SORD. Our review found that the new SORD offers a more detailed framework to set out senior accountability more clearly for financial decision-making. However, we heard significant concerns during our interviews that additional central checks and controls are being put in place for expenditure which is within budget holders delegated authority, as set out in the SORD. We heard concerns that these further checks are contributing to delays in decision-making.
- 71 Whilst these additional centralised controls may be deemed necessary, they indicate that there is not full confidence in budget holders' ability to manage within their delegated budgets, and that there is still much work to do build a culture of financial maturity, responsibility and trust within the organisation. This may reflect historical weaknesses in financial management within the Health Board, with some budget holders overspending and concerns about the quality of business cases. During interviews we also heard that there is a history within the organisation of budget holders placing too much reliance on submitting business cases for additional funding, rather than prioritising spends within their existing budgets.

- 72 More helpfully, the Health Board is providing procurement training so staff know how to buy goods and services correctly. It also offers useful resources, including a Budget Manager's Handbook and a guide to buying goods and services. These materials should help staff follow good financial practice going forward.
- 73 The Health Board is improving how it prepares its annual accounts. The 2024–25 accounts received an unqualified True and Fair opinion. However, they also received a qualified regulatory opinion because the Health Board did not break even from 2022–23 to 2024–25. Our accounts audit found only minor errors, which were corrected during the review. We also noted major improvements in the Remuneration Report.

Monitoring financial performance

- 74 Financial reports to the Performance, Finance, and Information Governance Committee and the Board continue to be timely, comprehensive, and transparent. They provide good analysis on areas of spending, overspending, financial trends and risks. The reports set out the short-term financial challenges and identify where there are specific financial concerns.
- 75 The Health Board has made good progress in responding to our previous recommendations relating to financial management. This includes recommendations made in our Cost Savings Arrangements (2024) and Structured Assessment (2024, 2023 and 2022) reviews. It has strengthened the clarity of its savings and financial performance reporting. However, as noted earlier it still needs to develop a medium-term financial plan and improve its approach for issuing accountability agreements.

Recommendations

76 The following table details the recommendations arising from our work.

Recommendations

R1	The Health Board should ensure explanatory papers are always provided for items considered in private sessions of Board and committee meetings (see paragraph 11).
R2	The Health Board should upload AAA reports to the website within 14 days of the committee meeting to which they relate to support awareness of the key issues discussed and decisions taken in advance of confirmed minutes being published (see paragraph 14).
R3	The Health Board should increase the pace of its process to update high-risk policies (see paragraph 16).
R4	The Health Board should ensure that the Board receives JCC minutes and related assurance reports to enable it to discuss risks and implications of national commissioning arrangements (see paragraph 19).

R5 The Health Board should ensure that its executive leadership arrangements are supporting a collective and shared response to the organisation's key challenges. This must include:

5.1 Ensuring appropriate use of delegated responsibilities and accountabilities to enable the Chief Executive to have the capacity to operate at a slightly higher level (see **paragraph 30**).

5.2 Ensuring all Executive portfolios are deliverable and appropriate, support a fair distribution of responsibilities across the Executive Team and avoid the risk that leadership of the response to the organisations main challenges becomes vested in just a few individuals (see **paragraph 31**).

5.3 Identifying a deputy Chief Executive (see **paragraph 32**).

R6 The Health Board should ensure appropriate Executive Team member attendance during key items on committee agendas to facilitate effective discussion (i.e. audit committee for audit reports) (see **paragraph 20**).

R7 The Health Board should ensure that it has the appropriate programme management and governance arrangements in place to support the roll out of the Foundations for the Future Programme. Specifically, it needs to ensure that:

7.1 It has sufficient management capacity to support the timely roll out of the Programme (see **paragraph 52**);

7.2 All Executive Team members are appropriately sighted of, and aligned with the changes that the Programme intends to bring about (see **paragraph 33**);

7.3 Independent Members are appropriately briefed on the Programme and have sufficient opportunity to seek the assurances they need on its implementation (see **paragraph 52**).

R8 The Health Board should strengthen budget-setting approach to move away from the current position of rolling over existing budgets to one that is more zero based and reflects priorities and transformation needs in different parts of the organisation along with a more intelligence driven approach to savings planning (**see paragraph 64**).

R9 The Health Board should ensure accountability agreements are sent to budget holders earlier in the financial year as part of an approach which enables these agreements are signed in a more timely fashion (**see paragraph 69**).

Appendices

1 About our work

Scope of the audit

We looked at the following areas for the period September to November 2025:

- How well the board works.
- How well the board oversees risks, performance, and the quality and safety of services and tracks recommendations.
- How well the body prepares key strategies and plans.
- How well the body manages its finances.

We did not look at the body's operational arrangements.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the Board conduct its business appropriately, effectively, and transparently?
- Is there a sound corporate approach to managing risks, performance, and the quality and safety of services?
- Is there a sound corporate approach to producing strategic plans and overseeing their delivery?
- Is there a sound corporate approach to financial planning, management, and performance?

Criteria

Our audit questions were shaped by:

- Model Standing Orders, Reservation and Delegation of Powers.
- Model Standing Financial Instructions.

- Relevant Welsh Government health circulars and guidance.
- The Good Governance Guide for NHS Wales Boards (Second Edition).

Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including Standing Orders and Standing Financial Instructions.
- Key strategies and plans, including the IMTP.
- Key risk management documents, including the Board Assurance Framework.
- Annual Report, including the Annual Governance Statement.
- Relevant policies and procedures.
- Reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Chair of the Board;
- Vice-Chair and Chair of Performance, Finance and Information Governance Committee;
- Chair of Planning, Population Health and Partnership Committee;
- Chair of People and Culture Committee;
- Chair of Audit Committee;
- Chief Executive Officer;
- Executive Director of Finance;
- Executive Director of Nursing and Midwifery;
- Executive Director of Strategic Planning and Transformation;
- Executive Medical Director;
- Chief Operating Officer;
- Director of Corporate Governance; and

- Director of Environment and Estates.

We observed Board meetings as well as meetings of the following committees:

- Audit Committee;
- Quality, Safety and Experience Committee;
- Performance, Finance and Information Governance;
- People and Culture Committee; and
- Planning, Population Health and Partnerships Committee.

2 Previous audit recommendations

Outstanding recommendations from previous structured assessment reports

The table below sets out the progress made by the Health Board in implementing outstanding recommendations from previous structured assessment reports.

Recommendation	Status
2024 Recommendation 1 The Health Board should progress its plans to introduce arrangements for an Executive Committee and its related operating arrangements by April 2025. Target completion date: April 2025	Complete (see paragraph 33).
2024 Recommendation 2 In the context of ongoing work in relation to the Foundations for the Future programme and strengthening its operational governance, the Health Board should develop a Terms of Reference for its Senior Leadership Team meetings to clarify the purpose of meetings and to ensure that the frequency of meetings is sufficient to effectively discharge its role. Target completion date: July 2025	In progress. The Health Board advises us that it is addressing this recommendations as it progresses the Foundations for the Future programme.

Recommendation

Status

2024 Recommendation 3

When the Board reports against decisions taken in private session or via Chair's Actions, it should ensure that, where relevant, the cost implications of decisions are clearly reported.

Complete (see paragraph 12).

Target completion date: January 2024

2024 Recommendation 4

The Health Board should ensure review of minutes is a standing item on the agenda of each Remuneration Committee meeting (including additional meetings) to ensure the Board has access to an accurate and timely description of the decisions taken.

Complete. The Health Board has made improvements on this issue, although we note there were delays in confirmation of minutes for one meeting in 2025. We will continue to monitor as part of future structured assessment reviews.

Target completion date: January 2025

2024 Recommendation 5

The Health Board should develop a structured programme of Board member visits, to include a mechanism to provide feedback to the Board.

In progress (see paragraph 24).

Target completion date: June 2025

Recommendation

Status

2024 Recommendation 6

As part of the development of a meaningful Board Assurance Framework, the Health Board should provide Board members with further supporting detail on its strategic objectives to clarify what the objectives are seeking to achieve.

Target completion date: January 2025

In progress (see **paragraph 34**).

2024 Recommendation 7

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

Target completion date: April 2025

In progress. The Health Board has been presenting audit reports to other relevant committees during the year. However, committees do not receive updates against recommendations following receipt of the report.

2024 Recommendation 8

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

Target completion date: April 2025

In progress (see **paragraph 49**).

Recommendation

Status

2024 Recommendation 9

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

Complete (see **paragraph 58**).

Target completion date: April 2025

2023 Recommendation 1

Currently, there is confusion about how many days in advance of meetings papers for Board and committee papers should be made publicly available. The Health Board should agree and communicate a consistent target date for publishing agendas ahead of Board and committee meetings.

Complete (see **paragraph 13**).

Target completion date: May 2024

Recommendation

Status

2023 Recommendation 2

The minutes for some committee meetings are missing from the website many months after the meeting date. This affects timely public access to committee discussions. The Health Board should introduce arrangements to ensure the public have timelier access to records of committee meetings as part of its wider efforts to enhance transparency of Board business.

Complete (see **paragraph 14**).

Target completion date: July 2024

2023 Recommendation 3

There has also been a significant unexplained drop in the number of complaints received for the first six months of 2023-24 compared to the previous year. The Health Board should urgently work to discover the reason to ensure complaints are not being missed or mis-reported.

Superseded. The Health Board reviewed complaint data for this period. Although no clear cause for the data trend was found, the Health Board is confident that the new Quality Management System allows better monitoring and response to complaints.

Target completion date: June 2024

Recommendation

Status

2023 Recommendation 5

Currently, there is insufficient committee oversight to monitor progress made against recommendations made by non-audit bodies. The Health Board should introduce effective committee oversight for monitoring progress made against recommendations of regulators, including, but not limited to, Healthcare Inspectorate Wales, the Coroner, the Welsh Language Commissioner, the Health and Safety Executive, and the Public Services Ombudsman for Wales.

Complete. Recommendations from Healthcare Inspectorate Wales, Care Inspectorate Wales, the Health and Safety Executive and the Public Services Ombudsman for Wales are reported regularly to the Quality, Safety and Experience Committee via the Improving Quality Report.

Target completion date: August 2024

2023 Recommendation 7

It is difficult to see the extent to which the Health Board's improvement initiatives and aims set out in the 2023-24 Annual Plan were financially affordable. The Health Board should develop a financial strategy, supported by a medium-term financial plan with the aim of supporting good quality and sustainable service models and reducing the Health Board's deficit and underlying deficit.

No progress (see **paragraph 63**).

Target completion date: August 2024

Recommendation	Status
2023 Recommendation 8 Ensure that the Audit Committee receives assurance on the progress that the Health Board is making to address the complete range of issues identified in the Audit Wales 2021-22 and 2022-23 audit of accounts, and the subsequent EY review has been slower than intended. Target completion date: September 2024	Complete.
2022 Recommendation 2 The Health Board is continuing to refine performance reporting into board and committees. However, there remain concerns around the quality of the performance report and the extent that stated actions will lead to the intended improvements. The Health Board should improve its performance assurance reporting, focussing more on the impact of performance improvement actions. Target completion date: 31 July 2023	Complete (see paragraph 37).

Recommendation

Status

2022 Recommendation 4

The Health Board has a significant number of policies overdue for renewal, which exposes the organisation to service and administrative risks. The Health Board should review and update Health Board policies, prioritising high importance policies first, including the policy on policies.

Target completion date: September 2023

Complete. Whilst not all policies have been updated and there is further progress to be made (**see paragraph 16**) the policy for the management of Health Board-wide policies, procedures and other written control document was updated in 2024 and a plan is in place to review overdue policies, including prioritising high importance policies first.

2022 Recommendation 8

We found limited evidence of how the Health Board is implementing value-based healthcare operationally to its services to maximise value and efficiency. The Health Board should ensure reporting on its value-based healthcare programme focusses on the outcomes achieved.

Target completion date: December 2023

Complete. The Health Board can demonstrate monitoring of outcome metrics in relation to its value-based healthcare programme.

Recommendation

2022 Recommendation 12

There is a need to put in place arrangements to understand the impact of digital and estates strategies, as well as the financial feasibility of the strategy. The Health Board should:

- review any funding gaps in the digital and estates strategies to determine if they are financially feasible. Update the relevant committee on the findings of the financial feasibility review and how any associated risks will be managed.
- introduce periodic committee reports that not only focus on actions completed but the impact its digital and estates strategies are having on the organisation.

Target completion date: December 2023

Status

In progress. Whilst the Health Board can demonstrate some activity to identify funding gaps in its digital ambitions, we have not seen evidence of this in relation to estates, nor have we seen updates on either strategy to committees.

Recommendations from our 2024 Review of Cost Savings Arrangements

The table below sets out the progress made by the Health Board in implementing recommendations from our 2024 Review of Cost Savings Arrangements.

Recommendation	Status
2025 Recommendation 1 The Health Board should seek to obtain better ownership of financial targets and savings requirements by Directorates and the Integrated Health Communities through: • Demonstrating that base budgets have been informed by a clear understanding of the costs of services that are to be delivered. • Ensuring that savings targets are based on an analysis of the actual opportunities that exist within Directorates and IHCs as opposed to a pan-Health-Board savings target. • Ensuring that accountability letters are issued in a timely manner and clearly set out the roles, responsibilities, and accountabilities of the Directorates, Integrated Health Communities, and the corporate centre. Target completion date: October 2025	In progress (see paragraph 65)

Recommendation**Status****2025 Recommendation 2**

The Health Board should strengthen its approach to the identification and delivery of savings by:

- Identifying viable savings schemes to meet the Health Board's overall savings target earlier in the financial planning cycle.
- Taking earlier remedial action to bring under-performing saving schemes back on track.
- Maintaining a focus on the identification of saving schemes that deliver recurrent savings.
- Securing greater engagement from clinicians in the development and delivery of savings schemes.
- Introducing a more formalised escalation process where Directorates and IHCs are not delivering against their savings targets.

In progress (see **paragraph 65**)

Target completion date: July 2025

Recommendation

Status

2025 Recommendation 3

When updating its savings guidance, the Health Board should ensure:

- That the guidance provides greater clarity around how and when the views of service users and stakeholders should be canvassed in the process of generating savings ideas.
- That the guidance reflects the new savings approach based around its Value and Sustainability Board framework
- That the guidance clearly articulates the arrangements for assessing the impact of savings schemes on quality and patient safety, how they support the Health Board's strategic priorities, and impact on other services, as well as the integration with other initiatives (such as Value Based Health Care)

In progress. The Health Board has updated its savings guidance to reflect the new value and sustainability approach and to signpost managers to impact assessment guidance. Further updates are also planned as the Health Board changes its approach to allocating savings targets to departments.

Target completion date: March 2025

2025 Recommendation 4

The Health Board should ensure that future savings reports clearly articulate all the savings it needs to deliver in a given year to meet its Welsh Government control total.

Target completion date: November 2024

Complete (see paragraph 76)

2025 Recommendation 5

5.1 The Health Board should ensure that it has a clear programme in place to address the financial capability gaps across the organisation to ensure operational managers have the necessary skills to support financial planning and savings delivery arrangements.

5.2 The Health Board should put arrangements in place to support Independent Members to gain a better understanding of the organisation's finances.

Target completion date: November 2024

Complete (see paragraph 75)

2025 Recommendation 6

The Health Board should adopt a more systematic approach to the identification and sharing of learning on the delivery of savings schemes. This should include lessons learnt from Health Board savings schemes which have failed or underperformed and the sharing of good practice from the approach to savings schemes in other organisations.

Target completion date: November 2024

Complete. The Health Board informs us that it proactively works with other organisations in NHS Wales to identify and share potential savings schemes.

3 Management response

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer
R1	The Health Board should ensure explanatory papers are always provided for items considered in private sessions of Board and committee meetings.	The Health Board new report template includes the 'rationale' for the Board and Committee considering items in Private; this is alongside the Protocol approved by the Board. The Health Board will ensure the consistency application of the protocol and will be reviewed by the Chair and Committee Chairs regularly.	End June 2026	Director of Corporate Governance
R2	The Health Board should upload AAA reports to the website within 14 days of the committee meeting to which they relate to support awareness of the key issues discussed and decisions taken in advance of confirmed minutes being published.	The AAA Reports are included within the Board Papers. The Corporate Governance Directorate will 'create' a new section on the committee papers webpage to ensure these are available and easily accessible.	September 2026	Director of Corporate Governance

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer
R3	The Health Board should increase the pace of its process to update high-risk policies.	The Health Board has made progress on reducing the number of overdue policies. The Health Board will aim to eliminate the number of high- risk policies by end 2027 (with the exception of All Wales Policies) aligned to the improvement in policies processes.	March 2027	Director of Corporate Governance
R4	The Health Board should ensure that the Board receives JCC minutes and related assurance reports to enable it to discuss risks and implications of national commissioning arrangements.	The Health Board will ensure that the reports and minutes are available in the Corporate Governance Report	June 2026	Director of Corporate Governance
R5	The Health Board should ensure that its executive leadership arrangements are supporting a collective and shared response to the organisation's key challenges. This must include:	See below.		

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer
	5.1 Ensuring appropriate use of delegated responsibilities and accountabilities to enable the Chief Executive to have the capacity to operate at a slightly higher level. 5.2 Ensuring all Executive portfolios are deliverable and appropriate, support a fair distribution of responsibilities across the Executive Team and avoid the risk that leadership of the response to the organisations main challenges becomes vested in just a few individuals. 5.3 Identifying a Deputy Chief Executive.	Implement the Director of Accountability Statement for 2026/27 which will ensure that Directors operate within their delegations. Review of Executive portfolios has been completed as part of Foundations for the Future Programme, where necessary functions have been re-aligned and will be taken forward as part of the 'deliver' phase of the Foundations for Future Programme. The Chief Executive will consider the designation of the Deputy Chief Executive now that the Executive Team is in place.	March 2027 June 2026 September 2026	Director of Corporate Governance Chief Executive Officer Chief Executive Officer
R6	The Health Board should ensure appropriate Executive Team member attendance during key items on committee agendas to facilitate effective discussion (i.e. audit committee for audit reports).	Lead Executives will be identified for attendance at meetings where there is a specific report being presented that requires their input.	June 2026	Director of Corporate Governance

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer
R7	The Health Board should ensure that it has the appropriate programme management and governance arrangements in place to support the roll out of the Foundations for the Future Programme. Specifically, it needs to ensure that: 7.1 It has sufficient management capacity to support the timely roll out of the Programme. 7.2 All Executive Team members are appropriately sighted of, and aligned with, the changes that the Programme intends to bring about. 7.3 Independent Members are appropriately briefed on the Programme and have sufficient opportunity to seek the assurances they need on its implementation.	The Health Board has received reports on progress against the Foundations for the Future Programme; the frequency and regularity of reporting will increase as the programme moves through to the 'deliver' phase to consultation: From March 2026 onwards management capacity will be kept aligned to programme needs through ongoing review of workstream resourcing and strengthened Programme Team support where required. Executive alignment will be supported through an Executive review of the Programme Highlight Report and continued participation in Workstream Deep Dives. The People and Culture Committee will receive regular reports against the delivery of the programme with additional sessions arranged for the full board as necessary. Staff engagement will continue through the Programme's Communications Plan and dedicated intranet pages that provide accessible, up-to -date information.	March 2027	Programme Director

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer
R8	The Health Board should strengthen budget-setting approach to move away from the current position of rolling over existing budgets to one that is more zero based and reflects priorities and transformation needs in different parts of the organisation along with a more intelligence driven approach to savings planning.	In 2025-26, an incremental budget setting approach was utilised, establishment costs and cost pressures (current and future) with developments aligned to available resource. Budgets to deliver services able to be re-configured within this process and amended throughout the financial year. The Health Board will deploy a zero-based budget setting methodology for 2027-28, which whilst time consuming will require every cost to be justified and aligned to delivery priorities. However, successful delivery will require a level of further maturity from budget holders combined with clear strategies to be in place to guide prioritisation of resource (Clinical and Estate) and clear lines of delegation and accountability. The Value & Sustainability programme of works will drive improvement, combined with benchmarking of services. The total financial benefits then analysed over the IMTP three financial years to remove the underlying deficit, strengthening future savings attainment and allowing application of allocative efficiency.	March 2027	Director of Finance

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer
R9	The Health Board should ensure accountability agreements are sent to budget holders earlier in the financial year as part of an approach which enables these agreements are signed in a more timely fashion.	Accountability Agreements will be issued at the beginning of the financial year.	April 2026	Director of Finance

4 Key terms in this report

Term	Description
Board Assurance Framework	A Board Assurance Framework sets out the risks linked to the organisation's strategic objectives, and the controls and assurances in place to manage those risks.
Clinical Strategy	A Clinical Strategy is a long-term plan that helps shape how healthcare services are designed and delivered to meet the needs of patients and communities.
Corporate Risk Register	A Corporate Risk Register sets out the organisation's significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Counter Fraud	Counter fraud refers to the activity undertaken by the organisation to prevent, detect, and investigate fraud, bribery, and corruption. This work is led by the NHS Counter Fraud Service (CFS) Wales, which operates under the NHS Wales Shared Services Partnership.
Integrated Medium Term Plan	An Integrated Medium Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Losses	Losses include things like theft, fraud, overpayments, or damage to property.
Quality Governance	Quality governance is the combination of structures, processes, and behaviours used by an organisation, particularly its board, to lead on and ensure high-quality performance, including safety, effectiveness, and patient experience.

Term	Description
Register of Interests	The Register of Interests helps ensure transparency by recording any personal or business interests of Board members and staff that could influence decisions.
Scheme of Reservation and Delegation	The Scheme of Reservation and Delegation sets out which responsibilities stay with the Board and which are passed to committees and executives, along with reporting arrangements to ensure proper oversight.
Single Tender Action	A Single Tender Action is when an organisation buys goods or services from one supplier without going through a competitive process, usually because there is only one suitable option or urgent need.
SMART	SMART is a well-known framework for setting clear and effective objectives. It stands for Specific, Measurable, Achievable, Relevant and Time-bound.
Special Payments	Special payments are one-off payments made in unusual situations – like compensation or goodwill gestures – that fall outside of the organisation's normal business activity.
Standing Financial Instructions	Standing Financial Instructions set out the financial responsibilities, policies, and procedures adopted by the organisation.
Standing Orders	Standing orders set out the rules and procedures by which the organisation operates and make decisions.
Well-being of Future Generations Act (2015)	This Act requires public bodies in Wales to work sustainably and collaboratively to improve well-being across social, economic, environmental, and cultural areas, by setting long-term goals (called well-being objectives), involving citizens, and making decisions that consider the impact on future generations.

About us

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out his work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

Audit Wales is the umbrella term used for both the Auditor General for Wales and the Wales Audit Office. These are separate legal entities with the distinct roles outlined above. Audit Wales itself is not a legal entity.



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and
telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.



Health Board

CANCER REPORT

Date of Meeting	26 March 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Caroline Williams, Network Manager, Cancer
Lead Executive Team Member name and title	Tehmeena Ajmal, Chief Operating Officer

Report Purpose	For Noting

Executive Summary

Cancer is a leading cause of morbidity and mortality worldwide, and is the leading cause of premature death in north Wales. Whilst cancer incidence and mortality rates in north Wales are comparable to those of the rest of Wales, there are inequalities in cancer outcomes between different areas of north Wales, with some communities experiencing higher rates of cancer and poorer survival rates.

The causes of cancer are complex, and include a combination of genetic, lifestyle, environmental, and socio-economic factors. Therefore, cancer prevention is a key component of any comprehensive cancer plan.

Cancer care is also complex and requires multi-disciplinary input, involving a range of healthcare professionals and services. Improving cancer care and outcomes requires a co-ordinated and collaborative approach, with a focus on person-centred care, early diagnosis, effective treatment, and supportive care.

Cancer demand in north Wales continues to increase, driven by rising incidence, an ageing population, improving survival and clinical and technological advances.

Performance against the 62 day Suspected Cancer Pathway (SCP) waiting times target has fallen across all major tumour sites, largely due to diagnostic capacity constraints and workforce fragility in key specialties. Despite this, targeted action since late 2025 has reduced the number of patients on a suspected cancer pathway after day 62 by around 40%; this has temporarily impacted on the percentage of patients treated in target but will lead to improved performance in future months. Further improvement relies on strengthening diagnostic capacity,

progressing a robotic-assisted surgery strategy and addressing fragile services across the cancer pathway.

The Board's overarching priorities are to stabilise performance, tackle inequalities, and build futureproofed cancer services for North Wales. Continued focus on prevention, early detection, and collaborative working will be critical to improving outcomes and delivering the ambitions set out in the Integrated Medium-Term Plan.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome, Evidence and Data
Informal Executive Meeting presentation	18/02/2026	

Acronyms / Glossary of Terms

USC	Urgent Suspected Cancer
SCP	Suspected Cancer Pathway
MDT	Multi-disciplinary Team
CNS	Clinical Nurse Specialist

CANCER REPORT

1. SITUATION

- 1.1 The purpose of this report is to provide a strategic overview of cancer in North Wales in the context of the UK and beyond; the aims and objectives of the current approach to prevention, early detection and treatment as set out in the Cancer Roadmap for North Wales (January 2024); the nationally set requirements and the current progress in meeting these.
- 1.2 Importantly, as the Health Board's Clinical Services Plan is developed, there is an opportunity to review and redefine the strategic priorities across the whole pathway with increased emphasis on prevention and inequalities, as well as swift detection and treatment on a sustainable basis. The report also outlines the challenges, impacting current performance and sustainability, and opportunities for improvement forming the next stages of action.

2 BACKGROUND

- 2.1 Cancer is a leading cause of morbidity and mortality worldwide, and is the leading cause of premature death in north Wales. Cancer incidence and mortality rates in north Wales are comparable to those of the rest of Wales but there are inequalities in cancer outcomes between different areas of north Wales, with some communities experiencing higher rates of cancer and poorer survival rates.
- 2.2 The causes of cancer are complex, and include a combination of genetic, lifestyle, environmental, and socio-economic factors. Cancer prevention is therefore a key component of any comprehensive cancer plan.
- 2.3 Cancer care is also complex and requires multi-disciplinary input, involving a range of healthcare professionals and services. Improving cancer care and outcomes requires a co-ordinated and collaborative approach, with a focus on person-centred care, early diagnosis, effective treatment, and supportive care.
- 2.4 Improving cancer outcomes is a key priority for the Welsh Government. Wales lags behind other European nations in relation to survival rates from cancer, underpinned by a range of contributory factors. Key performance targets focus on timeliness of diagnosis and treatment commencement, with the Ministerial Advisory Group on Performance and Productivity in Wales specifically considered cancer performance, making a range of recommendations to the Welsh Government.

2.5 The Cancer Partnership community led by the Health Board developed a Roadmap for Cancer for North Wales in January 2024. The aim of the work was to set out a clear ambition for the people of the Region:

- To reduce cancer incidence, mortality and morbidity in north Wales so that people experience a better quality and length of life
- To commission and provide excellent person-centred care in the right place at the right time, taking a whole system approach that focuses on improving outcomes and user experience and, where possible, brings care closer to home
- To empower our staff to transform and innovate and deliver continuous improvement
- To work in partnership with all stakeholders, including service users, other public sector organisations, third sector organisations and the wider community, to maximise value from the resources we have available to improve cancer outcomes in north Wales

2.6 The key measures of success outlined in the Roadmap include:

- Reduction in avoidable cancer incidence
- Improved cancer survival rates
- Reduced cancer mortality and morbidity rates
- A reduction in cancer inequalities across the region
- Service users reporting positive experiences of our clinical services
- Safe, sustainable and high quality clinical services provided in line with national guidance
- Reduced reliance on temporary and agency staff
- Other organisations seeking to learn from our consistent achievements

The work relating to the roadmap is now key for the new Clinical Services Plan currently being developed, and hence some of the background data relates to that presented as part of the roadmap.

3 SPECIFIC MATTERS FOR CONSIDERATION

3.1 STRATEGIC CONTEXT – THE NORTH WALES POPULATION

The resident population of north Wales of approximately 700,000 people is expected to increase by 2.9% by the year 2043. The population of north Wales aged 65 years and over is predicted to increase by almost 29% by 2043. This is important as older people are more likely to develop cancer, as well as being more likely to be living with other co-morbidities.

There is a clear correlation between deprivation and increased cancer rates and north Wales has some of the most deprived areas in Wales, primarily in Denbighshire, as seen below:

Area	Local Authority	Welsh Index of Multiple Deprivation Rank (2019)
Rhyl West 2	Denbighshire	1
Rhyl West 1	Denbighshire	2
Queensway 1	Wrexham	9
Rhyl West 3	Denbighshire	11
Rhyl South West 3	Denbighshire	19
Glyn (Conwy) 2	Conwy	20
Wynnstay	Wrexham	45
Rhyl South West 1	Denbighshire	57
Abergele Pensarn 2	Conwy	70
Tudno 2	Conwy	78

In North Wales, 74.6% of working aged adults (16-64 years) report being in good health, which is similar to the Wales average (75%). Across north Wales, this figure ranges from 69.8% in Flintshire to 83.3% in Gwynedd.

In the older population, 65% of persons aged 65 years and over in north Wales report to be in good health compared to 61.7% across Wales. This figure ranges from 57.7% in Flintshire to 73.1% in Conwy.

Lifestyle plays a key role in the risk of developing cancer. The north Wales population (in line with the whole Wales population) is at risk in a number of key areas:

- only 39.7% of the working aged population of north Wales are a healthy weight (35.4% nationally)
- only 52.6% adults are physically active for at least 150 minutes a week (56.6% nationally)
- Almost 17% of adults said they drink more than the national guidelines in an average week (15.7% nationally)
- 19% of pregnant women smoke (17% nationally).

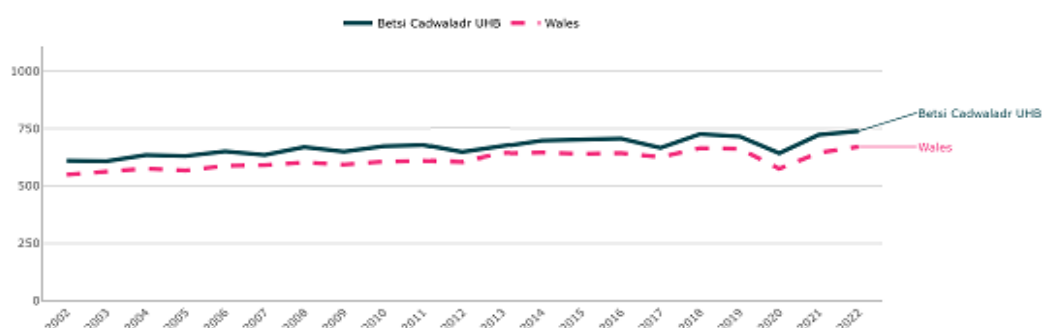
It is also important to note when planning services that more people in north Wales speak Welsh as their first language, when compared with the rest of Wales, with the greatest percentage of Welsh speakers being in the West. The Health Board continues to place strong emphasis and commitment to providing care for individuals in the language of their choice wherever possible.

3.2 INCIDENCE

Cancer incidence across Wales has increased by approximately 31% over the past two decades. Cancer incidence is approximately 20% higher in the most deprived areas in Wales compared to the least deprived areas in Wales. North Wales experiences higher incidence rates than the all-Wales average, primarily reflecting the older population profile.

Cancer incidence, all cancers excluding nmsc, crude rate per 100,000, persons, all ages, Betsi Cadwaladr UHB and Wales

95% confidence interval

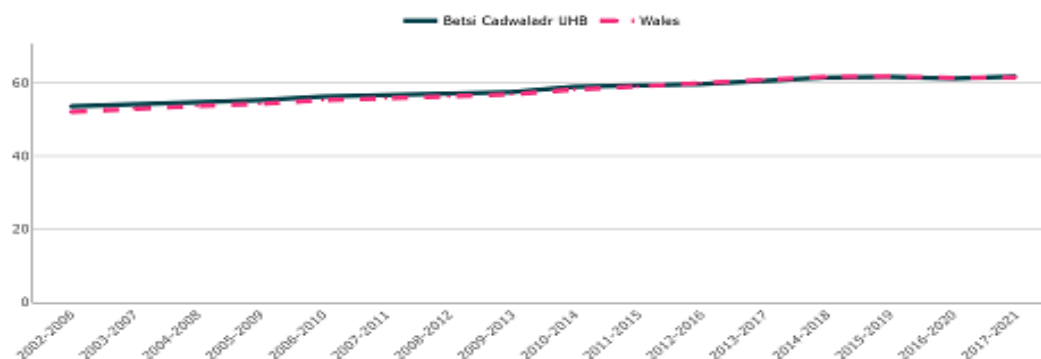


Produced by Public Health Wales, using cancer registration data (WCISU) & MYE (ONS)

National survival rates have improved over the past two decades but progress has plateaued in recent years. Cancer survival worsens with increasing levels of deprivation, often due to later stage presentation. Survival outcomes in north Wales are broadly in line with the all-Wales average with five year survival at approximately 63%. However, it should be noted that Wales remains in the lower half of international comparisons.

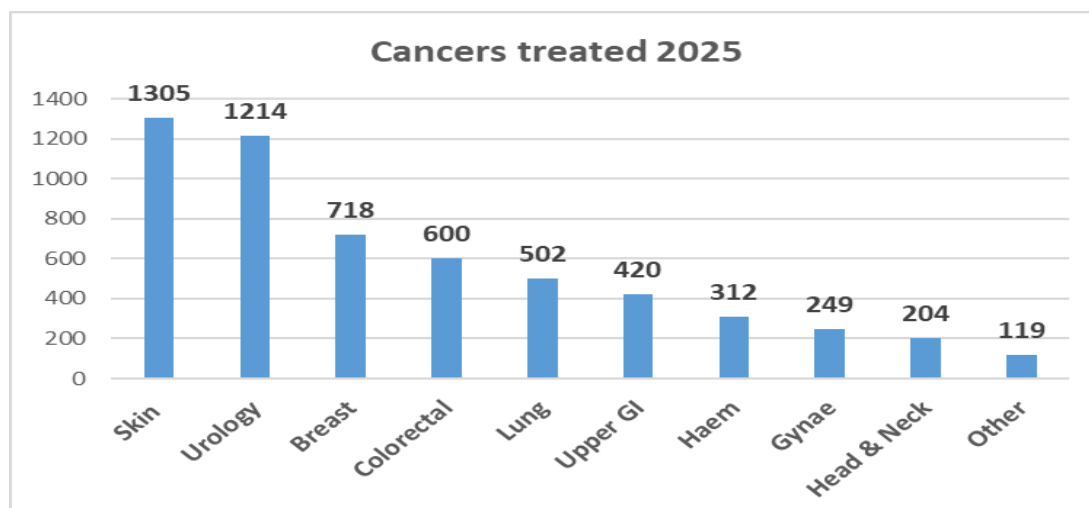
Five year unstandardised net survival (%), all cancers excluding nmsc, persons aged 15-99, Wales and Betsi Cadwaladr UHB

95% confidence interval



Produced by Public Health Wales, using cancer registration data (WCISU), PHM & MYE (ONS) and WIMD (WG)

The combined effect of rising incidence and improved survival is a growing population of people living with and beyond cancer, placing sustained pressure on health services across the country. In 2025, approximately 5,600 people from across north Wales were treated for cancer. This has increased from circa 4,800 in 2019, and is an overall increase of circa 20% in the last 20 years.



Cancer Research UK published figures in January 2023 indicating that cancer incidence will rise by 30% by 2040, with particular increases in kidney, prostate, skin and pancreatic cancers. The increase will primarily be due to an ageing population and lifestyle factors, principally smoking and obesity.

The pressure on the healthcare system has already increased. There were 38,328 suspected cancer referrals from primary care in 2022 compared to 23,696 five years before, a 62% increase. Each month during 2025/26 so far circa 4000 people are referred and assessed and told they do not have cancer; a 25% increase from circa 3,000 in 2021/22. Conversion rates to a cancer diagnosis following a suspected cancer referral from primary care have fallen from 8% to 7% over this time. Referrals are expected to continue to rise as national clinical guidance for primary care suspected cancer referrals is based on a 3% positive predictive value of cancer.

3.3 PREVENTION, INEQUALITIES & SCREENING

It is estimated that almost 4 in 10 cancer cases in Wales each year could be prevented. Cancer prevention initiatives, such as the smoking cessation programme 'Help Me Quit' are a key area of focus, along with obesity reduction, reducing alcohol consumption and increasing physical activity. These lifestyle factors also influence the risk of other diseases eg cardiac disease, stroke and are therefore part of the wider existing population health work programme.

There are significant inequities with cancer mortality rates higher in the most deprived areas. In 2020, cancer mortality in males and females living in the most deprived areas of Wales were statistically significantly higher than those in the least deprived areas.

Public Health Wales run screening programmes for breast, bowel and cervical cancer. The percentage of the north Wales population taking up the screening offer exceeds national standards for bowel and breast cancer (70% and 60% respectively) but is below the national target for cervical screening (80%).

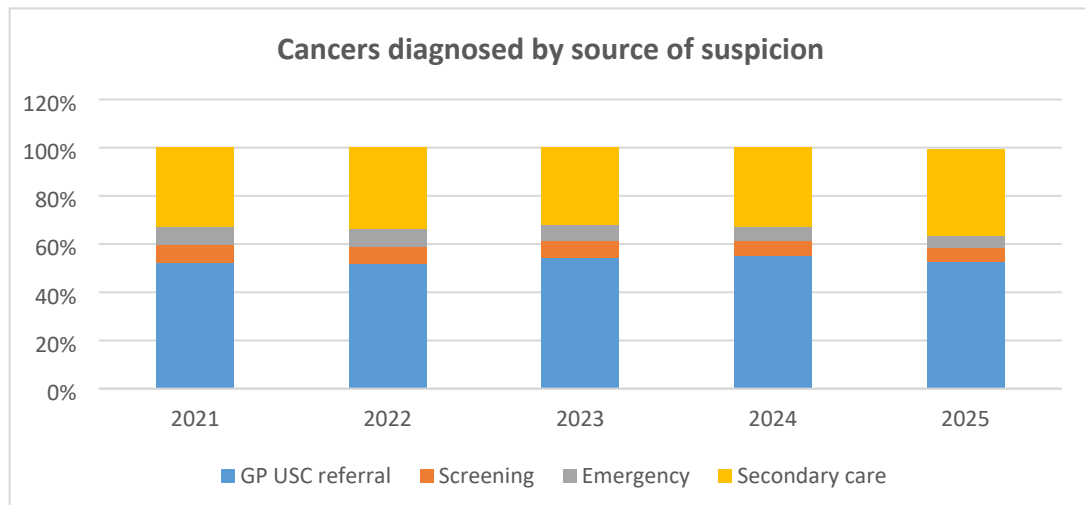
	Breast (2021)	Bowel (2023/24)	Cervical (2023/24)
BCUHB uptake	72.2%	65.9%	69.5%
Wales uptake	72.3%	65.5%	68.7%
Target	70%	60%	80%

There is a consistent deprivation gradient across screening programmes, with significantly lower uptake in more deprived communities. These patterns directly influence stage at diagnosis and long-term outcomes, reinforcing the importance of targeted prevention and early detection initiatives.

BCUHB Public Health Directorate recently contributed to the development of the National Screening Inequalities Plan and, from April 2026, will work with local partners and community groups to create a regional screening equity plan for north Wales. This plan will focus on reducing variations in screening uptake between the most and least deprived areas and improving access for groups who are less likely to participate. There is also a specific piece of work underway with the Learning Disability Team to analyse differences in participation compared to the general population and support wider work on improving access.

Lung cancer screening is anticipated to commence in the next two years. While this presents a significant opportunity for earlier diagnosis and improved outcomes, it will also create additional demand for diagnostic and treatment services which will need to be recognised in future planning.

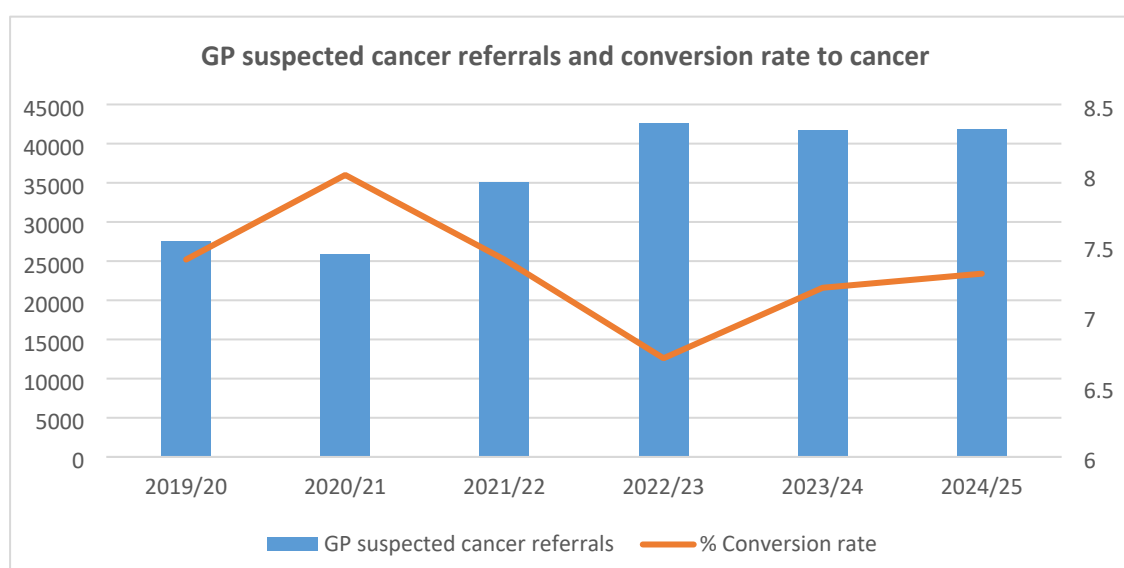
Whilst screening continues to be an important route for potential detection of cancer, the majority of patients continue to be diagnosed directly following a GP referral triaged as USC (urgent suspected cancer). A significantly smaller cohort are diagnosed through screening services.



3.4 EARLY DETECTION

Urgent Suspected Cancer (USC) referrals

GP/primary care are the main source of referrals, providing a key opportunity for early detection of cancer. Referrals rates have increased significantly and whilst welcome as a means of earlier detection, it has brought the challenge in managing the capacity particularly in relation to diagnostics and the initial consultation. The referral rate identifying potential USC (urgent suspected cancer) appears to have now stabilised following a significant increase post COVID.



For the 7 specialties that now triage referrals electronically, data shows that more GP referrals are upgraded to a higher priority level upon receipt in secondary care (7%) than are downgraded (2%).

Early diagnosis is key to improving outcomes (note NICE GP USC referral guidance is based on a 3% risk of cancer); it is therefore vital to ensure patients are referred appropriately at the earliest opportunity. Work continues with primary care to support early diagnosis and appropriate referrals, including:

- Use of Community Health Pathways, a national software tool to provide consistent referral guidance
- Roll out of electronic referral vetting in secondary care to improve communication between primary and secondary care
- Increased use of appropriate testing in primary care eg roll out of the FIT (faecal immunochemical test) to establish likelihood of bowel cancer

Diagnostics

The four largest tumour sites (breast, colorectal, skin and urology) together make up two thirds of cancers treated each month and all four have seen a particular challenge regarding the diagnostic phase, impacting on the achievement of the 62-day target of suspicion of cancer to first definitive treatment. The impacts from diagnostics have contributed (not the only factor) to an decrease in the proportion of people in the largest volume tumour sites being treated within 62 days.

% treated in target	2021/22	2025/26 (to end Dec)
Breast	79	53
Colorectal	49	38
Skin	84	72
Urology	55	40

Diagnostic delays represent the most significant contributor to pathway breaches; this is the case within colorectal services for example due to pressures within endoscopy services. In addition, workforce fragility remains a critical risk to the sustainability of cancer services. Cancer pathways run across the whole organisation, meaning that workforce gaps in fragile services such as dermatology (skin) and urology significantly impact on access times for first definitive treatment.

In order to reduce time to diagnosis and hence subsequent treatment, cancer teams across north Wales are focussing on the implementation of NHS Wales' National Optimal Pathways for Cancer and the Ministerial Advisory Group's (MAG) 2025 recommendations for cancer.

Key elements of the National Optimal Pathways are the focus on one stop clinics, where patients are assessed and receive the required diagnostic tests in one clinic, and straight to test pathways where patients are booked straight for a diagnostic test removing the requirement of an outpatient appointment. The Health Board is leading the straight to test pathway rates in breast and gynaecology services, but has a lower rate in dermatology. This is a key area of focus for improvement.

One-stop clinics have been established for breast, neck lump, urology (haematuria) and vague symptoms pathways. Straight to test pathways are in place for prostate (straight to MRI), upper and lower gastroenterology (straight to endoscopy), lung (CT scan following a suspicious chest Xray) and skin (teledermoscopy). Further developments are planned for 2026/27, in particular expansion of teledermoscopy reporting capacity and roll out of post menopausal bleeding clinics for gynaecology patients, subject to ultrasound capacity.

It should be noted that in order to run effective and efficient one stop clinics, appropriate estates facilities are required. Clinical space is often at a premium, presenting challenges currently within breast, urology and skin services in particular. This will need to be a focus for operational teams in the next year.

As well as focussing on one stop and straight to test pathways the MAG recommendations highlighted the need for alternative pathways for patients at a lower risk of cancer. The Health Board has implemented these recommended pathways including the consistent use of FIT (blood in stool) test in primary care, urgent (as opposed to USC) pathway for women on HRT with unscheduled bleeding and has developed plans for a community-based pathway for women with breast pain only which is currently awaiting funding approval from the national cancer team.

Diagnostic capacity represents the largest contributor to suspected cancer pathway delays. Endoscopy capacity remains a significant challenge, with high waiting list volumes and reliance on insourcing to meet demand. A longer-term approach has been supported by the Executive to expand internal provision of endoscopy, and the Welsh government approved the MAG recommendation for a new Endoscopy Unit at Ysbyty Glan Clwyd. The intention is to move toward JAG Accreditation (Joint Advisory Group – Industry Standards) in the coming years. Urological diagnostics have also been supported in year with insourced capacity whilst further work is undertaken to expand the urology diagnostic workforce through increased nurse led activity to meet future demand.

Radiology demand is increasing year on year with particular pressures in interventional imaging and increasing demand for PET scanning. A Business case has been approved by the Board and submitted to Welsh Government in relation to Nuclear Medicine which will improve the accessibility of PET-CT in the

region. New technologies will aid diagnostic capacity and the Health Board has led the way in Wales in the introduction of AI technology to support pathology reporting and the introduction of new diagnostic techniques such as the capsule sponge to reduce the pressure on endoscopy services.

Ensuring high quality and appropriate referrals matched with sufficient diagnostic capacity to support increasing demand will continue to be a key requisite for improving cancer performance and outcomes. Specific work on a more strategic approach to diagnostics for the region will form part of the development of the Clinical Services Plan.

3.5 TREATMENT

Since the Calman-Hine report of 1995, multi-disciplinary team discussions have been the cornerstone of treatment decision-making in cancer services with all new cancer diagnoses discussed by key specialty experts in order to reach the optimal treatment recommendation. There are 24 cancer site specific multidisciplinary teams (MDTs) across the Health Board, most meeting weekly. Rising incidence and increasing treatment complexity have placed MDTs under significant pressure and there is an increasing risk that these become a limiting factor in relation to timely access to treatment.

In line with the Wales Cancer MDT Reform Programme launched in 2024, the Health Board commenced its own MDT reform programme in 2025. This aims to define standard pathways for non-complex cases that do not require MDT discussion and reduce pressure on MDTs to allow fuller discussion of more complex cases. Initial reform work is underway in urology and skin cancer services and the learning will be spread to other tumour site MDTs, with a tracking of the impact changes have on timeliness as well as quality of decision-making.

Cancer surgery for north Wales patients is delivered through a combination of local, regional, outsourced and externally commissioned arrangements. Local surgery includes breast, colorectal and thyroid cancer. More specialist surgery is delivered regionally (including gynaecology and head and neck surgery) or externally, including major urology, thoracic, pancreatic and sarcoma services. There will be some surgery for which North Wales cannot offer sufficient critical mass for direct provision by the Health Board, however greater emphasis on partnership working across pathways could be key, building on relationships with partners such as Clatterbridge for example.

The development of a robotic-assisted surgery plan to maximise use of existing assets and support repatriation of activity (particularly urology), improve equity of access and strengthen recruitment is key. Robotic-assisted surgery is now central to modern surgical practice across the NHS. Whilst the Health Board has a robotic platform in the West, used for colorectal and gynaecological cancer cases. There is significant potential to treat more people closer to home and to build the capacity and

capability, including research and development opportunities, utilising robotic-assisted methods.

Prehabilitation (preparing people ahead of their surgery) improves outcomes and reduces length of stay. The current specialist service in the East of the Region provides an excellent service with audit data showing a 3 day reduction in length of stay and improved physical well-being of patients. Consideration in the future Clinical Services Plan will be given to broadening access to this service beyond the one Integrated Health Community.

For patients requiring oncological treatments, radiotherapy is delivered at the North Wales Cancer Treatment Centre at Ysbyty Glan Clwyd, with additional investment made this year in relation to new radiotherapy machines (Linear Accelerators). Having this state-of-the-art equipment, following a circa £10M investment from Welsh Government means that treatment will be quicker and easier for patients, enabling more people to be seen. The equipment will be fully operational during 2026.

Systemic anti-cancer therapy (SACT), including chemotherapy, targeted therapies, immunology and hormone therapies, is delivered across all three main DGH sites in the region. Demand continues to rise, with increasing use of new immunotherapy and biologics as well as later-line therapies. Investment has been made during this current year to support increases in provision and access times, although not a Welsh Government measure, are monitored locally and compare favourably with other NHS organisations in Wales. Given cancer has become a long-term condition for many, it is expected that further growth in demand for these types of treatments will continue into the medium and long term.

3.6 ESSENTIAL SUPPORT & FURTHER OPPORTUNITY

Third-Sector Care

The development of Maggie's Centre on the Ysbyty Glan Clwyd site represents a significant enhancement in supportive care for people affected by cancer. Alongside other third sector services, this Centre complements NHS services and improves patient experience and wellbeing by providing free drop-in support services for anyone affected by cancer.

Cancer care and end of life/palliative care have a strong resonance with third sector and charities. Their essential works benefits thousands of people each year in North Wales and their contribution is invaluable. Support groups raise awareness, funding and support research enabling both advances in treatments but also supporting people and their families through their cancer journeys. The commitment of the health board to partners is reaffirmed and will form a central part of planning for the future.

Workforce Planning and Development

A resilient and well-structured cancer workforce is essential to deliver improved patient outcomes and sustainable cancer services. Current pressures in key diagnostic and treatment specialties, eg dermatology and gastroenterology, impact on the Health Board's ability to meet demand.

A key priority moving forward is to undertake workforce planning in line with the health board Workforce Planning Framework for the medium term to enable a modern and sustainable approach to service provision, attracting and retaining the best expertise for the people of the region.

Support for medical staff to progress into consultant roles is essential and has proved particularly successful in haematology where planned workforce development has strengthened service stability. North Wales has the lowest number of consultant clinical oncologists per head of population in the UK but has had recent success in recruitment to a number of consultant medical oncologist posts. Whilst waiting times are challenged they remain broadly comparable with the rest of Wales. An oncology clinical plan is due for completion in 2026, focusing on workforce sustainability, service development, repatriation of activity, clinical trials and strategic partnerships, including with universities and specialist centres.

Alongside medical staffing, development of the wider multidisciplinary workforce, including nursing and allied health professionals, is critical to delivering high-quality, efficient cancer pathways. Many of the straight to test pathways introduced to date are reliant upon nurse led triage and the development of nurse led diagnostic capacity will be key in specialties such as gastroenterology, urology and dermatology.

Cancer Clinical Nurse Specialist (CNS) teams play a key role in supporting cancer patients through their cancer journey. As part of its person-centred care programme, the Health Board has worked alongside the national cancer team to implement holistic needs assessments to ensure the needs of cancer patients are identified and addressed where possible.

Research and Innovation

Research and Innovation is a key element in improving cancer outcomes and enhancing organisational performance. Embedding research as a core component of service delivery provides patients with access to innovative treatments through clinical trials, often improving both survival prospects and quality of life. A strong research culture also directly contributes to recruitment and retention, as staff are more likely to join and remain within organisations where opportunities for research participation and professional development are available.

Ensuring clinical trials activity is supported, integrated, and prioritised strengthens our overall service offer, enhances organisational reputation, and accelerates the adoption of new evidence-based approaches for the benefit of patients and the wider system.

The understanding of cancer is increasing all the time and new cancer treatments and diagnostic tools continue to emerge, for example new blood tests to detect cancer at an earlier stage are being trialled UK wide. These innovations will bring exciting opportunities to improve cancer detection and treatment and we need to be ready to maximise their use. Innovations in technology can also help address some of the inequity in current service provision eg virtual appointments to reduce travel time for patients. The potential of AI in healthcare is being clearer, and to some extent is already being used in North Wales. The opportunity this brings could be considerably change models of care for the future.

In October 2021 the North Wales Clinical Research Facility was established in Wrexham. The facility specialises in the delivery of early phase trials using experimental medicines and was involved in COVID-19 vaccination trials. There is an opportunity to branch out into oncology and haematology trials to contribute to new medicines and provide opportunities to attract clinical staff to north Wales.

The Maelor Academic Unit of Medical and Surgical Sciences (MAUMSS) was also established in 2021 on the Wrexham site. It is designed to encourage and support research within the Health Board. It is staffed by an interdisciplinary team of academics, clinicians, scientists and postgraduate students who are available to lead on and help other healthcare professions develop and run clinical research projects.

Learning Organisation

Cancer services in BCUHB participate in 10 national clinical audits including audits relating to breast, colorectal, gynaecological, haematological, lung, upper gastrointestinal and urological cancers. Audit outcomes are published nationally with local teams reviewing their performance against the agreed standards and developing action plans to improve performance; these outcomes are reported via the Health Board's clinical audit governance structures.

Health Board outcomes are generally positive in particular in relation to clinical outcomes, CNS support and data completeness. Issues to address include the timeliness of some pathways and the need to increase minimal access/robotic surgery rates.

4.0 KEY RISKS / MATTERS FOR ESCALATION

Performance – Expectations of Welsh Government

The Welsh Government has published a number of expectations for delivery in relation to cancer care in Wales and these are outlined below.

WG Planning Framework 2025/2028 (published Dec 2024):



- a. Key Delivery metric on Cancer - 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026.
- b. Cabinet Secretary Enabling Action: i. Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme; ii. Ensuring full compliance with straight to test guidance

Ministerial Advisory Group Report on Performance and Productivity in Wales (published April 2025): Cancer related recommendations –

Recommendation 9: No additional cancer performance plans should be produced for 2025/26 and 2026/27. Instead, there should be an immediate focus on implementing a narrow but nationally mandated set of deliverables drawn from existing policy proposals. Timescale – within 3 months.

Recommendation 10: A ring-fenced fund, held centrally, should be created to directly fund the high impact, nationally prescribed service changes described in Recommendation 9, which are monitored through the health board performance report (see Recommendation 21). Timescale – within 3 months.

Recommendation 11: The Welsh Government should establish financial incentives in primary care to improve cancer performance, focusing on in-depth diagnostic work-up and subsequent safety-netting in order to reduce referral volumes and provide more diagnostic information for patient triage in secondary care. Timescale – within 3 months.

Recommendation 12: The Cancer Network and the cancer arm of the Planned Care Recovery Programme should be merged to create a single team responsible for setting the strategic direction of cancer care in Wales and directing improvement activities to support this, led by a senior clinician and senior managerial lead, reporting to the National Medical Director and the Managing Director of the PPU (later known as NHS Performance and Improvement which related to Recommendations 19 and 20). Timescale – within 3 months. (Note – WG only agreed this in part)

Recommendation 13: Digital Health and Care Wales (DHCW) should develop a plan to begin collecting and publishing more granular tumour-level performance data from the beginning of the 2026/27 financial year at the latest. DHCW should also produce an options appraisal for the production of a linked dataset containing cancer and diagnostics waiting times data. Timescale – within 12 months.

WG Level 5 (Special measures) De-escalation criteria specifically for BCU, includes specifically related to cancer:

55% performance maintained for 4 months against the SCP (single cancer pathway) target

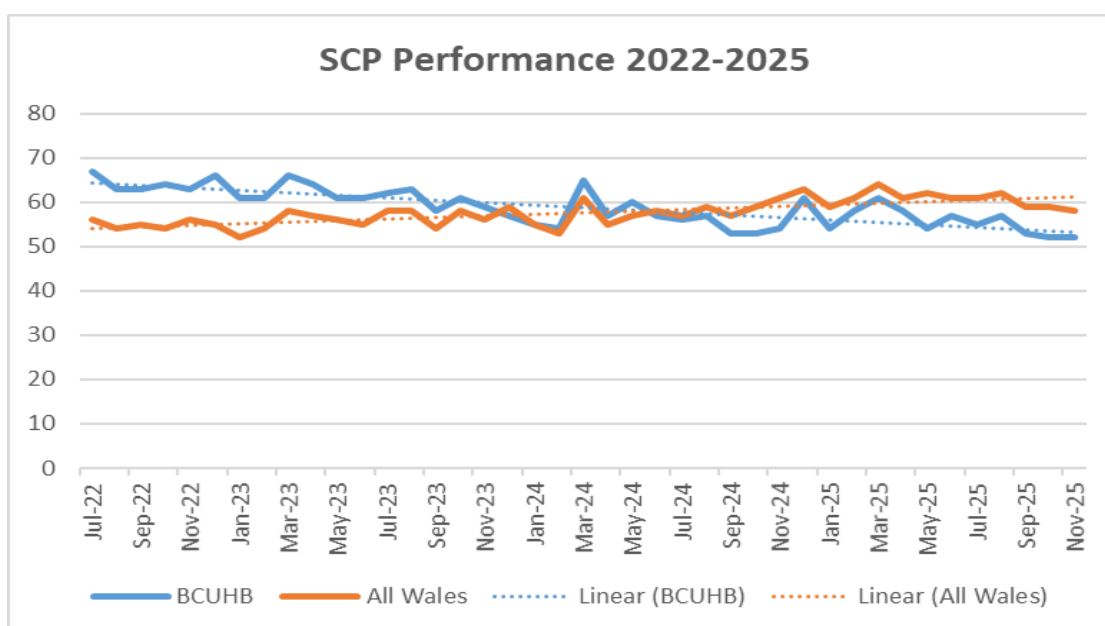
Performance - Suspected Cancer Pathway (SCP) target

Performance against the Suspected Cancer Pathway (SCP) target has deteriorated over the last 2-3 years correlating with the increase in referral demand and remains below target set out in the NHS Planning Framework. It should be noted that this measure applies only to first treatment and does not yet include subsequent lines of treatment or cancer recurrence.



The health board performance against the Level 5 Escalation criteria is more positive with 2 sets of 3 months where performance was at 55%, however the 4th month was not maintained. Achieving this is a key staging post on the way to improving overall suspected cancer access times performance.

In order to reach the de-escalation criteria set by Welsh Government for cancer services, the Health Board needs to improve performance against the Suspected Cancer Pathway (SCP) waiting times target ie increase the percentage of patients treated within 62 days of suspicion of cancer.



A targeted Suspected Cancer Pathway Improvement Plan was developed in September 2025. Since the action plan was agreed, there has been steady progress in improving cancer pathways across the major tumour sites:

- Breast services have significantly reduced long waits for rapid-access appointments,
- Skin services have achieved a substantial fall in dermatology waits, largely supported by insourced capacity and expanded teledermoscopy.
- Nurse-led triage has been introduced on the colorectal pathway to accelerate access to endoscopy, and additional insourced prostate biopsy capacity has commenced within urology.
- These improvements are supported by wider enabling work, including updated demand modelling for 2026/27,
- The introduction of e-vetting for further specialties and preparations to introduce patient-initiated follow-up for appropriate cancer sites which will release outpatient capacity.

As a result of this collective effort, the number of patients waiting over 62 days on a suspected cancer pathway has reduced by 40 per cent between September 2025 and March 2026, with the biggest impact seen on the skin pathway. This has

temporarily reduced SCP target performance, as patients over day 62 are treated, however performance will recover once the backlog is largely addressed.

The next phase of work focuses on removing the remaining backlog and establishing sustainable performance. Key priorities include:

- continuation of insourced solutions, in particular for dermatology, endoscopy and urology, whilst longer term service models are agreed
- focussing on radiology capacity to support the proposed post-menopausal bleeding clinics and increasing image guided biopsy demand in preparation for lung cancer screening
- working with Breast Test Wales to reduce waits for assessment following abnormal screening results.

CONCLUSION

This report has brought together the overview of the scope of work that will help prevent and reduce the incidence of cancer given approximately 40% of cancers are avoidable; the awareness of cancer signs and symptoms in the general public and the uptake of screening, particularly in those areas most affected by health inequalities; the need to continue all means of early detection through screening and appropriate referral via General Practice; and the rapid diagnostic and treatment pathways.

Improving health outcomes and cancer survival rates will only be achieved through those actions listed above. They will however be enabled through a range of critical supporting areas including the partnership with third sector and charities who provide essential support and fundraising for research and service development; workforce planning and development; research and innovation and learning from others. This is underpinned by clear clinical and professional leadership at all levels.

Whilst performance against the 62-day suspected cancer pathway measure has been impacted primarily due to increased demand, service modernisation and the implementation of sustainable new and revised pathways, a wider multidisciplinary team approach and active pathway management for patients will see this improve. These improvements have commenced following the targeted plan approach, however there is significantly more work to do in the range of areas, as summarised below. The Integrated Medium-Term Plan contains a specific priority on cancer and the actions and performance will be managed to deliver the expected improvements.

The overarching priorities for cancer services in north Wales are to:

- Strengthen prevention and screening, particularly addressing inequalities
- Stabilise and improve cancer pathway performance
- Continue implementation of straight-to-test and one-stop pathways

-
- Plan sustainable, future-proofed diagnostic capacity
 - Progress MDT reform
 - Agree a robotic-assisted surgery plan
 - Finalise and implement the oncology clinical plan
 - Address fragile specialties and workforce gaps
 - Develop proposals to expand access prehabilitation services
 - Support research and innovation

5.0 RECOMMENDATIONS

The Board is asked to:

- **DISCUSS** the content of this paper and support the strategic priorities outlined.

ASSESSMENT	
Link to Strategic Priorities	    
	4. Improving quality, outcomes and experience
	If more than one applies, please list below:
Design Principles	Equity and Accessibility If more than one applies, please list below:
Corporate Risks and Board Assurance Framework	Failure to deliver the Suspected Cancer Pathway target is on the Health Board risk register
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	n/a
Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	n/a
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Enablers of Quality Whole-systems Perspective	Domains of Quality All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier 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:	
	If no, please include rationale:	n/a
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	n/a
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	n/a
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	
	Improving cancer outcomes is a key aim of the organisation	
Resource Impact (People / Financial)	Yes (Include further detail below)	
	The paper outlines future priorities within cancer services which include investment and overcoming workforce fragilities	



Health Board

LEVEL 5 ESCALATION – PROGRESS REPORT

Dyddiad y Cyfarfod Date of Meeting	26 March 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 a consolidated assessment of BCUHB's position in relation to Level 5 Escalation (Special Measures), highlighting areas of substantial progress and the remaining challenges that require further progress before de-escalation can be achieved. The organisation has achieved stabilisation across governance, leadership, finance & planning, and quality and made strides in delivering key performance foundations. This is supported by strengthened controls, clearer strategic direction, and improved organisational maturity.

Stronger board governance is evident, building year on year improvements with clearer assurance structures and improved scrutiny and risk management. A substantial amount of work has been undertaken around leadership and development, with a core focus on progressing culture change including the importance of values and behaviours.

The organisation has a Quality Management System in place with clearer governance and more systematic clinical oversight. Patient Safety has also been strengthened through improved systems of care and mortality review processes. In areas around concerns and incident management the Health Board is the best performing in Wales. There is however a requirement to make additional strides in

improving outcomes for patients, in particular across the Urgent and Emergency Care access and experience.

In summary, the organisation is now on a firmer footing, demonstrating strengthened controls, improved planning maturity and stronger financial grip. The challenges in the coming year are to ensure sustained performance improvement at scale across a range of operational outcomes in order to improve patient and experience and patient safety.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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 th March 2026	Updated with additional comments and approved for onward submission.

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

OLF	Organisational Learning Forum
DDaT	Digital, Data and Technology
NRI	Nationally Reportable Incidents
EPMA	Electronic Prescribing and Medicines Administration
IMTP	Integrated Medium Term Plan
ILDF	Integrated Leadership Development Framework
CLIP	Clinical Leadership Immersive Programme
CIR	Continuity, Insurance and Risk
QMS	Quality Management System
HCAI	Healthcare Associated Infections
C-Diff	Clostridium Difficile
HIW	Healthcare Inspectorate Wales
PALS	Patient Advice and Liaison Service
PFIG	Performance Finance and Information Governance
QSE	Quality, Safety and Experience
ED	Emergency Department
LPMHSS	Local Primary Mental Health Support Service
GMS	General Medical Services
GDS	General Dental Services
PDS	Personal Dental Services
PSA	Prostate Specific Antigen



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

CHP	Community Health Pathways
WGOS	Welsh General Ophthalmic Services
JCC	Joint Commissioning Committee
HPV	Human Papillomavirus Vaccine
MMR	Measles, Mumps and Rubella
AAA	Abdominal Aortic Aneurysm
PTL	Patient Tracking List

LEVEL 5 ESCALATION – PROGRESS REPORT

1. SITUATION

- 1.1 The purpose of this document is to provide an update on progress made by the Health Board against Special Measures/Level 5 priorities and de-escalation criteria.
- 1.2 The report reflects a stocktake of the Health Board position 3 years on whilst also looking at progress within the last 12 months. Ongoing monitoring of Special Measures takes place via the Annual Delivery Plan.

2 BACKGROUND

- 2.1 In February 2023 Welsh Government placed Betsi Cadwaladr University Health Board into Level 5 escalation status, otherwise known as 'Special Measures'.
- 2.2 This was due to serious concerns about performance, governance and board effectiveness, leadership and culture, quality and safety, and financial governance and management.
- 2.3 Many of these were highlighted in the Audit Wales Board Effectiveness review published in February 2023. The Health Board was placed into Level 5 escalation status on all six domains of the All-Wales Escalation and Intervention framework. The domains were refreshed in July 2025 as follows:



- 2.4 In 2024/25 the organisation incorporated the Special Measures actions with the Health Board's Annual Delivery Plan. This ensured a single plan for the organisation encompassing all priorities.
- 2.5 The plan has been shaped to date around the five Strategic Objectives which evolved from the initial five Special Measures outcomes. This reflected the maturing nature of the Board and signalling longer term ambitions to build an effective organisation. This will further evolve as the organisation moves into 2026/27 and strengthens its strategic intent and ambition.



3 SPECIFIC MATTERS FOR CONSIDERATION

Governance and Leadership - Progress

- 3.1 Board oversight has been significantly strengthened over the last three years with the Board approving a series of frameworks to ensure organisational stability.
- 3.2 The Board has adopted an open and transparent approach to conducting its business with increased transparency in reporting and a conscious decision to tackle legacy issues openly, including the publication of a lessons learned response to historic accounting matters.
- 3.3 Partnership working has been strengthened along with citizen engagement, which has improved governance, consistency and assurance to the Board and committees.
- 3.4 A Betsi Way Engagement Framework has been developed, augmented by a Co-production, Engagement and Consultation toolkit which reduces the risk of challenge.
- 3.5 Strategic relationships with Local Authorities, the Third Sector, the Regional Partnership Board and Llais are maturing. This has enabled the organisation to evolve its position from one of transactional engagement to increasingly

joint problem solving and supporting shared ownership of solutions. The development of the Strategic Intent is a case in point for how this has translated into action.

- 3.6 The Board routinely receives citizen experience and insight through a Quarterly Citizen Experience report which strengthens organisational learning and accountability.
- 3.7 Significant strides have been made in relation to Risk Management across the organisation. Following initial Board approval in September 2023 the approach has been embedded across the organisation and was most recently reviewed at Board in November 2025.
- 3.8 The BCU team won Risk Management Team of the Year at the prestigious cross-sector CIR Risk Management Awards. BCU was the only healthcare organisation recognised, competing against major global organisations. This makes the progress particularly significant and reflects the Board's commitments to strengthening governance, assurance and enterprise risk management.
- 3.9 The Board undertook a self-assessment in February 2025 which was formally reported to Board in March 2025. This has been supplemented by self-assessments by each committee leading to an annual report on progress to the Board in September 2025.
- 3.10 A specific Board Effectiveness follow up report by Audit Wales was undertaken in February 2024. This indicated significant improvement from the February 2023 position which contributed towards escalation. The annual Structured Assessment by Audit Wales considers the ongoing effectiveness of the Board and these outcomes have continued to signal continuous improvement. The latest assessment in 2025 highlighted that the Board and its committees operate well whilst also drawing attention to areas where improvement is required, including the need to explain performance outcomes more effectively.
- 3.11 The Foundations for the Future Programme has ensured a focus on learning from the limitation of previous reorganisations and placed a broader focus on people, culture, processes and strategy in addition to structures to ensure that the new operating model is set up for success. The structures element of the work is due for consultation and is scheduled for implementation during 2026/27.

-
- 3.12 Significant time and effort have been invested into developing leadership capability across the organisation, marking a stark contrast to the position 3 years ago with significant reliance on agency interims at that point.
- 3.13 The implementation of the Integrated Leadership Development Framework (ILDF) provides clear evidence of sustained and structured development of leadership and management capability across all professions and levels within the organisation.
- 3.14 The ILDF offers progressive pathways from aspiring and new supervisors through to senior clinical leaders and executives, ensuring a whole system approach to strengthening scrutiny, assurance and overall management maturity. There has been a strong uptake and full cohorts booked through to March 2026.
- 3.15 Positive evaluation outcomes are evident from the programme which indicates improves confidence, capability and readiness to lead. The Advanced Clinical Leadership Programme reports a 32% increase in leadership confidence, with average evaluation scores of 4.6/5 across programmes.
- 3.16 Middle-manager capability has also been developed through the Clinical Leadership Immersive Programme (CLIP), piloting in 2026 and focusing on accountability, risk appetite and decision-making.
- 3.17 This range of developments is demonstrating a growing leadership pipeline which will serve the organisation well long into the future. This will lead to improved consistency in managerial practice, stronger reflective capability, and increasing organisational maturity in scrutiny, assurance and compassionate leadership.
- 3.18 A concerted effort has taken place to improve engagement across the organisation, with the culture change leaders playing a prominent role in this respect. The 2025 staff survey saw a 45% increase in responses when compared to 2024, whilst recognising that rates remain lower than desired and further work is underway to build on this initial foundation.
- 3.19 Following Board approval of the Values and Behaviours Framework, efforts have continued to embed the approach throughout the organisation. A toolkit has been launched which provides resources, links, guides and examples of best practice to support teams across the Health Board to live the required values and behaviours.
-

Focus Going Forward

- 3.20 There is recognition that, alongside the progress made in strengthening governance and stabilising core systems, a continued focus is required to ensure portfolios are manageable, responsibilities are consistently delegated, and organisational arrangements remain aligned to delivering safe and effective care.
- 3.21 Governance, assurance and delivery oversight will be further strengthened. There will be a focus on ensuring that improvements made in corporate governance fully translate through to operational governance, including enhanced data governance.
- 3.22 Work is already underway to modernise and standardise the policy framework. High-risk policies are being prioritised for update, ensuring alignment with the improved processes now in place and providing a clearer, more consistent operating environment across the organisation.
- 3.23 Transparency within board business will continue to increase, supported by ensuring Joint Commissioning Committee (JCC) minutes and assurance reports are routinely included within the Corporate Governance Report. This will enable fuller board-level discussions on the risks and implications of national commissioning arrangements.
- 3.24 The new Executive Committee was implemented in January 2025 with a clear record of key discussion points and decision, and it reports into the Board, enhancing transparency of decision making. The next year will see an additional focus in building upon this by formalising the arrangements for the sub-structures that sit underneath and report into the Executive Committee.
- 3.25 Implementing the structures element of the Foundations for the Future programme during 2026/27 will be a significant step forward in reducing current duplication and providing the stability to begin operating more effectively as one organisation. This will address clarity of accountabilities and pan North Wales service planning, enabling the organisation to function on a regional basis.

Population Health and Prevention - Progress

- 3.26 Progress has been made across primary, community and population health, with clear evidence of strengthened arrangements, expanded service capacity and a growing emphasis on prevention and equity.

- 3.27 The expansion of pharmacist independent prescribing and the introduction of new dental contracts have increased access in areas of highest need, supporting more timely care and relieving pressure on acute services.
- 3.28 Frailty pathway developments and improvements in intermediate care represent positive steps towards moving care closer to home and helping maintain resilience across community settings.
- 3.29 Primary care contracting arrangements have matured considerably, offering clearer assurance mechanisms and greater service stability. While North Wales continues to experience high levels of NHS dental contract terminations, robust procurement activity is in progress.
- 3.30 Service redesign, such as the move towards broader low-intensity weight-management support, are assisting with widening access and addressing inequalities for excluded groups.
- 3.31 There is strong progress in targeted areas of public health delivery. Breastfeeding support networks are demonstrating tangible benefits, including reduced dropout rates, while community-based initiatives such as *My Life in Conwy West* are providing tailored lifestyle guidance informed directly by local need. Smoking cessation performance remains robust, with high engagement across at-risk groups, particularly in more deprived communities and among pregnant women.
- 3.32 A Bevan Exemplar project in the Conwy East area showed how working closely with communities with a focus on co-production can help improve people's health and well-being and learning is being extracted from this work to spread to other areas.
- 3.33 Work to address wider determinants of health continues to progress, supported by the development of a regional prevention and wellbeing framework, advances towards a unified social prescribing model, and the early establishment of an inclusive health offer for populations experiencing the highest levels of inequality.
- 3.34 There has been a focus on community hubs as places for local well-being, including examples such as the Gwelfor community hub in Holyhead. This offers inclusive activities that reduce isolation and support people of different age ranges to connect, with features including a Men's Shed, dementia group, bereavement café, warm space and community events.

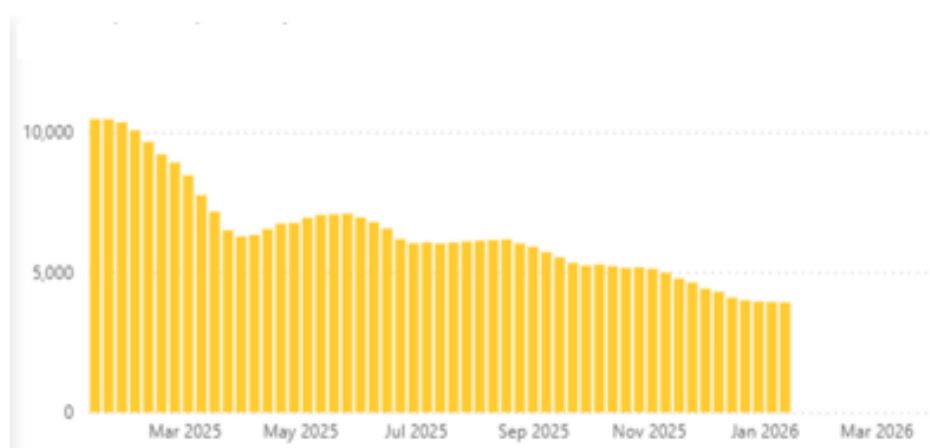
Focus Going Forward

- 3.35 There will be a continued focus to ensure stable and equitable access to primary and community services across North Wales. The implementation of Community by Design as a major change programme will be a key driver for success in this area.
- 3.36 The progression of new service models through the implementation of Health and Well-being Hubs across North Wales.
- 3.37 There will be a focus at a regional level to consider adoption of the Marmot principles to guide future actions, helping to build strong foundations and enabling babies, children and young people to thrive.
- 3.38 Vaccination uptake will remain a key priority. There will be targeted action to address variation in HPV (human papillomavirus vaccine) and MMR (measles, mumps and rubella) coverage across localities, supported by innovative approaches to improve staff vaccination uptake and strengthen overall protection across the workforce and wider population.
- 3.39 The redesign of weight management services presents an opportunity to widen reach and improve outcomes. Targeted support will be provided for excluded groups to address long-standing inequalities and enable more residents to access prevention-focused interventions.
- 3.40 Work will continue to advance the broader prevention agenda, including further development of the regional prevention and wellbeing framework. This will be supported by ongoing progress towards a unified social prescribing model and the establishment of an inclusive health offer tailored to groups experiencing the greatest inequalities.

Performance and Outcomes - Progress

- 3.41 This area remains the most challenging for the organisation both in terms of current delivery and also the inherent complexity and scale of challenges across a broad range of areas.
- 3.42 It is acknowledged that progress in this patient facing area will ultimately be the key barometer of organisational success and whether improvements to systems and processes have translated through to operational delivery.
- 3.43 There have been a number of notable improvements for patients during the course of the special measures journey.

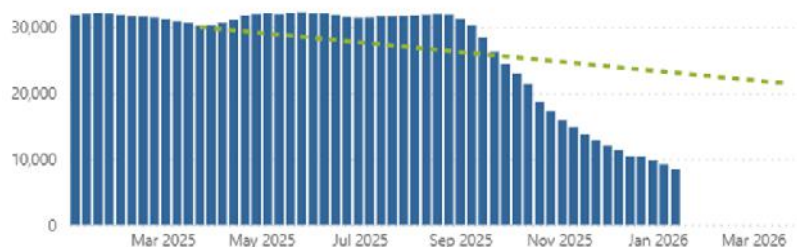
- 3.44 From Dec 2024 where there was in excess of over 10,000 patient waiting over 104 weeks (2 years) for the referral to treatment, this has now reduced by over 70% with the Health Board forecasting having under 3,000 patients by the end of March 2026. This meets the de-escalation criteria of Level 5 on over 104 weeks waits. There has been an 84% reduction in two-year waits for Orthopaedic treatment, a 57% reduction in General Surgery and a 65% reduction for ENT.



- 3.45 The number of patient pathways waiting more than two years for a first outpatient appointment has fallen by 95% from December 2024 to December 2025 and the number waiting more than one year has reduced by 68% over the same period.

Stage 1 52 Week Actuals Vs Trajectory

● Actual ● Total S1 2526



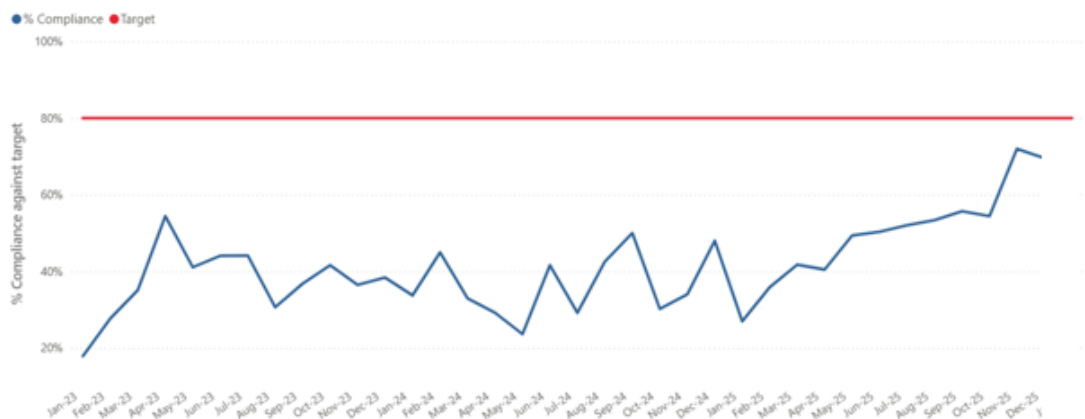
- 3.46 There has been a 64% reduction in patient pathways of more than two years between December 2024 and December 2025, including reductions of 99.6% in Dermatology and 83.2% in Ophthalmology.



- 3.47 The number of child and adolescent mental health assessments undertaken within 28 days of referral has improved from 58% in February 2023 to 90% in December 2025, with compliance against the 80% standard maintained for 17 months.



- 3.48 Child and adolescent waiting times to start therapeutic intervention following an assessment within 28 days has improved from 27% in February 2023 to 70% in December 2025, and the focus is now upon increasing that further to reach the 80% standard.



- 3.49 The Health Board has delivered the highest number of pharmacist independent prescribing consultations in Wales, expanding same-day access for minor conditions and medicines optimisation, reducing pressure on GP practices and Emergency Departments.

3.50 There has been a significant expansion in clinics provided during the evening and weekend with 36,578 additional patients seen since September 2025 and a dedicated support service helping patients to stay well and prepare for treatment whilst they wait has been introduced.

3.51 The Business Case for the Phase 1 development of the Royal Alexandra Hospital has been approved and the contract awarded, marking an important step in improving outcomes for the local population, delivering services locally in line with patient need whilst also supporting reduced demand on the acute sector. This will provide an important platform for improved performance in the long term.

Focus Going Forward

3.52 Whilst progress has been made, challenges remain in delivering timely and effective care, particularly in relation to urgent and emergency care, cancer, and planned care.

3.53 There are a number of key performance metrics where the organisation is below the All-Wales position and urgent action is being taken in the coming weeks and months to improve upon this experience for our population, reducing risks and improving safety.

3.54 Urgent and emergency care remains a critical priority. Reducing ambulance handover delays, improving 4-hour and 12-hour performance, and strengthening patient flow through improved admission, same-day emergency care and discharge processes.

3.55 Planned care performance will continue to require dedicated attention. Key priorities include reducing waiting lists and long waits through a combination of validation, outsourcing with robust quality and contract oversight, and optimising internal capacity through improved theatre utilisation, workforce deployment and effective scheduling. Progress will be monitored closely through trajectories for >52-week waits, >104-week waits and diagnostics over 8 weeks.

3.56 This will be supported by work to align operational trajectories with realistic levels of capacity and demand and ongoing validation to ensure that monthly milestones are achieved and strengthening delivery confidence.

3.57 Improving cancer performance is of utmost importance, initially focused on meeting the de-escalation criteria before progressing further towards

national standards. The focus will be on improving compliance against the 62-day pathway, accelerating progress in high-risk tumour sites and addressing bottlenecks along optimum cancer pathways. Embedding reliable weekly PTL (Patient Tracking List) discipline and escalation processes will be essential to ensuring consistency and enabling timely intervention.

- 3.58 The organisation has requested additional support from Welsh Government which has resulted in an Intervention team to provide support in driving rapid improvements in operational performance. This will involve developing strengthened delivery discipline using performance management mechanisms to evidence progress and ensure a consistent line of sight from actions to outcomes.
- 3.59 Collectively these areas reflect the biggest priorities in terms of delivering timely, safe and effective care, whilst building the resilience and operational discipline required for long-term performance recovery. Ensuring improvements across these areas will be seen as a key barometer of overall organisational progress.

Finance, Strategy and Planning - Progress

- 3.60 Arrangements have strengthened across all areas. The Health Board has now approved four statements of strategic intent and work on the discovery phase of the 10-year Strategy is well underway, along with mobilisation of the Clinical Services Plan.
- 3.61 There is significant evidence of improvement in both financial performance and the financial control environment. Financial performance expectations for 2024/25 were met and the Value and Sustainability programme has exceeded its £40m savings target 2025/26 by an additional £4.9m.
- 3.62 The Special Measures action plan for Finance has been fully implemented and an unqualified 'true and fair' audit opinion for the Health Board accounts for two consecutive financial years represents a departure from the historical weaknesses in this area.
- 3.63 Improvements in both planning and finance led to the Board being able to approve a financially balanced 3-year IMTP in March 2025 as well as a focused and challenging Annual Delivery Plan for 2025/26. Whilst the plan was not subsequently approved by Welsh Government this nevertheless represents a maturing position for the organisation and the feedback received will enable further improvements to be made.

- 3.64 A comprehensive self-assessment was undertaken against the revised national Planning Maturity matrix providing a refreshed baseline to inform future plans around organisational capability. Dynamic and Engaged Planning, and Best Practice Approach to Improvement were assessed at level 3 with the remaining domains at level 2 and plans are being developed to improve upon all scores.
- 3.65 The Integrated Planning Framework, originally approved by Board in September 2023, was refreshed taking into account the outcomes of the self-assessment and presented to Board in November 2025. This includes an increasing focus on growing organisational capability in Planning.

Focus Going Forward

- 3.66 Work to develop the new 10-year Strategy for the Health Board will gather pace during the next 12 months helping to shape the longer-term direction of travel for Healthcare in North Wales.
- 3.67 The work on the strategy will be supported by the development of the Clinical Services Plan which will become a Major Change Programme during 2026/27.
- 3.68 Following approval of the Integrated Planning Framework there will be a key focus on building organisational capability in planning, upskilling staff right across the organisation in the competencies required for all levels of planning.
- 3.69 Savings delivery will remain a significant priority. The focus will be on achieving sustainable financial improvement, with a shift towards more transformative change, enabling the organisation to secure recurrent savings rather than relying on short-term, non-recurrent opportunities.
- 3.70 Ensuring a strong and stable foundation for the development and delivery of future plans will be central to restoring financial balance. This will include strengthening planning processes, improving alignment between resources and priorities, and ensuring that the organisation operates within a clear financial framework.

Quality of Care - Progress Highlights

- 3.71 Overall systems and processes for Quality of Care have improved demonstrably.

-
- 3.72 There has been improved strategic oversight and executive scrutiny of complaints received. This has included more intelligent use of data, triangulating themes with patient safety and mortality data, and using both quantitative and qualitative data.
- 3.73 Stronger insights have emerged regarding the underlying issues and recurring themes, with Clinical Treatment, Communication and Quality of Care the main areas of focus for improvement.
- 3.74 This improved strategic oversight, coupled with local operational scrutiny meetings has led to significant improvements as follows:

The Health Board has consistently exceeded the 70% de-escalation target for complaints responses, reaching 83.4% as of January 2026. This high level of performance exceeds the Welsh Government trajectory of 75% and has been sustained for over 12 months.

The Health Board is also a National Leader for complaints, averaging 20 working days to close a complaint. This compares to the national average of 301 days meaning BCU, as the best performing Health Board in Wales is substantially ahead of the national position, ensuring patients and families get a timely response when things haven't gone as expected.

In addition to responding in a timely manner when things have gone wrong the Health Board is also comparing favourably in terms of the number of complaints received. From April 2024 to November 2025 BCU received fewer complaints per 100,000 population than the national average in 16 out of 20 months.

- 3.75 This improved approach has also been extended across the broader concerns agenda with the new Integrated Concerns Policy being embedded throughout 2025 to achieve the prompt identification, review, learning and improvement from concerns, all led via the daily Integrated Concerns Hub.
- 3.76 A tiered approach is in place that ensures that the right actions are taken at the right level. The daily Concerns Hub feeds into an Executive Integrated Concerns Oversight Panel, where clinical executives are able to take assurance from any rapid reviews undertaken, ensuring all new serious concerns are managed in accordance with the correct processes.
- 3.77 More broadly the approach undertaken is focused on identifying learning and spreading this to all areas of the Health Board to reduce recurrence of issues elsewhere in the system. The Organisational Learning Forum (OLF) plays a

key role in this, where learning is presented to colleagues for further dissemination, underpinned by the Learning Repository, an in-house system developed by DDaT colleagues to capture and share learning.

- 3.78 This approach has led to clear improvements with BCU have a lower rate of Nationally Reportable Incidents (NRI) that the All-Wales average for the period ending December 2025 (2.46 vs 2.50). The average number of days to complete an NRI investigation is the lowest in Wales, remaining consistent at 75 days set against the current All-Wales median of 125 days.
- 3.79 In April 2024, the number of overdue NRI's was 32 which has now reduced to 4 at the end of January 2026. None of these are more than 14 days overdue and where this is the case it is due to complex cases or the need for external investigating officers.
- 3.80 The Electronic Prescribing and Medicines Administration (EPMA) system has been rolled out across BCU during the latter part of the 2025/26 with excellent clinical feedback, and leading to new ways of working and improved safety and quality.
- 3.81 Healthcare Inspectorate Wales undertook an unannounced inspection of the Hergest unit in September 2025 and identified improvements in leadership visibility, safety protocols, infection control and patient experience. Staff were observed treating patients with dignity and respect.

Focus Going Forward

- 3.82 The ongoing development of the Quality Management System across the organisation. This will ensure all clinical service areas have robust mechanisms in place across Quality Planning, Quality Improvement, Quality Assurance and Quality Control, providing critical insights regarding current maturity levels and improvements required.
- 3.83 A focus on key system issues that impact quality (safety, experience and effectiveness) of care including access to urgent and emergency care across the pathway, timely access to suspected cancer assessment and diagnostics, and where necessary treatment and high-quality mental health services as close to home as possible.
- 3.84 There will be a focus on improving the consistency of care, with a focus on driving forward plans for electronic records and systems of work.
- 3.85 A focus on strengthening clinical leadership across the organisation to support the delivery of safe, quality services

- 3.86 A continued focus on workforce pressures, in particular effective workforce planning, management of key vacancies and reliance on temporary staff in key areas.
- 3.87 Improvements to processes and systems of care quality will be coupled with a focus on clinical outcomes of care and treatment driving forward work on the best configuration of services and deployment of expertise to achieve the sustainable services that deliver the best outcomes. It is important that comparison to excellence forms a core part of the quality improvement approaches in the health board.

Clinical Services - Progress Highlights

- 3.88 A robust oversight process is in place for Challenged Services across the Health Board and whilst challenges remain within each of the areas, progress has been made with measurable improvements evident.
- 3.89 Both Plastics and Oncology were considered to have made sufficient progress, including waiting times improvements and increased workforce stability, to be considered for transfer to 'business as usual'. Discussions continue on this with Welsh Government.
- 3.90 Working closely with the Planned Care Programme services have balanced making short term improvements whilst also beginning to address underlying issues around sustainability in preparation for the Clinical Services Plan phase 2 during 2026/27.
- 3.91 Waiting time improvements have been achieved across several services, in particular reductions in long waits in Vascular, Dermatology, Ophthalmology and Orthodontics, including use of insourcing and outsourcing to support. Key headlines also include reductions for Flexible Cystoscopies in Urology from 1272 over 104 weeks in March 2025 to 385 in February 2026.
- 3.92 Workforce strengthening has been a key priority with Oncology having made five new Consultant appointments, inclusive of three permanent Medical Oncologists, and fixed term appointments in Clinical Oncology. Four new specialist Oncology trainees started in 2025/26 with two trainees intending to remain post completion and active interest from two potential future Consultant applicants, demonstrating significant work undertaken to make the service more attractive to candidates. Urology have also strengthened leadership with clinical leads now in place in all 3 sites.

-
- 3.93 This workforce strengthening has led to improvements against key quality standards. Performance against the three Chemotherapy treatment targets is continuing to improve and over 90% of routine patients are being seen within 21 days.
- 3.94 The Health Board has also secured £10 million of Welsh Government investment to replace two ageing radiotherapy machines during 2026, ensuring continuity of service provision and introducing service efficiencies and effectiveness through access to the latest technology.
- 3.95 Progressing with Digital advancements is also core to the future sustainability of these services. The MyMedical Record is now in place in Urology with 3947 patients now remotely tracked for PSA (Prostate Specific Antigen). The OpenEyes system is planned to be embedded in the East Ophthalmology service on the 30th March 2026 with plans for West and Centre during Q1 of 2026/27.
- 3.96 Estates developments and delivering care in different settings are also central to improving these services and supporting longer term strategic direction. The Connah's Quay Health Centre is supporting both Plastics and Dermatology, improving local access in the community and throughput. This went live during February for both outpatients and minor operative procedures.
- 3.97 Teledermoscopy has expanded, supporting a reduction in cancer first outpatient waits and is now expanding into routines. This is supplemented by weekend one stop urgent skin cancer clinics delivered to support significant reductions in the urgent cancer backlog, and improving patient experience through same day diagnostics.
- 3.98 Dermatology has also seen improvements in referral management supported by Community Health Pathways (CHP), with a downward trend in upgrading of referrals through robust triage and availability of images provided by Primary Care.
- 3.99 Collaboration with Primary Care is also evident within Ophthalmology with an extended workforce delivering WGOS (Welsh General Ophthalmic Services) pathways. The Glaucoma Teach and Treat service has expanded with four graduates now seeing patients resulting in a reduction of 700 long-waiting patients.
-

Focus Going Forward

- 3.100 The Challenged Services Oversight group will ensure a continued and concerted effort across the 8 services currently designated as challenged services of concern, in order to embed current changes and further strengthen.
- 3.101 A specific examples of work to be undertaken will be to determine the long-term service model for AAA (Abdominal Aortic Aneurysm) procedures within vascular services. Establishing a stable, safe and sustainable approach will be critical to improving patient experience in this high-risk specialty.
- 3.102 Aligning with further developments around the Quality Management System further work will be undertaken to ensure the organisation has robust mechanisms in place to identify any future services that may be experiencing challenges at an early stage, taking an intelligence led approach.
- 3.103 The Clinical Services Plan, operating as a Major Change Programme, will be critical to further development in this area. Working with clinicians to develop optimal pathways and reconfiguring services to meet current and future population demands will be key to ensuring the longer-term success of the organisation whilst also addressing shorter-term challenges.

4 KEY RISKS / MATTERS FOR ESCALATION

- 4.1 The current operational structure is not supportive of taking a consistent approach across the region, based on best practice. Ensuring that processes are consistent across sites and specialties will be a key factor in achieving de-escalation and the work relating to the operating mode of the organisation, specifically being delivered through the Foundations for the Future Programme described above as part of the focus going forward will address this.
- 4.2 Whilst progress must be maintained across all domains it is important to reflect that concerns around operational performance will ultimately carry significant weight in terms of potential future de-escalation decisions. It is therefore imperative that the Health Board makes significant strides in reducing planned care backlogs and improving the length of time patients wait in the Urgent and Emergency Care system.

- 4.3 The de-escalation criteria were set some time ago. There is a risk that a misalignment could emerge with current challenges as the organisation continues to pursue each of these areas. There is a need to stay alert to this risk and ensure attention remains focused on addressing core issues for the population and not specifically pursuing de-escalation.

5 **RECOMMENDATIONS**

The Board is asked to:

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

APPENDIX 1

De-escalation Criteria	Headline Progress
<u>Governance</u> 1. A vision, credible strategy and supporting plans to deliver organisational priorities which are underpinned by a culture of quality, sustainable care. 2. Governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes with effective Board oversight and a clear performance and delivery framework that drives improvement. 3. Effective oversight and scrutiny being consistently provided by the Board and/or the appropriate Committee with clear evidence, recommendations, risks and opportunities outlined in Committee and Board papers. 4. An effective risk management framework for identifying, recording and managing risks across the organisation. The Board and the relevant Committee is sighted on the organisation's strategic risks and areas of concern on a regular basis. 5. Processes ensure the Board and the relevant Committees are provided with regular reports on performance to maintain an appropriate level of oversight and so they can scrutinise effectively.	The Health Board has agreed four statements of strategic intent at the January meeting, developed following extensive partnership work. The new 10yr strategy is currently in the Discovery phase which is scheduled to conclude by end of June. This is supported by a clear 3-year IMTP and Annual Delivery plan, which for 2026-2029 onwards will now be structured around the strategic intent, representing a further evolution of the Health Board's approach. Governance and assurance structures are in place in line with Welsh Government requirements. Health Board committees are fully established and reporting to the Board. The annual Structured Assessment by Audit Wales considers the effectiveness of the Board and a specific Board Effectiveness follow-up report in February 2024 indicated significant improvements and the ensuing structured assessment outcomes have signalled continuous improvements since then. The latest report did highlight some additional areas for improvement A formal Risk Management Framework was initially approved in September 2023 with a substantial amount of work to implement and embed across the organisation. The Board reviews risk appetite annually and approved a refreshed Risk Management Framework at its November 2025 meeting. Each committee has responsibility for oversight of risks on the corporate risk register and the Board most recently reviewed the Board Assurance Framework at its January meeting. The Integrated Performance Framework was approved by

6. Regular self-assessment against the agreed governance framework to identify risks and opportunities and ensure continuous improvement.	Board in September 2023 and is currently undergoing a revision as part of a cycle of business to review frameworks. The Board undertook a self-assessment in February 2025 which was formally reported to Board in March 2025. Each committee has undergone a self-assessment and an annual report on progress was reported to the Board in September 2025. A corporate governance improvement plan is in place which includes the improvement actions highlighted through the self-assessment process and audit reports.
<u>Leadership</u> 1. Succession and development plan in place to ensure adequate capacity and capability in all areas of the organisation. 2. A clear organisational structure led by an effective and complete executive team with the leadership capacity and capability to deliver high quality, sustainable care. 3. Effective leadership programme in place to support ongoing development of leadership and management skills at all levels/professions to strengthen management maturity. 4. Continued embedding of a values and behaviours framework throughout the organisation.	The Foundations for the Future Programme has a Talent and Succession Planning component. The implementation of the Integrated Leadership and Development Framework provides clear evidence of sustained and structured development of leadership capability across professions with progressive pathways in place from aspiring and new supervisors through to senior clinical leaders and executives. The Executive Team is now largely substantive following extensive recruitment. Organisational structures have been reviewed and are being revised as part of the Foundations for the Future programme with structures due for consultation during April following recent engagement and socialisation. The Integrated Leadership Development Programme provides structured development with multiple leadership pathways in place and positive evaluation outcomes thus far regarding graduates' confidence and readiness to lead. The Board led work to develop a co-designed Values and Behaviours Framework with over 500 staff and partners contributing. Resources have been developed to support embedding including a training package, local pledge templates,

5. Mechanisms in place to ensure lessons learned are recorded, communicated and used to drive improvements. 6. Improved staff engagement in NHS Wales surveys. 7. Plans are in place and being implemented to reduce the number of interim and agency staff. 8. A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	and a toolkit with guides and examples of best practice. The Organisational Learning Forum oversees this agenda, and the dissemination is supported by a Learning Repository, an in-house digital initiative which captures, validates and shares organisational learning that enhances patient safety and clinical practice. BCU achieved a completion rate of 24.9% for the NHS Wales staff survey in 2025, a 45% increase on 2024 responses and the second highest number of forms in Wales. Substantial reductions made in usage of interims and agency staff and the development of the leadership framework and succession planning further solidifies this progress for future benefit. A broad ranging culture programme is in place with a network of culture change leaders who have continued to develop and support culture change at grass roots level, with colleagues describing the ability to empower themselves as inspiring. Due to experiences gained with the programme, the Health Board been approached to be a key contributor to Welsh Government's ambition for a national culture and leadership programme.
<u>Population Health and Prevention</u> <u>Primary and Community Care</u> 1. Demonstrate that primary and community care is supported by strong clinical leadership, at Board and Executive level, an effective integrated improvement plan, project management structure and effective transformation support. 2. Evidence of improved activity within community opportunities, urgent primary care centres.	A Primary Care Board has been established for some time with an integrated improvement plan in place, including a key focus on workforce development and Accelerated Cluster Development. This Board will now evolve into a Community by Design Board. Progress made in moving a number of services from secondary to community setting, including the Women's health hub, audiology, ophthalmology and dental. The

3. A clear strategy and plans for GMS managed practices fragile GMS practices and community dental provision 4. All GDS and PDS dental contracts in place with a clear plan for the commissioning of tier 2 dental services across North Wales	development of Health and Well-being hubs will advance this work further. Progress has been made across the majority of GMS practices. A longer-term model will be developed via the Community by Design programme. Approximately £4m worth of contracts have been awarded. A continuous commissioning process is in place which deals with any 'handbacks' as they occur.
<u>Performance and Outcomes</u> <u>Planned Care and Cancer</u> • 55% performance maintained for 4 months against the SCP target. • 98% of open outpatient pathways are waiting less than 52 weeks and maintained for 4 months • Continuous improvement to ensure that 97% of open pathways are waiting less than 104 weeks and maintained/improved for 4 months. • Continuous reduction in the number of patients delayed by 100% for their follow up appointment. • 75% of patients waiting for a diagnostic test to be waiting less than 8 weeks maintained for 4 months. • 80% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 4 months.	SCP target – Achieved 55%+ for June to September 2025, thus meeting the target. However, the following three months (October – December) were below 55% • 52 weeks new appointment – Data showing improving trend from 72% in April 2025 to 89% in January 2026 for Stage 1 patients • 104 weeks – 97% threshold achieved since June 2025. • Follow up delayed over 100% - number of patients have been increasing each month during the current year. 119,302 at January 2026. • 8 weeks diagnostic – below threshold of 75%. January 2026 data shows 47.1% waiting less than 8 weeks. Range for the year is between 47% - 55% • % patients waiting less than 14 weeks for therapy – achieving the standard throughout the year.
<u>Urgent and Emergency Care</u> • Continuous reduction of ambulance handovers over one hour of at least 17% maintained over 4 consecutive months. • Median time from arrival at an emergency department to assessment by a clinical	• Ambulance Handovers – de-escalation requirement = 970. Performance range 1,478 – 2,221 – not currently achieved • Assessment by clinical decision maker – de-escalation requirement = 60,

decision maker should not exceed 60 minutes. • Continuous monthly improvement towards achieving no more than 10% of patients waiting over 12 hours at each individual site and across the health board. • Continuous reduction of 5% in pathways of care delays for 3 consecutive months and then maintained for 4 months.	performance has ranged from 116 – 147 – not currently achieved • 12 hour waits in ED – de-escalation requirement = 10%. Performance range 16.3% - 20.3% - not currently achieving • Pathways of care delay – de-escalation criteria is 273 – monthly performance has ranged from 280 – 364 – not currently achieving.
<u>Adult Mental Health</u> • 65% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral for 4 months (Part 1a). • 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS for 4 months (Part 1b). • 65% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan for 4 months (Part 2).	Achieved - All three metrics relating to Adult Mental Health - above 65% compliance during 2025/26. Performance has ranged as follows: • Part 1A: 68% - 91% • Part 1B: 80% - 89% • Part 2: 81% – 83%
<u>CAMHS</u> • 75% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral for 4 months (Part 1a). • 60% of therapeutic interventions started within 28 days following an assessment by LPMHSS for 4 months (Part 1b). • 75% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan for 4 months (Part 2).	Part 1A and Part 2 metric compliance has been above 65% during 2025/26. An improvement plan has been agreed with NHS Performance and Improvement in relation to Part 1B performance and progress against key milestones is being tracked via regular touchpoint meetings. Performance has ranged as follows: • Part 1A – 84% - 99% - achieved • Part 1B – improved from 42% to 70% (December 2025 and on trajectory) - not achieved • Part 2 – 91% - 99% - achieved
<u>Finance</u> 1. The health board must demonstrate improvement and evidence of robust	Significant evidence of improvement in both financial performance and financial control

financial governance and a robust financial control environment. 2. Substantial progress to be made in delivering the special measures action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities. 3. Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	environment with 2024/25 financial performance expectations met. Special Measures action plan implemented and the Value and Sustainability programme identified significant opportunities for savings and has exceeded this by £4.9m during 2025/26. Breakeven plan was approved by Board in March 2025 which demonstrated significant improvement during the previous 2 years from a £184m deficit starting position. Target control total was achieved in 2024/25 and significant additional savings during 2025/26.
<u>Strategy and Planning</u> 1. Submission of an approvable annual plan in line with the NHS Wales planning framework. 2. Evidence of improving integrated planning across the organisation which supports the development of a coherent and deliverable annual plan. 3. Board clarity on the strategic vision for the organisation. 4. Evidence of a clear roadmap and implementation of the health board's multi-professional clinical services plan. 5. Deliver commitments set out within the annual plan, particularly in relation to the ministerial priorities.	The Board approved a financially balanced, 3-yr IMTP for 2025/26, although this was not approved by Welsh Ministers. In line with most Health Boards in Wales, the organisation will not be in a position to deliver a balanced plan for 2026-29, however an ambitious plan is being presented for Board approval. Integrated planning continues to improve across the organisation, with a comprehensive self-assessment undertaken against the planning maturity matrix and the Board subsequently approved a revised Integrated Planning Framework in November 2025. The Board approved four statements of strategic intent in January 2026 work on the discovery phase of the 10yr strategy is well underway and due to conclude by June 2026. Phase 1 of the Clinical Services Plan has seen measurable improvements, and phase 2 is beginning to mobilise and will become one of the Health Board's 4 major changes programmes in 2026/27. Progress against commitments made within the Annual Delivery Plan are reported to Public Board and most recently to PFIG in

6. Sustained improvements in delivery of the plan throughout the year. 7. Welsh Government's confidence in delivery based on the health board self-assessment against the planning maturity matrix.	February, with good levels of delivery despite a challenging and ambitious plan. There has been a 30% reduction in outpatient waits, 25% reduction in greater than 62 day cancer waits, and a 28.9% reduction in package of care delays. Improved access in Mental Health is evident with greater than 80% of patients seen within 28 days.
<u>Quality of Care</u> 1. An integrated and effective quality management system operating throughout the organisation. 2. Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by Quality, Safety and Experience Committee and Board. 3. The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAs. • C-Diff: reduce the number of hospital onset infections by 15% and maintain for 4 months (from a baseline of the average number of cases in quarter 3 of 13 cases to no more than 11 per month) • E-coli: reduce the number of hospital onset infections by 15% and maintain for 4 months (from a baseline of the average	Three-year plan sets out a phased approach to implementing a comprehensive QMS, beginning with establishing core governance foundations, followed by system-wide standardisation and culminating in full integration across all services. Maturity App in place to support services to measure and evidence maturity, with excellent feedback received at national forums. The Board employs rigorous infection protection and control strategies and overall numbers of several major infections are currently reporting below projected trajectories. Progress is being monitored through structured quality improvement projects focusing on environmental hygiene, patient isolation, and clinical monitoring. Furthermore, comprehensive reviews indicate that a significant majority of reported bloodstream infections are not healthcare-associated and are considered unavoidable. Future efforts will focus on education campaigns and the integration of new national quality standards to drive continuous improvement. The organisation has struggled to meet these specific targets due to structural issues. For C. diff, several outbreaks have been managed, with key contributors including delayed isolation due to limited single-room capacity and constraints on High Level Disinfection (HLD) resulting from the absence of a decant facility and, in some areas, HLD technology. Actions underway include funded procurement of HLD equipment, development of an interim

number of cases in quarter 3 of 10 cases to no more than 8 per month)	cohort facility ahead of a permanent solution, and QI work on isolation practice, cleaning, and Bristol stool charts. For E. coli, deep-dive reviews (1 April–31 December 2025) show that 84% (301) of bloodstream infections were not healthcare associated, 14% (49) were healthcare associated, and 85% (306) were deemed unavoidable, with 11% (41) avoidable; learning from avoidable cases is shared through established forums. IPT audits for urinary catheters and peripheral vascular devices have been added to the Tier 2 audit programme, and IHC services are developing improvement plans via invasive device groups, reporting into LIPGs.
4. 68% of complaints that had final reply (Reg 24)/interim reply (Reg 26) to be closed within less than 30 working days of concern received maintained for 3 months	Consistently exceeded this target, with most recent performance at 83.39%. This high level of performance is the best in Wales and has been sustained for over 12 months.
5. Effective response from the health board to external reports and reviews including those from Audit Wales, Public Services Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.	During 2024/25 the Health Board strengthened its regulatory relationships and transparency, working more closely with the Public Services Ombudsman for Wales and Healthcare Inspectorate Wales, through a revised engagement process. Across the year, nine HIW inspections took place and of the 5 associated improvement plans, 4 have now been closed (80%) with one due for closure shortly.
6. Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.	Local Patient and Care experience groups are in place where services report learning and improvements as a result of patient feedback. This is supplemented by quarterly 'deep dives' of patient experience, by triangulating data to highlight themes, trends and improvements to services. The Patient Advice and Liaison Service (PALS) undertake 'Care to Share' discovery interviews where "you said, we did" learning is formulated in partnership with ward managers. Patient and staff stories are also captured and learning shared, including via presentations to Board.

7. Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards throughout the organisation from Board to service area delivery.	The Health Board has enhanced its implementation of the statutory duty of quality and duty of candour, supported by updated governance arrangements, improved reporting of regulatory data and the launch of a new Quality Dashboard. These actions align with Welsh Government's legal requirements for NHS organisations to act openly when harm occurs and to show continuous improvement in the quality of services delivered to patients across Wales.
8. Oversight of safeguarding arrangements to ensure the Board has sufficient, meaningful assurance that the organisation is delivering against its safeguarding statutory responsibilities.	There is a safeguarding governance and reporting framework which ensures robust reporting arrangements. Each meeting receives timely, accurate updates from relevant workstreams ("reporting in"), enabling informed decision-making and risk management. Outcomes, decisions and escalations are documented and communicated to stakeholders and governance bodies ("reporting out"), creating a transparent feedback loop. This dual reporting mechanism provides evidence of accountability, compliance and continuous assurance across all levels.
9. Use of national clinical audit and outcome review programme and Value in Health dashboards to support quality improvement and address unwarranted variation in care (including the use of patient and staff feedback to influence service design).	The Health Board's approach to outlier reporting will strength assurance by giving earlier visibility of variation and supporting quicker, more confident intervention. By linking this work with the Urgent and Emergency Care Programme—part of our wider transformation to improve flow and manage demand—the organisation is creating clearer oversight and building greater stability across key pathways. This more agile approach is enabling QSE to remain sighted on emerging risks while supporting services to take timely, targeted action. Our enhanced follow-up processes, led by the Clinical Effectiveness Team and supported through Service Assessment of Compliance, enable drive for improvements. Audit findings are now

	converted into stronger, more consistent action plans that support sustainable progress in patient safety and care effectiveness. Alongside this, the use of National Clinical Audit and Outcome Review Plan (NCAORP) benchmarking data helps us identify early warning signals and ensures clinical outcomes remain central to strategic governance.
<u>Clinical Services</u> 1. Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, AW, HM Coroners, Royal Colleges, HTA, MHRA, Llais etc), mortality reviews, duty of quality/candour, infection prevention and control, performance, clinical and medical leadership. 2. For each clinical service evidence: • Whether staff have all the information they need to deliver safe care and treatment to people. How are people's care and treatment outcomes monitored and how do they compare with other similar services? • How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment? • How well do staff, teams and services work together within and across organisations to deliver effective care and treatment? • How consent to care and treatment is sought in line with legislation and guidance? • Clear and effective processes for managing risks, issues and performance. • Strong clinical leadership, with an effective integrated improvement plan, project	A comprehensive review has been undertaken of each of the 8 clinical services designated as services of concern. This has included root cause analysis of historical issues and identification of themes across services and these issues were agreed with Welsh Government through touchpoint meetings during the year. This is supplemented by the QMS maturity assessment where services undertake a thorough diagnostic of issues across the service. The Heath Board has seen traction across all services which is now overseen by a Challenged Services Oversight group and reported through to QSE for assurance. Both Oncology and Plastics have made sufficient progress to be considered for de-escalation. Within Oncology there has been considerable strengthening of the workforce and in Plastics the waiting list position has been maintained with zero patients waiting greater than 104 weeks. All outstanding issues relating to the 2025/26 Plastics contract, along with travel funding issues have now been resolved, securing continuity of care for local patients and demonstrating cross-organisation partnership. Further partnership and commissioning work is underway with University College London and the Wirral University Trust to bring access to radical prostate cancer

management structure and effective transformation support. • Effective response to recommendations from the Royal Colleges, HIW and other reviews are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan. 3. Evidence that the Board is sighted on clinical services and has a robust response to these issues that is being addressed by the health board.	treatment back closer to North Wales, alongside further pathway redesign work for prostate cancer which will reduce waits to 15 days. A full tender programme for a commissioned Vasectomy service has been agreed with procurement with the tender process imminent. Regular engagement continues with regulators including recent Vascular meetings with HIW to provide assurance, and there has been a significant decrease in the number of Vascular patients waiting greater than 52, down from 1065 in February 2025 to 237 in December 2025. Comprehensive reporting is in place via the Strategic Planning and Service Change group and through to QSE, with the outcomes of QSE reported through to Board. This oversight mechanism has strengthened significantly within the last 12 months with more assurance in place.



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:

Do/Yes: ☐

Naddo/No: ☒



Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Canlyniad/Outcome:	
Ansawdd <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Ansawdd Enablers of Quality Choose an item.	Meysydd Ansawdd Domains of Quality Choose an item.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	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:
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 Lluedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluedd Arfog:</i> Armed Forces Covenant Due Regard Duty	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	



Have you considered the Armed Forces Covenant Due Regard Duty?	If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i>	Do/Yes: ☐	Naddo/No: ☒
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i>	Do/Yes: ☐	Naddo/No: ☒
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 <i>(Pobl / Ariannol)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	
Resource Impact <i>(People / Financial)</i>		



Health Board

ANNUAL DELIVERY PLAN 2025/2026 QUARTER 3 PROGRESS REPORT

Dyddiad y Cyfarfod Date of Meeting	26 March 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Bethan Venning - Senior Portfolio Office Manager - 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 Planning (Interim)
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This report provides an overview of progress against the Annual Delivery Plan (2025/26) as at Quarter 3, together with the delivery confidence for the remainder of the financial year.

It summarises current progress and highlights where focused improvement activity is required to optimise delivery and ensure meaningful impact.

The paper was reviewed at the Strategic Planning and Service Change Group (SPSCG) on the 16th February, at the Performance, Finance and Information Governance Meeting on 24th February and at the Executive Committee on 11th March 2026. Particular attention was drawn to the 10 sub objectives rated Red. The Chief Executive requested that these be escalated to the responsible Executives Directors so that appropriate remedial actions can be implemented to recover the position and reduce risks to year end delivery.

It was subsequently agreed that the 10 Reds and 16 Ambers would be updated with an Executive commentary.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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	16 th February 2026	Approved for onward submission to PFIG
Performance, Finance and Information Governance Committee	24 th February 2026	Approved with comments noted regarding updated commentary to be added prior to submission for Board
Executive Committee	11 th March 2026	Approved for onward submission to Board

**Acronymau / Rhestr Termau
Acronyms / Glossary of Terms**

Annual Delivery Plan 2025/2026 Quarter 3 Progress Report

1. SITUATION

- 1.1 The report provides a Q3 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 five strategic objectives. Each action, initiative and performance measure within the plan directly supports the delivery of these priorities, ensuring that resources, efforts and outcomes are strategically focused to achieve the desired impact.
- 1.3 The ADP Report is structured to provide a clear overview of delivery against each of the 35 sub-objectives within the context of the five strategic objectives.
- 1.4 While its primary focus is the delivery position at Quarter 3, the report also outlines confidence in achieving each sub-objective by the end of Quarter 4, highlighting areas on or off track, reasons for variance, and mitigating actions. This report now includes the additional analysis undertaken on the 10 Red and 16 Amber sub-objectives following the CEO chaired Strategic Planning and Service Change Group (SP&SCG), with Executive commentary included below.

2 BACKGROUND

- 2.1 Over 70% of the sub-objectives are progressing well and remain on track for Q4 delivery, with high delivery confidence in a number of the foundational and supporting areas as well as a few of the clinical service areas.
- 2.2 Areas identified with medium delivery confidence are largely due to resourcing issues, mixed performance of deliverables within the sub-objective or challenging targets that remain achievable but require additional focus.

3 SPECIFIC MATTERS FOR CONSIDERATION

3.1 The overall delivery confidence assessments indicate an average confidence level that sits slightly above 'medium', reflecting positive progress while highlighting a need for continued focus in some areas.

3.2 A summary by Strategic Objective and Sub-Objective is provided below:

Strategic Objective - Sub-Objective	Summary and delivery confidence
Objective 1: Building an Effective Organisation	
Effective Governance (1A)	High Governance Hub and Toolkit embedded with strong organisational uptake. Some elements still require Q4 completion (decision-making, training modules). Final Board effectiveness review and framework completion due in Q4
Foundations for the Future (1B)	Medium Structures workstream progressed: proposed structures developed, portfolios refreshed, consultation preparation complete. Implementation planning underway across all workstreams; consultation to commence Q4. Executive Commentary on medium delivery confidence: • Conclusion of pre-engagement and socialisation activity and finalisation of the Structures and Organograms. • Continued Executive Director-led cascade conversations to ensure consistent engagement and understanding across services/specialties. • Prioritised sequencing of Culture, Values and People activities to ensure essential work continues despite resource constraints. • Enhanced communication and engagement plans, including the Foundations for the Future intranet hub, to support transparency and staff involvement. These mitigations collectively provide a strong basis for managing delivery risk and maintaining momentum across Q4, ensuring the organisation remains on track to move from design into structured implementation during early 2026/27.
Legislative Compliance (1C)	Medium Improvements made to inquiry response processes and H&S alignment. • Legislative tracking and oversight system still

	under-developed. Further compliance work and interim solutions due in Q4. Executive Commentary on medium delivery confidence: Good progress has been made addressing the improvements required in this area; and aligned to the associate Corporate Risk (CRR- 2508). While progress has been made, and strong foundations have been progressed, the focus during Q4 2025/26 and Q1 2026/27 will be to continue to focus on capturing legislative leads and aligning through corporate reporting processes. The risk is expected to reduce in Q1 of 2026/27. Sub-Objectives 1C.5. ▪ Ongoing procurement exercise to source a compliance management system to enable 1C.5 to be fully progressed, and it is envisaged that it will be fully implemented by 31/03/2027. Sub-Objective 1C.2. ▪ Further work is progressing 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. Sub-Objective 1C.1. ▪ Work to capture the initial arrangements around the Health Board's relationship and management of information from regulators, statutory and professional bodies is expected to conclude by the end of Q4, with a review of the detail being undertaken into Q1 2026/27. Sub-Objective 1C.7. and 1C.4. ▪ The full first cycle of the NHS Employers Health and Safety Standards will complete on 31st March 2026, delivering 1C.7. Next stages will encompass the HSE's HSG65 Plan Do Check Act process methodology so that the 3-year plan is progressed and embedded. Sub-Objectives 1C.6. ▪ The Digital Roadmap has been developed and approved by the Strategic Planning and Service Change Group and will be presented for Board approval alongside the Clinical Services Plan once finalised. Significant mitigation activity is underway to protect critical go live dates and stabilise delivery. Sub-Objectives 1C.8. ▪ This is on track for delivery in Q4 2025/26.
Quality Management System (1D)	High QMS maturity tool rolled out to challenged services strong recognition from national bodies. Communication and briefing

	programme completed; improved organisational understanding of QMS. Alignment with organisational restructure remains a dependency. Continued rollout and integration into planning processes in Q4.
Objective 2: Developing Strategy and Long-Lasting Change	
Health Board Strategy & CSP (2A)	High Strategic Intent approved and informing strategy and CSP development. CSP Phase 1 partially delivered; some pathways require further development. Q4 focus on engagement and diagnosis phase completion.
Planning & Commissioning (2B)	Medium Commissioning work slower due to leadership shifts and capacity. Planning capacity strengthened; Integrated Planning Framework approved and embedded into current cycle. Q4 focus on National Maturity Matrix outputs and commissioning reviews.
Estates & Facilities (2C)	Medium Major capital schemes progressing, including medical school and hubs. Challenges remain around Ablett redevelopment, climate risks and estate rationalisation. Executive Commentary on medium delivery confidence: The overall delivery remains amber due to 2C.4, 2C.9 and 2C.10. Mitigation is limited for 2C.4 on account that best practice is that the estate strategy is driven by clinical strategies and as they remain under development, finalising a strategy is not possible. Notwithstanding this, casual opportunities for site disposal and mothballing are progressed where possible. Similarly, mitigation for 2C.9 is limited on account that facilities remain under the IHC's and hence outside the visibility of the directorate but isolated opportunities to agree disrepair are progressed when raised. Actions for 2C.10 rests with the Executive lead but is limited by internal resource capacity. These are unlikely to be delivered in the period.
Digital & Data (2D)	Low ePMA rollout continues; National EHR paused impacting timelines and creating risks. 80% devices upgraded to Windows 11. Q4 focus on MH-EHR procurement and WPAS Phase 5 delivery. Executive Commentary on low delivery confidence: Delivery confidence for the Digital and Data sub-objectives remains low to medium, driven primarily by national dependencies, constrained organisational capacity and the sequencing pressures of multiple concurrent programmes. Key areas such as the Electronic Health Record, LIMS Cellular Pathology and Mental Health digital systems are experiencing delays linked to national roadmap development, procurement slippage and technical issues, preventing planned



	progress this year. Further pressures arise from competing go-live demands for Digital Maternity, ePMA Centre and OpenEyes/OperAI, which are placing strain on shared technical and clinical resources. Mitigations include strengthened coordination with national teams, enhanced readiness and contingency planning for March deployments, reprofiling major programmes into early 2026/27, and focused work on cyber-critical infrastructure and device replacement. Additional actions such as revised delivery plans, reinforced governance, targeted resource planning and escalation of cost pressures are being implemented to stabilise delivery and protect patient-critical services.
Value & Sustainability (2E)	High Savings delivery ahead of plan with strengthened programme structure £40m savings target exceeded with £44.9m forecast; Value principles being embedded in organisational frameworks through Foundations for the Future. Value-funded projects delivering recognised clinical improvements.
Workforce Planning (2F)	Medium Strategic Workforce Planning Framework drafted. Agency usage reduced 19%; job planning guidance in development; sickness reduction plan approved. • Q4 will embed job planning guidance and sickness actions. Executive Commentary on medium delivery confidence: Delivery confidence across Workforce Planning sub-objectives remains medium, driven by persistent workforce pressures, gaps in critical policies and processes, and constrained capacity. Agency spend has reduced overall, but reliance on medical agency staffing remains high due to recruitment gaps and sustained service pressures. Job planning performance is off track owing to delays in agreeing a Health Board-wide policy. Progress in developing detailed workforce plans has also been limited, largely due to the absence of clinical service plans and a lack of dedicated workforce planning resource. Sickness absence performance sits marginally above target at 6.04%. Mitigations include strengthened controls on medical agency use, enhanced challenge of long-term bookings, re-establishment of the medical bank, and renewed job-planning negotiations with the Executive Medical Director and LNC. Workforce teams are also reviewing planning processes, increasing managerial support for attendance management, and mobilising longer-term actions through the V&S Workforce Programme.
Objective 3: Compassionate Culture, Leadership and Engagement	
Culture Development (3A)	High Culture & Leadership Synthesis Report completed with improvement plan; CCL network expanded. Staff Survey shows

	improvement across several metrics and increased engagement. • Q4 will develop co-designed workstreams based on the Synthesis Report.
Leadership Development (3B)	High Leadership pathways well attended with strong early impact. Coaching review and competency framework alignment underway. Q4 focus on middle manager pathways and evaluation improvements.
Citizen Engagement (3C)	High Targeted digital engagement increased reach. Betsi Way Engagement Framework progressing through governance. Youth Voice, councillor pilots and Anchor Institution Charter development progressing. Q4 focus on Youth Voice event and framework implementation.
Welsh Language (3D)	High Operational delivery of Welsh Language Standards underway; training programme in development. Q4 focus on Active Offer tools and strengthened assessments.
Objective 4: Improving Quality, Outcomes and Experience	
Prevention and Early Intervention (4A)	High Grant funded healthy weight/smoking/arts programmes delivered. Social prescribing model codesigned; Wellbeing & Prevention Anchor Framework developed. Q4 focus on targeted improvement actions to increase vaccination uptake.
Primary Care (4B)	Low PCMW and Community by Design groundwork progressed with improved strategic coordination. Cluster footprint review delayed and federated models still in development. Q4 priorities include developing the transformation plan and defining federation footprints. Executive Commentary on low delivery confidence: Delivery confidence for this subobjective remains low due to the scale and complexity of the Primary Care ambitions and the need for alignment with wider organisational programmes, including Foundations for the Future and the Community by Design Transformation Plan. Key dependencies, particularly the agreement of revised cluster footprints and the emerging operating model, mean that several milestones will not be achievable within 2025/26 and will extend into early 2026/27. Despite this, strong progress has been made across all 14 clusters, with foundations established to support longer term system resilience. Mitigations include targeted work with clusters to finalise initial Federation footprints by March 2026, continued spread of good practice, and strengthened planning and engagement mechanisms to ensure readiness for implementation in Q1 2026/27. These actions position the programme to maintain momentum and

	deliver sustainable Primary and Community Care improvement into next year.
Community Care (4C)	Low Enhanced Community Care (ECC) referrals increased in Conwy; DN and palliative weekend capacity strengthened. Business cases for expanded services progressing slower due to resource constraints. Q4 will focus on DN establishment review and expanding ECC participation. Executive Commentary on medium delivery confidence: The HB is reviewing the feasibility of fully implementing increasing weekend and specialist palliative care nursing. Any progress in increasing weekend Community Nursing is being reported through monthly trajectory submissions with actions being progressed to deliver against this milestone which is reporting at 35% target for the HB. Work ongoing with WOD team to undertake establishment reviews of all Community Nursing Teams to identify current baseline against activity to consider opportunities for realignment of resources and to support a nurse staffing template to assist with this work. A tool has been developed to support this work which areas are now using to progress reviews. Other opportunities are being identified for interim increase in weekend provision to test models and meet priority gaps. A pilot for increasing DN teams in Rhyl with enhancements funded through Further Faster will be reviewed for impact. Costings are being worked through to achieve 50% staffing levels from recent establishment reviews. Services across BCUHB continue to work to increase referrals for enhanced community care (ECC) and a data cleansing exercise has been completed for ECC data set to support accurate data reporting and enable trajectory to be modelled. Subsequent changes agreed with NHS P&I team and improved accuracy of data reporting confirmed. Identification of additional ECC services and submission of backdated activity data is in place and agreed. Improved representativeness of ECC services operating throughout BCUHB. Updated and backdated information is not available in all areas which WG are aware of. Increased referrals are being seen and positive focus during the discharge sprint exercises on consideration of enhanced care with examples of successful step up /downs noted. An increased number of GP Practices have signed up to Enhanced Care Supplementary Service through Cluster Coordinator and ANP engagement, thereby increasing number of patients eligible to receive the service. (All practices in the West are signed up to the Supplementary Service). Work continuing to encourage other GP practices through cluster engagement, however many nurse led cases

	supported in community for enhanced care on case-by-case basis with GP liaison or use of consultant connect. Work ongoing to explore use of Civica Scheduling system by Community Palliative Care Nurses to enable streamlined reporting from single system and discussions underway with Civica to review the potential scope of teams moving onto the system pan BCU.
Planned Care / Cancer / Diagnostics (4D)	Low Planned Care - Validation, referral optimisation and POA workstreams progressed with early performance benefits. Full recovery limited by workforce, national programme delays and cost constraints. Demand/capacity modelling and integrated planning elements re-phased to 2026/27. Executive Commentary on low delivery confidence: The current delivery confidence balances the delivery of improvement opportunities against competing operational demands on finite resources and key programme staff leaving the organisation at the end of Q3. The focus of the remainder of Q4 will be centre on stabilising delivery and embedding high-confidence activity across all workstreams rather than seeking full recovery across all enabling actions this year. Validation continues to hold high value for the organisation with demonstrable quantifiable impacts on the length of RTT waits, and this work is expanded in Q4 to focus on supporting the validation of diagnostics and ensuring our insourcing and outsourcing pathways are correct. Learning from the Clinical Validation workshops held in Q3 will be put into practice in Q4, focusing on frailty reviews, INNUs and condition related factor clinical validation (4D.a.2.). This will set local best practice examples within the guardrails of the BCU Policy & procedure delivered in Q3, to help embed clinical validation into BAU. A robust approach to the validation of 'follow-up' pathways will be a focus for Q4, with a T&F Group established to consider safe opportunities to apply the CIN discharge protocols to both management of overdue long-waiters (4D.a.13.), interdependent to preparing a re-launch of SOS/PIFU pathways embedding as standard ways of working (4D.a.14). Following a successful trial of the Health Screening Questionnaire (HSQ) and Standardised Pre-operative Assessment (POA) on each site, the process, which incorporates pharmacy checks, has been finalised, providing a mechanism to effectively guide our patients to High Volume Low Complexity (HVLC) clinics, core activity and optimisation pathways. The ensuing 'Implementation Proposal' in Q4 will set out the investment needed to scale and spread this work to ensure patients are fit to be treated, and we make the best use of our POA capacity to underpin theatre utilisation improvements into 26/27 (4D.a.10) (4D.a.12)

	(4D.a.11). Early planning for 26/27 looks to build on the foundations achieved and will be shaped by strengthened and refreshed national 'Optimisation Framework Self-assessments' (4D.a.8). and 'Surgical Hub' accreditations, with Q4 focusing on preparations and planning to respond and incorporate findings into improved service delivery. Cancer Care - Additional endoscopy/dermatology capacity; nurse led colorectal triage; teledermoscopy expansion. 25% reduction in >62day waits; Maggie's Centre opened; repatriation of radiotherapy services. Q4 focus on improving waits for breast, skin and endoscopy pathways Executive Commentary on low delivery confidence: Whilst considerable progress has made in increasing capacity (endoscopy and dermatology), introducing new ways of working (teledermoscopy and nurse led triage) and in supporting patients via the new Maggie's Centre and repatriation of some specialist services to north Wales, the Health Board will not achieve the national cancer waiting times target by the end of Q4. The backlog of patients waiting over day 62 continues to decrease, due to the actions taken, but this has led to an initial deterioration in the percentage of patients treated in target which is likely to continue until the backlog is eliminated in early 2026/27. Work continues to support the further development of cancer services including the review of gynaecological service delivery models and the development of a robotic surgery strategy for the Health Board in 2026/27. Diagnostics - RISP implemented. Estates limitations and national delays affecting pathology and endoscopy plans. Q4 focus on 8-week target delivery and operationalising key improvement projects. Executive Commentary on low delivery confidence: The strategic milestones will progress but not fully complete within 2025-26 and a number of objectives will roll over into 2026-27. The HB will continue to focus on the ministerial priority for Timely Access to Diagnostics (8-week target). To date the focus has been on national, non-recurrently funded recovery programmes for specific diagnostic tests or targeting patients waiting over 104 weeks (RTT) and the national OPD programme. This additional work has impacted on the services ability to deliver all milestones this year. - Improvements in patient access times across a range of specialties with ongoing active management of reportable 8-week targets. - Implement a report including a range of quality metrics across each service that are required to deliver this milestone.

	-Benefits realisation of Teledermoscopy service and review of any additional resources required to evidence establishment of team / capacity to meet current organisational requirements. - Further work required to identify risks to estate issues and prioritisation of the funding in discretionary capital scheme. - Clarification of whether estates strategy and clinical services plan still include the development of a regional diagnostics hub. - Progress with development of AI projects in Cellular Pathology will evidence progress for this milestone in Q4. - Implementation plan to be shared describing the first point of contact and earwax removal service for audiology.
UEC (4E)	Medium Hospital flow improvements achieved through early Optimal Flow actions. Falls Response and Frailty models progressing but not yet implemented. Q4 preparation for 45-minute handover protocol and acute frailty implementation. Executive Commentary on medium delivery confidence: Work is progressing on all actions; however, they will not be fully completed by this FYE and will roll over into the next year as part of the UEC programme plan for 2026/27. Key appointments have been made to drive this programme of work forward including a UEC Clinical Lead and Programme Director. A clinically led UEC Task Force has been established to accelerate improvements in demand reduction, patient flow and discharge optimisation. Key progress includes national funding for Community-Based Falls Response, training and equipment deployment across Care Homes, and implementation of Optimal Hospital Flow with over 600 staff trained. Following confirmation of national funding, 2 x additional Optimal Hospital Flow training facilitators will be seconded to in 2026/27 to support the training and education of staff in the key principles of hospital flow, supporting timely and safe discharge process. Work is also ongoing with LA partners to continue to drive improvements across the D2RA Pathways and reduce Pathways of Care Delays as a key (ministerial) priority. Work continues on the Acute Frailty Service (AFS) with baseline assessments complete and workforce/financial modelling underway. The development of a Single Point of Access (SPoA) is a key priority for the UEC programme 2026/27, this will act as a key enabler to move on both Ambulance 45 and falls workstreams BCUHB continues engagement with national H45 taskforce aligning ED improvements, GIRFT and pressures planning. The 6 Goals Plan for 2026/27 has some key interdependencies for MAG45. MADE events and 2 winter discharge sprints have strengthened focus on discharge planning and identifying further actions working with LA partners. Further improvements and intensive support is focusing on 6As audit and reviews of LLoS which will further inform the objectives

	for 2026/27 across this extensive and significant UEC programme of work.
Adult Mental Health and Learning Disability (4F)	High Improved access and quality; progress on RCPsych recommendations. MH EHR procurement advanced. Perinatal and eating disorder services strengthened. 80% seen within 28 days for primary care mental health.
CAMHS (4G)	Medium Workforce and training plans progressing; recovery plan implemented for East team. Getting Started groups launched; weekly tracking and early warning systems in place. Q4 priorities include daily monitoring and sustaining Part 1b recovery. Executive Commentary on medium delivery confidence: Significant progress has been made against the 4G objectives to strengthen and sustain CAMHS service provision. Work has commenced to share learning and best practice across the Region to support a sustainable model of care that reduces waiting times. Development of a CAMHS Strategic Workforce Plan and refreshed Training Strategy is underway, informed by a comprehensive Training Needs Analysis across services to build a sustainable workforce in order to sustain MHM compliance 2026/27. Performance against the Mental Health Measure back on track, with confidence rated medium to high for achieving both Part 1a assessment compliance and delivery of the Part 1b intervention target across all teams, despite a temporary dip in Quarter 3/4 trajectories. Progress has also been made in developing alternatives to admission in partnership with stakeholders to ensure more holistic and accessible support for children and young people. This model has been delivered in the Central area, with a planned rollout in the West subject to funding, supported by a capital bid to the Welsh Government Mental Health Capital Fund for 2026/27. Additionally, evaluation of the Schools In-Reach model is underway to inform its integration into the core CAMHS offer within Integrated Health Communities, supporting a sustainable whole-school approach to emotional health and wellbeing for children and young people across North Wales. 4G.2 – whilst there was a dip against the trajectory at the end Q3, confidence is medium-high for delivery by Q4 for all MHM compliance. 4G.4 this has been delivered in central, roll out for West is planned but with medium confidence due to funding – a bid for capital project 26/27 is being submitted against WG MH capital fund.
Neurodevelopmental (4H)	High ND training expanded; early help hubs reducing demand on specialist pathways. Needs led model and early help approaches progressing with RPB partners. High demand persists despite pathway

	redesign and prudent assessment changes. Q4 focus on monitoring impact and embedding new practices regionally.
Dementia (4I)	Low ED improvement actions begun. Training, prevention resources and Memory Support Pathway strengthened, multiple pilots underway. Q4 will enhance delivery monitoring and patient/carer experience actions. Executive Commentary on low delivery confidence: Delivery confidence for the Dementia Improvement Priorities is low due to sustained and significant resourcing challenges throughout 2025/26. Long-term sickness absence of key leadership roles, the departure of the Regional Dementia Improvement Manager, and the redeployment and subsequent absence of the Pathways Practitioner have collectively reduced capacity and slowed progress, particularly for the ED Experience Improvement priority. Although Q1 milestones were achieved, governance arrangements introduced in March 2025 had not embedded sufficiently to mitigate the impact of these gaps. Mitigations include refocusing available capacity in Q4 to deliver the most critical sub-objectives, namely Dementia Education and targeted Environments training, which has enabled considerable recovery. Remaining actions have been pragmatically deferred to 2026/27 following Executive oversight, ensuring that delivery expectations remain realistic and aligned to workforce wellbeing and capability. This approach stabilises progress while positioning the programme for resumed momentum next year.
Challenged Services (4J)	Medium the overall delivery confidence for the Challenged Services reflects an overall position, indicating steady progress with some areas requiring additional attention to strengthen delivery. Oncology and are on track for delivery in Q4 and under consideration for de-escalation from Special Measures. Orthodontics, Diabetes, Research & Innovation and Palliative Care, End of Life & Bereavement Care remain the highest risk for delivery. With Vascular, Ophthalmology, Dermatology, Urology, Plastics, Dental and Academy Careers rated as medium risk; reinforcing the need for escalation and focus to support.
A. Urology	Medium Interim out of hours IR cover; vasectomy commissioning approved; LATP biopsy rollout progressing; MyMR integration advancing. Q4 focus on completing IR SLA and finalising MyMR rollout. Executive Commentary on medium delivery confidence: A Specialty Plan has been developed to stabilise and redesign services, informed by national priorities, external reviews and system-wide engagement, and whilst progress is being made in diagnostic capacity,

	pathway redesign and preparatory work for major service improvement, a number of sub objectives will roll over into 2026/27 as will not be achieved in this FY. The following position is noted for each of the objectives: ▪ 4J.a.2 is aligned to Challenged services plan and clinical services plan phase 2. The IMTP for 2026-27 includes the new on-call model for approval by Q3. ▪ 4J.a.3 The reconfiguration of regional specialist services is interdependent with the requirement for on call model (see 4J.a.2). ▪ 4J.a.5 Interventional radiology is aligned to challenged services plan due to the requirement for wider diagnostic service provision beyond urology. ▪ 4J.a.9 is an ongoing action as part of improvement plan to continue to implement new ways of working. Progress made in implementing the TULA (trans urethra laser ablation) service in East and currently being deployed in West, however there are delays in deployment in Centre due to a locum workforce and subsequent interrelations with the on-call model. The TULA service aims to reduce the need for patients to access theatres and provide procedures in outpatient treatment rooms. ▪ 4J.a.10 – A workshop is due to be held Q1 to review and restructure MDTs being led by cancer services. This will streamline the MDT process however will not recover any lost clinical capacity due to the minimal impact on job plans.
B. Vascular	Medium Workforce training plan agreed; nurse-led urgent clinics; AAA surgeries commissioned out; audits informing improvement plan. Q4 priorities include audit group implementation and SOP rollout. Executive Commentary on medium delivery confidence: Whilst considerable progress has been made, it has not been possible to complete all actions within set timeframes. Operational and clinical pressures have meant that progress has been slower to achieve than anticipated. Regular business meetings between network, clinical and operational leads in now in place to support work to move forward at pace and to review. A Vascular improvement group has also been established to help drive improvement work forward. Any incomplete actions shall be rolled in to our 2026/27 ADP.
C. Dermatology	Medium Workforce pressures persist; teledermoscopy expanded; referral streamlining progressing; Connah's Quay capacity awaited. Executive Commentary on medium delivery confidence: Progress has been made to delivering improvements within quality standards and practice as well as patient safety experience and the expansion of teledermoscopy as well as the introduction of Connah's Quay Health Centre which went live for outpatients and minor op procedures during February and utilisation of WLI sessions with agency

	/ locum to reduce treatment SCP targets across NW. Discussions ongoing for job plans to utilise through core from April 26. Actions will roll over into 2026/27 for the progression of service model and configuration to left shift appropriate parts into community and primary care services as well as the strategic and operational workforce planning review. Work is also ongoing for the recruitment of dedicated dermatology pharmacists per site to support the management of complex treatment which will continue into next FY 26/27. Ongoing challenges in recruiting consultant staff (West). Agreement to progress with interim service model (network approach) ahead of broader Clinical Services Plan work in phase 2. EQIA in progress to better understand impact to patients and workforce.
D. Plastics	Medium Waiting times reduced; minor ops capacity increased; Connah's Quay development progressing; MWL waitlist handover planned. Q4 priorities include applying new PIFU guidance. Executive Commentary on medium delivery confidence: Plastic Surgery services in North Wales are becoming more stable, with all issues related to the 2025/26 contract now resolved and no patients waiting longer than 104 weeks to be seen. While the waiting list has been maintained rather than reduced, overall progress is positive, and work continues to expand clinic capacity and finalise long term plans to support sustainable, high quality care for patients across the region Connah's quay opened at end February supporting other wider services (dermatology), however, funding is being worked through to support single plastics outpatient clinic which has not yet commenced and will therefore roll over into 2026/27. Negotiations are ongoing with MWL to ensure agreed contract in place.
E. Oncology	High SABR Phase 1 live, improving access to advanced radiotherapy locally. Consultant recruitment remains challenging due to national shortages. Q4 focus on completing Oncology Strategy and progressing SABR Phase 2.
F. Ophthalmology	Medium HVLC model embedded in Centre; POAC rollout progressing; community optometry capacity significantly increased. West implementation paused, limiting consistent adoption across BCU. Q4 priorities include resuming West rollout and strengthening data quality. Executive Commentary on medium delivery confidence: There have been many successes in the ophthalmology service, teach and treat is fully implemented and the WGOS pathways are being embedded allowing people to be treated in their communities by primary care optometrists. High volume low complexity (HVLC) cataract lists will be in place on all three acute sites in April and this with one stop

	Preassessment clinics will transform the person experience for cataract. There is work to be done on coding accuracy and validation to ensure appropriate pathway selection. The mandate to introduce OPERAi and open eyes has led to a temporary reallocation of resources to achieve these programmes in the desired timeframe but have been an opportunity for discussion around pathways and transformation within the wider team (including primary and secondary care). Some work streams temp reprioritised for the mandated electronic solutions for eyecare (OPERAi and open eyes)4J.f.1 – superseded by Foundations for the Future 4J.f.5 - HVLC will be implemented in April across HB, all have trialled one stop POAC embedded in some areas increasing in others 4J.f.8 – This is reliant on a pan BCU operational and clinical lead to take forward, lots of other projects require finishing before new projects are take.
G. Orthodontics	Low • GIRFT workshop clarifying priorities and informing future workforce planning. Capacity pressures remain due to limited consultant availability and rising demand. Q4 focus on sustainable service model design and waiting list validation. Executive Commentary on low delivery confidence: No formal workforce review has been done due to missing gaps. Restorative dentistry full team now recruited and recently aligned under same management team. All key stake holders in place, service plan to be revisited.
H. Trauma & Orthopaedics	High SOS rollout commenced; showing strong impact on reducing unnecessary follow ups. Q4 priorities include expanding SOS and standardising implant pathways.
Womens (4K)	High Women's Health Hub design complete with site/funding secured; digital maternity go live 10 March 2026. Strong progress on MatNeo quality actions; workforce and KPI mapping advancing. Q4 focus on Hub implementation, digital maternity golive and perinatal dashboard development.
Children and Young People (4L)	High Children's Charter implemented; Corporate Parenting Charter signed; Youth Voice Board development begun. Q4 focus on evidence consolidation, immunisation improvement and transition planning. Actions are progressing well for all sub-objectives with high confidence to continue to deliver noting that work will continue beyond Q4 where required with regards to continuous improvements. An all-Wales Transition to Diabetes Board is set up, which will make recommendations to utilise during Q2.
Pharmaceutical Services (4M)	High MPharm first cohort launched; hypertension community pharmacy pilot completed; pharmacy review actions still in early implementation.

Palliative Care, End of Life & Bereavement Care (4N)	Low Strategic PEOLC plan drafted; SWAN model pilot wards identified; SPC workforce review underway. Weekend SPC cover expanded; quality improvement planning strengthened. Executive Commentary on low delivery confidence: The programme will continue into the next financial year due to earlier delays linked to gaps in senior nursing leadership and limited operational and administrative capacity. Despite these constraints, momentum is now building, and the foundations established in 2025 provide a stronger platform for delivery in 2026/7.
Dental (4O)	Medium Demand/capacity review in CDS progressing following contract award; CDS waits remain pressured due to demand and operational constraints. Q4 focus on domiciliary pathway design and CDS workflow improvements. Executive Commentary on medium delivery confidence: Ongoing senior leadership capacity has significantly restricted demand and capacity for CDS services within the expected timeframes, however, there has been some progression during Q4 for which there is now medium confidence in delivery with a baseline assessment now completed reviewing staff bases, grades and FTE requirement. Work is being undertaken to understand which new roles can be recruited to with the finance team. This work will be rolled over into 2026/7 with a high confidence that it can be completed by the end of Q2. Contracts were awarded in 2024/25 and 2025/26 for the procurement of GDS access, however, the lead in time for mobilisation of three large new GDS contracts has impacted on deliverability in 2025/26. Contracts were awarded in 2024/5 and 2025/6 campaigns but have had a significant mobilisation period due to be brand new practices, with building work required for the premises. There is however a high confidence that this will be completed by the end of Q1 in 2026/7. The dental contract team is working closely with providers to ensure that there is no delay to contract mobilisation. Building work timeframes will mean that the services cannot launch any earlier, but it is not foreseen that there will be any further delay. (4O.2) Dental education strategy is complete A baseline assessment has been undertaken as part of a review of the 'Primary Care Model for Wales'. The Primary and Community Care Academy have undertaken a 'Dental

	Discovery Phase' to understand the requirements across primary care dental services for education and training. A workforce plan has been created and agreed. On-going senior leadership capacity has significantly restricted actions to address the CDS waiting lists and the domiciliary dental pathway within the expected timeframes. Working from an unsupported and out-dated patient management system has restricted the quality of data needed to progress certain elements of the review. Work is now ongoing led by senior manager to review the waiting list in line with the recently adopted planned care process and the domiciliary dental pathway. A business case is being progressed to procure a new patient management system which will provide better quality data.
Diabetes (4P)	Low Baseline for 8 Care Processes established with early improvement. Q4 focus on reducing variation in primary care and strengthening MDT capacity. Executive Commentary on low delivery confidence: Delivery confidence for the Diabetes subobjectives remains low due to the scale of improvement required, variation in performance across clusters, and the early stage of several enabling programmes. While baseline data and quality checks have been completed and all eight care processes show initial improvement, significant variation persists, partly linked to data quality issues, which limits assurance of consistent delivery by year end. Work to standardise service models and define the future pathway is progressing but is dependent on wider programmes such as Foundations for the Future and the Clinical Service Plan, meaning several milestones will extend into 2026/27. Mitigations include targeted support to GP practices, strengthened reporting through established governance groups, and mobilising the Diabetes Partnership Board to lead delivery. For Hybrid Closed Loop, a business case is being finalised with a focus on prevention and VBH principles, alongside planning for the resource intensive transition process.
Objective 5: Effective Environment for Learning and Skills Development	
University Partnerships (5A)	High MOUs progressing; preparatory work aligned with CSP development; strong partner collaboration.
Research & Innovation (5B)	Low Governance strengthened; programme focus on increased research activity and academic partnerships. Executive Commentary on low delivery confidence:

	We have not increased our research activity as planned mainly due to a lack of pharmacy capacity within pharmacy services to support research studies in Ysbyty Glan Clwyd. We are addressing this by utilising pharmacist and technician support from other sites, using bank pharmacists and recruiting to dedicated pharmacy posts. A new appointment is starting imminently, and two further dedicated posts are planned when the establishment control process is completed.
Academic Careers (5C)	Medium Community of Interest Group established to support academic career routes. Progress dependent on alignment with university partners and workforce plans. Q4 focus on progressing MoUs and strengthening career development pathways. Executive Commentary on medium delivery confidence: Work progressing. Some limitations in 2025/26. Executive Committee discussion on 4/3/26.
Intelligence-Led (5D)	High IRIS dashboard live with predictive analytics and RPA proposals advancing. Q4 focus on expanding analytics capability and progressing automation projects.
Learning Organisation (5E)	High Integrated Concerns & Complaints Policy embedding; Learning Forum and Repository maturing; thematic review processes strengthened. Q4 priorities include strengthening learning governance.

4 KEY RISKS / MATTERS FOR ESCALATION

- 4.1 There are areas of risk identified where confidence of delivery remains low, the majority of which sit within Strategic Objective 4. This area will require significant focus during the remainder of the year to ensure delivery expectations are met and clinical services are strengthened.

5 RECOMMENDATIONS

- 5.1 The Board is asked to:

RECEIVE ASSURANCE on the progress made during Quarter 3 and note the delivery confidence for the remainder of the financial year.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	Choose an item.
	All 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)
<u>Deddf Llesiant</u> <u>Cenedlaethau'r Dyfodol -</u> <u>Nodau Llesiant</u> <u>Wellbeing of Future</u> <u>Generations Act – Wellbeing</u> <u>Goals</u>	Choose an item.
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	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 <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	N/A

Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	If no, please include rationale:	
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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:	
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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 3- 2025/26 ADP Monitoring Report January 2026

Annual Delivery Plan Quarter 3 - Overview by Sub-Objective

KEY:	High Delivery Confidence	Medium Delivery Confidence	Low Delivery Confidence	Complete

*Not delivered in expected quarter

Sub-Objective	Executive Lead	Overall Assurance of Delivery
1A Effective Systems of Governance	Director of Corporate Governance	Delivery Confidence
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
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.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.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.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

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).

Current Position

- A Governance Improvement Plan to continuously improve governance arrangements has been established and is in place (1A.1)

- A Governance Hub, Governance Toolkit and handbook is now live and available on Betsi-Net, complemented by "Corporate Governance Masterclasses" led by the Director of Corporate Governance (1A.3)
- Governance arrangements have been strengthened throughout the year. This includes work with Health Board finance colleagues to clarify the Schedule of Reservation and Delegation and the Standing Financial Instructions (1A.8)
- The Executive Team received specific procurement training in November 2025, with further Tier 2 training planned for February 2026. In November 2025, the Board approved the Accountability Agreements Framework (1A.7)
- A decision-making framework, has been developed and further work to finalise it will be completed in Q4 (1A.4)
- Progress on risk maturity audits to measure and strengthen risk management and risk governance have progressed in accordance with the plan (1A.5)
- Delivery of the three levels of risk management training, and the establishment of a recovery plan for overdue Learning from Events Reports (LFERs) (1A.9) all underpin the Governance Improvement Plan.

Collectively, these activities demonstrate meaningful progress toward establishing a highly reliable governance environment, characterised by stronger controls, clearer accountability, and more consistent organisational practice.

Remainder of the financial year

- The annual formal Board effectiveness self-assessment will take place in Q4 (1A.2)
- Continued refinement and expansion of the Governance Hub and Toolkit, including additional training resources (1A.3)
- Once the 10-year strategy has been finalised, the Board Assurance Framework (BAF) will be refreshed and realigned to reflect the longer-term strategic direction. The corporate risk register will continue to be reviewed to ensure that correct actions are being taken to reduce risks
- All three levels of Risk Management Training will continue to be promoted (1A.5- 1A.6)
- The draft decision-making framework will be completed following consultation (1A.4)

Impact

- 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*
- 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.
- 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	Delivery Confidence
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.		
Current Position - During 2025/26, the programme has focused on completing the Discovery and Design phases of the Foundations for the Future Programme, establishing the core organisational components required for a more effective operating model (1B.1) - Discovery Report has been published, design principles formally approved by the Board, and 87 co-design/engagement events delivered across the organisation (1B.1) - All five workstreams: Strategy, Culture, People, Processes and Structures have developed and implemented detailed plans. They are covered in other areas of this reporting e.g., Strategy under 2A and this section therefore focuses on the structures workstream. (1B.1) - Examples of delivery in these workstreams include rollout of the Values and Behaviours Framework, culture diagnostics, leadership frameworks, co-creation of Strategic Intentions and approval of a revised Integrated Planning Framework (1B.2) - The Structures workstream has: Finalised proposed corporate and service structures, refreshed executive portfolios, progressed costings, legal advice and supporting documentation, prepared Board and consultation materials, paper submitted and approved at formal Board in January 2026 with structured consultation to follow (1B.1) - While structural change has not yet been implemented, the programme has delivered the required governance, design coherence and organisational readiness to move into delivery (1B.2)		
Remainder of the financial year - Finalising Board papers and completing financial and legal assurance (1B.1) - Commencing formal consultation under the Organisational Change Policy (1B.1) - Advancing implementation planning across all workstreams, supported by Programme Board oversight - Executive Director cascade conversations continuing (1B.2) following the early socialisation of the proposed structures and subsequently supported by Executive Directors meeting with direct line reports to recap the case for change, discuss the proposed structures, identification of staff pools and potential JD's, and anticipated timelines. - Progressing early adopter activity, career conversations, job family standardisation and culture-focused actions to support a safe transition - Further iterations of communications and engagement plan being developed and embedded, including providing information and encouraging staff engagement through a dedicated FFTF Hub on the intranet - Strengthened governance and programme planning through on-going review and updates - Continuing to ensure products are defined and implemented through programme assurance documentation such as product descriptions and delivery plans management - Continue structured implementation planning		
Impact Once implemented the programme seeks to have the following direct / indirect impact		

- Improvement in the culture of the organisation
- Increased patient outcomes and experience through improved regional working
- Increased staff morale
- Create an effective organisation that delivers value through positive patient outcomes and financial stability

1C Responding to Legislative Requirements	Director of Corporate Governance	Delivery Confidence
1C.3. Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries		Q2
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.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.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.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.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.

Current Position

- 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 may carry over into Q1.

Remainder of the financial year

- 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 a 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 4 by Health and Safety colleagues to ensure continued progress and compliance with legislation (1C.4, 1C.7)

Impact

- 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
- 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	Delivery Confidence
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.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.4. Evaluate the Health Board's design and implementation of the QMS		Q2
1D.3. Integrate a QMS approach into the approach to Clinical Services Planning and early identification of challenged services		Q3 *
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.

Current Position

- Digital QMS maturity assessment tool developed, iterated, and internally tested since December 2024 (1D.1)
- Rolled out to Challenged Services and is being extended to Clinical Services, supported by a transition from SharePoint lists to a more robust platform to support future growth (Dataverse) improving scalability (1D.1)
- The tool has helped services establish baselines and plan improvement activity and has positioned BCUHB as a leading implementer of QMS across NHS Wales, with recognition from QSE, senior nursing leadership, the Chief Nursing Officer, NHS Improvement and Performance, Audit Wales and Internal Audit (1D.1, 1D.4)
- A full programme of communication exercises and briefing sessions has been completed, successfully informing the BCUHB workforce about QMS through an educational and myth-busting approach designed to enhance knowledge and understanding (1D.2)

Remainder of the financial year

- Work will continue to focus on ensuring alignment with the organisational restructure and supporting services to engage at pace, with coordinated activity between the QMS Project Group and the Foundations for the Future Project Group (1D.3–1D.4)
- Early adopters have begun their QMS journey, enabling data collection to begin across parts of the organisation (1D.1–1D.3)
- The programme remains well positioned to maintain momentum through year-end, with risks actively managed and organisational alignment strengthened (1D.1–1D.5)

Impact

- QMS maturity assessment tool has helped services establish baselines and improvement priorities, with widespread recognition strengthening organisational credibility and influence in quality management
- Improved patient safety and outcomes through systematic design, monitoring and improvement of care processes
- Increased consistency and standardisation, reducing variability and duplication and supporting predictable care delivery
- Stronger governance and accountability, with clearer roles and escalations aligned with statutory duties such as the Duty of Quality (Wales)
- More proactive risk management, enabling early identification of risks and regulatory compliance
- Enhanced staff engagement and culture, with increased empowerment and shared responsibility for improvement
- Increased financial and operational efficiency through reduced waste, duplication and rework

Annual Delivery Plan Quarter 3 - Overview by Sub-Objective

KEY:	High Delivery Confidence	Medium Delivery Confidence	Low Delivery Confidence	Complete

*Not delivered in expected quarter

2A Developing and delivering a Health Board Strategy and Clinical Services Plan (CSP)		Executive Director of Transformation and Strategic Planning	Delivery Confidence
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.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

NOTE: 2A.6 Develop a Digital and Data Roadmap is reporting through 2D – Enhancing digital, data and technology approaches

Overview

- This priority area is about developing the organisation's strategy and clinical services plan. It focuses on 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. CSP.
- As part of the strategy development approach, it also covers a review of the Health Board's Well-being objectives and ensuring that partners and stakeholders are involved throughout the strategy development process.
- This work is vital in ensuring the organisation, it's staff and partners have a clear strategic vision for the Health board and supporting plans to achieve it over the next 10 years.

Current Position

- Work this year has focused on establishing the strategic foundations required ahead of the development of the full 10-year strategy and the CSP. A Draft Strategic Vision and 4 Strategic Intentions have been co-designed with partners (2A.4) and were approved by at Board in January as planned (2A.1). The intentions will replace the existing 5 strategic objectives, which were derived from the earlier Special Measures response plan and no longer reflect current organisational priorities or the realities of service delivery.
- Work has commenced on the 10-Year Strategy diagnosis phase, drawing on engagement findings, population health insight and system conditions identified through recent strategic discussions (e.g 8th October Strategy event co-hosted with the Bevan Commission) (2A.2)
- The refresh of the organisation's Well-being objectives was completed earlier this year, with a focus on the changes related to 'fair work'. A fuller review will be completed in 2026/27 as part of the 10-year Strategy development work (2A.3)
- Improvement plans have been developed and are in delivery relating to the Challenged Services under CSP Phase 1, with good progress made across a number of areas and two of the services (Oncology and Plastics) being considered for de-escalation (2A.5)
- Preparatory work for the CSP Phase 2 is also underway, including early scoping of priority pathways, identification of enabling requirements, and alignment with planning cycles.

Remainder of the financial year

- Continue to support improvements in the Challenged Services that form part of the CSP phase 1 and plan for their transition into the broader CSP work under phase 2 (2A.5)
- Focus will be on completing the diagnosis phase of the 10-Year Strategy and preparatory work for phase 2 of the CSP, in readiness for entering design phase in 2026/27 (2A.2)
- Continue to engage with partners and stakeholders, as well as staff and communities in all of the strategy development programme (2A.4)

Impact

- Collectively, these activities ensure that the organisation is progressing in line with the overarching aim of establishing a coherent, evidence-based strategic direction that can guide service redesign and investment as the detailed strategy and CSP are produced
- 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 through integrating the SIs into the forthcoming IMTP
- 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

2B Strengthening Planning and Commissioning	Executive Director of Transformation and Strategic Planning / Director of Performance and Commissioning	Delivery Confidence
2B.6. A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development		Q1 *
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.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.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.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

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.

Current Position

- The organisation continues 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. Work to develop core planning competencies for key roles is underway and continues to mature (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 (2B.4 / 2B.5 / 2B.6)

Remainder of the financial year

- 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)

Impact

- 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

2C Improving the Environment, Estate and Facilities	Director of Environment and Estates	Delivery Confidence
2C.1. Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise		Q1
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.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.7. Work with the Bangor University to support the development and growth of the North Wales Medical School.		Q3
2C.9. Undertake a comprehensive assessment of facilities standards and performance, informing at improvement and development plan.		Q3
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.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.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.

Current Position

- 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 (2C.7).
- The major capital schemes continue to be progressed but are subject to various challenges, which are being addressed on a project specific basis. Positive progress has been made on Orthopaedics Hub in Llandudno, Electrical Infrastructure at Glan Clwyd Hospital, Royal Alexandra Hospital in Rhyl, Nuclear Medicine consolidation, Health and Well-being hubs, decarbonisation and anti-ligature work. Challenges relating to the Ablett Mental Health unit in Glan Clwyd Hospital remain to be addressed (2C.2)
- 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. The future development of clinical strategies and integrated approaches, such as, Health and Well-being hubs will support this further (2C.4)
- 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 (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 (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 (2C.9)
- Work has commenced to begin the process for capital prioritisation for the next financial year (2C.1)

Remainder of the financial year

- Progress to improve the environment, estate and facilities will continue, alongside the proactive delivery of developments within major change programmes. This will include using audit findings and feedback to support continuous improvement
- Activity in several areas, particularly at locality level, will remain dependent on the outcomes of the Foundations for the Future work
- Continued progress will depend on the availability of specific resources and on developments in clinical strategies and the data relating to the current estate

Impact

- 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.
- These programmes are subject to formal scrutiny through SPSCG and the Mental Health Oversight Board
- Work is underway to develop and initiate a fit-for-purpose Estates Strategy covering estate rationalisation, decarbonisation, climate resilience and strategic disposals, aligned to agreed programme timescales. This work will continue into future years

2D Enhancing digital, data and technology approaches	Chief Digital and Information Officer	Delivery Confidence
2D.2. Develop a Digital and Data Roadmap to underpin the Health Board's clinical and organisational transformation		Q2
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.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.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.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.

Current Position

- The Outline Business Case for the Electronic Health Record (EHR) has been completed and secured local approval; however, the programme is paused pending the updated national roadmap due in 2027 (2D.1)
- Rollout of Electronic Prescribing and Medicines Administration (ePMA) has advanced, with the East Mental Health early adopter going live in December and providing learning ahead of the acute rollout from January–March 2026 (2D.10)
- Phase 1 of the Learning Management System (LMS) was delivered, and the training booking platform is ready for launch
- Diagnostics modernisation progressed, with RISP going live and entering stable operations, while LIMS continues to progress but has been affected by national build delays (2D.4)
- Digital resilience has improved through moving 80% of devices to Windows 11, identifying 3,500 replacements, and completing a Gartner TIME (Tolerate, Invest, Migrate, Eliminate) assessment of more than 380 systems, highlighting approx. 120 for safe retirement (2D.13)
- Supported delivery of WPAS Phase 5, advanced procurement for the Mental Health EHR, and contributed to development of the organisational Cyber Response Plan with the EPRR team (2D.5, 2D.9, 2D.14)

Remainder of the financial year

- ePMA rollout will continue across acute hospital sites, supported through the Learning Management System and reallocation of resources (2D.10)
- Work will progress to replace 3,500 unsupported devices and operationalise the decommissioning of around 120 legacy systems (2D.13)
- The organisation-wide Cyber Response Plan will continue to move through governance (2D.14)
- Diagnostics actions include closing down the Radiology Programme to BAU by February 2026 and working with DHCW to address LIMS build and testing delays supported by local financial contingency proposals (2D.4)
- The Mental Health EHR Procurement Outcome Report and Business Case Addendum were approved at the January Private Health Board meeting. Next step will be to request Welsh Government approval to award the contract. This will be actioned in collaboration with Cwm Taf University Health Board (2D.5)

- WPAS Phase 5 work will continue through cancer-tracking testing released in January and securing a clear Q4 plan with DHCW to strengthen delivery confidence (2D.9)

Impact

- Digital infrastructure reliability, safety and resilience have already improved across North Wales as a result of 2D programme delivery
- Early ePMA go-live has strengthened medicines administration processes, reducing risks associated with handwritten prescribing and improving consistency for patients
- Implementation of the new RISP platform is enabling quicker, more reliable access to imaging information
- Replacement of unsupported devices and identification of obsolete systems is reducing cybersecurity risk and improving system performance for clinical teams
- Improvements to the NHS Wales App, particularly around referrals and outpatient reminders, are supporting better communication with patients and helping ensure timely attendance

2E Developing and delivering value and sustainability	Executive Director of Finance	Delivery Confidence
2E.3. Build on work to embed value principles into the wider organisational frameworks: planning, commissioning, multi-professional workforce modelling, performance, leadership and quality.		Q2 *
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.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

Current Position

- A new programme of delivery (as part of the four Major Change Programmes for 25/26) has been developed and initiated, replicating the national programme structure of five workstreams, and extended in-year to mirror the addition of Value-Based Health Care as a sixth mandated workstream (2E.1)
- Programme initiatives address nationally identified areas of opportunity through the Value & Sustainability Board, national workstream sub-groups, and Cabinet Secretary "Enabling Actions" in the National Planning Framework 25/26 (2E.1)
- The programme's primary function to date has been to identify, quantify and deliver the Health Board's £40m savings target, with a year-end forecast of £44.9m (over-delivery of £4.9m) and £36m delivered year-to-date (over-delivery of £4.5m) (2E.1). A pipeline of £5.4m schemes has been identified for the 26/27 programme (2E.1)
- The programme also manages a portfolio of value-improvement schemes funded through ring-fenced Value-Based Health Care monies. Several projects have received local and national recognition, including the Lymphoedema Project winning the NHS Award and the Prehabilitation Project winning the Research, Transformation & Innovation Award (2E.4)
- Work is progressing to embed Value & Sustainability principles into organisational architecture, with Foundations for the Future acting as the mechanism to accelerate this cultural shift. Operating Principles have been rewritten through a value-lens, and a new competency framework for senior management has been created (2E.3)
- The value team now has increased visibility within the IMTP Development Collaborative Planning Group, supporting a value-led approach to planning (2E.3)
- Capability building continues, including promotion of the Value-Based Health Care Academy at Swansea University to strengthen staff subject-matter expertise (2E.4)

Remainder of the financial year

- Oversight of delivery of the remaining forecast £9m Q4 savings and identification of any further opportunities for in-year acceleration or inclusion in 26/27 plans (2E.1)

- Facilitate development of a dedicated Clinical Variation Workstream in early Q4 and develop a 26/27 programme delivery plan focused on wider value metrics (productivity, efficiency, outcomes, experience) and pathway redesign. Inaugural meeting set for February 2026, chaired by the Executive Medical Director, with full-time V&S team support (2E.2)
- Continue embedding value principles into organisational architecture through Foundations for the Future, including value-led planning, commissioning and performance frameworks. Significant progress has been made but may require inclusion in the 26/27 IMTP (2E.3)

Impact

- The programme is forecast to over-deliver by £4.9m, contributing positively to the Health Board's financial duty to break even and supporting the conditions for recurrent release of £42m Performance & Transformation Funding (2E.1)
- Value-funded projects show significant improvements in clinical quality and outcomes. As an example, the Cancer Prehabilitation Programme has delivered: 1,200 bed days saved, 560 HDU bed days saved, 30% reduction in post-operative complications, 5% reduction in readmission rates, reduced anxiety and depression, reduced mortality, improved functional scores, and 100% PREMs score (9+)

2F Improving workforce planning and development	Executive Director of People Services and Organisational Development	Delivery Confidence
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.5. Conduct a comprehensive workforce analysis for therapy services in a prioritised manner.		Q2 *
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.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.6. Development of therapy services plan, contributing to new clinical service models to support reductions in waiting times.		Q3 *
2F.10. Reduce sickness absence levels through adherence to key policies such as Attendance at Work		Q3
2F.2. Detailed workforce plans to be in place for all key services across the organisation.		Q4
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

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.

Current Position

- Draft Strategic Workforce Planning Framework developed and refined following Executive Committee feedback, with further review scheduled for February 2026 (2F.4)
- Workforce planning resources have been expanded, including templates aligned to the Skills for Health Six-Step Methodology and IMTP requirements (2F.1 / 2F.3)
- A new Betsinet guidance page has been prepared to provide accessible workforce-planning support once the Framework is approved (2F.1)

- 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 (2F.3)
- The 6 B's Regeneration Framework Template and action plan being used across services, with a review planned for 2026/27 to streamline and integrate available tools (2F.3)
- Workforce Planning Dashboard has been aligned to key services, improving visibility and enabling more data-driven planning (2F.3)
- Training and support sessions have been delivered to People Services Business Partners, Allied Health Professionals (AHP), and Healthcare Science Professionals (2F.1 / 2F.3)
- Alignment with the Corporate Planning Team has strengthened through ongoing participation in the IMTP Development Collaborative Planning Group (2F.4)
- Engagement with key services has continued throughout the year, with early work begun with AHP and Health Science leaders on workforce and education commissioning analysis (2F.5 / 2F.6)
- A 19% reduction in agency usage has been achieved to date, supported by insourcing of the Medical Bank Team and continued optimisation of temporary medical staffing (2F.8)
- Workstreams continue progressing the Variable Pay and Agency Control Framework in support of achieving the 30% reduction target (2F.8)
- Local Job Planning guidance is in development for release in February 2026 (2F.9)
- A baseline assessment and action plan to reduce sickness absence has been completed and approved by the People & Culture Committee (2F.10)

Remainder of the financial year

- The programme remains on track to deliver the majority of its overarching aim by March 2026, with improvements already achieved or foundations in place to complete outstanding components within this timeframe or early 2026/27
- The overall RAG rating reflects steady progress, with some areas requiring continued focus as work progresses

Impact

- Cost savings have been realised through more efficient deployment of staff and a reduction in reliance on temporary or agency cover
- Staff wellbeing has improved, supported by actions developed to reduce sickness absence
- Strengthened relationships between departments have contributed to smoother service delivery and more coordinated approaches to workforce, finance and service planning
- Organisational awareness of the importance of workforce transformation has increased, encouraging more strategic thinking about skills, roles and workforce models of the future

Annual Delivery Plan Quarter 3 - Overview by Sub-Objective

KEY:	High Delivery Confidence	Medium Delivery Confidence	Low Delivery Confidence	Complete

*Not delivered in expected quarter

3A Culture Development	Executive Director of People Services and Organisational Development	Delivery Confidence
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 is 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.

Current Position

- Continued delivery of the NHS Culture & Leadership Programme, evidence-based model developed by Professor Michael West, the King's Fund, the Centre for Creative Leadership and NHS Improvement (3A.2)
- The Culture & Leadership Programme Design Group, with representation across professional groups, continues to steer and contextualise the programme locally (3A.2)
- A network of Culture Change Leaders (CCLs) continues to support programme delivery and local culture change across services (3A.4)
- Extensive engagement has taken place to develop and launch the Values & Behaviours Framework (3A.1)

- Resources developed to embed the Values & Behaviours Framework include a training package, local pledges, Values self-reflection and feedback selfie tools, and a toolkit with guidance, links and examples of best practice (3A.1)
- A comprehensive socialisation and embedding plan is in place, ensuring the Framework is integrated into policies, processes and systems (e.g., leadership programmes, staff recognition, corporate induction, job adverts, ward accreditation) (3A.1)
- The scoping and discovery phase of the Culture & Leadership Programme has taken place using discovery tools to understand the organisation's current culture (3A.2)
- Insights from the discovery phase were presented in a Synthesis Report to Board in November, incorporating wider organisational data (SWSS, staff survey feedback, OD insights, Occupational Health data). An Improvement Plan on the future approach was also included in the synthesis report (3A.2)
- A final Improvement Plan will be presented to the People & Culture Committee in February, the next stages of design and delivery involve further developing the actions highlighted in the improvement plan (3A.2 / 3A.3)
- Development of workstreams will require wider engagement and co-design with Culture Change Leaders, SMEs and staff, with workshops planned to shape priority areas (3A.3 / 3A.4)
- Collaboration with HEIW and Professor Michael West to create an organisational case study on best practice, impact and learning, as BCUHB is the only NHS Wales organisation implementing the programme at organisational wide scale (3A.2 / 3A.4)

Remainder of the financial year

- Focus will shift to developing actions highlighted in the Improvement Plan within the Synthesis Report (3A.2 / 3A.3)
- Identified workstreams will require co-design and engagement from Culture Change Leaders, SMEs and staff across the organisation (3A.3 / 3A.4)
- Workshops will be scheduled to shape these priority areas in response to workforce-identified needs (3A.3 / 3A.4)

Impact

- Evidence demonstrates improved staff experience and engagement positively influences patient care, safety and financial outcomes
- A 0.12 increase in staff engagement correlates with a 0.9% reduction in agency spend, equating to savings of £1.7m for the average trust (NHSE data)
- Culture & Leadership Programme findings have been cross-referenced with NHS Wales Staff Survey 2024 data and insights from Foundations for the Future to explore themes including retention, patient safety and freedom to speak up
- Since programme commencement in August 2023, the BCUHB Culture Dashboard shows improvements across several cultural metrics, including best in Wales performance in sickness absence and PADR compliance
- Staff Survey 2024 outcomes show above-average results in four of the seven Engagement Index components, including: ability to make improvements, involvement in decisions about change, enthusiasm for work, going the extra mile
- The NHS Wales Staff Survey 2025 results are yet to be launched but BCUHB have seen an increase in response rates from 2024. This indicates staff feel more motivated to contribute to organisational improvement
- Culture Change Leaders report early signs of local-level positive impact, improved conversations, stronger connections and a growing shared sense of purpose
- Early indication shows an increase in NHS Wales Staff Survey response rates

3B Leadership Development	Executive Director of People Services and Organisational Development	Delivery Confidence
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.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.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		Q2

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.	
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
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.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
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.	
Current Position - Successful launch and delivery of multiple leadership pathways including Learning to Lead and Manage and Fundamentals of Leadership & Management, with strong uptake and positive evaluation feedback (3B.1/3B.2) - Advanced programmes, including the Advanced Clinical Leadership Programme, have demonstrated measurable improvements in confidence and leadership capability (+32%) (3B.3) - Supporting initiatives such as the BCUHB Leadership Hub, People Managers Forum, and focused workshops on compassionate leadership and coaching continue to strengthen the organisation's leadership culture. (3B.1 / 3B.4)	
Remainder of the financial year - Progress partnership work with Powys Health Board to facilitate two Clinical Leadership Immersive Programmes for middle managers (3B.2 / 3B.3) - Strengthen evaluation of leadership programmes through longitudinal studies and align development pathways with the forthcoming NHS Wales competency framework (3B.2) - Continue work to address operational barriers to maintain programme momentum, including review of the coaching provision and development of the coaching toolkit (3B.4) - Alignment of the Integrated Leadership Development Framework may need to move into the next financial year due to delays in the HEIW Core Management Competency Framework (3B)	
Impact - Early indicators highlight strong engagement and high satisfaction levels across leadership development activity (<i>average 4.6/5</i>) - Direct measurable impact on patients or population outcomes is not yet evidenced; however, early signs of positive shifts are emerging in staff behaviour and organisational culture, typically precursors to improvements in areas such as patient experience, complaints, incidents, access and flow	

3C Citizen engagement and partnership working	Director Of Partnerships/communications And Engagement	Delivery Confidence
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.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.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.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.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 on full implementation of the recommendations of the independent review of engagement.
- Outputs from this sub objective include expansion of engagement programmes across North Wales.

Current Position

- 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)
- The Betsi Way Engagement Framework 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 in development (3C.7)
- Anchor Institution Principles and Charter in development and progressing to plan (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)
- 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)

Remainder of the financial year

- Overall delivery risk is being actively managed, and there is moderate to high assurance that the overarching aim will be achieved
- Most priorities remain on track for delivery by year-end, including expanded engagement reach, strengthened reporting and assurance mechanisms, improved local authority engagement, RPB reset, and development of the Anchor Institution Principles and Charter
- Youth Voice activity will continue to progress at a measured pace, with a key milestone being the planned North Wales-wide youth leadership and co-design workshop in March 2026 (3C.8)

Impact

- Strengthened trust and relationships with communities, partners and local authorities has improved the relevance and quality of insight gathered and increased transparency how citizen feedback is influencing decision-making
- More place-based understanding of local priorities, particularly in rural areas, supporting more informed planning and service development discussions
- Increased engagement reach through digital activity, public engagement events, rural listening sessions and partnership-led approaches, evidenced through monitoring and update reports
- Areas such as Youth Voice have progressed more slowly, than originally anticipated, reflecting a conscious decision to prioritise meaningful co-production and reducing the risk of tokenistic engagement (3C.8)
- Overall, the work has contributed to a more systematic, credible and visible approach to citizen engagement across North Wales

3D Welsh Language & Culture	Executive Director of Allied Health Professionals and Health Science	Delivery Confidence
3D.5. Promote the use of Welsh language within the organisation		Q1
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.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.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

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'.

Current Position

- The team has consolidated its reputation as a specialised provider of high-quality translation services to external organisations. This has not only enhanced the Health Board's profile and credibility in this area, but has also delivered tangible financial benefits through income generation, supporting the sustainability of the service and reinvestment in core activities (3D.5)
- All contractual commitments with the National Centre for Learning Welsh were successfully delivered, including structured training and in-depth support through the funded Learners' Officer role (3D.4)

- Targeted interventions strengthened implementation of the Language Choice Scheme among dementia patients in the West area, ensuring more consistent language-appropriate, person-centred care (3D.2)
- Collaboration with schools and further education colleges helped promote the Health Board as an employer that values bilingual skills, supporting long-term workforce planning aims and reinforcing the strategic importance of Welsh language skills in healthcare settings (3D.3 / 3D.5)
- A comprehensive programme of Welsh language training was delivered across clinical and corporate teams, tailored to service needs and strengthening compliance with the Welsh Language Standards (3D.1 / 3D.4)
- Welsh Language Week activities raised awareness of language needs and statutory responsibilities, reinforcing language as integral to safe, effective, compassionate care (3D.5)
- Expanded use of social media platforms to share patient stories, highlighted activities, and promoted Welsh-language initiatives, increasing visibility and engagement with staff, patients, and the public and reinforced the Health Board's commitment to bilingual service provision (3D.5)

Remainder of the financial year

Although all sub-objectives for 2025-2026 have been completed, the Welsh Language Team's focus from now until the end of March 2026 further strengthens the work already undertaken:

- Delivery of the Learner of the Year celebration event in March 2026 (3D.5)
- Completion and invoicing of the Translation Service Level Agreement with Aneurin Bevan University Health Board for 2025-26, with a further contract already agreed for 2026-27 (3D.5)
- Development and piloting of an Active Offer Toolkit to support clinical teams in offering services in Welsh at ward level (3D.1 / 3D.5)
- Strengthening the Welsh-language impact assessment within EQIAs to ensure Welsh language is embedded in policy decisions and service changes (3D.1)
- A patient story video on St David's Day outlining how the Health Board actively provide stroke services in Welsh (3D.1 / 3D.5)

Impact

- Expansion of translation services and fulfilment of external contracts increased service capacity and generated income, supporting sustainable delivery
- Training delivered through the Learners' Officer role increased staff participation and confidence in using Welsh, enabling more staff to offer Welsh-language services
- Engagement with local schools and colleges improved longer-term workforce pipelines by raising awareness of the value of bilingual skills in healthcare
- Greater social-media reach has raised public awareness of Welsh-language services and initiatives
- Strengthened Language Choice Scheme delivery improved experience and dignity for vulnerable groups, particularly patients with dementia
- Welsh Language Week activities and internal awareness-raising have reinforced a cultural shift, recognising language as integral to safe, effective care
- Overall, the work has strengthened the Health Board's ability to meet statutory Welsh language requirements and, critically, has delivered tangible benefits to the population by improving communication, inclusivity, and quality of care across a range of settings

Annual Delivery Plan Quarter 3 - Overview by Sub-Objective

KEY:

High Delivery Confidence

Medium Delivery Confidence

Low Delivery Confidence

Complete

*Not delivered in expected quarter

4A Prevention and Early Intervention	Executive Director of Public Health	Delivery Confidence
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.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.4. implement the National Immunisation Framework (NIF) for Wales locally and continue to provide improved resilience and variation.		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:
 - Working with partners to address the wider determinants of health
 - Reducing Health Inequalities
 - Improving the ability of people to maintain healthy lifestyles
 - Improving the wellbeing of the population"

Current Position

- Completed a weight management service review, which will inform development of future plans for 2026/27–2028/29 to support the population to achieve and maintain a healthy weight through targeted approaches (4A.1 / 4A.2)
- Delivered grant-funded plans focused on healthy weight, smoking cessation, healthy schools, and arts in health and wellbeing (4A.1 / 4A.2)
- Worked collaboratively with partners to develop plans for co-commissioned social prescribing from 2026/27, supporting wider access to services. (4A.1)
- Co-produced, with the Regional Partnership Board, the basis for a North Wales Wellbeing and Prevention Anchor Framework, recognising the role of anchor organisations in improving population wellbeing (4A.1 / 4A.2)
- Strengthened population health intelligence, research and evidence, producing evidence reviews that inform service development and action to prevention and health inequalities (4A.2)
- Development of the population needs assessment will support the development of the Health Board Strategy (4A.2)

Remainder of the financial year

- Significant challenges continue across Wales in achieving vaccination and immunisation targets; the V&I Team has taken proactive steps to improve access and delivery across North Wales, including staff vaccination during the autumn/winter flu and RSV campaigns (4A.4). Areas for improvement have been identified, with solutions being developed to increase uptake in 2026/27, including the use of data and intelligence to reduce vaccine inequity among vulnerable groups and individuals (4A.4)

Impact

- 203 out of 219 care homes have received an Infection Prevention Control review (93%), with 55 IPC reviews completed in the quarter 3
- 178 of these received follow-ups (88%), with 83 follow ups completed in quarter 3
- Ongoing programme of Hepatitis B&C sampling in probation approved premises: Target 200, 147 completed in Q3
- 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
- The Vaccination & Immunisation Team has delivered protection against flu, COVID-19 and RSV, alongside ongoing delivery of MMR and HPV programmes
- At Q2, BCU ranked 2nd in Wales for Childhood Immunisation targets at 90.5% vs. 95% target
- 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%)
- The smoking cessation service continues to deliver national target expectations. At Q2, the % of adult smokers making a quit attempt via smoking cessation service was 4% (cumulative) with the target of 5%

4B Primary Care including Clusters	Chief Operating Officer	Delivery Confidence
4B.8 Implement the new GMS Contract Assurance Framework.		Q1
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.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.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.9 Improve accuracy, visibility and use of primary care performance data.		Q2 *
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.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.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 *
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.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.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.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.10 Develop proposals that address areas of poor primary care estate impacting upon care	Q4
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

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.

Current Position

- The Primary Care Model for Wales (PCMW) was designed as the delivery vehicle for A Healthier Wales, establishing a whole-system approach to sustainable, accessible local health and wellbeing care, focusing on place-based care, care closer to home and multi-professional working (4B.1)
- Within BCUHB, several PCMW component parts are already in place, including 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 high levels of signposting and care navigation (4B.1–4B.4). Development and implementation across North Wales remain inconsistent, with varying approaches to primary and community service delivery (4B.3 / 4B.4 / 4B.7)
- A Primary Care Board, chaired by the COO with senior representation from the Executive Team and Primary and Community has been established to drive PCMW implementation, develop a transformation plan, monitor progress, and address barriers (4B.1)
- The Board has progressed work to set out the Strategic Intent for focused investment in primary and community care for services currently delivered in secondary care, which will shape the 2026/27 IMTP (4B.1 / 4B.2)
- The PCMW is now being overtaken at an all-Wales level by the Community by Design (CbD) Transformation Plan, led by CMO, accelerating development of integrated community services, with preparatory groundwork completed in 2025/26 (4B.1 / 4B.2)
- A review of the current 14 cluster footprints has commenced to determine whether current arrangements remain fit for purpose and capable of delivering intended outcomes as the Health Board develops its 10-year Strategy and Clinical Services Plan (4B.15)
- There is a need to streamline currently fragmented services and referral routes across geographies to enable integrated neighbourhood care and more effective primary/community delivery (4B.2 / 4B.3)
- Work has begun to consider the introduction of a Federations to support GP practices and deliver services at scale, with initial groundwork underway for potential implementation in 2026/27 (4B.7 / 4B.16)

Remainder of the financial year

- Continue to build solid foundations, spread good practice, and ensure primary and community care services are innovatively developed and adequately supported to meet population need (4B.1–4B.16)
- Cluster footprint reviews must align with ambitions within the Transformation Plan and the forthcoming operating model, meaning delivery is expected in Q1 2026/27 rather than before year-end (4B.15)
- By end of March 2026, there will be broad agreement on initial Federation footprints to support delivery as outlined in the All Wales Transformation Plan, with further development required in 2026/27 to ensure readiness for commissioning (4B.7 / 4B.16)
- Progress development of a local Transformation Plan informed by the Primary Care Board's work this year (4B.1)

Impact

- The primary care workforce is now more diverse, with physios, OTs, paramedics, pharmacists, and access to Tier 1 mental health services embedded in GMS settings - improving access and quality of care
- Cluster funding and PCMW development have enabled innovative services such as wellbeing support for children and young people, breathlessness hubs, improved counselling access, and more
- Investment in community pharmacy and optometry contracts has supported sustainability and increased access, while practices continue to manage over 500,000 calls per month

- Groundwork undertaken places BCUHB in a strong position to implement the Community by Design approach, enabling primary and community care to deliver timely, high-quality services closer to home
- Specific service gains include expanded audiology first-point-of-contact and earwax removal services, benefitting patient care, alongside a range of cluster-led initiatives
- Foundations built this year will support qualitative and quantitative improvements in the years ahead, enabling sustainable, integrated, place-based care

4C: Community Care	Chief Operating Officer	Delivery Confidence
4C.1. Enhanced Community Care - Generate options to increase provision of Enhanced Community Care (ECC)		Q1 *
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.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.2. Enhanced Community Care - Develop a business case for increased ECC outlining options, costs, benefits, risks and possible funding streams		Q2 *
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.10. Weekend Specialist Palliative Care - Seek options to identify and secure funding additional weekend Palliative Care CNS hours		Q2 *
4C.3. Enhanced Community Care - Progress business case through Health Board governance to seek support for preferred option.		Q3 *
4C.7. Weekend Community Nursing - Progress business case through Health Board governance to seek support for preferred option		Q3 *
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.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.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.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.

Current Position

- A baseline of activity and reporting arrangements has been established with Welsh Government, including an agreed trajectory for incremental increases to Enhanced Community Care (ECC) within existing resources (4C.1–4C.4)
- Referral documentation at YGC has been updated to include referrals for wider community services, not solely community hospital beds, resulting in increased referrals for Enhanced Care at Home (4C.1)
- Newly appointed palliative care staff in Conwy & Denbighshire have enabled increased weekend Palliative Care CNS cover (4C.9–4C.12)
- A Health Board-wide Establishment Review of District Nursing teams has commenced to inform the approach to increasing weekend district nursing provision (4C.5–4C.8)

Remainder of the financial year

- The Establishment Review of District Nursing teams continues across BCU (4C.5–4C.8)
- Work is ongoing to increase the number of GP practices in Conwy participating in Enhanced Care provision (4C.1–4C.4)
- Full optimisation of the service developments will require a project management approach and clear Health Board commitment to resourcing expanded community-based provision, including reallocating system resources to deliver more care in the community closer to home (4C.1–4C.12)

Impact

- Increased provision of Enhanced Care at Home, particularly in Conwy, with additional GP practices signed up to the Local Supplementary Service and supporting Advanced Nurse Practitioners
- Improved weekend access to advice from Palliative Care Clinical Nurse Specialists in Conwy & Denbighshire

4D.a Planned Care	Chief Executive / Chief Operating Officer	Delivery Confidence
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.15. Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity		Q1
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.6. Implement specific specialty 'direct listing', specifically focused on ophthalmology as a priority		Q2
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.5. Implement the Health Pathways (including Pathway Alliance Programme) in priority specialties		Q3 *
4D.a.10. Develop and implement the revised model for Pre-Operative Assessment		Q3 *
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.16. Introduce an enhanced demand and capacity modelling approach that takes into account all aspects of planned care and cancer pathways.		Q3 *
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.7. Progress the implementation of the new Booking Service, enabling a consistent approach across the organisation.		Q4
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.17. Implement a programme of in-year commissioned capacity to support 2025/26 delivery		Q4

Overview

- Timely access to planned care is a core Health Board priority. Work throughout 2024/25 reduced the number of people waiting over two years for outpatient appointments, tests and surgical interventions, but significant numbers still face, or are at risk of facing, long delays without further action.
- Although planned care is a UK-wide challenge, the Health Board remains a notable outlier in the volume of long waits and in the slower adoption of improvement approaches. The creation of the Planned Care Major Change Programme, signals a strong commitment to accelerating improvement.
- National developments, including the National Planned Care Programme and the Optimisation Framework through Clinical Implementation Networks, provide essential guidance for local improvement.
- Getting It Right First Time (GIRFT) reviews offer detailed recommendations on delivering high-quality, efficient care. Many of these relate to core organisational processes and infrastructure, which will be strengthened alongside the Planned Care Programme.

Current Position

- Work during 2025/26 has focused on strengthening the foundations required to support assurance, improved access and a more consistent approach across Planned Care pathways (4D.a.1–4D.a.18)
- Workstream 1 – (Validation) has progressed clerical and clinical validation, supported by consistent pan-BCU validation checks, EBO chat-bot patient validation (T&O, Gastro, progressing into Gynae), launch of the clinical validation policy and hub, and profiling of frailty and EBIW (INNU) validation opportunities (4D.a.1)
- Workstream 2 – (Referral Advice & Guidance) continues to advance referral advice and guidance, with Community Health Pathways rolling out at pace. WAP-Full is live in six services with work underway to introduce it in a further six, alongside preparation for an exit strategy from nationally funded Consultant Connect as CHP and WAP-Full mature (4D.a.3–4D.a.5)
- Workstream 3 – (Booking) has delivered key elements supporting a more consistent, RTT-compliant booking approach. NHS App functionality has been implemented for Stage 1 new GP referrals accepted into secondary care and Stage 1 new appointments, with further scoping underway with DHCW for next-phase adoption. To support this, RTT Stage 1 training has been developed to implement a compliant approach to booking across the Health Board (4D.a.7–4D.a.9)
- Workstream 4 – (Preoperative and Operative Optimisation) has advanced the standardisation and implementation of the HSQ and POA process, with active trials across East, West and Centre, and use of the WPAS HCP module to capture HSQ outcomes and integrating the results into the PTL, supporting High Volume Low Complexity (HVLC) listings. Activity within 3Ps continues to support patients through single-point contact and waiting-well resources (4D.a.10–4D.a.12)
- Workstream 5 - (Follow-ups) early benefits have been seen through data cleansing and identification of unwarranted variation initiating alignment with SOS/PIFU discharge protocols (4D.a.13–4D.a.15)
- Workstream 6 – (Integrated Planning) has been intentionally re-phased into 2026/27 ADP to support stronger alignment with strategic planning, clearer ownership and disciplined delivery via formal Project Board structures (4D.a.16–4D.a.18)

Remainder of the financial year

- Effort will centre on stabilising delivery and embedding high-confidence activity across all workstreams rather than seeking full recovery across all enabling actions this year (4D.a.1–4D.a.18)
- Priority will be given to maintaining the integrity of validation activity (4D.a.1), as well as completing live pilot activity within pre-operative and operative optimisation (4D.a.10–4D.a.12)
- Work will continue with Planning, Finance and Strategy teams to quantify cost pressures associated with scaling improvements to determine which enabling actions can progress safely and affordably within-year. Where progression is not feasible due to workforce, national or system-capacity dependencies, activity will be reassessed and learning will be carried forward into the 2026/27 Annual Delivery Plan (4D.a.16–4D.a.18)

Impact

- The work undertaken to date has primarily driven long-term, sustainable change that enhance efficiency, promote safer patient outcomes and contribute to system-wide waiting time reduction
- Validation activity has improved accuracy and credibility of waiting lists, supporting safer prioritisation and better clinical decision-making with over 15,000 pathways being validated since mid-December
- EBO chat-bot patient validation has achieved a 7% removal rate
- Early benefits are emerging through data cleansing and identification of unwarranted variation (Gynae – 383; Dermatology - 1374; T&O – 446)
- Digital delivery, including NHS Wales App notifications and EBO chat-bot validation, have improved communication and transparency for patients while they wait

- Referral and booking improvements have reduced unwarranted variation and laid crucial groundwork for effective demand management
- Pilot activity across pre-operative and operative optimisation shows clear potential to ensure patients are optimised for surgery to enhance utilisation of capacity, particularly for higher-risk patient cohorts
- EBO chat-bot patient validation has achieved a 7% removal rate
- The number of patients waiting for a first outpatient appointment has reduced significantly. Numbers fell from 12,261 in November to under 8,500 (unvalidated position on 12 January 2026), with reductions expected to continue (subject to specialty pressures) towards close to zero by year-end
- These activities have contributed to more accurate waiting list data, enhanced transparency for patients, reduced unwarranted variation and early improvements in referral quality and pathway optimisation
- Overall, the programme has delivered meaningful early benefits and established a clear understanding of opportunities, limitations and future cost pressures, enabling more informed planning for 2026/27.

4D.b Cancer Care	Chief Executive / Chief Operating Officer	Delivery Confidence
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.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.9. Consider a proposal to repatriate some services from England to north Wales; some plastic surgery and specialist radiotherapy procedures.		Q3 *
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.6. Optimise the agreed teledermoscopy service and develop the evidence case to expand		Q4
4D.b.8. Develop a proposal for the expansion of robotic assisted cancer surgery.		Q4
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

- The Health Board's Cancer Programme is aligned to the Welsh Government's national Planned Care and Cancer programmes.
- The Health Board continues to implement the 'Roadmap for Cancer Services in North Wales', developed by the North Wales Cancer Partnership Board in 2023/24.
- The Roadmap priorities include prevention, early detection and diagnosis, timely and effective treatment, and support for self-directed aftercare.
- Implementation plans by tumour site are being developed, including the Breast Cancer Strategic Work Plan.

Current Position

- Commissioned additional capacity in endoscopy and dermatology to support cancer pathway recovery (4D.b.3)
- Expanded the teledermoscopy service to include the West area (4D.b.6)
- Commenced nurse-led triage for suspected colorectal cancer referrals across all three sites to streamline diagnostics (4D.b.5)
- Repatriated some specialist radiotherapy services from the North West of England (4D.b.9)

- Launched the Community Health Pathways tool to support GPs with referral guidance (4D.b.4)
- Opened the Maggie's Centre on the YGC site to provide walk-in support for cancer patients and carers (4D.b.10)

Remainder of the financial year

- Reduce the wait to first appointment for suspected breast and skin cancer through additional capacity (4D.b.1–4D.b.3)
- Reduce the wait to endoscopy by prioritising suspected cancer patients and increasing capacity (4D.b.3)
- Reduce the wait to prostate biopsy through additional capacity (4D.b.3)
- Based on revised trajectories, the Health Board is unlikely to achieve the national 75% target for treatment within 62 days, but aims to achieve over 60% by the end of March 2026 (4D.b.1 / 4D.b.2)

Impact

- Repatriation of specialist radiotherapy has improved access by bringing care closer to home
- The opening of the Maggie's Centre at YGC has provided walk-in support for patients and their families
- As a result, the number of patients waiting over 62 days on an active suspected cancer pathway has reduced by 25% (from 3,554 in April 2025 to 2,694 December 2025 – which equates to 24%)

4D.c Diagnostics	Chief Executive / Chief Operating Officer	Delivery Confidence
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.		Q2 *
4D.c.8. Progress Endoscopy, Nuclear Medicine/PET-CT and Digital Cellular Pathology business cases.		Q3 *
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.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.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

- Effective, timely diagnostics are critical across Planned Care, Urgent and Emergency Care, and Primary Care.
- Demand rose again in 2024/25, increasing waiting times despite record activity, with further growth expected due to cancer treatment advances, planned care recovery, unscheduled care pressures and rising long-term conditions.
- Future diagnostics planning must incorporate technological developments such as AI and genomic medicine.
- Increased capacity in 2025/26 is essential to reverse waiting-time trends, aligned with the Welsh Government's *Diagnostics Recovery & Transformation Strategy 2023–2025*.

- Diagnostics underpin almost all pathways, including cancer, and sufficient capacity is required to meet national waiting-time standards. Radiology and endoscopy insourcing in 2024/25 boosted activity but could not stabilise waits. Additional radiology insourcing and a full year of endoscopy insourcing are required to tackle backlogs and demand growth.
- Physiological measurement services—cardiology, neurophysiology and urology—also need increased insourcing in 2025/26 to address persistent 8-week backlogs.
- The Health Board has a diagnostics plan for 2025–28 structured around three themes: service delivery, service transformation and service governance

Current Position

- Work during 2025/26 has focused on supporting the long-term aim of delivering safe and sustainable diagnostic services over the 2025–28 period, with year one activity centred largely on national, non-recurrent recovery programmes (4D.c.1–4D.c.9). Increased demand has been generated by ministerial priorities for 0 patients waiting over 8 weeks for specified diagnostics, 0 patients waiting over 104 weeks RTT, and delivery of national OPD programme (4D.c.1)
- Higher activity levels and targeted performance improvements are supporting better access for patients through the year (4D.c.1, 4D.c.2)
- Radiology has successfully implemented the RISP IT project, creating a single BCUHB patient database that will eliminate regional variation and provide enhanced data for service improvement programmes (4D.c.4)
- Pathology has advanced the LIMS 2.0 programme, with partial rollout in 2025/26 and full completion planned for 2026/27; the blood transfusion element remains high-risk and is under active management (4D.c.4)
- The PET-CT/nuclear medicine business case has progressed, with the full business case approved by the Health Board and now moving to Welsh Government for approval (4D.c.8)
- Estates-related issues have progressed in areas such as RAAC pathology and YG audiology facilities, while other business cases such as endoscopy and digital cellular pathology are awaiting further scrutiny (4D.c.6, 4D.c.8)
- Direction for the Diagnostics Hub remains unclear, with this year's focus primarily on increasing local capacity within existing services (4D.c.7)
- Overall, improvements in patient access times have been seen across a range of specialties supported by increased levels of diagnostic activity throughout the year (4D.c.2)

Remainder of the financial year

- Objectives will require refinement into more specific and quantifiable SMART measures as part of 2026/27 planning
- Ministerial priority for timely access to diagnostics, with the 8-week target as the principal metric, will remain the top focus (4D.c.1)
- Establishing the new operational model for diagnostics is a broad metric for 2026/27
- Monitoring will centre on a small number of improvement projects under key programmes such as value and sustainability to maintain focused, high-impact delivery (4D.c.9, 4D.c.10)

Impact

- Improved access times for patients across a range of specialties, supported by significant increases in diagnostic activity throughout the year
- Progress in national IT systems (RISP, LIMS 2.0) is laying the groundwork for standardised quality, improved data visibility and more efficient pathways
- Increased diagnostic capacity has supported RTT and OPD programme delivery and contributed to more timely and equitable patient care

4E UEC	Chief Operating Officer	Delivery Confidence
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 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.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.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 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.	
Current Position - A full business case has been developed for a therapy-led, multidisciplinary Community-Based Falls Response Service for Level 1 and Level 2 fallers, designed to reduce avoidable hospital admissions, improve patient outcomes and support care closer to home (4E.2) - Implementation of Phase 1 of the Optimal Hospital Flow Framework has strengthened patient flow, enabling clinically ready patients to be discharged promptly with appropriate support (4E.6) - The strengthened focus on improved discharge decision-making and robust Board Rounds has reduced delays and ensured patients leave hospital with the right support in place (4E.6)	
Remainder of the financial year - Continued planning and refinement of key actions in preparation for implementation of the 45-minute handover protocol, ensuring alignment with wider UEC improvement plans (4E.5) - Ongoing development to support planned future implementation of Acute Front Door Frailty Services across all acute hospitals (4E.4)	
Impact	

- Targeted improvement work on hospital discharge, delivered through two agile sprints, has produced measurable gains, including a 28.9% reduction in package-of-care delays, directly improving hospital capacity and reducing length of stay
- Operational and clinical actions have contributed to some improvements in ambulance handovers and patient flow, helping to ease pressure across urgent and emergency care

4F Adult Mental Health & Learning Disability	Executive Director of Allied Health Professionals and Health Science	Delivery Confidence
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 MHL 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.		
Current Position • Access to and quality of MHL services has improved during 2025/26, supported by ongoing engagement with service users, staff and partners to inform redesign aligned more closely with community partners (4F.1–4F.7) • Health inequalities are being addressed through continued development of specialist services, improved access to core services and continued delivery against RCPsych recommendations, supported by engagement in the emerging national Patient Safety Programme (4F.2) • Work is progressing on enabling staff through the introduction of the Mental Health HER. Procurement processes have been completed and the service is preparing to enter the purchasing phase in Quarter 4 (4F.5) • Improvements in perinatal mental health are evidenced by support to the Chester-based Mother and Baby Unit, which is now providing inpatient care for Welsh patients. Alongside this, implementation of the physical health policy and roll-out of EMIS is contributing to improved care quality, with positive staff feedback reported (4F.6)		
Remainder of the financial year • Continue to operate within a structured project management framework feeding into divisional governance, ensuring project deliverables and risks are monitored and escalation routes and opportunities to accelerate milestones where possible (4F.1–4F.7) • Development of the all-ages Mental Health EHR will continue in partnership with CAMHS and DDaT, with progress focused on areas not dependent on procurement outcomes, including training needs assessment and communication planning (4F.5)		
Impact • Health inequalities are continuing to reduce, supported by strengthened perinatal mental health services, including access to the Chester-based Mother and Baby Unit, now accepting Welsh patients		

- Implementation of the physical health policy, supported by EMIS roll-out, is improving the management of wider physical health needs for people with mental health and learning disabilities, with positive staff feedback on usability
- Access to primary care mental health services has significantly improved, with over 80% of patients being seen within 28 days for first assessment and intervention, alongside improved access to specialist support for eating disorders and Early Intervention in Psychosis

4G CAMHS	Chief Operating Officer	Delivery Confidence
4G.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.		Q1
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.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.		
Current Position • A performance trajectory review identified that East CAMHS was off track for Quarter 4 delivery, impacting the regional BCU position (4G.2) • East CAMHS developed a Quarter 4 Recovery Plan to address anticipated temporary dips in Part 1b compliance during December/January (4G.2) • Short-term additional agency staffing has been built into the recovery plan to increase capacity and reduce the intervention waiting list backlog, supporting sustained Part 1b compliance. Recruitment challenges have caused delayed start dates, though March compliance remains recoverable (4G.2 / 4G.3) • Getting Started groups commenced in February across East and West teams, enhancing support and improving sustainability of performance delivery (4G.2 / 4G.5) • Recruitment to substantive posts across both teams will further strengthen long-term workforce stability and delivery (4G.1 / 4G.2)		
Remainder of the financial year • Weekly Mental Health Measure trajectory tracking will continue at East, West, Central and BCU levels, supported by monthly reporting (4G.2) • Early warning triggers will be monitored, including forecast breaches, weeks ahead, and staffing gaps (4G.2) • Each team has an operational lead responsible for recovery delivery, with weekly monitoring involving IHCs and monthly Welsh Government touchpoint meetings. Daily dashboard review with operational and clinical managers will continue to drive performance (4G.2)		
Impact • Increased capacity will improve throughput and reduce intervention waits and is performance persists the service will meet the criteria for Part1b of the Mental Health measure • Recruitment to substantive roles will support long-term stability and compliance		

4H Neurodevelopment	Chief Operating Officer	Delivery Confidence
4H.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.		Q1
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.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.		
Current Position - Collaborative work is underway with the Children's Regional Partnership Boards to develop a needs-led service model under the Neurodevelopment (ND) Improvement Programme (4H.5) - A Strategic Partnership Group has been established, supported by working groups focused on transition, needs-led profiling, and information sharing (4H.3 / 4H.4 / 4H.5) - Priority actions include reducing waiting times and redesigning assessment pathways to provide more responsive support without relying on a formal diagnosis (4H.1 / 4H.2 / 4H.3) - Children's Area Groups are contributing to locality planning to implement regional plans that both reduce waiting lists and shift from diagnosis-centred services toward needs-led support (4H.1 / 4H.2) - The RPB is developing early help and intervention offers to support families in communities and schools (4H.5) - ND training and awareness programmes have been expanded across health, education and social care, embedding needs-led practices and providing consultation via dedicated regional training coordinators. One of three posts has been appointed, with RPB funding allocated until March 2027 (4H.3 / 4H.5)		
Remainder of the financial year - Continued monitoring and evaluation of new ways of working and interventions that demonstrate reductions in demand for specialist ND services (4H.1–4H.5) - Ongoing sharing of learning from interventions that have met need without requiring a diagnosis, supported through communities of practice (4H.3 / 4H.5) - Collection of patient and family experience data to inform future service improvement (4H.5)		
Impact - Workforce ND training has expanded across social care and education, increasing capacity and knowledge (4H.3 / 4H.5) - Needs-led practices, such as profiling tools and early help hubs, have been piloted and are helping families earlier in the process, contributing to a reported 33% reduction in demand for specialist pathways (4H.1–4H.3) - New data collection and reporting systems will be introduced to better monitor ND service performance across agencies (4H.4 / 4H.5) - Stronger partner collaboration and regional integration have improved joined-up planning and information sharing, enabling families to be guided to appropriate support without requiring a formal diagnosis (4H.4 / 4H.5)		

4I Dementia	Executive Director of Nursing and Midwifery	Delivery Confidence
4I.6. Dementia-appropriate Environments: Facilitate extensive assessment of environments		Q1 *
4I.9. Prevention: Creation/collate/share prevention resources		Q1 *
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.7. Dementia-appropriate Environments: Local action plan development and monitoring		Q3 *
4I.10. Prevention: Identify opportunities to promote prevention		Q3 *
4I.1. Emergency Department experience: Embed Emergency Department (ED) dementia improvement work in Integrated Health Communities (IHC)		Q4
4I.5. Education & Training: Evaluate training		Q4
4I.8. Dementia-appropriate Environments: Allocation of improvement resources		Q4
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.

Current Position

- A 0.4 WTE pathway practitioner resource is in place to support dementia pathway improvements (4I.1–4I.11)
- The Dementia Hospital Charter Group will commence in January 2026 to support improved consistency and standards across Emergency Departments (4I.1–4I.3)
- Dementia governance has strengthened through the Strategic Patient Carer Experience Group, reporting to the Executive Quality Delivery Group (4I.1–4I.11)
- A second Consultant Dementia Nurse (MHLD) has been appointed to support leadership, clinical expertise and service improvement (4I.1–4I.5)
- Improvement initiatives have been partially implemented across Emergency Departments following a full review of practices affecting people with dementia and their families (4I.1–4I.3)
- Training scoping has been undertaken by the regional dementia workforce group, with partial completion of ESR modules including dementia-appropriate environment assessment (4I.4–4I.7)
- Minimum core education standards for dementia have been agreed for MHLD, alongside partial completion of a dementia training needs analysis (4I.4–4I.5)
- Hybrid dementia training via Finding the Light (tier 3 / advanced) has been implemented (4I.4–4I.5)
- A toolkit of dementia-related prevention resources has been agreed, and the regional dementia group has been re-established, jointly chaired with the Local Authority (4I.9–4I.11)
- A Dementia Practice Educator pilot is underway for 18 months, focused on the prevention of deconditioning and contractures in care home residents in the Central area (4I.4–4I.11)
- The BCUHB Dementia Care Improvement Plan has been structured into four areas: ED Experience, Education, Environments, Prevention (4I.1–4I.11)
- The Memory Support Pathway (MSP), commissioned by BCUHB, supports inpatients through signposting, advocacy, financial advice, activities and GP liaison, acting as the single point of contact for dementia support beyond primary care (4I.9–4I.11)
- The Dementia Improvement Team conducted a full tour of all three EDs to understand current practice and identify areas for improvement (4I.1–4I.3)

- A national Datix change from July 2025 now includes a dementia-specific field for incident reporting (4I.1–4I.3)
- Pilot and ongoing roll-out of the Red Bag Scheme to support safer transfers of care (4I.1–4I.11)
- Pilot of community pre-diagnosis OT support people with suspected dementia (4I.9–4I.11)
- Funding has been secured for a six-month Behaviourist-in-Residence pilot at Alltwen and Llangefni hospitals from July 2025 (4I.4–4I.11)
- Public-facing dementia initiatives include the Living Better with Dementia film, police partnership work on dementia safety, and co-designed Return Home interviews for people with dementia who go missing (4I.9–4I.11)
- Dementia education initiatives include teaching playing cards, activity handbooks, environmental training aids, and a dementia workbook for Facilities staff; memory boxes and Welsh-language playing cards are now available on loan (4I.4–4I.7)
- Delirium audits undertaken in the Central and West areas support improved recognition and management (4I.4–4I.7)

Remainder of the financial year

- Bi-weekly monitoring of delivery plan priorities will continue to ensure pace through Q4 and into Q1 2026 (4I.1–4I.11)
- Dementia improvement plan reporting will be further strengthened through IHC/Services patient and carer experience groups, feeding into the Strategic Patient Experience Group (4I.1–4I.11)
- Secure additional pathway practitioner resource of 0.2 WTE to increase capacity from April 2026 (4I.1–4I.11)
- Re-engagement with the patient experience team to agree priority actions for the next phase of improvement (4I.1–4I.11)

Impact

- Reported improvement in Emergency Department experience for people living with dementia, as measured through CIVICA feedback
- Memory Support Pathway performance data shows reductions in Memory Assessment waiting lists and improved completion of the Memory Assessment Dementia Pathway
- Improvements identified in the National Audit for Dementia 2024 North Wales report, published in Spring 2025

4J.a Challenged Services: Urology	Chief Operating Officer	Delivery Confidence
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.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.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.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.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.4 Quality / standard / practice / configuration: Improve patient outcomes, deliver increased service efficiencies and reduced waiting times.	Q3
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

- The Urology service is a network service within BCUHB with each Integrated Health Community (IHC) managing its own Urology team, inclusive of its on-call arrangements.
- Variation across BCUHB exists in workforce staffing, treatment options, and access to urological diagnostic services.
- Performance against the Suspected Cancer Pathway standards is below the national target, and the majority of urological cancer treatments are outsourced to tertiary centres across the UK.

Current Position

- Interim escalation is in place for out-of-hours Interventional Radiology while a formal SLA is developed by Diagnostics; cases are escalated via the BCUHB Silver/Gold on-call structure to transfer to North West providers as required (4J.a.5)
- Executive approval has been secured to proceed with commissioning commitments for vasectomy services, supporting a stable and sustainable service offer (4J.a.4)
- An integration paper for My Medical Record (MyMR) has been submitted to DHCW and progressed through local meetings to support implementation and more efficient follow-up pathways (4J.a.4)
- Implementation of Local Anaesthetic Transperineal Prostate (LATP) biopsies is progressing, including staff training, pathway mapping (with insourcing responsibilities), and improved waiting list coding for better demand/capacity oversight; insourcing currently supports activity whilst training is completed (4J.a.7)

Remainder of the financial year

- The LATP biopsy programme remains on a clear trajectory, with staff sign-off planned by end of September 2026; insourcing provides resilience in the interim as agreed through Executive Committee (4J.a.7)
- MyMR integration is moving through national and local governance and remains aligned to delivery expectations, noting timelines depend on DHCW processes (4J.a.4)
- Vasectomy service commissioning, having received Executive approval, is moving into delivery (4J.a.4)
- Primary risk to full delivery in the absence of a formal out-of-hours IR SLA; mitigations maintain patient safety but delays/inefficiencies persist. Timely completion and approval of the SLA are critical to achieving the overarching aim by March 2026 (4J.a.5)

Impact

- Patient safety and continuity have been maintained via interim out-of-hours IR escalation, preventing service failure while longer-term arrangements are finalised (4J.a.5)
- Agreement with The Wirral for cystectomy procedures provides robust care closer to home and creates opportunities to phased approach to RAS prostatectomies currently managed at UCLH (London), with a goal to repatriate major cancer surgery to North Wales through partnership (4J.a.6)
- Vasectomy commissioning strengthens future access and equity, widening delivery opportunities across multiple providers and supporting care closer to home (4J.a.4)
- MyMR follow-up pathways reduce face-to-face appointments for prostate cancer patients, improving patient experience and reducing unnecessary outpatient activity. The introduction of an integrated system allows patients results to flow through to local systems and creating the foundations to potentially support PSA tracking beyond just secondary care (4J.a.4)
- LATP implementation is expected to reduce diagnostic waits; improved coding and pathway clarity already enhance visibility of demand, while insourcing has maintained throughput during the training phase which will result in increased local diagnostic capacity and reduce reliance on external providers (4J.a.7)

4J.b Challenged Services: Vascular	Chief Operating Officer	Delivery Confidence
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.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.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 *
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.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.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.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

Overview

- The Vascular service is a network service across BCUHB which operates a 'hub and spoke' model whereby access to the service is via the patient's local acute hospital, where they can access vascular specialists and receive outpatient care and imaging as well as undergo minor procedures (spoke).

Current Position

- The 2025/26 ADP forms part of the 3-year Vascular Challenged Service Plan, aligned to national standards in the Vascular Society's Provision for Vascular Services (2021) and 2024 guidance
- Focus this year has been on integrated network working and strengthening MDT collaboration to improve outcomes
- A training plan for SAS grade doctors has been developed and agreed with consultants, supporting development, retention and ability to work at the top of competencies (4J.b.1 / 4J.b.2)
- Nurse-led urgent review clinics have been established at YGC, increasing capacity for urgent referrals and reducing consultant demand (4J.b.1 / 4J.b.2)
- These developments contribute to the longer-term aim of increasing clinic capacity and reducing waits across pathways (4J.b.1 / 4J.b.2)
- External reviews of clinical activity and inter-professional standards have identified improvement activity; SOPs outlining roles, responsibilities and expectations have been drafted and audit tools developed to monitor compliance (4J.b.8)
- Work is progressing to strengthen MDT links, particularly with palliative care and diabetic foot services, including a multi-disciplinary workshop scheduled for February (4J.b.8)
- A review of the delivery model has been undertaken with agreed design principles to improve centralisation and alignment with regulation (4J.b.8)
- A clinical audit into Critical Limb Threatening Ischaemia (CLTI) admissions has been completed, with a further in-depth audit underway and an improvement plan being developed (4J.b.3 / 4J.b.4 / 4J.b.5 / 4J.b.6)

- Following patient safety concerns raised in relation to open elective Abdominal Aortic Aneurysm (AAA) repair, elective and emergency open AAA surgery is currently commissioned from University Hospital North Midlands (4J.b.3 / 4J.b.4 / 4J.b.5 / 4J.b.6)

Remainder of the financial year

- Some milestones for 2025/26 will not be achieved this year and will roll forward into 2026/27, recognising the longer-term nature of the improvement programme
- A Vascular Improvement Group has been established to maintain progress and drive the wider 3-year plan
- A clinical audit group is being established, supported by new audit tools to monitor quality, compliance and impact across pathways and SOPs

Impact

- Much of the work to date has created the conditions for change, with full implementation and measurable impact expected over the next 12–18 months
- Early analysis of emergency and elective AAA referrals to UHNM shows more favourable mortality and morbidity outcomes under the current commissioning arrangement; qualitative feedback will be gathered to inform future service design
- Nurse-led urgent review clinics have delivered 30 urgent vascular reviews. 148 long-wait patients brought in from the waiting list leading to a reduction in overdue follow-up patients from 50.95% (Jan 2025) to 46.58% (Jan 2026)
- Clinical audit tools now being developed will support monitoring of delays, pathway performance and compliance with national and local standards overseen by the newly established clinical audit group

4J.c Challenged Services: Dermatology	Chief Operating Officer	Delivery Confidence
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.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.8. Technology: Optimise referral and triage processes to support e-referral (Welsh Admn Portal) roll out		Q2
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.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.7 Technology: Roll out Teledermoscopy across West IHC to maximise benefits across BCUHB		Q3
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

- As one of the most common reasons for seeing a GP, skin (including nail and hair) diseases can range in severity with skin cancer accounting for approximately half of all cancers in the UK. At present, Secondary Care provision is largely Urgent Suspected Cancers (USC), alongside urgent and routine activity for chronic skin conditions, often requiring complex medications to be prescribed. There has been a significant rise in skin cancer referrals noted over the last 10 years due to patient education and social awareness. A number of practices within Primary Care have the benefit of GPs with a Specialist Interest in Dermatology, enabling treatment of non-cancerous lesions in a primary care setting, overall reducing the demand in Secondary Care.
- Dermatology currently faces significant workforce challenges, specifically in relation to Senior Medical Clinicians in the West Integrated Health Community (IHC). Inability to recruit to Senior Medical Workforce has contributed to long waits for patients to be seen in outpatients for urgent suspected cancer, urgent and routine skin conditions. The Health Board has recently introduced the implementation of Teledermoscopy with a targeted approach towards Urgent Suspected Cancer lesions. The aim is to improve and reduce the overall journey in the patient pathway and re-directing patients where necessary for ongoing treatment e.g., Plastics / Oral and Maxillofacial Surgery / Primary care. Dermatology provides sub specialist services in Patch Test, Phototherapy (treatment units across North Wales within the IHCs), Wig Service, Paediatric Dermatology, Skin Cancer Nurse Specialist Service.

Current Position

- Dermatology services continue to experience significant workforce pressures, particularly in the West, where recruitment to senior clinical posts remains challenging. Recruitment activity is ongoing, with 1 Specialist Doctor recruited for East. 2 Consultant posts remain vacant (4J.c.1 / 4J.c.2)
- An interim service model has been agreed to maintain service delivery while longer-term sustainability is developed through Foundations for the Future and the Clinical Service Plan (4J.c.1 / 4J.c.2)
- Referral streamlining work is progressing, with Community Health Pathways being developed to reduce unnecessary secondary care referrals (4J.c.3 / 4J.c.8)
- Teledermoscopy services have now been expanded across all three sites, supporting earlier triage, reduced outpatient demand, and faster escalation for patients requiring further assessment (4J.c.7)

Remainder of the financial year

- Progress to date is meaningful; however, the overall position is Amber due to key dependencies, particularly the inability to appoint senior clinical staff - most notably in the West (4J.c.1 / 4J.c.2)
- Improvements in long waits and urgent cancer pathways demonstrate strong progress despite workforce constraints, but full delivery by March 2026 remains challenging without accelerated recruitment (4J.c.4–4J.c.7)
- Interim service model and the recruitment of three specialty doctors remain essential mitigation actions but have not yet translated into the stable staffing capacity (4J.c.1 / 4J.c.2)
- Continued redesign through Foundations for the Future and the Clinical Service Plan will support long-term sustainability but will take time to embed (4J.c.1 / 4J.c.2)
- Expansion of Teledermoscopy and improved referral processes will continue to support efficiency, though full benefits will depend on workforce stabilisation (4J.c.7 / 4J.c.8 / 4J.c.9)

Impact

- Waiting times have improved significantly since national insourcing activity began in September 2025, with the overall RTT waiting list reducing from 12,950 to 7,857, stage-1 over-52-week waits falling from 3,339 to 682, and long waits over 104 weeks remaining broadly stable (34 to 47) as at early February 2026.
- The number of patients on a suspected cancer pathway waiting over 62 days has reduced from 1,380 (September) to 1,325 (December), and urgent suspected cancer (USC) first outpatient waits within 14 days have improved from 1,874 to 1,698 as of December 2025
- Teledermoscopy expansion is enabling earlier triage, reducing unnecessary face-to-face appointments, and improving timely identification of patients who require further care, supporting a more responsive and efficient model
- Despite ongoing workforce shortages, interim measures, and referral redesign are delivering tangible service improvements for patients across North Wales

4J.d Challenged Services: Plastics	Chief Operating Officer	Delivery Confidence
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.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.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 - The Plastics service is a secondary care service commissioned by the Joint Commissioning Committee (JCC) and delivered by Mersey and West Lancashire NHS Trust, with referrals coming from other secondary care specialties. Close alignment with Dermatology, ENT, Maxillofacial and Oncology is essential due to shared pathways such as skin tumour management. - Although the service is externally commissioned, the Health Board provides accommodation for visiting clinicians, and limited activity is delivered within each Integrated Health Community. - The service has been identified as a clinical concern due to inequitable access, delays in appointments, limited local capacity, and inadequate infrastructure and operational support. - Commissioning arrangements will change in 2025, giving the Health Board an opportunity to review the current model and consider redesign options where feasible.		
Current Position - Minor operations capacity has increased in West, moving from 3 to 4 patients per list, improving throughput (4J.d.4 / 4J.d.5) - Capital funding has been secured to equip Connah's Quay Medical Centre to support additional minor operating capacity for plastics patients in Central and East (4J.d.3) - Working relationships with MWL (Mersey and West Lancashire Teaching Hospitals NHS Trust) have strengthened through continuation of the Plastics Task and Finish Group and progress in delivering the agreed recovery action plan (4J.d.2)		
Remainder of the financial year - Open Connah's Quay Medical Centre for plastics outpatient and minor operating capacity; estates work is on track for dermatology opening on 23 February, with plastics start date to be agreed via JCC and dependent on financial approval (4J.d.3) - Handover of the West and Central RTT waiting lists to MWL was discussed at the January 2026 contract meeting, with MWL confirming continued commitment to assume management once Connah's Quay becomes operational (4J.d.2) - Prepare for transfer of commissioning responsibility to Health Boards; JCC has decided this will not proceed in 2026 (4J.d.1) - National PIFU guidance being revisited for some skin cancer follow-up patients. Awaiting final version before implementation can commence; local processes are ready to implement (4J.d.6)		
Impact - Reduced waiting times and expanded local capacity mean more patients are being seen sooner and closer to home, decreasing travel need to Merseyside for treatment - Waiting times for new plastics referrals have reduced, maintaining a position of zero 104-week waits, and cutting 52-week waits from 126 (March 2025) to 43 (December 2025) - Follow-up backlogs have improved: overdue follow-ups reduced from 65% (March 2025) to 50% (December 2025), and those over 100% overdue reduced from 46% to 21%		

4J.e Challenged Services: Oncology	Chief Operating Officer	Delivery Confidence
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.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.3. Quality/Standard/Practice/Configuration: Develop a fully integrated service strategy to support future demand and innovation		Q3 *
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.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.8. Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible		Q4

Overview

- Oncology services are delivered across the three acute hospitals, with the North Wales Cancer Treatment Centre at YGC acting as the main hub for radiotherapy and Systemic Anti-Cancer Treatment (SACT), including chemotherapy, targeted therapies and immunotherapy.
- The service manages solid tumour care across 11 tumour sites, referring patients with rare or complex cancers to specialist centres such as Clatterbridge or The Christie.
- Workforce shortages, particularly medical staff, alongside rising demand, increasing case complexity and reliance on non-recurrent funding have limited the service's ability to maintain timely access and progress planned developments.

Current Position

- Three substantive Medical Oncology Consultant posts have been prepared and released for recruitment within the 2025/26 financial year, supporting the stabilisation of senior clinical leadership (4J.e.1)
- BCUHB has successfully delivered its first SABR (Stereotactic Ablative Radiotherapy) treatment for lung cancer, marking phase 1 implementation of the SABR programme with further tumour sites explored for phase 2 (4J.e.5)
- A Clinical Strategy Working Group has been established to provide governance and oversight for development of a sustainable Oncology service strategy, targeted for completion by March 2026 (4J.e.3)
- Engagement with Welsh Government continues, with a decision pending regarding the de-escalation of Oncology from Challenged Service status (4J.e.3 / 4J.e.8)

Remainder of the financial year

- Delivery remains broadly on track, with progress in workforce recruitment, SABR implementation, and strategic governance (4J.e.1–4J.e.5)
- Recruitment of substantive consultants continues as planned, though national shortages, especially for tumour-site specialists, represent an ongoing risk (4J.e.1)

- The successful launch of SABR and the commencement of strategic development work indicate positive progress toward service sustainability and improved regional access (4J.e.5)
- The Oncology Clinical Strategy remains on course for completion in March 2026 due to the governance structure now in place (4J.e.3)
- The pending Welsh Government decision on de-escalation may influence future planning assumptions but does not currently hinder delivery of 2025/26 milestones (4J.e.8)

Impact

- 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 recruitment progress supports longer-term sustainability, though risks remain due to national workforce shortages (4J.e.1)
- The Clinical Strategy Working Group is enabling structured progression toward a coherent and sustainable Oncology Strategy, supporting improved planning, measurable outcomes and long-term resilience (4J.e.3)

4J.f Challenged Services: Ophthalmology	Chief Operating Officer	Delivery Confidence
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.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.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.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.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.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.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.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.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.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.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 - Ophthalmology services for planned and emergency care are delivered across all three IHCs, with acute sites in the East and West and a central unit at Abergele Community Hospital. - Outreach clinics operate in community hospitals, and tertiary/specialist care is commissioned from providers in the North-West of England. - Around 70 accredited Eye Health Examination Wales optometry practices provide eye tests, acute eye-care management and referrals, with many delivering extended services previously undertaken by hospital eye services through locally agreed pathways. - Demand for ophthalmic care, especially high-volume areas such as cataract and glaucoma, continues to rise due to North Wales' ageing population. - Services face workforce gaps, limited financial resources, ageing facilities and a post-pandemic surge in waiting times, resulting in significant backlogs. - Delayed follow-up and treatment increase the risk of avoidable sight loss, making ophthalmology performance a key improvement priority for the Health Board.	
Current Position - Progress has been made across data quality, clinical capacity, and demand management - The Pan-BCU Cataract Network continues to support rollout of the One-Stop Pre-Operative Assessment Clinic (POAC) and High-Volume Low Complexity (HVLC) model: fully embedded in Central IHC, East IHC in the embedding phase, and West IHC temporarily paused to manage the return of 104-week outsourcing activity, with plans to recommence early Q4 2025/26 (4J.f.5) 2,500 cataract cases were re-coded during Q3, improving data accuracy and enabling more effective HVLC streaming and outsourcing options (4J.f.7) - Additional community and primary care capacity have been created to reduce secondary care demand. Four optometrists achieved the Glaucoma Higher Certificate through the Deeside Teach & Treat programme, contributing to a reduction of over 700 long-wait (>104 weeks) appointments and enabling >4,160 community appointments annually (4J.f.4 / 4J.f.10) - WG-funded Teach & Treat programmes (Glaucoma, Prescribing, Medical Retina) will continue until end of Q4 (4J.f.4) - WGOS pathways in Independent Prescribing, HCQ and Medical Retina are now live, with glaucoma onboarding underway; postgraduate accreditation continues to support workforce expansion (4J.f.4 / 4J.f.9)	
Remainder of the financial year - Progress is positive, but overall delivery is Amber due to the temporary pause in West. Full rollout of POAC and HVLC remains dependent on West IHC resuming implementation (4J.f.5) - Demand management measures, such as, backlog reductions and expanded community optometry capacity have made strong early impact, but require sustained funding, continued workforce development and full roll-out to maintain improvements (4J.f.4 / 4J.f.10) - Full achievement of the overarching aim by March 2026 remains challenging due to a combination of operational pressures, phased rollout and the ongoing data quality enhancements (4J.f.7 / 4J.f.11)	
Impact - Re-coding of 2,500 cataract cases has strengthened data accuracy, enabled improved planning and supporting more efficient HVLC streaming and reduced waiting times - Community-based capacity increase has reduced long-wait backlogs, including the removal of over 700 >104-week cases through optometry-led activity, and improved patient flow across the region - New WGOS pathways and postgraduate optometry training have increased local access; reducing hospital dependency and improving continuity of care - The continued rollout of POAC and HVLC pathways is enhancing patient experience through earlier assessment, reduced travel, and more streamlined surgical pathways	

4J.g Challenged Services: Orthodontics	Chief Operating Officer	Delivery Confidence
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.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.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 daycase surgery rates and ring-fenced beds		Q3 *
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 - Orthodontics sits within the Head and Neck service alongside Oral Maxillofacial Surgery and Restorative Dentistry, focusing on facial growth, dental development, and the diagnosis and treatment of malocclusions and facial irregularities, including the use of appliances and corrective surgery. - A small number of orthodontists provide services across all three IHCs. As seen nationally, workforce shortages, especially limited consultant capacity, restrict the ability to provide timely and effective care. - Demand significantly exceeds capacity across both primary and secondary care, resulting in substantial backlogs and delays in accessing treatment.		
Current Position - A mini-workshop was convened to review Orthodontic GIRFT recommendations and inform short, medium and long-term service planning (4J.g.3) - The workshop identified strengths including strong workforce cohesion and an established, experienced team, providing a foundation for future improvements (4J.g.1 / 4J.g.2) - Workshop outputs are informing a comprehensive plan covering workforce and training, clinical service delivery (including MDT working and estates/capital needs), digital and system development, governance and finance, with initial work feeding into the 2026/27 IMTP (4J.g.1–4J.g.3) - Long-term planning is underway to define a sustainable vision for Orthodontic services across North Wales (4J.g.3) - Insourcing arrangements are in place for patients awaiting new appointments, reducing waiting times for first appointments and helping address immediate capacity challenges (4J.g.4–4J.g.7)		
Remainder of the financial year - The programme is currently off track to fully meet the overarching aim by March 2026, as several underpinning elements are required for long-term sustainability remain in development (4J.g.1–4J.g.8) - Sustainable solutions are required across workforce, estates, MDT working, digital systems and governance, and these have not fully defined and enacted (4J.g.1–4J.g.3) - Achieving full delivery by March 2026 is unlikely without accelerated planning, resource decisions and implementation (4J.g.1–4J.g.8)		

Impact

- The workshop has provided clarity on future opportunities and service development needs, strengthening strategic planning and laying the groundwork for a more sustainable and cohesive Orthodontic service
- While early planning progress is positive, significant challenges remain, especially regarding future capacity pressures as patients convert from first appointments into follow-up and treatment pathways (4J.g.7)
- Insourcing of first appointments has delivered immediate, measurable benefits in Orthodontics, reducing the overall RTT waiting list from 1,031 to 382, cutting stage-1 over-52-week waits from 427 to 5, and lowering over-104-week waits from 214 to just 2 since activity began in late November 2025.
- Collectively, these actions support improved access, better service planning and a more resilient model of care for the population of north Wales

4J.h Challenged Services: Trauma & Orthopaedics	Chief Operating Officer	Delivery Confidence
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.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.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
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 conversion 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.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.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 *

Overview

- Trauma and Orthopaedics operates as a network service across all three IHCs, each delivering its own elective and trauma activity. Since 2023, the IHCs have collaborated to use Abergele Hospital as a network arthroplasty hub, providing ring-fenced "cold site" capacity for hip and knee replacements.
- All IHCs deliver the same subspecialties, with spinal surgery and highly specialised procedures outsourced to tertiary centres. Long waits, especially for hip and knee arthroplasty, persist due to the ageing Abergele site and the impact of unscheduled care on elective beds.
- Rising demand linked to an ageing population will significantly increase pressure on Orthopaedic services across North Wales.

- A new orthopaedic unit at Llandudno Hospital, with two theatres and ring-fenced beds, is being developed to address current constraints and establish a more sustainable model.

Current Position

- The West Integrated Health Community (IHC) has progressed implementation of the See on Symptoms (SOS) follow-up reduction initiative, with an initial test cohort receiving letters advising patients to contact the service only if symptoms persist. Early results show positive operational impact (4J.h.9 / 4J.h.10)
- The East IHC has agreed to adopt the SOS model, supporting spread and scale across the organisation (4J.h.9)
- IHCs are using a combination of core capacity, insourcing, and outsourcing to support achievement of Q3 and Q4 waiting time targets, strengthening system resilience (4J.h.7 / 4J.h.8)
- A decision in principle has been reached regarding hip implant rationalisation for the Llandudno unit, subject to approval by the Llandudno Project Board; work on knee implant rationalisation is also progressing (4J.h.3 / 4J.h.4 / 4J.h.6)
- Uptake of Minor Operating Procedures (MOPs) coding practice continues to grow in the West, improving accuracy and visibility of activity data for better demand and capacity planning (4J.h.5)
- The My Mobility App is seeing increased uptake in the East, providing patients with a supported and personalised recovery pathway, tailored education and communication with their care team (4J.h.10)

Remainder of the financial year

- Overall progress indicates delivery is on track, with key initiatives now implemented, expanding or progressing through governance
- The SOS model has demonstrated safe and effective impact in the West and is now being adopted in the East, supporting backlog reduction and improved efficiency (4J.h.9)
- System capacity is being actively managed through combined use of insourcing, outsourcing and internal resources to support delivery against planned trajectories (4J.h.7 / 4J.h.8)
- The rationalisation of orthopaedic implants is progressing well and aligns with the overarching aim of standardising practice and improving value, pending formal approval (4J.h.3 / 4J.h.4 / 4J.h.6)
- Continued improvement in MOPs coding uptake and increased use of the My Mobility App reflect strengthening operational processes and enhanced patient experience (4J.h.5 / 4J.h.10)
- While dependent on governance approvals and ongoing clinical engagement, current progress suggests overarching aims and impact remain achievable by March 2026

Impact

- The SOS follow-up reduction work has delivered a 2% re-engagement rate, meaning 98% of patients did not require follow-up. Demonstrating that the majority of scheduled appointments were unnecessary and can be safely removed from waiting lists
- Improved efficiency through SOS enables release of clinical capacity for those who need to be seen, while also providing patients with clearer information and a more flexible care model
- The use of insourcing, outsourcing and internal capacity has supported progress toward waiting time targets and improved timeliness of access across North Wales
- Hip implant rationalisation and future work on knee implants will support more consistent, standardised and cost-effective orthopaedic care
- Increasing uptake of MOPs coding is improving data quality and enabling more informed planning and resource allocation
- Growing use of the My Mobility App is enhancing patient experience and engagement in the East by supporting personalised recovery support, improved communication and improved self-management and potentially improved clinical outcomes

4K Women's	Chief Operating Officer	Delivery Confidence
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.

Current Position

- Significant progress has been made on the Women's Health Hub programme, with both the Discovery and Design phases completed. This has included population health assessment, demand modelling, stakeholder mapping, an engagement strategy, and development of the pathfinder model (4K.1)
- Funding and accommodation for the Women's Health Hub have been secured at Llandudno General Hospital, and a dedicated project group is now leading implementation (4K.1)
- Preparatory work has begun to introduce PREMs and PROMs to strengthen patient-reported insights (4K.1)
- The Preconception Strategy has been refreshed, completing the baseline assessment against the Perinatal Engagement Framework, rolling out cultural competency training within community teams
- Phases 3–5 of the All-Wales Maternity Survey have been delivered, improving understanding of women's experiences (4K.5)
- Strong progress has been made against the seven key actions within the Quality Statement for Maternity and Neonatal Services, including confirmation of a digital maternity system go-live date of 10 March 2026 (4K.5 / 4K.6)
- Neonatal services continue to make progress, with all three units signing the Bliss pledge, YGC and Wrexham achieving bronze accreditation, and the BAPM Fi Care Framework completed across all units (4K.5)
- Workforce planning has progressed, including completion of the baseline assessment against the HEIW perinatal workforce plan, while national service specifications are awaited (4K.8)
- KPI mapping for the Perinatal Quality Surveillance Dashboard has been completed, with an initial version expected early in 2026 (4K.9)
- Work is underway to develop a business case for recurrent funding to establish a specialist infant feeding and lactation support service across the three Integrated Health Communities (4K.10)

Remainder of the financial year

- Continued project oversight, workforce planning and recruitment activity will ensure progress remains on track, although some areas remain dependent on national *developments* (4K.1–4K.10)
- Ongoing monitoring through the Women's Integrated Performance Group, with reporting through the Women's Senior Leadership Team and Service Board (4K.1–4K.10)
- Efforts will continue to ensure appropriate digital and operational support for delivery of the Women's Health Hub, digital maternity solution and perinatal framework commitments (4K.1 / 4K.6 / 4K.7)

Impact

- Strengthened engagement with women and families has enhanced understanding of local needs and supported development of more accessible, integrated models of care, particularly through the Women's Health Hub
- Workforce initiatives, including leadership development, enhanced sonography capacity, and improved bereavement and transitional care pathways, have strengthened capability and contributed to a better patient experience
- Diagnostic capacity has increased, and KPI mapping has enhanced readiness for perinatal quality surveillance
- Early patient insight mechanisms (PREMs, PROMs and surveys) are beginning to generate actionable data to improve service design
- Foundations laid for the specialist infant feeding service, and refreshed preconception strategy, are expected to improve breastfeeding outcomes and strengthen prevention
- While full measurable impact will follow as models mature, progress made this year has created a strong platform for more equitable access and improved health outcomes for women across North Wales

4L Children & Young People	Chief Operating Officer	Delivery Confidence
4L3. 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
4L1. Work on raising awareness and implementing the Children's Charter across the Heath Board.		Q4
4L2. 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
4L4. Further improvements in children's Immunisation uptake levels.		Q4
4L5. Develop transition pathways.		Q4
4L6. 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.

Current Position

- Work has progressed on endorsing and raising awareness of the Children's Charter across the Health Board, supporting an organisational commitment to improving the health and well-being of children and young people (4L.1)
- The Health Board has signed the Wales Corporate Parenting Charter, reinforcing its commitment to ensuring care-experienced children have the same opportunities as all children (4L.3)
- Early development work has commenced to establish a Youth Voice Board, ensuring children and young people are consulted and involved in shaping services (4L.2)
- Regional collaboration via the RPB has strengthened significantly, particularly in progressing the Right Door Approach to support children with complex needs, and improving emotional health and well-being pathways, including for children with neurodevelopmental needs (4L.6)
- The maturing RPB Children's Group provides improved structure, momentum and shared learning, supporting earlier identification and response to children's needs (4L.6)

Remainder of the financial year

- Focus will be on gathering and consolidating evidence of progress from across regional children's services to demonstrate achievements against all six priorities

Impact

- Strengthened partnership working across the region has created a more robust and influential RPB Children's Group, driving improvement through active multiagency sub-groups focused on priority areas
- These strengthened partnerships have created better momentum for local teams, enabling new approaches, improved coordination, and earlier identification and response to children's needs

4M Pharmaceutical Services	Chief Operating Officer	Delivery Confidence
4M.2. Establish a Medicines Value prevention arm that leverages diabetes prescribing and Value-Based outcomes while optimising cost efficiencies.		Q2 *
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
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.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

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.

Current Position

- Significant progress has been made during 2025/26 in strengthening and modernising Pharmaceutical Services across North Wales, with delivery focused on establishing sustainable foundations, progressing national programmes and enhancing workforce and service models (4M.1–4M.5)
- Engagement in national Delivery Assurance Groups continues to support implementation of the Independent Review of Hospital Clinical Pharmacy Services, ensuring readiness to adopt consistent national standards as they are completed (4M.1)
- Progress has been made across areas including medicines advice (WMAS), radiopharmacy via the TrAMS programme, and prioritisation of pharmaceutical care planning (4M.1, 4M.3)
- A major achievement this year has been the launch of the first MPharm cohort at Bangor University in September 2025, establishing a local education pipeline to support long-term workforce sustainability (4M.5)
- The community pharmacy-led hypertension pilot has been fully delivered, including patient recruitment, activity data collection and experience feedback, with independent evaluation arrangements well progressed (4M.4)
- Monitoring of diabetes prescribing spend is now embedded across primary care, supporting improved transparency and enabling future value-based medicines approaches (4M.2)
- The TrAMS programme has expanded into a broader Pharmacy Technical Services transformation, with agreed governance, national support and a programme manager appointed (4M.3)

Remainder of the financial year

- Overall delivery is partially on track, reflecting differing progress levels across component areas and national dependencies extending beyond March 2026 (4M.1–4M.5)
- By the end of March 2026, the Health Board expects to have fully embedded participation in the national Delivery Assurance Groups and to be prepared to implement national standards from the Clinical Pharmacy Review as they are finalised (4M.1)
- Independent evaluation of the hypertension pilot will be completed and fed into national policy and service development, supporting wider adoption (4M.4)
- The MPharm programme will be established as a functioning and sustainable education pipeline, with the first cohort progressing through its academic year (4M.5)
- The TrAMS Pharmacy Technical Services transformation programme will be mobilised, supported by governance arrangements, a programme manager and an agreed forward plan following joint estate and scoping work (4M.3)
- Some elements will not be completed this year, including full implementation of the Independent Review recommendations for clinical pharmacy services, measurable population-level outcomes from diabetes medicines optimisation and value-based prescribing, and radiopharmacy reconfiguration, all of which rely on multi-year national programmes (4M.1–4M.3)

Impact

- The work completed this year has strengthened the foundations for sustainable improvement in pharmaceutical care, patient safety, equitable access and workforce resilience across North Wales
- Nationally coordinated delivery of clinical pharmacy review recommendations is improving consistency and professional leadership, and assurance, supporting clearer standards and more equitable hospital pharmacy models over time
- The hypertension pilot has demonstrated the feasibility, acceptability and value of pharmacy-led long-term condition management, with feedback evidencing positive patient experience and effective use of community pharmacy capacity
- The launch of the MPharm programme has delivered a major workforce impact, with 31 students enrolled and 10 more joining via the preparatory year route, forming a long-term supply pipeline to address historic workforce challenges
- Improved monitoring of diabetes prescribing spend has enhanced transparency and governance, enabling better informed decision making; even though measurable population outcomes will emerge over a longer period
- Overall, this year's delivery has created strong enabling conditions for future improvements, with meaningful early benefits and clear trajectories for continued progress through 2026/27

4N Palliative, End of Life and Bereavement Care	Executive Director of Nursing and Midwifery	Delivery Confidence
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.

Current Position

- Since August 2025, significant groundwork has strengthened governance, strategic direction and operational delivery for Palliative and End of Life Care (PEoLC) (4N.1–4N.4)
- Strengthened Governance has improved through 6-weekly meetings with the Executive Lead and a full review of the Strategic PEoLC Group's membership and Terms of Reference (4N.1)
- A draft Strategic PEoLC Plan has been developed, aligned with national direction and supported by a working group undertaking a gap analysis against the All-Wales Service Specification for PEoLC (4N.1, 4N.3)
- Rollout of the SWAN Model of Care is progressing in line with the local implementation plan. Pilot wards have been identified in each District General Hospital, with training commencing ahead of wider rollout scheduled for 2026 (4N.2)
- Workforce planning is underway to support the updated Welsh Government Quality Statement. A full review of Specialist Palliative Care (SPC) capacity is required but currently limited by the absence of formal activity recording. A business case will be developed in Q4 to address this (4N.3)
- Additional weekend SPC nursing cover has been introduced in the Central Integrated Health Community through Further Faster funding, improving timely access to specialist support and enhancing clinical decision-making for community teams (4N.3)

- Quality improvement planning continues, Quality Improvement Strategy will be integrated into the wider Strategic PEOC Delivery Plan once approved, providing a structured approach to continuous improvement (4N.4)

Remainder of the financial year

- The programme will continue into the next financial year due to earlier delays arising from prolonged gaps in Head of Nursing support and the absence of dedicated operational and administrative resource (4N.1–4N.4)
- Capacity constraints have slowed progress in key areas; however, momentum is increasing, and foundational work established in 2025 provides a stronger platform for accelerated delivery in 2026

Impact

- Increased weekend SPC nursing cover in the Central IHC has improved responsiveness, strengthened clinical decision-making, increased capacity for home visits and supported continuity of care at weekends, while the West IHC has maintained strong performance and the East IHC continues to develop its capacity
- Cross-IHC collaboration has enhanced resilience and improved timely access to advice across geographical areas, strengthening teamwork and service responsiveness
- Early implementation of the SWAN Model is beginning to enhance patient, family and carer experience, with expected improvements in compassionate, personalised and coordinated care. Impact will be monitored through feedback, Datix themes, complaints and compliments, and audit findings

40 Dental	Chief Operating Officer	Delivery Confidence
40.6. Review and revise the dental budget to ensure appropriate support is given to services. This work will be revenue neutral and aims to leverage better value from the financial resources currently supporting the provision of dental services.		Q2 *
40.10. Improve Board visibility of primary care dentistry performance data.		Q2
40.1. 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
40.4. Use the 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability. The aim is to expand this work in order to offer development opportunities both within CDS and GDS which will ultimately benefit patient care.		Q3 *
40.8. Undertake a demand and capacity review for CDS services to understand activity patterns to be able to effectively forecast when staffing will be required and to what degree.		Q3 *
40.2. Re-evaluate areas of need and go back out to procurement for GDS access in 2025, working with the procurement team to improve the framework of the tender in order to expand the pool of potential bidders.		Q4
40.3. Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community based service.		Q4
40.5. Work with Public Health team in continued delivery of national programmes such as 'Designed to Smile' and 'Gwên am Byth'.		Q4
40.7. 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
40.9. The formation of a clear domiciliary dental pathway with a robust eligibility criterion. Agreeing the right approach will involve dental officers who are responsible for delivering the activity. As most of the domiciliary activity takes place within care homes, an inclusive approach will be taken to codesign any agreed pathways.		Q4

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.

Current Position

- A significant procurement process has been completed, awarding approximately £6 million of contracts to dental providers across north Wales (40.1, 40.2)
- Board visibility of primary care dentistry has improved through establishment of the Primary Care Board and sub-group structure, providing stronger accountability and assurance, with monthly reporting to IPEDG ensuring sustained executive oversight (40.10)
- A dental education plan is in development, supported by the Primary and Community Care Academy (40.3, 40.4)
- Progress continues with national oral health promotion programmes such as Designed to Smile and Gwên am Byth, where BCUHB is one of the top performers nationally. These programmes which aim to deliver preventative guidance and advice to people in care home and school settings (40.5)
- The dental budget is under review to establish a clear structure for 2026/27 (40.6)
- Work is underway to improve waiting times within the Community Dental Service, with operational and clinical teams reviewing the waiting list and prioritising patients who have waited the longest (40.7, 40.8)

Remainder of the financial year

- A series of established oversight meetings will monitor progress and ensure the overarching aim is achieved by March 2026, involving senior leaders from the dental service and the Primary and Community Care Academy (40.1–40.10)

Impact

- The award of approximately £6 million of new dental contracts is expected to have significant population-level impact; while some contracts have already commenced, full benefits will be realised once all are mobilised by May 2026
- The dental education plan will support a sustainable and skilled workforce by providing improved access to education and training, promoting skill-mix development and supporting recruitment and retention
- Continued delivery of targeted oral health promotion initiatives will support prevention, early intervention and self-care, helping drive behavioural change and improving oral health outcomes across communities
- Effective financial management will support the delivery of sustainable dental services and support future commissioning options and efficient resource use within CDS

4P Diabetes	Executive Director of Public Health	Delivery Confidence
4P.1. The Health Board Diabetes Programme will contribute to increasing the % of those aged 12+ receiving the 8 Care Processes		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
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

- 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.

- Current Position**
- 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)
 - A business 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 (4P.2)
 - 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)

- Remainder of the financial year**
- Rollout of the Hybrid Closed Loop programme will now begin in 2026/27 as part of wider planning and allocation processes for that year (4P.2)
 - Work to improve delivery of the 8 Care Processes will continue, using the established baseline and variation identification, with practices identifying key areas requiring additional support (4P.1)
 - Strengthening of multidisciplinary diabetes teams is planned as part of the ongoing development of the Diabetes Change Programme for 2026/27 (4P.3, 4P.4)

- Impact**
- 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

Annual Delivery Plan Quarter 3 - Overview by Sub-Objective

KEY:	High Delivery Confidence	Medium Delivery Confidence	Low Delivery Confidence	Complete

*Not delivered in expected quarter

5A University and Further Education Partnership	Executive Medical Director	Delivery Confidence
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.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.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.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 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.

Current Position

- The Health Board's work to develop relationships with further and higher education partners is at an advanced stage (5A.1) Memoranda of Understanding (MoUs) are now in place with GLLM and Bangor University, with an MoU scheduled for signing with Wrexham University in February and similar arrangements expected with Coleg Cambria in March (5A.1 / 5A.2)
- Closer alignment with HE and FE partners is progressing as the first stage in broader partnership arrangements, enabling the organisation to begin analysing workforce needs for education and training across all professions (5A.1 / 5A.3)

By 31 March 2026, the following will have been achieved:

- Development and signing of MoUs with both FE and both HE institutions (5A.1)
- Establishment of Strategic Steering Groups to support bilateral relationships with each of the four organisations (5A.2)
- Consideration of how a regional partnership approach may operate and the collective benefits (5A.2)
- Completion of an internal discovery report for education and training, submitted to the People & Culture Committee (5A.3)
- Collation and analysis of all training currently commissioned directly by BCUHB (5A.3)
- Development of a draft Strategy for Research & Development with Bangor University for review at the next Strategic Steering Group (5A.4)

Remainder of the financial year

- Drive forward the regional partnership approach by engaging all four education institutions to obtain the necessary agreement

Impact

- 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

5B Research, Development and Innovation	Executive Medical Director	Delivery Confidence
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.

Current Position

- A support infrastructure and expert panel has been established with key partners supported by Welsh Government, enabling local innovators to access expert advice and guidance (5B.1)
- This infrastructure has facilitated several collaborative projects being taken forward through the All-Wales Innovation Framework (5B.1)
- Although recruitment to portfolio and commercial trials has not increased, significant numbers of the population have still been offered opportunities to participate in research (5B.2)
- Appointment of research fellows has strengthened research delivery capacity and enhanced collaboration with Bangor University and clinical services (5B.3)

Remainder of the financial year

- Sub-objectives 5B.1 and 5B.3 remain on track for delivery
- Progress on delivering 5B.2 is not on track

Impact

- 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	Delivery Confidence
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.		
Current Position - 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) - 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)		
Remainder of the financial year - The multidisciplinary workshop originally planned for Q2 will now take place in Q4. Outputs from the workshop will be essential to finalising the academic careers framework (5C.1) - The Academic Careers Working Group is progressing actions through the Informal Executive Committee ahead of Formal Executive Committee (5C.2) - A draft outline of the framework has been prepared and agreed, but further refinements will depend on the workshop outputs. Completion of the framework is expected by 31 March 2026, although consultation and executive submission may extend into April or early May 2026 (5C.2)		
Impact No formal metrics are currently in place, but baseline information gathered during 2025/26 will underpin future monitoring and reporting beginning in 2026/27, supporting broader Research and Development aims		

5D Intelligence Led	Chief Digital and Information Officer	Delivery Confidence
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
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
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.		
Current Position - Delivered strong progress toward developing an intelligence-led organisation capable of using high-quality data, forecasting and automation to support operational management and improved outcomes (5D.1–5D.6) - Completed Robotic Process Automation (RPA) proof-of-concepts to streamline administrative tasks in the Welsh Patient Administration System and expanded automation into data preparation for messaging services (5D.1) - Established a formal governance process through the Clinical Design Authority to ensure safe and prioritised RPA expansion (5D.1) - Launched a data-quality kite-mark for Referral to Treatment data, supported by user-education webinars, strengthening data quality and trust in RTT datasets (5D.2) - Advanced forecasting across urgent and emergency care, cancer pathways and diagnostics, including embedding winter modelling into operational planning (5D.3) - Significant progress in modernising our data infrastructure included major dataset migration from the legacy data warehouse, with preparatory work for cloud-based analytics using the National Data Analytics Platform (5D.4) - Launched a redeveloped IRIS intelligence portal, improving access to live operational data (5D.5) - Completed a data-maturity assessment for urgent and emergency care and initiated a structured improvement plan to enhance intelligence and insight (5D.6)		
Remainder of the financial year - A structured plan for expanding RPA capability will be progressed through a newly established working group, including exploration of opportunities for clinical coding automation in collaboration with other Welsh Health Boards (5D.1) - The data-quality kite-mark will be extended to cover referrals, removals and outpatient appointments, strengthening consistency and trust in high-value datasets (5D.2) - Forecasting and predictive modelling will continue to be enhanced across urgent and emergency care, cancer and diagnostics (5D.3) - Final decommissioning of the legacy data warehouse will be completed by March 2026, supported by technical, reporting and analytics workstreams preparing for full cloud-based analytics capability (5D.4) - Ongoing development of the IRIS portal, using structured user feedback, will ensure intelligence is increasingly accessible and actionable (5D.5) - Delivery of the urgent and emergency care data-maturity improvement plan, including standardised dashboards and enhanced forecasting, will continue to embed a data-driven culture (5D.6)		

Impact

- Improved quality, usability and timeliness of intelligence available to clinical and operational teams, supporting better patient flow, waiting-list management and service planning
- The RTT data-quality kite-mark provides clearer assurance on completeness and validity of pathway information, strengthening decision-making
- Improved forecasting for urgent and emergency care and winter planning has strengthened operational resilience during periods of high demand
- The modernised IRIS portal is improving day-to-day operational responsiveness by enabling rapid access to live information
- Early RPA implementations are already reducing administrative burden, freeing staff time for higher-value patient-facing tasks
- Modernised data infrastructure provides the foundation for more advanced predictive analytics, supporting population-level planning and transformational redesign

5E Learning Organisation	Executive Director of Nursing and Midwifery	Delivery Confidence
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.

Current Position

- Significant progress has been made in strengthening the organisation's approach to learning, assurance and improvement, with the Integrated Concerns Policy now fully embedded and learning reviewed systematically through local operational groups and the Executive Integrated Concerns Oversight Panel (5E.1)
- Monthly Learning Forum sessions continue to develop organisational learning capability, aligned to strategic priorities, alongside the launch of a centralised Learning Repository - initially piloted within Medication Management to standardise and improve access to learning resources (5E.2)
- A structured programme of thematic reviews has been introduced, supported by a tracker and a standardised methodology to identify system-wide issues and support targeted improvement (5E.1, 5E.2)
- A Discovery Report has been produced to inform the Education Strategic Plan, ensuring organisational learning and training needs are clearly understood and aligned to future workforce requirements (5E.3)
- Strengthened readiness for national inquiries has been established through clearer governance and oversight arrangements, contributing to improved organisational responsiveness (5E.4)
- A more mature and accessible organisational learning culture is emerging through the Learning Forum and Learning Repository, with staff contributions increasing in relevance and engagement; although attendance has not yet risen, feedback reflects strong value placed on practical learning and peer-to-peer insight (5E.2)
- Governance structures supporting incident learning have matured further, with learning pathways now strengthened across operational groups, thematic review functions, and organisational learning forums. This supports clearer escalation routes and alignment with patient safety, patient experience and regulatory assurance workstreams (5E.1)

Remainder of the financial year

- Work will continue to progress the actions outlined in the Discovery Report to shape improvements in learning, education and quality governance during Q4 (5E.3)
- The Learning Repository will move from pilot to early adopter rollout by the end of Q4, supporting more consistent organisational learning and improving access to shared knowledge (5E.2)
- Engagement with the Learning Forum will be strengthened through revised Terms of Reference, targeted assessments to identify barriers to participation, enhanced communication and additional thematic learning presentations to reinforce relevance and visibility (5E.2)

- Engagement assessments will also be used to ensure alignment between the Forum, Repository and other organisational learning initiatives, avoiding duplication and supporting a maturing system-wide learning culture (5E.2)
- The Thematic Review Group and Learning Forum will continue to disseminate learning from incidents, with ongoing system oversight to reduce never events, complaints and Prevention of Future Death reports. Patient stories insights through surveys and stories will remain central in shaping future learning and improvement work (5E.1, 5E.2)

Impact

- The Learning Forum and Repository are strengthening the organisation's learning culture and improving accessibility of shared knowledge
- Early feedback confirms strong value in practical insights and peer learning opportunities
- Thematic reviews continue to align with strategic priorities and identify areas for system-wide improvement, helping to focus organisational attention on recurring themes and drivers for change

Health Board**INTEGRATED MEDIUM-TERM PLAN (IMTP) 2026-29**

Date of Meeting	26 March 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim) Russell Caldicott, Executive Director of Finance
Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim) Russell Caldicott, Executive Director of Finance

Report Purpose	For Approval

Executive Summary

The purpose of this paper is to:

- Present to the Board the draft Integrated Medium-Term Plan (IMTP) 2026-29.
- Seek approval that the plan can be submitted to Welsh Government on 31st March 2026 in accordance with the timeline agreed by Welsh Government.

Feedback has been incorporated into this draft of the plan following numerous Executive and Board Committee session, most recently Performance, Finance and Information Governance (PFIG) Committee on 17th March. Final minor refinements to the plan may still continue post publication with any material changes indicated at the Board meeting.

A balanced IMTP cannot be submitted this year due to unavoidable and material financial pressures which exceed the Health Board's recurrent funding. Despite exhaustive efforts to maximise savings and mitigate costs, the organisation remains in a deficit position. The IMTP therefore represents an unbalanced but credible plan, demonstrating clear savings trajectories, realistic delivery assumptions, and full transparency regarding financial risks and mitigations.

Members are asked to resolve:

- To **note** the report.
- To **approve** the capital programme 2026-28 as included within the IMTP.
- To agree to **support** the submission of the IMTP to Welsh Government noting the financial circumstances.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome, Evidence and Data
Regional Partnership Board (RPB)	16/01/26	See collateral and minutes
Joint PPHP / PFIG Committee	20/01/26	See committee collateral and minutes
Health Board	29/01/26	See private collateral and minutes
Local Partnership Forum (LPF)	03/02/26	See committee collateral and minutes
PFIG	24/02/26	See committee collateral and minutes
Board Development	26/02/26	See collateral
Stakeholder Reference Group (SRG)	02/03/26	See committee collateral and minutes
PPHP	05/03/26	See committee collateral and minutes
Health Professionals Forum (HPF)	06/03/26	See committee collateral and minutes
PFIG	17/03/26	See committee collateral and minutes

Acronyms / Glossary of Terms

PPHP	Planning, Population Health & Partnerships Committee
PFIG	Performance, Finance and Information Governance
IMTP	Integrated Medium-Term Plan

ASSESSMENT	
Link to Strategic Priorities	    
	2. Developing strategy and long-lasting change
	If more than one applies, please list below:
Design Principles	Simplify, Standardise, and Adopt Best Practices If more than one applies, please list below:
Corporate Risks and Board Assurance Framework	- BAF24-01 - Not Fully Building an Effective and Accountable Organisation - BAF24-02 - Not Delivering Strategic Development and Digital Transformation - BAF24-03 - Not Achieving Long Term Financial Sustainability - BAF24-04 - Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability - BAF24-05 - Not Engaging with Citizens, Partners and Communities - BAF24-06 - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes - BAF24-07 - Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk - BAF24-08 - Not Implementing Evidenced Based Improvement and Innovation
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)	Yes: ☒	No: ☐
	Outcome:	Pass
	If no, please include rationale:	



Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: ☒	No: ☐
	Outcome:	Pass
	If no, please include rationale:	
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier 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:	Pass
	If no, please include rationale:	
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Legal	Yes (Include further detail below)	
	There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The Health Board must prepare a plan which sets out its strategy for securing financial balance, whilst improving the health of the population and providing healthcare to meet needs.	
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)	Yes (Include further detail below)	
	The IMTP outlines how the organisation intends to utilise its resources, both people and financial.	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Health Board Integrated Medium Term Plan 2026 - 2029



Trugaredd
Compassion



Parch
Respect



Agored
Openness

Contents

SECTION 1 - INTRODUCTION AND OVERVIEW	3
Foreword	4
Plan on a Page	5
Outcomes the Plan will deliver	6
SECTION 2 - CONTEXT & APPROACH	7
Strategic Context	8
Achievements	Error! Bookmark not defined.
Planning Approach	9
Escalation and Intervention Level 5 (Special Measures)	11
SECTION 3 – DRIVERS	14
Population Health Needs	15
Health Board Profile	17
Anchor Institution	18
Strategy Development	18
Performance Expectations	19
Financial Context	22
Key Organisational Risks	23
SECTION 4 – STRATEGIC PRIORITIES	24
Strategic Intent 1 - Focus on Health and Wellbeing	Error! Bookmark not defined.
Strategic Intent 2 - Enhance the coordination of care	Error! Bookmark not defined.
Strategic Intent 3 - Improve access, outcomes and experience	Error! Bookmark not defined.
Strategic Intent 4 - Create a modern, people-centred healthcare system that is future-focused	Error! Bookmark not defined.
SECTION 5 – DELIVERING THE PLAN	121

SECTION 1 - INTRODUCTION AND OVERVIEW

Foreword

We are pleased to present Betsi Cadwaladr University Health Board's Integrated Medium-Term Plan (IMTP) for 2026–2029. This plan marks an important step in our continued journey of stabilisation, standardisation and, ultimately, sustainability. Much has been achieved to stabilise the organisation; however, work continues to embed consistent, high quality, standardised practice across the North Wales region before we can move confidently into a sustainable future. This IMTP sets out how we will continue that progression with purpose, clarity and collective ambition.

Across the next year, the organisation will start to benefit from major strategic and transformational programmes that will reshape how we work. The Foundations of the Future (FFTF) programme and our developing Clinical Services Plan (CSP) will unlock the potential for genuinely pan North Wales service planning, modernised workforce models, and redesigned clinical pathways. These enablers will create the conditions for long-term change, bringing together strategy, culture, people, processes and structures to support a more effective, sustainable and future focused Health Board.

A core focus of this plan is operational delivery. Delivering reliably and consistently every day is fundamental to the quality and safety standards the public rightly expects from us. We must reduce unwarranted variation, improve productivity and efficiency, and work closely with partners so that every part of the system contributes to delivery of safe and reliable care.

This IMTP also reflects a shift in how we think about health and care. North Wales faces growing levels of people managing multiple conditions, and the needs of our communities cannot be met by attempting to treat each illness in isolation. Our approach must focus on quality of life, prevention, early intervention and improved coordination across the whole system, delivered in partnership with local authorities, primary care, the third sector and communities. By freeing resources through greater value, efficiency and modernised practice, we will be able to invest

in prevention and population health interventions that make the biggest long-term difference to the people of North Wales.

The organisation must continue to keep a focus on being 'ambidextrous', addressing the immediate operational and financial challenges while simultaneously building long-term, sustainable services rooted in communities and responsive to the inequalities that shape health outcomes across North Wales. This IMTP therefore balances urgent improvement with long-term transformation. It sets clearer priorities, sharper accountability, and a renewed focus on delivering consistently against national expectations and the requirements associated with the escalation framework.

Our staff, partners and communities remain central to our progress. Their dedication and resilience continue to underpin all that we do, and their insight has shaped the organisation's values, Openness, Compassion and Respect, that define how we lead and deliver care.

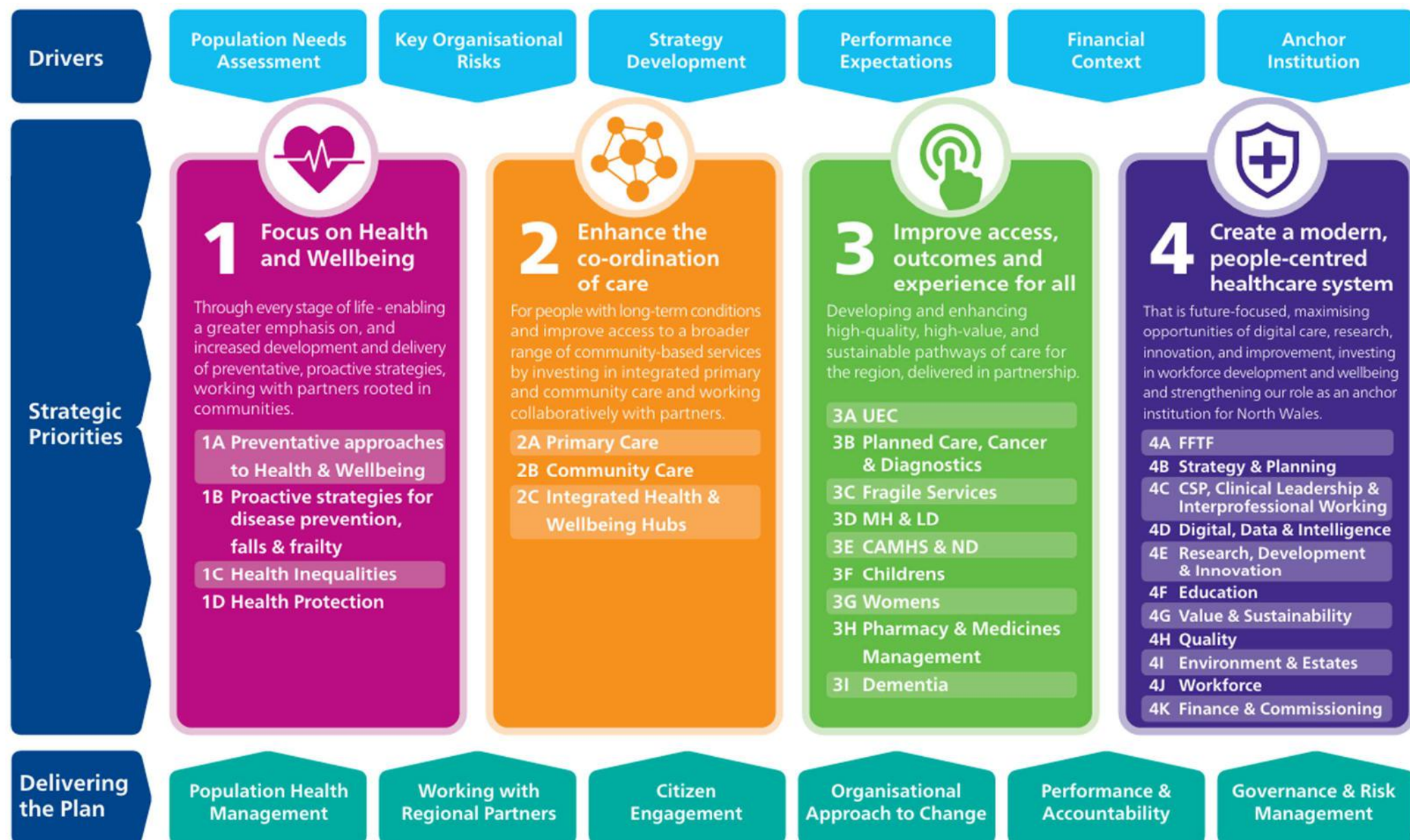
We remain determined in our ambition to create a modern, effective and trustworthy Health Board for North Wales. This plan represents the next step on that journey. We look forward to working with you as we continue to improve, together, for the people and communities we serve.

Dyfed Edwards
Chair



Carol Shillabeer
Chief Executive Officer







1 Focus on health and wellbeing

Healthier communities with fewer people smoking, more people with a healthy weight and in better physical and mental health.

Greater focus on the whole life cycle, from early years into older age.

Reduced risk factors and wider determinants of health such as environmental, social and economic factors.

More proactive care of frail people, reducing falls and need for healthcare services.

Increased screening for conditions such as cancer.

Fewer complications from diabetes due to better monitoring and management.

Improved equity of access between most and least deprived areas in relation to vaccinations, screening and diabetes prevention and care.

Immunise more people with a particular focus on more vulnerable groups such as children and older people.



2 Enhance the co-ordination of care

More traditionally acute hospital-based services moved into primary and community care.

More coordinated care in the community for people with long-term conditions.

More people benefiting from use of the NHS App for things like repeat prescription management.

More people receiving NHS dental care.

Working with partners to make better and more tailored support available for palliative, end of life and bereavement care.

More people using urgent care services available in the community across GPs, Optometry, Dental and Pharmacy.

Local breathlessness hubs in the community to support people experiencing chronic breathlessness.

Open new health and well-being hubs containing integrated services with partners to deliver better access to community based preventative care.



3 Improve access, outcomes and experience for all

Treat people who fall in the community out of acute hospitals where they will de-condition.

Direct patients to the most appropriate service, freeing up resources such as ambulances and emergency departments.

Better pathways for frail patients that come into emergency departments, supporting them into the most appropriate care setting as quickly as possible.

Improved waiting times for urgent and emergency care, through improving flow through and discharge from the hospital.

Improved waiting times for people awaiting planned care and cancer, covering their first appointment, diagnostics, procedures and onward therapy.

Improved quality of maternity services including reduced perinatal mortality rates.

Improved waiting times for people of all ages with Mental Health, Learning Disabilities and Neurodevelopment.

More people supported with substance misuse.



4 Create a modern, people-centred healthcare system

A clear long-term vision and strategy for our clinical services across North Wales, and an organisational structure that enables its delivery.

Improved clinical leadership and inter-professional working leading to better experience and outcomes for the population.

Improved and more resilient systems, data and insights to support better day to day delivery of safe services and their improvement.

More research and innovation projects and collaboration with education partners to provide improved health care for the future.

Improved value for money services ensuring that precious resources are spent to deliver maximum benefit to the population.

Higher quality safe services with reduced instances of patient harm, complaints and hospital acquired infections.

A more attractive and supportive place to work, investing in our staff and reducing spend on temporary staff.

SECTION 2 - CONTEXT & APPROACH

Strategic Context

The Health Board remains focused on delivering its purpose of improving health and wellbeing and providing excellent care to the people of North Wales. In line with 'A Healthier Wales', the long-term strategy for health and social care in Wales, the organisation is committed to working closely with partners to contribute to a whole system approach to health and social care. A core principle of the long-term strategy is to invest more resource into preventative and early intervention actions, seeing people away from acute hospitals wherever possible, within primary care and the community – closer to people's homes. As part of the Well-being of Future Generations (Wales) Act, the organisation ensures that it carefully considers the long-term impact of decisions in support of improving the social, economic, environmental and cultural well-being of Wales. The Act is also clear that the Health Board has a key role in reducing health inequalities by delivering equitable access, experience and care across all communities and groups in North Wales.

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

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

The organisation's Integrated Planning Framework covers this in more detail, but the areas of legislative and strategic requirements that influence the Health Board's strategies and plans fall into the areas outlined below.

Legislative Requirements	National	Regional	Local
- Welsh Language Act 1993 and Welsh Language Standards, Section 26 of the Welsh Language (Wales) Measure 2011. - NHS (Wales) Act 2006. - Equality Act 2010. - NHS Finance (Wales) Act 2014. - Social Services and Well-being (Wales) Act 2014. - Well-being of Future Generations (Wales) Act 2015. - Health and Social Care (Quality and Engagement) (Wales) Act 2020 – Including the Duty of Quality and the Duty of Candour.	- A Healthier Wales National Strategy. - National Clinical Framework. - Chief Scientific Advisor for Health report – NHS in 10+ years. - Ministerial Priorities. - NHS Wales Escalation Framework. - NHS Wales Planning Framework. - NHS Wales Performance Framework. - Quality Statements. - Horizon Scanning.	- Joint Population Needs Assessments. - Partner strategies and long-term plans.	- Strategic Intent co-development with Partners (the 4 Strategic Intent Statements provide the strategic framing for this IMTP). - Health Board's 10-Year Strategy (in development). - Health Board's Clinical Services Plan (in development). - Organisational Design Principles – 1) People centred, 2) Inclusive, 3) Wise spending, 4) Simplify, standardise and adopt best practice, 5) Digital first, 6) Equity and accessibility, 7) Consistency with the Health Board's Values of Compassion, Openness and Respect.

Planning Approach

Over recent years, the Health Board has taken significant steps forward in strengthening its planning maturity and adopting a more coherent, disciplined and evidence driven approach. This IMTP builds on learning from previous planning cycles, feedback from Welsh Government, the findings of the Special Measures Independent Review of Planning (2024), and the annual Planning Maturity Matrix (PMM) self assessment. Whilst progress is being made, the Health Board is not yet where it ultimately aspires to be, but it is moving steadily, and demonstrably, in the right direction.

Building on Learning, Feedback and Growing Maturity

The planning approach this year has been shaped by purposeful reflection and active feedback loops. Lessons from the 2025–2028 IMTP cycle highlighted the need for earlier engagement, clearer prioritisation, stronger clinical leadership, and a shift from “crowdsourcing” ideas to commissioning targeted, evidence-based programmes of work. Welsh Government feedback and the PMM continue to guide the development of the Health Board’s planning discipline, with the organisation now operating consistently at Levels 2–3 maturity and driving forward an agreed action plan for improvement.

The transition out of Special Measures further accelerated the development of a more robust, integrated and transparent planning system. This IMTP reflects the maturing approach to embedding continuous planning, moving away from annual episodic planning towards a year-round cycle of forecasting, engagement, delivery and review.

Executive Led - Prioritisation and Earlier Engagement

A key improvement this year has been earlier, deeper engagement within and outside the organisation. Priority setting conversations between the Chief Executive and Executive Team, building on Board Committee and Development Sessions, established a shared narrative and a clear set of expectations for the planning cycle. These sessions underlined the need to:

- Identify priorities earlier and more consistently.
- Narrow and focus the number of priorities while deepening clinical and operational involvement.
- Improve alignment between strategic intentions, the emerging 10-Year Strategy and the Clinical Services Plan.
- Ensure that planning is grounded in data, modelling and realistic delivery expectations.

A Significant Step Forward: The Integrated Planning Framework

The development and Board approval of the **Integrated Planning Framework (IPF)** in November 2025 represents a major milestone in the journey towards planning maturity. Informed by the PMM and national guidance, the IPF articulates:

- The organisation’s planning principles.
- Clear expectations for specialty, service, operational and corporate-level plans.
- Standardisation of planning processes and templates.
- A unified approach to modelling demand, activity, workforce, finance and performance.
- Integration with the Health Board’s Quality Management System (QMS), risk management, and performance frameworks

The IPF is supported by practical Planning Guidance, toolkits and enabling information requirements, ensuring a consistent approach to planning across the Health Board. The framework explicitly embeds statutory duties, including the Duty of Quality and Duty of Candour, and requires all plans to be aligned with national priorities, quality standards and the NHS Wales Planning and Performance Frameworks.

Strengthening Planning Capability and Culture

Developing organisational capability has been a deliberate focus throughout the year. Steps have included:

- Development of tiered planning training (Bitesize, Planning Basics, Diploma level).
- Clarifying roles and responsibilities within the planning system.
- Ensuring broader multi-professional engagement
- Embedding planning into the annual performance cycle and accountability processes.

These actions support the longer-term ambition of establishing planning as a core organisational discipline.

A More Integrated, Strategic and Deliverable IMTP

This year's IMTP takes a more strategic, coherent approach, aligned to the new four Strategic Intent Statements which will be at the core of the new 10-Year Strategy and Clinical Services Plan as they develop in 2025/26. Specialty and service level plans have been strengthened through clearer requirements around:

- Timebound deliverables.
- Quantified impacts and performance trajectories.
- Quality, workforce, finance and risk integration
- Alignment with enabling functions, including digital, estates, commissioning and change management
- Application of organisational design principles and QMS requirements

Continuing the Journey

While this IMTP represents a significant evolution in our approach, we recognise there is more to do. The organisation will continue to strengthen its planning maturity, embed unified modelling, and ensure planning becomes a continuous, integrated process that supports the delivery of high quality, sustainable and value driven services. This plan should therefore be seen as both a meaningful step forward and the starting point for further refinement and consolidation over the coming years.

Escalation and Intervention Level 5 (Special Measures)

On 27th February 2023, the Health Board was escalated to Level 5 'Special Measures' following the tripartite group of Healthcare Inspectorate Wales, Audit Wales and Welsh Government officials' meetings in November 2022 and January 2023. The escalation to Special Measures reflected serious and outstanding concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership and financial management. Some key headlines against the six domains are outlined below with the full set of de-escalation criteria to be found in the appendices.

Finance, Strategy and Planning	Aims to restore strong financial control and embed an organisation-wide, integrated approach to planning. It focuses on improving financial governance, strengthening accountability for resources, and developing realistic annual plans aligned with long-term clinical strategy. Achieving this ensures clearer prioritisation, better use of resources, and a sustainable route to financial balance.
Performance and Outcomes	Seeks consistent improvement in urgent and emergency care, planned care, cancer pathways and diagnostics. It brings together recovery actions into a single framework, ensuring delivery against national targets and reducing long waits. The goal is to build reliable, evidence-based performance management that produces better access and outcomes for patients.
Clinical Services	Focuses on stabilising fragile clinical services through strong leadership, clear governance and robust service-level improvement plans. It aims to ensure risks are understood, services are safe and compliant with professional standards, and clinical models are sustainable. Delivering this domain strengthens the resilience and quality of core services across the Health Board.
Governance and Leadership	Seeks to embed clear, compliant governance systems and develop a capable, stable leadership structure. It focuses on improving Board oversight, strengthening decision-making, and fostering a culture of accountability and learning. Success means the Health Board operates with mature governance, effective leadership and a culture that supports safe, sustainable care.
Quality of Care	Aims to strengthen clinical governance, improve learning from incidents and complaints, and embed consistent quality management processes. It includes improving infection prevention, patient experience feedback and compliance with the Duties of Quality and Candour. Achieving this ensures that high-quality, safe care is delivered consistently across all services.
Population Health and Prevention	Focuses on improving population health by strengthening primary and community care, supporting fragile GMS (GP) practices, and securing sustainable dental services. It aims to expand community-based services, reduce inequalities and shift care closer to home. Delivering this domain ensures prevention, early intervention and community resilience are central to the Health Board's model of care.

This IMTP integrates the Special Measures de-escalation criteria through the deliverables in Section 4 more clearly and has a mapping table in the appendices that indicates where in the plan each individual de-escalation criteria is planned to be addressed.

Progress made against the Escalation Framework domains

Quality of Care	Clinical Services	Performance & Outcomes
Consistently exceeded the 70% de-escalation target for complaints responses, reaching 83.4% as of January 2026. This exceeds the Welsh Government trajectory of 75% and has been sustained for over 12 months.	Improved governance and oversight of the 8 Challenged Services under Special Measures. This has led to the establishment of well rounded improvement plans and measurable improvements.	Since February 2023, there has been a 66% reduction in the number of planned care patient pathways greater than 104 weeks, with an 84% reduction in two-year waits for Orthopaedic treatment, a 57% reduction in General Surgery and a 65% reduction for ENT.
Improvements have extended across the broader concerns agenda with the new Integrated Concerns Policy being embedded throughout 2025 to achieve the prompt identification, review, learning and improvement from concerns, all led via the daily Integrated Concerns Hub.	Both Plastics and Oncology were considered to have made sufficient progress, including waiting times improvements and increased workforce stability, to be considered for de-escalation from Special Measures.	The number of planned care patient pathways waiting more than two years for a first outpatient appointment has fallen by 95% from December 2024 to December 2025 and the number waiting more than one year has reduced by 68% over the same period.
HIW de-escalation of Vascular and Ysbyty Glan Clwyd as services requiring significant improvement.	Waiting time improvements have been achieved across several services, in particular reductions in long waits in Vascular, Dermatology, Ophthalmology and Orthodontics.	The number of child and adolescent mental health (CAMHS) assessments undertaken within 28 days of referral has improved from 58% in February 2023 to 90% in December 2025, with compliance against the 80% standard maintained for 17 months.
Significantly strengthened quality and safety with the introduction of a Quality Management System (QMS), built on quality planning, improvement, control and assurance, now recognised as among the most mature in Wales.	Workforce strengthening has been a key priority with Oncology having made five new Consultant appointments, inclusive of three permanent Medical Oncologists, and fixed term appointments in Clinical Oncology.	CAMHS waiting times to start therapeutic intervention following an assessment within 28 days has improved from 27% in February 2023 to 70% in December 2025.
An Organisational Learning Forum, supported by the Learning Repository has been established to ensure learning is shared and disseminated across the organisation.	Performance against the three Oncology Chemotherapy treatment targets is continuing to improve and over 90% of routine patients are being seen within 21 days.	The Health Board has delivered the highest number of pharmacist independent prescribing consultations in Wales, expanding same-day access for minor conditions and medicines optimisation, reducing pressure on GP practices and Emergency Departments.
Lower rate of Nationally Reportable Incidents (NRI) than the All-Wales average for the period ending December 2025 (2.46 vs 2.50). The average number of days to complete an NRI investigation is the lowest in Wales, remaining consistent at 75 days set against the current All-Wales median of 125 days.	Progressing with Digital advancements is also core to the future sustainability of these services. The MyMedical Record is now in place in Urology with 3947 patients now remotely tracked for PSA (Prostate Specific Antigen).	Urgent and Emergency Care site level improvement was recorded through September – October: Ysbyty Glan Clwyd reduced 45minute handovers by c.37% while conveyances were broadly static.
The Electronic Prescribing and Medicines Administration (ePMA) system has been rolled out across the Health Board during the latter part of the 2025/26 with excellent clinical feedback, and leading to new ways of working and improved safety and quality.	Estates developments and delivering care in different settings are also central to improving these services and supporting longer-term strategic direction. The Connah's Quay Health Centre is supporting both Plastics and Dermatology, improving local access in the community and throughput. This went live during February for both outpatients and minor operative procedures.	The dermatology cancer backlog has been reduced to the lowest number of skin waiters since July 2023 with a 68% reduction in patients waiting over 21 days for a first dermatology appointment.
Healthcare Inspectorate Wales (HIW) undertook an unannounced inspection of the Hergest Mental Health unit in September 2025 and identified improvements made in leadership visibility, safety protocols, infection control and patient experience.	Collaboration with Primary Care is evident within Ophthalmology with an extended workforce delivering WGOS (Welsh General Ophthalmic Services) pathways. The Glaucoma Teach and Treat service has expanded with four graduates now seeing patients resulting in a reduction of 700 long-waiting patients.	Cancer waits for the rapid access breast clinic have fallen significantly, reducing the number of patients waiting more than 21 days from 242 to 53 by the end of February 2026.

Population Health & Prevention	Finance, Strategy & Planning	Governance & Leadership
A growing emphasis on prevention and early intervention within primary and community care, as can be seen within this plan's dedicated priority areas.	Co-creation of 4 Strategic Intent Statements with partners as the first major milestone in the strategy development programme of work.	Strengthened Board oversight including approval of a series of frameworks to support organisational stability.
The expansion of pharmacist independent prescribing and the introduction of new dental contracts have increased access in areas of highest need, supporting more timely care and relieving pressure on acute services.	A number of strategy stakeholder engagement events took place over Q3 and Q4 that informed the Strategic Intent Statements and are also feeding into the 10-Year Strategy and Clinical Services Plan discovery work.	The Board has adopted an open and transparent approach, including publication of lessons learned in response to historic issues.
Frailty pathway developments and improvements in intermediate care represent positive steps towards moving care closer to home and helping maintain resilience across community settings.	Clinical Services Plan phase 1, which focused on the organisations most challenged services, has seen improvements in all areas.	Strategic relationships maturing with Local Authorities, the Third Sector, the Regional Partnership Board, the Public Service Boards and Llais.
Primary care contracting arrangements have matured considerably, offering clearer assurance mechanisms and greater service stability.	Welsh Government Planning Maturity Matrix self-assessment completed, achieving levels 2 and 3 across all domains.	The Board routinely receives citizen experience and insight through a quarterly Citizen Experience Report, strengthening organisational learning and accountability.
Service redesigns, such as the move towards broader low-intensity weight-management support, are assisting with widening access and addressing inequalities for excluded groups.	Integrated Planning Framework re-written to take into account the wider organisational approach to planning and the learning from the maturity matrix self-assessment.	Strengthened risk management approach, through the development of a Risk Management Framework, the team being recognised at the CIR Risk Management Awards.
Breastfeeding support networks are demonstrating tangible benefits, including reduced dropout rates.	In 2025/26 the Health Board submitted its first ever financially balanced 3-Year Integrated Medium-Term Plan, a significant milestone in itself but even more so given the substantial deficit position the current Board inherited.	The Board and its committees have each completed a self-assessment, contributing to an annual report in September 2025 detailing progress made.
Community-based initiatives such as My Life in Conwy West are providing tailored lifestyle guidance informed directly by local need.	This Integrated Medium-Term Plan (2026-29) is a far more delivery focused plan, containing timescales, impacts and risks to delivery for the first time. Addressing feedback from Welsh Government on the 2025-28 plan.	Board Effectiveness follow up report by Audit Wales in February 2024 indicated significant improvement from February 2023.
Smoking cessation performance remains strong, with high engagement across at-risk groups, particularly in more deprived communities and among pregnant women.	Improvement in both financial performance and the financial control environment leading to the financial performance expectations for 2024/25 being met.	Improving leadership capability through the development and implementation of an Integrated Leadership Development Framework and now over 100 Culture Change Leaders supporting positive change in culture across the organisation.
Work to address wider determinants of health is making progress, supported by the development of a regional prevention and wellbeing framework, advances towards a unified social prescribing model, and the early establishment of an inclusive health offer for populations experiencing the highest levels of inequality.	The Value and Sustainability programme has exceeded its £40m savings target in 2025/26 by an additional £4.9m.	A Clinical Leadership Immersive Programme has been established focusing on accountability, risk appetite and decision-making.
A focus on community hubs as places for local well-being, including examples such as the Gwelfor community hub in Holyhead. This offers inclusive activities that reduce isolation and support people of different age ranges to connect, with features including a Men's Shed, dementia group, bereavement café, warm space and community events.	The Special Measures action plan for Finance has been fully implemented and an unqualified 'true and fair' audit opinion for the Health Board accounts for two consecutive financial years.	Values and Behaviours Framework approved by Board continues to be embedded across the organisation.

SECTION 3 – DRIVERS

Population Health Needs

The health needs of North Wales are shaped by a rapidly ageing population, rising multimorbidity, and persistent inequalities, driving increased demand for care associated with frailty and long-term conditions. Forecasts from the Chief Scientific Advisor for Health show substantial increases across all major chronic conditions, including diabetes, cancer, cardiovascular disease, respiratory disease, muscular-skeletal (MSK), mental illness and neurological conditions, particularly dementia.

Understanding population need is fundamental to planning safe, effective, and sustainable services. The Health Board draws on a range of intelligence sources, including the North Wales Regional Partnership Board (NWRPB) Population Needs Assessment (PNA), alongside national modelling, disease forecasts and local public health data.

1. Demographic Change and Ageing

North Wales has one of the oldest population profiles in Wales. By 2040:

- The population aged 65+ will increase by 25%
- The population aged 85+ will increase by 59%
- The population aged under 65 will decline by 3.1%

The changing age profile also affects the workforce supply, with a reduction in the working age population, requiring redesigned roles, new skill mixes, digital innovation and strengthened education partnerships. This reinforces the need for anticipatory, community based, integrated models of care to tackle future demand and help people to maintain independence for longer with good quality of life.

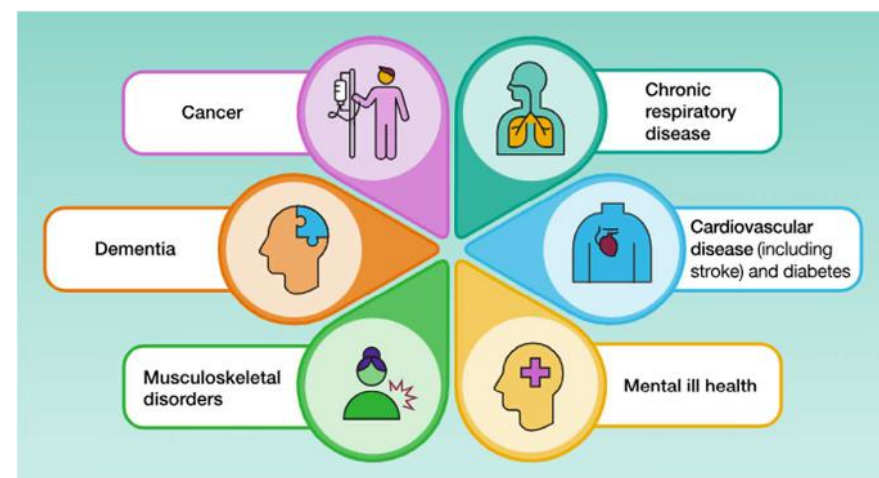
2. Long-Term Conditions and the Six Major Diseases

The burden of long-term conditions is increasing across Wales, but North Wales faces a particularly sharp rise. The Chief Scientific Advisor for Health forecasts that:

- The number of people living with complex multimorbidity (4+ conditions) will double by 2035
- Diabetes prevalence will rise by 25%, meaning around 60,000 North Wales residents will live with diabetes by 2035

The Six Major Diseases, which account for 70% of all NHS activity, are central drivers of demand. The Welsh Government's Six Major Diseases programme highlights six conditions that drive the highest levels of mortality, morbidity and health service use:

While the relative burden of each condition varies locally, together these six conditions account for a substantial proportion of preventable morbidity, use of services and health inequality. Addressing these collectively enables a focus on shared risk factors, multi-morbidity and sustainable service models.



By 2040, the number of people requiring support to undertake activities of daily living (ADLs) is projected to increase by one-third. This has major implications for: Community nursing and therapy services, Intermediate care and for our partners in Local Authority in relation to long-term social care and carer support and respite services.

This reinforces the need for whole-system integrated, preventative community pathways that promote independence, recovery and wellbeing.

3. Prevention, Risk Factors and Inequalities

Many long-term conditions are preventable. However, North Wales has [higher prevalence of smoking, physical inactivity, poor diet and harmful alcohol use](#) than Wales as a whole. These risk factors cluster in deprived communities, widening inequalities in health outcomes such as early death, healthy life expectancy, chronic disease burden, and affecting access to interventions and care including: emergency care usage, screening uptake and early diagnosis (inverse care law).

We need to create the conditions which support and enable people to improve their health outcomes. This can be enabled through strengthening prevention across all settings, including within primary care, schools, communities, and workplaces and through maximising the contribution of anchor organisations to create healthier environments.

Health outcomes are strongly shaped by the social, economic and environmental context in which people live. North Wales includes some of the most deprived communities in Wales:

- [5 areas \(Lower-layer Super Output Areas - LSOAs\) in the top 10 most deprived in Wales](#)
- [Denbighshire](#) contains the *most deprived* LSOA in Wales and has [10 LSOAs \(17.2%\)](#) in the most deprived 20%
- [Wrexham](#) has [15 LSOAs \(17.9%\)](#) in the most deprived 20%

A whole-system approach through the Regional Wellbeing, Prevention and Anchor Framework, can contribute to addressing inequalities and supporting long-term wellbeing in our most vulnerable groups.

4. Implications for Planning and Performance

Population health needs have material implications for the Health Board's ability to recover performance, deliver high-quality care and meet financial duties.

- [Demand and Capacity](#): Rising multimorbidity and ageing will continue to outpace current capacity without significant redesign.
- [Performance](#): Chronic disease prevalence is a primary driver of cancer waits, planned care backlog, UEC pressures, diagnostics and mental health performance—all critical to Special Measures de-escalation.
- [Workforce](#): Demands for new skills, increased community workforce, improved staff wellbeing and new education pathways are essential to the IMTP.
- [Finance](#): With a “zero investment” budget and limited inflationary uplift, the Health Board must prioritise value, prevention, and high impact change programmes.

Addressing these challenges requires a whole-system approach: strengthening prevention, tackling the wider determinants of health, enhancing community and cluster-based services, increasing diagnostic and treatment capacity for the Six Major Diseases, and ensuring the workforce and service models are responsive to a changing population. Population health intelligence therefore remains the foundation for all planning decisions and transformation priorities across the IMTP.

Health Board Profile

Betsi Cadwaladr University Health Board (BCUHB) is the largest integrated health system in Wales, serving diverse communities across North Wales. Working closely with partners across public, voluntary and independent sectors, the Health Board delivers care that is compassionate, safe, and grounded in the needs of the population.

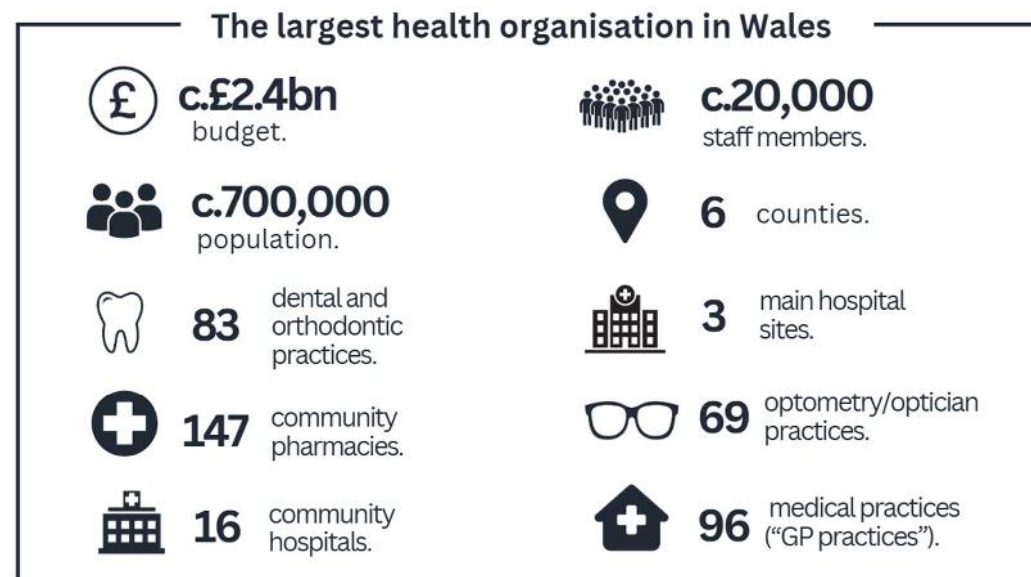
Covering the six counties of North Wales, the Health Board provides a comprehensive range of [primary, community, mental health and acute hospital services](#) for a population of more than 700,000 people. The service model is built around strong primary care foundations, growing community provision, and three acute hospitals: [Ysbyty Gwynedd](#), [Ysbyty Glan Clwyd](#), and [Wrexham Maelor Hospital](#), supported by additional surgical and diagnostic services delivered from Abergele and Llandudno hospitals.

Care is delivered through a mixed model of directly provided services and independent healthcare contractors, with strong networks of GP practices, dental and optometry providers, and community pharmacies. Community based teams provide a wide range of services including district nursing, health visiting, therapies, palliative care, and mental health support, coordinated across [14 primary care clusters](#) and a network of [community hospitals and local bases](#). The Health Board also delivers healthcare services within [HMP Berwyn](#), ensuring equitable access for all populations.

Where specialist or highly complex care cannot be provided locally, the Health Board works collaboratively with NHS providers across Wales and England to ensure timely and appropriate access to regional and supra-regional services.

As an anchor institution and one of Wales' largest employers, the Health Board plays a central role in the health, wellbeing and economic stability of North Wales. In partnership with Public Health Wales and local authorities, the Health Board contributes to improving population health through preventive programmes, vaccination delivery, school health services, and targeted action to reduce health inequalities.

The Health Board continues to strengthen its integrated model of care, focusing on prevention, early intervention, and high-quality clinical pathways that support better outcomes and experiences for patients and communities. This IMTP sets out how the organisation will build on these foundations, improve the quality and sustainability of services, and deliver the changes required to secure long-term improvement for North Wales Strategic Intent.



Anchor Institution

The Health Board recognises its role as a major Anchor Institution within North Wales, with significant influence on the wider determinants of health and wellbeing through its workforce, procurement, estates, environmental stewardship and engagement with communities. In line with the Well-being of Future Generations (Wales) Act and the principles of A Healthier Wales, the Health Board is working in partnership with local government, higher education and Third Sector organisations to develop the North Wales Anchor Charter.

The Charter establishes a shared regional commitment to maximising the positive social, economic and environmental impact of Anchor Institutions. It reflects the collective ambition of partners to use their role as employers, commissioners and civic institutions to strengthen communities, reduce inequalities and support the development of a wellbeing economy. This work aligns with wider regional priorities, including the North Wales Regional Economic Framework and the Regional Partnership Board Area Plan, and supports the Health Board's strategic objective to work collaboratively with partners to improve population health and wellbeing.

The Charter provides a consistent framework to guide action across five core Anchor themes: [workforce](#), [employment and skills](#); [procurement](#); [estates](#); [environmental sustainability](#); and [community engagement and civic leadership](#). It builds on existing good practice across organisations and captures examples of impact through shared case studies, supporting collective learning and enabling partners to scale effective approaches. The Charter is designed as a living resource, enabling partners to strengthen and evolve their approach over time in response to emerging needs, financial constraints and policy developments.

During 2025/26, the Health Board has led the coordination and development of the draft Charter, working closely with regional partners to agree its structure, priorities and governance arrangements. Subject to partner endorsement, the Charter will provide a foundation for coordinated Anchor activity across North Wales, supporting delivery of prevention, reducing inequalities and strengthening community resilience as part of the Health Board's long-term strategic direction.

Strategy Development

Over the past year, the Health Board has significantly strengthened and formalised its strategic planning arrangements to ensure a coherent, integrated and forward-looking approach to improving the health and wellbeing of the population of North Wales. This work is being delivered through a structured Strategy Programme comprising three core products:

- **Strategic Intent Statements**
- **10-Year Strategy**
- **Clinical Services Plan (CSP)**

A [Discover–Design–Deliver](#) approach provides the overarching framework for this programme. The [Discover](#) phase builds a shared understanding of population needs, service pressures and opportunities for improvement. [Design](#) then uses these insights to co-produce future models of care and define the strategic choices required to deliver them. Finally, [Deliver](#) translates these priorities into coordinated programmes of change, supported by robust governance and measurable benefits. This methodology ensures the Health Board's long-term strategy is evidence-based, co-produced and actionable.

Collectively, the Strategy Programme provides a clear route map for long-term transformation, aligning population need, service planning, resource decisions and Welsh Government improvement expectations.

Strategic Intent Statements

The four Board approved Strategic Intent Statements set out the major long-term ambitions the Health Board will deliver for the population over the next decade. Developed collaboratively with partners, they provide a clear strategic anchor for this IMTP, articulating organisational priorities while supporting the continued delivery of Special Measures requirements and wider Welsh Government expectations.

These Statements are underpinned by a draft Strategic Vision for Health and Wellbeing in North Wales, which describes the Health Board's ambition for fairer, more compassionate and sustainable care, and healthier communities. The Vision will continue to be tested and refined through ongoing engagement, with a final version to be confirmed as an output of the 10-Year Strategy Discovery Phase.

10-Year Strategy

The new 10-Year Strategy will replace the existing Health Board Strategy 'Living Healthier, Staying Well' which although published in 2018 was not operationalised in any significant way. The new Strategy will establish the choices, principles and system-wide direction required to realise the Strategic Intent Statements and respond to any further priorities emerging from the Discovery Phase. It will articulate how services, workforce, digital capability, estate and partnerships must evolve to support a sustainable, high-quality health and care system.

The Discovery Phase will conclude by Q1 2026/27, with a draft strategy to be published in Summer/Autumn 2026 and final approval planned by the end of 2026.

Clinical Services Plan (CSP)

The CSP will describe how clinical services will be configured to maximise quality, safety, outcomes and performance. It translates the 10-Year Strategy into an operational blueprint for long-term models of care.

Phase 1 of the CSP, which focused on Welsh Government-designated 'challenged services', commenced in 2025/26 and has delivered steady progress and evidence of service improvement in line with Special Measures requirements. Phase 2 will begin in April 2026, building on preparatory work undertaken throughout 2025/26.

A CSP Discovery Phase report will be completed in September 2026, ahead of the first tranche of services entering detailed clinical design in late 2026.

Performance Expectations

The performance expectations that have supported development of the plan have been sourced from:

- Cabinet Secretary's Delivery Expectations.
- Cabinet Secretary's Enabling Actions.
- Special Measures De-escalation Criteria.
- NHS Wales Planning Framework.
- NHS Wales Performance Framework.
- Ministerial Advisory Group (MAG) on NHS Wales Performance and Productivity Recommendations for Health Boards.
- Cabinet Secretary's 'Improving Performance Together' priorities.

Mapping tables are available in the appendices against each of these sets of requirements with specific references used throughout the plan to create complete transparency on the Health Board's plans to deliver against these requirements. The Health Board have prioritised the first three areas of the list above – the Special Measures De-escalation Criteria have been summarised in an earlier section of the plan and a summary of the Delivery Expectations and Enabling Actions can be found below.

Strategic priorities for 2026-29	2026/27 Delivery Expectation
Timely Access to Care	Ensure no ambulance patient handover waits over 45 minutes
	Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.
	No patients waiting more than 104 weeks for referral to treatment .
	Number of patients waiting more than 8 weeks for a specified diagnostic – target zero .
	Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.
Population Health & Prevention	Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.
	Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care .
	At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.
	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes .
Community by Design	Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.
	(National requirements and expectations will be specified by the Community by Design Transformation Programme Board).
Mental Health Access	Implement and evaluate Open Access Mental Health Support by March 2027.
	Improve safety in Secondary Care Mental Health services by March 2027.
	Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.
Women's Health	Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan).
	Improving the quality of our maternity services by reducing perinatal mortality rates .
Quality and Safety	Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
	Days of safe care delivered since the last never event , monitored using SPC T-Chart.
	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027.
	The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge. In addition, 90% of all identified coding errors must be corrected within 35 days of identification. There must be a focus on quality of coding with an emphasis on specificity , and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

Strategic priorities for 2026-29		2026/27 Enabling Actions
Productivity		Increase productivity enabled by use of the total factor productivity model .
Mental Health		Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.
Timely Access to Care		Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists , with an initial focus on – Cataracts, Arthroplasty, and General Surgery procedures .
		Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer .
		Theatre session utilisation is improved to achieve GiRFT standard of 85% .
		Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated.
		Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.
		Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes , aiming for achievement of >90% in 15 minutes by the end of 2026/2027.
		Deliver all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework .
		Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals.
		Deliver all principles set out in the six goals for urgent and emergency care programme community-based falls response framework.
		Deliver all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework.
Building Community Capacity		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 .
Maximising Value for Money		Non-Pay - ensure implementation of Value & Sustainability Board recommendations.
		Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme.
		Estate - strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.
		CHC - ensure implementation of Value & Sustainability Board recommendations.
Improving Value, Optimising Outcomes & minimising Variation		Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health .
		Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.
Workforce Productivity		Ensure effective implementation of job planning policy , to include ensuring that > 90% of all Consultants have an agreed job plan in place.
		Continue to deliver a further and sustained reduction in agency expenditure , with a target 30% reduction in 2026/27.
		Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.
		Reduce in agency spend on Healthcare Support Worker, Admin & Clerical , and Estates & Ancillary staff .
Population Health & Prevention		Ensure a reduction in sickness absence in 2026/27.
		Ensure progress of the focused Diabetes High Value High Impact pathway .

Financial Context

The 2026–29 planning period presents a challenging financial landscape for all NHS Wales organisations. The Annual Inflationary Allocation for growth limiting 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.

This requires an approach for allocation of resources that concentrate on the highest value care, using evidence, outcomes and patient experience to guide decisions, while streamlining or consolidating lower impact activity. This value-based lens supports a transparent and evidence-based prioritisation approach with finite resources targeted in areas that deliver the greatest benefit for the people of North Wales, supporting staff in delivering high-quality accessible services that drive improved outcomes for the local population.

Financial delivery will need to be balanced with the full range of Welsh Government performance expectations. In some areas, the pace of improvement may need to be sequenced to reflect capacity, risk and value considerations; this IMTP seeks to clearly set out those choices openly and track progress through strengthened performance and risk frameworks to ensure we continue to build on the improvements realised in previous financial years.

Improving productivity, efficiency and utilisation is central to delivering locally provided enhanced access to care in the time of need and indeed this will also be instrumental in moving to a sustainable offering for the local population. The Health Board will utilise Nationally endorsed approaches to ensure services are productive and efficient, utilising evidential means to assess current performance and drive improvements, to include GIRFT, recommendations from the Ministerial Advisory Group (MAG), and the Cabinet Secretary's Enabling Actions.

The Health Board has formed an internal Value & Sustainability programme to improve services (aligned with the National Value & Sustainability Board) and this will be an important vehicle to support standardisation of pathways, realisation of productivity gains, reduction of waste and a reduction in unwarranted variation, these improvements supporting as a by-product financial sustainability as productivity and efficiencies are enhanced. The primary aim of this work being to improve access to quality services for the local population that will deliver improved patient experience and outcomes.

The development of the Clinical Services Plan and changes to the organisation's operating model during 2026/27 will create further opportunities to work more effectively across North Wales, supporting regional service models, reducing duplication and strengthening resilience. As part of this, strategic partnerships will be explored where they can enhance sustainability, quality and access, and where collaboration can accelerate benefits for patients and staff.

Overall, the IMTP sets out a pragmatic route to delivering improvements in productivity and efficiency of key services through service re-design, regional working, productivity improvements and a focus on value, offering high quality services with timely access to care provided through a skilled and motivated workforce that are sustainable within the financial allocations afforded to the Health Board, realising improved outcomes for the local population. It recognises the challenges while keeping open the path to improvement through disciplined planning, clinical leadership and sustained partnership working.

Key Organisational Risks

One of the key drivers of the Board's strategic priorities is the key organisational risks. The table below was considered as part of the IMTP's strategic direction setting session with Board Members, with its influence visible throughout sections 4 and 5 of the plan.

Risk Title & Description	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type Appetite Level
Timely Patient Access to Safe and Effective Care - There is a risk that patients may not receive timely access to the care they need, which could lead to deterioration in health, poor patient experience, and poorer outcome.	5x4 20	12	Quality (<15) Above Tolerance
Future Demand & Sustainable Workforce - There is a risk that the organisation will not have a sustainable workforce to meet future patient demand.	4x4 16	8	Quality (<15) Above Tolerance
Population Needs - There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population.	4x4 16	12	Quality (<15) Above Tolerance
Modernising our Digital Infrastructure - There is a risk that patients may experience delays, reduced access, or compromised care quality due to limited infrastructure capability and lack of deliverability.	5x4 20	12	Quality (<15) Above Tolerance
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 HB does not effectively implement or develop its strategic change programmes.	4x3 12	8	Quality (<15) In Tolerance
Value Delivery and Financial Sustainability - There is a risk that the Health Board is unable to secure current non-recurrent (one off) allocations in future financial years, these allocations conditional on attainment of financial plans.	5x4 20	12	Financial (<15) Above Tolerance
Leadership and Operating Model - There is a risk that patients may experience delays, reduced quality of care, or fragmented services if the organisation does not have an operational model to deliver its strategic objectives.	4x4 16	8	Quality (<15) Above Tolerance
Non-Compliance with Regulatory and Legislative Requirements - There is a risk that the organisation may fail to comply with regulatory and legislative requirements, which could directly or indirectly impact the safety, quality, and accessibility of patient care.	4x4 16	8	Regulatory (<15) Above Tolerance
Safe Environment - There is a risk that patients may be exposed to unsafe, uncomfortable, or unsuitable care environments if the organisation's estates and infrastructure are not maintained to appropriate standards.	4x5 20	12	Regulatory (<15) Above Tolerance
Health and Safety - There is a risk that the organisation will not maintain a safe environment for staff and patients in line with health and safety legislation.	4x4 16	8	Regulatory (<15) Above Tolerance
Cyber - There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major Information, Communication and Technology failures or cyber-attack.	5x4 20	15	Quality Above Tolerance

SECTION 4 – STRATEGIC PRIORITIES

Navigating Section 4

This section outlines the key delivery priorities for the organisation structured around its new four Strategic Intent Statements that have been co-created with Partners across North Wales. They move the organisation forward from the previous five Strategic Objectives which evolved out of the organisation’s Special Measures response plan. They act as a bridge into the new 10-year Strategy which will be developed over 2026/27 and have these four Strategic Intent Statements at its core.



Each priority area sets out ‘why this is a priority’, ‘what we will deliver’, ‘what difference it will make’ and the ‘risks to delivery and how we’ll mitigate them’. In the ‘what difference it will make’ section there is a delivery confidence against the Special Measures De-escalation Criteria and the Welsh Government Planning / Performance Framework expectations.

Delivery confidence:	Low	Medium	High

The scores in the risk table are a calculation of **likelihood** multiplied by **impact**, using a 1 to 5 scoring system for both.

**1**

Focus on Health and Wellbeing through every stage of life – enabling a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities.

1A – Preventative approaches to Health & Wellbeing

Why this is a priority

Most care delivery in the NHS now relates to long-term conditions the majority of which have significant preventable factors. Preventable health measures should consider all stages across the life course – from pre-conception and into older age. This can reduce the likelihood and severity of chronic illness, reducing flow towards acute settings.

Encouraging healthy behaviours can prevent illness reducing demand across public services, including hospital services, GP appointments, emergency care, and long-term social care. It can also reduce costs of treatment over long periods and free up capacity in the health and care system to focus on more complex or urgent care needs. Population health and wellbeing is crucial for North Wales's socioeconomic resilience and the resilience of its communities.

Preventative approaches empower people to take an active role in their own health including improving individual mental wellbeing, maintaining independence which can lead to a better quality of life as people age. Through whole system approaches, conditions can be created for good health through focused approaches which prevent problems arising in the future, build resilience, reduce the incidence of disease and encourage healthy behaviours. Much of this can be delivered outside of the acute setting and by working collaboratively across sectors.

What we will deliver

2026/27 Deliverables

Workstream	Deliverable	Executive Lead - Committee	Quarter	Ref	Impacts
Healthy Weight	1A.1 - Develop a proposal to support referrals to appropriate support following participation in Child Measurement Programme (e.g. to CAMHS, Children's, Dietetics, Weight Management). (Links to 3E – Child and Adolescent Mental Health & Neurodevelopment, 3F – Children and Young People Services)	Executive Director of Public Health - PPHP	Q3	DE-06	P04
	1A.2 - Implementation of the recommendations in the Weight Management Review, increasing activity in Level 2 Adult weight services.	Executive Director of Public Health - PPHP	Q2 - Q4	AR-02	P05

	1A.3 - Deliver approved Grant funded Programmes of work (Prevention and Early Years, Whole School Approach, Whole System approach to Healthy Weight) (Links to 3F – Children and Young People Services)	Executive Director of Public Health - PPHP	Q4	DE-06 AR-02	P04-P05
	1A.4 – Provide education and targeted approaches to healthy choices through supporting schools, early years environments and families through Dietetics - early years programmes (Come & Cook, Tiny Tums). (Links to 3F – Children and Young People Services)	Executive Director of Public Health - PPHP	Q1 - Q4	TPG-41 AR-02	P04-P05
Health Improvement	1A.5 - Act on the conditions that influence risk factors for ill-health (e.g. environmental, social or economic interventions), including promoting a state of good mental and physical health through assessment of impact including: 1) influence planning applications 2) work with the Alcohol Partnership Board and Public Service Boards (PSBs) to implement their plans 3) contribute to developing the environment through local development plans and Actif North Wales to consider green and blue spaces. (Links to 3D – Mental Health & Learning Disabilities, 3E - Child and Adolescent Mental Health & Neurodevelopment)	Executive Director of Public Health - PPHP	Q4	AR-02 TPG-41	P01-P05
	1A.6 - Agree and commence a phased implementation of an enhanced Health Improvement offer within the Health Board and with partners across the health system that increases access to evidence-based opportunities to improve health and wellbeing outcomes.	Executive Director of Public Health - PPHP	Q4	AR-02 TPG-41	P01-P05
	1A.7 - Produce gap analysis and opportunities from the potential and current state to shape the enhanced Health Improvement offer for services.	Executive Director of Public Health - PPHP	Q4		P01-P05
	1A.8 - Embed Health Improvement into the following areas: 1) delivery planning to support Statement 2 & 4 of the National Mental Health & Wellbeing Strategy (led by Mental Health Services / Public Health Wales), 2) refresh the Preconception Strategic Plan, 3) response plan developed from the weight management review recommendations. (Links to 3D – Mental Health & Learning Disabilities)	Executive Director of Public Health - PPHP	Q4		P01-P05
	1A.9 - Healthy Travel Charter – increase the number of participating organisations each quarter, supporting Public Service Boards (PSBs) and wider partners to register organisational commitment at a regional and national level.	Executive Director of Public Health - PPHP	Q4		P04-P05
Staff Training	1A.10 - Embed Making Every Contact Count (MECC) brief intervention training into organisational processes to increase numbers of trained staff.	Executive Director of Public Health - PPHP	Q1-Q4	TPG-29	P01-P05
Related deliverables covered in other sections	■ 2A – Primary Care ■ 3D – Mental Health & Learning Disabilities ■ 3G – Women’s Health				

2027/28 Deliverables

- Continuation of the health improvement work which involves short, medium and longer-term change. Years 2 and 3 will see the delivery and embedding of improvements and transformation.
- Work with the Office of the Future Generations commissioner to identify the current prevention activity and resources in the health board.

2028/29 Deliverables

- The new Health Improvement Offer will enable increased access to services and interventions thereby reducing inequalities and will also demonstrate new and innovative ways of service delivery.
- The implementation of prevention activity will contribute to reducing demand within the health system i.e. primary care, unscheduled care and planned care.
- Focus will be on evaluation of key elements of the offer and increasing spread of effective interventions.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Percentage of adult smokers who make a quit attempt via smoking cessation services.	AR-02 QA-01	N/A	7.5% by Q4	Reset to 0	1.5%	3.5%	5.5%	7.5%
P02	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. Target: 40% each quarter	AR-02 QA-02	N/A	40%	23.9% ³	40%	40%	40%	40%
P03	% Improvement in Breastfeeding rates at 10 days		N/A	Increase by 1%	48% ⁴	48.25%	48.5%	48.75%	49%
P04	Reduction in childhood obesity (4 to 5 year old) in lowest two quintiles.	DE-06 AR-02	N/A	Year on year decrease	13.1% ¹	N/A	N/A	N/A	2% reduction
P05	Level 2 Adult weight service – increase activity rates – Target – 10% increase	AR-02	N/A	N/A	370	380	390	400	407

Notes: ¹ Awaiting Baseline March 26 (PHW) 13.1% is 2023/24 baseline, ² in lowest 3 quintiles, ³ baseline as at February 26, ⁴ baseline as at December 25)

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Prevention focused grant funding is non-recurrent.	3 x 3 = 9	Provision for continuation of services dependent on grant allocation forms part of service delivery plans as per Audit action plan (25/26).	Q1	3 x 2 = 6
R02	Percentage of Help Me Quit Smoking clients will not come in F2F (to carry out CO validation), particularly	3 x 3 = 9	New specification will include some support from pharmacy to take CO readings when clients pick up products.	Q4	3 x 2 = 6

	post covid as telephone/digital support is a more popular form of support.				

1B – Proactive strategies for disease prevention, falls & frailty

Why this is a priority

Over 60% of NHS activity is linked to chronic long-term conditions which impact significantly on capacity, and demand for services. Most care delivery in the NHS now relates to long-term conditions many of which are preventable or have risks that can be modified.

The North Wales population is ageing and falls and frailty are a significant driver of demand across primary and acute NHS Services and is expected to increase. Preventing falls and frailty is crucial to the NHS because it protects people's health, preserves independence, and reduces avoidable pressure on already stretched services.

In order to reduce the prevalence and impact of disease, falls and frailty on health services, it is vital to shift focus towards prevention, early intervention and detection, and the prevention of deterioration through greater use of population and clinical intelligence. This includes bringing together available academic evidence, local data and evidence (e.g. patient experience feedback) and stakeholder involvement to improve services and outcomes.

Applying data and evidence through population health management will allow the organisation to target action within identified population groups towards where there is a strong likelihood of a health risk occurring, develop tailored interventions to prevent or reduce the impact of health risks which would contribute to preventing further deterioration, and optimise how the early stages of disease is detected.

Intervening in the early stages of disease can prevent the disease from progressing, allows people to self-manage their health, improves health outcomes, prevents the individual developing other health conditions and ensures that people can continue to live their lives fully within their families and communities.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Executive Lead - Committee	Quarter	Ref	Impacts
Public Health & Population Health Intelligence	1B.1 - Develop and agree a comprehensive road map that outlines priorities, roles, data requirements and phased delivery actions to support the development of the Population Health Management (PHM) Programme.	Executive Director of Public Health - PPHP	Q3		N/A
	1B.2 - Develop and launch a suite of health intelligence resources that support improved, evidence-based decision-making in service planning and help identify and reduce inequalities.	Executive Director of Public Health - PPHP	Q2		N/A
	1B.3 - Establish a Population Health Management (PHM) programme with the Digital Team (DDAT) through development of a comprehensive road map, that will facilitate sustainable	Executive Director of	Q4	TPG-46	N/A

	healthcare transformation in future years by targeting interventions that prevent ill health, improve care and support for people with ongoing health conditions, and reduce inequalities in health outcomes.	Public Health - PPHP			
Diabetes	1B.4 – Complete implementation of the focused Diabetes High Value High Impact pathway. (Links to 2A – Primary Care, 4G – Value & Sustainability)	Executive Director of Public Health - PPHP	Q4	EA-25	P01
	1B.5 - Identify place-based approaches within Primary and Community care and develop options which respond to population need and deliver holistic patient centred care for people living with diabetes. (Links to 2A – Primary Care, 2B – Community Care, 4C – Clinical Services Planning, Clinical Leadership and Interprofessional Working)	Executive Director of Public Health - PPHP	Q4	TPG-53	P01
	1B.6 - Support improvement and reduce variation in performance and compliance in relation to Diabetes priorities including: 8 Care Processes and reducing variation. (Links to 2A – Primary Care)	Executive Director of Public Health - PPHP	Q4	TPG-47 TPG-47	P01
	1B.7 - Implement appropriate best practice within the national Quality Statement for Diabetes. (Links to 2A – Primary Care)	Executive Director of Public Health - PPHP	Q4		
Screening	1B.8 - Support the introduction of the National Lung Screening Programme (commence 2027).	Executive Director of Public Health - PPHP	Q4	AR-05	N/A
	1B.9 – Create a plan together with Public Health Wales to support delivery of the National screening uptake targets and improvement against National performance indicators and to reduce variation.	Executive Director of Public Health - PPHP	Q1 - Q4		P02
	1B.10 - Produce local plans to support new National Public Health Wales Human Papillomavirus (HPV) self-sampling programme.	Executive Director of Public Health - PPHP	Q3		N/A
Related deliverables covered in other sections	■ 2A – Primary Care ■ 2B – Community Care ■ 3A – Urgent and Emergency Care ■ 3F – Children and Young People Services ■ 4C – Clinical Services Planning, Clinical Leadership & Interprofessional Working ■ 4G – Value & Sustainability				

2027/28 Deliverables

- Produce plans which build on activity undertaken in 2026/27 to further improve take up against screening targets.
- Working collaboratively with partners, further develop the holistic Diabetes pathway building on improved data and greater understanding of variation.

2028/29 Deliverables

- Support the implementation and quality improvement processes for the Health Board Strategy and Clinical Services Plan, with a focus on disease prevention and improving population health.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	% of people (12+) with diabetes receiving all 8 NICE Care Processes	DE-09	N/A	Improve	41.9% (Dec 25)	44.3%	45.5%	46.1%	46.8%
P02	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	QA-08	N/A	90%	16.4%	TBC	TBC	TBC	TBC

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Data systems are not accessible or hold specific information at granular level to support development of population level intelligence.	3 x 3 = 9	■ Phased approach to access and data validation as part of informed programme plans.	Q3	3 x 2 = 6
R02	Subsequent demand from increased screening – all screening programmes.	5 x 3 = 15	■ Plans are developed to meet increased demand (at target levels).	Q1 - Q4	3 x 3 = 9

1C – Health Inequalities

Why this is a priority

Healthy life expectancy is reducing and the gap in healthy life expectancy and life expectancy is widening. The gap between those in affluent areas and from non-vulnerable groups is widening too, compared to those from the least affluent areas and from inclusion groups (e.g. homeless, Gypsy, Roma, Traveller communities, etc). This could drive demand and increase costs for health services.

The Health Board has a key role in reducing health inequalities by delivering equitable access, experience and care, and also to meet the requirements of the Wellbeing of Future Generations (Wales) Act 2015, The Equality Act (2010), the Public Sector Equality Duty and the Socio-economic Duty.

Those living in the most deprived areas, and those experiencing extreme disadvantage (e.g. inclusion health groups) need services the most, however these groups experience poorer access which is driving widening inequalities in health outcomes. Inequalities will continue to widen if we do not embed population health approaches in pathways and service plans that can enable the organisation to target resources proportionate to need. Through understanding the needs of communities, the Health Board can better enable provision of care in the right way, in the right place, and at the right time. To drive this change, the organisation must consider the role of health inequalities as a core component of prevention, early intervention and improving population health.

The Health Board cannot reduce health inequalities alone. Many factors which impact on health and wellbeing require commitment and coordinated action across public sector organisations, enabled through the organisation's role and opportunity as an Anchor institute. Together, the right social, economic and environmental conditions can be created that allow health and wellbeing to flourish. Working together through developments such as Community by Design and the integrated approach to Social Prescribing, the Health Board will work with local authority colleagues, primary care, the voluntary sector and stakeholders to develop effective offers at place level, improve the economy, provide better opportunities for accessing environments which promote wellbeing, provide fairer procurement, offer employment and improve housing availability and safety. Improving these factors can delay or prevent the onset of ill health and help the population to live well for longer in their communities. One of the ways the Health Board is contributing to this is through supporting Denbighshire County Council as one of the three places in Wales selected to work with the University College London Institute of Health Equity Wales Team to maximise benefits related to the Welsh Government's ambition to become a Marmot Nation.

What we will deliver

2026/27 Deliverables

Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Reducing Inequity in uptake of vaccination, screening and diabetes prevention and care	1C.1 - Implement plans which reduce inequity in the uptake in the most and least deprived areas in preventing ill-health, especially in relation to vaccination, screening and diabetes prevention and care. By utilising population health intelligence and evidence, target approaches to reduce variation and health inequalities within inclusion health groups and areas of deprivation.	Executive Director of Public Health - PPHP	Q4	DE-07 TPG-52	P01 P02
	1C.2 - Regional Vaccine Equity Plan co-developed and launched.	Executive Director of	Q2	DE-07 TPG-52	P01

		Public Health - PPHP			
	1C.3 - Regional Screening Equity Plan co-developed and launched.	Executive Director of Public Health - PPHP	Q4	DE-07 TPG-52	P01
	1C.4 – Work with primary care partners to reduce variation in vaccine uptake between primary care clusters.	Executive Director of Public Health - PPHP	Q4	DE-07 TPG-52	P01
Anchor / Partner	1C.5 - Work with Local Authorities to secure jointly commissioned social prescribing services and expand creative offers with the Third Sector across North Wales. (Links to 2A – Primary Care, 4K – Finance and Commissioning, Section 5 - Working with Regional Partners)	Executive Director of Public Health - PPHP	Q1 - Q2		N/A
Anchor	1C.6 – Supporting Marmot principles work towards a whole system shift to prevention and addressing inequalities by increasing the number of organisations/partnerships committing to, and evidencing early delivery against, the missions and Anchor Charter in the Regional Wellbeing, Prevention and Anchor Framework (missions: Environment, Communities, Housing, Food, Employment, Life-Long Learning, Active Lifestyles, Creative Lifestyles) (Links to Section 5 – Working with Regional Partners)	Executive Director of Public Health - PPHP	Q3 - Q4	AR-04 TPG-59	N/A
Inclusion Health	1C.7 – Based on the work in 2025/26 on the homelessness assessment, to comply with the new Homelessness and Social Housing Allocation (Wales) legislation and needs assessments on other inclusion groups, develop a comprehensive inclusion health offer for people in North Wales.	Executive Director of Public Health – PPHP	Q3		N/A
Related deliverables covered in other sections	1A – Preventative approaches to Health & Wellbeing 2A – Primary Care 3D – Mental Health & Learning Disabilities 3G – Women’s Health 4K – Finance and Commissioning - Section 5 - Working with Regional Partners				

2027/28 Deliverables

- Spread and scale a whole system approach to prevention and reducing inequalities within the Health Board and with partners.

2028/29 Deliverables

- Collaborative preventative approaches are developed by adopting Marmot principles through the Wellbeing, Prevention and Anchor framework. Focus will be on creating sustainability in the system wide approach.
- Health Board plans reflect the 10-year strategy in relation to improving population health and reducing inequalities. Focus will be on developing measurement and impact over time.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and Diabetes prevention and care:		N/A	N/A					
P01.1	Vaccination Flu Age 2-3: Number of clusters achieving 40%.	DE-07 TPG-45	N/A	Improve	5 ²	N/A ¹	N/A ¹	8	14
P01.2	Vaccination Flu 16-64: Number of clusters achieving 40%.	DE-07 TPG-45	N/A	Improve	8 ²	N/A ¹	N/A ¹	8	14
P01.3	Vaccination Flu 65+: Number of clusters achieving 75%.	DE-07 TPG-45	N/A	Improve	4 ²	N/A ¹	N/A ¹	11	14
P02	Diabetes prevention & Care: Number of clusters achieving 40% relating to delivery of all 8 care processes.	DE-07	N/A	Improve	10	10	11	12	14

Notes: ¹ Seasonal programme, ² Jan-26

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that key partner organisations don't prioritise or commit to the Prevention, Anchor Wellbeing Framework.	3 x 2 = 6	Promotion of the framework as part of duties of being a good public organisation with shared priorities and outcomes.	Q3	2 x 2 = 4
R02	There is a risk that variation continues or increases between highest / lowest areas of deprivation which will impact on access, uptake and outcomes.	3 x 4 = 12	Targeted programmes of work and equity plans provide the basis for change underpinned by robust population health management approaches.	Q4	3 x 3 = 9

1D – Health Protection

Why this is a priority

Health Protection is an important element of preventing and responding to the threat of communicable disease, environmental and other health risks. Health Protection focuses on preventing harm before it happens and keeps communities safe from communicable and other notifiable illness that could affect large numbers of the population at scale. Risk of infectious diseases include Flu, Measles, and M-Pox, with disease outbreaks having a significant impact on closed settings such as care homes and schools. Health Protection includes the management of vaccine preventable disease risks such as measles, outbreak control planning, and training and education in settings to support Infection Prevention Control (IPC). There is also opportunistic screening and testing for disease such as blood borne viruses and sexually transmitted diseases to contribute to the control of further transmission and support the elimination of diseases like Hepatitis B and C, HIV and TB.

Health Protection considers an 'all hazards' approach and includes environmental public health issues arising, zoonotic infection and vector-borne disease.

Health protection supports the health and wellbeing of the whole population not just individuals and brings together a range of partners including Local Authorities, Environmental Health, Emergency planning, Public Health Wales and Community services to strengthen resilience across the whole system. It is essential for preventing harm, reducing inequalities, maintaining public confidence, and protecting healthcare capacity.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Vaccinations & Immunisations	1D.1 – Through targeted programmes of work for each vaccine / immunisation, implement the vaccine equity plan and work with partners (e.g. schools) to deliver the National Immunisation Framework targets to improve take up rates. (Links to Section 5 – Working with Regional Partners)	Executive Director of Public Health - PPHP	Q1 - Q4	TPG-62	P01-P04
	1D.2 - Develop the GP and Identified Validated Sample (IVS) collaborative to improve uptake in the RSV 75 plus cohort. (Links to 2A – Primary Care)	Executive Director of Public Health - PPHP	Q1 - Q4	TPG-62	P04
	1D.3 - Implementation of phase 2 Childhood Immunisation Schedule recognising changes to the immunisation schedule for 2026, protecting children across a range of disease and illness. (Links to 3F – Children and Young People Services)	Executive Director of Public Health - PPHP	Q3	TPG-62	P01-P02
Health Protection	1D.4 - Deliver the funded Health Protection plan including establishing a Health Protection partnership with a Service Level Agreement in place with the 6 North Wales Local Authorities. (Links to Section 5 – Working with Regional Partners)	Executive Director of Public Health - PPHP	Q3	N/A	P01-P04

	1D.5 - Enhance the delivery of health board services to protect people in North Wales against existing, new and emerging health protection threats and hazards by supporting screening and vaccination programmes, and disease elimination activities (Hepatitis B and C, and TB).	Executive Director of Public Health - PPHP	Q4	N/A	P01-P04
	1D.6 - Deliver evidence-based approaches to protecting and preventing ill health within specific sectors and settings e.g delivery of infection prevention control interventions in residential Care Homes. (Links to 1A – Preventative approach to Health & Well-being)	Executive Director of Public Health - PPHP	Q4	N/A	P01-P04
Related deliverables covered in other sections	1A – Preventative approach to Health & Well-being 2A – Primary Care 3F – Children and Young People Services - Section 5 - Working with Regional Partners				

2027/28 Deliverables
- Continuation of improvement against 2026/27 priorities, however, the fully funded partnership developed in 2026/27 will give rise to greater opportunities for extending the impact and reach of preventative workstreams and achievement of Welsh Government strategic outcomes. - Continuation of improvement against 2026/27 immunisation programmes. - Reviewing community access to vaccination and immunisation, as part of the Population Health & Prevention wider objectives. - A collaborative delivery plan is agreed for the North Wales Health Protection Partnership which establishes a 5-year plan for delivery against the Welsh Government Health Protection Framework.

2028/29 Deliverables
- By 2028/29 there should be a mature, established partnership in place with Local Authorities with clearly defined roles, responsibilities and deliverables, providing a robust and resilient Health Protection system. The aim being to evaluate the improvement and identify further opportunities. - Vaccination and immunisation rates create herd immunity and protect those most at risk.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Percentage of children who are up to date with all routine scheduled vaccinations by age 5.	QA-04	N/A	95%	90.5% ¹	91%	91%	91%	91%
P02	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15.	QA-05	N/A	90%	72.3% ²	76%	80%	70%	72%
P03	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over Applicable during: 01.09.2026 - 31.03.2027.	QA-06	N/A	75%	73.8% ³	N/A	N/A	73%	75%

P04	Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old.	QA-07	N/A	70%	42.3% ⁴	45%	50%	57%	64%

Notes: ¹ baseline as at Sep 25, ² baseline as at Sep 25 Academic Year. NB HPV vaccinations are delivered across two of our years as they are based around academic calendar and term time. BCUHB Q2 is Q4 of the academic year, reflective of rates going down in Q3/Q4. ³ baseline as at Jan 26, ⁴ Baseline as at Dec 25.

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that the 'opt out' option for participation rates for children's vaccinations means we will not be able to achieve the 95% target (opt out).	3 x 4=12	Current rate of opt out for childhood immunisation programme means that achieving the 95% uptake is not possible. There is a need to review all children who are opted out to confirm their status and position. This requires a clinical confidence to conduct challenging conversations between clinicians and parents / guardians.	Q4	3 x 3 =9
R02	There is a risk that due to social media and misinformation concerning vaccine safety, and mistrust in health services, that vaccine hesitancy increases across some communities.	3 x 4 =12	Increasing vaccine literacy within the public and health professional domain through targeted education and health promotion engagement e.g. Flying Start Groups.	Q4	3 x 3 = 9
R03	There is a risk of increase in the spread of disease due to poor management of human, environmental and societal risks.	3 x 4 =12	Robust plans including the plans submitted by Local Authorities and all proactive preventative programmes of work contribute to mitigation	Q4	3 x 3 = 9



2 Enhance the coordination of care for people with long-term conditions and improve access to a broader range of community-based services by investing in integrated primary and community care and working collaboratively with partners.

2A – Primary Care

Why this is a priority

In the NHS most patient contacts occur in Primary Care, making it the foundation of a sustainable and accessible healthcare system. It encompasses a broad range of community-based services that provide accessible, person-centred care, including general medical services (GP practices), community pharmacies, dental services, and optometry. Primary care also includes multi-disciplinary teams such as nurses, allied health professionals, social prescribers, and community mental health support, working together to deliver proactive, preventative care as well as care for people with longer term conditions.

The Health Board recognises the importance of stable, resilient Primary Care services to ensure that the residents of North Wales receive care at the right time and in the right place, medicalised only when necessary. Primary Care plays a critical role in early intervention, prevention, and supporting people to manage their own health and wellbeing, thereby reducing avoidable demand on hospital and specialist services. Strengthening Primary Care also helps tackle health inequalities by ensuring timely access to local, community-based support, particularly for those with complex needs or living in rural and deprived areas. A well-functioning Primary Care system is therefore essential to improving population health outcomes, supporting the shift towards prevention and early intervention, and delivering a more sustainable, prudent healthcare model for the future. The areas within this objective will all align to and form part of the Community By Design Programme.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Primary Care Dental Services	2A.1 - Ensure the new General Dental Service (GDS) contract is in place and embedded, with a clear plan for the procurement of new services including commissioning of tier 2 dental services where appropriate.	Chief Operating Officer - PFIG	Q2	SM-63	P02 P03
	2A.2 - Undertake a review of primary care dental services to assess current capacity, patient access, and service utilisation. Work with commissioned providers and system partners to identify opportunities to increase access for patients. (Links to Section 5 – Working with Partners)	Chief Operating Officer - PFIG	Q2	TPG-69	
	2A.3 - Procure a robust digital system within the Community Dental Service (CDS) to support the management of patient records, and replace the current outdated system. (Links to 4D – Digital, Data and Intelligence)	Chief Operating Officer - PFIG	Q2	TPG-113	

Primary Care Academy	2A.4 - Continue to deliver the Strategic Programme for Primary Care (SPPC) national 'Strategic Workforce Plan for Primary Care in Wales', with the aim of developing a sustainable, skilled workforce to meet the evolving healthcare needs of the population of North Wales over the next five years. Fully utilise the Work Based Learning Funding allocated to Primary Care to support delivery.	Chief Operating Officer - PFIG	Q4	IPT-05	
Community by Design	2A.5 – The Health Board will strengthen the model of integrated primary and community care across North Wales by designing and delivering strategic priorities that align with the national Community by Design Transformation Programme. The key areas of focus will include urgent and same day care, management of chronic conditions in the community and prevention and population health management. (Links to 1A – Preventative approaches to Health & Wellbeing, 1B – Proactive strategies for disease prevention, falls & frailty, 2B – Community Care)	Chief Operating Officer - PFIG	Q4	DE-12 AR-02 TPG-09 TPG-65 TPG-05	
Management of Chronic Conditions	2A.6 - Develop a costed primary care-led frailty model to enable proactive, coordinated care closer to home, as part of the Community By Design work. Identify the impact that current initiatives are having on maintaining patients at home. (Links to 1B – Proactive Strategies for disease prevention, falls & frailty)	Chief Operating Officer - PFIG	Q3	IPT-15	
	2A.7 – Finalise a proposal to increase the use of the Audit Plus Frailty Tool in the community to ensure that patients receive proactive care in line with their agreed care plans. (Links to 1B – Proactive Strategies for disease prevention, falls & frailty)	Chief Operating Officer - PFIG	Q4	DE-08	P01
Digital Innovation in Primary Care	2A.8 - Support the implementation and roll-out of the NHS Wales app in primary and community care services by developing and implementing an action plan to promote the NHS app including patient education, staff training and monitoring of uptake. (Links to 4D – Digital, Data and Intelligence)	Chief Operating Officer - PFIG	Q1 - Q4	EA-13	
Related deliverables covered in other sections	1A – Preventative approaches to Health & Wellbeing 1B – Proactive Strategies for disease prevention, falls & frailty 1D – Health Protection 2B – Community Care 3C – Fragile Services 3G – Women's Health 3H – Pharmacy and Medicines Management 4D – Digital, Data and Intelligence 4K – Finance and Commissioning - Links to Section 5 – Working with Partners				

2027/28 Deliverables

- The Health Board will fully embed the new General Dental Service contract and ensure consistent delivery of services leading to improved access.

2028/29 Deliverables

- Further alignment with the national Strategic Workforce Plan for Primary Care, strengthening collaboration with higher education institutions to align training pipelines with population need.
- The Health Board will evaluate early outcomes from initial implementation of the Community by Design programme and expand across North Wales ensuring consistent delivery and alignment with local population needs.
- The Health Board will expand and embed community-based services for people with long term conditions, ensuring integration and consistency across primary and community care services in North Wales.
- The Health Board will expand NHS app promotion in line with national plan and support across primary and community care, ensuring all staff are trained and patients are provided with guidance to encourage registration and active use.

- The Health Board will demonstrate sustained improvement in access to NHS dental services with reduced waiting times and narrowed inequalities across North Wales. New contracts from procurement processes will be fully mobilised.
- The education model within primary and community care is delivering a sustainable workforce impact at scale across North Wales.
- Fully embed the Community by Design programme across North Wales, ensuring sustainable delivery and measurable improvements in patient outcomes.
- Fully integrate community-based services for people with long-term conditions across primary and community services in North Wales, delivering access to a broad range of interventions that reduce reliance on hospital-based care.
- Achieve sustainable and routine use of the NHS app across North Wales with high levels of patient registration and engagement, staff fully trained to support adoption and demonstrate improvements in access.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Percentage of population (adult) receiving NHS dental care over a 12-month period - General Dental Services (GDS).	QA-11	N/A	Improvement vs previous year*	29%	29.5%	30.5%	32%	33%
P02	Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS).	QA-12	N/A	Improvement vs previous year*	56%	56.5%	57.5%	59%	60%
P03	Percentage of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.	DE-08	N/A	90%	Clarification on measure required				
P04	Issue new contracts to all GDS providers by April 1 st 2026	SM-63	Issue all by 01/04	N/A	N/A	100%	N/A	N/A	N/A
P05	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.	DE-09	N/A	% increase	42.0%	44.3%	45.5%	46.1%	46.8%
P06	Reduced referral rate per 100,000 population by Q3 - utilising Health Pathways optimally.	EA-07	N/A	20% reduction	18,906 per 100k	-	-	-	15,125 per 100k
P07	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months.	QA-09	N/A	80%	80%	80%	80%	80%	80%
P08	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months.	QA-10	N/A	80%	63.7%	63.7%	65.7%	68.7%	71%

P09	Uptake of NHS Wales app use for repeat prescriptions	EA-13	N/A	Increase	58,000	60,000	63,000	66,000	69,000

Notes: * Notes: P02 and P03 Baseline is % of population treated in 25/26.

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that the introduction of a new GDS contract may lead to uncertainty with providers and potential contract hand backs, causing instability.	4 x 4 = 16	Work closely with providers to proactively monitor and manage emerging issues and address concerns. Ensure early warning systems in place to enable proactive procurement where necessary.	Q3	4 x 3 = 12
R02	There is a risk that due to the Community By Design programme being in early stages of maturity, there may be unforeseen implications that are not yet planned for in terms of resource allocation.	4 x 5 = 20	A clear prioritisation framework will be applied to ensure that programme activity aligns with strategic objectives and available resources. A detailed financial framework will need to be developed to realign resources to invest in community provision.	Q2	4 x 4 = 16
R03	There is a risk that appropriate contractual levers are not currently in place to support the chronic conditions improvement programme, which may limit the delivery and impact of coordinated care for people with long-term conditions.	3 x 4 = 12	The Health Board will work with GP collaboratives to promote innovation and local improvement and will consider opportunities for additional support for contractors to deliver change.	Q4	3 x 3 = 9

2B – Community Care

Why this is a priority

The Health Board will continue to prioritise the delivery of care closer to home, recognising that community-based services are essential to improving outcomes through prevention, early intervention, and supported self-management. Providing care within local communities makes services more accessible, improves user experience, and helps reduce inequity by removing practical, geographical, and socioeconomic barriers to care-based services which is essential to improving outcomes through prevention, early intervention, and supported self-management.

The *Primary Care Model for Wales* emphasises local delivery through integrated cluster working, enabling multidisciplinary teams to meet needs proactively within community settings and as this shifts toward a Community by Design approach this will be built upon. In parallel, the *NHS Wales Decarbonisation Strategic Delivery Plan* highlights the need for a shift toward nonacute, community delivered healthcare supported by expanded use of digital technology, including remote monitoring, virtual support, and enhanced homebased care. Increased use of community hubs and outreach models will support seamless health and social care closer to people's homes.

By strengthening community services, the Health Board can ensure that hospital-based care is reserved for cases requiring more complex or escalating clinical intervention. This approach not only supports prudent healthcare principles but also improves service sustainability, reduces pressures on acute settings, and enables people across North Wales to receive timely, person-centred care within their own communities.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Executive Lead - Committee	Quarter	Ref	Impacts
Community by Design	2B.1 – Develop Community by Design as a Major Change programme, working with partners to ensure it reflects national priorities and local needs. (Links to Section 5 – Organisational Approach to Change)	Chief Operating Officer - PFIG	Q1-Q4	DE-12	P02
	2B.2 - Undertake a demand and capacity review to understand the levels of community nursing that are required across the Health Board, including weekend working.	Chief Operating Officer - PFIG	Q2	DE-11	P02
	2B.3 - Map current Enhanced Community Care services across North Wales, identifying where services are located and the differences. Develop a proposal that offers recommendations as to how to further reduce unnecessary hospital conveyance and admissions.	Chief Operating Officer - PFIG	Q4	TPG-65	
	2B.4 – Develop a proposal for creating an investment fund for community groups and third sector organisations to work with the Health Board on community based solutions to some of the largest challenges facing the system.	Executive Director of Finance - PFIG	Q1		
Palliative Services	2B.5 - Develop a strategic delivery plan for Palliative, End of Life and Bereavement Care (PEoLBC) in line with the All Wales Service Specification for the delivery of Palliative and End of Life care in Wales and All Wales Competency Framework. This will include consideration of how to increase weekend capacity for specialist palliative care nursing.	Chief Operating Officer - PFIG	Q4	DE-11	
	2B.6 - Agree an approved Quality Improvement Plan for End-of-Life Care Decision Making.	Chief Operating Officer - PFIG	Q4	AR-12	
	2B.7 - Implement appropriate best practice within the national Quality Statement for Palliative and End of Life Care. (Links to 4H – Quality)	Chief Operating Officer - PFIG	Q4		
Urgent Primary Care Services	2B.8 - Undertake a review of urgent care services available in the community including general practice, optometry, dental and pharmacy. Identify how services may be optimised and expanded. (Link to 2A – Primary Care, 3A – Urgent & Emergency Care)	Chief Operating Officer - PFIG	Q2	DE-12	
Frailty Services	2B.9 - The Health Board will enhance the coordination of care for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care.	Chief Operating Officer - PFIG	Q4	AR-06 IPT-15	
	2B.10 - Implement appropriate best practice within the national Quality Statement for Older people and people living with frailty.	Chief Operating Officer - PFIG	Q4		

	(Links to 1B – Proactive strategies for disease prevention, falls & frailty, 4H – Quality)				
Community Diagnostics	2B.11 - Develop a proposal to establish local breathlessness hubs to provide specialised support and care for people experiencing chronic breathlessness.	Chief Operating Officer - PFIG	Q3	IPT-12	
	2B.12 - Diagnostic Provision in the Community will be reviewed including undertaking a needs assessment for diagnostics and working with current providers to review and agree the most efficient delivery mechanism. (Links to 3B – Planned Care, Cancer & Diagnostics)	Chief Operating Officer - PFIG	Q2		
Related deliverables covered in other sections	1B – Proactive strategies for disease prevention, falls & frailty 2A – Primary Care 2C – Integrated Health & Well-being Hubs 3A – Urgent & Emergency Care 3B – Planned Care, Cancer & Diagnostics 3C – Fragile Services 3G – Women's Health 3H – Pharmacy and Medicines Management 4G – Value & Sustainability 4H - Quality 4K – Finance and Commissioning - Section 5 – Organisational Approach to Change				

2027/28 Deliverables
- The Health Board will implement and embed an approved strategic delivery plan for Palliative, End of Life and Bereavement Care (PEoLBC). - Implement and evaluate agreed service redesigns, including pathway standardisation, workforce development and digital improvements. - Implement and operationalise local breathlessness hubs, including recruitment and training of the multidisciplinary team. - Implement agreed frailty model and strengthen multidisciplinary team working. Expand access to a broader range of community-based interventions.

2028/29 Deliverables
- Optimising and sustaining Palliative, End of Life and Bereavement Care (PEoLBC) across North Wales. Evaluation, outcomes and population need will be reviewed to refine the service model. - Embed consistent models of urgent primary care delivery with aligned commissioning, workforce and digital plans. - Scale and embed breathlessness hubs as a sustainable, system-wide model of care, ensuring equitable access across the population of North Wales. - Embed and scale the coordinated frailty model across the system, ensuring consistent delivery, equitable access and sustainable workforce arrangements.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans ¹	DE-08	N/A	90%	Clarification on measure and targets required				
P02	Weekend capacity of community nursing and specialist palliative care nursing.	DE-11	N/A	Increase	The Community By Design Programme will take a demand and capacity approach to scope a best value for money solution for the right capacity across the whole week to see and treat people in the community.				

Notes: ¹P01 new requirement, currently no mechanism to measure this.

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that failure to agree and approve a clear strategic plan will lead to fragmented service delivery and inconsistent quality of care.	4 x 4 = 16	A clear, system-wide plan will be developed collaboratively with key stakeholders to define priorities, objectives and expected outcomes.	Q4	4 x 3 = 12
R02	There is a risk that insufficient funding, workforce capacity and contractor engagement could limit implementation of breathlessness hubs in terms of pace and impact.	4 x 5 = 20	- A clear plan will be developed which will include early and sustained engagement with providers. - The Health Board will work to secure funding to support early diagnosis to improve the effective and efficient delivery of care.	Q4 Q4	4 x 2 = 8
R03	There is a risk that there is a failure to agree a BCU wide frailty model within available resources to fully implement the changes required. This would lead to a lack of service provision for this growing group in the population and unnecessary demands on inpatient services, with adverse outcomes for patients.	4 x 5 = 20	- A senior responsible officer within the Health Board will be designated to lead the work, developing a clear plan with early and sustained engagement with providers. - The Health Board will seek to realign resources to deliver the frailty model, to improve care and deliver care as close to home as possible	Q4 Q4	4 x 2 = 8

2C – Integrated Health & Well-being Hubs

Why this is a priority

Health and Wellbeing Hubs are essential to transforming how care is delivered across North Wales. With an ageing population, falling healthy life expectancy and widening inequalities, particularly in deprived and rural communities, a new model of care is required to ensure people receive timely, coordinated support closer to home. Hubs bring together physical health, mental health, social care and community wellbeing services in one accessible location, creating a “no wrong door” approach that enables earlier intervention, smoother referrals and more holistic care. By embedding prevention and public health activity within local communities, they help address the wider determinants of health, promote independence and reduce avoidable demand on acute services.

This integrated model directly supports Welsh Government’s *A Healthier Wales* vision and BCUHB’s Strategic Intent to strengthen primary and community care and shift the balance towards prevention and early intervention. Several hub schemes are already underway across the region, such as Bangor, Holyhead, Caledfryn in Denbigh and the Royal Alexandra Wellbeing Hub in Rhyl, and each is being developed in partnership with Local Authorities, housing associations and third sector organisations, reflecting the multi-agency model required to deliver integrated, community-based care. The Health Board’s IMTP prioritises a coordinated programme approach to ensure these developments are aligned to population need, strategically governed, and deliver maximum impact for the communities they serve.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Bangor	2C.1 – Bangor Integrated Health & Well-being Centre – work with partners on a strategic outline case.	Chief Operating Officer - PPHP	Q2	IPT-13	
Waunfawr	2C.2 – Waunfawr Integrated Health & Well-being Centre – sign heads of terms to secure purchase of a site, progress the parallel elements of the programme plan.	Chief Operating Officer - PPHP	Q1	IPT-13	
Penygroes	2C.3 – Penygroes Integrated Health & Well-being Centre – develop an outline business case, progress the parallel elements of the programme plan.	Chief Operating Officer - PPHP	Q3	IPT-13	
Porthmadog	2C.4 – Porthmadog Integrated Health & Well-being Centre – revise options appraisal for location, progress the parallel elements of the programme plan.	Chief Operating Officer - PPHP	Q2	IPT-13	
Conwy West	2C.5 – Conwy West Integrated Health & Well-being Centre – finalise site location, progress the parallel elements of the programme plan.	Chief Operating Officer - PPHP	Q2	IPT-13	
Denbigh	2C.6 – Denbigh (Caledfryn) Integrated Health & Well-being Centre – finalise funding strategy, thereafter progress the programme plan.	Chief Operating Officer - PPHP	Q2	IPT-13	
Holyhead	2C.7 - Holyhead Integrated Health & Well-being Centre – agree memorandum of understanding with Local Authority, thereafter progress the programme plan.	Chief Operating Officer - PPHP	Q1	IPT-13	

Rhyl	2C.8 – Rhyl (Royal Alexandra Hospital - Phase 1) Integrated Health & Well-being Centre – commence construction, and progress the programme plan for delivery. Develop the case for Phase 2 later in the financial year.	Chief Operating Officer - PPHP	Q1	IPT-13	
Prioritisation	2C.9 – Finalise Integrated Rebalancing Capital Fund (IRCF) prioritisation.	Chief Operating Officer - PPHP	Q3	IPT-13	
Related deliverables covered in other sections	2B – Community Care 3G – Women's Health 4I – Environment & Estates				

2027/28 Deliverables
Continue to progress the programme plans set in line with the cases made within the 2026/27 deliverables.

2028/29 Deliverables
Continue to progress the programme plans set in line with the cases made within the 2026-28 deliverables.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Progression in line with committed timescales (once the hubs are operational beyond 2026/27 there will be further patient impacting metrics to track)		N/A	N/A	N/A	N/A	N/A	N/A	N/A

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that insufficient funding for workforce capacity and contractor engagement could limit implementation pace and impact of urgent primary care services.	4 x 3 = 12	A clear plan will be developed which will include early and sustained engagement with providers.	Q1 - Q4	3 x 3 = 9
R02	There is a risk that priorities may change for public bodies following the Senedd elections.	4 x 4 = 16	Develop contingency plans that take account of a change in political direction	Q2	4 x 3 = 12



3

Improve access, outcomes and experience for all, developing and enhancing high-quality, high-value, and sustainable pathways of care for the region, delivered in partnership.

3A – Urgent and Emergency Care (UEC)

Why this is a priority

Urgent and Emergency Care (UEC) is vital to keeping people in North Wales safe, healthy and supported when they need help most. But growing demand and pressure across the system are creating delays throughout the whole pathway, with an impact of reducing hospital flow, and affecting patient experience and safety. These challenges also disrupt planned care, widen health inequalities, and contribute to the Health Board's ongoing Special Measures status.

Improving UEC requires action across the whole pathway, including prevention and community support, efficient hospital processes, and safe and timely discharge. The potential of preventative actions in areas such as falls, frailty and inclusion health is important to reduce the growing demand for UEC services. No single part of the system can resolve this alone. Strong partnership working with the Welsh Ambulance Service (WAST), Local Authorities, primary and community care, and the voluntary sector is essential.

At the same time, there are key improvements within the Health Board's direct control that must progress at pace, including better discharge coordination, strengthened clinical pathways, and more effective use of workforce and capacity. As one of the Health Board's Major Change Programmes, UEC underpins delivery of the national Six Goals for Urgent and Emergency Care. The aim is to build an integrated, responsive system where people receive the right care, in the right place, at the right time, supporting better outcomes, restoring confidence, and contributing to sustainable improvement across the whole Health Board.

This area is being supported by the Intensive Support Team (sponsored by the partnership of the Health Board, Welsh Government and NHS Performance and Improvement). In addition to the workstreams and deliverables set out below there will be the development of detailed Operational Improvement Plans at both service level (currently Integrated Health Communities) and a pan BCU level. These Operational Improvement Plans are being informed by the work of the external experts following the 6As assessment and the use of other diagnostic tools. The Operational Improvement Plans will have rapid cycle actions (90 day cycles) and will focus on the implementation of standards/protocols of practice (clinical and operational) across the system, improving safety and building sustainability. The use of best practice such as GIRFT Corridor Care Guidance (and other best practice standards) will drive the Operational Improvement Plan approach. Outputs from the Major Change Programme will also inform the rapid cycle actions to enable transfer and implementation from the Programme into practice.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
UEC 1: Implement the Community-Based Falls Response Services	3A.1 – Reduce avoidable ambulance conveyances and ED admissions from Care Homes through providing falls lifting equipment and level one falls prevention training to be delivered to 30 Care Homes across North Wales. (Links to 1B – Proactive Strategies for disease prevention, falls & frailty, Section 5 – Working with Regional Partners)	Chief Operating Officer - PFIG	Q1	EA-11 IPT-11	P01 – 04
	3A.2 - Reduce avoidable ambulance conveyances and ED admissions from the community through producing an options appraisal for the National Six Goals Team to support funding for St John's Level 1 falls training and lifting equipment for Community Resource Teams (CRTs), ensuring a consistent pan North Wales approach to community-based falls response. (Links to 1B – Proactive Strategies for disease prevention, falls & frailty)	Chief Operating Officer - PFIG	Q2	EA-11 IPT-11	P01 – 04
	3A.3 – Reduce avoidable ambulance conveyances and ED admissions from the community by developing a proposal to use Six Goals Programme funding to increase Community Resource Teams (CRT) capacity, focused on mobilising Band 3 therapy support staff as a dedicated pan BCU community falls response resource. (Links to 1B – Proactive Strategies for disease prevention, falls & frailty)	Chief Operating Officer - PFIG	Q1	EA-11 IPT-11	P01 – 04
UEC 2: Implement a robust 'Single Point of Access' (SPOA) for UEC	3A.4 - Reduce avoidable ambulance conveyances and ED admissions by transitioning from the current Single Integrated Clinical Assessment and Triage (SICAT) model to the Single Point of Access model (SPOA) with a broader Multi-Disciplinary Team (MDT) that is able to better sign post the most appropriate alternate to hospital treatment routes. This will ensure there is sufficient resource to operate the SPOA 7 days a week, 12 hours a day.	Chief Operating Officer - PFIG	Q4	EA-12 TPG-19 MAG-07	P01 - 04
	3A.5 – Improve pathways of care delays out of the hospital through working more closely with the Local Authority Social Care Information Advice and Assistance (IAAs) team to improve referral pathways out of hospital. (Links to Section 5 – Working with Regional Partners)	Chief Operating Officer - PFIG	Q3	EA-12 TPG-19	P01 - 04
UEC 3: Same Day Emergency Care & Acute Frailty Services at the Front Door	3A.6 – Provide more suitable pathways for frail patients that ensure they have shorter lengths of stay within acute hospitals in line with the national Acute Frailty Service (AFS) model. Undertake baseline assessment and gap analysis for current Acute Front Door Frailty Services across all acute sites, identifying current service provision, workforce utilisation, SDEC alignment and opportunities to strengthen early frailty assessment and intervention.	Chief Operating Officer - PFIG	Q1	EA-10 TPG-22 TPG-23 TPG-24	P01 - 04
UEC 4: Acute Hospital 'Front Door' Flow	3A.7 – Adopt national best practice in relation to implementation of safe, fast, and consistent ambulance handover processes at the ED front door.	Chief Operating Officer - PFIG	Q2	DE-01 SM-17 MAG-09 IPT-02	P01

	3A.8 - Reduce ambulance hours lost, improve hospital-wide flow and ambulance handover times by standardising triage and streaming processes across all sites (majors, minors, SDEC, frailty).	Chief Operating Officer - PFIG	Q2	DE-01 SM-17 MAG-09 IPT-02	P01
	3A.9 - Reduce ambulance hours lost, improve hospital-wide flow and ambulance handover times by strengthening senior clinical decision-maker presence at the front door, especially during periods of high demand.	Chief Operating Officer - PFIG	Q2	DE-01 SM-17 MAG-09 IPT-02 EA-08	P01, P02
UEC 5: Acute and Community Hospital 'Back Door' Flow	3A.10 – Reduce the number of people delayed in hospital and their length of stay, thereby reducing the potential for deconditioning, by strengthening application of community Discharge to Recover and Assess (D2RA) pathways, ensuring faster discharge options for frail patients.	Chief Operating Officer - PFIG	Q3	MAG-08 EA-09 IPT-03 DE-10	P05, P06
	3A.11 - Reduce the number of people delayed in hospital and their length of stay, thereby reducing the potential for deconditioning, through implementation of Optimal Hospital Flow facilitators, utilisation of the Transport Coordination hub and enabling a 7-day discharge model across all acute sites.	Chief Operating Officer - PFIG	Q4	AR-08 TPG-64	P01-6
UEC Quality & Safety	3A.12 - Implement appropriate best practice within the Getting it Right First Time (GIRFT) Corridor care improvement guide.	Chief Operating Officer - PFIG	Q1		
	3A.13 – Implement appropriate best practice within the national Quality Statement for Care in Emergency Departments.	Chief Operating Officer - PFIG	Q2		
Related deliverables covered in other sections	1B – Proactive strategies for disease prevention, falls & frailty. 2A – Primary Care. 2B – Community Care. 3B – Planned Care, Cancer & Diagnostics. 3C – Fragile services. 4H - Quality				

2027/28 Deliverables
- Resolve Hospital Flow and Discharge Blockages (reduce Medically Fit for Discharge delays). - Full implementation of Same-Day Emergency Care (SDEC) and Front-Door Redesign Integration with Minor Injury Units (MIUs), 111, and Community Pharmacy to divert demand. - Improve access to alternative care pathways ("Right Care, Right Place") – Single Point of Access (SPoA) growth.

2028/29 Deliverables
- Meet National UEC waiting time standards across all ED sites. - Deliver a fully integrated Flow & Discharge System across Health and Social Care. - Fully mature front-door transformation including SDEC across all hospitals. - Expand Community Urgent Care Capacity - strengthen urgent community response teams (CRT's) and virtual wards.

What difference it will make

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.

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that there will be insufficient core funding to cover previously funded 6 Goals Initiatives (e.g. SDEC) leading to a delay or reprioritisation of programme delivery	2 x 4 = 8	Prioritising core funding in line with new operating model budget builds.	Q1	3 x 2 = 6
R02	There is a risk that competing pressures across partner organisations could impact effective partner working on whole system challenges leading to delays or non-delivery for elements of the programme.	4 x 4 = 16	Improve joint operational accountability and grip through enhanced governance and reporting arrangements aligned to the new operating model structures.	Q3	4 x 2 = 8

R03	There is a risk that the actions identified above will not be sufficient to meet Emergency Care national standards especially during periods of pressure e.g. Winter, leading to a deteriorating performance position.	3 x 4 = 12	Monitor performance metrics closely against committed trajectories via the UEC Programme Board, proactively introducing additional measures should confidence in meeting targets reduce.	Q1 - Q4	2 x 3 = 6

3B – Planned Care, Cancer & Diagnostics

Why this is a priority

Timely access to planned care, cancer services and diagnostics is central to improving outcomes, experience and confidence in health services across North Wales.

Feedback from patients and communities highlights the consistently high quality of care delivered by staff, and our continued focus is on ensuring that people are able to access this care as quickly and seamlessly as possible. Across planned care, cancer pathways and diagnostics, the past year has demonstrated that targeted action, strong leadership and collaborative working can deliver meaningful improvement, creating a strong foundation for the next phase of transformation. Work has also demonstrated many ways to improve efficiency and thus patient access.

Demand continues to grow across all three areas, driven by demographic change, advances in treatment and increasing complexity of care. Cancer services exemplify this: the Health Board diagnoses nearly 5,000 new cases every year, with numbers rising, and earlier diagnosis supported by timely diagnostics offers the greatest opportunity to improve survival and reduce inequalities. Approximately 4,000 people each month following assessment including diagnostics are told they do not have cancer; an increasing trend. This volume of patients is putting pressure on capacity and hence mobilising new ways of working will continue to be a major part of how services adapt to this increase with little additional available resource. Planned care recovery likewise depends on efficient diagnostic pathways, with imaging, endoscopy and pathology capacity underpinning every stage of treatment planning and delivery.

Diagnostics therefore sit at the heart of system improvement. Despite record levels of activity, demand has continued to outpace capacity, but the introduction of the new Radiology Information System (RISP) and the progression of major business cases create significant opportunities for service modernisation. Moving from short-term recovery solutions toward sustainable, year-round capacity will support more consistent performance and ensure diagnostics can meet future needs, including the growing role of genomics and AI-enabled technologies. A specific focus on diagnostics medium-term clinical and service plan will help identify key pathway efficiencies and modernisation opportunities from initial referral through to follow-up and surveillance.

The Planned Care Major Change Programme provides the framework to integrate pathway redesign, national best practice, GIRFT recommendations and value-based healthcare principles. Strengthened clinical leadership, robust demand and capacity planning, and modernised diagnostic infrastructure will together enable more responsive pathways, improved patient experience and better outcomes for the population of North Wales, reflecting the organisation's commitment to continuous improvement and high-quality, sustainable services.

This area is being supported by the Intensive Support Team (sponsored by the partnership of the Health Board, Welsh Government and NHS Performance and Improvement). In addition to the workstreams and deliverables set out below there will be the development of detailed Operational Improvement Plans at both service level (currently Integrated Health Communities, Womens, Diagnostics and Cancer Service Divisions) and a pan BCU level. These Operational Improvement Plans are being informed by the work of the external experts. The Operational Improvement Plans will have rapid cycle actions (90 day cycles) and will focus on

the implementation of standards/protocols of practice (clinical and operational) across the system, improving effective deployment of resources and building sustainability. The use of best practice such as GIRFT Guidance (and other best practice standards) will drive the Operational Improvement Plan approach. Outputs from the Major Change Programme will also inform the rapid cycle actions to enable transfer and implementation from the Programme into practice.

What we will deliver - Planned Care

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Planned Care	3B.1 – WS1 – RTT Pathway Validation : Consistent clerical and clinical validation will be in place incorporating national guidance and a suite of initiatives included expanding the reach of the EBO Virtual 'chat bot' for patient validation.	Chief Operating Officer - PFIG	Q4	EA-06	P06
	3B.2 – WS2 – Referral Pathway Refinement : A range of initiatives to support a reduction in referrals to outpatients in high volume specialities, adopting best practice in waiting list management including the continuing roll out of the community health pathways, to ensure better prioritisation of available capacity for the longest waiting patients with a particular focus on unwarranted variation and associated referral threshold management.	Chief Operating Officer - PFIG	Q4	MAG-01 MAG-03	P07
	3B.3 – WS3 – Booking Services : Reduce variation in outpatient waiting times and improve communication with patients on the waiting lists by adopting best practice including modernisation and standardisation of centralised booking services.	Chief Operating Officer - PFIG	Q4	MAG-02 AR-01	P01 P02 P03
	3B.4 – WS4 – Pre-operative & Operative Effectiveness : Adopt best practice in theatre management through standardising pre-operative assessment process, and driving theatre productivity across North Wales. Undertake the national Surgical Hub Accreditation to support improved efficiencies and High Volume Low Complexity listings.	Chief Operating Officer - PFIG	Q4	MAG-04 MAG-05	P08 P09 P10 P11 P12 P13
	3B.5 – WS5 – Follow-up Pathways : Modernise outpatient services management of follow-up care through ensuring consistent and best practice application of See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) across all specialties and undertaking pathway validation and data quality cleanse of the follow-up waiting lists in line with the National Clinical Information Network (CIN) pathways and discharge protocols.	Chief Operating Officer - PFIG	Q3	TPG-12	P04
	3B.6 – Effective commissioning of planned care services in key specialties where core capacity and Waiting List Initiatives (WLIs) are insufficient to meet forecast demand. (Links to 3C – Fragile Services, 4K – Finance and Commissioning)	Chief Operating Officer - PFIG	Q1 – Q4	TPG-11	

Cancer	3B.7 - Secure continuation of additional external capacity within dermatology, endoscopy, radiology and urology to meet existing demand into 2026/27. (Investment from Planned Care fund). (Links to 3C – Fragile Services, 4K – Finance and Commissioning)	Chief Operating Officer - PFIG	Q1	DE-03 DE-05 SM-11 SM-12 SM-13 SM-14 SM-15	P14 P15
	3B.8 - Agree the strategic model for the delivery of dermatology services in north Wales. (Links to 3C – Fragile Services)	Chief Operating Officer - PFIG	Q2		P14 P15
	3B.9 - Agree the strategic model for the development of robotic assisted surgery in north Wales. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working)	Chief Operating Officer - PFIG	Q2		P14 P15
	3B.10 - Finalise the oncology clinical strategic plan for north Wales. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working)	Chief Operating Officer - PFIG	Q2		P14 P15
	3B.11 - WS6a – Cancer: Increase compliance with national optimal pathways with particular focus on increasing straight to test rates.	Chief Operating Officer - PFIG	Q4		P14 P15
	3B.12 - Deliver opportunities for streamlined follow-up to improve patient care (e.g. Patient Initiated Follow-up – PIFU or See on Symptoms – SOS).	Chief Operating Officer - PFIG	Q4		P14 P15
	3B.13 - Review outstanding requirements not yet met within the Cancer Quality Statement and produce proposals for implementations.	Chief Operating Officer - PFIG	Q2		P14 P15
	3B.14 - Introduce a 'breast pain only' pathway to ensure women receive the most appropriate care in a timely manner. (Dependent on national funding).	Chief Operating Officer - PFIG	Q2		
	3B.15 – WS6b – Diagnostics: Complete replacement of both Linear Accelerators at Ysbyty Glan Clwyd. (Links to 4I – Environment & Estates)	Director of Environment & Estates - PPHP	Q1		
Diagnostics	3B.16 - WS6b – Diagnostics: With the support of the NHS Wales Performance and Improvement (NHS Wales Performance & Improvement) develop diagnostics plans which are safe, sustainable and fit for the future. This includes the full implementation of digital technology as a key service enabler to address workforce shortages.	Chief Operating Officer - PFIG	Q2	MAG-06	
	3B.17 – Progress national business justification case for digital cellular pathology, enabling the service to fully realise clinical and operational benefits, including overall increased reporting performance for routine cases in addition to those of higher clinical priority. (Links to 4D – Digital, Data and Intelligence)	Chief Operating Officer - PFIG	Q4	IPT-18	
	3B.18 – Effective commissioning of additional diagnostic capacity in key specialties where core capacity and Waiting List Initiatives (WLIs) are insufficient to meet forecast demand. (Links to 3C – Fragile Services, 4K – Finance and Commissioning)	Chief Operating Officer - PFIG	Q1 – Q4	TPG-11	
	3B.19 - Continue to work with Digital Healthcare Wales (DHCW) and partners to implement the national Laboratory Information Management System (LIMS) (Links to 4D – Digital, Data and Intelligence, Section 5 – Working with Regional Partners)	Chief Operating Officer - PFIG	Q3		

	3B.20 – Finalise delivery strategy and financial model for the Nuclear Medicine consolidation project, including PET-CT scanner for North Wales. (Links to 4I – Environment & Estates)	Executive Director of Allied Health Professions & Health Science - QSE	Q1		
Related deliverables covered in other sections	2B – Community Care 3C – Fragile Services 4C – Clinical Services Planning, Leadership and Interprofessional Working 4D – Digital, Data and Intelligence 4I – Environment & Estates 4K – Finance and Commissioning - Section 5 – Working with Regional Partners				

2027/28 Deliverables
- Year 2 of delivery related to work on strategic models of care from the Clinical Services Planning work relating to cancer. - Implementation of the lung cancer screening service within Wales (TPG-10). - Procurement and implementation of digital Cellular Pathology business justification case for diagnostics. - Full implementation and benefits realisation from upgraded LIMS. - Bring forward business cases for sustainable diagnostic services. - Commence implementation of nuclear medicine-PET service model.

2028/29 Deliverables
- Deliver timely local access to diagnostics and treatment for all cancer patients. - Repatriation of urology cancer services to north Wales. - Full adoption of digital cellular pathology. - Progression of confirmed actions from sustainable business cases e.g. commencement of progressive replacement of insourcing support with equipment / technology based internal solutions such as MRI and endoscopy.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	104 weeks for referral to treatment *	DE-02	3% of open pathways ¹	Zero	2,490	1,597	1,668	894	0
P02	Open outpatient pathways waiting < 52 weeks *	SM-16	98% ¹	100%	89%	90%	91%	93%	93%
P03	Open outpatient pathways waiting < 26 weeks *	QA-28	N/A	100%	90%	90%	90%	90%	90%
P04	Number of patients delayed by 100% for their follow up appointment *	SM-14 QA-29	Continuous reduction	Zero	146,214 ²	138,903 (-5%)	131,593 (-10%)	124,282 (-15%)	116,971 (-20%)
P05	Therapies waits < 14 weeks	SM-16 QA-25	80%	100%	92%	93%	95%	97%	98%
P06	Percentage validated pathways >26 weeks	EA-06	N/A	50%	15%	15%	25%	40%	50%

				end Q4					
P07	Each Health Board should see a referral return rate of 20+% by December 2026 - utilising Health Pathways optimally	EA-07	N/A	>20% end Q3	4.0% ³	10%	15%	>20%	>20%
P08	HVLC Lists - Cataract 90% of lists to have 7 Cataracts per list by end of Q2	EA-03	N/A	90% end Q2	51.2% ⁴	60%	70%	80%	90%
P09	HVLC Lists - Arthroplasty 90% of lists to have 4 Primary joints per day by end of Q2	EA-03	N/A	90% end Q2	52.3% ⁴	60%	70%	80%	90%
P10	HVLC Lists - 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2	EA-03	N/A	90% end Q2	Currently no General Surgery HVLC lists, as all mixed lists – develop a plan in Q1 to achieve by end of the year.				
P11	Theatre session utilisation is improved to achieve GIRFT standard late starts (>15 mins) *	EA-05	N/A	85%	75.8% ⁴	75%	75%	80%	85%
P12	Theatre session utilisation is improved to achieve GIRFT standard of early finishes (>60 minutes) *	EA-05	N/A	85%	56.3% ⁴	56%	65%	75%	85%
P13	Theatre session overall utilisation is reported as a key KPI to underpin the GIRFT standard *	EA-05	N/A	85%	75.5% ⁴	78%	80%	85%	85%
P14	Cancer patients to be treated within 62 days of suspicion of cancer *	DE-05 SM-11	55%	75%	55%	56%	57%	58%	60%
P15	Number of patients on an active suspected cancer pathway after day 62 *		N/A	Reduction	1500	1286	1093	929	789
P16	Patients waiting for a diagnostic test to be waiting less than 8 weeks *	DE-04 SM-15	75% ¹	100%	50%	60%	70%	75%	80%
P17	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	QA-08	N/A	90%	Further work required				

Notes: ¹ Maintained for 4 consecutive months. ² baseline as at 22/02/26; ³baseline as at 25/26 Q3 – 6 services); ⁴ Baseline as at 25/26 - Q3; * This area will be supported by the Welsh Government and NHS Performance and Improvement Intervention Team.

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There may be challenges in gaining clinical and operational consensus on strategic models of care, both across North Wales and between primary and secondary care.	4 x 3 = 12	Strong focus on careful engagement approach from the outset of the Clinical Services Planning work.	Q3	4 x 2 = 8
R02	The speed at which the organisation is able to adopt and implement PIFU/SOS may not be fast enough.	3 x 3 = 9	Taking learning from other services' implementation and plan proactively strategies to mitigate issues.	Q4	3 x 3 = 6
R03	There may be challenges in filling hard to recruit to posts which may lead to delays and impact on our ability to meet targets.	4 x 4 = 16	Ensure there is a compelling offer in relation to the service, a clear strategic vision and engagement in forward thinking clinical services planning.	Q4	4 x 2 = 8

3C – Fragile Services

Why this a priority

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is challenging. The initial set of services were identified as part of the Special Measures escalation process, namely Urology, Vascular, Ophthalmology, Dermatology, Plastic Surgery, Oncology, Orthopaedics and Orthodontics. Since then, the Health Board has been both making improvements in those services and continuing to develop its approach to identifying and supporting other fragile services. The entry in this year's IMTP is a mixture of both services identified under Special Measures as well as one self-identified by the Health Board. Two of the services identified under Special Measures, Oncology and Plastics, have not been drawn out in the IMTP as they have addressed the identified issues sufficiently to be considered for de-escalation. Whilst at the time of writing that decision had not been made, the Health Board are satisfied that their service level plans are sufficient to monitor their progress, making space for those services identified by the Health Board.

Work in this area has formed part of the first phase of the Clinical Services Plan (CSP), addressing issues that could not wait until the full CSP was underway. The CSP priority area will cover the longer-term transformational changes for these services, with this section continuing to focus on the short-term actions necessary to address the most urgent issues.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Vascular	3C.1 - Finalise and implement a network-wide plan to facilitate improvements in vascular theatre utilisation, ensuring GIRFT principles are maintained.	Chief Operating Officer - QSE	Q1	EA-05	P01
	3C.2 - Commence implementation of vascular service review as part of the first tranche of Clinical Services Plan reviews, to: - Help strengthen integrated working across hub and spoke sites, - Support development of a skilled, happy and sustainable workforce, - Improve patient outcomes across key pathways - Ensure greater alignment with national guidance and best practice. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working)	Chief Operating Officer - QSEPFIQSEG	Q2	IPT-09	P01-02
	3C.3 - Review elective and emergency open AAA outcomes from November 2024 for patients treated at University Hospital North Midlands (UHM). With support from the Vascular Society, Royal College of Surgeons and National Leads, make clear recommendations to the Health Board for the ongoing delivery of open Aortic Aneurysm surgery together and implement a clinical plan that will ensure delivery of best possible outcomes for the people of North Wales.	Chief Operating Officer - QSE	Q3		
	3C.4 - Reduce waiting times for new and review out-patient appointments by increasing the number of clinics delivered by our non-consultant workforce, in-line with vascular society guidance and professional standards.	Chief Operating Officer - QSE	Q4	QA-28 QA-29 MAG-03	P02

	3C.5 - Embedding a culture of safe learning through adopting the 'Safe Learning Charter' across the network, both self-assessment via the associated maturity matrix as well as incorporating learning from HEIW's report on training and education and the PPA service review into culture and behaviour.	Chief Operating Officer - QSE	Q4		P01-02
	3C.6 - Implement appropriate best practice within the national Quality Statement for Vascular Disease.	Chief Operating Officer - QSE	Q4		
Dermatology	3C.7 - Engagement and implementation of interim pan North Wales networked Dermatology service model, to better utilise resources (staff and funding) across North Wales. This is ahead of the full Clinical Services Plan work due to urgency around service sustainability especially in the West.	Chief Operating Officer - QSE	Q1	IPT-09	See Cancer
	3C.8 - Involvement in the full Clinical Services Plan work to design the long-term sustainable Dermatology model.	Chief Operating Officer - QSE	Q4	IPT-09	See Cancer
	3C.9 - Balancing Dermatology work between primary and community and secondary care – Further development of the Community Health Pathways and Teledermoscopy in order to reduce avoidable referrals into secondary care. (Links to 2A – Primary Care, 2B – Community Care, 3B – Planned Care, Cancer and Diagnostics)	Chief Operating Officer - QSE	Q2		See Cancer
	3C.10 - Balancing Dermatology work between primary and community and secondary care – Directed enhanced service in place to allow low risk cancers to be managed in the community. (Links to 2A – Primary Care, 2B – Community Care)	Chief Operating Officer - QSE	Q4		See Cancer
Orthodontics	3C.11 - Building upon the progress in improving this service to date, closing key vacancies and forming stronger multi-professional working, renewed recruitment efforts to appoint substantive consultants.	Chief Operating Officer - QSE	Q3		P03
	3C.12 - Design of a clear service delivery model based on equity, sustainability, and estate capacity. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working)	Chief Operating Officer - QSE	Q4		P03
	3C.13 - Full workforce review, succession planning, skills mix, expansion of roles such as Dentists with special interests, Orthodontic Therapists, to support more sustainable services.	Chief Operating Officer - QSE	Q4		P03
	3C.14 - Develop proposals to increase access to Cone Beam capable CT scanners, improving capacity and patient experience and travel. (Links to 3B – Planned Care, Cancer and Diagnostics)	Chief Operating Officer - QSE	Q3		P03
Orthopaedics	3C.15 – Open Llandudno Orthopaedic hub. (Links to 4I – Environment & Estates)		Q1		
	3C.16 - Mobilise and deliver HVLC Orthopaedic activity in Llandudno - Deliver a sustained HVLC programme targeting 85% theatre utilisation. (Links to 4I – Environment & Estates)	Chief Operating Officer - QSE	Q4		
	3C.17 - 90% of elective arthroplasty lists to have 4 primary joints, supporting improvements in theatre utilisation.	Chief Operating Officer - QSE	Q4	EA-03	P04
	3C.18 - Rationalisation of hip and knee implants, reducing variation to those referenced in GIRFT reports, improving value for money. Starting in Llandudno and then rolling out across all sites.	Chief Operating Officer - QSE	Q3		See V&S
	3C.19 - Implement national standard pathways for Orthopaedics across all sites, reducing pathway variation.	Chief Operating Officer - QSE	Q3		P04

	3C.20 - Complete outsourcing review to identify repatriation opportunities as well as long-term strategic partnerships.	Chief Operating Officer - QSE	Q2		See Planned Care
Ophthalmology	3C.21 - Develop proposals for pan North Wales models of care for Ophthalmology, working within the Clinical Services Plan framework, including potential strategic partnerships. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working)	Chief Operating Officer - QSE	Q3		See Planned Care
	3C.22 - Improve data quality and completeness through standardised regional coding for all sub-specialties, clinical and non-clinical validation, to support improved reporting and service planning.	Chief Operating Officer - QSE	Q3	EA-06	See Planned Care
	3C.23 - Full workforce review, succession planning, skills mix, expansion of roles such as Optometrists, Orthoptists, Advanced Clinical Practitioners, to support more sustainable services.	Chief Operating Officer - QSE	Q2		See Planned Care
	3C.24 - Ensure sufficient nursing and Healthcare Support Workers to enable High Volume Low Complexity Theatre lists - Cataract 90% of lists to have 7 Cataracts per list.	Chief Operating Officer - QSE	Q2	EA-03	P05
	3C.25 - Deliver the next tranche of Teach and Treat course delivery to support hospital service demand reduction and care closer to home: with graduates providing extended “community first” workforce (Independent Prescribing, Glaucoma and Medical Retina capacity) within community optician practices. (Links to 2A – Primary Care, 2B – Community Care)	Chief Operating Officer - QSE	Q4	EA-07 EA-17 TP-153	
	3C.26 - Continue to work with DHCW and CAVHB to implement the national Eye Care referral and patient record systems. (Links to 4D Digital, Data and Intelligence)	Chief Operating Officer - QSE	Q3		
Urology	3C.27 - Present the final on call options appraisal to Operational Leadership Team (OLT) and Executive Committee and secure a preferred option decision, in order to address unsustainable use of locum consultants due to recruitment and retention issues related to an unattractive on-call rota. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working).	Chief Operating Officer - QSE	Q3		
	3C.28 - Develop plan and seek approval to support a sustainable model for flexible cystoscopies, to contribute to improvements in the Urology 8-week diagnostics. (Links to 3B – Planned Care, Cancer and Diagnostics)	Chief Operating Officer - QSE	Q2		P06
	3C.29 - Develop proposal for strategic partnership as close to North Wales as possible, on major urology cancer service, including timelines for full Robotic Assisted Surgery (RAS) transition which will improve Urgent Suspected Cancer (USC) performance and patient experience through care closer to home. Patients are currently traveling to London for RAS prostatectomy and nephrectomy. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working, 3B – Planned Care, Cancer and Diagnostics)	Chief Operating Officer - QSE	Q4		P07
	3C.30 - Award of Vasectomy contract within North Wales via appropriate procurement routes and mobilisation of referrals to successful provider, in order to improve patient experience and care closer to home. Patients currently have to travel into England for this service.	Chief Operating Officer - QSE	Q3		

	3C.31 - Develop sustainable Health Board processes for multi-professional delivery of Local Anaesthetic Transperineal Prostate (LAMP) biopsies for diagnosis of prostate cancer.	Chief Operating Officer - QSE	Q3		P07
Gastroenterology	3C.32 - Standardisation of Gastroenterology referral and treatment pathways, supported by triage, across primary and secondary care, to ensure appropriate use of Health resources. Including access to Endoscopy. (Links to 2A – Primary Care, 2B – Community Care, 3B – Planned Care, Cancer and Diagnostics)	Chief Operating Officer - QSE	Q2		
	3C.33 - Agree immediate model for out of hours Gastro-Intestinal (GI) bleed provision, in order to provide safe and high-quality care.	Chief Operating Officer - QSE	Q1		
	3C.34 - Develop a regional Integrated Digestive Disease Service (IDDS) with strong multi-professional working, in order to provide a safe and effective care for patients with gastro-intestinal disease. (Links to 4C – Clinical Services Planning, Leadership and Inter-Professional Working)	Chief Operating Officer - QSE	Q4		
	3C.35 - Establish sustainable model for Endoscopy service provision across North Wales including Joint Advisory Group (JAG) accreditation (national accreditation). Including considering proposals for a new endoscopy unit and reducing reliance on insourcing and outsourcing. (Links to 3B – Planned Care, Cancer & Diagnostics)	Executive Medical Director - QSE	Q4		
	3C.36 - Further development of QMS to provide structured view and understanding of the drivers behind fragile services, through the triangulation of broad range of key data points.	Executive Medical Director - QSE	Q1		
Fragile Services Oversight & Support	3C.37 - Use the new QMS capability to map the highest priority services of concern as part of the Clinical Services Plan work, capturing the main KPIs for each that will be tracked to measure improvement.	Chief Operating Officer - QSE	Q2	MAG-15 SM-27	
	3C.38 - Ensure that services of concern monitoring, escalation and de-escalation processes, governance and reporting are adequately covered within the latest Performance and Accountability framework, covering both Executive and Board Member visibility. Including capturing how people's care and treatment outcomes are monitored and how they compare to similar services.	Chief Operating Officer - QSE	Q3	SM-29 SM-36	
	3C.39 - Review and implement improvements to the governance surrounding services of concern, including establishment of both risks and separate issues logs.	Chief Operating Officer - QSE	Q1	SM-33	
	3C.40 - Design and implement a support package for services of concern in order to support their improvement, incorporating learning from the Clinical Services Plan Phase 1 work on Challenged Services.	Chief Operating Officer - QSE	Q2		
	3C.41 - Build upon work already completed to create a central monitoring, oversight and reporting to ensure effective responses to recommendations from the Royal Colleges, HIW and other reviews, ensuring they are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.	Executive Medical Director - QSE	Q1	SM-35	
Deliverables covered in other sections	2A – Primary Care 2B – Community Care 3B – Planned Care, Cancer & Diagnostics 4C – Clinical Services Plan, Clinical Leadership & Interprofessional Working 4H – Quality				

- 4J – Workforce
- 4K – Finance & Commissioning
- Section 5 – Working with Regional Partners

2027/28 Deliverables

- Delivery of sustainable models for regional service delivery in line with the full CSP implementation plan.
- Building on the work already undertaken, work with partners on prevention and early intervention agendas across the Challenged Services.
- Recruit to modern skill mix service models agreed through Clinical Services Plans to address hard to recruit traditional roles.
- Pursue opportunities for Digital Transformation once the way ahead for the organisation wide Electronic Healthcare Record (EHR) is clearer.
- Reflect on year 1 implementation of fragile services oversight and support and roll out approach to all areas.

2028/29 Deliverables

- To have a sustainable workforce model in place that ensures staff are working to the top of their competencies, and have opportunities to learn and develop.
- Reduce reliance on insourced and outsourced provision across the Challenged Services.
- Implement Digital Transformations identified during 2027/28.
- Reflect on year 2 implementation of fragile services oversight and support and roll out approach to all areas.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Vascular - Overall theatre utilisation	EA-05	N/A	85%	71.7%	72%	75%	80%	85%
P02	Vascular – Outpatients waiting times	SM-12 QA-28	98% under 52 weeks	100% under 26 weeks	32 wks	32 wks	32 wks	32 wks	32 wks
P03	Orthodontics – Reduce numbers on treatment waiting list		N/A	N/A	2,918	2,948	2,860	2,660	2,398
P04	Orthopaedics - Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time.	EA-03	N/A	90%	52.3%	60%	70%	80%	90%
P05	Ophthalmology - High Volume Low Complexity Theatre lists - Cataract 90% of lists to have 7 Cataracts per list.	EA-03	N/A	90%	51.2%	60%	70%	80%	90%
P06	Urology - Number of patients waiting for flexible cystoscopies waiting <8 weeks	DE-04 SM-15	75%	100%	45%	50%	65%	75%	80%
P07	Urology - Prostate cancer USC 62 day target	DE-05 SM-11	55%	75%	35%	40%	45%	50%	55%
P08	Fragile services oversight and support – identify suite of metrics related to this work to cover monitoring on the number of services mapped, escalated, de-escalated etc.		N/A	N/A	N/A	N/A	N/A	N/A	N/A

Note: Cancer and or Planned Care cover a number of related metrics for Dermatology, Orthodontics, Orthopaedics, Ophthalmology, Urology, Gastroenterology

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that the redesign of services will not reach full potential due to working within existing budgets.	3 x 3 = 9	- Use workforce skill mix redesign to make best use of available funding with clinicians operating to the top of their licence. - Submit any proposals for additional funding where there is a strong case to do so.	Q4 Q4	3 x 2 = 6
R02	Gaining clinical and operational consensus on regional working including across primary, community and secondary care	4 x 4 = 16	- Development of specialists within the primary and community clusters. - FFTF Structures will support regional working.	Q4 Q4	4 x 2 = 8
R03	Clinical and operational capacity to drive improvements due to operational pressures	4 x 4 = 16	Theatre productivity improvement in line with GIRFT, including job planning.	Q4	4 x 3 = 12
R04	National shortage of scarce clinical skills and alternative providers.	4 x 3 = 12	Use workforce skill mix redesign to make best use of available funding with clinicians operating to the top of their licence.	Q1 – Q4	4 x 2 = 8

3D – Mental Health & Learning Disabilities

Why this is a priority

Adult Mental Health and Learning Disabilities (MH&LD) services are redesigning, expanding and improving services aligned to the national strategies for both Mental Health and Wellbeing and Learning Disability with support and direction from NHS Wales Performance and Improvement to deliver on the emerging Strategic Programme for Mental Health. This will enable the Health Board to deliver stepped care models across MH&LD services, ensuring service users receive the appropriate level of care based on their specific needs and circumstances including crisis and long-term needs. The development of an open access model with a focus on recovery along with the introduction of an electronic health record will be the most significant step in the redesign of our services since the implementation of the Mental Health Measure.

Mental Health and Learning Disabilities will focus on improving the quality and safety of the care delivered within, community, inpatient and specialist services. Engagement with the distinct national quality and safety programmes will support training, embed learning and tools and introduce safety and outcome measures across services that will ensure we are delivering bilingual care that meets service user needs, addresses physical health care needs and reduces risk. It is important to reduce the gap in health outcomes for people with mental health and learning disabilities, supported by a focus on prevention, early intervention and reducing health inequalities. We continue to invest in long term capital plans to improve mental health and learning disabilities environments, making them safer through, for example, ligature reduction measures and more therapeutic settings to support our engagement approaches with service users, visitors and staff.

The Board has identified the continued improvement of mental health services as a key priority, with open and transparent public Board reporting of progress and challenges at least twice per year. The Royal College of Psychiatrists 'Review of Reviews' has featured strongly during 2024 and 2025. The Board in January 2026 approved the

establishment of a Mental Health Oversight and Development Group, chaired by the Chief Executive with a 'whole-organisation' emphasis on improving sustainable, modern, high-quality services.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Mental Health	3D.1 - Engage with National Patient Safety Programme to improve quality and safety across services with the implementation Safe Discharge and 72-hour follow-up standards. (Links to 4H – Quality)	Executive Director of Allied Health Professions & Health Science - QSE	Q4	DE-14	
	3D.2 - Train inpatient staff on the use of ReQol 10 Patient Reported Outcome Measures (PROMS) alongside the National Programme Safety team.	Executive Director of Allied Health Professions & Health Science - QSE	Q1	DE-14	
	3D.3 - Agree and develop with partners a phased Open Access Mental Health Service model with a view to implementing the demonstrator site by Q4 based on the international evidence base. (Links to Section 5 – Working with Regional Partners)	Executive Director of Allied Health Professions & Health Science - QSE	Q1	DE-13	
	3D.4 - Engage with the National workstream to Improve Physical Health of People with Severe and enduring Mental Illness including review and alignment of the BCU MHL D physical health policy in line with national developments.	Executive Director of Allied Health Professions & Health Science - QSE	Q4	DE-15	
	3D.5 - Deliver a material reduction in the number of out of area placements through robust clinical and patient safety management (inclusive of community and acute staff) aligned to the implementation of the Crisis Care Model.	Executive Director of Allied Health Professions & Health Science - QSE	Q4	EA-02	P06
Learning Disabilities (LD)	3D.6 - Reduce Health Inequalities for people with learning disabilities by increasing the uptake of the annual health checks and public health screening initiatives across services. (Links to 1A – Primary Prevention, 1C – Health Inequalities)	Executive Director of Allied Health Professions & Health Science - PPHP	Q4	TPG-93 TPG-94	
	3D.7 - Define and formally adopt a tiered crisis response framework for LD services with clear pathways for prevention, early intervention, urgent response, intermediate care provision in partnership with the Local authorities and post-crisis stabilisation. (Links to Section 5 – Working with Regional Partners)	Executive Director of Allied Health Professions & Health Science - QSE	Q4		
Digital Solutions	3D.8 - Establish a digitally delivered specialist All-Wales gambling harm and treatment service. (Links to 4D – Digital, Data and Intelligence)	Executive Director of Allied Health	Q2		

		Professions & Health Science - QSE			
	3D.9 - Continue to progress the Electronic Healthcare Record (EHR) Transformation Programme which will reduce paper records and be a key enabler for service transformation, through commencing the implementation of the All Ages MHLD and continued engagement with WG regarding a wider EHR. (Links to 4D – Digital, Data and Intelligence)	Executive Director of Allied Health Professions & Health Science - QSE	Q4	TPG-79	
Estates and Capital	3D.10 - Strengthen the strategic case for the development of the purpose-built, future-proof Adult and Older People Mental Health Unit at the Ysbyty Glan Clwyd site with the aim of presenting a full business case to Health Board for the approval by the end of Q4. (Links to 4I – Environment & Estates)	Executive Director of Allied Health Professions & Health Science - QSE	Q4		
Mental Health Oversight and Development	3D.11 – Progress the 13 key areas supported by the Board in the Scope of Mental Health Oversight and Development Group, including but not exhaustively; strategic plan and models of care, outcomes framework, performance, service user engagement, standards of clinical practice, workforce planning, estate and physical environment, culture and organisational development, leadership and management, legacy reviews, finance, dementia care and psychological therapies.	Chief Executive – supported by all Executive Directors - QSE	Q4		
Related deliverables covered in other sections	1A – Primary Prevention 1C – Health Inequalities 4D – Digital, Data and Intelligence 4H - Quality 4I – Environment & Estates 4K – Finance & Commissioning - Section 5 – Working with Regional Partners				

2027/28 Deliverables
- Evaluation and further development of Open Access Model to improve access to appropriate and timely Mental Health Care for North Wales Citizens. - Evaluation and further development of tiered crisis response framework for LD services. - Phased implementation of EHR into services across MHLD and CAMHS to enable an improved, modernised and safer service. - Improve quality and safety for patients in line with the National Patient Safety Programmes. - Continued focus on specialist services and commissioned services to support identifying and gaps in service provision and ensuring best use of available resource.

2028/29 Deliverables
- Continued development and delivery of service models across MH and LD core, specialist and commissioned services enabling modernised services, that provide a range of quality care that is appropriate to the population and safe. - Continued implementation of EHR into services across MHLD and CAMHS.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over.	SM-20 QA-16	65%	80%	82%	80%	80%	80%	80%
P02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over.	SM-21 QA-17	65%	80%	87%	80%	80%	80%	80%
P03	Percentage of patients resident in the health board who are in receipt of secondary mental health services, who have a valid care and treatment plan.	SM-23	65%	90%	82.3%	82%	83%	83%	90%
P04	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.	QA-19	N/A	80%	72%	72%	72%	72%	72%
P05	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol).	QA-03	N/A	80%	94%	80%	80%	80%	80%
P06	Material reduction in the number of out of area placements.	EA-02	N/A	Material Reduction	10	10	9	9	8
P07	Safety in secondary care Mental Health services (mental health safety matrix and PROM ReQuol).	DE-14	N/A	Improve by March 2027	Clarification on measure required.				
P08	Physical health of people with long term Mental Health problems – mortality reviews and associated improvements.	DE-15	N/A	Improve by March 2027	Clarification on measure required.				

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Available staffing resource to maintain operational delivery whilst in parallel requiring staff resource to inform transformational redesign, training and implementation.	4 x 5 = 20	- Recruitment and retention plan implementation - Staffing models reviewed as part of the service redesign work with HEIW workforce planning methodology training being rolled out.	Q4 Q4 Q4	3 x 4 = 12

			- Maximising opportunities to take up national safety training programmes - Consideration of phased improvements to reduce impact on staff and services	Q4	
R02	No additional financial resource attached to support delivery of the Open Access Model and Patient Safety Programmes	$3 \times 5 = 15$	- Financial models to be reviewed as part of the service redesign work. - Consideration of phased improvements to reduce impact on resources - Financial governance applied to all expenditure including any backfill requirements	Q4 Q4 Q4	$3 \times 4 = 12$
R03	Lack of access to digital patient records and systems to inform and support transformation and deliver services	$5 \times 5 = 25$	Implementation of EHR as a longer-term solution and review of current practices to support improvements in the interim	Q4	$4 \times 5 = 20$

3E – Child and Adolescent Mental Health (CAMHs) & Neurodevelopment (ND)

Why this is a priority

CAMHS provides specialist assessment, care and treatment for children and young people experiencing significant mental health difficulties. Delivered by multidisciplinary teams, including psychiatrists, psychologists, nurses, allied health professionals and therapeutic practitioners, CAMHS also supports the wider children's workforce to respond effectively to mental health needs. Rising complexity, increasing demand and pressure across pathways make CAMHS a key priority for service improvement.

All service development is aligned with the National Strategic Mental Health Programme, ensuring more equitable access, improved safety, and high value pathways from early intervention through to inpatient care. A whole system approach is essential, with close collaboration through the Children's Regional Partnership Board (RPB) to reduce duplication, build shared learning and ensure responses wrap around children and young people's needs. Plans focus on enabling timely access to the right level of support, embedding trauma informed and rights based practice, and delivering the Welsh Government's "no wrong door" approach.

CAMHS will help children and young people achieve better outcomes, build resilience, and experience improved mental health and wellbeing across North Wales. ND services deliver multidisciplinary assessments for children and young people presenting with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and other neurodevelopmental differences. Demand for assessments has grown significantly, with waiting lists now exceeding 6,500 and some families waiting more than three years. These delays can negatively impact wellbeing and increase pressure on other services, including CAMHS. Improving ND services is therefore a critical priority. It is important to reduce the gap in health outcomes for young people with mental health and learning disabilities, supported by a focus on prevention, early intervention and reducing health inequalities.

The ND Improvement Programme works in partnership with education and social services, supported by the Children's Regional Partnership Board (RPB), to meet the expectations of the National Neurodivergence Improvement Programme and the Code of Practice for the Delivery of Autism Services. A key focus is shifting from a diagnosis driven model to a needs led approach, ensuring timely early help, reasonable adjustments and consistent support for families. Priorities include reducing waiting

times, redesigning pathways, strengthening workforce capability and improving post assessment support. Delivering these improvements relies on strong cross sector collaboration and sustained whole system commitment to meeting the needs of neurodivergent children and young people in North Wales.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Executive Lead - Committee	Quarter	Ref	Impacts
Child and Adolescent Mental Health Service (CAMHS)	3E.1 - Early Help - Strengthen Early Intervention and Prevention. Develop and embed CAMHS Early Help systems and processes within the new model with partners across IHCs and regionally, to align with Flexible Open Access Mental Health Support and NYTH/NEST. Including: integration of schools in-reach, establishing reliable data reporting and measurement of impact, and establishing plans for secondary prevention that targets those at greatest risk of developing mental health problems. (Links to 1A – Preventative approach to Health & Well-being)	Chief Operating Officer - QSE	Q4	DE-13 AR-09	
	3E.2 - Improve access to CAMHS services by reducing and sustaining waiting times under the Mental Health Measure (MHM) and improving patient pathways to deliver better outcomes and experiences for Children and Young People (CYP). Including: exploring options for embedding Open Access principles, map and standardise pathways across the region using clinical guidelines and WG Community CAMHS service specification.	Chief Operating Officer - QSE	Q3	DE-13 QA-14 QA-15 SM-24 SM-25 SM-26	P01 P02
	3E.3 - Deliver a transformed and sustainable crisis model through full implementation and embedding of the crisis enhanced service model. Including working with adult mental health and partners on plans for an Open Access North Wales demonstrator project, develop and initiate plans for further Alternative to Admission, operationalisation of the 24/7 regional crisis consultation and advice line. (Links to 3D – Mental Health & Learning Disabilities, Section 5 – Working with Regional Partners)	Chief Operating Officer - QSE	Q4	DE-13 TPG-80	
Neurodevelopment (ND)	3E.4 - Early Identification & Family Centred Support - Co-design new needs led model of care across children's neurodevelopmental (ND) services collaboratively with Childrens Regional Partnership Board. Including: referral process review and improvement, roll out of standardised profile of need tool to be used prior to specialist ND referral is considered, ensure clear pathways and local points of access into ND services across all age groups, development of neuro affirmative communities. (Links to Section 5 – Working with Regional Partners)	Chief Operating Officer - QSE	Q4	QA-18 TPG-91 TPG-92	
	3E.5 - Improved Access to Information, Guidance, and Assessment - Establish Clear, consistent access pathways in line with NEST/NYTH principles. Including streamline ND assessment prudent pathways to improve efficiency – introducing standard audit mechanisms and use of same day assessments for clear cases, enhance joint working	Chief Operating Officer - QSE	Q2	QA-18 TPG-06 TPG-90	

	across services and sectors - building links with education, CAMHS and third sector and piloting multi-agency ND input in schools. (Links to Section 5 – Working with Regional Partners)				
	3E.6 - Improved post assessment/diagnostic support - Co-designed post-assessment support to ensure continuity, tailored interventions. Including: Map support offers regionally, align services to provide targeted post diagnostic support, ensure consistent signposting and referral pathways for support following diagnosis, develop ND transfer & transition protocols to provide seamless transition between child and adult services across agencies. (Links to Section 5 – Working with Regional Partners)	Chief Operating Officer - QSE	Q4	QA-18 TPG-06 TPG-90	P04 P05
Related deliverables covered in other sections	1A – Preventative approaches to Health & Wellbeing 3D – Mental Health & Learning Disabilities - Section 5 – Working with Regional Partners				

2027/28 Deliverables
- Maintain delivery of the Mental Health Measure targets. - Implement and embed a whole community approach to CAMHS Early Help, delivering six child and young person focused interventions in line with the CAMHS Early Help Model. - Design and implement agreed systems and processes to support Open Access across CAMHS pathways reducing unwarranted variation of service delivery. - Full roll-out and evaluation of needs led service model with partners to support reduction in ND waiting lists. - Children and Young People (C&YP) have access and are supported to transition to adult services.

2028/29 Deliverables
- Maintain delivery of the Mental Health Measure targets. - Embed, refine, and sustain Open Access systems, using learning and data to optimise access, flow, and equity. Ensuring continuity, smooth transitions, and improved experiences for children and young people and families. - Spread and scale of tried and tested community crisis schemes maximising on opportunities to improve the skills, knowledge and confidence of health and social partners in the management of young people experiencing mental health crisis who access acute services. - Children and young people, families and carers have access to assessment and post assessment support based on their needs and strengths and skills. - Children and young people will have support and needs met in communities through an agreed profile of needs.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years.	QA-14 SM-24	75%	80%	80%	80%	80%	80%	80%
P02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years.	QA-15 SM-25	60%	80%	80%	80%	80%	80%	80%
P03	Percentage of C&YP waiting less than 26 weeks to start neurodevelopment assessment	QA-18	N/A	80%	12%	12%	12%	11%	11%

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Capacity constraints in CAMHS Workforce impacting on ability to deliver the service offer.	5 x 5 = 25	Workforce re-design, non-eligible practitioners, accelerate recruitment strategies, utilise bank/agency staff as contingency whilst in development, monitor capacity, workforce recruitment monitoring and team job plans.	Q1 - Q4	3 x 3 = 9
R02	ND Workforce capacity constraints to deliver service offer within the current workforce establishment and significant backlog of long waits.	5 x 4 = 20	Workforce re-design, accelerate recruitment where there are vacancies, utilise bank/agency staff as contingency whilst in development, monitor capacity within team job plans ensuring maximisation of efficiencies taking prudent approach.	Q1 - Q4	3 x 3 = 9

3F – Children and Young People Services

Why this is a priority

Improving access, outcomes and experience for children and young people is fundamental to delivering high quality, high value and sustainable care across North Wales. As part of Strategic Intent 3, Children and Young People Services are prioritised because early life health is one of the strongest predictors of lifelong wellbeing, and timely, well-coordinated pathways can prevent escalation, reduce inequalities and improve long-term outcomes.

Health inequalities have a significant and lasting influence on children's health. When children grow up in circumstances that limit access to healthy environments, stable housing, nutritious food, safe play, high quality early years provision, and timely healthcare, their health outcomes are measurably poorer. These inequalities increase the likelihood of low birth weight, delayed development, poorer mental health, chronic illness, and reduced educational attainment. Without targeted action, particularly prevention and early intervention, the gap in outcomes widens between the least and most deprived, as children grow, shaping long term health and wellbeing and contributing to preventable illness in adulthood.

The Health Board's integrated model, spanning community care, hospital care and specialist care, supports children and their families up to age 18, and beyond where additional needs exist, ensuring continuity across critical developmental stages and transitions.

By strengthening pathways, reducing unwarranted variation, enhancing multidisciplinary working, and delivering care as close to home as possible, the aim is to provide safe, compassionate and seamless services that respond to what matters to children and young people.

This section sets out how the Health Board will align with national priorities, improve flow and access, embed evidence based clinical models, and modernise services so that every child and young person in North Wales can benefit from improved experiences, better outcomes and equitable, sustainable care.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Vaccination uptake	3F.1 - Delivery of school age immunisation programme by immunisation team with targeted work in low uptake areas. (Links to 1D – Health Protection)	Chief Operating Officer - PFIG	Q4	TPG-38 AR-02	P01 P02
Healthy Child Wales 2 Programme	3F.2 – Working with partners, undertake a gap analysis of the requirements to fully implement the Healthy Child Wales 2 Programme and submit proposals to the Health Board for implementation. (Links to Section 5 - Regional Partnership Working; 1B – Proactive strategies for disease prevention, falls & frailty)	Chief Operating Officer - PFIG	Q3	DE-06 TPG-55	P04 P05
Access to Specialist Community Nursing	3F.3 - Undertake a review of specialist nursing team roles and delivery of care for children with complex needs. (Links to 2B – Community Care)	Chief Operating Officer - PFIG	Q1		

for children with Complex needs	3F.4 - Commence developing a service specification for delivery of community nursing care for children with complex care needs. (Links to 2B – Community Care)	Chief Operating Officer - PFIG	Q3		
	3F.5 - Ensure that children with diabetes have timely provision of insulin pumps and CGM (Links to 1B – Proactive strategies for disease prevention, falls & frailty)	Chief Operating Officer - PFIG	Q2	DE-09	P06 P07
	3F.6 - Assess compliance with Diabetes NICE Guidance in readiness for the launch of the Type 1 diabetes screening programme for children (Links to 1B – Proactive strategies for disease prevention, falls & frailty)	Chief Operating Officer - PFIG	Q3	DE-09	
	3F.7 - Set out the proposal to the Health Board based on the service specification gap analysis related to the submitted Paediatric Palliative Care in Wales self-assessment, including specialist palliative care nursing. (Links to 2B – Community Care)	Chief Operating Officer - PFIG	Q3	DE-11	
Access to services for children with a learning disability	3F.8 - Work with the Partnership Transformation Programme to commence the development of a strategic plan for children with a learning disability, and reduce inequalities for consultation. (Links to 3E – CAMHS & ND, Section 5 – Regional Partnership Working)	Chief Operating Officer - PFIG	Q1	TPG-95	
	3F.9 - Finalise and implement the Transition Pathways for children into adult services across all long-term conditions (respiratory, endocrine, cardiac and neurological conditions, cancer, CAMHS and Learning Disabilities). (Links to 3B – Planned Care, Cancer & Diagnostics, 3E – CAMHS & ND)	Executive Medical Director - QSE	Q3		
Related deliverables covered in other sections	1A – Preventative approaches to Health & Wellbeing 1B – Proactive strategies for disease prevention, falls & frailty 1D – Health Protection 2B – Community Care 3B – Planned Care, Cancer & Diagnostics 3E – CAMHS & ND 3G – Women’s Health - Section 5 – Regional Partnership Working				

2027/28 Deliverables
- Develop a workforce plan across the specialties. - Optimise vaccination uptake to achieve 95% by age 5 years. - Maintain Neonatal standards of care & Welsh Government recommendations. - Work towards full implementation of the Health Child Wales Programme (HCWP) 2. - Work towards compliance with Diabetes NICE guidance. - Transition pathways are developed across all specialities from children’s services to adult services.

2028/29 Deliverables
- Development of a sustainable skilled workforce. - Work towards increasing healthy weight. - Maintain Neonatal standards of care. - Work towards equitable access for children with a learning disability to mental health support. - Work towards establishing equitable community nursing offer for children with complex needs.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Percentage of children who are up to date with all routine scheduled vaccinations by age 5.	QA-04	N/A	95%	MMR 90% 4:1 91%	90%	90%	90%	90%
P02	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15.	QA-05	N/A	90%	70.8%	70%	70%	70%	70%
P03	Improve quality in maternity services and reduce perinatal mortality rates - Extended perinatal mortality rates 4.84 per 1000 total births.	DE-17	N/A	Improve	Clarification on measure and targets required				
P05	Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.	DE-06	N/A	72%	71.9%	71%	71%	72%	72%
P06	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months.	QA-09	N/A	80%	80%	80%	80%	80%	80%
P07	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months.	QA-10	N/A	80%	80%	80%	80%	80%	80%

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that public protection will not be gained due to poor uptake of immunisations.	4 x 3 = 12	Scheduling of mop up sessions in school holidays and alternative locations.	Q4	3 x 3 = 9
R02	There is a risk that the actions taken to tackle levels of obesity in children in North Wales will not have the impact desired.	4 x 3 = 12	Undertake a comprehensive gap analysis with partners to identify implementation requirements for Healthy Child Wales 2 and develop targeted proposals that strengthen the effectiveness of interventions aimed at reducing childhood obesity.	Q4	3 x 3 = 9
R03	Children and Young People will not have timely access to specialist care provision and intervention for example palliative care, children with complex needs.	4 x 4 = 16	Individual cases risk assessed with care plans.	Q4	3 x 4 = 12

3G – Women's Health

Why this is a priority

Women's Services within the Health Board are delivered through a comprehensive network which includes all three District General Hospitals, and Community and Primary Care settings. This integrated pathway approach ensures accessibility, continuity, and high-quality care for women and families across North Wales.

The Service provides regional oversight and governance, working in close collaboration with Third Sector partners to deliver person-centred, safe, and effective services. The Health Board's commitment is to maintain and enhance standards of care, reduce health inequalities, and respond to the evolving needs of the population through innovation, workforce development, and strategic planning.

Health outcomes for women are worsening especially for women from the most deprived and disadvantaged communities, a focus on prevention and reducing the differences in women's access to health care and interventions is required to reverse this.

The NHS Wales Women's Health Plan for Wales represents a significant commitment to improving health services for women, ensuring that their voices are heard and their health needs are prioritised. By addressing systematic inequalities and enhancing research and education the plan aims to create a more equitable health care system to enhance health outcomes for women locally and nationally. This plan details 64 measurable actions across 8 priorities to improve outcomes for women and girls across their lifetime. Specific key actions for the Service will continue to inform its priorities.

The Maternity and Neonatal Quality Statement in Wales outlines the expected standards for maternity and neonatal services, emphasising the importance of high-quality care for women and their families. The statement aims to address the complexities of pregnancy, including the increasing prevalence of conditions such as diabetes and mental health issues and to improve outcomes for women ensuring that every child receives the best start in life. It also focusses on the need for inclusive policy making and the involvement of service users in shaping the services they need.

What we will deliver

2026/27 Deliverables

Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Improve the quality of our maternity services by reducing perinatal mortality rates	3G.1 - Progress the rollout of Phase 2 of the Digital Maternity Cymru System, with a focus on implementing maternity electronic health records to enhance the quality of care and improve communication for pregnant individuals. (Links to 4D – Digital, Data and Intelligence)	Chief Operating Officer - PPHP	Q4	DE-17 IPT-16	P01
	3G.2 - Receive and analyse the findings of the Perinatal National Assurance Assessment Report (expected in Q4 2025/26), together with the key priorities outlined in the 2025 Quality Statement for Maternity and Neonatal Services, and develop a comprehensive proposal for local implementation inclusive of detailed costing. (Links to 3F – Children and Young People Services)	Chief Operating Officer - QSE	Q3	DE-17	P01

	3G.3 - As part of the Clinical Services Plan, undertake a comprehensive review of the configuration of Pan-North Wales Perinatal Services to ensure the delivery of safe, high-quality and sustainable care. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working).	Chief Operating Officer - QSE	Q4	DE-17	P01
	3G.4 - Develop an implementation plan to deliver the outstanding commitments in the National Perinatal Engagement Framework (2025), including a paid Chair for Maternity and Neonatal Voices Partnership. (Links to 3F – Children and Young People Services)	Chief Operating Officer - QSE	Q2	DE-17	P01
	3G.5 - Collaborate with Health Education and Improvement Wales (HEIW) to prioritise year two service actions to ensure the Perinatal Strategic Workforce Plan is delivered within the Health Board. (Links to Section 5 – Working with Regional Partners)	Chief Operating Officer - QSE	Q4	DE-17	P01
Support the local delivery of the NHS Wales Women's Health Plan across North Wales	3G.6 - Support the local delivery of the NHS Wales Women's Health Plan across North Wales, to include work on Menstrual Health, Endometriosis and Adenomyosis, Contraception – Postnatal Contraception and Abortion Care, Preconception Health, Pelvic Health and Incontinence, Menopause, Violence Against Women – Domestic Abuse and Sexual Violence, Ageing Well and Long-Term Conditions and strengthening community pathways.	Chief Operating Officer - QSE	Q4	AR-10 TPG-99 TPG-140	P02
	3G.7 - Address variation in services such as Contraception, Menopause support and Pelvic Health.	Chief Operating Officer - QSE	Q4	AR-10	
	3G.8 – Deliver improvements to Women's Health prevention and early intervention, including preconception health and earlier identification of women's health conditions. (Links to 1A – Preventative approach to Health & Well-being)	Chief Operating Officer - PPHP	Q4	AR-10	
	3G.9 – Expand Women's Health service offering, currently focused via the Llandudno Womens Health Hub.	Chief Operating Officer - PPHP	Q4	DE-16 IPT-04 TPG-98	
	3G.10 - Participation in national digital and data development initiatives such as Women's Health Dashboard. (Links to 4D – Digital, Data & Intelligence)	Chief Operating Officer - PPHP	Q3		
Related deliverables covered in other sections	1A – Preventative approach to Health & Well-being 1C – Health Inequalities 2A – Primary Care 2B – Community Care 2C – Integrated Health & Well-being Hubs 3F – Children and Young People Services 4D – Digital, Data & Intelligence				

2027/28 Deliverables
- Build on the 26/27 priorities and continue to support the local delivery of Welsh Government's: - Women's 10 Year Health Plan for Wales (2025-2035) - Women's and Girls Quality Statement (2022) - Maternity and Neonatal Services - Quality Statement (2025) - Perinatal Engagement Framework (2025) - HEIW Perinatal 10 Year Workforce Strategy (2025) - Women's Health - Support the implementation of the NHS Wales Women's Health Plan 2025-2035, dependent on the prioritisation of available resources. - Ensure the delivery of high-quality, safe maternity services that fully comply with national standards and recommendations, promoting positive outcomes for mothers, babies, and families through evidence-based practice and continuous improvement. - Ensure the delivery of high-quality, safe gynaecology services that fully comply with national standards and recommendations, providing timely, evidence-based care and improving outcomes for women across all pathways. - Understand and incorporate applications of Genomics in relation to women's health.

2028/29 Deliverables
- Build on the 27/28 priorities and continue to support the local delivery of Welsh Government's: - Women's 10 Year Health Plan for Wales (2025-2035) - Women's and Girls Quality Statement (2022) - Maternity and Neonatal Services - Quality Statement (2025) - Perinatal Engagement Framework (2025) - HEIW Perinatal 10 Year Workforce Strategy (2025) - Women's Health - Support the implementation of the NHS Wales Women's Health Plan 2025-2035, dependent on the prioritisation of available resources. - Ensure the delivery of high-quality, safe maternity services that fully comply with national standards and recommendations, promoting positive outcomes for mothers, babies, and families through evidence-based practice and continuous improvement. - Ensure the delivery of high-quality, safe gynaecology services that fully comply with national standards and recommendations, providing timely, evidence-based care and improving outcomes for women across all pathways.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Improve quality in maternity services and reduce perinatal mortality rates - Still birth 3.22 per 1000 total births	DE-17	N/A	Improve	Local 3.01 ²	National targets and KPIs are yet to be defined			
P02	Improve quality in maternity services and reduce perinatal mortality rates - Neonatal mortality rate 1.63 per 1000 live births	DE-17	N/A	Improve	Local 0.89 ²	National targets and KPIs are yet to be defined			
P03	Improve quality in maternity services and reduce perinatal mortality rates - Extended perinatal mortality rates 4.84 per 1000 total births	DE-17	N/A	Improve	Local 3.86 ²	National targets and KPIs are yet to be defined			
P02	Women's Health Plan National PREMS and PROMS awaited which will inform a national dashboard.	TPG-150	N/A	N/A	TBC ³	National targets and KPIs are yet to be defined			

Notes: ¹ the Welsh Government Maternity and Neonatal Leads have been contacted to confirm the expectation and targets for Services in Wales, ² MBRACE 2023 data (published in 2025), ³ Baseline to be confirmed following evaluation of year 1 and national confirmation, ⁴ Women's Health National Dashboard underdevelopment. Key measurables have been identified. National targets and KPIs are yet to be defined (Women's Health Network have been contacted)

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Allocated service budget will be insufficient to meet the latest national quality standards/ planned initiatives.	4 x 3 = 12	- Review reconfiguration of current service model. - Rationalisation of existing service offer.	Q1 Q1	4 x 2 = 8
R02	National funding to deliver these two Ministerial Priorities has not been confirmed for 2026/27.	4 x 3 = 12	Ongoing engagement with National Policy Leads necessary to confirm if any national funding is available.	Q2	4 x 2 = 8
R03	National ambition, targets and key performance indicators (including PREMS and PROMS) for these Ministerial Priorities have not been confirmed.	4 x 3 = 12	Ongoing engagement with National Policy Leads necessary to confirm national targets and KPIs.	Q1	4 x 2 = 8

3H – Pharmacy and Medicines Management

Why this is a priority

Pharmacy and medicines management are central to delivering high-quality, safe and sustainable healthcare. As demand rises and treatments become more complex and costly, we must maximise the clinical value of medicines, reduce unwarranted variation and ensure best use of resources while improving patient outcomes.

A coordinated regional approach to technical services is needed to support specialised and emerging therapies, alongside clear oversight of population need and equitable access to pharmaceutical services. Continued digital development in prescribing and medicines intelligence will improve oversight, provide clearer information to support decision-making, and strengthen the safe and effective use of medicines across the system.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Pharmaceutical Needs Assessment	3H.1 - Commission and publish a Pharmaceutical Needs Assessment (PNA) and agree an action plan from this to ensure pharmaceutical services are aligned to population need, address gaps in provision, and support equitable, sustainable care delivery. (Links to 2A – Primary Care)	Executive Medical Director – QSE	Q3	N/A	N/A
Education	3H.2 - Support General Pharmaceutical Council (GPhC) Step 4 accreditation for the Bangor University MPharm programme (confirming regulatory provisional accreditation to deliver the programme) and enrol Cohort 2 to strengthen the local pharmacy workforce pipeline and support sustainable service provision. (Links to 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education)	Executive Medical Director - QSE	Q3	N/A	N/A
Transforming Access to Medicines	3H.3 - Launch and develop the North Wales Transforming Access to Medicines (TrAMs) programme, as one of three national transformation hubs, to modernise pharmacy technical services and strengthen regional collaboration, including scoping pharmacy provision to support advanced therapies within a national hub model. (Links to 4G – Value & Sustainability)	Executive Medical Director - QSE	Q4	TPG-132	N/A
Pharmacist Independent Prescribers Service	3H.4 - Continue to work with Community Pharmacy Wales (CPW) and Health Education and Improvement Wales (HEIW) to support community pharmacy contractors to expand the number of Pharmacies offering the Pharmacist Independent Prescribers Service (PIPS), strengthening prescribing capacity and improving access to care. (Links to 2A – Primary Care, 2B – Community Care)	Executive Medical Director - QSE	Q4	N/A	P01
High Value Medicines	3H.5 - Ensure full implementation of the High Value Medicines Value & Sustainability Board programme by supporting clinicians to adopt best-value prescribing practices, optimising procurement and product selection, reducing low-value prescribing, and strengthening performance oversight to deliver sustainable financial and quality benefits. (Links to 4G – Value & Sustainability)	Executive Medical Director - QSE	Q4	EA-15	N/A
ePMA	3H.6 - Following completion of implementation, fully embed Electronic Prescribing and Medicines Administration (ePMA) by establishing clear pharmacy clinical ownership to lead safe prescribing configuration, formulary oversight, system optimisation and structured change control. (Links to 4D – Digital, Data and Intelligence)	Executive Medical Director - QSE	Q3	IPT-17	
Reducing Inappropriate Prescribing	3H.7 - Work with primary care and community services, via the Local Enhanced Clinical Effectiveness Service, to support evidence-based patient reviews that reduce inappropriate gabapentinoid prescribing in line with NICE guidance, extend periods of treatment, and increase the use of low Global Warming Potential inhalers in line with the All-Wales respiratory treatment pathway. (Links to 2A – Primary Care)	Executive Medical Director - QSE	Q4	N/A	P02 P03 P04

Genomics	3H.8 - Engage with national genomics leads and clinical networks to scope the potential role of pharmacogenomics in clinical pathways, explore opportunities to develop local champions, and raise awareness through shared learning and engagement.	Executive Medical Director - QSE	Q4	TPG-142	
Electronic Prescribing	3H.9 - Deliver the risk prioritised components of Electronic Prescribing Service (EPS) that sustain safe, reliable digital services, covering devices, network/telephony, core infrastructure, and clinical platforms. (Links to 4D – Digital, Data and Intelligence)	Executive Medical Director - QSE	Q4		
Related deliverables covered in other sections	1B – Proactive strategies for disease prevention, falls & frailty 2A – Primary Care 2B – Community Care 4D – Digital, Data and Intelligence 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education 4G – Value & Sustainability				

2027/28 Deliverables
Building on the 2026/27 priorities, 2027-28 will focus on optimising the pharmacy workforce and standardising medicines supply to improve resilience, efficiency and consistency across the system.

2028/29 Deliverables
Building on this, strengthen horizon scanning and early identification of advanced and high-impact therapies, progressing towards personalised approaches including pharmacogenomics, supported by enhanced infrastructure and capability.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS).	QA-13	N/A	70% or increase of 20% on March baseline	43%	45%	48%	53%	63%
P02	Gabapentin and pregabalin DDDs per 1,000 patients ¹ .	QA-37	N/A	10% Reduction ¹	Q2 25/26 1640.73 ³	1620.22	1599.71	1579.2	1558.69
P03	Average quantity per item prescribed from start period for the reference basket of medicines.	QA-38	N/A	increase 10% ²	32.03	32.5	33	33.5	34
P04	Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed.	QA-39	N/A	80% or an increase of at least 15% ⁴	42.10 ⁵	45.85	49.6	53.35	57.1

Notes: ¹ 10% reduction compared to same period in the previous year; Target: Prescribing interval of 35 days or where average is >=35 days in March 2026, an increase of at least 10% on March 2026 baseline; ³ Most current data Nov 2025; ⁴ Target: 80% or an increase of at least 15 percentage points on the March 2026 baseline towards 80%; ⁵ This measure is currently being amended by AWTC - data to be added when released

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Variation in primary care capacity risks and contractual variations create additional risk when delivering prescribing priorities across North Wales, particularly where medicines optimisation must be balanced with maintaining patient access.	$3 \times 3 = 9$	Delivery is supported through the Local Enhanced Clinical Effectiveness Service (LECES), providing a structured and incentivised framework to promote consistent implementation of prescribing priorities across primary care while maintaining focus on patient access and quality.	Q1 – Q4	$3 \times 2 = 6$
R02	Delivery of the TrAMs programme is dependent on the pace and direction of the national transformation programme and related co-dependencies; changes or delays at national level may impact regional timelines and benefit realisation. If the national programme is delayed the impact on the radio-pharmacy service for the new centralised nuclear medicine facility for BCU may be affected.	$4 \times 3 = 12$	As the North Wales hub operates within a single legal entity (the Health Board), regionalisation can continue to be progressed within the existing operating model, maintaining local control over planning, governance and delivery subject to available resources while remaining aligned to national direction.	Q1 – Q4	$3 \times 3 = 9$
R03	Workforce supply and retention challenges in North Wales may affect the sustainability of increased Pharmacy Independent Prescriber Service capacity if trained pharmacists move to other roles or sectors.	$4 \times 5 = 20$	Increase PIP-led consultations where capacity exists and plan for workforce growth from August 2026, when newly qualified pharmacists will register with independent prescribing qualifications.	Q1 – Q4	$4 \times 4 = 16$

3I – Dementia

Why this is a priority

Dementia is a major and growing priority for the Health Board due to the rapidly ageing population of North Wales and the significant impact the condition has on individuals, families, communities and the wider health and care system. Forecasts show substantial increases in both the 65+ and 85+ population, alongside rising multimorbidity and frailty, meaning many more people will live with dementia and increasingly complex needs in the years ahead. Dementia is identified nationally as one of the major neurological conditions driving demand across the NHS, and locally it already contributes to high levels of unplanned care, prolonged hospital stays and pressure on carers and community services. At the same time, inequalities across North Wales, particularly in areas of high deprivation, are associated with poorer dementia outcomes, later diagnosis and reduced access to support. Addressing dementia is therefore essential to improving population health, delivering person-centred, bilingual, compassionate care, strengthening community based pathways, and ensuring the Health Board can meet future demand sustainably while supporting people to live well for longer.

Dementia Care will be one of the areas that becomes a focus on the newly established Mental Health Oversight and Development Group, chaired by the Chief Executive, and will report to Board at least twice per year.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Optimisation of Dementia Care Pathways in ED	31.1 - Complete a review of existing dementia care provision within Emergency Departments to include benchmarking against areas of best practice. (Links to 3A – Urgent & Emergency Care)	Executive Director of Nursing - QSE	Q1	TPG-86	P01 P02 P03
	31.2 - Review analyse and make recommendations to the Health Board on the requirements to implement a Dementia Care Pathway for Emergency Departments. (Links to 3A – Urgent & Emergency Care)	Executive Director of Nursing - QSE	Q3	TPG-85 - TPG 88	P01 P02
	31.3 - Design and deliver bespoke dementia patient and carer experience review for ED. (Links to 3A – Urgent & Emergency Care)	Executive Director of Nursing - QSE	Q3	TPG-85 - TPG 88	P02
Having a capable and confident workforce to deliver dementia care	31.4 - Undertake a review and training needs analysis of existing dementia training approaches and align national guidance and best practice standards, informing the development of a training programme for the workforce, building on the work completed for the bitesize training. (Links to 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education, 4J - Workforce)	Executive Director of Nursing - QSE	Q2		P01
	31.5 - Design and implement a programme tailored to the needs of the workforce to enable a consistent service delivery through agreement of a core minimum standard of dementia education across the Health Board. (Links to 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education, 4J – Workforce)	Executive Director of Nursing – P&C	Q3		P01
Dementia Friendly Environments for Care including End of Life Care	31.6 - Undertake environmental assessments to review the Health Board’s current assessment of appropriate and suitable dementia friendly environments for all care settings and make proposals as appropriate. (Links to 4I – Environment & Estates)	Executive Director of Nursing - QSE	Q2		P03
	31.7 - Recommendations and proposals collated and presented to the Health Board, working with Estates, to align any recommended improvements to Estates strategy and available budget. (Links to 4I – Environment & Estates)	Executive Director of Nursing - QSE	Q4		P03
Raising awareness of prevention	31.8 - Design and implement a staff campaign to raise awareness of prevention as it affects dementia. (Links to 4J – Workforce)	Executive Director of Nursing - PPHP	Q4		P01
Related deliverables covered in other sections	2A – Primary Care 2B – Community Care 3A – Urgent & Emergency Care 3B – Planned Care, Cancer & Diagnostics 3D – Mental Health & Learning Disabilities				

- 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education
- 4I – Environment & Estates
- 4J - Workforce

2027/28 Deliverables

- Focus on newly released North Wales Regional Dementia Strategy and impending Wales Dementia Strategy (10-year plan).
- Review of the 2026-27 National Audit for Dementia findings.
- General Hospital Dementia Care Pathway review and proposal.

2028/29 Deliverables

- Review of progress against North Wales Regional Strategy intended outcomes and baseline assessment against new Dementia Strategy.
- Completion of a Service Assessment of Compliance (SAoC) to set out improvement requirements.
- Completed General Hospital Care Dementia Pathway.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Increased knowledge and confidence in dementia care.		N/A	N/A	To be developed ¹				
P02	Enhanced patient/carer satisfaction in ED settings.		N/A	N/A	To be developed ²				
P03	Increased dementia-friendly environment assessment scores when re-audited after 12 months.		N/A	N/A	To be developed ³				
P04	Workbook and dashboard for Memory Assessment under development by NHS Exec/QSI team.		N/A	N/A	Awaiting National Steer				

Notes: ¹The Training Needs Analysis completed in Q2 will establish the baseline and targets; ² Not previously measured. The first experience review of dementia pts/carers in Q3-4 will provide baseline; ³ New baseline will be established by Q3;

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Capacity of Dementia Improvement Team to meet plan requirements.	3 x 3 = 9	■ Gain divisional ownership of dementia improvement works and associated resourcing e.g. educator provision.	Q4	3 x 1 = 3
R02	Capability of Estates to meet improvement requirements.	3 x 3 = 9	■ Focus on small, low-cost improvements; agree specification for dementia appropriate capital works so improvement is built in to refurbishments and new builds; train Estates teams in dementia friendly environments.	Q4	3 x 1 = 3
R03	Adequate provision of specialist pathway development expertise by Transformation Team.	3 x 3 = 9	■ Secure commitment for dedicated Pathway Practitioner to completion of the pathway.	Q4	3 x 1 = 3



4

Create a modern, people-centred healthcare system that is future-focused, maximising opportunities of digital care, research, innovation, and improvement, investing in workforce development and wellbeing and strengthening our role as an anchor institution for North Wales.

4A – Foundations for the Future

Why this is a priority

Delivering high-quality, equitable and sustainable services for the people of North Wales depends on BCUHB operating as a coherent, effective and agile organisation. A highly effective organisation aligns strategy, culture, people, processes and structures into a unified operating model that enables good governance, timely decision making and clear accountability. Strengthening these foundations is essential not only to improve services today, but to ensure the Health Board can adapt and respond to the complex demands of the future.

Work undertaken to evaluate the Operating Model agreed in 2022 highlighted significant gaps as detailed in the Discovery Report developed in November 2024. While it examined structural arrangements, other critical elements of an effective operating model, including organisational culture, strategic alignment, people capability and process design, were not sufficiently addressed. Over time, it has become increasingly clear that aspects of the current model do not provide the flexibility expected of a large integrated Health Board. Challenges remain in achieving consistency across divisions, reducing duplication, ensuring equitable service provision, and enabling decisions to be taken at the right level and at the right time. These issues are not unique to this health board; across the UK, large healthcare organisations are seeking operating models that support system-wide working, improve integration and better leverage scale.

The Foundations for the Future Programme directly responds to this need. It applies a recognised organisational change methodology (Tushman and O'Reilly's 'Leading Organisational Change and Renewal') to create an operating model that strengthens ways of working as one Health Board. The programme provides greater clarity of purpose, enable more agile and accountable decision making, and embed the conditions required for sustainable improvement. By establishing clear foundations, strategically, culturally, structurally and operationally, the Health Board will be better equipped to deliver its strategic objectives and, most importantly, improve outcomes and experiences for the population of North Wales.

This is a significant programme of change for the organisation and as such will continue to require refinement moving forward. The first phase of the Delivery will be implemented and next phase of the Programme will therefore get underway during 2026/27. It is envisaged that the programme will be complete by the final quarters of 2027/28.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive* - Committee	Quarter	Ref	Impacts
Strategy	See 4B – Strategy and Planning and 4C – Clinical Services Planning	Executive Director of Transformation & Strategic Planning - PPHP	N/A		
Culture	4A.1 - Implement and deliver the year 1 actions from the Culture, Leadership and Engagement 3-year Improvement plan 2026-29. The delivery plan is structured into five areas. 1. Vision and Values, 2 Goals and Performance, 3. Learning and Innovation, 4. Support and Compassion, 5. Teamwork. Year one focusses on embedding systems and processes in these areas to improve leadership quality, employee engagement, psychological safety and practically embedding the agreed values and behaviours. (Links to 4J – Workforce)	Executive Director of People – P&C	Q4	SM-31 SM-48 EA-24 TPG-166	P01
People	4A.2 - Complete the transition to new senior posts and establish new service groups and corporate directorates, supported by cross-functional operating agreements and ongoing team and leadership development. (Links to 4J – Workforce)	Executive Director of Nursing and Midwifery - P&C	Q4	SM-44	P02
	4A.3 - Complete the revised Integrated Leadership Development Framework. (Links to 4J – Workforce)	Executive Director of Nursing and Midwifery - P&C	Q1	TPG-166 SM-31	P02
	4A.4 - Complete Competency Frameworks, which includes the competencies and skills required for particular roles by banding, equipping staff with the skills to deliver their roles. (Links to 4J – Workforce)	Executive Director of Nursing and Midwifery - P&C	Q1	EA-24 TPG-166	P01
Processes	4A.5 - Review and improve the Establishment Control Review (ECR) process, to ensure it is more streamlined and fully supported. (Links to 4J – Workforce)	Director of Corporate Governance - P&C	Q3		P01
	4A.6 - Review and improve the process for creating, reviewing, and approving business cases.	Director of Corporate Governance - P&C	Q3		P01
Structures	4A.7 Implement the Foundations for the Future design and thereby establish a clear organisational structure led by an effective and complete executive team with the leadership capacity and capability to deliver high quality, sustainable care. (Links to 4J – Workforce)	Executive Director of People - P&C	Q3	SM-44 SM-31 TPG-166	P01 P02
	4A.8 - Complete the design of Phase 2. This will include reviewing the structures of the organisation at bands 8b and below, a plan for the effective integration of Mental Health	Executive Director of People - P&C	Q4	SM-44	P01 P02

	and Learning Disabilities, and a rapid review of phase 1 implementation across all 5 pillars of the Programme. (Links to 3D – Mental Health & Learning Disabilities)				
Cross-Cutting	4A.9 - Implement a new governance model as part of the revised operating model, ensuring sharper accountability, fewer/streamlined meetings, focusing on delivery and transparency. (Links to Section 5 – Effective Systems of Governance)	Director of Corporate Governance - P&C	Q2		P01 P02
	4A.10 - Publish to BCUHB Board the collated lessons learned from Phase 1, including outcomes from the consultation process, evaluation of performance and benefits measurement and how FFTF supports de-escalation by improving governance and accountability.	Executive Director of People - P&C	Q3		P01
	4A.11 - Publish the Operating Framework, including how business partnering will operate with the Service Groups, and the directory of services reflecting the new organisational model.	Executive Director of People - P&C	Q3		P02
	4A.12 - Engage with partners (JCC, NWS, Local Government, Third Sector) to review the operating model and identify changes to the ways we operate and define operating policies and/or updated MOUs where applicable. (Links to Section 5 - Working with Regional Partners)	Director of Partnerships, Engagement and Communications - P&C	Q4		P01
	4A.13 – Co-produce with staff and partners an organisational approach to change framework that supports teams to successfully design, deliver and sustain change. (Links to Section 5 – Organisational Approach to Change)	Executive Director of Transformation & Strategic Planning - PPHP	Q3		
Related deliverables covered in other sections	3D – Mental Health & Learning Disabilities 4B – Strategy and Planning 4C – Clinical Services Planning, Clinical Leadership & Interprofessional Working 4J – Workforce - Section 5 – Effective Systems of Governance - Section 5 - Working with Regional Partners - Section 5 – Organisational Approach to Change				

2027/28 Deliverables
- Report lesson learned from Phase 1. - Implement Phase 2. - Benefits realisation review.

2028/29 Deliverables
Continue to review and refine learning.

* Executive Leadership for these workstreams is subject to change.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Evidence how well does staff, teams and services work together within and across organisations to deliver effective care and treatment.	SM-31	Evidence	N/A	Measure to be developed				
P02	Improved staff engagement index score in NHS Wales surveys.	SM-48 TPG-166	Improvement	N/A	69.3%	N/A	N/A	N/A	70%+

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk the operating model changes will not be successful if the organisational structure changes dominate the focus of those involved, losing sight of importance of the other pillars of the programme i.e. culture, process, people, strategy.	3 x 4 = 12	Continue to cover all 5 pillars of the programme via programme governance and reporting – confirming each pillar addresses the original insights from the discovery report.	Q2	3 x 2 = 6
R02	There is a risk that delivery timelines will be delayed if during the consultation process there are significant additional options for consideration raised and increased time needs to be allocated to process concerns or amend the structures and processes.	4 x 4 = 16	Develop a clear and efficient process for capturing and starting to work on alternative options raised during the consultation process as they are raised.	Q2	3 x 2 = 6
R03	There is a risk that operational service delivery may be affected if during the pre-transition and transition periods staff moral and performance is reduced.	3 x 3 = 9	Identify high-risk service areas and proactively focus enhanced engagement to mitigate staff morale issues.	Q3	3 x 2 = 6

4B – Strategy and Planning

Why this is a priority

Developing a refreshed 10-Year Strategy and strengthening organisational planning are interdependent priorities that will shape how the Health Board responds to changing population needs, rising demand, workforce pressures and a challenging financial environment. Together, they provide the clarity, coherence and discipline needed to move from short-term reactive approaches to sustained, proactive transformation. The renewed strategy will build on the co-created strategic intents developed with partners in 2025/26 and will articulate a clear long-term direction that reflects the scale of challenge, the need for new models of care, and the importance of prevention, early intervention

and reducing health inequalities. It will place population health and regional collaboration at its core, ensuring that future service design is informed by evidence, demographic trends and meaningful engagement with communities, clinicians and partners.

Effective planning is the mechanism through which this strategic intent becomes deliverable action. Good planning translates ambition into clear decisions about resources, service change, workforce and financial trajectories, supported by robust risk and performance frameworks. By triangulating workforce, financial and activity modelling, planning ensures that long-term goals are realistic, affordable and operationally grounded. It also strengthens accountability, enabling the organisation to track progress, intervene early when delivery risks arise and maintain alignment with national policy and statutory obligations. Strong partnership working across North Wales, including with local authorities, the Third Sector and regional bodies, is essential to both the strategy and the planning process, ensuring shared priorities and coordinated solutions.

A credible 10-Year Strategy, underpinned by mature, integrated planning, will provide the foundation for stability, consistent decision-making and sustainable improvement. This combined approach will support the Health Board to prioritise effectively, deploy limited resources where they have greatest impact, and communicate transparently with the public about the case for change. Ultimately, it will equip the organisation to deliver high-quality, resilient services that meet the needs of the population now and over the longer-term.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Strategy - Discovery	4B.1 - Complete the Discovery Phase of the new 10-year Health Board Strategy by finalising evidence gathering, synthesising insights from key stakeholders, and undertaking structured engagement across the organisation and wider partners. This will culminate in an agreed Discovery Report, to inform the subsequent Design Phase of the Strategy. This work will also cover some specific requirements within the NHS Wales Planning Guidance: ▪ A review of the organisation's Well-being objectives and how they fit within the Health Board's overarching strategic objectives. ▪ Provide clarity on the full suite of underpinning strategic plans (such as the Clinical Services Plan, Estates Strategic Plan and Digital Strategic Plan) and timelines for their development. ▪ Incorporate the Health Board's ambitions relating to Advanced Therapies and Genomics.	Executive Director of Transformation & Strategic Planning - PPHP	Q1	TPG-02 TPG-112 TPG-129 TPG-134	P01
Strategy – Design	4B.2 - Complete the full strategy design phase by translating the insights from the discovery phase into a validated strategic framework, including defined goals, strategic priorities, delivery roadmaps, and governance model, culminating in a final Strategy ready for Board approval. This will include structured engagement with key stakeholders throughout the design process to test assumptions, refine options, and build organisational alignment, ensuring aspects such as the Marmot principles (relating to early childhood, education, employment, preventing ill-health, housing and community well-being) are covered within the scope.	Executive Director of Transformation & Strategic Planning - PPHP	Q3	AR-04	P01

Strategy - Delivery	4B.3 - Implementation of the strategy will be via key underpinning quality impact assessed strategic plans (e.g. Clinical Services Plan) and their key deliverables falling within the 2027-30 IMTP.	Executive Director of Transformation & Strategic Planning - PPHP	Q4	SM-06 SM-37 TPG-101	
Partner working	4B.4 - Co-create a Third Sector Partnership Working Framework with Third Sector Partners to move to more proactive and strategic collaborative approach. (Links to Section 5 – Working with Regional Partners)	Executive Director of Transformation & Strategic Planning - PPHP	Q1		P02
Improved Modelling	4B.5 - Draw on support from NHS Performance and Improvement (NHS P&I) colleagues to develop proposals on an improved approach to a unified modelling across demand, capacity, skills mix, activity, performance, finance and workforce, incorporating benchmarking against other Health Boards – to be utilised in the 2027-30 IMTP planning cycle. (Links to Section 5 – Working with Regional Partners)	Executive Director of Transformation & Strategic Planning - PPHP	Q1		P02
Annual Reflection and Learning	4B.6 - Undertake an annual reflection and learning exercise in relation to the annual planning cycle, incorporating the planning maturity matrix self-assessment tool and involving internal and external stakeholders.	Executive Director of Transformation & Strategic Planning - PPHP	Q1	SM-05 SM-10	P02
Planning Capability Action Plan	4B.7 - Deliver improvements in the organisation's approach to planning through delivery of the planning capability action plan that is informed by feedback from key stakeholders, annual learning cycles and contains actions from the planning maturity matrix self-assessment. Aiming to progress to level 3 and above across all areas.	Executive Director of Transformation & Strategic Planning - PPHP	Q2 – Q4	SM-05 SM-10	P02
Integrated Planning Framework	4B.8 - Update the BCUHB Integrated Planning Framework and associated more detailed planning guidance in light of annual reflection and learning exercise, emphasising the importance of clinical leadership, Community by Design principles and patient feedback in service planning.	Executive Director of Transformation & Strategic Planning - PPHP	Q2	SM-05 IPT-07 TPG-66 TPG-106	P02
Organisational Capability in Planning	4B.9 - Contribute to the broader organisational capability development work, specifically in relation to development of skills in planning.	Executive Director of Transformation & Strategic Planning - PPHP	Q2	SM-05	P02
De-prioritisation and De-commissioning	4B.10 - Develop an organisational approach to de-prioritisation and de-commissioning for teams to utilise in reaching and implementing decisions of this nature, ensuring the full range of clinical and operational perspectives are central to the approach.	Executive Director of Transformation & Strategic Planning - PPHP	Q3		P02
IMTP Delivery Assurance	4B.11 - Support delivery of commitments set out in the IMTP through monthly monitoring and timely escalation of any risks to delivery as well as quarterly reporting of delivery against the IMTP and Special Measures de-escalation framework.	Executive Director of Transformation & Strategic Planning - PPHP	Q1 – Q4	SM-08	P02
Related deliverables	4D – Digital, Data & Intelligence 4H - Quality 4I – Environment & Estates				

covered in other sections

- 4J - Workforce
- 4K – Finance and Commissioning
- Section 5 – Working with Regional Partners

2027/28 Deliverables

- Provide clear guidance, coordination and specialist support for the development of associated strategic plans (such as Estates, People, Quality, Digital and other enabling strategies), ensuring alignment with the overarching 10-Year Health Board Strategy. This will include facilitating engagement with relevant clinical, operational, corporate and partner stakeholders to promote consistency, shared understanding and coherence across all strategic planning activity.
- Introduce monitoring and capture of learning relation to implementation of the 10-Year Strategy to enable in year course correction and to inform the subsequent planning cycle.
- Achieve majority of level 4 scores in the annual self-assessment against the planning maturity matrix.
- Understand and incorporate more applications of Genomics and Advanced Therapies into plans. (TPG-142).
- Submit an approvable financially balanced IMTP.
- An IMTP that is fully aligned to the new 10-Year Strategy that will be in place by the time.

2028/29 Deliverables

- Evaluate year one implementation of the 10-Year Strategy along with learning captured through the year to inform year two delivery.
- Support the development of further enabling strategies.
- Achieve at least level 4 across all areas of the annual planning maturity matrix self-assessment.
- Understand and incorporate more applications of Genomics and Advanced Therapies into plans.
- Submit an approvable financially balanced IMTP.
- An IMTP that contains the full suite of strategic plans that underpin the 10-Year Strategy (e.g. Digital, Estates, Clinical Services Plan etc).

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Develop the measures of success in relation to both population and patient outcomes as well as the strategy development process.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
P02	Planning maturity matrix self-assessment scores – target level 3 across the six domains.	SM-10	Level 2 (Achieved in 25/26)	N/A	Level 2 - 3	N/A	N/A	N/A	Level 3

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Timing of operating model structures work could impact adequate team engagement and implementation of actions.	4 x 4 = 16	- Invest in early and continual engagement and involvement with teams, securing belief that being involved in the strategy development will help provide the necessary strategic direction for subsequent years plans to deliver. - Invest in early and continual engagement and involvement with all stakeholders, demonstrating how their feedback is being used to improve future planning processes.	Q1 Q1	4 x 2 = 8
R022	Operational pressures could lead to both internal and external stakeholders not providing sufficient time and involvement in shaping the new strategy, undermining its ownership and delivery.	4 x 3 = 12	Be sensitive to operational pressures in both the method and timing of involvement of key stakeholders in strategy development.	Q1 - 4	4 x 2 = 8
R03	Unstable political environment leading to uncertainty around priorities for the second half of 2025/26 and 2026/27	4 x 3 = 12	Proceed with the plans the Health Board have developed and seek early confirmation of approach to be taken post Senedd election.	Q2	4 x 3 = 12

4C – Clinical Services Planning, Leadership and Interprofessional Working

Why this is a priority

Delivering sustainable, high-quality services for the people of North Wales requires a clear, forward-looking Clinical Services Plan (CSP) supported by strong, skilled and collaborative clinical leadership. Together, these elements provide the foundations for moving from reactive service management to a proactive, coherent approach that aligns strategic ambition with the realities of clinical practice, workforce capability and population need. The CSP sets out how services will evolve to provide person-centred, preventative and evidence-based care, reducing unwarranted variation and ensuring that models of care reflect the principles of Community by Design and the priorities of the Health Board's long-term strategy.

Central to achieving this vision is empowered, multi-professional clinical leadership. Modern healthcare demands leaders who can balance quality, performance and sustainability, work across traditional boundaries, use data intelligently and make value-driven decisions. These skills are essential for guiding the redesign work underway through the first phase of the CSP work, where clinically led assessments of challenged or fragile services are informing options for consolidation, redesign or new models of care. This is being built upon in the 'Fragile Services' section of the IMTP, which will identify and address clinical services that meet the principles for fragility in the National Clinical Framework (AR-13). As the CSP progresses, effective leaders will be needed across all sectors; primary, community and secondary care, to drive change at pace, support colleagues through transition and ensure that service improvements translate into better outcomes for patients.

To enable this, clearer role definitions, strengthened leadership development offers and more robust job planning and remuneration models will be required. Creating attractive, well-supported clinical leadership roles is essential to engaging clinicians in shaping the future of services and ensuring that redesign is grounded in practical experience and professional insight.

By integrating structured clinical service planning with strong inter-professional leadership, the Health Board will be better equipped to make consistent, transparent decisions, strengthen regional working, improve workforce resilience and deliver sustainable, high-value care. This combined approach is critical to realising the ambitions of the 10-year strategy and creating a modern, resilient and equitable healthcare system for North Wales.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive – Committee	Quarter	Ref	Impacts
CSP methodology and initial engagement	4C.1 - Agree the CSP methodology and first tranche of areas to be prioritised and establish the CSP Programme by developing the programme structure, governance, and delivery approach, supported by targeted internal engagement and awareness raising activities to build understanding and organisational buy in. Success will be demonstrated through formal approval of the methodology, confirmation of programme governance, and evidence of staff awareness and engagement across key teams including the first major engagement event held.	Executive Medical Director - PPHP	Q1	SM-07 AR-13	P01
CSP preparatory work for first tranche of areas	4C.2 - Operationalise the CSP Programme by finalising detailed delivery plans for the process (pertaining to the first tranche of areas), establishing programme reporting and risk management processes, and initiating structured engagement with leads to prepare for CSP assessments. Success will be demonstrated through approved delivery plans, active reporting cycles, and evidence of areas' readiness to enter the CSP process in Q3.	Executive Medical Director - PPHP	Q2	SM-07	P01
CSP first tranche areas assessments	4C.3 - Deliver the full CSP assessment process for the first tranche of priority services, including evidence gathering (including use of key population level intelligence, assessment workshops, option development and prioritisation. This will be supported by structured engagement with leads and clinical and operational teams from the full set of professional groups to ensure clarity, collaboration and high-quality outputs. Success will be demonstrated through completed CSP assessment documentation and agreed prioritisation outcomes for all first tranche areas that demonstrates Community by Design principles, maximise pathway redesign and strengthened joint working between primary and secondary care and partners.	Executive Medical Director - PPHP	Q3	SM-07 SM-31 TPG-09 TPG-66 TPG-150	P01
CSP first tranche areas service change proposals	4C.4 - Finalise and submit the first tranche of CSP service change proposals for formal approval by the CSP Programme Board. This will include refining proposals based on feedback, completing required documentation, and ensuring alignment with strategic, operational and financial considerations. Success will be demonstrated through Programme Board approval of all first tranche service change proposals and confirmation of readiness for wider Health Board governance approvals and implementation planning.	Executive Medical Director - PPHP	Q4	SM-07 SM-37	P01

Clinical Leadership	4C.5 - Job descriptions with roles with responsibilities and appropriate remuneration in place for all clinical leadership posts with Foundations for the Future organisation structure, across primary, community and secondary care. (Links to 4A – Foundations for the Future)	Executive Medical Director - PPHP	Q1	SM-60	P02
	4C.6 - Commence implementation of a menu of formal training programmes informed by training and development needs analysis for all within clinical leadership positions, across primary, community and secondary care. (Links with 4J – Workforce)	Executive Medical Director - PPHP	Q3	SM-34 SM-60	P04
	4C.7 - Generalised upskilling related to modern NHS needs via Clinical Services Plan programme to include strategic planning, value-based health care, population health management etc, across primary, community and secondary care. (Links with 4J – Workforce)	Executive Medical Director - PPHP	Q4	SM-34 SM-60 IPT-07	
	4C.8 - Develop a clear and attractive career path and development package for those in or aspiring to Clinical Leadership position, drawing on internal and external expertise and support including NHS P&I and CMO. Across primary, community and secondary care.	Executive Medical Director - PPHP	Q4	SM-60	
Interprofessional Working	4C.9 - Provide clarity over best practice clinical and operational multi-professional working, in line with the new operating model structures roll out, both roles and responsibilities and effective team working. Across primary, community and secondary care. (Links to 4A – Foundations for the Future)	Executive Medical Director - PPHP	Q1	SM-60	
	4C.10 - Provide organisation development support to ensure newly formed teams are working effectively together across clinical and operational inter-professional disciplines. Across primary, community and secondary care. (Links to 4A – Foundations for the Future)	Executive Medical Director - PPHP	Q2-Q3	SM-60 IPT-07	
Related deliverables covered in other sections	1B – Proactive strategies for disease prevention, falls & frailty 3B – Planned Care, Cancer & Diagnostics 3C – Fragile Services 3G – Women’s Health 4A – Foundations for the Future 4J – Workforce 4K – Finance & Commissioning				

2027/28 Deliverables
- Start preparatory work on the next tranches of areas to be taken through the CSP process, building on learning from the first year and ensuring a more efficient, consistent and evidence-based approach. - Embed and mature the CSP methodology across the organisation by strengthening governance, capability and alignment with enabling strategies and wider planning activity, while supporting operational teams to begin

2028/29 Deliverables
- Continue to work through the next set of tranches, applying the process and approach tested and refined through 2026-28. - Continue to support existing service change implementations, ensuring they are operating as expected, fully embedded and any learning from this stage factored into future changes. - Embed CSP learning into wider organisational planning processes and training.

implementation planning for the first tranche service change proposals approved at the end of 2026/27.

- Support teams with the implementation of service change ensuring they follow the BCUHB Organisational Approach to Change.
- Assessing the success in relation to increased interest and Clinical leadership roles filled.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Develop the measures of success in relation to both population and patient outcomes as well as the CSP process for those areas selected in the first tranche of the CSP.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
P02	Number of clinical lead vacancies.	N/A	N/A	N/A	To be defined as part of FFTF work				
P03	Training and development feedback scores.	N/A	N/A	N/A	Measure to be developed				

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Timing of operating model structures work could impact adequate team engagement and implementation of actions relating to the CSP.	4 x 4 = 16	Invest in early and continual engagement and involvement with teams, securing belief that the CSP work will be part of the benefit of the new operating model structures.	Q1	4 x 2 = 8
R02	Unstable political environment leading to uncertainty around appetite for scale of change.	4 x 3 = 12	Proceed on an evidence-based approach and take learning from other Health Boards.	Q1 - 4	4 x 2 = 8
R03	Sufficient resources (funding and time) are not prioritised both corporately and locally.	3 x 3 = 9	- Agreement of key success criteria and demonstrating progress towards it. - Engagement and co-production of this work with a range of professional groups.	Q1 Q1	3 x 2 = 6
R04	Insufficient number of clinicians will want to progress into leadership position.	4 x 3 = 12	- Engagement and co-production of this work with a range of professional groups. - Progress of Clinical Services Plan work for people to see the potential for service transformation.	Q1 Q1	4 x 2 = 8

4D – Digital, Data and Intelligence

Why this is a priority

Strengthening the Health Board's digital, data and intelligence capability is fundamental to delivering safer, more efficient and more personalised care across North Wales. Digital systems, high-quality data and robust analytical capability are mutually reinforcing; together, they enable clinicians and operational teams to access reliable information, support timely decision-making and create the foundations for modern, technology-enabled care pathways. As the organisation moves away from fragmented systems and paper-based processes, establishing interoperable, stable and user-centred digital platforms will provide the confidence and consistency needed to support day-to-day care while enabling future transformation.

A core part of this shift is improving the quality, governance and usability of data. When data is accurate, standardised and linked across services and organisations, it becomes a powerful asset for population health management, pathway redesign and proactive care. Enhanced analytical tools and improved clinical coding will help unlock insight into patient journeys, variation in care, resource use and opportunities for prevention. This intelligence-led approach allows the Health Board to plan more effectively, reduce duplication, minimise administrative burden and better target interventions to meet the future needs of communities.

Digital reliability and data integrity must sit alongside strong cyber security. With the increasing frequency and sophistication of cyber threats to healthcare, integration of resilient infrastructure, clear organisational response plans and strong staff awareness is essential to protect patient information and maintain public trust. A secure environment is also a prerequisite for harnessing innovation, whether through advanced analytics, AI-supported decision-making or more integrated digital pathways.

Together, these developments form a coherent, interdependent programme of modernisation. By aligning digital improvement with strengthened data governance, intelligence capabilities and robust cyber security, the Health Board will create a more connected, insight-driven and resilient system landscape, supporting better clinical decisions, a more seamless patient experience and sustainable service improvement across North Wales.

What we will deliver

2026/27 Deliverables

Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Demand & Capacity	4D.1 - Identify and commence implementation of best practice and tools available to support improved organisation wide demand and capacity planning. (Links to 3B – Planned Care, Cancer & Diagnostics)	Chief Digital and Information Officer - PPHP	Q2		
Data Governance	4D.2 - Further development and roll out throughout the year of the data quality kite mark to provide assurance on data quality and accuracy.	Chief Digital and Information Officer - PPHP	Q4		P04
	4D.3 - Develop and commence implementation a programme of data governance audits to provide assurance on data processing and reporting accuracy.	Chief Digital and Information Officer - PPHP	Q1		

	4D.4 - Develop a data quality framework that makes clear the responsibilities and accountability associated with the collection and management of data across the health board.	Chief Digital and Information Officer - PPHP	Q3		
Robotic Process Automation	4D.5 - Develop proposals for a Robotic Process Automation (RPA) approach and associated implementation plan.	Chief Digital and Information Officer - PPHP	Q3		
Clinical coding	4D.6 - Develop and implement a Clinical Coding quality dashboard to facilitate improved clinical coding error detection and correction.	Chief Digital and Information Officer - PPHP	Q1		P03
	4D.7 - Undertake review around opportunity for AI and automation of clinical coding.	Chief Digital and Information Officer - PPHP	Q2	IPT-18 TPG-125	
	4D.8 - Move to an internal specialty focused training plan for clinical coding trainees, that improves recruitment and retention as well as efficiency.	Chief Digital and Information Officer - PPHP	Q4		
University partnerships	4D.9 - Work with the Universities on potential applications of advanced analytics and mathematical modelling for use in service planning. (Links to 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education).	Chief Digital and Information Officer - PPHP	Q4		
	4D.10 - Develop proposals for move from on premises to on cloud analytics, to improve processing speeds, reliability and enabling a broader suite of tools.	Chief Digital and Information Officer - PPHP	Q4		
Population Health Management	4D.11 - Further enhance existing information products to introduce elements of Population Health Management (PHM) e.g. deprivation analysis, further identification of patient cohorts for targeted interventions. (Shared objectives with Public Health Team on PHM). (Links with 1B - Proactive strategies for disease prevention, falls & frailty)	Chief Digital and Information Officer - PPHP	Q3		
	4D.12 - Create a suite of population health measures based on existing approaches that will facilitate sustainable healthcare transformation by targeting interventions that prevent ill health, improve care & support for people with ongoing health conditions, and reduce inequalities in health outcomes. (Links with 1B - Proactive strategies for disease prevention, falls & frailty)	Chief Digital and Information Officer - PPHP	Q4		
Digital and Data Skills	4D.13 - Implement a comprehensive Digital Skills Assessment and publish Training Needs Analysis and Academy plan on LMS landing page. (Links with 4J – Workforce)	Chief Digital and Information Officer - PPHP	Q1	TPG-116	P05
	4D.14 - Programme of training and development of resources around the principles of Making Data Count to enhance competency in use and presentation of data across the organisation. (Links with 4J – Workforce)	Chief Digital and Information Officer - PPHP	Q1		

Legacy / Unsupported Systems	4D.15 - Progressively and systematically decommission and archive unsupported systems and devices in line with available resources, while maximising the efficient use of current supported systems to reduce technical debt, support costs, and safety risk.	Chief Digital and Information Officer - PPHP	Q4	EA-19 TPG-113	P06
	4D.16 - To develop a Strategic Outline Case for the digitalisation of paper-based patient records that clearly defines the strategic need, benefits, risks, and options for the project.	Chief Digital and Information Officer - PPHP	Q2		
Cyber Assessment Framework	4D.17 - Completion of a gap analysis against the requirements of the newly released Cyber Assessment Framework (CAF) version 4 – this will be the tool used by our regulators to measure compliance.	Chief Digital and Information Officer - PPHP	Q2	EA-19 TPG-118 TPG-121	
Strategic roadmaps and oversight	4D.18 - Create and establish a robust AI framework to ensure the appropriate processes, people and governance arrangements are in place. This will provide assurance that the approval/review process in place provides structure for the appropriate and safe use of AI tools which considers all 7 AI principles, covering safety, confidentiality, research, evaluation, partnership, ethics, transparency, and data quality.	Chief Digital and Information Officer - PPHP	Q2	IPT-18	
	4D.19 - To review the organisational wide Digital Roadmap to take into account the 10 year strategy and Clinical Service Plan. (Links to 4B – Strategy & Planning, 4C – Clinical Services Planning, Leadership & Interprofessional Working)	Chief Digital and Information Officer - PPHP	Q4		
	4D.20 - Ensure that digital clinical safety, cyber security and information governance risks in relation to digital are considered by the board, and undertake regular board development sessions to develop digital and data competence.	Chief Digital and Information Officer - PPHP	Q4	TPG-117 TPG-114	
Related deliverables covered in other sections	■ 1B - Proactive strategies for disease prevention, falls & frailty ■ 2A – Primary Care ■ 2B – Community Care ■ 3B – Planned Care, Cancer & Diagnostics ■ 3C – Fragile Services ■ 3D – Mental Health & Learning Disabilities ■ 3F – Children and Young People Services ■ 3G – Women’s Health ■ 3H – Pharmacy and Medicines Management ■ 4B – Strategy & Planning ■ 4C – Clinical Services Planning, Leadership & Interprofessional Working ■ 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education ■ 4H – Quality ■ 4J - Workforce				

2027/28 Deliverables
- Embed clinical analyst roles, combining clinical coding and analytical expertise to create a clinical insight function. - Have robust, multi-year demand and capacity models, based on population health data and forecasts. - Develop services to take advantage of the data opportunities provided by DDaT programmes. - Improve data governance and architecture enabling triangulation of datasets to deliver intelligence based on modern analytical services. - Safely and successfully deploying the Mental Health EHR, drawing on lessons from across the UK and internationally. - Follow national guidance on approach to organisation wide EHR. - Implement scanning strategy, dependant on funding. - Mature approach and adoption of AI enabled technologies.

2028/29 Deliverables
- Consolidate key datasets across services and settings. - Standardise data capture across EHR enabled pathways. - Refine, optimise and rationalise real-time dashboards for operational and clinical insight. - Enhance predictive analytics to risk stratification and early intervention. - Expand population health management capability. - Continue to mature approach and adoption of AI enabled technologies. - Commence implementation of organisation wide EHR, dependent on national direction.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Clinical coding completeness - inpatient and day-case episodes are fully coded within one reporting month of discharge.	DE-21	N/A	95%	95%	95%	95%	95%	95%
P02	Coding errors corrected in 35 days.	DE-21	N/A	90%	10%	15%	40%	65%	90%
P03	Quality of coding with emphasis on depth index.	DE-21	N/A	10% improvement	4.6	4.8 (+4%)	4.9 (+7%)	5.1 (+11%)	5.2 (+13%)
P04	Application of data quality kite mark to core datasets (count of additional datasets per quarter).		N/A	N/A	1	2	2	2	2
P05	Number of staff who have undertaken Cyber Training and Information Governance Training.	TPG-119 TPG-120	N/A	85%	85%	85%	85%	85%	85%
P06	Number legacy systems (target to reduce).	EA-19	N/A	9% Reduction	110	108	105	103	100

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Funding not being prioritised to support areas that are developing business cases.	4 x 4 = 16	Focus on a broad range of benefits to make the best possible case.	Q1 – Q4	4 x 3 = 12
R02	Progress impacted due to dependencies on other internal or external factors.	4 x 3 = 12	Jointly agreed work plans across the Health Board and with Welsh Government along with associated prioritisation.	Q4	4 x 2 = 8
R03	Clinical and operational capacity to deliver the service change associated with digital systems given operational pressures.	4 x 3 = 12	Strengthened engagement with Office of the CCIO and the front-line services from the outset.	Q1 – Q4	4 x 2 = 8

4E – Research, Development and Innovation

Why this is a priority?

Research, Development and Innovation (RD&I) is essential to the Health Board's ability to deliver high quality, modern and sustainable healthcare for the population of North Wales. It provides the evidence base for transforming services, improving outcomes and ensuring that clinical decisions and organisational priorities are grounded in what works. RD&I enables the Health Board to test new technologies, redesign pathways and adopt innovations that improve productivity, enhance safety and reduce unwarranted variation, which are key requirements for recovery, transformation and long-term sustainability. Research active organisations consistently achieve better patient outcomes, attract and retain skilled staff, and foster a culture of continual learning and improvement, all of which are critical for BCUHB as a University Health Board and as an organisation in Special Measures.

RD&I also plays a vital role in addressing major system pressures by supporting new models of care, improving diagnostic and treatment options, and generating solutions that help meet rising demand within constrained resources. Strong RD&I capability supports national priorities such as A Healthier Wales and value-based healthcare, while expanding opportunities for citizens to access cutting edge treatments and innovative approaches. Embedding RD&I into everyday practice therefore strengthens organisational resilience, accelerates transformation and directly contributes to better outcomes and experiences for the people of North Wales.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Innovation	4E.1 - RD&I strategic plan and delivery plan approved, aligned to health board strategic intentions and national performance metric. (Links to 4B – Strategy & Planning, 4C – Clinical Services Planning, Leadership & Interprofessional Working)	Executive Medical Director - QSE	Q1	TPG-143 - TPG-146 TPG-155	N/A

	4E.2 - Develop a proposal for a self-sustaining innovation centre, working with industry and academia, prioritising digital innovations and medical technology, aligned with the NHS Wales Technical Planning Guidance 2026-29 Digital and Innovation enabling plan, and Welsh Government's Innovation Strategy delivery plan.	Executive Medical Director - QSE	Q3	TPG-143 - TPG-146	P03 P04
Research and Development	4E.3 - Work with People Services colleagues to develop and implement a plan to normalise research as a core part of clinical practice by embedding research expectations within job descriptions, appraisal objectives, and job plans for identified priority staff groups, supported by guidance and manager training. (Links to 4J – Workforce)	Executive Medical Director - QSE	Q4	TPG-155	P01-P05
	4E.4 - Increase the number of non-commercial and commercial research studies opened by the Health Board and recruitment to those studies, through proactive engagement with sponsors and streamlined feasibility and approval processes.	Executive Medical Director - QSE	Q2 Q4		P01-P05
	4E.5 - Work with local academic partners to identify and implement to increase joint appointments and/or honorary contracts, closely working with the Academic Careers Community of Interest, ensuring that posts add value to research and innovation activity and support the above actions. (Links to 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education)	Executive Medical Director - QSE	Q4		P01-P05
Related deliverables covered in other sections	4B – Strategy & Planning 4C – Clinical Services Planning, Leadership & Interprofessional Working 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education 4J - Workforce				

2027/28 Deliverables
- Continue upward trend of research activity. - Generate and reinvest increased commercial research income into research and innovation. - Develop an Innovation Centre. - Implementation of the BCU RD&I Strategic plan. - RD&I activity starting to be embedded in job roles, appraisals, PADRs and job plans.

2028/29 Deliverables
- Innovation centre income generating to sustain. - RD&I embedded in culture and seen as the 'norm'. - RD&I Strategic plans met.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Percentage increase number of non-commercial and commercial research studies recruited to - +10% on previous year.		N/A	N/A	2010	+25%	+25%	+25%	+25%
P02	Percentage increase number of collaborative external research and innovation funding grant funding won - +20% on previous year.		N/A	N/A	£401,988	+25%	+25%	+25%	+25%
P03	Percentage of closed Health and Care Research Wales Portfolio non-commercial Health and Care Research Wales Portfolio studies recruiting to target – Target 80%.		N/A	N/A	70%	+25%	+25%	+25%	+25%
P04	Percentage of closed Health and Care Research Wales commercially sponsored studies recruiting to target (Target 80% green or near miss). – Target 80%.		N/A	N/A	69%	+25%	+25%	+25%	+25%
P05	Percentage of Health and Care Research Wales commercially sponsored interventional studies set up and recruiting within 90 days. – Target to increase.		N/A	N/A	66%	+25%	+25%	+25%	+25%

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that the number of commercial and non-commercial studies and recruitment will not increase by 10% due to a lack of studies in the pipeline, lack of PI and lack of capacity for support services to support research activity.	2 x 3 = 6	- Proactively seek out research studies looking for sites - Provide support to PIs - Where appropriate employ support staff directly to support research.	Q1 - Q4	1 x 3 = 3
R02	There is a risk that we will not secure external innovation funding due to limited capacity for bid writing, competitive funding environment.	3 x 3 = 9	Work with academic and industry partners to support and develop competitive bids.	Q1 - Q4	2 x 2 = 4

Why this is a priority

As a University Health Board, we are proud of the opportunities and responsibilities that come with this status. In addition to research, development and innovation, being a university-designated organisation strengthens our commitment to high-quality education and training, our partnerships with Higher and Further education and our development of academic careers. These areas are crucial for building a skilled workforce, improving the quality of our services, and making North Wales an appealing place for current and future healthcare professionals.

Our approach is supported by clear internal governance and strong partnerships with universities and national bodies. These relationships help ensure our work in education, research and innovation supports national expectations as well as local priorities.

In Year 1 of this plan, we will build on the progress made in 2025/26, including our memoranda of understanding with universities and further education colleges, the creation of the Education Steering Group, and the establishment of the Academic Careers Community of Practice. Our focus will be on delivering key milestones, strengthening governance, commencing workforce planning to aid most effective working with Higher Education Partners to consolidate professional pipeline and creating the conditions for visible and meaningful improvements. This will build upon our Discovery Report as we progress our work through Design into the Delivery Phase.

We will continue to play an active role in national programmes such as Health Care Research Wales (HCRW) academic careers programme and Health Education and Improvement Wales (HEIW) emerging education strategy. We also anticipate new opportunities from the Tertiary Alliance, which brings together further and higher education institutions across North Wales.

Years 2 and 3 will consolidate our progress, strengthen our regional impact with partners and embed continuous improvement so that the delivery of education and development of academic careers remain central to how we deliver care.

BCUHB has achieved University Designation Status, a Wales-wide accreditation awarded to organisations that demonstrate strong and purposeful activity in research, education, and innovation. This status reflects BCUHB's robust strategic partnerships, particularly with universities, which help shape shared priorities in training, research, and innovation. It also supports long-term academic collaborations that enhance staff development, attract and retain a skilled workforce, and ultimately improve patient care and outcomes. While centred on university partnerships, the designation also encompasses wider collaboration with both Higher and Further Education institutions, strengthening the pipeline of the future healthcare workforce. For BCUHB, University Designation Status reinforces its role as a research active, education focused organisation and supports service quality, workforce sustainability, and better outcomes for the population it serves.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive* - Committee	Quarter	Ref	Impacts
University and Further Education Partnerships	4F.1 - Work with Further and Higher Education Partners to capture their contribution to the development of the Health Board's clinical services plan so that education provision across the region can reflect the future development of healthcare. (Links to 4C – Clinical Services Planning, Leadership & Interprofessional Working)	Executive Director of People Services & Organisational Development – P&C	Q1		N/A
	4F.2 - Review and set out proposals to the Health Board on requirements to meet Memoranda of Understanding with Further and Higher Education Partners and reflect in delivery plans aligned to national programmes and strategies, with agreed key metrics and baselines.	Executive Director of People Services & Organisational Development – P&C	Q3		P01-P04
	4F.3 - Review opportunities for BCUHB to support the Tertiary Alliance formed between Bangor University, Wrexham University, Grwp Llandrillo Menai and Coleg Cambria. (Links to Section 5 – Working with Regional Partners)	Executive Director of People Services & Organisational Development – P&C	Q3		P01-P04
	4F.4 Continue to support the development of the proposed Dental School and input into associated business cases. (Links to 2A – Primary Care)	Executive Director of People Services & Organisational Development – P&C	Q4		
	4F.5 - Submit an evaluation of progress against the aspirations set out in the Memoranda of Understanding with Further and Higher Education Partners, providing recommendations on how performance against key metrics may be enhanced.	Executive Director of People Services & Organisational Development – P&C	Q4		P02
	4F.6 – Commence full business case for the North Wales Medical school in partnership with Bangor University. (Links to 4I – Environment & Estates)	Executive Director of People Services & Organisational Development – P&C	Q1		
Academic Careers	4F.7 - Conduct an analysis as to the key barriers in establishing academic careers and update the pathway framework accordingly.	Executive Director of People Services & Organisational Development – P&C	Q2		P01
	4F.8 - Having established an Academic Careers Community of Practice to bring together academics across BCUHB, develop a delivery plan which will outline how we should enhance their work and maximise its impact within BCUHB.	Executive Director of People Services & Organisational Development – P&C	Q2		P01
Strategic Alignment of Education	4F.9 - Develop a proposal for an interprofessional governance structure setting out clear governance routes and alignment of education to strategic workforce planning and the quality, safety and experience of our services.	Executive Director of People Services &	Q2		P03 P04

	(Links to 4J – Workforce)	Organisational Development – P&C			
	4F.10 - Progress to the Design Phase for education and training, agreeing priorities together with the development of an underpinning Strategic Education Plan which aligns to HEIW and local commissioning of education and training. (Links to 4J – Workforce)	Executive Director of People Services & Organisational Development – P&C	Q4		P03 P04
	4F.11 - Collaboration with education colleagues to comply with the duties set out in the Additional Learning Needs and Education Tribunal (Wales) Act.	Executive Director of People Services & Organisational Development – P&C	Q4	TPG-56	
Related deliverables covered in other sections	2A – Primary Care 3H – Pharmacy and Medicines Management 4C – Clinical Services Planning, Leadership & Interprofessional Working 4E – Research, Development and Innovation 4I – Environment & Estates 4J – Workforce - Section 5 – Working with Regional Partners				

* Executive Leadership subject to modification

2027/28 Deliverables
- Continued alignment of Higher and Further Education partnerships to the clinical services plan and Foundations for the Future. - Review scope for experiential learning opportunities. - Progress implementation of Academic Careers Community of Practice delivery plan. - Develop and implement Strategic Plan for Alignment of Education.

2028/29 Deliverables
- Renewal of Memoranda of Understanding. - Academic Career activity increased across the organisation.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Increase the number of clinical and non-clinical academics during 2026/27.		N/A	N/A	In Development	N/A	N/A	N/A	+10%
P02	Reduce the timescale from qualification to employment for students in Higher and Further Education.		N/A	N/A	In Development	N/A	N/A	-10%	
P03	Accelerate pathways for high-demand or hard-to-fill roles.		N/A	N/A	In Development	N/A	N/A	N/A	-10%

P04	Establishment of direct recruitment pipelines where possible.		N/A	N/A	Not currently established	N/A	N/A	N/A	Established

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk of delays in the programme due to the need to align with national programmes (e.g., HEIW, HCRW) and internal change programmes (e.g. Foundations for the Future, Clinical Services Plan development).	3 x 4 = 12	Establish links and membership of relevant groups so that there is communication regarding planned timescales, anticipating where touch points will be necessary to manage interdependencies.	Q1	2 x 3 = 6
R02	There is a risk that there is insufficient operational capacity to provide placements in clinical and corporate services which may lead to reduced opportunities to place students.	3 x 4 = 12	- Ensure that lead times are maximised and utilised to support advance planning of placements through discussions with education providers and HEIW about numbers of students and the requirements. - Ensure that changes to curricula and placements are included with HEIW and education providers so that the impact can be evaluated. - Ensure the benefits of providing placements and experiential learning opportunities are clear and engage with operational services. - Consider opportunities for change to levels of support through Foundations for the Future.	Q2 Q1 Q2 Q2	2 x 3 = 6

4G – Value & Sustainability

Why this is a priority

The Health Board supports the national focus on Value and Sustainability (V&S) and will implement V&S initiatives identified internally, by other Health Boards, or through the national Value and Sustainability Board. Focusing on the value of care helps ensure resources are used in ways that improve the outcomes that matter most to individuals. By weighing the costs against these outcomes, the Health Board can make decisions that deliver the greatest impact with available resources.

Sustainability is a key part of Quality Planning. Services struggling with sustainability also often face challenges in Quality Control and the subsequent capacity to improve quality.

The Health Board has made progress in developing a formal approach to its V&S goals, including embedding Value-Based Healthcare principles across the organisation. This approach focuses on workstreams that deliver better quality outcomes, experiences, and resource use, while contributing to and benefiting from the national Value and Sustainability Board's work.

This national work covers six work-streams: 1) Clinical Variation, 2) Workforce, 3) Continuing Healthcare (CHC), 4) Medicines Management, 5) Non-Pay & Procurement and 6) Value Based Healthcare (VBHC).

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Executive Lead - Committee	Quarter	Ref	Impacts
Clinical Variation	4G.1 - Review current progress with the implementation of the Value & Sustainability Board 'Bone Health' High Value High Impact (HVHI) pathway and produce a proposal to support further implementation. (Links to 2B – Community Care)	Executive Medical Director - PFIG	Q2	EA-18	P01
	4G.2 - Review current progress with the implementation of the Value & Sustainability Board Diabetes' High Value High Impact (HVHI) pathway and produce a proposal to support further implementation. This is to be managed as part of the Primary Care IMTP plans. (Links to 1B – Proactive Strategies for Disease Prevention, falls and frailty, 2B – Community Care)	Executive Medical Director - PFIG	Q3	EA-25	P01
	4G.3 - Address variation reported in the National Outcomes Framework and National Clinical Audit and Outcome Review Programme.	Executive Medical Director - PFIG	Q4	AR-14	P01
	4G.4 - Develop a Clinical Variation programme to deliver against the core thematic, which have been identified through the national Clinical Variation & Service Reconfiguration Group, with a particular focus on reducing unwarranted clinical variation, minimising waste, improving efficiency and ensuring sustainable service configuration. (Links to 4C – Clinical Services Planning, Leadership & Interprofessional Working)	Executive Medical Director - PFIG	Q1	AR-11	P01
Non-Pay	4G.5 - Develop a Non-Pay & Procurement programme to deliver against the core thematic, which have been identified through the national Non-Pay & Procurement Value & Sustainability Group, with a particular focus on reducing clinical variation to maximise benefits in relation to price and product standardisation.	Executive Director of Finance - PFIG	Q1	EA-14	P01
Medicines Management	4G.6 - Develop a Medicines Management programme to deliver against the seven priority areas, which have been identified through the Directors of Pharmacy's Medicines Value and Sustainability Delivery Assurance Group and endorsed by the NHS Value and Sustainability Board. (Links to 3H – Pharmacy and Medicines Management)	Executive Director of Finance - PFIG	Q1	EA-15	P01
CHC	4G.7 - Develop a CHC programme to deliver against the seven priority areas, which have been identified through the national CHC Value & Sustainability Group.	Executive Director of Finance - PFIG	Q1	EA-17	P01
Value Based Healthcare	4G.8 - Develop a 'bottom-up' value programme for staff to register their value ideas/initiatives, with advice, guidance and resource provided where appropriate to mature ideas into delivery.	Executive Director of Finance - PFIG	Q4	TPG-148	P01

	4G.9 - Develop a robust benefits framework for the programme, which allows for the effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings, energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.	Executive Director of Finance - PFIG	Q1	TPG-148	P01
	4G.10 - Use Value Based Health Care (VBHC) guidance for designing services, responding to key population level intelligence including OECD PaRIS report 2025 - Value in Health and through service level Patient Reported Outcome Measurements (PROMs), Patient Reported Experience Measurements (PREMs) and social value measures for procurement. This is to be managed as part of the Clinical Services Plan.	Executive Director of Finance - PFIG	Q4	TPG-150	P01
	4G.11 - As part of our refined planning process, we will utilise the value-based approach that provides the discipline to stop low-value activity, shifting finite resources to prevention and earlier access, community-based care, better-value interventions, and supporting people to manage more of their own health. All of our major investment and dis-investment decisions should therefore be assessed according to their impact on outcomes, experiences, and the value generated from resources used. This is to be overseen by the Planning Team. (Links to 4B – Strategy & Planning)	Executive Director of Finance - PFIG	Q4	TPG-151	P01
	4G.12 - Deliver a refreshed Value & Sustainability programme that realises the agreed recurrent savings target for 26/27, aligned with the national value and sustainability structure and associated priorities and which also ensures that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis. (Links to 4K – Finance & Commissioning)	Executive Director of Finance - PFIG	Q4	TPG-152	P01
Related deliverables covered in other sections	1B – Proactive strategies for disease prevention, falls & frailty 3B – Planned Care, Cancer & Diagnostics 3C – Fragile Services 3H – Pharmacy and Medicines Management 4B – Strategy and Planning 4C – Clinical Services Planning, Leadership & Interprofessional Working 4K – Finance and Commissioning				

2027/28 Deliverables
- Deliver a refreshed Value & Sustainability programme that realises the agreed recurrent savings target, aligned with the national value and sustainability structure and associated priorities and is also aligned with the supporting priorities within the Community by Design Programme. - Agree priority areas of focus to further reduce unwarranted variation, minimise waste and improve efficiency, then deliver the second phase of the Clinical Variation sub-programme, scaling and spreading phase 1 delivery. - Review internal value training capability and associated tools and guidance.

2028/29 Deliverables
- Deliver a refreshed Value & Sustainability programme that realises the agreed recurrent savings target, aligned with the national value and sustainability structure and associated thematic and opportunities and is also aligned with the Health Board's 10-Year Strategy and Clinical Services Plans. - Continue to develop a value 'community of practice' to ensure our portfolio of value-led improvement projects are clinically-driven and highly visible at both a local and national level. - Strengthen BCUHB's ability to make evidence-based, value-driven decisions by developing a high-quality, integrated data intelligence and insight capability.

This will support the Value & Sustainability Programme to identify unwarranted variation, optimise resource use, monitor pathway performance, and deliver improved clinical, financial, and population outcomes.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Cash Releasing Savings (including productivity and efficiency and length of stay reductions)		N/A	N/A	£0m ²	£10m	£20m	£30m	£46m
P02	Increase total productivity through utilisation of the total factor productivity model	EA-01	N/A	Increase	Trajectory to be provided following further familiarisation of the tool.				

Notes: ¹ Output from Major Change Programmes, ² NB approximately £23.7m in pipeline schemes going into 2026/27, savings profiled equally pending quantification of full savings expected.

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Insufficient recurrent savings are identified and delivered, increasing the financial challenge in future years.	4 x 4 = 16	Early identification of pipeline of opportunity to cover gaps, through collaboration between costings, value, CFO's and IHC teams	Q4	4 x 3 = 12
R02	Disruption caused by changes in the operating model will cause delayed identification of savings opportunities.	4 x 4 = 16	Implementation of robust programme management and reporting. Implementation of clear communications strategy.	Q1	4 x 3 = 12
R03	Urgent operational improvements take priority over longer-term transformation efforts including prevention.	4 x 4 = 16	Continued provision of ring-fenced resource driving this work forward.	Q1	4 x 3 = 12

4H – Quality

Why this is a priority

High-quality and safe care is the Health Board's foremost priority. Delivering safe, effective, compassionate and person-centred services is fundamental to building confidence, meeting statutory duties, and improving outcomes for the population we serve. Quality is not an isolated function; it is the collective responsibility of every part of the organisation and underpins our ability to meet safety standards, performance expectations, deliver value, and use our resources effectively.

Sustained operational pressures, workforce constraints, financial challenge and rising demand all increase the risk of variable quality and unmet need. In this context, a consistent, transparent and well governed approach to quality is essential. A mature Quality Management System (QMS) provides the structure required to plan for high quality, intervene early where fragility exists, improve care where needed, control variation, and assure the Board and public of the standard of safe services delivered.

Building on our current QMS, the organisation will systematically identify fragile and high risk services and ensure improvement plans are driven by real time intelligence and evidence of impact. Expanding quality control measures to include locally meaningful indicators will strengthen frontline ownership of quality, while reviewing and modernising our governance framework, aligned with internal audit recommendations, external scrutiny, and national policies, will reinforce interprofessional accountability. This includes the introduction of a Quality Issues Log to complement the risk framework and ensure clearer escalation, thematic analysis, and organisational learning.

Quality and safety must also be rooted in learning. Strengthening our approach to mortality review, harm analysis, patient safety incidents and complaints will ensure that learning translates into meaningful improvement for patient safety, experience and performance. Close partnership with operational teams is essential so that insights become action, and assurance reflects real change.

2026/27 brings several statutory and national changes that heighten the importance of a consistent approach to quality. These include: Listening to People Regulations, National Cleaning Standards, Duty of Quality and Duty of Candour and Infection Prevention national targets. Leadership in these areas is critical, along with ensuring that patients always have the option to converse through the medium of Welsh, which should also be considered an issue of quality and safety.

The Health Board maintains strong governance structures aligned with the NHS Wales Safeguarding Network, which has highlighted national priorities such as improved child protection medical assessments, strengthened pathways for vulnerable groups, and enhanced support for professionals through reflective supervision. Embedding these requirements within our QMS and governance structures is essential to ensure compliance, transparency, and progress towards de-escalation from targeted intervention. Quality is therefore a critical enabler of organisational recovery, sustainable improvement, and the delivery of safe, effective and equitable care for our communities.

Our 2026/27 priorities align to the statutory NHS Wales Planning Framework 2024–2027, which emphasises integrated, sustainable improvement within the constraints of unprecedented operational and financial pressures. These commitments support the Health Board's role in protecting the most vulnerable, reducing avoidable harm, and ensuring the safety and wellbeing of the population we serve.

The Health Board is open regarding its biggest quality challenges, incorporating safety, effectiveness and experience. Access to services presents the single greatest quality problem in a number of areas, most visibly in urgent and emergency care pathways and in planned care, diagnostics and cancer pathways. Improving access will improve safety, effectiveness and experience and simultaneously will help improve colleagues well-being and fulfilment in the workplace. This is why the Board places such emphasis on operational service planning and improvement in delivery, and the reason for external expertise being secured to help both target and accelerate the improvement work in this area.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Executive Lead - Committee	Quarter	Ref	Impacts
Quality Management Systems	4H.1 - Develop a comprehensive organisational plan, aligned to Foundations for the Future, to embed the QMS into all core business processes and fully onboard every service to the QMS Maturity App, enabling systematic identification and response to fragile services. (Links to 3C – Fragile Services, 4B – Strategy & Planning, 4C – Clinical Services Planning, Leadership & Interprofessional Working)	Executive Director of Nursing - QSE	Q2	SM-36	P01
	4H.2 - Develop and begin implementation of a Health Board-wide Quality Accreditation Framework aligned to QMS and regulatory standards, recognising and incentivising excellence.	Executive Director of Nursing - QSE	Q4	SM-51	P01
	4H.3 - Re-design and implementation of quality governance framework to include implementation of quality issues log.	Executive Medical Director - QSE	Q2		
NICE Guidance	4H.4 - Deliver on findings of internal audit of NICE compliance by focussing on areas where NICE guidance not implemented with clear process of reviewing impact and addressing if significant risk.	Executive Medical Director - QSE	Q2		P02
Audit	4H.5 - Develop programme of Tier 2 audits based on current quality risks.	Executive Medical Director - QSE	Q1		P02
Implementation of Standards	4H.6 - Develop programme of work to address priority programmes and actions within National Patient Safety Strategy including key performance indicators to measure improvement.	Executive Medical Director - QSE	Q4		P03
	4H.7 - Develop a programme of work and governance framework to address digital safety. (Links to 4D – Digital, Data & Intelligence)	Executive Medical Director - QSE	Q3		
	4H.8 - Refresh of NatSSIPs programme to address recent Never Events and reintroduce a revised ward accreditation programme in line with the QMS methodology.	Executive Director of Nursing - QSE	Q2		P04
	4H.9 - Implement the new Listening to People Regulations and deliver on the 40% national performance target.	Executive Director of Nursing - QSE	Q2		P08
Effectiveness of Care	4H.10 - Meet the nationally set Infection Prevention trajectories and reduce the incidents of infections (including C-Diff and E.Coli) and associated harm, through implementation of the IPC improvement plan.	Executive Director of Nursing - QSE	Q3	SM-53	P05 P06

	4H.11 - We will reduce severe and catastrophic incident numbers and monitor improvement and learning through the Integrated concerns Hub.	Executive Director of Nursing - QSE	Q2		
	4H.12 – We will reduce the number of avoidable falls and HAPU through continuing to implement the actions identified in the associated improvement groups.	Executive Director of Nursing - QSE	Q3		
	4H.13 - We will fully implement the learning repository and have clear outcomes with regard to robust and sustained organisational learning and how it positively impacts outcomes.	Executive Director of Nursing - QSE	Q4		
	4H.14 - Provide direction and oversight through the organisation's Quality governance for the application of appropriate best practice within the national Quality Statements - the ones not covered elsewhere in the plan are: Care of the critically ill, Respiratory Disease, Heart conditions, Kidney Disease, Liver Disease, Musculoskeletal health, Neurological conditions, Stroke, Infection prevention and control, Osteoporosis and bone health.	Executive Director of Nursing - QSE	Q1 – Q4		
Related deliverables covered in other sections	All priority areas of the plan				

2027/28 Deliverables	
- Embed and evidence QMS maturity across all services. - Implement the Listening to People Regulations. - Reintroduce Ward accreditation Programme. - Review of effectiveness of new quality governance framework following Foundations for the Future changes. - Operationalise the Health Board Quality Accreditation framework. - Reduce the incident numbers of severe and catastrophic harms. - Reduce the number of avoidable falls and HAPUs. - Implement the learning repository across all services.	

2028/29 Deliverables	
- Fully establish and embed QMS into the entire organisation. - Achieve external validation and benchmarking of QMS maturity. - Fully implement the Listening to People Regulations. - Embed patient and community voice within quality oversight. - Sustain the reduction in all incidents related to all patient related harm. - Sustain improvement in falls and HAPU, whilst reducing harm severity. - Measure the sustained improvements and learning following the implementation of the repository.	

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	The number of services using the QMS maturity App within the organisation.	SM-36 SM-41 SM-47 SM-51	N/A	N/A	9%	19%	29%	39%	49%

P02	12-month rolling average crude mortality.	DE-18	N/A	Downward trend	1.70%	N/A	N/A	N/A	1.65%
P03	Days of safe care delivered since the last never event, monitored using SPC T-Chart.	DE-19	N/A	Improve	18	22	30	45	90
P04	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027.	DE-20	N/A	40%	40%	40%	40%	40%	40%
P05	C-Diff hospital onset infections per month. ²	SM-53 QA-36	15% reduction (to 11)	25% reduction (to 11)	15	14 (-7%)	13 (-13%)	12 (-20%)	11 (-27%)
P06	E-Coli hospital onset infections per month.	SM-53 QA-34	15% reduction (to 8)	10% reduction (to 10)	11	10 (-9%)	9 (-18%)	9 (-18%)	8 (-27%)
P07	Readmission rate (12 month rolling average).	DE-18	N/A	Maintain	5.7%	5.7%	5.7%	5.7%	5.7%

Notes: ¹ Maintained for 3 consecutive months, ² Performance Framework measures is all sites, not only acute hospitals.

Risks to delivery and how we will mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	There is a risk that the successful implementation and maintenance of the QMS roll out due to a lack of dedicated ongoing QMS team.	3 x 4 = 12	Currently being covered by the existing Quality Directorate Team and allocated support from Transformation and Improvement Team. Ensure transition to services with clear expectations.	Q2	2 x 4 = 8
R02	There is a risk that Foundations for the Future re-organisation reduces focus on quality agenda.	3 x 4 = 12	Clear priorities based on risk to be identified within a governance structure which can be easily transferred into any re-organisation.	Q3	2 x 4 = 8
R03	There is a risk that the continued operational, workforce and financial pressures will impact on the delivery of timely and safe delivery of care.	4 x 4 = 16	- Clear improvement plans in place for UEC and planned care as per 3 A, B, C. - Integrated concerns process in place to triangulate harms and identify Learning.	Q3 Q3	3 x 4 = 12

4I – Environment and Estates

Why this is a priority

The Health Board's estate is a valuable asset with the potential to create environments which are efficient and effective. The quality of the physical environment is a key element of the Health Board's strategic intent to create a modern, people-centred healthcare system. It is fundamental to the provision of patient care, and to staff well-being. The estate is ageing with over £240m of backlog maintenance recorded and therefore the Health Board should maximise opportunities to replace and refurbish estate using capital funding. In parallel, the Health Board should review the estate to explore opportunities to reduce space which can be undertaken allied to other

objectives such as the move to community health care as well as prevention – a reduction in just 2% of the poorest or least used estate could support more cost effective operations. The Health Board has a current Estate Strategy which was completed in January 2023 with many areas still relevant such as Rationalisation and the implementation of Health and Wellbeing Hubs, but it requires refreshing and potentially alignment with developing clinical service plans.

The capital programme seeks to be a balance of investment in assets to address compliance, mitigate risks to service delivery and support the Health Board and Welsh Government priorities within the current plan. The programme contains capital projects that have followed a robust process of being evaluated and prioritised within the limited resources. The Health Boards capital programme comprises a number of potential funding sources, namely the All-Wales Capital Programme, project specific grant support, discretionary capital, property sale receipts and charitable funding. The Targeted Estates Fund has supported major refurbishments and energy efficiency programmes. The development of partnership schemes is important as part of the Health Board's obligations as an anchor institution in North Wales, as well as being part of the focus on health and wellbeing through every stage of life and supporting enhanced coordination of care.

NHS Wales has a Decarbonisation Strategic Delivery Plan. The Health Board recognises the need to adapt to irreversible climate change and will respond at a range of levels aligned to the Plan. The response will include Buildings and land, Fleet, Staff Travel and Homeworking, Procurement and Supply Chain, Clinical Services and Waste utilising the relevant stakeholders within the Health Board. The objective will be to develop strategies and progress decarbonising our operations as much as possible. Through coordinated and innovative approaches, we can deliver a fit for purpose, resilient, efficient and effective estate from which to deliver sustainable health care.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impacts
Estate Development	4I.1 - Develop long-term plans for the delivery of the key estates projects including 1) Business continuity scheme for Ysbyty Gwynedd, 2) Electrical infrastructure replacement scheme for Ysbyty Glan Clwyd, 3) Business Continuity scheme for Wrexham Maelor Hospital, 4) Replacement helipads at Ysbyty Gwynedd and Ysbyty Glan Clwyd. (Links to 4B – Strategy & Planning)	Director of Environment & Estates - PPHP	Q4		
	4I.2 – Royal Alexandra Hospital (Rhyl) Phase 2 – Complete the schedule of accommodation and strategic outline case. (Links to 2C – Integrated Health & Well-being Hubs)	Director of Environment & Estates - PPHP	Q4		
	4I.3 – Plas Gororau (Wrexham) Phase 2 - Commence construction.	Director of Environment & Estates - PPHP	Q1		
	4I.4 – Develop and commence implementation of an organisation wide anti-ligature programme. (Links to 3D – Mental Health & Learning Disabilities)	Director of Environment & Estates - QSE	Q2		

Estate Strategy	4I.5 - Agree the approach to developing a revised Estates Strategic Plan, in line with the Health Board's 10-year Strategy and Clinical Services Plan. (Links to 4B – Strategy & Planning)	Director of Environment & Estates - PPHP	Q4		
	4I.6 – Commence engagement regarding the potential future redevelopment of the Wrexham Maelor Hospital site.	Director of Environment & Estates - PPHP	Q3		
Estate Efficiency	4I.7 - Ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate and the reduction in the number of leases.	Director of Environment & Estates - PPHP	Q2	EA-16	P01
	4I.8 – Implement a computer aided facilities management system to support the management of the estate and the implementation of AI based energy management applications.	Director of Environment & Estates - PPHP	Q2		
	4I.9 – Development of a pan-BCU approach to managing car parking for staff and patients.	Director of Environment & Estates - PPHP	Q2		
Climate Adaptation and Decarbonisation	4I.10 – Develop a BCUHB Climate Adaptation plan aligned with the NHS Wales Decarbonisation Plan and in parallel implement estate decarbonisation programmes.	Director of Environment & Estates - PPHP	Q4		
	4I.11 – Maximising the access to grant funding through the Refit Framework to deliver a programme of works to support carbon reduction.	Director of Environment & Estates - PPHP	Q3		
	4I.12 – Commence construction of the photo-voltaic array at Ysbyty Gwynedd as part of adopting renewable energy technologies.	Director of Environment & Estates - PPHP	Q4		
Related deliverables covered in other sections	2B – Community Care 2C – Integrated Health & Well-being Hubs 3B – Planned Care, Cancer & Diagnostics 3C – Fragile Services 3D – Mental Health & Learning Disabilities 4B – Strategy & Planning 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education				

2027/28 Deliverables
- Continue to support the delivery of major service change programmes and business cases in particular the capital construction elements in line with the individual timelines prescribed by the Project Director. - Improve the resilience of the estate through a risk based approach to the prioritisation of capital funding, including specific schemes.

2028/29 Deliverables
- Continue to support the delivery of major service change programmes and business cases in particular the capital construction elements in line with the individual timelines prescribed by the Project Director. - Improve the resilience of the estate through a risk based approach to the prioritisation of capital funding, including specific schemes.

- Develop a climate adaptation plan including a programme of works to support decarbonisation and maximising access to funding opportunities.
- Develop a revised Estates Strategic Plan, in line with the Health Board's 10-year Strategy and Clinical Services Plan with the focus on improving the environment and the efficiency of the use of the estate.

- Develop a climate adaptation plan including a programme of works to support decarbonisation and maximising access to funding opportunities.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Establishing existing estate utilisation factor across at least 40% of estates	EA-16	N/A	N/A	0%	10%	20%	30%	40%

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Organisational strategic direction could be impacted following Senedd election.	4 x 3 = 12	■ Remain close to the 10-year Strategy work as it develops, helping to shape it from an environment and estates perspective, course correcting as necessary post election.	Q1 – Q4	3 x 3 = 9
R02	Relative priority of climate adaptation plan in relation to more immediate priorities could impact available capacity and resource to deliver.	4 x 3 = 12	■ Form a formal programme structure, governance and reporting route for the work.	Q1 – Q4	3 x 3 = 9

4J – Workforce

Why this is a priority

Workforce planning is a core organisational priority because the Health Board's ability to deliver safe, effective and sustainable care depends on a workforce that is strategically aligned, with the right and capabilities, in roles designed to be adaptable to changing population needs. The system continues to face increased clinical complexity, rising demand for services, complex population health needs and inequalities, all within a constrained financial environment. A structured, evidence-based approach to workforce planning is essential to ensuring that staffing models are directly aligned to service redesign, use of technology and the broader transformation ambitions underpinned by the Clinical Services Plan and Community by Design, as set out in the IMTP. Embedding Health Education and Improvement Wales' (HEIW) Six Steps Workforce Planning Methodology supports this strategic shift, enabling services to base decisions on robust data, demand modelling and integrated workforce, finance and activity assumptions.

A clear example of the importance of this approach is the progress made within the qualified nursing workforce. Over the next three years, the Health Board expects to reach full establishment for registered nurses for the first time in over a decade, creating stability and enabling the planned introduction of the Nurse Associate role to further strengthen the clinical skill mix. As these pressures begin to ease, workforce planning allows the organisation to pivot toward emerging and persistent shortage areas, such as medical specialties with national supply challenges, mental health, primary care, and hard to recruit allied health and diagnostic professions. This shift will be supported by designing multidisciplinary teams around new roles, including Advanced Clinical Practitioners, ensuring that workforce models reflect the changing needs of patients/service users and the future direction of care delivery.

Effective workforce planning also reduces reliance on agency staffing, strengthens job planning and improves quality, safety and productivity, supporting a more stable and attractive working environment. Ultimately, embedding workforce planning as a core organisational discipline ensures services remain clinically viable, financially sustainable and capable of delivering high quality, person-centred care for the population of North Wales, both now and in the years ahead.

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Lead Executive - Committee	Quarter	Ref	Impact
Resilient Workforce	4J.1 Review of Consultant job plans – Operational Services to be targeted to reach >90% to ensure improved workforce productivity and alignment to demand and capacity. This will be measured through the Job Planning Dashboard and follows on from work undertaken in 2025/26.	Executive Director of People Services & Organisational Development – P&C	Q2	EA-20	P05
	4J.2 - Review of agency expenditure. Operational Services to be targeted with a 30% reduction in agency expenditure. All services to be targeted with no off-contract agency use and not Admin and Clerical, Estates and Ancillary and Health care Support Worker agency use through effective workforce planning, optimising the benefits of the newly insourced medical bank resource and management controls. This will be measured through the Value & Sustainability (V&S) Group.	Executive Director of People Services & Organisational Development – PFIG	Q2	EA-21 EA-23 SM-49	P02
	4J.3 - Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular by continuing to reduce agency requirements and incentivise substantive positions through flexible working, effective rostering and employee health and wellbeing programmes of work.	Executive Director of People Services & Organisational Development – P&C	Q4	EA-22 SM-49	P02
	4J.4 - Work with operational and corporate directors to implement and deliver the Health Board's sickness absence delivery plan to improve workplace attendance levels and to meet national sickness absence and local stretch targets. Progress will be monitored through the People and Culture Committee.	Executive Director of People Services & Organisational Development – P&C	Q4	EA-24	P04
Culture Leadership and Engagement Programme	4J.5 - Implement and deliver the year 1 actions from the Culture, Leadership and Engagement 3-year Improvement plan 2026-29. (Links to 4A – Foundations for the Future)	Executive Director of People Services & Organisational Development – P&C	Q4	SM-43 SM-45 SM-46 SM-49 SM-50	P01-P05

				TPG-166 TPG-167	
	4J.6 - Review and respond to staff survey feedback to support an improvement in staff engagement and satisfaction.	Executive Director of People Services & Organisational Development – P&C	Q4		P01 - P05
Future ways of working	4J.7 - Implement in partnership strategic workforce planning across the organisation, improving alignment with Clinical Service Plans, use of technology, Financial Plans linked to IMTP objectives. Progress will be measured through the Foundations for the Future programme board. Plans will proactively identify any workforce capacity, skills and talent gaps and set out initiatives to address these in order to meet organisational objectives. (Links to 4A – Foundations for the Future, 4C – Clinical Services Planning, Leadership & Interprofessional Working, 4D – Digital, Data & Intelligence)	Executive Director of People Services & Organisational Development – P&C	Q4	TPG-164 TPG-165 TPG-166	P01-P05
	4J.8 – Prepare the annual social partnership report outlining what the Health Board has done to comply with the Social Partnership Duty, agreeing it with Trade Unions and submitting to the Social Partnership Council (SPC) as soon as possible after the end of the financial year.	Executive Director of People Services & Organisational Development – P&C	Q4	TPG-03	
Related deliverables covered in other sections	■ 4A – Foundation for the Future ■ 4B – Strategy & Planning ■ 4C – Clinical Services Planning, Leadership & Interprofessional Working ■ 4D – Digital, Data & Intelligence ■ 4E – Research, Development & Innovation ■ 4F – Education Partnerships and Projects, Academic Careers and Strategic Alignment of Education ■ 4K – Finance & Commissioning				

2027/28 Deliverables
■ Optimise Strategic Workforce Planning that enables role re-design and support competency gaps to deliver services within allocated resources and increase productivity. In addition, strategic workforce plans informing the 2027/28 IMTP. ■ Review and improve Education, Leadership and Development Commissioning Processes with HEIW. This will be worked in conjunction with developing MOUs with HE/Fes. ■ Review the effectiveness of the Foundations of the Future implementation and ensure all parts of the organisation are clear on accountability and expectations at all levels to ensure successful delivery.

2028/29 Deliverables
■ Begin to realise the benefits of the North Wales Medical School. ■ Capitalise on emerging roles such as Registered Nurse Associates. ■ Have fully embedded workforce planning framework and adoption that informs IMTP, recruitment and service design plans. ■ Have values and behaviours aligned to people management policy and processes at all points of the employee journey. ■ Equality, diversity and inclusion metrics demonstrating the Health Board is a good employer, measured through staff survey and the Strategic Equality Framework (all Wales). ■ Talent and succession mapping across the whole organisation, aligned to a new appraisal process.

- Focus on digital capacity and workforce skills. For People Services specifically, the readiness for the Future Workforce Solution, Roster Management, and wider adoption of AI.
- Assess non-core Medical & Dental pay spend and identify efficiency/productivity opportunities.
- Continue to develop and embed the culture change programme initiatives to improve employee engagement as a top line measure.



What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Lower turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales.	QA-30	N/A	Rolling 12 month reduction	12.4%	12.4%	12.1%	11.9%	11.6%
P02	Agency expenditure (No off-contract expenditure).	EA-21 SM-49	N/A	30% Reduction	£37.5m	£35.6m (-5%)	£33.8m (-10%)	£30.0m (-20%)	£26.3m (-30%)
P03	Consultants with agreed job plan in place by end Q2.	EA-20	N/A	90%	47%	70%	75%	80%	90%
P04	Completion of all 2026/27 Sickness Absence Action Plan deliverables to show month on month improvement of rolling sickness absence metrics, compared to 2025/26.	EA-24	N/A	Reduction on previous year	6.1%	6.1%	6.0%	6.0%	5.8%
P05	Agency spend on Healthcare Support Worker, Admin & Clerical and Estates & Ancillary staff by end Q2.	EA-23	N/A	Zero	£499k	£424k	£0	£0	£0

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Risk of not being able to deliver and a sustainable approach to job planning across the Health Board due to insufficient dedicated capacity and capability.	4 x 4 = 16	- Job planning policy developed and due to be formally agreed with LNC. - Executive Medical Director and Executive Director of People and Organisational Development to consider options for medical staffing resource to support delivery.	Q1 Q1	4 x 3 = 12
R02	Risk of not delivering the required reduction in agency usage and spend particularly in the medical staffing area due to insufficient capability and capacity.	4 x 4 = 16	Newly insourced medical bank to be stabilised and developed EMD and EDPOD to consider options for medical staffing resource to support delivery.	Q1	4 x 3 = 12

R03	A risk of not reducing sickness absence to the required target.	3 x 4 = 12	- Integration of Occupational Health and Staff Wellbeing Services. - Work underway to build team of clinical psychologists.	Q1 Q2	3 x 3 = 9

4K – Finance & Commissioning

Why this is a priority

The core purpose of the Financial Plan is to reflect the financial impact of the decisions and service developments contained within the IMTP and support the fundamental aims and strategic objectives of the Health Board. As a Health Board there is a statutory duty to breakeven against the resource limit set by Welsh Government, over a three-year period. The financial planning element of the IMTP plays a critical role in ensuring the organisation can meet its obligations both to the public and to Welsh Government.

A strong financial plan reflects the financial consequences of service choices, prioritises what can be delivered, and ensures that the organisation remains viable and resilient in the face of increasing pressure and demand. Given the financial climate facing the NHS, the priority placed on effective organisational planning, especially financial planning, now is greater than ever. As the Health Board enters 2026/27, it does so against a backdrop of ongoing financial challenge, with underlying deficits and rising service pressures continuing from 2025/26. Even with an uplift in funding, achieving financial sustainability requires robust financial governance, disciplined prioritisation, a credible savings programme, optimisation of resources, and a clear understanding of the three-year financial trajectory. The plan therefore focuses on delivering an ambitious but realistic position, whilst laying the foundations for a productive, efficient and financially sustainable workforce capable of delivering high quality care.

The Health Board needs to strengthen its internal commissioning function to improve services contracted from other organisations, including healthcare providers, local authorities and third-sector partners. This will support the 'shift left' and de-medicalisation of some services in line with "A Healthier Wales." Following the pandemic, many services were contracted on a block basis, limiting the ability to focus on quality and outcomes. Moving towards a commissioning approach that better considers population needs, priorities, and quality monitoring will improve the value of these services and support local and third-sector involvement.

A timely and systematic commissioning framework will also help partners plan and promote integrated care across North Wales. The Health Board has struggled to recover and improve the efficiency of planned care post-pandemic. Strengthening operational planning and applying commissioning principles will help improve this process.

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

What we will deliver

2026/27 Deliverables					
Workstream	Deliverable	Executive Lead - Committee	Quarter	Ref	Impacts
Financial Control Environment	4K.1 - Maintain financial control measures from start of financial year, with a view to step them down as assurance and confidence is being gained in delivery of the financial plan. Particularly important due to FFTF structure changes mid-year that could otherwise cause some disruption in delivery of financial plan.	Executive Director of Finance - PFIG	Q2		
Accountability Agreements	4K.2 - Contribute to the broader performance accountability agreements to ensure that budget owners are clear on their budget for the year and their accountabilities in relation to delivery within budget.	Executive Director of Finance - PFIG	Q1		P02
Value & Sustainability	4K.3 - Contribute to all the workstreams within the Value & Sustainability programme with a particular focus on those that are more traditionally related to financial management such as Non-Pay and ensuring there is a focus and visibility associated to savings in non-core areas and overheads to prioritise front-line services. (Links to 4G – Value & Sustainability)	Executive Director of Finance - PFIG	Q1 – Q2	EA-14 TPG-152	
Shift to primary and community care	4K.4 - Repeat the exercise to quantify current spend on primary and community services to compare against the baseline produced in 2025/26, in order to ascertain whether the required strategic move to proportionately increasing investment into primary and community care when compared to secondary care is happening. (Links to 2A – Primary Care, 2B – Community Care)	Executive Director of Finance - PFIG	Q3	IPT-14 TPG-153 AR-07	P01
Commissioning Strategic Approach	4K.5 - Develop and commence implementation of a Commissioning Strategic Approach for all externally commissioned healthcare activities, that provides direction to the organisation on the role of commissioned services as part of longer-term strategic planning. Forming strategic partnerships will be an important part of the Clinical Services Plan work. (Links to 4C – Clinical Services Planning, Leadership and Interprofessional Working)	Executive Director of Finance - PFIG	Q2		N/A
Integrated Commissioning Framework	4K.6 - Create an Integrated Commissioning Framework that includes commissioning assurance, and clarity of roles and responsibilities, ensuring that everyone across the organisation is clear on roles to enable effective commissioning with a focus on value, quality and patient outcomes. (Links to 4B – Strategy and Planning)	Executive Director of Finance - PFIG	Q3		P03 P06
Annual Commissioning Review	4K.7 - Individual services to undertake an annual review of all their commissioned and contracted services as part of the IMTP process to ensure that the right strategic decisions are made on what the organisation should provide or commission. This should trigger de-commissioning, re-commissioning, as well as commissioning of new services where that best meets the needs of the population. (Links to 4B – Strategy and Planning)	Executive Director of Finance - PFIG	Q4		P03 P05
	4K.8 - In advance of the annual review of all services, undertake a risk-based review of contracts to ensure they are delivering value against current population need.	Executive Director of Finance - PFIG	Q3		P03 P05

Hospices	4K.9 - Undertake a review to provide assurance that the Health Board is operating in accordance with the national hospice commissioning guidance in relation to palliative and end of life care. (Links to Section 5 – Working with Regional Partners)	Executive Director of Finance - PFIG	Q4	TPG-33	N/A
Planned Care Commissioning	4K.10 - Develop robust commissioning plans for planned care services to secure additional capacity that addresses service backlogs and demand beyond internal capability. Establish and implement a comprehensive process that defines internal resource requirements and incorporates the full procurement, governance, and mobilisation pathway needed to deliver the required capacity. (Links to 3B – Planned Care, Cancer & Diagnostics)	Executive Director of Finance - PFIG	Q3		P04
Commissioning Performance Monitoring	4K.11 - Complete a review of performance monitoring arrangements for all existing commissioned services, ensuring that an appropriately broad set of performance metrics are covered along with consistent periodic commissioned services partner review meetings. (Links to Section 5 – Working with Regional Partners)	Executive Director of Finance - PFIG	Q4		P03
Joint Commissioning Committee (JCC)	4K.12 - Work with the Joint Commissioning Committee (JCC) to develop a financially balanced plan for the delivery of specialist services for the Health Board's population. Ensure consistent and effective representation from BCU at all JCC meetings and support a constructive approach to handling challenges. Proactively engage with the JCC to contribute to: ▪ Efficiency and productivity schemes that collaboratively manage demand and cost pressures e.g. referral management. ▪ New clinical models in relation to Emergency Ambulance Services. ▪ Save a Life Cymru (SALC) defibrillator awareness. ▪ New air bases for the Emergency Medical Retrieval Service (EMRTS). ▪ Adult Critical Care Transfer Service (ACCTS) in line with the Health Board's emerging Clinical Services Plan. ▪ Non-Emergency Patient Transport Service (NEPTS) transformation. ▪ Neonatal Transport (CHANTS) & Major Trauma pathways. ▪ Clinical engagement and partnership in Sexual Assault Referral Centres (SARC). ▪ Improved commissioning and strategic partnerships with hospices and the Voluntary Sector. ▪ A strategic review of Mental Health, Learning Disabilities and Vulnerable Groups commissioning. ▪ Strategic reviews and deep dives relating to specialised services commissioned services across Cancer & Blood, Cardiac, Kidney, Neurosciences and Women & Childrens services. (Links to 3A – Urgent & Emergency Care, 3B - Planned Care, Cancer & Diagnostics, 3D – MH&LD, 3E – CAMHS & ND, 3F – Childrens, 3G – Womens, 4C – Clinical Services Plan, Clinical Leadership & Interprofessional Working, 4G – Value & Sustainability, Section 5 – Working with Regional Partners)	Executive Director of Finance - PFIG	Q3		P06

Financial Recovery Plan	4K.13 – Prepare and commence execution of a robust and sustainable recovery plan, as detailed within Standing Financial Instructions, following submission of an in year deficit outturn (ref 4.3.8c).	Executive Director of Finance - PFIG	Q3		
Related deliverables covered in other sections	1C – Health Inequalities 3A – Urgent & Emergency Care 3B – Planned Care, Cancer & Diagnostics 3D – MH&LD 3E – CAMHS & ND 3F – Childrens 3G – Womens 4C – Clinical Services Plan, Clinical Leadership & Interprofessional Working 4G – Value & Sustainability,				

2027/28 Deliverables
- Focus on achieving a balanced plan. - Build on work undertaken in 2026/27 on identifying strategic partnerships as part of the initial phase of the clinical services plan work, continuing into identify opportunities for further services in subsequent phases of CSP work. - Execute commissioning decisions made during the 2026/27 IMTP planning cycle in relation to re-commissioning, de-commissioning and commissioning of new services recognising the restrictions around the changes and notice periods. - Review the effectiveness of the governance structure implemented for the performance and quality management of external contracts.

2028/29 Deliverables
- Focus on achieving a balanced plan. - Review effectiveness of the Integrated Commissioning Framework, updating with learning during years 1 and 2.

What difference it will make

ID	Performance Expectations	Ref	Level 5 De-escalation criteria	Planning / Performance Framework	Baseline	Q1	Q2	Q3	Q4
P01	Increase proportionate spend on Primary and Community Services	IPT-14 TPG-153 AR-07	N/A	N/A	£821m	N/A	N/A	N/A	+2%
P02	Number of accountability agreements signed across the organisation (target 95%).		N/A	N/A	96%	50%	75%	95%	95%
P03	% of providers scheduled for contract management review meetings		N/A	N/A	70%	70%	70%	82%	95%
P04	Planned care delivering the contracted volumes monitoring monthly		N/A	N/A	95%	95%	95%	95%	95%

P05	Fewer procurement breaches (target 0).		N/A	N/A	0	0	0	0	0
P06	Consistent representation from BCU at all JCC meetings (attendance records).		N/A	N/A	100%	100%	100%	100%	100%

Note: Savings programme will be tracked via the Value & Sustainability programme.

Risks to delivery and how we'll mitigate them

ID	Delivery Risk Description	Risk Score (Baseline)	Mitigating Action	Quarter	Risk Score (Target)
R01	Organisational structural changes mid financial year could impact delivery of the financial plan as budgets are reset and there will be some changes in budget ownership.	4 x 4 = 16	Ensure the governance and accountability framework is clear right from the start of the new structure implementation.	Q1 – Q2	4 x 2 = 8
R02	Challenging national financial landscape risks making the shift into primary and community care more difficult as funding is embedded within secondary care which continues to be under great pressure.	4 x 4 = 16	- Use hard to recruit vacancies in secondary care as an opportunity to create new and different roles in primary and community care. - Clinically services planning commencing in 2026/27 will be a whole system enabler to making this transition.	Q1 – Q4	4 x 2 = 8
R03	Capability and capacity of services to undertake a review of the services they commission as part of the annual IMTP cycle due to operational pressures.	4 x 4 = 16	Start this activity early in the year so the work can be completed over times of lower operational pressures.	Q2	4 x 3 = 12

SECTION 5 – DELIVERING THE PLAN

Effective Systems of Governance

Overview: The Health Board's governance systems provide the essential framework through which decisions are made, resources are managed, and accountability is maintained. These systems include Standing Orders (SOs), Standing Financial Instructions (SFIs), and the Scheme of Reservation and Delegation (SoRD), supported by national guidance and statutory requirements. Building on the significant reset of Board governance since 2023 and the maturing arrangements established during 2024–26, the next three years will focus on fully embedding robust, consistent, and transparent governance practices across all operational and clinical services.

The recently updated Risk Management Framework has strengthened organisational capability by providing an integrated, adaptive approach to identifying, escalating, and mitigating risks. Continued development of risk management maturity, strengthened assurance mechanisms, and consolidation of the Accountability Agreement Framework remain essential to supporting safe, sustainable, and high-quality care.

Why It's Important: A strong governance system is fundamental to the Health Board's recovery from Special Measures and its progression towards sustained organisational stability. The Welsh Government's Special Measures De-escalation Criteria for Governance require clear evidence of effective oversight, strengthened accountability, and consistent delivery of statutory obligations. Embedding an effective governance culture, supported by reliable data, transparent decision-making, and empowered leadership, is critical for ensuring that performance, quality, workforce, and financial challenges are addressed coherently and sustainably.

The transition to the new **"Foundations for the Future"** operating model further reinforces the need for clarity in roles, responsibilities, and delegated authorities. A modernised governance framework will enable more effective clinical and operational decision-making, improve organisational responsiveness, and enhance the Board's ability to scrutinise performance and risk in real time. This, in turn, supports improved patient outcomes, staff confidence, and public trust.

Three-Year Focus (2026/2029): Over the next three years, the Health Board will:

- Lead the governance components of the new Operating Model, ensuring clear decision-making structures during the transition in 2026/27 and stabilisation throughout 2027/28.

- Embed the Accountability Agreement Framework, ensuring that all budget holders operate within agreed financial controls and comply with SOs, SFIs and SoRD requirements.
- Strengthen risk management capability, embedding the revised Risk Management Framework, enhancing mandatory training, and maturing proactive risk identification and escalation processes across all care groups and corporate teams.
- Improve assurance quality, ensuring consistent standards for Board and Committee reporting, improving the clarity of risk, performance, and quality information, and fully implementing audit recommendations.
- Embed the in-house Legal Service as a strategic partner in risk reduction, decision support, and learning from incidents.
- Drive culture change, enabling staff at all levels to understand governance expectations, apply good governance behaviours, and contribute to continuous improvement.

Collectively, these actions will ensure that governance is a strategic enabler for organisational recovery, improved performance, and delivery of safe, high-quality care.

Risk Management

Overview: Effective risk management is central to creating a safe, resilient, and well-governed Health Board. During 2026–29, Betsi Cadwaladr University Health Board (BCUHB) will focus on fully embedding and maturing its risk management arrangements, ensuring they align with the wider governance improvements and the implementation of Foundations for the Future. Building on the strengthened Risk Management Framework introduced in recent years, the Health Board will continue to develop an integrated, organisation-wide approach that links risk to strategic planning, operational delivery, and quality outcomes. This work supports all strategic objectives by ensuring that risks are systematically identified, evaluated, and managed, and that leaders and teams have consistent standards and tools for oversight and decision-making. The emphasis over this period is on embedding existing assurance frameworks, enhancing organisational capability, and ensuring risk processes reflect the evolving operating model and strategic intentions of the Health Board.

Why It's Important: Risk management is a core element of good governance, underpinning the Health Board's planning, budget-setting and performance cycles. A robust and transparent approach to risk is essential for effective decision-making and for the delivery of safe, high-quality, sustainable healthcare. It also supports the Health Board in meeting Welsh Government Special Measures requirements, which emphasise clear oversight of strategic risks and regular assurance to the Board and Committees. Maintaining a mature, proactive risk culture enables earlier identification of threats, more effective mitigation, and greater organisational resilience.

The strengthened Risk Management Framework already in place has laid foundations for improved integration of risk with strategic objectives, quality, and operational resilience. Continued development is required to embed this fully across all services, ensuring staff understand their responsibilities, that risk information is reliable and timely, and that the organisation can anticipate and manage challenges effectively.

Three-Year Focus (2026/2029): Over the next three years, the Health Board will:

- Embed consistent risk management standards across all service units and corporate services, ensuring full alignment with assurance, quality, performance, and planning frameworks.
- Strengthen risk maturity through regular audits, targeted interventions, and enhanced organisational support, ensuring risk processes adapt to the needs of the new operating model.
- Maintain high-quality strategic risk registers, ensuring they meet the expectations of the Board and Committees for completeness, clarity, and timely review.
- Enhance training and compliance, ensuring risk-related mandatory learning and other indicators remain above tolerance and support a confident, competent workforce.
- Further develop the Board Assurance Framework, ensuring strategic risks are clearly articulated, consistently assessed and aligned with strategic intentions.
- Improve and embed risk management technology, ensuring new software is fully adopted and used to generate actionable insights that improve oversight and mitigation.

- Build long-term organisational resilience, strengthening risk culture, leadership capability, and continuous learning.

These priorities will ensure that risk management remains a fundamental enabler of safe, effective, and sustainable service delivery.

Population Health Management

Overview: BCUHB is actively working to keep people healthy for as long as possible. The Public Health Directorate has a key role to play in delivering this function, both within the health board, together with partners and with our citizens. A key area of focus that will support all the areas of work within the Health Board and our work with partners is population health management. This will enable us to understand how different population groups and people with different characteristics (e.g. multiple comorbidities) access care and interventions and how health outcomes are affected by the way in which the health board delivers services. It is a key element in identifying the impact of Health Inequalities and variation and the opportunities to improve care and outcomes in north Wales.

Why It's Important: Population health management is not just about how we use population data. It is about how we enable clinicians and managers to understand better our impact on different people and communities in North Wales and how we improve current services, plan our services better and drive effective transformation that improves health outcomes. It is also not only about quantitative data, but how we bring a wider range of evidence (including qualitative data such as patient stories) and research and evaluation findings together to enable stakeholders to understand the issues better so that there is a more informed assessment of options to make better decisions.

Our Three-Year Focus (2026-2029): This year, through the development of i) the population health management programme ii) the technical capabilities of shared data across primary and secondary care iii) population health analysis and iv) population stratification, we will provide focus for our clinicians, managers, and partners to use population health intelligence effectively.

Performance Management

Overview: The Health Board has approved the Integrated Performance and Accountability Framework (IPIAF) 2026–2029, establishing a modern, organisation-wide philosophy for monitoring, managing, and improving performance. The Framework aligns with the NHS Wales Performance Framework 2026–2027, which sets out the national measures and reporting mechanisms underpinning high-quality care. It also incorporates the Welsh Government Special Measures Framework, including the explicit Level 5 de-escalation criteria, reflecting BCUHB's continued requirement to demonstrate sustainable improvement while remaining under the highest level of escalation as of 2025.

The IPIAF integrates ministerial priorities, Welsh Government enabling actions, IMTP deliverables, and the Corporate Risk Register to create a unified approach to accountability and assurance. Building upon methodologies in Making Data Count, it emphasises trend analysis, predictive insight, and risk-based “Confidence Level/Assurance Indicators” to support clearer prioritisation and more effective interventions.

In practice, the Performance Function leads multi-disciplinary teams at all organisational levels to triangulate hard data, soft intelligence, operational context, and risk exposure. This ensures performance issues are understood holistically and escalated through the agreed governance structures.

Why It's Important: A robust performance management system is essential to meeting statutory obligations, improving patient outcomes, and strengthening public confidence. The Welsh Government's oversight and escalation arrangements highlight the need for sustained organisational improvement, particularly in urgent and emergency care, governance, and planned care pathways, where significant challenges persist despite measurable progress. The national framework also reinforces the role of performance management in achieving the A Healthier Wales quadruple aims, ensuring services are outcome-focused, digitally enabled, sustainable, and centred on prevention and well-being. For BCUHB, currently operating under Special Measures Level 5, ensuring consistent, transparent, and accountable performance processes is critical to de-escalation. The expectation from Welsh Government remains clear: reliable

forecasting, demonstrable improvement trajectories, and strengthened leadership and governance are prerequisites for moving out of Level 5 intervention. Effective performance management also supports staff engagement and clarity of roles through PADRs, improving morale during a period of heightened scrutiny.

Our Three-Year Focus (2026-2029): Over the next three years, the Health Board will prioritise:

- Full implementation of the IPIAF, embedding routine trend-based analysis, predictive modelling, and risk-informed assurance indicators across all services.
- Strengthening governance and accountability, ensuring all tiers of leadership understand and discharge their responsibilities consistently, aligned with Special Measures de-escalation expectations.
- Targeted improvement in urgent and emergency care, planned care, cancer pathways, and areas identified through national escalation processes, reflecting current performance weaknesses and external requirements for improvement.
- Enhanced data quality and triangulation, expanding digital toolsets and analytics maturity in line with NHS Wales performance reporting expectations for 2026–27.
- Improved organisational culture and workforce engagement, ensuring PADRs meaningfully link individual objectives to system-level performance outcomes.
- Developing robust forecasting and scenario-modelling capability to better anticipate risks, inform planning, and ensure IMTP deliverability.
- Together, these priorities will build a proactive, transparent, and accountable performance culture that supports safe, effective care and sustained organisational recovery.

Organisational Approach to Change

Overview: The Health Board is committed to developing and adopting a unified organisational approach to change that supports all types of change ranging from strategic transformation to locally driven continuous improvement, working closely with those involved both internally and externally. This approach emphasises moving from managing change to enabling it, recognising that sustainable change

is driven by people, relationships, behaviours and shared ownership rather than compliance with process alone.

At the centre of the approach will be a co-created Organisational Approach to Change Framework, a simple, intuitive model that provides clarity on how change is initiated, designed, governed, delivered and embedded. The framework will be anchored in the organisation's values and design principles and supported by practical toolkits such as those for engagement and co-production.

The Portfolio Office will play a central enabling role by defining best practice standards, coordinating a coherent change portfolio, and aligning programme and project governance so that all change activity across the Health Board benefits from consistent, people-centred and disciplined approaches.

The organisation will continue to utilise a tiered approach to change, with a small number of strategically important 'Major Change Programmes' receiving the most focused support and dedicate resource and then a larger set of 'Key Programmes' that cover the remaining highest profile programmes across the organisation. The third tier then consists of local **continuous improvement** initiatives driven from within services themselves.

The Major Change Programmes for 2026/27 are:

- Planned Care
- Urgent and Emergency Care
- Community By Design
- Clinical Services Plan

The Key programmes for 2026/27 are:

- Value & Sustainability
- Foundations for the Future
- Integrated Health & Well-being Hubs
- Ablett Mental Health Unit
- Mental Health Electronic Healthcare Record
- Electronic Healthcare Record
- Laboratory Information Management System (LIMS)

Why It's Important: To meet both current and future health and well-being challenges, there is an increasing need for continual service change to keep pace with shifting population needs. In this context, the ability to "change well" is a critical organisational capability. Successful change requires authentic engagement, clear communication, shared purpose and strong relationships. Staff need to feel informed, involved and supported; without this, even well-designed changes struggle to land or to be sustained.

A unified organisational approach to change will help the organisation build confidence and competence in how change is delivered. It creates a common language and consistent expectations for all change activity, from small-scale improvements to large, complex service redesign, and reduces the fragmentation that arises when teams use different models or methods.

Simplicity, clarity and usability are essential: the framework must be accessible to staff in clinical, corporate and support services alike and work across organisational boundaries as the importance of partner collaboration and integration becomes ever more vital in solving whole system challenges. This will help the organisation deliver improvements that last, while strengthening the conditions that support innovation, resilience and continuous learning.

Our Three-Year Focus (2026-2029): Over the next three years, BCUHB will focus on:

- Co-creating and adopting the organisational approach to change: Developing the framework collaboratively with staff, partners and service users so it reflects lived experience, organisational values and practical realities.
- Embedding a simple, shared way of delivering all change: Applying the framework consistently across major service changes, key programmes and improvement activity - supported by clear, streamlined toolkits and Portfolio Office standards.
- Growing organisational capability: Strengthening leadership, team and individual competencies; expanding the change and culture networks; and supporting managers and clinical leaders to use the new approach confidently.
- Building a coherent change portfolio: The Portfolio Office will coordinate a single view of change across the organisation, ensuring governance,

prioritisation and reporting support a whole-system, risk-aware and deliverable programme of activity.

Together, these priorities will help the Health Board embed a culture of people-centred, sustainable change and strengthen its ability to deliver improvements that endure.

Financial Management

Overview and Why It's Important: The 2026/27 financial plan is set within a zero-investment budget framework, with central Welsh Government (WG) resources retained to offset pay award pressures and a 1.11% allocation to support non-pay pressures. Health Boards are required to deliver balanced plans whilst addressing the recurrent impact of the cost pressures experienced during 2025/26. Inflationary pressures are expected to substantially exceed the non-pay allocation uplift, creating a requirement for re-prioritisation across services and a shift towards stopping or scaling back lower-value activity to support essential developments.

The financial plan has been constructed using a structured methodology, including assessment of the underlying deficit based on the 2025/26 outturn, incorporation of income assumptions aligned to WG allocations, and recognition of inflationary and unavoidable cost pressures

Summary Financial Plan	2026/27 £m
Underlying deficit	
Opening underlying deficit	113.9
Conditionally recurrent strategic funding	-82.0
Adjusted underlying deficit	31.9
Income	
Allocation uplift	-22.3
Specific funding uplift	-7.2
Targeted investments	-43.1
Total additional income	-72.6

Expenditure	
Inflation	26.5
Growth	13.1
Cost pressures	39.8
Specific funding uplift	7.2
Targeted investments	43.1
Total additional expenditure	129.7
Financial improvement	
Savings	-46.0
2026/27 Position	43.0

The underlying deficit is assessed at £31.9m. This position is primarily driven by:

- Increased activity and price growth within Commissioned services
- Rising costs within Prescribing and Secondary Care drugs, including the recurrent impact of NICE approvals, and
- CHC price increases above the allocation uplift, combined with continuing growth in activity.

When conditionally recurrent WG strategic funding is considered, the underlying deficit increases to £113.9m.

Alongside the Welsh Government allocation uplift of £22m, £43m of targeted investment funding will continue into 2026/27 across programmes including Planned Care, Value-Based Healthcare and Further Faster. These allocations support strategic priorities and will be overseen through divisional and Executive governance mechanisms. In addition, £7m of uplift funding has been provided for specific investments, the majority of which relates to GMS.

Key inflation assumptions in the financial plan include uplifts for CHC, Prescribing, Secondary Care drugs and Commissioned services via NWJCC and cross-border arrangements in England. The majority of these are significantly above the 1.11% uplift in in allocation. Growth in activity is expected in Secondary Care drugs,

particularly due to new NICE approvals. National cost pressures such as Welsh Risk Pool, digital developments (including Microsoft licensing costs) and additional NWJCC contributions are unfunded and so will require further re-prioritisation. Pressures remain in Out of Area Mental Health placements and due to capacity issues, including escalated beds.

Given the scale of inflationary and cost pressures, only partly mitigated by the available allocation uplift, the Health Board is unable to deliver a balanced financial plan for 2026/27. A recurrent savings requirement of £46m has been set, resulting in a planned deficit of £43m. The financial plan contains significant risks that will require active monitoring and management throughout the year, particularly around contract reforms and workforce change.

Services will be required to prioritise expenditure within their allocated budgets, addressing underlying deficits, managing cost pressures, delivering savings expectations, meeting performance requirements, and progressing disinvestment proposals, supported by benchmarking evidence.

Revenue allocations: There are a discrete number of revenue allocations that are provided by Welsh Government on an annual basis to support specific outcomes. This section of the plan seeks to provide a high-level overview of what this funding is being used for in relation to the priority areas set out in section 4 of the plan.

Planned Care Allocation	£m's
Orthopaedic (Llandudno)	4.9
Endoscopy (Employed)	1.7
Commissioned care (Joint Commissioning Consortium)	2.9
Anaesthetics	1.2
Cancer pathway	2.1
Strategic support for Cancer	0.9
Validation and Booking	0.6
Vascular	3.2
Commissioning (insourcing and outsourcing)	13.1
Waiting List Initiatives (and other)	3.9
Total	34.5

Six Goals (Urgent Emergency Care)	£m's
Six Goals team	0.2
Frailty Service	1.8
MSK Hub (Single Point of Access)	0.3
Single Intervention Clinical Assessment Team	0.4
Total	2.7

Further Faster (Community & Discharge)	£m's
Anticipatory Planning - Palliative Care	0.4
Enhanced Community Care	0.5
Community Frailty Programme	0.7
Wrexham initiatives	0.2
Flintshire initiatives	0.3
Denbighshire initiatives	0.2
Conwy initiatives	0.3
Gwynedd initiatives	0.1
Total	2.7

Value Based Healthcare	£m's
Value Based Healthcare Function Team	0.7
Patient Related Outcome Measures (PROM) platform	0.2
Renal six day service	0.5
Lymphoedema	0.3
Heart Failure	0.6
Diabetes	0.1
Rehabilitation programme (includes cancer specific)	0.4
Endometriosis Minimal access surgery - Gynaecology	0.3
Total	3.1

Capital Programme: In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. This section summarises the approved

capital programme and in particular the investments prioritised for delivery within the 2026/27 and 2027/28 financial years.

The 2026/27 capital funding envelope provides a total anticipated Capital Resource Limit of £35.358 million, combining both All Wales and discretionary allocations. The All Wales Capital Allocation of £20.076 million supports a series of targeted investments across critical infrastructure and clinical equipment, including upgrades to electrical infrastructure at Ysbyty Glan Clwyd, redevelopment of the hospital helipad at Ysbyty Gwynedd, and the rollout of new digital Xray systems to support RISP.

2026/27 Capital Allocation		
All-Wales Capital Allocation	£'m	£'m
Replacement Diagnostic and Treatment Equipment	0.762	
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.441	
Targeted Estates Funding	13.387	
Redevelopment the Hospital Helipad at Ysbyty Gwynedd	0.982	
Digital X-Ray Systems	2.504	
Anticipated All Wales Capital Allocation		20.076
Discretionary Capital Allocation		15.282
Anticipated Total CRL		35.358

Alongside this, a significant proportion is directed to Targeted Estates Funding (comprising £3.806m from BCU and £9.581m from WG), reflecting ongoing pressures across the estate.

The Discretionary Capital Allocation of £19.088m, including £3.806m contribution to Targeted Estates Fund, leaving £15.282 million, provides essential flexibility for the organisation to address local priorities, manage emerging risks, and progress smaller scale schemes that underpin service delivery. Together, these allocations form a balanced capital programme that supports both strategic and locally determined needs.

Proposed Discretionary Capital Programme

Discretionary Capital - 2026/27	Total bids £m's	2023/24 £m's	2024/25 £m's	2025/26 £m's	2026/27 £m's	TEF 30% Contribution	2027/28 £m's
Divisions	41.16	5.80	3.02	3.37	3.604		5.994
Targeted Estates Funding - contribution					2.398	2.398	
Anti-ligature	9.54		1.66	1.00	0.633	0.633	1.000
Medical Devices	14.73	3.08	1.90	3.55	4.979		3.307
Informatics	7.67	3.02	3.40	3.04	2.850		2.631
Building's Infrastructure works (Estates)	11.87	2.32	2.50	3.45	2.372	0.775	3.673
Facilities	5.36		0.44	0.55	0.511		0.594
Capital expenditure brokerage from 2024/25			1.00	1.50	2.578		N/A
Contingency			0.55	0.55	0.580		TBC
TOTAL	90.34	14.21	14.47	17.00	20.505	3.806	TBC

Over allocation to mitigate underspends and to be reviewed in Quarter 1.

Together, these allocations form a balanced capital programme that supports both strategic and locally determined needs.

As well as the capital programme for the period, approval includes the associated contractor appointments, procurement progression and confirms governance for key elements. A robust risk-based process has been adopted to determine the programme which can be delivered within the capital allocations.

- Allocated schemes total £20.505m from 132 schemes.

- Targeted Estates Fund Allocation of £13.387m comprising £3.806m from BCU and £9.581m from WG.
- Allocated schemes total BCU Contribution of £3.806m from 17 schemes.

Workforce

Overview: The Health Board is currently operating in a challenging workforce planning environment. Work will continue over the next two years building a solid platform for workforce planning across the organisation, enabling services to deliver high quality care for the people of North Wales. Robust workforce planning will establish both operational short-term and strategic long-term workforce solutions that address current and future needs. Embedding new and emerging roles into service plans in the coming years, emphasizing a skills-based approach to service delivery rather than a role-based one.

Bringing a consistency to workforce planning in terms of approach and skills will allow the organisation to have a more stable but agile workforce where key gaps are identified in a timely manner, with the most appropriate solution for the service.

Why It's Important: Demand for healthcare is increasing but the financial resources will remain unchanged or reduced. Meeting this increased demand will require multiple solutions, new ways of working (including digital), use of new roles and skills/competency distribution across teams. The increase is compounded with an ageing workforce, and population projections indicate a decline in births, impacting our future workforce supply.

Embedding a culture of workforce planning aligned to service planning is critical to the future workforce shape and supply and enabling services to deliver high quality care for the people of North Wales.

Our Three-Year Focus (2026-2029): Over the next three years, BCUHB will focus on:

- Full integration of workforce metrics aligned with performance metrics to ensure visibility and measurability of the impact of workforce plans across the organisation.

- Long term plans in place for all services across the organisation aligned with the Health Board's strategy.
- A review of the capacity of the central workforce planning function to ensure sufficient expert resource is available to the organisation."

WORKFORCE ESTABLISHMENT WTE	Actual 31/3/2025	Forecast 31/03/26	26/27 Forecast			Plan End 2026/27	Plan End 2027/28	Plan End 2028/29
			End Q1	End Q2	End Q3			
Administrative, Clerical & Board Members	4,021	4,029	4,029	4,029	4,029	4,029	4,029	4,029
Medical & Dental	1,822	1,846	1,846	1,846	1,846	1,846	1,846	1,846
Nursing & Midwifery Registered	6,313	6,319	6,319	6,319	6,319	6,319	6,319	6,319
Prof Scientific & Technical	871	885	885	885	885	885	885	885
Additional Clinical Services	4,270	4,293	4,293	4,293	4,293	4,293	4,293	4,293
Allied Health Professionals	1,323	1,346	1,346	1,346	1,346	1,346	1,346	1,346
Healthcare Scientists	349	354	354	354	354	354	354	354
Estates & Ancillary	1,500	1,495	1,495	1,495	1,495	1,495	1,495	1,495
Students	23	22	22	22	22	22	22	22
TOTAL	20,491	20,589	20,589	20,589	20,589	20,589	20,589	20,589

Substantive Deployed WTE	Actual 31/3/2025	Forecast 31/03/26	26/27 Forecast			Plan End 2026/27	Plan End 2027/28	Plan End 2028/29
			End Q1	End Q2	End Q3			
Administrative, Clerical & Board Members	3,612	3,611	3,624	3,624	3,624	3,624	3,624	3,624
Medical & Dental	1,178	1,176	1,182	1,188	1,193	1,199	1,201	1,203
Nursing & Midwifery Registered	5,827	5,982	5,986	5,990	5,994	5,998	6,001	6,003
Prof Scientific & Technical	777	814	814	814	814	814	814	814
Additional Clinical Services	3,916	3,876	3,877	3,877	3,877	3,877	3,877	3,877
Allied Health Professionals	1,239	1,297	1,298	1,300	1,301	1,303	1,304	1,306
Healthcare Scientists	323	322	323	323	323	323	323	323
Estates & Ancillary	1,320	1,322	1,323	1,323	1,323	1,323	1,323	1,323
Students	20	23	23	23	23	23	23	23
Medical & Dental (Central Shared Service Contract)	479	504	512	512	512	512	512	512
TOTAL	18,690	18,927	18,961	18,973	18,984	18,996	19,002	19,008

Working with Regional Partners

Overview: Delivering improved health and well-being for the population of North Wales depends on the strength and coherence of our regional partnerships. Betsi Cadwaladr University Health Board (BCUHB) will continue to work across organisational boundaries with local authorities, the third sector, and both local and national partners to plan, design and deliver integrated, place-based models of care.

Our core partnership architecture includes the North Wales Regional Partnership Board (NWRPB), Public Services Boards (PSBs), the Mid Wales Joint Committee (MWJC), the Area Planning Board (APB), the Welsh Ambulance Services NHS Trust (WAST), Health Education and Improvement Wales (HEIW), NHS Wales Shared Services Partnership (NWSSP), Digital Health and Care Wales (DHCW) and the NHS Wales Joint Commissioning Committee (JCC).

Delivering improved health and well-being for the population of North Wales depends on the strength and coherence of our regional partnerships. Betsi Cadwaladr University Health Board (BCUHB) will continue to work across

organisational boundaries with local authorities, the third sector, and both local and national partners to plan, design and deliver integrated, place-based models of care. Our core partnership architecture includes the North Wales Regional Partnership Board (NWRPB), Public Services Boards (PSBs), the Mid Wales Joint Committee (MWJC), the Area Planning Board (APB), the Welsh Ambulance Services NHS Trust (WAST), Health Education and Improvement Wales (HEIW), NHS Wales Shared Services Partnership (NWSSP), Digital Health and Care Wales (DHCW) and the NHS Wales Joint Commissioning Committee (JCC).

These partnerships already provide the foundations for shared planning, joint commissioning, and collaborative solutions across health and social care and were important contributors to the co-created Strategic Intent for North Wales which provides the strategic framework for this plan.

The Health Board will build on the progress made in areas such as those funded through the Regional Integration Fund (RIF) and the commitments outlined in recent partnership plans, including the NWRPB's Regional Area Plan and locally developed well-being plans. These set out shared priorities around population groups with complex needs, community-based service models and whole pathway approaches linking primary, community, secondary and social care.

Why It's Important: The health challenges facing the population of rising frailty, chronic disease, widening inequalities, escalating urgent and emergency care pressures, and workforce constraints, cannot be resolved by any single organisation acting alone. A whole system approach is essential. Improving outcomes requires seamless care pathways, shared accountability, and consistent collaboration between the health, local authorities, social care, education, housing, voluntary organisations and national agencies.

The health challenges facing the population of rising frailty, chronic disease, widening inequalities, escalating urgent and emergency care pressures, and workforce constraints, cannot be resolved by any single organisation acting alone. A whole system approach is essential. Improving outcomes requires seamless care pathways, shared accountability, and consistent collaboration between the health, local authorities, social care, education, housing, voluntary organisations and national agencies.

This need for whole system working is a central theme of Welsh Government's planning expectations, including the focus on strengthening integrated community-based services, reducing variation, improving population health, and tackling inequalities through collective action. The NWRPB, PSBs and APB provide mechanisms for aligning ambitions, resources and expertise, while national partners such as HEIW, NWSSP, DHCW and the JCC support the system to develop its workforce, digital capabilities, financial sustainability and commissioning coherence.

Partnerships also matter because they underpin BCUHB's responsibilities as an anchor institution, ensuring that how we employ people, procure services, manage estates and support local communities contributes to wider social, economic and environmental well-being and further the Welsh Government ambition of becoming a Marmot Nation: the Health Board is supporting Denbighshire as one of the three places in Wales selected to work with the UCL Institute of Health Equity Wales Team to maximise benefits related to this opportunity.

Our Three-Year Focus (2026-2029): Over the next three years, the Health Board will focus on the following key shared priorities with regional and national partners. These are the main high-level areas, with specific deliverables and contributions to outcomes detailed throughout the plan.

Over the next three years, the Health Board will focus on the following key shared priorities with regional and national partners. These are the main high-level areas, with specific deliverables and contributions to outcomes detailed throughout the plan.

- **Strengthening community based, integrated care:** Working with local authorities, the NWRPB, MWJC and the third sector, we will accelerate the shift of care closer to home through the Community by Design programme. This includes developing community first models for people with long term conditions, building integrated neighbourhood teams, and improving step up and step-down capacity. RIF supported programmes and community by design approaches will continue to transition from pilots into sustainable service models.
- **Improving population health and reducing inequalities:** Aligned with PSB well-being plans and Welsh Government prevention priorities, we will work across

sectors to address the social determinants of health, widen access to prevention and early intervention, and reduce inequities in outcomes and service experience. This includes collaborative work in primary care, schools, housing and communities to target the most disadvantaged groups.

- **Transforming urgent and emergency care pathways:** With WAST, local authorities and RPB partners, we will continue redesigning front door, community response and discharge pathways to improve flow, reduce avoidable admissions and ensure timely, safe transitions of care. Whole system coordination, spanning 111, urgent primary care, reablement, community nursing and hospital services, will remain central.
- **Delivering sustainable planned care and diagnostics:** Working through the JCC, NWSSP and DHCW, we will strengthen regional and national pathways to improve consistency, equity and efficiency in planned care. This includes collaborative approaches to outpatient redesign, digital enablers and innovations, diagnostic modernisation and theatre productivity, ensuring that patients are supported before, during and after treatment through coordinated partnerships.
- **Working closely with partners within the RPB's North Wales Workforce Board** to support the Board's three overarching priorities around: Stabilising the Workforce, Learning and Development and Workforce Intelligence and Planning.

Enhancing mental health, learning disability and neurodivergence pathways: In partnership with APB, RPB and education colleagues, we will develop more joined up models spanning early help, community support, substance misuse, crisis care and specialist services. This includes closer integration of mental and physical health pathways and improved transitions between children's and adult services.

Building system capacity through workforce, digital and estates collaboration: Through HEIW, NWSSP and DHCW, we will co design workforce pipelines, digital interoperability and modern estates solutions that support safe, sustainable services. Regional work on fragile services, leadership development and shared digital infrastructure will be key enablers of service transformation.

Citizen Engagement and Partnership Working

Overview: Citizen Engagement and Partnership Working describe how Betsi Cadwaladr University Health Board (BCUHB) listens to, involves and collaborates with people and organisations to shape services, improve outcomes and strengthen wellbeing across North Wales. This includes structured, continuous engagement with patients, carers, staff, communities, Local Authorities, the third sector, Llais, housing partners, universities and other key stakeholders.

Insights from last year's review highlight the progress made in developing deeper conversations with communities on self-help, prevention and health promotion, alongside strengthening mechanisms such as the Integrated Concerns Policy to support citizen-informed improvement.

BCUHB recognises its unique responsibility as an anchor institution—one of the region's largest employers and a major purchaser of goods and services—with substantial influence on economic, social and environmental wellbeing. This role underpins a commitment to transparent communication, co-production, social value creation and civic responsibility.

Why It's Important: Meaningful engagement and strong partnerships are essential to delivering safe, effective and sustainable services. Citizen insight enables early identification of risk, quality concerns and access barriers, supporting informed planning and continuous improvement.

National expectations emphasise that effective partnership working is critical for addressing shared challenges such as health inequalities, delayed pathways of care, rising demand and workforce pressures. Welsh Government guidance highlights the need for health boards to work collaboratively through Regional Partnership Boards, clusters and pan-cluster planning groups to co-design community-based models, improve prevention, strengthen early intervention and align system-wide objectives.

For BCUHB, an organisation progressing through recovery following Special Measures, trust, transparency and consistency in engagement are vital. Open dialogue with residents, staff and partners is central to rebuilding confidence in

decision-making, especially where service transformation, fragile services or regional models of care are concerned. Partnership working also enhances the Health Board's role as an anchor institution, enabling coordinated efforts that support local employment, reduce environmental impact and contribute to healthier, more resilient communities.

Our Three-Year Focus (2026-2029): Over the next three years, BCUHB will:

- Embed engagement in strategic and service planning, ensuring citizen and partner insights inform the development of the organisational strategy, Clinical Services Plan and transformation programmes from the earliest stages, in line with national planning requirements.
- Strengthen routine and continuous engagement, creating more accessible channels for feedback, improving transparency through clearer feedback loops, and ensuring communities see how their experiences shape decisions.
- Apply co-production and structured engagement methods consistently, using standardised frameworks, tools and assurance processes to support proportionate, high-quality engagement across service development and consultation activity.
- Deepen partnership working with Local Authorities, third sector and Llais, focusing on prevention, early intervention, community-based alternatives to hospital care and integrated community service design.
- Enhance the anchor institution role, expanding local procurement, supporting local workforce development, leveraging the estate for community benefit and promoting healthy lifestyles among staff and families.
- Improve system alignment and shared decision-making, ensuring planning, governance and partnership activity are coordinated across regional forums, including RPBs and Public Services Boards.

These priorities position engagement and partnership working as central drivers of transformation, sustainability and improved outcomes for the population of North Wales.

Welsh Language and Culture

Overview: The Health Board operates within a strong national and legislative framework that protects and promotes the Welsh language, including the Welsh

Language (Wales) Measure 2011, the Welsh Language Standards, and the Welsh Government's More than Just Words plan. Building on the significant progress already made, the Health Board is committed to embedding Welsh language and culture into the design, delivery, and governance of services.

This approach moves beyond compliance to a systemwide, clinically focused model that ensures language needs are considered at every stage of the patient journey. Practical measures—such as strengthening workforce capability, integrating language considerations into policy development, and ensuring the active offer of Welsh—are being embedded across services.

The Health Board's long-term ambition is to create an environment where Welsh language and culture are visible, valued, and integral to everyday practice. This includes supporting staff to develop their language skills, using digital tools to improve access to bilingual services, and ensuring that cultural understanding informs decision-making. Together, these actions reinforce the Health Board's role as a culturally responsive public service that reflects the identity and needs of the communities it serves.

Why It's Important: Welsh language and culture are central to delivering safe, person-centred care across North Wales. Many patients rely on Welsh as their first or preferred language, particularly when they are unwell, anxious, or living with conditions such as dementia, where communication in a familiar language is essential for safety and dignity.

The Health Board has statutory duties to treat Welsh no less favourably than English, but the importance extends far beyond compliance. Embracing Welsh language and culture strengthens trust with communities, enhances patient experience, and supports better clinical outcomes. It also recognises and values the bilingual skills of staff, contributing to a more inclusive and culturally competent workforce.

By embedding Welsh language and culture into everyday practice, the Health Board ensures that services are accessible, equitable, and reflective of the population they serve.

Our Three-Year Focus (2026-2029): Over the next three years, BCUHB will:

2026/27 - Strengthening Foundations and Workforce Capability

- Strengthening Foundations and Workforce Capability
- Expand Welsh language training, prioritising staff working with vulnerable groups.
- Improve workforce planning to increase bilingual capacity through recruitment and development.
- Strengthen governance and reporting to monitor compliance and progress.

2027/28 – Embedding Welsh Language in Service Design and Delivery

- Integrate Welsh language considerations into policy development, service redesign, and digital transformation.
- Enhance the active offer across clinical and non-clinical settings.
- Increase visibility of Welsh culture in patient-facing environments.

2028/29 – Cultural Integration and Systemwide Sustainability

- Embed Welsh language principles into the new Clinical Services Plan.
- Scale successful initiatives across all divisions to ensure consistent bilingual service delivery.
- Strengthen community engagement to promote cultural understanding and co-design services.

This three-year programme positions the Health Board to deliver culturally responsive, bilingual care that reflects the identity and needs of North Wales.

Equality, Diversity and Inclusion

Overview: Equality, Diversity and Inclusion is a core priority because the Health Board is committed to delivering inclusive patient-centred services as well as recognising and supporting a workforce that is strategically designed, adaptable and aligned to changing population needs. As part of our legal obligations under the Equality Act 2010, which includes the Public Sector Equality Duty and Socio-economic Duty, actions within the Health Board's Strategic Equality Objectives and Plan are reflected within the Health Board's IMTP.

Why It's Important: The Health Board continues to progress to improve the experiences of its workforce, patients and the wider population of North Wales, challenging discrimination and removing barriers to access service. Recognising key strategies such as the Anti-racist Wales Action Plan, LGBTQ+ Action Plan, Women's Health Plan and the Disabled People's Rights Plan as well as additional standards and codes of practice.

The increased demands for inclusive services, have a financial impact, and the Health Board recognises the constrained financial environment. This demonstrates that integrated Equality Impact Assessments are a key driver and tool to support prioritisation of work and proportionality of needs.

Our Three-Year Focus (2026-2029): Over the next three years, BCUHB will work towards the actions set out the Strategic Equality Action Plan 2024-2028, with a commitment to co-produce the next four-year Strategic Equality Plan:

Improved Patient Care & Outcomes

Inclusive services are more accessible and better at addressing health inequalities within diverse communities. A diverse workforce provides more tailored, empathetic care, leading to better diagnostic and treatment accuracy.

- Work with community organisations and Third Sector to ensure the needs of Black, Asian and Minority Ethnic people are considered in strategic development and service planning for Mental Health, including Asylum Seekers, Refugees and Migrants and Gypsy Roma and traveller populations.
- Delivering on the priorities for Fast-Track North Wales in relation to equitable access to HIV testing and care.

Addressing Health Inequalities

A diverse health board can better recognise, understand, and address the specific health needs of marginalised or underserved groups within the local population.

- Support the organisation to embed principles of co-production and co-design for transformation programmes, strategy development, service planning and review and key guidance reports.
- Working in partnership to develop system approaches to reducing health inequalities and improve accessibility to services, such as promoting understanding of the needs of people who are at risk of homelessness, reduce

inequalities in uptake of prevention and early intervention services among the population registered as living with a learning disability and reducing suicide and self-harm inequality.

- Review and improve equality support for primary care.
- Equality Diversity and Inclusion (EDI) focussed co-production of action plans aligned to Welsh Government Equality Plans such as the Anti-racist Wales Action Plan, LGBTQ+ Action Plan, Women's Health Plan for Wales, Disabled People's Rights Plan, Accessible Communication and Information Standards and the Code of Practice for Autism Services and being responsive to new directives.

Workforce Wellbeing and Retention

An inclusive culture improves staff engagement and morale, lowering turnover and reducing stress, which is vital for recruitment in modern healthcare.

- Work towards consistent workforce equality data collection to provide intelligence and identify workforce experiences enabling solution focussed activity.
- Using data driven intelligence to inform decision-making and embed inclusive workforce practices.
- Embed equality principles and outcomes within the BCUHB culture change programme.
- Improve workforce equality through the Workforce Equality Scheme.
- Develop the role of the Staff Networks and Equality and Inclusion Champions across the BCHUB workforce. Including the development of an approach for safe spaces to share experiences.
- Review opportunities to reduce the pay gaps for gender, race and disability.
- Develop an equality training calendar and include information relating to promotion, attendance, review of activities within the Annual Equality Report.
- Conduct a Training Needs Assessment for managers and front-line colleagues to inform a Training Improve Assessment Framework.

Innovation and Decision-Making

Diverse leadership teams bring varied perspectives, fostering innovation and better decision-making.

- Deliver equality education sessions to the Board to embed equality and human rights duties.
- Promote minimum data standards, develop and publish online guides to capturing patient equality data and undertake a self-assessment on 3 systems to establish baseline.
- Co-production of 2028-2032 Strategic Equality Objectives and Action Plan.

Legal Compliance

Public sector bodies must adhere to the Equality Act 2010 to eliminate discrimination and promote equality of opportunity.

- Undertake a review of estates regarding single sex provision, including intersectional audit of changing areas / toilet facilities.
- Develop and embed an equality and human rights-based framework to ensure compliance, transparency and accountability with regards to the Public Sector Equality Duty and Socio-economic Duty.
- Promote inclusive decision making in project management processes, pathway review and procurement.

University and Further Education Partnerships

Overview: Education is a central enabler of Betsi Cadwaladr University Health Board's (BCUHB) mission as a designated University Health Board. The work programme for 2026–29 builds on the foundations established in 2025/26, including the formation of the Education Steering Group, strengthened relationships with regional universities and further education (FE) partners, and the development of an initial academic career's framework. The overarching aim is to establish a cohesive, strategically aligned education ecosystem that supports high-quality clinical and non-clinical learning, enhances research and innovation capacity, and strengthens pathways from education into employment.

The programme spans three interdependent areas:

- 1) University and FE Partnerships – delivering the ambitions set out in existing Memoranda of Understanding (MoUs), aligning activity to the Clinical Services Plan and wider IMTP, and contributing to regional developments such as the Tertiary Alliance.

- 2) Academic Careers – developing and implementing a pathway that supports clinicians and non-clinical professionals to engage in teaching and research, building on the Academic Careers Community of Interest.
- 3) Strategic Alignment of Education – establishing a strengthened governance model and an Education Steering Group that connects operational services with strategic planning, enabling coherent prioritisation and delivery.

Why It's Important: Education underpins the Health Board's ability to recruit, retain, and develop a sustainable, high-quality workforce. Strong partnerships with universities and FE providers enable the development of aligned curricula, enhanced learning opportunities and robust student pipelines into employment—crucial for improving workforce supply in hard-to-recruit areas.

Academic careers, meanwhile, enhance organisational capability by embedding research, innovation and teaching within routine care. Other health systems have shown that establishing structured academic pathways strengthens retention, drives service improvement, and enhances the profile of the organisation as an employer of choice.

Finally, a strategically governed education function ensures coherence between workforce planning, clinical service redesign, national programmes (including HEIW's developing education strategy), and regional initiatives such as the Tertiary Alliance. This alignment is essential to deliver safe, high-quality services and meet the expectations of BCUHB's university-designated status.

Our Three-Year Focus (2026-2029):

2026/27 (Year 1 – Foundation and Alignment)

- Agree governance structures and priorities for the Education Steering Group and establish interprofessional governance pathways.
- Deliver the first full cycle of partnership plans under Memoranda of Understanding (MoUs) with HE and FE providers, including developing metrics, baselines and reporting processes.
- Advance the academic career pathway by identifying barriers and developing a detailed delivery plan.
- Begin alignment with national programmes (HEIW, HCRW) and engage with the emerging Tertiary Alliance.

2027/28 (Year 2 – Implementation and Consolidation)

- Evaluate the impact of partnership activity and embed the Academic Careers Community of Interest.
- Implement a revised delivery plan for academic careers and support regional demand and capacity work for experiential learning.
- Implement the Strategic Education Plan developed in Year 1.

2028/29 (Year 3 – Embedding and Impact)

- Conduct a stock take of progress to inform renewal of MoUs.
- Demonstrate measurable improvements in academic career activity and evidence the organisational benefits of the Strategic Education Plan.

A Learning Organisation

Overview: The Health Board is enhancing its approach to organisational learning by strengthening the systems, behaviours and governance arrangements that support learning leading to continuous improvement. This includes the introduction of a Learning Repository to support consistent retention and dissemination of learning, and the continued development of the Organisational Learning Forum as a central mechanism for oversight, coordination and thematic review. These developments complement the maturing Quality Management System and ensure that learning from concerns and mortality reviews is captured, analysed and applied systematically across the organisation.

Why It's Important: A robust and transparent approach to organisational learning is critical to improving patient safety, ensuring regulatory compliance, and fostering a culture in which staff feel confident to reflect, learn and improve. Strengthened learning systems help the Health Board respond more effectively to risks, reduce and demonstrates our accountability to patients, families and external scrutiny bodies. Enhanced learning from concerns, supported by visible executive oversight, ensures that the organisation recognises emerging themes, acts promptly on improvement opportunities and provides assurance that learning is translated into sustainable change. Embedding learning across frontline teams further supports consistent practice, improved care experiences and a culture that values openness and improvement.

Three-Year Focus (2026/2029) Over the next three years, the Health Board will focus on consolidating and maturing the structures required to operate as an effective learning organisation.

A key priority will be fully embedding the Learning Repository as the central system for capturing, curating and sharing organisational learning. Thematic analysis and systems learning will be central to its function as we move forward with its roll out. The Organisational Learning Forum will continue to develop its maturity, strengthening its ability to identify trends, oversee improvement actions and provide strategic assurance. Learning from concerns will be further enhanced through improved rapid learning and learning investigations, clearer escalation processes and strengthened triangulation. The Executive Oversight Integrated Concerns Panel will continue to operationalise the Integrated Concerns Policy, ensuring consistent executive review and monitoring of actions. Revised learning dissemination processes will ensure that frontline teams are equipped with timely learning, supported to implement required changes and enabled to evidence improvement in practice.

Climate Change

Overview: Betsi Cadwaladr University Health Board (BCUHB) recognises climate change as a major strategic challenge that directly affects population health, service resilience and long-term sustainability. The Health Board's Decarbonisation Action Plan (DAP) 2022–2026 provides a strong foundation, setting out actions across buildings and energy, procurement, transport, travel, waste, and corporate carbon management, supported by the Carbon Trust and aligned with NHS Wales' national programme. The organisation continues to advance major decarbonisation programmes, such as the Re:Fit energy efficiency and renewables investment programme and expansion of LED lighting and onsite solar generation, across key sites including Ysbyty Gwynedd, Llandudno General Hospital and others.

Nationally, NHS Wales is implementing the Decarbonisation Strategic Delivery Plan 2025–2030, which includes initiatives spanning buildings, fleet, procurement, clinical services and waste. These national commitments inform BCUHB's strategic

direction, ensuring alignment with Welsh Government's ambition for a net-zero public sector by 2030.

Why It's Important: Climate change is both a health emergency and an operational resilience issue. NHS Wales contributes significantly to national emissions, with its building-related carbon footprint dominated by energy use. As the largest public sector employer in Wales, NHS Wales has a critical role in reducing emissions, decarbonising services and embedding climate resilience.

For BCUHB, improved estate sustainability is fundamental to delivering high-quality, safe, and modern healthcare environments. Enhancing the estate supports patient experience, staff wellbeing and service reliability while also reducing operating costs and meeting Ministerial Priorities. Furthermore, acting on climate change promotes wider public health benefits by reducing pollution, improving air quality, and supporting biodiversity initiatives across the region.

BCUHB also has statutory duties under the Well-being of Future Generations (Wales) Act, requiring it to embed sustainable development principles and improve long-term outcomes for communities. National initiatives emphasise a climate-smart workforce, integrated sustainable practices, and local environmental leadership—all of which directly support BCUHB's strategic intent.

Our Three-Year Focus (2026-2029):

2026/27:

- Implement decarbonisation schemes emerging from the Re:Fit Investment Grade Proposals, including large-scale energy efficiency upgrades and expansion of onsite renewable energy.
- Complete the Welsh Government Climate Change Adaptation Risk Assessment and develop a Health Board-wide action plan.
- Enhance carbon reporting and digital energy management systems; roll out carbon literacy across priority workforce groups.
- Begin phased implementation of the updated NHS Wales net-zero building design standards for new developments.

2027/28:

- Continue delivery of major capital schemes that integrate decarbonisation, including low-carbon heating studies, solar expansion and estate rationalisation.
- Progress EV charging infrastructure, zero-emission fleet transition, and sustainable travel initiatives.
- Strengthen climate resilience planning in conjunction with Public Service Boards and local partners.

2028/29:

- Achieve full integration of decarbonisation within the revised Estates Strategy, ensuring all developments maximise energy efficiency and support net-zero targets.
- Expand low-carbon technology deployment across community sites and optimise clinical service pathways to reduce environmental impact.
- Maintain progress towards the 2030 net-zero ambition through continuous monitoring, workforce engagement and cross-sector collaboration.

Health and Safety

Overview: Ensuring a safe environment for patients, staff and visitors remains a core organisational requirement and a critical enabler of high-quality care. For Betsi Cadwaladr University Health Board (BCUHB), the Health & Safety agenda encompasses compliance with statutory duties, effective risk management, safe working environments, robust incident reporting and learning systems, and a proactive approach to preventing avoidable harm. The Health Board continues to operate within the context of special measures, with strengthened governance, improved learning systems and aligned organisational safety processes being central to regulatory expectations (as reflected in Welsh Government special-measures oversight). Last year's IMTP narrative emphasised the evolution of the Quality Management System (QMS), the importance of learning from incidents and complaints, and the need for strengthened governance, safety intelligence, and effective organisational learning systems—all of which continue to underpin the Health & Safety framework for 2026–29.

Why It's Important: A robust Health & Safety system is essential to maintaining public confidence, safeguarding the workforce, and preventing avoidable harm. Recent external reviews and special measures progress updates highlight ongoing challenges across governance, operational performance, and safety assurance, reinforcing the importance of structured risk management and consistent implementation of safety standards. Welsh Government reports emphasise the need for strengthened governance, improved board oversight, and more effective learning systems to ensure safety improvements translate into demonstrable benefits for patients and staff. Furthermore, delays in care, workforce pressures, and variation in practice, highlighted in recent progress report, pose clear risks to patient safety and underline the importance of a strong organisational safety culture and coordinated improvement plans. Health Inspectorate Wales (HIW) inspection findings also continue to identify recurring themes relating to safe and effective care, workforce capability, and management oversight, reinforcing the need for systematic embedded improvements.

Our Three-Year Focus (2026-2029): Over the next three years, Health & Safety improvements will focus on stabilisation, standardisation, and sustained cultural and system-level improvement.

Priorities will include:

- Strengthening governance and assurance structures, fully embedding the QMS to improve consistency of safety processes, learning and incident response, building on the progress and risks identified in last year's plan.
- Embedding a unified organisational learning model with enhanced incident reporting, rapid learning mechanisms, thematic review processes and improved dissemination, aligned to special measures expectations and national safety requirements.
- Improving safe environments and workforce safety, including clearer safety standards, improved compliance monitoring, and stronger leadership capability—mirroring Welsh Government expectations for improved organisational culture and leadership maturity.
- Reducing avoidable harm linked to system pressures, including crowding, delays and variation in operational performance, consistently highlighted as risks to patient safety in recent external assessments.

- Enhancing regulatory readiness and external assurance, ensuring services meet HIW standards and demonstrate continuous improvement.

By 2028/29, the Health Board aims to demonstrate measurable reductions in safety incidents, improved environmental and workforce safety standards, and a fully embedded, evidence-driven safety culture aligned to national expectations and de-escalation requirements.

Emergency Preparedness, Resilience and Response

Overview: 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.

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. The Emergency Preparedness Resilience and Response (EPRR) team supports the undertaking of this throughout the Health Board.

Why It's Important: Emergency Preparedness Resilience and Response work programmes are created to fulfil our statutory obligations as a category 1 responder under the Civil Contingencies Act (CCA) 2004. Each work programme is created using the NHS England EPRR Core Standards utilising a framework, with clear descriptions and milestones associated. We measure our progress and compliance across the Health Board to ensure organisational compliance under the Civil Contingencies Act 2004.

Note: The NHS England EPRR Core Standards are considered best practice as they align all work programmes to the CCA whilst the Welsh standards are in development.

Three-Year Focus (2026-2029) The Health Board continues to utilise learning emerging from national and local response exercises and the COVID-19 inquiry to support the identification of areas of weakness in our preparedness measures for communicable disease threats and hazards, including High Consequence Infectious

Diseases. Following the national Tier 1 UK Pandemic Exercise (Exercise Pegasus) , BCUHB will re-run the pandemic scenario to further inform and test local discussions and local decision making, this Executive-led Pandemic Preparedness Simulation Exercise will take place on 15th April 2026.

The EPRR team has developed a range of work programmes based on the NHS England EPRR Core Standards which support the Health Board to fulfil its statutory obligations under the Civil Contingencies Act 2004 and these are also aligned with the Wales Resilience Framework 2025 and the NHS Wales Emergency Planning Guidance 2015. Each year, each work programme will be enhanced from the year prior to embed learning and shared situational awareness.

The work programmes include Governance, Risk Management & Assessment, duty to maintain plans, Training & Exercising, Cooperation with partners, Business Continuity, Cyber, Pandemic Response Planning and Hazmat (hazardous material) / CBRN(e) (chemical biological, radiological, nuclear, explosives). All programmes of work have identified milestones which are measured on a monthly and then quarterly basis, to report into BCUHB's Civil Contingencies Assurance Group (CCAG).

Health Board

ENHANCING CARE THROUGH DIGITAL DEVELOPMENTS

Dyddiad y Cyfarfod Date of Meeting	26 March 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Erica Roberts, Acting Assistant Director Of Digital Delivery
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Sarah Tyler, Acting Programme Manager Justine Parry Acting Director of Digital, Data and Technology
Pwrpas yr Adroddiad Report Purpose	For Assurance

Crynodeb Gweithredol Executive Summary

Over the past year, BCUHB has delivered one of its most ambitious periods of digital transformation, significantly strengthening technical foundations and enabling major clinical and operational improvements across the organisation. The digital modernisation programme has focused on upgrading core infrastructure, improving service quality, embedding cyber resilience, and implementing national and local clinical systems that directly enhance patient safety and staff experience.

Key achievements include the completion of a Health Board-wide LAN upgrade, delivery of 32 major server and cloud projects, and renewal of the end-user estate with over 1,200 laptops, 1,100 desktops, and 9,000 Windows 11 upgrades. Cyber security posture has been strengthened through supplier benchmarking, board-level awareness sessions, and retirement of legacy systems, supporting compliance and organisational resilience.

Major clinical systems have been successfully implemented or expanded, including the national radiology system (RISP), electronic prescribing (ePMA), laboratory information management (LIMS 2.0), and digital maternity records.

These initiatives have modernised clinical workflows, improved patient safety, and supported a cultural shift towards digitally enabled, clinically led care.

The Service Desk achieved SDI 4-Star Accreditation the first Health Board in Wales to do so placing BCUHB among the highest-rated NHS digital services in the UK. Customer satisfaction has remained above 94%, supported by structured engagement, proactive floor-walking, and stronger governance. Aged incidents have significantly reduced, improving operational reliability and responsiveness.

A Strategic Outline Business Case sets a pathway to digitise all active patient records and introduce a single Electronic Document Management solution, crucial for future EHR readiness. Work is also underway to standardise a 24/7 patient records service model across all sites, with the East site already operational.

The Digital Academy and ICT Digital Champions Network are raising digital confidence across the organisation, while new workforce development frameworks are improving recruitment, retention, and professionalisation. Clinical leadership has been further embedded through the establishment of the Clinical Design Authority and appointment of a Digital Clinical Safety Officer, supporting compliance with national standards and strengthening patient safety.

Collectively, these developments have delivered a more resilient, modern, and secure digital environment, better tools and support for staff, safer and more consistent patient care, and a stable foundation for future organisational and national digital transformation.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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
DDaT SLT	06/03/26	

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms

ePMA	Electronic prescribing and Medicines Administration
LIMS	Laboratory Information Management System
MH EHR	Mental Health Electronic Health Record
SSO	Single Sign On
ICT	Information and Communication Technology



EAS	Emergency Admissions System
OOH	Out of Hours
WPAS	Welsh Patient Administration System
GCP	Google Cloud Platform
LAN	Local Area Network
SDI	Service Desk Institute
VPN	Virtual Private Network
RISP	Radiology Informatics System Procurement
PACS	Picture Archiving and Communication System
RIS	Radiology Information System
PDMS	Patient Dose Management Software
DHCW	Digital Health Care Wales
DMTP	Digital Medicines Transformation Portfolio
ICE	Integrated Clinical Environment
GPTR	General Practitioner Test Request
HMP	His Majesty's Prison
GP	General Practitioner
WCP	Welsh Clinical Portal
IVAS	Intravenous Access Service
HSJ	Health Service Journal
POAC	PreOperative Assessment Clinic
MDT	Multi-Disciplinary Team
DAS28	Disease Activity Score
FTE	Full Time Equivalent
WBNS	Welsh Birth Notification Service
EDT	Electronic Document Transfer
SOC	Strategic Outline Business Case
EHR	Electronic Health record
HIW	Health Inspectorate Wales
VAT	Value Added Tax
EDM	Electronic Document Management
WPRS	Welsh Patient Referral Service
WAP	Welsh Admin Portal
CMATS	Clinical Musculoskeletal Assessment and Treatment Service
ENT	Ear Nose and Throat

MEWNOSODWCH DEITL YR ADRODDIAD

DIGITAL UPDATE

1. Y SEFYLLFA SITUATION

- 1.1 The Health Board has over the course of the year delivered a number of significant transformational and modernisation projects. Although the programme has been extensive and challenging, a significant number of digital advancements to patient care and service provision has been achieved.
- 1.2 This report provides a summary of those projects and the impact of delivery.

2 Y CEFNDIR BACKGROUND

- 2.1 Care must be delivered by the right professional in the right setting, within a connected health and care system where information flows securely, and where both clinicians and patients are empowered with the insights needed to make safer, more informed decisions.
- 2.2 To deliver this, designing and deploying digitally enabled transformation, redesigning care models, empowering the workforce, and activating the population through the intelligent, ethical, and effective use of digital technology and data is key. This means going beyond the digitisation of existing processes to build an intelligence-led, learning health and care system that connects people, services, and insights.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

Over the past year, the Health Board has prioritised the implementation of several major digital systems, each selected for its potential to deliver measurable improvements in patient safety, staff experience, and operational effectiveness. Below, each system is introduced with a high-level statement of intended outcomes, a summary of benefits, and a note on operational status.

4. NATIONAL PROGRAMMES

4.1 RISIP (Radiology Informatics System Procurement) was prioritised to deliver a modern, integrated radiology information system that enables improved access to imaging records, provides more comprehensive clinical information, and accelerates workflows for radiology professionals. Implemented across all BCUHB acute and community sites, BCUHB became the first large Health Board in Wales to go live with an integrated, paperless national radiology system.

Intended Outcome

To provide a modern, integrated radiology information system that enables improved access to records, more comprehensive clinical information, and faster, safer working for radiology professionals.

Benefits

- Unified, paperless national radiology record
- Improved patient care and safety through better access to imaging and reports
- Enhanced cross-organisational working and clinical decision-making
- Faster reporting and audit trails

Operational Status

Now in stable operation across all acute and community sites, with ongoing optimisation and user engagement.

4.2 ePMA (Electronic Prescribing and Medicines Administration) was prioritised to modernise medicines management, reduce medication errors, and improve governance and audit across inpatient, day case, and outpatient settings. Now live across Wrexham Maelor, Ysbyty Gwynedd, and community settings, ePMA delivers safer prescribing, improved medicines governance, and is the first system in Wales to integrate with the Shared Medicines Record.

Intended Outcome

To modernise medicines management, reduce medication errors, and improve governance and audit across inpatient, day case, and outpatient settings.

Benefits

- Safer prescribing and improved clinical decision support
- Reduced medication errors and improved patient safety
- Enhanced audit capability and medicines optimisation
- First integration in Wales with the Shared Medicines Record

Operational Status:

Live across Wrexham Maelor, Ysbyty Gwynedd, and community settings; now embedded as business as usual

4.3 LIMS 2.0 (Laboratory Information Management System)

LIMS 2.0 was prioritised to deliver a modern, sustainable pathology service for Wales, replacing legacy systems with a national laboratory information management solution. The programme's core aim is to improve sample tracking, result reporting, and clinical workflow, supporting safer and more efficient care.

Intended Outcome:

To deliver a modern, sustainable pathology service through a national laboratory information management system.

Benefits

- Improved sample tracking and result reporting
- Enhanced data quality and clinical workflow
- Supports national transformation of pathology services

Operational Status

East-region decommissioning of previous system completed, GP practices transitioned, and Cellular Pathology live; ongoing rollout and optimisation.

4.4 Open Eyes (Ophthalmology Electronic Health Record) was prioritised to transform ophthalmology services by digitising patient records, enabling clinicians to access and update information in real time, and supporting safer, more efficient eye care. The system replaces paper-based processes with a comprehensive electronic health record, ensuring that all relevant clinical information is available at the point of care.

Intended Outcome

To provide a modern, integrated platform for ophthalmology, improving access to patient information, reducing duplication, and supporting continuity of care across sites and specialties.

Benefits

- Clinicians can view, update, and share patient records instantly, supporting timely decision-making and reducing delays in treatment.
- The system minimises duplication of tests and documentation, ensuring that patients receive consistent care regardless of where they are seen.
- Enhanced patient safety and experience, with improved tracking of clinical outcomes and streamlined workflows for staff.

Operational Status

The initial rollout has been completed, and Open Eyes is now embedding in clinical practice. Ongoing engagement with clinical teams is focused on maximising adoption, refining workflows, and realising the full benefits of digital transformation in ophthalmology.

Open Eyes represents a significant step forward in the Health Board's commitment to digitally enabled, patient-centred care, and supports broader organisational priorities for safety, effectiveness, and experience.

4.5 The NHS App has been prioritised as a key digital tool to empower patients, improve access to health information, and streamline communication with NHS services. Its implementation supports the Health Board's commitment to patient-centred care and digital transformation.

Intended Outcome

To empower patients to access their health information, manage appointments, and communicate securely with NHS services, thereby enhancing engagement and supporting self-management.

Benefits

- Provides patients with real-time access to their medical records, test results, and appointment details, improving transparency and convenience.
- Enables patients to book, manage, and cancel appointments online, reducing administrative burden for staff and minimising missed appointments.
- Supports secure messaging and communication between patients and NHS services, facilitating timely responses and improved care coordination.
- Enhances patient experience and engagement, supporting greater involvement in personal health and care decisions.

Operational Status

The NHS App is available to patients across the Health Board, with uptake steadily increasing as awareness and digital confidence grow. Ongoing promotion and support are in place to maximise adoption and ensure all patients can benefit from the app's features.

The NHS App is a cornerstone of the Health Board's digital strategy, underpinning ambitions for safer, more effective, and more personalised care.

4.6 Digital Maternity has been prioritised to modernise maternity records, improve clinical safety, and support consistent, high-quality care across all sites. The programme is designed to embed digitally enabled maternity practices, enhance information sharing, and strengthen decision-making for clinicians and maternity teams.

Intended Outcome

To provide a secure, integrated digital platform for maternity services, ensuring that clinicians have timely access to comprehensive patient records and supporting safer, more effective care for mothers and babies.

Benefits

Digitally enabled maternity records improve the accuracy, accessibility, and completeness of clinical information.

- Enhanced information sharing supports better coordination between maternity teams, leading to more consistent and high-quality care.
- Improved decision-making and clinical safety, with real-time access to patient data and streamlined workflows.
- Supports a cultural shift within BCUHB, embedding digital practices and raising standards across maternity services.

Operational Status

Digital Maternity is due to go live in March 2026. Preparations are underway to ensure a smooth transition, with training and engagement activities supporting staff adoption. The programme aligns with Ministerial Priority 5 and national expectations for safe, digitally enabled maternity services.

Digital Maternity represents a significant step forward in the Health Board's commitment to digitally enabled, patient-centred care, and supports broader organisational priorities for safety, effectiveness, and experience.

4.7 WPRS (Welsh Patient Referral Service) was prioritised to streamline and digitise the referral process between Primary Care and specialist services, improving efficiency, transparency, and patient experience. As part of phase 2, since September 2023, the team has successfully onboarded Dermatology, Urology, CMATS (East), Max Fax, ENT (Centre and West), and Breast services.

Intended Outcome

To enable electronic routing, triage, and prioritisation of referrals, ensuring timely access to specialist care and supporting seamless communication between clinicians and administration teams.

Benefits

- Administration teams can route referrals electronically, reducing paperwork and manual processing.
- Clinicians are able to triage, prioritise, and communicate digitally with Primary Care, supporting faster and more accurate decision-making.
- The system is fully auditable, providing robust tracking and accountability throughout the referral pathway.
- Clinicians can access referral information in the Welsh Clinical Portal (WCP) at any point in the patient journey, supporting continuity of care and improved outcomes.

Operational Status

WPRS is now embedded across multiple services, with ongoing expansion and

optimisation. Working with Welsh Clinical Portal, WAP Full enables comprehensive digital referral management, supporting both clinical and administrative workflows.

WPRS is a key enabler of BCUHB's digital transformation agenda, underpinning efforts to deliver safer, more effective, and more responsive care across the Health Board.

5. LOCAL PROGRAMMES

5.1 Mental Health & Learning Disabilities Electronic Health Record (EHR)

The procurement outcome report and business case addendum for the Mental Health & Learning Disabilities EHR were approved at the January Health Board meeting. This programme was prioritised to improve workflows, clinical delivery, data capture, and transparency, placing safety, quality, and accountability at the centre of care.

Intended Outcomes and Benefits

- Enables safer, more effective care through improved access to comprehensive patient records
- Enhances clinical workflow, data capture, and transparency
- Supports a cultural shift within BCUHB, embedding safety, quality, and accountability as core values
- Critical to Ministerial priorities for patient safety, quality, and workforce sustainability

Implementation

This programme is not only about technology, but about enabling a fundamental change in how care is delivered and managed. Delivery of the EHR is essential for supporting high standards of care and ensuring robust governance across mental health and learning disabilities services. Implementation is commencing, with ongoing engagement to maximise benefits for patients and staff.

6. LOCAL PRIORITIES

6.1 Emergency Admissions System (EAS) was prioritised to modernise and streamline patient tracking, safety, and operational flow across all acute sites. EAS forms a foundational element of the Health Board's strategy for unscheduled care transformation, supporting safer, more efficient patient journeys and enabling future patient-flow modernisation.

Intended Outcome

To provide a robust, integrated platform for tracking emergency admissions, improving patient safety, and enhancing operational visibility and efficiency across acute care settings.

Benefits

Real-time tracking of patient movements and status, supporting timely interventions and reducing the risk of delays or missed handovers.

- Enhanced safety through improved visibility of patient location, care needs, and clinical handovers, reducing the risk of errors and improving continuity of care.
- Operational improvements, including streamlined medical handover, better management of resident doctor tasks and workload, and improved coordination between departments.
- Integration with key systems such as Out of Hours (OOH) handover, Symphony, and WPAS, further strengthening patient tracking and operational reliability.

Operational Status

EAS is now established as the standard for both medical handover and the management of resident doctor tasks and workload across acute sites. The system is fully embedded in daily operations, with ongoing enhancements to maximise its value as a critical enabler for unscheduled care transformation.

EAS is a cornerstone of the Health Board's digital transformation agenda, underpinning efforts to deliver safer, more effective, and more responsive unscheduled care.

6.2 Cito (Electronic Document Management System) has become a core clinical system with over 2.2 million digital records, 5,436 users, 41 live eForms and growing adoption across clinical pathways such as IV Access, Pre-Operative Assessment, Renal, and Cancer MDTs has continued to deliver improvements in the quality, safety and efficiency of care across BCUHB over the past year.

Its integration into the IV Access Service (IVAS) has transformed manual, paper-based processes into digital, trackable workflows, reducing waits from an average of 2.7 days to same day responses and releasing around 72 hours of clinical time each week. This success has been recognised nationally, with the IVAS team nominated for **an HSJ Digital Award**.

Intended Outcome

To digitise clinical documentation, streamline workflows, and enhance quality, safety, and efficiency across a wide range of clinical services.

Benefits

- Enables clinicians to access, complete, and share documentation electronically, reducing reliance on paper and improving information accuracy.
- Integration into the IV Access Service (IVAS) has transformed manual, paper-based processes into digital, trackable workflows, reducing patient waits from

an average of 2.7 days to same-day responses and releasing approximately 72 hours of clinical time each week.

- Supports improved clinical governance, audit, and data visibility, enabling safer and more efficient care.
- Recognised nationally, with the IVAS team nominated for an HSJ Digital Award, highlighting the impact of digital transformation on patient experience and staff productivity.

Operational Status

Cito is now firmly embedded as a core clinical system, with growing adoption across multiple pathways. Ongoing optimisation and user engagement are ensuring that the system continues to deliver value for patients and staff.

Cito exemplifies BCUHB's commitment to digitally enabled, patient-centred care, underpinning efforts to improve quality, safety, and efficiency across the organisation.

6.3 Single Sign On (SSO) deployment) has been a pivotal enabler in BCUHB's digital transformation journey, particularly exemplified by its success in Ward 6 at Ysbyty Glan Clwyd. SSO was prioritised to streamline access to clinical systems, reduce administrative burden, and enhance both workflow efficiency and staff experience.

Intended Outcome

To provide clinicians and staff with secure, rapid access to all necessary digital systems through a single authentication process, eliminating the need for multiple logins and passwords.

Benefits

- **Significantly reduced login times:** Clinicians can access systems quickly, allowing more time for direct patient care and less time spent on administrative tasks.
- **Elimination of single-user access limitations:** SSO enables seamless transitions between users on shared devices, supporting efficient shift handovers and collaborative working.
- **Streamlined handover processes:** With instant access to patient records and clinical applications, handovers are more efficient and less prone to error.
- **Enhanced security and compliance:** SSO ensures robust authentication and audit trails, supporting information governance and data protection requirements.

Operational Status

SSO is now fully embedded in Ward 6, serving as a reference model for future ward

digitisation projects across the Health Board. Its success has demonstrated the value of SSO in enabling scalable, sustainable digital ecosystems and has informed the rollout of similar solutions in other clinical areas.

SSO is a cornerstone of BCUHB's approach to digitally enabled, clinically led transformation, underpinning improvements in efficiency, safety, and staff satisfaction

7 DIGITAL SERVICES: KEY ACHIEVEMENTS AND PROGRESS

This section provides an overview of the significant progress made across our digital services over the past year. Key achievements include strengthened service quality and customer experience, major steps toward digitising patient records, improved cyber security and organisational resilience, continued development of digital capability and culture, and enhanced clinical leadership in digital safety. Together, these developments reflect a more mature, reliable and clinically-aligned digital environment that supports safer care, better outcomes and readiness for future transformation.

- **Network and infrastructure upgrades**

Completion of a Health Board-wide LAN upgrade and delivery of 32 major server and cloud projects have strengthened core reliability. This includes key improvements in cyber resilience, platform optimisation, and enhanced backup and recovery capability.

- **End-user estate renewal**

Deployment of 1,257 laptops, 1,124 desktops and 9,000 Windows 11 upgrades has reduced technical debt and improved staff productivity through a more modern, stable and standardised end-user environment.

7.1 Improving Service Quality and Experience

The Service Desk has achieved SDI 4-Star Accreditation the first Health Board in Wales to do so positioning BCUHB among the highest-rated NHS digital services in the UK. Customer satisfaction has remained consistently above 94%, supported by structured stakeholder engagement, SOCITM surveys, proactive floor-walking, and strengthened governance arrangements. Aged incidents have reduced significantly, improving operational reliability and responsiveness.

7.2 Scanning Strategy and Patient Records

A Strategic Outline Business Case has been developed to set out the pathway for digitising all active patient records and implementing a single Electronic Document Management solution an essential step towards future Electronic Health Record readiness. Submission is planned for April 2026. Work is also progressing to standardise a 24/7 patient records service model across all sites to support equitable access and patient flow, with the East area already operational.

7.3 Embedding Cyber Security and Organisational Resilience

Cyber security posture has strengthened through supplier benchmarking, board-level awareness sessions, deployment of modern endpoint protection, rationalisation of VPN tokens and the retirement of legacy systems. Organisational cyber awareness has improved by over 5%, reducing risk and supporting national compliance requirements.

7.4 Developing Digital Capability and Culture

The Digital Academy and the ICT Digital Champions Network continue to raise digital confidence across the organisation. New workforce development frameworks are enhancing recruitment, retention and professionalisation, contributing to a more digitally capable workforce able to adopt and sustain new technologies.

7.5 Strengthening the Clinical Perspective

Building on the establishment of the Clinical Design Authority (CDA) which champions the clinical voice throughout patient-centred digital initiatives a Digital Clinical Safety Officer has now been appointed. This role strengthens our approach to managing risks associated with digital technologies and supports compliance with DCB 0129 and DCB 0160 standards.

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

8.1 The risks associated with implementing a significant amount of digital transformation within a condensed period include poor adoption, clinical errors, poor data quality, change fatigue, governance and compliance risks, and to the teams implementing the changes a risk to their wellbeing given the huge demands placed on them.

8.2 Patient Numbering, which relates to patients being registered under multiple CRNs within the WPAS system has already identified as a significant risk, and is increasing as we continue to digitise our establishment, causing clinical errors. The coexistence of several digital systems, each with access to several patient identifiers for the same individual is creating operational confusion and process inefficiencies, often reliant on the user knowing which patient number to select at the point of registration or admission with little to no hard stop or validation in these systems to prevent incorrect patient number selection.

9. ARGYMHELLION RECOMMENDATIONS

The Board is asked to:

- **SUPPORT and ACKNOWLEDGE** the work undertaken by Digital teams and the positive impact on the organisation to date; and

-
- **ENDORSE** the ongoing programme of digital transformation as a strategic enabler for improved access, outcomes, and experience, in alignment with IMTP and the Board Assurance Framework.

ASESIAD / ASSESSMENT

Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities



Developing strategy and long-lasting change

- Digital, data and technology
- Effectively delivering major change

Improving quality, outcomes and experience
Patient and citizen experience

Yr Egwyddorion Dylunio Design Principles

Digital 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)

BAF24-02: Risk of Ineffective Strategic Development and Digital Transformation - Ineffective strategy development, robust planning processes, and a forward-looking approach to digital technology to ensure long-lasting organisational change.

BAF24-08: Inability to initiate and implement evidence-based improvement and innovation - Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient 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>

Do/Yes: ☐

Naddo/No: ☒

Canlyniad/Outcome:

Os naddo, dylech gynnwys y rheswm:
If no, please include rationale:

This report is administrative in nature and provided for information only. It does not trigger any public sector equality duties, as there are no

Sector Equality Duty [HTML] GOV.WALES		impacts on any protected groups.
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?</i>	Do/Yes: ☒	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is administrative in nature and provided for information only. It does not trigger any public sector equality duties, as there are no impacts on any protected groups
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlyniad/Outcome:	This report is administrative in nature and provided for information only. It does not trigger any public sector equality duties, as there are no impacts on any protected groups
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This report is administrative in nature and provided for information only. It does not trigger any public sector equality duties, as there are no impacts on any protected groups
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is administrative in nature and provided for information only. It does not trigger any public sector equality duties, as there are no impacts on any protected groups
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant <i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is administrative in nature and provided for information only. It does not trigger any public sector equality duties, as there are no impacts on any protected groups
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	This report is administrative in nature and provided for information only.
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

Environmental /Sustainability Impact (5Rs)	Yes - Reduce	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is administrative in nature and provided for information only. DPIA assessment are undertaken at individual project level.
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is administrative in nature and provided for information only.
Cyfreithiol Legal	Yes (Include further detail below)	
	DPIA, Cyber and NIS requirements are considered at individual project or task level.	
Enw Da Reputational	Yes (Include further detail below)	
	The modernisation of the establishment though digitisation, if not achieved, would have a reputational impact from a public, national and ministerial perspective.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The level of resources required to implement and support digitisation is significant. Resources are considered at individual project level.	

Health Board

Urgent & Emergency Care (UEC) Programme

Dyddiad y Cyfarfod Date of Meeting	20 March 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Liz Wedley Programme Director, UEC
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

The Urgent and Emergency Care (UEC) programme has maintained a clear and disciplined focus on immediate delivery priorities designed to improve patient flow, reduce harm, and strengthen safety and experience across the system. These priorities include:

- Reducing the number of patients experiencing 12-hour waits from arrival to admission, transfer or discharge, alongside
- Reducing the total number of delayed days and Pathway of Care Delays (POCD) to accelerate discharge and relieve exit block.

These priorities directly reflect national performance expectations and address the key drivers of congestion, particularly delayed discharge and constrained bed availability, which continue to contribute significantly to ED overcrowding. Targeted UEC actions, supported by strengthened executive-led quality and safety reviews, have improved operational grip, enabled more consistent clinical decision-making, and mitigated risks during periods of heightened pressure.

Integration of Sprint Learning

Outcomes and learning from Winter Sprint 1 (December 2025) and Winter Sprint 2 (January–February 2026) have been central in shaping the current performance trajectory.

Sprint 1 delivered measurable improvements, including a 21.8% reduction in patients experiencing POCD and a 13.9% reduction in lost bed days, while also strengthening multidisciplinary working, discharge visibility and weekend flow.

Sprint 2 focused on sustaining this progress, embedding behaviours, strengthening data-driven decision-making, and ensuring that improvements were maintained despite predictable post-Christmas seasonal pressures. The system demonstrated faster recovery than in previous winters, confirming increased resilience across all three acute sites.

MADE Event Alignment

Insights from the January 2026 MADE events further shaped UEC priorities. These events highlighted variation in Home First practice, inconsistencies in Integrated Discharge Team (IDT) configuration, delayed discharge planning, insufficient community capacity across Pathways 1–3, and bottlenecks caused by limited access to Trusted Assessors. Agreed actions, including implementing a systemwide D2RA model, embedding Home First as default, expanding Trusted Assessor roles, standardising discharge processes, and strengthening medically-led board rounds have now been integrated into UEC delivery plans and Sprint workstreams moving forward to 2026/27.

Context from Previous Board Discussions

In its September and November 2025 meetings, the Board acknowledged the significant systemwide challenges across urgent and emergency care and their impact on patient and staff experience. The commitment made in November to improve conditions within all three Emergency Departments by Christmas 2025 directly informed the design and focus of Winter Sprint 1. Early indications demonstrate that these actions have had a positive and measurable impact. But was this due to the grip and focus, or purely timing? Continued progress will require sustained whole-system focus, particularly in addressing discharge constraints and community capacity, which remain the most significant barriers to long-term improvement.

- Reducing ambulance handover delays, with the programme working towards achieving handovers within 45 minutes, in line with national expectations and the Release to Respond protocol.
- Reducing the median time from arrival in Emergency Departments (EDs) to:
 - Clinical triage
 - Assessment by a clinical decision-maker



- These measures remain central to improving the front-door experience and relieving early congestion.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

UEC	Urgent and Emergency Care
WAST	Welsh Ambulance Service Trust
POCD	Pathways of Care Delays
IRD	Immediate Release Directions
SDEC	Same Day Emergency Care
SPOA	Single Point of Access
SICAT	Single Integrated Clinical Assessment & Triage
ED	Emergency Department
IRD	Immediate Release Directions

URGENT & EMERGENCY CARE (UEC) PROGRAMME

1. SITUATION

The UEC programme continues to maintain strong focus on flow, safety and reducing avoidable delays across the urgent and emergency care system. Significant improvements were demonstrated through both Winter Sprints, with measurable gains in ambulance handovers, discharge flow and reductions in Pathways of Care Delays (POCD).

The January MADE events further strengthened understanding of system constraints and identified a clear set of actions aimed at embedding Home First, accelerating discharge planning and improving discharge consistency across sites. The upcoming 21-day reviews and 6As audit provide a critical next step in consolidating progress and ensuring lessons translate into sustainable system improvement.

2. BACKGROUND

In September and November 2025, the Health Board discussed the performance and quality challenges in the urgent and emergency care pathway across North Wales, and the experience of patients and staff in the three emergency departments. While acknowledging the commitment of staff, the Board set clear expectations for improvement by Christmas, targeting actions to reduce pressure in the emergency departments by redirecting demand and increasing flow through the hospitals.

In November 2025, following the Public Accountability Meeting and subsequent outcome letter, the Welsh Government offered additional support to the Health Board to deliver targeted actions and expedite improvement, building on best practice from elsewhere in Wales.

In addition, Welsh Government correspondence dated 25 November 2025 required all Health Boards to work with Local Authority partners, to deliver a Winter Sprint Fortnight to improve winter resilience and flow.

While the national ask covered a broad range of actions, BCUHB deliberately focused system leadership on Pathway of Care Delays (POCD), identified as the single greatest constraint on:

- * Discharge pace and weekend flow
- * Emergency Department congestion
- * Ambulance handover delays

The underpinning premise was that sustained improvement in POCD would directly enable improvement across urgent and emergency care performance. In parallel, the All-Wales Release to Respond Protocol (December 2025) was issued,

establishing clear expectations for ambulance handover, Immediate Release Directions (IRD) and the introduction of a 45-minute maximum handover threshold. Assurance on performance, quality and safety is provided to Performance, Finance and Quality Group as a formal sub-committee of the Health Board.

3. ASSESSMENT

3.1 *Winter Sprint Fortnight – Impact and Metrics*

Winter Sprint 1 was delivered in partnership with BCUHB, Local Authorities and the Regional Partnership Board between 8–22 December 2025, forming part of a national programme to strengthen system resilience during periods of peak demand. The Sprint focused on improving Pathways of Care Delays (POCD), recognised as the single greatest constraint on patient flow and a key driver of Emergency Department (ED) overcrowding and ambulance handover delays. The approach aimed to enhance system grip, visibility, escalation and joint decision-making, with additional success measures including pre-midday discharges, weekend discharge activity, and impact on ED waits and ambulance handover times.

Performance during the period demonstrated clear, measurable improvement, with a 21.8% reduction in the number of patients experiencing POCD and a 13.9% reduction in bed days lost due to delays. These improvements were supported by strengthened multi-agency working and improved senior clinical presence at key decision points.

Winter Sprint 2, delivered between 21 January and 4 February 2026, built directly on the learning from Sprint 1, with the intention of sustaining operational discipline and embedding behaviours required for longer-term improvement. The Sprint maintained a focus on POCD as the critical constraint on system flow, supported by regular multi-agency touchpoints, shared data, and coordinated escalation processes.

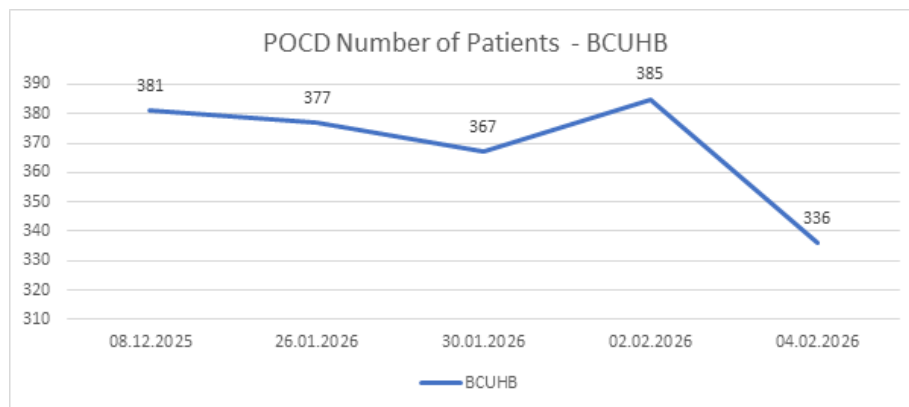
The Sprint generated valuable learning regarding how the system maintains grip under prolonged pressure. Key insights included:

- The importance of sustaining improvement, not just accelerating pace (Q4 was always going to be difficult with the timing of the second sprint).
- Embedding consistent behaviours and decision-making as a foundation for ongoing performance.
- Recognising that shared data promotes collaboration, not attribution.
- Ensuring local ownership of actions within a regionally aligned framework.
- The need for careful coordination of improvement activity across programmes (e.g., MADE, 6As, LoS reviews).
- The impact of strong cross-agency relationships as a core enabler of delivery.
- Acknowledging that performance improvements may not always be immediately visible in system metrics.
- Strengthening digital maturity to support real-time access to information.
- Prioritising upstream prevention as essential to reducing avoidable demand.

Collectively, Sprint 2 provides a strong platform for continuing improvement across the UEC system. The behaviours, governance and partnerships strengthened through both Sprints now underpin a more proactive, coordinated and sustainable approach to managing winter and operational pressures across North Wales, this will therefore assist in the baseline for the intervention work being undertaken in March and April 2026.

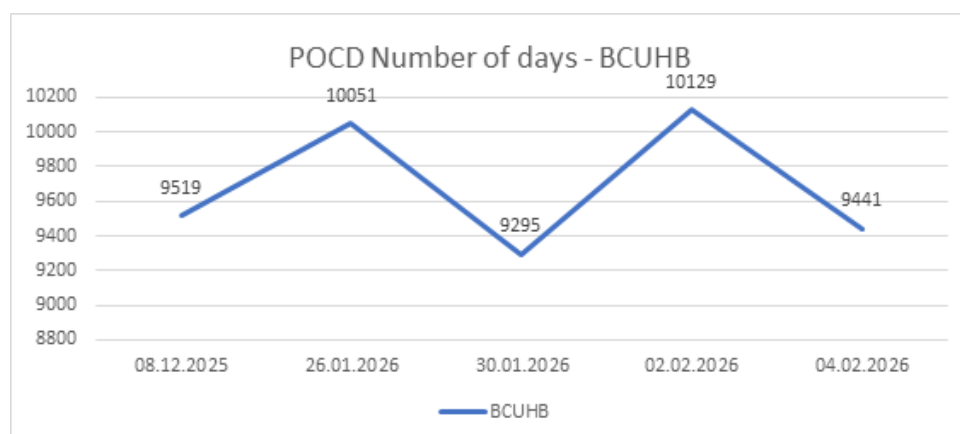
3.1.1 Pathway of Care Delays (Primary Measure)

- 13% reduction in the number of patients experiencing POCD



The chart above shows the number of patients recorded as experiencing a Pathway of Care delay on each day the data was captured. There is a clear improvement across the period, with consistent reductions at each data point. Overall, this represents a 13% reduction from the starting position.

- 1% reduction in lost bed days attributable to delays



A review of the captured Pathway of Care delay data indicates a consistent and notable pattern across the week. The number of recorded delay days is highest at the start of the week, with levels steadily reducing as the week progresses. This trend aligns with operational activity, where discharge

volumes typically increase towards the latter part of the week. The resulting uplift in discharges contributes to a decline in accumulated delay days by week-end.

This pattern highlights both the pressure points early in the week and the impact of strengthened discharge processes later in the week. Understanding this weekly rhythm is essential for targeting interventions particularly around early week escalation and discharge planning to smooth system flow and reduce avoidable delays.

3.1.2 Discharge and Flow (Secondary Measures)

- Improved visibility of discharge readiness through consistent use of Right Patient, Right Place
- Improved discharge decision-making through earlier senior clinical input
- Better weekend and pre-midday discharge readiness, although constrained by community capacity

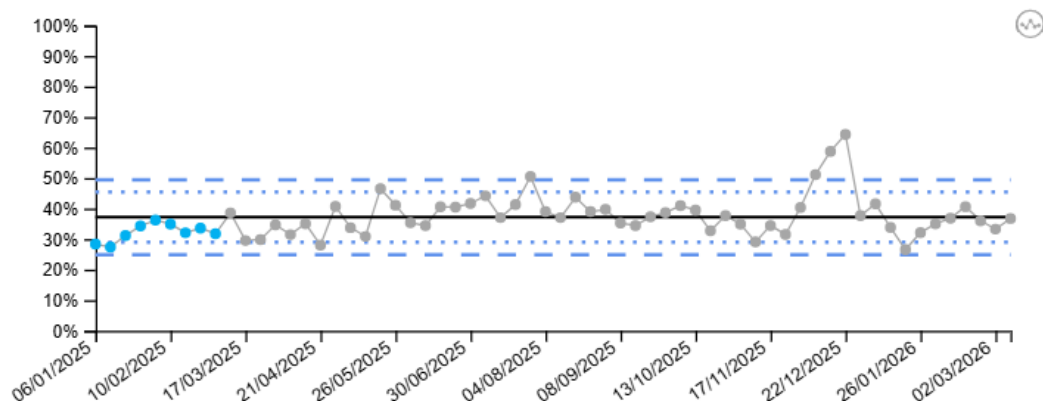
3.1.3 Measure - Sustain Clinical Improvements Q1 2026/27

- Monthly POCD review and cross-site learning
- Wider use of prevention bundles
- Service model agreed for each acute site, informed by Q1 baseline and gap findings (workforce, SDEC integration, assessment tools, hours of operation).
- Establishment of KPIs and measurement plan (e.g. avoided admissions, time-to-assessment, SDEC utilisation).
- Consistently focus on strengthening relationships with LA to address any 'near misses' in POCD's.

3.1.4 Ambulance Handovers <45 minutes

Below the charts show the percentage of compliance of ambulance handovers within 45 minutes, highlighting all 3 acute sites since 06.01.2025:

BCU Total - Showing data for: <45 Min Handovers % Handovers

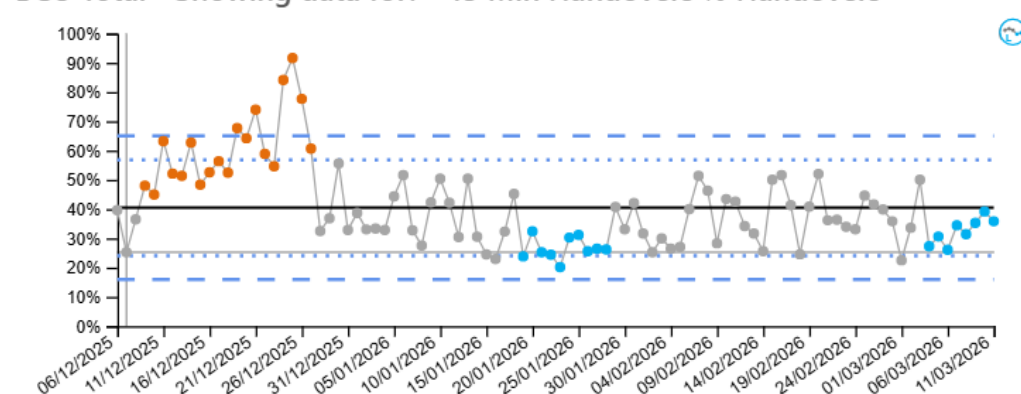




3.15 Percentage of 45-minute Handovers - <45

The charts show that Winter Sprint 1 actions increased the proportion of ambulance handovers completed within 45 minutes and improved system ability to recover from pressure. Whilst the forecasted post-Christmas demand led to an increase in delayed handovers, this did not result in sustained deterioration. Instead, Sprint 2 supported the system to continue to deliver significant volumes of compliant handovers, indicating stronger flow, effective escalation, and improved resilience under winter pressure

BCU Total - Showing data for: <45 Min Handovers % Handovers



When viewed alongside the earlier December ambulance handover timeline, this subsequent chart (mid-December to 31st December 2025) demonstrates a temporary increase in the percentage of patient being handed over within 45 minutes across all three acute sites, consistent with predictable post-Christmas and early January system pressure.

Although performance data showed slight improvement for pathway of care delays, there were no significant improvements in other performance metrics impacting patient flow. Sprint 2 enabled the system to avoid a full return to December baseline levels for delayed patients, despite increased demand and constrained capacity. Winter Sprint 2 was not designed as a performance reset. Instead, its primary purpose was to test whether effective ways of working could be maintained during a prolonged period of winter pressure, without reliance on ongoing escalation.

The sprint focused on maintaining visibility of delayed patients and lost bed days, embedding forward-looking, patient-focused behaviours, strengthening use of shared data (including the Right Patient Right Place dashboard), and supporting local ownership within a regional framework.

3.1.6 Measure -. Enhance Data-Driven Decisions

- 100% use of live dashboards in all Bronze/Silver meetings

- Review of escalation triggers and consistency of decision-making
- Use of triangulated data in stakeholder meetings with WAST monthly
- Review and challenge key performance related decisions via GOLD to ODU where required

3.1.7 Supporting Whole-System Improvement

Data is being used not only for acute flow but also to inform wider UEC improvement priorities, including:

- Monitoring ambulance handovers, ED performance and POCD
- Tracking progress during Winter Sprints
- Standardising discharge processes across Local Authority partners
- Identifying upstream demand trends to support prevention and admission avoidance

3.1.8 National Performance measures

Alongside handover performance, BCUHB also monitors performance against core national performance measures:

- Number of patents spending over 12 hours in an Emergency Department
- Median Time to Triage
- Median Time to Clinician
- Pathway of Care delays (Number of patients delayed and number of days delayed)

These measures are reviewed weekly through senior performance meetings, providing executive oversight and clear accountability. This process offers assurance on delivery, supports prioritisation, and enables senior executive teams to have sight of the initiatives being implemented to drive improvement against these key national performance measures.

Of these measures, the following are specific to de-escalation criteria:

Metric	Current	SM De-escalation
Ambulance handover waits over 45 mins	52% (1,748)	>17% improvement in 1h handovers
12-hour wait in major and minor emergency care	3,410	<10%

The 6 Goals Programme Board undertakes systematic monitoring of key performance metrics in parallel with the established Special Measures (SM)

targets. This enables a comprehensive assessment of system performance across the urgent and emergency care pathway. Performance data and associated analyses are subjected to detailed monthly review and scrutiny through the internal Urgent and Emergency Care (UEC) Programme Board, ensuring robust oversight, early identification of emerging risks, and timely escalation where required. Below shows the trend for performance since October, also highlighting the baseline from March 2025.

Metric	March 2025 (Baseline)	October 2025	November 2025	December 2025	January 2026	Feb 2026	RAG
45 min + Ambulance Handover Delays (over 65+)	2405	2290	2505	1748	2465	2057	
12hr ED Breaches (over 65+)	3692	3827	3657	3410	3826	3280	
Total ED attendances (Exc MIU)	15406	15309	14614	14473	14296	13120	
Care Homes WAST Conveyances to ED (total)	63	70	78	52	55	65	
Total delays (POCD)	285	323	340	293	305	324	
Total days delayed (POCD)	8312	9620	10133	9558	10134	10256	

4. SINGLE POINT OF ACCESS (SPOA) PROGRESSION

The national SPOA Framework, supported by NHS Wales Planning Guidance 2025–26, requires all Health Boards to operate a 7-day Single Point of Access to provide consistent, timely and proportionate responses for people with urgent care needs. The SPOA model aims to ensure patients receive the right care first time, reduce unnecessary ambulance conveyance and emergency department attendance, and increase access to urgent community, mental health and alternative acute services.

SICAT has been operational since 2021 in its current guise (2018 – 2021 WAST / BCU model) and has delivered positive outcomes by clinically assessing patients from the 999-ambulance stack and, more recently, 111 calls. However, the current service operates at lower capacity than national SPOA expectations, has unclear governance and financial accountability, and does not fully align with the required multidisciplinary SPOA operating model.

From 1 March 2026, SICAT will transition to and as we move forward to the 2026/27 financial year, be rebranded as the BCU SPOA, expanding to a multidisciplinary team comprising GPs, Advanced Practice Practitioners, nurses, therapies and dedicated administrative support. The SPOA will utilise Adastra as the primary digital system, supported by CISCO telephony, and will work closely with WAST, Emergency Departments, community teams, social care, mental health services and out of hours GP services.

Short-term funding has been secured to support this model until 31 March 2026, with a fully comprehensive plan submitted will funding for 2026/27.

5. SAME DAY EMERGENCY CARE (SDEC)

Despite maintaining protected Same Day Emergency Care (SDEC) capacity across all acute sites, current performance does not yet demonstrate the expected increase in utilisation. Feedback from clinical teams during recent operational reviews and Sprint activity indicates variation in confidence and consistency in using SDEC as a reliable alternative to medical referral or hospital admission. This mirrors wider learning from the Winter Sprints and the January 2026 MADE events, which highlighted inconsistent early decision-making, variation across specialties and delays in progressing patients through alternative pathways.

To address these issues and accelerate improvement, it is proposed that a pan-BCU SDEC Task and Finish Group is established. This group will provide focused clinical and operational leadership and will drive a consistent, systemwide approach to delivering SDEC as a core component of front-door flow. It will operate as a time-limited, action-orientated forum, reporting through established UEC governance arrangements. Its remit will include strengthening SDEC as a credible default alternative to admission, improving the consistency of utilisation across all sites, and supporting reductions in pressure on acute beds, ambulance handovers and Emergency Departments.

The Group will also ensure local pathways align fully with the national SDEC framework and agreed redirection models, enabling earlier senior clinical decision-making and more reliable access to same-day assessment and treatment. This work is integral to the wider UEC improvement programme and complements the actions underway to strengthen discharge processes, expand Trusted Assessor roles, and implement a system-wide D2RA model following MADE feedback.

Improving SDEC function is essential to sustaining gains made during Winter Sprint 1 and Winter Sprint 2, particularly in reducing avoidable admissions and supporting safe, effective alternatives to hospital-based care. With ongoing pressure on front-door services and limited out-of-hospital capacity, a more consistent and clinically confident SDEC offer will be critical in supporting whole-system flow and maintaining patient safety.

6. MADE EVENTS

The January 2026 Multi-Agency Discharge Events (MADE) undertaken across BCUHB provided valuable whole-system insight into the factors contributing to prolonged length of stay and delayed discharge. The reviews highlighted several recurring constraints impacting timely patient flow across acute and community settings.

Key constraints identified included:

- Inconsistent implementation of Home First principles across hospital sites, resulting in variable discharge decision-making.
- Variation in Integrated Discharge Team (IDT) configuration and escalation pathways, leading to inconsistent accountability and responsiveness.
- Delayed discharge planning, with evidence of non-value-adding inpatient assessments extending LoS unnecessarily.
- Insufficient capacity across Pathways 1–3, particularly home-based support (P1) and short-term/complex recovery beds (P2–P3).
- Limited availability and use of Trusted Assessors, creating bottlenecks in decision-making and placement progression.
- Lack of standardisation in discharge processes across counties, including variation in expectations, documentation and operational practice.

The MADE events resulted in a set of targeted improvement actions designed to strengthen discharge pathways, reduce variation and support whole-system flow. These include:

- Implementation of a system-wide Discharge to Recover and Assess (D2RA) model, providing a consistent approach across the Health Board footprint.
- Embedding Home First as the default expectation for all patients medically optimised for discharge.
- Establishing Integrated Discharge Teams with clear accountability and standardised escalation routes, improving consistency across sites.
- Commencing discharge planning from Day 1 of admission, ensuring proactive and timely decision-making.
- Removing non-value-adding inpatient assessments that contribute to avoidable length of stay.
- Introducing and expanding Trusted Assessor roles to improve flow and reduce bottlenecks.
- Strengthening community capacity across Pathways 1–3, enabling more timely discharge and reducing exit block.
- Standardising discharge processes across counties, reducing variation and improving system reliability.
- Improving daily medically led board rounds and specialty ownership, ensuring earlier decision-making and strengthened clinical leadership in discharge progression.

7. FORTHCOMING IMPROVEMENT ACTIVITIES MARCH - APRIL 2026

- 21-Day Long Length of Stay Reviews: Due March 2026
- WECD's upgrade via UEC 6G programme
- Launch of SPoA 'discovery' phase via the UEC 6G programme
- Review of all inpatients exceeding 21 days LoS
- Identification of avoidable delays and strengthen MDT decision-making
- 6As Audit (Avoidability Audit): Due March/April 2026



- MDT review of case notes across care settings
- Aim to identify avoidable admissions and improve pathway coordination

8. SUSTAINABILITY AND SYSTEM RISK

The Urgent and Emergency Care (UEC) programme has delivered measurable improvements in flow, safety and system resilience through strengthened executive-led operational grip and focused whole-system action. Winter Sprint 1 and Winter Sprint 2 demonstrated that consistent leadership, enhanced multidisciplinary decision-making and coordinated escalation can deliver rapid and sustained improvements in areas critical to patient safety, including ambulance handover performance, reduced Emergency Department congestion and improved discharge flow.

System learning from the January 2026 MADE events highlighted persistent variation in discharge practice, capacity constraints across Pathways 1–3 and inconsistent application of Home First principles. The Health Board has now agreed a set of targeted actions, implementing a system-wide D2RA model, embedding Home First, strengthening Integrated Discharge Teams, expanding Trusted Assessor capacity and standardising discharge processes to reduce length of stay, improve flow and support more consistent delivery across all counties.

The continued development of the Single Point of Access (SPOA) and protection of Same Day Emergency Care (SDEC) capacity remain key enablers of improvement, providing safe alternatives to admission and supporting earlier senior clinical decision-making. However, SDEC utilisation remains variable, and SPOA impact is currently constrained by short-term funding and wider community capacity, limiting scalability.

Alongside this, the rollout of Operational Masterclasses and planned integration of SEDIT intelligence with BCUHB heat-map analytics will strengthen the organisation's ability to forecast demand, anticipate system pressure and shift from reactive to proactive operational management.

Despite progress, underlying structural constraints, particularly within discharge pathways, community services and out-of-hospital care, remain the most significant risk to sustaining improvement. These pressures continue to limit the system's ability to maintain ambulance handover performance and patient flow during peak periods. Continued whole-system collaboration with Local Authority and RPB partners remains essential to addressing these constraints and delivering sustainable improvement across UEC pathways and programme development.

9. RECOMMENDATIONS

The Board is asked to:

- **RECEIVE and NOTE** the measurable improvements delivered through the Urgent & Emergency Care (UEC) Programme, including reductions in Pathway of Care Delays (POCD), improved ambulance handover performance, and strengthened discharge processes.
- **ENDORSE** the continued implementation of system-wide actions, including the Discharge to Recover and Assess (D2RA) model, Home First principles, and the expansion of Trusted Assessor roles, as critical enablers of sustainable improvement.
- **SUPPORT** the establishment of a pan-BCU Same Day Emergency Care (SDEC) Task and Finish Group, and the further development of the Single Point of Access (SPOA) model, to enhance alternatives to admission and improve system flow.
- **Request 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.
- **APPROVE** the integration of Sprint and MADE learning into business as usual, with regular reporting on progress, risks, and impact.
- **NOTE** the reputational risks associated with ongoing delays and endorse continued whole-system collaboration with Local Authority and Regional Partnership Board partners.

ASESIAD / ASSESSMENT

Cyswllt â'r Blaenoriaethau Strategol
Link to Strategic Priorities



4. Improving quality, 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:
Consistency with organisation values

Fframwaith Risgiau
Corfforaethol a Sicrwydd y Bwrdd
Corporate Risks and Board Assurance Framework

CRR25-01 Timely Patient Access to Safe and Effective Care
BAF24-07

[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
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:

<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Ansawdd Enablers of Quality Whole-systems Perspective	Meysydd Ansawdd Domains of Quality Safe
	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

<i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 reputational risk to the Health Board of the impact and outcomes for patients as a result of long delays across the whole urgent & emergency care system.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Health Board Key Issues Report			
Board Date		26/03/2026	
Date of Committee		05/03/2026	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. An update on the Learning Repository was received highlighting that the pilot within Pharmacy has been successful and that full organisational rollout is planned from April. The Committee will receive a demonstration of how this works in real time at a future development session. 2. Urgent Emergency Care fragility, with gastroenterology services moving under fragile services	
2b	Assurance	The QSE Committee wish to Assure members of the Board that: 1. The Integrated Quality Report highlighted that coding performance continues to improve and remains above 95%, sustaining progress highlighted in previous Board reports. 2. Substance Misuse Services provided strong assurance specifically around notable reductions in co-occurring MH/SMS escalations. The Committee noted effective mortality review processes and strengthened harm-reduction pathways. Lessons from national mortality reviews in Substance Misuse and Mental Health will be received at a future QSE. 3. They received a positive Designated Education Clinical Lead Officer (DECLO) Annual Report and noted that there was an ongoing Legislative Review. 4. They received an update on Adult Mental Health and Learning Disabilities, having gone through an improvement journey, performance measures were strong despite regional variations. That there has been a significant reduction in nursing vacancies, but the crisis model remains under-developed; £300k investment will support early phases. Out-of-area placements reduced to from 14 to 12 (these being the best in Wales). The new Electronic Healthcare Record will significantly improve data quality and governance.	



2c	Advise	The QSE Committee wish to Advise members of the Board that: 1. The Committee heard a story whereby a patient had experienced a positive meeting which had enabled a lifestyle intervention leading to him avoiding further diabetes treatment. 2. In relation to Challenged Services, progress was noted in Plastics and Oncology, with signs of readiness for de-escalation in future iterations of the fragile services framework. It was noted that “Challenged Services” would be reworded to “Fragile Services” in the forthcoming IMTP. 3. Acute Medicine in West and Central under enhanced monitoring from HIW with an action plan in place with West and an upcoming external visit in Central. 4. The Committee received the Research and Development Annual Report for 2024-2025. This would be brought forward in the reporting cycle for 2025-2026.
2d	Review of Risks	The Committee reviewed the risks within its remit and noted: 1. Ten risks remain outside appetite (Corporate Risk Register). 2. Further reframing required for the “Timely Access to Safe Care” risk following recent deep dives. The Committee received a detailed update on the fragility of Urgent & Emergency Care, with concerns escalated regarding ED pressures, delays, and safety risks associated with workforce fragility and reliance on temporary staffing. These discussions align to action 25.211.1 from the Board for the safety element relating to Urgent & Emergency Care to report to the Committee.
2e	Sharing of learning	Share with the Audit Committee organisation-wide learning opportunities through the new Learning Repository, which will enable systematic dissemination and assurance.
3	Actions to be considered by the Audit Committee	The Learning Repository.

Health Board

INTEGRATED QUALITY REPORT

Dyddiad y Cyfarfod Date of Meeting	26 March 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 • IPC: Andrea Ledgerton, Assistant Director of 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: Dr James Risley, Deputy Medical Director (Clinical Effectiveness), and 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 and Debbie Kumwenda, Healthcare Law Lead Manager
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 Noting

Crynodeb Gweithredol Executive Summary

This report provides the Board with a consolidated overview of the Health Board's current quality, safety and patient experience position. It outlines key performance trends, risks requiring continued oversight, and the progress made in strengthening governance, learning systems and regulatory compliance. While improvement is evident in several areas including complaints management, national clinical audit outcomes and organisational learning. Challenges remain in infection prevention, Health Inspectorate Wales (HIW) compliance, urgent and emergency care pressures, and systemic risks highlighted through mortality reviews and coronial findings.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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	05.03.26	Discussion and feedback incorporated into Board report
Executive Committee	25.02.26	Discussion and feedback incorporated into Board report

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms

LocSSIPs	Local Safety Standards for Invasive Procedures
NRI	National reportable Incident
LTP	Listening to People
ESR	Electronic Staff Record
RAMI	Relative Risk of Mortality
CAF	Commissioning Assurance Framework
HIW	Health Inspectorate Wales
CIW	Care Inspectorate Wales
PALS	Patient Advice and Liaison Service
PES	People's Experience Service

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

Never Events: One Never Event (wrong-site chest drain insertion) prompted strengthened emphasis on LocSSIPs and safe procedural practice outside theatres.

Infection Prevention & Control (IPC): *C. difficile*, *Klebsiella*, *Pseudomonas*, and MSSA are currently above improvement trajectories; targeted programmes and audits are underway.

Prevention of Future Deaths (PFD): Systemic risks were highlighted within gastroenterology and endoscopy at Ysbyty Glan Clwyd, including workforce shortages and infrastructure constraints.

Public Interest Reports (PIR): One PIR action (Commissioning Assurance Framework) has slipped; executive oversight has been escalated to conclude outstanding requirements.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO

KEY RISKS / MATTERS FOR ESCALATION

Key risks requiring escalation include:

- Listening to People (LTP) mobilisation challenges—including capacity for Listening Discussions, absence of divisional scheduling and manual Stage 1 deadline calculations.
- Increased complaints volume, driven by winter pressures and activity growth, with waiting-time complaints representing more than half of all open cases.
- Infection control pressures due to Norovirus and flu-related outbreaks.

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	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     4. Improving quality, outcomes and experience Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: 5. Establishing an effective environment for Learning
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
<u>Deddf Llesiant</u> <u>Cenedlaethau'r Dyfodol -</u> <u>Nodau Llesiant</u> <u>Wellbeing of Future</u> <u>Generations Act – Wellbeing</u> <u>Goals</u>	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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	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 <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 Lluedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluedd Arfog:</i> 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

Have you considered the Armed Forces Covenant Due Regard Duty?		
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i>	Do/Yes: ☐	Naddo/No: ☒
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i>	Do/Yes: ☐	Naddo/No: ☒
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Cyfreithiol Legal	Yes (Include further detail below)	
Enw Da Reputational	Yes (Include further detail below)	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i>	Yes (Include further detail below)	
Resource Impact <i>(People / Financial)</i>	Implementation of LTP framework April 2026	

1.0 PATIENT SAFETY

Nationally Reportable Incidents (NRIs)

From 01st December 2025 to 31st January 2026, there were 14 NRIs (down from 18), including cases related to assessment/diagnosis, maternity outcomes, behaviour (including violence and aggression) and infection control.

At end-January there were 47 open NRI investigations, with 4 overdue. Our performance is strong nationally. The Health Board has the lowest median time to completion (75 working days) versus an all-Wales 125 days, and are second best for closing investigations under 90 days. Learning from closures features in the confidential report.

Never Events

The Health Board reported one Never Event in December 2025 relating to wrong site surgery (chest drain).

Reinforcement of adherence to **LocSSIPs**, updating documentation where needed, and strengthening safe procedural practice outside theatres is ongoing.

Further detail and learning can be found in the confidential quality report.

Oxygen Cylinder improvement work

National supplier BOC have identified they cannot change cylinder labelling to support visibility due to technical and global market requirements. The Health Board are assessing whether to accept the new single-valve cylinder labelling or continue with the current design, noting a potential £140k per year financial impact. A formal SBAR being developed will set out risks and give a recommendation. Mandatory oxygen e-learning compliance is 84% (target 85%).

Safety Alerts

Safety alerts continue to be actioned, with compliance processes underway for PSA019, PSA020, MDA/2023/03 and Profemur Hip Replacement alerts.

2.0 SAFEGUARDING

The Health Board safeguarding systems remain in place and active. No additional public-facing exceptions are raised in this period. Where complex cases arise, they are managed through multi-agency processes and reported through safeguarding governance.



3.0 INFECTION PREVENTION AND CONTROL

The Health Board tracks six organism goals. Current position is the Health Board are on or below trajectory for E. coli (hospital-onset) and MRSA, but above trajectory for C. difficile, Klebsiella (hospital-onset), Pseudomonas (hospital-onset) and MSSA. Clinician-led audit of hospital-acquired pneumonia is in planning to support improvement.

December and January saw peaks in Norovirus and Influenza. A total of 174 bed days were lost to outbreaks, with Norovirus responsible for about 90% of that impact due to isolation constraints. Flu outbreaks are identified as lower this season (18) compared with 2024/25 (24).

The Health Board is part of the national C. difficile collaborative; implementing HABITS (patient-facing) Phase 2; delivering training in Norovirus management and behavioural science for IPC culture; investing in High-Level Disinfection technology and improved cohort facilities; and re-introducing ATP monitoring to validate cleaning effectiveness.

4.0 PATIENT EXPERIENCE

4.1 COMPLAINTS

As of February 2026, total open complaints increased to 291. Despite volumes rising, performance remains strong, with BCUHB being the best in Wales for average closure time (20 working days). 83% of complaints are closed within 30 days above the 75% target.

Clinical Treatment and Assessment is the Health Board's biggest theme, with the predominant reason as to why people raise a complaint with the Health Board being waiting times, which account for 158 of the 291 open complaints (52.93%) as of 2nd February 2026.

There has also been a rise in complaints relating to attitude and behaviour and communication, both of which can be directly attributed to increased front line pressures.

4.2 PATIENT FEEDBACK

Patient Advice and Liaison Service (PALS) resolved 1,436 enquiries in the period, achieving a 4.68-day average response time. Overall patient satisfaction remains high, with People's Experience Service (PES) results showing 84% positive experience. Targeted SMS feedback for maternity and neonatal care has been implemented.

The Health Board's commitment to a positive patient experience is further demonstrated by the ongoing work of the SWAN model for end-of-life care and the

vital pastoral support provided by the Chaplain & Spiritual Care Service, which responded to 151 requests for support in the reporting period.

4.3 LISTENING TO PEOPLE: THE NHS COMPLAINTS, INCIDENT AND REDRESS PROCESS

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 will come 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.

In proactive preparation, the Health Board is reviewing its patient experience services to align with this new framework.

5.0 CLINICAL EFFECTIVENESS

5.1 CLINICAL AUDIT

Audits provide the objective assurance that clinical outcomes meet national standards. Of the 18 national reports published, the Vascular Services (NVR) report is of concern. It indicates limited assurance, specifically noting that ruptured AAA mortality is well above UK and Wales rates. This details outcomes up to December 2024 and is thus prior to transfer of open aortic aneurysm cases to University Hospitals of North Midlands. In addition however, there are concerns in delays to revascularisation for chronic limb ischaemia. In response, a mandatory clinical audit for all vascular pathways will be completed by April 2026.

5.2 NICE GUIDELINES

The Health Board has achieved a **significant improvement** in recording of compliance with NICE guidelines. This success is largely attributed to the proactive support provided to departments and the successful implementation of the Audit Management and Tracking (AMaT) tool. The team are raising 'Not Achieved' standards against NICE guidelines, via Strategic Clinical Effectiveness Group, for further support to raise percentage figures. An internal audit has just been completed and response is being prepared.

5.3 MORTALITY REVIEW

Following previous reports on increasing coding completeness, an internal trajectory to increase coding completeness from 75% to 95% over the first two quarters of the year 2025/2026 was set and delivered.

This accuracy is vital, as it allows for a true Relative Risk of Mortality (RAMI) calculation. Our RAMI continues to show a downward corrective trend, The crude mortality rate for BCU was 1.67% between December 2024-November 2025, compared with 1.78% in the previous 12 months, a reduction of 6.09% year-on-year and is in line with peer organisations.

In comparison with other Health Boards the Medical Examiner data shows that BCU are performing well in issuing of death certificate and are not an outlier in Wales. Feedback from Medical Examiners consistently identifies discussion and implementation of Do Not Resuscitate as a concern. Strategic Clinical Effectiveness Group has agreed to lead a Health Board wide improvement programme to improve this along with improving discussion and documentation around ceilings of care in general.

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 Quality Directorate continue to monitor and support all Ombudsman activity.

Final Public Interest Report (Escalated)

One Public Interest Report remains open due to an outstanding action on the Commissioning Assurance Framework (CAF). Although a revised deadline of 31 January 2026 was agreed with the Ombudsman, this was not met.



New Draft Public Interest Report

A Draft Public Interest Report was received in January 2026. The Ombudsman considers the case to raise issues of public interest, subject to any representations from the Health Board or complainant.

The draft has been shared with IHC Directors. The Health Board has accepted the findings and agreed all recommendations. An action plan is in place pending publication of the final report.

Improvement Focus: Key areas for improvement include:

- Strengthening complaint handling and early resolution to reduce escalation.
- Embedding the Listening to People Framework (2026) to improve responsiveness and empathy.
- Building continuous learning from patient feedback, incidents, and Ombudsman recommendations.
- Integrating Ombudsman reporting into governance systems, with stronger tracking via the Quality Dashboard and escalation to Executive level.
- Enhancing Board oversight by embedding Ombudsman reporting into the Quality, Safety & Experience Committee from December 2025.
- Collaborating with other Welsh Health Boards to benchmark performance and maintaining proactive engagement with the Ombudsman's Office.

6.2 QUALITY DASHBOARD AND QUALITY MANAGEMENT SYSTEM

Work continues to develop a Quality Scorecard offering a system-wide overview of key quality indicators. Demonstrations have been shared across Wales to support collaborative learning.

QMS implementation continues to progress, although constrained by resource limitations. Expansion into Primary Care, Community Services and CAMHS is underway. An evaluation and QMS Away Day will inform next steps.

6.3 DUTY OF CANDOUR

The organisation's current maturity is assessed as 'Yellow/Operationalising'. Strengths include reporting and communication, while commissioning and hosting arrangements require improvement. A Task and Finish Group is overseeing progress towards full compliance.

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

A Prevention of Future Deaths report has been issued by the Assistant Coroner for North Wales (East and Central) following the inquest into the death of a patient who died in August 2024 from natural causes. While the Coroner concluded that delays in endoscopy between April and July 2024 did not affect the outcome for the deceased, the inquest identified significant and longstanding systemic concerns within the gastroenterology and endoscopy service at Ysbyty Glan Clwyd. These include severe workforce shortages with heavy reliance on locum staff, inadequate infrastructure investment despite previous business cases, and substantially extended waiting times against national targets for urgent suspected cancer, urgent non-cancer, and routine referrals. The coroner further expressed concern that these risks are not adequately reflected on the corporate risk register and concluded that the service is not currently fit for purpose, presenting an ongoing risk of harm to patients unless action is taken.

The Executive Medical Director has held a Health Board wide Gastroenterology Rapid Quality Review on 13/02/26 to identify key areas of concerns and to prioritise actions.

The Health Board submitted a formal response outlining actions taken on the 5th March 2026.

8.0 UPDATES AS REQUESTED BY QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR

Women's Services

BCUHB continues to develop a Women's Health Hub for launch by March 2026, aligned to national priorities. The Hub will strengthen Primary Care through a cluster-based model, improving access to specialist women's health support across the life course.

Current Position

- Welsh Government grant funding allocated 2025/26.
- Ministerial visit anticipated in February 2026.
- Pathfinder Hub located at Llandudno General Hospital; recruitment and infrastructure preparations underway.
- Project Operational Group overseeing workforce, estates, and informatics.
- Full Business Case in development.
- Support secured from the Primary Care Academy.

Next Steps

- Complete Pathfinder Hub.
- Continue engagement and co-production.
- Recruit to training programmes.
- Launch Consultant Education Programme.
- Appoint Women's Health Research Activator.
- Progress Business Case for 2026/27.
- Review waiting times and fast-track options.
- Implement revised pathways and education.

National Maternity and Neonatal Assurance Assessment

National report expected March 2026.

Quality Management System – Mental Health Division

A further QMS briefing will be delivered at MHL D QDG on 17 March 2026.

9.0 CONCLUSION

This report provides assurance that the Health Board is strengthening systems for quality, safety, and patient experience. Progress is visible across multiple domains, supported by improved governance, learning processes and data intelligence. However, several areas require ongoing executive oversight, including infection prevention trajectories, HIW compliance, emergency care pressures and systemic risks identified through mortality and coronial processes. Continued focus and sustained resource allocation remain essential to achieving safe, effective and person-centred care.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health Board Key Issues Report

Board Date		26/03/2026	
Date of Committee		24/02/2026	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: 1. A progress update on the single point of access initiative will return to the Committee at the end of quarter one (June). 2. Frailty Service Targets Development targets for the acute frailty service for 2026/27 will be shared with the Committee once the model is finalised. The plan is due to be signed off by the end of March 2026, which outlines implementation timescales. 3. Several areas remain at risk, including urgent and emergency care performance, planned care backlog, and workforce cost pressures. The committee noted ongoing challenges in achieving national targets, particularly in cancer and long-wait pathways. 4. Capital expenditure is behind profile, with a significant portion yet to be spent, raising concerns about year-end delivery. 5. Information governance compliance is at risk for CCTV management due to new national standards.	
2b	Assurance	The PFIG Committee wish to Assure members of the Board that: 1. Validation processes in Planned Care are robust, with over 11,500 pathways validated and significant closures improving capacity. Patient validation is ongoing, supported by innovative chat bot technology. 2. Savings targets have been met, with the Value and Sustainability programme delivering above plan. Medicines management is on track, with positive progress in value and sustainability workstreams. 3. Multi-agency discharge events and improved partnership with local authorities are driving better hospital flow and discharge outcomes.	

		4. Information governance training compliance remains above national target, and no financial penalties were incurred in the last year.
2c	Advise	The PFIG Committee wish to Advise members of the Board that: 1. Measurable outcomes, timelines, and data collection to all improvement actions for urgent and emergency care and planned care, to be received at Committee to provide clearer assurance to the Board. 2. Develop a reference system for documents and information shared outside meetings to improve accessibility and governance. 3. Continue regular progress updates on planned care, urgent and emergency care, and cancer pathways at each committee meeting to maintain oversight and assurance. 4. Address workforce cost pressures by focusing on productivity, skill mix, and reducing agency spend, aligned with IMTP workforce planning. 5. Escalate information governance compliance risks to executive committee and Board, particularly regarding CCTV management and managed GP practices.
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 risks to Committee is being reviewed.
2e	Sharing of learning	N/A
3	Actions to be considered by other committees	N/A



Health Board

INTEGRATED PERFORMANCE AND ACCOUNTABILITY FRAMEWORK (2026–2029)

Dyddiad y Cyfarfod Date of Meeting	26 March 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	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**

The Health Board's Integrated Performance and Accountability Framework for 2026–2029 sets out a robust, transparent approach to monitoring, managing, and improving organisational performance. This framework is designed to ensure the delivery of our strategic vision for safe, high-quality, and accessible care, while supporting a positive experience for staff and making best use of available resources.

At its core, the framework establishes clear lines of accountability at every level of the organisation. Leadership teams within Directorates, Areas, and Corporate Services are assigned responsibility for delivering agreed priorities, with expectations set out transparently and reinforced through regular, structured performance discussions. Decisions are made as close as possible to the point of service, ensuring they are timely, operationally informed, and consistent with good governance.

Performance is assessed using a balanced scorecard approach, covering key domains such as Culture & People, Quality of Care, Operational Performance, and Finance. The framework employs a RAG rating system (Red/Amber/Yellow/Green) to classify performance, enabling early identification of risks and triggering

escalation or support as needed. Areas performing well benefit from increased autonomy and reduced oversight, while those requiring improvement receive targeted support and intervention.

Monthly and quarterly reviews of key metrics are conducted, with oversight provided by the Executive Director of Finance and Performance. Reports are submitted to the Executive Delivery Group, Board sub-committees, and the full Board, ensuring that performance information is openly available and used consistently to promote fairness and trust. Annual Accountability Agreements are issued to budget holders, reinforcing their responsibility for financial balance and delivery against agreed plans.

The framework is fully aligned with the Health Board's strategic priorities, Integrated Medium-Term Plan (IMTP) commitments, statutory duties, and national targets. It is supported by key organisational policies, including Standing Orders, Standing Financial Instructions, the Scheme of Reservation and Delegation, and the Risk Management Framework.

A central feature of the framework is its emphasis on earned autonomy. Leadership teams demonstrating sustained high performance are rewarded with greater freedom in decision-making and prioritisation for investment, while those facing challenges are provided with tailored support packages and, where necessary, increased oversight. The escalation and de-escalation process is clearly defined, ensuring proportionate intervention and support to restore performance to acceptable levels.

In summary, the Integrated Performance and Accountability Framework provides the Health Board with a disciplined, evidence-based mechanism for delivering its strategic objectives, maintaining regulatory compliance, and driving continuous improvement. It supports a culture of fair accountability, effective decision-making, and openness, ensuring that the organisation is well-positioned to meet the needs of patients, staff, and the wider community over the coming years.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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 Team	February 2026	Circulated for comments at an early stage.
Performance, Finance and Information Governance Committee	24 February 2026	Draft framing; and agreed to review at the Board subject to addressing the drafting issues

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms

RAG	Red, Amber, Green

INTEGRATED PERFORMANCE AND ACCOUNTABILITY FRAMEWORK (2026–2029)

1. Y SEFYLLFA SITUATION

To present the Health Board's refreshed Integrated Performance and Accountability Framework for approval and implementation from April 2026.

2 Y CEFNDIR BACKGROUND

- 2.1 The Health Board operates in a complex and evolving environment, with increasing expectations for accountability, regulatory compliance, and continuous improvement. The refreshed framework builds on previous arrangements, establishing clear lines of accountability throughout the organisation. Leadership teams within Directorates, Areas, and Corporate Services are assigned responsibility for delivering agreed priorities, with expectations set out transparently and reinforced through regular, structured performance discussions.
- 2.2 The framework adopts a balanced scorecard approach, covering domains such as Culture and People, Quality of Care, Operational Performance, and Finance. Performance is assessed using a RAG rating system, enabling early identification of risks and triggering escalation or support as required. Areas demonstrating sustained high-performance benefit from increased autonomy and reduced oversight, while those facing challenges receive targeted support and intervention.
- 2.3 Monthly and quarterly reviews of key metrics are conducted, overseen by the Executive Director of Finance and Performance. Reports are submitted to the Executive Delivery Group, Board sub-committees, and the full Board, ensuring that performance information is openly available and consistently used to promote fairness and trust. Annual Accountability Agreements are issued to budget holders, reinforcing their responsibility for financial balance and delivery against agreed plans.

-
- 2.4 The framework is fully aligned with the Health Board's strategic priorities, Integrated Medium-Term Plan commitments, statutory duties, and national targets. It is supported by key organisational policies, including Standing Orders, Standing Financial Instructions, the Scheme of Reservation and Delegation, and the Risk Management Framework.
- 2.5 A central feature of the framework is its emphasis on earned autonomy. Leadership teams demonstrating sustained high performance are rewarded with greater freedom in decision-making and prioritisation for investment, while those facing challenges are provided with tailored support packages and, where necessary, increased oversight. The escalation and de-escalation process is clearly defined, ensuring proportionate intervention and support to restore performance to acceptable levels.

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

The Framework has been updated from the previously approved version to ensure full alignment with the Health Board's strategic priorities and the NHS Wales Performance Framework. In addition to technical updates, the revisions respond directly to findings from recent internal and external reports which highlight the need to strengthen the organisation's performance management culture and approach. The refreshed Framework therefore places greater emphasis on clarity of expectations, strengthened accountability, and more consistent use of data to drive improvement. These changes collectively support a more mature, transparent, and outcomes-focused performance environment across the Health Board.

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**

Members are asked to:

- **APPROVE** the Integrated Performance and Accountability Framework for implementation from April 2026.

ASESIAD / ASSESSMENT

Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities



1. Building an effective organisation

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

The Integrated Performance and Accountability Framework directly supports the Health Board's strategic objective to deliver safe, high-quality, accessible care, underpinned by robust governance, effective risk management, and continuous improvement

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

Do/Yes: ☐

Naddo/No: ☒

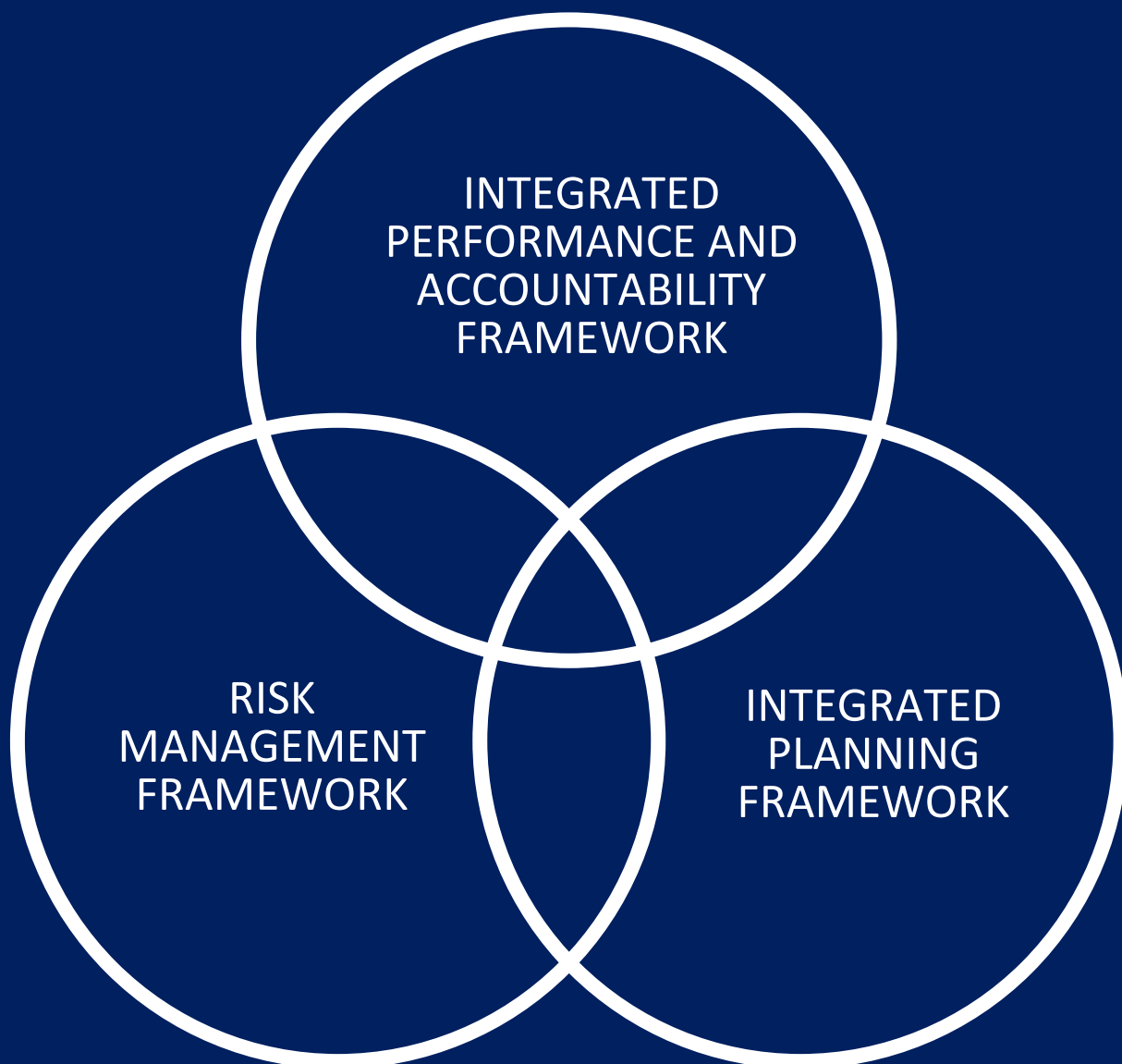
Canlyniad/Outcome:

<i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
	Do/Yes: ☐	Naddo/No: ☒

Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	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:	Executive Director of Finance
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:	April 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.

Contents

1. Introduction	4
2. Context and Approach	6
3. Principles	7
4. Responsibilites	12
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 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).

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.

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.

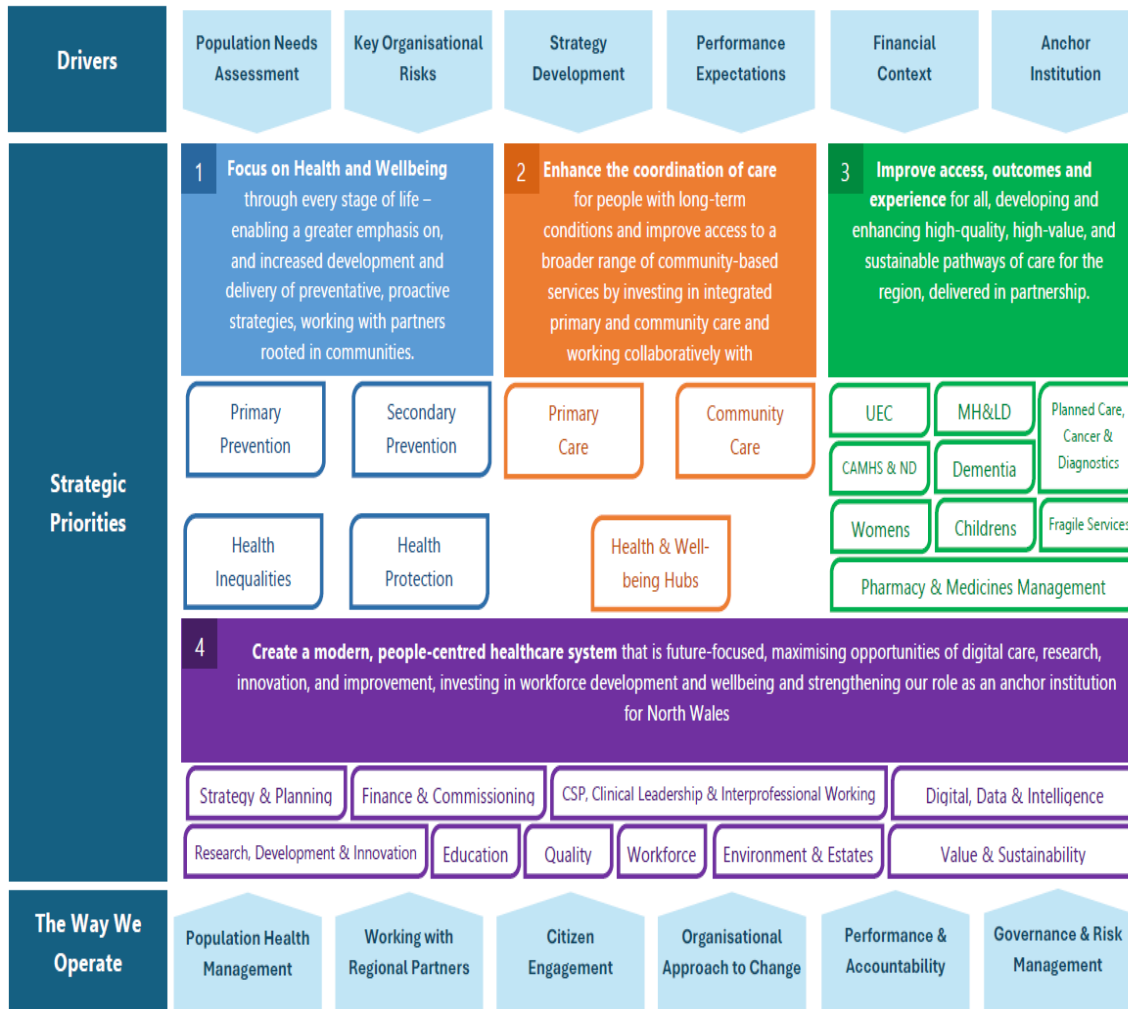
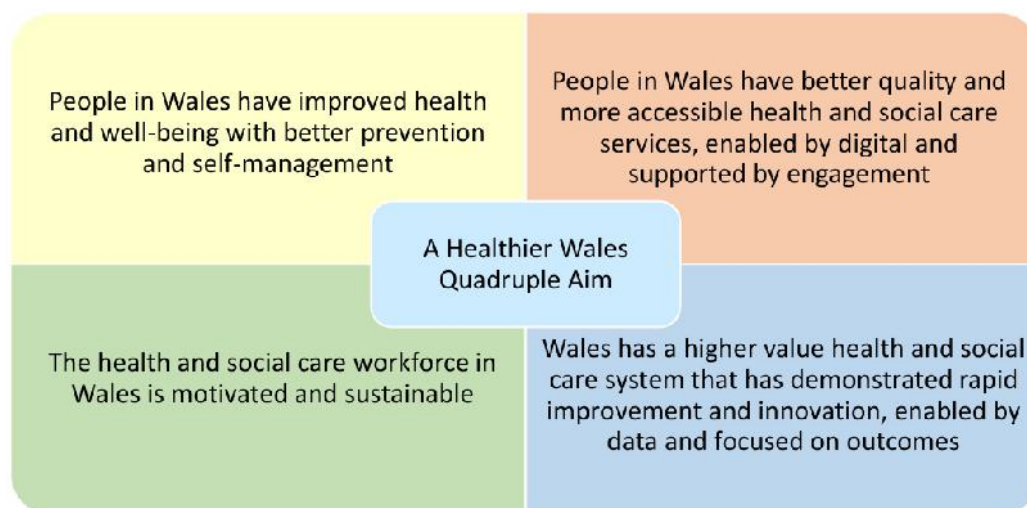


Figure 1: Health Board Annual Plan/IMTP – on a page 2026/27

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 track
- 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.

3. Earned 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.

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 of 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 in motivation, the skills needed to do the job, a curiosity for innovation and development 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 our performance report 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. RESPONSIBILITIES

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. 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, Integrated Medium-Term Plan and will undertake an 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 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 through 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
- Aim to support 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.
- 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 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.
- 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 through 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.

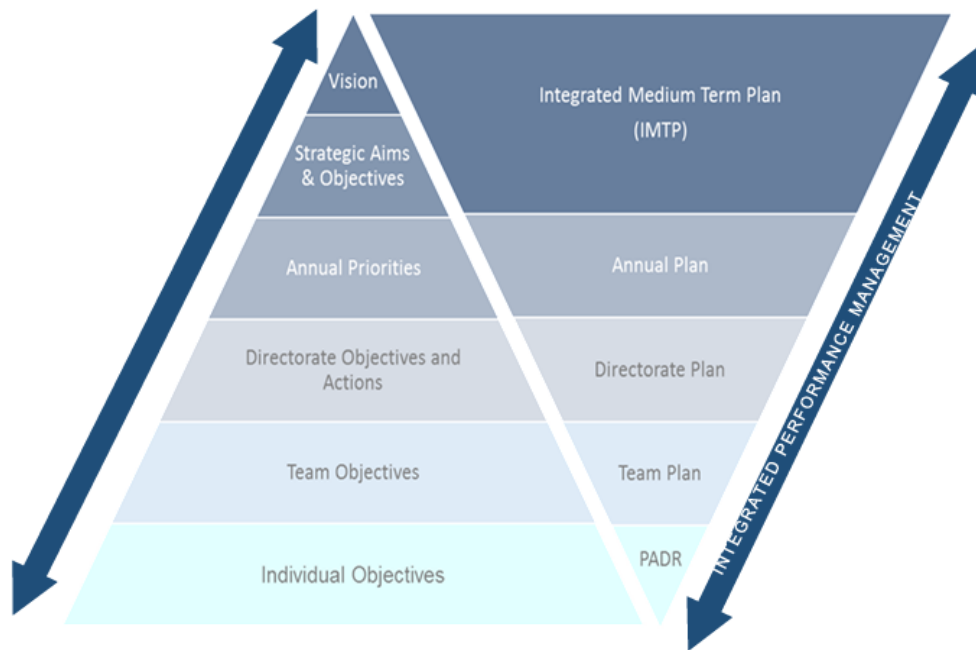


Figure 2: Integrated Performance Framework alignment to PADR

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

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 <u>NO</u> 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	Monthly	Service Leadership Teams, with Executive Director of Finance and Performance, Chief Operating

Description	Frequency	In attendance
actions, impacts, trajectories including performance assessments		Officer (or Exec Director of AHP and HS for MHL), 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 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. 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.

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 decision to escalate will be taken by the Performance Review meeting and will be formally communicated to the leadership team, Executive and 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.

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.

Continuation of escalation, and failure to deliver agreed recovery plans, will be considered in line with the Health Boards Capability Policy and Procedure.

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.

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.

Health Board

INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

Dyddiad y Cyfarfod Date of Meeting	26 March 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 Noting

Crynodeb Gweithredol **Executive Summary**

This paper presents the Board with a comprehensive overview of Access, Workforce, and Financial performance for the purposes of information and assurance. The report details current performance against established indicators, highlights areas of achievement and challenge, and outlines actions being undertaken to address identified risks and drive improvement.

The Board is invited to consider the contents of this report and to seek clarification or further information as required.

- **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 6,504 (an 80% improvement)
 - Patients waiting over 104 weeks for all stages of treatment

The number waiting at the end of February 2026 was 3,098 (under the planned end of March trajectory of 3,782) and an improvement of over 70% from 12 months prior.

- **Cancer (national standard 75%)**

In January 2025 the Health Board treated 50.8% (232 out of 457) of patients within the targeted 62 days, with treatment of backlogs impacting on reported performance in month adversely (breaches reported at time of treatment). The targeted performance to move out of special measures being 55% consistently over a period of months, with plans in train to achieve this targeted delivery, noting level one targeted performance to be 75%.

- **Diagnostics**

Over 12,000 additional diagnostic episodes have been undertaken following the implementation of the National initiative to see 45,000 additional first new outpatient appointments. The further 15,000 local outpatient episodes and additional elective activity stimulating further demand for diagnostic activity and placing pressure on the service to deliver.

However, performance has improved to 19,397 patients waiting in excess of 8 weeks for a diagnostic in February 2026 (21,800 in January 2026) demonstrating the impact of the additional solutions in place to deliver improvements in Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy. Plans are being closely monitored to continue to improve patients waiting over 8 weeks at the end of March 2026.

- **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 of concern. Even when accounting for February being 3 days shorter than January, performance has improved as follows:

- Patients waiting in excess of 12 hours: 3,280 (26% of attendances)
- Patients waiting in excess of 24 hours: 1,727 (11% of attendances)
- Patients waiting in excess of 48 hours: 685 (5% of attendances)
- Ambulance handover delays over 45 minutes: 2,057 (62% of conveyances)
- Longest ambulance handover delay: 28 hours

The number of patients experiencing delays to their pathways of care is higher at 348 in February 2026 (322 in January), the number of bed days lost has decreased slightly at 13,992 (14,180 in January). This is over 4,000

higher than the bed days lost in February 2025. Statistically, there has been no improvement in the number of pathways of care delays since April 2023.

Whilst plans are in place to support improvements, performance within the urgent and emergency care space continues to deteriorate and will remain an area of concern and focus as we progress into 2026-2027.

○ **Finances**

The Health Board has implemented additional control measures. However, on assessment of the benefits expected in the remaining months of the financial year a recommendation has been made to revise the outturn to a £17.4m deficit for 2025/26.

The revision to outturn represents a deterioration of 0.6% of turnover and places at risk securing conditionally recurrent funding of £82m received in 2025/26 into 2026/27 and beyond.

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 ymgwymerwyd 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		

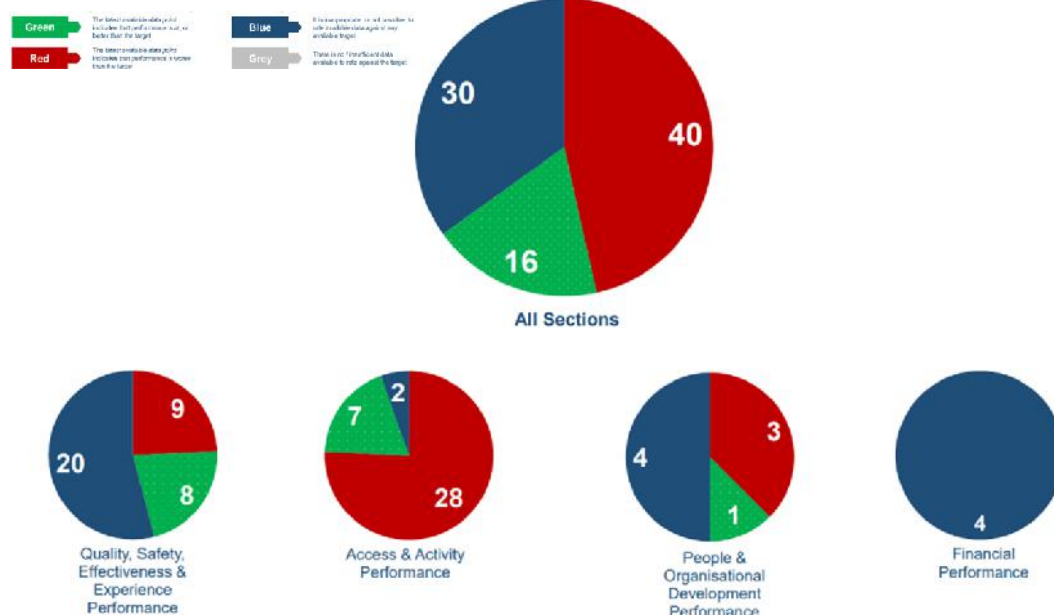
Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

A&E	Accident and Emergency
AB	Aneurin Bevan Health Board
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
BCU/BCUHB	

C&V	Betsi Cadwaladr University Health Board
CRR	Cardiff and Vale University Health Board
CTM	Corporate Risk Register Reference
ENT	Cwm Taf Morgannwg University Health Board
GDS	Ear, Nose, and Throat
GP	General Dental Services
HDda	General Practitioner
HEIW	Hywel Dda University Health Board
IHC	Health Education and Improvement Wales
LPMHSS	Integrated Health Community
MH&LD	Local Primary Mental Health Support Services
MMR	Mental Health and Learning Disabilities
NHS	Measles, Mumps and Rubella
NR	National Health Service
PADR	non-recurrent
PFIG	Performance Appraisal and Development Review
QSE	Performance, Finance, and Information Governance Committee
SB	Quality, Safety, and Experience Committee
SM	Swansea Bay University Health Board
WAST	Special Measures
WG	Welsh Ambulance Services NHS Trust
YTD	Welsh Government
	year to date

INTERGRATED QUALITY & PERFORMANCE REPORT

1. Y SEFYLLFA SITUATION



1.1

1.2 Of the measures from the NHS Wales Performance Framework included in the report, 16 are on target, 40 are off target. This is a worsening position compared to January's report (21 on target, 35 off target). It remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

1.3 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.

1.4 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.

1.5 Throughout 2025-26, plans are being implemented to support delivery priorities to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

-
- 1.6** 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. 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;
- 2.3.1** Hierarchical reporting (the information tailored for the audience)
 - 2.3.2** Review of metrics used for assessment, ensuring relevance
 - 2.3.3** Engagement with Operational and Clinical teams, to ensure actions planned to improve performance are quantifiable and thus can be used to forecast delivery
 - 2.3.4** A refreshed 'Performance and Accountability Framework' that will enable areas and directorates that require additional support to be identified and support offered
- 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 presented within the current format, each section will endeavour to enhance reporting with inclusion of;

- 2.5.1** A one-page high level summary of matters to be highlighted to members.
- 2.5.2** Then a page per quadrant, supporting a more focused view of the performance.
- 2.5.3** 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.

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, 16 are on target. Whilst this is a deterioration from the previous report (21 on target) 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

No New Never Events were registered within this reporting

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 planned at commencement of the financial year to receive £12.5m to support enhanced delivery, receiving an allocation of £5m upon commencement of the financial year and latterly in December 2025 a further £2m to support commissioning of external provision.

The Health Board continues to seek to improve performance and has implemented additional oversight and escalation within Planned Care, with

further oversight and governance through a weekly meeting of the Chair and Vice-Chair for the Health Board.

3.4.2 Planned Care Performance

3.4.2.1 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 throughout the Health Board.

In addition, the national initiative of placement for insourcing to service patients first new outpatient appointments has seen over 2,000 patients per weekend. This additionality has dramatically reduced the numbers of patients waiting for first outpatient appointment and this trend is set to continue for the remainder of the financial year. The position at the end of February 2026 was 7,014 (with unvalidated position as at 13th March of 6,504).

The modelling indicates there will be under 6,000 patients waiting over 52 weeks for a first new outpatient appointment by the end of the financial year. However, it is important to note some of these patients will require further intervention and this will place pressure upon delivery of the future 104-week performance



3.4.2.2 Patients waiting greater than 104 weeks all stages of care delivery



The Health Board set a plan that relied upon an additional £12.5m of resource for insourcing and outsourcing of patients, the plan reflecting post deployment of these funds being to have zero patients waiting over 104 weeks by 31st March 2026.

The additional resources at levels contained within the plan were not received by the Health Board, and thus the targeted improvement in access and reduction in numbers of patients waiting beyond 104 weeks at zero not attained. However, Welsh Government did allocate £5m in quarter one of 2025/26 and then in December 2025 a further £2m to support improved performance, and this combined with improvements in delivery has resulted in a substantial reduction in patients waiting over 104 weeks. The result being a reduction from over 10,000 to the latest position of 3,098 patients waiting above 104 weeks for conclusion of their care, a 70% reduction and significant improvement.

This has been achieved despite a further 3,000 additional patients per month 'tipping' in to the 104 weeks cohort. This significant reduction exceeding that profiled within the revised plan requested and submitted to Welsh Government (post notification additional funding would not be remitted) of 3,782 patients waiting over 104 weeks. The latest available information indicates there will be less than 3,000 patients waiting over 104 weeks for completion of their treatment at the end of the fiscal year.

The Health Board continues to drive improvements alongside the commissioning of activity through the Planned Care Major Programme, improvements in theatre utilisation (early and late starts plus reducing cancellations at short notice or on the day) will support improvements in delivery to that currently articulated.

3.4.2.3 Cancer Performance (national standard 75%)



In January 2025 the Health Board treated 50.8% (232 out of 457) compared to 52.4% (221 out of 422) in November) of patients within the targeted 62 days, as denoted within the below table;

	BCUHB Total	West	Central	East
Upper GI	77% (24/31) ↑	83% (5/6)	70% (7/10)	80% (12/15)
Haematology	74% (17/23) ↓	100% (6/6)	67% (4/6)	64% (7/11)
Lung	66% (27/41) ↓	57% (8/14)	71% (10/14)	69% (9/13)
Skin	60% (60/100) ↓	63% (15/24)	49% (21/43)	73% (24/33)
Urology	42% (42/99) ↑	50% (18/36)	41% (17/41)	32% (7/22)
Breast	40% (27/67) ↓	64% (9/14)	41% (12/29)	25% (6/24)
Colorectal	33% (13/39) ↑	17% (2/12)	27% (3/11)	50% (8/16)
Gynaecology	33% (9/27) ↓	45% (5/11)	10% (1/10)	50% (3/6)
Head & Neck	30% (7/23) ↑	60% (3/5)	17% (2/12)	33% (2/6)
Total	51% (232/457) ↔	56% (73/131) ↔	45% (80/179) ↓	54% (79/147) ↑

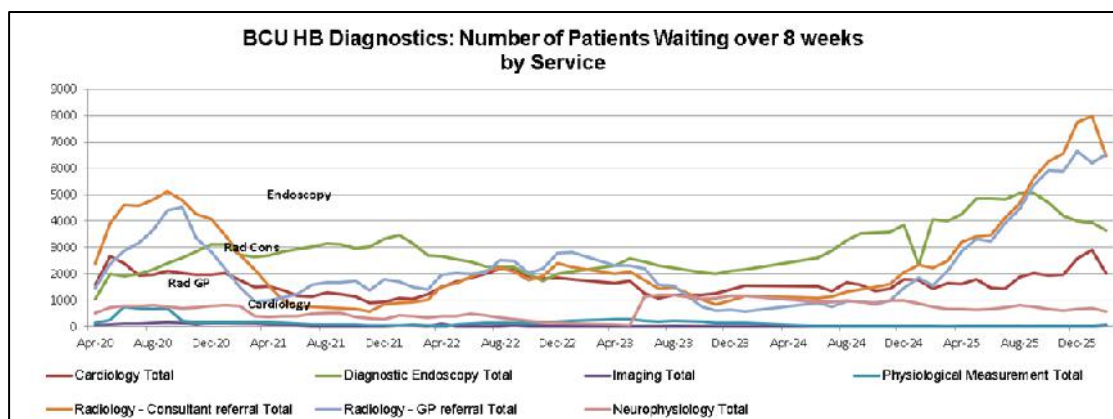
Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows reflect change from last month

Skin performance fell from 71% in the last quarter to 60% in month due to patients in the dermatology backlog being treated. Reducing the backlog reduces our percentage treated in target in the short term but will lead to improved performance and outcomes in future months. The majority of urology breaches are prostate cancer patients. Insourced prostate biopsies commenced in early February to reduce time to diagnosis. Breast performance remains below plan due to challenges in the screening service in particular.

Colorectal performance improved slightly but pressures in relation to endoscopy capacity remain

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.

3.4.2.4 Diagnostics (performance against the 8-week standard)



Diagnostics performance against the 8-week standard has deteriorated over recent months largely as demand increased (the outpatient national initiative to see 45,000 new outpatients resulting in over 12,000 additional diagnostic tests being required) the demand largely located within Radiology, Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy, key information being;

- With 19,397 patients waiting in excess of 8 weeks at end of February 2026 (a decrease from 21,679 reported for January 2026)
- Drivers being increased Endoscopy, Cardiology & Radiology from increased demand from the national initiatives for first outpatient appointments, planned care and urgent suspected cancer performance
- However, for February 2026 there has been an improvement in every modality apart from GP Direct Access Radiology, which continues to grow.
- Welsh Government allocated an additional £3.6m in year to improve waits of 8 weeks at end of March 2026.

Key actions in the current quarter centring upon;

- Interim solutions have been deployed, including mobile MRI and mobile endoscopy suites on sites.
- Continued additional demand management measures

The increased access is set to reduce patient waiting times beyond 8-weeks to approximately 10,000 patients by 31st March 2026, the plan does not achieve a zero position by close of March 2026.

3.4.2.5 Therapy Waits

Just over 1,500 patients are experiencing waits of over 14 weeks to access therapy. These patients are predominantly within Physiotherapy (1,114) and

Dietetics (395), both in the East IHC. An issue preventing improvement in the physiotherapy position in the East remains as accommodation, the teams continuing to develop a solution.

For dietetics, there is a business case requesting resources to provide a service model change in the gastroenterology dietetics service, to reflect the successful pilot programme from 2023/24. Provision of this service would eliminate the over 14 weeks waits in dietetics in the health board.



3.4.2.7 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 11.9%. The All-Wales latest performance is 21% as at November 2025 and no Health Boards are achieving the target. However, at 11% BCUHB is achieving it’s internal improvement trajectory for November 2025.

Ministerial Milestones	Description
No patients waiting over 4 years	Sustained compliance of no patients waiting over 4 years for an assessment
No patients waiting over 3 years	Delivery of no patients waiting over 3 years for an assessment. Trajectory and plan to be compliant with this ministerial priority by end of Quarter 4 has been submitted to Welsh Government for approval
80% of patients seen within 26 weeks	Performance against the national target of 80% remains very low. However, at 11% is in line with internal improvement plan trajectories as we seek to reduce the number of extreme waits first

3.4.3 Urgent & Emergency Care Performance

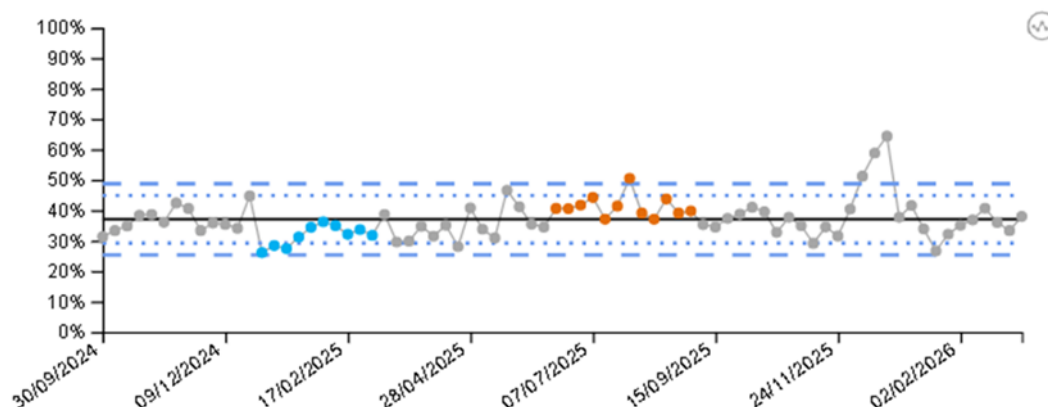
In February 2026 there were 13,120 attendances to the acute emergency departments in north Wales. Of these, 43.1% were seen within 4 hours and 25% were admitted. Whilst performance against most of the measures are very similar to the February 2025 position, it is of note that the percentage patients seen within 4 hours in February 2025 was 49.5% (a difference of approximately 840 patients).

3.4.3.1 Ambulance Handovers within 45 Minutes

There is intense 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.

The February 2026 position shows an improvement with 2,057 patients waiting over 45 minutes for their handover from an ambulance. 37% of ambulance patient handovers were completed in under 45 minutes. This is the same position as February 2025.

BCU Total - Showing data for: < 45 Min Handovers % Handovers



3.4.3.2 Number patients waiting over 12 Hours in Emergency Departments

The number of 12-hour waits has decreased to 3,280 (previously 3,656) and is 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). Currently only 1 in 6 inpatients are discharged before midday on the day of discharge. The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients. Details of what the health board is doing to improve this position can be seen in the IQPR.



Although the number of patients waiting beyond 24 hours has fallen at 1,727 it remains in a range exceeding normal deviation through the SPC Chart. Work

is progressing with the teams on additional actions that would support enhanced performance in this area and this is detailed in the IQPR.

3.4.3.3 Number patients waiting over 24 Hours Emergency Departments



3.4.4 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 Urgent Emergency Care and Planned Care continue to drive productivity and efficiencies within the Health Board, this being the substantive solution to ensure access to services demands for services are able to be met.

3.5 Workforce and Organisational Development

Key metrics for the People and Organisational Development centre upon;

- Sickness absence has fallen slightly at 6.1%
- The percentage of agency spend as a proportion of the total pay bill totals 2.8%
- The appraisal rate remains over 80% across the Health Board

3.6 Financial Performance (Month 11 (February 2026))

The Health Board has a cumulative deficit to month 11 of £17.3m, drivers being;

- Joint Commissioning Cost Pressures
- Capacity Pressures (additional beds open)
- Out of Area placements (Mental Health)

- English tariff inflation
- Employers National Insurance (funding shortfall)

The Health Board continues to seek mitigations, further costs centring upon national pressures associated with pay structures and Welsh Risk Pool are now to be offset through additional resource allocations (confirmation received 11th December 2025).

If unable to attain financial balance, the £82m conditional allocation for 2025/26 is placed at risk of receipt for 2026/27.

Whilst the financials remain a challenge in attainment for the 2025/26 financial year, it is of note that the savings ask of £40m for the Health Board has been attained and exceeded, see below;

In summary, the Health Board has a risk to delivery of plan totalling approximately £25m and will require additional measures to be deployed if the outturn and conditions associated with securing the £82m is to be attained. A Financial Oversight Group has been initiated in order to provide Board oversight to the deployment of measures to attain financial plan.

4 ARGYMHELLION RECOMMENDATIONS

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

- Receive and note the report for assurance.
- Endorse the improvement actions underway.; and
- Identify any areas requiring further scrutiny or escalation.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     4. Improving quality, 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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<u>Ansawdd</u>	Galluogwyr Ansawdd Enablers of Quality	Meysydd Ansawdd Domains of Quality All Apply

<i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	



Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Thursday, 26th March 2026

Integrated Quality & Performance Report

Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Table of Contents

Title	Page	Title	Page
Cover	1	Workforce and Organisational Development	18
Table of Contents	2	Finance	19
Four Quadrant Escalation Summary	3	Summary of Integrated Quality & Performance Report	21
Performance Escalations Report	4	Section 1: Quality, Safety & Experience	22
Quality: Summary	5	Section 2: Access & Activity Performance	36
Children’s & Adolescent Mental Health Service	6	Section 3: People & Organisational Development Performance	55
Children’s Neurodevelopment	7	Section 4: Financial Performance	59
Planned Care	8	Additional Information	64
Urgent & Emergency Care	14	Appendix	65
	4		



Escalated Performance Measures at a Glance

KEY: ■ = Better ■ = Worse than previous reporting period

Quality

CRR 24-04 Failure to Embed Learning

- **No** New Never Events: None reported since December 2025
- Percentage of complaints closed within 30 days: **83.16%**

Finance

CRR 25-06 Financial Sustainability

Financial Position – December 2025

- ◆◆ Year to date – Deficit versus Plan **-£17.3m**
- In-month Variance to plan **£0.0m** (Balanced)
- ◆◆ Full year outturn position **re-forecast -£17.4m** (noting significant risks to delivery)

Savings Position

- In Month Savings Delivery including Accountancy Gains v target £9.5m (£6.2mm more than the £3.3m target)
- Forecast Savings Delivery including Accountancy Gains vTarget £54.9m (£14.9mm above the target of £40m)

Capital Expenditure

Year to Date Plan is £39.1m. Spent £36.3m Underspend **£2.8m**.

Access & Activity

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

- CAMHS Part 1b Assessments within 28 Days of Referral: **51.3%** (Target 80%)
- Neurodevelopment Assessment within 26 weeks: **11.0%** (*Target 95%)
- Adult Psychological Assessment within 26 weeks: **70.3%** (Target 95%)

Urgent & Emergency Care

- Ambulance Handover Delays over 45 minutes: **2,057** (Target 0) **MP**
- Emergency Department waits over 12 Hours: **3,280** (Target 0) **MP**
- Emergency Department Waits over 24 Hours **1,727** (Target 0)
- Emergency Department Waits over 48 Hours **685** (Target 0)
- Number of patients with Delayed Pathways of Care: **348** (Target 0)

Planned Care

- Percentage compliance with 62 Day Single Cancer Pathway: **50.8%** (Target 75%)
- Referral to Treatment waiting over 52 weeks 1st Appointment: **6,504**
- Referral to Treatment waiting over 104 weeks: **3,098** (see slides 12 & 13) **MP**
- Referral to Treatment waiting over 156 weeks: **32** (Target 0)
- Number of patients waiting over 8 weeks for Diagnostics: **19,397** (Target 0)
- Number of patients Over 100% due their clinical follow up: **128,100** (Target 0)
 - of which **19,591** are Ophthalmology R1 (**Urgent**) patients

People & Organisational Development

- Personal Appraisal & Development Review (PADR): **80%** (Target 85%)
- Sickness & Absence: **6.1%** (Target Reduce)
- Agency Spend: **2.3%** (Target Reduce)



Performance Escalations Report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Quality and Safety

Complaints

- BCUHB remain above WG Trajectory at **83.16%** (increase from 80.31%) WG Compliance **75%** Trajectory
- Total Open Complaints Overdue over 30 days = **49** (Increase from 43)
- BCUHB's longest open complaint has been open 104 days, BCUHB are closing complaints on average in 19.43 days (slight increase on last month)
- Between weeks beginning 1st January and 2nd February 2026, we received **275** complaints and closed **232**

Patient Experience

- In January 2026, 6,102 All Wales People's Experience Survey (PES) responses were received with 92.12% of people sharing their experiences "in the last week" 84.66% of responses rated their overall experience positively (Very good or Good) with 65.12% of responses rating their experience as "very good".
- High satisfaction levels were reported with 85.07% of respondents "always" treated with dignity and respect, and 90.42% of respondents reporting they were 'always' able to communicate in their preferred language including.
- Overall positive feedback was reported around the length of time patients have waited for treatment with (74.39%) with 44.15% of reporting waits as "a bit and a lot quicker than expected" and 30.23% of respondents describing their wait as "about right".

Patient Safety

- In January 2026, BCUHB submitted 6 Early Warning Notifications to Welsh Government.
- As of the end January 2026, the total number of National Reportable Incident (NRI) investigations stands at 47, with 4 overdue for closure with NHS Wales performance and Improvement
- BCUHB reported no Never Events in this reporting period.

External Regulators

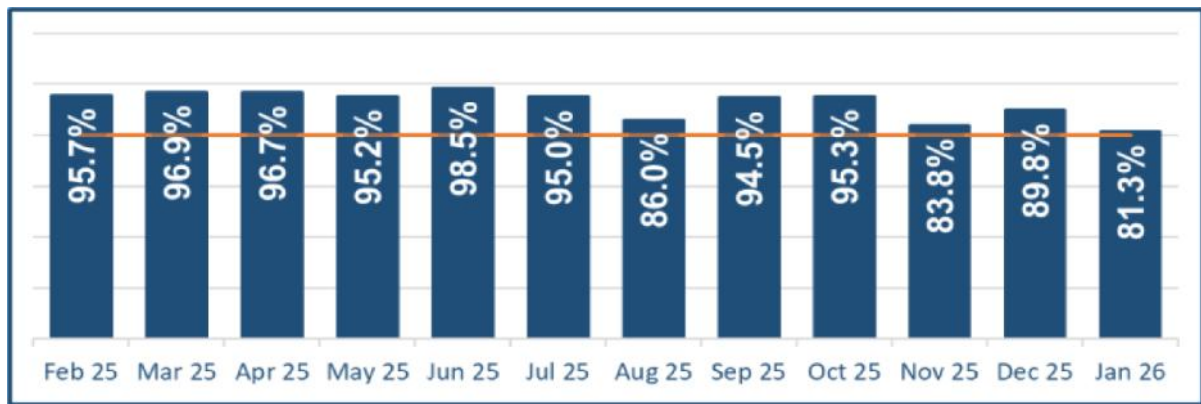
- Ombudsman Public Interest Report: Executive Lead in place- going through Health Board governance to board for ratification
- New Ombudsman Draft Public Interest report received in January 2026 (Urology / Integrated Health Community, West). Health Board responded 4 February 2026 to confirm that it accepts the report and its findings.
- Healthcare Inspectorate Wales: 2 HIW Inspection Reports published: Hergest Unit, Ysbyty Gwynedd and Pantomime Ward, Wrexham Maelor published on 16/01/2026; Scheduled inspection announced of Nuclear Medicine, Irmer 26th/27th March.
- Regulation 28: None issued in January



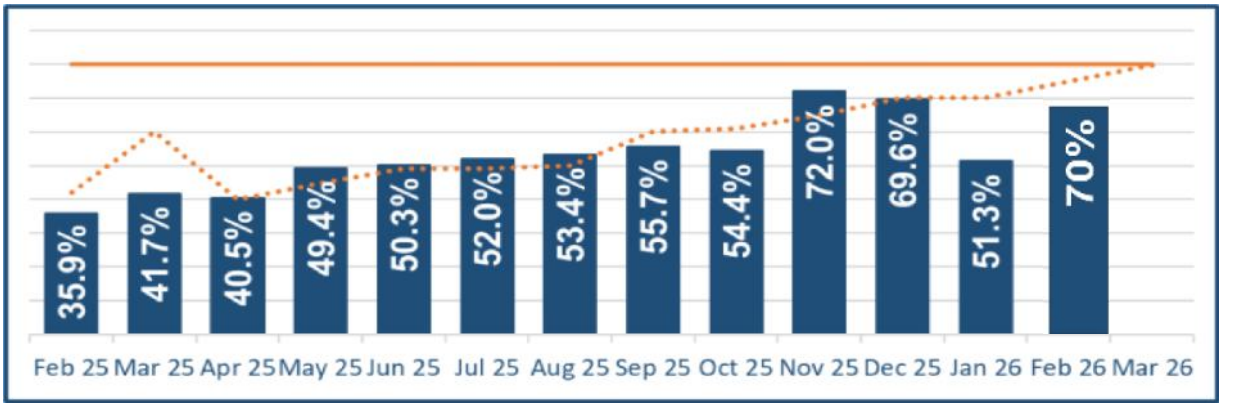
Access: Children's & Adolescent Mental Health Services (CAMHS) (Part 1b: Therapeutic Intervention within 28 days)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Part 1a: National Target 80%
Target achieved at 90% for February 2026



Part 1b: National Target 80%
Improvement trajectory achieved at 70.0% for February 2026



Mental Health Measure – December position

- Part 1a – 80% target: Achieved at 90%
- Part 1b – 80% target: Improvement trajectory achieved at 70%

A review of performance trajectories identified that East CAMHS was off track for Quarter 4 delivery, adversely impacting the Regional BCU position. In response, East CAMHS has developed a Quarter 4 Recovery Plan. While a temporary dip in 1b compliance is anticipated in the December/January figures, this is addressed within the recovery plan, which includes short-term additional agency staffing to increase capacity and reduce the intervention waiting list backlog, supporting sustained compliance with 1b targets going forward. Some challenges in recruiting agency staff have impacted start dates; however, the position remains on track to meet the end March target.



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: Improving

Ministerial Milestones	Description
No patients waiting over 4 years	Sustained compliance of no patients waiting over 4 years for an assessment
No patients waiting over 3 years	Ministerial Milestone 25/26 – to deliver no waits >3 years. High risk to delivery schedule by end of Quarter 4 due to private provider delays in mobilisation from one of the two providers.
80% of patients seen within 26 weeks	Performance against the national target of 80% remains very low. However, at 11% is in line with internal improvement plan trajectories as we seek to reduce the number of extreme waits first

Ministerial Milestone >3 Year Waits 25/26 - Private provider contract awarded to two companies following tender process. Mobilisation commenced end January due o procurement delays. One provider reported off track with delivery plan end of February, significant residual risk remains in place for achievement at end of March. All possible mitigations have been put in place with provider however workforce to deliver has not been sustained by company. Currently forecasting shortfall of 300 assessments waiting over 3 years. All avenues to utilise ND funding allocation across IHCs to increase assessment capacity including overtime and agency have been put in place to reduce waiting lists further, agency staff and locum medical staff have been appointed for each team

Ministerial target achieve 30% efficiencies 25/26 - BCUHB internal assessment activity has significantly increased with revised prudent assessment approach resulting in 63% increase in assessment activity (YTD at the end of Quarter 3) compared to previous year. Exceeding WG efficiency target of 30% set

Needs Led Model/Partnership Working - We continue to work with North Wales RPB in developing a Regional Strategy for ND and a Needs Led Model of Care to reduce demand into specialist ND services and need for diagnostic assessments in all cases. Referrals to the ND service have reduced by 33% (YTD at end Q3) in comparison with previous year



Escalated by: Integrated Performance Executive Delivery Group (IPEDG)

Date : April 2025

Reason: Performance below plan

Status: Not Improving



	BCUHB Total	West	Central	East
Upper GI	77% (24/31) ↑	83% (5/6)	70% (7/10)	80% (12/15)
Haematology	74% (17/23) ↓	100% (6/6)	67% (4/6)	64% (7/11)
Lung	66% (27/41) ↓	57% (8/14)	71% (10/14)	69% (9/13)
Skin	60% (60/100) ↓	63% (15/24)	49% (21/43)	73% (24/33)
Urology	42% (42/99) ↑	50% (18/36)	41% (17/41)	32% (7/22)
Breast	40% (27/67) ↓	64% (9/14)	41% (12/29)	25% (6/24)
Colorectal	33% (13/39) ↑	17% (2/12)	27% (3/11)	50% (8/16)
Gynaecology	33% (9/27) ↓	45% (5/11)	10% (1/10)	50% (3/6)
Head & Neck	30% (7/23) ↑	60% (3/5)	17% (2/12)	33% (2/6)
Total	51% (232/457) ↔	56% (73/131) ↔	45% (80/179) ↓	54% (79/147) ↑

Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows reflect change from last month

In January 2026, BCUHB treated 50.8% of new cancer patients within target i.e. within 62 days of suspicion of cancer. This is 0.4 percentage points lower than in December.

- Upper GI met the national target
- Skin performance fell from 71% in the last quarter to 60% in month due to patients in the dermatology backlog being treated. Reducing the backlog reduces our percentage treated in target in the short term but will lead to improved performance and outcomes in future months
- The majority of urology breaches are prostate cancer patients. Insourced prostate biopsies commenced in early February to reduce time to diagnosis
- Breast performance remains below plan due to challenges in the screening service in particular
- Colorectal performance improved slightly but pressures in relation to endoscopy capacity remain

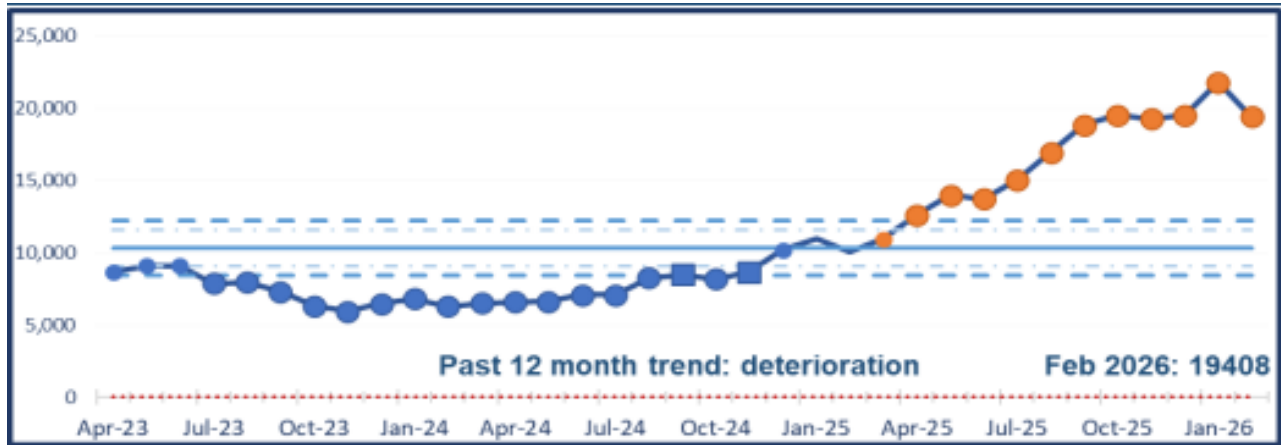
Tumour site	Agreed action	Progress since last meeting	Next steps
All	Ensure sufficient capacity to meet national optimal pathway (NOP) targets	Capacity and demand modelling continues	Complete capacity and demand modelling (by end Q4)
Breast	Ensure sufficient RABC capacity to see all women in 10 days	Number of patients over day 21 decreased from 242 end of Sept to 53 at end of February = 78% improvement	Complete implementation of audit recommendations (by end Q4) to reduce waits further
	Establish breast pain pathway (reduce demand on RABCs)	Planning for service delivery stalled whilst awaiting national funding decision	Hold first clinic (assuming positive national funding decision received) in early 26/27
Colorectal and UGI	Reduce waiting times for USC endoscopy	Admin validation of cancer endoscopy waiting list; cancer utilisation audit commenced	Complete demand review and implement recommendations (Q4)
	Increase straight to test uptake	Nurse led triage service initial data shows reduction in time to triage and increase in % straight to test	Further embed nurse led triage and continue evaluation(Q4)
	Ensure sufficient surgical capacity to meet increased demand	Preliminary discussions re robotic assisted surgery strategy continue	Relaunch robotic assisted surgery review programme (Q4)
Skin	Maximise potential of teledermoscopy	Digital integration with existing systems completed – will enable increase in numbers per session	Agree dermatology job plans to accommodate expanded service for Central and East (Q4)
	Increase MOPs capacity to meet demand	Connah's Quay Medical Centre minor ops facility opened in February	Continue to monitor impact
Urology	Increase straight to test on prostate pathway	n/a	Central IHC to establish requirements to introduce pathway (Q4)
	Ensure sufficient prostate biopsy capacity in place to meet demand	Insourcing commenced in February; training commenced for 3 non-medics	Progress longer term sustainability plan (Q4)
	Longer term plan to repatriate major urology cancer surgery to north Wales	Cystectomy pathway continues; prostatectomy pathway agreed	Commence prostatectomy referrals – awaiting start date from Arrowe Park (Q4)
Gynaecology	Implement PMB clinics	Exploration of alternative models continues	Finalise scanning model in north Wales (Q4)



Access: Planned Care Diagnostic Services (8 weeks & over)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improved

Latest validated position for February 2026 is 19,408, an improvement from 21, 679 patients waiting over 8 weeks in January.



- All additional / procured recovery solutions operational
- MRI ahead of plan
- NOUS - Significant additional activity planned in March
- Endoscopy mobilisation issues impacting recovery pace
- 104 wks / OPD programme demand impacting
- Year end most likely forecast **10,670**

Key actions in March:

- Daily / weekly monitoring
- Validation of waiting lists / audit of requests
- Need to maintain additional capacity into 2026-27

Diagnostics performance against the 8-week standard has deteriorated over the past 12 months, predominantly a consequence of demand for Radiology, Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy, key information being;

- 19,397 patients waiting in excess of 8 weeks at end of February 2026 (a decrease from 21,679 reported for January 2026)
- Drivers being increased Endoscopy, Cardiology & Radiology from increased demand as we progress with the additional stage 1 outpatient activity from the National initiative
- There has been an improvement in every modality apart from GP Direct Access Radiology, which continues to grow.
- Further allocation of £3.6m in year to improve towards 5,000 waits of 8 weeks at end of March 2026.

Key actions in the current quarter centring upon;

- Interim solutions have been deployed, including mobile MRI and mobile endoscopy suites on sites.
- Continued additional demand management measures

The increased access is set to reduce patient waiting times beyond 8-weeks to approximately 10,000 patients by 31st March 2026.

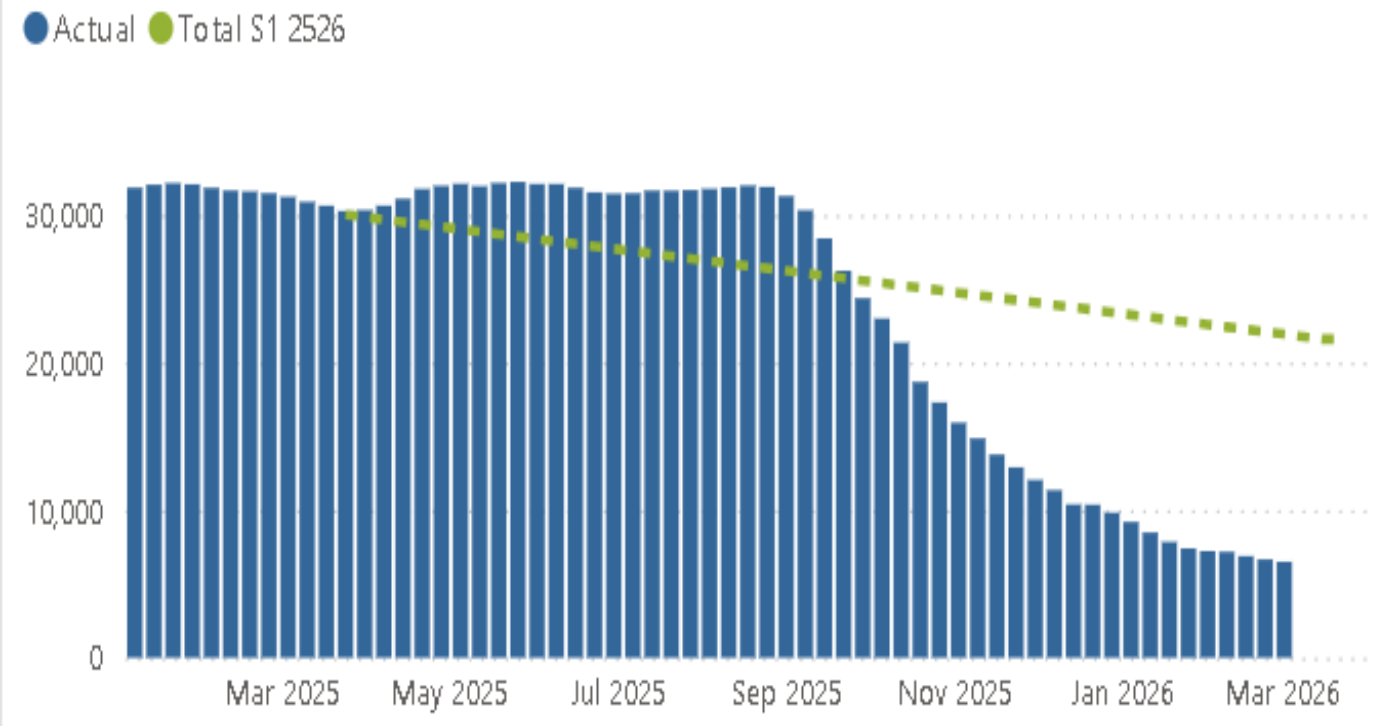


Access: Planned Care – Referral to Treatment Patients waiting over 52 weeks for new outpatient

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Latest validated position for February 2026 shows continued improvement, however the pace of reduction has slowed considerably

Stage 1 52 Week Actuals Vs Trajectory



Key messages;

The Health Board was maintaining a high number of patients waiting beyond 104 weeks, though unable to tackle the challenge of reducing the backlog. However, the successful implementation of the National Initiative for stage 1 inpatients has seen a substantial improvement in access for patients to new first outpatient appointments.

The position at the end of February 2026 was 7,014. Due to increased focus on the 104-week cohort, it is now expected to be under the 6,000 mark by the end of the financial year and not zero as originally planned.

Whilst the drive to reduce the number of patients waiting over 52 weeks for their first outpatient appointment, it is important to note some of these patients will move through the stages of care and require further intervention which will place pressure upon delivery of future attainment of zero patients waiting over 104 weeks in 2026/27.

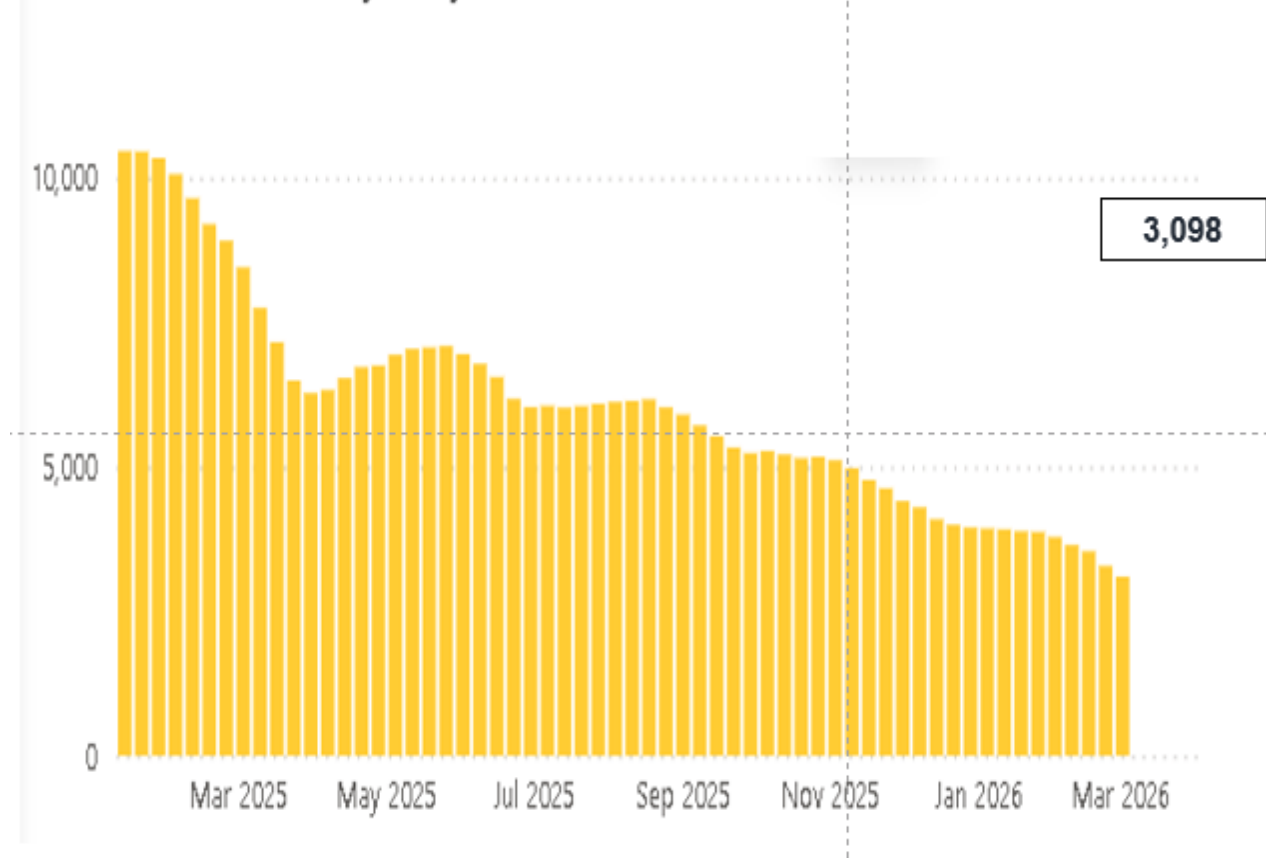


Access: Planned Care – Referral to Treatment Patients waiting over 104 weeks (all stages)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

104 Week Actuals Vs Trajectory

Latest position as at 13.03.2026



Key messages;

The Health Board set a plan that relied upon an additional £12.5m of resource for insourcing and outsourcing of patients, the plan reflecting post deployment of these funds being to have zero patients waiting over 104 weeks by 31st March 2026.

The additional resources at levels contained within the plan were not received by the Health Board, and thus the targeted improvement in access and reduction in numbers of patients waiting beyond 104 weeks at zero not attained. However, Welsh Government did allocate £5m and then in December 2025 a further £2m to support improved performance, and this combined with improvements in delivery has resulted in a substantial reduction in patients waiting over 104 weeks. The result being a reduction from over 10,000 to the latest position of 3,098 patients waiting above 104 weeks for conclusion of their care, a 70% reduction and significant improvement.

This has been achieved despite a further 3,000 additional patients per month ‘tipping’ in to the 104 weeks cohort. This significant reduction exceeding that profiled within the revised plan requested and submitted to Welsh Government (post notification additional funding would not be remitted) of 3,782 patients waiting over 104 weeks.

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

A total of 1,518 patients are experiencing waits of over 14 weeks for therapy. The majority (1,509) are in the East IHC, with 1,114 Physiotherapy and 395 Dietetics



Physiotherapy (East IHC) The upturn seen in December has continued into January and February due to previously reported accommodation constraints, insourcing/outsourcing pressures and staff absence. Discussions about the planned move to Plas Gororau have re-convened which is positive but with no firm timescale at present, without the clinic space being returned, recovery will remain challenging.

Dietetics - Gastro (East IHC)
Withdrawal of Gastro funding has caused the longer waiting times for the specialist Dietetic service - Gastro services have now agreed on an outline business plan, which includes the dietetic business case in phase 1 of the gastro service change, for review by the Executive Medical Director; next steps are awaited.

Access: Urgent & Emergency Care – Emergency Department Waits (4 Hrs, 12 Hrs and 24 Hrs)

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)

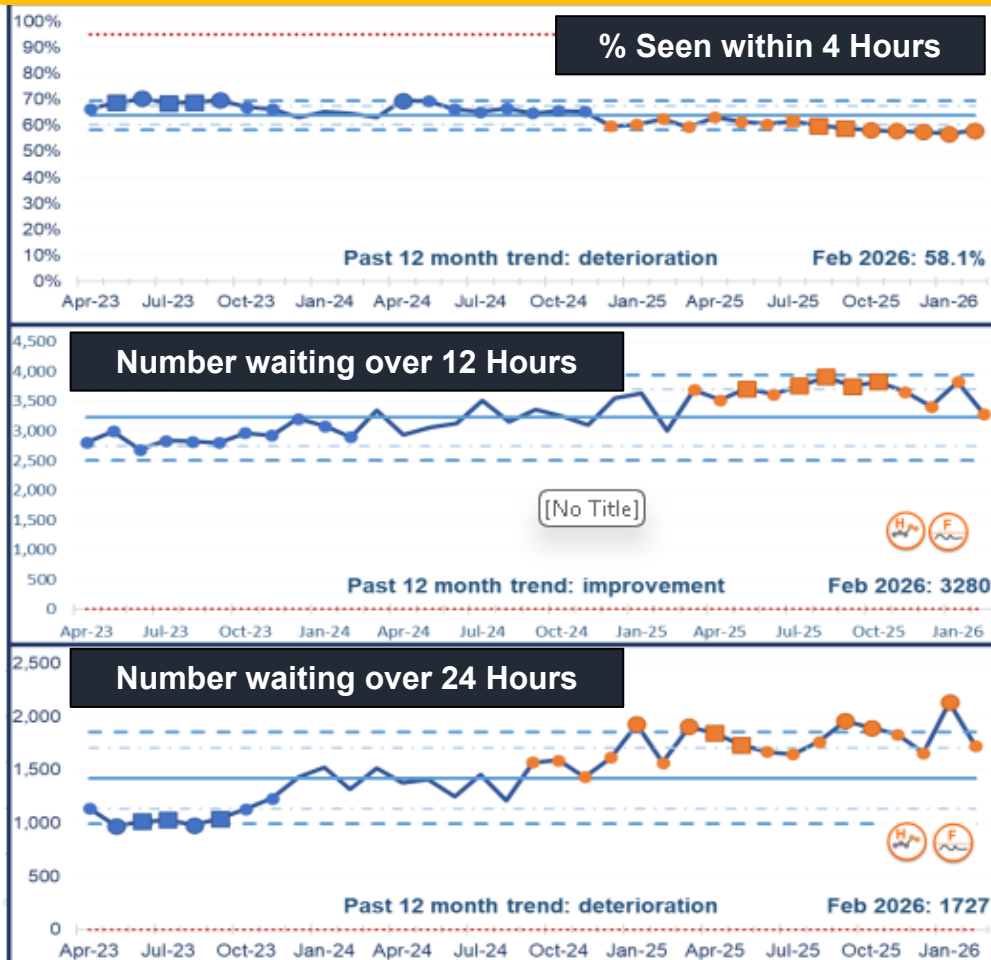
Date : April 2025

Reason: Performance below plan

Status:

Improving*

* Performance shows signs of improvement in the reduction of 12 hour and 24 hour waits. However, the percentage of patients seen within 4 hours continues to fall.



- In February 2026 there were 13,120 attendances to the acute emergency departments in north Wales. Of these, 43.1% were seen within 4 hours and 25% were admitted. Whilst performance against most of the measures are very similar to the February 2025 position, it is of note that the percentage patients seen within 4 hours in February 2025 was 49.5% (a difference of approximately 840 patients).
- The number of 12-hour waits has decreased to 3,280 (previously 3,656) 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). Currently only 1 in 6 inpatients are discharged before midday on the day of discharge. The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients.

Forthcoming Improvement Activities (Feb–April 2026)

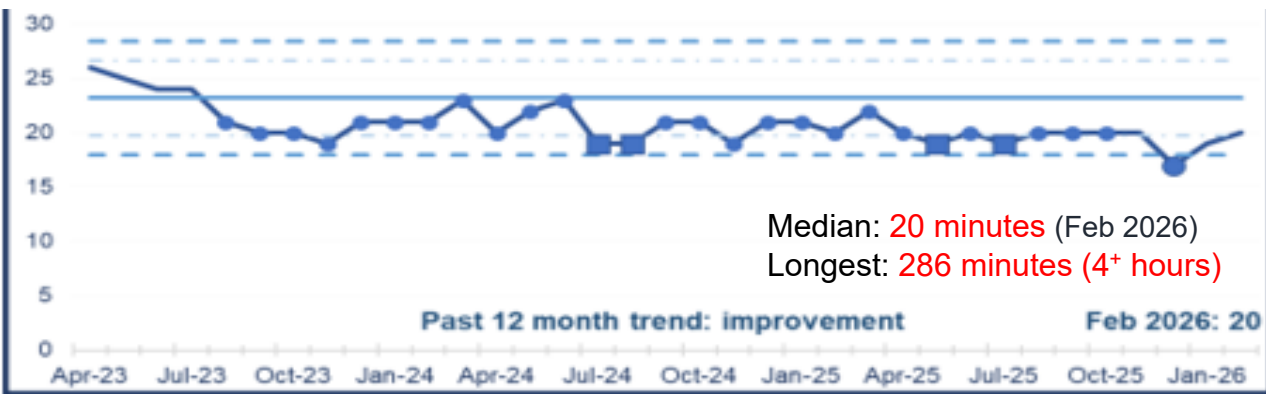
- 21-Day Long Length of Stay Reviews (March 2026)
- Review all patients with >21-day stay
- Identify avoidable delays
- Strengthen MDT decision-making
- 6As Audit (March/April 2026)
- MDT case-note review
- Identify avoidable admissions
- Improve pathway coordination



Access: Urgent & Emergency Care – Emergency Department Process Time to Triage / Clinician

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Whilst the Median time to triage is not improving, and it should be noted that the longest times to triage remain in excess of 4 hours



Winter Sprint 1 introduced more senior clinicians earlier in the patient journey, which means: Patients are assessed sooner Early decisions are made more rapidly (admit / discharge / alternative pathway) Less waiting for a doctor because senior review is immediately available. This is one of the biggest direct drivers of shorter time to clinician.

Winter Sprint improvements included:

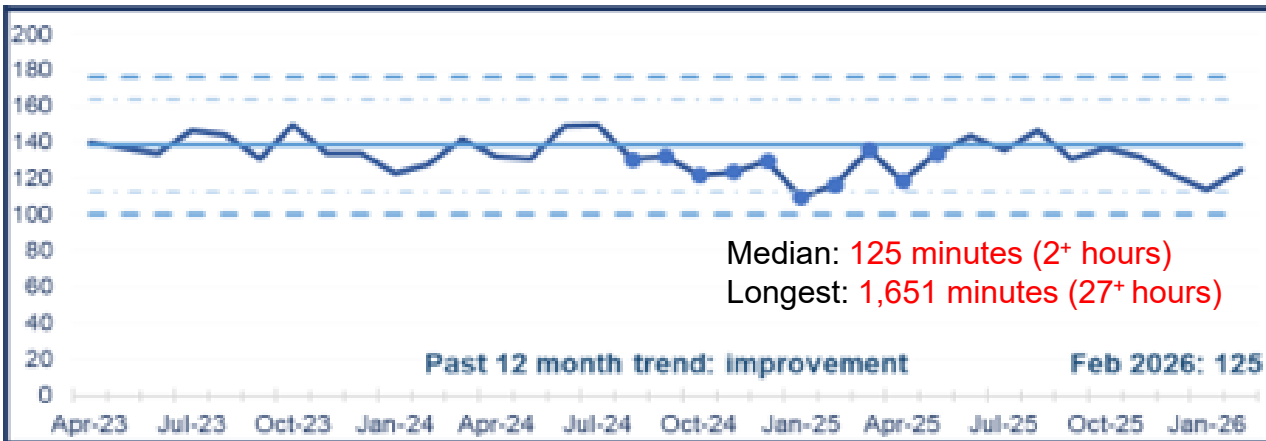
- Reduced ambulance handover delays
- Faster movement of conveyed patients into ED

When ambulances clear quickly:

- Patients enter the department sooner
- Clinicians receive patients earlier
- Triage queues reduce significantly

Ambulance delays are one of the largest contributors to slow time-to-clinician

The Median time to clinician is not is improving, and it should be noted that the longest times to triage remain in excess of 27 hours



During Winter Sprint 2 the system improved:

- Real-time operational oversight
- Rapid escalation
- Staffing coordination at peak times

This ensures the right clinical staffing is at the front-door at the right time, improving speed to first assessment.

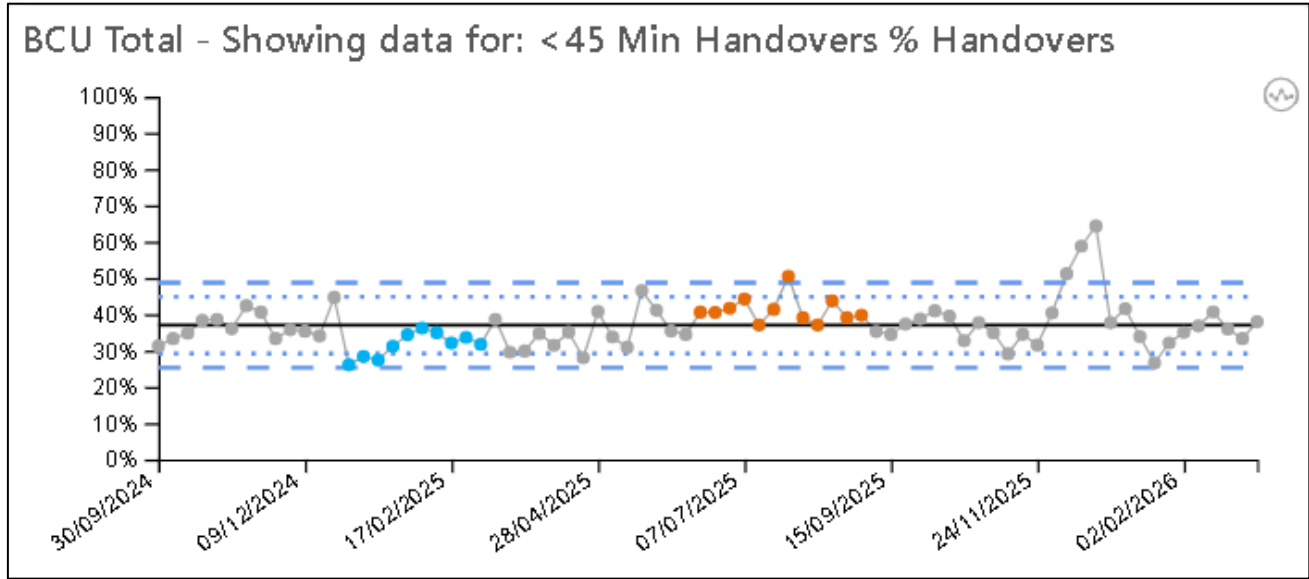
Next Steps (March–April 2026)

- Implement findings from January MADE reviews
- Launch 21-Day Long Length of Stay Review
- Conduct 6As Avoidability Audit
- Continue embedding Home First, D2RA and discharge consistency
- Strengthen governance around flow and oversight



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



There is intense 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.

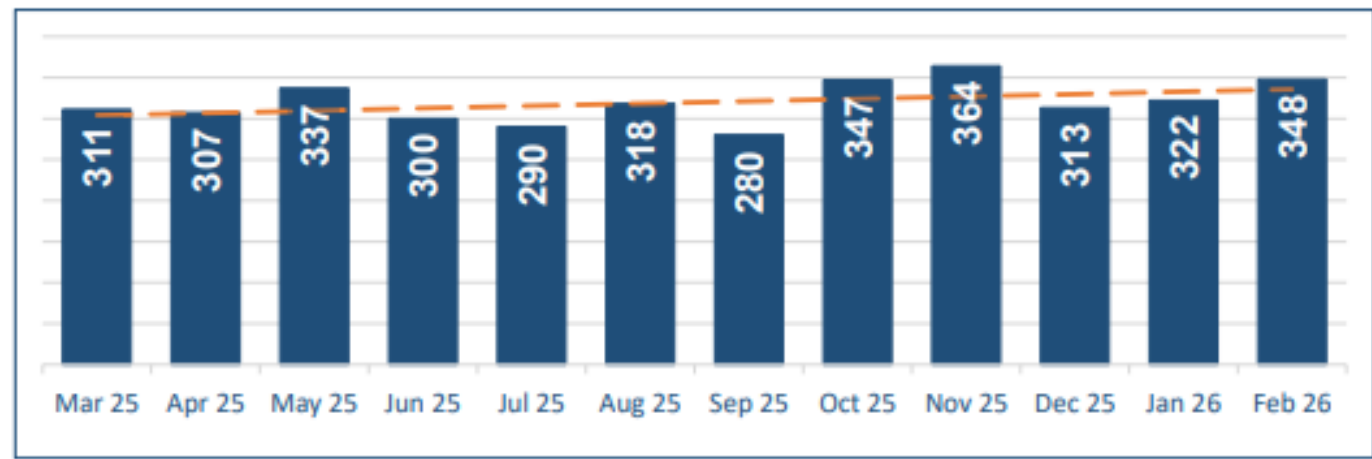
The February 2026 position shows an improvement with 2,057 patients waiting over 45 minutes for their handover from an ambulance. 37% of ambulance patient handovers were completed in under 45 minutes. This is the same position as February 2025.

MAG 45 T & F group set up to deal with the ongoing performance and expectations in this space. Monthly performance meetings with senior WAST colleagues. This will include the national falls leads for discussion and action around preventative opportunities to conveyance.

Flow & Efficiency: Pathways of Care Delays

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Getting Worse

Improvement seen in December via the 'discharge sprints' have not continued into January or February



Winter Sprint 2 (21 Jan–4 Feb 2026), Delivered jointly by BCUHB, Local Authorities and RPB partners, built on the December Sprint Fortnight to maintain strengthened system grip and collaborative behaviours. Sprint 2's primary purpose was to test whether system grip, collaborative behaviours, and shared ways of working could be maintained during a prolonged period of pressure. Over the period there was a 13% reduction in the number of POCD patients and a 1% reduction in the number of days. This sustained progress can be seen in January 2026 with 322 patients delayed, In February this number has increased by 8.1%.

Number of delays have not improved despite the two recent sprints, the Health and Social care community are reviewing the Pathways of Care Delays action plan to ensure the focus is on the priority areas

The top three reasons for delays remain Assessment, Care Home related and Domiciliary care

We are currently finalising the vision of the inter-organisational memorandum of understanding which will create a clear governance framework to ensure consistent discharge standards across North Wales and all Partners. Number of days delayed have reduced slightly as have Assessment related delays.

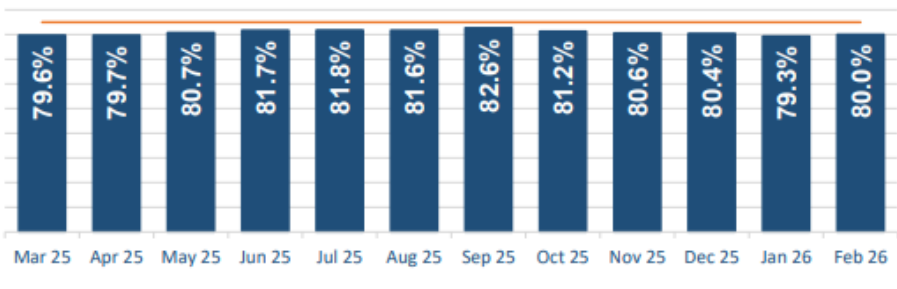
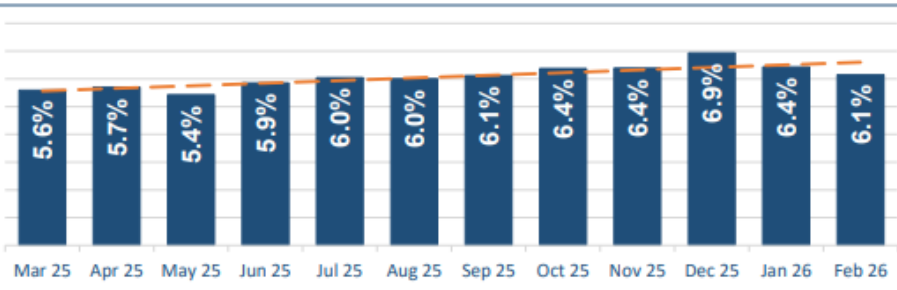
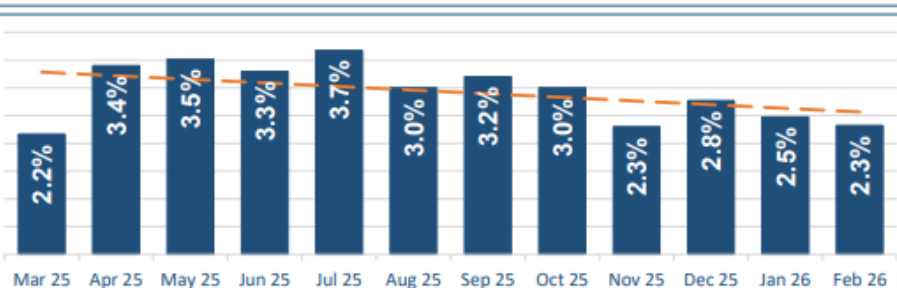
People: Staff Wellbeing and Development

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)

Date : April 2025

Reason: Performance below plan

Status: Improving

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	80.0%	6th of 13 (at Nov 25)	
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	6.1%	7th of 13 (at Nov 25)	
CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	2.3%	9th of 12 (at Nov 25)	



Financial overview

Escalated by: Integrated Performance Executive Delivery Group (IPEDG) **Date :** April 2025 **Reason:** Performance below plan **Status:** Improving

- The Health Board has £2.5bn of financial resources (WG and other income).
- The position as at Month 11 is a deficit of £17.3m, with a year-end forecast deficit of £17.4m.
- The additional controls and fortuitous non-recurring gains have offset the cost overruns for the past two months but have not been substantial enough to enable recovery against the cost overruns earlier in the financial year.

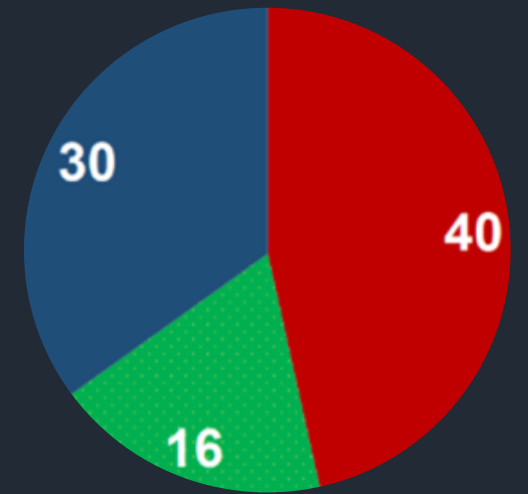
	2025/26													
	Actual											Forecast		
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total Year to Date £m	Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	(0.0)	(0.0)	(0.1)	(17.3)	(17.4)

Savings:-

- Target £40.0m, forecast Delivery £54.9m (increase of £6.8m, which is predominately one-off gains over M10 forecast).
- £26m of the £54.9m is recurring and has a full year effect of £32.2m.
- Continued review of other HBs savings plans to ensure all opportunities are explored.



Integrated Quality & Performance Report

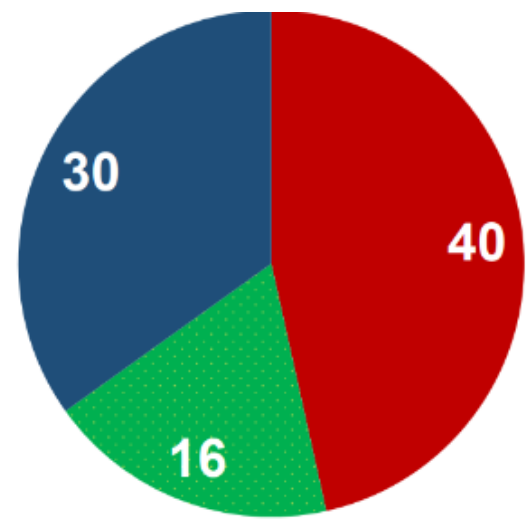


GIG
CYMRU
NHS
WALES

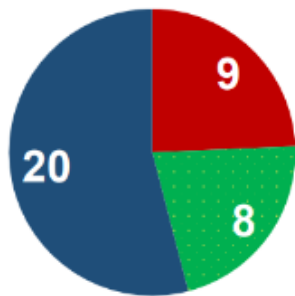
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



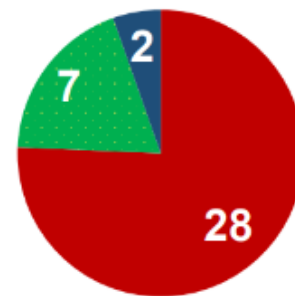
Summary of Performance to Month 9 (December 2025)



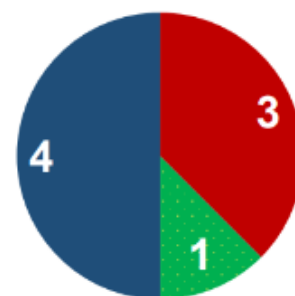
All Sections



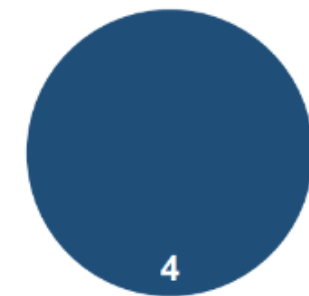
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



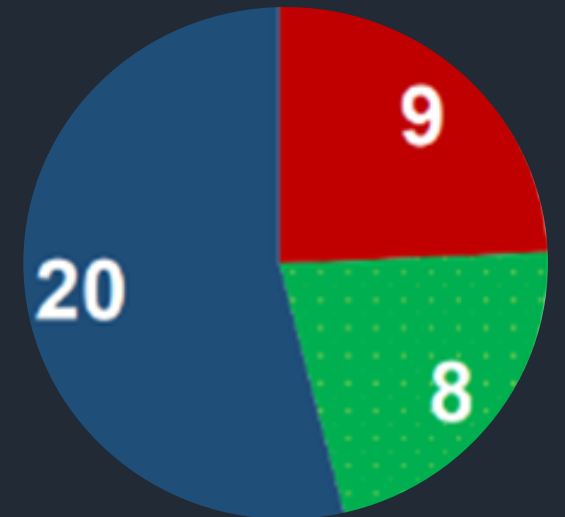
People & Organisational Development Performance



Financial Performance

Section 1

Quality, Safety and Experience



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	12.49%	3rd of 7 (at Sep 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	11.5%	4th of 8 (at Sep 25)
-	QSE	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	TBC	72.3%	6th of 7 (at Sep 25)

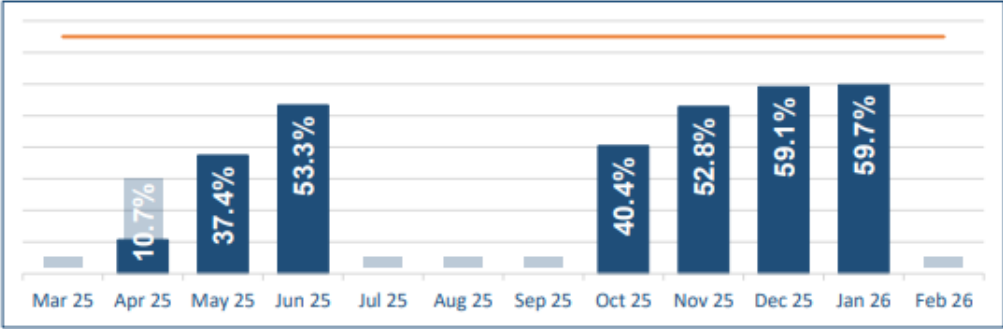
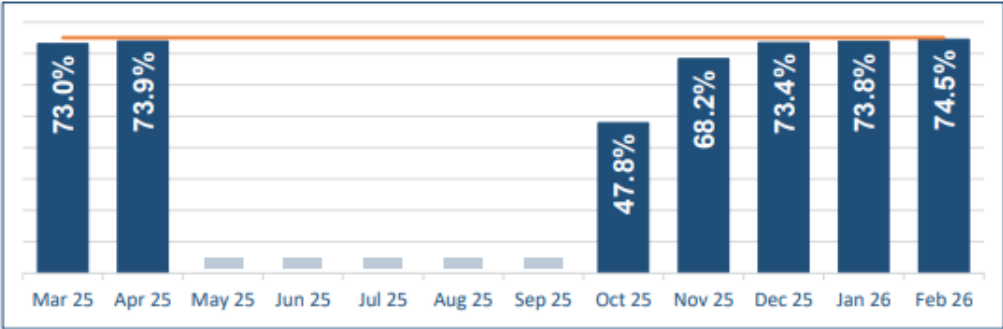
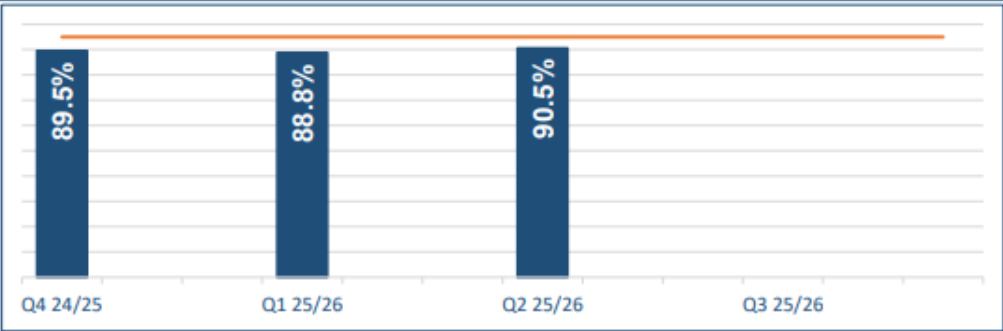
Quarter	Value
Q4 24/25	7.03%
Q1 25/26	2.26%
Q2 25/26	6.44%
Q3 25/26	12.49%

Quarter	Value
Q4 24/25	19.7%
Q1 25/26	24.8%
Q2 25/26	16.1%
Q3 25/26	11.5%

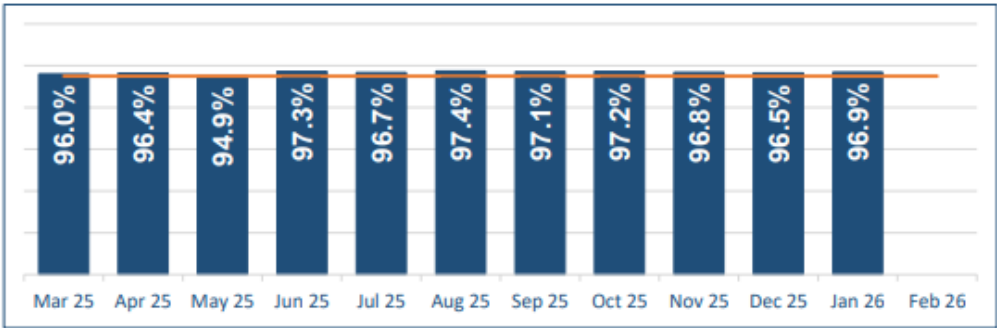
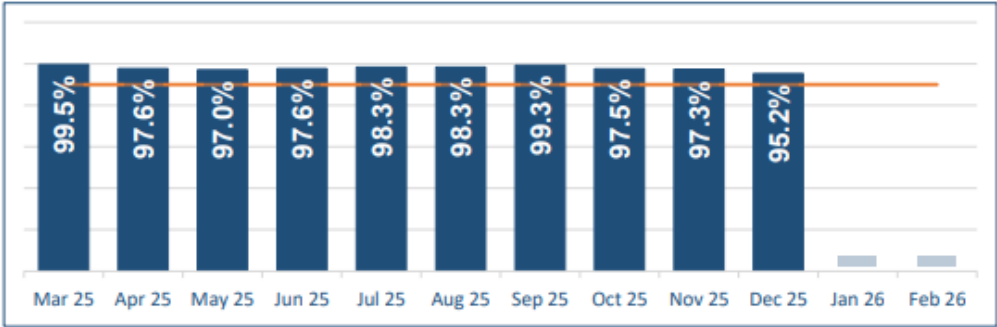
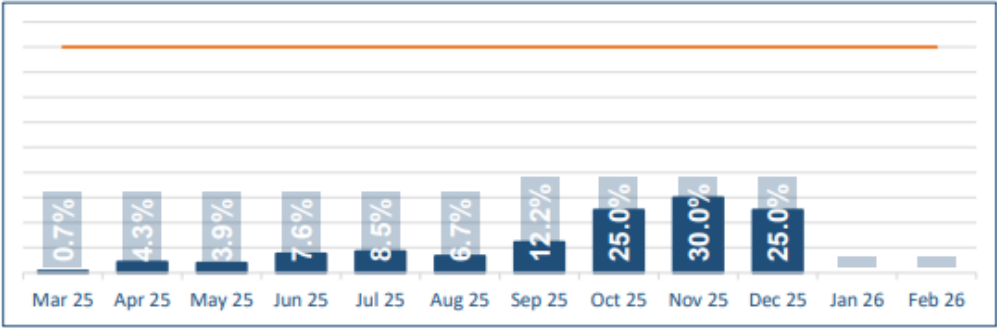
Quarter	Value
Q4 24/25	70.8%
Q1 25/26	71.7%
Q2 25/26	72.3%



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	90.5%	2nd of 7 (at Sep 25)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	74.5%	2nd of 7 (at Jan 26)
-	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster: All eligible people	75%	TBC	59.7%	1st of 7 (at Jan 26)

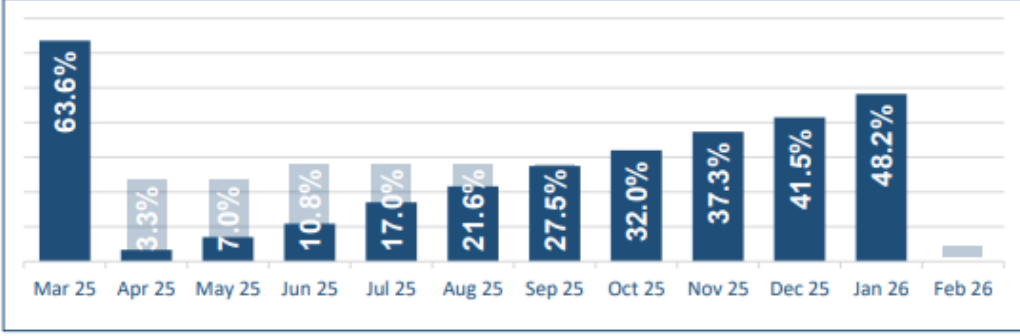
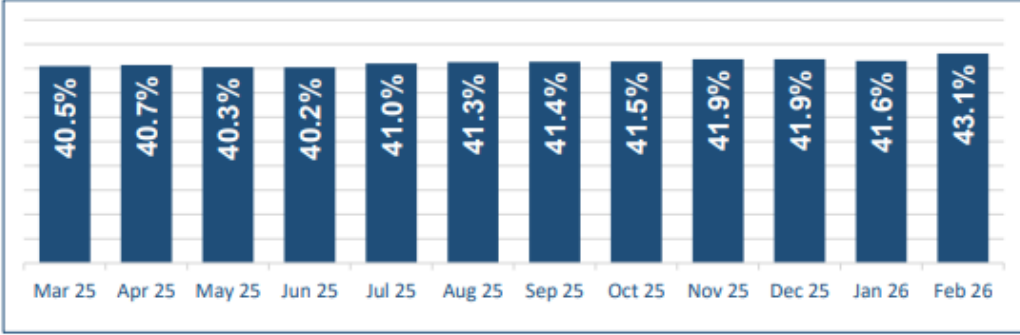
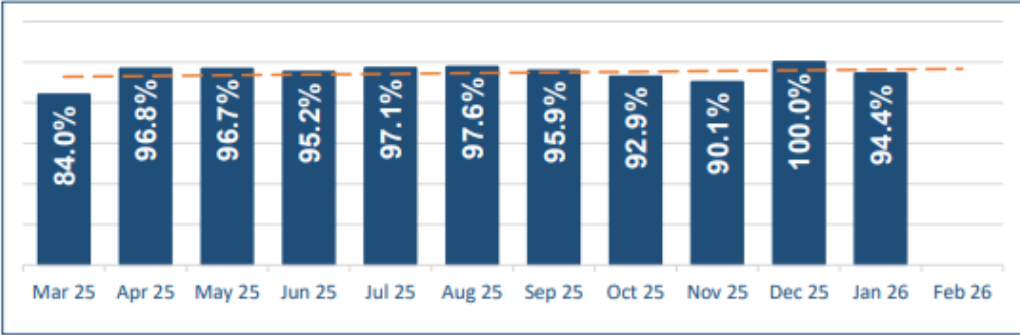


Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	25.0%	2nd of 7 (at Nov 25)
-	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	95.2%	6th of 7 (at Nov 25)
-	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	96.9%	4th of 7 (at Dec 25)



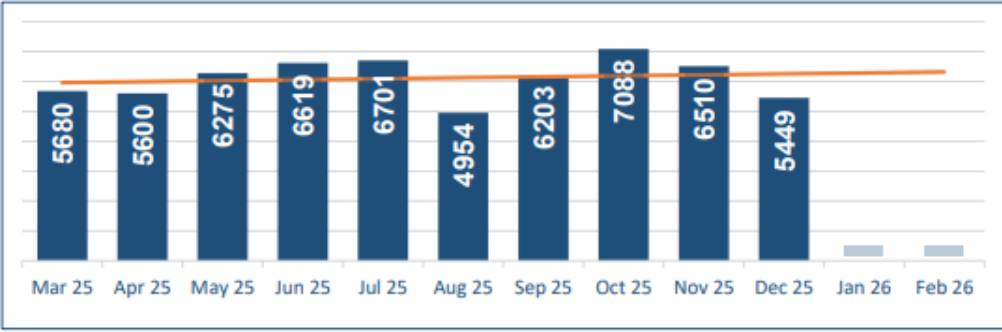
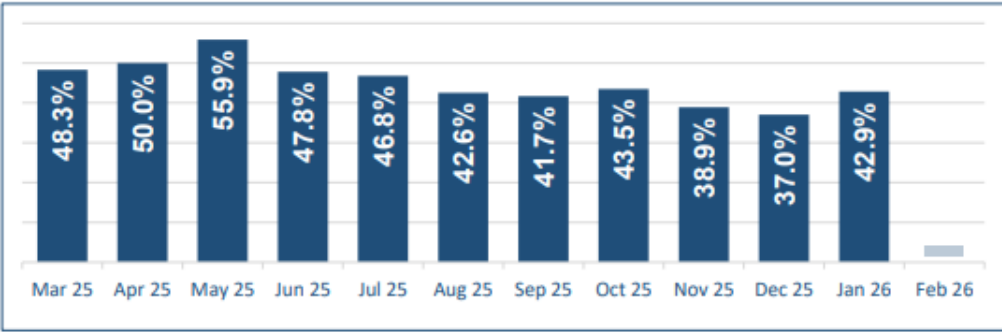
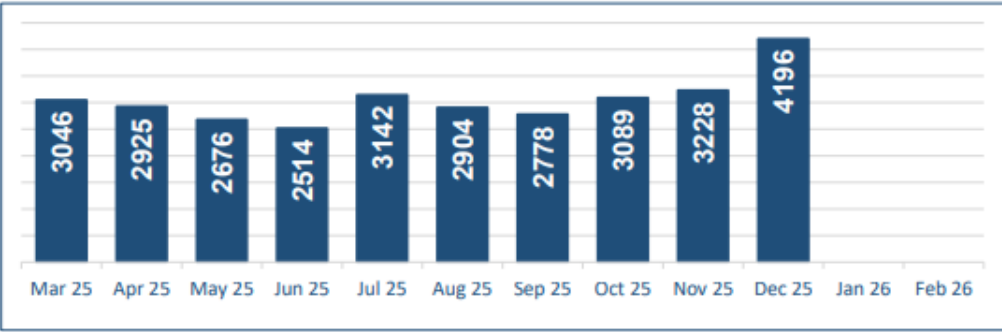
Quality:

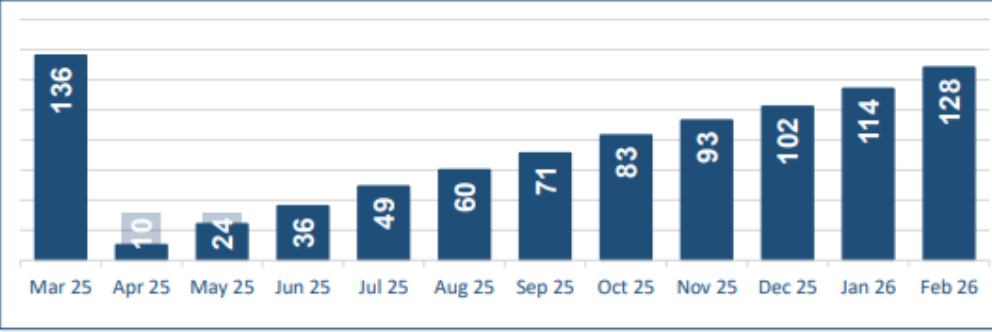
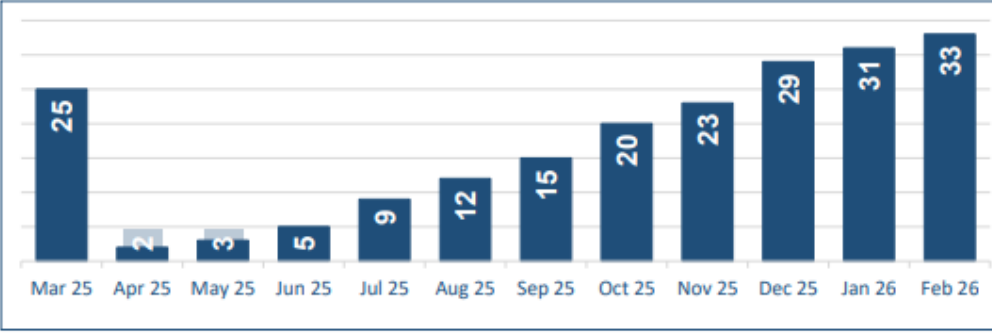
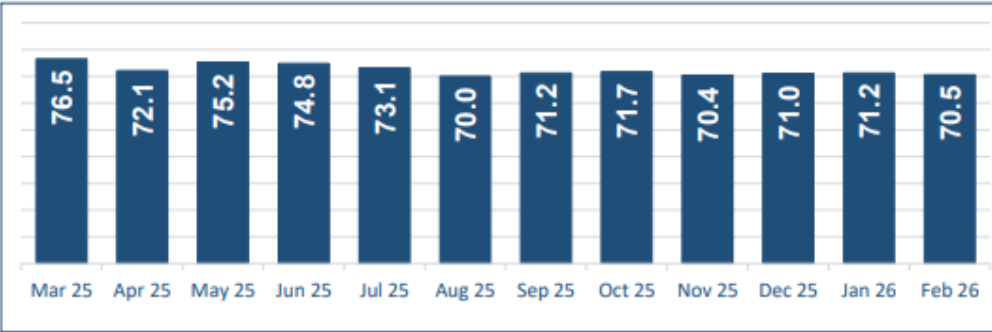
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	94.4%	1st of 7 (at Dec 25)
-	QSE	Percentage of patients (aged 12 years and 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 Jan 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	48.2%	6th of 7 (at Jan 26)



Quality:

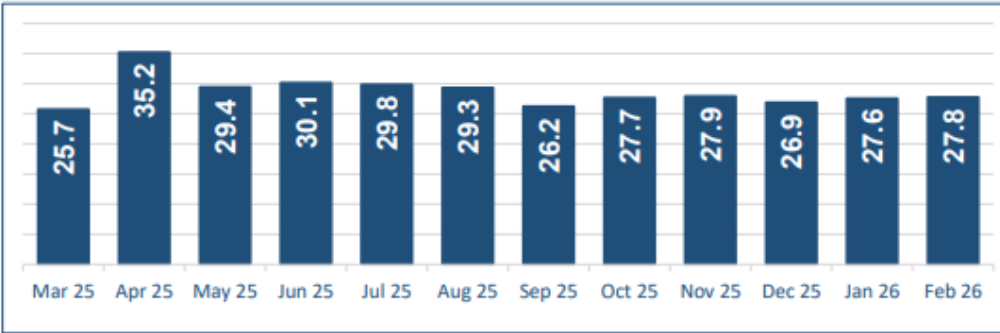
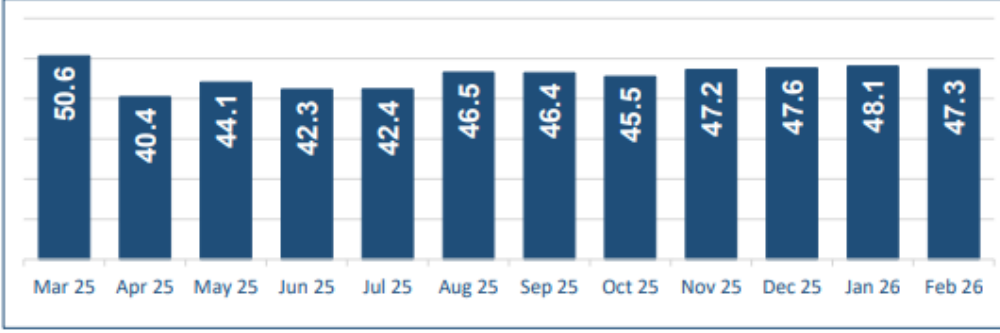
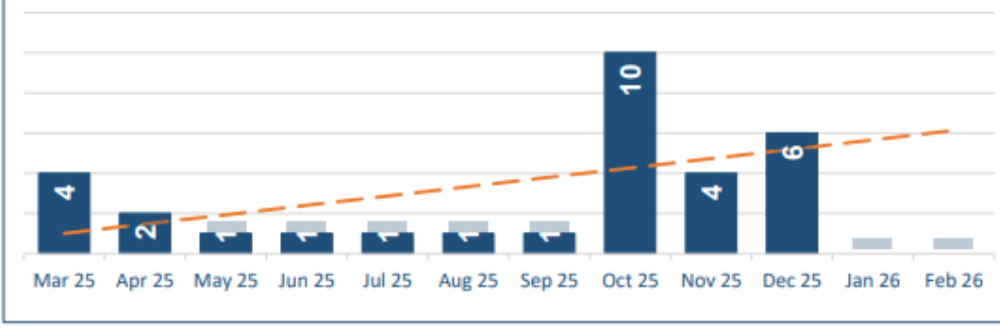
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2025/26 to 2024/25)	TBC	4196	1st of 7 (at Dec 25)
-	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 (>14 days after admission)	Equivalent month reduction (2024/25 to 2023/24)	TBC	42.9%	2nd of 6 (at Jan 26)
-	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increasing trend	TBC	5449	2nd of 10 (at Dec 25)

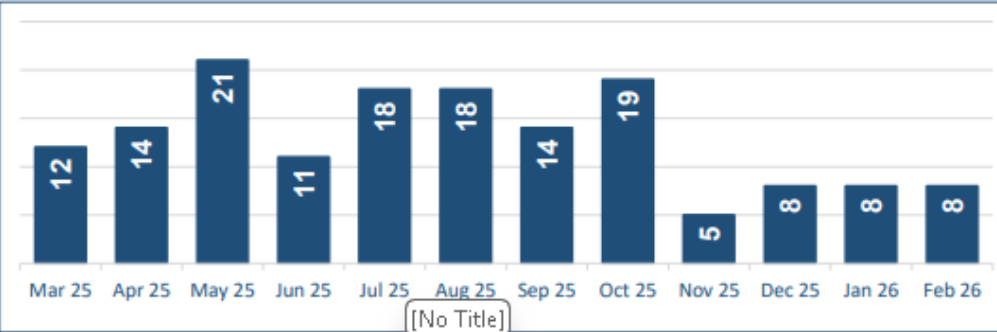
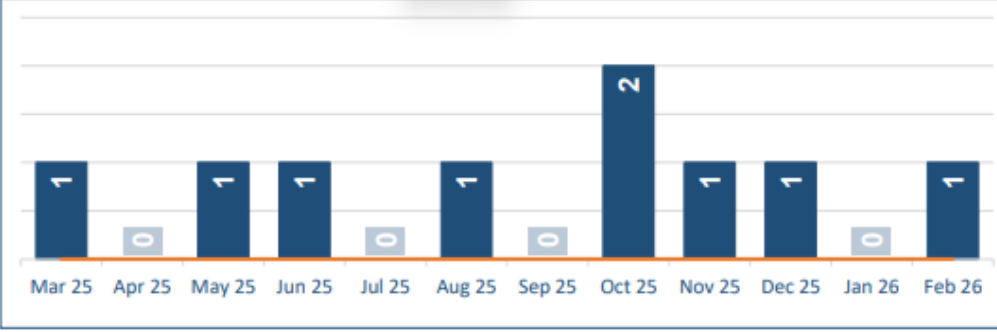
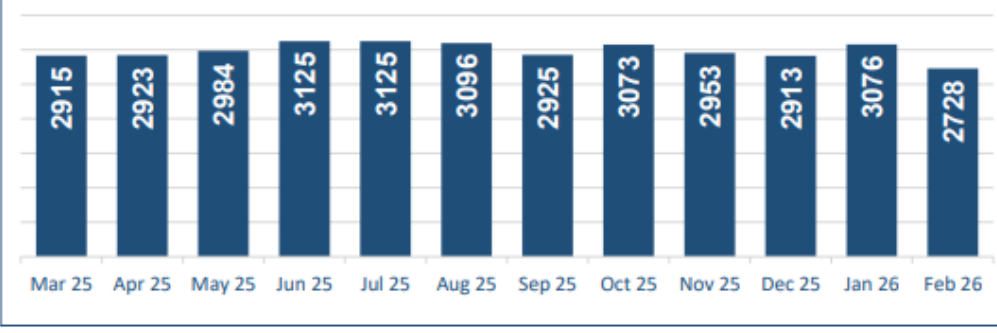


Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	TBC	TBC	128	5th of 6 (at Jan 26) 
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27	TBC	33	6th of 6 (at Jan 26) 
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67	TBC	70.5	4th of 6 (at Jan 26) 

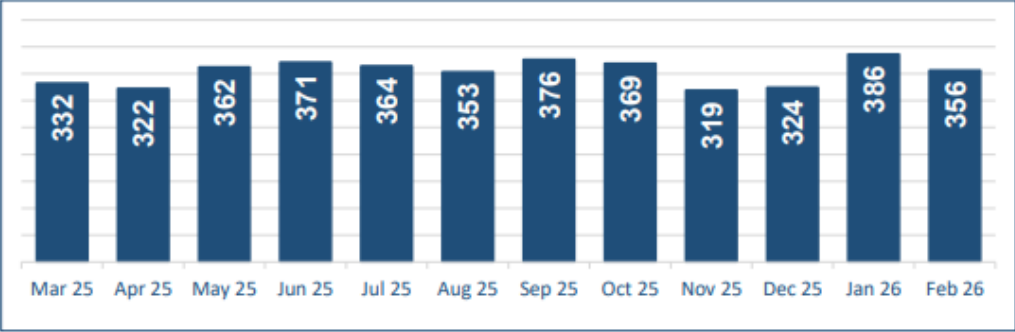
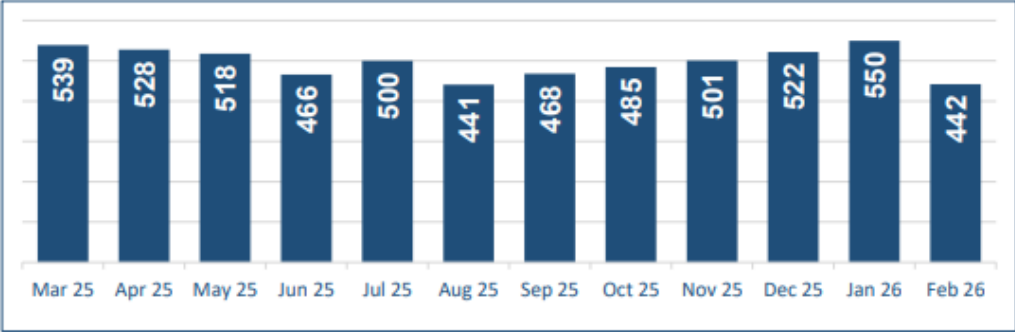
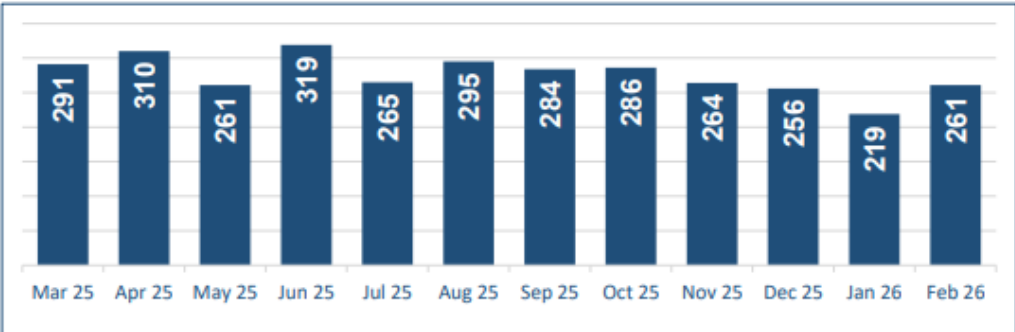


Quality:

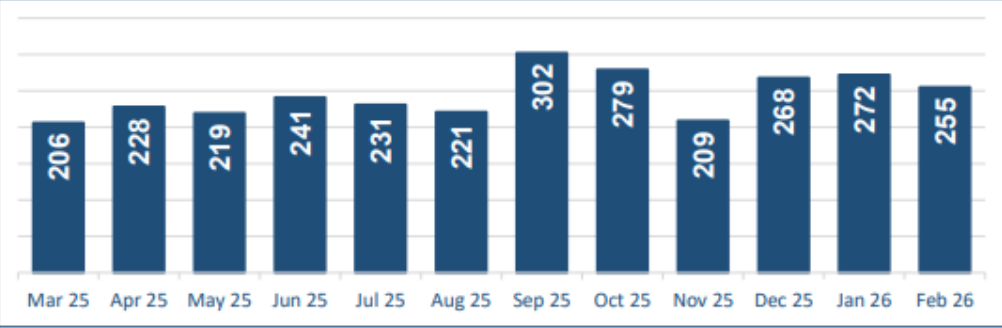
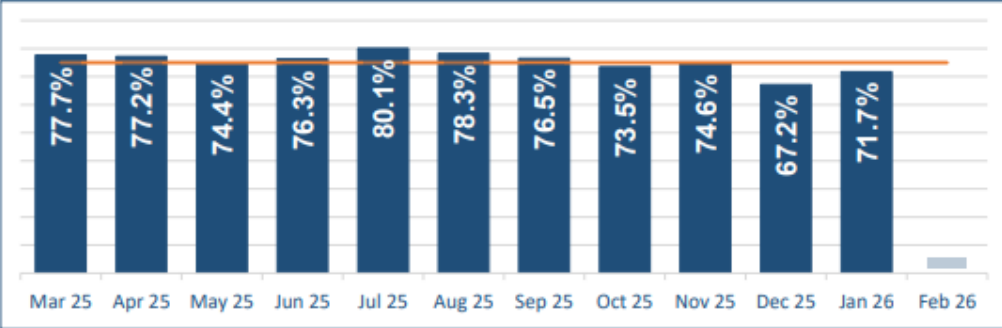
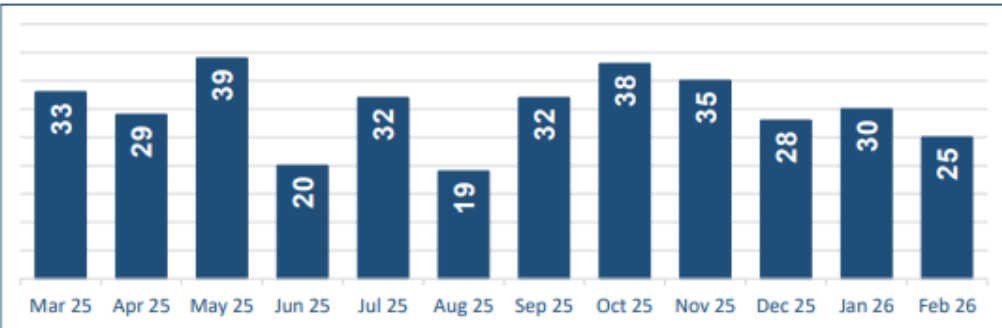
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	20	TBC	27.8	3rd of 6 (at Jan 26) 
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25	TBC	47.3	5th of 6 (at Jan 26) 
CRR: 24-04	QSE	Number of National reportable incidents that remain open 90 days or more	Decreasing trend	TBC	6	8th of 10 (at Nov 25) 

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of National reportable incidents (NRIs)	N/A	TBC	8	
-	QSE	Number of new never events	0	TBC	1	
-	QSE	Number of patient safety incidents	N/A	TBC	2728	

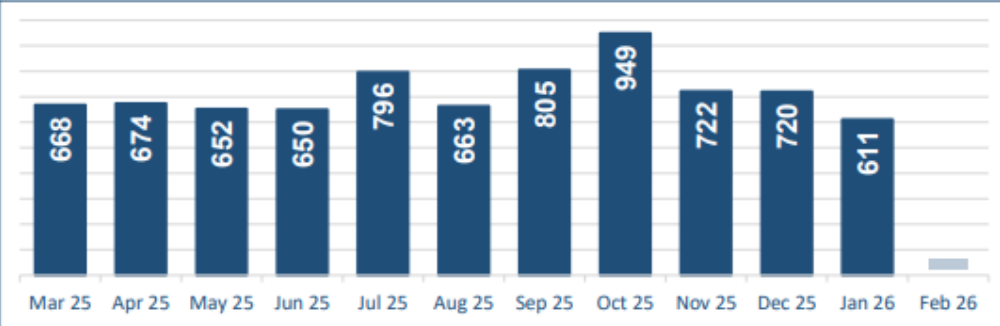
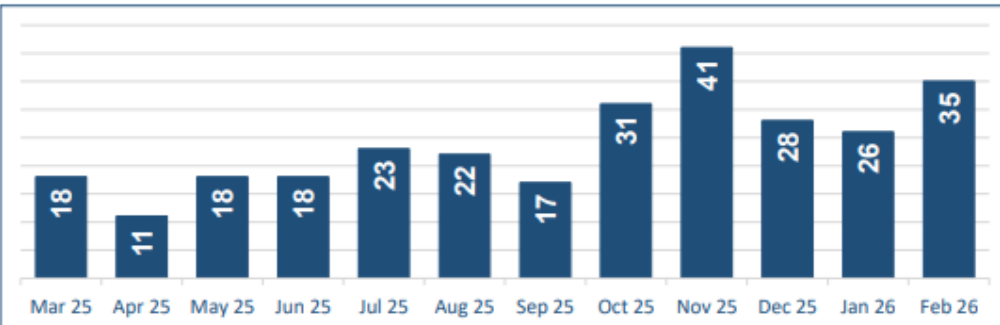
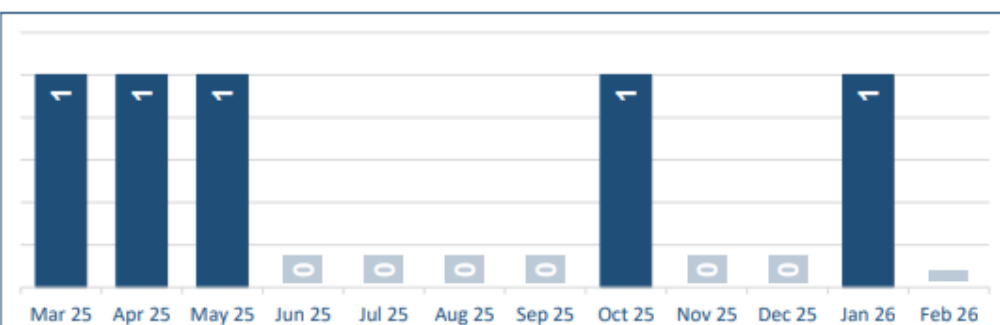
Quality:

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of reported falls	N/A	TBC	356	
-	QSE	Number of reported healthcare acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	442	
-	QSE	Number of reported medication incidents	N/A	TBC	261	

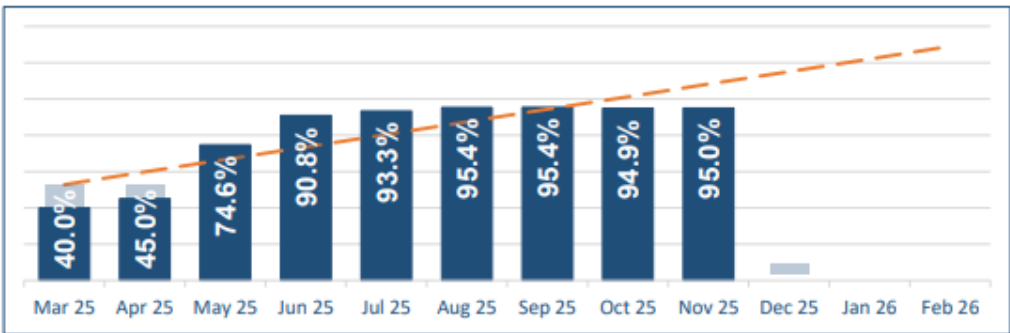
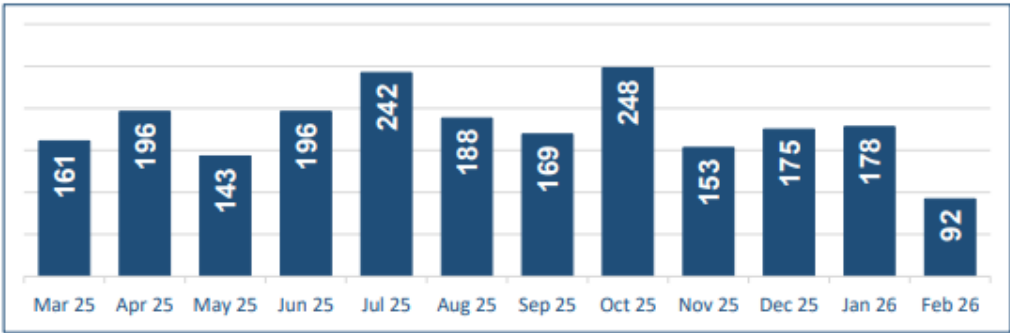
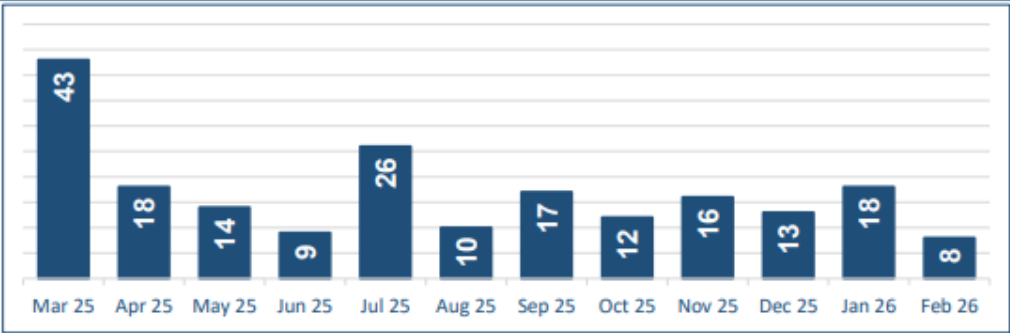


Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of 'Putting Things Right' (PTR) complaints	N/A	TBC	255	
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75%	TBC	71.7%	
-	QSE	Number of complaints closed as early resolutions	N/A	TBC	25	

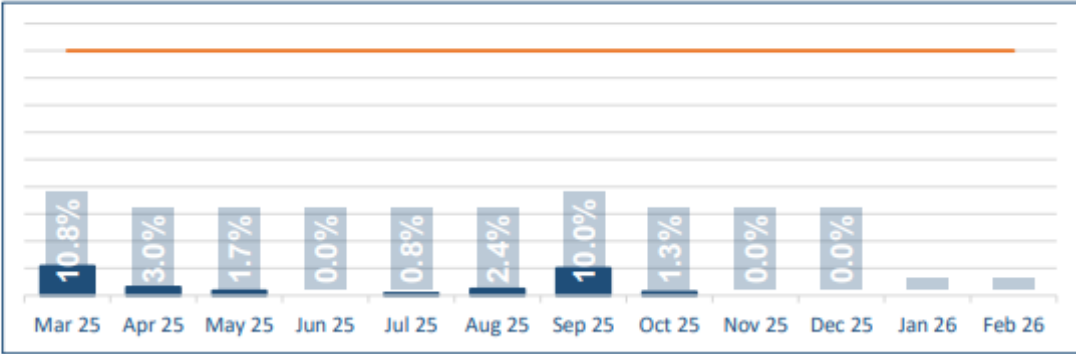


Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of PALS (Patient Advice and Liason Service) contacts	N/A	TBC	611	
-	QSE	Number of new Ombudsman contacts	N/A	TBC	35	
-	QSE	Number of regulation 28 notices	N/A	TBC	1	

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	92	
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	95.0%	3rd of 8 (at Nov 25)



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	0.0%	8st of 8 (at Nov 25)



Section 2

Access & Activity Performance

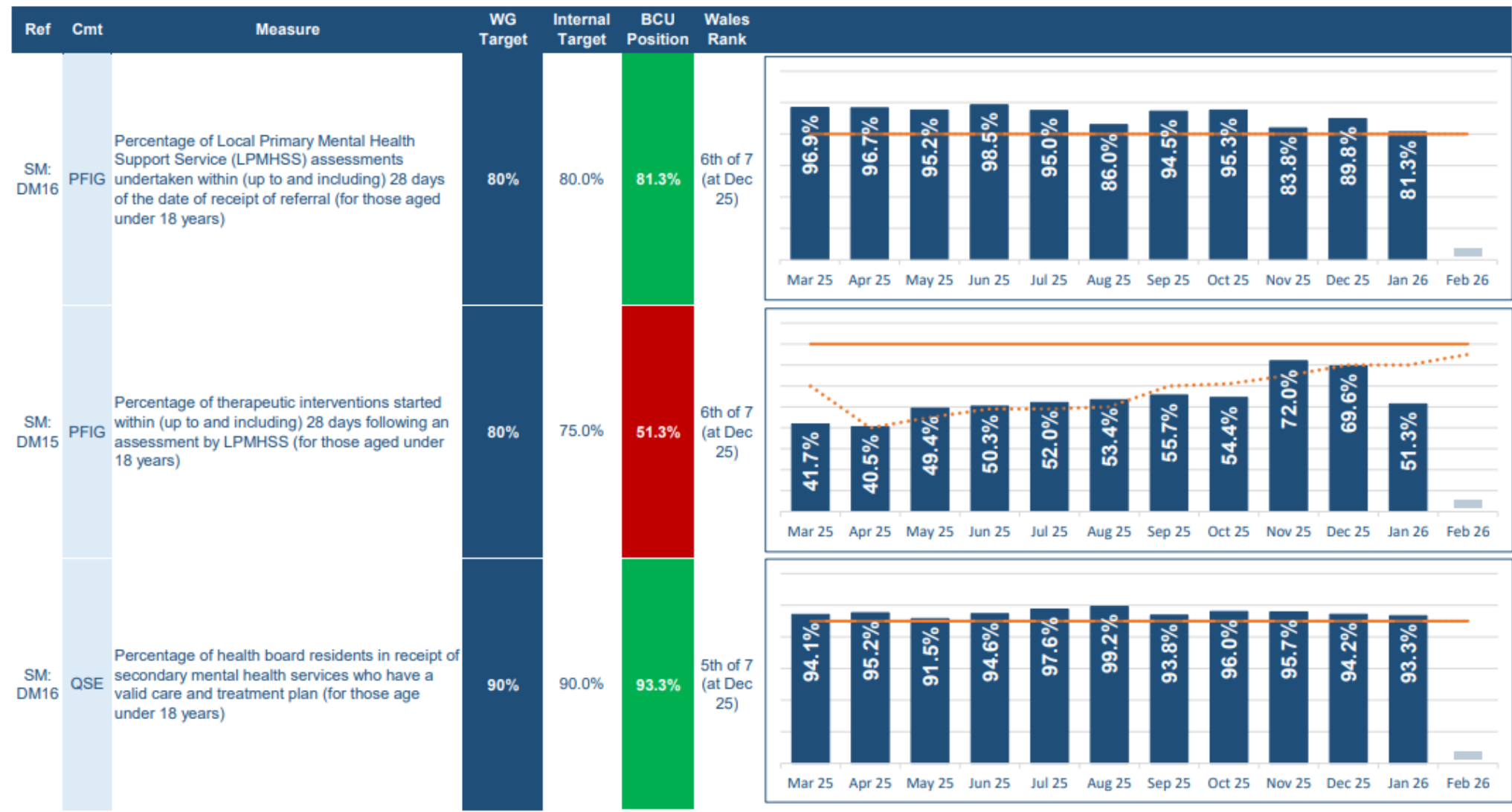


GIG
CYMRU
NHS
WALES

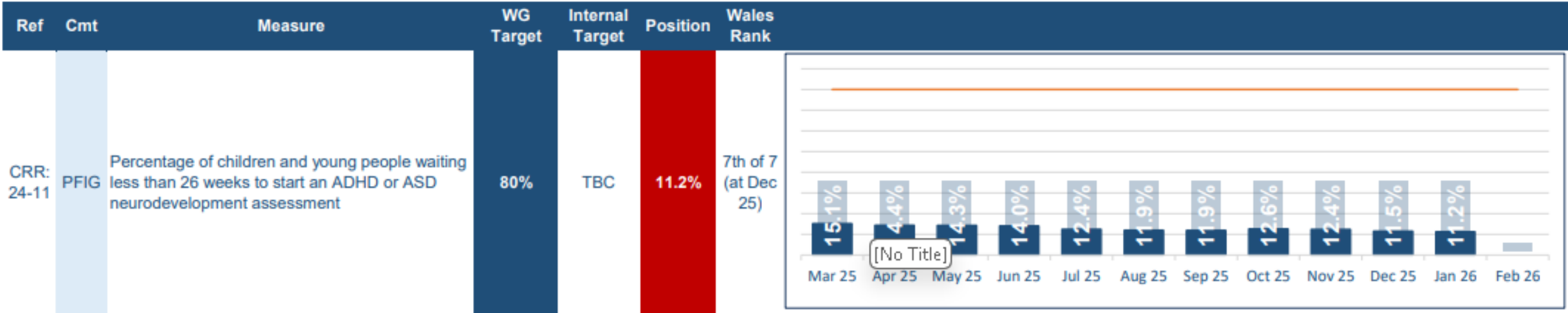
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



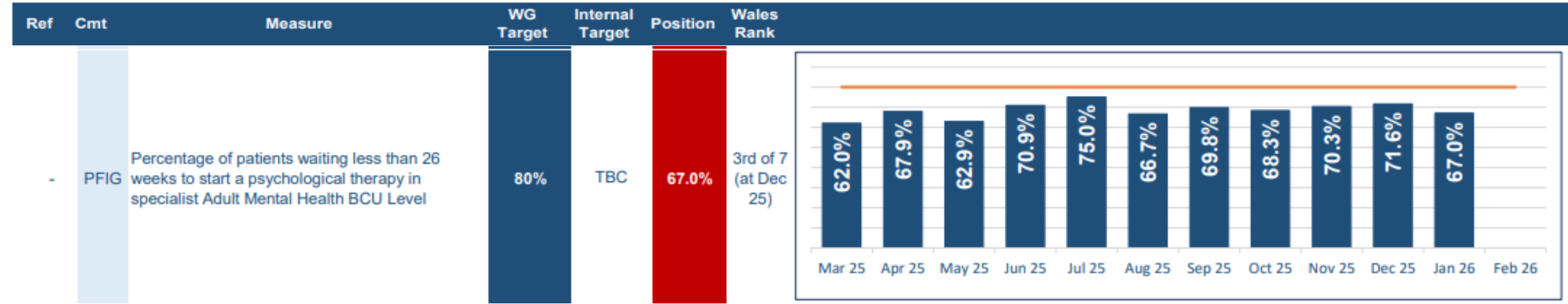
Access: Children's & Adolescents Mental Health Services CAMHS (Under 18 years of age)



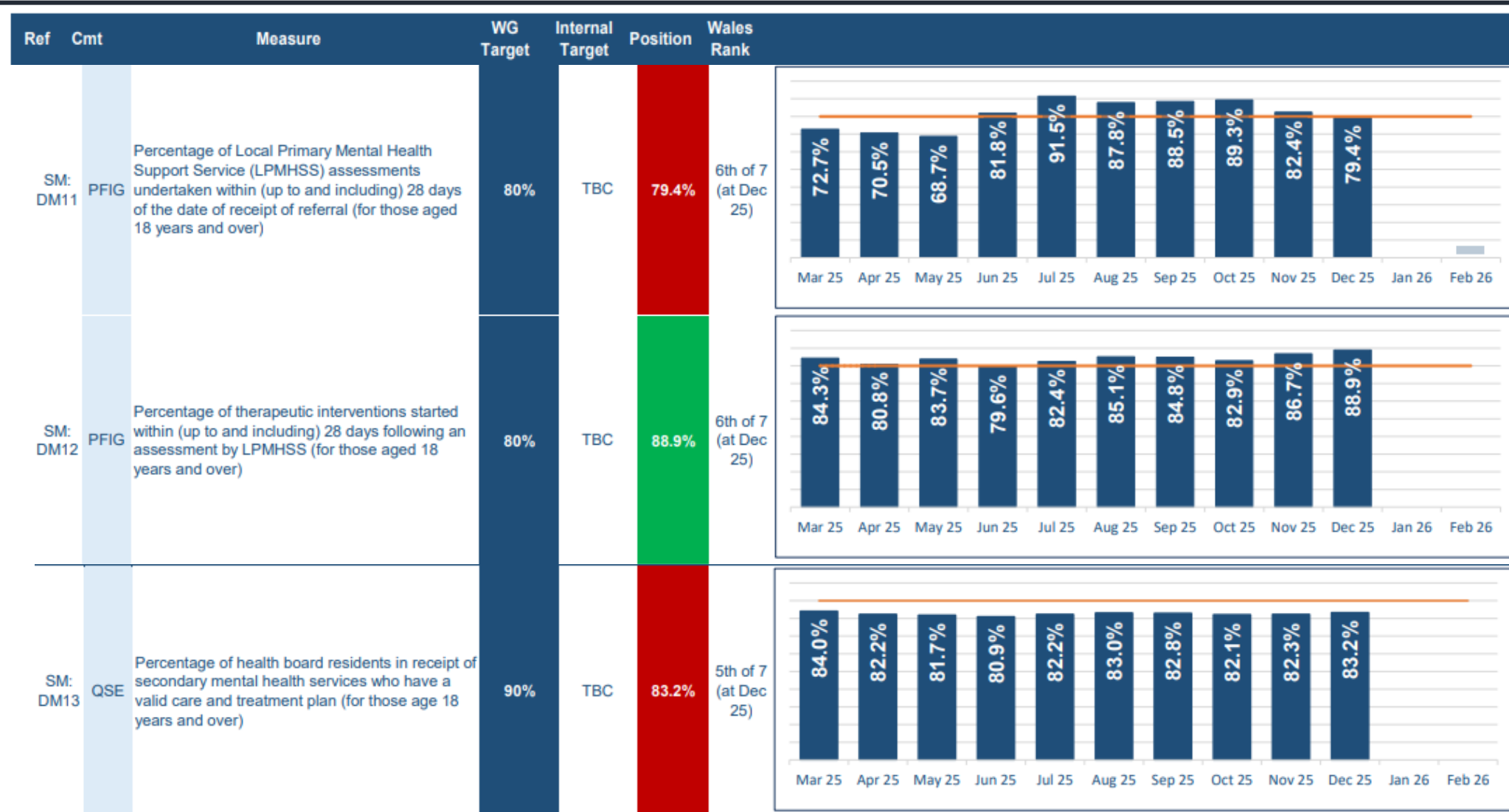
Access: Neurodiversity (Under 18 years of age)



Access: Adult Psychological Services (26 weeks)



Access: Mental Health & Learning Disabilities (18 years of age and over)

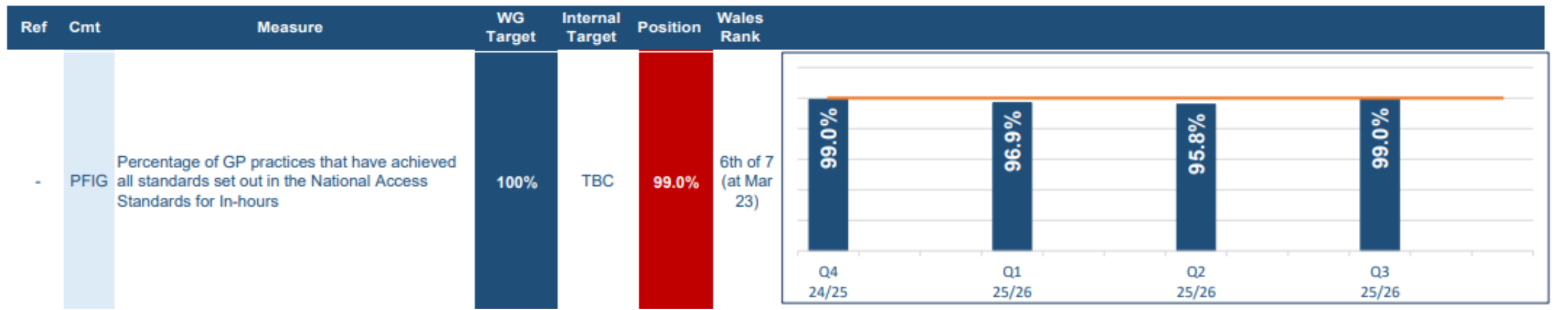


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



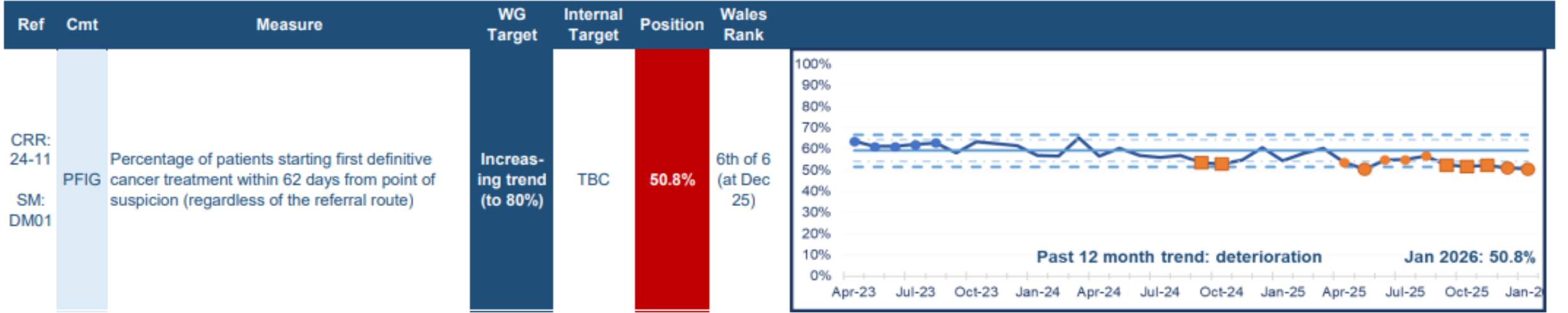
Access: GP Practice National Access Standards



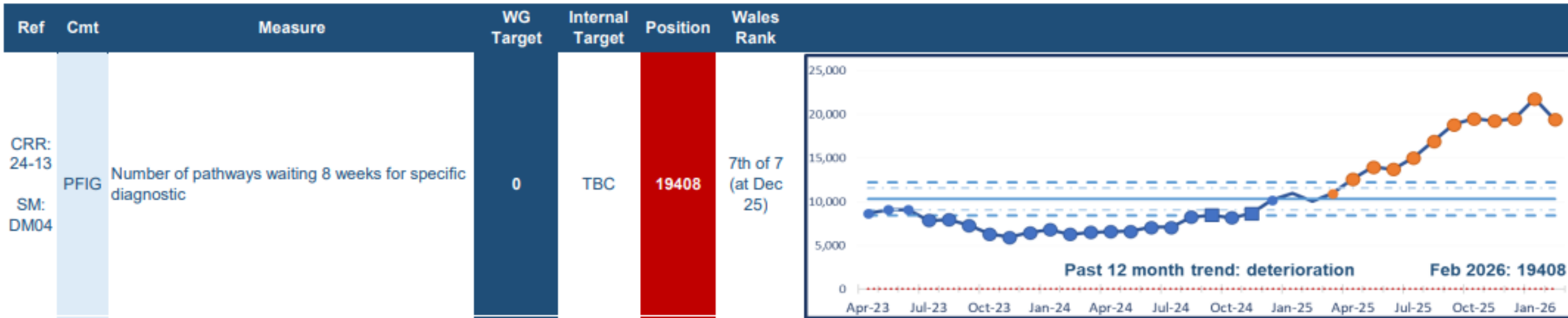
Access: General Dental practice Access Standards



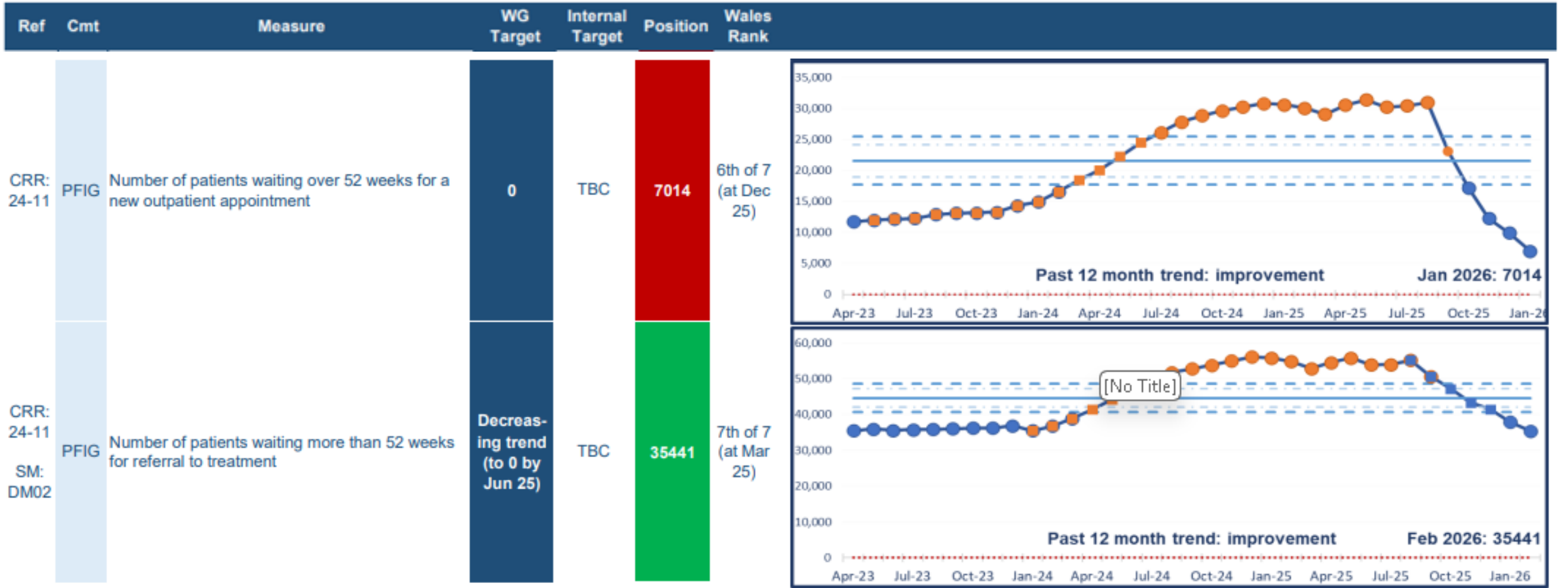
Access to Cancer Services



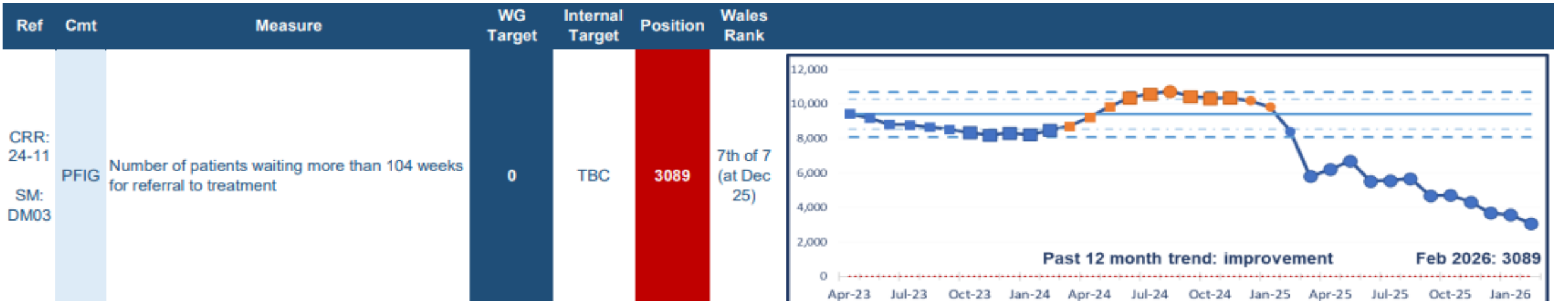
Access to Diagnostic Services



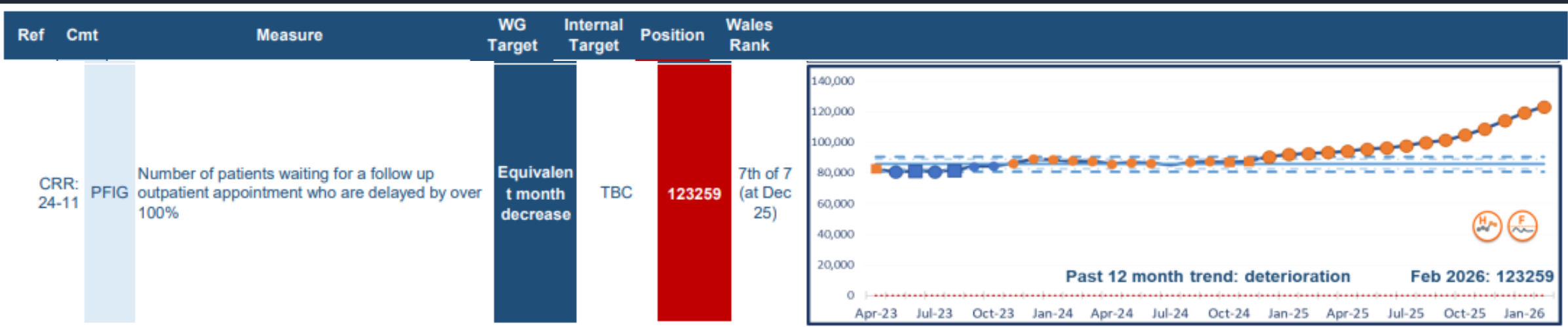
Access – Referral to Treatment (52 weeks Stage 1 (new outpatient) 52 Weeks (all stages)



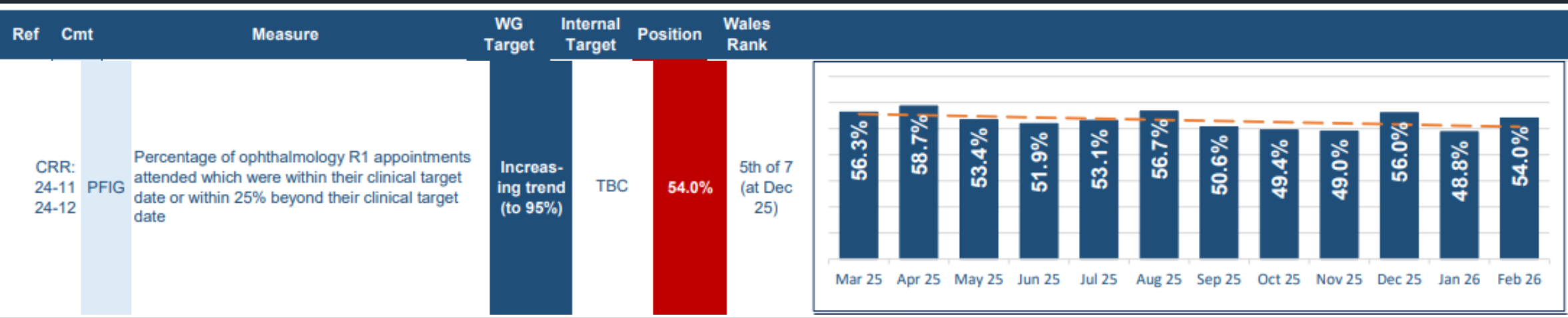
Access – Referral to Treatment 104 Weeks



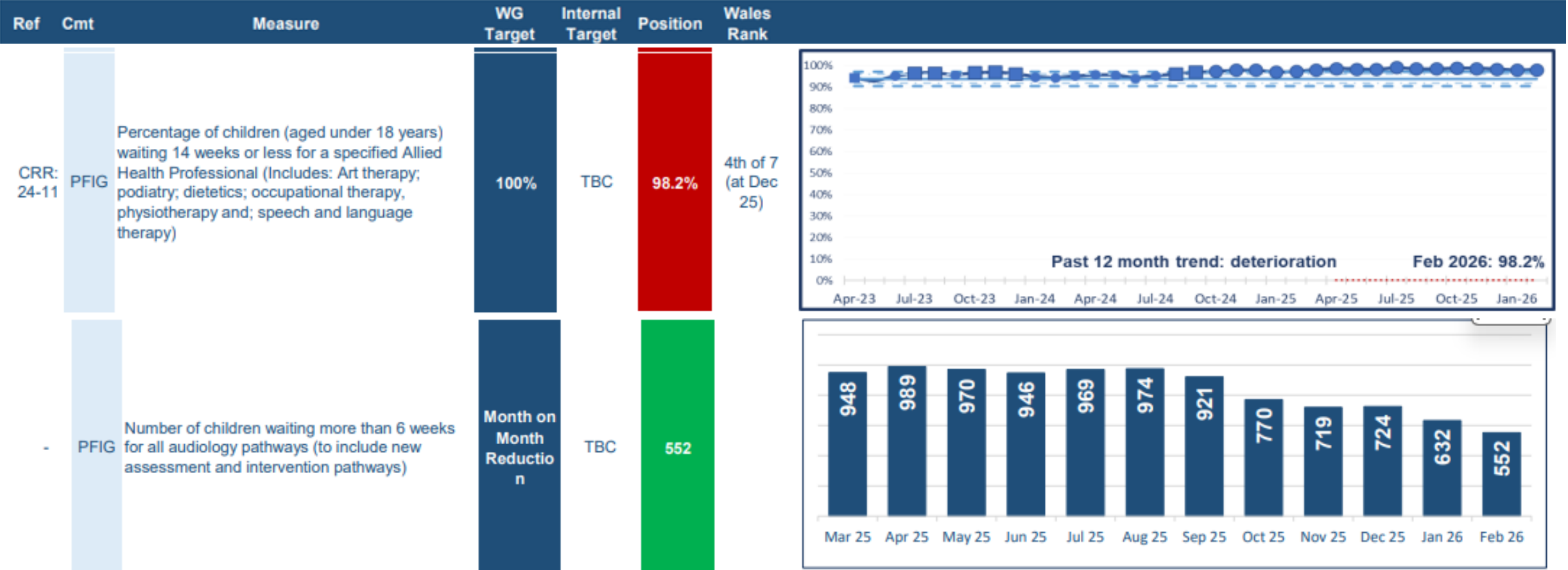
Access – Follow up Backlog over 100% overdue their Clinical Review date



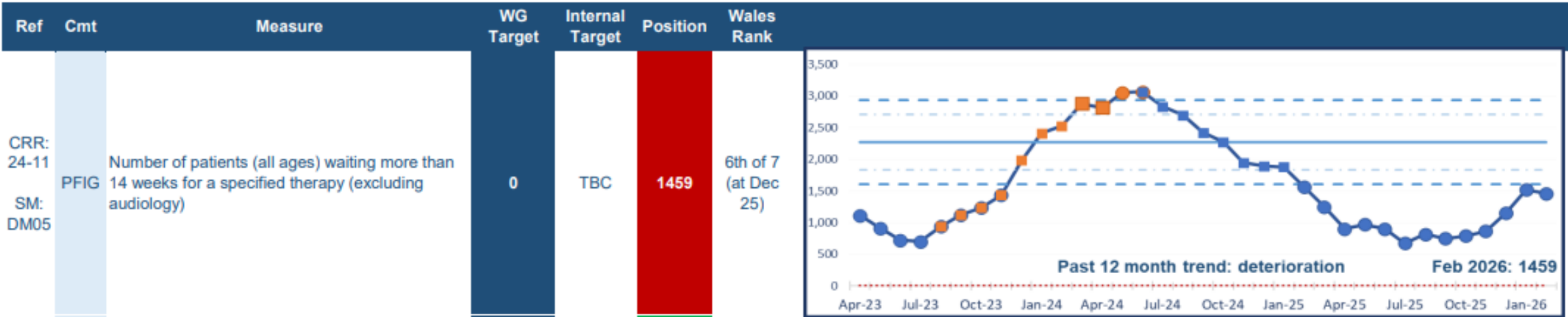
Access –Ophthalmology Backlog of urgent R1 Patients



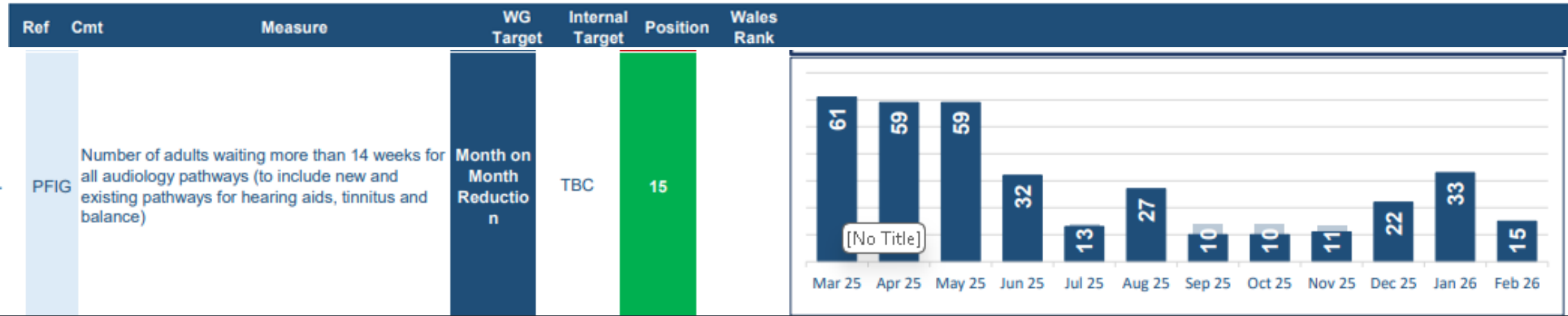
Access – Therapies for Under 18 years old



Access – Therapies All ages – Excluding Audiology



Access – Therapies Adult Audiology

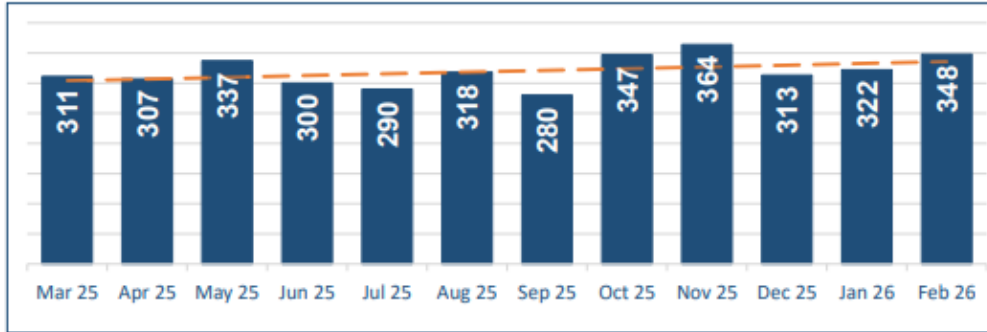
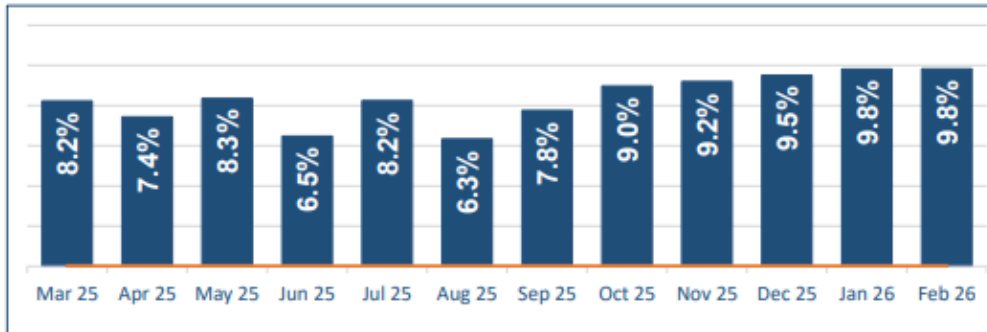
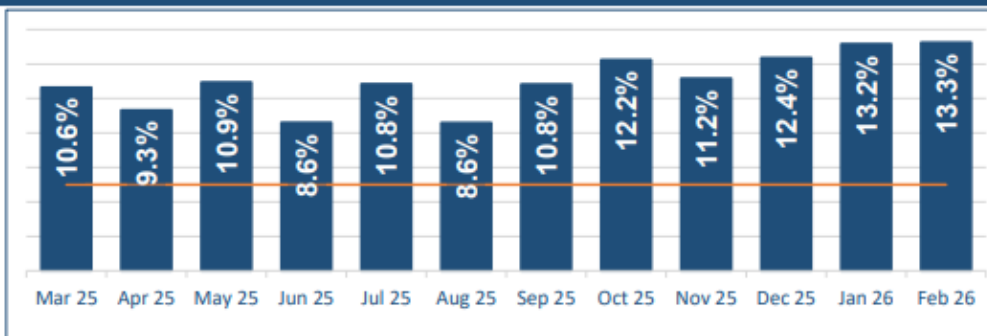


Efficiency & Productivity – Effective utilisation of theatre capacity (Part 1)



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	13.3%	N/A
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	9.8%	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	348	8th of 8 (at Jan 26)

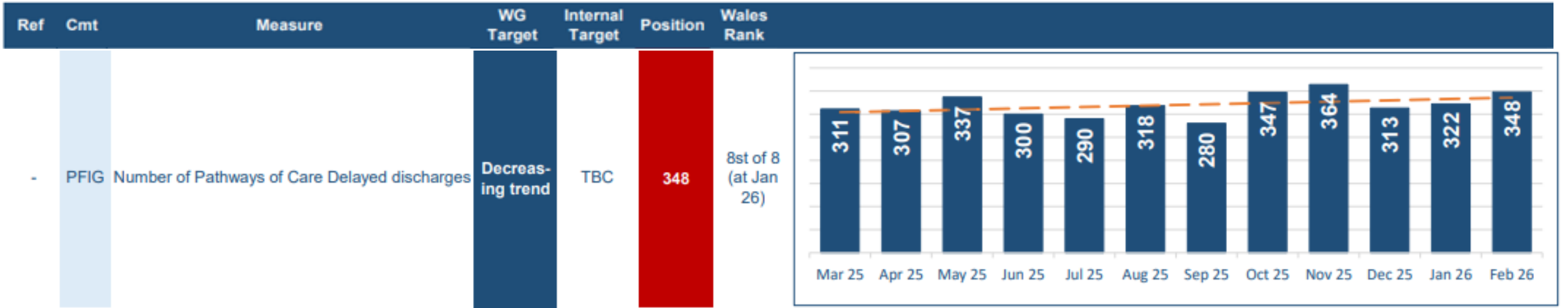


GIG
CYMRU
NHS
WALES

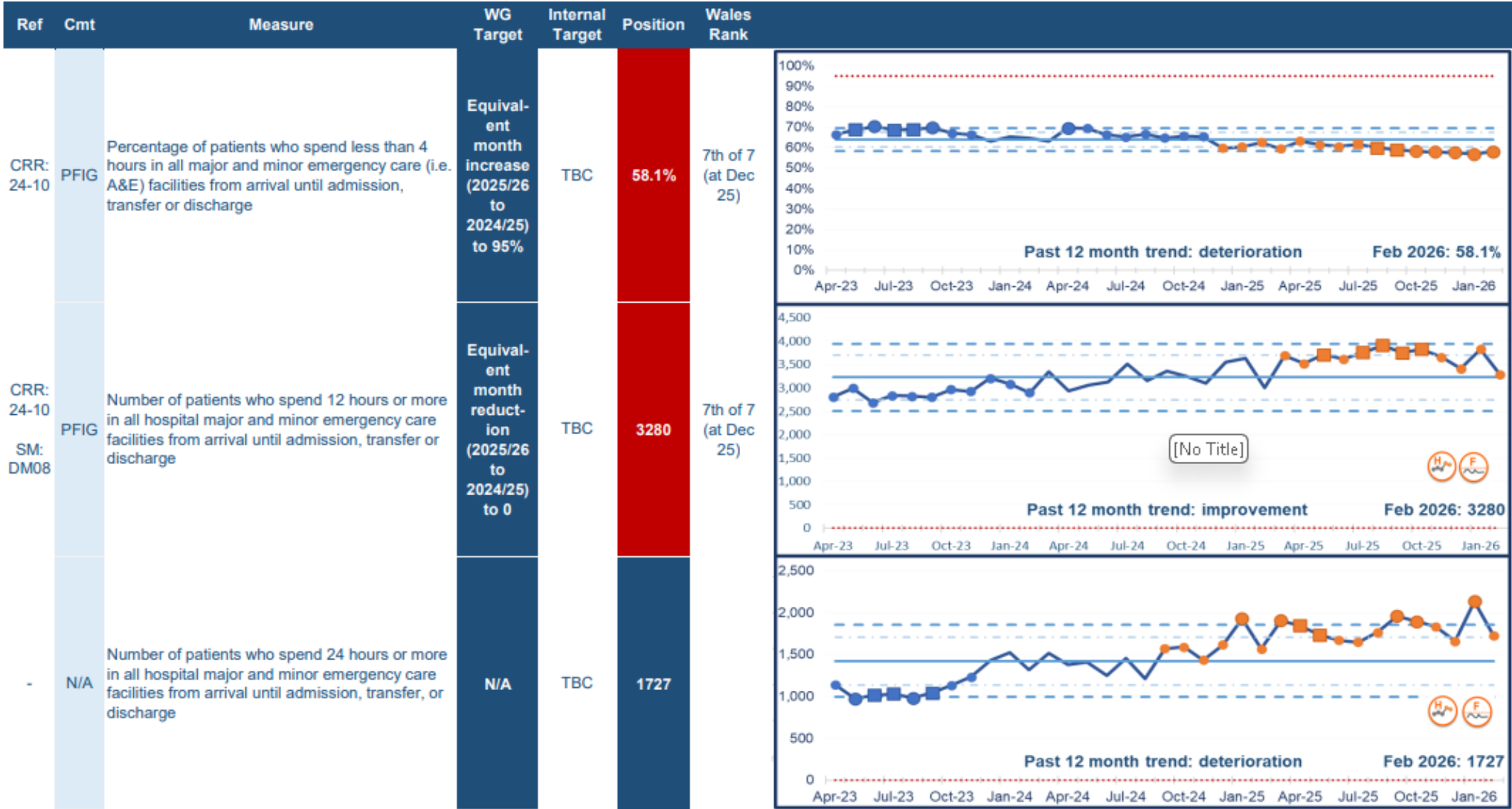
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



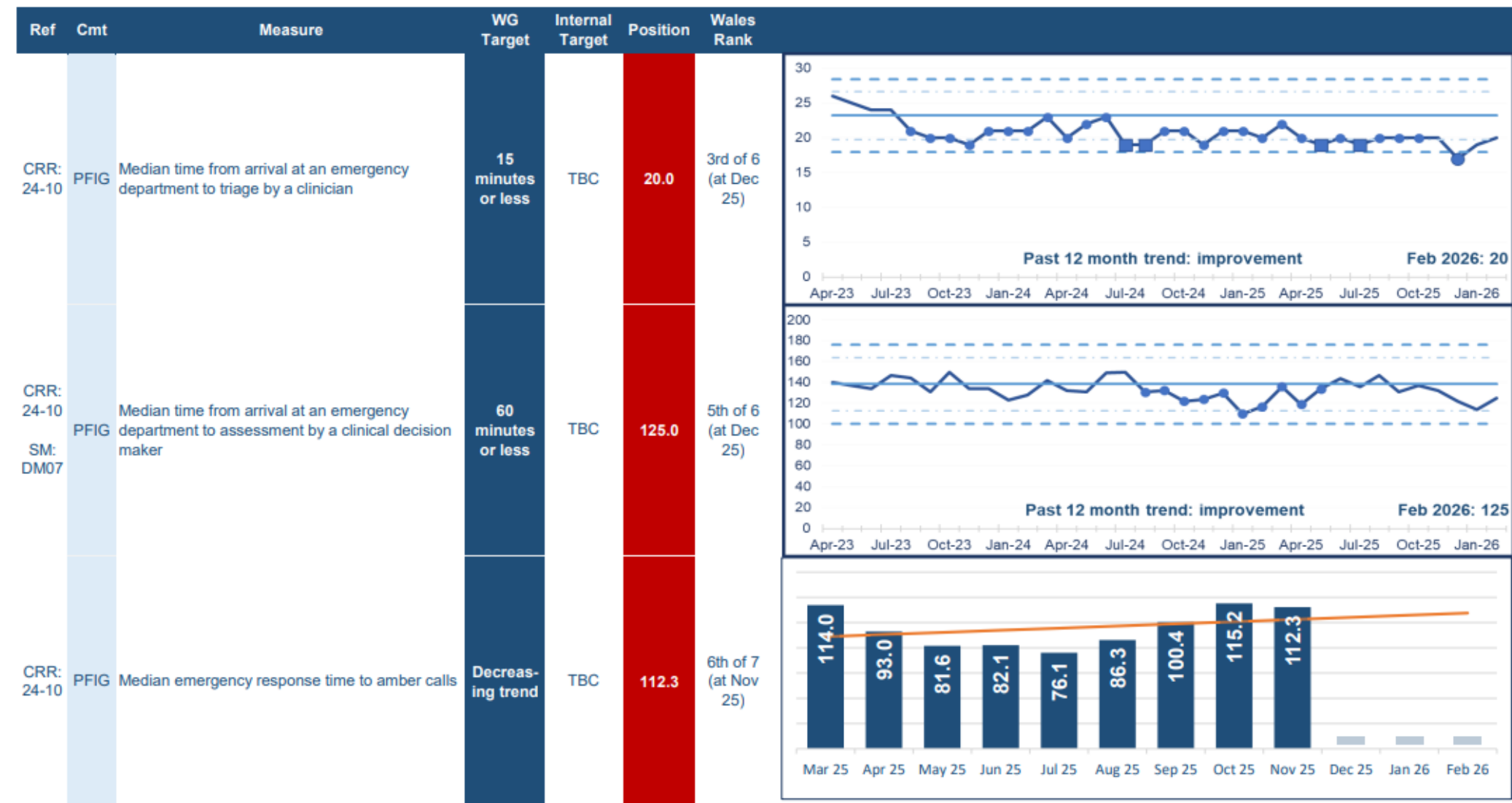
Efficiency – Patient Flow Pathways of Care Delays



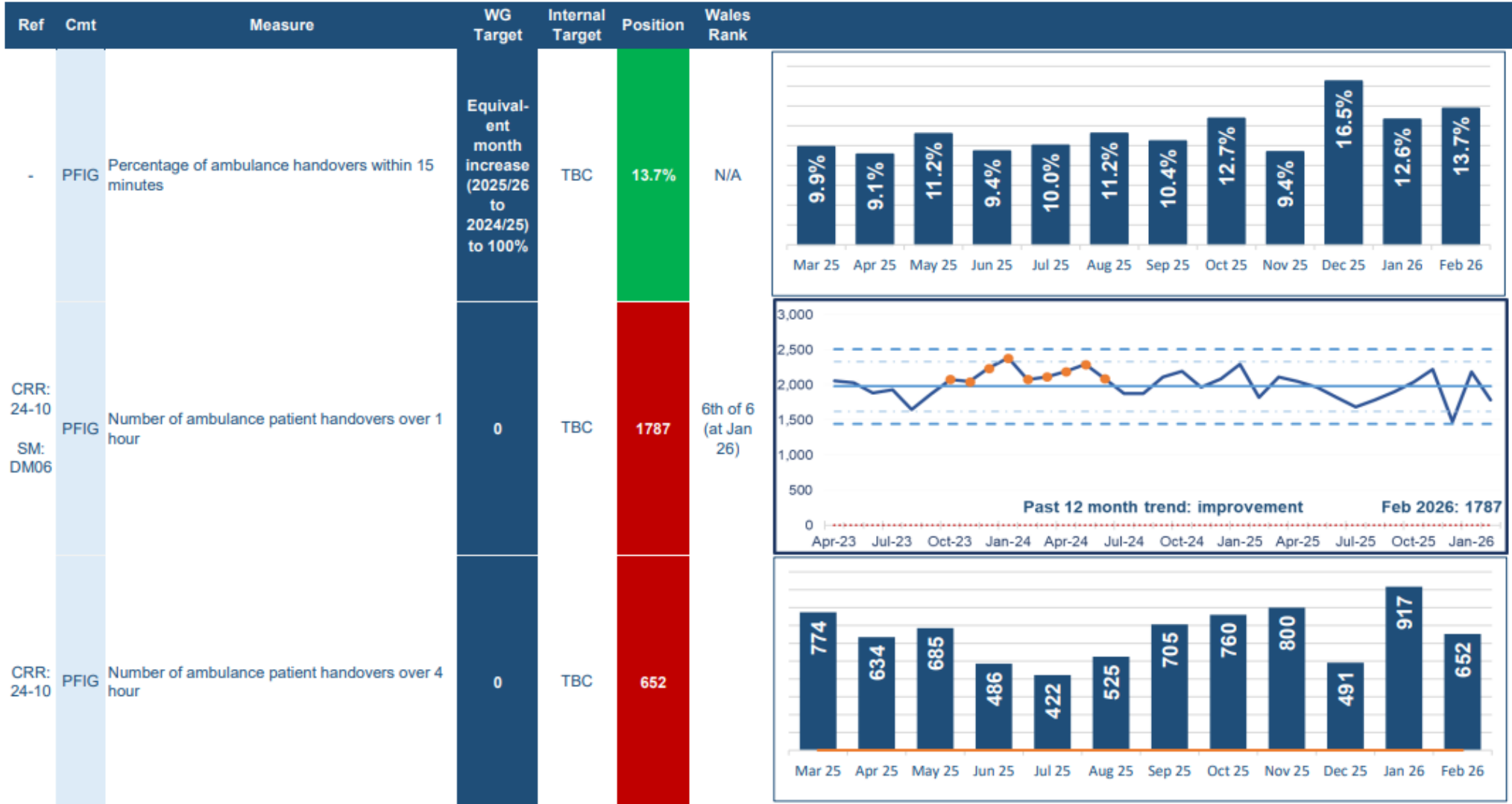
Access – Urgent & Emergency Care: Emergency Department Waits



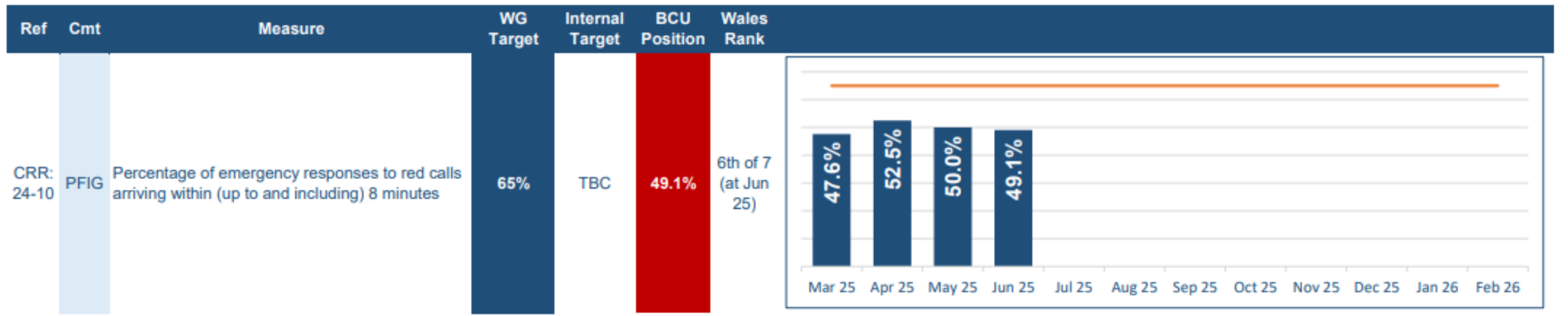
Flow – Urgent & Emergency Care: Emergency Department process wait times



Flow – Urgent & Emergency Care: Ambulance Conveyances and Handover Times



Flow – Ambulance Percentage Red Call Responses within 8 minutes

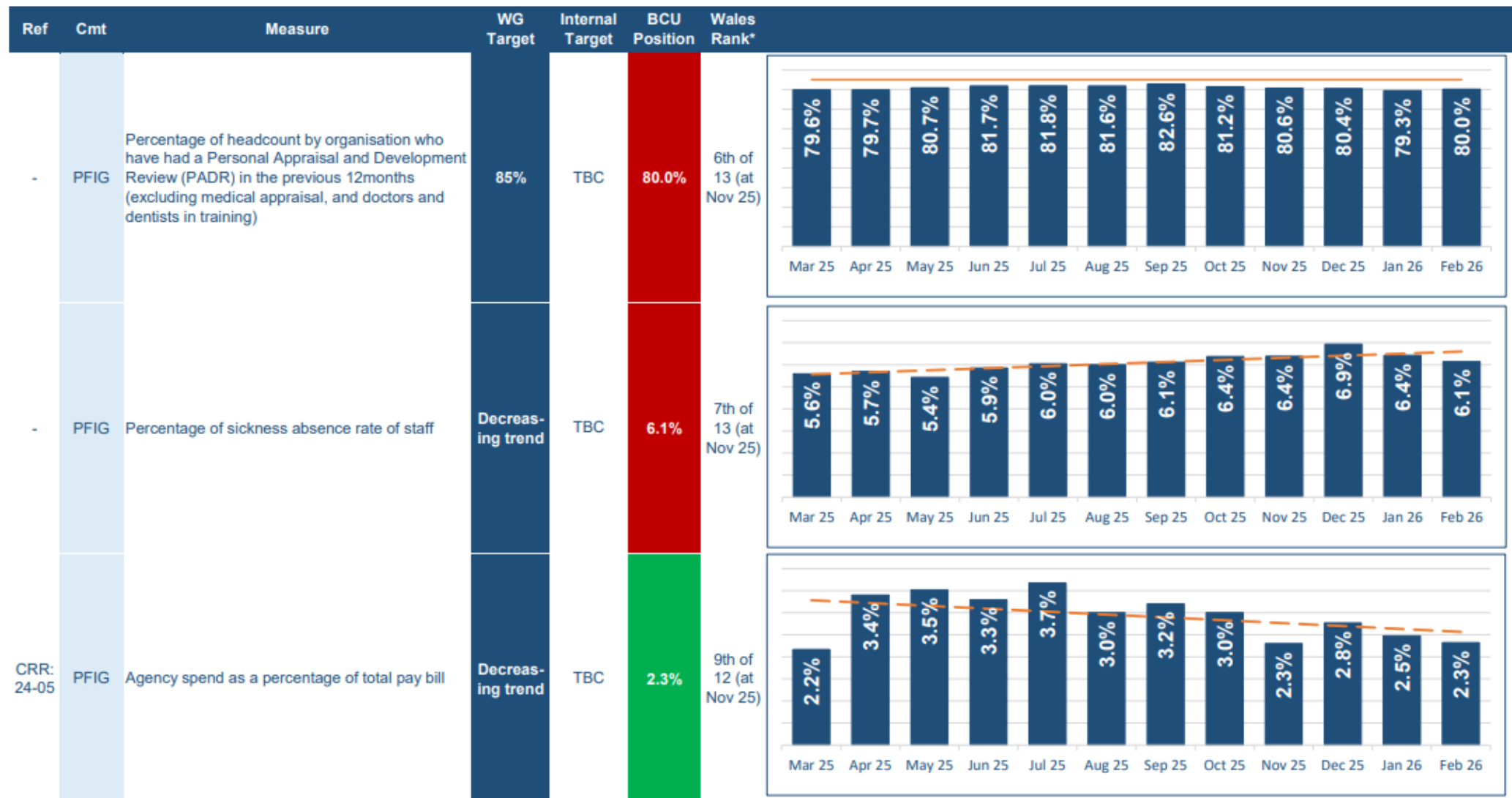


Section 2

People & Organisational Development Performance

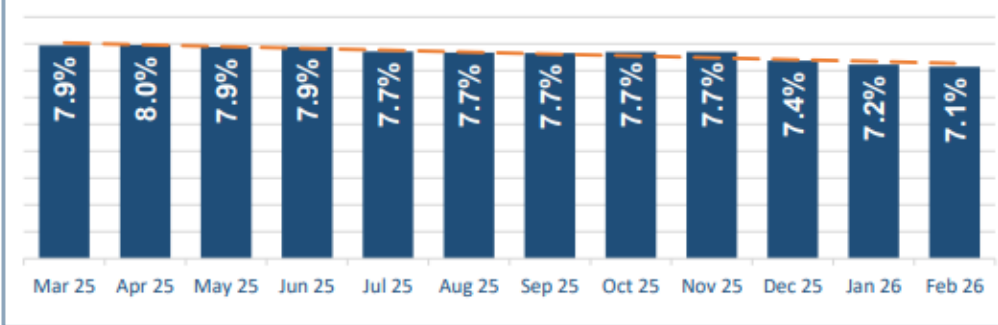
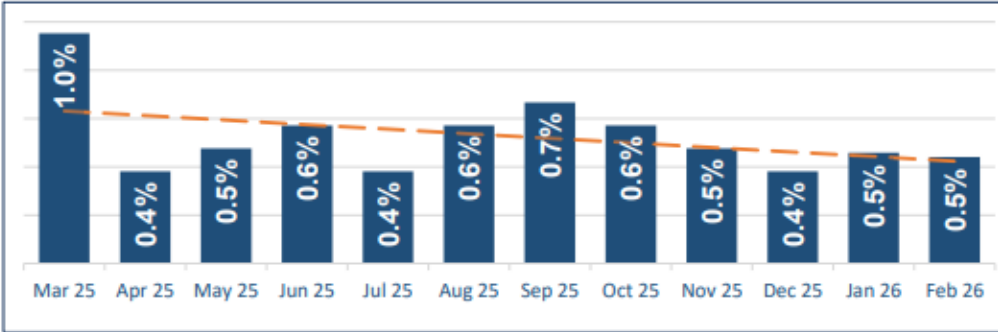
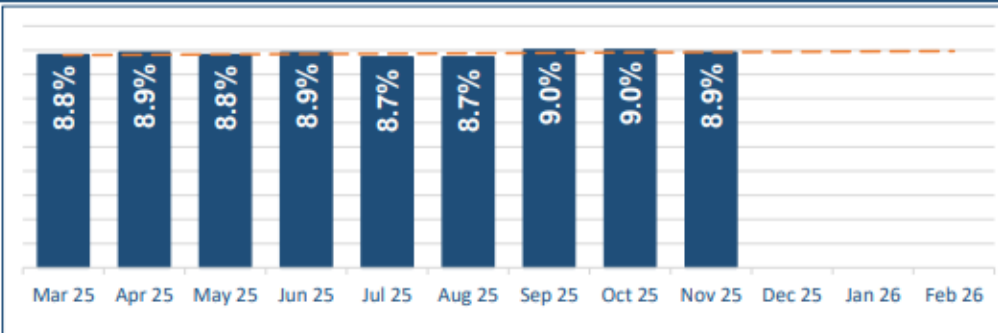


Staff Wellbeing and Development (includes Sickness, PADR, Mandatory Training and Disciplinary Proceedings)



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	8.9%	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	N/A	TBC	0.5%	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.15%	



Value and Efficiency – Agency and Locum Usage

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)	4	461	465
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	1,671	19,860	21,531
3	Nursing & Midwifery Registered	999	1,087	1,049	973	1,048	869	885	102	547	478	478	517	8,515	9,032
4	Prof Scientific & Technical	15	8	22	29	31	53	(2)	40	9	16	18	12	239	251
5	Additional Clinical Services	2	35	(39)	6	(9)	2	12	7	4	(No Title)	1	3	24	20
6	Allied Health Professionals	424	403	435	486	418	393	405	361	319	333	273	406	4,250	4,656
7	Healthcare Scientists	16	20	16	21	3	12	12	13	20	18	40	28	191	219
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	2,634	33,546	36,180
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%	2.6%	3.0%	3.0%



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Section 3

Financial Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Financial Overview

- The Health Board has £2.5bn of financial resources (WG and other income).
- The position as at Month 11 is a deficit of £17.3m, with a year-end forecast deficit of £17.4m.
- Additional controls and non-recurring benefits have stabilised the most recent in-month position. However, these measures have not been sufficient to recover the earlier deficit accumulated in the financial year.

	2025/26													
	Actual											Forecast		
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Year to Date	Forecast Outturn Position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	(0.0)	(0.0)	(0.1)	(17.3)	(17.4)

Savings:-

- £54.9m savings are forecast to be delivered against a £40m target. This is an increase of £6.8m in month, which is predominately one-off gains identified since the M10 forecast).
- £26m of the £54.9m is recurring and has a full year effect of £32.2m.
- Continued review of other HBs savings plans to ensure all opportunities are explored.



Year to date position - Additional Enhanced Controls and Cost pressures

The additional enhanced controls implemented from the Financial oversight group in December / January were:-

- Non-Pay – Controls widened to all non-pay categories which do not directly impact direct patient care. Travel Bureau requests and orders which are processed directly to Stores now included.
- Procurement – Review all Oracle requisitions, pausing any that are not critically urgent.
- Pay – A freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment.
- Temporary Workforce – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership

The table documents the key drivers to the deficit:-

2025/26 Financial position	Year to Date at Month 11 £m	Full Year Forecast Outturn £m
Local pressures		
JCC pressures (shortfall on Savings £6.8m offset by minor underspends)	5.4	5.9
Capacity pressures, including premium working, escalated beds	8.3	10.0
Out of Area Mental Health placements	6.2	6.6
Cost overruns, including local contracting pressures & CHC	4.4	4.8
Total local pressures	24.3	27.3
National pressures		
English tariff CUF inflationary pressure above uplift methodology	4.2	4.6
Employers National Insurance funding shortfall	3.9	4.2
Total national pressures	8.1	8.8
Savings & Mitigating Actions		
Additional Savings & Mitigating Actions	(15.1)	(18.7)
Total mitigating actions and savings	(15.1)	(18.7)
Total Financial Position	17.3	17.4
* Welsh Risk Pool & Workforce reorganisation funding confirmed, alongside confirmation that Dental underspend will not be clawed back.		



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Savings Performance by Value and Sustainability Category

Savings are forecast to deliver over target, although the reliance on non-recurring savings is significant, being £29m of forecast delivery.

Savings - V&S Performance against Target (£'m)		Target £m	Forecast Delivery								Delivery v Target (+ve = adverse) £m	
			V&S Board Categories									
Service / Area			Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other - Commissioning £m	Other - Primary Care £m	Income £m		Total £m
West Integrated Health Community		7.9	3.1	1.9	0.8	0.8	0.0	0.0	0.1	0.1	6.7	1.1
Central Integrated Health Community		10.0	2.1	2.8	0.7	1.5	0.0	0.5	0.1	0.1	7.8	2.2
East Integrated Health Community		10.0	4.7	3.0	1.4	0.8	0.0	0.0	0.0	0.0	9.9	0.1
MHLD		3.9	0.7	0.0	0.0	5.2		0.4			6.3	-2.4
Womens Services		1.2	0.4		0.2					0.0	0.6	0.6
Diagnostic and Specialist Clinical Support		1.8	0.2		1.2		0.0			0.4	1.9	0.0
Cancer Services		1.5	0.1	1.5	0.0						1.6	-0.1
Community Dental Seviles		0.1	0.0		0.0						0.0	0.1
Corporate & Support Services		3.6	1.0	0.0	2.4	0.0	0.0	0.0	0.0	0.0	3.4	0.2
Total Cash Releasing Savings		40.0	12.4	9.1	6.7	8.2	0.0	1.0	0.2	0.6	38.2	1.8
Accountancy Gains			6.0	1.5	3.4	4.8		0.4	0.7		16.8	-16.8
Total			18.4	10.7	10.1	13.0	0.0	1.3	0.9	0.6	54.9	-14.9
	Recurring Performance against Target			Annual			Year to Date					
				Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m			
	Recurring			40.0	26.0	14.0	36.7	23.5	13.1			
	Non Recurring			0.0	29.0	-29.0		28.2	-28.2			
Total			40.0	54.9	-14.9	36.7	51.8	-15.1				



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Summary of the financial Journey for 2025/26

- 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.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Integrated Quality & Performance Report Betsi Cadwaladr University Health Board

Further information is available from the Performance Directorate.
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](https://twitter.com/bcuhb)



<http://www.facebook.com/bcuhealthboard>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Abbreviations

Please see below a list of abbreviations commonly found within the report:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board





Health Board

2025-26 BCU Finance Report – Month 11 (February)

Dyddiad y Cyfarfod Date of Meeting	26 March 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development
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 Noting

Crynodeb Gweithredol **Executive Summary**

This report provides a briefing on the financial position of the Health Board as at the end of Month 11 (February 2026). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target.

Finance Report

The Health Board is reporting a year-to-date deficit of £17.3m as at 28th February 2026, driven by the year to date impact of £24.4m local pressures (£5.4m JCC pressures, £8.3m Capacity pressures, £6.2m Out of Area MHLDP placements and £4.4m cost overruns including contracting pressures & CHC) and £8.1m national pressures (year to date impact of £4.2m English tariff pressure above Cost Uplift Factor (CUF) funded uplift and £3.9m Employers NIC), offset by £15.1m additional savings and mitigating actions.

The in-month (February 2026) position is reporting a balanced position in line with previous month, with the below table summarising monthly actual and forecast variance for 2025/26:



	2025/26												
	Actual											Forecast	
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Year to Date
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.5)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	(0.0)	(0.0)	(0.1)	(17.3)
													(17.4)

As at Month 9 (December 2025), the forecast outturn position was revised to report a projected deficit of £17.4m, with additional financial controls implemented to seek to reduce underlying cost overruns and improve the outturn within the remaining months of the financial year ending 31st March 2026.

The movement from break-even to a forecast deficit was in part driven through the Health Board being unable to mitigate national pressures that materialised following submission of the plan, and the shortfalls in resource allocation for the Employers National Insurance uplift and Cost Uplift Factors (CUF) not matching the increased inflationary impact from provision of cross border services. 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).

Risks to delivery of the plan were highlighted in July 2025, with recommendations for implementation of enhanced controls developed by the Executive, the risk to delivery estimated at £20m. Initially a 1% cost improvement ask was levied to the Directorates, with further escalation to the August 2025 Health Board resulting in the formation of the Board-level Financial Oversight Group (first meeting in September 2025).

The Financial Oversight Group considered implementation of the additional controls, and whilst implementation of the approach was not supported as presented the Group requested services reduce expenditure by 1.5% from October 2025. This request shared with the wider leadership of the Health Board through the Integrated Performance – Executive Delivery Group and Operational Leadership Team forums.

Whilst this request generated some reductions, the proposals submitted were insufficient to bring the run rate within budget. As a result, in December 2025, the Financial Oversight Group agreed implementation of further centrally controlled measures developed within the Executive, designed at minimum to prevent a further deterioration in the position whilst maintaining access and quality of services for the local population.

Additional areas of control implemented include:

- **Non-Pay Expenditure Controls** – Additional controls will be widened to all non-pay categories which do not directly impact clinical care, to include Travel Bureau requests and orders which are processed directly to Stores.
- **Procurement** – Review all pending requisitions in Oracle, cancelling any that are not critically urgent.
- **Pay** – With immediate effect, a freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment, noting an escalation process to be in place through Executive Director to the Directorate of People Services and Organisational Development.
- **Temporary Workforce** – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership

Risks

The Health Board received in the current financial year £82m of conditionally recurrent funding, one of the conditions centring upon attainment of the financial plan. The current forecast deficit places at risk receipt of this allocation in future financial years.

Containment and reversal of cost overruns is now key to deliver the current forecast and improving the forecast outturn over the remaining months of the year ending 31st March 2026.

Savings

The Health Board has delivered the targeted savings of £40.0m contained within the financial plan for 2025/26. As at the end of February (Month 11), the Health Board identified £38.2m Green saving schemes and fortuitous Accountancy Gains of £16.8m, giving a combined total of £54.9m, an increase of £6.8m from previous month.

Of these savings, £26.0m are recurring schemes with a full year effect of £32.3m and £29.0m identified as non-recurring saving schemes. It is essential that recurrent savings total £40m as we enter 2026/27 to avoid increasing the planned savings requirement for 2026/27. In addition, developing further savings will support mitigation of cost overruns in year.

Full year plan value of Red Schemes totals £1.3m and full year plan value of further pipeline opportunities totals £2.4m. Further work is required to convert red and pipeline opportunities into green schemes and identify further opportunities to mitigate cost overruns and secure recurrent savings as we approach 2026/27 to provide assurance over delivery of the financial plans contained within the Integrated Medium-Term Plan (IMTP).

Capital Programme

The approved Capital Resource Limit (CRL) for 2025/26 is £60.3m, which includes £2.2m IFRS16 and £58.1m Capital. Year to Date expenditure is £36.3m. The expenditure profiled into March is notably higher which is consistent with previous years.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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

**Acronymau / Rhestr Termiau
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 2025-26 M10 Finance Report

Please see Appendix A - BCU 2025/26 M011 Finance Report – February 2026

ASESIAD / ASSESSMENT

Cyswllt â'r Blaenoriaethau Strategol
Link to Strategic Priorities



1. Building an effective organisation

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.

Yr Egwyddorion Dylunio
Design Principles

Wise Spending

If more than one applies, please list below:

Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd 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 <i>(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</i> Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan

IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: ☐	No: ☒
	Outcome:	Not applicable
	If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	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.
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening</i>	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:

<u>Deddf Llesiant</u> <u>Cenedlaethau'r Dyfodol -</u> <u>Nodau Llesiant</u> <u>Wellbeing of Future</u> <u>Generations Act – Wellbeing</u> <u>Goals</u>	A Resilient Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	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?	Yes: ☐	No: ☒
	Outcome:	No - Not Applicable
	If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf</i> <i>Sgrinio o'r Asesiad o Effaith ar</i> <i>Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data</i> <i>Protection Impact Assessment</i> <i>Screening?</i>	Yes: ☒	No: ☐
	Outcome:	No personal data included in the report.
	If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr</i> <i>effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the</i> <i>counter fraud impacts</i>	Yes: ☒	No: ☐
	Outcome:	
	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)	
	Implications of deterioration of forecast to reputation.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i>	Yes (Include further detail below)	

Resource Impact
(People / Financial)

The Health Board is in receipt of £82m of non-recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years).

If the plan is not attained then the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.



**Trugaredd
Compassion**



**Agored
Openness**



**Parch
Respect**

Finance Report – Health Board February - Month 11 2025/26

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	£17.3m Year to Date deficit driven by £24.4m of year-to-date local pressures (£5.4m JCC pressures, £8.3m Capacity pressures, £6.2m Out of Area MHLd placements and £4.4m cost overruns, including contracting pressures & CHC) and £8.1m national pressures (£4.2m English tariff inflationary pressure above funded uplift and £3.9m shortfall in ENIC funding), offset by £15.1m additional savings and mitigating actions. £17.4m Forecast outturn position. Additional financial controls implemented January 2026 to seek to improve the outturn over the remaining months of the year ending 31st March 2026.
	Cash	Closing Cash Balance as at 28th February 2026 was £16.5m, including £11.4m for Revenue expenditure and £5.1m for Capital projects. The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.
	Savings	- The Health Board’s financial plan has set a savings target of £40.0m to be delivered in 2025/26 profiled equally across the financial year - Full year forecast value of Green Schemes totals £38.2m and £16.8m Accountancy Gains, giving a combined total of £54.9m. - Year to Date Savings delivery is £51.8m, of which £23.5m is recurring - Contained within the £38.2m are £26.0m recurring savings with a full year effect of £32.3m which is below the £40m targeted in 2025/26 - Red schemes and pipeline opportunities total £3.6m, work is progressing to convert into green schemes and increase the level of opportunities. This would both support mitigations to in year financial pressures and offer schemes that will be required as we move into 2026/27.
	Capital	Approved Capital Resource Limit (CRL) for 2025/26 is £60.3m. Year to date expenditure totals £36.3m.
	PSPP	Quarter 3 PSPP for paying non-NHS invoices was 97.1% by number and 98.5% by value (Welsh Government target 95.0%).
Key Risks & Matters for Escalation	➤ Risk to delivery of the plan highlighted in July 2025 through the Executive, with recommendations for implementation of enhanced controls developed by the Executive. Initially a 1% cost improvement ask was levied to the Directorates, with further escalation resulting in the formation of the Board-level Financial Oversight Group. ➤ Implementation of additional controls identified from the Executive were considered and whilst implementation of the approach was not supported as presented, the Group requested services reduce expenditure by 1.5% from October 2025, this ask shared with the wider leadership of the Health Board through the Integrated Performance – Executive Delivery Group and Operational Leadership Team forums. ➤ In December 2025, the Financial Oversight Group agreed to implement a further centrally controlled measures developed within the Executive, at a minimum to prevent a further deterioration in the position whilst maintaining access and quality of services for the local population. Additional controls implemented include: ❖ Non-Pay Expenditure Controls – Additional controls will be widened to all non-pay categories which do not directly impact clinical care to include Travel Bureau requests and orders which are processed directly to Stores. ❖ Procurement – Review all pending requisitions in Oracle, cancelling any that are not critically urgent. ❖ Pay – With immediate effect, a freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment. ❖ Temporary Workforce – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership	

Key Performance Indicators

Month 11 Position

In Month: £195.4m against plan of £195.4m
Balanced

Year to Date: £2180.3m against plan of £2163.0m
£17.3m adverse

2025/26 Full Year Position

Forecast revised in M9 showing a £17.4m deficit against plan

YTD Divisional Variance

WestHCO	£13.8m adverse
Central HCO	£11.7m adverse
East HCO	£20.8m adverse
Womens	£2.4m adverse
NH & LD	£18.7m adverse
Commissioning Centres	£8.6m adverse
ICD Primary Care	£5.1m favourable
ICD Regional Services	£4.0m adverse
Special Functions	£1.7m adverse
Other Budgets	£57.6m favourable



Savings

In Month: £9.5m against target of £3.3m
£6.2m favourable



Full Year Savings Delivery

£54.9m against target of £40.0m
Target Surpassed by £14.9m (Additional red schemes and opportunities of £3.6m are under review)



COVID-19 Impact

£10.2m Year to Date Cost
£13.0m COVID funding allocation from WG



Year to Date Income

£160.8m against budget of £152.0m
£8.8m favourable



Year to Date Pay

£1088.3m against budget of £1043.2m
£45.1m adverse

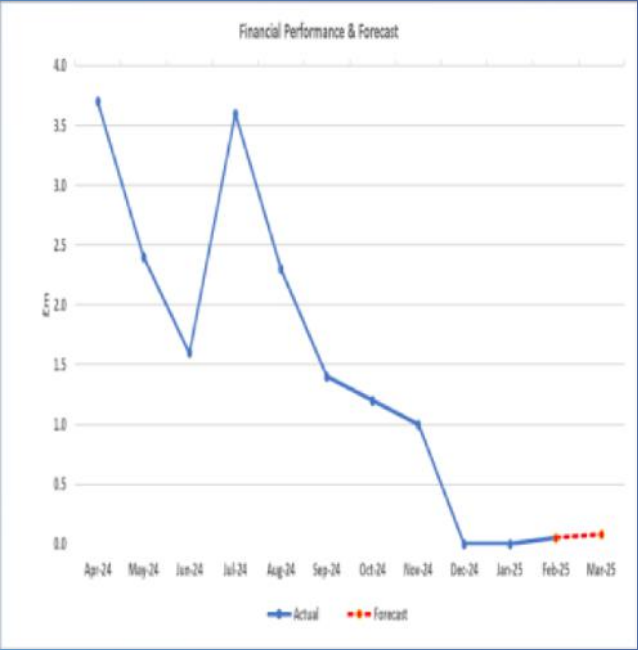


Year to Date Non-Pay

£1,252.8m against budget of £1,271.8m
£19.0m favourable

Revenue Position

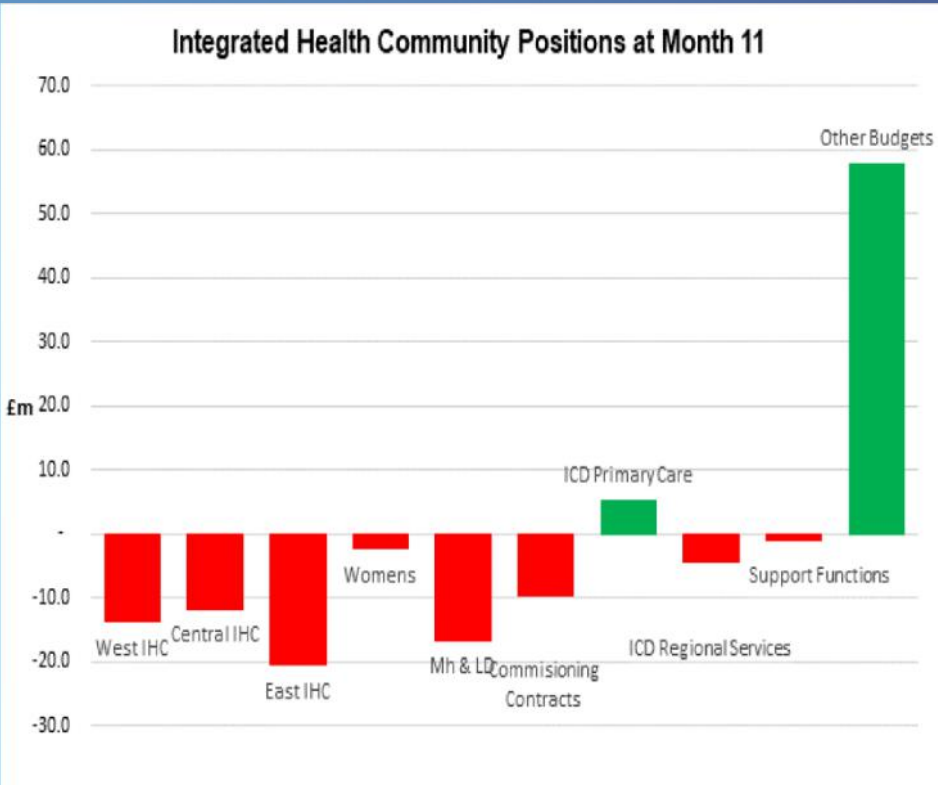
	Actual											Forecast	2025/26 Cumulative against Plan				Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(200.4)	(194.6)	(205.8)	(200.3)	(195.4)	(207.6)	(2,163.0)	(2,163.0)	0.0	0.0%	(2,370.6)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.4)	(16.4)	(18.0)	(15.7)	(13.2)	(19.0)	(152.0)	(160.8)	(8.8)	5.8%	(179.8)
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	100.4	98.8	100.2	100.1	95.0	99.6	1,043.2	1,088.3	45.1	4.3%	1,187.9
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	123.6	116.0	113.7	127.1	1,271.8	1,252.8	(19.0)	-1.5%	1,380.0
Total Deficit / (Surplus)	3.7	2.4	1.6	3.6	2.3	1.4	1.2	1.0	0.0	0.0	0.0	0.1	0.0	17.3	17.3		17.4



- Year to Date position is reporting a deficit of £17.3m, with a balanced position reported in-month.
- Key drivers of the year to date deficit include £24.4m of year to date local pressures (£5.4m JCC pressures, £8.3m Capacity pressures, £6.2m Out of Area MHLd placements and £4.4m cost overruns, including contracting pressures & CHC) and £8.1m national pressures (£4.2m English tariff inflationary pressure above funded uplift and £3.9m Employers NIC) offset by £15.1m additional savings and mitigating actions.
- As expenditure continued to exceed the financial plan and the Health Board required to absorb several national pressures following submission of the plan, the risk to delivery was flagged from August 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, which was later increased to 1.5% in October 2025.
- Additional centrally controlled measures implemented from December 2025, designed at minimum to prevent a further deterioration in the position include:
 - ❖ **Non-Pay Expenditure Controls** – Additional controls will be widened to all non-pay categories which do not directly impact clinical care or are covered by “reasonable adjustments” under H&S legislation. Controls are also extended to include Travel Bureau requests and orders which are processed directly to Stores.
 - ❖ **Procurement** – Review all pending requisitions in Oracle, cancelling any that are not critically urgent.
 - ❖ **Pay** – With immediate effect, a freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment.
 - ❖ **Temporary Workforce** – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership.
- The above actions to support delivery of the 2025/26 financial plan are in addition to the Grip and Control actions implemented in 2024/25 that have been retained throughout 2025/26 and the additional mitigations implemented from August 2025.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan
	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	(195.4)	(195.4)	0.0	0%	(2,163.0)	(2,163.0)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.3	1.2	0.1		0.1
West Area	17.4	17.7	(0.3)		195.1	198.0	(2.9)		(3.8)
Ysbyty Gwynedd	11.5	12.9	(1.4)		129.5	140.0	(10.5)		(11.4)
Facilities	1.2	1.3	(0.1)		13.2	13.7	(0.5)		(0.6)
Total West	30.3	31.9	(1.6)	-5%	339.1	352.9	-(13.8)	-4%	(15.7)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.2	0.2	(0.0)		1.4	1.5	(0.1)		(0.1)
Central Area	23.2	22.7	0.5		259.6	257.0	2.5		1.5
Ysbyty Glan Clwyd	14.8	15.6	(0.8)		162.6	176.4	(13.8)		(15.6)
Facilities	1.5	1.5	(0.0)		16.0	16.3	(0.3)		(0.3)
Total Central	39.6	39.9	(0.3)	-1%	439.6	451.3	(11.7)	-3%	(14.5)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.1	1.0	0.1		0.1
East Area	25.4	26.0	(0.5)		287.1	297.6	(10.5)		(11.0)
Ysbyty Wrexham Maelor	12.5	13.6	(1.2)		140.2	150.5	(10.2)		(11.3)
Facilities	1.4	1.4	(0.0)		15.2	15.1	0.0		0.0
Total East	39.4	41.1	(1.7)	-4%	443.6	464.2	(20.6)	-5%	(22.1)
Total Midwifery and Women's Services	4.3	4.5	(0.2)	-5%	47.8	50.2	(2.4)	-5%	(2.8)
Total Mental Health and LDS	14.7	16.0	(1.3)	-9%	168.2	184.9	(16.7)	-10%	(18.3)
Total Commissioning Contracts	30.6	31.8	(1.2)	-4%	301.4	310.9	(9.5)	-3%	(9.1)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	3.1	2.6	0.5		34.3	29.6	4.7		4.9
Community Dental Services	0.6	0.6	0.1		6.9	6.3	0.6		0.6
Other Primary Care	(0.0)	0.1	(0.1)		1.4	1.5	(0.1)		(0.2)
Total Integrated Clinical Delivery Primary care	3.7	3.3	0.5	12%	42.6	37.5	5.1	12%	5.3
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.3)	0.4		(21.1)	(24.1)	3.0		3.2
Diagnostic and Specialist Clinical Support	7.8	8.3	(0.5)		81.3	86.6	(5.4)		(5.3)
Cancer Services	6.2	6.4	(0.2)		69.1	71.1	(2.0)		(2.3)
Total Integrated Clinical Delivery	12.1	12.3	(0.3)	-2%	129.3	133.6	(4.3)	-3%	(4.3)
Total Service Support Functions	15.2	14.1	1.1	7%	161.9	163.0	(1.1)	-1%	(1.6)
Total Other Budgets	5.5	0.5	5.0	91%	89.5	31.9	57.6	64%	65.8
Total Health Board Position	0.0	0.0	0.0		0.0	(17.3)	(17.3)		(17.4)



- In-month position is reporting a balanced position the same as January in month position. As at Month 9 (December) the forecast outturn was revised to report a projected deficit of £17.4m against the financial plan for the year.
- Variable pay costs have reduced in February by £0.4m from January driven by reductions across various categories. A breakdown of these costs are reported in slide 7.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

Expenditure – Pay & Non-Pay

Pay Costs	2025-26												Cumulative			Full Year Forecast	
	Actual											Forecast	YTD Budget	YTD Actual	YTD Variance		
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	£m	£m	£m		£m
Administrative & Clerical	13.2	13.3	13.3	13.3	15.2	13.8	13.8	13.7	13.8	13.6	13.9	14.4	156.1	150.8	5.3	171.6	
Medical & Dental	22.3	22.7	22.2	23.0	26.7	23.7	24.1	23.3	24.2	23.8	19.0	22.2	233.8	255.1	(21.3)	264.9	
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.1	30.4	29.7	30.0	30.4	30.1	30.8	313.0	330.4	(17.4)	367.1	
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	14.8	14.8	14.6	14.6	15.0	14.7	15.2	151.4	162.8	(11.4)	181.7	
Add Prof Scientific & Technical	3.9	3.9	3.9	4.0	4.8	4.1	4.2	4.3	4.2	4.1	4.3	3.9	49.2	45.8	3.4	46.4	
Allied Health Professionals	6.4	6.3	6.4	6.4	7.5	6.8	6.7	6.7	6.7	6.7	6.6	6.6	70.7	73.3	(2.7)	78.8	
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.8	1.8	1.8	1.8	1.8	1.8	1.7	20.2	19.9	0.2	19.7	
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.5	4.4	4.4	4.5	4.5	4.5	4.8	47.9	49.0	(1.1)	56.7	
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.1	0.1	1.0	1.2	(0.2)	1.1	
Health Board Total	94.9	96.3	96.0	96.1	110.7	99.9	100.4	98.8	100.2	100.1	95.0	99.6	1,043.2	1,088.3	(45.1)	1,187.9	
Other Services (Incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.4	3.0	3.0	3.1	3.3	3.1	3.2	31.4	34.7	3.3	37.8	
Total Pay	98.0	99.4	99.1	99.2	114.0	103.3	103.4	101.8	103.3	103.3	98.1	102.8	1,074.6	1,123.0	(48.4)	1,225.8	
Non-Pay Costs as per Monitoring Return Table	Actual											Forecast		Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	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)	20.8	20.5	21.1	20.6	20.5	20.4	19.6	20.9	27.2	20.9	20.5	22.1	242.3	232.9	9.4	255.1	
Primary Care - Drugs & Appliances	10.9	10.9	10.8	11.5	11.6	11.8	11.3	11.0	12.2	11.9	11.0	11.4	121.0	124.9	(3.9)	136.3	
Provider Services - Non Pay (excluding drugs & depreciation)	18.6	18.3	18.2	21.1	18.6	20.0	19.8	17.9	19.9	20.2	17.9	23.5	250.9	210.7	40.3	234.1	
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.7	9.3	8.6	9.6	9.0	8.5	8.6	95.2	99.0	(3.9)	107.6	
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	31.1	33.5	34.4	32.9	33.1	34.1	30.9	33.1	36.2	32.9	352.6	363.4	(10.8)	396.3	
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	10.7	11.9	11.0	11.6	10.8	10.0	11.7	121.9	124.4	(2.5)	136.1	
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	3.9	4.5	4.3	7.1	5.4	4.5	6.8	37.4	44.7	(7.3)	51.5	
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.4	0.3	0.8	0.4	0.3	0.4	0.2	3.0	4.2	(1.2)	4.4	
Losses, Special Payments and Irrecoverable Debts	0.2	0.4	0.2	0.6	0.3	0.4	0.5	0.4	0.4	0.0	0.3	0.4	2.8	3.8	(1.1)	4.2	
Non-pay costs	105.7	106.1	104.7	112.1	109.8	110.3	110.2	109.0	119.3	111.6	109.3	117.6	1,227.0	1,208.0	19.0	1,325.7	
AME/DEL Depreciation	3.2	3.2	4.7	4.0	4.0	4.0	4.3	4.3	4.3	4.3	4.3	9.5	44.8	44.8	(0.0)	54.3	
Total non-pay	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	123.6	116.0	113.7	127.1	1,271.8	1,252.8	19.0	1,380.0	

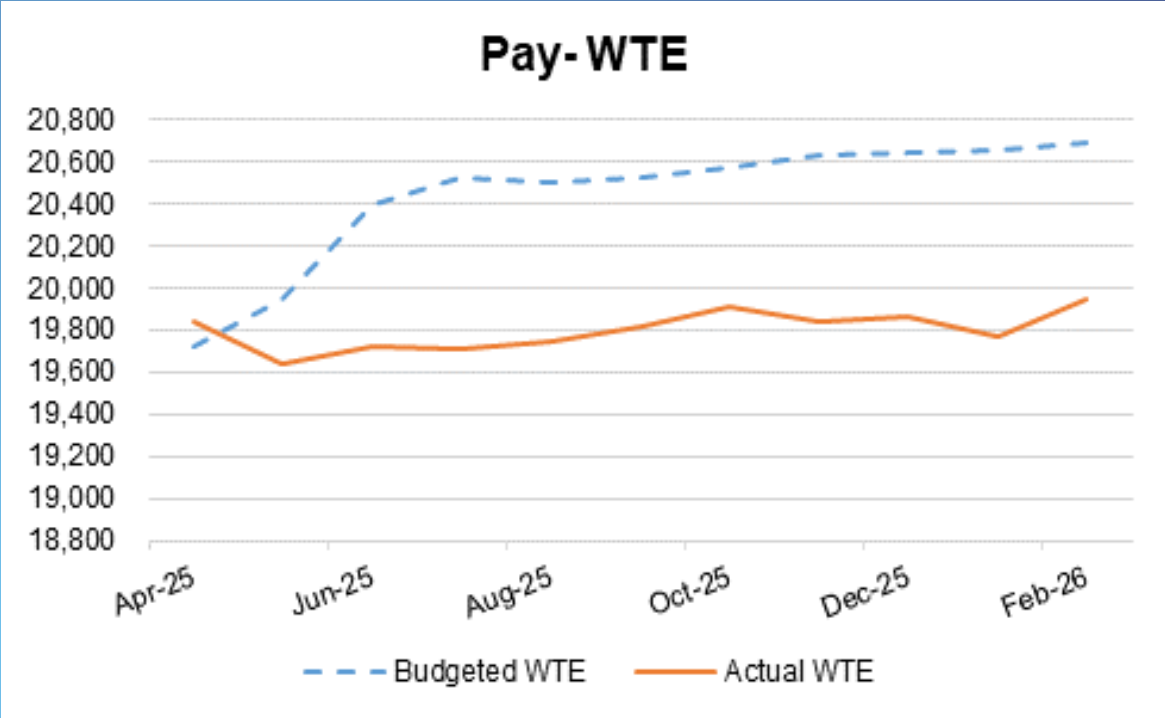
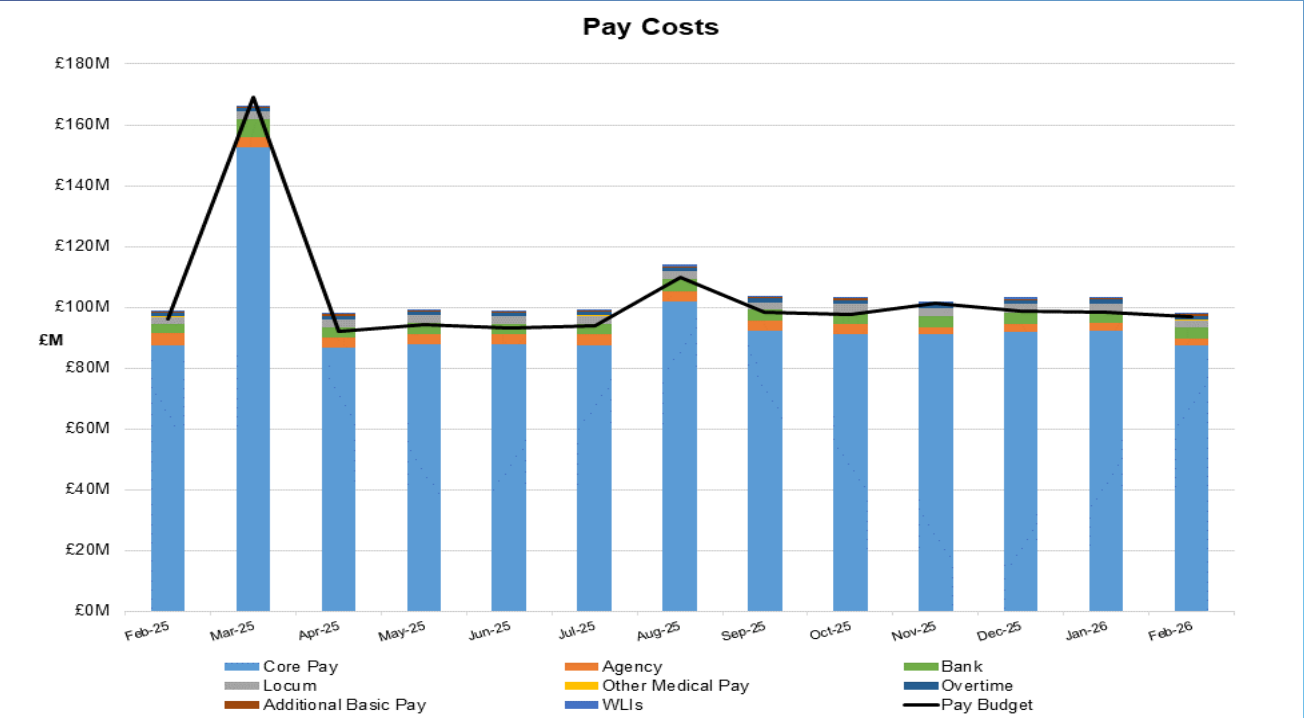
Health Board Pay:

- Month 11 (February) Provider Services Pay reduced by £5.1m from previous month.
- Variable Pay totals £10.8m for February, a reduction of £0.4m from previous month driven by a reduction of £0.3m reduction in Agency and £0.1m in Locums, WLI and Bank offset by increases in other areas.
- 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 £2.3m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay



Variable Pay	Actual 2025-26											YTD
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	2.9	2.6	2.3	33.5
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	1.3	1.2	1.1	1.3	1.4	13.4
Locum	2.6	2.7	2.4	2.8	2.6	2.4	3.0	2.3	3.0	2.7	2.5	29.0
WLIs	0.4	0.4	0.5	0.4	0.5	0.1	0.6	0.6	0.5	0.5	0.4	5.0
Bank	3.2	3.5	3.6	3.4	3.9	3.6	3.7	3.8	3.6	3.8	3.7	39.6
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.7
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4	4.4
Total	11.2	11.7	11.3	11.8	12.1	11.1	12.2	10.7	11.6	11.2	10.8	125.7

- February budgeted WTE increased by 37 WTE from January. See Slide 8 for further detail.
- Variable Pay totals £10.8m for February, a reduction of £0.4m from previous month driven by reductions of £0.3m in Agency and £0.1m in Locum's, WLI and Bank which is offset by increases in other areas.

Pay - WTE

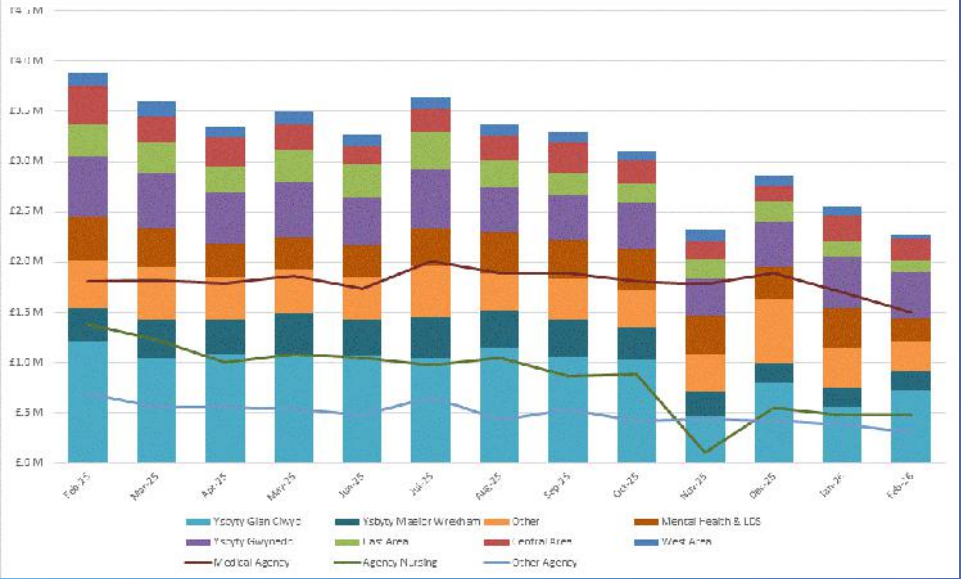
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Movement M11 V M10
Budgeted WTE	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,649	20,656	20,693	37
Actual WTE	19,839	19,635	19,720	19,708	19,741	19,822	19,907	19,844	19,869	19,767	19,952	185

- Budgeted WTE increased by 37 WTE in February from previous month, with the below table providing further detail on Budgeted WTE movements.
- Actual worked in February is 19,952, an increase of 185 WTE from January.

25/26													
	WTE Budget												
	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	M08 Nov	M09 Dec	M10 Jan	M11 Feb	In Month Movement	Explanation of in-month movements (>5WTE)
West IHC - Management	8	8	8	8	8	8	8	8	8	8	8	0	Admin = + 5.12 WTE, +3.22 WTE Insourcing admin support, +1.00 WTE Robot admin funding draw down, EC admin skill mix adjustment B6 to B3 +0.33 WTE, Admin correction +0.57 WTE
West IHC - West Area	1,473	1,512	1,583	1,573	1,572	1,568	1,575	1,572	1,572	1,572	1,573	0	
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	1,839	1,838	1,840	1,841	1,846	6	
West IHC - Facilities	368	368	368	380	380	380	382	382	382	382	382	0	
Centre IHC - Management	7	7	7	7	7	7	8	8	8	8	14	6	
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	2,312	2,310	2,309	2,303	2,307	4	
Centre IHC - Ysbyty Glan Clwyd	2,174	2,176	2,237	2,235	2,231	2,239	2,241	2,243	2,245	2,245	2,248	3	
Centre IHC - Facilities	408	408	408	422	422	422	422	422	421	421	419	-2	
East IHC - Management	10	10	10	10	10	10	10	10	10	10	10	0	
East IHC - East Area	2,439	2,466	2,464	2,467	2,468	2,466	2,476	2,483	2,485	2,481	2,485	4	
East IHC - Ysbyty Wrexham Maelor	1,868	1,874	1,835	1,892	1,893	1,896	1,906	1,954	1,962	1,970	1,971	1	+3.7 WTE Stroke Services realignment, 0.6 WTE long covid to match recruitment & -0.51 WTE skill mix adjustment.
East IHC - Facilities	356	356	365	365	365	365	365	365	365	365	365	0	
Midwifery & Womens Services	687	693	694	694	694	694	694	695	696	696	696	0	
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	2,319	2,327	2,327	2,326	2,327	1	
COVID Programmes	149	150	151	0	0	0	0	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	14	14	14	14	0	
Dental CDS	167	167	167	168	169	169	168	168	167	165	165	0	
Other Primary Care	15	15	15	15	15	15	15	15	15	15	15	0	
Diagnostics & SCS	982	1,008	1,010	1,014	1,016	1,020	1,024	1,028	1,028	1,029	1,031	1	
Cancer Services	416	416	423	423	425	424	423	423	423	424	423	-1	
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	2,251	2,249	2,249	2,255	2,269	14	+6.2 WTE outpatient insourcing costs, 6 WTE budget movement
Med ED/R&D	115	116	116	117	119	122	123	124	125	125	125	0	
Health Board Total	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,650	20,656	20,693	37	

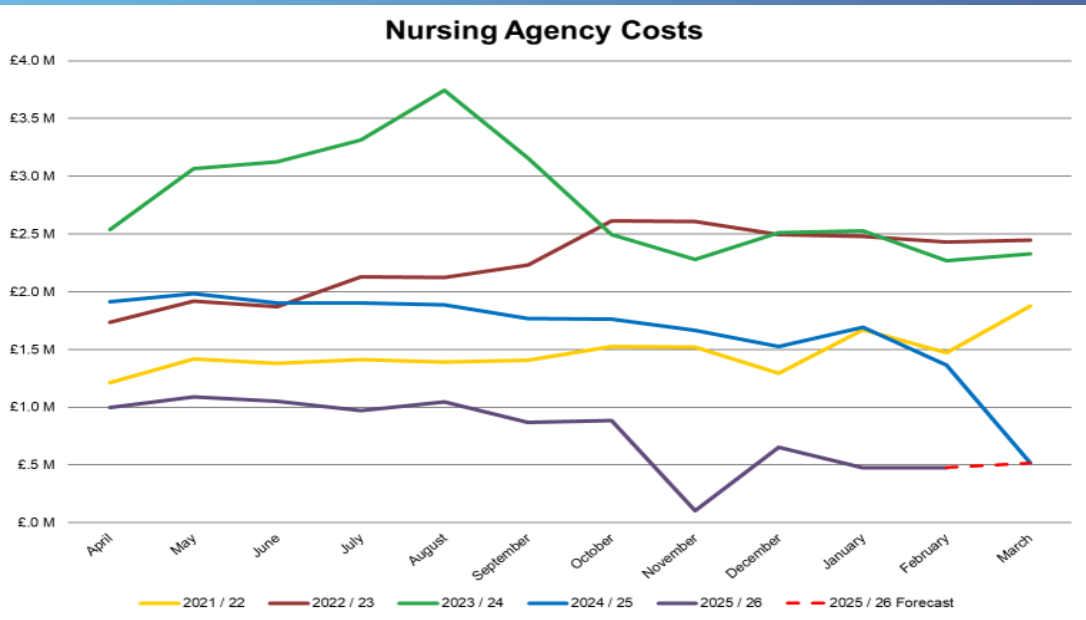
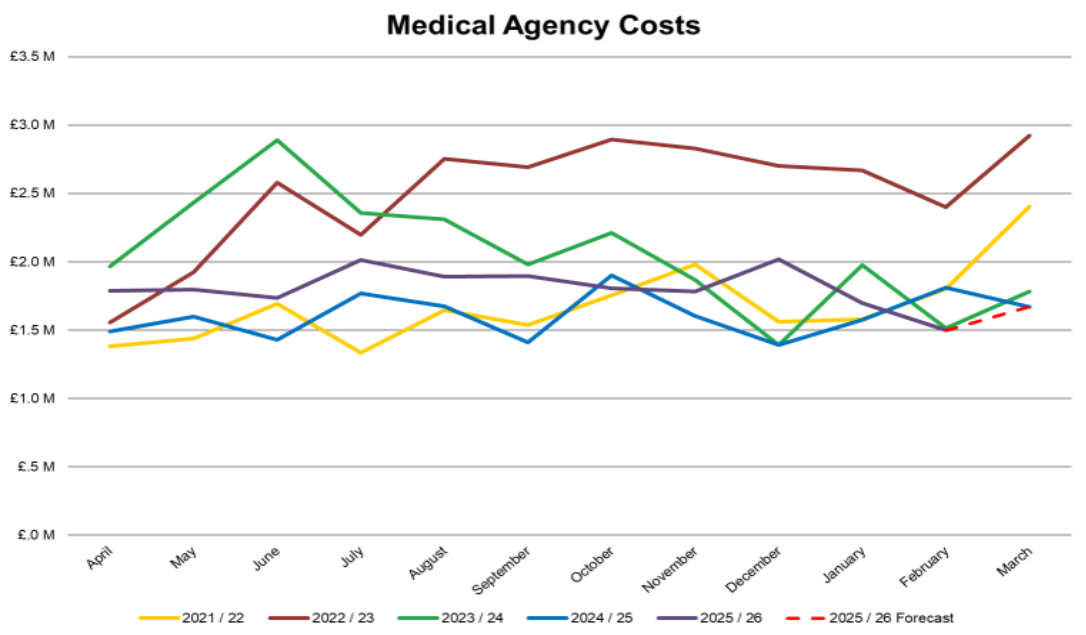
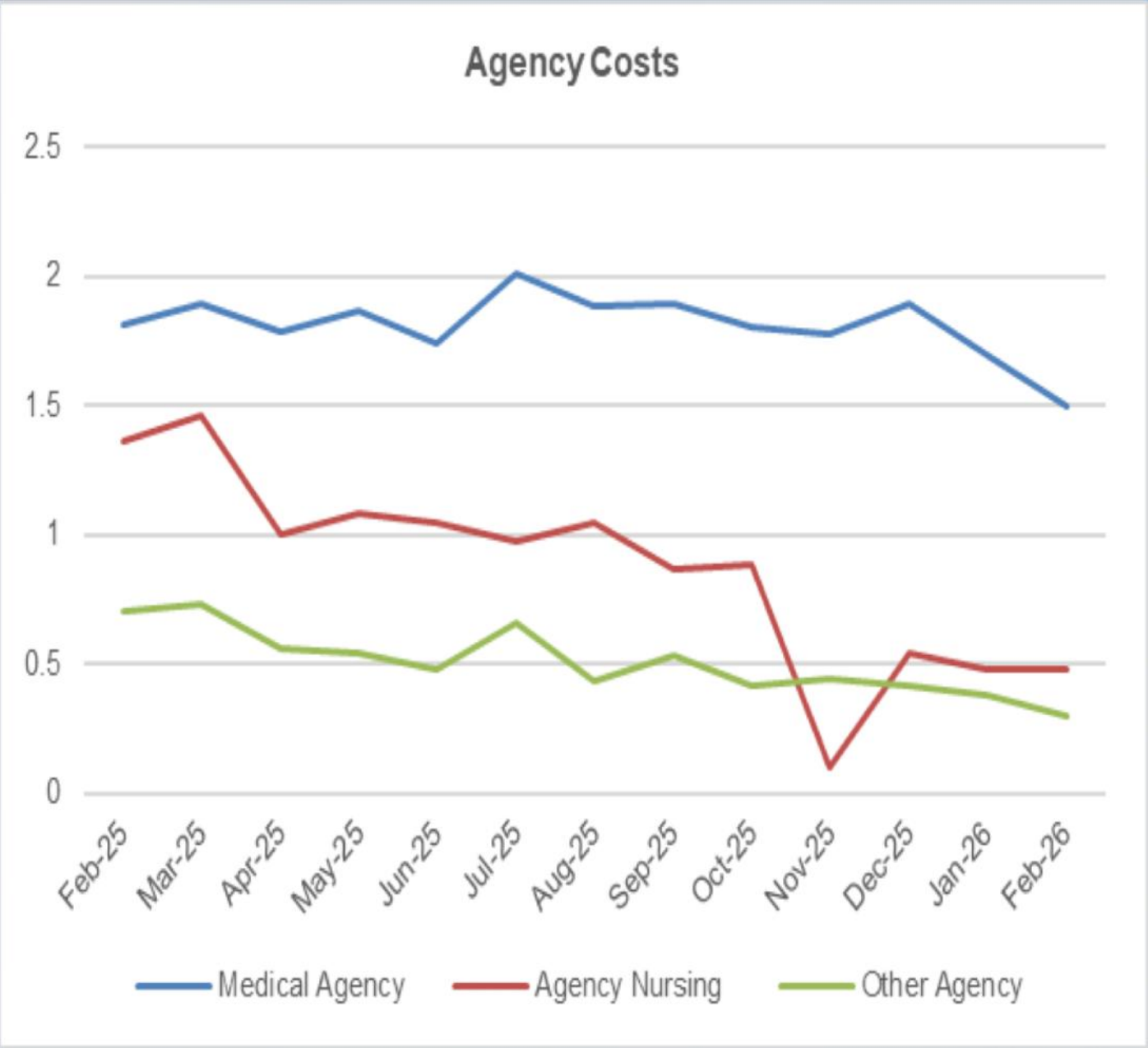
Pay Costs - Agency

	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual											Forecast	
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	1.2
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.3	2.9
East Area	0.3	0.3	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.1	2.8
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.4	0.5	0.5	0.5	5.7
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.0	0.5	0.8	0.6	0.7	0.8	10.8
Ysbyty Maelor													
Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.2	0.2	0.2	0.2	0.2	3.6
Mental Health & LDS	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.4	0.2	0.3	4.2
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.2	1.9
Other incl pan BCU Cancer Sercvies and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.4	0.3	0.2	0.2	3.2
Total Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	2.9	2.6	2.3	2.6	36.2



- Agency expenditure for February is £2.3m representing 2.3% of total pay, a reduction of £0.3m compared to previous months spend. (2024/25 Monthly average £3.9m). 2025/26 Agency annual forecast outturn is £36.2m, a £0.7m reduction compared to the £36.9m annual forecast outturn reported at Month 10 and a £10.8m (23.0%) reduction from 2024/25 total Agency spend of £47.0m. It is also expected that Agency costs will continue to reduce further following implementation of the additional centralised controls.
- February Medical Agency expenditure is £1.5m, £0.2m lower than previous month spend. (2024/25 Monthly average £1.6m). In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.4m), Women's (£0.1m), Mental Health (£0.2m), and Cancer Services (£0.1m) covering Medical vacancies and sickness.
- Nurse agency costs totalled £0.5m for the month and is in line with previous month. (2024/25 Monthly average £1.7m). The use of agency nurses is within Ysbyty Maelor Wrexham (£0.1m), Ysbyty Glan Clwyd (£0.2m) and Gwynedd (£0.1m). Agency nurses are used to staff escalated beds and cover ward vacancies. Other agency costs totalled £0.3m in month 11 and is in line with previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.3m).
- Work continues to ensure the Cabinet Secretary workforce enabling action is met within the required areas. Nil agency spend is forecast for the remaining months of the year against Estates & Ancillary and Admin & Clerical Agency staffing group. There has been minimal spend reported to date against Healthcare Support Worker staffing group with spend forecast to reduce over the remaining months of the year.

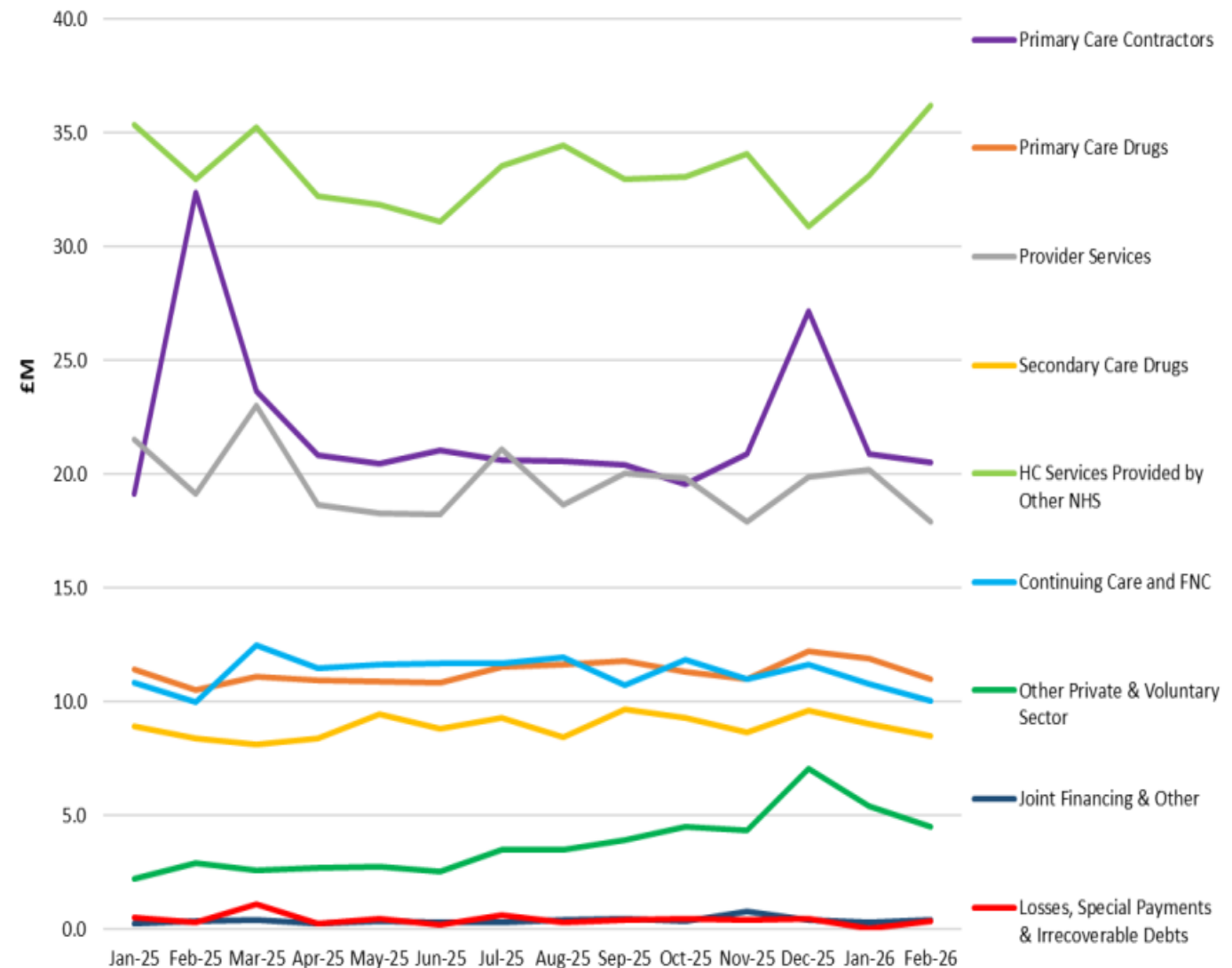
Pay Costs - Agency



Expenditure - Non-Pay

- Primary Care Contractor:** February expenditure is £0.4m (1.8%) less than previous month and £1.4m less than forecast for the month due to a reduction across Ophthalmic Services, Dispensing, Clusters and Managed Practices.
- Primary Care Drugs:** Expenditure is £0.9m (7.8%) less than previous month due to backdated GP prescribing weight loss medication included within previous month's position. The reduction in February spend also reflects fewer prescribing days compared to January. Spend is £0.1m less than forecast for the month.
- Provider Services Non-Pay:** Spend is £2.3m (11.4%) less than previous month and £1.3m less than forecast due to £1.0m accountancy gain from release of old year PO accruals, £0.4m consumables stock adjustment and £0.9m reduction in Utilities spend in-month.
- Secondary Care Drugs:** Expenditure decreased by £0.5m (5.9%) from previous month and £0.4m less than forecast, of which £0.2m reduction is Ysbyty Wrexham Maelor insourcing, AMD, Ophthalmology and Hep C secondary care drugs spend plus a £0.3m reduction in Cancer Services aseptic drugs. Other secondary care sites and Area Teams also reported a reduction in secondary care drugs spend across multiple medical specialties.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £3.1m (9.2%) higher than previous month, of which £3.0m is JCC Vertex Quarter 3 spend funded by WG.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure decreased by £0.8m (7.3%) from previous month and £0.8m less than forecast, due to a £0.8m accountancy gain reported in month.
- Other Private & Voluntary Sector:** In month spend decreased by £0.9m and is £1.1m less than forecast of which £1.0m reduction is reported within Commissioning due to lower activity on planned care than forecast and rehab discharges reflected within the February position.

Non Pay Expenditure (Excluding Capital Costs)



Allocations

	£m
Total Allocations Received	2,357.1
Total Allocations Anticipated	13.5
Total Welsh Government Income	2,370.6

- 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 2,370.6m.
- Confirmed allocations to date are £2,357.1m. This includes £12.9m allocation for COVID-19, with £10.2m of COVID income profiled into the year-to-date position.
- Further anticipated allocations in year total £13.5m as detailed in the table.

Description	£m
Allocations Received	2,357.1
Total Allocations Received	2,357.1

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	0.9
Removal of IFRS-16 Leases (Revenue)	-4.6
RTT Waiting Times	1.6
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
Planned Care Additional funding Phase 5	2.0
Cataract funding 2025/26	4.2
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.4
Dermatology MOPs funding	1.2
Waiting Times – Minor Oral Surgery & additional OPD Capacity	2.0
Waiting Times – Outpatient Appointments	0.9
Other	1.2
Total Allocations Anticipated	13.5



Opportunities

- The below are opportunities to the Health Board’s financial position for 2025/26. Where it is clear of specific costs for risks and opportunities, these are incorporated into the forecast position.

Opportunities / mitigations	£m	Level
Potential to deliver improved outturn on identified mitigations	17.4	Low
Total Opportunities	17.4	

Balance Sheet

- The closing cash balance as at 28th February 2026 was £16.5m, which included £11.4m cash held for revenue expenditure and £5.1m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.

	Opening Balance Beginning of Apr 25 £'m	Closing Balance End of Feb-26 £'m	Forecast Closing Balance End of Mar 26 £'m
Non-Current Assets			
Property, plant and equipment	740.2	733.2	747.5
Intangible assets	0.8	0.4	0.8
Trade and other receivables	119.7	125.2	124.7
Non-Current Assets sub total	860.7	858.8	873.0
Current Assets			
Inventories	20.5	20.5	20.5
Trade and other receivables	128.7	192.6	192.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	5.9	16.5	5.9
Non-current assets classified as held for sale	0.6	0.0	0.0
Current Assets sub total	155.6	229.6	219.1
TOTAL ASSETS	1016.3	1088.4	1092.1
Current Liabilities			
Trade and other payables	232.3	203.1	203.0
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	53.9	126.7	126.7
Current Liabilities sub total	286.2	329.8	329.7
NET ASSETS LESS CURRENT LIABILITIES	730.1	758.6	762.4
Non-Current Liabilities			
Trade and other payables	23.9	23.9	26.1
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	120.9	126.2	126.9
Non-Current Liabilities sub total	144.7	150.1	152.9
TOTAL ASSETS EMPLOYED	585.3	608.5	609.5
FINANCED BY:			
Taxpayers' Equity			
General Fund	367.2	390.3	391.3
Revaluation Reserve	218.2	218.2	218.2
PDC (Trust only)	0.0	0.0	0.0
Retained earnings (Trust Only)	0.0	0.0	0.0
Other reserve	0.0	0.0	0.0
Total Taxpayers' Equity	585.4	608.5	609.5

Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £60.3m, which includes £2.2m IFRS16 and £58.1m Capital. Year to Date expenditure is £36.3m.

BUDGET 2025/26					
1) Capital Resource Limit 2025/26	£m	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
WG Discretionary Capital	14.2				
All Wales Scheme	43.8				
Total CRL	58.1				
CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	3.3	3.0	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.7	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	1.9	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	1.5	3.0	-	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.1	1.0		Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	1.5	0.0	1.5	-	Brokerage managed within the programme.
WG Discretionary Capital	14.2	7.4	13.8	0.4	Under Commitment

Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Regional Orthopaedic Hub, Llandudno Hospital	15.7	14.6	15.9	-0.2	The project is progressing with completion forecasted late March 2026. Welsh Government have confirmed any overspend will need to be managed within the Health Board discretionary capital.
Year End Funding – October 2024	0.1	0.1	0.1	-	The project is complete, awaiting the final account.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	1.4	2.9	-	The project is programmed over the next 2 years. The contractor has commenced works in line with programme and CRL cashflow.
TEF - Fire	2.4	1.0	2.4	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Infrastructure	2.4	1.5	2.4	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Decarbonisation	0.2	0.0	0.2	-	The TEF funding profile and priorities for decarbonisation has revised. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Mental Health	2.0	0.9	2.0	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Infection Prevention Control	0.8	0.2	0.8	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Decontamination	0.8	0.4	0.8	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
IRCF - Conwy & Llandudno Junction Health & Social Care Centre	-0.2	0.0	0.0	-0.2	It has been confirmed that the project will be deferred to 27/28 as part of the IRCF prioritisation. As a result the Health Board has returned all this year and prior year funding as agreed with Welsh Government.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	0.3	0.2	0.3	0.0	The current CRL reflects the design costs which is profiled to spent in year. The BJC will not be completed by March 2026, the capital adjustments will be managed.
DPIF - All Ages Mental Health Digital Solution	0.6	0.4	0.6	-	The hardware will be procured in 2025/26.
Nuclear Medicine Consolidation at YGC	0.7	0.3	0.7	-	The current CRL reflects the fees to progress to FBC which is profiled to be spent in year. Preconstruction work appointment is progressing and may impact full spend of CRL.
Replacement Diagnostic and Treatment Equipment	7.7	4.7	7.7	-	The project is over two financial years. There is currently a medium risk in terms of procuring the additional elements within the overall project. This has been highlighted and is being mitigated.
Non-Radiology Ultrasound Replacement	0.3	0.1	0.3	-	These medical devices will be procured in year.
Replacement Diagnostic and Treatment Equipment - Phase 2	3.9	1.3	3.9	-	The purchase of the equipment has already been instigated. The programme for enabling works to support the equipment will be realised in full within this financial year. £0.5m underspend has been returned to Welsh Government as a result of a competitive tender for the Mammography equipment.
DPIF - RISP	0.2	0.2	0.2	-	The Health Board went live 5th September 2025. Stable operation was confirmed in December and final payment are due in Month 12.
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.4	0.4	0.4	-	This project is over a two year period with initiation in 24/25. It is forecasted that the project will complete in this financial year and the CRL will be spent in full.
DPIF - Digital Maternity Cymru	0.1	0.1	0.1	-	The equipment for the project has received and receipted.
Mobile C-Arm/Image Intensifier Replacement	0.3	0.0	0.3	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
Radiology Ultrasound Replacement	0.9	0.0	0.9	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
End of Year Digital Funding 2025-26	1.0	0.7	1.0	-	End of year funding has been received for server replacements. The equipment has been procured and delivery schedule in March 2026.
Trophon, Wrexham Maelor Theatre	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
DPIF - Connecting Care	0.5	0.4	0.5	-	Hardware for Connecting Care is being procured with final delivery before the year end.
Entonox cracking devices	0.0	0.0	0.0	-	The scheme has been deferred into the next financial year.
Commercial Research Delivery Equipment Call Funding	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
All Wales Capital	43.8	28.9	44.3	-0.4	Over commitment

Savings Performance against Target

- The Health Board’s financial plan has set a target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year forecast value of Green Schemes is £54.9m (comprising of £36.6m Savings, £0.9m Income Generation, £0.7m Cost Avoidance and £16.8m Accountancy Gains). A forecast increase of £6.8m from month 10. Of these, £26.0m have been identified as recurring, with a full year effect of £32.3m, and £29.0m are non-recurring savings. · Full year plan value of Red Schemes totals £1.3m and full year plan value of further pipeline opportunities totals £2.4m.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.
- In-month delivery includes Savings of £3.1m, £0.1m Income Generation/Cost Avoidance and £6.2m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £51.8m, of which £23.5m is recurring, against a target of £36.7m.

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.7	1.1	6.4	7.2	6.1	1.1
Central Integrated Health Community	10.0	7.8	2.2	5.5	9.2	7.3	1.9
East Integrated Health Community	10.0	9.9	0.1	9.0	9.1	8.8	0.3
MHLD	3.9	6.3	-2.4	8.4	3.6	5.9	-2.3
Womens Services	1.2	0.6	0.6	0.4	1.1	0.6	0.5
Diagnostic and Specialist Clinical Support	1.8	1.9	0.0	0.4	1.7	1.7	0.0
Cancer Services	1.5	1.6	-0.1	2.0	1.4	1.4	0.0
Community Dental Sevices	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.4	0.2	0.2	3.3	3.1	0.2
Saving Total	40.0	38.2	1.8	32.3	36.7	35.0	1.7
Accountancy Gains		16.8	-16.8			16.8	-16.8
Total		54.9	-14.9	32.3	36.7	51.8	-15.1





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health Board			
Board Date		26/03/2026	
Date of Committee		17/02/2026	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. Deteriorating assurance in statutory compliance and internal controls, with several reviews moving to limited assurance. 2. Estates and facilities safety alerts lack overarching governance, posing safety risks. 3. Timeliness of management responses to audit recommendations is a concern, requiring escalation.	
2b	Assurance	The Audit Committee wish to assure members of the Board that: 1. Progress had been made in falls management, complaints, and patient experience, but some recommendations remain open and need evidence of embedded learning. 2. Ten risks remain outside appetite; deep dives are planned to identify actions to reduce them. 3. Quality management system and governance frameworks are under review for clarity and effectiveness.	
2c	Advise	The Audit Committee wish to advise members of the Board that: 1. Strengthened accountability with new statements for executive team members and annual reviews. 2. Reinforce governance as everyone's responsibility, with education and escalation for non-compliance. 3. Map accountability and assurance at board and committee levels for clarity and delivery.	
2d	Review of Risks	1. Deep dives into corporate risks are planned to drive down risk levels and address gaps in controls. 2. Risk register shows ten risks outside appetite, requiring focused action. 3. Review and update risk appetite and target risks, especially in people and culture.	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

2e	Sharing of learning	1. New learning repository and patient experience framework being implemented to improve systematic learning. 2. Emphasis on capturing and evidencing embedded learning to prevent recurrence of issues. 3. Education and masterclasses provided to improve governance understanding across the organisation.
3	Actions to be considered by the Executive Committee	1. Escalation meetings for executives not providing timely responses or evidence for audit and policy compliance. 2. Improve evidence of embedded learning and accountability at all levels 3. Consider mapping cultural issues and sharing best practices across teams and departments.

Health Board

CORPORATE RISK REGISTER

Dyddiad y Cyfarfod Date of Meeting	26 March 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 Assurance

Crynodeb Gweithredol Executive Summary

This report provides the Board with an updated overview of the Health Board's Corporate Risk Register (CRR) as at March 2026, following comprehensive review by Executive Leads, Committees, and the Risk Scrutiny Group.

Key Messages:

- The CRR continues to highlight significant strategic risks across patient access, workforce sustainability, estates safety, digital resilience, and regulatory compliance. Of the eleven corporate risks, ten remain above the Health Board's stated risk appetite, underscoring the need for accelerated mitigation and operational grip.
- Progress has been made in strengthening risk management processes, including the introduction of a revised CRR template (to be implemented from April 2026) and enhanced oversight through deep dives and committee scrutiny.
- Action plans are in place for all risks, with 18 completed, 71 progressing, and 2 delayed due to external dependencies. A high volume of actions are scheduled for completion by March 2026, requiring Executive confirmation of delivery trajectories.



- Committee feedback has emphasised the need for action plans to be outcome-focused, measurable, and linked to operational delivery. The Board is asked to support continued refinement of risk descriptors, controls, and assurance routes.
- The 2025 Structured Assessment recognised improvements in risk governance and Board engagement, but highlighted the importance of integrating operational risks and ensuring robust assurance flows from service level to Board. The Board is asked to consider whether the CRR is “too strategic” and to support further integration of operational risks for enhanced visibility and assurance.

Recommendations:

- Note the current position of the Corporate Risk Register and progress on risk mitigation.
- Support actions to review risks exceeding tolerance and endorse continued refinement of risk descriptors and controls.
- Approve the implementation of the revised CRR template and ongoing Board development activities to strengthen risk oversight.
- Encourage integration of operational risks and escalation routes to ensure comprehensive assurance.

The Board’s continued challenge, accountability, and prioritisation will be critical in embedding a robust approach to risk management that delivers demonstrable assurance and supports safe, sustainable services.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd 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
Head of Risk Management	16/01/2026	The Head of Risk Management conducted an assessment on all corporate risks, this has been presented to RSG and the risk leads. It was suggested action plans should be outcome focused and measurable (including metrics where possible).
People & Culture Committee	12/02/2026	The Committee reviewed relevant workforce and leadership risks and provided high-level feedback on visibility of progress and clarity

		of movement. A broader refresh of descriptions, scoring and actions is planned. Additional information is set out in the main report.
Audit Committee	17/02/2026	The Committee considered the associated risks and offered general observations on narrative clarity, scope and supporting analysis. Required enhancements have been noted.
Performance, Finance & Information Governance Committee	24/02/2026	The Committee reviewed relevant risks and provided overarching feedback on scoring, action timescales and assurance pathways.
Planning, Population Health & Partnership Committee	05/03/2026	The Committee discussed progress, timelines and future requirements for relevant risks. Areas requiring further review were highlighted.
Quality, Safety & Experience Committee	05/03/2026	The Committee reviewed risks linked to quality and compliance, noting the need for clearer ownership, strengthened controls and improved visibility of impact.
Executive Committee	11/03/2026	The Executive Committee continues to provide oversight and direction on corporate risks, ensuring alignment to organisational priorities.

Acronymau / Rhestr Termau Acronyms / Glossary of Terms

CRR	Corporate Risk Register
RSG	Risk Scrutiny Group
BAF	Board Assurance Framework

Corporate Risk Register March 2026

1. Y SEFYLLFA SITUATION

This report provides the Health Board with an updated overview of the Corporate Risk Register (CRR) as at March 2026. It reflects the latest position following Executive Committee scrutiny, Committee oversight, and the ongoing programme of review with risk owners. The report highlights key developments, changes to risk status, and the actions being taken to ensure continued alignment with the Health Board's risk appetite and tolerance.

2. Y CEFNDIR BACKGROUND

The overall corporate risk profile remains broadly consistent with the previous reporting cycle. However, the persistent level of exposure indicates ongoing challenges across several critical domains, including patient access, workforce sustainability, estates safety, digital resilience, and regulatory compliance.

Despite improvements in risk management processes and system maturity, the pace of risk reduction remains insufficient when assessed against the Health Board's stated appetite. Variability in the design, quality, and monitoring of action plans continues to impact the degree to which Executive Leads can demonstrate assurance of progress.

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

RISK REGISTER REVIEW AS AT MARCH 2026

Review of the CRR indicates that one risk has reduced in score over the past 12 months. While there has been demonstrable progress in strengthening risk management processes, the effectiveness of operational risk mitigation continues to require focused attention. This has been recognised by the Audit Committee as a key improvement area.

Since the last reporting cycle:

- There have been no changes to the scoring of any corporate risks.
- Ten of the eleven risks continue to sit above the Health Board's risk appetite.
- Two actions under CRR25-03 *Population Needs* are now delayed due to external dependencies and are rescheduled to commence in 2026/27.
- A significant number of actions are due by March 2026, and Executive assurance will be required to validate the feasibility of these timelines.

Deep dives have been completed for:

- Safe Environment and Health & Safety (Nov 2025)
- Timely Patient Access (Dec 2025)
- Regulatory and Legislative Compliance (Jan 2026)

Further deep dives are scheduled at Executive Committee from March 2026 onwards.

In addition:

- BAF24-01 has been formally closed, with outstanding actions transferred into CRR25-08.
- Two private risks have been removed from the public register and will be monitored in the private session.
- Across the CRR, there are 91 actions: 18 completed, 71 progressing, and 2 delayed.

A revised Corporate Risk Register template has been developed and will be implemented from April 2026. This will provide clearer alignment between gaps in control, action plans, and the trajectory required to reach target risk scores. All Corporate Risks will transition to this new format in the next reporting cycle.

Overdue/Delayed Actions

Two actions are delayed relating to risk CRR25-03 'Population Needs' with both actions due to commence during 2026/27 with external dependencies.

Risks above Health Board 25/26 appetite

Of the total 11 Corporate Risks, **ten** corporate risks above tolerance are for the oversight of the Committees and Board. One risk sits within the risk tolerance range within the appetite CRR25-05 'Strategic Change - Impacting Care and Staff Delivery'.

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Appetite Main Risk Type Appetite Level	Lead Board Committee
	CRR25-01	Timely Patient Access to Safe and Effective Care	5x4	Quality (<15)	Quality, Safety and

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Appetite Main Risk Type Appetite Level	Lead Board Committee
Chief Operating Officer			20	Above Tolerance	Experience Committee
Interim Executive Director of People & OD	CRR25-02	Future Demand & Sustainable Workforce	4x4 16	Quality (<15) Above Tolerance	People & Culture Committee
Executive Director of Public Health	CRR25-03	Population Needs	4x4 16	Quality (<15) Above Tolerance	Planning, Population Health & Partnership Committee
Chief Digital and Information Officer	CRR25-04	Modernising our Digital Infrastructure	5x4 20	Quality (<15) Above Tolerance	Planning, Population Health & Partnership Committee
Interim Executive Director of Transformation and Strategic Planning	CRR25-05	Strategic Change – Impacting Care and Staff Delivery	4x3 12	Quality (<15) In Tolerance	Planning, Population Health & Partnership Committee
Executive Director of Finance	CRR25-06	Value Delivery and Financial Sustainability	5x4 20	Financial (<15) Above Tolerance	Performance, Finance and Information Governance Committee
Interim Executive Director of People & OD	CRR25-07	Leadership and Operating Model	4x4 16	Quality (<15) Above Tolerance	People & Culture Committee
	CRR25-08		4x4	Regulatory (<15)	Quality, Safety and

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Appetite Main Risk Type Appetite Level	Lead Board Committee
Director of Corporate Governance		Non-Compliance with Regulatory and Legislative Requirements	16	Above Tolerance	Experience Committee
Director of Environment and Estates	CRR25-09	Safe Environment	4x5 20	Regulatory (<15) Above Tolerance	Performance, Finance and Information Governance Committee
Director of Environment and Estates	CRR25-10	Health and Safety	4x4 16	Regulatory (<15) Above Tolerance	Performance, Finance and Information Governance Committee
Chief Digital and Information Officer	CRR25-11	Cyber	5x4 20	Quality Above Tolerance	Planning, Population Health & Partnership Committee

Key Risks and Committee Feedback

CRR2502 – Future Demand & Sustainable Workforce

- Committee requested clear visibility of progress and movement in risk ratings.
- Required fuller reflection of fragile services within the risk narrative.
- Full refresh of risk descriptions, scoring, and action plans to be undertaken.
- Revised due dates approved, with short impact rationales to accompany each date.

CRR2507 – Leadership & Operating Model

- Risk to explicitly reference work-related sickness within stress-related staff absence.
- Strengthen analysis of leadership capacity and its operational impact.

CRR2509 – Safe Environment

- Committee requested confirmation that the risk score remains appropriate given ageing action timescales; review required.
- Deep dive outputs from the Risk Scrutiny Group must be formally routed through Executive Committee and Performance, Finance & Information Governance Committee to ensure a clear assurance chain.

CRR2505 – Strategic Change – Impacting Care and Staff Delivery

- Committee advised considering a risk score reduction following recent action closures.

CRR2503 – Population Needs

- Discussed confidence levels in completing remaining March-due actions.
- Progress and timelines to be reviewed in line with IMTP developments.

CRR25-08 – Non-Compliance with Regulatory & Legislative Requirements

- Clarify mapping and ownership of lead actions (“back to basics” approach).
- Implement new controls and monitor for expected risk reduction.
- Ensure coordination across workstreams and incorporate Risk Scrutiny Group deep dive findings and updated template requirements.

CRR25-01 – Timely Patient Access to Safe & Effective Care

- Refine actions to clearly demonstrate impact and outcomes.
- Strengthened executive support and enhanced control mechanisms endorsed for the Chief Operating Officer.
- Increase oversight of associated risks; address service fragility and workforce pressures.
- Further detailed discussion to proceed via private-session paper.

4. RISK MANAGEMENT IMPROVEMENTS 2026/27

The 2025 Structured Assessment for BCUHB recognised improvements in risk governance, transparency, and Board engagement, but identified further opportunities to strengthen consistency, capacity, and assurance.

Key recommendations from the assessment inform ongoing development of risk management arrangements:

- The Corporate Risk Register (CRR) is intended to provide a high-level overview of the Health Board’s most significant strategic risks. Its focus on

strategic themes such as patient access, workforce sustainability, estates safety, digital resilience, and regulatory compliance ensures alignment with Board priorities and statutory obligations.

- Recent feedback from Committees and the 2025 Structured Assessment has raised the question of whether the CRR is “too strategic,” potentially limiting visibility of operational risks and the practical challenges faced by services. Key points for consideration:

To address these concerns, the following steps are proposed:

- Enhance the CRR by incorporating key operational risks, either as standalone entries or as sub-risks under strategic themes.
- Strengthen escalation routes from service-level risk registers to the CRR, ensuring timely identification and reporting of emerging risks.
- Ensure action plans are linked to both strategic and operational risks, with clear metrics and evidence of impact.
- Use Board development sessions to build understanding of risk at all levels and promote collective accountability for risk management.

Integrating the findings from the 2025 Structured Assessment will help the Board strike the right balance between strategic and operational risk management, delivering greater assurance and supporting continuous improvement.

5. CONCLUSION

The Corporate Risk Register continues to provide a comprehensive view of the organisation’s most significant strategic risks. While oversight arrangements and the structure of risk management processes have strengthened, the lack of change in risk scores over the past 12 months highlights the need for greater operational grip and accelerated delivery of mitigating actions.

The next six months will be essential in progressing high-impact actions, particularly those scheduled for completion by June 2026. Ten risks remain above appetite, requiring sustained focus from Executive Leads and Committee scrutiny to ensure measurable and timely reduction in exposure.

Continued Board support for challenge, accountability, and prioritisation will be critical in embedding a robust approach to risk management that is aligned to strategic priorities and delivers demonstrable assurance.

6. ARGYMHELLION RECOMMENDATIONS

Gofynnir i'r Bwrdd:
Members are asked to:

- **NOTE** the current position of the Corporate Risk Register;

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

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	1. building an effective organisation
	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	The Corporate Risk Register has been consolidated into 11 strategic corporate risks , aligned to the Health Board's strategic objectives and mapped to the Board Assurance Framework to strengthen oversight and clarity of assurance routes. Of these, ten risks remain above the Health Board's stated risk appetite, indicating continued areas of significant exposure that require enhanced monitoring and scrutiny. Only CRR25-05 Strategic Change – Impacting Care and Staff Delivery currently sits within tolerance.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

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

Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> 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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i>	Do/Yes: ☐	Naddo/No: ☒
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i>	Do/Yes: ☐	Naddo/No: ☒
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

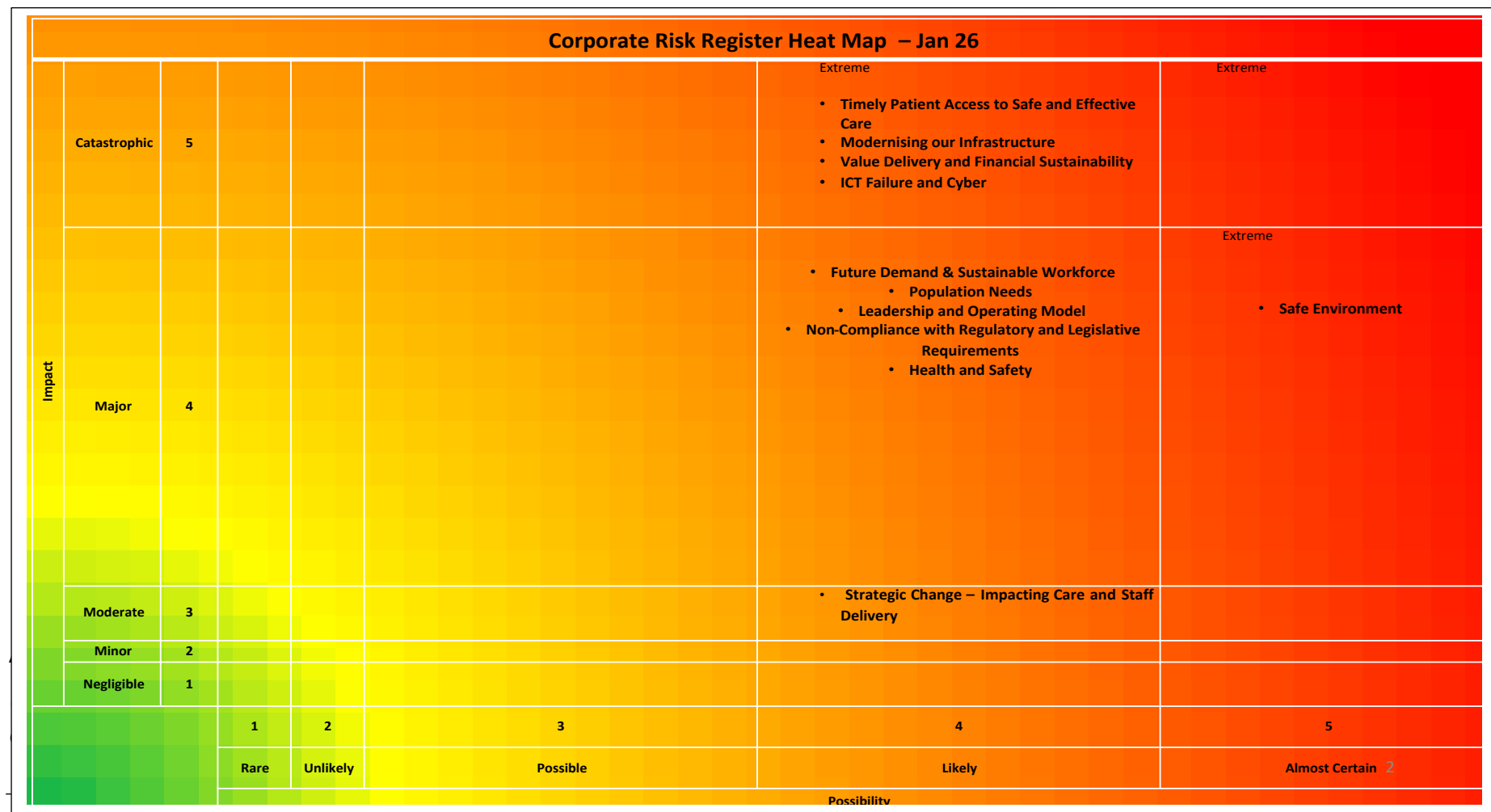
Appendix 1 – Corporate Risk Register Dashboard – March 2026

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type Appetite Level	Lead Board Committee	Action Progression			Risk Management Commentary
							Total	Completed	Delayed or Overdue	
COO	CRR25-01	Timely Patient Access to Safe and Effective Care	5x4	12	Quality (<15)	Quality, Safety and Experience Committee	11	4	0	Four actions now completed Action plan to be reviewed
			20		Above Tolerance					
EDoW	CRR25-02	Future Demand & Sustainable Workforce	4x4	8	Quality (<15)	People & Culture Committee	7	0	0	Action plans to be reviewed to include metric based for tracking outcome and impacts
			16		Above Tolerance					
EDoPH	CRR25-03	Population Needs	4x4	12	Quality (<15)	Planning, Population Health & Partnership Committee	13	0	2	13 actions with 11 progressing, 2 delayed actions due to external dependencies, to commence 26/27. Dental and community actions to be reviewed for impact and outcome.
			16		Above Tolerance					
CDIO	CRR25-04	Modernising our Infrastructure	5x4	12	Quality (<15)	Planning, Population Health & Partnership Committee	9	1	0	*Removed from report, private
			20		Above Tolerance					
EDoTSP	CRR25-05	Strategic Change – Impacting Care and Staff Delivery	4x3	8	Quality (<15)	Planning, Population Health & Partnership Committee	6	2	0	Additional actions to be identified to reduce the risk to achieve the target risk score
			12		In Tolerance					
EDoF	CRR25-06			12	Financial (<15)	Performance, Finance and	4	2	0	

		Value Delivery and Financial Sustainability	5x4 20		Above Tolerance	Information Governance Committee				
EDoW	CRR25-07	Leadership and Operating Model	4x4 16	8	Quality (<15)	People & Culture Committee	5	0	0	Action plans to be reviewed to include metric based SMART actions
					Above Tolerance					
DCG	CRR25-08	Non-Compliance with Regulatory and Legislative Requirements	4x4 16	8	Regulatory (<15)	Quality, Safety and Experience Committee	14	4	0	Following the closure of BAF risk BAF24-01, the remaining 4 open actions transferred onto this risk for continued monitoring.
					Above Tolerance					risk remains elevated due to fragmentation of compliance ownership and variable operational assurance
DoE	CRR25-09	Safe Environment	4x5 20	12	Regulatory (<15)	Performance, Finance and Information Governance Committee	9	0	0	Review of the risk undertaken by the service to align to operational aspects of the risk
					Above Tolerance					
DoE	CRR25-10	Health and Safety	4x4 16	8	Regulatory (<15)	Performance, Finance and Information Governance Committee	6	2	0	6 open actions, 2 actions completed with 4 open actions on track
					Above Tolerance					
CDIO	CRR25-11	Cyber	5x4 20	15	Quality	Planning, Population Health & Partnership Committee	9	4	0	*Removed from report, private.
					Above Tolerance					Target score remains high.



Appendix 2 – Corporate Risk Register Heatmap



CRR REF: 25-08		
Risk Title: Non-Compliance with Regulatory and Legislative Requirements		
Director Lead: Director of Corporate Governance		Date Opened: 21/08/2025
Assuring Committee: Quality, Safety and Experience Committee		Date Last Committee Review: 06/11/2025
Date Last Reviewed: 03/03/2026	Link to BAF: BAF24-01	Target Risk Date: 31/03/2027
Risk Detail: There is a risk that the Health Board may fail to comply with regulatory and legislative requirements, which could directly or indirectly impact the safety, quality, and accessibility of patient care. This may be caused by inefficiencies in managing regulatory complexities and changes at pace, ineffective relationship management with regulators and statutory bodies, inadequate monitoring and reporting of actions and progress, including escalation, and insufficient operational assurance. This may lead to enforcement action, impact patient safety, financial penalties, impact on workforce, and loss of public and stakeholder confidence.		
Mitigations/Controls in place		
1. Internal and external audit reviews identifying and reporting areas of non-compliance with legislation and regulation. 2. Report on progress on some regulatory compliance submitted to the Regulatory Assurance Group, Executive Quality and Delivery Group, and Quality, Safety and Experience Committee via the Integrated Quality Report. 3. An update on progress on some regulatory compliance from the Integrated Quality Report also included in the Statutory Compliance Report to Executive Committee and Audit Committee.		

4. Monitoring of regulations and legislation by various groups, such as:

- Medical Devices Governance & Assurance Group oversees procurement, selection, risk management and safety communication
- Estates and Health & Safety Committee oversee areas of non-compliance and tracking of action plans.
- Pharmacy Technical Services and monitoring of compliance in relation to Controlled Drugs. Regulatory Assurance Group for some clinical regulations. (Oversight and gap analysis of all groups required and reflected in the action plan/gaps in controls)

Gaps in controls- Additional controls required	Action	Action Owner	Due Date	Progressio n Analysis	Action Confidenc e
G1 The Health Board currently lacks a complete and consolidated picture of its regulatory and statutory relationships, leading to limited visibility over roles, responsibilities, and	Capture current relationship management practices and arrangements around Health Board regulators and statutory bodies Complete a structured mapping exercise of all regulators and statutory bodies across the Health Board to identify lead Executive Team member, operational lead, and current relationship with these bodies Outcome • A clear, consolidated view of how the Health Board currently manages relationships with regulators and statutory bodies	Head of Statutory Compliance and Inquiries	31/03/2026	Progressing	Medium



engagement practices.	• A baseline understanding that supports improved coordination, compliance, and strategic engagement • Clarity, visibility, and baseline understanding. Metric • Confirmation from each Executive Team member that details of all regulators and statutory bodies under their portfolio have been captured Impact on Risk • Increased visibility of current relationship management practices with its regulators and statutory bodies across the Health Board • Increased visibility of the current reporting and monitoring practices relating to regulator and statutory body information across the Health Board • Increased visibility of roles and responsibilities relating to regulators and statutory bodies.				



G2 There is no fully reliable or validated register of regulatory relationships and statutory obligations, creating uncertainty around ownership, assurance, and compliance oversight	Review of regulatory and statutory body relationship management, reporting and monitoring arrangements Review the Relationship Management Matrix. Outcome • A strengthened, authoritative information set that can be used confidently by the Board, Executive Team Members, and operational teams • Identification of strengths, gaps, inconsistencies, and duplication in governance practices • An assessment of whether the existing information is sufficient to support assurance, compliance oversight, and regulatory engagement • A foundation for designing a more consistent, risk-aligned regulatory engagement framework Metric	Head of Statutory Compliance and Inquiries	30/04/2026	Not Started (Above action to be completed prior to this action being started)	High



	- Completeness — proportion of regulators/statutory bodies for which full information exists - Clarity of ownership — proportion of entries with clearly assigned responsible officers or teams. Impact on Risk When the information is complete and reliable: - Regulatory risk decreases because the Health Board has a clear, accurate understanding of all obligations and expectations - Ability to identify gaps in the improvements required to strengthen our processes - A verified, up-to-date record of all regulatory relationships and obligations, with inaccuracies corrected and gaps identified.				
G3	Executive Governance and Regulatory Group	Head of Statutory Compliance	31/03/2026	Progressing	Low



There is no formalised executive-led forum providing consistent oversight, coordination, and escalation of governance, statutory compliance, and regulatory issue	Formalise a multi-disciplinary Governance and Regulatory Group to provide routine scrutiny, coordination, and escalation Outcome A formalised, multi-disciplinary Executive Led Group to ensure consistent oversight, aligned decision-making, and timely escalation across governance, statutory compliance, and organisational assurance domains Metric • Group established with agreed terms of reference • Clear, defined and documented reporting and escalation processes • Attendance and representation across disciplines. Impact on Risk Formalising this Group will have a material positive impact on organisational risk exposure, the key improvements include: • Clearer escalation routes ensure strategic risks receive timely executive attention	and Inquiries		

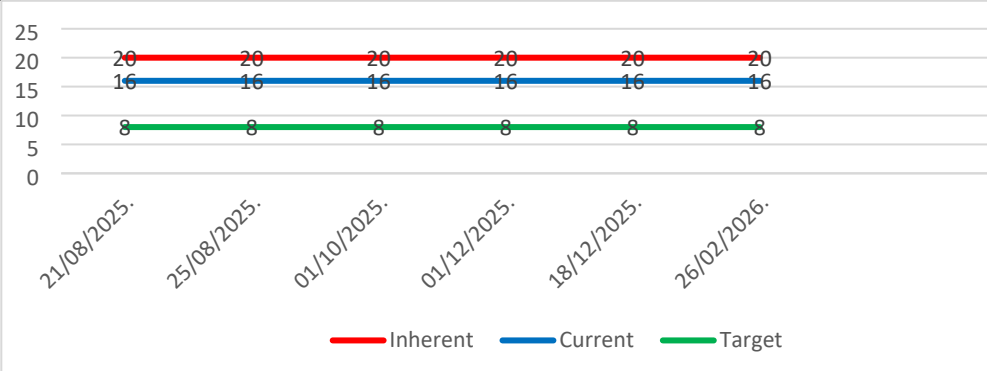


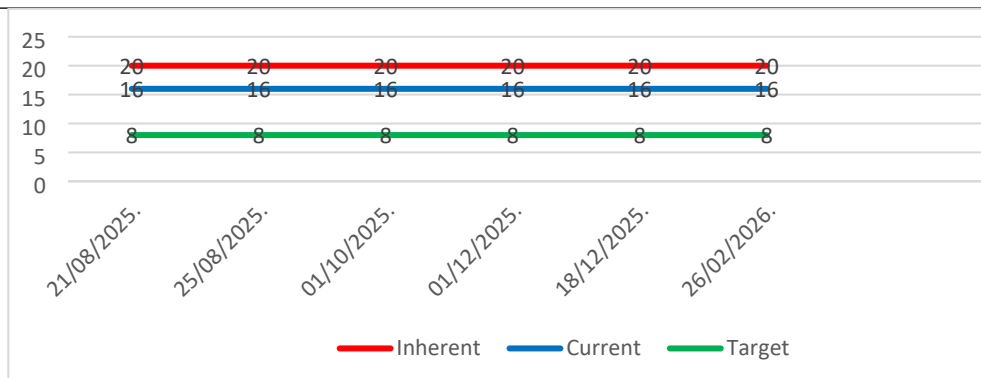
	• More coordinated oversight supports consistent compliance across operational divisions • Improved accountability reduces drift, variability, and unmanaged exposures • Systematic monitoring ensuring the Health Board maintains compliance with statutory duties and regulatory frameworks • Provides clearer lines of sight for Board Committees				
G4 The Health Board lacks a centralised system to record, monitor, and assure compliance with legislative and regulatory requirements, resulting in fragmented and inconsistent oversight.	Compliance Management System Implement a centralised compliance management system to capture and enable the monitoring of Health Board-wide legislative and regulatory requirements Outcome Implementation of a centralised electronic system provides a single source of information for all legislative, statutory, and regulatory requirements, linked directly to named accountabilities and real-time assurance. Metric • System procured	Head of Statutory Compliance and Inquiries	31/03/2027	Progressing	Medium



	• System live by agreed date Impact on Risk Implementation of the system will have a significant positive effect on reducing organisational risk in multiple categories. • Ensures the organisation maintains a live, accurate register of all legislative and regulatory duties • Strengthens evidence trails for external inspections (for example Health Inspectorate Wales, Audit Wales, Health and Safety Executive) • Clear ownership of responsibilities reduces operational ambiguity and the risk of requirements being missed • Real-time visibility enables early escalation of compliance risks before becoming significant failures • Moves the Health Board from reactive to proactive compliance management • Reduces inconsistencies across directorates, improving confidence in assurance processes				



	- Supports Board Committees by providing reliable, validated, accessible assurance information - Demonstrates to regulators and external stakeholders a systematic, robust approach to compliance - Automated reporting reduces human error, version-control issues, and information gaps - Ensures a clear audit trail for decisions, updates, accountability, and evidence.				
			Impact	Likelihood	Score
		Inherent Risk Rating	4	5	20
		Current Risk Rating	4	4	16
		Target Risk Score	4	2	8
		Risk Appetite	Regulatory/Compliance <15		Not in Tolerance
Position & Intended Outcome for Risk					



Governance and regulatory EDG to be set up to oversee non-compliance and all operational aspects. This risk to be developed to be more strategic following the group and to report areas of non-compliance to the Executive Committee. Compliance to be tracked and risks mitigated.



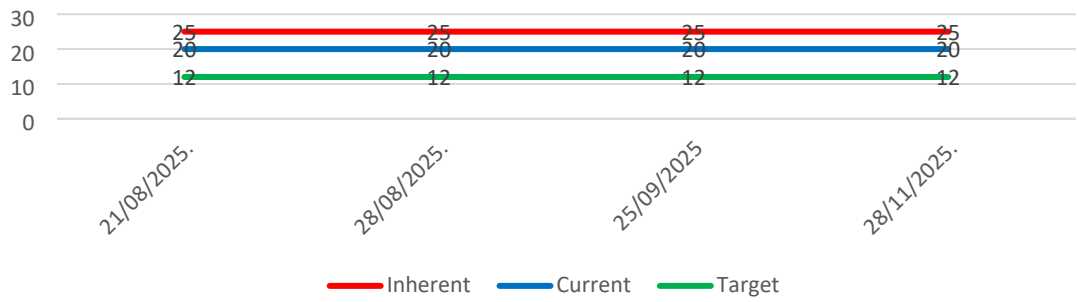
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Corporate Risks for Scrutiny

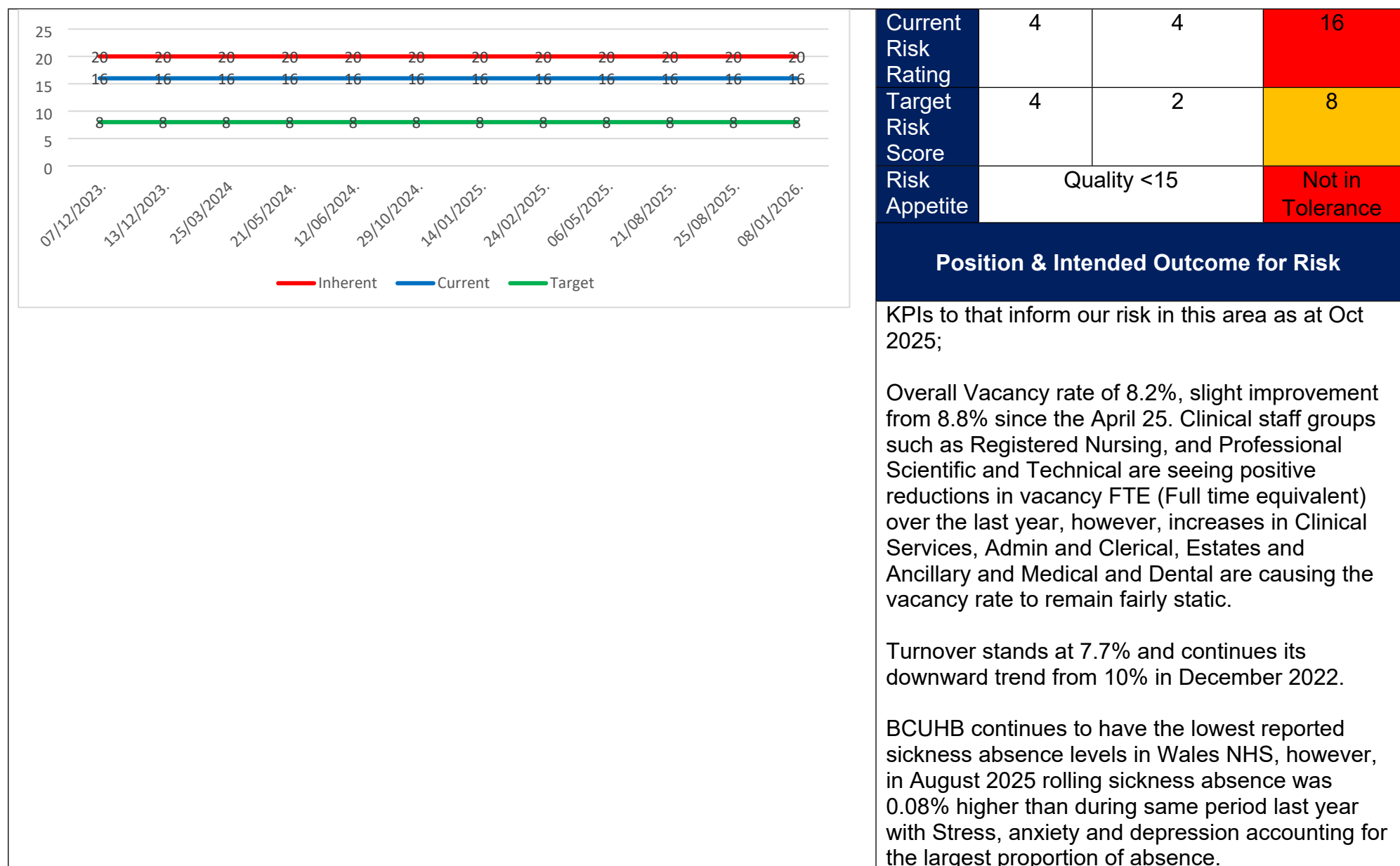


CRR 25-01	Risk Title: Timely Patient Access to Safe and Effective Care		Date Opened: 21/08/2025 (version 2 refined from 2023)		
	Assuring Committee: Quality, Safety and Experience Committee		Date Last Committee Review: 05/03/2026		
Date Last Reviewed: 28/11/2025	Director Lead: Chief Operating Officer	Link to BAF: BAF24-07	Target Risk Date: 30/06/2027		
There is a risk that patients may not receive timely access to the care they need, which could lead to deterioration in health, poor patient experience, and poorer outcome. This may be caused by lack of oversight of waiting lists, harm occurring on waiting lists, insufficient communication with clinicians, poor patient experience, and difficulties recruiting to specialist posts. This may lead to extended waiting lists, patient harm due to delays, and reputational or regulatory consequences.					
Mitigations/Controls in place			Additional Controls required		
1. System Resilience Hub in place with hospital escalation protocols, daily and weekend plans, and winter/festive plans. Daily Hub + rapid review + weekly executive oversight panels 2. 6 week rapid improvement plan with clinical and operational executive oversight 3. Quality, professional and operational standards 4. Major change programmes for Urgent and Emergency Care (UEC) and planned care aligned to the Six Goals for UEC framework and national objectives (such as timely access to care and building community capacity). Governance structure completed, all workstreams now all aligned. 5. Winter Resilience Plan complete evaluation and lessons learnt. 6. Revised Access policy to ensure standardised practice across the Health Board 7. Single Integrated Clinical Assessment Triage (SICAT) and GP Out of Hours (OOHs) joint model providing 24/7 triage and advice 8. Same Day Emergency Care (SDEC) services established at all acute sites 9. Routine clinical prioritisation of patients by risk in line with Referral to Treatment guidance 10. Outsourcing of radiology reporting and insourcing of CT, MRI, ultrasound 11. Diagnostic Quality Management System accreditation system embedded 12. Welsh Government short-term Neurodevelopment funding to support longest waiters, agency staff, overtime			a. Fragility of UEC (Urgent Emergency Care) and specialist workforce posts, reliance on locums' temporary posts. b. Fragility of social care provision causing delayed discharge and stranded patients c. Need for demand and capacity modelling and specialty-level trajectories d. Inadequate Neurodevelopment capacity to manage waiting list e. Outdated diagnostic IT systems causing inefficiencies in reporting and turnaround times with diagnostics. f. Variation in acute medicine, SDEC (Same Day Emergency Care), frailty pathways across sites, No standardised model yet g. Consistent application of "Our Next Patient Please" flow model. h. Health Board improvement goal for Colostrum Difficile Infection (CDI) reductions in 2025/2026 to reduce the number of cases within the Health Board.		
Actions			Action Owner	Due Date	Progression Analysis
b) Implement reset fortnight 8-22 December focusing on improving number and timeliness of discharges, delivering 45-minute ambulance handover, and improve ED performance Second winter Sprint 22 January – 4 February, supported by 3 diagnostics to target ongoing actions			Chief Operating Officer	08/12/2025	Complete
b) Complete demand and capacity analysis across Planned Care to inform forward activity planning As part of the planned care programme and major change programme. The Transformation improvement team have provided an allocation of project management and pathway re-design support to the planned care programme to be used flexibly across its delivery.			Programme Director, Planned Care	31/03/2026	Progressing
e) Update Failure to act on Diagnostics Procedure to be presented at divisional meeting for discussion on the 10/10/2025 This action is delayed due to service focus on 8-week backlog reduction and supporting OPD programme. Proposed revise due date to Q1 2026-27			Associate Director, North Wales Managed Clinical Services	30/06/2026	Progressing (revised date from 20/10/2025)
b) Deliver December “Discharge Fortnight” - Intensive cross-sector focus to maximise discharge, unblock flow, reduce LOS, and significantly improve bed availability.			Chief Operating Officer	31/01/2026	Complete
Issue Quality Standards (Clinical Execs) and Operational Standards (COO) Define practice expectations to standardise risk, quality, and operational performance. Issued and integrated into daily actions			Chief Operating Officer	31/01/2026	Complete
g) Patient flow improvements: Implement “Our Next Patient Please” Move patients to wards ahead of predicted discharges; reduce ED congestion. Develop draft Single Point of Access for alternative pathways & Primary Care redirection. Reduce unnecessary ED attendance; strengthen community pathways.			Chief Operating Officer	31/01/2026	Progressing

SOP finalised																												
e Implementation of Health Board improvement goal for CDI (Colostrum Difficile Infection) reductions in 2025/2026		Deputy Director Of Nursing Infection Prevention and Decontamination	31/03/2026	Progressing																								
Planned care harms reviews on impact on patient safety and experience		Programme Director, Planned Care	TBC	Progressing																								
Review opportunities to redesign and reconfigure ED quadrant linked to capital programme development.		Chief Operating Officer	30/06/2026	Progressing																								
Winter plan developed with partners throughout Dec 2025		Chief Operating Officer	15/01/2026	Complete																								
Review opportunities to redesign and reconfigure ED quadrant linked to capital programme development		Chief Operating Officer	30/06/2026	Progressing																								
		<table><tr><th></th><th>Impact</th><th>Likelihood</th><th>Score</th></tr><tr><td>Inherent Risk Rating</td><td>5</td><td>5</td><td>25</td></tr><tr><td>Current Risk Rating</td><td>5</td><td>4</td><td>20</td></tr><tr><td>Target Risk Score</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Risk Appetite</td><td colspan="2">Quality <15</td><td>Not in Tolerance</td></tr></table>		Impact	Likelihood	Score	Inherent Risk Rating	5	5	25	Current Risk Rating	5	4	20	Target Risk Score	4	3	12	Risk Appetite	Quality <15		Not in Tolerance	<table><tr><th colspan="2">Position & Intended Outcome for Risk</th></tr><tr><td colspan="2"> The number of Prevention of Future Death (PFD) / Regulation 28 Notices issued to BCUHB were: 23 in 2023-24; 7 in 2024-25; 3 in 2025-26 to date. In 2023 the Health Board was an outlier and 9 cases directly related to the impact of delays in the health and social care system on the timeliness of responses by the HB and Welsh Ambulance Service and ongoing work is required to resolve the underlining delays to treatment. The goal being to be in line with WG targets. Intended Outcome: By 2027, patients consistently receive timely, effective, and safe care, evidenced by: - Reduction in long-wait patients (>104 weeks) and breaches of national access standards. - Fewer harm events linked to delayed care. - Improved quality metrics including length of stay, readmission rates, and patient-reported outcome measures (PROMs). - Reduction in regulatory and legal cases associated with delayed access. - A demonstrable shift in focus from access process metrics to sustained improvement in patient safety, experience, and outcomes. </td></tr></table>		Position & Intended Outcome for Risk		The number of Prevention of Future Death (PFD) / Regulation 28 Notices issued to BCUHB were: 23 in 2023-24; 7 in 2024-25; 3 in 2025-26 to date. In 2023 the Health Board was an outlier and 9 cases directly related to the impact of delays in the health and social care system on the timeliness of responses by the HB and Welsh Ambulance Service and ongoing work is required to resolve the underlining delays to treatment. The goal being to be in line with WG targets. Intended Outcome: By 2027, patients consistently receive timely, effective, and safe care, evidenced by: - Reduction in long-wait patients (>104 weeks) and breaches of national access standards. - Fewer harm events linked to delayed care. - Improved quality metrics including length of stay, readmission rates, and patient-reported outcome measures (PROMs). - Reduction in regulatory and legal cases associated with delayed access. - A demonstrable shift in focus from access process metrics to sustained improvement in patient safety, experience, and outcomes.	
	Impact	Likelihood	Score																									
Inherent Risk Rating	5	5	25																									
Current Risk Rating	5	4	20																									
Target Risk Score	4	3	12																									
Risk Appetite	Quality <15		Not in Tolerance																									
Position & Intended Outcome for Risk																												
The number of Prevention of Future Death (PFD) / Regulation 28 Notices issued to BCUHB were: 23 in 2023-24; 7 in 2024-25; 3 in 2025-26 to date. In 2023 the Health Board was an outlier and 9 cases directly related to the impact of delays in the health and social care system on the timeliness of responses by the HB and Welsh Ambulance Service and ongoing work is required to resolve the underlining delays to treatment. The goal being to be in line with WG targets. Intended Outcome: By 2027, patients consistently receive timely, effective, and safe care, evidenced by: - Reduction in long-wait patients (>104 weeks) and breaches of national access standards. - Fewer harm events linked to delayed care. - Improved quality metrics including length of stay, readmission rates, and patient-reported outcome measures (PROMs). - Reduction in regulatory and legal cases associated with delayed access. - A demonstrable shift in focus from access process metrics to sustained improvement in patient safety, experience, and outcomes.																												

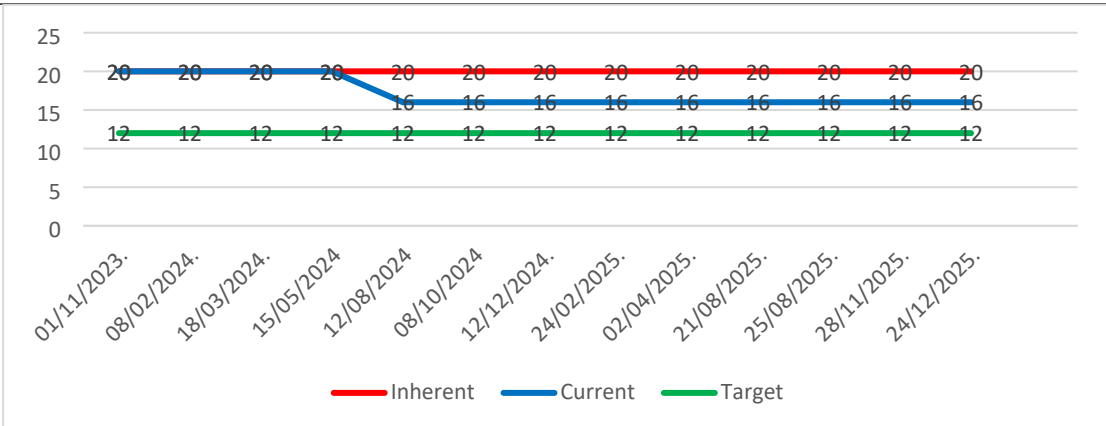
CRR 25-02	Risk Title: Future Demand & Sustainable Workforce		Date Opened: 21/08/2025 (version 2 refined from 2023)
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 12/02/2026
Date Last Reviewed: 08/01/2026	Director Lead: Executive Director of People and Organisational Development	Link to BAF:	Target Risk Date: 31/03/2027

There is a risk that the organisation will not have a sustainable workforce to meet future patient demand. This may be caused by ongoing recruitment challenges (particularly in specialist roles), limited workforce planning to match future service needs, and increasing operational pressures across teams and departments. This may lead to staff burnout, reduced morale and retention, and an inability to consistently deliver safe, high-quality care placing additional strain on services and impacting patient outcomes.				
Mitigations/Controls in place		Additional Controls required		
1. Strategic Recruitment Team supporting senior leadership, medical and dental consultant posts 2. Local IHC (Integrated Health Community) resourcing teams delivering recruitment activity against divisional priorities. 3. Recruiting Well / Joining Well programmes and recruitment campaigns. 4. Nurse Retention Lead and retention plan. 5. All-Wales Flexible Working policy implemented. 6. Speak Out Safely Multi-Disciplinary Team and Work in Confidence platform in place for staff concerns. 7. Workforce reviews underway in challenged specialties (ophthalmology, vascular, orthodontics, Neurodevelopment (ND), diagnostics).		a) Implement a system-wide Workforce Planning Framework that aligns health and social care workforce requirements with service demand and capacity modelling. b) Medical and Dental workforce engagement and management not fully effective. c) Fragile workforce pipelines in specialist services (ophthalmology, vascular, orthodontics, ND, diagnostics) (cross-theme). d) Retention measures not yet delivering consistent impact. e) Absence and sickness management requires stronger controls (linked to new Absence risk created Feb 2025).		
Actions		Action Owner	Due Date	Progression Analysis
Deliver “Recruiting Well, Joining Well, Leaving Well” programme across staff journey Due to resource being allocated to the Foundations for the Future programme, the remaining workstreams within this action will continue to be worked on but the expected completion is delayed until later in 2025 a. The leaving well booklet b. Improving shortlisting timescales c. Advertising well in recruitment This action will be reviewed as part of a deep dive in January 2026		Head Of Policy, Practice & Compliance, Workforce & Organisational Development	31/03/2026	Progressing
Targeted management of sickness absence, linked to new Absence risk The Healthy Workforce group is in place and is overseeing the action plan to target reducing sickness absence rates, in line with the Welsh Government requirements by March 2026		Head Of Policy, Practice & Compliance, Workforce & Organisational Development	31/03/2026	Progressing
Workforce modelling and specialty service plans for Ophthalmology, Vascular, ND and Orthodontics Workforce planning templates have been issued out to services and engagement is underway to support the completion. Vascular services are so far further along with this, having held an away day on 3rd September. There are challenges in service leads having time/capacity to work on their workforce plans		Associate Director Workforce Optimisation, Workforce & Organisational Development	31/03/2026	Progressing
Develop Vascular workforce strategy and Phase 2 Business Case		Vascular Network Manager, Vascular Services	31/03/2026	Progressing
Recruitment and workforce model development for Orthodontics Academy model		Chief Operating Officer	Ongoing	Progressing
ND workforce business case approval via Executive Team. Business case submitted to the Executive Team, decision on the case deferred pending a broader review of funding priorities No approval received in relation to business case submitted, focus for this financial year is on utilising additional non-recurrent funding received from WG to reduce longest waiters		CAMHS Programme Management Business Lead	31/03/2026	Progressing (revised date from 31/12/2025)
Establish revised Radiology workforce model. Updated operational Diagnostic risk to be presented at divisional meeting to discuss on the 10/10/2025. This action is revised due to service focus on 8-week backlog reduction and supporting OPD programme. Proposed revise due date to Q1 2026-27		Associate Director, Diagnostics	30/06/2026	Progressing (revised date from 20/10/2025)
		Inherent Risk Rating	Impact	Likelihood
			4	5
				Score
				20



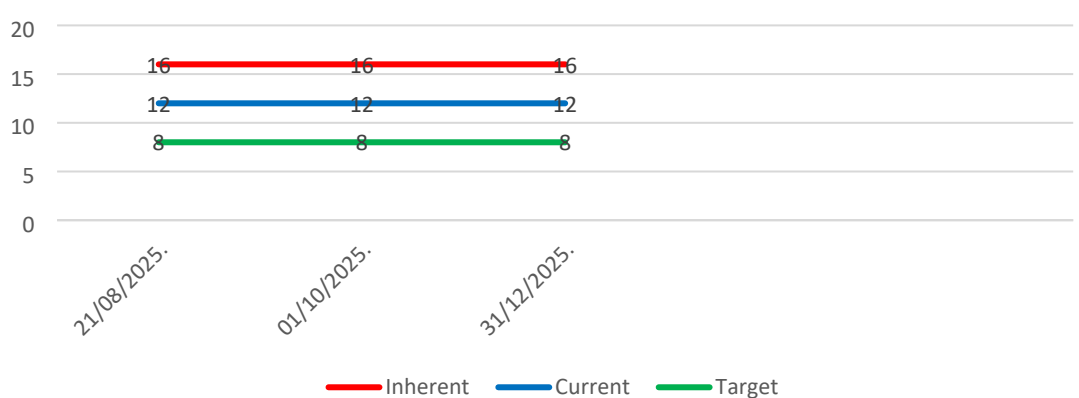
CRR 25-03	Risk Title: Population Needs		Date Opened: 21/08/2025 (version 2 refined from 2023)
	Assuring Committee: Planning, Population Health & Partnership Committee		Date Last Committee Review: 05/03/2026
Date Last Reviewed: 24/12/2025	Director Lead: Executive Director of Public Health	Link to BAF: BAF24-06/07	Target Risk Date: 31/03/2028
There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population. This may be caused by a failure to take appropriate health prevention responses in areas such as immunisation, outbreak management and screening, failure to deliver interventions that improve people's health, increasing pressures in primary care, rising demand for chronic condition management, and insufficient capacity in children's, dental, and mental health services. This may lead to unmet health needs, preventable and communicable diseases, poorer health outcomes and widening inequalities for the North Wales population.			
Mitigations/Controls in place		Additional Controls required	
- Recurrent funding secured for Healthy Weight / Healthy Wales programmes - Diabetes "Case for Change" a structured, evidence-based mechanism to identify service gaps - Healthcare Public Health programmes support the integration of population health approaches within patient pathways - Approved Communicable Disease Plan in place with supporting procedures in place for some communicable diseases. - Primary Care Board and subgroups (dental, community pharmacy, optometry, GMS) provide cluster-level governance. - CHC (Community Health Council) teams and community escalation frameworks in place - Welsh Government ND transformation programme funding to support longest waiters		- Limited system-wide prevention leadership and prevention not consistently prioritised - Inconsistent commissioning approach across community and primary care services. - The plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB requires testing / simulation and socialising to ensure effectiveness - Diabetes Programme support to establish cross cutting delivery plan - Insufficient digital integration for community and Neurodevelopment services - Fragility of Neurodevelopment workforce and reliance on temporary funding - Lack of restorative dentistry service and workforce pipeline - Evidence to support the Health Inclusion offer.	

8. National referral pathways in orthodontics and Dentist with Enhanced Skills / Tier 2 provision. 9. Prevention, Population Health & Early Intervention Executive Delivery Group provides oversight of delivery.				
Actions		Action Owner	Due Date	Progression Analysis
Complete Population Needs Assessment which informs the development and focus of Health Board Strategy. Data to support the Strategic Intent has been provided		Head of Public Health Assurance & Development, Public Health	31/03/2026	Progressing
Identify population health focused priorities for Health Board delivery Data to support the Strategic Intent has been provided alongside a number of evidence reviews. Programme plans within the Public Health Directorate include identification of need across a range of services, programmes and within the population.		Head of Public Health Assurance & Development, Public Health	31/03/2026	Progressing
Development of Population Health Management data and intelligence to ensure that Health Board is intelligence-led Delayed due to financial approval for spend against new posts. Recent agreement for posts to commence in 26/27.		Head of Public Health Assurance & Development, Public Health	31/03/2026	Delay
Develop a plan which addresses recommendations from the BCUHB Weight Management Service review Report received outlining recommendations, which will inform 26/27-28/29 IMTP plans.		Head of Public Health Assurance & Development, Public Health	31/03/2027	Progressing
Communicable disease outbreak management plan is embedded within services with an agreed schedule of simulation events and schedule of review by the Board The plan is available however it is recognised that the risk now lies within preparedness for communicable disease likelihood and severity. The associated risk descriptor has been updated to reflect this. The gaps around preparedness lie with communications, knowledge and application of existing plans and procedures.		Assistant Director of Health Protection, Public Health	31/03/2026	Progressing
Contribute to co-design Wellbeing, Prevention & Anchor Framework for North Wales as part of the Regional Partnership Board The Regional Partnership Board and BCUHB have develop a set of 7 key mission statements as the basis of the Framework.		Head of Public Health Assurance & Development, Public Health	31/03/2026	Progressing
Achieve the ministerial priority BCUHB Integrated Vaccination & Immunisation Service – Increase vaccination rates against targets		Head of Public Health Assurance & Development, Public Health	31/03/2026	Progressing
Implement plan to target resources for the most vulnerable groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveller communities) which will contribute to reducing inequalities in healthy life expectancy This work supports the development of the Health Board Health Inclusion Offer which will support access to health in key groups.		Head of Public Health Assurance & Development, Public Health	31/03/2026	Progressing
Establish Diabetes Change Programme providing programme management, milestones and delivery plan – in order to meet the Ministerial priorities (increasing the % receiving all 8 NICE Care processes) There is a risk to delivery of the Q3 and Q4 Diabetes objectives, related to system resources available. This is being mitigated through alignment with other Health Board key programmes of work to support efficient use of resources, but may result in changes to timelines for delivery. There are plans currently being implemented to progress the programme and these will extend into 26/27.		Head of Public Health Assurance & Development, Public Health	31/03/2026	Delay
Develop a Community and CHC Strategic Plan with Local Authorities.		Acting Assistant Director Care Homes Support & CHC Commissioning	31/03/2026	Progressing
Implement surge and escalation plans with Local Authority partners for community flow		Acting Assistant Director Care Homes Support &	31/03/2026	Progressing

	CHC Commissioning			
Management of CYP (Children and Young People) needs, ND workforce business case submitted to the Executive Team, decision on the case deferred pending a broader review of funding priorities No approval received in relation to business case submitted, focus for this financial year is on utilising additional non-recurrent funding received from WG to reduce longest waiters	CAMHS Programme Management Business Lead, Child & Adolescent Health	31/03/2026	Progressing (revised date from 31/12/2025)	
Undertake a dental diagnostic deep dive to inform strategy In 2025 a review of the primary care dental service was undertaken to look at the current challenges in both General Dental Services (GDS) and the Community Dental Service (CDS). Key issues were identified in areas including leadership, performance, process, finance and people management. Progress within the service is now being monitored at a senior level via the IPEDG group, and a senior clinical review of the service is being planned for earlier 2026.	Assistant Director Of Primary Care	31/03/2026	Progressing	
				
		Impact	Likelihood	Score
Inherent Risk Rating	4	5	20	
Current Risk Rating	4	4	16	
Target Risk Score	4	3	12	
Risk Appetite	Quality <15			Not in Tolerance
Position & Intended Outcome for Risk				
Life expectancy / healthy life expectancy is declining, and there are worsening health inequalities. This has significant impact on demand for services and potentially on the wider community due to the loss of people from the workforce, and through the subsequent economic impacts on our communities. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board’s ability and capacity to deliver excellent healthcare services, meaning the Health Board’s purpose must retain clear focus on prevention and early intervention to improve the health and wellbeing of the population				

CRR 25-05	Risk Title: Strategic Change – Impacting Care and Staff Delivery		Date Opened: 21/08/2025 (version 2 refined from 2023)
	Assuring Committee: Planning, Population Health & Partnership Committee		Date Last Committee Review: 05/03/2026
Date Last Reviewed: 31/12/2025	Director Lead: Executive Director of Transformation and Strategic Planning	Link to BAF: BAF24-02	Target Risk Date: 31/03/2026
There is a risk that patients may not benefit from planned improvements in care, access, and outcomes if the HB does not effectively implement or develop its strategic change programmes. This may be caused by a lack of momentum in delivering change, unclear or underdeveloped clinical strategy, competing ministerial priorities, and inconsistent transformation efforts across clinical services. This may lead to inefficiencies, missed opportunities to modernise care, continued misalignment between service delivery and patient needs, patient harm from long waiting times, delays, and backlog reviews, and increased frustration or disengagement among staff tasked with delivering change.			
Mitigations/Controls in place		Additional Controls required	
1. Scrutiny and oversight of strategy development work by the Strategic Planning and Service Change Group (SP&SC Group a sub-group of the Executive Committee), Planning Population Health and Partnerships (PPHP) Board Committee and the Health Board to ensure robust		a. Completion of the strategy development work, moving into the execution phase. b. Organisational approach to change management to be developed and implemented.	

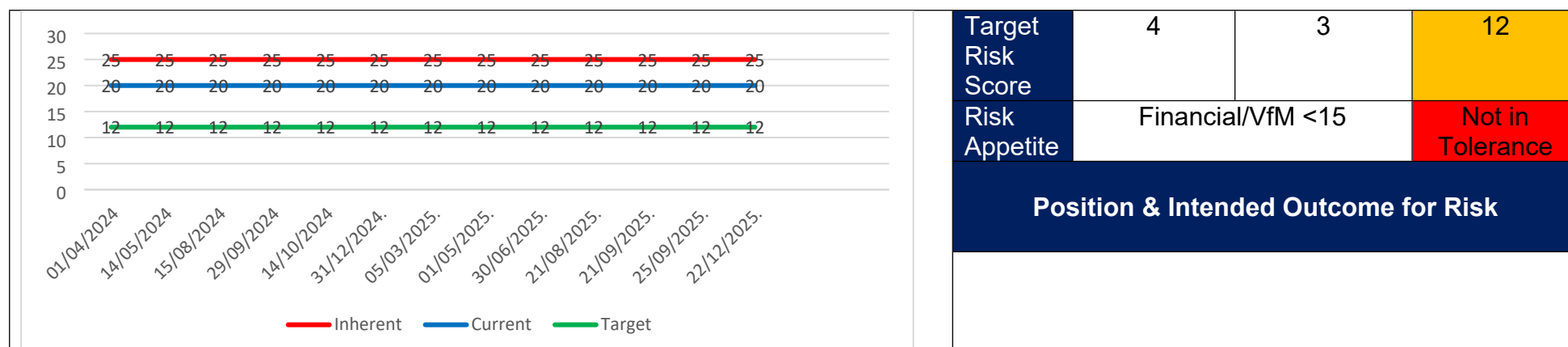
governance arrangements and timely escalation; which are important for enabling foundations for successful delivery of strategic change and co-production of the 1) Strategic Intent for North Wales with partners, 2) 10 Year Strategy for the Health Board, 3) Clinical Services Plan 2. Priority change programmes in place for the organisation 1) Major Change Programmes (Planned Care; Urgent and Emergency Care; Value and Sustainability; and Foundations For The Future), 2) Key Programmes (grouped into: Mental Health; Llandudno Planned Care hub; Improving safety, efficiency and effectiveness through digitisation; Diagnostics improvement; and Health and Well-being Hubs), 3) Challenged Services (Dermatology, Ophthalmology, Vascular, Urology, Oncology, Plastics, Orthopaedics, Orthodontics). 3. Change programmes controls in place and monitored by the Transformation and Improvement team to ensure they are run consistently and best practice project, programme and portfolio management is applied. As well as providing an objective and independent assessment of progress and areas of risk. 4. Oversight and scrutiny of the Major Change Programmes tracking progress, risks, and dependencies by the Executive Committee, relevant Board Committee and Health Board. The Key Programmes reports into SP&SC Group, PPHP and Health Board. 5. The Challenged Services report into SP&SC Group for review and oversight, Quality, Safety and Experience Committee (QSE) and Health Board. 6. External oversight and scrutiny is provided by Welsh Government via IQPD and JET as well as quarterly Challenged Services review meetings. 7. Terms of References for all groups with clear routes to escalation. 8. Legal and policy compliance including adherence to Welsh Government (WG) service change guidance. 9. Continued development of the portfolio management and reporting approach for all priority change programmes, including monthly monitoring of high risks across all priority programmes. 10. Mobilisation of the Challenged Services oversight group that will report into the SP&SC Group.			
Actions	Action Owner	Due Date	Progression Analysis
Complete Strategic Intent for North Wales with partners, presenting to Health Board for approval The statements of strategic intent were co-created, tested and refined with partners. They were reviewed by PPHP on the 14th January and subsequently approved by the Board on the 29th January.	Head of Health Strategy and Planning, Transformation & Strategic Planning	31/01/2026	Completed
Complete the diagnosis phased of the Health Board's 10 Year Strategy, including an implementation plan for the remaining programme of work Now referred to as the discovery phase. A range of engagement activity has taken place to date including sessions with the Board, sub committees and partners as well as specific Strategy Development events. Further work is required to gather the more quantitative pieces of evidence which are required to develop the output of this work - a case for change document and to develop the implementation plan	Head of Health Strategy and Planning, Transformation & Strategic Planning	31/03/2026	Progressing
Complete preparations for phase 2 of the Clinical Services Planning (CSP) work, including an implementation plan Work has commenced and actions identified which will need to be developed into a work plan for the remainder of the financial year – actions include: - Establish initial Clinical Reference Group - Develop, test and finalise CSP methodology - Identify first tranche of CSP services - Raise awareness with staff, leveraging the opportunities presented by Foundations for the Future	Head of Health Strategy and Planning, Transformation & Strategic Planning	31/03/2026	Progressing

- Produce overarching case for change which will underpin the CSP Phase 2 work.					
Implement changes to portfolio management and reporting based on feedback on early iterations of reporting across all the priority programme areas, including monthly monitoring of high risks across all priority programmes. Work is now complete and will continue to evolve as part of business as usual. Iterative changes have been made and the reporting has been very well received by Board Members for both Key Programmes and Challenged Services, with Board members stating that they feel more assured. Highlight reports in place for each programme/service in scope with summarised reporting through the Strategic Planning and Service Change Group and onwards to PPHP and Board.		Assistant Director of Transformation and Improvement (Interim), Transformation & Strategic Planning	31/12/2025	Complete	
Mobilise the Challenged Services oversight group that will report into the SP&SC Group This is complete. The first meeting was held on the 28th November with the next meeting scheduled for the 26th January, with the group developing plans for the regionalisation of services and transitioning into broader Clinical Services Plan work.		Assistant Director of Transformation and Improvement (Interim), Transformation & Strategic Planning	31/12/2025	Complete	
Organisational approach to change developed as one of the enabling products within Foundations for The Future programme Work is progressing and on track. A core group is in place to drive forward the work with discovery work complete and commencement of design work. A paper outlining the approach has been socialised at the Strategy Workstream in December with further discussion scheduled as part of a deep dive during January.		Assistant Director of Transformation and Improvement (Interim), Transformation & Strategic Planning	31/03/2026	Progressing	
		Inherent Risk Rating	Impact 4	Likelihood 4	Score 16
		Current Risk Rating	4	3	12
		Target Risk Score	4	2	8
		Risk Appetite	Quality <15		In Tolerance
		Position & Intended Outcome for Risk			

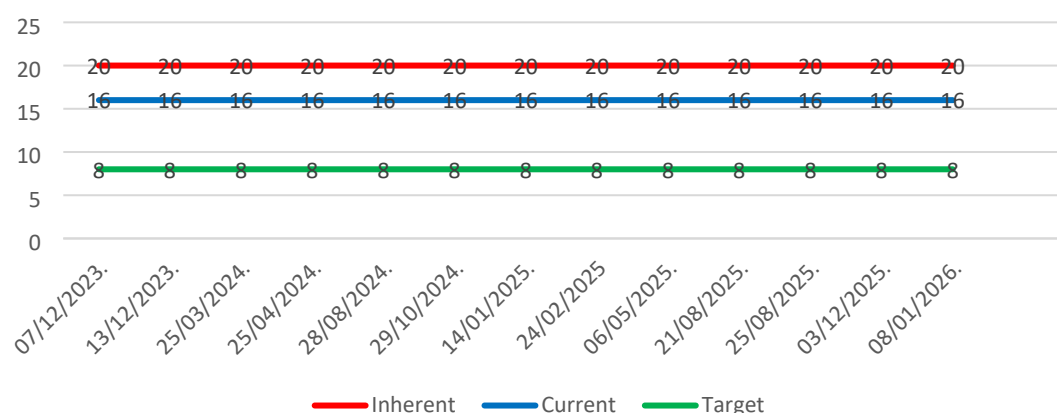
CRR25-06	Risk Title: Value Delivery and Financial Sustainability		Date Opened: 21/08/2025 (version 2 refined from 01/04/2024)
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 24/02/2026
Date Last Reviewed: 22/12/2025	Director Lead: Executive Director of Finance	Link to BAF: BAF24-03	Target Risk Date: 31/03/2026
There is a risk that the Health Board is unable to secure current non-recurrent (one off) allocations in future financial years, these allocations conditional on attainment of financial plans. If this resource is not secured then services will be required to deliver within a reduced envelope of funds and as a consequence patients may experience patient harm, reduced access to high-quality, timely and innovative care. The objective is to achieve long-term financial sustainability or maximise value from its spending. The key risks centre upon cost overruns from out of area referrals for mental health patients and patient flow out of the Hospital resulting in cost exposure from requiring additional capacity areas to remain open and additional costs within Emergency Care front of house, combined with an inability to deliver savings plans, reduced investment in transformation.			
Mitigations/Controls in place			Additional Controls required
1. Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions have been issued and performance to be challenged at Integrated Performance Executive Delivery Group – chaired by the Chief Executive. 2. Value and Sustainability programme approach to 2025/26 savings has been endorsed by the Executive and Board. Executive Leads have been assigned and a flow chart issued setting out the governance process for sharing of costed savings opportunities and Divisional delivery.			a. Prior year and current year financial performance material deterioration and therefore additional actions are required to control the run rate and reduce the deficit to a balanced position. These have been previously endorsed for implementation through the Integrated Performance – Executive Delivery Group.

3. Accountability Agreements to be issued to the budget managers for sign off in support of funding and deliverables required for each financial year. The signing off for these agreements monitored for review by Internal Audit and performance reported through Committees of the Health Board 4. Continuation of the Enhanced Establishment Control Group (executive approval before advertising) to review all requests for A&C posts and all Band 7+ posts, moratorium on requests for Permanent recruitment to Band 8B and above where potentially affected by Foundations for the Future but excluding any clinical posts and minimising interim staff appointments. 5. Expansion of EEC (Enhanced Establishment Control) to be utilised for acting up and any increase in hours to be managed through the Enhanced Establishment Control process. 6. Cease use of agency in line with Ministerial Actions by end of September 2025 with the exceptionality of sign off by Executive Director of Nursing for all Agency nursing requests which are deemed clinically necessary beyond 31 October. This exceptionality for nursing requests is for all areas excluding Mental Health. Mental Health to be included from December 2025. 7. Non-Pay – all discretionary, non-clinical expenditure directed to the office of the Executive Director of Finance for scrutiny prior to approval 8. Internal scrutiny by central finance teams, of the Divisional financial assumptions, overspends and forecasts. 9. Financial reporting throughout the Health Board and to Welsh Government monthly via the Monthly Monitoring Return. 10. Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements. 11. Monitoring the adequacy and effectiveness of internal control, accuracy and completeness of financial reporting and forecast, compliance with laws and timely remediation of deficiencies through conformance reporting to Audit Committee and reporting through local finance reports to services 12. Review of SORD September 2025 to provide clarity with aim of authority moving towards earned autonomy 13. Health Board receiving a report on need for additional financial oversight, delegating Executive to develop a recovery plan building on the measures deployed and key asks of officers from the Integrated performance executive Delivery Group. A representation of the Health Board to support development of the recovery plan and Performance, Finance and Information Governance Committee to provide Health Board oversight	b. Health Board delegation to Executive to produce a recovery plan, Health Board working group formed to provide Board oversight with Performance, Finance and Information Governance Committee to mitigate against the year-to-date deficit and risk to attainment of target break even whilst assessing impact on patient safety and quality c. Performance is reported and scrutinised through the IP-EDG monthly meetings where officers are held to account for delivery. A 1.5% cost benefit and savings ask delivery is required as a minimum d. Gaps in delivery of savings targets mandated to be met on a recurrent basis e. Escalation meetings where improvements are not realised will continue to be held with leadership teams by the Chief Executive. In these forums support is offered to improve performance and trajectories supported for improvement. f. Prioritisation exercise involving £42m transformation funding received on a conditionally recurrently basis to the end of 2025/26 completed for clinical schemes, with requirement to disinvest / identify alternative funding streams prior to new developments being funded. g. Consideration of additional strengthening of enhanced establishment controls and vacancy freeze for non-patient facing roles and continued reduction in variable staffing costs

Actions	Action Owner	Due Date	Progression Analysis
B Health Board receiving a report on need for additional financial oversight, delegating Executive to develop a recovery plan building on the measures deployed and key asks of officers from the Integrated performance executive Delivery Group. A representation of the Health Board to support development of the recovery plan and Performance, Finance and Information Governance Committee to provide Health Board oversight	Director of Finance (DoF)	30/11/2025	Complete
C Enhanced 'Check and Challenge' discussions with Chief Finance Officers, on a monthly basis, to ensure the forecast expenditure is robust. Escalation of Out of Area Mental Health Placements, through the Chief Executive Officer. Maintain increased controls.	Director of Finance	31/03/2026	Progressing
B Continued oversight and holding to account via the Integrated Performance Executive Delivery Group, and holding to account against expenditure control reductions identified for the remainder of the financial year.	Chief Executive Officer (CEO) / Director of Finance	Monthly	Progressing
Directorate teams to review medical devices capital replacement plans. The medical devices capital programme has been agreed for 2026-27 via the Medical Devices Capital Group. Refinements to the process will be made in line with progress with Foundations for the Future, which will determine the appropriate governance processes. Proposal to close the action	Assistant Director of Ahps and Health Science, Therapies & Health Science	31/03/2026	Complete
	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20

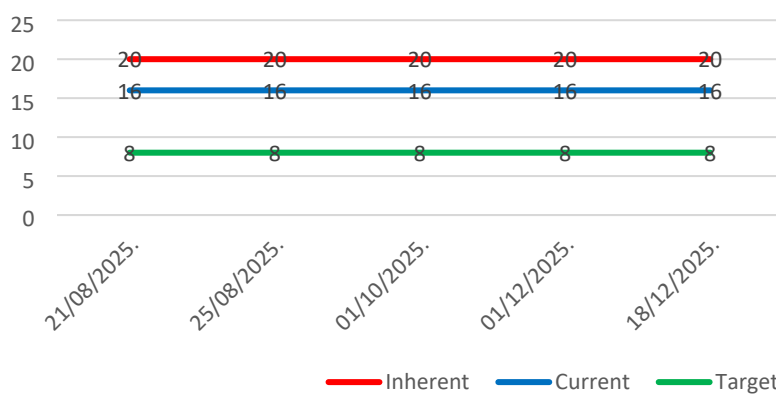


CRR25-07	Risk Title: Leadership and Operating Model		Date Opened: 21/08/2025 (version 2 refined from 2023)		
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 12/02/2026		
Date Last Reviewed: 08/01/2026	Director Lead: Executive Director of People and Organisational Development	Link to BAF: BAF25-04	Target Risk Date: 31/03/2027		
There is a risk that patients may experience delays, reduced quality of care, or fragmented services if the organisation does not have an operational model to deliver its strategic objectives This may be caused by fragile management structures, workforce shortages, leadership capabilities and competence and rising demand in high-need areas. This may lead to diminished organisational resilience, reduced capability to deliver foundations for the future, low staff morale, and risks to safe, high-quality care.					
Mitigations/Controls in place			Additional Controls required		
1. Strategic Recruitment team for senior leadership, medical and dental consultant posts 2. Local IHC resourcing teams driving recruitment priorities 3. Recruiting Well and Joining Well programmes 4. All-Wales Flexible Working policy implemented 5. Speak Out Safely MDT and Work in Confidence platform for staff to raise concerns 6. Organisational Culture Change Plan and Behaviours Framework approved by Board 7. Integrated Leadership Development Framework (ILDF) with measurement metrics 8. Increased nurse retention 9. Clear top-down commitment reinforced leadership culture that prioritises staff wellbeing, inclusion, and psychological safety (Pledge signed) 10. 60% senior staff trained in leadership through conferences and masterclasses			a) Need for further embedding of workforce planning function b) Leadership development pathways not fully integrated c) Engagement and operational effectiveness with Medical and Dental workforce inconsistent d) Absence management requires stronger controls Compassionate leadership adoption requires measurable indicators across organisation e) Monitor any harm that arises to patient and service users due to the operating model changes.		
Actions			Action Owner	Due Date	Progression Analysis
Implement Employee Engagement Plan with suite of indicators The actions underway listed below are part of the 2025-26 plan for culture and engagement. The 2025 staff survey result will be used to assess the impact these actions have had. It is expected the result will be available in early 2026. • Embedded new engagement listening approach including staff stories being shared at People and Culture Committee, Local Partnership Forum and more widely to support organisational understanding and learning • Refreshed reward and recognition activity to introduce monthly recognition awards ‘Seren Betsi’ with Executive involvement, improved annual staff achievement awards event (26.9.25) and currently reviewing approach to the celebration of long serving colleagues while holding ceremonies for those who have reached 25 years service in October 2025 • Involved local teams and introduced new local responsibility for actions in response to the 2024 NHS Wales Staff Survey to prepare the ground for the 2025 survey (goes live 6.10.25) • As of August 2025, two members of staff joined the team, bringing additional capacity to proceed with work to further develop and deliver employee engagement and experience-related improvements which will include mechanisms for both improving engagement and measuring engagement such as Pulse surveys			Head of Employee Engagement and Experience - Corporate Office	31/03/2026	Progressing
Further embed ILDF and measure effectiveness			Head of Organisational Development	31/03/2026	Progressing

HEIW will release a Management Competency Framework due to be launched September 25. This will be used to inform the mid-level management ILDF leadership courses / resources design.	Workforce & Organisational Development																						
Roll out Compassionate Leadership resources and embed into development programmes	Director of People and Organisational Development	31/03/2027	Progressing																				
Deliver Culture Change Plan with Comms and Engagement rollout The synthesis report was submitted to EC then P&CC and then board on 27 th November. The report was accepted and endorsed at Board. The next step is to provide a more detailed improvement plan and submit to P&CC for approval. This is expected to have been submitted by 31 st March 26.	Information Manager, Workforce and Organisational Development	31/03/2026	Progressing (revised date from 31/12/2025)																				
Quarterly Culture, Leadership & Engagement Plans finalised and monitored The-2025/26 plan was in operation and overseen by ODSG. This will be superseded by the 3 year improvement plan noted above	Information Manager, Workforce and Organisational Development	31/03/2027	Progressing																				
<table><thead><tr><th></th><th>Impact</th><th>Likelihood</th><th>Score</th></tr></thead><tbody><tr><td>Inherent Risk Rating</td><td>4</td><td>5</td><td>20</td></tr><tr><td>Current Risk Rating</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Target Risk Score</td><td>4</td><td>2</td><td>8</td></tr><tr><td>Risk Appetite</td><td colspan="2">Quality <15</td><td>Not in Tolerance</td></tr></tbody></table> Position & Intended Outcome for Risk KPIs to that inform our risk in this area as at April 2025; Staff retention is 90.6% In April 2025 compared to 90.2% last year. PADR compliance showed improvement increasing to 9.6% The number of Grievance cases has dropped in the previous three months to 3, from a spike of 17 in July 2024. The percentage of stress & anxiety absences remains high at 1.6% although has dropped 0.2% since January. Avoidable turnover has dropped from 5.9% to 4.5% compared to January 2023. Speak out safely cases have dropped from 9 to 6 since the last report in January 2025					Impact	Likelihood	Score	Inherent Risk Rating	4	5	20	Current Risk Rating	4	4	16	Target Risk Score	4	2	8	Risk Appetite	Quality <15		Not in Tolerance
	Impact	Likelihood	Score																				
Inherent Risk Rating	4	5	20																				
Current Risk Rating	4	4	16																				
Target Risk Score	4	2	8																				
Risk Appetite	Quality <15		Not in Tolerance																				

CRR 25-08	Risk Title: Non-Compliance with Regulatory and Legislative Requirements		Date Opened: 21/08/2025 (version 2 refined from 2023)
	Assuring Committee: Quality, Safety and Experience Committee		Date Last Committee Review: 05/03/2026
Date Last Reviewed: 18/12/2025	Director Lead: Director of Corporate Governance	Link to BAF: BAF24-01	Target Risk Date: 30/06/2027
There is a risk that the organisation may fail to comply with regulatory and legislative requirements, which could directly or indirectly impact the safety, quality, and accessibility of patient care. This may be caused by inefficiencies in managing regulatory complexities, insufficient policy management, managing changes in legislation at pace, insufficient operational assurance across estates, health and safety, and medical devices, and failure to deliver climate/net zero requirements. This may lead to enforcement action, financial penalties, and loss of public and stakeholder confidence.			
Mitigations/Controls in place		Additional Controls required	
1. Training, induction and mandatory requirements for staff for highlights legislation and compliance. 2. Monitoring of regulations and legislation by various groups exist such as:		a) Improved escalation routes, governance, oversight and monitoring of non-compliance. Governance and regulatory Executive Delivery Group (EDG) group to be in place to ensure HB wide oversight of all regulatory activity and inspections (not just clinical) and tracking	

Regarding outstanding posts to be recruited to. YMW band 3 to 4 uplifts, still progressing, one post to be appointed to in Jan 2026, due to another member of the team resigning (they were eligible for the band 4) the 2 nd post will need to be advertised again as a staff development role. YG will appoint to the band 3 position in Jan 2025. YGC band 7 post – no change in position from November 2025 update. All other posts recruited to.			date from 30/11/2025)
A) Prevent Fraud legislation. Compliance task and finish group to be set up with risk leads appointed to ensure compliance across the HB. Areas of non-compliance or not progressing in a timely manner to be monitored by Finance and EDG. Service currently working at 50% capacity currently due to long term sickness within the team. Some progress made in that risks have been identified and reviewed by Counter Fraud but no risk owner allocated in order for the first task finish meeting to take place.	Head of Local Counter Fraud, Finance	31/03/2026	Progressing (revised date from 31/12/2025)
Review and update business continuity plans for Pharmacy Technical Services. The Cancer Division have set up a working group to develop and implement a demand and capacity SACT Dashboard, multi-disciplinary group meeting monthly. Pharmacy Technical Services business continuity/contingency plans have been reviewed and updated and includes actions to be taken in the event of service failure whether that be a planned or unplanned event.	Chief Pharmacist, Corporate Office	31/12/2025	Complete
h) A number of Business Continuity Plans (BCP) have been identified as in place however scoping is required to identify all outstanding BCPs (possibility of over 100 BCP, however scoping is required to determine). Continue support is required for the IHCs/ Womens and MH/LD to obtain denominators for accurate reporting, monitoring and compliance rates. The scoping exercise to identify all required BCPs will be completed by March 2026. We have now received a denominator number from IHC Centre (46). We are now working with individual services offering supporting workshops to review/amend and create BCPs, this is across all 6 areas. 3 IHCs, Womens, MH/LD and Corporate. Complete	Deputy Head of Emergency Preparedness Resilience & Response	31/03/2026	Complete
h) Business Continuity dashboard has been established, a RAG system has been introduced and a % compliance indicator, to be a control once uptake and communicated out. BCP Dashboard in place and reporting monthly by email to leads and CCAG group members. Complete	Deputy Head of Emergency Preparedness Resilience & Response	31/12/2025	Complete
Ensure the Wholesale Distribution Authorisation (WDA(H)) is upheld to enable the lawful procurement, storage, and supply of medicinal products to organisations outside the Health Board's legal entity The Wholesale Distribution Authorisation (WDA(H)) remains compliant and upheld following the MHRA inspection in November 2025. The inspection has been formally closed with a low site risk rating and a 3–5 year inspection cycle. The MHRA-approved action plan is largely complete, with the Quality Management System strengthened through monthly QMS meetings, formal governance arrangements and standardised agendas. Remaining actions are progressing and are primarily dependent on external factors or sequencing (including an SLA with Mountain Rescue, delivery of calibrated data loggers to enable temperature mapping, and completion of governance training), with revised timescales extending into early 2026 where appropriate. Overall, regulatory assurance is strong and outstanding actions are focused on resilience and embedding good practice rather than addressing compliance concerns.	MSO/ Lead Governance Pharmacist - Policies	31/03/2026	Progressing
New approach for Health and Safety Management System being developed aligned to NHS Employers Health and Safety Standards, to include Violence Prevention and Reduction Standards. In-house security service model not being pursued. 22/01/2025: Extension of current Security SLA and Technical specification awaiting sign off.	Head of Health, Safety and Security	31/03/2026	Progressing (revised date from 31/12/2025)
Review Integrated Performance Framework and finalise the redesign of reporting structures/timings to enhance transparency. Due to be updated ahead of March 2026 Board	Director of Performance	31/03/2026	Progressing

Reviewing current systems to have a more effective way of tracking and reporting audit recommendations. Corporate Governance (policies/tracking) /Risk Management and System to be approved for procurement 22/12/25, new software in place by 30/04/25 but piloted end of 2026 which will support automated tracking. This will not be embedded until 2026-2027	Head of Statutory Compliance and Inquiries	30/09/2026	Progressing	
Executive Team recruitment ongoing with some progress made on appointments. Director of People and OD in progress with interim arrangements in place	Interim Executive Director of People Services and Organisational Development	31/03/2026	Progressing	
 25 20 15 10 5 0 21/08/2025. 25/08/2025. 01/10/2025. 01/12/2025. 18/12/2025. — Inherent — Current — Target		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	2	8
	Risk Appetite	Regulatory/Compliance <15		Not in Tolerance
	Position & Intended Outcome for Risk			
	Governance and regulatory EDG to be set up to oversee non-compliance and all operational aspects. This risk to be developed to be more strategic following the group and to report areas of non-compliance to the Executive Committee. Compliance to be tracked and risks mitigated.			

CRR 25-09	Risk Title: Safe Environment		Date Opened: 04/01/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 24/02/2026.
Date Last Reviewed: 23/01/2026	Director Lead: Director of Environment and Estates	Link to BAF: BAF 24-03	Target Risk Date: 31/03/2030
There is a risk that patients may be exposed to unsafe, uncomfortable, or unsuitable care environments if the organisation's estates and infrastructure are not maintained to appropriate standards. This may be caused by ageing estate, backlog maintenance, and gaps in fire safety, health and safety compliance, and alignment with the estate's strategy. This may lead to safety incidents, non-compliance with statutory duties, and barriers to service modernisation.			
Mitigations/Controls in place		Additional Controls required	
1. Estates Strategy developed and approved by the Health Board in January 2023. 2. Internal Governance for capital allocation in place within the Health Board. 3. Business Cases to Welsh Government to resolve major infrastructure issues in line with the Estates Strategy 4. Priority bids against Welsh Government Estates Funding Advisory Board (EFAB) for the allocation and prioritisation of funding in relation to infrastructure funding, decarbonisation, fire and Mental Health and Learning Disability. 5. Discretionary Capital Allocation of £17m for 25/26 approved by Welsh Government with an allocation of approximately £3.45m aligned to improvements within the Estates. Prioritisation is based on Operational Estates Risk Register 6. Regular Welsh Government /Health Board Capital Meetings – which provides a direct link with Welsh Government to raise concerns regarding the funding available to effectively manage the condition of the estate and ensure safety of patients and staff. 7. Operational Estates Safety Groups in place to provide assurance, the safety groups are as detailed below and oversee risks relevant to the groups: a. Fire Management b. Asbestos Management		a) 6-facet surveys to be undertaken to obtain an updated report of the condition of the Estate' this will inform the risk status by site, which will be assessed against the controls currently in place. Additional mitigation or strengthening of controls will also be considered. b) Standardised approach by the Health Board in relation to management of Estates and Capital between the Integrated Health Community IHC's) and other services and the Estates/Capital teams – linked to the changes to the Operating Model. c) Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance. d) Internal Audit review of Fire Safety – Agreed Management Action Plan being implemented and being managed through the Fire Safety Management Group e) Timely progression of major Capital Schemes which address Estates Safety such as Wrexham Maelor Continuity Plan – Phase and Ysbyty Gwynedd PBC f) Assurance around the progress made with the BCUHB Estates Strategy and the lack of clarity around the BCUHB Clinical Strategy.	

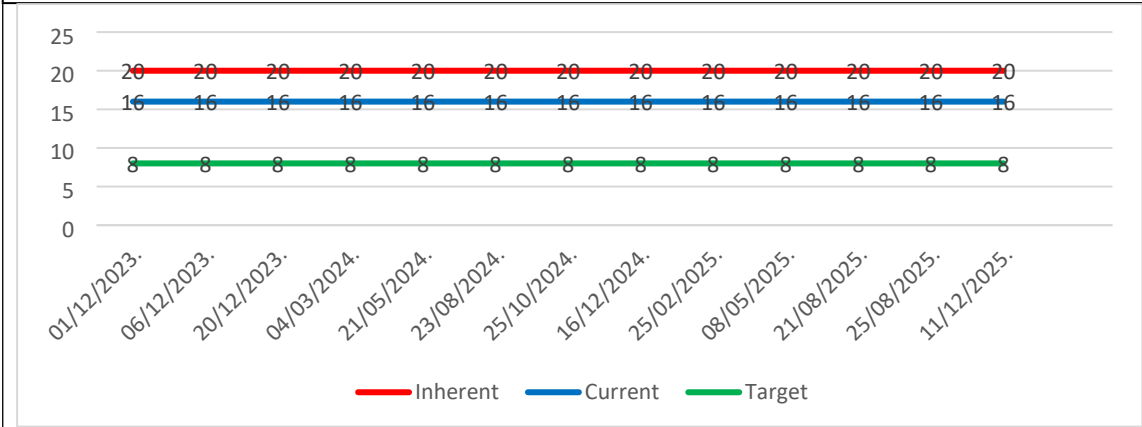
c. Water Safety, d. Ventilation Safety e. Electrical Safety 8. Welsh Government Capital Resource Meetings in place to provide route for escalation. 9. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance 10. Capital Allocation from Welsh Government – additional capital funding of allocated to the Health Board to focus on Backlog Maintenance 11. The Health Board submitted the Major Capital prioritisation plan to Welsh Government (WG) to identify required investment. The end date is dependant of how much capital investment is provided to the Health Board from WG. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government. 12. Updated agreed protocol for use of Annual Discretionary Slippage in place for developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG. 13. Review of Reinforced Autoclaved Aerated Concrete (RAAC) completed by the Health Board’s approved structural engineers – Curtins and a report will be presented at the Strategic Occupational Health and Safety Group 14. Targeted Estates Funding (TEF) approved by Welsh Government and allocation of £15.390m awarded over a 2-year period (2025-2026 / 2026/2027) to progress the national programme of capital schemes for Fire, Infrastructure, Decarbonisation, Mental Health, Infection Prevention Control and Decontamination	g) Internal Audit review of Asbestos Management – Agreed Management Action Plan developed and managed through the Asbestos Management Group h) NWSSP Authorising Engineer – Water – Audit on water safety undertaken and agreed action developed to improve compliance which are reported at the Water Safety Group i) NWSSP Authorising Engineer – Electrical– Audit on Electrical Systems undertaken and agreed action developed to improve compliance which are reported at the Electrical Safety Group		
Actions	Action Owner	Due Date	Progression Analysis
a.) 6-Facet Survey Undertake actions to deliver a 6-facet survey across the Health Board over the next 5 years. Due to financial constraints within the Health Board a review of the 6-facet survey programme is being undertaken to confirm which facets are a priority for the Health Board. Facet 1 - Physical Condition Survey (Fabric and M&E) Facet 2 - Statutory Requirements (Risk Based Methodology for Establishing and Managing Backlog) Facet 3 - Functional Suitability Review Facet 4 - Environmental Management Audit Facet 5 - Space Utilisation Facet 6 - Quality of the Environment	Head Of Operational Estates	31/03/2027	Progressing
b.) Develop ToR Develop a standardised Terms of Reference to be considered and endorsed by Capital Investment Group	Director of Environment and Estates	31/03/2026	Progressing
c.) Estates Rationalisation Programme Undertake action to deliver a Health Board Estates Rationalisation Programme. Estates Rationalisation Programme being developed and in draft format. The Draft will be submitted to a multi-disciplinary group for initial comment, with a final version to be ratified by Capital Investment Group. Health Board Rationalisation Programme to be presented to CIG on 12th September 2024. Estate’s rationalisation plan is being reviewed and updated taking into account disposal that have been approved in 2024-2025 and opportunity for disposals in 2025-2026 as part of rationalisation of our estates that supports the Caledfryn Project.	Head of Operational Estates	31/03/2026	Progressing
d.) Non-Compliance with Fire Safety Ensure the HB is fully compliant with Fire Safety Infrastructure on all sites (acute and Community) YG - Health Board submitted a PBC to address the Fire Safety and Infrastructure compliance issues on the Ysbyty Gwynedd site through the Welsh Government Infrastructure Board. In response to Programme Business Case Welsh Government have asked the Health Board to identify within the Programme Business Case those elements that relate to Fire safety only. Wrexham Maelor - Health Board submitted a PBC to address the infrastructure compliance issues on the Ysbyty Maelor site (Wrexham Resilience Programme) through the Welsh Government Infrastructure Board. In response to Programme Business Case.	Head of Operational Estates	31/03/2030	Progressing

Welsh Government have asked the Health Board to identify high risk priority improvement projects				
e.) PBC Developments Ensure the HB has a strategic plan of major Capital Schemes which address Estates Safety such as Wrexham Maelor Continuity Plan – Phase and Ysbyty Gwynedd PBC		Director of Environment and Estates	31/03/2026	Progressing
f.) BCUHB Estates Strategy Progress with delivering on the Estates Strategy by engagement with stakeholders across BCUHB and identifying a number of common themes around strategic ambitions for the estate that aligns with the Health Board's Clinical Strategy.		Director of Environment and Estates	31/03/2026	Progressing
g.) Pan BCUHB Asbestos Management and Control Ensure the Health Board is fully compliant with its duty to manage asbestos by addressing all findings listed within the internal audit review		Head of Operational Estates	31/03/2026	Progressing
h.) Legionella Management and Control Ensure the Health Board is compliant with its statutory duty to manage water systems across the estate by addressing all fundings reported as part of the AE audit of water systems and operational management		Head of Operational Estates	31/03/2026	Progressing
i.) Electrical and Mechanical Infrastructure on the Wrexham Maelor Hospital Site Ensure the Health Board is compliant with its statutory duty to manage electrical systems across the estate by addressing all fundings reported as part of the AE audit of electrical systems and operational management		Head of Operational Estates	31/03/2028	Progressing

	identified and capital funding requested. The end date is dependant of how much capital investment is provided to the Health Board from Welsh Government. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government. In addition, significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approx £2M being invested and works completed by March 2025. Wrexham Resilience Programme has undertaken a risk-based approach to address key findings of the original Business Case. The Health Board has disposed of 2 sites (Ala Road and Cilan) this financial year which were vacated as 'not being fit for purpose', approval has also been received to dispose of Rossett HC and Ruthin HC which have been vacated due to condition of the Estate and these are expected to progress to auction in early 2025. Both sites are currently being disposed of with Ruthin HC awaiting completion of contract.

CRR 25-10	Risk Title: Health and Safety		Date Opened: 21/08/2025		
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 24/02/2026		
Date Last Reviewed: 11/12/2025	Director Lead: Director of Environment and Estates	Link to BAF: BAF24-03	Target Risk Date: 31/03/2026		
There is a risk that the organisation will not maintain a safe environment for staff and patients in line with health and safety legislation. This may be caused by inadequate oversight of health and safety risks, gaps in estates and equipment compliance, and insufficient resources to address safety priorities. This may lead to patient and staff harm, enforcement action, reputational damage, and increased legal claims					
Mitigations/Controls in place			Additional Controls required		
1. Gap Analysis has been reviewed. Strategy and plan to March 2026. 2. NHS Employer Health and Safety Standards are being developed 3. Health and Safety Policies report into the Strategic Occupational Health & Safety Group (SOSHG). 4. Health and Safety eLearning and short courses in place. 5. Health and Safety Policies and Procedures are on BetsiNet. 6. Programme of Health and Safety Reviews are in place. 7. Programme of Health and Safety Self-Assessments are in place for completion twice yearly. 8. Health and Safety presentation delivered to Board members in February 2025, to raise awareness of requirements.			a) A review of resources required following the internal audit. b) BCUHB Executive Team and Board of Directors to complete health and safety training. c) The business model aligned to the NHS Manual Handling Passport Scheme to be reviewed d) Investment in training venues is required for manual handling training delivery. e) Senior Leaders to nominate staff to support with Divisional delivery of manual handling refresher training. f) Review of health and safety policies within the next 12-24 months. g) A Health and Safety Risk Assessment and Management Framework needs developing. h) A pan BCUHB Health, Safety and Security Training Needs Analysis is required. i) Utilise the Violence Prevention and Reduction Standards to provide a framework for a safer environment. j) Intranet pages for Health, Safety and Security Services require development.		
Actions			Action Owner	Due Date	Progression Analysis
Develop a Health Board Health and Safety Management Framework. The introduction of the NHS Employer’s Health and Safety Standards will provide an indication of Health & Safety performance and be a mechanism to monitor the Health Board Health & Safety management framework and will be used to formulate strategy moving forwards. Key service objectives will be monitored going forward. Standards and guidance are available; resources and stakeholder engagement will be secured through the Health & Safety governance structure. Supports compliance, improves governance, and provides a structured mechanism for monitoring and continuous improvement of health and safety performance. Framework to be developed, approved, and implemented by April 2025 with first performance report issued by June 2025.This is complete. The standards are in use and the Health and Safety Team are completing the second Cohort of the self-assessment exercise that this action is built around. Paper went to Executive Committee 12/11/2025 and People and Culture Committee 04/12/2025.			Head of Health, Safety and Security	31/12/2025	Complete
In-house security service model not being pursued. 22/01/2025: Extension of current Security SLA (Service level agreement) and Technical specification awaiting sign off. Extension to due date requested. Tender delayed due to governance timetable and hampered by Christmas break, and legal obligations under TUPE, which means 4-week consultation and			Director of Estates	01/08/2026	Progressing (revised date from 31/03/2026)

12-week notice period cannot commence until after 26/03/2025. Secure sign-off for SLA extension, publish tender documentation, complete TUPE consultation (4 weeks) and notice period (12 weeks), and award the new contract. Dependencies include governance approval and TUPE legal obligations; timelines adjusted to accommodate these requirements. Ensures continuity of security services and compliance with legal and governance obligations while transitioning to a new provider. Obtain SLA extension sign-off by 14/01/2026, award new contract by 01/08/2026.			
A process to monitor and review department self-assessments is under development and will be issued in readiness for the April Self-Assessment Cycle. Complete see action point 1 above and the paper that went to EC (Executive Committee) and P&CC (People & Culture Committee).	Director of Estates	31/12/2025	Complete
A review of resources within the Health, Safety and Security Service is required following the internal audit findings. Produce a documented resource review paper and proposed structure for Leadership consideration, and a completed business case if necessary ready for approval. Initial structure review and remodelling completed; progress dependent on the outcome of the Foundations for the Future program, which will inform final decisions. Address audit recommendations, ensures adequate resourcing, and supports delivery of Health & Safety objectives across BCUHB. Complete the resource review and business case by September 2026, following confirmation of Foundations for the Future outcomes.	Director of Estates	30/09/2026	Progressing (revised date from 31/12/2025)
The BCUHB business model aligned to the All-Wales NHS Manual Handling Passport Scheme 2020 to be reviewed. Following meeting with DDoNs (Deputy Director of Nursing) and Service Leads, further meetings scheduled to discuss bespoke service requirements. Complete a gap analysis and produce a revised business model document that addresses bespoke service requirements, with sign-off from all relevant stakeholders. Initial meetings with DDoNs and Service Leads have taken place; further meetings are scheduled to gather detailed requirements and ensure feasibility. Supports compliance with national standards and improves consistency in manual handling training and practice across BCUHB. Finalise and approve the revised business model by August 2026, following stakeholder engagement and review.	Director of Estates	31/08/2026	Progressing (revised date from 31/07/2025)
Implement an Electronic Document Management System (EDMS) across BCUHB to centralise health and safety compliance reporting and risk management documentation. Ensure 100% of health and safety risk assessments, compliance reports, and key documentation are uploaded and accessible through the EDMS within 12 months of go-live. Risk Management software is already approved; project team and resources will be allocated by Head of Health, Safety and Security for the health and safety element to support implementation. Improves transparency of health and safety risks, enhances visibility, and reduces non-compliance by enabling easy access and sharing of documentation. Complete EDMS implementation and staff training by December 2026 , with full operational use from January 2027 .	Director of Estates	01/01/2027	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Regulatory/Compliance <15		Not in Tolerance
Position & Intended Outcome for Risk			
There is an inherent risk that the failure of Health & Safety management systems could lead to RIDDOR Reportable. Specified Injuries to Workers. Patient mismanagement, long-term effects. Death or significant irreversible harm which will result in prosecution by the Health and Safety Executive consequently leading to			

	loss of reputation and financial penalties. The risk is extenuated by Non-compliance with national standards with significant risk to patients/public. An unacceptable level or quality of treatment/service. Gross failure of patient safety leading. Inquests and Coroners reports. Low staffing level that reduces the service quality. Low staff morale. Poor staff attendance for mandatory/key professional training. Uncertain delivery of key objective/ service due to lack/loss of staff within the Health and Safety team. Structural changes implemented in summer 2024, with Health and Safety moving from Workforce Directorate to a new role of Director of Environment, reporting directly to CEO (Chief Executive Officer)

Health Board

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	26 March 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 matters since the last meeting. It outlines actions taken under the Health Board's Standing Orders, including urgent Chair's Actions, decisions made in private session, and the annual review of Standing Orders and Standing Financial Instructions.

Review of the Standing Orders (SOs), the Scheme of Reservation and Delegation (SoRD)

A comprehensive review of the Standing Orders (SOs), the Scheme of Reservation and Delegation (SoRD), and the Standing Financial Instructions (SFIs) has been undertaken to ensure the Health Board's governance arrangements remain current, compliant, and aligned to organisational restructuring and Welsh Government updates.

This review forms part of our routine annual governance cycle and reflects feedback from the Audit Committee, Internal Audit, and updates issued by Welsh

Government, including revisions to the Model Standing Orders and associated regulatory requirements. The updated documents incorporate:

- Clarity of delegated authorities and decision-making thresholds, ensuring alignment between Executive portfolios, operational responsibilities, and the refreshed SoRD structure (as described in the revised delegation format presented to the Executive Committee).
- Updated job titles and portfolio responsibilities to reflect the current organisational structure, including corrections to areas such as Primary Care, Community and Mental Health Services, Therapies and Health Science (referenced across current SO definitions).
- Revisions stemming from Welsh Government amendments to publication timescales, committee procedures and requirements for LHB Standing Orders, including changes directed through WHCs.
- Refinements following Internal Audit review, including improved structure, consistency of language across the SOs, SoRD and SFIs, and clearer explanation of accountability routes.
- Strengthened requirements for reporting non-compliance, reaffirming that any deviations from SOs must be escalated to the Director of Corporate Governance in the first instance for Audit Committee consideration.
- Updated formatting and improved readability, to ensure documents remain accessible and aligned with the overall Governance Framework.

There are no key risks or matters for escalation arising from this report. Members are asked to note the report, ratify actions taken, and approve the updated governance arrangements.

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

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
The Audit Committee reviewed the Health Board's Governance and Accountability Framework, including revisions to the Scheme of Reservation and Delegation (SORD)	26 February 2026	Supported

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

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		
				Name	Support	Date
2 March 2026	Commissioning requirements to support planned care activity in 2026/27	Total proposed commissioning requirement: £13.1m for 2026/27.	The Health Board requires further support on to deliver Planned Care building on the improvement from 2025-26.	Caroline Turner	Approved	1/3/26
				Dyfed W Jones	Approved	27/2/26
				Christopher Lothian-Field	Approved	27/2/26
				Paul Lambert	Approved	1/3/26

3.2 SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 29 JANUARY 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 29 January 2026:

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
26.33	All Ages Mental Health and Learning Disabilities (MHLD) Digital Solution	It was resolved that the Board: • NOTED the report. • APPROVED the award of the contract.	Commercially Sensitive
26.34	Nuclear Medicine Full Business Case	It was resolved that the Board: • SUPPORTED the Nuclear Medicine Consolidation Full Business Case for onward submission to Welsh Government for capital funding approval immediately following the Board meeting. • NOTED Initial discussions have been held with the Interim Chief Commissioner in the NWJCC, and the Chief Executive will formally write following the Board's consideration. • SUPPORTED the award of the outcome of the	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		evaluation and selection of a PET CT scanner at £1.645m plus VAT. A letter of confirmation of award will be issued to the preferred bidder confirming that this is subject to approval of the capital funding by WG. • SUPPORTED the award of the construction works contract with a contractual break clause (NEC4 optional Clause X11, Termination by the Client) to enable pre-construction and enabling works to proceed in February and March 2026 and complete capital expenditure in year.	
26.35	Waunfawr Procurement Strategy and Business Case	It was resolved that the Board: • DISCUSSED the procurement options presented. • AGREED the procurement route to be adopted from the: ➤ Competitive Procurement Route	Legal Advice Privilege Applies
26.36	Plas Gororau Contractual Appointment	It was resolved that the Board:	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		APPROVED the progression and appointment of the successful contractor to undertake phase 2 of the refurbishment works at Plas Gororau and hence award the contract to Read Construction in the sum of £4,093,140.50 + VAT.	
26.37	Financial Position	It was resolved that the Board: RECEIVED the verbal update provided.	Draft position not confirmed
26.38	Integrated Medium Term Plan 2026-29	It was resolved that the Board: RECEIVED the materials provided and following discussion Board Members: - Were familiar with the broader planning and financial context. - Were sighted on the developing content of the plan and timelines until submission. - Had a greater understanding of the relative confidence in delivery against Special Measures and full NHS Wales Planning Framework requirements.	Document in Draft

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		- Were involved in the decision making of where to pitch this year's Integrated Medium Term Plan based on the information above and upcoming election. - Were involved in the strategic decisions required to deliver over not just the three years of this Integrated Medium Term Plan but also the longer-term.	
26.39	Contracts Approval Report	It was resolved that the Board: NOTED the content of the report. NOTED the position on the security services tender. APPROVED the contract extension for the provision of dialysis treatment. RATIFIED the decision made by the Executive Committee on 16 January 2026 in relation to the additional £2m funding allocated by Welsh Government.	Commercially Sensitive
26.40	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
26.41	High Value Claims	It was resolved that the Board: • APPROVED authority to agree the £175,000 interim payment for claim CN11-430. • APPROVED authority to agree the £100,000 interim payment for claim CN22-389. • APPROVED delegated authority to the Director of Corporate Governance and Deputy Director of Legal Services for any further interim payments. • APPROVED delegated authority to the Director of Corporate Governance and Deputy Director of Legal Services for necessary defence costs.	Personal Identifiable Information
26.42	Executive Committee (Private Items)	The Board received the report from the Chief Executive Officer and it was resolved that the Board: • NOTED the report from the Executive Committee	Confidential Items shared

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.
236.1	Legacy	kindly left 10% of their estate (respectively) to Llandudno Cottage Hospital. Need signed authority to change the name to BCUHB in order to accept the donations (covers 236.2 also)	18.02.26	722
236.2	Legacy	As per 236.1	03.03.26	723
237	Clarence Medical Centre	13th of November 2025 CIG	18.02.26	721

3.4 ANNUAL REVIEW OF STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

As part of our annual cycle of business, a comprehensive review of the Standing Orders has been undertaken to ensure continued alignment with Welsh Government guidance, NHS Wales policy requirements, and evolving best practice in public sector governance. The review has focused on strengthening clarity, ensuring organisational compliance, and reflecting recent changes to statutory responsibilities, delegation frameworks, and committee structures.

No material gaps in governance were identified; however, several amendments have been proposed to modernise language, improve transparency of decision-making processes, and reinforce accountability across the Health Board. The updated Standing Orders will support more effective governance, clearer lines of responsibility, and improved assurance for the Board and its committees.

The Audit Committee reviewed the Health Board's Governance and Accountability Framework, including revisions to the Scheme of Reservation and Delegation (SORD) at its meeting on 26 February 2026, attached as Appendix E in the supporting pack. The proposed changes improved clarity, consistency, and alignment with organisational. There were no changes to the Standing Orders and the Standing Financial Instructions, but these are included as appendices as they need to be reviewed annually.

Key updates included:

- Updated job titles.
- Changes to approval thresholds for income contracts with non-NHS bodies
- Inclusion of existing approval processes for non-contracted activity for healthcare services

These revisions support the Health Board's strategic objectives and enhance governance arrangements to ensure robust, transparent, and accountable decision-making.

3.5 **ANNUAL CYCLE OF BUSINESS 2026-27**

The Annual Cycle of Board Business provides a structured, year-round schedule that ensures the Health Board fulfils its statutory, governance, assurance and strategic responsibilities. It sets out all recurring items the Board must consider, and aligns these with national deadlines, internal planning cycles, and committee assurance processes (Please see Appendix A).

Each year, the Cycle of Business maps all standing items, timed annual requirements, and quarterly/biannual updates, while a complementary Forward Work Plan accommodates emerging or one-off items. This approach ensures that Board agendas are predictable, balanced, and strategically aligned.

The Board meets bi-monthly, receiving core business such as the Chair's Report, Chief Executive's Report, Integrated Quality/Performance/Finance Reports, Committee Assurance Reports, and approval of key documents.

Timed annual duties include review and approval of the Annual Plan/IMTP, Annual Accounts and Governance Statement, Risk Management Strategy, Winter Resilience Plan, and periodic reviews of Standing Orders and Standing Financial Instructions.

The Cycle is closely integrated with all Board Committees, Audit, Quality, Safety and Experience, Performance, Finance and Information Governance, Planning, Population Health and Partnership Committee, People & Culture, Charitable Funds, and others, whose own cycles are designed to feed and assure Board-level decision-making. Committees escalate risks, performance issues, and assurance gaps to the Board at the appropriate points in the year.

Overall, the Annual Cycle of Board Business ensures that Board governance is coherent, timely, transparent and strategically focused, enabling the Board to maintain oversight, meet statutory duties, and manage organisational performance in a structured and controlled manner.

The Board Meetings are scheduled for the last Thursday of every other month:

- 28 May 2026
- 25 June 2026 (Annual Report only)
- 30 July 2026
- 24 September 2026
- 26 November 2026
- 28 January 2027
- 25 March 2027

3.6 BOARD DEVELOPMENT 2026-27

The outline Board Development Plan for 2026-27 is attached at Appendix B

Over the past two years, the Health Board has undertaken Board development activity to strengthen governance, improve strategic alignment, and enhance Board-level capability. This work provides a strong foundation for the next phase of development and external evaluation.

Board Development Programme (2025–2026)

The Health Board has implemented a planned and structured development programme delivered through **bi-monthly informal Board development sessions**, designed to improve engagement, collective understanding, and strategic capability. The purpose of these sessions is to strengthen the Board's ability to execute its collective accountabilities and to enhance understanding of organisational responsibilities and priorities.

Development Sessions on Key Strategic Themes

The Board has already undertaken or scheduled multiple development sessions on core topics, including:

- **Strategy and organisational purpose** (facilitated sessions by an external provider which focused on the role of the Board and developing relationships and role of the unitary board)
- **Quality Management System Board Development** and understanding of Quality Management Systems.

Engagement with National Quality Management Systems (QMS) Programme

The Health Board has engaged in a programme of Board development delivered by **NHS Wales Performance & Improvement**, including a recent QMS Board Development Session. The aim is to strengthen Board oversight of quality, support strategic guidance, and reinforce the Duty of Quality.

The Chair has agreed to commission a Board Development Programme for 2026 which will focus on developing a High Performing Board. The Annual Self-Assessment process is underway.

3.7 BOARD VISITS 2026-27

A programme of work is underway to implement the revised Board Visits Protocol approved by the Board in late 2024. While progress has been slower than intended due to the need to align the programme fully with the emerging IMTP priorities for 26/27, several key foundations are now in place. Executive Directors and Independent Members have been grouped against core IMTP themes to enable a more structured, repeatable approach to visits across services. A draft schedule has also been developed and is ready for confirmation once the IMTP is finalised. This will ensure visits are sequenced in a way that supports organisational priorities and maximises value for staff and Board members. Early engagement with Executive Offices has helped shape a practical delivery model, and dates are now being coordinated for Quarter 1 and Quarter 2. The implementation phase will begin once the IMTP is approved, with regular reporting of themes, learning and actions to the Board.

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 C.1: Approved Clinicians (All Wales)

Appendix C.2: Section 12(2) Doctors (All Wales).

3.9 UK COVID-19 INQUIRY

In what will be a busy year for the Inquiry, it will hold its final set of public hearings for its Impact on Society investigation (Module 10) from mid-February to early March.

The Inquiry will also publish a further five reports covering Healthcare Systems (Module 3), Vaccines and Therapeutics (Module 4), Procurement (Module 5), the Care Sector (Module 6) and Test, Trace and Isolate (Module 7).

On 19 March 2026, the Inquiry will publish its Module 3 report on Healthcare Systems - this is likely to be the report where most recommendations from the Inquiry will need to be actioned by the Health Board. This is expected to be a considerable undertaking for the Health Board to review and implement these recommendations. In preparation for this, a structure is already in place through the Discovery and Learning Steering Group to receive and review reports or other documentation from such public inquiries, major or independent reviews and major incidents, and to identify lessons for Health Board consideration or implementation.

The Module 4 report on Vaccines and Therapeutics will be published in mid-April 2026, and summer 2026 will see the publication of the Module 5 report, examining Procurement. Towards the end of the year, reports will be published for Module 6, investigating the Care Sector and Module 7, investigating Test, Trace and Isolate.

The remaining three reports on Modules 8, 9 and 10 will be published in the first half of 2027.

All reports are published following thorough analysis of the evidence submitted to the Inquiry for each investigation. The Chair of the Inquiry will set out her findings and recommendations in the reports, with the expectation that all accepted recommendations be implemented without delay.

3.10 **SHARED SERVICES PARTNERSHIP COMMITTEE**

Attached at Appendix D (in the Supporting pack) is the Assurance Report from the 22 January 2026 meeting of the Shared Services Partnership Committee

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 report;
- **RATIFY** the Chair Action taken since the last meeting;
- **NOTE** the affixing of the Common Seal;

- **RATIFY** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance;
- **AGREE** the Annual Cycle of Business and the 'outline' Board Development Plan for 2026-27; and
- **NOTE** the Assurance Report from NHS Wales Shared Services Partnership Committee

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	1. Building an effective organisation
	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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	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 <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	Not required for this report

Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	If no, please include rationale:	
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
	Do/Yes: ☐	Naddo/No: ☒

Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	



Betsi Cadwaladr University Health Board

Health Board

Cycle of Business
(1 April 2026 – 31 March 2027)

Betsi Cadwaladr University Health Board should, on an annual basis, receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Health Board is effectively carrying out its role.

The Cycle of Business cover the period 1 April 2026 to 31 March 2027.

The Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a “Non-Routine Board Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the Health Board is set out in the standing orders which is available here: [Standing Orders and Financial instructions link](#)

Board Chair Dyfed Edwards	Independent Members Clare Budden Urtha Felda Dyfed Jones Paul Lambert Mike Larvin Chris Lothian-Field Billy Nichols Caroline Turner Rhian Watcyn Jones	Executive Members Tehmeena Ajmal (Chief Operating Officer) Russell Caldicott (Executive Director of Finance) Clara Day (Executive Medical Director) Debbie Eyitayo (Executive Director of People Services and Organisational Development) Teresa Owen (Executive Director of Allied Health Professionals & Health Sciences) Jane Moore (Executive Director Public Health) Carol Shillabeer (Chief Executive) Paolo Tardivel (Interim Executive Director of Transformation & Strategic Planning) Angela Wood (Executive Director of Nursing & Midwifery)	In Attendance Stuart Keen (Director of Environment & Estates) Dylan Roberts (Chief Digital & Information Officer) Helen Stevens-Jones (Director Partnerships, Engagement & Communications) Pam Wenger (Director Corporate Governance)
Board Vice Chair Gareth Williams	Associate Members Emma Adamson Peter Lewis Fôn Roberts		

BOARD CYCLE OF BUSINESS 2026-27

Item of Business	Executive Lead	Committee	Reporting period	2026-2027	Q1			Q2			Q3			Q4			2027-28	
				Mar 2026	April 2026	May 2026	June 2026 *Extraordinary	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
PRELIMINARY MATTERS																		
Minutes of the Previous Board Meeting	Health Board Chair		All Regular Meetings	℞		℞		℞		℞		℞		℞		℞		℞
Matters Arising and Action Log	Health Board Chair		All Regular Meetings	℞		℞		℞		℞		℞		℞		℞		℞
Experience Item	Executive Director of Nursing & Midwifery		All Regular Meetings	℞		℞		℞		℞		℞		℞		℞		℞
Citizens Experience and Engagement Report	Director Partnerships, Engagement & Communications		Every Other Meeting			℞				℞				℞				℞
Employee Engagement and Experience Report <i>(Including Staff Survey and Staff Engagement Plan)</i>	Executive Director of Workforce & Organisational Development		Every Other Meeting	℞				℞				℞				℞		
Chair’s Report	Health Board Chair		All Regular Meetings	℞		℞		℞		℞		℞		℞		℞		℞
Chief Executive’s Report	Chief Executive		All Regular Meetings	℞		℞		℞		℞		℞		℞		℞		℞
Vice Chair’s Report	Vice Chair		All Regular Meetings	℞		℞		℞		℞		℞		℞		℞		℞
STRATEGIC ITEMS																		
Major Change Programmes																		
Planned Care	Chief Operating Officer		As Required					℞										
Urgent and Emergency Care	Chief Operating Officer		As Required							℞								
Community by Design	Chief Operating Officer		As Required															
Clinical Services Plan	Executive Medical Director		As Required															
Key Programmes																		
Key Programmes Report	Interim Executive Director of Transformation & Strategic Planning		Every Other Meeting			℞				℞				℞				℞
Foundations for the Future	Executive Director of People Services & OD		As Required			℞				℞				℞				
Health and Well-being Hubs	Chief Operating Officer		Bi-Annually			℞						℞						
Digital, Data & Technology Programme Delivery and Compliance Progress Report	Chief Digital & Information Officer		Bi-Annually	℞						℞								

[illegible]

[illegible]

Item of Business	Executive Lead	Committee	Reporting period	2026-2027	Q1			Q2			Q3			Q4			2027-28	
				Mar 2026	April 2026	May 2026	June 2026 *Extraordinary	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
Committee & Advisory Group Chairs Reports	Director of Corporate Governance		All Regular Meetings	R		R		R		R		R		R		R		R
Review of Joint Commissioning Committee Standing Orders	Director of Corporate Governance		Annually													R		
Joint Committee Meetings (Joint Commissioning Committee, NWSSP)	Director of Corporate Governance		As required															
ANNUAL REPORTING																		
Annual Accounts & Governance Statement	Executive Director of Finance		Annually + Extraordinary				R											
Annual Quality Report	Executive Director of Nursing & Midwifery		Annually + Extraordinary				R											
Annual Report	Director of Corporate Governance		Annually + Extraordinary				R											
Special Measures Progress Report	Interim Executive Director of Transformation & Strategic Planning		Annually	R												R		
Emergency Preparedness, Resilience and Response Annual Report	Executive Director of Public Health		Annually			R												R
Nurse Staffing Act	Executive Director of Nursing & Midwifery		Bi-Annually			R						R						
Health, Safety and Security Annual Report	Director of Environment & Estates		Annually							R								
Welsh Language Services Annual Report	Executive Director of Allied Health Professionals & Health Science		Annually							R								
Strategic Equality Annual Report	Executive Director of People Services & OD		Annually							R								
Duty of Candour Annual Report	Executive Director of Nursing & Midwifery		Annually							R								
Putting Things Right Annual Report	Executive Director of Nursing & Midwifery		Annually							R								
Research and Development Annual Report	Executive Medical Director		Annually									R						
Winter Plan	Chief Operating Officer		Annually							R								
Director of Public Health Annual Report	Executive Director of Public Health		Annually									R						
Ombudsman Annual Letter	Executive Director of Nursing & Midwifery		Annually									R						

Item of Business	Executive Lead	Committee	Reporting period	2026-2027	Q1			Q2			Q3			Q4			2027-28	
				Mar 2026	April 2026	May 2026	June 2026 *Extraordinary	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
Board Champion Annual Report	Director of Corporate Governance		Annually											⌚				
Social Partnership Duty Annual Report	Executive Director of People Services		Annually															
Adoption of Corporate Policies: - Raising concerns - Integrated Concerns (Sept 2025) - Health and safety (due 2027) - Standards of Business Conduct (due 2028) - Corporate Policy Management	Executive Director of People and Organisational Development Executive Director of Nursing & Midwifery Director of Environment & Estates Director of Corporate Governance Director of Corporate Governance		As Required							⌚								
CLOSING BUSINESS																		
Review of Meeting Effectiveness	Health Board Chair		All Regular Meetings	⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚
Date of Next Meeting	Health Board Chair		All Regular Meetings	⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚
Resolution to Exclude the Press and Public	Health Board Chair		All Regular Meetings	⌚		⌚	⌚	⌚		⌚		⌚		⌚		⌚		⌚

All Committees	
Quality, Safety and Experience Committee	
Audit Committee	
Planning, Population Health and Partnership Committee	
People and Culture Committee	
Performance, Finance and Information Governance Committee	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

INFORMAL BOARD AND DEVELOPMENT PLAN 2026-27

1. PURPOSE

To present the proposed Board Development Programme for 2026/27, aligned to the characteristics of **high-performing boards**, and to seek the Board's approval to adopt the programme as the framework for Board development activity during the year.

2. BACKGROUND

High-performing boards demonstrate consistent strengths in strategic focus, assurance, leadership behaviours, risk oversight, and use of data. Feedback from recent Board development sessions, external governance insight, and the Board's own self-assessment indicate the need for a structured, year-long development programme to support improved effectiveness and collective leadership.

Building on the draft 2026/27 development forward look and the Board's priorities, this programme sets out a structured approach to learning, reflection, and capability building.

3. PROPOSED PROGRAMME CONTENT

The programme is structured around eight core themes that reflect the capabilities of high-performing boards. These themes will be delivered through a mix of development sessions, facilitated workshops, and informal Board learning.

Aligned to the Integrated Medium Term Plan, the introduction of service presentations will be incorporated into the schedule for this coming year, this will be alongside the Board Visits which are being scheduled separately.





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Topic Title	Date	Presenter	Type
Performance Improvement	25 March 2026	Chief Executive and Chief Operating Officer	Informal Board
Joint Commissioning Committee (Annual Session)	30 April 2026	Chair and Managing Director, Joint Commissioning Committee	Informal Board
Mental Health Act		Director of Corporate Governance	Board Development
Improving Outcomes (Transformation)		External Facilitator	
Youth Voice	27 May 2026	Young People (Helen Stevens-Jones)	Informal Board
Board Self-Assessment			
FACILITATED DEVELOPMENT	25 June 2026 (half day)	External Facilitator	Board Development (half day)
Risk Appetite		Director of Corporate Governance	
Service Visits/Presentation (aligned to IMTP)	28 July 2026	Internal	Informal Board
FACILITATED DEVELOPMENT	27 August 2026	External Facilitator	Board Development





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Topic Title	Date	Presenter	Type
Service Visits/Presentation (aligned to IMTP)	23 September 2026	Internal	Informal Board
Digital transformation and becoming an intelligence-led organisation	29 October 2026	Chief Digital Information Officer	Board Development
Service Visits/Presentation (aligned to IMTP)	25 November 2026	Internal	Informal Board
FACILITATED DEVELOPMENT	17 December 2026	External Facilitator	Board Development
IMTP Development	28 January 2027	Interim Executive Director Transformation and Strategic Planning	Informal Board
IMTP Development	25 February 2027	Interim Executive Director Transformation and Strategic Planning	Board Development Informal Board
Service Visits/Presentation (aligned to IMTP)	24 March 2027	Internal	Informal Board





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Prior to the Board Development Session, the lead Executive will be asked to provide a short briefing with any supporting information or signposting for members to consider in order to support the most effective and efficient use of time at the sessions.

Where there are specific requests for training, these will be arranged separately.



Health Board Key Issues Report			
Board Date		26/03/2026	
Date of Committee		05/03/2026	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. In relation to the developing Integrated Medium Term Plan, the scale of national and local requirements alongside funding pressures places challenges for capacity and prioritisation. 2. Healthy life expectancy is declining, particularly for women in deprived areas. Vaccine opt-outs in childhood immunisation programmes present an emerging public health risk. 3. The Health Boards approach to Homelessness has been praised nationally and recognised as sector-leading. Strong Mental Health and Local Authority Housing teams partnership provide a robust model for wider adoption.	
2b	Assurance	The PPHP Committee wish to Assure members of the Board that: 1. The Strategic Intent Statements have been approved and embedded in the Integrated Medium Term Plan, providing strong alignment. Challenged Services oversight is maturing, with priority areas (e.g. gastroenterology, urgent/emergency care) clearly defined. 2. In relation to Partnerships, Engagement and Communications, the engagement infrastructure is significantly strengthened, with good cross-organisation collaboration. Relationships with elected representatives are now proactive and transparent. Digital insight and reporting processes have improved organisational understanding of public experience. 3. Population Health Performance in relation to key indicators such as MMR vaccination remain strong regionally. Diabetes improvement work is progressing and well-aligned to the Integrated Medium Term Plan priorities. Regional prevention work with the Regional Partnership Board shows multi-agency collaboration.	

2c	Advise	The PPHP Committee wish to Advise members of the Board that: 1. Future Partnerships, Engagement and Communications reports will include demographic breakdown of engagement reach and gaps. Insights across Engagement, Equalities and Inclusion Health data should be triangulated to assess impact. The Q4 report will provide a summative assessment of annual delivery and outcomes. 2. Population Health report will be refocused around core Health Board priorities (e.g., inequalities, prevention). Plans for improving screening and vaccination rates should be accelerated and co-developed with partners. 3. Homelessness will be explicitly reflected in the Integrated Medium Term Plan due to its prevention and system impact. Consideration should be given to link-worker models to reduce discharge delays.
2d	Review of Risks	The Committee reviewed the risks of which it has oversight. In the private session there was a detailed discussion in relation to the cyber risk.
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		26/03/2026	
Date of Committee		12/02/2026	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. During the discussion on the Employee Experience and Engagement Report it was noted that further work was required to improve clinical workforce engagement as the clinical workforce are keen to contribute to change therefore timely progress is required around the Clinical Services Plan and the Foundations for the Future Programme to enhance engagement in this area. 2. Staff Survey results indicate ongoing concerns around sexual safety and unwanted sexual behaviours prompting the need for ongoing staff education, implementation of consistent standards and urgent action against unacceptable and discriminatory behaviours. 3. Consultant Job Planning will continue to be monitored by the Committee due to the high level of risk associated with this area of work.	
2b	Assurance	The P&C Committee wish to Assure members of the Board that: 1. A verbal update was received in relation to the Foundation for the Future Programme noting that feedback on the socialisation of the structure will be evaluated to ensure measured opinions are reviewed and feedback is incorporated where appropriate. 2. The Strategic Equality Plan 2024-2028 and the All-Wales Anti Sexual Harassment Policy were received and progress was discussed by the Committee. These discussions align to action 25/54.1 from the Board for the Committee to discuss the equality agenda in further detail and report back to the Board and action 25/56.1 from the Board for the Committee to review the All-Wales Anti Sexual Harassment policy.	
2c	Advise	The P&C Committee wish to Advise members of the Board that:	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

		1. The Staff Story focussed on promoting sexual safety in the Health Board and the experience of a staff member was shared with the Committee. There is a need to continue to reinforce the Culture Change Programme to ensure staff feel safe to speak up, challenge inappropriate behaviour and uphold acceptable standards across the organisation. 2. The Strategic Workforce Planning Framework was received and going forward this will be presented to the Committee on an annual basis commencing in April 2027. 3. Further work is required to be completed in relation to the Three Year Culture, Leadership and Engagement Improvement Plan and this will go back to the Committee in April 2026. 4. The Education and Training Plan 2027-2028 was received for onward submission to Health Education Improvement Wales and Welsh Government.
2d	Review of Risks	The Committee received and considered the contents and assurance rating of the Corporate Risk Register.
2e	Sharing of learning	None
3	Actions to be considered by the Quality Safety & Experience Committee	Referred an action to the Quality Safety and Experience Committee to review the breakdown of complaints by Ethnicity.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Mental Health Legislation Committee Key Issues Report

Board Date		26/03/2026		
Date of Committee		05/02/2026	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 Capacity and Compliance Committee - Betsi Cadwaladr University Health Board		
2a	Alert	The Mental Health Legislation Committee wishes to alert members of the Board that: 1. The gaps in the Mental Health Team are impacting on the compliance with the Mental Health Act; this matter has been escalated to the Director of Corporate Governance. 2. The implications on the Introduction of the New Mental Health Act will be need to be considered as part of the implementation. The new act will give a greater role for MH advocates, with required changes expected to impact on both clinical and operational services.		
2b	Assurance	The Mental Health Legislation Committee wishes to assure members of the Board that: 1. The Deprovision of Liberty Service is performing strongly with marked improvement in documentation quality and completion within statutory timescales.		
2c	Advise	The Mental Health Legislation Committee wishes to advise members of the Board that: 1. Section 136 activity remains stable and has significantly reduced compared with previous years, reflecting the sustained improvement work. 2. There has been positive collaboration with North Wales Police with successful implementation of 'Right Care, Right Person'. 3. Future Mental Health Act legislation changes will require planning and resource consideration for potential operational impact.		
2d	Review of Risks	N/A		
2e	Sharing of learning	N/A		



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

3	Actions to be considered by the	N/A

Health Board Key Issues Report

Board Date		26/03/2026
Date of Committee		09/03/2026
Report of:		Charitable Funds Committee
Quoracy met:		Yes
1	Agenda	The Charitable Fund Committee (CFC) continues to meet quarterly. The Committee considered an agenda which is attached: CFC Committee - BCUHB
2a	Alert	The Charitable Funds Committee wish to Alert members of the Board that: 1. Geopolitical instability poses risk to investment portfolio performance. 2. Legacy income significantly lower than previous years. 3. Concerns regarding sustainability of current investment strategy.
2b	Assurance	The Charitable Funds Committee wish to Assure members of the Board that: 1. Investment profile increased from £11.4mil to £12.5mil with strong capital growth. 2. Accounts were signed and submitted to the Charity Commission by 31 January 2026 deadline. 3. Ongoing engagement with Heads of Service to enable appointment of Fund Advisors, with significant progress noted.
2c	Advise	The Charitable Funds Committee wish to Advise members of the Board that: 1. Ongoing encouragement of donations to be given to general funds, rather than designated funds to ensure flexibility of use of funds. 2. Overseas charity funding remains proportionate and linked with BCU staff supporting overseas charities/hospitals.
2d	Review of Risks	1. Heightened risks regarding investment performance due to geopolitical factors. Strategy to manage is being explored. 2. Variation in income expected due to fluctuation in legacies.
2e	Sharing of learning	Educational video between BCU and Llais demonstrates cross-organisational collaboration.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

3	Actions to be considered by the BCUHB Health Board	Heightening level of risk to investment, ensure trustees are aware.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health Board Key Issues Report

Board Date		26/03/2026	
Date of Committee		02/03/2026	Report of: Stakeholder Reference Group
Quoracy met:		No	
1	Agenda	The Stakeholder Reference Group continues to meet quarterly. The Committee considered an agenda which is attached: Stakeholder Reference Group (SRG) - Betsi Cadwaladr University Health Board	
2a	Alert	The Stakeholder Reference Group wish to alert members of the Board of: - Attendance at the Stakeholder Reference Group meeting on 2 March 2026 was significantly lower than usual and the meeting was not quorate; however, the meeting proceeded to allow discussion and information sharing to take place. The limited attendance reduced the breadth of stakeholder representation and discussion, and follow-up will be required to ensure key updates and opportunities for feedback are communicated across the wider stakeholder network. - Despite several attempts to garner interest for the vacant position of Vice Chair, one Expression of Interest has been received so far - see attached. Board is asked to review and approve.	
2b	Assurance	The Stakeholder Reference Group wish to assure members of the Board that: - Members received updates on several strategic areas and were assured that work continues to progress across key organisational priorities. This included engagement on the emerging IMTP and its strategic intent statements, which focus on prevention and wellbeing, strengthening community and primary care integration, improving access and outcomes in secondary care, and enabling system transformation through workforce, digital and organisational development. - The Group also noted positive examples of service impact and patient experience, including the All-Wales Diabetes Prevention Programme, which demonstrates measurable improvements in patient outcomes through preventative interventions delivered in primary care.	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

2c	Advise	The Stakeholder Reference Group wish to advise members of the Board of: • The importance of sustained stakeholder engagement as the IMTP continues to develop, particularly ensuring that partners across the third sector, local authorities and community organisations are able to contribute to shaping priorities and delivery approaches. • Members also noted that discussions are ongoing regarding how best the Health Board can hear directly from people who experience homelessness, recognising the importance of ensuring their perspectives are represented within stakeholder engagement structures. Continued focus on prevention, community-based care and collaborative working across North Wales will be key to addressing system pressures and improving population health outcomes.
2d	Review of Risks	N/A
2e	Sharing of learning	N/A
3	Actions to be considered by the	No actions to be considered by other Committees or the Board.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health Board Key Issues Report			
Board Date		27/03/2026	
Date of Committee		04/02/2026	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) - Betsi Cadwaladr University Health Board	
2a	Alert	The Local Partnership Forum wish to alert members of the Board that: - Sickness absence data provided showed an upward trend over the last 12 months, with only a 30% compliance of Return to Work. Estates and MHLD have the highest sickness levels. - Mandatory training concerns, including the impact on clinical time, were raised. - Stress and anxiety remain major sickness drivers.	
2b	Assurance	The Local Partnership Forum wish to assure members of the Board that: - Members received a Staff Story regarding sickness absence and adjustments made and support offered and welcomed seeing the policy working effectively. - Foundations for the Future – culture change, workforce planning framework and governance framework progressing.	
2c	Advise	The Local Partnership Forum wish to advise members of the Board that: - Work underway to improve compliance of Return to Work on ESR. - Staff survey completion rate rose to 24.9% - Update provided on the approach to the IMTP 2026-2029. - Upcoming May election may bring new priorities; current government requires IMTP approval before the election. - Before end of March: service plans to be finalised, trajectories refined, and scrutiny through Board and Committee meetings ahead of submission to Welsh Government on 31 March.	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

2d	Review of Risks	N/A
2e	Sharing of learning	N/A
3	Actions to be considered by the	No actions to be considered by other Committees or Board.

Health Board Key Issues Report			
Board Date		26/03/2026	
Date of Committee		06/03/2026	Report of: Healthcare Professional Forum
Quoracy met:		Yes	
1	Agenda	The Healthcare Professional Forum continues to meet quarterly. The Committee considered an agenda which is attached: Healthcare Professional Forum	
2a	Alert	The Healthcare Professional Forum wish to alert members of the Board that there are: 1. Concerns regarding primary/secondary care interface, especially unclear prescribing responsibilities and pathway gaps; these issues will need further consideration as part of the IMTP and Clinical Services Plan 2. Risks in relation to a potential service gap for inpatient detoxification provision from May due to provider relocation and unsuccessful tender process. 3. Concerns regarding safety and governance risks given the dissolution of local eye care groups with limited structured engagement between Optometry and Ophthalmology. 4. Progress updates are required on the forthcoming organisation changes via Foundations for the Future.	
2b	Assurance	The Healthcare Professional Forum wish to assure members of the Board that: 1. Digital transformation progressing well including Electronic Prescribing Medicines Administration (ePMA), Radiology Informatics System Programme (RISP) and forthcoming BadgerNet go-live in Maternity. The staffing pressures are noted. 2. Stroke pathway innovations (community-based rehabilitation programmes) show positive impact though workforce fragility remains.	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

		3. Electronic discharge summaries now improving the Digital Medicines Review (DMR) processes across Community Pharmacy.
2c	Advise	The Health Care Professional Forum wish to advise members of the Board that: 1. Further strengthened engagement with clinical leaders regarding the Integrated Mid Term Plan (IMTP), Clinical Services Plan (CSP) and Foundations for the Future (FftF) programme is welcomed. 2. HPF seeks early involvement in People Services strategy development. 3. Mandatory training should be reviewed and reformed to ensure applicability to role / position and to deliver more value-based learning.
2d	Review of Risks	1. The inpatient detoxification risk highlights the need for interim mitigation planning to avoid service interruption. 2. Workforce fragility across stroke rehabilitation, orthotics and other areas remains a concern affecting service resilience. 3. Cultural issues across services persist, requiring improved triangulation of intelligence to identify hotspots and target interventions.
2e	Sharing of learning	1. Learning from national Patient Reported Experience Measures (PREMs) and perinatal assurance assessments continue to drive improvement activity in Maternity and Neonatal Services. 2. Community by Design continues to progress and provides examples of impactful good practice. 3. Recognition of significant achievements, including Bevan Exemplar projects and completion of Higher Specialist Scientist Training.
3	Actions to be considered by the Executive Committee	1. The limited prominence of primary care should be considered as the Health Board (HB) progresses its planning and service redesign work. 2. Review mandatory training arrangements. 3. Consider interim detoxification provision arrangements thus ensuring continuity of care. 4. Review the oversight mechanisms in the eye care arena to address service and safety risks.

Health Board

EXECUTIVE COMMITTEE REPORT

Dyddiad y Cyfarfod Date of Meeting	26 March 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 14th January, 28th January, 11th February and 25th February. 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 ymgwymerwyd 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 Termiau Acronyms / Glossary of Terms	

EXECUTIVE COMMITTEE REPORT

Since the last report the Executive Committee has convened on 14th January, 28th January, 11th February and 25th February. 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 Improving Quality Reports for Board

The Committee received an update on the development of new quality reporting templates. Further refinement is required to strengthen the thematic narrative and ensure alignment with the Citizen Experience Report and wider performance framework. Members discussed moving toward a single integrated performance and quality report for the Board and supported development of a Quality Concerns Register linked to fragile services.

Resolution: The Committee noted progress and agreed further refinement and alignment work.

1.2.2 Risk Scrutiny Group Chair's Assurance Report

The Committee received the report and discussed risk score changes, overdue risks, ownership, assessment quality and the limitations of the current risk system. Members supported executive-level deep dives on the highest-scoring risks.

Resolution: The Committee noted the report, agreed the need to strengthen risk ownership and assessment, and supported structured deep dives.

1.2.3 Board Assurance Framework

The updated Board Assurance Framework was presented. Members supported

further development to align with strategic intent and the IMTP, including consideration of a full reset.

Resolution: Noted and agreed the next phase of development.

1.3 Urgent and Emergency Care Progress

The Committee received an updated report developed by the newly appointed Programme Director. Members welcomed the clarity and recognised the report as an updated position following earlier Board discussions. The Committee highlighted the need for future reports to reference previous escalation concerns, strengthen data interpretation and ensure consistency across Board reporting. Members identified the value of including attendance patterns, national comparison and wider quality and safety indicators. Alignment across Board papers was emphasised.

Resolution: The Committee noted the update and agreed that the Board iteration will include clearer narrative, improved data interpretation, national comparison and alignment with the Integrated Performance Report and Experience Report.

1.4 New Treatment Fund and Individual Patient Funding Request

The Committee received an update on the New Treatment Fund and Individual Patient Funding Request. Underspend likely reflects under-implementation of National Institute for Health and Care Excellence - aligned technologies. Members discussed funding pressures and the need for robust exceptionality criteria and stronger horizon scanning.

Resolution: The Committee noted the update.

1.5 Delegation of Representation for Advisory Appointments Committee Panels

The Committee received a proposal to introduce a rota-based approach for Executive representation on Advisory Appointments Committee panels. Members supported the proposal, highlighting the importance of preparation and planning.

Resolution: The Committee approved the rota-based approach and supported engagement with the Chair and Independent Members.

2.0 Meeting held on 28th January

2.1 Contracts and Capital Approvals

2.1.1 Extension of Parabl Contract and Talking Therapies Redesign

The Committee received an update on psychological therapies and noted improvements in contract monitoring. Members emphasised the need for better visibility of psychological therapy activity, outcomes and productivity, and supported a system-wide review. The Committee also discussed financial considerations, including inflationary uplift.

Resolution: The Committee approved a 12-month extension at the current value, agreed a rapid review of psychological therapies, supported development of Terms of Reference, and noted Finance will confirm the uplift policy.

2.2 Governance and Risk

2.2.1 Statutory Compliance Report

The Committee received the statutory compliance report. Members noted delays in providing evidence and responses to Internal Audit, with early signs of breaches emerging. The organisation will move toward a follow-up audit model and, in time, a digital tracker. Several recommendations were presented for closure, with Executive Directors asked to confirm their assurance levels. Some portfolios hold duplicated or historic items, and support will be provided to rationalise these.

Resolution: The Committee noted the report, agreed to ensure timely evidence submissions, supported moving to a follow-up model and digital tracker, and agreed targeted discussions with Executive Directors on long-standing recommendations.

2.3 Youth Voice Approach – Progress Update

The Committee received an update on the Youth Voice Approach, noting progress since adoption of the Children and Young People's Charter. A youth engagement workshop is planned for March. The Committee was asked to support the approach and approve the request to Charitable Funds Committee to deliver the workshop and support participation.

Resolution: The Committee supported the approach and noted the intention to develop a longer-term model.

2.4 Strategic Workforce Planning Framework

The Committee received the updated Strategic Workforce Planning Framework. Discussion focused on the need for a clear workforce baseline, alignment with service planning, and opportunities to strengthen regional working.

Resolution: The Committee approved the Framework subject to amendments, agreed workforce planning will be embedded within service planning and supported stronger links to regional workforce structures.

2.5 Quarter 3 Conformance Report

The Committee received the Quarter 3 Conformance Report ahead of Audit Committee submission. Members welcomed improved accuracy and progress in historically high-risk areas, including digital. Clarification on regional services classification will be confirmed. Members supported wider sharing of conformance reporting to strengthen local accountability.

Resolution: The Committee noted the report and supported continued work to strengthen contract and compliance oversight.

2.6 Charitable Funding Requests – January 2026

The Committee received the schedule of charitable funding requests ahead of consideration by the Charitable Funds Decision Panel.

Resolution: The Committee noted the requests and their progression.

2.7 Insourcing and Outsourcing – Learning Review

The Committee received the commissioned Learning Review covering January 2022 to November 2023. The review identified findings across governance, commissioning, operational mobilisation, and patient communication. Members discussed the clinical and operational impact and the need for stronger oversight, clearer roles, and improved commissioning capability. Future reporting will provide greater visibility of issues arising from active programmes.

Resolution: The Committee noted the findings, approved the recommendations, and agreed further evaluation of current activity.

2.8 Plastic Surgery Service

The Committee received an update on the plastic surgery service. The provider has requested inclusion of consultant travel costs within the insourcing contract, which benchmarking indicates is reasonable. Members noted the importance of maintaining provider relationships and discussed broader workforce considerations and prioritisation.

Resolution: The Committee approved incorporating travel costs, noted the future return of the service to routine commissioning, and supported developing a standardised approach to travel reimbursement.

2.9 All Wales Gambling Treatment Service

The Committee received two linked papers. The helpline proposal builds on existing national hosting arrangements and raised no concerns. Discussions were held in relation to the Treatment Service and the absence of a national model, service specification, governance arrangements, workforce implications, and voluntary-sector considerations.

Resolution: Helpline: Approved. Treatment Service: Not approved. The Committee agreed the proposal must return once Welsh Government provides the national model, governance and hosting detail, voluntary-sector implications, and workforce, estates and digital requirements.

2.10 Consultant Anaesthetist Workforce

The Committee received an update on the anaesthetics workforce position. Members supported the need to strengthen capacity but noted missing information including baseline establishment, vacancy positions, benchmarking and drivers of list cancellations.

Resolution: The Committee supported the direction of travel but did not approve the funding request. A revised, fully evidenced proposal will return to Executive Committee.

2.11 Scan for Safety

The Committee received a paper outlining concerns about lack of progress in implementing Scan for Safety. Members noted significant patient safety, regulatory and governance risks, and discussed the need for clear ownership, governance and an operational delivery model.

Resolution: The Committee noted the risks, agreed the programme requires clear ownership and governance, and supported development of a detailed implementation proposal.

2.12 Education and Training Plan 2027–2028

The Committee received the draft Education and Training Plan for submission to HEIW. Members noted challenges in aligning planning cycles but supported submission of the draft while continuing to strengthen integrated workforce planning.

Resolution: The Committee supported submission of the draft plan and noted the need for continued development.

2.13 Education Steering Group Report

The Committee received an update highlighting fragmented governance and lack of visibility of training-related risks. Members supported development of a clearer education and training governance model aligned with Foundations for the Future.

Resolution: The Committee noted the update, supported development of a clearer model, and agreed that training-related risks must be more visible at Executive level.

3.0 Meeting held on 11th February

3.1 Contracts and Capital Approvals

Items reported in private paper

3.2 Governance and Risk

3.2.1 Corporate Risk Register

The Committee discussed limited movement in corporate risks and the need to shift from reporting to active risk management. Members emphasised collective Executive ownership, action-impact clarity, and prioritisation of a small number of high-impact actions. Monthly formal reporting and focused informal sessions will be introduced; closure and escalation processes will be strengthened.

Resolution: Endorsed the approach to strengthen corporate risk management, agreed focused sessions through informal Executive session, and noted monthly reporting and improved closure/escalation.

3.2.2 Directors' Accountability Statements 2026/27

The Committee considered the draft Statements as a core internal-control and assurance mechanism. Members discussed alignment with Foundations for the Future, consistency with other accountability agreements.

Resolution: Supported the approach, agreed to share drafts with Audit Committee for feedback, and noted the need for clear guidance and consistency.

3.2.3 Learning from Events Report

The Committee noted improved timeliness and quality of learning processes and the substantial reduction in outstanding cases. Members discussed strengthening feedback panels, linking incidents/claims/legal processes, and reducing delays that can lead to Welsh Risk Pool penalties. Recruitment of in-house solicitors is underway to streamline inquests and complex cases.

Resolution: Noted the report and supported continued work to embed learning and strengthen linkages.

3.2.4 Annual Report and Annual Governance Statement – Planning

The Committee noted timelines, dependencies and early planning with Communications, Finance and Governance leads. Executive oversight roles will be confirmed to support statutory deadlines.

Resolution: Noted the planning arrangements and agreed to confirm oversight as part of the reporting cycle.

3.2.5 Governance and Accountability Framework

The Committee considered updates to the Framework, including clarifications from the contracting team and job-title updates. The interface between Continuing Health Care (CHC) thresholds and the Complex Care Panel will be reviewed to ensure clarity.

Resolution: Approved the updates and agreed to review CHC thresholds/panel processes ahead of Audit Committee and Board.

3.2.6 Internal Audit – Estate Management

The Committee noted a limited-assurance rating on Estates and Facilities Alerts and agreed actions to strengthen processes, accountability and visibility, aligned to the planned compliance function.

Resolution: Noted the findings and supported implementation of agreed actions and the move toward a strengthened compliance model.

3.3 Decarbonisation – RE:Fit Programme

The Committee received an update on the investment-grade proposal for four priority sites, with expected c.10% energy-use and c.11% carbon-emissions reductions. Members supported the environmental, financial and reputational benefits and the plan to bring a formal funding proposal to March Board.

Resolution: Approved continuation of programme development and preparation of a Board proposal; supported refreshing sustainability objectives.

3.4 Culture and Staff Experience

The Committee discussed ongoing engagement, recognition frameworks and survey processes, and agreed to analyse national survey results once available. Members supported a more consistent approach to staff-engagement expectations within performance arrangements.

Resolution: Noted the update; agreed to analyse survey results on receipt; supported development of consistent engagement expectations.

3.5 Additional Learning Needs – Annual Report and Priorities

The Committee noted increased demand (>1,800 requests) and high compliance (>95%) with statutory duties, with temporary pressures managed through recruitment. Members discussed national interpretation risks and reaffirmed a needs-led approach aligned to wider children's pathways.

Resolution: Noted the report and performance, noted risks to compliance linked to non-recurrent funding, supported resumption of quality work and ongoing monitoring ahead of Quality, Safety and Experience Committee submission.

3.7 Homelessness Reduction – Insights Work

The Committee received insights to prepare for the Ending Homelessness legislation and the new Ask-Act-Cooperate duty. Delayed discharges for at-risk patients, data gaps and variable referral routes were noted. Welsh Government has given positive feedback on BCUHB's proactive work.

Resolution: Noted the findings and recognition; supported taking the work through Stakeholder Reference Group/Regional Partnership Board; agreed to schedule an Executive session on the statutory duty and operational response.

3.8 Educational Governance – Postgraduate Medical Training

The Committee discussed governance issues, particularly psychological safety and speaking up, with evidence of reluctance to raise concerns in some areas. Work is underway to align education governance with Foundations for the Future and focus on triangulation, high-risk services and culture.

Resolution: Noted the update; supported strengthening educational governance; agreed further focus on psychological safety and triangulation.

4.0 Meeting held on 25th February

4.1 Contracts and Capital Approvals

Items are reported in private paper

4.2 Health Board Response to Conwy County Borough Council Replacement Local Development Plan

The Committee discussed the draft response and emphasised the importance of consistent and proactive engagement with Local Development Plans across the region. Members highlighted the need for a more strategic and systematic approach to influencing population growth, infrastructure planning and the development of integrated community models.

Resolution: Approved the response subject to amendments reflecting a more generic position; agreed revised wording will be prepared prior to submission and does not need to return to the Committee.

4.3 Commissioning Requirements for Planned Care Activity 2026/27

The Committee discussed the commissioning requirements needed to sustain planned care delivery in 2026/27. Members reflected on challenges from the past year, including variable productivity, inconsistent template use and pressures in diagnostics.

Resolution: Supported the commissioning proposals for Q1 2026/27; agreed that governance for all insourced/outsourced activity must be strengthened.

4.4 Awyr Las Budget for 2026/27

The Committee noted the budget and emphasised the need for a more strategic approach to using charitable funds. Members agreed that charitable expenditure should enhance patient and staff experience without replacing core responsibilities. Concerns were raised about ad-hoc requests and the perception of inconsistency. Members supported developing a clearer framework aligned with organisational priorities while retaining support for smaller, staff-led initiatives that have meaningful local impact.

Resolution: Approved the Awyr Las budget for 2026/27; supported development of a more strategic framework; agreed trustee workshop outputs will inform future.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     1. Building an effective organisation 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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not Applicable</i>
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not Applicable</i>
<u>Ansawdd</u>	Galluogwyr Ansawdd Enablers of Quality	Meysydd Ansawdd Domains of Quality Choose an item.

<i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not Applicable</i>
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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	