

Bundle BCU Health Board 29 January 2026

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - 26.01 Welcome, Introductions and Apologies for Absence
Dyfed Edwards, Chair
- 1.2 09:33 - 26.02 Declarations of Interest relating to the Agenda
Dyfed Edwards, Chair
- 1.3 09:35 - 26.03 Minutes of the Previous Meetings held on 27 November 2025
Dyfed Edwards, Chair
26.03 Minutes from Health Board Meeting 27.11.25 V0.3 (Public)
- 1.4 09:40 - 26.04 Matters Arising and Action Log
Dyfed Edwards, Chair
26.04 Summary Action Log Health Board (Updated 19.01.26) Public
- 1.5 09:45 - 26.05 Experience Item
Angela Wood, Executive Director of Nursing and Midwifery
26.05 Experience Item (Patient Story)
- 1.6 10:05 - 26.06 Citizen Experience and Engagement Report
Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
26.06 Citizen Experience and Engagement Report
- 1.7 10:15 - 26.07 Chair's Report
Dyfed Edwards, Chair
26.07 Chair's Report
- 1.8 10:25 - 26.08 Chief Executive Report
Carol Shillabeer, Chief Executive
26.08 CEO Report v1.0 - Final
- 1.9 10:35 - 26.09 Vice Chair's Report
Pam Wenger, Director of Corporate Governance to present paper on behalf of Gareth Williams, Vice Chair
26.09 Vice Chair's Report
- 2 10:40 - STRATEGIC ITEMS
- 2.1 10:40 - 26.10 Mental Health Strategic Report
Teresa Owen, Executive Director of Allied Health Professionals and Health Science
26.10 Mental Health Strategic Report
26.10.1 MH Strategic Report - Report from Chair of EAG
- 2.2 11:10 - BREAK
- 2.3 11:20 - 26.11 Health Board Strategic Vision Statement and Strategic Intentions Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
26.11 FINAL Health Board Strategic Vision Statement and Strategic Intentions Report (Coversheet)
26.11.1 FINAL Health Board Strategic Vision Statement and Strategic Intentions Report
- 2.4 11:40 - 26.12 Integrated Medium Term Plan 2026-29 Development Progress Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
26.12 FINAL IMTP 2026-29 Development Progress Report
- 2.5 11:55 - 26.13 Foundations for the Future
Carol Shillabeer, Chief Executive
26.13 Foundations for the Future Report
- 2.6 12:15 - 26.14 Key Programmes Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning

26.14 FINAL - 2026-01-29 Key Programmes Board Paper

- 2.7 12:30 - 26.15 Developing Sustainable Solutions for the Future of Penley Community Hospital
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
26.15 FINAL BCUHB Board Paper - Developing Sustainable Solutions for the Future of Penley Community Hospital
- 3 12:40 - INTEGRATED PERFORMANCE
- 3.1 12:40 - 26.16 Urgent & Emergency Care (UEC) Progress Report
Tehmeena Ajmal, Chief Operating Officer
26.16 Urgent & Emergency Care (UEC) Progress Report
- 3.2 12:55 - 26.17 Chair's Assurance Report - Quality, Safety and Experience Committee
Caroline Turner, Committee Chair
26.17 CYM AAA Report for QSE Committee V1.0
- 3.3 13:00 - 26.18 Integrated Quality Report
Angela Wood, Executive Director of Nursing and Midwifery
26.18 Integrated Quality Report
- 3.4 13:10 - LUNCH
- 3.5 13:40 - 26.19 Chairs Assurance Report - Performance, Finance and Information Governance Committee
Rhian Watcyn Jones, Independent Member to present paper on behalf of Gareth Williams, Vice Chair / Committee Chair
26.19 AAA Report for PFIG Committee 18.12.25 - V1.0
- 3.6 13:45 - 26.20 Integrated Performance Report
Russell Caldicott, Executive Director of Finance
26.20 Integrated Performance Report
26.20 Integrated Performance Report
- 3.7 13:55 - 26.21 Finance Report
Russell Caldicott, Executive Director of Finance
26.21 HB Finance Report Coversheet - Month 9
26.21.1 Finance Report Presentation
- 4 14:05 - GOVERNANCE, RISK AND ASSURANCE
- 4.1 14:05 - 26.22 Chairs Assurance Report - Audit Committee
Paul Lambert, Committee Chair
26.22 AAA Report Audit Committee 16.12.25 v1.0
- 4.2 14:10 - 26.23 Board Assurance Framework
Pam Wenger, Director of Corporate Governance
26.23 Board Assurance Framework (Coversheet)
26.23.1 Board Board Assurance Framework Report
- 4.3 14:15 - 26.24 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
26.24 Corporate Governance Report V1.0
- 4.4 14:20 - 26.25 Board Champions Annual Report
Pam Wenger, Director of Corporate Governance
26.25 Board Champions Annual Report V1.0
- 4.5 14:25 - 26.26 Committee & Advisory Group Chair's Reports

Remuneration Committee, Dyfed Edwards
Planning, Population Health and Partnerships Committee, Clare Budden
People and Culture Committee, Dyfed Jones
Charitable Funds Committee, Dyfed Jones
Stakeholder Reference Group, Peter Lewis
Local Partnership Forum, Carol Shillabeer, Chief Executive
Healthcare Professionals Forum, Emma Adamson
Executive Committee, Carol Shillabeer, Chief Executive

26.26.1 AAA Remuneration Committee Report 18.12.25 & 12.01.26 v1.0

26.26.2 AAA Report for PPHP Committee 15.01.26 v1.0

26.26.2 Referral to Treatment Data Governance and Accuracy Review

26.26.3 AAA Report for P&C Committee 04.12.25 V1.0

26.26.4 AAA Report for CFC Committee 02.12.25 V1.0

26.26.5 AAA Report for SRG 01.12.25 V1.0 F

26.26.6 AAA Report for LPF 10.12.25 V1.0

26.26.7 AAA Report for HPF 05.12.25 V2.0 TO

26.26.8 Executive Committee Report - Public

5 14:30 - CLOSING BUSINESS

5.1 14:30 - 26.27 Date of the Next Meeting - Thursday 26 March 2026

5.2 14:30 - 26.28 Resolution to Exclude the Press and Public

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Health Board Meeting
held in Public on 27 November 2025
at Bangor University

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
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
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Laura Jones	Acting Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
Phylis Makurunje	Aspiring Board Member (part meeting)
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance

PRELIMINARY MATTERS

25.197 Welcome, Introductions and Apologies for Absence

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

Apologies were received for Caroline Turner, Fôn Roberts and Dylan Roberts.

The Chair welcomed Paul Lambert as a newly appointed Independent Member, Chair of the Audit Committee and member of Bangor University Council.



25.198 Declarations of Interest Relating to the Agenda

The Chair declared an interest in agenda item 25.207 Health and Wellbeing Centres / Hubs: Strategic Approach as he is a local resident of Penygroes and both his GP surgery and the Canolfan Lleu scheme are covered in the item. Dyfed Jones, Independent Member also declared an interest in this item as he is a member of Anglesey County Council and the Council own the land and are key stakeholders with the Holyhead Health Hub.

25.199 Unconfirmed Minutes of the Health Board meetings held on 25 September 2025.

Members received and agreed the unconfirmed minutes of the meeting held on 25 September 2025 as a true and accurate record.

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board held on 25 September 2025 were a true and accurate record.

25.200 Matters Arising and Action Log

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

Question raised ahead of the Annual General Meeting

- In relation to action 25/162.1 and the question raised by Mr. D Graves, it was confirmed that the Corporate Governance Team have been in correspondence and follow up meetings are taking place to close the action.

It was resolved that the Board:

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

25.201 Experience Item

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

- The story was based on the experience of two storytellers who were diagnosed with Carpal Tunnel syndrome.
- The storytellers describe their experience of having the new **Ultrasound-Guided Carpal Tunnel Release (UGCTR) surgery at Wrexham Maelor Hospital**, sharing their experiences of the surgery and the positive outcomes received.
- The story highlights the innovative work that is taking place across the Health Board utilising new technology and best practice to provide shorter waiting times and a better experience for patients.

In discussing the video presentation, the Board:

- Queried the length of stay for patients receiving this procedure. It was confirmed that the procedure is now being performed as day case surgery which allows patients to return home on the same day. In cases where the patient may have an underlying condition or a reaction to the anaesthetic, this may require an overnight stay.
- Highlighted the medical advancements that are taking place across the Health Board referring to the Clinicians who are working hard to identify opportunities to improve clinical practice for the benefit of patients.

- Acknowledged the link between the experience item and the value and sustainability item noting the need to spread and scale this form of innovation where procedures are being moved from theatres to day case surgery which reduces both the cost of care and length of stay as well as improving outcomes for patients.

It was resolved that the Board:

- **NOTED** the Experience item.

25.202 Chair's Report

The Board received the report and the Chair highlighted:

- The **Public Accountability Meeting with Welsh Government** took place on 20 November 2025. The meeting was one of a series of meetings that will be taking place with all Health Boards in Wales, noting that the meetings are being recorded, live streamed and made available on the Welsh Government website.
- The Chair thanked colleagues for their preparation and also thanked Government and the Cabinet Secretary for the manner in which the meeting was conducted.
- The meeting confirmed the areas of focus required, the challenges ahead and the expectations from Government for the Health Board to achieve.
- A number of events have taken place recently to celebrate the contribution and commitment of staff across the Health Board. The **Long Service Awards** celebrate the significant contributions made to the NHS, underlining the dedication of staff and providing an opportunity to thank colleagues and recognise the work taking place across the Health Board.
- The Chair has recently visited the **Môn Enhanced Care (MEC) Service at Ysbyty Gwynedd** and the **Point of Care Service at Ysbyty Maelor, Wrexham**. These services provide opportunities and interventions to support patients in the community to help reduce hospital admissions.
- A wide range of staff from across the organisation view the Board meetings either via the live stream or via the youtube channel and the Chair welcomed feedback from staff to highlight opportunities where improvements can be made. The Chair highlighted that staff on the front line have a great understanding of the current situation and all feedback is shared and gratefully received.

In discussing the report, the Board:

- Referred to the recent changes to the financial element of the Long Service Awards noting that this has been highlighted and discussed by the Trade Unions. It was confirmed that a financial gift was not provided this year, this is being discussed further to identify how funds can be deployed in this area to provide an opportunity to reward staff for their achievements in future.

It was resolved that the Board:

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

25.203 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- Thanks to colleagues who prepared for the **Public Accountability Meeting** with the Cabinet Secretary, the Director General of Health, Social Care and Early Years, the Deputy Chief Medical Officer and Welsh Government officials on the performance of the Health Board.



- It was noted that the meeting provided an opportunity to share the work taking place across the Health Board, the improvements being taken forward and thanked all staff across the organisation for their hard work.
- The draft budget has been announced which will provide challenges over the next few years and this will be discussed further with the All Wales Chief Executives and Welsh Government.
- The first meeting of the **Mental Health Oversight and Development Group** has taken place and the Board are committed to take this forward following the work that has taken place in this area.
- The **Foundations for Future Major Change Programme** is progressing and a consultation process will take place during late December / early January.
- The Health Board have successfully implemented the new **Radiology Information System Procurement (RISP)** and are the first Health Board in Wales to do this. This is a significant milestone for the organisation and provides an opportunity to consolidate the three legacy systems into one. This has been a challenging area of work however staff have exceeded expectations to implement this system and enhance the ambition of the Health Board to further develop digital technology.
- The **Staff Survey** provides a valuable opportunity for colleagues to share their views anonymously and help shape improvements across the organisation therefore staff were encouraged to complete the survey.

In discussing the report, the Board:

- Recognised the current situation in urgent and emergency care and queried how staff are coping under the pressure. It was confirmed that the Chief Executive undertakes regular visits to the Emergency Departments. There is a current focus in this area however this is a whole pathway issue and there are difficulties moving people out of the Emergency Departments into other areas of the hospitals. This does have an impact on staff who are working very hard to provide the right level of care for patients and require support from Board and Executive level.
- Referred to the current vaccination level which is currently under 40% noting that the National target is 75%. Flu cases are increasing therefore staff and the public are being encouraged to get vaccinated.

It was resolved that the Board:

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

25.204 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

- The importance of partnership working in relation to **Primary and Community Care** involving independent contractors in service redesign to ensure a collaborative approach.

In discussing the report, the Board:

- Acknowledged the inability to mainstream successful initiatives piloted within clusters noted in the report querying how clusters and GP practices are involved in the planning process. It was confirmed that further engagement is required with clusters and GP practices and the Clinical Services Plan provides an opportunity to develop connections and provide additional services within local communities.
- Referred to the **Primary Care Board** confirming that this Board reports into the Executive Committee and is focussed on taking this area of work forward.

It was resolved that the Board:

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

STRATEGIC ITEMS

25.205 Major Change Programme: Focus - Value and Sustainability

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

- The report provides a detailed overview of the work to embed **Value Based Health Care (VBHC)** across the Health Board and utilise resource to get the best outcomes for the population of North Wales.
- Costs are rising in relation to the longevity of the population, the provision of more effective treatment and the resource required to utilise clinicians therefore there is a need to ensure funding is being used effectively across healthcare services.
- The work completed to date in relation to Value Based Health Care has been outcome focussed with the aim of providing a better quality of care, sustainability of resources and a healthier Wales.
- Value and Sustainability is closely aligned to Value Based Health Care and the need to identify best practice across the Health Board.
- The initial phase of the implementation approach replicates the **National Value and Sustainability Programme** and comprises of six workstreams including Medicines Management, Continuing Health Care, Workforce, Non-Pay & Procurement, Clinical Variation & Service Reconfiguration and Value-Based Health Care.
- Work is taking place to develop improvement initiatives such as the Carpal Tunnel Surgery which provided the focus for the Experience Item, providing value across the pathway in relation to specific areas such as the prevention of Stroke and merging these initiatives into the Clinical Services Plan as we move forward.

In discussing the report, the Board:

- Recognised the work taking place but queried the impact for the population and how improvements within communities may be realised. It was confirmed that there will be a need to scale and spread the improvements being made and streamline processes to ensure value.
- Queried which area of the governance structure will have close oversight of this programme in terms of level of change. It was confirmed that the Performance, Finance and Information Governance Committee will have oversight of the programme and specific areas may need to be considered by other Committees.
- Acknowledged the sustainable use of resources highlighted in the report and queried whether there are other opportunities for savings in relation to resources to improve patient outcomes and cost efficiency. It was confirmed that there is a need to focus on patient outcome measures and provide clarity on the outcomes to ensure the performance team are able to build the required metrics.
- Suggested around 20% of interventions are ineffective and this programme provides opportunities to utilise best practice initiatives.
- Stated that financial savings may have an impact on patient care and queried whether the funding will be budgeted on a whole system approach. It was confirmed that funding for Value Based Health Care is ring fenced and there will be a need to assess the funding and target some key pathways.



- Highlighted the missed opportunities in Women's Services and the need to address issues within Maternity Care. It was confirmed that there is a need to deliver the optimum care for the population of North Wales and this is an area that needs to be addressed.
- Confirmed the importance of this work at population level and the need to focus on areas that have the worst outcomes for examples a focus on high blood pressure can result in a reduction in episodes of stroke cases within approximately a nine month timescale.
- Stated that partnership working needs to be a key theme to ensure there is a full service and community approach. It was confirmed that there is a need to review resource allocation, provide clarity on the benefits, factor in primary and community care elements, align this to the Clinical Services Plan and measure the impact.

It was resolved that the Board:

- **RECEIVED ASSURANCE** from the report provided and the actions being taken within the Value & Sustainability Major Change Programme.

25.206 Planning

The Board received the Integrated Planning Framework 2025 and the Tywyn Community Hospital Report and the Interim Executive Director of Transformation and Strategic Planning highlighted the following in relation to each report:

Integrated Planning Framework 2025

- The Integrated Planning Framework has been informed by the **Welsh Government Planning Maturity Matrix self-assessment** and sets out the approach to integrated, transparent planning across the organisation and with partners.
- This links to the Foundations for the Future Programme as well as a number of organisational frameworks including the Integrated Performance Framework, Risk Management Framework and the Workforce Planning Framework.
- The Integrated Planning Framework has also been informed by the Special Measures Independent Review of Planning as well as the recent Welsh Government planning maturity matrix self-assessment.
- The Planning maturity matrix provides an assessment against six domains and the detail is included within the report.
- The Integrated Planning Framework represents a significant step forward for the maturity of the organisation within the planning space and builds on the progress made in developing the Health Board's first ever financially balanced **Integrated Medium Term Plan**.

Tywyn Community Hospital

- The report highlights the current position and recommended next steps for the service change process at Tywyn Community Hospital.
- The temporary closure of Dyfi Ward in April 2023, due to workforce shortages and reliance on agency staff, triggered a review of sustainable service options for the hospital.
- Tywyn serves a rural population with significant complex care needs, making access to local services critical.
- Since the closure, new services have been introduced however reopening the inpatient ward has remained challenging due to workforce issues and sustainability concerns particularly in relation to the introduction of the new service areas.
- Two stakeholder "Balanced Room" sessions have taken place to co-design and appraise options. Five options were initially considered and the following three options were shortlisted: maintain current services without beds, develop Tywyn as a community health

and well-being hub and use Dyfi Ward as a day treatment centre alongside community-based provision.

- Options to reopen inpatient beds were not prioritised due to the value being placed on the new services currently in place as well as sustainability and workforce risks.
- Llais have advised that the absence of inpatient beds in the shortlisted options constitutes a substantial service change, requiring formal public consultation under Welsh Government guidance.
- If the Health Board take the decision to proceed to consultation, this would not commence until after the May 2026 elections, due to the pre-election period. In the interim period, the process of engagement, completing impact assessments and developing consultation materials would take place.
- It was recognised that this process has caused uncertainty within the local community noting that the priority of the Health Board is to provide the best possible care and services for the whole population by fully exploring all scenarios before any decision is made.

In discussing the two reports, the Board:

- Acknowledged that the **Integrated Planning Framework** refers to realistic and affordable care and queried whether there is a need to refer to **Value Based Health Care** and **Community by Design** to provide alignment. It was confirmed that these are integral elements and will be referenced in the detailed information provided under the overarching Framework.
- Recognised that when business cases are being developed, investment is not always required and there is a need to strengthen this process and consider whether resources can be reprioritised to ensure the organisation don't reach a point of no action until business cases have been approved. It was confirmed that the **Foundations for the Future Programme** will address accountability and provide clarity around the current process.
- Referred to the progress being made in this area by the Planning, Population Health and Partnerships Committee and the iterative approach to planning that is being taken forward.
- Suggested the paper includes an additional recommendation for the Board to approve the Maturity Matrix self-assessment.
- Referred to **Tywyn Community Hospital** and thanked all staff based at the hospital who continue to care for the local community, often in new and flexible ways.
- Confirmed that the current situation is of great public concern within the Tywyn area which has led to Llais recommending a full consultation is completed under the NHS guidance issued by Welsh Government. This will ensure wider engagement and consultation is completed with the local population to ensure all views are shared.
- Highlighted the need to demonstrate to the local population that the funding available is proportionate to other service areas.

Raised concerns in relation to the level of uncertainty over a long period of time due to the timeframe of the consultation period. It was confirmed that this would be a statutory consultation, the Health Board want to move swiftly and effectively noting that the timeframe will be a priority.

Stated that it is the responsibility of the Health Board to develop services for this region, there is a need to be transparent and gain feedback from all local voices. It is important for the Health Board to bring services closer to communities and there will also be a need to consider the funding element.

It was resolved that the Board:

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

- **APPROVED** the Planning Maturity Matrix self-assessment.
- **NOTED** the short-listed options for Tywyn Community Hospital, which will come to a subsequent Board for approval following further, more detailed work.
- **APPROVED** the recommendation to undertake a formal consultation on the future of services delivered from Tywyn Community Hospital post the Welsh Government elections in May 2026.

25.207 Health and Wellbeing Centres / Hubs: Strategic Approach

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

- North Wales currently face significant challenges in relation to long-term health conditions, a decrease in healthy life expectancy and a large proportion of the population struggling to access high-quality care.
- The aim of the Health and Well-Being Hubs is to combine health, social care and wellbeing services to make care more accessible and integrated. This will also allow patients to receive care closer to home, reduce pressure on hospitals and support prevention and early intervention.
- The report provides a strategic approach to developing Health and Well-Being Hubs aligned to the Welsh Government's "A Healthier Wales" initiative as well as developing the Health Board's Ten-Year Strategy and Clinical Services Plan.
- The approach will support the management of the projects as a single programme, align hub locations and services in relation to population health data and areas of deprivation as well as utilising hubs as part of a whole system approach to primary and community care.
- This approach will also align to Welsh Government's strategic intent in relation to integrated community care services.

In discussing the report, the Board:

- Acknowledged the approach and suggested the need to review the availability of transport services across North Wales. It was confirmed that a presentation on North Wales travel was provided at the Welsh Government North Wales Cabinet meeting noting the importance of providing transport for local communities to access Health and Well-Being Hubs and GP surgeries.
- Recognised the difficulty in developing integrated provision and partnership working. It was confirmed that there is a need to develop an effective framework, review what services are already available and understand current provision before investment takes place in this area.
- Suggested this provides an opportunity to modify the services being provided to patients, review the condition of current buildings and work with Local Authorities and partners at community level to provide improved facilities.
- Agreed that the report sets out a good strategic approach recognising the varying needs of local communities but recognised this will be part of the long term service change strategy. It was confirmed that the aim of the report is to align the relevant elements and ensure these feed into the Ten Year Strategy and the Clinical Services Plan to provide an important step forward.

It was resolved that the Board:

- **ENDORSED** the strategic approach to Health and Well-Being Hubs across North Wales;
- **SUPPORTED** further work to assess population need and optimal hub locations; and

- **NOTED** the importance of integrating hubs into the wider 10-Year Strategy and Clinical Services Plan.

25.208 Director of Public Health Annual Report

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

- The Annual Report has been presented to and discussed by the Planning, Population Health and Partnerships Committee.
- The report focusses on the building blocks of health and well-being, these are the everyday factors that determine and influence all aspects of health.
- The aim is to create an asset based approach, working with a range of organisations across North Wales to build healthier communities.
- A wide range of experience in this area already exists within local areas and this can have a considerable effect on health allowing the Health Board to build support around these areas to keep people healthy.
- The report highlights four ambitions for building a healthier, fairer North Wales which include building strong foundations, fairer communities, healthier places and health across the system.

Key partners have come together as the **Regional Partnership Board (RPB)** with input from Llais to develop plans to build healthier and more resilient communities.

Work is also taking place on a project called **Well North Wales** which will allow a collaborative approach to building health across the system.

In discussing the report, the Board:

- Acknowledged the recommendations within the report but queried how this aligns to other areas such as the Three Year Plan and the Ten Year Strategic Intent noting the need for the Health Board to be clear on where this work is positioned.
- Recognised that the Health Board is the biggest anchor organisation in North Wales and suggested the need to understand the benefits for the organisation. It was confirmed that work is taking place to develop proposals to ensure the Health Board can provide a strong offer to support the workforce.
- Referred to the Five Ways to Well-being which are a set of practical actions aimed at improving mental health and well-being. It was confirmed that this is an important area that requires focus to keep people healthy.
- Queried where progress against the recommendations should report to ensure the best outcomes. It was suggested that the work is taken forward by the Executive Committee and reported back to the Planning, Population Health and Partnerships Committee in terms of progress.

Action:

- **25.208.1** Progress against the recommendations to be taken forward by the Executive Committee and reported back to the Planning, Population Health and Partnerships Committee.

It was resolved that the Board

- **NOTED** the themes and focus of this year's Director of Public Health Annual Report;
- **SUPPORTED** the ambitions and next steps identified with the Report; and
- **SUPPORTED** the alignment of the themes and ambitions with regional strategic objectives and priorities around health and wellbeing.

25.209 Healthy Travel Charter

The Board received the report and the Executive Director of Public Health and Director of Environment and Estates highlighted:

- The report links to the Director of Public Health Annual Report in terms of creating building blocks to establish healthy communities.
- The Healthy Travel Charter provides a key element to help keep people healthy and has been adopted by the Public Service Boards to maximise the healthy travel agenda.
- The benefits of being physically active are well known and appendix one highlights the commitments involved in the Healthy Travel Charter.
- There are no cost implications expected, if any arises these will be reported through the correct governance route.
- The organisation are currently the only Health Board in Wales who have not signed up to the Healthy Travel Charter.

In discussing the report, the Board:

- Queried how the Health Board can reach a position where people are able to have a choice of travel options as there are difficulties in access to public transport in particular in rural communities. It was agreed that this needs to align to the work on the planning estate to ensure awareness of the availability of public travel options to access specific premises.
- Agreed with the action to establish a network of proactive sustainable travel champions and the Vice Chair agreed to nominate himself for this role.
- Acknowledged the need to utilise this area of work to review what travel options are available and what additional needs are required suggesting this should link to the work taking place in relation to the Clinical Services Plan.
- Suggested an update is presented back to the Board in six months time to highlight the progress made.

Action:

- **25.209.1** The Healthy Travel Charter to report back to the Board in May 2026 to highlight the progress made.

It was resolved that the Board:

- **AGREED** to signing up and progressing the implementation of the North Wales Healthy Travel Charter; and
- **SUPPORTED** the development of a communications plan with BCUHB Communications Team to socialise the Healthy Travel Charter within the various directorates within the Health Board.

25.210 Culture and Leadership Programme – Discovery Phase Synthesis Report

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

- Significant work has taken place in this area and this aligns with the ambition of Welsh Government to develop a national culture and leadership framework with the organisation being a key contributor to shaping this agenda.
- The programme is central to delivering **Strategic Objective 3** of our **Integrated Medium Term Plan: Creating Compassionate Culture, Leadership and Engagement**.

- The Synthesis Report summarises the findings from the Discovery Phase identifying key themes and opportunities to inform a three-year improvement plan aimed at embedding cultural change, improving staff experience and enhancing patient outcomes.
- The three year improvement plan will be implemented, with immediate priorities focused on embedding the **Values and Behaviours Framework** and leadership development programmes.
- Progress will be monitored through the People and Culture Committee via the Culture Dashboard and ongoing staff feedback.
- The **Culture and Leadership Programme** is delivering measurable progress and providing a clear framework for cultural transformation across the Health Board however challenges remain in embedding values consistently, improving leadership capability and creating an environment where staff feel safe, supported, and empowered.
- The next steps are contained within the three year improvement plan which sets out a structured approach to address these issues and build a compassionate, inclusive and high-performing culture.
- Successful implementation will require sustained commitment from the Board and senior leadership, alignment with organisational priorities and ongoing engagement with staff at all levels.
- This work is fundamental to improve staff experience, strengthen organisational effectiveness and ensure the delivery of safe, high-quality care for the population of North Wales.

In discussing the report, the Board:

- Noted this is part of the improvement journey but queried how the work will filter through all levels of the organisation. It was confirmed that team working is the most effective way to improve care from the Board to the wards and this will be a fundamental element of the **Foundations for the Future Programme**.
- Highlighted that the programme and the **Culture Change Leaders** will provide support for staff to feel empowered to challenge poor behaviours and the work completed to date was commended by the Board.
- Stated that the programme promotes the culture required in the context of way the Health Board want to operate therefore it is important to gain critical mass in this area.
- Queried whether the resource is available to deliver the programme, it was confirmed that there is a need to hard wire culture changes into all managers objectives to ensure the culture work filters through into the teams.
- Acknowledged the important link with patient safety and coherent teams working together to provide the best services and outcomes for patients.
- Suggested the improvement plan is further developed and progress is monitored by the People and Culture Committee to provide assurance up to the Board.

Action:

- **25.210.1** 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.

It was resolved that the Board:

- **NOTED** the findings within the report; and
- **ENDORSED** the suggested Culture and Leadership Improvement Plan subject to further refinement and oversight by the People and Culture Committee



INTEGRATED PERFORMANCE

25.211 Urgent and Emergency Care Progress Report

The Board received the report and the Chief Operating Officer, Executive Medical Director and Executive Director of Nursing and Midwifery highlighted:

- Staff are working very hard in extremely challenging circumstances and the concerns faced by the Emergency Departments are a whole system issue.
- Since the last Board meeting in September 2025 work has been taking place on the wards and at the front doors in addition to completing Executive walkabouts.
- This builds on the work already completed in relation to the **Winter Plan**, an external view approach has been taken to review the flow of Emergency Departments in terms of managing and discharging patients as well as working closely with clinical leads.
- Over the next six weeks there will be a focus on the front doors to identify how patients can utilise other available services and review opportunities for managing Minor Injury Units.
- There will also be a focus on the Emergency Departments by providing support for clinicians, creating opportunities to discharge patients earlier, monitoring live dashboards and working closely with Local Authorities to support patients back home in a timely manner.
- There is a need to ensure high quality and safe care is being provided, the Executive Medical Director led a **Rapid Quality Review Meeting** and discussions were held around managing urgent and emergency care pathways, measuring levels of safety and reporting of incidents. It was suggested that a similar approach to the integrated concerns process is adopted within the Emergency Departments to include 'must report' incidents within emergency pathways.
- A review of time sensitive pathways is also taking place for those patients who require medical intervention within specific timeframes to ensure the best outcomes.
- The Clinical Executives will be issuing **Quality Standards** and the Chief Operating Officer will be issuing **Operational Standards** within the next two weeks. These Standards provide the practice framework to improve the level of service provision to patients and improve the care experience for staff.
- Corridor care has also been an area of focus where additional nursing staff have been identified to ensure regular checks are being undertaken for patients.
- A number of deep dive audits are taking place in relation to patient safety within the Emergency Departments with the Matrons and Heads of Nursing overseeing this work.
- The Board received a video presentation based on the work of the **Môn Enhanced Care (MEC) Service** which is a hospital at home service based on Ynys Mon that treat acutely ill patients at home avoiding hospital admissions.
- The recent pilot scheme targeted COPD patients who are on home ventilators and frequently get admitted to Ysbyty Gwynedd. Last year the 25 patients that were targeted had a total bed stay of 892 days and since the pilot commenced in January, all 25 patients have been managed at home avoiding any hospital admissions.

In discussing the report, the Board:

- Acknowledged the significance of this work for patients and staff noting this is a challenging time in terms of winter pressures and there is a need to ensure actions being taken have a positive impact on waiting times and patient experience.
- It was confirmed that there is a need to make progress by Christmas as this is a continuing period of increased pressure. The paper includes seven key actions and there is a need to fully focus on discharging patients from hospital, balancing risk across the full pathways and providing opportunities for different options of care.



- Queried what level of support is being provided at the front doors to ensure staff are able to facilitate redirecting patients to alternative services. It was confirmed that there are range of alternative options to Emergency Departments and there is a need to connect patients with those services. Staff want to make improvements, support is being provided to review internal metrics, make decisions and engage with the Executive Committee and the expertise of staff and partners.
- Referred to the patient flow approach and moving corridor care from Emergency Departments to wards querying whether learning is being shared from South Wales. It was confirmed that the processes used in South Wales are being reviewed and work is taking place to improve patient flow in a scheduled manner and ensure patient safety.
- Agreed that this area of work has a dual reporting element going forward with the performance element reporting to the Performance, Finance and Information Governance Committee and the safety elements reporting to the Quality, Safety and Experience Committee to provide assurance to the Board.
- Agreed that the Board would retain oversight until satisfied that this is an area that can be de-escalated therefore this will be a standing item for the next Board meeting being held in January 2026.
- Referred to the video presentation based on the **Môn Enhanced Care Service** querying why this service is not being provided by district nurses. It was confirmed that highly qualified nurse practitioners are providing this support as they are able to prescribe and provide additional areas of care that district nurses are unable to provide. The aim of the scheme has been to bring hospital care into the communities to avoid hospital admissions.
- Confirmed that this type of support is being discussed further with clinical teams to review how more complex care can be provided within the home and sharing the learning across the region to be able to provide a more consistent approach.
- Referenced the use of single points of access where appropriate support can be provided as close to home as possible noting the range of services available across North Wales.
- Recognised the initiative of the team to respond to an opportunity and this was welcomed and encouraged as an area of successful improvement.
- Suggested the need to assess the current provision available, highlight where there may be opportunities and develop this provision further. It was agreed that a rapid assessment would be undertaken and reported back to the Board in January 2026.

Action:

- **25.211.1** 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.
- **25.211.2** Urgent and Emergency Care to be a standing item for the next Board meeting being held in January 2026.
- **25.211.3** A rapid review of the current provisions of care closer to home to be completed and reported back to the Board in January 2026.

It was resolved that the Board:

- **DISCUSSED** the priority actions that have been undertaken over the last six weeks and those proposed over the next six weeks; and
- **NOTED** the work underway to develop sustainable approaches for the longer term.

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

The Board received the report and the Committee Chair highlighted:

- The Committee discussed the report on 'Bravery Brought Justice Extended Child Practice Review' published by the North Wales Safeguarding Board and received a paper which considered the learning for the Health Board and how the recommendations will be addressed.
- Clinical Coding is being considered for de-escalated as there has been a consistent 95% compliance rate over the past three months.
- The Committee received an update on the response to the Royal College of Psychiatrists noting that this will be reported to the Board in January 2026.

It was resolved that the Board:

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

25.213 Improving Quality Report

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

- The position in relation to Nationally Reportable Incidents (NRIs) is currently positive and the Health Board continue to perform the best in Wales against the proportion of cases that remain open for more than 90 days.
- The Health Board reported one Never Event during August 2025 and a review has been undertaken in relation to the issue.
- The complaints position remains consistently positive and the high level themes for complaints have been highlighted in the report.
- In relation to patient experience, an average of 68% of those who completed the patient experience survey reported their overall experience of accessing Health Board services as 'very good' and improvements are being made to communicate with patients in their preferred language.
- There have been 29 Infection Prevention outbreaks during the reporting period resulting in 429 bed days lost, work is taking place including additional training for staff to try and reduce the impact.
- There has been positive progress in reducing C. diff and E. coli infections and work is taking place with the Director of Environment and Estates to provide further support in this area.
- In February 2025, the North Wales Safeguarding Board agreed to provide funding for the Health Board to implement the ICON programme which is a multi-disciplinary Abusive Head Trauma prevention programme that aims to support parents and carers in understanding infant crying.
- The Quality Management System has now been rolled out across Pharmacy, Mental Health & Learning Disabilities and Women's Services and is now entering the full implementation phase.
- In relation to the **Ombudsman Annual Letter 2024/25**, this has been reviewed and approved by the Quality, Safety and Experience Committee and the Board were asked to support the submission of the letter to Welsh Government.
- It was noted that the initial letter stated 55% compliance against recommendations in line with the agreed target date, this percentage should have stated 65% compliance and this amendment will be included in the letter that is submitted.

In discussing the report, the Board:

- Suggested feedback is provided in relation to the outputs and outcomes of complaints to highlight what lessons are being learnt to reduce the number of complaints being received in specific areas in the future.

It was resolved that the Board:

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

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

The Board received the report and the Committee Chair highlighted that there were no further areas to note.

It was resolved that the Board:

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

25.215 Integrated Performance Report

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

- Planned Care performance in relation to patients waiting over 52 weeks for a first outpatient appointment is forecast to reduce to around 15,000 patients which is the consequence of the significant resource received from Welsh Government.
- There has been a reduction in the number of patients waiting over 104 weeks for all stages of care delivery highlighting a 55% reduction in patients waiting over a 9-month period however the current figures indicate 4,400 patients remain waiting above 104 weeks for conclusion of their care.
- Progress will continue into the final quarter of the year with the aim to achieve zero by 31 March 2026 however this remains challenging. The report states that the revised plan submitted to Welsh Government suggests 3,890 patients may be waiting beyond 104 weeks as 31 December 2025 and work continues to review this position.

In discussing the report, the Board:

- Stated that work is taking place to fully develop the **Integrated Performance Framework** by the end of January 2026 which will allow the organisation to set correct levels of reporting as well as develop strategic measures and goals and integrated levels of care.
- Acknowledged an issue that has been highlighted in relation to the accuracy of data that has been published.
- Noted that this relates to a specific code used within the insourcing and outsourcing lists where there has been an issue moving patients back into the main cohort of reporting.
- Confirmed that an external review of reporting and processes will be undertaken and the Data, Digital and Technology Team are currently working at pace to resubmit the correct data.

It was resolved that the Board:

- **REVIEWED** the content of the report and identified any additional assurance work required.

25.216 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 £16.3m as at 31 October 2025 noting that there are further risk pressures noted in the report which include capacity pressures, out of area placements and inflation charges.
- Discussions are taking place around mitigating pressures to attain the 2025/26 break-even plan and key first duty of the Health Board in order to receive the allocation for 2026/27.

- A series of financial recovery measures have been implemented and elements will be refreshed and reprioritised for best utilisation.
- The Chair of the Health Board with the Executive and Independent Members have formed a Financial Oversight Group to enable detailed discussions around the financial position and mitigation plans to support delivery of a balanced financial plan.
- The Capital Programme have secured additional release of resource for the Llandudno Orthopaedic Hub and work is taking place to monitor and re-profile the expenditure to ensure risks to delivery of expenditure in accordance with our allocated capital resource limit.

In discussing the report, the Board:

- Queried whether the Health Board can reach the required position whilst providing optimum levels of care. It was confirmed that staff are working hard to achieve this as the impact to the organisation will be greater if the Health Board does not reach a break even position.
- Noted the need to ensure the budget being reported to the Cabinet Secretary is accurate. It was confirmed that the team are working to gain the correct balance and are moving forward with efficiency and productivity.

It was resolved that the Board:

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

GOVERNANCE, RISK AND ASSURANCE

25.217 Nurse Staffing Levels Report

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

- In accordance with the Nurse Staffing Levels (Wales) Act 2016, nurse staffing calculations must be undertaken on a bi-annual basis and presented to the Board to provide assurance that the legislative requirements are being adhered to.
- Meetings have taken place with the relevant teams to discuss any requirements to increase nurse staffing levels, a small number of requests have been received and this is being reviewed over the next six months to input any mitigations required.

It was resolved that the Board:

- **RECEIVED** the report to gain assurance in relation to the following:
 - Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory “duty to calculate and take steps to maintain nurse staffing levels” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.
 - BCUHB is meeting its statutory duty to provide an annual presentation to the Board detailing calculated nurse staffing levels.
 - The Executive Director of Nursing & Midwifery, as the designated person has undertaken the bi-annual reviews and approved the nurse staffing calculations presented within this report and the associated appendices.

25.218 Chair's Assurance Report: Audit Committee

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

- Paul Lambert will now take up the role as Chair of the Audit Committee.
- The Committee have previously raised concerns in relation to Consultant Job Planning, work is taking place to report this to both the People and Culture Committee and the Audit Committee during December 2025.



- Concerns have also been raised in relation to the management responses being provided to Internal Audit and this is due to be discussed in further detail.

It was resolved that the Board

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

25.219 Risk Management Report

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

- A comprehensive review of risks has recently been undertaken and discussed during a Board Development Session.
- Work has taken place around governance, processes and risk management and this has been a priority area for the Executive Committee. This work has resulted in developing actions around specific risks and this area will continue to be closely monitored.
- The risk relating to 'Timely Patient Access to Safe and Effective Care' requires further review by the Chief Operating Officer to ensure the associated risks in relation to the urgent and emergency care pathways are reflected in the risk and this is in the process of being revised.
- The risk appetite has been discussed in detail and the Board are asked to approve the Risk Appetite for 2025/26.
- The Director of Corporate Governance congratulated the Risk Management Team on receiving the Team of the Year Award from the Chartered Institute of Risk Management Awards which highlights the work completed in terms of governance and assurance within a complex system.

In discussing the report, the Board:

- Queried whether the risks can be reduced, it was confirmed that the current level of risk is not acceptable therefore there is a need to reduce the risks. Plans are in place however further action is required as the quality and safety risks are currently above a level that is acceptable.
- Noted that the level of risk increases when performance decreases therefore there is a need to improve performance to drive down the risks. If the risks cannot be reduced, there is a need to strategically review and redesign services to drive systematic change.

It was resolved that the Board:

- **NOTED** the current position of the Corporate Risk Register.
- **SUPPORTED** the actions being taken by the Executive Team to review the risks exceeding tolerance and the proposed actions.
- **SUPPORTED** the continued refinement of risk descriptors and controls.
- **APPROVED** the Risk Appetite for 2025/26.
- **APPROVED** the Risk Management Framework.

25.220 Corporate Governance Report

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

- The report includes a number of recommendations and supporting papers have been included in a separate pack for information.

It was resolved that the Board:

- **NOTED** the content of the report.
- **APPROVED** the amendments to the NHS Wales Joint Commissioning Committee.

- **RATIFIED** NHS Wales Policies: “Making Decisions on Individual Patient Funding Requests” (IPFR) and “Prior Approval Requests” (PAR) were approved at the Quality Safety and Experience Committee for Board Ratification on 6 November 2025.
- **APPROVED** the Board Visits Protocol.
RATIFIED the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.

25.221 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
- Mental Health Legislation Committee
- Healthcare Professionals Forum
- Executive Committee

It was resolved that the Board:

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

CLOSING BUSINESS

25.222 Date of Next Meeting:

Thursday 29 January 2025 at 9.30am

25.223 Resolution to Exclude the Press and Public

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

Health Board Action Log (Public)

Updated 19.01.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
REMAIN OPEN						
1	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 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.
2	25.209.1	27.11.25	Healthy Travel Charter Progress against the Healthy Travel Charter to report back to the Board in May 2026.	Jane Moore	May 26	Remain Open 19.01.26 The Healthy Travel Charter has been included on the forward workplan for both the PPHP Committee and Health Board in May 2026.
3	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	George Roberts	March 26	Remain Open 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



			monitored by the People and Culture Committee to provide assurance up to the Board.			February 2026 and will be reported back to the Board via the AAA Report.
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	Remain Open 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.
5	25/129.1	31.07.25	Chair's Report People and Culture Committee to discuss opportunities to support young people into the workplace and report back to the Board.	Georgina Roberts	May 26 Revised timescale Sept 26	Remain Open 19.01.26 This area of work will align to the Foundations for the Future programme and will therefore report to the P&C 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	25.211.1	27.11.25	Urgent and Emergency Care Progress Report 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.	Tehmeena Ajmal	March 26	Action proposed for closure 19.01.26 An update on the performance elements of UEC 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	Action proposed for closure 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	Action proposed for closure 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	Georgina Roberts	Nov-25	Action proposed for closure



			Information Governance Committee People and Culture Committee to discuss the increase in corporate functions and costs in relation to job evaluation.		Revised timescale Jan 26	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.



Closed Actions (as agreed at meeting on 27.11.25)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	25/162.1	25.09.25	Unconfirmed Minutes of the Health Board meeting held on 17 July 2025 (Annual General Meeting) Director of Corporate Governance to follow-up the response to the question raised ahead of the Annual General Meeting by Mr. D Graves to ensure that a full response has been provided.	Pam Wenger	Nov 25	18.11.25 A full response was provided on the 10 September 2025 to the question submitted to the Annual General Meeting.
2	25/170.1	25.09.25	Urgent and Emergency Care An update on Urgent and Emergency Care and ambulance handovers to be presented to the next meeting of the Board in November 2025.	Tehmeena Ajmal	Nov 25	08.11.25 This is included on the agenda for the Board meeting in November 2025.
3	25/170.2	25.09.25	Urgent and Emergency Care Planning, Population Health and Partnerships Committee to review the final version of the Winter Resilience Plan 2025/26 at its meeting in October 2025.	Tehmeena Ajmal	Nov 25	08.11.25 The Winter Resilience Plan was reviewed and approved by the Planning, Population Health and Partnerships Committee at the meeting held on 28 October 2025.
4	25/170.3	25.09.25	Urgent and Emergency Care The final approved submission of the Winter Resilience Plan 2025/26 to be circulated to Board members outside of the meeting.	Tehmeena Ajmal	Nov 25	08.11.25 The final approved submission of the Winter Resilience Plan has been circulated to Board members via email.



5	25/171.1	25.09.25	Strategic Planning The commercial case of the Royal Alexandra Hospital Health and Well-being Hub to be considered in the Private September Board meeting and reported to the next Public Board meeting in November 2025.	Paolo Tardivel Tehmeena Ajmal Stuart Keen	Nov 25	08.11.25 This has been included in the Corporate Governance Report for the Board in November 2025.
6	25/139.1	31.07.25	Integrated Performance Report Review options for reducing the length of the Integrated Performance Report by addressing a number of performance measures and actions that the Board should be focused on and develop a supporting pack for the remaining information.	Carol Shillabeer	Jan 26	18.11.25 This is being addressed as part of the discussion in relation to action 25/176.1. 09.09.25 The Integrated Performance Framework is being reviewed and this will be part of this process.
7	25/86.1	29.05.25	Citizen Experience Report Develop a method of triangulating the information being provided in Board reports and how the issues being raised align to what is being done in other areas. Suggest that Committees review specific areas and provide feedback via indicators within reports as to which areas are being addressed by which Committee.	Helen Stevens-Jones	Nov 25	18.11.25 A Corporate Governance Improvement Plan was presented to the Audit Committee in October 2025 along with other governance mechanisms to ensure that alignment is taking place. 09.09.25 The Citizens Experience Report was considered at Planning, Population Health and Partnerships Committee in September 2025 and some enhancements have been made ahead of being presented to the Board.



						30.06.25 This will be addressed as part of the work related to the Corporate Governance Plan.
8	25/86.3	29.05.25	Citizen Experience Report Planning, Population Health and Partnerships Committee to support a review of opportunities and areas for transformation within Community services and Primary Care and report back to the Board.	Tehmeena Ajmal	Nov 25	18.11.25 During the Committee Development Session held on 24 September 2025, there was discussion around Primary Care being key to prevention and early intervention agreeing this is a priority area and will be the focus for the next Committee Development Session planned for January 2026. 09.09.25 This will be discussed in detail at the Planning, Population Health and Partnerships Committee Development Session being held on 24 September 2025 and will be reported back to the Board via the AAA Report. 24.07.25 This will be discussed at the PPHP Committee to agree an approach.
9	25/08.2	30.01.25	Vice Chair's Report Director of Corporate Governance to arrange a programme of visits for all Board Members and share in due course.	Pam Wenger Philippa Peake-Jones	March 25 Revised timeline Nov 25	08.11.25 This has been included in the Corporate Governance Report for the Board in November 2025 and work continues to progress the programme of visits.



					09.09.25 The approach to Board member visits has been developed following the Informal Board session and will be shared with Board members. 22.07.25 A briefing will be provided for the Board at the Board Development session being held on 30 July 2025. 08.05.25 Initial discussions have been held with the Chair and Chief Executive regarding developing a programme of visits to compliment individual visits by Board members and it has been suggested that a proposal is developed and discussed at the informal Board. 12.03.25 An effective way for a Programme of visits for Board Members is being taken forward with the Chief Executive and Director of Corporate Governance.

Health Board

STORïAU CLEIFION TIM GWELLA BYWYDAU ENHANCING LIVES TEAM PATIENT STORY

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Rachel Wright, Patient and Carer Experience Lead
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.

[Enhancing Lives Team Patient Stories - WELSH SUBTITLES.mov](#)

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 Termau Acronyms / Glossary of Terms	

ENHANCING LIVES TEAM PATIENT STORY

1. Overview of patient story

The patient story shares the experience of two storytellers receiving support from the Enhancing Lives Team. The storytellers describe the positive impact this has had on their lives.

1.1 Key messages

- Storytellers describe their lives before being supported by the Enhancing Lives Team.
- Storytellers describe their positive experiences of being supported by the Enhancing Lives Team and the difference this has made to their well-being.
- Storytellers describe the holistic support they have received from a range of staff roles within the team.
- The story demonstrates strong partnership working with external organisations.

2. Summary of learning and improvement

The patient story has been shared across the Enhancing Lives Team and Harm Reduction Service for learning and good practice.

2.1 Background

Following a series of Health Board reviews with stakeholders as part of the development of the 'Substance Misuse Delivery Plan 2019 -2022' and the 'Together for Mental Health Delivery Plan 2019-2022', it was evident that there was an increasing number of individuals that present to Health Board services who are experiencing complex needs.

Welsh Government demonstrated their commitment to supporting people experiencing complex needs through the launch of Complex Needs Funding. The Enhancing Lives Team was established as result of funding from Welsh Government and the Health Board.

The Enhancing Lives Team is aligned to the Harm Reduction Service, based within the Mental Health and Learning Disability Division.

2.2 Complex needs

The Enhancing Lives Team defines complex needs as a person that is experiencing problematic substance use alongside one or more of; mental ill health, homelessness and current/repeated offending behaviour.

Often the issues of substance use, homelessness, mental ill health and offending behaviour are further complicated by other issues, such as a physical health problem, and social difficulties. Services are often set up to treat needs independently, with a different team/service for each issue, focusing on a single aspect of the person's complex and interrelated difficulties, and so at times fail to meet the person's holistic needs. Often people experiencing complex needs are known to many services, although not everyone experiencing complex needs are frequent users of public services, such as the Emergency Department or the criminal justice system, but some are.

It is often found that where a person experiencing complex needs is offered treatment, they are at high risk of being discharged due to a lack of engagement, and then having to restart the referral process again, or the person may not meet the threshold for treatment because their difficulties are being considered in isolation or the person is deemed to be 'too chaotic' or 'too risky' to work with.

2.3 Enhancing Lives Team

The Enhancing Lives Team was established in June 2024 and describes themselves as providing 'a personalised approach, working alongside frontline services to better coordinate the support that people receive'. The team was established to work differently, through an individualised approach to ensure that people experiencing complex needs are effectively supported, so that they don't fall through the 'gaps' in service provision.

The enhancing lives approach provides persistent and on-going support to a low threshold outreach approach. Staff do not give up on or close cases if appointments are missed. The team are free from time limits, often services are constrained by restrictions related to the length of time that support is offered for. It can take time to address complex needs, so the team do not have set time limits. The team have small caseloads to support the team to develop relationships based on trust with individuals being supported.

The team provide holistic support with a focus on individual priorities, meaning that the team work to secure and coordinate a range of support and services as needed for the individual. Individuals can be referred to the service if there is significant difficulties engaging with frontline Health Board services. As part of their assessment, they consider factors such as intentional and un-intentional self-harm, stress and anxiety, drug and/or alcohol use and homeless or at risk of becoming homeless due to being in temporary accommodation.

The Enhancing Lives Team is made up of a Regional Service Manager and Team Manager covering North Wales, who are responsible for the Enhancing Lives Team and Harm Reduction Outreach. There are three Enhancing Lives Teams covering East, Central and West North Wales. Within each Enhancing Lives Team there is a:

- Coordinator; whose responsibility it is to lead and coordinates the area team in taking a joined-up approach and oversees the management of the complex cases of individuals that are being supported by the Enhancing Lives Team.

They work with services/agencies to explore alternative ways of working to overcome system barriers, and to achieve better 'coordinated' services.

- Navigator; a service neutral staff member, having the flexibility and freedom to build relationships with people and work at the pace of the individual. Unrestricted by traditional time limits and targets, navigators advocate on behalf of individuals, supporting them through a complex system of services, providing 'hands on' support and working closely with other services to secure the persons support needs.
- Enhancing Lives Support Worker; a service neutral staff member, playing a significant role in the Enhancing Lives Team. Working closely with various team members to support people to engage/re-engage with mainstream services, while also providing 'hands on' person-centred support.
- Enhancing Lives Drug & Alcohol Nurse; a nurse that works to a low-threshold, harm reduction approach, providing comprehensive assessment and treatment for people case managed by the Enhancing Lives Team.

There will be times when people do disengage from this approach, in those instances the Enhancing Lives Team will review the case and decide based on the individual circumstances as to when it is time to close the case.

The Enhancing Lives Team describe their role as a collective effort to improve and better co-ordinate services to support individuals, seeing the person and their potential, rather than the problem. To support learning from the experiences of individuals who access the service, this story will be used for staff training and promotion to Health Board staff.

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 this report.

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: • Creating compassionate culture, leadership, and engagement. • Establishing an effective environment for learning.

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: Consistency with organisational values.
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) Not Applicable
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: - A more equal Wales. - A resilient Wales.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <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 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>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: 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>	Galluogwyr Ansawdd Enablers of Quality All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	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>	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: No - Not Applicable Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐ Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	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	Do/Yes: ☐ Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒

<i>Have you undertaken a Data Protection Impact Assessment Screening?</i>		
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: ☐ Canlyniad/Outcome:	Naddo/No: ☒
	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

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Draft Status - Final Version will be Published
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This Citizen Experience and Engagement Report provides the Planning, Population Health and Partnerships Committee with a high-level overview of citizen feedback from September to December 2025. It focuses on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais.

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

- Emergency Department experience and conditions
- Delays in planned care / diagnostics and test results
- Access to NHS dentistry
- Neurodevelopmental assessment waiting times
- Access to GP appointments / mental health services

These themes have remained consistent and sustained over the last three months.

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

Ymgysylltu (mewnol/allanol) yr 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
A draft version of the Report has been discussed at Executive Committee	17.12.25	Comments received have been incorporated into this version.
The Report was discussed at the Planning, Population Health and Partnership Committee	15.01.26	Comments received included: It would be helpful to include a note on how the report primarily reflects the experiences of those who have raised concerns and does not fully capture the many positive experiences that are less frequently voiced.

Acronymau / Rhestr Termu Acronyms / Glossary of Terms	

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

1. SITUATION

1.1 PURPOSE

This report provides the Executive Committee with a strategic overview and assurance on citizen feedback from September to December 2025. It focuses on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais.

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

2. BACKGROUND

2.1 What citizens are telling us: Headline themes

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

- Emergency Department experience and conditions
- Delays in planned care / diagnostics and test results
- Access to NHS dentistry
- Neurodevelopmental assessment waiting times
- Access to GP appointments / mental health services

These themes have remained consistent and sustained over the last three months.

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

Social media sentiment during this period has been predominantly negative, with comments focused on waiting times, staff shortages, bed capacity, corridor care and ambulance delays. There is concern regarding community hospitals, particularly Tywyn, with fears around ward closures and reduced rural access to care. Conversations frequently reflect mistrust linked to historical issues, including Special Measures, and ongoing concerns about patient safety and service quality. There has been a notable increase in negative sentiment during November and December 2025, reinforcing the importance of timely reassurance, clear factual communication and addressing misinformation to maintain public confidence and reduce uncertainty.

It is worth noting that this report largely reflects the experiences of those who have actively chosen to raise concerns or provide feedback and therefore tends to

highlight areas where care has not met expectations. While this insight is essential in identifying risks and priorities for improvement, it does not capture the full range of citizen experience. Many people receive good, compassionate care and do not routinely provide feedback when services meet their expectations. The Health Board therefore continues to triangulate this intelligence with wider performance data, surveys and positive feedback to maintain a balanced and proportionate understanding of experience.

3. SPECIFIC MATTERS FOR CONSIDERATION

To strengthen assurance that citizen voice leads to tangible change, the Board is presented with examples of where feedback has already translated into action and, where evidence is available, its early impact.

3.1 Urgent and Emergency Care

People said that urgent and emergency care involved long waits, overcrowding, poor conditions, and reliance on Emergency Departments due to limited access to primary care, despite staff working under significant pressure.

Actions taken:

A programme of work is underway to improve performance across urgent and emergency care, with a particular focus on improving patient flow through hospitals. This has included action to reduce delays for patients who were clinically ready to leave hospital, in order to improve access and reduce waiting times for those requiring urgent care.

A clinically-led Urgent and Emergency Care Task Team was established to provide focused leadership and to support system-wide improvement. The team is overseeing action in three priority areas:

- Reducing avoidable admissions and ambulance conveyances to Emergency Departments
- Improving flow through hospitals, including discharge processes and weekend working
- Strengthening system-wide clinical and operational working.

To support quality and safety, the Executive Medical Director has led a Rapid Quality Review of Emergency Department pathways. This enabled focused clinical review of risks, agreement of actions to improve quality, and strengthened oversight of patient safety within urgent and emergency care.

System-wide tools and processes have been strengthened to support flow and discharge. This included the implementation of *Right Patient Right Place*, providing

real-time visibility of patient status to hospital, community and social care teams, and action to protect key clinical areas such as Same Day Emergency Care units so they could continue to operate as intended during periods of high pressure.

Executive walkrounds were also undertaken at each District General Hospital to engage directly with frontline teams, identify improvement opportunities, and demonstrate Board-level commitment to supporting delivery.

Through the Regional Partnership Board, the Health Board and local authority partners agreed a winter planning approach focused specifically on patients experiencing delays along their pathway of care. Using shared, live data, partners worked together to improve communication and take coordinated action to reduce these delays. This work was already planned locally and was brought forward to align with the Welsh Government's national winter focus on hospital discharge between 8 and 22 January. By doing so, partners were able to deliver local priorities while also supporting the national effort. As a result, the number of patients experiencing pathway of care delays reduced by over 20%, and the number of hospital bed days lost due to these delays reduced by almost 14%.

There is also a Resilience Hub in place, providing seven-day senior leadership oversight and coordination across urgent and emergency care to support consistent decision-making and system-wide working during periods of pressure.

Finally, the patient flow approach, *Our Next Patient Please*, is being implemented across sites. This work is strengthening the proactive movement of patients from Emergency Departments to ward areas in a planned and coordinated way, reducing congestion in Emergency Departments and improving their ability to manage new patient presentations safely and effectively.

3.2 Delays in planned care / diagnostics and test results

People said that planned care involved long waits for treatment and appointments, limited communication and certainty, and significant anxiety about delays, particularly where conditions were deteriorating or quality of life was affected.

People said that there were unacceptable delays in accessing diagnostic tests and receiving results, including in cases of suspected cancer or stroke, causing significant anxiety, uncertainty, and disruption to daily life.

Actions taken:

During 2025, a range of actions have been implemented to improve access to care and reduce long waits and progress has been made over the course of the year.

- The number of patients waiting more than 156 weeks from referral to treatment has reduced by 79 per cent, while the number waiting more than

104 weeks has reduced by 52 per cent*. These reductions reflect the cumulative impact of targeted interventions to increase clinical capacity and throughput.

- With support from Welsh Government, the Health Board introduced an insourcing contract across several specialties. This has enabled additional outpatient clinics to be delivered at weekends since the beginning of September 2025, with capacity to invite up to 2,500 patients each weekend for a first outpatient assessment. As a result, more than 25,500 additional patients awaiting a first appointment have been assessed since September, allowing earlier clinical review and identification of ongoing care needs.
- The Health Board has also commissioned providers outside of North Wales to undertake procedures on its behalf through outsourcing arrangements, further increasing available capacity for planned care.
- Improving access to diagnostics is a national and local priority, and additional financial support has been provided in 2025–26 to accelerate progress. This funding is being used to:
 - eliminate waits of more than eight weeks for a wide range of diagnostic tests;
 - remove very long waits, including patients waiting over 104 weeks for routine treatment; and
 - support a significant reduction in the number of people waiting for a first outpatient appointment.
- Across North Wales, a substantial increase in diagnostic activity is planned between January and March 2026, with the aim of achieving the zero eight-week waiting time target for diagnostic tests.
- Action is focused across key diagnostic services, including radiology, endoscopy, physiological measurement (such as cardiology) and pathology.

While waiting times remain above desired levels in some areas, the reductions achieved during the year represent an improvement in overall performance. Pressures persist in certain specialties, including Dermatology, where demand continues to exceed available capacity. Work is ongoing to prioritise patients with the greatest clinical need and to maximise opportunities to reduce waits as quickly as possible

3.3 Access to NHS Dentistry

People said that access to NHS dentistry was extremely limited, with long waits or no availability, forcing people to travel long distances, pay privately, or go without essential dental care.

Actions taken:

New and expanded dental practices are being developed in several areas, including a new practice in Connah's Quay due to open in early 2026. Since 2025, a number

of new NHS dental services have already opened, with more planned over the coming year, including additional practices and expanded surgeries in Flintshire, Conwy, Gwynedd and Denbighshire.

We have also increased orthodontic and oral surgery services and introduced more non-urgent dental appointments in local communities. Alongside this, extra funding has been provided to existing practices to increase the number of NHS patients they can see.

Since the Dental Access Portal launched in February 2025, almost 8,000 people have accepted an offer and been allocated to an NHS dental practice, and further improvements are planned in 2026/27.

Following the decision of some practices to terminate their NHS General Dental Service contracts at the end of the current financial year, we will also explore further commissioning opportunities with new and existing providers.

3.4 Neurodevelopment Assessment and Waiting Times

People said that neurodevelopmental assessment waiting times were excessively long and distressing for individuals and families, particularly children and young people, leaving needs unmet for prolonged periods.

Actions taken:

The Health Board has recently introduced a prudent assessment process which is enabling our Neurodevelopmental teams to work in a more efficient manner, allowing children and young people to be seen quicker for assessment and bringing down our waiting lists. We are already seeing improvements as a result. The Health Board is also continuing to work with the Children's Regional Partnership Board on the development of a regional action plan, which involves collaboration with partner organisations from health, education, local authorities, the third sector, and those with lived experience.

In addition, using a £2.7m allocation provided by Welsh Government, the Health Board is working with Cwm Taf Morgannwg University Health Board staff to provide additional capacity as well as commissioning external providers to undertake additional neurodevelopmental assessments from January 2026, with the aim of eliminating three year waits by March 2026.

3.5 Access to GP Appointments / Mental Health Services

People said that accessing GP appointments was difficult and inconsistent, with – for some - long waits, limited availability, and reliance on early morning calls or online systems, leading some people to seek care elsewhere.

People said that access to mental health services was slow and fragmented, with – for some - long waits for assessment and support, limited crisis help, and poor continuity, leaving people feeling unsupported when they most needed care.

Actions taken:

We are improving access to care by making better use of community pharmacies and expanding alternatives to GP appointments. Almost all community pharmacies in North Wales now offer NHS advice and treatment for a wide range of common conditions, helping people get care quickly without needing to see a GP. Services such as sore throat testing, treatment for urinary tract infections, emergency medicine supplies and contraception are widely available, improving choice and convenience for patients.

The number of pharmacy consultations continues to grow, with thousands of people each month receiving timely support closer to home, reducing pressure on GP practices, urgent care and emergency departments. We are also expanding services where pharmacists can prescribe medicines directly, providing faster access to treatment and supporting continuity of care.

4. ENGAGEMENT ON STRATEGY AND SERVICE DEVELOPMENTS

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

4.1 Draft Strategic Intentions and Vision

The Health Board has begun early engagement with public sector partners, the third sector and community representatives to inform its future vision for health and wellbeing, with feedback to date broadly positive and welcoming the opportunity for early involvement. Consistent messages have emerged around the need for meaningful, inclusive co-production with communities, resourced partnerships - particularly with the third sector - and a clear focus on translating vision into tangible action. Stakeholders have also highlighted organisational capacity given current service pressures, alongside calls for a stronger emphasis on prevention and greater pace and urgency in driving change.

4.2 Women's Health Plan for Wales

The Health Board is developing its approach to Women's Health in response to the Welsh Government's Health Plan for Wales and has been gathering insight across North Wales through established networks including Gynae Voices and Maternity and Neonatal Voices. Feedback highlights concern about the lack of support for patients while on waiting lists, particularly in relation to long-term pain management and access to medication for conditions such as endometriosis and adenomyosis, with some describing this as a distressing and isolating experience.

In maternity services, feedback was mixed. Perinatal care was described very positively, with many patients feeling their wishes were respected and care was excellent, though some concerns were raised about staff identification, and the consistency of support for skin-to-skin contact following birth, particularly after caesarean section. Patients also expressed a desire for clearer public information, including accessible birth statistics for North Wales.

4.3 Service Change Engagement in Tywyn:

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

There remains a level of mistrust in the engagement and decision-making process. Workforce and recruitment issues continue to be a central theme, with stakeholders expressing surprise that viable staffing solutions cannot be identified. Additionally, there is limited confidence in the proposed alternative models of care, particularly the use of care home beds as a replacement for local inpatient provision.

4.4 Service Change Engagement in Penley:

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

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

5. ASSURANCE FOR THE HEALTH BOARD

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

6. RECOMMENDATIONS

6.1 The Board is asked to:

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

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:
Yr Egwyddorion Dylunio Design Principles	People First If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	Many of the themes highlighted in this paper align directly with existing risks on the Health Board's Board Assurance Framework (BAF) and Corporate Risk Register (CRR). These include risks relating to timely access and waiting times, quality and safety of care, workforce resilience, health inequalities, and reputation/public confidence. The citizen feedback presented here reinforces areas already identified as strategic risks and provides further evidence to inform mitigation and assurance.
<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 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: ☐	No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	An Equality Impact Assessment (EqIA) is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes. EqIAs will be undertaken as appropriate to support individual service change proposals.

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: ☐	No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	A Socio-Economic Impact Assessment (EqIA) is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes. EqIAs will be undertaken as appropriate to support individual service change proposals.
<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 Person Centred
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<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 isod If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll? Counter Fraud Impact Assessment Have you considered the counter fraud impacts	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	Yes (Include further detail below)	
	There is a risk to public confidence and reputation in relation to waiting times, bed capacity, staff shortages, corridor care and ambulance delays, underscoring the importance of timely	

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

Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 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

January, 2026

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

Developing the Organisation

Planned Care, Urgent and Emergency Care and Cancer Services continue to be our major challenges in terms of performance and access. There are considerable pressures in the system, with a marked increase in numbers in our **Emergency Departments** in recent weeks. This results in a further burden on our staff and patients not being seen in the appropriate environment, as well as ambulances being occupied with patients, resulting in reduced availability to answer calls across our region. The situation is critical. December saw great efforts, working with Local Authority colleagues in all 6 counties which resulted in improved performance: less waiting times and swifter ambulance transfers. Carol, Clara, Tehmeena and I met with Local Authority Leaders and Chief Executives at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Wrexham Maelor. It was an opportunity to walk through Emergency Departments with colleagues and hold discussions regarding the 'patient flow'. All this activity has been positive and the challenge is to sustain improvement and deliver real change.

Similarly with **Planned Care**, we continue to ensure that large numbers of patients are seen and receive the care they need. But many are still waiting far too long despite the activity, including insourcing and outsourcing. We continue to work hard to improve and we must do so in a manner that helps us ensure sustainable progress as a Health Board

Cancer services remain in a challenged position. We need to ensure that patients are seen sooner and consider a different approach in order to support earlier diagnosis. These services are vital to our population and timely access is key. Our March Board will consider how best we can ensure improvement in some detail via a 'deep dive'

These three areas were highlighted in the recent **Public Accountability Meeting** with the Welsh Government Cabinet Secretary for Health and Social Services and colleagues. They remain a priority for the Government and we must ensure the correct focus as a Board in order to ensure sustainable progress. This is the expectation of the Cabinet Secretary and the population we serve.

Engaging with others

Paul Andrews, Director of Operations Ysbyty Gwynedd and myself attended a recent **Partnership and Regeneration Scrutiny Committee (Health)** at Anglesey County Council. As ever, such engagement provides an opportunity for us to learn about issues from local members with a variety of issues discussed

The **Christmas period** was an opportunity to join in with celebrations at Ysbyty Eryri, Caernarfon and Ysbyty Gwynedd. I visited Ysbyty Gwynedd on **Christmas Day** to thank staff for their work and to do a short interview with Radio Ysbyty Gwynedd

I was very pleased to help open the new facilities supporting parents and families at **Tŷ Enfys**, Ysbyty Gwynedd. The local group **Gafael Llaw** raised money to ensure an excellent environment for parents to use in order to support children whilst in hospital. We are very grateful for the support of the group who have raised thousands of pounds through various activities.

Below is a summary of some of my meetings and visits up to January 22, 2026.

Date	Meeting / Visit
24 November	Tehmeena Ajmal, Chief Operating Officer
24 November	Pre Board discussions
24 November	Weekly Performance Meeting
25 November	All Wales Chair Peer Group
25 November	Audit Plan Meeting with Internal Audit
25 November	Interview for BBC/S4C Ysbyty Gwynedd
26 November	Nurses of the Future Event Ysbyty Gwynedd
26 November	Partnership & Regeneration Scrutiny Committee (Health) Anglesey County Council
26 November	Board Development Session
26 November	Cabinet Secretary for Health and Chief Executive, NHS Wales
27 November	Health Board
27 November	Celebratory Opening of Ty Enfys Parents Accommodation Ysbyty Gwynedd
1 December	Audit Wales – Structured Assessment
1 December	M-Sparc with Dr Clara Day
1 December	Performance Weekly Meeting
2 December	Charitable Funds Committee
2 December	Interview for Regional Integration Fund Evaluation

2 December	Director of the Welsh NHS Confederation
3 December	Paul Andrews, Director of Operations Ysbyty Gwynedd
4 December	People and Culture Committee
4 December	Memorandum of Understanding Signing with Coleg Llandrillo Menai
4 December	Public Bodies Chair Group
4 December	Health Board Chief Executive Regular Meeting
8 December	Carols on the Ward at Ysbyty Eryri with Wynne Roberts
8 December	Weekly Performance Meeting
9 December	Stuart Keen, Director of Environment and Estates, Ysbyty Gwynedd
9 December	Katie Sargent, Employee Engagement
9 December	Carol Service, Ysbyty Gwynedd
10 December	Local Partnership Forum
11 December	Board Development
11 December	Ysbyty Glan Clwyd Walkthrough and Roundtable with Local Authorities
15 December	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
15 December	Ysbyty Gwynedd Walkthrough and Roundtable with Local Authorities
16 December	Audit Committee
16 December	Community by Design – Delivering Integrated Services, Conwy Business Centre
17 December	Cabinet Secretary for Health and Social Services Monthly Meeting
17 December	Health Board Chief Executive Regular Meeting
17 December	Financial Oversight Group
18 December	Remuneration Committee
18 December	Welsh Language Strategic Forum
19 December	Judging Christmas Doors Competition, Ysbyty Gwynedd
19 December	Ysbyty Wrexham Maelor Walkthrough and Roundtable with Local Authorities
19 December	Christmas Concert, Welsh Healthcare Choir, St Giles Parish Church, Wrexham
22 December	Nick Wood, Deputy Chief Executive NHS Wales and Government officials re Llandudno Orthopaedic Hub
25 December	Visit to Wards at Ysbyty Gwynedd with Wynne Roberts
5 January	Health Board Chief Executive Regular Meeting
5 January	Weekly Performance Meeting
8 January	Tehmeena Ajmal, Chief Operating Officer
8 January	Jacqueline Totterdell, Chief Executive NHS Wales
8 January	Bangor Health Hub site visit with Cyngor Gwynedd
8 January	Drop in Session for Staff with Chief Executive Ysbyty Gwynedd

9 January	Health Board Chief Executive Regular Meeting
12 January	Cabinet Secretary for Health and Social Care Monthly Meeting
12 January	Remuneration Committee
12 January	Performance Weekly Meeting
13 January	Penygroes (Canolfan Lleu) Project Team
15 January	Wynne Construction, Bodelwyddan
16 January	Michelle Green, Director of East Integrated Health Community
19 January	People and Culture Committee
19 January	Health Board Chief Executive Regular Meeting
19 January	Weekly Performance Meeting
20 January	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
20 January	Objective Setting for Independent Member
22 January	Publicity Event for the New Helipad at Ysbyty Gwynedd
22 January	Victoria Peach, Director West Integrated Health Community

Health Board

CHIEF EXECUTIVE REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 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 17 November and 9 January 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 17th November 2025 and 9th January 2026.

2.0 INTERFACE WITH WELSH GOVERNMENT

2.1 Public Accountability Meeting

Following the Public Accountability Meeting on 20 November 2025 and the Cabinet Secretary's letter of 10 December, the Health Board continues to focus on operational grip, data quality, financial discipline, and strengthened leadership.

Operational performance remains the key challenge across planned care, cancer, and urgent and emergency care, however key progress continues to be made. Waiting times for the longest waiting patients is reducing, more people are being seen for their first outpatient appointment with over 36,000 additional appointments taken up over the last 5 months, and an increased number of people having cataracts operations. A detailed performance report and Urgent and Emergency Care Report follows on the Board agenda, with improvements noted in Child and Adolescent Mental Health service access and some improvement during December in Urgent and Emergency care. There is however significant further improvement needed with targeted actions including increased weekend activity, expanded outsourcing/insourcing, tighter cancer pathway management, and improved discharge and flow processes.

A Data quality issue relating to a Referral to Treatment (RTT) reporting error (caused by omitted SQL code for CONSG activity), temporarily understated the waiting list. The error was detected the following month, corrected, and confirmed as isolated. While patient care was unaffected, the incident highlighted the need for stronger validation, reconciliation, and anomaly detection processes and action has already been implemented to make improvements. Wider learning across NHS Wales has been shared. The Planning, Partnerships and Public Health Committee considered a report in January 2026.

Quality and safety indicators show improvement in complaints handling, incident investigation, and implementation of the Quality Management System, though continued focus is needed to ensure consistent learning across divisions. The next level of development of the QMS will be included in the IMTP for 2026/27.

Financially, although additional controls have now been deployed, the modelling of their impact has indicated a shortfall in mitigation of pressures experienced by the Health Board, the financial performance no longer on track to attain break even in 2025/26. The pressures experienced include allocation shortfalls identified following the setting of the IMTP and financial breakeven plan and significant in-year

pressures from largely additional capacity areas and Mental Health Out of Area placements. An Accountable Officer letter has been sent to the Director General in line with the protocol for deviating from the planned position.

Leadership and culture development continues, supported by the Culture Change Programme, the Values and Behaviours Framework, and enhanced clinical engagement. An update on Foundations for the Future on the Operating Model is included later on the agenda.

2.2 Escalation Status

Escalation Status Update

The Health Board remains at Level 5 escalation, with recent external assessments acknowledge steady and measurable improvements in leadership, governance, clinical quality and financial management.

The Health Board is focused on addressing remaining operational governance weaknesses, improving waiting list and referral systems, improving urgent and emergency care access and strengthening data governance. A report on all de-escalation criteria and progress being made will be available for the Board meeting in March 2026.

2.3 Intensive Support Team

Welsh Government has confirmed the implementation of a strengthened support model for NHS Wales as part of the Escalation and Intervention Framework. BCUHB is included in the first wave development of the Intensive Support Approach which is being rapidly developed between Welsh Government, NHS Performance and Improvement and NHS bodies. The purpose is to accelerate improvements required across key service areas. This enhanced support for BCUHB will operate for the next 6 months initially and will focus on Urgent and Emergency Care, Planned Care and Cancer. All internal and external expertise will be aligned into a single, integrated Intensive Support Team, working alongside the Health Board within existing governance and accountability arrangements.

As part of this new support model, NHS Performance and Improvement (NHSP&I) will provide targeted operational and performance expertise. The initial focus will be on Planned Care, including reducing long waits for treatment, improving the validation of waiting list information, strengthening oversight of outsourced activity, optimising theatre utilisation, and ensuring robust reporting of planned care activity. This work is intended to strengthen delivery, improve reliability of performance information, and support the Health Board in meeting national performance expectations.

The Health Board is also pleased to confirm the appointment of Jane Farrell as Improvement Advisor. Jane's time-limited but high-impact role will provide practical support, coaching, and constructive challenge across Urgent and Emergency Care, Planned Care and Cancer pathways. She will work alongside external Urgent & Emergency Care experts Claire Old and Andy Aldridge, and a newly established Director of Intensive Support from NHS Performance and Improvement. Once the full Intensive Support Team is mobilised, additional support will be directed to:

- **Cancer Services** – improving compliance with the 62-day pathway and strengthening delivery within high-risk tumour sites.
- **Urgent and Emergency Care** – supporting implementation of the Six Goals for Urgent and Emergency Care Programme, reducing ambulance handover delays, and improving Emergency Department flow.
- **Planned care** – supporting validation of waiting lists, capacity and efficiency opportunities.

This enhanced support brings additional capacity, capability and focus into the areas experiencing the greatest operational pressure. It is designed to strengthen the Health Board's delivery, support teams on the ground, and accelerate improvements for patients. The supplementary resource complements and reinforces the work already underway internally to stabilise and improve services.

Further updates will be provided to the Board as this programme of enhanced support progresses and as impacts become visible across key pathways.

2.3 Integrated Quality Planning and Delivery Group – January 2026

The monthly Integrated Quality Planning and Delivery Group was held with Welsh Government Officers on 12th January 2026. The Health Board continues to make measurable progress against several of the domains assessed within the Level 5 escalation framework, which focuses on governance, leadership, performance, finance, quality of care, and fragile services.

Strengthened controls, enhanced operational oversight, improved complaint-handling performance reflect positive movement in key quality, service and governance indicators. At the same time, targeted actions across planned care, cancer, and UEC demonstrate clearer operational grip consistent with the expectations set out in the escalation framework, which requires organisations to show credible improvement in performance and outcomes to support future de-escalation.

3.0 KEY UPDATES

3.1 Electronic Prescribing and Medicines Administration

Wrexham Maelor Hospital has successfully implemented the Electronic Prescribing and Medicines Administration (EPMA) system across all inpatient wards, marking a major milestone in BCUHB's digital transformation. Building on the early adopter rollout in the Heddfan Unit, this is the first collaboration in Wales between a secondary care organisation, Better Meds, and Digital Health and Care Wales.

Over three days, more than 600 inpatients were safely transitioned from paper to digital prescribing, and Wrexham Maelor is now the first hospital in Wales to integrate discharge medicines information with the All Wales Shared Medicines Repository, strengthening medicines safety and communication across care settings. Deployment will continue across East community sites later this month, followed by Central and West in February and March, with learning from Wrexham Maelor informing future rollouts. This achievement reflects strong multidisciplinary collaboration and positions BCUHB as a digital leader in Wales.

3.4 Executive Team

I am delighted to welcome Debbie Eyitayo as our new Director of Workforce and Organisational Development who takes up post in February 2026. Debbie brings a wealth of experience and expertise that will be invaluable as we continue to strengthen our workforce plans and support our staff across the Health Board. I would also like to express my sincere thanks to Georgina Roberts for her exceptional leadership and commitment during this transition period. Her guidance and support have ensured continuity and stability, enabling Debbie to step into the role with a strong foundation for success.

3.5 Royal Alexandra Hospital - Health and Wellbeing Centre

The development of the Royal Alexandra Hospital Health and Wellbeing Centre has taken a further step forward with the granting of planning permission by Denbighshire County Council. The Health Board approved the revised business case for a Health and Wellbeing Centre during the latter part of 2025, and the Welsh Government is understood to be finalising its assessment of this, with the outcome expected shortly.

4.0 MEETINGS/VISITS

4.1 Kaiser Learning Event, Royal Society of Medicine

I attended the National Association of Primary Care event for NHS leaders on 25–26 November at the Royal Society of Medicine, London. The programme focused on learning from Kaiser Permanente's integrated care model and how its principles can support the development of neighbourhood-based care within the NHS.

Key themes included building confidence in neighbourhood health as the right approach, practical insights on delivering integrated care, cross-nation collaboration

on shared workforce and service challenges and strengthening leadership to drive this transformation.

The learning gained will directly support our work in BCUHB to develop integrated neighbourhood care models, ensuring services are designed around local population needs and delivered in partnership with communities and multi-disciplinary teams. A recent event, bringing together colleagues from across primary, community and secondary care focused on helping to shape a Community By Design approach for the future.

4.2 BCHUB Maternity and Neonatal National Assurance Assessment

The Welsh Government commissioned an independent, all-Wales assurance review of maternity and neonatal services to ensure they are safe, high-quality, and responsive to the needs of women, babies, and families. This work has involved every Health Board and will result in both national and individual reports, providing a clear picture of strengths and areas for improvement across Wales.

All Health Board assessments have now concluded, and the Minister was briefed in December. I have been the Health Board Chief Executive Member of the Stakeholder Panel (in my capacity as Lead CEO for Maternity and Neonates) for this work and the fourth meeting of the Panel considered the high-level emergent findings. The contribution of both staff who work in the services and of people who have experienced the services has been a key feature of the approach. The Review Panel will be finalising the respective reports in January. It has been confirmed that there will be an overall national report and individual Health Board reports. The national report is expected in February.

4.3 Chair and CEO Drop in sessions

The Chair and CEO drop-in sessions continue to provide an open forum for staff to share ideas, raise concerns, and engage directly with leadership. These sessions are an important opportunity to listen, learn, and strengthen communication across the organisation. Sessions have been held more recently at Ysbyty Gwynedd and Ysbyty Glan Clwyd, with a conversations on a range of matters from how we can be more efficient and effective as a health board, to some of the working practices relating to bank staff, and the work with Local Government of enabling better care solutions out of hospital settings for people with dementia. Feedback from recent sessions has been positive, and we encourage colleagues to take part in upcoming dates.

4.4 Strategic Partnership with Grŵp Llandrillo Menai

Betsi Cadwaladr University Health Board and Grŵp Llandrillo Menai have signed a new Memorandum of Understanding, reinforcing our long-standing collaboration to deliver enhanced training, skills development, and career pathways for people

across North Wales. This agreement aligns education and training routes with the region's healthcare workforce needs, helping to address high-demand roles, expand Welsh-medium pathways, and support outreach in rural communities. A new Strategic Steering Group will oversee delivery to ensure measurable benefits for local people.

This marks a significant step forward in creating clear, supported pathways into healthcare careers and demonstrates our shared ambition to invest in the future workforce of North Wales. Further strengthening this approach, we will soon sign a similar agreement with Wrexham University to expand opportunities even further.

4.5 Hosted visits on Urgent and Emergency Care

The Chair and CEO hosted a series of three visits to District General Hospitals with Council Leaders/representatives and Chief Executives/representatives and the Regional Partnership Board Chair and Senior Partnership Manager. Each visit focused on the local progress being made, by working together, to support people through the urgent and emergency care pathway including discharge from hospital back to the community. Opportunities for further work and key commitment were made to continue to progress the positive approach to partnership working across the North Wales region.

5.0 Conclusion

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

6.0 Recommendations

Members of the Board are asked to

- **NOTE** 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>
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i>	Galluogwyr Ansawdd Enablers of Quality All Apply	Meysydd Ansawdd Domains of Quality All Apply

<u>Quality</u> <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</u> <u>Cenedlaethau'r Dyfodol -</u> <u>Nodau Llesiant</u> <u>Wellbeing of Future</u> <u>Generations Act – Wellbeing</u> <u>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 Lluedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment <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	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

VICE CHAIR'S REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Gareth Williams, Vice Chair
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	N/A

Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary
This report provides information on key areas of engagement undertaken since the last Board meeting.

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

Vice Chair's Report

Report of the Vice-Chair to the Betsi Cadwaladr University Health Board, 29 January 2026

As colleagues will be aware, I am currently away travelling on an extended absence. As my last day in work was 30 December, and given the Christmas period, the activities I have undertaken since the last Board have been more limited than usual. Nevertheless, there are a number of issues which it may be worth drawing to the attention of the Board.

Mental Health

I have continued to have regular meetings with Teresa Owen, Executive Director, Vicky Jones, Head of Strategy for Mental Health and Learning Disability (MHLD) Division, Louise Bell, the Associate Director for Children and Adolescents Mental Health Services (CAMHS) and Ros Alstead, the Chair of the Expert Advisory Group (EAG). The report of the EAG will be a major item on the agenda of the Board meeting, and I wish to place on record my gratitude to and support for Ros and the other members of the EAG. I know their report will highlight both areas where there has been positive change and areas where there needs to be further improvement and I am sure that the latter will form an important part of the future work of the Oversight and Development Group (ODG) set up by the Chief Executive.

I am particularly concerned to ensure that we continue to strengthen the Multi-Disciplinary Team (MDT) working across the Division and more particularly in our acute and rehabilitation in-patient wards. In my view, access to talking therapies is of critical importance, particularly given the extended length of stay of some of our in-patients, sometimes because of clinical need but often because of a lack of alternative provision in the community. I also strongly support the need for greater attention to be given to the therapeutic environment particularly outside spaces and hope that Foundations for the Future will improve access to estates expertise by MHLD services.

I continue to give strong support to the roll-out of the new Welsh Government Mental Health strategy, in particular the focus on open access, single session mental health support. I am delighted that the Health Board has been chosen to be one of the demonstrator sites in terms of 'front door' pilots of open access, same day mental health support, working with our first-rate 111 #2 service (based at the Heddfan Unit in Ysbyty Wrexham Maelor) and the Welsh Ambulance Services Trust.

In the context of putting in place early intervention therapeutic support to those with mental health issues, I have been providing support to identify ways in which we can continue and build on the successful 'I CAN' pilots giving access to Occupational Therapists in primary care.

I was delighted to hear that the Seren Mother and Baby Unit at the Countess of Chester Hospital (jointly funded with BCUHB) has now opened, providing a much closer perinatal mental health in-patient services for North Wales. I hope to visit it later in the New Year.

In this context, I also had a very interesting visit to Advance Brighter Futures, a third sector organisation based in Wrexham which has a strong focus on supporting young parents struggling with their mental health. A key subject raised with me there was the urgent need to improve not just the inter-action between the Health Board and the third sector, but also to facilitate greater dialogue within and between third sector organisations across North Wales working in the mental health space.

There is an increasing alignment between the evolving approach to strengthening the focus on primary and community care (Community by Design) and mental health, and I spent a particularly interesting morning visiting two community pharmacies providing support (particularly methadone and other therapies designed to help people move away from heroin addiction and needle exchanges) to substance misusers. This built on my visit a couple of months back to our Substance Misuse Service and underlined the empathic way in which our health services in North Wales are working to help users quit, to minimise the risk of deaths from accidental overdosing and reduce the additional harm which can result from sharing or reusing needles.

Primary and Community Care

It is worth underlining the extent to which community pharmacy is one of the areas in which BCUHB is at the forefront of service development across Wales and indeed the UK, in terms of the provision of enhanced services which reduce pressure on GP services and provide easier access to care closer to home. I would like to pay tribute to our pharmacy colleagues, particularly the community pharmacy team and to the sector for its enthusiasm in terms of rolling out these services.

In terms of primary and community care more generally, I had a useful catch up with Chris Couchman and Alison Kemp, Associate Directors for Primary Care in the West and Centre IHCs respectively, and also took part in a 'Community by Design' planning day at the Conwy Business Centre. I have continued to have regular meetings with our Chief Operating Office, Tehmeena Ajmal and our Executive Director for Public Health, Jane Moore.

I was also able to visit the Minor Injury Unit (MIUs) at Ysbyty Alltwen which reinforced my conviction that MIUs have huge potential to provide easier access to a broader range of same-day primary care support if we were able to deploy them in a more consistent way (in terms of range of services and opening hours, for example). During the visit I was also able to visit the excellent community wards as well as to catch up with the Community Mental Health Team for South Gwynedd.

However, the highlight of my recent engagement with front line services was attending the physiotherapy/Musculo- Skeletal Community Assessment Day at Porthmadog Leisure Centre early in December. Despite appalling weather, the day was really well attended and I strongly appreciated the opportunity to sit alongside a number of patients during their interaction with our amazing, highly skilled and motivated staff.

It was a hugely positive experience, with strong engagement from third sector partners. This initiative (relatively new in Wales, though a proven success elsewhere in the UK) started as a way of reducing waiting lists for outpatient appointments and from that perspective, it is clearly a success: the podiatry service who were also participating at this event were able to see 50% of their outpatient waiting list in South Gwynedd in the one morning, many of whom received all the help they needed in terms of diagnosis and advice.

However, staff had also worked with local GPs to encourage drop-ins as well (short-circuiting the referral/waiting list process) and a wide range of generalist and specialist physio expertise was on hand. I was also told that these days though tiring were hugely motivating for staff too, because they could see the immediate difference they were making and were also able to take a whole person approach (each patient starts with a 'what matters' conversation) rather than treat the specific issue which had prompted the referral.

As I have reported previously, I believe this approach has huge potential as a major plank in our delivery of care closer to home, and not only in terms of physiotherapy.

1 **ARGYMHELLION RECOMMENDATIONS**

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

- **DISCUSS** and **NOTE** the content of the report.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     Choose an item.
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: The meetings cover a range of strategic priorities
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) The issues raised impact across a range of risks.

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 applicable
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable

<i>Have you undertaken a Socio-Economic Impact Assessment</i>		
<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</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	

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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not applicable

<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>	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:	Not applicable
	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

Mental Health Strategic Report

This report should be considered alongside the accompanying paper from the Chair of the Expert Advisory Group

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Phil Meakin, Associate Director of Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Teresa Owen, Executive Director of Allied Health Professionals and Health Science

Pwrpas yr Adroddiad Report Purpose	For Approval

Crynodeb Gweithredol **Executive Summary**

The purpose of this report is to inform a future focus for the continued improvement of Mental Health and Mental Health services by;

1. Providing the Board with a summary of progress against the Royal College of Psychiatrists (RCPsych) Invited Services Review. This report includes;

- Progress against the Health Board Building Blocks/foundations that were outlined in the Health Board response to the RCPsych Invited Services Review (approved in [July 2024](#)).
- Progress against the eighty Improvement Actions that were approved in the Health Board response to the RCPsych Invited Services Review (approved in [July 2024](#)).
- The Expert Advisory Group Chair's Report that accompanies this report.

2. Setting out the strategic approach to enabling further long-lasting improvements to mental health for the people of North Wales, working collectively across the health board and with partners. This includes the mechanisms by which the work will be led, including the establishment of the Mental Health Oversight and Development Group. This also includes the contribution of the Royal College of Psychiatrists in providing advice and support on the key areas of future focus.

Summary

The report emphasises the importance of a whole Health Board approach to the continued improvements required from the Health Board response to the RCPsych Invited Services Review. The report provides important updates on the progress against the nine Health Board building blocks/foundations. It is clear from the updates provided that there is significant progress made in this respect.

The report of the Chair of the Expert Advisory Group, which accompanies this report provides a valuable and detailed analysis of the assessment of progress from service users and families and this provides insight and further areas that our stakeholders wish the Health Board to focus on, gained by their expertise in experience. The Health Board is extremely grateful for this work and the accompanying Chair of the EAG report sets this out more directly. There has been a significant investment of time from EAG members and from Llais.

The recommendations presented to the Board reflect the need to embed and sustain improvements that have been made whilst recognising there is further focus needed to continue to improve Mental Health Services. The recommendations and considerations from this report and the report from the EAG Chairs Report have, and will continue to inform the priorities of the Health Board Mental Health Oversight and Development Group. There are six Improvement actions that have a red status (more focus being required) and they will inform the future priorities of the Mental Health Oversight and Development Group. Section 4.2 of this report provides the relevant detail.

The accompanying report from the Chair of the Expert Advisory Group was considered at the Quality Safety and Experience Committee on 15 January 2026. Feedback was also received from Llais, in respect of the report in that meeting. The Quality Safety and Experience Committee requested that a future report from the Mental Health Oversight and Development Group is provided on a regular basis to the Quality Safety and Experience Committee.

The Board is asked to:

- **Note and consider** the progress against the Health Board building blocks/foundations and Improvement Actions.
- **Note and consider** the accompanying report from the Chair of the Expert Advisory Group Report.
- **Remit** 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.
- **Support** the proposal to produce a regular report from the Mental Health Oversight and Development Group to the Quality Safety and Experience Committee.

- **Note and support** the production of a case study of progressing the response to the RCPsych Invited Services alongside an Expert Advisory Group.

List of Addition Information:

- **Accompanying Report** – Report from the Chair of the Expert Advisory Group
- **Supporting Pack to the Accompanying Report** - The above accompanying report also contains reference to a supporting pack that provides an update on the EAG consideration of Improvement Actions as at 31 December 2025. This is a working document that is updated on a monthly basis.

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
Health Board Meeting	31 July 2025	Approved the Response to the (RCPsych) Invited Review Service Report and noted that updates against the report have been provided to the Quality, Safety and Experience Committee on a regular basis.
Quality Safety and Experience Committee	Bi-Monthly from 15 August 2025 to 15 January 2026	Noted updates from the Chair of the Expert Advisory Group and the Executive Director of Allied Health Professionals and Health Science, and received assurance on progress against the RCPsych Invited Services Review.
Evidence of Outcomes Group (reported into the Health Board Action Delivery Group)	Monthly meetings from October 2024 to January 2026	Peer reviewed and scrutinised progress against individual Improvement Actions from action owners and progress reported through the Regulatory Assurance Group and Health Board Action Delivery Group
Expert Advisory Group	Introductory meetings and Work Programme from March 2025 to August 2025	Received information from Health Board teams against an agreed Work Programme. Feedback received that has informed reports to Quality Safety and Experience Committee and Health Board.

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

AHP	Allied Health Professionals

AIMS	Accreditation for Inpatient Mental Health Services
AMH	Adults Mental Health
EAG	Expert Advisory Group
CIVICA	The Health Board complaints and feedback management software
CMHT	Community Mental Health Teams
DoLs	Deprivation of Liberty Safeguards
EPR	Electronic Patient Record
GDPR	General Data Protection Regulations
MAPPa	Multi-agency Public Protection Arrangements
MDT	Multi-Disciplinary Team
MHLD	Mental Health and Learning Disabilities
MSNAP	Memory Service National Accreditation Programme
NCCU	National Collaborative Commissioning Update
NICE	National Institute for Health and Care Excellence
NRI	National reportable Incident
OPMH	Older Persons Mental Health
PICU	Psychiatric Intensive Care Unit
QSE Committee	Quality Safety and Experience Committee
RCPsych	Royal College of Psychiatrists
SLT	Senior Leadership Team (Mental Health and Learning Disabilities)

MENTAL HEALTH STRATEGIC REPORT SUMMARY

1. Y SEFYLLFA/SITUATION

The purpose of this report is to inform a future focus for the continued improvement of Mental Health and Mental Health services by:

1. Providing the Board with a summary of progress against the Royal College of Psychiatrists (RCPsych) Invited Services Review, including;

- Progress against the Health Board Building Blocks/foundations that were outlined in the Health Board response to the RCPsych Invited Services Review (approved in [July 2024](#)).
- Progress against the eighty Improvement Actions that were approved in the Health Board response to the RCPsych Invited Services Review (approved in [July 2024](#)).
- The Expert Advisory Group Chair's Report that accompanies this report.

2. Setting out the strategic approach to enabling further long-lasting improvements to mental health for the people of North Wales, working collectively across the Health Board and with partners. This includes the mechanisms by which the work will be led, including the establishment of the Mental Health Oversight and Development Group. This also includes the contribution of the Royal College of Psychiatrists in providing advice and support on the key areas of future focus.

1.1 An Expert Advisory Group (EAG) was established by the Quality Safety and Experience Committee and chaired by Ros Alstead, a Special Advisor to the Health Board supported the assessment of progress to the Invited Services

Review Report. This report is informed and accompanied by a report from the Chair of the Expert Advisory Group. The Expert Advisory Group is a sub-group of the Quality Safety and Experience Committee.

- 1.2 The Health Board is most grateful for this work, and the Chair of the EAG report sets out the appreciation of EAG members time and expertise more fully. There has been a significant investment of time and emotional investment from EAG members and from Llais in supporting this work and an offer to support EAG members will continue after this report has been provided to the Board. All members of the EAG and Llais shared a determination to improve Mental Health services for the future, informed by past experience.
- 1.3 The Quality Safety and Experience Committee has received regular reports from the Chair of the Expert Advisory Group and the Executive Director of Allied Health Professionals and Health Science throughout the period from July 2024 to January 2026.
- 1.4 The accompanying report from the Chair of the Expert Advisory Group was considered at the Quality Safety and Experience Committee on 15 January 2026. Feedback was also received from Llais, in respect of the report in that meeting. The Quality Safety and Experience Committee requested that a future report from the Mental Health Oversight and Development Group is provided on a regular basis to the Quality Safety and Experience Committee.

2. Y CEFNDIR/BACKGROUND

- 2.1 The Board received and approved a report on the 25 July 2024 that set out the [Health Board Response to the Royal College of Psychiatrists' Invited Review Services Report](#). The report outlined the Boards commitment to making good progress on the eighty improvement actions approved by the Health Board at a steady pace, with clear evidence that actions are completed and that there is a real focus on moving forward collaboratively with patients and services users, and family members.
- 2.2 Four key themes and actions came from the meetings with families, Llais and Board members in 2024:
 - For the Board to draw on best practice from elsewhere in the UK and internationally and bring this to Wales.
 - For the Board to take some time to consider the independent services review findings rather than move too quickly to an action plan.
 - For people “outside” the board to help provide the Board with advice and over view of how services are being provided and delivered.
 - For the Board to pull out some of the elements of the further work required within the report and progress these as soon as possible.
- 2.3 It has been a unique feature of the work that the Health Board has sought to provide additional consideration of progress by the development of an Expert Advisory Group (EAG). This report draws on that report in assessment of progress made and the Quality Safety and Experience Committee has also reflected a desire

to reflect on this approach so that the Health Board can learn from this experience for future improvement developments.

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

3.1 The report provides the Board with a summary of progress against the Royal College of Psychiatrists (RCPsych) Invited Services Review, including;

- Progress against the Health Board Building Blocks/foundations that were outlined in the Health Board response to the RCPsych Invited Services Review (approved in [July 2024](#)).
- Progress against the eighty Improvement Actions that were approved in the Health Board response to the RCPsych Invited Services Review (approved in [July 2024](#)).
- The Expert Advisory Group Chair's Report that accompanies this report.

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

There is a risk that insufficient focus and leadership for effective models of care will mean people cannot access high quality mental health services. In addition, if the progress made to date is not sustained there is a risk to patient care, patient safety and the Health Board's ability to be legally compliant against regulatory assurance and/or Health Inspectorate Wales or Care Quality Commission equivalence standards. In addition, and as a result of the above, there is also a risk to the reputation of the Health Board with key stakeholders should this progress not be sustained and continued.

Action is underway to mitigate these risks by the development of the Mental Health Oversight and Development Group that is chaired by the Health Board Chief Executive. This report has been used to inform the work programme of that Group.

5. ARGYMHELLION RECOMMENDATIONS

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

- **Note and consider** the progress against the Health Board building blocks/foundations and Improvement Actions
- **Note and consider** the accompanying report from the Chair of the Expert Advisory Group Report.
- **Remit** 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.
- **Support** the proposal to produce a regular report from the Mental Health Oversight and Development Group to the Quality Safety and Experience Committee.

- **Note and support** the production of a case study of progressing the response to the RCPsych Invited Services alongside an Expert Advisory Group.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	Choose an item. See below
	More than one applies, please list below: • Building an Effective Organisation • Developing strategy and long-lasting change • Creating compassionate culture, leadership and engagement • Improving quality, outcomes and experience • Establishing an effective environment for Learning
Yr Egwyddorion Dylunio Design Principles	• People First • Inclusive Design • Simplify, Standardise and Adopt Best Practices • Consistency with Organisational Values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	BAF24-06 - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes CRR25-04 – Modernising our Digital Infrastructure CRR25-08 – Non-Compliance with Regulatory and Legislative Requirements CRR 25-09 - Safe Environment
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales

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:	This report is focussed on evaluating and reporting on progress against the improvements outlined in the RCPsych Invited Services Review.
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:	This report is focussed on evaluating and reporting on

Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	If no, please include rationale:	progress against the improvements outlined in the RCPsych Invited Services Review.
<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	Meysydd Ansawdd Domains of Quality All Apply
	This report is focussed on evaluating and reporting on progress against the improvements outlined in the RCPsych Invited Services Review rather than the development of new services/configurations.	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	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: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is focussed on evaluating and reporting on progress against the improvements outlined in the RCPsych Invited Services Review
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 focussed on evaluating and reporting on progress against the improvements outlined in the RCPsych Invited Services Review
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:	This report is focussed on evaluating and reporting on progress against the improvements outlined in the RCPsych Invited Services Review

Cyfreithiol Legal	Yes (Include further detail below)
	The report highlights content that relates to legislation for the provision of Mental Health Services.
Enw Da Reputational	Yes (Include further detail below)
	This report highlights content that relate to the Health Board's progression of recommendations from the Royal College of Psychiatrists Invited Services Review that if not progressed would have an adverse impact on patients and service users and the reputation of the Health Board.
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.

Mental Health Strategic Report

This report should be considered alongside the accompanying report from the Chair of the Expert Advisory Group

1. Introduction

The Board has received Strategic Mental Health Reports every 6 months since July 2024, when it set out the [Health Board Response to the Royal College of Psychiatrists' Invited Review Services Report](#). The report outlined the Health Board commitment and approach, informed by people involved and experienced by some of the key previous reports, to making good progress on the eighty improvement actions. An Expert Advisory Group was established to support the work and provide contribution by people expert by experience, with a Special Advisor providing expert leadership and advice.

[The report to the Board in July 2025](#) reported on progress on both overall Health Board building blocks and those specific to the Health Board response to the RCPsych Invited Services Review, as well as commentary provided by the Health Board Special Advisor (and Chair of the Expert Advisory Group).

The Quality Safety and Experience Committee has received regular reports from the Chair of the Expert Advisory Group and the Executive Director of Allied Health Professionals and Health Science throughout the period from July 2024 to January 2026. One of the Committee members has also attended an Expert Advisory Group meeting during the period.

1b. Purpose of this Report

The purpose of this report is to inform a future focus for the continued improvement of Mental Health and Mental Health services by:

1. Providing the Board with a summary of progress against the Royal College of Psychiatrists (RCPsych) Invited Services Review. This report includes;

- Progress against the Health Board Building Blocks/foundations that were outlined in the Health Board response to the RCPsych Invited Services Review (approved in [July 2024](#)).
- Progress against the eighty Improvement Actions that were approved in the Health Board response to the RCPsych Invited Services Review (approved in [July 2024](#)).
- The Expert Advisory Group Chair's Report that accompanies this report.

2. Setting out the strategic approach to enabling further long-lasting improvements to mental health for the people of North Wales, working collectively across the Health Board and with partners. This includes the mechanisms by which the work will be led, including the establishment of the Mental Health Oversight and Development Group. This also includes the contribution of the Royal College of Psychiatrists in providing advice and support on the key areas of future focus.

2. Background

In 2023/24 the Royal College of Psychiatrists was invited to undertake a 'review of reviews', relating to the progress that had been made in improving mental health services over the previous decade. Several key reports had been published in the preceding decade which significantly impacted on the confidence relating to the health boards ability to provide high quality mental health services.

The findings of the Review were shared with families who were still in contact with the Health Board, in discussion with Llais, the Health Board Chair and Chief Executive and Executive Lead for Mental Health helped to identify the approach to improvement that mattered most to them. Whilst disappointed about the level of engagement in the review up to this point, they wanted to see positive progress across mental health, older adults and dementia services now and in the future.

Four key themes and actions came from the meetings with families, Llais and Board members:

1. For the Board to draw on best practice from elsewhere in the UK and internationally and bring this to Wales.
2. For the Board to take some time to consider the independent services review findings rather than move too quickly to an action plan.
3. For people "outside" the board to help provide the Board with advice and over view of how services are being provided and delivered.
4. For the Board to pull out some of the elements of the further work required within the report and progress these as soon as possible.

It was clear that many of the findings relevant to mental health service provision, were applicable across the whole organisation and hence the building blocks of improvement relate to the health board as a whole. Building on these overall building blocks or foundations which support safe and reliable care across all of its services, a specific focus on Mental Health and Learning Disabilities (MHLD) then follows, importantly linking to a much wider range of NHS services including all primary and secondary health services for the population of North Wales. These building block have therefore been underpinned by the eighty Improvement Actions grouped into ten key themes. This is illustrated in Table 1 below and Table 2 below.

Table 1. Overview of Health Board Response to RCPsych Invited Services Review



Table 2. The Ten Thematic Areas

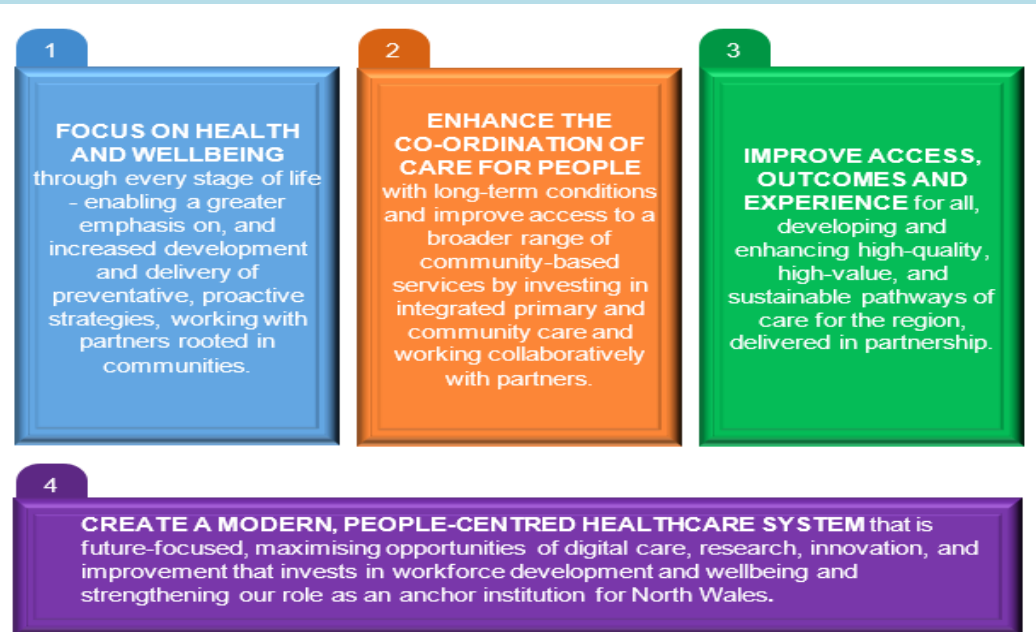
Theme one: Patient and user centred care
Theme two: Legislation and clinical guidelines
Theme three: Governance
Theme four: Staffing
Theme five: Management structure
Theme six: Clinical services organisation
Theme seven: Training and development
Theme eight: Leadership and staff engagement
Theme nine: Resources
Theme ten: Physical environment

3. Progress Against the Organisational Building Blocks

The Board, [in July 2024](#), approved an approach that would take an organisational wide lens to improvements, as well as specific actions within the mental health services division. This update provides a summary of progress across a range of the organisational actions which have been anchored within the Board Integrated Medium-Term Plan (3-year plan). Progress against these organisation building blocks/foundations is provided below in Table 3.

Table 3 – Progress Against the Organisational Building Blocks/Foundations

Health Board Building Block	Update
1. Developing Strategy and Vision of Health Board	The original five strategic objectives evolved from the 2023 Special Measures Outcomes and have served the Health Board well in the absence of a full new 10 year strategy. The Health Board has now mobilised the strategy development programme centred around 3 strategic products; 1) Strategic Intent for North Wales, co-created with Partners 2) Health Board 10-Year Strategy 3) Clinical Services Plan From this work there is now an emerging set of 4 strategic intentions that will replace the 5 strategic objectives. The Health Board will be structuring the Integrated Medium Term Plan (IMTP) around these 4 strategic intentions, once finalised, as they act as a bridge to the new strategic landscape. This is strengthened by the development of a new Strategic Change Group. They are:



2. Operating Model (Foundations for the Future)

A full Foundations for the Future report is also provided at the Board Meeting on 29 January 2026. The report evidences a clear approach to a new Operating Model.

The model aims to better meet the needs of the North Wales population through improving the effectiveness of the organisation. The aspiration is to become an organisation in which every member of the team knows their role, responsibilities, reporting hierarchy and support available and in which we all work collectively and collaboratively for the benefit of the North Wales population. Five workstreams have been established that review strategy, culture, people, structure and processes.

Key highlights delivered up to December 2025.

- The Board received and supported the high-level report on the design phase of the programme.
- A draft core organisational structure was developed from the 30 engagement sessions that were held with key services, partners and stakeholders in Quarter 1 & Quarter 2 of 2025/26.
- Executive Directors have reviewed portfolios and structures, with outcomes informing a Board paper.
- Final Culture Synthesis report presented to Board in November 2025.
- A Values and Behaviours Framework and toolkit approved and launched.
- Draft competency framework matrix created with additional links to external frameworks for enhanced mapping.

3. Introduction of the Quality Management System

The Health Board approved a Quality Management System (QMS) in May 2024 and implementation has been progressing since.

Whilst there is further work to do to fully develop, embed and sustain, key elements are outlined below.

- Development of a digital QMS maturity assessment tool, enabling services to evaluate current position in relation to a functioning QMS and supporting staff in creating targeted improvement plans.

- Establishment of a robust governance structure, including a strategic group with clinical and non-clinical representation, to ensure inclusive oversight and alignment.
- Targeted work to define the role and interaction of accredited services within the QMS maturity assessment.
- Engagement with clinically challenged services to introduce and support with the QMS Maturity Assessment, with services progressing through key components of the assessment.
- Ongoing refinement of digital systems governance and technical architecture to enable and support broader implementation.
- Develop a three-phase communication and engagement plan with phase one focused on introducing the concept of QMS internally as well as agreeing clear definitions for each QMS element. Engagement was focused at service level to provide support and guidance to early implementers.
- Evaluation of progress to date is underway, aimed at capturing key insights and lessons learned to inform the next phase of rollout and development.

As at December 2025, a draft QMS Policy was presented to the Health Board QMS Strategic Group and received positive feedback, with revisions underway for organisational sign-off by December 2025. The QMS Maturity Assessment has been shared with the Executive Medical Director to provide assurance on challenged services. Work has begun on the planning the next stage of maturity for the QMS.

4.New Integrated Concerns Policy

The integrated complaints, concerns and incidents policy is now fully embedded across the organisation and has underpinned improved governance in relation to incident and complaint management, particularly;

- Identifying early actions to be taken to prevent any further harm or incidents to patients.
- Ensuring quick, timely resolutions that are set around SMART (specific, measurable, achievable, relevant and time-bound) principles.
- Triangulation of learning to improve identification of themes and trends to support proactive steps in quality improvement.

The new integrated concerns policy has supported improvements in the complaints position which has been sustained. This has resulted in achieving the Welsh Government target of resolving 75% of complaints within 30 working days consistently since September 2024 and the Health Board has achieved over 80% since September 2025. There are improved response times on average from 58 working days in April 2024 to 18 working days up to and including November 2025. In comparison with other Health Boards of comparative size it reflects the lowest number of overdue complaints.

The Health Board's number of overdue National Reportable Incidents (NRIs) as of the end of November 2025 is 2, reflecting the application of the policy and overarching scrutiny. The average number of working days taken by the Health Board to completion of NRI investigation is 75 which remains the lowest across Wales and well below the All-Wales median of 132 days.

The early identification of learning and associated executive scrutiny has resulted in improved sharing of immediate learning and actions across the Health Board in order to standardise and share best practice. Work is continuing on formalising the dissemination of learning via a learning repository that targets specific areas for relevance. As a consequence of improved complaint and incident management it

	has resulted in improvements across all metrics of the CIVICA patient experience survey. High satisfaction levels were reported with 85.59% of respondents “always” treated with dignity and respect, and 90.75% of respondents reporting they were ‘always’ able to communicate in their preferred language.
5.Strengthening Organisational Development, Culture, Leadership & Engagement	The Health Board has progressed a Culture Change Programme centred on an evidence-based model designed by Professor Michael West. A co-designed Values and Behaviours Framework was approved at the November 2024 Board meeting and is now being implemented, with a toolkit launched in May 2025 providing resources, links, guides and examples of best practice to support teams across the Health Board to live the required behaviours. In relation to the Culture Change Programme, a large cadre (nearing 200) of Culture Change Leaders have been recruited to date. They have been involved in facilitating Board/Senior Leadership Team conversations, facilitating Culture Focus groups and are influencing culture change at a local grassroots level. In relation to leadership development, an Integrated Leadership Development Framework has now commenced. In addition, a “Better Basics for Managers” programme has been introduced with three programmes developed so far. An indicator of leadership and engagement is the NHS Staff Survey with completion rates raising from 17% in 2024 to 25% in 2025. Detailed results will be available in early 2026 for the 2025 NHS staff survey.
6.Progressing Electronic Health Record (Mental Health)	This is a significant development for the Health Board and the MHL Division and aims to transform the care provided to our patients and their families by improving the quality of services they experience and ensuring the highest levels of patient safety. It will also enable our workforce to work both efficiently and effectively with patient information ensuring it is only the click of a button away- this will increase responsiveness and optimise clinically led care, whilst supporting staff to carry out their roles to the very best of their ability. The Tender period for the all age Mental Health and Learning Disabilities Electronic Healthcare Record (EHR) system officially closed on 5th June 2025. Following the closure, all supplier responses were compiled and distributed to the nominated evaluators, drawn from both Betsi Cadwaladr and Cwm Taf Health Boards, ensuring a broad range of expertise and perspectives in the assessment process. Team evaluation sessions were subsequently held between 16th June 2025 and 26th June 2025. These sessions brought together representatives from various clinical, operational, and technical backgrounds across both Health Boards to collaboratively appraise and assess useability and review and score the supplier submissions. The collaborative approach ensures that the chosen solution will meet the diverse needs of patients and services. Supplier demonstrations took place during July 2025, the purpose of which was to ensure that suppliers could validate their written tender responses via demonstrations. Supplier reference site visits followed and provided a useful opportunity to learn from organisations already using the systems. The EHR procurement activity concluded in September 2025. The “Procurement Outcome” report has been drafted, and is currently held by the NHS Wales Shared Services Partnership Procurement team whilst a Procurement Assurance activity is undertaken by the Chief Executives of BCUHB and Cwm Taf

Morgannwg University Health Board. This exercise is due to conclude imminently and will ensure the most robust process has been applied for this important and unprecedented transformation.

Whilst this assurance activity has been underway, preparation activity has continued including the Information and Communication Technology (ICT) device survey and procurement, launch of the digital skills survey to inform the training strategy for staff and ongoing engagement with the teams involved.

7. Service User and Carer Engagement

The MHLD Division has led two significant pieces of work aimed at improving the relationship with patients and citizens through improved engagement, involvement, shared learning and coproduction. These programmes are:

1. Developing a Service User Engagement and Involvement Strategy and
2. Undertaking a scoping and feasibility study to develop a North Wales Recovery College

Both these programmes are nearing conclusion following significant engagement with patients, partners, citizens and our own workforce.

Service User Engagement Strategy Development

Significant work has been undertaken by the Patient Carer Experience Task and Finish Group with seven engagement events across North Wales undertaken with a total 230 people with lived experience attending.

Feedback from these sessions have provided a clear indication on the best approach to engagement, involvement and co-design in a meaningful way, that would support in leading to improved relationships with communities and those individuals who access our services.

Key themes included:

- People want to feel heard, valued and empowered – they want meaningful opportunities to share feedback, ideas and develop solutions together – they want these opportunities to be welcoming and accessible and to know that their contributions are making a difference
- Things work best when they are inclusive, accessible, community based and people centred
- People value safe spaces for open dialogue, strong relationships, true co production, personalised approaches and compassionate delivery
- People wanted improved communication, more collaboration, more inclusive and accessible engagement opportunities, greater support for carers and improvements to engagement.

Recovery College Scoping and Feasibility Study

As Part of the National Recovery College programme, Health Education and Improvement Wales (HEIW) has funded each Health Board in Wales to employ a Lived Experience and Recovery College Lead on a temporary secondment basis to oversee a scoping and feasibility exercise and to make the case for developing a Recovery College within their Health Boards area. The scoping and feasibility exercise also seeks to explore how a recovery college supports the implementation and embedding of a Lived Experience workforce within Mental Health services.

The scoping and feasibility study has confirmed overwhelming support for recovery colleges and for the wider embedding of lived experience roles within Mental Health Services, giving an opportunity to build, in partnership a clear strategic direction for recovery colleges and lived experience roles, and importantly to drive forward the expectations of the new Welsh Government Mental Health and Wellbeing Strategy and in the implementation of the new 'Open Access Mental Health Support Service' model.

The Recovery College engagement events told us:

- There is a clear desire for a different way of learning about mental health,
- People want a trauma informed, non-clinical, wide view of recovery.
- People could connect with the recovery principles of hope, control and opportunity - these ideas spoke to people
- People want local, safe, accessible provision in the language of their choice which reflects place-based needs and issues,
- They want to work with well trained, relatable staff "living lives like us" and by this, they meant many things: people who live in their community - whether that is geographic, cultural or people who are peers because of their experiences.
- People were enthusiastic about the idea of staff with their own lived experience and the possibility of peer support. They want support which is "professional not corporate" and they want opportunities to be supported by people who have had similar experiences and in turn - to give that support back.
- People want a service which doesn't feel like mental health support, that is rooted in community, the expertise which already exists in communities and is collaborative.

The learning from the above programmes of work has allowed the Health Board the opportunity to broaden its thinking on how it might want to strengthen and undertake service user and engagement and how it should incorporate co-production approaches and ensure that lived and living experience is front and centre of mental health service design and delivery. The Welsh Government Mental Health and Wellbeing Strategy Delivery Plan 2025–2028 sets out a clear commitment to embedding co-production and lived experience at every level of mental health service design and delivery. It outlines actions to ensure that people with lived experience are not only consulted but actively involved in shaping policy, services, and evaluation.

8.Embedding the Health Board Risk Management Framework

The Health Board approved the current Risk Management Framework on 27 November 2025, with the continued commitment to ensuring a robust infrastructure to manage risk ensuring an integrated approach, and where risks crystallise, to evidence improvements.

In March 2025, Internal Audit undertook a review of Risk Management and Board Assurance arrangements during 2024/25, which focused on how the Risk Management Framework was being implemented and upheld. A 'reasonable assurance' rating was given to the Board which was an improvement from the two previous years 2022 and 2023 of 'limited assurance' rating.

In July 2024, the Health Board enhanced its governance of risks by establishing a Risk Scrutiny Group. This Group is tasked with closely monitoring and scrutinising

strategic risks, a streamlined route for risk escalation as well as providing assurance on the advancement of operational risk governance arrangements.

The corporate risk management team now produces a governance report outlining the effective risk management arrangements across Divisions, Directorates, and Integrated Health Communities (IHCs), in alignment with the Risk Framework and Risk Management Procedures. Risk management audits evaluate the completeness and accuracy of risk registers, the timeliness of risk reviews and updates, governance and oversight of risk processes, and compliance with risk management training requirements. Risk Maturity Audits as of November 2025 demonstrate 73% of the Divisions, Directorates and IHCs have robust risk arrangements, demonstrating a significant improvement in embedding the Framework.

9. Dementia Activity across the Health Board and partners.

Improvement work continues to drive standards of dementia care across the Health Board to improve patient care. The implementation of the Wales Dementia Hospital Charter is key to this improvement and will now be complemented by a new Regional Delivery Plan for Dementia Care Improvement published in July 2025.

From January 2026, this three-year regional plan requires all partners to:

- Review what exists already
- Identify gaps in provision, areas for growth and improvement,
- Identify opportunities to spread and scale
- Consider resource implications
- Embed, measure and evidence improvement

BCUHB is expected to deliver on six of the eight improvement themes (not Nos. 3 & 7) which include:

1. Access to care and support (training, helpline, community hubs, campaigns)
2. Person-centred care (individualised care plans, experience feedback mechanisms)
3. Support for unpaid carers (scope service provision, respite availability, carer training)
4. Access to services (accessible information, single entry point to memory assessment services)
5. Groups and activities (community engagement, prevention work)
6. Dementia Friendly Communities Scheme (promote uptake, improve physical environments)
7. Community transport
8. Welsh language promotion

In relation to leadership of the improvement work. Previously revised governance arrangements for dementia improvement work are currently being refreshed. Similarly, progress against the Annual Delivery Plan is being reviewed and revisions to delivery timeframes are being considered prior to seeking Board approval. These steps will enable even greater ownership of the improvement work by Integrated Health Communities and Service Divisions. The Health Board has successfully appointed a Mental Health and Learning Disabilities Consultant Nurse for Dementia.

Good progress has been made to secure dementia training funding through a mix of Welsh Government and NHS Charities Together (NHSCT) funding, which will enable a range of staff to receive person-centred care training, Dementia Bus immersive training and dementia-specific diversity training through a variety of

media. NHSCT funding for Dementia Care Mapping training for 20 staff has been received and training is expected to take place before end of March 2026 (dates currently being agreed).

The eighteen-month NHSCT funded Dementia Practice Educator (Deconditioning Prevention) pilot has successfully engaged four care homes in Central, and is being guided by a multi-disciplinary Steering Group and Working Group.

4. Progress Against the Ten Themes of the Royal College of Psychiatrists Report

This section of the report seeks to give the Board an informed assessment of progress made against the ten themes identified in the Health Board response to the RCPsych Invited Services Review, incorporating the eighty Improvement Actions by triangulating the consideration of a Health Board Evidence of Outcomes Group with the considerations of the Expert Advisory Group.

The Health Board Evidence of Outcome Group (EoOG) considered information as part of its work programme, reviewing seventy eight of the eighty improvement actions to date. The EoOG is a group of Health Board colleagues drawn from across the organisation that peer review a submission of evidence from Health Board action owners. This is then reported through to a RCPsych Health Board Action Delivery Group.

4.1 The Expert Advisory Group

The accompanying report provides fuller details of the Expert Advisory Group developed to support assessment of progress against the improvements set out. The Expert Advisory Group (EAG) considered information as part of its work programme that informs sixty-eight of the eighty improvement actions. The EAG was comprised of experts by experience members, (service user and family members) and Health Board subject matter experts, working with an appointed Independent Chair and Vice Chair.

The work of the Expert Advisory Group was informed by a Work Programme that reflected specific areas of interest and as such it was not able to consider all information that related to the eighty improvement actions. Where this was the case the endorsement of the Evidence of Outcomes Group has been used to determine the improvement action status.

4.2 Summary of Progress Against the Improvement Actions

A supporting pack that is provided with the accompanying report from the Chair of the Expert Advisory Group is available that provides greater detail on the EAG review of improvement actions.

Table 4 below highlights a summary of progress against the eighty improvement actions as reviewed by following a Red, Amber, Green (RAG) Rating by the ten thematic areas set out in the introduction to this report.

The improvement actions that are marked as red are listed below and will inform the future priorities of the Mental Health Oversight and Development Group. These are;

- **Theme 2.** Complete consultation and approval of Physical health Strategy in preparedness for implementation.
- **Theme 4.** Recruit dedicated Consultant Psychiatrist for the Hergest Unit.
- **Theme 6.** Desk top audit of Multi-disciplinary (MDT) ward round in line with the Terms of reference to ensure assurance.
- **Theme 9.** Review the demand and capacity arrangements for therapeutic options available to all inpatient units to identify any gaps and agree next steps.
- **Theme 9.** For any identified gaps in therapeutic provision across inpatients units develop a business case where relevant for therapeutic staffing by accessing WG Improvement Funds.
- **Theme 9.** Ensure gaps in therapeutic services are regularly reviewed with a clear escalation procedure if further equipment/facilities are needed to ensure swift resolution.

Table 4 – Summary of Progress against the RCPsych Improvement Actions

Legend Key for Progress Status	
Colour Legend	Category
Green	Effective Progression
Amber	Progressed, but need more support to embed
Red	Requires further focus

Summary against all 80 Improvement Actions			Total 80
Green	Amber	Red	
44	30	6	

Theme 1 – Patient and User Centred Care Progress against Improvement Actions			Total 15
Green	Amber	Red	
8	7	0	
The Evidence of Outcome Group considered all the improvement actions The EAG considered information related to 12 of the 15 improvement actions EAG Chair Summary It is good to see there has been progress with evidence of engagement from all parts of the Health Board. The purpose of the engagement is to hear about experiences to understand what is working well and also to listen and change the things that are not working well for individuals and partner stakeholders. This type of outcome and impact evidence needs to be further developed from evidence of meetings to ensuring themes are identified and there are evidence issues raised have been addressed. Reports on external engagement themes and learning are needed with further evidence of improvement.			

Theme 2 – Legislation and Clinical Guidelines Progress against Improvement Actions			Total 9
Green	Amber	Red	
4	4	1	
The Evidence of Outcome Group considered all the improvement actions The Expert Advisory Group considered information related to 6 of the 9 improvement actions Red Status Complete consultation and approval of Physical health Strategy in preparedness for implementation. EAG Chair Summary EAG members have lived through personal experience where care has been inadequate or poor. They have also experienced good care. When audit results are presented where standards have not been met, it can connect with a painful personal experience for people present. Evidence presented to EAG did not find consistently good standards of care/ clinical effectiveness in teams demonstrated through the audits, presentations and personal experience. This is a focus for the next phase of work. Evidence of learning from incidents, complaints and audits needs to be developed further.			

Theme 3 – Governance Progress against Improvement Actions			Total 14
Green	Amber	Red	
9	5	0	
The Evidence of Outcome Group considered all the improvement actions The Expert Advisory Group considered information related to 11 of the 14 improvement actions EAG Chair Summary From an EAG members perspective, there has been good progress on the approval of the Electronic Patient records business case. There are robust systems for sharing learning, with evidence of early stages of learning being shared with and implemented by teams alongside assurance are aware of how to raise concerns. The internal accreditation system with the Mental Health standards included needs to be re-audited and reported. This is important to EAG members, alongside the use of external accreditation in in-patient wards and Community Mental Health Teams/services.			

Theme 4 – Staffing Progress against Improvement Actions			Total 8
Green	Amber	Red	
5	2	1	
The Evidence of Outcome Group considered all the improvement actions The Expert Advisory Group considered information related to all the improvement actions Red Status Recruit dedicated Consultant Psychiatrist for the Hergest Unit EAG Chair Summary There has been consistent progress in recruiting to essential substantive roles. There has been an improvement to recruitment and retention however this remains an important area to focus			

on. Medical staffing in Hergest Unit needs more attention. The recruitment of a dedicated Consultant Psychiatrist for the Hergest Unit has had attention but has not been realised and as a result cover has been provide through locums.

One of the bigger gaps is the lack of progress in improving Multi-Disciplinary Team (MDT) staffing, including Allied Health Professionals and Psychology. This is covered in more detail in Theme 9 (Resources).

The EAG did not see a long term mental health workforce plan covering all professions in mental health. This may need to include increasing the number of local medical, nursing, Occupational Therapist, other Allied Health professionals, pharmacy and psychology trainees and an investment plan to support nursing associate or registered nurse apprenticeships.

Theme 5 – Management Structure Progress against Improvement Actions

Total 3

Green	Amber	Red
0	3	0

The Evidence of Outcome Group considered all the improvement actions
The Expert Advisory Group considered information related to all of the improvement actions

EAG Chair Summary

Progress has been evidenced in the reduction in the number of interim posts. Reports provided do show interim Psychology and Allied Health Professional input to the Senior Leadership Team. Older persons Mental Health (OPMH) is managed as an integrated service with adult mental health giving an all age approach. OPMH clinical leadership is in place and older persons mental health leaders appear to have a voice to influence management and development.

When the new Health Board Operating Model is in place there needs to be consideration of permanent recruitment for multi-disciplinary team SLT roles (Allied Health Professionals and Psychology Leadership).

Theme 6 – Clinical Services Organisation Progress against Improvement Actions

Total 7

Green	Amber	Red
6	0	1

The Evidence of Outcome Group considered all the improvement actions
The Expert Advisory Group considered information related to 6 out of 7 of the improvement actions

Red Status

- Desk top audit of Multi-disciplinary (MDT) ward round in line with the Terms of reference to ensure assurance.

EAG Chair Summary

Multi-disciplinary team ward round audit shows inconsistency in attendance. Service users highlight being kept waiting without information and sometimes poor organisation of ward rounds.

There is good evidence of implementing the dementia specific actions, including Memory Service National Accreditation Programme (MSNAP) accreditation plan, networks and support group and role clarification and successful bid for applied behaviourists.

More work needs to be done on standardisation of clinical models. The matrix structure of MHLTD Senior Leadership Team appears to support older persons mental health. The Clinical Pathway Group has multi-disciplinary team leadership and meets regularly.

There needs to be continued focus on recruitment and retention for all professions.

**Theme 7 – Training and Development
Progress against Improvement Actions**

Total 4

Green	Amber	Red
2	2	0

The Evidence of Outcome Group considered all the improvement actions
The Expert Advisory Group considered information related to all the improvement actions

EAG Chair Summary:

There was good evidence in the Improvement Action Plan response for training in dementia care, Mental Capacity Act and physical training amongst other areas. Plans to ensure that all relevant staff receive training are needed. The national accreditation of the prevention and management of violence training is best practice and appears to be working well. The work of the EAG received less clarity on training arrangements for temporary staff that could be followed up so it is in line with health board staff.

Recent information received shows there is improving evidence of internal networks. Mental Health Service are also developing external networks which includes Royal College of Psychiatrists Quality Network, North Wales Police Partnership, Joint Forums with Caswell Clinic, NHS Wales Joint Commissioning Committee and Security Lead Forum. Professional networks and mental health networks in Wales and UK wide are also important.

**Theme 8 – Leadership and Staff Engagement
Progress against Improvement Actions**

Total 7

Green	Amber	Red
5	2	0

The Evidence of Outcome Group considered all the improvement actions
The Expert Advisory Group considered information related to 6 of the 7 improvement actions

EAG Chair Summary:

Overall there was evidence of improved engagement with staff but it was not completely consistent throughout the Health Board. Improving staff survey results in Mental Health and the work programme supporting this at a service line level was good to see. The focus should be on ensuring this consistency is consistently applied.

There is more work to do on supportive cultures. Maintaining consistency and compassionate high performing teams in every team with evidence showing staff feel well supported, able to raise concerns and deliver compassionate care. The experience of service users and families gave first hand insight into this.

**Theme 9 – Resources
Progress against Improvement Actions**

Total 5

Green	Amber	Red
1	1	3

The Evidence of Outcome Group considered 5 of the 7 improvement actions as they were not advanced enough to consider

The Expert Advisory Group considered information related to all of the improvement actions

Red Status

- Review the demand and capacity arrangements for therapeutic options available to all inpatient units to identify any gaps and agree next steps.
- For any identified gaps in therapeutic provision across inpatients units develop a business case where relevant for therapeutic staffing by accessing WG Improvement Funds.
- Ensure gaps in therapeutic services are regularly reviewed with a clear escalation procedure if further equipment/facilities are needed to ensure swift resolution.

EAG Chair Summary:

Multi-disciplinary staffing in all mental health teams and access to evidenced-based therapies including psychological therapies remains a significant gap. This needs to consider the capacity and capability of Pharmacy. Ensuring safety critical procedures relating to estates and that equipment works well need to be addressed. The new Mental Health Oversight and Development Group and the Health Board will take this forward more generally when this model has been implemented..

Theme 10 – Physical Environment Progress against Improvement Actions

Total 8

Green

Amber

Red

5

3

0

The Evidence of Outcome Group considered all the improvement actions

The Expert Advisory Group considered information related to 7 out of the 8 improvement actions

EAG Chair Summary:

There is good evidence of the costed plan to reduce the ligatures and improve safety. It was also noted that there has been significant progress made in the last 12 months on plans to improve the physical environment. In the EAG meeting there was evidence of good collaborative working between the MHL D service, Health and Safety and Estates teams and well-developed costed plans for ligature works are in place.

The members of the Group feel very strongly about the development of the Ablett Unit which families whole heartedly support and current services users really highlight how important it is to improve comfort and the outside environment of Health Board facilities.

One service user has experienced frustration with making suggestions to improve comfort and dignity in the Physical Environment and that requires further focus.

The position reported above illustrated the need to ensure that those improvements that have progressed (and require more support to embed), and those that require more focus are overseen and developed are received and considered by the Mental Health Oversight and Development Group.

5. Moving Forward: A Clear Approach to Further Improving Mental Health and Mental Health Services

The Health Board will utilise the work undertaken with the RCPsych Invited Services Review alongside, the Health Board's development of the nine organisational building

blocks, the consideration of the Expert Advisory Group and the Royal College of Psychiatrists input to focus on the future priorities that will continue to improve and transform Mental Health services.

A Mental Health Oversight and Development Group, chaired by the Chief Executive has been established. The Group takes a strategic and whole Health Board focus to transforming and improving Mental Health services in North Wales. It will do this by focussing on the oversight and supporting development of a number of identified priorities. A number of those identified priorities relate to the considerations raised during the RCPsych Invited Services Review.

There are a number of significant priorities in this regard, including the development of an effective Mental Health strategic plan and service model, reflecting the work being undertaken on the wider Health Board's Operating Model (Foundations for the Future) and the development of an Outcomes Framework that enables the Health Board to establish whether the improvements outlined in this report are embedded and sustained in the work of the Health Board.

The Quality, Safety and Experience Committee received a report on the development of a Mental Health Outcomes Framework on 6 November 2025 and the importance of this was further informed by the Special Advisor at the Quality Safety and Experience Committee on 15 January 2026.

The development of an effective Outcomes Framework is an important tool to ensure that the improvements already made and the future areas of focus. Initial feedback from EAG members stresses the importance of "Qualitative Feedback" that highlights the patient/public experience and to focus on three key themes;

- Public and Patients (including safe and compassionate care)
- Workforce
- Services

There has been progress in developing the Framework and associated Dashboard. The Mental Health Oversight and Development Group has prioritised a staged approach and has directed that a more refined group complete the Framework and Dashboard with wide engagement. Initial discussions have taken place with community groups since the Quality Safety and Experience Committee on 6 November 2025 and this will be further progressed.

The Mental Health Oversight and Development Group is overseeing this work as one of its priorities and has identified a date of July 2026 to commence deployment. Table 5 provides a summary of the priorities in scope of the Mental Health Oversight and Development Group.

Further discussion has been held with the Royal College of Psychiatrists to help inform the focus and work programme for the new Mental Health Oversight and Development Group and its work programme, continuing to draw on best practice in the UK and internationally.

Table 5 – Summary of Priorities

Priorities in scope of the Mental Health Oversight and Development Group
• Effective Mental Health strategic plan and service model that has a whole Health Board consideration and alignment with national legislation and requirements. • A co-designed and created Outcomes Framework that reflects the strategy and objectives of the whole Health Board. • An effective approach for patient and carer involvement to inform service design, improvement and feedback on current service provision. • An effective estates and physical environment plan that also encompasses a focus on preventing and monitoring ligature risks and reflects key Health Board programmes. • A focussed plan to continually improve standards of clinical practice against national standards and aligning with the Health Board's Quality Management System approach. • An effective leadership and management model and approach that strengthens current arrangements and encourages succession planning. • A strategic plan for workforce that enables the provision of high-quality services in a future service model. • Development of the plan to continuously develop culture within Mental Health services, informed by the whole Health Board approach and provides targeted and specialist support. • Visibility of Mental Health services performance, including the development and reporting of service indicators and performance against Welsh Government requirements. • The continued focus on matters raised by legacy reviews to inform the continued improvement and strategy of Mental Health services, including implementation of recommendations. • Addressing matters of financial significance to Mental Health services by the identification of core issues and plans to address them. • Oversight of progress of key Health Board programmes that impact on Mental Health services, including the Mental Health Electronic Health Record and Ablett Unit development. • Ensuring the effective interplay of Mental Health services with other Health Board services, including Psychological Therapies and Childrens services.

6.Summary

This report emphasises the importance of a whole Health Board approach to the continued improvement to Mental Health and mental Health services. This report, and the accompanying report from the Chair of the Expert Advisory Group provide an important

progress overview against the nine Health Board building blocks/foundations, with significant progress noted.

The report also illustrates progress against the RCPsych Improvement Plan that was approved by the Board in July 2024. Some improvements are at early stages of improvement and need longer for the full benefit to take effect. There are also a smaller number of gaps which need more work and attention. These priorities will be overseen and developed through the Mental Health Oversight and Development Group, Chaired by the Chief Executive and supported by the development of an Outcomes Framework.

The engagement with the Royal College of Psychiatrists continues to provide input to help inform the future focus of efforts.

The report of the Chair of the Expert Advisory Group, provides a most valuable and detailed analysis of the assessment of progress from service users and families and this provides insight and further areas that our stakeholders wish the Health Board to focus on, gained by their expertise in experience. The Health Board is extremely grateful for this work and the Chair of the EAG report sets this out more directly. Colleagues in the Health Board recognise and greatly appreciate the significant investment of time and personal engagement from EAG members and from Llais. The report acknowledges that there has also been a significant emotional investment from members of the EAG and Llais in supporting this work and an offer to support EAG members will continue after this report has been provided to the Board.

The Quality Safety and Experience Committee has requested that a case study be undertaken that evaluates the experience of working with an Expert Advisory Group. This will be undertaken and will be reported through to the Quality Safety and Experience Committee.

The recommendations presented to the Board reflect the need to embed and sustain improvements that have been made whilst recognising there is further focus needed to continue to improve Mental Health Services. The recommendations and considerations from this report, and the report from the EAG Chairs Report will also be received and considered by the Mental Health Oversight and Development Group.

7.Recommendations

The Board is asked to:

- **Note and consider** the progress against the Health Board building blocks/foundations and Improvement Actions
- **Note and consider** the accompanying report from the Chair of the Expert Advisory Group Report.
- **Remit** 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.
- **Support** the proposal to produce a regular report from the Mental Health Oversight and Development Group to the Quality Safety and Experience Committee.
- **Note and support** the production of a case study of progressing the response to the RCPsych Invited Services alongside an Expert Advisory Group.

The members of the Health Board, including members of the Quality Safety and Experience Committee would like to express particular gratitude to the members of the Group who are either family members of patients, or are current service users and Llais who have supported members with this work.

It is acknowledged that involvement and engagement with this Group will at times have been challenging due to the sensitive nature of the Group's business. Despite this, there has been an unwavering commitment to improve Health Board services and the population of North Wales will benefit from this.

Health Board

Accompanying Report

Report from Chair of Expert Advisory Group

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Ros Alstead, Special Advisor to the Health Board and Chair of the Expert Advisory Group.
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Teresa Owen Executive Director of Allied Health Professionals and Health Science
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary

The purpose of this report is to:

- Provide the Board with an independent view on the progress made towards the Health Board's response to the RCPsych Invited Services Review that was approved by the Board in July 2024.
- Provide the Board with an independent view of key areas for future focus in Mental Health and Learning Disability Services, informed by the Health Board's response to the RCPsych Invited Services Review.
- Provide the Board with an independent view of lessons learned, related to the approach taken with the response to the RCPsych Invited Services Review.

In summary, there has been significant progress in many, but not all areas, some are at early stages of improvement and need longer for the full benefit to take effect. There are a smaller number of gaps which need more work and attention. This will be achieved through the new Mental Health Oversight and Development Group, Chaired

by the Chief Executive and supported by the development of an Outcomes Framework.

The [Quality Safety and Experience Committee has noted and received reports](#) and feedback from the Expert Advisory Group Chair since the approval of the Health Board's response to the RCPsych Invited Services Review in July 2024.

This report was received at the Quality Safety and Experience Committee on 15 January 2026 where the recommendations below were considered. Feedback was also received from Llais in that meeting. The Quality Safety and Experience Committee requested that future reports from the Mental Health Oversight and Development Group are reported on a regular basis to the Quality Safety and Experience Committee.

The Board is asked to:

- **Note and consider** the report, and:
- **Remit** the Mental Health Oversight and Development Group to consider and progress the key considerations outlined in this report.
- **Continue to support** the development of an Outcomes Framework to support the work of the Mental Health Oversight and Development Group.

List of Addition Information:

Appendix 1 – Expert Advisory Group Detailed Considerations

Supporting Pack - This accompanying report also contains reference to a supporting pack that provides an update on the EAG consideration of Improvement Actions as at 31 December 2025.

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
AHP	Allied Health Professionals
AIMS	Accreditation for Inpatient Mental Health Services
AMH	Adults Mental Health
EAG	Expert Advisory Group
CIVICA	The Health Board complaints and feedback management software
CMHT	Community Mental Health Teams
DoLs	Deprivation of Liberty Safeguards
EPR	Electronic Patient Record
GDPR	General Data Protection Regulations
MAPPa	Multi-agency Public Protection Arrangements
MDT	Multi-Disciplinary Team
MHLD	Mental Health and Learning Disabilities
MSNAP	Memory Service National Accreditation Programme
NCCU	National Collaborative Commissioning Update
NICE	National Institute for Health and Care Excellence
NRI	National reportable Incident
OPMH	Older Persons Mental Health
PICU	Psychiatric Intensive Care Unit
QSE Committee	Quality Safety and Experience Committee
RCPsych	Royal College of Psychiatrists
SLT	Senior Leadership Team (Mental Health and Learning Disabilities)

Accompanying Report

Mental Health Update Report from Chair of the Expert Advisory Group

1.Introduction

The objective of this report is to:

- Provide the Board with an independent view on the progress made towards the Health Board's response to the RCPsych Invited Services Review that was approved by the [Board in July 2024](#).
- Provide the Board with an independent view of key areas for future focus in Mental Health and Learning Disability Services, informed by the Health Board's response to the RCPsych Invited Services Review.
- Provide the Board with an independent view of lessons learned relating to the approach taken with the response to the RCPsych Invited Services Review.

The report will set out the role of an Expert Advisory Group in supporting the assessment made of Health Board progress against the RCPsych Invited Services Review and highlight the key findings from the Group aligned to the ten thematic groups that are set out below, alongside key areas for future focus. It will also highlight related matters raised the members of the Expert Advisory Group that are related to the provision of Mental Health services in North Wales. Finally, it will summarise the lessons learned from working with an Expert Advisory Group and provide recommendations for the Health Board to consider.

This report was received at the Quality Safety and Experience Committee on 15 January 2026 where the recommendations below were considered. Feedback was also received from Llais in that meeting. The Quality Safety and Experience Committee requested that future reports from the Mental Health Oversight and Development Group are reported on a regular basis to the Quality Safety and Experience Committee.

The Role of the Special Advisor

The role of the Special Advisor was to Chair an Expert Advisory Group (EAG) and report on the assessment and/or review of those improvements made by members of the Group. Whilst improvement actions have in many cases progressed, the value of the EAG was to test how the evidence reported, fits with people's experiences of services now and in the past.

Listening to service users and families' priorities through the meetings highlighted some of the same areas for improvement as those detailed in the action plan. However, other areas came up as urgent priorities for individuals through the sequence of meetings and from their personal experience. The impact and outcomes of these improvements needs to be further understood. This report is informed by those experiences and the work of the EAG.

Summary of Findings

Over the past twelve months there has been significant purposeful activity and endeavour towards implementing the 80 improvement actions. The accompanying report from the Evidence of Outcomes Group provides the Health Board with detailed assurance about completion and progression of these actions over the 12-month period.

The draft report was circulated to members of the Quality, Safety and Experience Committee and subsequently to EAG members on the 2 January 2026, through secure email or recorded delivery. Timing of receipt, took account of individuals personal wellbeing. Comments and feedback have been valuable. Some minor amendments have been made since then.

The EAG contribution provides the memory, personal experience, review and reality check counter-balance. It is important to note, implementing the actions in their own right does not necessarily mean that care or experience has improved for a service user or family unless it is measured, ideally at local level. Mental health and Health Board teams have taken positive steps towards developing a more “real time” and output/outcome approach.

This ultimately provides the Health Board with the continuous assurance it needs about progress and spotting problems early, and supported by other sources of triangulation, becomes less reliant on reassurance from senior managers and action plans.

With this in mind, recommendations from the EAG focus on the areas where attention to improvement is likely to have the greatest impact, improving and sustaining good care and experience, and creating a compassionate consistently high performing culture.

Service user and family involvement in this process has led to a refocussing of attention on areas already known about, hearing the impact of individuals experience has been important for everybody involved. We are grateful to everyone who generously participated to improve care now and in the future.

Families have become the living memory of this work, steeped in the detail. Current service users provided a different reality check, our dialogue highlighted different areas which need attention to improve care now. There has been value and purpose in the co-production which has highlighted different diverse perspectives. The EAG Chair set out to hear individual's experiences and guide the process to review many of the improvement actions and use co-production to assemble and curate the findings.

The Group felt there was more work to do on supportive cultures. Maintaining consistently and compassionate high performing teams in every team with evidence showing staff feel well supported, able to raise concerns and compassionate care is experienced by service users and families.

Evidence received showed full Multi-disciplinary team (MDT) leadership in the Older Persons Mental Health clinical pathway and evidence of quality issues and developments being discussed in the regular clinical pathway meetings. Together with the integrated Mental Health leaders, their role is to assure quality in every team and lead innovation and quality improvement. Integrated structures are common models in mental health services in the UK, and can work providing that the Older Persons Mental Health voice is heard and action taken to address any issues and concerns. The new Nurse Consultant for OPMH is a welcome addition to the senior OPMH Leadership Team.

The Group felt that a long-term workforce plan focussed on mental health is needed (if not in place) with consideration of new roles such as Nursing Associates, psychological therapies, Allied Health Professional practitioners and peer support workers.

In summary, there has been significant progress in many, but not all areas, some are at early stages of improvement and need longer for the full benefit to take effect. There are a smaller number of gaps which need more work and attention. This will be achieved through the new Mental Health Oversight and Development Group, initially Chaired by the Chief Executive and supported by the development of an Outcomes Framework.

2. Background

In 2023 the Welsh Government asked the Royal College of Psychiatrists (RCPsych) to undertake an invited review. The RCPsych looked at how the Health Board implemented findings from four previous external reports highlighting care failings, unexpected harm and deaths.

The four reports documented closed and uncaring cultures and substandard /harmful care in Tawel fan ward in the Ablett Unit (for older adults) and Hergest Unit in adult mental health inpatient services. RCPsych were asked to examine the extent to which actions put in place following these reports have been maintained and integrated into “business as usual” practices. The scope of the RCPsych review covered the recommendations made in the following reports. Ockenden 1(2014), Ockenden 2 (2018), HASCAS (2018), Holden (2013, and the scope also included a small number of recent unexpected inpatient deaths in mental health wards which had led to Prevention of Future Deaths notices being issued and Notice of Contravention from the Health and Safety Executive.

The Invited services review Report was considered at the [Health Board in May 2024](#). The publication provided an opportunity for the Board to offer a further public apology to that of previous Boards regarding the poor care that was provided in the past, and for the experience of those who were raising the concerns. The Board’s response highlighted that the NHS in North Wales, and specifically the Health Board, let down patients and their families at a time when they were at their most vulnerable. The events that have been subject to fundamental and important review, must continue to be a matter of significant regret and essentially the reason to drive forward improvements. The Health Board members reaffirmed their commitment to providing the best possible health and care service to people who have dementia specifically, as well as people in need of wider mental health services.

The report provided by the Royal College of Psychiatrists (RCPsych) offered an important point of consideration about further action that was required. The RCPsych review team grouped their findings into ten themes hoping this would be helpful to the Health Board in setting priorities for service development and quality improvement.

Families who were still in contact, together with Llais met with the Health Board Chair and Chief Executive and Executive Lead for Mental Health. Family and Llais representatives highlighted the importance of completing the outstanding actions. Whilst disappointed about the level of engagement in the review up to this point, they wanted to see positive progress across mental health, older adults and dementia services now and in the future.

A further meeting was held with families and Llais on 17 July 2024. Health Board colleagues shared their outline approach to the response. Families again emphasised the need for a focus on patient centred care, sustainable actions, with clear evidence gathered through a transparent process. During the discussion the board members present restated their commitment to strengthen the work with patients and carers and families (past and present), and to work collaboratively as the work on the response progresses.

The [Health Board Report on the 25 July 2024](#) described the approach the Health Board proposed for developing the response plan to the RCPsych Invited Services Review report and actions, and this response plan was approved by the Board. The first approach was to build on the overall Health Board building blocks or foundations which support safe and reliable care across all of its services. Mental Health and Learning Disabilities (MHLDD) is one Service, within a much wider range of NHS services including all primary and secondary health services for the population of North Wales.

This was underpinned by the eighty Improvement Actions that were set out in ten key themes. An illustration of this was provided in the main report to Board. A report was made on progress to the [Health Board on 31 July 2025](#). Reports have also been made to all [Quality Safety and Experience Committee meetings](#) since August 2024.

3.The Expert Advisory Group (EAG)

This independent group was set up to work alongside a Health Board Group working on and reviewing the evidence to support the improvement actions. The Group reported to the Quality Safety and Experience Committee.

The EAG was comprised of experts by experience members, (service user and family members) and Health Board subject matter experts, working with an appointed Independent Chair and Vice Chair.

Independent EAG members had the opportunity to look at the information being generated and used by the Health Board in an open and transparent way. Providing an opportunity to comment on progress being made to implement the eighty improvement actions from the Health Board response to the RCPsych Invited Services Review. The members of the Group and their roles are summarised below in Table 2. The Special Advisor and the Health Board are grateful to everyone for the input time and commitment they offered.

Table 2 – Roles in the EAG

Roles in the EAG	Key Information
EAG Chair (Independent) (Ros Alstead)	The Special Advisor to the Health Board also took on the role of independent EAG Chair. Ros Alstead has extensive clinical and leadership/executive expertise largely in English NHS Foundation Trusts, spanning forty years. In 2022/23 Ros also worked for 9 months as an Independent Advisor for the Welsh Government alongside other Independent Advisors supporting the onset of special measures. One RCPsych recommendation highlighted the importance of external expertise,

	bringing in different experiences and perspectives on good/excellent mental health care which Ros aimed to bring with her. The EAG Chair/ Special Advisor had three objectives to: 1. Chair the EAG 2. Advise and support the Board. 3. Advise and support Health Board teams and services to implement the Health Board's response to the RCPsych Invited Services Review.
EAG Vice Chair (Independent) Regional Director - Llais	The Regional Director for Llais, Geoff Ryall-Harvey was appointed by the Board as Vice-Chair of the EAG. He is very experienced in this matter and has provided longstanding support alongside the families throughout the fourteen-year period. Llais, especially the Regional Director and his senior team have continued to be in regular touch with family members throughout this time. The EAG Chair and Health Board colleagues greatly value the ability of Llais to offer their experience of working in mental health and with the Health Board over the years, including supporting current service users and family members from Tawel Fan and Holden and other Enquiries and reports. The Regional Director, with other Llais team members enabled members to have the fullest opportunity to comment on the evidence supporting the action plan, share their experience and help Health Board colleagues understand the impact of the original failings in care, and also the struggle they had to be heard. This role was just as crucial with current service users offering their experience in real time.
Llais Member (Independent)	The Regional Operations Manager, Geoff Ryall-Harvey for Llais also joined the EAG and attended the majority of meetings. Other Llais colleagues attended as required, including Sue Irlam, Regional Operations Manager for Llais.
Family members with expert experience (Independent)	The Vice-Chair initially contacted individuals to see who would be interested in joining the EAG. Initially three Tawel Fan family members and a Holden family member indicated an interest in involvement. The two family members from Tawel Fan did not wish to be named in this report. The Holden family member was David Graves (who gave his consent to be named). Another family member of a Tawel Fan patient wanted to be involved in understanding progress but not take part of the group meetings. One family who had been involved over the years decided not to be involved this time, they remain interested in the outcome.

Experts with living experience (Independent)	The Vice-Chair also recommended two current service users who have previous experience of engagement and involvement activities, and work as Llais volunteers. Both had expressed an interest to be involved. The two members (who gave consent to be named) were called Carina Edwards and Chris Eastwood. Although the Invited Services review was historical, it needed to resonate with what is happening today for people with living experience and their families.
Health Board Members (Subject matter experts)	The support and assistance of some consistent Health Board members was vital to provide subject matter expertise input and a Health Board perspective. Executive Team members nominated and supported the involvement. This was a balance about needing clinical and subject, operational knowledge and expertise in the group, whilst not being too involved overall to lose objectivity. These members were also able to pick up any urgent issues which arose in group meetings. Consultant Nurse for Dementia – Corporate Nursing, Tracey Williamson for the Health Board joined the group in mid-January 2025 reflecting the need for further improvement in older persons and dementia care across the Health Board. Tracey was representing Angela Wood, Executive Director of Nursing and Midwifery as well as being there as a subject expert. Head of Patient Experience, Leon Marsh brought the Health Board patient experience perspective leading on the complaints process, he is a member of the Executive Directors of Nursing and Midwifery’s senior team. Director of MHLD, Iain Wilkie also joined the group in early 2025. This was important as it was important for a senior manager in mental health services to have an overview of what was being done. Other Senior Operational Managers deputised for the Director of MHLD when he was not available. Associate Director of Governance, Phil Meakin led the Project team offering expertise in Health Board governance. He led the response to the RCPsych report and the engine room generating the evidence and governance process supporting it. There was a request from an EAG member for two Health Board people who had previously supported them well through previous enquiries, and felt trusted, to join the EAG. This was explored with Executive Team members. One of these colleagues was not available with other commitments and working part time. One of the MHLD Senior Managers who worked in specialised services in

mental health was also a person who had supported the families previously. It was helpful that they were able to join a number of meetings.

3.1.The Expert Advisory Group (EAG) Improvement Aims

All EAG members are participating because they want to see sustained improvement in all areas where this has been elusive to date.

It is important to note the scope of the EAG. It was a working sub-group of the Quality Safety and Experience Committee. The EAG was not an entity or inquiry in its own right with the wealth of support former Mental Health Board reviews have had. The EAG remit was to review the actions and supporting evidence which had already been shared with Health Board governance groups, to add an independent lived experience and perspective, and crucially help identify areas which need more support to improve. The EAG's work is to help inform the board on progress that has been made and whether this resonates with service users and families' experiences. It was agreed any issues and concerns about care and progress identified during the review process would be picked up and reported to leaders and also to Quality Safety and Experience Committee and Board.

Families expressed a view at the outset that it has taken 14 years to be in this position so it will not be improved over night, and better to take time to do the right things than rush and be falsely assured once again. The eighty improvement actions and organisational building blocks set out improvements which help to demonstrate progress against the ten outcomes aligned with the themes.

Using the improvement action plan approach, many actions in the plan are input focussed, and do not (in themselves) demonstrate measure impact and/or improvement in care. The ultimate aim is to demonstrate sustained improvement, which requires investment in quality improvement methodology and measurement. This was the rationale for the developing of a mental health outcomes framework (which is now in draft form).

The Health Board has a finite resource overall and ensuring it can focus the majority of its resources on improvement rather than review is desirable. Against an adverse and negative background, it was also important for the EAG approach to be realistic, highlighting where improvement is needed, whilst providing encouragement hope and praise where that is due.

The Terms of Reference for the Group was approved by the Quality Safety and Experience Committee. The table below illustrates the approach taken to establish the Group.

Table 3 – Three Stages of EAG Development



An initial EAG Workplan was developed and this is set out in Table 4 below. The workplan had to be adjusted throughout the work of the EAG. It should be noted that one of the members of the Group was clear that they wished to examine the impact of the Mental Health Measure on patient experience. This was not formally placed in the work programme but significant consideration and learning from the personal insight of the EAG members was considered and has been reflected in this report. Indeed, as the work programme progressed this became a matter of concern for an additional group member as well.

Table 4 – Initial EAG Workplan.

Planned Meetings	Planned Content		
Individual and Group Meetings leading up to the EAG Work Programme	Four rounds of early engagement meetings and used to inform a work programme		
28 March 2025 Bryn u Neuadd	Training and Development/Staff Wellbeing	Workforce, including recruitment and retention	Collaborative Working
11 April 2025 Llais, Bangor and Teams	Ways of working	Areas of interest EAG members	
16 May 2025 Llais Bangor and Teams	Legislation and clinical practice	Ways of working	
29 May 2025 Llais Bangor and Teams	Clinical practice/staffing	Dementia presentation	
5 June 2025 Llais Bangor and Teams	Patient experience, including complaints	Patient involvement	
27 June 2025 Llais, Bangor and Teams	Clinical services organisation	Management structure, including	Serious incidents, mortality review and

		leadership and resources	reducing restrictive practice
3 July 2025 Llais, Bangor and Teams	Clinical services organisation	Management structure, including leadership and resources	Governance, ward accreditation
16 July 2025 Llais, Bangor and Teams	Clinical services organisation	Management structure, including leadership and resources	Physical Health
15 August 2025 Llais Bangor and Teams	Physical Environment (inc Ligatures)	Patient Records and Data	
21 August 2025 Llais Bangor and Teams	Clinical services organisation	Management structure, including leadership and resources	Sustainability, including DRAFT approach to Outcomes Framework
Individual Meetings with current Group Members after the EAG Work Programme	Opportunity to highlight key areas of focus from the Work Programme and other matters relate to Mental Health provision and from the original RCPsych Invited Services Review report.		

Consultation and development of the EAG work programme resulted in four rounds of individual meetings. This gave the opportunity to hear about individual priorities and concerns, providing input to shape the content and format of the meetings so as not to overwhelm people. This needed refining and reiteration through the one to one meetings.

3.2.The EAG Considerations - Summary

This section highlights the wide ranging considerations that took place during the set up and throughout the EAG work programme.

1. Twelve month timeframe to demonstrate improvement. It takes time to improve areas which been challenged for so long.
2. The evidence shared through the work programme would have a “reality check” through visits organised by Llais together with other sources of evidence Health Improvement Wales (HIW) reports and individual personal experience real time vignettes.
3. The need for “real time measurement” including quality and performance measures and taking part in the developing outcome framework. It was important to consider what is care like in every team today? This type of framework alongside others, gives continuous assurance that an action plan does not provide.
4. Report progress bi-monthly to the Quality Safety and Experience Committee and bi-annually to Board. Picking up urgent issues to be managed immediately by managers as they occurred.
5. The Chair, Vice-Chair and Project team supported group members to be able to participate in a way to suit individuals in person in a group or virtual or through individual meetings.
6. Individual emotional support was offered to all expert members throughout the year. It was recognised re-visiting personal experiences which had been very

distressing, or looking at poor performance data may need additional support separate to the meetings.

7. It was recognised the EAG role in achieving a consensus view may not always possible with the range of perspectives within the group.

3.3.The EAG Considerations – Twelve Month Time Frame

The EAG Chair agreed the time frame of 12 months was appropriate and proportionate to the task to be able to understand more about what progress has been made to meet the eighty improvement actions. Some members felt that more time was needed.

Members have been supported with information outside of meetings, with opportunities to meet with leaders to discuss current and historical issues and concerns separately. The series of meetings informed by papers and presentations enabled the EAG members to look at a wealth of information and feedback views and to inform Health Board on what has been done and areas of longer-term work to focus on in the next phase. Extending the timescale, may flag up issues in more depth, however it is more important to refocus efforts on the areas which are more difficult to improve and less progress has been made.

3.4.The EAG Considerations – Managing Competing Expectations

Families are, amongst a small number of people with a few Health Board colleagues who have been through the whole experience of the last fourteen years. To an extent they have become the voice of continuity and the conscience and memory of what happened to their relatives, and they're at times adverse experiences with former leaders.

All family members and service users wanted to participate and continue efforts to ensure that services have improved in a sustainable way for the long term. They have been through too many false dawns and disappointments over the years, assured quality of care had improved when this could not be evidenced in the RCPsych report. Many members are steeped in the detailed history and familiar with the original intentions arising from the four reviews and reports recommendations.

Health Board focus for this work has been on what difference the recommendation are making to patients and family today and in the future. The addition of two current Service Users as members has helped bring this perspective to life, sharing their experiences with the group. A number of important issues about care today arose and are highlighted in this report.

Differing perspectives about the focus for the RCPsych work have been evident. Listening to different perspectives, including hearing about what areas of concern which members feel have not been addressed to date, and some go back fourteen years. To ensure these concerns have been captured, a list of issues which relate to past events has been compiled and is shown in Section 4 of the report. It will need to be reviewed to ascertain where there is sufficient evidence that the issue was looked at the time, or whether the issue has an impact on care or reputation now and needs to be looked at in more detail. The EAG remit by necessity had to focus on the RCPsych action plan information, guided by its Terms of Reference approved in December 2024.

The detailed document in the support papers gives a summary of the evidence review undertaken within the EAG.

4.Summary of Key Findings From Reviewing The Work Programme

A great deal of evidence has been reviewed under the EAG Work Programme. The work has been well supported by all Health Board teams. As a panel we were grateful for support from all presenters who spent time doing bespoke presentations on work programme matters. The detailed presentations enabled discussion and questions and the opportunity to meet staff working in the Health Board. This was a very positive part of the process and thanks to all involved for what they did to support the EAG.

The table below highlights a summary of progress against the Improvement Actions in the Health Board Response to the RCPsych Invited Services Review. A thematic description is provided below that reflects the findings from the Expert Advisory Group through a Chair's summary. The detailed findings are attached in a supporting pack that reflects a status update as at 31 December 2025. There are other insights from EAG Group members that is reflected in Section 4.3.

Table 5 – EAG Chair's Summary

Theme 1 – Patient and User Centred Care RCPsych Report Outcome: improved older adult and dementia care through a skilled workforce , improved communication, engagement and partnership working both strategically and operationally with services users, families' carers and wider stakeholders.		
EAG Chair Summary It is good to see there has been progress with evidence of engagement from all parts of the Health Board. The purpose of the engagement is to hear about experiences to understand what is working well and also to listen and change the things that are not working well for individuals and partner stakeholders. This type of outcome and impact evidence needs to be further developed from evidence of meetings to ensuring themes are identified and there are evidence issues raised have been addressed. Reports on external engagement themes and learning are needed with evidence of improvement.		
Effective Progression	Progressed Requires More Support to embed	Requires further focus
▪ Appointment of Nurse Consultant for Dementia	▪ Dementia finding the light training has taken place but more support required to capture compliance on Electronic Service Record or similar system	▪ Deprivation of Liberty Safeguards (DOLs) application audit
▪ Effective partnership working strategically and operationally including: ▪ Engagement with Llais	▪ CIVICA – Real time patient experience information at team level is available and needs to be fully deployed and to take	▪ EAG members reported variation in people using the wider Health Board dementia service

Operational service user engagement in wards and teams	account of those less able to verbally communicate	
Progression of the Electronic Health Record Business Case and procurement	Measures needed to demonstrate continuity of care until full implementation of Electronic Health Record occurs Development of "Health Passports" is good practice for those with dementia and learning disabilities.	Co-production and engagement activity is in its early stages with service users and needs to be developed to focus on reporting what needs to be improved and demonstrating that this has been done
	Strategic partnership engagement and strategic Service User/Carer engagement	
	The Recovery college will be an important opportunity for involvement	

Theme 2 – Legislation and Clinical Guidelines

RCPsych Report Outcome: to find a better process for sharing and embedding learning from incidents and audit activity which informs training, clinical practice, and appropriate action to reduce incidents.

EAG Chair Summary

EAG members have lived through personal experience where care has been inadequate or poor. They have also experienced good care. When audit results are presented where standards have not been met, it can connect with a painful personal experience for people present.

Evidence presented to EAG did not find consistently good standards of care/ clinical effectiveness in teams demonstrated through the audits, presentations and personal experience. This is a focus for the next phase of work.

Evidence of learning from incidents, complaints and audits needs to be developed further.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus
Developing a physical health strategy and policy (not implementation)	Implementation of Physical Health Strategy	Inconsistent standards and variation shown in a number of audits, including the multi-disciplinary team audits and ward organisation needs improvement.
Antipsychotic Audit findings show encouraging take up of recommendations and impact on patients.	Falls Audits introduced and recommendations progressed including development of Falls Champions and Falls Bulletins. Now needs to demonstrate it is more consistently applied with information available by team/ward.	All aspects of the Mental Health Measure were not explicitly reflected in the RCPsych Invited Services Review Report. The service users experience of not having clear care coordinators and/or care treatment plans and

		physical health plans is important feedback. Recommended that an improvement plan needs to be overseen by the Health Board.
	Embedding learning using the Learning Organisation Framework. There was evidence to see that it was Operating in MHL. Good to see and could be continued and refined further.	An EAG member reported Inconsistent standards in Psychiatric Intensive Care Unit and Adult Mental Health wards through experience. This also included inconsistency in the implementation of important policies

Theme 3 – Governance

RCPsych Report Outcome: For our patients to receive seamless care co-ordination through a fit for purpose, fully adopted Electronic Patient Record System in addition to an effective Mental Health and Learning Disabilities Governance Framework from ward to board.

EAG Chair Summary

From an EAG members perspective, there has been good progress on the approval of the Electronic Patient records business case. There are robust systems for sharing learning, with evidence of early stages of learning being shared with and implemented by teams alongside assurance are aware of how to raise concerns.

The internal accreditation system with the newly developed Mental Health standards included needs to be re-audited and reported. This is important to EAG members, alongside the use of external accreditation in in-patient wards and community Mental Health services.

The current and historical mortality reporting system needs to be reviewed. The historic information seen and the current information needs further assessment/review and benchmarking to ensure that reporting is in line with local, national and UK wide standards (at the time, for past reports and now). Ensuring both these important processes have traction and impact in all teams will be important.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus
Electronic Health Record approval of business case and implementation plan.	The audit into the Paragon medical log in shows over 70% compliance. This needs continued management oversight.	There remains a lack of understanding and clarity about mortality reporting now also historically.
Progress on the new Integrated Concerns Policy and Serious Untoward Incidents.	Progress in timely resolution of complaints. EAG expressed concern (through experience) about how they can know that outcomes and satisfaction are demonstrated. Real time	The approach to ward accreditation was a significant concern for EAG members. Strong support from members for the internal accreditation system to be re-audited and

	measurement of themes, trends and harms needs further development and how this is benchmarked and reported.	reported. External accreditation adds assurance with national/UK standards.
Engagement and socialisation activities aligned to the outcome of the new MHLD operating model were not seen. (Operating Model due to be launched in 2026)	In general – more use of standardised data in MHLD data sets so there is a single agreed version of the truth. Using benchmarking to fully analyse information.	

Theme 4 – Staffing

RCPsych Report Outcome: To have in place a fully appointed substantive divisional structure with an effective and efficient recruitment and retention plan focusing on attraction strategies to enable the Division to have the right staff, with the right skills at the right time to meet the mental health needs of the population of North Wales currently and in the future.

EAG Chair Summary

There has been consistent progress in recruiting to essential substantive roles. There has been an improvement to recruitment and retention however this remains an important area to focus on. Medical staffing in Hergest Unit needs more attention.

One of the bigger gaps is the lack of progress in improving Multi-Disciplinary Team (MDT) staffing, including Allied Health Professionals and psychological therapists. This is covered in more detail in Theme 9.

The EAG did not see a long term mental health workforce plan covering all professions in mental health. This may need to include increasing the number of local medical, nursing, Occupational Therapist, other Allied Health professionals, pharmacy and psychology trainees and practitioners, and an investment plan to support nursing associate or registered nurse/ AHP apprenticeships.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus
Consultant Nurse for Dementia appointed.	Improved recruitment and retention evidence but still show gaps in some professions and lack of access to evidence-based therapies.	Consultant Psychiatrist for Hergest – No permanent recruitment.
Recruitment to the Director of Nursing (Mental Health) role.	MHLD “Wellness, Work and Us” Business Case.	Recruitment gaps in the West (and generally) still persist and need ongoing focus.

Recruitment to MHL D Director and MHL D Director of Operations.		Recruitment of a full multi-disciplinary workforce in other professions related to Mental Health service provision needs more attention.

Theme 5 – Management Structure

RCPsych Report Outcome: To have in place a fully appointed substantive management structure, with an effective and efficient recruitment and retention plan, focussing on attraction strategies to enable the Division to have stable leadership to support meeting the mental health needs of the population of North Wales currently and in the future.

EAG Chair Summary

Progress has been evidenced in the reduction in the number of interim posts. Reports provided do show interim Psychology and Allied Health Professional input to the Senior Leadership Team. Older persons Mental Health (OPMH) is managed as an integrated service with adult mental health, an all age approach. OPMH clinical leadership is in place and older persons mental health leaders appear to have a voice to influence management and development.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus
Older Persons mental health is managed as an integrated service with Adult mental health with clinical pathway group in place.	The number of interim posts. (11 out of 20 in May compared to 17 out of 20 in November). Needs to be continually monitored.	When the new Health Board Operating Model is in place there needs to be consideration of permanent recruitment for multi-disciplinary team SLT roles (Allied Health Professionals and Psychology Leadership).
	For the overall Divisional structure to have people with Older persons mental health experience in the structure. This could be monitored.	

Theme 6 – Clinical Services Organisation

RCPsych Report Outcome: All patients will have access to multi-disciplinary support based on need to improve patient outcomes and patient experience.

EAG Chair Summary: There is good evidence of implementing the dementia specific actions, including Memory Service National Accreditation Programme (MSNAP) accreditation plan, networks and support group and role clarification and successful bid for applied behaviourists.

More work needs to be done on standardisation of clinical models. The matrix structure of MHL D Senior Leadership Team appears to support Older persons

mental health. The Clinical Pathway Group has multi-disciplinary team leadership and meets regularly.

There needs to be more focus on recruitment and retention for all professions.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus
Good evidence of Health Board wide dementia roles, activities, support and training.	MSNAP Accreditation plan. One unit already accredited and two planned.	Multi-disciplinary team ward round audit shows inconsistency in attendance. Service users highlight being kept waiting without information and sometimes poor organisation of ward rounds.
Older Persons mental health is managed as an integrated service with Adult mental health with clinical pathway group in place.	Pilot scheme progressed for in reach workers in care homes. More work suggested to understand the impact and options appraisal	

Theme 7 – Training and Development

Outcome RCPsych Report: To ensure a skilled and developing workforce through the completion of identified training and learning opportunities including a programme of regular Divisional Learning Events with external speakers to enable an increase in networking with other organisations, both within Wales and UK wide.

EAG Chair Summary:

There was good evidence in the Improvement Action Plan response for training in dementia care, Mental Capacity Act and physical health training and skills, amongst other areas. Plans to ensure that all relevant staff receive training are needed. The national accreditation of the prevention and management of violence training is best practice and appears to be working well. The work of the EAG received less clarity on training arrangements for temporary staff that could be followed up to be in line with health board staff.

Recent information received shows there is improving evidence of internal networks. Mental Health Service are also developing external networks which includes Royal College of Psychiatrists Quality Network, North Wales Police Partnership, Joint Forums with Caswell Clinic, NHS Wales Joint Commissioning Committee and Security Lead Forum. Professional networks and mental health networks in Wales and UK wide are also important.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus

Evidence provided of internal networking improvement.	More focus needs to be established on evidencing of working with external networks.	Ensuring temporary staff including agency staff have access to the same training through contractual requirements needs to be considered.
Training and Development – good evidence of targets being met. (The whole cohort of relevant staff requires training.)	Training in “deteriorating patient compliance” compliance needs to be monitored.	
“Growing our own” registered nurse support for Health Care Assistants has progressed	Evidence of pathway to grow your own nurses and occupational therapists/ psychological practitioners has potential to do more to increase the Mental Health nursing and AHP/ Scientific workforce if numbers scaled up	
Prevention and management of violence training has achieved UK wide national accreditation		

Theme 8 – Leadership and Staff Engagement

RCPsych Report Outcome: To ensure MHL D staff receive a clear and consistent level of information appropriate to their needs, underpinned by a communication and engagement strategy and action plan. This will support a culture of openness and honesty with the ability to challenge safely.

EAG Chair Summary:

Overall there was evidence of improved engagement with staff but it was not completely consistent throughout the Health Board. Improving staff survey results in Mental Health and the work programme supporting this at a service line level was good to see. The focus should be on ensuring this consistency is applied.

There is more work to do on supportive cultures. Maintaining consistency and compassionate high performing teams in every team with evidence showing staff feel well supported, able to raise concerns and deliver compassionate care. The experience of service users and families gave first hand insight into this.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus
Evidence of full multi-disciplinary leadership at	Evidence provided that Senior Leadership Team provided good and	Substantive recruitment to allied health professional/pharmacy and

Senior Leadership Team level.	innovative approaches to leadership engagement and communication. Would like to see a clearer report on themes arising and "what was done" at team level.	psychology roles to take place with the implementation of the Health Board Operating Model.
	NHS Staff Survey feedback. Evidence of themes picked up at team level for improvement and how it is feedback at team level (as well as how teams can share best practice).	
	Supportive culture. Supporting consistent and compassionate high performing teams with evidence showing staff feel supported and able to raise concerns.	

Theme 9 – Resources

RCPsych Report Outcome: For our inpatients to be able to access multi-disciplinary support to improving their health which includes psychological therapies

EAG Chair Summary:

Multi-disciplinary staffing in all mental health teams and access to evidenced-based therapies including psychological therapies remains a significant gap. This needs to consider the capacity and capability of Pharmacy. Ensuring safety critical procedures relating to estates and that equipment works well need to be addressed by the new Mental Health Oversight and Development Group and the Health Board more generally.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus
Planned investment for estates and Electronic Patient Record.	Evidence was provided to show dedicated resource from the Health Board Transformation and Improvement Team to support with development of action plans. Some support still required to enable areas to embed improvement and Outcomes Framework.	Access to psychological therapies and gaps in therapeutic provision in inpatient settings. Attention to be given to recruitment and retention of clinical psychologists and psychological therapists, potentially considering skill mix of roles.

		▪ The multi-disciplinary team (MDT) participation audit shows very poor MDT participation.
		▪ Capacity and recruitment issues in Community Mental Health Teams. User experience highlights a shortage of care coordinators and care and treatment plans.

Theme 10 – Physical Environment

RCPsych Report Outcome: A MHL D Capital and Estates strategy which will ensure that we have short, medium and long term plans so estates and all patient environments remain fit for purpose currently and in the future.

EAG Chair Summary:

There is good evidence of the costed plan to reduce the ligatures and improve safety. It was also noted that there has been significant progress made in the last 12 months on plans to improve the physical environment. In the EAG meeting there was evidence of good collaborative working between the MHL D service, Health and Safety and Estates teams and well-developed costed plans for ligature works are in place.

The members of the Group feel very strongly about the development of the Ablett Unit which families whole heartedly support and current services users really highlight how important it is to improve comfort and the outside environment of Health Board facilities. One service user has experienced frustration with making suggestions to improve comfort and dignity in the Physical Environment.

Effective Progression	Progressed But Requires More Support To Embed	Requires Further Focus
▪ Evidence was received of costed plans (including a 2 year anti-ligature programme) that have been implemented to reduce ligature risk.	▪ More evidence to ensure satisfactory completion of the status of outstanding remedial works.	▪ The comfort and dignity of patients at in-patient settings was raised and the Group were keen that suggestions for improvements are noted and followed up.
▪ National Collaborative Commissioning Update (NCCU) completed which contains Physical Environment recommendations.	▪ Ligature reduction works. The risk only reduces when they have taken place. Ligature assessments will need to be re-done to assess the changes to the environment.	▪ Plan for upgrading all in-patient environments to meet modern standards has not been seen by the Group. This includes Hergest Unit and stand-alone rehabilitation and older persons mental health units.
	▪ Working with Health and Safety, Estates and Clinical	

	teams to support the appropriate environment for patients. The specific improvement actions were not reviewed by EAG. Different views of how well this is working in practice have been apparent	

4.1 Key Findings - Issues Raised From EAG Members

Key messages from EAG member's feedback about care today arose through the sequence of meetings as topics were presented and discussed.

The value of the EAG was also utilised to test how the evidence reported, fits with people's experiences of services in their lives today. In meetings, service users and families shared helpful feedback about their recent experiences. Listening to service users and families' priorities through the meetings highlighted some of the same areas for improvement which overlapped with those detailed in the improvement action plans. However, other areas came up as urgent priorities for individuals through the sequence of meetings. Highlighted below, examples will be detailed throughout this section of the report.

- The most urgent matter was learning more about a member's experience relating to performance on all aspects of the Mental Health measure not just access targets. Specifically, the number of people with or more importantly without care coordinators, number of people involved in their developing and discussing their care plans and physical health plans, (see theme 2). Two members identified the Mental Health measure as a priority. It came into the work programme through the focus on progress being made on physical health strategy, policy and roll out.
- The importance of good physical health care for inpatients and community patients to prevent avoidable harm and deterioration. The importance of family involvement in all care processes including capacity assessments.(See Theme 2 for detail)
- Variable experiences in adult inpatient environments including comfort, privacy and dignity issues and very different experiences in similar units in the West and East in Psychiatric Intensive Care Unit (PICU) (Theme 8 & 10)
- Kindness and caring staff are vital. (Theme 8)
- Organisation of ward round – service users are unaware of times and left waiting for too long one example was over 5 hours.(Theme six).
- The importance of external accreditation in addition to internal accreditation processes. (Theme 3)
- Lack of therapy staff in inpatients (Theme 4 and 6)
- The importance of peer support in local communities to help people live well with their conditions such as bipolar disorder. The recovery college will support this work, as will an educational video which is being developed with the support of an EAG member. (Theme 6)
- Variable experience of people with dementia in local communities reported by EAG families (see theme six) routine use of CIVICA feedback may pick this up

(Theme The need to attend to how people with dementia can feedback their experience needs more attention. Continuity of care and care transitions is very important for families supporting people with dementia and families had poor experience of this and still see this in their communities. (Theme 2)

- The importance of safeguarding and effective Multi Agency Public Protection Arrangements (MAPPA) training and listening to staff (Theme 7)
- Data providing a single source of the truth to use and rely on and developing intelligent information with themes and trends is not yet evident. The Group experienced different data sets on staffing. (Theme 3 and 4)
- The historic failure to learn and improve is frustrating for members. There is a need to identify root causes and address, including concern about current and historic mortality reporting.

4.2.Key Findings - Visits to Ward Areas Led by Llais

Llais have a role to visit hospital wards and teams. The Vice-Chair of the EAG volunteered that Llais take the lead in the ward visiting programme. EAG members were invited to join the visits. One EAG member supported the drafting of the questionnaire (for service users who did not meet the Llais team) to complete. Once collated by Llais as part of the visit process this enabled a different perspective and view of care. This visit programme started with adult mental health wards over the summer of 2025 and will be followed by a sequence of visits to older peoples' wards.

Key themes from the visits shared immediately with the MHL Division:

- Provision for therapeutic services whilst staff were absent through sickness or vacancy.
- The importance of Welsh speakers available for patients whose preference is Welsh speaking or First Language Welsh.
- The importance of access to outside space for patients within the unit. Garden maintenance was an issue.
- Importance of good communication, including the rationale for searching a person's room (for a banned item) was not made clear to the patient or family.

Another EAG member shared some ideas with Llais about questions to ask when Older Persons Mental Health wards are visited. These visits will be scheduled by Llais and these questions will be utilised.

Appendix 1 contains a more detailed analysis of EAG considerations by each Theme. A supporting pack contains a review on the Improvement Actions that were relevant to the EAG Work Programme as at 31 December 2025. This is detailed review of progress that the EAG considered against the Health Board approved response to the RCPsych Invited Services Review. There is a degree of overlap between the two.

4.3. Other Findings Highlighted from Expert Advisory Group Members

There were additional matters that the EAG Group members that were important to note in this report, either because it was a related matter from the historical reviews undertaken in previous reports received by the Health Board, or because the work undertaken gave rise to new considerations. This was a significant aspect of the experience of working with the Group. These issues have been threaded into the report and a summary of these has been provided in the table below. It is recommended by the Special Advisor that these are considered by the Mental Health Oversight and Development Group.

Table 6 – Other Matters Raised Requiring Consideration

Issues Raised	Follow Up
The Mental Health Measure, and frustration that this wasn't incorporated explicitly into the Expert Advisory Group (EAG) Work Programme	A consideration of this is made in the report which will be provided for the Mental Health Oversight and Development Group and Executive Team follow up. The Group felt that this strongly related to many themes in the response to the RCPsych Invited Services Review.
National Reportable Incidents reporting including Mental Health mortality reporting	As above
The comfort of patients in Mental Health In-Patient settings e.g. sofas and bed linen and having good information and organisation of ward rounds in advance so families and MDT can attend (in addition to the person) and to be kept informed at the time about likely waiting times	These are important issue and it is suggested in the report to form a Task and Finish Group approach to address. Issues affecting care immediately were escalated speedily.
The importance of the whole Mental Health In-Patient environment	A consideration of this is contained in the report
The development of the Ablett Unit	A consideration of this is contained in the report
Interest in plans to improve the accommodation in the Hergest Unit	A consideration of this is contained in the report
Centre for Mental Health and Society	Separate independent review reporting in 2026
Providing a training resource for staff to promote understanding of Mental Health conditions	A training resource is being developed with support of an EAG member who was a Vice Chair of a National Organisation
The importance of understanding Falls Data more clearly in older persons	Sent to EAG member for consideration. In addition and a re-audit is recommended
Draft Outcomes Framework– The importance of Qualitative data	A consideration of this is contained in the report
Request to understand and receive copies of Health Board policies where appropriate	Health Board policies available on internet and requested copies were provided.
That Llais visits be extended to older persons mental health wards	Llais are planning to carry out the visits
A request to improve Job Descriptions and Person Specifications for posts working with dementia patients	This issue has been communicated to the new Dementia Nurse Consultant

A Tawel Fan family member has requested a dedicated report on completion of actions relating to Older Persons Mental Health and dementia	Request to be considered after release of report. One EAG members reflected “We will know things have really improved when peoples personal, family and community experience good care consistently”.

4.4 EAG Chair Summary Considerations of Findings

This section reflects on the findings outlined in Sections 4, 4.1, 4.2, 4.3 above and contains a number of considerations that have been developed by the Chair of the EAG. Not all themes have a separate section. This is because relevant findings are already reflected in other related themes.

They are designed to support the MHLD Service progress the matters highlighted in the key findings above either as “business as usual” by the MHLD service or for development by the Mental Health Oversight and Development Group.

Consultation on the draft report identified similar feedback from Tawel fan families who felt whilst the report was fair, the focus of the report is generic in nature and the emphasis on older people's services is less pronounced. Much Expert Advisory Group time was focussed on adult services. The new Group needs to ensure there remains a clear focus on measurable improvement to Older Persons Mental Health and dementia services . Families will truly believe services have improved when they themselves their families and neighbours report good care experiences consistently.

Theme 1 – Patient and User Centred Care

Continue to develop and enhance service user & family centred experience, engagement, co-production and education. This may include:

- Continue the development or refresh of the Mental Health strategic Public Patient Improvement/Experience group linking all local involvement groups, organisations, and service user and family groups. Increasing carer and family involvement considering the triangle of care approach.
- Continue to further develop themes and trends from all sources of feedback and demonstrate listening and learning from service user and family feedback. Including in the Outcomes Framework
- Continue to demonstrate the use of Patient experience system CIVICA at scale in all MHLD and dementia teams
- Developing an approach to ensure people with dementia and learning disabilities can use CIVICA.

Main streaming engagement and co-production opportunities in services including, Ablett re-development.

- Consider the development of a task group/or existing group to improve communication, organisation, comfort and privacy in inpatient wards.
- Involve service users and families in the developing Mental Health outcomes framework.
- A flourishing Recovery College would support all of these initiatives and others including joint educational opportunities. This work should continue.
- Develop peer support model including peer support workers in inpatient and community teams in MHLD, to work alongside Health Board staff. A link to [IMROC](#) is provided as a reference point to consider.

Theme 2 – Legislation and Clinical Guidelines

Team to Board leadership. Continuing to improve the reliability and quality of mental health care to demonstrate consistently meeting/ exceeding national and UK and local standards.

- Continue to reduce variation and improve quality and care standards shown in clinical audits, ward accreditation, external visits in inpatient and community teams.
- Continue to demonstrate consistent models of care in service lines including: Psychiatric Intensive Care Unit (PICU), Adult and Older Persons Mental Health care (OPMH), including Dementia care.

Demonstrate improvement in clinical standards including:

- Dashboards of quality performance and outcome measures at team level
- Improve all Mental Health measure standards, number of people with a care co-ordinator, involvement in care planning and physical health care plans.
- Continuing to implement the Physical Health strategy, plan, & training.
- Increase the range of therapeutic psychosocial and pharmacy interventions available in Adult Mental Health (AMH) and Older Persons Mental Health inpatient and community teams.
- internal and external peer reviews and accreditation are useful benchmarks to improve standards of mental health care.
- Improving MDT input and the organisation of ward rounds will improve experience and outcomes.
- Develop real time quality/ performance and outcome measures to demonstrate dementia care across the Health Board including OPMH is consistently good
- Learning from new models of community mental health care developing elsewhere in the UK.
- Recruitment and retention in MHLDD in all clinical professions and their support teams remains a priority.
- Aiming for low vacancy rates less than 5% and reduced use of agency and temporary staff.
- Use Health Inspectorate Wales (HIW) and Llais reports as triangulation to support evidence of good care and areas of improvement.

Theme 3 - Governance

Effective governance and oversight at all levels MHLDD Teams to Board

- Mortality review and reporting in line with national and UK standards showing improving trends and benchmarked with other organisations.
- Paragon data log in. Continued monitoring and re-audit and compliance with General Data Protection Requirements (GDPR).
- Developing reliable data which is used consistently in all reports using statistical process control.

Learning and improving safety and reducing harm

- Understanding the impact of improvement by measurement using statistical process control tools, where possible and using quality improvement approaches to reduce harm and improve care and be able to demonstrate this.

Theme 4 - Staffing

Board leadership to enhance and develop the Mental Health Multi-Disciplinary Team (MDT) workforce.

- Recruitment and retention in MHLD in all clinical professions, including Allied Health Professions and Psychologists (and their support teams) remains a priority.
- Aiming for low vacancy rates less than 5% and reduced use of agency and temporary staff.
- Work with universities on early pipeline opportunities into the clinical professions and consider skill mix and apprenticeship models.
- Aim to recruit to establishments and develop strategic approach to workforce, including medical staff.
- Refocus efforts to fully recruit to the consultant medical workforce, this may require longer term investment in resident doctors to increase the pipeline. Recruiting a substantive consultant psychiatrist in Hergest is a priority.
- The new Mental Health Director of Nursing to review safe staffing considering the national Mental Health Optimal Staffing Tool ([MHOST](#)) tool.
- Ensure the review develops evidence based interventions to support effective care in in-patient and community mental health teams supported by a workforce plan to meet unmet need and fill vacancies. This will include consideration of psychological, physical and social therapies, pharmacy and allied health professionals. This has been a longstanding gap since 2014.

Theme 8 – Leadership and Staff Engagement

Compassionate and effective high performing culture in all teams.

- Continue to drive staff survey response and feedback on actions improving in every team. (Improving staff engagement score as the best proxy).
- Improving patient survey information caring and kind staff and feeling heard.
- Improving service user & family experience feedback
- Continue substantive recruitment to the senior leadership team in MHLD

Theme 9 and Theme 10 – Resources and Physical Environment

Health Board leading opportunities for revenue and capital investment supported by strong multiagency and system partnerships.

- Revenue support for developing NICE evidence-based approach for MDT staff (psychological, physical, and social therapies) in inpatients and community teams.
- Revenue and capital support to enable safe, comfortable, well equipped modern mental health estate meeting current Mental Health build standards.
- Revenue and capital support to enable MHLD to become digitally enabled including implementing the Electronic Patient Record.

NB – Considerations for Theme, 5-7 are captured in other Themes. Reflecting an overlap between themes.

5. Lessons For The Health Board To Consider

There has been a transparent approach to sharing information, with the same evidence being shared with the EAG which was relevant to the topic and looked at through the Health Board Evidence of Outcomes Group. However, the information was received at a point in time and it was not always the final evidence. It is also important to note that the EAG only received details of the majority (but not all of the Improvement Actions).

The comments made by the EAG were relevant at the time and are detailed in this report. It is important to acknowledge things may have improved or worsened since then. **The analysis of areas to focus on is therefore informed principally by the position when the information was shared with the EAG.** The Chair has carried out a final review of information (following our final one to one meetings with EAG members). The update was received in November and December 2025. A list of supplementary information is available. The update on progress on the Improvement Actions as at 31 December 2025 is available in a supporting pack.

5.1. What Might Be Done Differently?

- The level of detail was a balance. There was a huge amount of information provided. From members feedback, summaries of the evidence and key areas for attention were the most manageable way of looking the evidence. Presenting information in the most reachable way was not to everyone's satisfaction.
- Terms of Reference specify members have a collective responsibility for the operation of this group. Members were asked to participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability to endeavour to reach a collective view. Whilst an aspiration, it was recognised this may not be possible given the different experiences and perspectives held by members.
- A Ways of working document was needed in its final form from the outset. This was not in place, so the opportunity was taken to co-produce it. The EAG Chair was grateful to the members who gave feedback to improve it. The final draft was circulated. When it came to be approved by the Group, a member had more comments to offer before it was finalised. It was agreed to adopt the working draft until finalised and approved, to guide communications and engagement. Members had different thresholds for wishing to be copied into communications. There was an understanding that information was to be used within the Health Board for the purpose of the EAG Work Programme only.
- Record of the meetings and actions. The EAG was supported by an experienced note keeper. It was agreed that notes recording important discussion and actions would be the main source of recording the meeting. There was differing views from experts with living experience and some family members about permission to record meetings for those unable to attend. After discussion it was agreed that if a member was unhappy to be recorded, the meeting was not recorded and notes of the meeting used as the record. Often presentations were recorded and discussion was summarised in minutes.
- Time available. Long days were liked by some, not others. Some shorter meetings took place and some members felt rushed and had less time to share their experience and perspective. Work programme review and re-balance took place reflecting initial feedback from members who found it overwhelming. Getting the presentations prepared meant that papers were not often sent out a week beforehand. This limited

preparation time for everyone. More time for each topic to maximise contributions from EAG members, needs to be considered.

- Time and resources were allocated and the timescale of twelve months agreed as appropriate. The Chair feels the input although with some constraints was proportionate. The pace of progress was also important. Some members found the group meeting format a challenge feeling rushed and at times unable to fully share their experience or feel heard. The RCPsych programme timescale and task focus may have been frustrating for some members. Others were content with it.
- Agenda. The importance of having enough time to discuss material meant other areas had less time. This included review and sign off of the notes which were often done remotely. The intention to set agendas well in advance and send information out for reading well in advance is good practice and should have occurred more often than it did. Some subject matter experts presenting the material found the timescales a challenge to manage.
- Finding a meeting day that suited everyone. Meeting dates were set ahead with a lot of notice. Meeting at the end of a week did not suit all members. The Chair has a part time job at the beginning of the week so Thursdays, Fridays were the only days she was routinely available. Regrettably this clashed with commitments someone with lived experience had at the start.
- Service users and families have similar and some different needs. Separate meetings were sometimes necessary and these took place. Generally, everyone learned a lot from each other when meetings took place together. Adult /Older adult and service user/families all have different support needs.
- Support to ensure issues which need to be addressed immediately are picked up and this was in place and used as we went along. Links to meetings with relevant leaders to discuss issues affecting care today were utilised when required.
- Differing perspectives were heard, this was the purpose of the meetings however this resulted in limited consensus being achieved on many topics.
- This was the first time this approach has been taken so there was no prior blueprint. Engagement with the Group took place to review arrangements and amending approach where possible to improve each meeting. The Group aimed to address issues as they arose in the “here and now” with relevant senior managers.
- Health board and Llais staff have dedicated a significant amount of time over the last year outside of meetings responding to queries that has arisen from the work programme. Despite this for some members there remains unanswered issues and questions which may need a different approach to be resolved.
- Equal Value. Not all service users felt valued. Service user contribution needs to be clear in ways of working document including easy access to expense claim, and consideration of payment for time.
- Data. One single version of the truth. Multiple data sets not always aligned and can be frustrating.

In summary, it is clear that meaningful engagement is worthwhile and has added value to the assessment of progress. The families have become the living memory of this work and were steeped in detail. Personal experiences from current service-users have provided an additional reality check that highlight new areas that need attention to improve care.

The report seeks to express immense gratitude to members of the Group and Llais. The Llais role has been critical. The commitment from all parties to the approach is significant and a case study to fully understand the benefits and future lessons of this approach could be undertaken.

The emotional support that was offered to members is important and needs to be continued for an appropriate period of time after completion of this work.

A whole Health Board engagement approach is important to continue and embed the good progress that has been made and provide support and accountability for areas that are not fully developed. This needs appropriate governance arrangements to provide this focus.

6. Summary

Over the past twelve months there has been significant purposeful activity and endeavour towards implementing the 80 improvement actions. The accompanying report from the Evidence of Outcomes Group provides the Health Board with detailed assurance about completion and progression of these actions over the 12-month period.

The EAG contribution provides the memory, personal experience, review and reality check counterbalance. It is important to note, implementing the actions in their own right does not necessarily mean that care or experience has improved for a service user or family unless it is measured, ideally at local level. Mental health and Health Board teams have taken positive steps towards developing a more “real time” and output/outcome approach.

This ultimately provides the Health Board with the continuous assurance it needs about progress and spotting problems early, and supported by other sources of triangulation, becomes less reliant on reassurance from senior managers and action plans.

With this in mind, recommendations from the EAG focus on the areas where attention to improvement is likely to have the greatest impact, improving and sustaining good care and experience, and creating a compassionate consistently high performing culture.

Service user and family involvement in this process has led to a refocussing of attention on areas already known about, hearing the impact of individuals experience has been important for everybody involved. We are grateful to everyone who generously participated to improve care now and in the future.

Families have become the living memory of this work steeped in the detail. Current service users provided a different reality check, our dialogue highlighted different areas which need attention to improve care now. There has been value and purpose in the co-production which has highlighted different diverse perspectives. The EAG Chair set out to hear individual's experiences and guide the process to review many of the improvement actions and use co-production to assemble and curate the findings.

The Group felt there was more work to do on supportive cultures. Maintaining consistently and compassionate high performing teams in every team with evidence showing staff feel well supported, able to raise concerns and compassionate care is experienced by service users and families.

Evidence received showed full Multi-disciplinary team (MDT) leadership in the Older Persons Mental Health clinical pathway and evidence of quality issues and developments being discussed in the regular clinical pathway meetings. Together with the integrated Mental Health leaders, their role is to assure quality in every team and lead innovation and quality improvement. Integrated structures are common models in mental health services in the UK, and can work so long as the Older Persons Mental Health voice is heard and action taken to address any issues and concerns.

The Group felt that a long-term workforce plan focussed on mental health is needed (if not in place) with consideration of new roles such as Nursing Associates, psychological therapies, Allied Health Professional practitioners and peer support workers.

In summary, there has been significant progress in many, but not all areas, some are at early stages of improvement and need longer for the full benefit to take effect. There are a smaller number of gaps which need more work and attention. This will be achieved through the new Mental Health Oversight and Development Group, initially Chaired by the Chief Executive and supported by the development of an Outcomes Framework

7.Recommendations

The Board is asked to:

- Note and consider the report, and:
- Remit the Mental Health Oversight and Development Group to consider and progress the key considerations outlined in this report.
- Continue to support the development of an Outcomes Framework to support the work of the Mental Health Oversight and Development Group.

The Chair of the Expert Advisory Group and members of the Health Board would like to express particular gratitude to the members of the Group who are either family members of patients, or are current service users.

It is acknowledged that involvement and engagement with this Group will at times have been challenging due to the sensitive nature of the Group's business. Despite this, there has been an unwavering commitment to improve Health Board services and the population of North Wales will benefit from this.

Appendix 1 – Expert Advisory Group Detailed Considerations **EAG considerations based upon the original RCPsych report and the Health Board** **response, including areas for improvement.**

This part of the report summarises key findings and assessment of progress by the themes that the RCPsych usefully identified in their report to the Health Board in May 2024. It was also the basis on which the Health Board improvement actions were developed. The analysis in this document takes stock of progress that was received at the EAG Meetings, using the RCPsych headings and actions taken from their report. It is important to note that the EAG followed a Work Programme which means it did not have a requirement to review all Improvement Actions.

The personal experience of service users and families is very powerful and has been reflected in these considerations and summarised in the main report.

Theme 1 - Patient and User Centred Care	
Key Points from RCPsych Report	
Health Board and MHLd directorate not structured to meet the need of older people. Evidence of partnership working strategically and operationally with external agencies and service users and families. Lack of Electronic Patient Record (EPR) and poor continuity of care.	
EAG Detailed Considerations as They Relate to the RCPsych Feedback	
Summary • It is good to see there has been progress with evidence of engagement from all parts of the Health Board. The purpose of the engagement is to hear about experiences to understand what is working well and also to listen and change aspects of the services that are not working well for individuals and partner stakeholders. This type of outcome and impact evidence needs to be further developed from evidence of meetings to ensuring themes are identified and there are evidence issues raised have been addressed. • Reports on external engagement themes and learning are needed with evidence of improvement. A strategic group to bring all the elements together is recommended. • The potential to have patient experience information in every team is available, which needs to be deployed and used at scale. • The Electronic Patient Record is in progress and needs to stay on track. • Patient and family experience feedback reported by CIVICA is limited at present. Plans to increase reporting in every team with evidence of how the issue was addressed. It is important to pay attention to all sources of feedback, including detailing how people with dementia, OPMH, and those less able to verbally communicate and use social media are represented in this feedback. • This information seen by the EAG shows good evidence for actions being completed which is showing how the Health Board meets the needs of older people. In other themes there is more evidence to illustrate what else is being done. Senior leaders need take appropriate action arising from of the work from the OPMH clinical pathway group.	

- Feedback from service users recommend a working group to improve comfort privacy a dignity in all inpatients wards generally. There were offers for SU/family input into Ablett development, and any future developments, as well as the new Recovery College. A short -term group on improving comfort and dignity in inpatient wards would be beneficial.
- Progress on EPR implantation - Measures / outcomes to demonstrate continuity of care and safe care transitions until full implementation occurs. The Group felt that the health passport maybe useful.

Health Board and MHL D directorate not structured to meet the need of older people.

- This was one of the most important priority identified through individual and group discussions with people with living and lived experience and family members at the outset.
- The appointment of the Nurse Consultant for Dementia in May 2025 with a remit to focus in Older Persons Mental Health (OPMH) and Mental Health and Learning Disabilities (MHL D) is a significant step forward. They have developed a work programme and works closely with the Clinical lead for Older Persons Mental Health.
- Evidence received in November 2025, showed full Multi-disciplinary team (MDT) leadership in the Older Persons Mental Health clinical pathway and evidence of quality issues and developments being discussed in the regular clinical pathway meetings. Together with the integrated Mental Health leaders, their role is to assure quality in every team and lead innovation and quality improvement. Integrated structures are common models in mental health services in the UK, and can work so long as the Older Persons Mental Health voice is heard and action taken to address any issues and concerns.
- Deprivation of Liberty Standards (DOLS) applications audit – evidence of family involvement was low. A family member shared with the other members the **“exhausting experience of trying to get an Mental Capacity Act (MCA) assessment done”** for their mother and the impact delay of 12 months had on the patient and family. It was a valuable insight into the what matters to people and the personal impact it has.
- Dementia “finding the light” training and dementia training was generally compliant to the targets set. Dedicated reporting on incidents where patients have a dementia diagnosis will aided by the use of a reporting tool once developed.
- EAG members feedback using services recently, reported variation in people using the wider Health Board dementia service, a friend with poor experience reported by EAG members.

Evidence of partnership working strategically and operationally with external agencies and service users and families.

- There is evidence of this taking place in the action plan. The EAG found strategic partnership with agencies and service users and families. Regular meetings with EAG, Llais, Caniad and iCAN have taken place over the last year.
- MHL D Directorate patient forum in place. An EAG member is on this committee, and reported **“they have not always felt welcome in this group”**. The EAG Vice Chair has recommended a new Strategic Forum linking all the operational groups together. Llais visits confirmed many operational meetings with service users taking place but found **“they were not joining up”**.

- EAG did not receive information on the number type of meetings for families and carers which are also important. The EAG Chair emphasises that using the [triangle of care](#) is best practice.
- The Group wished to see more evidence of effective operational partnership with agencies (for example iCAN in Community Mental Health Teams (CMHTs).
- The Recovery college will be an important opportunity for involvement going forward. Service users are keen to be involved. There is also scope to introduce peer support workforce in all Mental Health teams.
- The potential for Patients Experience information through the work done mapping all mental health teams to the CIVICA system in each team at scale is a vital part of the future improvement programme. Real time patient experience information at team level is a vital tool to know that care is safe and effective at team level. Efforts to achieve feedback at team level in every team is crucial and the EAG members were always keen to see team level information.

Lack of Electronic Patient Record (EPR) and poor continuity of care

- It is very good news that the Business case for EPR has been approved and EPR project team in its place. After so many years this is commendable progress. However, paper records remain until the EPR is fully operational. There remains a need to minimise risks while EPR system is developed – audits and outcomes to measure the quality of care and recoding are recommended.
- A presentation on the development of Health passports was good practice, and looked very useful for all service users and families in mental health particularly those with dementia and learning disabilities. Having to repeat personal information repeatedly is a source of frustration and reduces the risk of human error gathering histories and this moves with the person across Health Board teams and also to external agencies. This needs to be used in MHLTD teams.

Theme 2 - Patient and Legislation and Clinical Guidelines

Key Points from RCPsych Report

The review team did not find strong evidence of how wider learning was spread throughout the Health Board

EAG Detailed Considerations as They Relate to the RCPsych Feedback

Summary

- EAG members have lived through personal experience where care has been inadequate or poor. They have also experienced good care. When audit results are presented where standards have not been met, it can connect with a painful personal experience for people present. There were examples given by the Group.
- This lived experience perspective is important for all staff to consider especially when engaging with people with living experience. For people who have lived through this experience, data which is presented is not just numbers, it is *a person or family members experience of poor care*. Emotional discussions and frustration at the variability seen in the evidence after so long was heard, and is understandable. If an area of service is not improving the capacity and capability to lead improvement when standards have not been met, it is a ward to board

issue needing attention. Group members were clear that staff in clinical teams need the right resources and leadership to improve care.

- Evidence of learning from incidents complaints and audits needs to be developed further.
- EAG heard about the new Health Board process, there needs to be greater focus on the outcomes and impact including reports demonstrating staff being able to cite examples, themes, learning from incidents, audits etc. EAG received evidence in November of learning events arising from serious incident reviews which was helpful. It is important the next phase of work focusses on consistently meeting care standards/ consistent models of care and reducing unwarranted variation and repeated error and being able to demonstrate this.

The review team did not find strong evidence of how wider learning was spread throughout the Health Board.

- Evidence presented to EAG did not find consistently good standards of care/clinical effectiveness in teams demonstrated through the audits, presentations and personal experience. This needs to a continued a focus for the next phase of work. Consistent models of care for similar services, more consistently meeting care standards and evidence of learning demonstrated by staff. Improving trends for patient safety and reduction in harm. Attention to improving standards in MDT ward rounds, medical logins, and Mental Capacity Act assessments is important, and maintain improvements in standards found in the fall's re-audit.
- The EAG also found evidence of all the planned audits in the action plan taking place. This included areas which were important to experts' experiences including MDT ward rounds, falls, DoLS and antipsychotic medication prescribing. Action plans were developed in most, but not all cases. Plans/dates to reaudit were not always evident in the evidence pack. Progress on this could be reported through to the Quality Safety and Experience Committee.
- The outcome of many audits in the action plan highlighted a concern, showing variable standards and practices across teams compared with best practice. Audits are one tool to be used to give a snapshot of what care was like at the time of the audit, this is often several months prior to reporting the findings. Audits reflect standards at a point in time and other ways of measuring standards ideally in real time are also important. Detailed [Health Inspectorate Wales \(HIW\)](#) inspection reports, regular/ quarterly Matrons audits, for example.
- It is important to focus on the improvement sustained through re-audit the range of variation and low baseline performance for example in the MDT audit was not assuring for the Group. Real time measurement of care standards and experience such as quarterly matron's audits, quarterly quality indicators give real time information about standards in every team and maybe a preferred approach to consider. The falls audit showed improvement through re-audit which needs to demonstrated consistency through the Matrons audits.
- Mental Capacity Assessment (MCA) assessment showed poor performance in completion rates, and low levels involving families and the time taken to do them(check) around 20% . The audit on MDT involvement in ward rounds was disappointing. Many areas showing ward rounds mainly comprising of nurses and Doctors, lacking essential input from Allied Health Professionals (AHPs) Psychologists and Social Workers who are all core members of mental health teams. MDT involvement is a component of good mental health care. This issue was highlighted through the previous reviews in 2013/14 appears to still be a service gap. This is a crucial area to address in the next phase of work.

- The audit into the Paragon medical login showed little improvement in the first audit and improvement to 70% in the follow up audit. It is not at 100% and remains a risk and continuous needs management oversight. This was escalated at the time and progress has been made to ensure that on call staff do not use nurses log in.
- Demonstrate learning – from incidents audits. The presentation to EAG focussed on how the process worked and less on evidence of learning. Information shared in November did demonstrate how learning from Patient Safety Incidents (PSI) are shared at team level. The next step is to assess the impact this has had on staff competence and measurement of reducing levels of harm. There was evidence of how the Mental Health Learning framework in mental health was operating. This was good to see and needs to be continued and refined further.
- Mental Health Measure Wales – There are mental health care standards in statute in Wales. This includes access standards where much of the management attention has been. It also includes a standard for care coordination and ensuring service users input to their care plans including having a physical care plan.
- The EAG did not receive information in the formal presentation about care coordination other than a physical health update. Some members had direct conversations with Health Board leaders about this and received a paper setting out the Health Board position which was shared with the group. This highlighted a significant gap in every patient having a care co-ordinator which is a key Mental Health measure. A large number of patients appear not to have been allocated one. This is a significant issue that senior leaders are aware of. An improvement plan needs to be overseen by the board and the new development group which addresses the lack of care coordinators, involvement in care plans, and the other care elements in the mental health measure including evidence of physical health plans. Regrettably this gap reflected the experience of one member of the group, they did express that this was an area of interest for them at the start of the Programme that was not explicitly allocated time on the Work Programme. In parallel, the issue was already being raised by two EAG members with senior members of the Health Board.
- Physical health strategy, policy and implementation of standards. It was good to see the new strategy comprehensive policy and approach focussing on physical health. There was good evidence of clinical leadership and the intent to focus on inpatient standards in the first instance. EAG members expressed frustration about the pace of improvement given this has been a Mental Health measure standard for so long. There is intent and purpose shown in the policy and plan to improve which needs to continue to be supported by everyone, to achieve the improvements to physical health plans and care. This needs to be measured in future. This in turn will have an impact longer term on reducing avoidable early mortality due to poor physical health.
- Inconsistent standards in similar wards e.g., the two Psychiatric Intensive Care Unit (PICUs), and Adult Mental Health wards in each locality were reported by an EAG member. They also experienced inconsistencies in important policies such as search policies. An example of this was also found in the Llais visits highlighting a privacy and dignity issue in Hergest unit which was promptly addressed. EAG has not seen evidence of standardising clinical models. This was an original RCPsych recommendation. Evidence to demonstrate consistent models of care in Older Peoples Mental Health (OPMH) or Adults Mental Health (AMH) has not been seen, other than through the Llais arranged visits.

- The development of the North Wales Recovery College is very good news. EAG had an interesting presentation. This was warmly received, and experts by experience were interested in becoming involved.
- Other sources of evidence are important when considering consistency of care standards. In November, The EAG heard about Health Improvement Wales reports of Hergest Unit in July 2025, which is an alternative detailed source of evidence to balance the audit and clinical standards presented.

Theme 3 - Governance

Key Points from RCPsych Report

Lack of electronic records

**Duplication and repetition between putting things right system and safety huddles
Some patients unhappy with how complaints addressed and overdue complaints**

Learning systems sharing learning on Serious Untoward Incidents

Unclear how learning spread throughout the organisation

Large number of temporary or interim posts

Outcome for patients to receive seamless care co-ordination through a fully adopted fit for purpose EPR and MH/LD governance framework ward to board

EAG Detailed Considerations as They Relate to the RCPsych Report

Summary

- There is evidence in early stages of robust systems for sharing learning getting down to teams alongside assurance that staff are aware of how to raise concerns. Ensuring both these important processes have traction and impact in all teams will be important.
- Whilst it is clear external accreditation is used in other mental health services (including some in BCUHB such as memory assessment) the approach for inpatients needs to be re-visited. The internal accreditation system with the Mental Health standards included needs to be re-audited (to include the recently piloted Mental Health standards) and reported. This is important to the Group and the concern about ensuring there are safeguards put in place about “marking your own homework”. Peer audit is part of this process already. The EAG Chair was recently informed about the Welsh Government intention to pilot the use of Safewards across Wales. One ward has participated in the pilot. This could be a future source of external accreditation to using national and international benchmarks. Llais endorses their support for use of Safewards in North Wales and as a national improvement tool.
- The current and historical mortality reporting system needs to be reviewed. The historic information seen and the current information needs further assessment/ review and benchmarking to ensure that reporting is in line with local, national and UK wide standards.

Lack of electronic records

- EAG had a presentation in August 2025 from the Electronic Patient Record team on the approved business case and implementation plan for roll out. This is good news so long as this progresses to plan.

Duplication and repetition between putting things right system and safety huddles

- EAG had a comprehensive presentation on the new putting it right system from the patient safety team. EAG did not see specific examples of reducing duplication unless this has happened in the review of the process.

Some patients unhappy with how complaints addressed and overdue complaints

- In June 2025 the EAG had a detailed presentation on the new complaints system the training for staff and heard that the backlog in mental health had been cleared, and there is evidence of significant improvement in timely resolution. It was good to see complaints responses in Mental Health were now being handled in a timely way. The EAG expressed concern about “how the team know whether the complaints have been satisfactory resolved from the complainant’s perspective”. The system should routinely ascertain the outcome and satisfaction. Reports were not demonstrated. Current personal experience in the group is also at variance with reported complaints process improvements. This was discussed with the complaints team.

Learning systems sharing learning on Serious Untoward Incidents and learning spread throughout the organisation

- The integrated complaints/ incidents/ mortality review management framework was approved in 2024. It sets out a consistent five step approach to streamline process and improve the experience for staff and patients This system was presented and looks comprehensive. In November 2025 the Chair requested reports on themes trends and examples of what has been put right and disseminated in Older Persons Mental Health or Adult Mental Health teams. This evidence provided greater assurance the action has been met. Real time measurement of themes trends and harm reduction needs further development, and how this is benchmarked and reported also needs attention and is a recurring theme.
- As reflected above there remains a lack of understanding and clarity about mortality reporting now and also historically. This is an area which the Health Board process will need to focus on and also review and sense check the historical and current information. Some members of the Group expressed this request very strongly.

Large number of temporary or interim posts

- At the EAG presentation in May 2025 this stood at 11 out of 20 appointments to substantive roles had been made. There was a clear plan to keep recruiting. The latest figure shared in November 2025 was 17 out of 20 which is an improvement. It is good to see the pace picking up and plan for recruiting to the remaining substantive roles. This includes roles mentioned in the RCPsych Improvement Action plan including the Nurse consultant, Director of Mental Health, Director Of Operations and Director of Nursing. Consultant medical appointment for the Hergest Unit despite many attempts to fill it remains covered by locum which is not ideal. The plan was to reduce interim appointments by 25% overall across the MHLTD Management Team has been achieved.

Outcome for patients to receive seamless care co-ordination through a fully adopted fit for purpose EPR and MH/LD governance framework ward to board

- EPR progress has already been reflected in previous sections.
- The RCPsych review team picked up a risk which they rated as significant. The misuse of logins by medical staff on the Paragon system. There is now an on-call medic log in, on-call drop down and medical drop down so the entry is individual to that on call visit and doctor attending and therefore meeting the General Data Protection Regulation (GDPR) requirements. Further audits are needed to be assured on an ongoing basis and that current practice is meeting GDPR requirements.

Ward accreditation

- The EAG had a presentation on ward accreditation in July 2025. It reported all Mental Health wards at bronze level except for three at silver. The discussion that followed was interesting. It was clear that given the history some EAG members had little confidence in an internal accreditation system. They asked the question **“was this marking your own homework?”** Ward accreditation systems are important and widely used in other organisations, setting internal standards which teams can measure themselves, are also assessed internally by people outside the team, and are subject to Health Board staff auditing them to achieve accreditation. A set of standards which are regularly reviewed is a good thing and can give real time assurance about care on a regular basis. The proposed matron’s audits in this process are good to see.
- However, there were two important issues which EAG members flagged up. The standards are generic so apply to all wards in the Health Boards. They are mainly focussed on physical care. The action to be progressed was the development of a specific Mental Health ward accreditation process and implement across all inpatient ward areas.
- The EAG heard about progress developing a set of Mental Health specific standards (a separate section 12). This was piloted in the Ablett Unit in January 2025. There was a discussion in EAG about co-production of the standards with service users and families and it was not clear this has happened. In an update on ward accreditation EAG were informed specific questions to Section 12 had been developed for each MHL specialty which is good practice. EAG was not made aware of a timescale or plan for how the Mental Health standards would be audited in all the wards. This will be important to do.
- The Chair highlighted that internal accreditation systems are good practice as it enables more regular measurement of progress than external accreditation systems offer. Best practice supports the use of both internal and external accreditation they are complimentary.

External accreditation

EAG members remember the external accreditation system in full. Accreditation for Inpatient Mental Health Services (AIMS) being implemented in Adult Mental Health wards following a homicide review in 2018. This has now ceased, with the reasons for stopping it not clear to the Group. There are clear benefits to external accreditation with a national body, such as the Royal College of Psychiatrist as it sets the national standards based on best practice, develops the systems and reviews are undertaking to attain and retain accreditation, often led by peers working in other mental health services. Other peer led accreditation systems in Mental Health inpatient care are used. Safe wards are used widely and maybe another option for consideration. A recent report on ward accreditation highlighted that the Welsh Government was adopting Safe

wards as a standard for external inpatient accreditation across Wales. It was good to hear the pilot of Safe wards is taking place in the Heddfan Unit.

- Other external accreditation systems are used in MHL. Memory assessment and forensic are already used which is good practice. Re-considering the use of AIMS would help to provide an external set of standards which are regular reviewed by people working outside the Health Board. Joining an accreditation system also has the benefit of Health Board colleagues supporting visits to other MHL services which enable them to look at practice elsewhere.

Theme 4 - Staffing

Key Points from RCPsych Report

Recruit to a Consultant Nurse for Dementia has now been appointed.

Recruit to the Director of Nursing Mental Health role.

Recruit a dedicated Consultant Psychiatrist to the Hergest Unit.

The review team were concerned about the lack of psychological input and MD working in the Hergest Unit.

Having a fully appointed substantive structure with an efficient and effective recruitment and retention plan focusing on attraction to have the right staff and skills to meet the needs of the population.

EAG Detailed Considerations as They Relate to the RCPsych Feedback

Summary

- There has been consistent progress in recruiting to essential substantive roles. There has been an improvement to recruitment and retention however this remains an important area to focus on.
- Medical staffing recruitment in Hergest Unit needs more attention from the Health Board.
- One of the biggest gaps is the lack of progress in improving MDT staffing including Allied Health Professionals (AHPs), Pharmacy and Psychology and the EAG has not had any updates about the progress of the business case or discussions with the WG. This is seen as a priority to focus on in the next phase of work. AHP and Psychologists and AHP's are part of the core mental health workforce supporting excellent care. The EAG gained the impression that core services such as inpatient services have not had the focus for development that community MHL services have had.
- A long-term mental health workforce plan covering all professions working in mental health is needed, if not in place. This may need to include increasing the number of local medical and psychology trainees and an investment plan to support nursing associate or registered nurse apprenticeships .
- It would be beneficial to have more work on validating the data so there is a single data set. This applies to other data sets too.

A consultant nurse for dementia has now been appointed

- In post since May 2025.

Recruit to the Director of Nursing Mental Health role.

- The appointee started in November 2025. The appointee is a Registered Mental Health Nurse which is good to see as specialty knowledge in this role is pivotal.

Recruit a dedicated consultant psychiatrist to the Hergest Unit

- Recruitment attempts have not been successful. Some dedicated sessions from the consultant working in the PICU in the East have been refocussed to the PICU in the West. A locum remains in post and evidence of this being proactively managed was established. The new Executive Medical Director and Executive Workforce Director needs to advise on the next steps.

The review team were concerned about the lack of psychological input and MDT working in the Hergest Unit

- The need to develop the business case for Allied Health Professionals, psychology and pharmacy input to all inpatient units suggests that this remains a significant gap with no progress made. This is a Health Board wide issue and appears to the Group to be progressing at a slow pace.

There were ongoing difficulties ensuring adequate staffing levels

- This was not an area which the EAG looked at. Quarterly / six monthly Board reports from the Executive Director of Nursing on staffing levels are in place. The Group felt that a long-term workforce plan focussed on mental health is needed (if not in place) with consideration of new roles such as Nursing Associates and peer support workers. Mental Health Optimal Staffing Tool (MHOST) is the evidence based safe staffing tool used in mental health nursing in England and is referenced above in this report.

Efficient and effective recruitment and retention plan focusing on attraction to have the right staff and skills to meet the MH need so the population

- Data shared with the EAG showed a mixed but improving picture. Markedly different from a presentation two years previously to Quality Safety and Experience Committee highlighting 40% vacancies on some areas.
- The importance of a single reliable source of data to generate these reports is important.
- The EAG had a presentation related to Mental Health Wellness Work and Us in May 2025 and further funding to continue is currently being sought.

Dementia training and initiatives.

- A comprehensive presentation was given by the Nurse Consultant for Dementia. There was good evidence supporting the majority of the dementia improvement actions. There was presentation of the staffing data. There were several versions with slightly different conclusions and this would benefit from continued focus.

Theme 5 - Management Structure**Key Points from RCPsych Feedback**

Large number of interim posts

Full MDT input at senior leadership level

OPMH sufficiently represented in management structure

EAG Detailed Considerations as They Relate to the RCPsych Report	
Summary - Without formal management roles dedicated to OPMH, it is important that clinical leadership is in place and that crucially OPMH leaders feel they have a voice to influence management and development. It is also important for the overall structure to have people with OPMH experience in the structure. There would appear to be evidence that the appropriate safeguards are in place to ensure good leadership and focus in OPMH. This needs to be continuously checked out. OPMH sufficiently represented in management structure - OPMH is managed as an integrated service with adult mental health, an all-age approach. This model is used in other MH services. Papers seen in November, show the Clinical Pathway group in place and working. Meeting notes show The OPMH Clinical pathway group has a psychiatrist as Clinical lead , a nurse consultant psychologist and AHPs. Extra operational management support recently put in place will also help. Full MDT input at senior leadership level- - A report received by the Chair in November 2025 show interim Psychology and AHPs input to the MHLTD Senior Leadership Team is in place alongside the substantive General Manager, medical and now nursing posts. A plan for permanent recruitment to all MDT SLT roles is not evident however we have heard this will be progressed when the whole Health Board re-structure takes place. The two interim appointments are consistent members so this is adding MDT input and reducing this risk.	

Theme 6 - Clinical Services Organisation	
Key Points from RCPsych Report	
Difficulty filling old age and adult consultant posts especially in the West. Lack of evidence of MDT working in the West. Lack of access to OT and Psychology in the West. No Nurse consultant dementia in OPMH an practice development nurses not focussed specifically on dementia. No clear model of clinical care throughout the Health Board	
EAG Detailed Considerations as They Relate to the RCPsych Feedback	
Summary There is good evidence of implementing the dementia specific actions including Memory Service National Accreditation Programme (MSNAP) accreditation plan, networks and support group and role clarification and successful bid for applied behaviourists.	

- More work needs to be done on standardisation of clinical models. The matrix structure of integrated OPMH/AMH management appears to support OPMH. The Clinical Pathway group has MDT leadership and meets regularly.
- There needs to be more focus on recruitment and retention for all professions including psychiatrists especially in the West.

Specific Points

- Many of these areas have already been addressed in previous sections themes above.
- There are important gaps in the West which still need attention.
- An Older Persons Mental Health or Adult Mental Health model of care has not been seen by the Group as wasn't explicitly on the Work Programme.
- There is evidence of how the Older Persons Mental Health pathway works.
- The action plan included MDT audit in this section which is discussed above.

Theme 7 – Training and Development

Key Points from RCPsych Report

Little engagement in external network.

Training and development progress – learning events in the division.

Grow own registered nurse support for HCA training as registered nurses.

EAG Detailed Considerations as They Relate to the RCPsych Feedback

Summary

- There was good evidence in the action plan for training in dementia care and, MCA and physical health training amongst others. Plans to ensure all relevant staff receive continue to receive training are needed, including in deteriorating patient experience training. The national accreditation of the prevention and management of violence training is best practice and seems to be working well. Improving evidence of participation in networks.

Little engagement in external networks

- Active participation in the RCPsych Quality Network, North Wales Police Partnership meetings, and joint forums with Caswell Clinic, Joint Commissioning Committee and Security Lead Forum was reported to the Chair of the EAG.

Training and development progress – learning events in the division

- The action plan shows good evidence of this taking place and targets being met. However, this may not be the total number of staff. A training matrix showing essential training and numbers of staff needs to be developed and the training delivered to 90% for it to have optimal impact. Evidence was provided to the Chair in November 2025 showing that this has taken place but falling slightly short of the target of 90%.

Grow own registered nurse support for Health Care Assistant training as registered nurses

- This is in place, and with investment could support more mental health students in the pipeline.

Theme 8 - Leadership and Staff Engagement
Key Points from RCPsych Report
EAG Detailed Considerations as They Relate to the RCPsych Feedback
Summary • There is a lot of evidence in the action plan to support staff engagement. Improving staff survey results and the work programme supporting this at service line was good to see. • Ensuring consistency. High levels of staff engagement and support have an impact in every team and teams which are need more support feel able to ask for it and receive it is important to focus on next. • The Group felt there was more work to do on supportive cultures. Maintaining consistently and compassionate high performing teams in every team with evidence showing staff feel well supported, able to raise concerns and compassionate care is experienced by service users and families. Overall, there was evidence of improved engagement with staff but it was not completely consistent throughout the Health Board • A lot of evidence shared about staff engagement including the communication and engagement plan. Evidence seen of implementing this including events happening consistently across teams and improved communication with “you said we did” and leadership walk arounds. • Health Board wide compassionate leaders’ development with four SLT leaders taking part and 11 MHLTD Team have had induction to become cultural change leaders. • Staff survey results during 2025 show MHLTD have improved share of respondents and feedback. Staff engagement score most important an important to see this at team level and for teams to share good practice .

Theme 9 - Resources
Key Points from RCPsych Report
Concern about lack of access to psychological therapies for inpatients especially in the western sector. There needs to be more development of multidisciplinary working there including the role of pharmacy in the division.
EAG Detailed Considerations as They Relate to the RCPsych Feedback
Summary • MDT staffing in all mental health teams and access to evidence-based therapies including psychological therapies remains a significant gap not addressed since the original reports in 2013/14. Ensuring safety critical procedures relating to estates and equipment work well is also important. These important areas need

to be addressed by the new Mental Health Oversight and Development Group and the Board.

Concern about lack of access to psychological therapies for inpatients especially in the western sector. There needs to be more development of multidisciplinary working there including the role of pharmacy in the division.

- There is evidence provided to the Evidence of Outcomes Group of the role of pharmacy being improved, especially in relation to the audit and acting on findings in relation to the use of antipsychotic medications.
- Lack of access to psychological therapies. Gaps in therapeutic provision in inpatient settings. Informed that a business case to access Welsh Government funds is under development. No progress seen to date by the Group. This is a Health Board wide issue and a gap which has not been addressed since 2013/14. Attention needs to be given to recruitment and retention of clinical psychologists and also potentially considering skill mix of roles.
- Development of MDT working also seen as important by the Group and links into other Group reflections on the importance of ward rounds.
- Review of demand and capacity for MDT working. A gap analysis report was completed in July 2024. An update should be taken forward collaboratively as a whole Health Board. The MDT participation audit in ward rounds shows very poor MDT participation.
- Community mental health models have developed over the past fourteen years including most recently perinatal services have had much needed investment. However, the Group felt that core mental health services for adults and older adults do not appear to have had the same focus. The same issues remain today as in the report's recommendation the need for MDT input in the RCPsych report and the original review reports.
- The core members of an MDT in mental health are Doctors, Nurses, Allied Health Professional mostly Occupational Therapists, Psychologists, Pharmacists and Social Workers. The Group felt that all of these are all essential elements to good Mental Health care. Access to evidence-based therapies has been part of NICE guidance for many years.
- Having a clear escalation procedure which works if equipment or facilities have a safety issue. This remains an important area to be able to demonstrate it works well. This can also become a source of staff frustration.

Theme 10 - Physical Environment

Key Points from RCPsych Report

The need for Urgent attention to be given to all remedial works are completed necessary to ensure patient safety, particularly fixed ligature risks.

Timescale for implementing recommendations made by the NCCU in recent inspections

EAG Detailed Considerations as They Relate to the RCPsych Feedback

Summary

- There is good evidence of a costed plan to reduce the ligatures and improve safety. Progress in focussing on fixed ligature risk assessments are also in place.

- An update was requested and shared to the EAG Chair in November 2025. This gave some assurance that all the elements were met.

The need for Urgent attention to be given to all remedial works are completed necessary to ensure patient safety, particularly ligature risks.

- It was very good to see estates colleagues involved, and well-developed costed plans for fixed ligature works in place. It was not the work of the Group to see if these have been approved by the Board. It is important that they take place as soon as possible.
- There was good evidence provided to the Group of Health and Safety support in the improvement actions related to the RCPsych Invited Services Review. Estates and ward staff working together on fixed ligature risk assessment identification, removal and training. Provided the works go ahead the risk presented by the ligatures in the environment will be reduced when the programme of works is complete.
- EAG did not see evidence of other environmental works that is needed. The Group heard of advanced plans for the redevelopment of the Ablett unit which families whole-heartedly support. OPMH wards which are in stand-alone locations also need a long- term plan to ensure patients needs can be effectively met.
- Hergest unit needs a plan for upgrading it to eliminate dormitory accommodation, provide en-suites and improve the environment generally. The EAG heard about the potential for a vacant ward. The possibility of re-siting the OPMH unit from Ynys Mon/Anglesey is also a consideration.

Health Board

HEALTH BOARD DRAFT STRATEGIC VISION STATEMENT AND STRATEGIC INTENTIONS REPORT

Date of Meeting	29 January 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Kamala Williams, Interim Assistant Director of Health Strategy
Lead Executive Team Member name and title	Paolo Tardivel, Interim Executive Director of Transformation, Strategy and Planning

Report Purpose	For Approval

Executive Summary

The attached report presents a draft strategic vision statement for consideration, along with proposed strategic intentions to improve health and wellbeing in North Wales, for Board approval. Together, these statements set a clear, shared direction that brings together staff, partners and communities around long-term ambitions for population health and wellbeing across the region. They 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 (CSP) for the organisation.

Both the vision and strategic intentions have been co-created with staff, partner organisations and community representatives to ensure they reflect local needs and priorities. They form a key part of the wider strategy programme, which is following a '**Discover** → **Design** → **Deliver**' approach to ensure strategic planning is collaborative, evidence-based and focused on improving outcomes.

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 (IMTP).

The report covers:

- An overview of the Health Board Strategy Programme
- Background and context for developing the draft strategic vision and strategic intentions
- The case for change
- A summary of the development process
- Key themes emerging from engagement and analysis
- The draft strategic vision statement
- The proposed strategic intentions for adoption
- Next steps

Without a compelling strategic vision and clear strategic intentions, the Health Board risks strategic drift, reduced partner confidence, and missed opportunities to improve population health and service sustainability. To mitigate these risks, a dedicated and appropriately resourced team will be established to support the Strategy Programme.

The Board is asked to:

- **COMMENT** on the draft strategic vision statement, noting that it will continue to be refined during the strategy discovery phase.
- **APPROVE** the four strategic intentions, which will underpin the organisation's future planning including the new 10-year strategy, CSP and IMTP.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
Informal Board Development session	26/06/25	Presentation and workshop session on Strategy Programme challenges and opportunities. Feedback collated.
Regional Partnership Board (RPB)	11/07/25	Presentation and workshop session on vision and strategic intentions - challenges and opportunities. Feedback collated.
RPB	19/09/25	Presentation and discussion of feedback from July RPB session

Strategy Event in partnership with Bevan Commission	08/10/25	Output report produced, setting out the draft vision for the Health Board and the strategic intentions
Planning, Population Health and Partnerships (PPHP)	28/10/25	Presentation of feedback from 8 th October event.
RPB	14/11/25	Draft vision and strategic intentions presented and feedback received
Informal Board Development session	26/11/25	Draft vision and strategic intentions presented and feedback received
Stakeholder Reference Group (SRG)	02/12/25	Draft vision and strategic intentions presented and feedback received
Engagement Practitioners Forum	04/12/25	Strategy work overview presented and feedback received
Local Partnership Forum (LPF)	10/12/25	Draft vision and strategic intentions presented and feedback received
Community by Design Event	16/12/25	Workshop sessions feedback collated
Advanced Clinical Leaders – module 6	17/12/25	Workshop session on draft vision and strategic intentions with feedback collated
Engagement period - Output report	25/11/25 - 31/12/25	Surveys analysed and included in feedback report, see Appendix 3
Feedback received as outlined above used to produce final strategic intentions for Board approval		
Strategic Planning and Service Change Group	14/01/26	Consideration of 15 th January PPHP paper
PPHP Committee	15/01/26	Paper covering draft strategic vision and seeking final comments on the recommended strategic intentions prior to submission to Board for approval.
RPB	16/01/26	Presentation covering draft strategic vision and seeking final comments and endorsement of the recommended strategic intentions prior to submission to Board for approval.

Acronyms / Glossary of Terms*

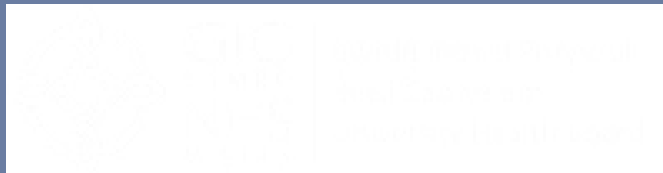
*Included in report

ASSESSMENT	
Link to Strategic Priorities	    
	Choose an item.
	If more than one applies, please list below:
	1. Building an effective organisation
	If more than one applies, please list below: 2. Developing strategy and long-lasting change 4. Improving quality, outcomes and experience
Design Principles	People First If more than one applies, please list below: Inclusive design Wise spending Simplify, standardise and adopt best practice Digital first Equity and accessibility Consistency with organisational values
Corporate Risks and Board Assurance Framework	BAF 24-02 Not Delivering Strategic Development and Digital Transformation CRR 25-05 - Strategic Change – Impacting Care and Staff Delivery
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales
	If more than one applies, please list below: A resilient Wales A more equal Wales A Wales of more cohesive communities

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:	An Integrated Equality Impact Assessment (WP8a) has been completed. No significant issues have been identified in relation to the strategic intentions. However, several considerations pertaining to implementation have been noted and logged to ensure they are

		appropriately addressed as the strategic intentions are taken forward.
	If no, please include rationale:	
Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: ☒	No: ☐
	Outcome:	Undertaken as part of the Integrated Equality Assessment, see section above.
	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 <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Yes: ☒	No: ☐
	Outcome:	
	If no, please include rationale:	Undertaken as part of the Integrated Equality Assessment, see section above.
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	A Data Protection Impact Assessment is not required, as the paper outlines strategic

		intentions only and does not propose any operational changes, new processes, or use of personal data. There are no data protection implications at this stage.
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	A Counter Fraud Impact Assessment is not required, as the paper sets out strategic intentions only and introduces no operational changes, financial transactions, or process amendments that could create fraud risk. There are no fraud-related implications at this stage.
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	
	Failure to deliver the strategic intentions could result in significant reputational damage, eroding internal and external stakeholder confidence and making the transformation of services more challenging to achieve	
Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	



Report

Draft Vision Statement and Strategic Intentions for Health and Wellbeing in North Wales

January 2026



1.0 Executive Summary

This report presents a draft strategic vision statement for consideration, along with proposed strategic intentions to improve health and wellbeing in North Wales, for Board approval. Together, these statements set a clear, shared direction that brings together staff, partners and communities around long-term ambitions for population health and wellbeing across the region. They 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 (CSP) for the organisation.

Both the vision and strategic intentions have been co-created with staff, partner organisations and community representatives to ensure they reflect local needs and priorities. They form a key part of the wider strategy programme, which is following a **‘Discover → Design → Deliver’** approach to ensure strategic planning is collaborative, evidence-based and focused on improving outcomes.

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 (IMTP).

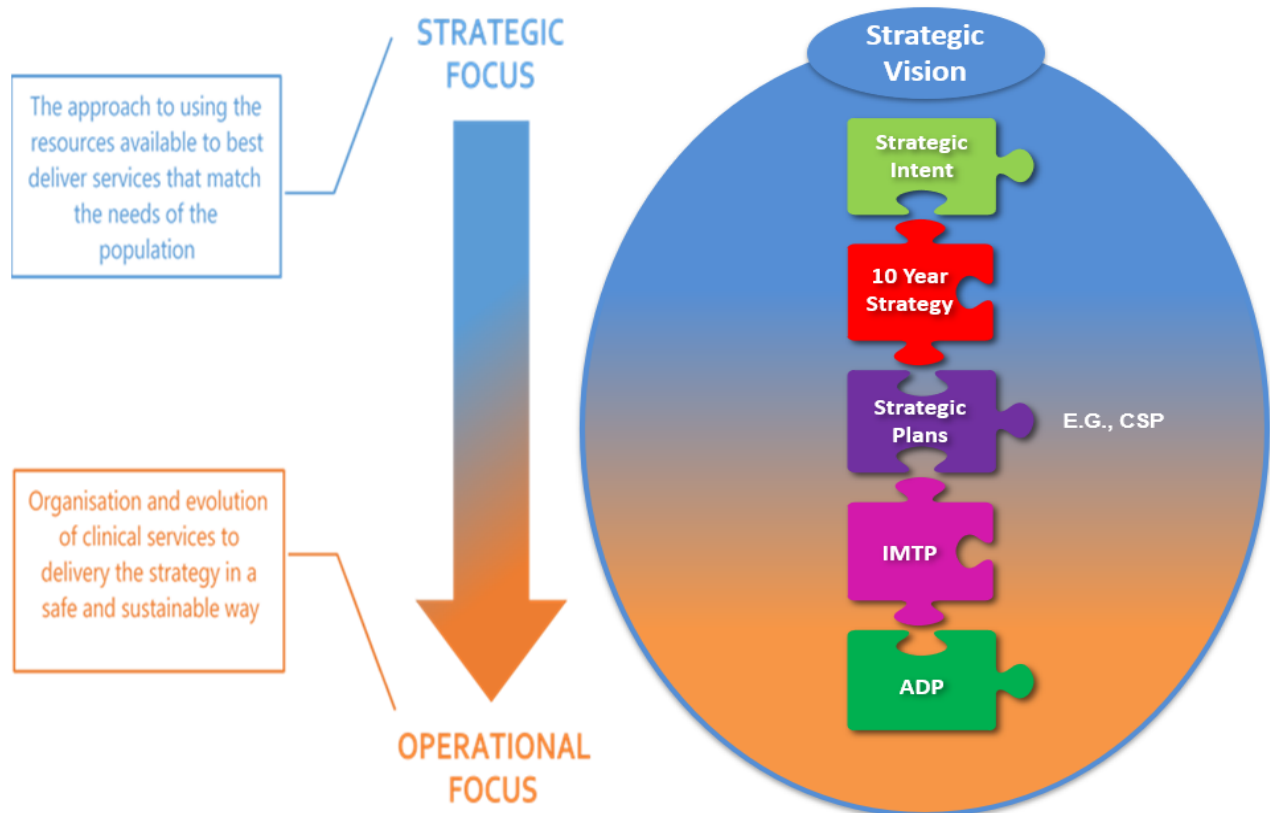
The report covers:

- An overview of the Health Board Strategy Programme
- Background and context for developing the draft strategic vision and strategic intentions
- The case for change
- A summary of the development process
- Key themes emerging from engagement and analysis
- The draft strategic vision statement
- The proposed strategic intentions for approval
- Next steps

2.0 Overview of the Health Board Strategy Programme

The Health Board is advancing a comprehensive strategy programme designed to shape the future of health and wellbeing across North Wales, see figure 1 below:

Figure 1: BCUHB Strategy Programme



The strategy programme follows a **Discover** → **Design** → **Deliver** approach and will produce four interlinked strategic products:

Strategic Product	Description
Strategic vision	A clear, future-focused statement that describes what the Health Board aspires to achieve over the long term, providing direction for decision making and system transformation.
Strategic intentions	High level priority statements that set out the key areas of focus that the Health Board, working with partners and communities, will pursue to achieve its strategic vision.
10 Year Strategy	A long term blueprint that sets out how the Health Board will achieve its goals by aligning resources, actions, and decision making over the next decade to deliver sustainable improvements in population health and wellbeing

Strategic Product	Description
Clinical Services Plan (CSP)	A strategic plan describing how clinical and care services will be organised, delivered, and developed to meet current and future population needs ensuring safe, effective and sustainable high quality care.

3.0 Background and context for developing the draft strategic vision statement and strategic intentions

In 2018, the Health Board adopted its 10-year strategy '*Living Healthier, Staying Well (LHSW)*', followed by the *Clinical Services Strategy (CSS)* in 2021. While these strategies remain in place, neither was fully enacted, and significant organisational changes since their adoption mean they no longer reflect current priorities or operational realities.

Entering Special Measures in February 2023 marked a pivotal moment for the Health Board, prompting a renewed focus on stabilisation, governance, and organisational capability. Substantial progress has since been achieved, evidenced by the approval and submission to Welsh Government of a financially balanced three-year plan for 2025–2028, the first time the Health Board has been able to do so. With these foundations established, the organisation is now well positioned to move forward with the development of a new 10-year strategy and CSP.

The co-creation with partners of a draft strategic vision and strategic intentions represents a significant first step in shaping this future direction. Together, they provide a structured framework to steer current priorities and actions, acting as a bridge in the strategic landscape whilst the new 10-year strategy and CSP are developed.

4.0 The case for change

The health and care system in North Wales faces significant challenges that require urgent and transformative action. Current models of care are heavily weighted toward reactive treatment rather than proactive health and wellbeing, contributing to rising demand, increasing complexity, and widening health inequalities. Without a shift in approach, the system will struggle to meet the needs of the population effectively and sustainably.

Key drivers for change include:

- **Population health pressures:** Persistent inequalities, an ageing population, and increasing prevalence of chronic conditions demand a stronger focus on prevention early intervention and improved wellbeing.
- **Fragmented services:** Care pathways can be disjointed within and across health, social care, and community sectors, leading to inefficiencies and poorer outcomes, access and experience for service users, carers and the community at large.
- **Workforce and capacity constraints:** Recruitment and retention challenges, coupled with resource limitations, impact the Health Board's ability to deliver high-quality, timely care.
- **Configuration of services:** The current configuration of some services is not sustainable or well-aligned with population needs, leading to unwarranted variation, workforce pressures, and inefficiencies.
- **Financial sustainability:** Rising costs and constrained budgets require a shift toward value-based care and better use of resources
- **Future readiness:** Ageing estates, outdated digital infrastructure, changes in workforce composition, and the need to keep pace with advancing technology require significant modernisation, adoption of new ways of working, and a strengthened commitment to research and innovation.

5.0 Outline of the development process

Between June and December 2025, the Health Board undertook a comprehensive and collaborative process to develop its draft strategic vision and strategic intentions. Engagement throughout the development process was inclusive and iterative, involving forums including Informal Board Development sessions, the Regional Partnership Board (RPB), Stakeholder Reference Group (SRG), Local Partnership Forum (LPF), and workshops involving staff and community representatives.

Early engagement between June and September 2025 focused on identifying key challenges and opportunities. The feedback gathered informed a major strategy event on the 8th October which was delivered in partnership with the Bevan Commission and brought together more than 70 local leaders from within Health Board services, partner organisations, and community representatives for a structured and interactive day of strategy development work. The event integrated expert analysis, public health intelligence, and community insight to examine aspirations for the future as well as challenges and opportunities for the organisation its partners and communities. The resultant Output Report included a draft strategic vision statement and four draft strategic intentions. The initial draft strategic intentions are included as Appendix 1.

6.0 Key emerging themes from the development process

The key themes which emerged through the development work are detailed in figure 2, below and overleaf.

Figure 2: Summary of key emerging themes through the development process

Strengthen co-ordination across health, social, and community service

- Promote compassionate care by prioritising “hugs not drugs” and reducing over-medication.
- Ensure seamless care across sectors through integrated, not fragmented, services.
- Recognise and support the vital role of a sustainable third sector in community health.
- Strengthen collaboration across health, social care, and partners through joined-up working.
- Align efforts across the system with shared, system-wide goals for collective impact.

Foster a future-ready environment

- Invest in “digital skills and access” to ensure both staff and communities are equipped to engage confidently with evolving technologies.
- Build trusted relationships through open, consistent communication that empowers communities and fosters shared responsibility.
- Align funding and planning around what matters to people, resources should support co-designed/produced, value-driven change
- Encourage research-informed innovation that delivers measurable value and impact.

Improve hospital care experiences and outcomes

- Quality and value at the heart of service delivery
- Offer of alternatives to meet diverse needs and preferences
- Shared outcomes – collaborative success across sectors
- “No wrong door” approach – seamless signposting and support
- Inclusive experience – especially for vulnerable
- Enhance experience through “you said, we did” feedback loops, co-designed services, and communication that builds trust and transparency.

Shift from reactive care to proactive health and wellbeing

- Tackle poverty, health inequalities, and homelessness
- Promote self-care, early intervention, and health education throughout the life course
- Support unpaid carers and empower communities
- Drive culture change and manage expectations around quality of life
- Shift from “firefighting” to “smoke detecting” – proactive vs reactive care

7.0 Draft strategic vision statement

The draft vision statement, see figure 3 below, has been developed to provide an initial shared sense of direction and a foundation for engagement. It offers a unifying reference point, which has informed the development of the strategic intentions while the discovery work continues to progress. This statement is intended to facilitate meaningful engagement with clinicians, staff, partners, and communities, offering a common language for decision-making and for testing emerging ideas against the Health Board’s overarching ambition for health and care in North Wales.

Further development of the vision will involve iterative refinement informed by feedback and validation to ensure that it reflects shared ambition and priorities. Formal approval by the Health Board will follow as a key output from the strategy discovery phase.

Figure 3: Draft strategic vision statement

Draft strategic vision statement

“We are building a future where everyone in North Wales has the support, they need to live a healthier and happier life. Over the next decade, our dedicated staff will work hand-in-hand with communities and partners to empower people to stay well and access the care they need, when they need it. Together, we will create high-quality, compassionate, and sustainable care that transforms health and wellbeing for the population we serve.”

8.0 The strategic intentions

The outcomes that the strategic intentions aim to achieve include:

- Improved health and wellbeing through a stronger focus on prevention and early intervention.

- Reduced health inequalities by removing structural barriers to care and targeted action for groups experiencing the poorest outcomes
- Better access to care by expanding community-based services and integrated pathways.
- Enhanced quality and experience of services for individuals and communities.
- A future-ready healthcare system leveraging digital innovation, research, and workforce development.
- Best use of resources through integrated and collaborative care.

The initial draft strategic intentions, see Appendix 1, were tested and refined using the following approaches:

- A review against the available evidence, see Appendix 2. This included:
 - Key national and local policy documents and legislative frameworks.
 - Population health and wellbeing need assessments for North Wales.
 - Feedback on current experience of BCUHB services from partners, communities, and individuals gathered through strategy development and other engagement activities
- The 8th October Output Report was shared with all invitees to the event along with a survey on the draft strategic intentions (survey questions are in Appendix 3). The survey remained open for five weeks, closing on 31st December 2025.
- Presentations on the draft strategic intentions were delivered to key forums, including:
 - Health Board Informal Development
 - Health Board Planning, Population Health and Partnerships (PPHP) Committee
 - Regional Partnership Board (RPB)
 - Health Board Stakeholder Reference Group (SRG)
 - Health Board Local Partnership Forum (LPF)
 - Health Board Strategic Planning and Service Change Group (SPSCG)
 - North Wales Engagement Practitioners Forum
 - A dedicated workshop with senior clinical leaders from the Advanced Clinical Leadership Programme.

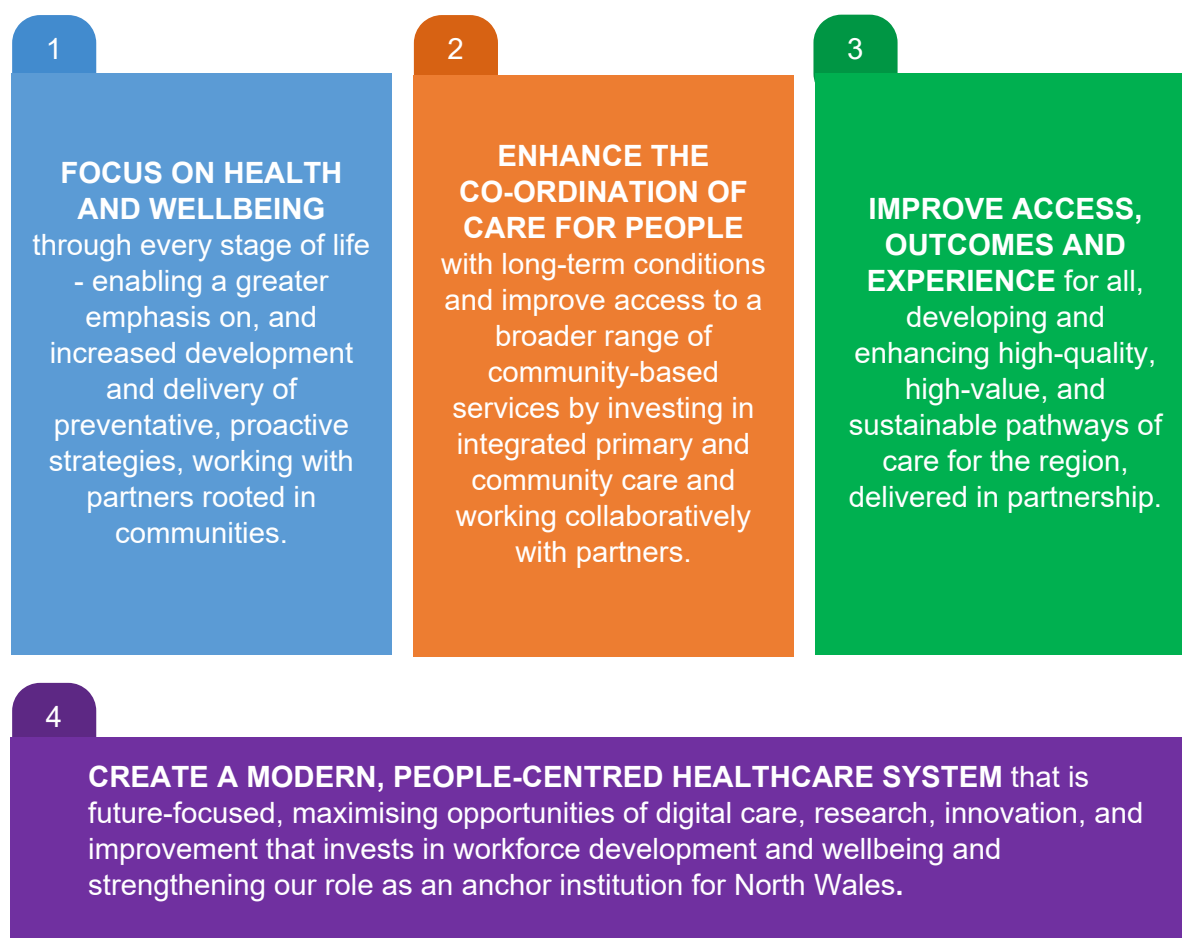
Feedback received (see also Appendix 3) was grouped into three categories:

- Areas requiring ongoing consideration as strategy development progresses
- Issues that can be addressed through implementation of the strategic intentions
- Underrepresented or missing elements requiring amendment of the draft intentions

Proposed amendments were subsequently tested with the Strategic Planning and Service Change Group (SPSCG), Planning, Population Health and Partnerships, (PPHP) Committee, and the Regional Partnership Board (RPB). Feedback from these groups was positive but highlighted the need for more accessible language. Although further simplification was recognised as potentially reducing nuance, it was agreed that presenting each intention as a bold, capitalised theme would enhance clarity without altering the meaning.

The final strategic intentions recommended for Board approval are presented in Figure 4 below:

Figure 4 – Strategic intentions recommended for Board approval



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 IMTP.

9.0 Next steps

Following Board consideration and approval:

- Accessible versions of the draft vision statement and strategic intentions will be developed for staff, partners and communities.
- The strategic intentions will be embedded across the organisation's strategic planning processes, including the development of the IMTP.
- Targeted engagement will continue to refine the draft strategic vision, with a final version to be presented to the Board as a key output from the strategy programme's discovery phase.

Glossary

Acronyms / Glossary of Terms	
Delivery Phase (Strategy)	The implementation stage, translating strategy into actions, allocating resources, and monitoring performance to achieve intended outcomes.
Design Phase (Strategy)	The stage where insights and feedback are shaped into a strategic framework, detailed objectives, and delivery models through co-production and option appraisal.
Discovery Phase (Strategy)	The initial stage of strategy development focused on understanding problems, needs, and opportunities through evidence gathering before defining solutions.
Integrated Medium-Term Plan (IMTP)	A three-year plan that sets out how an NHS organisation in Wales will improve services, support staff, and use its resources. It helps make sure care is planned, coordinated, and focused on the needs of local communities.
Local Partnership Forum (LPF)	A joint forum where Health Board leaders and trade union representatives work together to discuss workforce matters, support partnership working and promote effective staff engagement across the organisation.
Population, Partnerships and Health Planning (PPHP) Committee	Health Board committee responsible for overseeing population health strategy, partnership working and the planning of services to improve health and wellbeing across North Wales.
Regional Partnership Board (RPB)	A statutory partnership that brings together health, local government, third-sector and citizen representatives to plan and coordinate integrated care and wellbeing services across a region.
Special Measures	A formal Welsh Government intervention applied when an NHS organisation has serious

	concerns. It brings strengthened oversight and support to ensure urgent improvements in quality, safety, governance and performance.
Stakeholder Reference Group (SRG)	An advisory group to the Health Board that brings together patient, public, staff and partner representatives to provide insight, feedback and challenge on strategic plans, ensuring decisions reflect the needs and priorities of the wider community.
Strategic Planning and Service Change Group (SPSCG)	A Health Board group that provides oversight, co-ordination and assurance for strategic planning and proposed service changes, ensuring developments are aligned with organisational priorities and statutory requirements

List of appendices

Appendix 1: Initial draft strategic intentions, the subject of further testing and refinement

Appendix 2: Evidence base (statutory duties; national and local frameworks etc).

Appendix 3: Engagement feedback summary

Initial draft strategic intentions

(From 8th October Strategy Development event, the subject of further testing and refinement)

Focus on health and wellbeing

(not only ill-health) – enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities

Enhance the co-ordination 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*

*Create a modern, people-centred healthcare system that is **future focused** and maximises the opportunities of digital care, research, innovation and improvement and invests in the development and wellbeing of the workforce.*

Improve access, outcomes and

experience *in secondary and specialist services, developing and enhancing highly quality, high value and sustainable pathways of care for the region, delivering in partnership*

Evidence base

This appendix summarises the key national duties, policies, local frameworks, and engagement insights that inform the development of Betsi Cadwaladr University Health Board's (BCUHB) strategic intentions. It draws on Welsh Government legislation, NHS Wales frameworks, regional and local plans, and feedback from citizens, staff and partners.

1. National Legislative and Policy Frameworks

1.1 Statutory duties

- **Well-being of Future Generations (Wales) Act 2015 (WBFGA)**
Requires public bodies to work long-term, prevent harm, collaborate, integrate services, and involve citizens—principles that underpin the focus of the Strategic Intentions on prevention, reducing inequalities, and partnership working.
- **Health and Social Care (Quality and Engagement) (Wales) Act 2020**
Introduces duties of quality and candour and establishes *Llais* as the national citizen voice body, reinforcing the Health Board's commitment to transparency, safe services, and meaningful involvement.

1.2 Quality and value frameworks

- **Health and Care Quality Standards (2023) (HQCS)**
Sets out STEEEP expectations (Safe, Timely, Effective, Efficient, Equitable, Person-centred) and the enabling conditions—leadership, workforce, culture, information, learning and whole-system working.
- **Value-Based Healthcare in Wales**
Emphasises maximising outcomes that matter to people while reducing unwarranted variation and waste, aligning with the Board's drive for quality and value.

1.3 National strategic direction

- **A Healthier Wales, 2018**
Describes a shift to prevention, earlier support, and seamless care delivered closer to home, supported by digital and data. Recent updates reaffirm these priorities.
- **Community by Design (Primary Care Programme)**
Provides a model for redesigning pathways so that care takes place in the community wherever possible.
- **Chief Scientific Adviser (Health) — NHS in 10+ years**
Highlights long-term pressures (demography, chronic disease, workforce) and the need to innovate.

- **Chief Medical Officer Report 2024–25**
Stresses the need to act on declining healthy life expectancy, reduce inequalities, and support a capable, flexible workforce.

National themes shaping the strategic intentions

- A stronger focus on prevention and early intervention
- More integrated, community-based care
- Improved quality, value and outcomes
- Better use of science, data and digital technology
- A skilled and flexible multidisciplinary workforce

2. Local and Regional Frameworks

2.1 BCUHB strategic plans

- **Living Healthier, Staying Well (2018)**
The Health Boards current 10-year organisational strategy
- **The Clinical Services Strategy (2022)**
Set out guiding and design principles for service review and reconfiguration
- **Integrated Medium-Term Plan (IMTP) 2025–28**
Sets service, workforce and financial priorities consistent with national direction.
- **Partnerships, Engagement and Communication Strategy (2022–25)**
Provides the approach for involving citizens, staff and partners in shaping services.

2.2 Regional Partnership Board (RPB)

- **North Wales Regional Area Plan (2023–2028)**
Sets priorities for older people, mental health, children, carers and people with learning disabilities, based on shared evidence across public services.
- **Market Stability Report (2022)**
Assesses the sustainability of social care, informing integrated care and commissioning.

2.3 Public Services Boards (PSB) and Local Authorities

- **PSB Well-being Plans (2023–2028)**
Identify local priorities such as prevention, reducing inequalities, and community resilience.
- **Local Authority plans and Local Development Plans (LDPs)**
Provide essential evidence on wider determinants—housing, transport, employment—and infrastructure needs that shape demand for health and care services.

2.4 Primary and community care

- **Primary Care Model for Wales / Cluster Plans**

Show growing multidisciplinary working and a shift toward managing chronic conditions closer to home.

2.5 Inequalities, prevention and complex needs

- **Inverse Care Law Programme – Evaluation (2024)**

Demonstrates the benefit of place-based partnership models in deprived communities.

- **Health Equity Solutions Platform (2025)**

Supports prioritising actions that reduce inequalities in access and outcomes.

- **Regional Alcohol Harm Reduction Strategy (2025–28)**

Reflects regional priorities that align with mental health, urgent care and prevention.

2.6 Economy, transport and place shaping

- **North Wales Growth Deal**

Provides investment supporting digital capability, workforce, and wider determinants of health.

- **Regional Transport Plan (2025–30)**

Highlights transport access barriers—particularly relevant for rural communities—and links to the Strategic Intentions around access to care and sustainability.

3. Evidence from engagement activity

3.1 How engagement was undertaken

Engagement activity undertaken in accordance with the Health Board's Partnerships, Engagement and Communication Strategy, examples include:

- Citizen and community feedback through PSB and Council Plan consultations
- Primary care cluster engagement and multidisciplinary teams
- Regional partner input through RPB processes
- Third sector feedback
- Activity to support specific service change

3.2 What we heard

- **Access and timeliness:** strong support for integrated, community-based care
- **Prevention and early help:** desire for more proactive, targeted support
- **Inequalities:** concerns around poverty, transport, language and digital inclusion
- **Workforce:** importance of multidisciplinary teams and person-centred care
- **Digital and data:** support for better information sharing and digital access

- **Transport:** widespread concerns about the affordability and reliability of travel to services

3.3 How engagement shaped the strategic intentions

- Strengthened focus on place-based prevention
- More integrated primary and community pathways, reflecting Community by Design and ICL learning
- Clear anchor organisation commitments across all four strategic intentions
- Recognition of barriers, for example, transport, digital exclusion, fragmented service delivery, other non-health related issues, as key factors to accessing to care

4. Mapping national duties to local delivery

The Strategic intentions align national requirements with local needs through:

- **Prevention and inequalities** → WBFGA; CMO Report; Inverse Care Law (ICL) evidence → targeted public health and primary care actions
- **Quality and citizen voice** → Quality & Engagement Act; HCQS → quality improvement and involvement
- **Care closer to home** → A Healthier Wales; Community by Design → community pathway redesign and cluster development
- **Science, data and digital** → CSA 10+ years; national digital priorities → analytics, insight and digital enablers
- **Workforce capability** → CMO and HCQS → workforce development and multidisciplinary practice
- **Place-shaping** → PSB Well-being Plans; LDPs; Growth Deal → estates planning, sustainability and improved access

References

For items above are available on request.

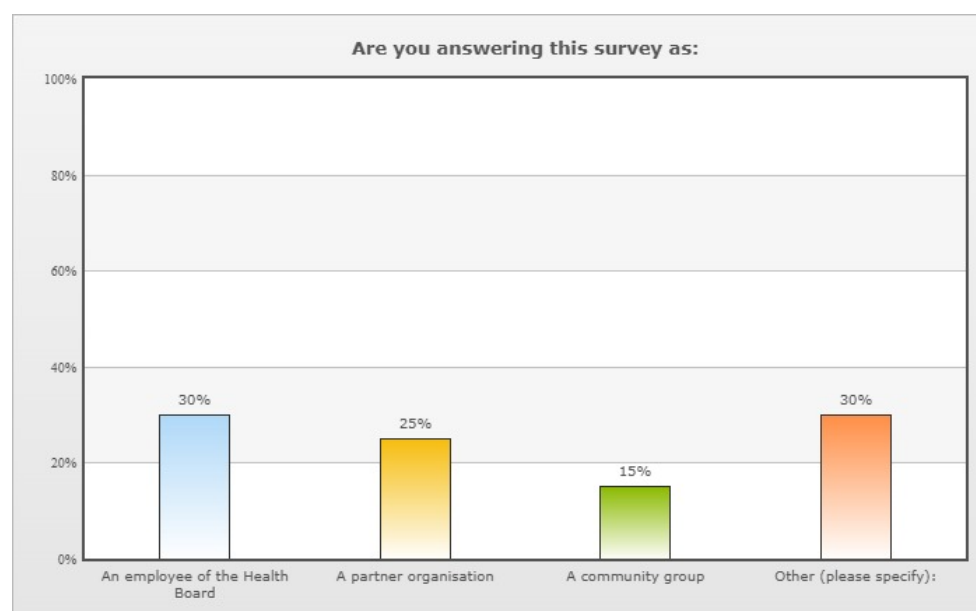
Strategic intentions – testing and refinement

Questionnaire (MS Forms) circulated with 8th October Output Report

1. Do these four strategic intentions together represent a clear and coherent vision for health and wellbeing in North Wales? **Scale 1- 5**
2. How well do these strategic intentions reflect the health and wellbeing needs and priorities of the communities we serve? **Scale 1-5.**
3. How well do these strategic intentions align with national and local health priorities, strategies and policies? **Scale 1-5.**
4. What areas, if any, do you think are underrepresented or missing from these strategic intentions? **Free text**
5. What do you see as the main challenges and key enablers in implementing these strategic intentions? **Free text**
6. How would you prefer to be kept informed or involved in this work? (e.g., email updates, community meetings, online forums) **Free text**

Summary of feedback received

Survey - headline findings (21 responses)



- **90%** agree or strongly agree the draft intentions represent a clear and coherent vision.
- **90%** agree they reflect community needs and priorities.
- **84%** agree they align with national and local health priorities.

Strengths Identified

- Strong endorsement of:
 - Early intervention and wellbeing as a priority.
 - Improved co-ordination of care for long-term conditions.
- Positive support for digital transformation as a future enabler.
- Intentions viewed as aspirational and aligned with policy frameworks.
- Creates opportunities for care closer to home and multi-disciplinary working including co-location of services

Areas for Improvement

- **Clarity and Accessibility:** Simplify language; provide easy-read versions for public engagement.
- **Health Inequalities:** Embed equity considerations across all intentions, and consider in the broadest sense, for example, rural access and digital exclusion.
- **Pathways:** Acknowledge the importance of planning on a pathway basis.
- **Primary Care Inclusion:** Strengthen references to primary care alongside secondary and specialist services.
- **Collaborative Working:** Consider making partnership working a distinct strategic intention.
- **Deliverability:** The strategic intentions are hugely ambitious, to maintain credibility while building confidence and trust, it's essential that all commitments are realistic and achievable.

Underrepresented or Missing Elements

- Integration of physical and mental health needs.
- Confirmation that the strategic intentions apply across the whole life course
- Stronger emphasis on public health determinants (housing, environment).
- Explicit commitment to coproduction with communities and third sector.
- Workforce wellbeing to be expanded to position BCUHB as an employer of choice.

Implementation Challenges

- Cultural shift from reactive to preventative care.
- Capacity and resource constraints, particularly in prevention and community care.
- Capacity and organisational readiness for change
- Funding pressures and competing priorities.
- Risk of limited meaningful engagement with primary care and third sector partners.
- Need for SMART measures to track progress.

Key Enablers

- Strong leadership and clear, unrestrictive governance.
- Partnership working with third sector and local authorities.
- Ring-fenced funding for prevention and community services.
- Digital infrastructure and data sharing to support early intervention.
- Ongoing stakeholder engagement and communication.

Health Board

IMTP 2026-29 DEVELOPMENT PROGRESS REPORT

Date of Meeting	29 January 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)
Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)
Report Purpose	For Noting

Executive Summary

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

Building on the learning from last year's planning cycle and engagement with Executive and Independent Members, partners, staff and Welsh Government, this year's IMTP aims to be more focused, realistic and deliverable, with clearer prioritisation and stronger alignment between strategy, operational plans, and resource allocation.

The IMTP is being developed within a clear strategic context, informed by the proposed Strategic Intent for Health and Wellbeing in North Wales. It also helps shift emphasis from foundational organisational recovery towards longer-term transformation, while recognising that the organisation remains at Level 5 escalation and must demonstrate progress across all domains of the NHS Wales Escalation Framework and not just the NHS Wales Planning Framework.

Important improvements have been made to the planning approach this year, including earlier and broader engagement, a more continuous planning process, and integration of Annual Delivery Plan detail directly into the IMTP narrative. A major enhancement is the move to unified numerate planning, bringing together demand, capacity, activity, workforce and financial modelling. Executive budget owners will now be able to make more holistic prioritisation decisions across their entire portfolios and not only focus on available additionality in isolation.

The remaining work involves finalising service plans, aligning resources to agreed priorities, and refining trajectories and delivery risks. A sequence of Board and Committee meetings throughout February and March will support scrutiny and refinement, ahead of final consideration by the Board on 26th March 2026 and formal submission to Welsh Government by 31st March 2026.

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data
N/A – Covered within the report		

Acronyms / Glossary of Terms

PPHP	Planning, Population Health & Partnerships Committee
PFIG	Performance, Finance and Information Governance
QSE	Quality, Safety & Experience Committee
EHR	Electronic Healthcare Record
IMTP	Integrated Medium-Term Plan
ADP	Annual Delivery Plan
CSP	Clinical Services Plan
UEC	Urgent and Emergency Care
HCAI	Healthcare Associated Infection
GMS	General Medical Services
QMS	Quality Management System
MCP	Major Change Programme

IMTP 2026-29 DEVELOPMENT PROGRESS REPORT

1. SITUATION

- 1.1 The purpose of this report is to provide Board Members with an overview of the progress made and next steps in the development of the 2026-29 Integrated Medium-Term Plan (IMTP).

2 BACKGROUND

- 2.1 The IMTP represents the Health Board's three-year plan for delivery of its strategic objectives and key priorities. It is a statutory requirement for Health Boards to produce a financially balanced IMTP that meets the expectations set out by the Cabinet Secretary for Health and Social Care in the NHS Wales Planning Framework.
- 2.2 Last year was the first time in the organisation's history that it submitted an IMTP which was financially balanced and approved by the Health Board, although it was not subsequently supported by Welsh Government.
- 2.3 This year's IMTP will be presented to the Health Board for approval on the 29th March 2026 and if approved, submitted to Welsh Government by 31st March 2026.

3 SPECIFIC MATTERS FOR CONSIDERATION

3.1 STRATEGIC CONTEXT

- 3.1.1 The Health Board's strategy development programme is well underway, focused on three principal areas:
- [Strategic Intent](#) – Development of a Strategic Intent for Health and Wellbeing in North Wales, co-created with partners.
 - [10-Year Strategy](#) – The choices and principles that will enable the Health Board to realise its Strategic Intent and fulfil its other obligations.
 - [Clinical Services Plan](#) (CSP) – How clinical services will be configured to maximise quality and performance.
- 3.1.2 These principal areas are all progressing, albeit at differing levels of maturity due to the natural sequencing involved, with the Strategic Intent work furthest advanced. It is being presented to Board today and includes four new Strategic Intent Statements which, pending Board approval, will be used as the strategic framing for the 2026-29 IMTP. These replace the previous five strategic objectives which originally evolved from the initial Special Measures response plan and focused more on building the right foundations to build an effective and sustainable organisation for the long term. Within

the IMTP, the new Strategic Intent Statements will support the organisation to look forward, acting as a bridge between the foundational work undertaken and the new 10-Year Strategy and clinical services transformation.

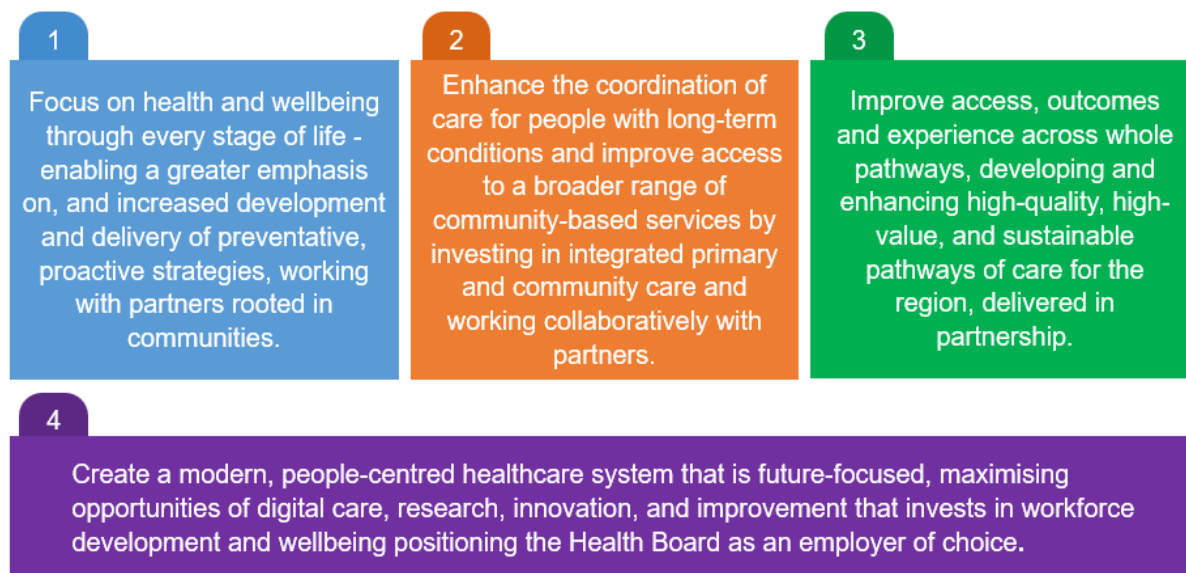


Figure 1: Proposed four Strategic Intent Statements (wording to be finalised following January Board meeting feedback)

3.1.3 It is worth recognising that whilst the Health Board has made significant progress against the six domains of the Special Measures (Level 5 escalation status) Escalation Framework, it remains an organisation at Level 5 escalation. This is an important piece of context for the development of the IMTP.

3.2 LEARNING AND IMPROVEMENTS

3.2.1 There is now an established cycle of learning and reflection at the start of each financial year to inform improvements in the planning cycle. This year included input from Independent Members, Executive Team, Partners, teams contributing to the process and Welsh Government. It was supplemented later in the year by the Planning Maturity Matrix self-assessment and resultant action plan presented to Board in November.

3.2.2 A number of improvements resulted from all of this feedback, the key ones being:

- **Involve key stakeholders early in the planning cycle** (e.g. Board Members and Partners), enabling strategic priorities to be influenced. The Informal Board session in June and Regional Partnership Board (RPB) session in July are good examples of this.

- **A more realistic and deliverable plan with fewer priorities**, ensuring capacity to deliver. That has been one of the core guiding principles of this year's plan development, leading to a structural change to the plan where those areas that are more business as usual in nature are represented in a different section of the plan that doesn't contain deliverables that will be tracked via the IMTP process.
- **A more delivery focused plan containing milestones, trajectories and delivery risks**. Another structural change for the plan this year is to bring in the Annual Delivery Plan (ADP) level detail into the main IMTP document and include associated trajectories and risks.
- **Inform the plan through the year, rather than over compressed timeframes during Q3 and Q4**. The concept of 'continuous planning' was adopted this year, taking conversations from Board/Committee, Executive Management, partner meetings, staff and citizen engagement opportunities, to inform the plan and strategy work. Similarly a development session of PPHP in September focused on Prevention, a partners and communities event co-hosted with the Bevan Commission in October and a Community by Design event with clinicians in December have all made important contributions too.

3.2.3 These improvements are designed to lead to a more focused, realistic and delivery orientated plan, that has been developing throughout the year. All of these improvements and more are reflected in a significant re-write of the Health Board's Integrated Planning Framework that was approved by Board in November.

3.3 APPROACH

3.3.1 The approach to this year's planning cycle has been around the broad phases outlined below. This represents a full 12-month cycle, with some of the phases overlapping as work evolves, rather than strictly sequentially. Each phase has some of the key milestones and critical activity highlighted to aid understanding, although this doesn't describe the entirety of the activity.

- **Establish strategic direction** – Early engagement with Board Members on strategic priorities and key areas of focus, later supplemented by discussions with Partners are on priority areas for collaboration. The strategy development work referenced above has also been contributing as it has developed in parallel with this year's process.
- **Evidence gathering and situation analysis** – Understanding population need, current performance, organisational risk, horizon scanning and understanding early indication of any future national priorities.
- **Define priorities, outcomes and ministerial requirements** – Early in Q3 CEO Executive priority alignment sessions were held to inform the plans in more detail. This was in parallel with more detailed Health Board

planning guidance being developed to underpin the approach outlined in the Integrated Planning Framework. Assumptions are made on ministerial requirements until they were made available toward the end of December.

- **Plan development and co-production** – Development of service level plans for all departments, based on the Health Board planning guidance, working closely with staff, partners and the public where appropriate. An important part of this phase is a two-way contribution and alignment of priorities between partner plans. Plans are expected to cover those services we provide but also commission. There is a lot of work on-going in order to develop unified numerate plans that bring together demand, skill mix, productivity, activity, performance, workforce and finance through a single modelling exercise. This will take into account the likely 2025/26 outturn, the latest intelligence on demand for 2026/27, what is feasible with core capacity at today's efficiency levels, what additional capacity could be sourced, and what capacity improvements can be included from both operational and change programme improvement plans. This will be a big improvement on previous years where triangulation between activity, performance, workforce and finance has typically taken place at the end of the process.
- **Review of service plans against requirements** – The formal set of Ministerial requirements came toward the end of December in the form of the NHS Wales Planning Framework, alongside the financial settlements available for Health Board. This, along with the service level plans that have been developed are brought together to form a number of key outputs in relation to the key programmes of work required, the activity and performance trajectories, how resources are to be utilised in order to deliver the priorities and resultant impacts in relation to workforce and finance. This is an important element of Board Members involvement in taking some key strategic decisions. A big change in this year's planning approach is that Executive budget owners are then able to make the necessary prioritisation decisions on how to use the entire budget available to them (both core funding and any eligible additional funding) in order to deliver the necessary outcomes.
- **IMTP documentation** – This covers a number of the output documents, beyond the IMTP narrative plan itself, including the Annual Delivery Plan (ADP), Ministerial Templates, Minimum Data Set (MDS) and Equality Impact Assessment. The approach being taken in relation to the main IMTP narrative plan, which will be the focus of Board, is for it to be much more focused and succinct, more clearly drawing out the absolutely key priorities and associated delivery plans and impacts, whilst providing a structure for everyone to see their part in the plan.
- **Mobilisation and learning** – Having a proactive plan to mobilise the IMTP right at the start of the year in order to ensure the whole organisation is aligned to the priority delivery areas from the outset. This will involve both internal and external communications and engagement plan, and hard wiring the commitments into individual and team objectives and

performance and accountability reviews. The cycle then starts all over again with a reflective piece on learning and improvements, including the annual planning maturity matrix self-assessment.

3.4 PRIORITY AREAS

3.4.1 The IMTP is an important delivery vehicle for the Ministerial priorities, but there are also other drivers that are important for the plan to cover, including de-escalation from the current escalation status (Level 5 – Special Measures), local priorities and contribution to the delivery of the organisation’s long term strategic goals.

3.4.2 The detail within the Ministerial priorities has been circulated to Board Members, but the main areas of focus are:

- **Timely Access to Care** – With particular focus on Planned Care, Diagnostics, Cancer and Urgent & Emergency Care (UEC).
- **Population Health & Prevention** – Covering Diabetes care processes, Vaccination equity, Healthy Weight and Frailty.
- **Community by Design** – Referencing Delayed Pathways of Care and Community & Specialist Palliative Care Nursing, whilst noting that there may be further expectations coming through the developing National Community by Design Programme Board.
- **Mental Health** – Focused on delivery of the broader Mental Health Strategy, Access, Safety and Physical Health.
- **Women’s Health** – Highlighting the need for implementation and further expansion of the Women’s Health Hubs and improvements to Peri-natal mortality rates.
- **Quality & Safety** – A new explicit priority this year targeting improvements to Mortality Rated, Never Events, Complaints Resolution and Clinical Coding.

3.4.3 These Ministerial priorities are underpinned by a set of explicit Delivery Expectations which provide clarity on the applicable key metrics and associated targets. Accompanying these are a set of mandatory “adopt or justify” enabling actions that relate to areas of best practice from national programmes, productivity, utilisation and efficiency measures, ensuring improved value, optimisation of outcomes and reduction in unwarranted variation. The detail behind these, along with a comparison to the 2025/26 requirements have been circulated to Board Members.

3.4.4 The Level 5 (Special Measures) de-escalation criteria are set around the six domains of the NHS Wales Escalation Framework below. They outline the necessary actions and delivery targets required for a Level 5 organisation to be considered for de-escalation to Level 4. There is a large overlap between

these and the ministerial requirements, although as would be expected with differing target expectations.

- **Finance, Strategy and Planning** – Evidencing: robust financial governance and control environment leading to a substantial financial improvement trajectory; clarity on strategic vision, roadmap for a CSP, an approvable annual plan, improvements in integrated planning and delivery, achieving level 2 across all planning maturity matrix domains.
- **Performance and Outcomes** – Access targets relating to: Cancer, Outpatients, Planned Care, Diagnostics, Therapies, UEC, Mental Health.
- **Clinical Services** – Understanding the drivers behind a fragile service and evidencing teams have the right information, skills, clinical leadership, improvement plans, outcome monitoring, risk management. Focus is on: Vascular, Dermatology, Plastics, Urology, Orthodontics, Orthopaedics, Ophthalmology, Oncology.
- **Governance and Leadership** – Governance, assurance systems, oversight and scrutiny, effective risk management, governance self-assessment to ensure continuous improvement. Organisational structure led by a complete executive team, effective leadership programme, values and behaviours framework, improved staff engagement, reduced interim and agency, culture of listening, learning and improving.
- **Quality of Care** – Effective Quality Management System (QMS), improved HCAs, improved complaints, effective responses to external reports, Duty of Candour and Duty of Quality requirements, assurance over safeguarding arrangements, use of national clinical audits and Value in Health dashboards to support improvement.
- **Population Health and Prevention** – Strong clinical leadership for primary and community care at Board and Executive level, improved activity within community opportunities, a clear strategy for GMS managed practices and fragile GMS practices and community dental provision, all dental contracts in place.

3.4.5 The local priorities for the Health Board align with the areas above, albeit with some specific emphasis in certain areas. The Major Change Programmes (MCP) for the organisation are under review with the Community by Design programme set to be a new MCP for 2026/27, joining Planned Care and UEC. The Foundations for the Future (operating model) programme and Value and Sustainability programmes are important pieces of work that are moving into different stages of delivery and maturity and will therefore be assessed as to how they best fit into the portfolio structure. The Strategy and Clinical Services Planning work will be a major focus and critical enabler in 2026/27, as will having a clear mechanism for supporting fragile services to improve. The Key Programmes will continue to feature a set of Health and Wellbeing Hubs, which are going to be a key delivery vehicle for the Community by Design programme, as well as some crucial digital implementations including the Mental Health EHR and the

organisation wide EHR. Ensuring that prevention and early intervention, a focus on quality through the next stage of development of the QMS and developing strong clinical leadership are key to the short, medium and long-term improvements the Health Board is committed to making.

- 3.4.6 This section is not seeking to be exhaustive, but to illustrate the range of drivers and focus areas that are contributing to the formulation of the IMTP, whilst continuing to target a more focused, realistic and deliverable plan that meets the required statutory obligations placed upon the Health Board, within an extremely challenging financial landscape. This will undoubtedly result in some difficult choices, which Board Members will be sighted on via a number of different channels.

3.5 NEXT STEPS

- 3.5.1 There is a large amount of work across the organisation working towards finalisation of the IMTP and underpinning service plans ahead of submission to Board and then Welsh Government at the end of March. Some of the key milestones are:

- **13/02:** Accountable officer letter to Director General Health and Social Care and Early Years in relation to meeting financial balance.
- **24/02:** PFIG - reviewing and refining final versions of the plan.
- **26/02:** Board Development - reviewing and refining final versions of the plan.
- **05/03:** PPHP - reviewing and refining final versions of the plan.
- **26/03:** Public Board consideration of approval of IMTP.
- **31/01:** Welsh Government IMTP submission.

4 KEY RISKS / MATTERS FOR ESCALATION

- 4.1 Keeping the scope of the risks to be the IMTP development process, rather than the individual elements of work within it, the main risk relates to being able to deliver all the expectations set out within the NHS Wales Planning Framework and deliver a financially balanced IMTP.

5 RECOMMENDATIONS

- 5.1 The Board is asked to:

- **NOTE** and **COMMENT** on the report

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 <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:	



Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: ☐	No: ☒
	Outcome:	
	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:	
	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	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	



Health Board

FOUNDATIONS FOR THE FUTURE: A NEW OPERATING MODEL FOR BETSI CADWALADR UNIVERSITY HEALTH BOARD

Dyddiad y Cyfarfod Date of Meeting	29 January 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 Approval

Crynodeb Gweithredol **Executive Summary**

Foundations for the Future is the organisation-wide transformation programme aimed at strengthening BCUHB's operating model so the organisation is better able to:

- Improve the health and wellbeing of the population; and
- Provide and commission high-quality, high-value healthcare services.

The Discovery Phase (completed November 2024) gathered extensive insights on the current Operating Model, highlighting the need for clearer accountability, reduced variation, improved processes, and a more cohesive organisational design.

The Design Phase, now nearing completion, uses a 6-step organisational design framework focused on aligning mission, strategy, culture, people, structures and processes before any structural decisions are made. This approach emphasises business alignment first, flexibility for future needs, clarity of roles and decision-making, and learning from both staff and external reviews.

There are five workstreams each led by an Executive Team member:

1. Strategy – led by Executive Director of Strategy and Planning (Interim)
2. Culture led by Executive Director of People and Culture/Deputy Director of People and Culture
3. People – led by Executive Director of Nursing
4. Structures – led by Executive Director of Allied Health Professions and Health Sciences/Programme Director
5. Processes – led by Director of Corporate Governance and Executive Director of Finance

The structures work includes 3 Core Models (primary and community care – place based), regional and acute services and corporate functions. The detail beneath the core model including roles will be subject to consultation in line with the Organisational Change Policy.

Implementation steps are identified as are key risks and mitigations. Further work on benefits measurement is underway and the baseline for monitoring will be established shortly.

The Board is asked to:

- **NOTE** the report;
- **DISCUSS** the progress; and
- **AGREE** the progression to the next stage, including further engagement and consultation.

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
Details of Engagement provided as appendix in Design Phase Report		
Remuneration Committee	12/01/26	Contributions from Members included in the report
People and Culture Committee	19/01/26	Contributions from Members included in the report

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

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

FOUNDATIONS FOR THE FUTURE: A NEW OPERATING MODEL FOR BETSI CADWALADR UNIVERSITY HEALTH BOARD

1.0 INTRODUCTION

The Board committed in its Integrated Medium-Term Plan to improve the services provided by the people of North Wales by being a more effective organisation. Foundations for the Future is the organisation-wide transformation programme aimed at strengthening BCUHB's operating model so the organisation is better able to:

- Improve the health and wellbeing of the population; and
- Provide and commission high-quality, high-value healthcare services.

These two core purposes are set out in the NHS Wales Act 2006 and further supported by other legislation including the Wellbeing of Future Generations Act, NHS Wales Finance Act, and Quality and Engagement Act.

This report outlines the work relating specifically to the Design Phase for the health board Operating Model, following the conclusion of the Discovery Phase early in 2025. The report specifically covers:

- Desired outcomes and benefits
- Purpose of an Operating Model and Programme Approach
- Discovery Phase Report: The case for change
- Overview of the Design including workstreams
- A focus specifically on the Structures Workstream
- Approach and Assessment of implementation for Delivery Phase
- Next Steps

2.0 BACKGROUND

The Foundations for the Future Programme was established to undertake a structured Discover–Design–Deliver methodology to ensure the Health Board moves from diagnosis to implementation in a disciplined and evidence-based way. The Discovery Phase (completed November 2024) gathered extensive insights on the current Operating Model, highlighting the need for clearer accountability, reduced variation, improved processes, and a more cohesive organisational design. The Design Phase now nearing completion uses a 6-step organisational design framework focused on aligning mission, strategy, culture, people, structures and processes before any structural decisions are made. This approach emphasises business alignment first, flexibility for future needs, clarity of roles and decision-making, and learning from both staff and external reviews.

There are five workstreams each led by an Executive Team member:

1. Strategy – led by Executive Director of Strategy and Planning (Interim)
2. Culture led by Executive Director of People and Culture/Deputy Director of People and Culture
3. People – led by Executive Director of Nursing
4. Structures – led by Executive Director of Allied Health Professions and Health Sciences/Programme Director
5. Processes – led by Director of Corporate Governance and Executive Director of Finance

This work is supported by a cross-organisation engagement and communications workstream. and overseen by the Chief Executive–chaired Programme Board. The approach ensures co-design, ongoing engagement, and integration of insights from design workshops, GiRFT findings and national guidance. The programme has progressed through detailed design over Summer/Autumn 2025, with further engagement and consultation in early 2026, leading to phased implementation from late spring 2026. This programme architecture provides the foundation for delivering a coherent, future-focused Operating Model capable of supporting strategic change, improving organisational effectiveness and addressing Welsh Government Special Measures requirements.



3.0 DESIRED OUTCOMES AND BENEFITS FROM A REVISED OPERATING MODEL

The central reason for undertaking a review and revision of the operating model, i.e. the way in which the health board works, is to improve the services offered to the people of North Wales. It is clear that significant progress has been made in the provision of services, however critical improvements are needed to fully meet the expectations of the public, Government and indeed the health board and staff.

All changes to the operating model should directly or indirectly impact positively on patients and wider communities. It is important to indicate however that this work has not directly examined or is proposing a change to the configuration of services. The Strategy workstream will develop a Clinical Services Plan which will examine the

provision of service and in particular configurations that could improve outcomes, experience and cost.

Patient level outcomes can be linked to the proposal described later in the report where a greater regional approach to service provision is adopted. This means that there is real opportunity to offer shorter waiting times, reduce inequity of access and maximise the contribution of highly skilled colleagues across the region. One example of this is that currently most specialties are arranged on a geographical basis and thus there are often 3 separate departments in the health board each providing specialty services, with little movement of patients or staff between them, even when there are opportunities for shorter waiting times to access care. Having worked hard on the planned care agenda, colleagues have found ways of undertaking 'transfers of care' however this is bureaucratic and time consuming.

An effective Operating Model sets out how an organisation brings together its people, structures, processes, culture, and systems to deliver its purpose and strategic objectives. It defines how the organisation works in practice, how decisions are made, how accountability flows, how resources are deployed, and how services and functions interact to deliver outcomes. A strong Operating Model aligns strategy with day to day operations, ensuring clarity of roles, consistency of approach, and an environment where teams can act with the right level of autonomy and accountability. Ultimately, it provides a coherent framework that enables high quality, efficient, and equitable services, while supporting long-term organisational improvement and sustainability.

The Foundations for the Future Programme has a clear set out desired outcomes in designing an effective operating model, summarised as:

- 1. BCU has a clear strategic intent for the short, medium and long-term**
- 2. The culture is compassionate with staff engaged and empowered at all levels**
- 3. Staff have clear roles and responsibilities and are supported to achieve common goals**
- 4. Key business and people management processes are streamlined and standardised**
- 5. The organisations structure enables effective delivery of our goals**

3.0 DISCOVERY PHASE: THE CASE FOR CHANGE

The Discovery Phase provided a comprehensive assessment of the Health Board's current Operating Model, drawing on staff engagement, internal audit findings, and multiple external reviews. The report was published in November 2024. Overall, the work confirms that the 2022 Operating Model changes focused primarily on structural reorganisation and did not deliver a complete, functioning Operating Model.

Seven consistent themes emerged:

- **Structure vs. Operating Model:** The previous changes addressed organisational structure only. Key elements such as governance, processes, culture, and systems remain misaligned.
- **Accountability & Autonomy:** The most prominent issue. Roles, responsibilities, and decision-making authority are unclear, leading to inconsistent practice, excessive escalation, and limited autonomy for Integrated Health Communities (IHCs).
- **Equity:** Significant variation exists across IHCs, creating risks of inequitable service provision ("postcode lottery") and duplication for pan-BCU services.
- **Multi-professional Working:** Positive progress on clinical leadership profiles (AHPs, pharmacy), but silo working persists and the contribution of general management is undervalued.
- **Resources:** Internal Audit found substantial cost overruns and no demonstrable benefit realisation. The organisation remains overly layered and bureaucratic, impacting efficiency and decision-making.
- **Change Process:** Staff felt the 2022 changes were rushed and incomplete. There is concern about further major structural change, and appetite for a structured, well-communicated programme approach.
- **Strategic Change:** External reviews highlight that the lack of a clear long-term clinical strategy, leadership instability, and a complex, fragmented model are inhibiting sustainable strategic improvements.

It is important to highlight that there were differing perspectives gained through the Discovery Phase and that drawing on those perspectives through the Design Phase has been essential in helping to shape the future, providing critical challenge as well as support.

4.0 OVERVIEW OF THE DESIGN

The Design approach follows a **six-step organisational design methodology**:

1. Mission, vision, and values
2. Strategy
3. Discovery insights
4. Organisational perspectives
5. Creating/redesigning the organisation
6. Organisational structure

These steps ensure a clear line of sight (“golden thread”) from organisational purpose to structure.

The design has been shaped by:

- A Healthier Wales (10-year national strategy)
- WG Planning Framework (3-year horizon)
- Cabinet Secretary’s 2025/26 priorities (7 April 2025)
- Legislative requirements
- Population Needs Assessments
- Special Measures requirements relating to finance, performance, governance, leadership, culture and fragile services

Organisational Perspectives (Design Workshops and External Reviews)

A significant engagement and co-design process has been utilised throughout 2025 to help shape some of the design elements. Themes emerging from staff, managers and clinical leaders included:

- Need to reduce distance between senior leaders and frontline staff
- Desire for clearer, simpler and transparent decision-making
- Stronger communication and preparation for change
- Clearer service configuration aligned to population need and a rebalancing towards primary and community care
- More consistent governance, fewer layers of assurance, and clearer schemes of delegation
- Clarity of remit for corporate functions

External clinical reviews (GiRFT) further emphasised:

- Necessity of pan-BCU working to reduce unwarranted site variation
- Strengthened collaboration between clinicians and managers
- Importance of consistent specialty plans, strong workforce models and use of shared estate and facilities

Design Principles

The Board-approved design principles (Nov 2024) underpin the new operating model:

- People first
- Inclusive
- Wise spending
- Simplify and standardise
- Digital first
- Equity and accessibility
- Consistent with Health Board values: compassion, openness, respect.

These form the “guide rails” for every element of the model.

The Core Elements of the Operating Model Design have been developed as:

A. STRATEGY

*Outcome 1: **BCU has a clear strategic intent for the short, medium and long-term***
Led by Executive Director of Strategic Planning and Transformation

The Strategy workstream is focused on establishing a clear, coherent and long-term strategic direction for BCUHB. Key areas of progress include:

a. Strategic Intent Development

- A structured engagement process has been undertaken with internal and external partners, including a major workshops, aimed at co-designing the organisation's future strategic intent. This is due to Board in January 2026.
- This strategic intent will directly inform the next Integrated Medium Term Plan (IMTP), ensuring alignment between strategic ambition and operational planning.

b. 10-Year Strategy

- The 10-year strategic framework is currently concluding its **Discovery** phase, with completion expected by the end of Q4 2025/26.
- Following development of strategic intent, the organisation will undertake intensive design activity throughout 2026, setting long-term priorities and transformation pathways.

c. Clinical Services Plan

- Early planning work has been completed with "challenged specialities", supporting improved medium-term service planning.
- Some specialities have begun more detailed planning processes, providing the foundation for a comprehensive, system-wide plan.

d. Integrated Planning Framework

- A revised Planning Framework—incorporating a planning maturity matrix, improved planning cycles, and enhanced assurance mechanisms—was presented for Board consideration in November 2025.

Oversight is via the **Planning, Population Health and Partnerships Committee**.

B. CULTURE

*Outcome 2: **The culture is compassionate with staff engaged and empowered at all levels***

Led by Executive Director of People and Organisational Development

This workstream is designed to embed a compassionate, values-led, learning-oriented culture across BCUHB.

a. Culture Change Programme

- A fully evidence-based organisational culture change programme is underway.
- **Culture Change Leaders** have been appointed to support behavioural change throughout the organisation.
- A comprehensive **Culture Diagnostic** progressed to Board in November 2025.

b. Values and Behaviours Framework

- The Board approved the new Values and Behaviours Framework in November 2024.
- Implementation is underway, supported by:
 - New staff engagement activities
 - Culture dashboards
 - Integration with staff survey findings

c. Teamworking

- The Teamworking model has been developed as the organisational standard.
- Rollout will align with the timing and sequencing of future structural changes to reinforce team cohesion and leadership development.

Outputs feed into the **People and Culture Committee**.

C. PEOPLE

Outcomes 3: Staff have clear roles and responsibilities and are supported to achieve common goals

Led by Executive Director of Nursing & Midwifery

This workstream strengthens organisational capability, workforce planning and leadership.

a. Leadership for All Framework

- A unified and integrated leadership framework is in place and now being refined, reflecting:
 - New management competencies
 - Potential national manager regulation
- Emphasis is on consistent leadership standards across all levels.

b. Workforce Planning

- A system-wide, standardised approach to workforce planning is being developed using the **HEIW 6-step model**.
- Training to upskill leaders in workforce planning methodology will be a key feature.

c. Talent Management & Succession Planning

- A new Talent Management resource has been developed.
- **PADR (Personal Appraisal and Development Review)** processes are being redesigned to support succession planning and skills development.

d. Knowledge & Skills Development

- Organisational learning design work is underway, in collaboration with HEIW, to strengthen general management capability in both clinical and non-clinical roles.

e. Organisational Development (OD) Expertise

- Work is underway to embed OD expertise within structures and build capability across leaders and managers in essential OD tools and techniques.

D. PROCESSES

Outcome 4: Key business and people management processes are streamlined and standardised

Led by Director of Corporate Governance & Executive Director of Finance

Focused on creating standardised, streamlined and effective operational processes.

a. Scheme of Reservation and Delegation (SoRD)

- Currently being revised to ensure alignment with new structures and clarity on decision-making authority.
- Will remain iterative during transition periods.

b. Decision-Making Framework

- Work is underway to develop a consistent organisational framework clarifying:
 - Autonomy
 - Accountability
 - Levels of authority
- This will empower staff and support more effective and timely decision-making.

c. Quality Management System (QMS)

- A QMS framework exists but requires further development and evaluation, designing the next stage of maturity.
- Clinical Executives are leading on strengthening quality governance and continuous improvement.

d. Integrated Performance Framework

- A full review is underway, informed by:
 - Internal Audit feedback
 - Board Member insights
 - Welsh Government expectations
 - Staff and management feedback
- A revised framework will be brought through governance in **Q4 2025/6**.

e. Risk Management Framework

- A comprehensive review has been completed aimed to improve risk visibility, accountability and consistency across the organisation.

f. Integrated Planning Framework

- This was presented and approved at the Board in **November 2025**, aligning planning, performance, quality and risk.

g. Business Processes

- Priority processes for redesign have been identified from organisation-wide feedback, with a view to reducing variation and improving efficiency.

E. STRUCTURES

Outcome 5: The organisations structure enables effective delivery of our goals

Led by Executive Director of AHP & Health Science and Programme Director

This workstream is pivotal, reshaping the organisation's structure to improve clarity, accountability and service delivery.

a. Design Methodology

- An evidence-based approach is being applied, focusing on:
 - Clarity of remit
 - Role definition
 - Reporting arrangements
 - Interprofessional leadership
- The methodology emphasises learning from past structural changes.

b. Executive Portfolio Review

- A refresh of executive portfolios has been completed.

c. Current and Future Structure Design

- Current structure mapping and clarifications have been completed.
- Detailed design work has been underway with significant and ongoing dialogue, moving from high-level design into detail.
- A full structure Organisational Change Policy Proposal is intended to be consulted upon during February/March 2026.
- “**Career Conversations**” will begin in **Q4**, supporting staff through transition and development.

d. Clinical Leadership Model

- A strengthened model focused on interprofessional teamworking is being designed.

e. Organograms and Job Families

- Work to develop simplified “job families” is well-underway to standardise roles and levels across the organisation and reduce unnecessary variation.

f. Implementation

- Structural implementation will follow a formal consultation process under the Organisational Change Policy.
- Potential “early adopter” areas may be established to implement new designs.

5.0 FOCUS ON STRUCTURES

It is important to be able to draw a direct line between the strategic intent of the organisation, the expectations and deliverables including performance in the short and long-term and the execution of that through clear roles, responsibilities and lines of accountability. The structure of the organisation is the final and a key component part of the Operating Model.

The health and care system in North Wales faces significant challenges that require urgent and transformative action. Current models of care are heavily weighted toward reactive treatment rather than proactive health and wellbeing, contributing to rising demand, increasing complexity, and widening health inequalities. Without a shift in approach, the system will struggle to meet the needs of the population effectively and sustainably.

Key drivers for change include:

- **Population health pressures:** Persistent inequalities, an ageing population, and increasing prevalence of chronic conditions demand a stronger focus on prevention early intervention and improved wellbeing.
- **Fragmented services:** Care pathways can be disjointed within and across health, social care, and community sectors, leading to inefficiencies and poorer outcomes, access and experience for service users, carers and the community at large.
- **Workforce and capacity constraints:** Recruitment and retention challenges, coupled with resource limitations, impact the Health Board's ability to deliver high-quality, timely care.
- **Configuration of services:** The current configuration of some services is not sustainable or well-aligned with population needs, leading to unwarranted variation, workforce pressures, and inefficiencies.
- **Financial sustainability:** Rising costs and constrained budgets require a shift toward value-based care and better use of resources
- **Future readiness:** Ageing estates, outdated digital infrastructure, changes in workforce composition, and the need to keep pace with advancing technology require significant modernisation, adoption of new ways of working, and a strengthened commitment to research and innovation.

In preparing more effectively to make the changes needed for the people of North Wales, the structures need to be designed to enable an increased pace of change and delivery of improvements. In relation to structures, a consolidated evidence-based model has been developed consisting of three core components.

A significant programme of engagement and co-design has taken place with over 80 meetings and workshops, as well as innumerate informal discussions. Whilst on the whole the findings of the Discovery Report have been largely accepted across the organisation, there are a range of views regarding a pan-region model versus a geographical model. It is important to explore how best to retain a sense of 'site/place' at DGHs whilst moving forward with the benefits of the pan-regional approach. For transparency, feedback from the consultation process will be published.

A separate structures consultation document is being developed and an accompanying slide-set that depicts the proposed organogram that will form the basis of the consultation. Hence the detail is not provided here. The Board will however consider the themes and outcomes of the consultation process as part of the Organisational Change Policy approach.

A. Integrated Primary and Community Care (Place-based)

Focusing on population health management, prevention, increasing primary and community-based care, integrated teamworking and consistent delivery models with warranted local variation is absolutely key. The Community by Design work nationally and locally is a key strategic programme of work that in particular the structure should enable.

The structures elements focuses on 3 place-based units (areas) intended to reflect the two Local Authorities in each area. This is particularly important for partnership working and the development of integrated working with communities. Importantly interprofessional working, clinical leadership and teamworking are key features, working increasingly across health, social care and third sector.

It is important to note that the intent in the next phase of work is to explore structural realignment with mental health services, bringing forward proposals for a truly integrated model of care. This is subject to further discussion and co-design.

B. Regional Secondary and Specialised Services

A regional approach to pathways, specialty planning, workforce concentration and reduced unwarranted variation, with hospital management that supports geographical coordination is proposed. This approach responds directly to the numerous GIRFT (and other) reports that strongly recommend moving to a one service several sites structure. There are several specialities that are already exploring this as a direct result of service sustainability and delivery.

The ability to flex service models to enable sustainability, improved access, outcomes and cost is crucial. Importantly working cross border with the NHS in the North West of England is also key, strengthening existing and historic networks and modernising approaches to care and treatment provision for the population.

The structures are formed around 4 Service Groups, that will have service directorates that sit within the Service Groups:

- Surgery
- Medicine and Urgent and Emergency care
- Women, Childrens and Families
- Diagnostics and Clinical Therapeutics

All of these Services Groups will be led by interprofessional teams, with clear clinical leadership and a focus on teamworking. The work on the Integrated Medium-Term Plan will be key for the new Service Groups and their leadership teams. In particular the Major Change Programmes of Planned Care (include alignment with cancer and diagnostics) and Urgent and Emergency Care will form key mechanisms for driving and delivering improvement across the region.

In order to enable strong site based working, a Hospital Management Team approach is proposed. This is not a service delivery function per se, but will act as site coordination, supporting local site working.

C. Corporate Functions

Streamlined, standardised and skilled corporate functions with clear remits, centralised expertise, reduced duplication, improved collaboration and support to operational delivery. Each corporate function will have a focus on supporting Service Groups, Primary and Community Care functions and Mental Health and Learning Disability Service Group to deliver the health board objectives. The corporate functions will be led by an Executive Director or a Director (non-voting) member of the Executive Team, and will be made up of specific subject matter expertise and wider professional leadership.

The Corporate functions, following Executive Portfolio reviews in 2023 and refreshed in 2025 are:

- Medicine
- Nursing
- Allied Health Professions and Health Science (includes Mental Health and Learning Disability)
- People and Organisational Development
- Corporate Governance
- Finance, Commissioning and Performance
- Strategy and Planning, including partnerships, engagement and communication
- Environment and Estates
- Public Health
- People and Organisational Development
- Digital Data and Technology

Importantly there are alignments that have taken place to reduce the number of corporate directorates by 2 since the 2023 Portfolio Review.

6.0 APPROACH AND ASSESSMENT OF IMPLEMENTATION FOR DELIVERY PHASE

A number of the workstreams across the Programme have already commenced implementation. The early work of the Board for example relating to Culture Change is now well underway, for example the Values and Behaviours Framework was approved by Board in November 2024 and is now being implemented; Specific Frameworks (Risk Management, Planning) have been approved by the Board and are being implemented.

6.1 Implementation

The major focus for implementation (delivery) is the structures workstream and the delivery aspects are summarised as:

- *Engagement and Communication Plan*– led by Director of Partnerships, Engagement and Communication. This work seeks to enable a strong message of why change is needed, the proposed benefits and the way in which people can help further shape the final structure. High visibility leadership is a core part of the engagement and communication approach.
- *Executive Leadership* – Corporate and service Directorates have been developed and shaped through Executive Leadership, providing expertise in their portfolios. Executives will lead further discussions with team regarding the specific remits and purpose of their directorate moving forward and the structures proposed to enable successful achievement of organisational goal.
- *Financial assessment* – this is well underway and will be further developed as consultation progresses. A final financial assessment report will be developed prior to final agreement (decision) regarding structures. Work undertaken to date indicates a reduction in cost based on the current proposals. The proposals have potential to change through the process of consultation and the financial assessment will be re-run and a specific report compiled.
- *Career conversations* – an offer of discussions regarding career aspirations will be offered to colleagues affected by the proposal. In addition, staff support for those colleagues potentially affected by change will be offered, separate to that of the career conversations.
- *Job families and evaluations* – the work focuses on a consistency of approach moving away for wide variation. This is significant work and will be risk managed in terms of timeframes.

There is other important work within other workstreams that are critical for supporting implementation including:

- Operational Governance Approach (led by Director of Corporate Governance)
- Skills and Competency Framework (led by Executive Director of Nursing and the Executive Director of People and Organisational Development)
- IMTP and Annual Delivery Plan (led by Executive Director of Strategy and Planning).

6.2 Risk

A risk plan will be further refined as the process proceeds, however the high-level risks in this phase include:

- Inability to effectively communicate the case for change, the proposal and how people can influence the structures work. This will be mitigated by the engagement and communication plan.

- The work overly focuses on structures at the detriment of other workstreams. Significant progress has been made across a range of workstream areas and this will continue to be 'hard-wired' into Strategic objectives/IMTP/Annual Delivery Plan. The Programme Board will continue to place emphasis on the prioritised elements of other workstreams and in particular the work on skills and competencies framework and the operational governance approach.
- Changes to structures mean that financial affordability becomes an issue (rather than a risk). However the financial challenge should not undermine the need for a sustainable structure for delivery. The financial assessment will be re-run as a result of the consultation process.
- The work of the health board particularly regarding operational service delivery could be affected by the structural proposal and change. Whilst this is to some degree inevitable a clear focus on service delivery and mitigating actions are key. Executive and senior leadership will focus support on areas of greatest risk (planned care and urgent and emergency care) to help mitigate this risk.
- Clear outcomes and benefits are not tracked, and hence a focus and visibility of the measurement approach is important. In summary, the Expected Outcomes and Benefits Realisation include:
 1. Clear strategic intent for short, medium and long term
 2. Compassionate, engaged and empowered culture
 3. Clear roles, responsibilities and accountability
 4. A structure that enables effective delivery
 5. Streamlined, standardised business and people management processesThese outcomes collectively address the issues raised in Special Measures. The measurement tool for benefits will be finalised and the baseline data reported.

7.0 CONCLUSION

The report intends to give an overview of the revised Operating Model as a result of the Design Phase of Foundations for the Future.

6.0 Recommendations

The Board is asked to:

- **NOTE** the report;
- **DISCUSS** the progress; and
- **AGREE** the progression to the next stage, including further engagement and consultation.

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	A number of key risks have been identified at this stage, linked directly to the Corporate Risk Register and Board Assurance Framework. These include the potential for ineffective communication of the case for change, the risk of undue focus on structural redesign at the expense of wider cultural and process improvements, financial pressures emerging through consultation, possible impacts on operational service delivery during transition, and the need to ensure robust tracking of outcomes and benefits. Mitigations are in place through the Engagement and Communication Plan, Programme Board oversight across all workstreams, refreshed financial assessment, focused executive support for high-risk operational areas, and the development of a comprehensive benefits measurement framework.

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>
	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:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not required</i>
<u>Answadd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Answadd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Answadd Enablers of Quality All Apply	Meysydd Answadd 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 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	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required

Have you considered the Armed Forces Covenant Due Regard Duty?		
Asesiad o Effaith ar Ddiogelu Data <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) Leading effective change is key. A focus on engagement and consultation is key.	
Effaith ar Adnoddau (Pobl / Ariannol) Resource Impact (People / Financial)	Yes (Include further detail below) There looks to be a reduction in costs, however this remains subject to engagement and consultation process and refinement following that.	

Health Board

KEY PROGRAMMES REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Geraint Parry, Assistant Director of Transformation (Interim)
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation and Planning (Interim)

Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This report provides the latest summarised position across the Key Programmes portfolio of work. It builds upon previous progress reports received at Board whilst outlining that more detailed and regular oversight takes place at the Planning, Population Health and Partnerships (PPHP) Committee.

The paper highlights the progress that has been made over the course of the last few months and the improved assurance mechanisms in place. Monthly highlight reporting is in place across all of the programmes with escalations via the (Executive) Strategic Planning and Service Change Group. This has ensured that when issues and delays arise that the Executive Team is sighted in close to real time. The maturing of this approach has also enabled specific 'deep dive' sessions to take place where delays warrant direct intervention and support. The Health and Well-being Hubs element has specifically benefited from a more strategic approach, ensuring the aims and objectives of the programmes align with the strategic direction of travel.

Overall, whilst the report demonstrates progress and improved oversight mechanisms at portfolio level it is important to note that none of the programmes are currently fully on track in terms of delivery confidence, and issues which impact timelines are evident across the full portfolio. These delays are requiring frequent intervention at a senior level to course correct, and the focus will now shift to addressing underlying challenges at individual programme level, ensuring improved

programme management arrangements are in place to achieve successful delivery on time, for what are inherently complex changes to deliver.

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	14 th January 2026	SRO's to review progress and sign off, then approved for onwards submission

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

BJC	Business Justification Case
COO	Chief Operating Officer
DHCW	Digital Health and Care Wales
IMTP	Integrated Medium Term Plan
IRCF	Integration and Rebalancing Capital Fund
OBC	Outline Business Case
PPHP	Planning, Population Health and Partnerships
PMO	Portfolio Management Office
SRO	Senior Responsible Officer
SOC	Strategic Outline Case
WG	Welsh Government
UAT	User Acceptance Testing
DHCW	Digital Health and Care Wales

Key Programmes Report

1. SITUATION

- 1.1 The Health Board has designated 15 Key Programmes within the organisation which are critical to the transformation of health and wellbeing service delivery in North Wales.
- 1.2 The purpose of this report is to provide the Board with the latest strategic overview of progress across these programmes. The report builds upon updates previously provided to Board in May 2025 and September 2025, and outlines progress to date, next steps and key challenges.
- 1.3 More detailed programme level updates continue to be provided to the Strategic Planning and Service Change Group for executive oversight, with the Planning, Population Health and Partnerships (PPHP) committee also receiving regular highlight reports in the intervening period as part of Board level oversight.

2 BACKGROUND

- 2.1 The fifteen Key Programmes, which operate in addition to the four Major Change Programmes, are a suite of inter-related programmes that represent a transformative solution to modernising the Health Board's approach to health and wellbeing delivery and improving population health.
- 2.2 The categorisation of these programmes took place during Quarter one of this current financial year and were first reported to Board in May 2025.
- 2.3 The programmes selected for inclusion represent key strategic initiatives, which together represent a significant transformational change for the organisation. The programmes enable the delivery of new models of service delivery and support the strategic objectives of the organisation. Meeting not only current needs, but also starting to address the future needs of the population providing modern, fit for purpose solutions for the long-term.
- 2.4 There is a breadth of priorities covered within the Portfolio all of which are consistent with national strategy and Health Board Design Principles such as Digital First. Critically, the approach being taken ensures the organisation considers the whole service change and not only the significant work involved in the estates and digital elements.
- 2.5 The programmes provide an opportunity to improve integration of services with system wide collaboration, working with partners and in communities to deliver joined up services where clinicians have access to modern technological solutions delivered in fit for purpose premises.

- 2.6 A considerable number of the programmes in scope are Health and Well-being Hubs, funded via the Integration and Rebalancing Capital Fund (IRCF). A timeline is in place for the progression of these schemes and the Board received a strategic overview paper in November 2025 describing the alignment of the hubs to the strategic direction of the organisation and the importance of addressing population needs and areas of deprivation.

3 **SPECIFIC MATTERS FOR CONSIDERATION**

- 3.1 Following the strategic paper presented to the November Board the Chief Operating Officer (COO) has now been appointed as the Executive Sponsor for the Health and Well-being Hubs portfolio. This ensures consistency of approach across the programmes and work is underway between the COO and other executive colleagues to augment this arrangement with the requisite supporting infrastructure at programme level.
- 3.2 Over the course of the last year the Executive Team has strengthened oversight arrangements for these Key Programmes. Regular and consistent highlight reporting is now in place with effective escalations through to the Strategic Planning and Service Change Group in close to real time, supported by onward reporting to PPHP.
- 3.3 This improved approach is leading to increased visibility across the organisation with earlier resolution of issues when they arise and enabling executive intervention where required. This portfolio style approach has started to mature the organisational approach to change management and has been supplemented by deep dive sessions on particular programmes in order to delve into more detail when problems have occurred.
- 3.4 Distinct sessions are also taking place with the Chief Executive to ensure consistent programme management arrangements are in place, along with the necessary infrastructure. This includes reviewing the expected best practice arrangements for programme management and strengthening where necessary. This is aligned with broader work as part of the Foundations for the Future Programme to design and implement an organisational wide approach to Change.
- 3.5 However, it is important to recognise that whilst Portfolio level approach has developed significantly it is fully acknowledged that there remains significant further work to improve the organisational capability in Programme Management. At present there is too much reliance on the escalation of issues and the need for executive intervention in order to course correct matters. The next stage of maturing the approach will include improved discipline in careful programme planning and proactive risk identification and mitigation in order to avoid this.

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- 3.6 There remain underlying issues at Programme level and it is important to note that none of the 15 programmes in scope are reporting as being fully on track with high delivery confidence, with underlying issues across each of the programmes. This reflects a combination of the aforementioned requirement to improve programme planning whilst acknowledging the inherent complexity of these large-scale transformational changes.
- 3.7 Programme health checks are underway via the Portfolio Management Office (PMO) as the first step towards a root cause analysis around themes for programme delays. This work will lead to an improved training package for staff involved in delivering programmes including being clear on roles and responsibilities. This will commence with clarity of expectation for Senior Responsible Officers (SRO's).
- 3.8 Initial findings demonstrate that some issues are occurring through the course of an implementation that had not been fully considered at the Business Case stage and this is leading to revisions of plans and re-scoping. Improvements will be required at the pipeline stage of programme development to fully address this and ensuring that realistic timelines are in place with sufficient contingency for the types of issues that will always arise during a programme.
- 3.9 A number that are in scope are also legacy programmes which have a significant history in terms of their inception and it is evident that inflationary costs over time have impacted upon current affordability. This is leading to revision of scope at this stage and a requirement for mitigations to bring inside the cost envelope. It is also important to consider that the delays to a number of programmes which see roll forward to future years has a financial impact for the organisation, including the continued staffing costs to remain on a programme.
- 3.10 The nature and complexity of these programmes also means that they are rarely within the Health Board's control alone in terms of delivery. There is a significant reliance on national partners around digital along with system suppliers in the commercial sector and contractors in terms of building works, and each of these examples are evident in reasons for delays.
- 3.11 Looking forward more strategically, it is evident there is a strong alignment between work in this portfolio and the Clinical Services Plan. The next iteration of the Integrated Medium-Term Plan (IMTP) will also begin to take stock of the breadth of organisational commitments in this space and developed a refreshed proposal for the programmes in scope. This is vital in considering the amount of change the organisation can realistically undertake simultaneously, not only from a programme resourcing
-

perspective but also in considering the ability of busy operational and clinical staff to engage with programmes and ensure they go well.

3.12 The following table provides further summary information across each of the programmes:

Programme	Summary Position
Mental Health	
Adult and Older Persons Mental Health Unit to improve access, quality and safety of mental health care across the region <i>SRO: Executive Director of Allied Health Professionals and Health Science</i>	This redevelopment was covered during a Touchpoint meeting held with the Minister for Mental and Health and Well-being on the 8th December, following which a formal briefing was provided to Welsh Government ministers confirming progress of the Full Business Case. Full Business case remains in development, with the commercial case and the financial case being current areas of focus to ensure delivery within the £108.1m envelope. Next steps are to agree the strategic direction with the supply chain partners following review of options at the Strategic Planning and Service Change group in January.
Mental Health Electronic Health Record to improve the quality and safety of care relating to mental health (all age) services; improving staff experience <i>SRO: Executive Director of Allied Health Professionals and Health Science</i>	The All-Ages Mental Health and Learning Disabilities scope includes a large and complex service, operating across 200 locations in North Wales with over 2,300 dedicated professionals, supporting 40+ specialty services for North Wales residents and some cross-border patients. The lack of digital enablement has been identified as a contributory factor to patient deaths, impacting clinical decision-making, staff retention, recruitment challenges, and regulatory compliance, as highlighted in numerous Health Inspectorate Wales (HIW) reports and external reviews, underscoring its significance as a current issue. These services at BCUHB require significant changes and modernisation, with a clear need for an Electronic Healthcare Record (EHR) system to improve workflows, clinical delivery, data capture, and transparency. This programme is not only about technology but about enabling a cultural shift in BCUHB - placing safety, quality, and accountability at the centre of care. Delivery of the EHR is therefore critical to Ministerial priorities for patient safety, quality, and workforce sustainability. A Ways of Working Group has now been established as a key workstream to ensure the programme delivers the

	intended Service Change. Procurement activities have now been completed, along with additional assurance activity commissioned by the Chief Executive. This will form part of the Addendum to the Business Case which will be presented to the January Health Board for approval.
Planned Care	
Llandudno Planned Care Hub to improve access to elective/planned care, particularly Orthopaedics for the region <i>SRO: Executive Director of Finance</i>	The programme remains in escalation, the key risk being completion of the works for the development. The commissioning plan for the building has been received, including a revised completion date of the 14th April 2026. The Health Board remains in active dialogue with the contractor to expedite the completion date.
Improving safety, efficiency and effectiveness of care through digitisation	
Electronic Health Record to standardise and systematise care across the region, utilising a digital system for records and workflow <i>SRO: Chief Executive</i>	BCUHB currently lacks a modern Electronic Health Record (EHR), operating instead with a fragmented mix of national, local, and paper-based systems, impacting daily on the quality of care. BCUHB are, like all Health Boards in Wales, digitally immature, as highlighted by the Healthcare Information and Management Systems Society - Electronic Medical Record Adoption Model (HIMSS EMRAM) digital maturity assessment conducted in 2023, which rated the organisation at stage 1 out of 7. The absence of modern, digitally enabled systems is also impacting staff, who are left without tools that meet clinical and operational needs. Obsolete digital infrastructure continues to hinder the transformation of care delivery, resulting in inconsistent quality of care across services. To address these challenges, investment in a comprehensive EHR and a supporting digital transformation programme is essential in achieving BCUHB's strategic vision—delivering clinically-led, digitally-enabled healthcare aligned with the quadruple aim for the people of North Wales. The Health Board has completed the socialisation of the Outline Business Case (OBC) locally, and the Programme Board has approved changes to the financial case. Welsh Government is currently developing a national roadmap that will provide essential strategic direction for this area of work and the Health Board awaits its publication with interest, as it will play a key role in shaping next steps locally.

Electronic Prescribing and Medicines Administration (ePMA) to improve quality, safety and efficiency of patient care across acute and community care <i>SRO: Deputy Executive Director of Nursing</i>	BCUHB aims to implement an ePMA system across all inpatient areas by March 2026 as part of the Digital Medicines and Transformation Portfolio (DMTP) led by DHCW. This exciting programme brings together medicine, nursing and pharmacy disciplines to address long-standing challenges in medicines management, including workflow inefficiencies, prescribing errors, and the need for safe, real-time medication records. The system, Better Care, is a first-of-type in Wales and supports a necessary cultural shift within BCUHB, embedding safer, digitally enabled prescribing practices and enhancing patient safety. The programme aligns with Ministerial priorities on quality, safety, and workforce efficiency. The Programme is now actively in the implementation phase with sites going live sequentially. Following a successful early adopter implementation in the Heddfan Unit in December, Wrexham Maelor Hospital went live January 12th with all inpatient wards using electronic prescribing, the first in Wales to integrate the electronic sending of hospital discharge medicines information to the All Wales 'Shared Medicines Repository'. This is a landmark achievement for BCUHB and an important step forward in the Health Board's wider digital transformation journey. East Community Hospitals were going live from 21st January followed by Central go live from the 7th February and West from the 7th March.
Digital Maternity System to improve the quality and safety of care for pregnant women and their families; to improve staff experience <i>SRO: Director of Midwifery and Women's Services</i>	BCUHB is implementing a new digital system to modernise maternity records, improve clinical safety, and support consistent, high-quality care across sites. The programme supports a cultural shift within BCUHB, embedding digitally enabled maternity practices, improving information sharing, and enhancing decision-making. This aligns with Ministerial Priority 5 and national expectations for safe, digitally enabled maternity services. Implementation in BCUHB is scheduled for go-live on 10th March 2026, with User Acceptance Testing (UAT) being finalised and training underway. Some changes have been made to the integrations with other systems that will be delivered during this phase, and the team are working closely with Digital Health and Care Wales (DHCW) who are key to supporting the full suite of integrations going forward.
Diagnostics Improvement	
Radiology Informatics System	Until recently, BCUHB's radiology services relied on multiple legacy systems that were fragmented and outdated. These systems reduced efficiency, created workflow complexities

Programme (RISP) to modernise and improve Radiology service delivery; providing staff with modern informatics/imaging <i>SRO: Executive Director of Allied Health Professionals and Health Science</i>	and hindered timely access to imaging to support clinical decision-making. Through the RISP programme, these legacy systems have been replaced with a modern, integrated radiology solution. This has standardised processes across the Health Board, is improving operational efficiency and enhancing patient safety. The implementation is also supporting a wider cultural shift towards digitally enabled, clinically led radiology services, in line with Ministerial priorities for quality and safety. The system has now been operational across BCU for over four months, with all issues identified during go-live resolved. Lessons learned from the implementation will be shared with other Health Boards across Wales. BCUHB was the first large Health Board to go live, with the service fully engaged and eager to implement. The programme is also the first of its kind to integrate several third-party suppliers and connect to the Welsh National Interfaces, which has been challenging given the associated complexity and technical requirements.
Laboratory Information Management System (LIMS) to modernise and improve laboratory service delivery; providing staff with modern informatics systems <i>SRO: Associate Director, North Wales Managed Clinical Services</i>	Pathology currently has two LIMS systems, Telepath, used in Blood Transfusion and TCL2016, used in other disciplines. The national LIMS Programme (LIMS2) will replace both legacy systems and is being led by DHCW. Key benefits nationally include faster turnaround of tests, a reduction in the number of repeat tests, improved clinical safety through electronic test requesting and will facilitate supporting increasing demand. Originally due to close in September 2025, the programme has experienced difficulties on a national level related to system build, configuration and defect resolution, which has subsequently impacted on testing. BCU continues to work closely with DHCW on this challenging programme, often taking the lead on testing. Cost implications for 2026/27 are currently being assessed by Directors of Finance and Directors of Digital.
Health and Well-being Hubs A focus on service provision to local communities <i>Executive Sponsor: Chief Operating Officer</i>	
Royal Alexandra	A scoping workshop was held for Phase 2 during December with draft scope in place for executive consideration. Significant work undertaken in past few weeks to respond to the feedback from the Welsh Government scrutiny grid

	regarding the Full Business Case addendum with all responses now submitted. Denbighshire County Council approved the Planning Permission application and next steps are to continue readiness activities for construction in anticipation that approval will be received.
Caledfryn	Positive progress continues with Public Health and third sector partners. Provision has been made for additional patient activity on the first floor and planning permission is required to allow patients to access the first floor. Discussions held with the IRCF panel during December with BCU advised to procure a Business Case writer by the end of March 2026, and presentation of the plans also made to the Denbighshire scrutiny panel. Of note, Business Rates for commercial properties now applies, as the property has been vacant for more than three months. The next step is to prepare the Business Justification Case to present to the Board which is anticipated to be in May 2026.
Holyhead	The Strategic Outline Case has been completed and submitted to Welsh Government (WG). Further prioritisation and scoping work underway to enable progress for both Bangor and Holyhead, and WG scrutiny will commence following conclusion of this work. Next steps are for work on a memorandum of understanding between the Health Board and the Isle of Anglesey County Council.
Waunfawr	Progress has been made following Executive Team review in the Autumn with advancements around additional services and revenue clarification, planning consent and governance with a continued focus on the procurement route. The next step is for the proposed procurement plan and the Business Justification Case (BJC) to be submitted to the January Board for approval and onwards to Welsh Government. It is important to note that the Welsh Government Integration and Rebalancing Capital Fund (IRCF) panel in February will be the last one before the Senedd Elections and therefore the final opportunity to secure funding before June.
Conwy West	As this scheme has been timetabled for 2028 following the prioritisation exercise, current activities remain limited. The project team are considering options to agree a revised project plan and liaison continues with Conwy Council.
Penygroes	Regular project team meetings continue between colleagues from BCU and Grwp Cynefin to maintain momentum. The original scheme included a number of partners which is no longer being taken forward and now a Health only development is being progressed. A transition exercise has been completed, led by Grwp Cynefin with support from BCU, in order to assess financial requirements for the new



	proposal. Next steps are to discuss the outcome of this exercise with Welsh Government in order to confirm arrangements for the development of the Outline Business Case.
Bangor	The Strategic Planning and Service Change Group received a Briefing Paper at its January meeting outlining the current position for this programme and the need to clarify the priority/status for the scheme, which is being led by Cyngor Gwynedd. Bangor, as the biggest urban area in Gwynedd, has no community health centre or clinic. There is a definite need to develop a single point of access for the local population focusing on primary, community health, social care, prevention, wellbeing, advisory and voluntary sector services. A revised Strategic Outline Case (SOC) is being prepared for completion by the end of March 2026, and this is based on a reduced overall footprint which will significantly drive down both capital and revenue costs to improve affordability. This is being developed in the context of wider proposal around leisure and recreation. Next steps are to conclude the revised SOC and agree to take through the Health Board governance routes with a view to taking forward to OBC stage.

4 KEY RISKS / MATTERS FOR ESCALATION

- 4.1 Delays to the development of the Health and Well-being hubs pose risks in relation to partnership working for the Health Board. Collaboration agreements have been signed and there is significant political interest and support for these schemes and therefore a requirement for clarity around Health Board commitments.
- 4.2 There is a finite amount of money available nationally as part of the Integration and Rebalancing Capital Fund (IRCF) with the Health Board and partners bidding against other Health Boards, therefore providing an impetus around timely submission of business cases.
- 4.3 Any delays to programmes into the future financial years, as is currently the case for LIMS, poses financial risks to the organisation. Similarly, delays which cause an underspend can also create risks in relation to securing the roll forward of finances into future years via national discussions.

- 4.4 Delays to the opening for the Planned Care Hub in Llandudno pose risks to the achievement of full year benefits realisation in 2025/26. Productivity and efficiency gains will continue to be pursued at existing sites in the meantime.

5 **RECOMMENDATIONS**

The Board is asked to:

- **SUPPORT** 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.
- **AGREE** 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.

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 <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	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:	
<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>	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	
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>	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
	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	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> 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

DEVELOPING SUSTAINABLE SOLUTIONS FOR THE FUTURE OF PENLEY COMMUNITY HOSPITAL

Date of Meeting	29 January 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Sophie Stevens-Jones, Transformation Communications and Engagement Manager
Lead Executive Team Member name and title	Tehmeena Ajmal, Chief Operating Officer Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning

Report Purpose	For Approval

Executive Summary

The purpose of this paper is to provide 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. This paper seeks approval for the proposed way forward.

The context within which this update is provided is in line with best practice advice related to the proposed formal consultation on the service change programme for Penley Community Hospital. In addition, subsequential consideration of risks, such as a Judicial Review if procedures are not properly followed, are being carefully assessed to ensure compliance with legal and regulatory standards.

The overall process constitutes two stages:

- **Stage One:** Pre-consultation engagement; in which the issues related to the service change are explored through continuous engagement and structured options development and appraisal.
- **Stage Two:** Formal public consultation; during which the relevance and validity of the developed options are tested. This is at a stage where proposals for change are refined enough for meaningful comment by consultees but remain open to meaningful input and influence over the outcomes of the consultation.

So far, an initial phase of pre-consultation engagement has been conducted in conjunction with two 'Balanced Room' sessions. Participants were selected to ensure the appropriate stakeholders present, specifically those most likely to be

affected by the proposed changes. The process of options development and appraisal of potential proposals ensured equal representation from both community members and internal BCUHB stakeholders, promoting balanced and informed decision making. These two sessions were used to:

- Co-create a long list of possible options.
- Apply BCUHB's essential criteria to create a medium list of options.
- Co-develop a list of desirable criteria and weightings with stakeholders.
- Apply the desirable criteria and weightings to create a short list of options for further modelling. The shortlisted options are the source of further engagement.

Following the first phase of engagement (that took place from July 2025 to October 2025) and the above balanced room sessions, Llais have provided their view that further, continuous engagement should continue in the coming months ahead of a dedicated formal public consultation period post-election, to ensure parity with the Tywyn Community Hospital service change process.

In ensuring the consultation period is robust and takes into account a wide range of views, the proposal is to use continuous engagement feedback, including from a dedicated multidisciplinary Clinical Reference Group, to further develop modelled options. These options will then form the basis of the consultation in the Summer of 2026 ahead of a final Board decision on the future of services for the local population of Penley and the surrounding area.

This paper has been through the following committees:

- Informal Executive Committee on 7th January 2026
- Strategic Planning and Service Change Group on 14th January 2026
- Private PPHP on 15th January 2026
- Public Board on 29th January 2026

All stakeholders and partners will be advised of the revised approach and timeline following Board approval.

The Board is therefore asked to:

- **NOTE** the work carried out to-date.
- **NOTE** the short-listed options, which will come to a subsequent Board for approval following further more detailed work.
- **APPROVE** the recommendation to undertake a formal consultation on the future of services delivered from Penley Community Hospital following the Welsh Government elections in May.

It is important to note that at this stage no decisions have been taken. All options remain open and the Board is not being asked to make any decisions on them.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
Informal Executive Committee	7 January 2026	The Committee ratified the recommendation that the January Board be asked to approve a decision to undertake a formal consultation on the future of services delivered from Penley Community Hospital following the Welsh Government elections in May.
Strategy, Planning and Service Change (SPSCG)	14 January 2026	Regular updates have been tabled at the SPSCG since its inception.
Planning, Population Health and Partnerships Committee (Private)	15 January 2026	The Committee ratified the recommendation that the January Board be asked to approve a decision to undertake a formal consultation on the future of services delivered from Penley Community Hospital following the Welsh Government elections in May.
Phase Two Engagement with staff (clinical and non-clinical), the public and community groups/organisations.	Ongoing until March 2026.	Phase Two engagement is underway, supporting the further development of the shortlisted options. This includes an online and hard copy survey as well as face to face meetings with: • Hanmer Community Council, Tuesday 18 November. • Maelor South Community Council, Tuesday 25th November. • Overton on Dee Council, Monday 8th December. Further sessions are planned for 2026, as well as an internal

		“Check and Challenge” to ensure all groups identified within the emerging Integrated Equalities Impact Assessment are considered and given the direct opportunity to be involved. A multi-disciplinary Clinical Reference Group is also in development to appraise the process so far, the information available as well as providing direct input into the developing options. This will continue into the proposed consultation phase.
Phase One Engagement with staff (clinical and non-clinical), the public and community groups/organisations. Balanced Room 1 Balanced Room 2	July – October 2025. 26 September 2025 29 October 2025.	Phase One engagement report published and used to inform the shortlisted options for further development. Balanced Room 1 developed a long and medium list of options using BCUHB developed essential criteria. Balanced Room 2 developed the shortlist of options for further development outlined in this paper following weighting against co-developed desirable criteria.
BCUHB Public Board	May 2025	Initial information relating to Penley Community Hospital received by Board in May 2025. This paper provides an update on the work since that meeting.

Acronyms / Glossary of Terms

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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

DEVELOPING SUSTAINABLE SOLUTIONS FOR THE FUTURE OF PENLEY COMMUNITY HOSPITAL

1.0 SITUATION

- 1.1 Penley Community Hospital historically operated as an eight bedded step-down facility, supporting patients transitioning from acute hospital admission but still needing ongoing care prior to returning home or moving to another care setting. Due to the very limited number of patients suitable for care in this particular setting, recruitment challenges, and reliance on temporary staff, it became increasingly difficult to sustain safe, quality services.
- 1.2 On 19 December 2024, Penley Community Hospital's inpatient beds were closed, and are now subject to a review of its future service needs.
- 1.3 Work has since been underway to consider what long-term sustainable future provision of services may look like and how these can be developed.

2.0 BACKGROUND

- 2.1 In May 2025 the Health Board made the commitment to undertake a service review process, including a public consultation. Feedback from stakeholders within the local community has been actively sought in a phased engagement approach since.
- 2.2 Conversations on the future of Penley Community Hospital have so far revealed a deep-rooted and widespread community desire to retain but repurpose the facility as a hub for local health and wellbeing services. The closure of Penley is seen by many in the community as an example of broader issues within the NHS in Wales with stakeholders requesting the Health Board "think creatively, engage meaningfully and invest in community-based solutions."
- 2.3 As well as initial feedback gathering, two full-day sessions have been held with a cross-section of stakeholders to develop and assess options, with a balanced representation of Health Board and stakeholder perspectives. Participants included community and county councillors, representatives of local community groups, third sector representatives, colleagues from primary care and Llais. The first Balanced Room was held on 26 September 2025 and the second on 29 October 2025 in the local area.
- 2.4 Working collectively, the participants in Balanced Room 1 used BCUHB's essential criteria to produce a medium list of four options:

Option 1: Develop an Integrated Health and Wellbeing Hub/Health Centre

Option 2: Develop a rehabilitation/step-down facility with inpatient beds.

Option 3: Develop a Third Sector led Health and Wellbeing Hub.

Option 4: Enhance community services without the hospital building.

2.5 Further work was carried out by East IHC to assess the viability of these options before Balanced Room 2 where they were assessed against co-developed desirable criteria and weightings.

2.6 Based on the above, the shortlisted options for further development are:

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

Option 3: Third Sector led Health and Wellbeing Hub: combining the integrated hub model with an explicit leadership and delivery role for third-sector partners. The proposal builds on existing strengths in the local voluntary sector to deliver health, wellbeing, and social support alongside NHS-led services.

Option 4: Services in the Community (No physical building): redirecting resources away from maintaining a fixed-site and investing instead in outreach and home-based services. This model prioritises flexibility and a “care closer to home” approach but carries risks if funding and workforce are not secured locally.

2.7 The general consensus in the second balanced room was that **Option 2**, reinstating inpatient beds similar to the previous model would not address community needs. This view has been reiterated in community and stakeholder feedback so far with a key theme being on the retention and repurposing of resources to better meet local population health needs.

2.8 Further insights will be gathered to continue to develop the above options during a period of continuous engagement up to March 2026 with a view to presenting detailed, modelled options during a period of formal consultation in the Summer of 2026.

2.9 It is important to note that no decisions have been taken. All options remain open to influence including identifying solutions not considered to date. The purpose of public consultation is to invite views that may influence or change the eventual outcome.

- 3 Integrated Impact Assessment considerations: the detailed Integrated Impact Assessment, Travel Assessment and Welsh Language Impact Assessments will further inform the next steps for engagement. There is also the opportunity to strengthen the development of services based on local population health need, linking to the Health Board's emerging work on Community by Design.

This activity forms a crucial part of the Health Board's duties to ensure compliance with all relevant legislation, including, but not limited to the Public Sector Equality and Socio-economic Duty. These Impact Assessments will be reviewed and updated as an ongoing consideration during pre-consultation engagement and public consultation to ensure all actions and activities are conducted on a fair and equitable basis. The results will be brought back to the Board ahead of any substantive decision.

4.0 SPECIFIC MATTERS FOR CONSIDERATION

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

4.2 Llais have attended engagement sessions and have been in correspondence on the process since July 2025.

The view from Llais is that based on the process so far and the feedback received from the local population, the development of options should undergo further continuous engagement with a formal consultation period following the election in May 2026, at a point when public bodies will not be limited in decision making abilities. This will also give parity of approach to the Tywyn Community Hospital service change process.

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

Q4 (2025 / 2026):

- Inform all stakeholders and partners of the revised approach and timeline. Process updates will continue, along with how to get involved.
- Further planned engagement with stakeholders, particularly those identified in the developing Integrated Equalities Impact Assessment and a multi-disciplinary Clinical Reference Group to discuss prioritised options, strengths, improvements, gaps, and other feedback.

Q1 2026:

- Analyse engagement feedback and prepare a post engagement report to be presented alongside more detailed option modelling.

- Create all required documents in readiness for public consultation ensuring compliance with [Welsh Government guidance](#) including [Gunning principles](#), Llais service change protocols, and statutory duties, including:
 - **Consultation Document:** Multi-lingual (English, Welsh and Polish), clear case for change, options, impacts, benefits, risks, accessible formats.
 - **Engagement Summary:** Overview of pre-consultation activities and stakeholder feedback.
 - **Impact Assessments:** Equality Impact Assessment, Welsh language Impact Assessments and Travel Impact Assessment
 - **Options and Evidence:** Present all appraised options with data and stakeholder input.
 - **Communications and Engagement Plan:** Inclusive, bilingual, multi-channel, and scheduled engagement.
- **Compliance and Governance:** document Llais involvement, secure Board approvals, provide BCUHB training for conscientious consideration.
- Develop a full schedule of consultation events, including senior clinical representation where appropriate.

Q2: Post May elections:

Launch a formal public consultation in which no decision has been made on any of the potential solutions and in which sufficient information is available, accessible, and easily interpretable for consultees to provide an informed response. The length of the consultation will provide adequate time for consideration and response in line with all statutory and best practice guidance.

Q3: Post-consultation:

- Collate consultation output in preparation for independent external analysis (internal activity)
- Produce output report based on independent analysis of all consultation material (external contractor)
- Internal review of output report and production of Board paper with recommendations
- Board to undertake a review of the Board paper and request further evidence if required (a period of conscientious consideration)
- Board meeting to make a decision on the long-term sustainable solution for Penley and the surrounding area.

5 KEY RISKS / MATTERS FOR ESCALATION

Llais' representation has evolved with the view that parity of process between the Penley and Tywyn service change processes is worthwhile, reducing the risk of inequity across populations. In this respect, Llais' advice is that the lowest risk approach is:

-
- The planned continuous engagement up until the May elections to continue as planned.
 - To hold a formal consultation post-election.

In Llais' assessment, there is no opportunity for the Board to reach a decision prior to the pre-election sensitivity period. Therefore, there is minimal benefit in accelerating a post-election decision, allowing additional time will ensure a more rigorous and robust process, and significantly reduce consequential risk.

6 RECOMMENDATIONS

6.1 The Board is asked to:

NOTE the work carried out to-date.

NOTE the short-listed options, which will come to a subsequent Board for approval following further more detailed work.

APPROVE the recommendation to undertake a formal consultation on the future of services delivered from Penley Community Hospital following the Welsh Government elections in May.

It is important to note that at this stage no decisions have been taken. All options remain open and the Board is not being asked to make any decisions on them.

ASSESSMENT	
Link to Strategic Priorities	    
	4. Improving quality, outcomes and experience
	If more than one applies, please list below: 1. Developing strategy and long-lasting change 4. Improving quality, outcomes and experience
Design Principles	Choose an item. If more than one applies, please list below: - People first - Inclusive design - Wise spending - Equity and Accessibility
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) CRR25-05 Strategic Change – Impacting Care and Staff Delivery. There is a risk that patients may not benefit from planned improvements in care, access and outcomes if the Health Board does not effectively implement or develop its strategic change programmes. Link to BAF: BAF24-02
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	Choose an item.
	If more than one applies, please list below: A Healthier Wales A Wales of cohesive communities A more equal Wales

IMPACT ASSESSMENTS		
Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the</i>	Yes: ☒	No: ☐
	Outcome:	A draft Integrated Equality Impact Assessment has been developed and is



<i>requirements of the Welsh Language Standards)</i>		informing each phase of the project and subsequent engagement activities. The engagement themes to-date have formed the basis upon which an initial analysis against each of the shortlisted options has been undertaken. No issues of significance have been raised at this early stage. Welsh Language Standard Impact Assessments for each of the options are also in development and will be subject to all relevant governance processes before being published. These Impact Assessments will be reviewed and updated as an ongoing consideration during pre-consultation engagement and public consultation to ensure all actions and activities are conducted on a fair and equitable basis. The results will be brought back to the Board ahead of any substantive decision.
	If no, please include rationale:	
Socio-Economic Impact Assessment	Yes: ☒	No: ☐
	Outcome: As above.	

<i>Have you undertaken a Socio-Economic Impact Assessment</i>	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:
	A Quality Impact Assessment will be undertaken	A Quality Impact Assessment will be undertaken

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	Yes - Repurpose	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☒	No: ☐
	Outcome: The armed forces covenant due regard duty has been considered within Section 3 of the Equality Impact Assessment with the following outcome: 'There is no evidence that the Penley service review work disproportionately impacts on the Armed Forces community'.	



	If no, please include rationale:	
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	A Data Protection Impact Assessment is not required for this paper as it does not propose any activity that involves the collection, use or processing of personal data. At this stage, the process does not introduce new systems or processes that would trigger data protection considerations.
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: ☐	No: ☒
	Canlyniad/Outcome:	
	If no, please include rationale:	A Counter Fraud Impact Assessment is not required for this paper as it does not propose any operational changes or activities at this stage that could introduce fraud risks. The paper does not involve financial transactions, system changes or procedural amendments that would necessitate an assessment of fraud controls.
Legal	Yes (Include further detail below)	
	Service Change Section 183 of the National Health Service (Wales) Act 2006 requires Health Boards with regard to services they provide or procure, to make arrangements to involve and consult current	

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

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

Health Board

Urgent & Emergency Care (UEC) Progress Report

Dyddiad y Cyfarfod Date of Meeting	29 January 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 Approval

Crynodeb Gweithredol Executive Summary

The UEC programme has maintained focus on a clear set of immediate delivery priorities aimed at improving flow, safety and patient and staff experience across the system. These include:

- Reducing ambulance handover delays, with the objective of handovers being completed within 45 minutes
- Reducing median time from arrival in the ED to:
 - Clinical triage
 - Assessment by a clinical decision maker
- Reducing the number of patients:
 - Experiencing 12-hour waits from arrival to admission, transfer or discharge
- Reducing both the total number of delayed days and overall Pathway of Care Delays (delayed discharge).

These priorities reflect national performance expectations and are intended to address the system drivers of crowding and delay.

ED overcrowding remains a systemwide issue driven primarily by delayed discharge and constrained bed availability. Executive led quality review and targeted UEC actions have strengthened oversight of risk, supported improvements in clinical practice, and mitigated safety risks during periods of pressure.

In the September and November 2025 Board meetings, the Health Board acknowledged the significant challenges in the urgent and emergency care pathways, and the impact on both patient experience and staff experience. In the November Board a commitment was made to ensure an improvement in the experience of patients and staff in the three emergency departments by Christmas 2025 in order to prepare for a likely particularly challenging January period.

Sustained improvement will require continued whole system focus, particularly across discharge pathways and community capacity.

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 and Emergency Care Progress Report

1. Situation

System performance improved in the period leading up to Christmas following delivery of the Winter Sprint Fortnight (8–22 December 2025), with measurable improvements in discharge flow, pathway of care delays, ambulance handover performance and front door flow. Progress in ambulance handovers was supported by partnership work between WAST and the Emergency Department teams.

As anticipated, performance deteriorated during the post-Christmas period in line with national seasonal trends; however, early mitigation actions have started to stabilise the system, supported by an internal critical incident 7-9 January (reflecting internal pressures and adverse weather warnings). A second Sprint commences January 21 – 4 February 2026 to consolidate these improvements, embed 'Your next patient' and reduce reliance on escalation measures.

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.

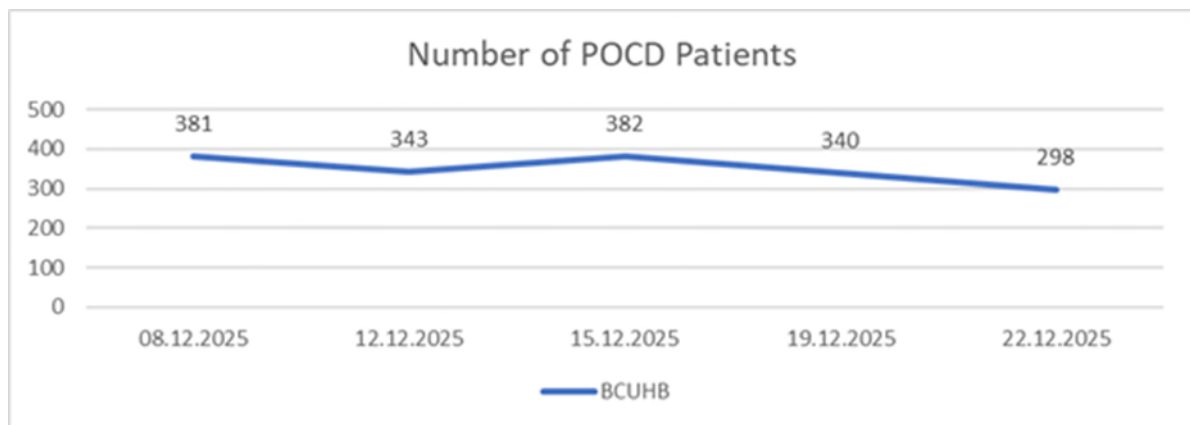
Assurance on performance, quality and safety is provided to Performance, Finance and Quality Group as a formal sub-committee of the Health Board.

3. Assessment

3.1 Winter Sprint Fortnight – Impact and Metrics

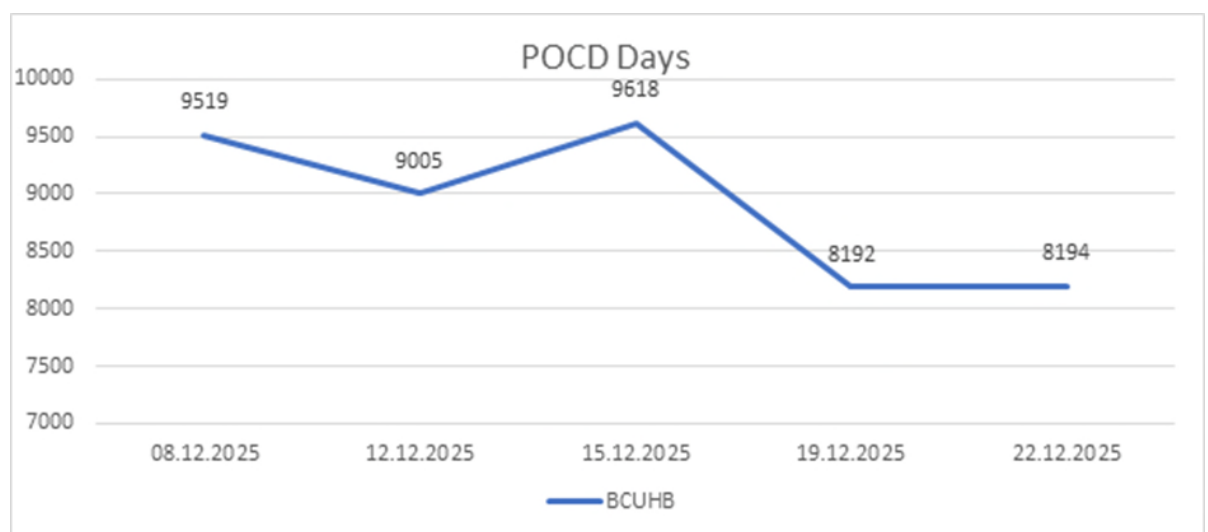
3.1.1 Pathway of Care Delays (Primary Measure)

- 21.8% 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 21.8% reduction from the starting position on 8 December 2025.

- 13.9% reduction in lost bed days attributable to delays



The chart above shows the number of days recorded as a Pathway of Care delay on each day the data was captured. There is a clear improvement across the period, this represents a 13.9% reduction from the starting position on 8 December 2025.

Every Local Authority across North Wales achieved at least one of the agreed stretch targets

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 Ambulance Handover Performance (System Impact)

Improved ambulance handover performance during the sprint period, linked to:

- Reduced exit block from acute beds
- Improved front-door decision-making and SDEC utilisation (direct referrals)
- Reduced Emergency Department congestion
- Prolonged handovers (>30 and >60 minutes) reduced compared to November 2025 baseline.
- Post-Christmas deterioration occurred but BCUHB has recovered more quickly than earlier in the winter, reflecting improved escalation grip and responsiveness.

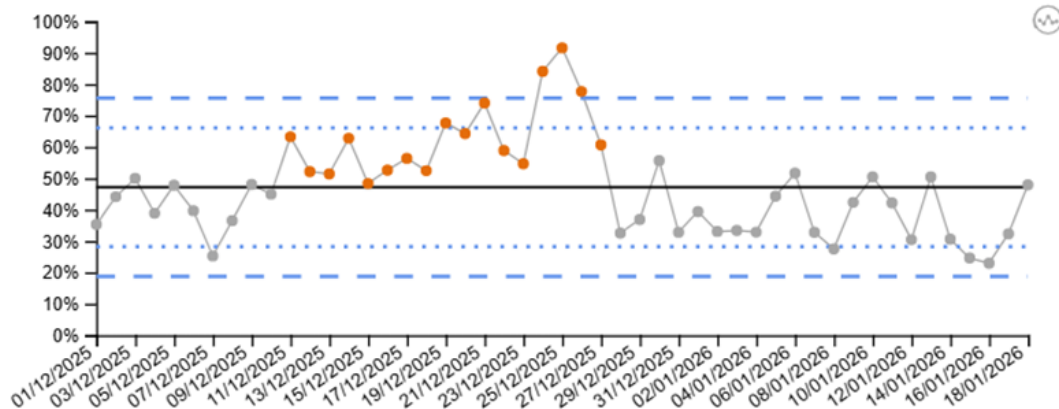
Below the charts show the average compliance with 45 minutes handover, highlighting all 3 acute sites since 01/12/2025:

Percentage of 45-minute Handovers - <45 and >45 Mins

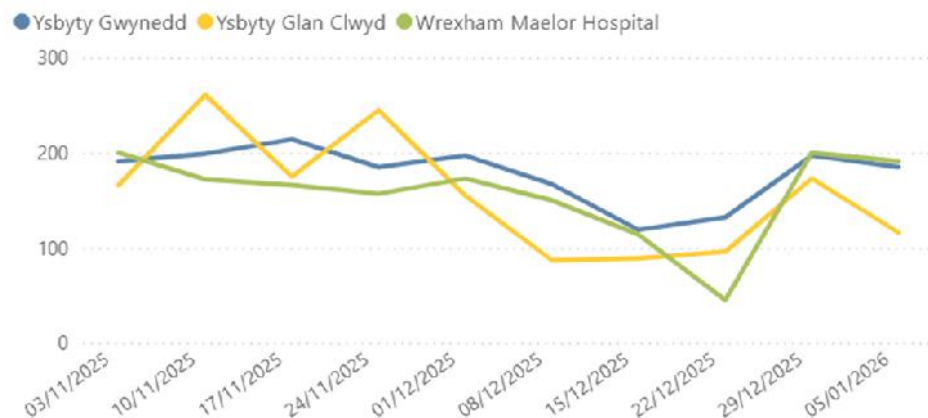
The charts show that Winter Sprint actions increased the proportion of ambulance handovers completed within 45 minutes and improved system ability to recover from pressure. Whilst the forecasted post-Christmas demand led to an increase in delayed handovers, this did not result in sustained deterioration. Instead, the system continued 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



45 Minute Handovers Timeline by Hospital



The chart above shows the number of handovers exceeding the 45-minute national target across each acute site. Performance deteriorated during November, leading into early December. In the subsequent weeks, all three sites demonstrated improvement in handover performance. Although performance improved over the Christmas period, it deteriorated again in the week commencing 29th December 2025. However, results remained stronger than the position seen in the lead up to December.

When viewed alongside the earlier December ambulance handover timeline, this subsequent chart (mid-December 2025 to early January 2026) demonstrates a temporary increase in average handover times across all three acute sites, consistent with predictable post-Christmas and early January system pressure.

Importantly, despite increased volatility and short-term peaks, most notably at Ysbyty Glan Clwyd and Wrexham Maelor, handover performance broadly remained within, or recovered quickly back towards, the 45-minute standard. This comparative position provides assurance that winter sprint improvements strengthened system resilience, enabling recovery from seasonal pressure rather



GIG
CYMRU
NHS
WALES

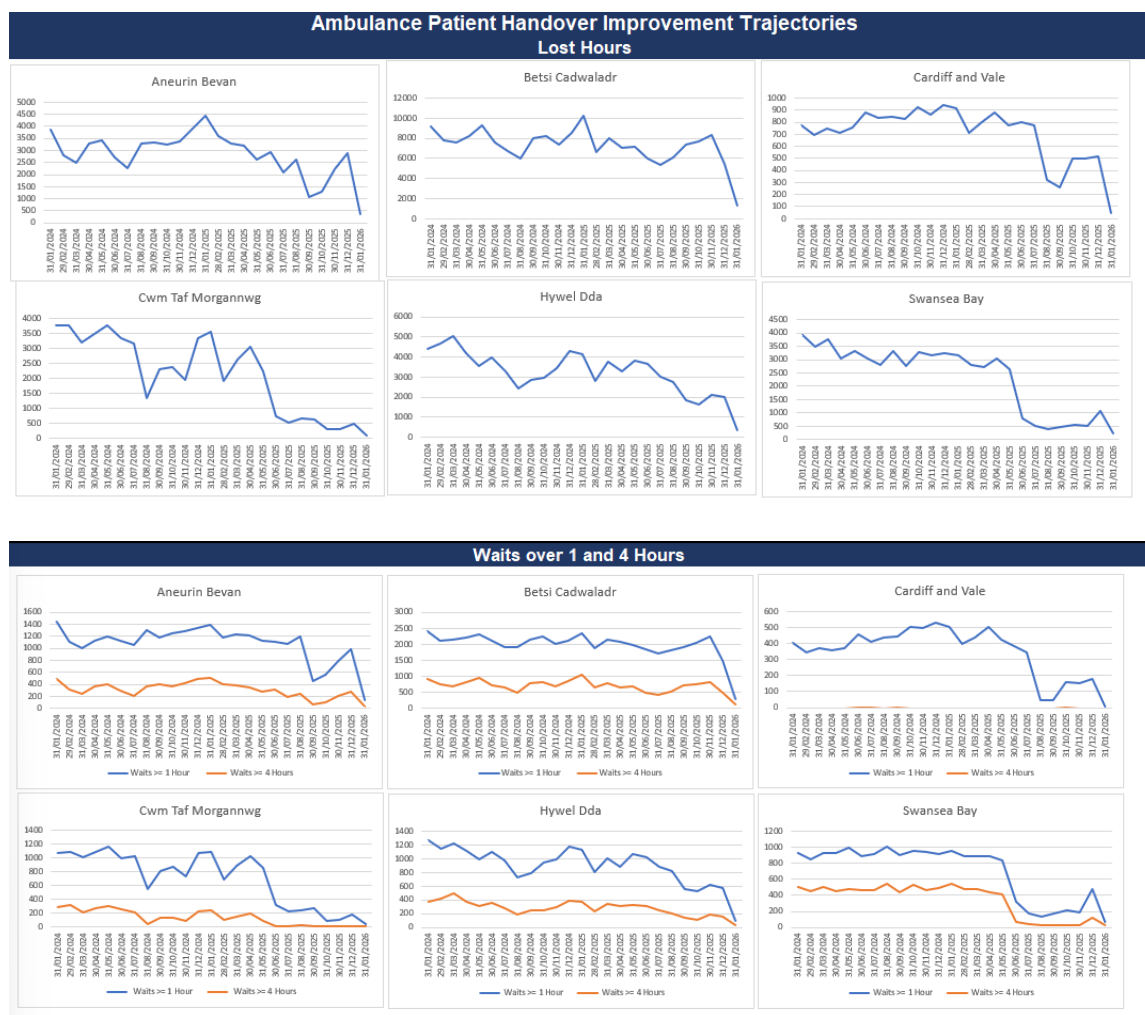
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

than sustained deterioration, and supports continued delivery of targeted flow and discharge actions into January 2026.

The winter sprint actions improved ambulance handover performance by addressing the underlying system drivers of delay, particularly discharge flow and exit block, rather than focusing solely on the emergency department front door.

Enhanced executive-led operational grip strengthened multi-agency working (particularly with WAST and Local Authorities). Increased senior clinical decision-making accelerated patient movement through acute pathways and enabled rapid escalation and resolution of bottlenecks. While predictable post-Christmas pressure led to short-term volatility, the system demonstrated faster recovery and avoided sustained deterioration, with average handover performance predominantly maintained within the 45-minute standard, indicating improved resilience and sustainability of improvement.

The following charts show a comparable position nationally across all Health Boards for the number of lost hours and waits >1 and 4 hours across the past year 1st January 2024.



3.1.4 Summary Emergency Department Indicators Table (SEDIT) data

Operational Masterclasses "Using Data and Intelligence to support operational delivery" are being rolled out across the Health Board and the sessions will include a demonstration of the SEDIT tool and its functionality to embed the use of the SEDIT data capability to support capacity planning across the hospital footprint. SEDIT data will therefore be utilised to support comprehensive demand analysis across the three Emergency Departments, including assessment of staffing ratios, to ensure robust and evidence-based forecasting of UEC demand. Although SEDIT data is subject to an approximate eight-week reporting lag, planned integration of SEDIT outputs with BCUHB heat-map intelligence over the next 12 months will significantly enhance our capability to anticipate and manage UEC pressures. This combined analytical approach will enable a more proactive, forward-looking model of demand management, reducing reliance on reactive operational responses.

3.1.5 National Performance measures

Alongside handover performance, BCUHB also monitors performance against core national performance measures:

- Number of patients 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%

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 multi-disciplinary SPOA operating model.

From 1 February 2026, subject to final scrutiny of the proposal by Executives, SICAT will transition to and 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 work underway to establish a sustainable longer-term funding position.

5. Same Day Emergency Care (SDEC)

Despite progress in protecting Same Day Emergency Care (SDEC) capacity across all sites, current performance data does not yet demonstrate the expected increase in SDEC utilisation. In addition, clinical feedback indicates variable confidence in SDEC being used as a robust and reliable alternative to medical referral or hospital admission across pathways and specialties.

In response, it is proposed to establish a pan-BCU Same Day Emergency Care (SDEC) Task and Finish Group to provide focused clinical and operational leadership, strengthen consistency of approach, and accelerate delivery of measurable improvement in SDEC utilisation and impact.

The purpose of the SDEC Task and Finish Group is to:

- Strengthen SDEC as a credible, default alternative to admission where clinically appropriate
- Improve consistent utilisation of SDEC capacity across BCU
- Support front-door flow and reduce pressure on acute beds, ambulance handovers and emergency departments
- Align local pathways to the national SDEC framework and agreed redirection pathways

- The group will operate as a time-limited, action-focused forum, reporting through established UEC governance.

6. What Worked Well December 2025 – January 2026

- Strong system-level operational grip, supported by daily Winter Sprint touch-base calls across the IHCs, enabling consistent oversight, rapid decision-making and early escalation of emerging risks, aligned to UEC priorities on discharge, flow and ambulance handover performance.
- Improved joint working with Local Authority partners, underpinned by twice-weekly system calls, strengthening shared ownership of discharge delays and supporting improved POCD performance.
- Enhanced senior clinical presence on inpatient wards and at the emergency department front door, enabling earlier clinical decision-making, improved throughput and reduced congestion impacting ambulance handovers, median time to assessment and overall, ED flow.
- Real-time escalation and executive intervention to resolve complex discharge and placement barriers, directly reducing exit block, improving bed availability and supporting improved ambulance handover performance.
- Protection of SDEC capacity, strengthening SDEC as an alternative to admission and supporting front-door flow; however, utilisation has not yet consistently increased in line with capacity, and clinical confidence in SDEC as a robust alternative to medical admission remains variable, highlighting the need for further focused action.
- Progressive development and utilisation of SPOA, enabling timely clinical assessment, appropriate alternatives to ambulance conveyance, reduced unnecessary emergency department attendances and improved front-door decision-making.
- Reinforcement of Home First principles and increased use of pathway alternatives, supporting earlier discharge, reduced length of stay and improved system flow across the urgent and emergency care pathway.

7. Sustainability and System Risk

Improvements demonstrated during the Winter Sprint confirm that focused, executive-led operational grip improves pace, flow and patient safety, including measurable improvement in ambulance handover performance. This approach will be sustained and applied through the second Winter Sprint to consolidate gains and embed best practice into business-as-usual arrangements.

The ongoing development and expansion of the Single Point of Access (SPOA) and the protection of Same Day Emergency Care (SDEC) capacity provide important mitigating actions, supporting timely clinical decision-making, appropriate alternatives to conveyance and admission, and reduced pressure on emergency departments and ambulance handovers. However, while SDEC capacity has been protected, utilisation has not yet consistently increased in line with capacity, and clinical confidence in SDEC as a reliable alternative to medical admission remains variable. In addition, SPOA impact is currently constrained by short-term funding and wider system capacity, limiting the scale and consistency of benefit at present.

Underlying capacity constraints, particularly within discharge pathways, community services and out-of-hospital care, remain the most significant risk to sustaining improvement and continue to limit the system's ability to consistently maintain ambulance handover performance and front-door flow during periods of peak demand.

8. Recommendations

The Board is asked to:

Note 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.

Support the development of key programme deliverables in line with the national 6 goals framework and service improvement initiatives:

- Accelerating discharge and reducing exit block (POCD)
- Embedding sustainability of improvement
- Continued development of SPOA
- Strengthening application of the 'Your Next Patient' principle
- Reducing reliance on escalation-based measures
- Strengthening utilisation of Same Day Emergency Care (SDEC) as a credible alternative to admission
- Further embedding and optimising the Single Point of Access (SPOA) to support appropriate alternatives to conveyance and improved system flow

Endorse 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.

Acknowledge 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, SDEC utilisation, SPOA effectiveness and ambulance handover performance.

The Winter Sprint Fortnight, and the approach to UEC deliverables since, has demonstrated that targeted system leadership and joint working can deliver rapid improvement in discharge flow and ambulance handover performance. The challenge now is to embed the most effective elements, including strengthened use of SDEC and SPOA, into business-as-usual (BAU) practice to sustain improvement.

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.	



**Bwrdd Iechyd
Adroddiad Materion Allweddol
(ni ddylai'r adroddiad hwn fod yn fwy na 2 ochr tudalen A4)**

Dyddiad y Bwrdd		29/01/2026	
Dyddiad y Pwyllgor		15/01/2026	Adroddiad: Pwyllgor Ansawdd, Diogelwch a Phrofiadau
Cworwm:		Oedd	
1	Agenda	Mae'r Pwyllgor Ansawdd, Diogelwch a Phrofiadau yn parhau i gyfarfod bob deufis. Bu'r Pwyllgor yn ystyried yr agenda sydd ynghlwm: Pwyllgor Ansawdd, Diogelwch a Phrofiadau - BIPBC	
2a	Rhybuddio	Hoffai'r Pwyllgor Ansawdd, Diogelwch a Phrofiadau rybuddio aelodau'r Bwrdd am y canlynol: 1. Cafodd ddiweddariad ar y Gwasanaethau â Heriau ac roedd yn teimlo'n hyderus bod dealltwriaeth glir o'r meysydd hyn bellach. Mae prosesau wrthi'n cael eu datblygu i ganfod pa wasanaethau sy'n peri pryder.	
2b	Sicrhau	Hoffai'r Pwyllgor Ansawdd, Diogelwch a Phrofiadau sicrhau aelodau'r Bwrdd am y canlynol: 1. Cafodd bapur ar Ansawdd Gofal mewn Llwybrau Brys gyda chrynodeb o'r Adolygiad Cyflym o Ansawdd a'r camau dilynol. Cytunwyd y byddai hwn yn dychwelyd i'r Pwyllgor ar ôl y cyfarfod nesaf. 2. O ran yr Adroddiad Perfformiad Ansawdd Integredig mewn diweddariad i'r papur, nid oedd unrhyw Ddigwyddiadau Adroddadwy Cenedlaethol adeg y cyfarfod.	
2c	Hysbysu	Hoffai'r Pwyllgor Ansawdd, Diogelwch a Phrofiadau gynghori aelodau'r Bwrdd am y canlynol: 1. Stori Gofalwyr – rhannwyd profiad gofalwr di-dâl a gafodd gymorth gan y Gwasanaeth Cynnal Gofalwyr. Argymhellwyd i'r Pwyllgor Cynllunio, Iechyd y Boblogaeth a Phartneriaethau adolygu'r Adroddiad Gofalwyr Cenedlaethol. 2. Adroddiad Perfformiad Integredig - bydd rhagor o waith ar Fesurau Perfformiad wedi'u Huwchgysfeirio o ran Mynediad a Gweithgarwch yn cael ei adolygu i sicrhau bod y Pwyllgor yn cael yr wybodaeth gywir, gan nodi y byddai hyn yn cael ei adolygu fel rhan o'r Adroddiadau Perfformiad newydd. 3. Rhoddwyd yr wybodaeth ddiweddaraf am y cynnydd yn erbyn Gwasanaethau Menywod. Cafwyd blaenoriaethau 2025/26.	
2d	Adolygu Risgiau	Adolygodd y Pwyllgor y risgiau Fframwaith Sicrwydd Bwrdd y mae'n gyfrifol amdanynt. Cafwyd trafodaeth gadarnhaol am sut byddai'r rhain yn symud ymlaen yn y cylch adrodd newydd.	
2e	Rhannu dysgu	Dim i'w nodi.	



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Cwm Taf Morgannwg
University Health Board

3	Camau i'w hystyried gan y Pwyllgor Cynllunio, Iechyd y Boblogaeth a Phartneriaethau	Argymhellwyd i'r Pwyllgor Cynllunio, Iechyd y Boblogaeth a Phartneriaethau adolygu'r Adroddiad Gofalwyr Cenedlaethol.

Health Board

INTEGRATED QUALITY REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
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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 assurance, underpinned by analysis, on significant quality issues alongside longer-term data and information on the improvements underway.

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	14 January 2026	Supported

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

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

3.1 Never Events: Four reported – one downgraded (wrong site surgery, wrong implant, retained object).

3.2 LocSSIPs compliance: Documentation gaps noted.

3.3 Oxygen cylinder safety: Competency training ongoing.

3.4 Flu surge risk: Mask wearing reinstated in clinical areas.

3.5 Listening to People: The NHS Complaints, Incident and Redress Process will come into force on the 1st April 2026.

3.6 Trauma Network review: Governance and referral process gaps.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO

KEY RISKS / MATTERS FOR ESCALATION

- 4.1 Regulatory compliance: HIW and CIW inspections with overdue actions; Ombudsman recommendations (one overdue).
- 4.2 Duty of Candour maturity: Currently at operationalising stage; gaps in commissioning and hosting.
- 4.3 Healthcare Law: Coroner's Prevention of Future Death Notice; 17 overdue Learning from Events Reports with Welsh Risk Pool.

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	



PATIENT SAFETY

Nationally Reportable Incidents

From 01st October 2025 to 30th November 2025, there were 18 Nationally Reportable Incidents (NRIs) occurring by incident date compared with 31 for the previous reporting period. Treatment/procedure issues are the most reported category.

The total number of NRI investigations that were open as at the end of November 2025 was 54 with 4 overdue closures. Cancer, Diagnostics, Mental Health Learning Disability Division and Central and West Integrated Health Communities do not have any overdue currently.

The proportion of NRIs that remain open for more than 90 days continues to be the best across Wales, with the Health Board having only 7% of cases taking longer than 90 days. The median working days to completion is also the lowest at 73 days compared to the All-Wales median of 126 days.

A total of 59 NRI outcome forms were submitted to NHS Wales Performance and Improvement for closure during October and November 2025. Further detail and learning from these closures can be found in the confidential quality report.

Never Events

The Health Board reported four Never Events in 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 Patient Safety Team are undertaking work around Local Safety Standards for Invasive Procedures (LocSSIPs) and stressing the importance of services ensuring the documentation they use is current and compliant with current national and regulatory guidelines.

Further detail and learning can be found in the confidential quality report.

Oxygen Cylinder improvement work

The Health Board provided feedback to BOC (British Oxygen Company that provides medical gases and associated equipment to the Health Board) in writing following the cylinder demonstration in September 2025 identifying concerns about the cylinder labelling. BOC have responded to say that they are unable to change the labelling due to the need for a graduated 'switch on' process rather than a hard on/off but also due to their need to meet the requirements of the global market.

The number of incidents relating to 'no flow' oxygen have reduced from previous reports. The 'No flow Oxygen Improvement group' which is a short-term task and finish group to address key issues is progressing with actions. IHC's and clinical specialties and community sites are working through action plans, with oxygen cylinder practical competencies scheduled to be on ESR by early 2026.

SAFEGUARDING

North Wales Safeguarding Board – Gwynedd Child Practice Review.

‘Our Bravery Brought Justice’

This was an extremely complex and demanding Child Practice Review [CPR], which considered the multi-agency activity relating to eight (8) child victims/survivors of sexual abuse and four (4) child victims/survivors of restrictive processes and restraint, for the period; January 2019 to the 30th September 2023.

The report was published on the 4th of November 2025.

This is a complex case spanning just under 7 years. This Review is unique in its size and scale, analysing ten times the volume of information that is usually reviewed in a CPR.

Recommendations

The review has found that there were fifty-two (52) missed opportunities. Whilst the Review has reported its findings under thematic headings relating to the context of abuse in this school, the recommendations are cross-cutting and provide a framework for improvement which could be considered at national as well as local level. The Recommendations are designed to be practical and achievable, even though some may require changes to National guidance on safeguarding and school governance.

In line with our statutory duty, the BCUHB Safeguarding and Public Protection Team were fully engaged in the review, providing an expert safeguarding lens on the information that was available from all agencies. Clinicians and those involved in the care and treatment of the victims/survivors were supported and encouraged to participate in the learning events and / or interview with the Chair and reviewers.

The review identified 27 recommendations, and makes two direct recommendations to Betsi Cadwaladr University Health Board (BCUHB):

Recommendation 27

1. Data Sharing

27a “Consideration should be given by the Health Board to the sharing of anonymised CAMHS data with Local Authorities to identify hotspots and thematic concerns.”

Rationale

The report does not criticise BCUHB directly, but it highlights where the use of data could possibly support greater safeguarding awareness, with the identification of trends or themes. It was recognised all the victims/survivors accessed the Child and Adolescent Mental Health Service (CAMHS) and all attended the same school.

2. Safeguarding Assurance

27b “Provide reassurance to the Regional Safeguarding Children’s Board that health professionals seek safeguarding advice when a child presents at an appointment accompanied by a third party without parental consent.”

Rationale

The attendance of Foden when accompanying a young person during the consultations and NHS appointments, as referred to in the report, did not result in any safeguarding concerns. However, the recognised pattern of offending behaviour has established a risk profile documented as a modus operandi, known offending typology. To support the identification of grooming, it’s been identified clinicians are to document and to seek safeguarding advice when a child or young person attends an appointment with someone other than a parent/carer (third person).

Governance and Assurance

BCUHB has developed an implementation plan which will be agreed at the North Wales Safeguarding Board, monitored by BCUHB Governance arrangements and it will be in line with the Safeguarding Governance and Reporting Framework. The Safeguarding and Public Protection Team have commenced actions to implement the recommendations to ensure we achieve the agreed timescales and obtain evidence by audit activities to provide assurance that we have made a difference.

ICON – Infant Crying Is Normal

This was as a result of recommendations from a Child Practice Review (CPR) commissioned by the North Wales Safeguarding Board. North Wales Safeguarding Board funded the materials and licence to the implementation of ICON.

ICON was launched during Safeguarding Week (11th November 2025). An audit and assurance programme are under development to provide assurance and evidence full implementation. The implementation plan will move into Phase 2, and this will include partner agencies, and this will be monitored by the North Wales Safeguarding Board.

INFECTION PREVENTION AND CONTROL

The Health Board has made progress in reducing several key Health Care Acquired Infections (HCAIs). The table below compares performance at the end of November 2025 against the same period in the previous year.

- Clostridioides difficile (C. diff): 20 fewer cases
- Methicillin-resistant Staphylococcus aureus (MRSA): 5 fewer cases
- Methicillin -sensitive Staphylococcus aureus (MSSA): 11 more cases
- Escherichia coli (E. coli): 28 fewer cases
- Klebsiella spp.: 1 less case

When benchmarked against other Welsh Health Boards as of November 2025, our rankings were: **1st** for *Klebsiella*, **2nd** for MRSA and *Pseudomonas*, **3rd** for *E. coli*, **4th** for MSSA, and **5th** for *C. difficile*. This represents a downward trend for MSSA, with an improvement in the position for MRSA, *Pseudomonas* and *E. coli*. Rankings for *Klebsiella* and *C. diff* remain stable.

Strategic Improvement Goals and Initiatives

Aligned with WHC 2025 039, the Health Board is focused on achieving six key HCAI improvement goals for 2025-2027:

1. Reduce the overall burden of *C. difficile* infection by at least 25%.
2. Achieve a reduction of at least 10% in hospital-onset *E. coli* bloodstream infections (BSI).
3. Achieve a reduction of at least 10% in hospital-onset *Klebsiella spp.* BSI.
4. Achieve a reduction of at least 10% in hospital-onset *Pseudomonas aeruginosa* BSI.
5. Decrease MSSA BSI by at least 20% and ensure fewer MRSA BSI cases than the previous year.
6. Undertake a clinician-led audit on the diagnosis and treatment of hospital-acquired pneumonia.

Outbreak data for October and November 2025 shows a positive trend, with the total number of outbreaks decreasing from 13 to seven. These outbreaks accounted for a total of 91 lost bed days during the period. This indicates that infection control measures, including those targeting a *C. difficile* outbreak in the East IHC, are proving effective.

A wide range of improvement activities are underway, reinforcing our commitment to IPC excellence:

Strategic Programmes: Active participation in the National *C. difficile* collaborative, progressing Quality Improvement projects in each IHC, and developing Phase 2 of the patient-facing HABITS programme.

Estates and Cleaning Technology: Securing targeted funding to standardise and increase the fleet of High-Level Disinfection (HLD) technology and create a fit-for-purpose cohort area in Wrexham Maelor Hospital. The use of Adenosine Triphosphate (ATP) monitoring has also been reintroduced to verify cleaning efficacy.

Training and Practice: A proactive training programme continues, with recent focus on respiratory infections and *C. difficile*. In addition, reviews and clinical trials of new manual cleaning and disinfection products are underway to further manage environmental bioburden.

Flu

The Infection prevention team have continued to monitor the number of flu cases and other acute respiratory infections (ARI) closely during October and November, developing a trigger tool to support decision making and stepping up of any actions particularly associated with mask wearing.

During December mask wearing was mandated in clinical areas to address the higher prevalence in hospital, community and amongst staff groups.

PATIENT EXPERIENCE

COMPLAINTS

The following table displays key complaints metrics as of 31st December 2025.

Metric	Current Status	Trend (vs. previous period)
Total Open Complaints	257	Decrease from 270
Number Overdue	43	Increase from 32
Compliance with 75% Target	83.27%	Decrease from 88.15% (but remains above target of 75%)

Analysis of received versus closed complaints between October and December 2025 shows a positive variance of 26 more closures than new complaints. (Received 760 Vs Closed 786) However, there is a strategic risk as the average weekly rates of receiving (55.5) and closing (56.4) complaints are becoming equal. Mitigation plans are being developed, with a greater emphasis on early resolution to manage future demand.

The Health Board's national performance provides significant assurance:

Average Closure Time: We are the best performing Health Board in Wales, resolving complaints in an average of 18 working days.

Real-Time Performance: We have consistently performed better than the Welsh national average for closing complaints within 30 days of receipt since September 2024.

Overdue Complaints: Our performance on overdue complaints is the third best in Wales, and significantly better than other health boards of a comparable size.

Between 1st October 2025 and 31st December 760 complaints were received across all sites, it is evident that there has been a significant increase in the number of complaints received specifically to the East IHC, although there is no evidence to suggest any predominant theme or trend relating to a particular service. Of note, complaints related to communication have seen a significant rise, this is directly related to planned care and the difficulties experienced in this timeframe, in relation to capacity of the planned care phone lines to manage patient queries, resulting in contact through PALS / Complaints.

The main 5 key sub themes of complaints are

120 Complaints = Communication with patient and service users

112 Complaints = Delays in clinical treatment and assessment
79 Complaints = Treatment procedure / delayed
44 Complaints = Treatment procedure wrong or inappropriate
43 Complaints = Inadequate Clinical assessment

Communication Theme

To improve communication and attitude and behaviour, which are intrinsically linked the second wave of culture change leaders has been implemented, the practitioner performance advice (PPA) support has been engaged in any areas identified that are emerging themes of significant concern which will support the improvements required.

The planned care phone lines, and the difficulties of patients “getting through to the BCUHB” has now be resolved with the deployment of additional resources. The Patient Experience Team monitor closely any emerging themes or trends and work closely with planned care team to improve communication, principally questions relating to appointments and waiting times, setting expectations accordingly and referring to the waiting well service as and when appropriate.

Clinical Treatment and Assessment Theme

Covering the remaining 4 sub themes identified above, the key services impacted by delays in clinical treatment are trauma and Orthopaedics, Urology, Ear Nose and Throat, Gastroenterology, and Ophthalmology, this is consistent across all Integrated Health Communities.

To support timelier waiting times, the following initiatives have been implemented:

- Additional activity as steered by the Planned Care Major change programme which includes insourcing outsourcing, waiting list initiatives.
- Waiting times for unscheduled care, quality indicators reported by all key sites through Executive integrated concern oversight panel on a weekly basis for any associated adverse harm.
- A weekly strategic planned care meeting takes place, with complaint themes and trends discussed and actioned.

To support timely and safe discharges from hospital a two-week discharge sprint was undertaken in December 2025 with a focus on improving patient flow through urgent and emergency care specifically the reduction in delayed pathways of care, with a second phase of discharge sprint to commence in January 2026.

PATIENT FEEDBACK

The Patient Advice and Liaison Service (PALS) resolved 1,551 enquiries between October and November 2025, with an average resolution time of just 5.49 working days against a 10-day target. During this period, the service also received 101 written compliments.

Findings from the All-Wales People's Experience Survey (PES) remain highly positive. Based on 13,370 responses, 85.23% of patients rated their overall experience as 'Good' or 'Very Good'. Satisfaction with being treated with dignity and respect (85.13%) and being able to communicate in a preferred language (90.60%) both exceeded the national benchmark. The following quote exemplifies the positive experiences reported:

"The Specialist Palliative Care Team and District Nurses were very helpful and supportive through the entire process. They kept in touch regularly, especially those last few days... We felt well supported by the team. While dad was able to communicate, they spoke to him to confirm his wishes and explain what they were doing, we felt that he was being treated with respect at all times and that they were doing the best for him." (West IHC)

The Easy Read version of the PES also yielded positive results, with 92.85% of respondents sharing a positive experience. Furthermore, new targeted Maternity and Neonatal surveys were launched in November 2025 to gather specific feedback in these crucial service areas.

Urgent and Emergency Care Feedback (People's Experience Survey)

Overall satisfaction of accessing urgent and emergency care has remained below target. The average level of satisfaction is 47.97% of "very good" responses. This is significantly lower than the organisation as whole (excluding Emergency Quadrant). The Health Board commenced reporting Emergency Care feedback from April 2025 and as such there is no comparative date to identify yearly trends. All other Civic feedback is completed post treatment. However, Emergency Care feedback is completed whilst waiting within emergency care departments. This is important to note as it can influence the feedback that is given.

Advocacy and Support

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.

This focus on the patient's experience of care is matched by an equal focus on the effectiveness of the clinical care provided.

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.

CLINICAL EFFECTIVENESS

CLINICAL AUDIT

During Quarter 3, 13 Tier 1 national clinical audits were published. Two have been reported, with the remaining 11 scheduled for reporting in December and January 2026.

NICE GUIDELINES

The Health Board has achieved a **significant improvement** in 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 four guidelines currently rated as 'Not Achieved' are under active review.

MORTALITY REVIEW

The interpretation of the Risk-Adjusted Mortality Index (RAMI) is currently challenging due to a temporary reduction in the clinical coding completion target in 2024-25. This anomaly has artificially lowered the number of 'expected' deaths, impacting the RAMI calculation. The national 95% coding target was restored in August 2025, but due to the 12-month rolling nature of the data, it will take a full year for this to be corrected.

Assurance can be taken from the successful work undertaken to streamline the Medical Certification of Cause of Death (MCCD) process. This has enabled relatives to receive accurate death certificates in a timely manner. National data shows that the Health Board is performing well in this area in comparison to other health boards in Wales.

Following the successful appointment of staff to vacant mortality review posts, considerable progress has been made in reducing the backlog of reviews in the Central and East IHCs. This is a critical step forward, ensuring that organisational learning from mortality reviews can proceed without delay.

QUALITY ASSURANCE

HEALTHCARE INSPECTORATE WALES

The Quality Assurance Team continue to work with clinical areas to progress action plans, the below are overdue with targeted plans to progress completion

Inspection – Ysbyty Gwynedd Emergency Department (14–16 Apr 2025)

- **Status:** Overdue
- **Recommendations:** 28
- **Actions:** 66 total; 62 completed (94%)
- **Outstanding:** 4 actions remain
- **Closure Date:** Revised to January 2026.
- **Governance:** Continuous monitoring via Local HIW Review Meeting, Regulatory Assurance Group (RAG), and Executive Delivery Group (EDG).

Inspection – Cemlyn Ward, Ysbyty Cefni (28–29 Jul 2025)

- **Status:** In Progress
- **Recommendations:** 19
- **Actions:** 41 total; 31 completed (76%)
- **Closure Date:** 16 January 2026
- **Governance:** Progress monitored through T4 Programme Group, Regulatory Assurance Group (RAG), and Executive Delivery Group (EDG).

Requests for Assurance: The Health Board responded to three requests for assurance from HIW concerning Clywedog Ward, the Acute Cardiac Unit (IHC East), and the Cardiac Physiology Unit (IHC Central). In each case, improvement actions were detailed, and HIW has not raised further queries on two of the three matters.

CARE INSPECTORATE WALES

A Quality-of-Care Review for Enhanced Community Residential Services (ECRS) on **24 November 2025** found no immediate concerns and noted no areas for improvement.

A previous Quality of Care Review for ECRS on 04 July 2025 also found no immediate concerns but noted minor areas for improvement. The service is progressing well with its improvement plan, which is on track for closure in March 2026.

QUALITY PEER REVIEWS

An exception-based Trauma Network Peer Review, identified gaps in BCUHB transfer documentation, inconsistent MDT communication, and a need for clearer governance. An improvement plan is currently in development with the Health Board Trauma Network team/ IHCs to address these findings.

PUBLIC SERVICES OMBUDSMAN FOR WALES

The Quality Directorate continue to monitor and support all Ombudsman activity. Public Interest Report: One Public Interest Report has an outstanding action related to the Commissioning Assurance Framework. This is progressing through process. A revised deadline of 31 January 2026 has been agreed with the Ombudsman.

Performance Metrics (2024-25): The Health Board has seen positive trends, including a reduction in complaints investigated by the PSOW (down from 81 to 64) needs periods of time, or months and those upheld (down from 41 to 19), alongside an increase in compliance with recommendations (up from 58% to 65%). These metrics demonstrate progress despite challenges, such as cases where agreed deadlines are changed by the Ombudsman or dependencies on other NHS bodies for information in cross-border cases.

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.

QUALITY DASHBOARD/QUALITY SCOREBOARD

The Quality Assurance team have been tasked by the Executive Director of Nursing with developing an organisational oversight of Quality measures by way of a Quality Score Card. This will improve the data intelligence to monitor the organisations position and compliance with standards. This tool will provide a structured, visual overview of key quality metrics, strengthening assurance to QSE Committee and the Board. It is a key component of our Quality Management System and directly supports the statutory Duty of Quality.

Update on Quality Management System (QMS) Implementation

The BCUHB Quality Management System (QMS) continues to progress well and remains on trajectory. Significant engagement has been achieved with corporate services and early adopter teams, demonstrating strong organisational commitment to embedding the QMS approach and remains aligned with Challenged Services. Plans are in place for a second re-evaluation stage in the New Year to provide assurance that the QMS remains relevant and continues to meet organisational needs. This process will further strengthen governance and ensure continuous development.

DUTY OF CANDOUR

The Health Board's current maturity for Duty of Candour is rated as 'Yellow/Operationalising' (Average score: 3), which is in line with the national average.

Key strengths were noted in reporting and communication.

Gaps remain in commissioning, however with training bundle approval and integration of the duty into the commissioning framework, the Health Board is on track to move towards Green maturity in 2026.

Improvement work is underway (aligned to the National Maturity Matrix) to include Strengthening policies and procedures, addressing gaps and ensuring consistency with staff training and awareness and monitoring compliance through audit and the Quality Dashboard.

These quality assurance systems are intrinsically linked to our processes for managing healthcare law and embedding organisational learning.

ORGANISATIONAL LEARNING

The Learning Repository is an in-house digital platform designed to capture, validate, and share organisational learning to improve patient safety and clinical practice.

Phase 1, piloting in Pharmacy and Medicines Management, is on track for December 2025. It will enable staff to submit learning, undergo local quality checks, receive SME review, and publish validated insights via SharePoint, with notifications through email and Teams. Medicines Management will share learning on insulin administration errors during this phase to strengthen safe practice.

A **Project Board** oversees governance, strategic alignment, and accountability for the wider rollout in 2026. Alongside this, **Thematic Learning Reviews**, commissioned by the Executive Integrated Concerns Panel or triggered by incidents, identify system-level learning, and promote organisation-wide improvement.

The **Organisational Learning Forum** continues to meet regularly, ensuring insights are shared and embedded into clinical practice.

HEALTHCARE LAW

During the reporting period, the Health Board received one Prevention of Future Death Notice. This related to a case where a CAMHS referral from May 2022 was closed due to missing contact details, resulting in a 42-day delay before action was taken on a subsequent referral. While not contributory to the death, the coroner raised a concern about the risk of future deaths. The Board can be assured that the service has already changed its standard operating process to prevent recurrence.

The Health Board has achieved significant improvement in the number of overdue Learning from Events Reports (LFERs) due with the Welsh Risk Pool (WRP). At the end of November that number stood at 17 (with nearly half in one division) and continued focus remains in place with the aim of achieving a sustainable reduction during quarter three. The latest data from the WRP shows the number of LFERs deferred for further work continues to reduce.

CONCLUSION

This report provides the Health Board with an overview of the Health Board's performance, highlighting strengths and areas for improvement. It reflects a proactive approach to managing quality and safety across services.

Key achievements include strong national benchmarking for reportable incidents and complaints management, alongside progress in reducing historical backlogs such as mortality reviews. While challenges remain—particularly the volume of open patient safety incidents—these are being addressed through targeted, time-bound action plans monitored via core assurance frameworks.

Strategic initiatives will drive further improvement. Full implementation of the *Listening to People* framework will enhance patient experience, the new Quality Scorecard will strengthen governance and transparency, and the Organisational Learning Repository will ensure lessons are systematically embedded into practice.

In summary, the Health Board remains committed to delivering safe, effective, and person-centred care for North Wales through rigorous monitoring, strategic action, and a culture of continuous learning.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health Board Key Issues Report			
Board Date		29/01/2026	
Date of Committee		18/12/2025	Report of: Performance, Finance and Information Governance
Quoracy met:		Yes	
1	Agenda	The Performance Finance and Information Governance Committee (PFIGC) continues to meet bi-monthly. The Committee considered an agenda which is attached: PFIG Committee - BCUHB	
2a	Alert	The PFIG Committee wish to Alert members of the Board that: 1. There is a deficit of £17.3 million on the year to date and a financial risk of £26.0 million to achieving the plan to break-even: The Financial Oversight Group has agreed to a number of additional centralised control measures although it is recognised this reinforces some negative behaviours on the part of managers who have become unused to prioritising within their budgets. 2. There is little sign of any improvement in performance indicators relating to theatre utilisation which are key measures of our efficiency and productivity. 3. We have not succeeded in meeting our trajectory towards eliminating 104 plus waits for planned care which is a key target for the Welsh Government, while performance on cancer and breaches in respect of the eight week target for diagnostics remain concerning.	
2b	Assurance	The PFIG Committee wish to assure members of the Board that: 1. It received the Information Governance KPI Reports for the first and second quarters of the year, and performance continues to be good. 2. There now appears to be a clear prioritised approach to improving Urgent and Emergency Care performance with some initial indications of real improvement.	
2c	Advise	The PFIG Committee wish to Advise members of the Board that: 1. There was evidence of some improvement with regard to Planned Care, particularly in respect of reducing the number of patients experiencing long waits for their initial consultant appointment, and in terms of therapies. 2. The Committee noted the report on implementation of the Annual Plan to 30 September but raised concerns around the number of red deliverables and asked for clarification	

		in future papers as to include a narrative on any harm to patients due to these not being delivered on time. Further information and papers are included in the supporting pack.
2d	Review of Risks	PFIG received assurance and endorsed the updated Board Assurance Framework noting that: • In relation to “BAF24-01: Not Fully Building an Effective and Accountable Organisation”. The wording around “Internal Audit Reporting -Reasonable assurance with areas of substantial” should be reviewed as “substantial” was not recognised. • Concern was raised around the delay to the Six Facet survey due to lack of budget: the Committee asked that this return to Committee to understand the details around the delay.
2e	Sharing of learning	Nothing to note
3	Actions to be considered by other committees	• Quality, Safety and Experience Committee to look at evidence of harm as a result of delays to follow up appointments. • People and Culture to consider how the establishment control process can be simplified given evidence that inability to recruit to posts within establishment in a timely manner is negatively impacting performance.

Health Board

INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

Dyddiad y Cyfarfod Date of Meeting	29 January 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 provides an update on Quality, Access, Workforce and Financial performance for information and assurance with the full report included as an appendix. The key messages being:

- **Quality, Safety and Experience**

Four New Never Events were registered within this reporting period however one has since been downgraded as was deemed not to meet the criteria of a Never Event

- **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 8,500 (a 74% improvement)

- Patients waiting over 104 weeks for all stages of treatment

The plans put forward by Operational teams in October 2025 targeted 3,889 patients waiting at 31st December 2025. The number waiting totalling 3,668 (an improvement over plan) and a 65% reduction.

- **Cancer (national standard working toward 80%)**

In November 2025 the Health Board treated 52.4% (221 out of 422) of patients within the targeted 62 days, the targeted performance to move out of special measures being 55% for four quarters. Plans are in train to achieve this targeted delivery, noting the level one targeted performance to be working toward 80%.

- **Diagnostics**

Against the 8-week standard has deteriorated over the past 12 months, with additionality in place to deliver improvements in Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy. Plans are being closely monitored to ensure delivery against the targeted performance of 4,700 patients waiting.

Concerns over non-Obstetric Ultrasound remain and are being closely monitored through operational teams.

- **Urgent & Emergency Care**

The Health Board (and wider NHS Wales) performance in relation to patients waiting in excess of 12 hours and ambulance handovers exceeding 45 minutes is extremely challenged. Plans are in place to support improvements, though levels of demand are proving challenging and this position is projected to remain an area of focus as we progress through the winter period.

- **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 £17m 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		

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

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 <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:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <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	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.	
Appendices	There is no direct impact on resources as a result of the activity outlined in 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	Betsi Cadwaladr University Health Board
C&V	Cardiff and Vale University Health Board
CRR	Corporate Risk Register Reference
CTM	Cwm Taf Morgannwg University Health Board

ENT	Ear, Nose, and Throat
GDS	General Dental Services
GP	General Practitioner
HDda	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
IHC	Integrated Health Community
LPMHSS	Local Primary Mental Health Support Services
MH&LD	Mental Health and Learning Disabilities
MMR	Measles, Mumps and Rubella
NHS	National Health Service
NR	Non-recurrent
PADR	Performance Appraisal & Development Review
PFIG	Performance, Finance, Information Gov Committee
QSE	Quality, Safety, and Experience Committee
SB	Swansea Bay University Health Board
SM	Special Measures
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government
YTD	year to date

Appendices;

- Appendix I - IQPR Summary Report
- Appendix II - Full Performance Report

Appendix 1 (IQPR Summary Report)

Committee: Health Board

Report title: Integrated Quality & Performance Report (IQPR)

Report Author: Deputy Director of Performance

Executive: Executive Director of Finance and Performance

1. Introduction

The Performance Directorate now reports through to the Executive Director of Finance's portfolio, with development of the Integrated Quality and Performance Report (IQPR) a key objective to ensure the needs of Operational forums, Executive, Committees and the Health Board are met. The development of the report will build on the launch of the Foundations for the Future model for services, which is essential to ensure clarity on roles, responsibilities and accountability.

Statistical Process Control Charts (SPC) will be the main vehicle to report performance (historical, current and future trends) ensuring movements in performance are understood. It is essential the users of the reports can ascertain the impact of key actions expected for future performance, and importantly how this compares to that contained within our Integrated Medium-Term Plans (IMTP) and national expectations.

Initial meetings with the Executive, Senior Leadership and the teams have occurred, with further debate to occur with Health Board colleagues to shape the future report model, the anticipation being this would be supported by;

- Hierarchical reporting (the information tailored for the audience)
- Review of metrics used for assessment, ensuring relevance
- Engagement with Operational and Clinical teams, to ensure actions planned to improve performance are quantifiable and thus can be used to forecast delivery
- A refreshed 'Performance and Accountability Framework' that will enable areas and directorates that require additional support to be identified and escalated

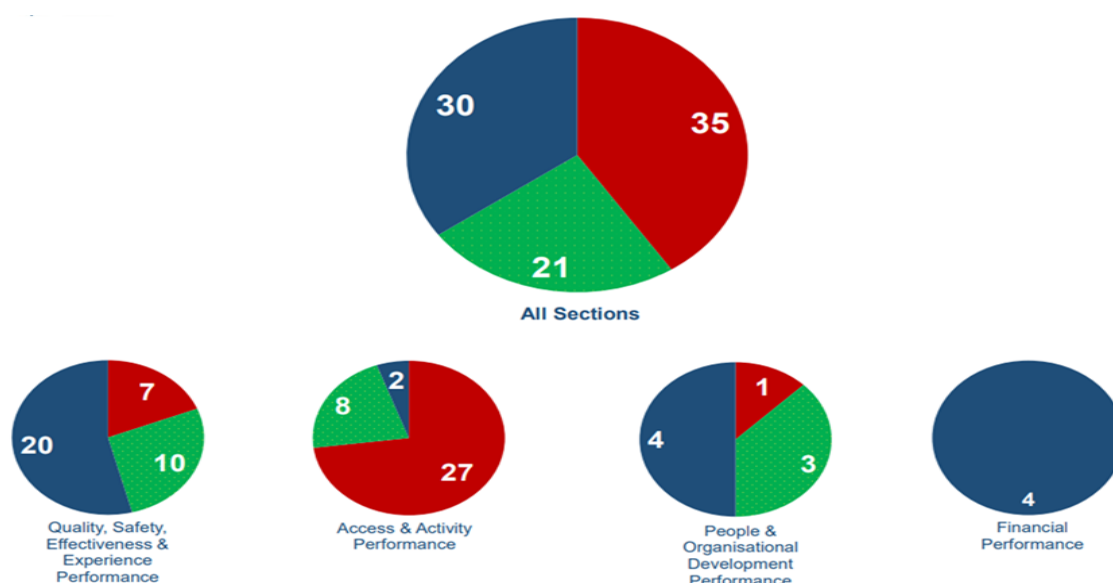
The implementation of 'Foundations for the Future' in providing clarity on roles and responsibilities will support identification of lines of accountability, it is important that the performance and accountability framework recognises high performing areas and

differentiates with those requiring support to deliver improvement. Reporting future performance requiring Operational & Clinical colleagues to determine action to be taken and expected impact.

Whilst these developments are progressed, the main report will continue to be presented within the current format, in that the Full IQPR report contained within Appendix II will include;

- A one-page high level summary of matters to be highlighted to members from the four quadrants of People, Quality, Performance and Finance
- Then a page per quadrant
- Finally, each performance metric is then articulated within the report to provide the detail should officers seek to understand more in regards to a particular metric

2. OVERALL SUMMARY



Of the measures from the NHS Wales Performance Framework included in the report, 21 are on target, 35 are off target. 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.

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.

3. KEY OUTPUTS FROM OVERSIGHT OF ACCESS & ACTIVITY PERFORMANCE

3.1 People and Organisational Development

Key metrics for the People and Organisational Development centre upon;

- Sickness absence 6.4%
- Agency as a percentage of total expenditure being 2.3%
- The appraisal rate high for the Health Board at 80.6%

3.2 Access and Activity Performance

3.2.1 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;

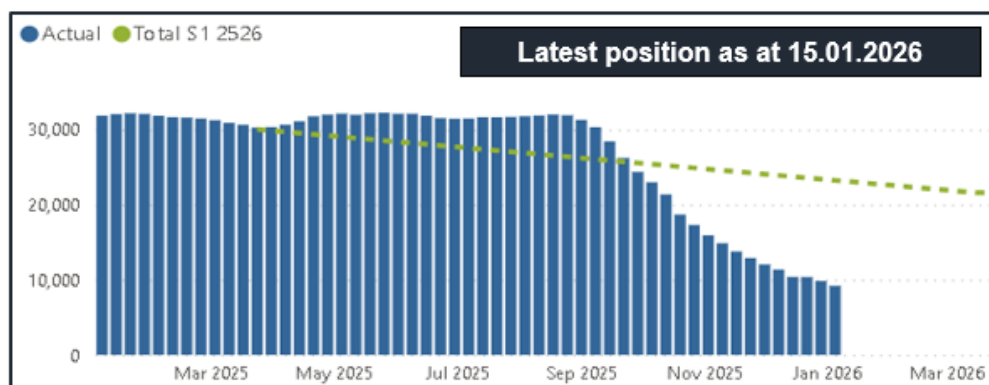
- Receipt of c£12m of additional funds to support 104-week delivery
- Ability to commission activity from private sector for key specialities

The Health Board received an allocation below that requested of £5m to support commissioning of external care provision, experiencing difficulty in securing capacity within the private sector to service patients waiting, these two factors impacting on the ability of the Health Board to attain the trajectories of performance indicated within the IMTP.

The Health Board continues to seek to improve performance and has implemented additional oversight and escalation within the planned Care space (the Chief Executive Chairing a weekly oversight and escalation meeting) with additional oversight and governance through a weekly meeting of the Chair and Vice-Chair for the Health Board.

3.2.2 Planned Care Performance

- 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 in addition to the national initiative of placement for insourcing to service patients first new outpatient appointments has seen over 2,000 patients per weekend seen.

The number of patients waiting for first outpatient appointment has significantly reduced, with this trend is set to continue for the remainder of the financial year. The November position was 12,261, the latest available unvalidated position as at 12th January 2026 shows the number of patients waiting has reduced to under 8,500, and (subject to speciality challenges) is expected to further reduce to close to zero by close of the financial year.

- 31,905 patients waiting over 52 weeks in August 2025
- 12,261 patients waiting over 52 weeks November 2025
- 8,482 patients waiting over 52 weeks to date (12th January 2026)

Whilst the drive to reduce the number of patients awaiting over 52 weeks for their first outpatient appointment, 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

A cohort of these stage 1 outpatients may require an urgent procedure and displacing current routine capacity

3.2.3 Patients waiting 104 weeks or more for all stages of care delivery

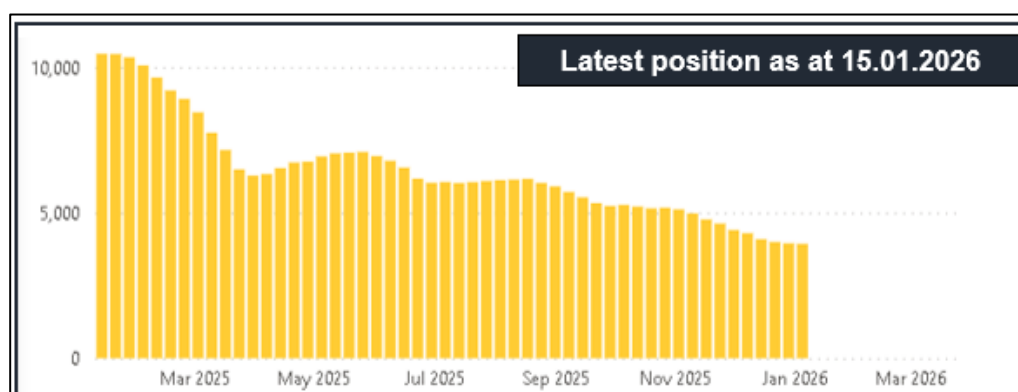
The Integrated Medium-Term Plan (IMTP) articulated a requirement for £12m from commencement of the financial year (from the national £20m allocation) to support delivery of zero patients waiting over 104 weeks by 31st March 2026.

The funding requested was not able to be allocated to the Health Board and the IMTP not endorsed by Welsh Government given concerns over delivery.

The Health Board has subsequently been unable to deliver the trajectories for improvement contained within the IMTP, with *forecast* delivery reviewed in conjunction with Operational teams, the outputs being;

- At 31st December 2025 3,889 patients waiting over 104 weeks
- At 31st March 2026 3,782 patients waiting over 104 weeks

The Health Board at 31st December 2025 had 3,668 patients waiting over 104 weeks for all stages of routine treatment (a 65% reduction in patients waiting in 12 months), exceeding (better than) the 3889 patients in the forecast.



There remains continued focus on improving to below 3,000 patients waiting, with Performance and Improvement Welsh Government colleagues supporting these endeavours. However, risks remain in that the monthly cohort of patients breaching 104 weeks increases from on average 2,000 to 3,000 (list size 33% bigger then Q3).

The Health Board is required to therefore treat (during the winter period) the forecast 3,890 patients plus each month plus the further additional 3,000 patients, this totals 12,890 patients for the three months to 31st March 2026. Debate continues with WG officials in securing further resource to enable further commissioning where appropriate.

The Health Board continues to drive improvements, alongside the commissioning of activity, through the Planned Care Major Programme. This includes improvements in theatre utilisation (early and late starts plus reducing cancellations at short notice or on the day) which will support improvements in delivery to that currently articulated.

3.2.4 Cancer Performance (national standard moving toward 80%)

In November 2025 the Health Board treated 52.4% (221 out of 422) of patients within the targeted 62 days, as denoted within the below table;

	BCUHB Total	West	Central	East
Upper GI	85% (22/26) ↑	89% (8/9)	90% (9/10)	71% (5/7)
Haematology	77% (23/30) ↑	78% (7/9)	71% (10/14)	86% (6/7)
Skin	72% (75/104) ↑	70% (21/30)	66% (25/38)	81% (29/36)
Lung	57% (24/42) ↑	44% (4/9)	63% (10/16)	59% (10/17)
Breast	48% (30/62) ↑	82% (14/17)	33% (9/27)	39% (7/18)
Urology	32% (24/74) ↓	35% (7/20)	29% (8/28)	35% (9/26)
Head & Neck	31% (4/13) ↑	0% (0/4)	50% (3/6)	33% (1/3)
Gynaecology	26% (5/19) ↓	25% (1/4)	33% (2/6)	22% (2/9)
Colorectal	14% (6/42) ↓	17% (2/12)	0% (0/15)	27% (4/15)
Total	52% (221/422) ↔	58% (69/119) ↑	48% (78/164) ↑	53% (74/139) ↓

Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows reflect change from last month

The principal reason for the continued decline in performance was an increase in the number of breast cancer patients treated after day 62. This was as a result of delays in the screening service and increased waits to first appointment over the summer period.



The special measures performance criteria required the Health Board to attain 55% in four consecutive months (which had been achieved in three consecutive months). However, colleagues continue to target enhanced performance in this domain.

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 additional clinic capacity and additional recruitment to Head and Neck consultants.

3.2.5 Diagnostics (performance against the 8-week standard)

Diagnostics performance against the 8-week standard has deteriorated over the past 12 months, predominantly a consequence of demand for Radiology, Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy. Key information being:

- With 19,237 patients waiting in excess of 8 weeks at end of November 2025 (with latest released validated position at 21,679 for 31st December 2025).
- 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 centre upon:

- Mobilise additional capacity solutions (mobile MRI and mobile endoscopy suites on sites) and additional Endoscopy facility
- Adoption of additional demand management measures and validation

The increased access is set to reduce patient waiting times beyond 8-weeks to approximately 4,700 patients by 31st March 2026. The pace of improvement required is of concern at this stage of the financial year, with non-obstetric ultrasound an area of increased focus from operational colleagues.

The additional outpatient activity seen through the national 52-week first outpatient insourcing model also resulting in significant additional diagnostic activity being required, with this predicted to adversely impact on performance in this area, potentially leading to c6,000 waiting over 8 weeks at 31.03.2026 if insufficient mitigations are identified or not implemented.

Whilst the plan does not achieve a zero position by close of March 2026, the teams are attempting to improve on the current 4,700 plan submitted to Welsh Government; at this stage this number would represent the best performance on access for diagnostics.

3.2.6 Therapy Waits

There has been a substantial improvement in waits for Therapy intervention. However, the month on month improvement in performance and reduction in waiting times seen previously has not continued through quarter 3. These patients are predominantly within Physiotherapy and Dietetics in the East IHC.



3.2.7 Adult Mental Health Measures Performance

Adult Mental Health Assessments and therapeutic interventions have consistently been performing above the 80% for the Division.

3.2.8 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 with no Health Board achieving the target. However, at 11% BCUHB is achieving its internal improvement trajectory for November 2025. Additionality is being commissioned to support improved delivery of assessment in the last 2 months of the financial year.

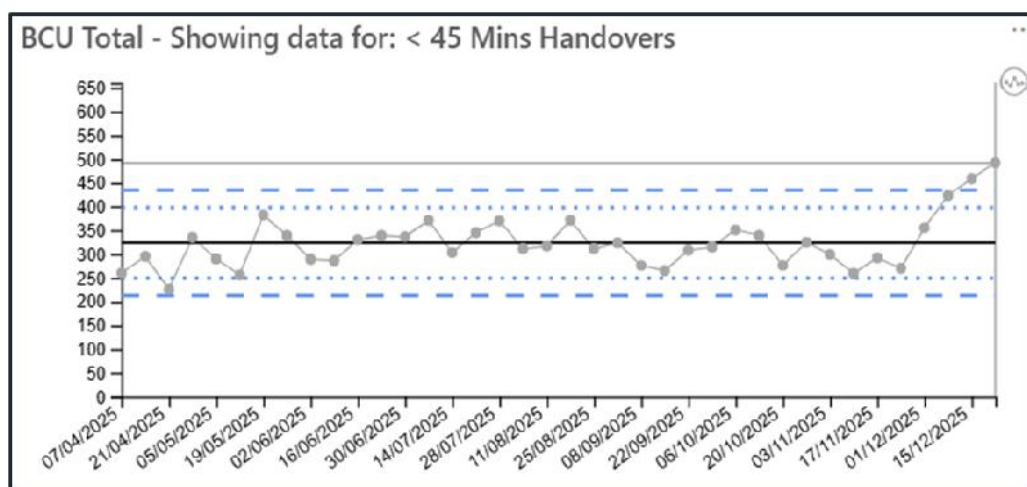
Ministerial Milestones	Description
No patients waiting over 4 years	Sustained compliance of no patients waiting over 4 years for an assessment
No patients waiting over 3 years	Delivery of no patients waiting over 3 years for an assessment. Trajectory and plan to be compliant with this ministerial priority 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

CAMHS performance is improving and if this continues will meet the de-escalation criteria given the improvement in Part 1b of the Mental Health measures (access to therapeutic intervention within 28 days). This is particularly pleasing given the very low levels of performance earlier in the year.

3.3 Urgent & Emergency Care Performance

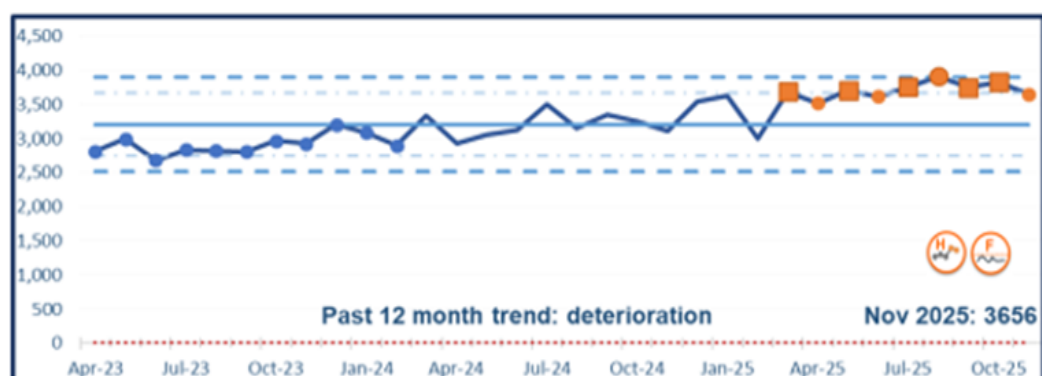
3.3.1 Ambulance Handovers within 45 Minutes

There is a focus placed upon performance in this area, the recent 45 minutes ambulance handover and acknowledgment of harm to patients owing to excessive waiting times is driving an immediate improvement requirement. At the end of December 2025, 52% of ambulance patient handovers were completed in under 45 minutes. This is a 20% improvement upon the November position. However, it is too early to indicate whether this level of improvement can be sustained through quarter 4 of 2025/26, give the first few weeks of January are particularly pressured for the NHS. Regaining the momentum of improvement secured during December following this peak demand period is key.



3.3.2 Patients waiting over 12 Hours in Emergency Departments

The number of 12-hour waits has decreased to 3,656 (previously 3,827) 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). 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 and the UEC report on the agenda.



Although the number of patients waiting beyond 24 hours has fallen at 1,834 it remains in a range exceeding normal deviation through the SPC Chart. Work is progressing with the teams on flow of patients through the hospital which is the core reason for the numbers being so high.

3.4 Summary

The Health Board continues to deliver improved access for patients waiting for outpatients new and 104 weeks for treatment, with improvements in diagnostics targeted for close of the financial year. However, further improvements within cancer performance and continued focus on Urgent and Emergency Care continues.

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.

4. Financial Performance (Month 9 - December 2025)

The Health Board reported a cumulative deficit of £17.3m as at the end of December and a forecast year-end deficit of £17.4m (0.6% of turnover).

The principal drivers of the deficit are: -

- Joint Commissioning Cost Pressures
- Capacity Pressures resulting from additional beds being open
- Out-of-Area placements within Mental Health services
- Inflation on English tariffs
- Employers National Insurance funding shortfall

Welsh Government has recently agreed to fund a number of other pressures associated with pay structures and Welsh Risk Pool costs.

The risk to the forecast outturn has been highlighted for several months. Despite a number of directives issued by the Financial Oversight Group, forecast expenditure has not reduced a level sufficient to recover the year-to-date deficit.

A further set of directives has now been issued introducing strengthened central controls intended to prevent further deterioration with potential to improve on the current forecast deficit. The Health Board remains committed to identifying and delivering additional cost reductions wherever possible, without impacting on the quality and safety of patient care.

The change in the forecast results in a risk to receipt of the £82m conditionally recurrent allocation received in 2025/26 being received in 2026/27. Whilst the financial performance remains challenging, it is of note that the savings ask of £40m for the Health Board has been attained and exceeded with total forecast savings of £45m being reported at month 9.

In summary, sustained pressures have necessitated in a revision of the year-end forecast outturn to £17.4m, placing future receipt the conditional funding of £82m at risk.

5. Appendices - Appendix II – The Performance Report.

Thursday, 29th January 2026

Integrated Quality & Performance Report

Health Board



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Escalated Performance Measures at a Glance

KEY: ▲ = Better ▼ = Worse than previous reporting period

Quality

CRR 24-04 Failure to Embed Learning

- ▼ New Never Events: **4** reported since October 2025 with 1 since downgraded (Target 0)
- ▲ National Reportable Incidents (NRI): **5** overdue (out of 49) in November 2025 (Target 0)
- ▼ Learning From Events Reports (LFERs): **17** in November 2025 (Target 0)

Finance

CRR 24-05 Financial Sustainability

Financial Position – December 2025

- ▼ Year to date – Deficit versus Plan **-£17.3m**
- ▲ In-month Variance to plan **£0.0m** (a £1.0m improvement)
- ▼ Full year outturn position **re-forecast -£17.4m** (noting significant risks to delivery)

Savings Position

- ▲ In month Savings Delivery including Accountancy Gains v target **£4.8m** (£1.5m more than the £3.3m target)
- ▲ Forecast Savings Delivery including Accountancy Gains v Target **£45m** (£5m above the target of £40m)

Capital Expenditure

Year to Date Plan is £27.7m. Spent £24.9m 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: **72.0%** (Target 80%)
- ▼ Neurodevelopment Assessment within 26 weeks: **11.0%** (*Target 95%)
- ▲ Adult Mental Health Part 1b Assessments within 28 Days of Referral: **82.4%** (Target 80%)
- ▲ Adult Psychological Assessment within 26 weeks: **70.3%** (Target 95%)
- ▼ Ambulance Handover Delays over 45 minutes: **2,290** (Target 0) **MP**
- ▲ Emergency Department waits over 12 Hours: **3,656** (Target 0)
- ▲ Emergency Department Waits over 24 Hours **1,834** (Target 0)
- ▼ Number of patients with Delayed Pathways of Care: **364** (Target 0)
- ▼ Percentage compliance with 62 Day Single Cancer Pathway: **52.4%** (Target 75%)
- ▲ Referral to Treatment waiting over 52 weeks 1st Appointment: **12,261**
- ▲ Referral to Treatment waiting over 104 weeks: **4,321** (see slides 12 & 13) **MP**
- ▼ Referral to Treatment waiting over 156 weeks: **205** (Target 0)
- ▲ Referral to Treatment waiting over 208 weeks: **0** (Target 0)
- ▼ Number of patients waiting over 8 weeks for Diagnostics: **19,237** (Target 0)
- ▼ Number of patients Over 100% due their clinical follow up: **108,920** (Target 0)

* Achieved internal improvement trajectory for November 2025 at 11%

People & Organisational Development

- ▼ Personal Appraisal & Development Review (PADR): **80.6%** (Target 85%)
- ▼ Sickness & Absence: **6.4%** (Target Reduce)
- ▲ Agency Spend: **2.3%** (Target Reduce)



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Performance Escalations Report



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4
Presented on 29.01.2026

Produced on behalf of the **Health Board**
by the **Performance Directorate and Partners**

Quality: Number of New Never Events Reported

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	December 2025	Reason:	Increase in	Status:	Getting Worse

Four New Never Events were registered within this reporting period however one has since been downgraded as was deemed not to meet the criteria of a Never Event. There remains important learning from this incident which contributes to an ongoing theme identified. Details of Never Events as below:-

Wrong site surgery

Patient presenting with pleural effusion required aspiration to remove fluid from chest. The registrar on call mistakenly aspirated the right side of the chest instead of the left,

Wrong implant/prosthesis

Whilst undergoing total knee replacement, incorrect tibial insert was inserted.

Retained foreign object.

An ascitic introducer trocar was not removed during the procedure.

Wrong site surgery (DOWNGRADED)

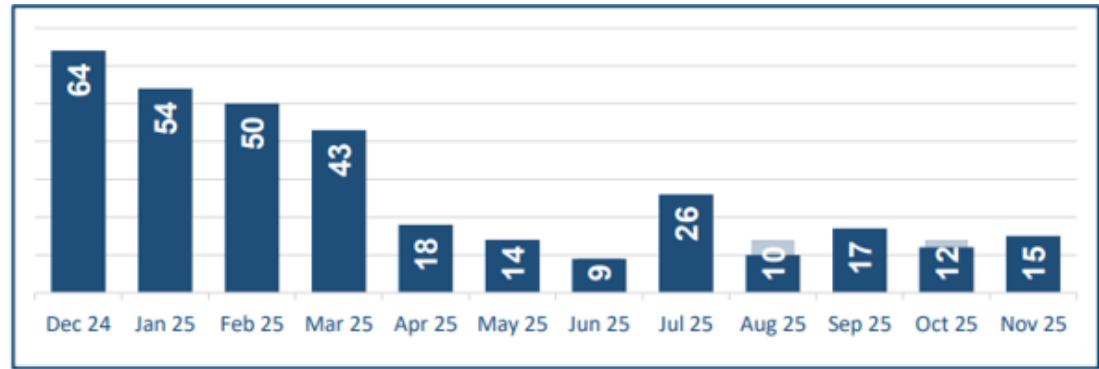
Following Hysteroscopy appointment Mirena Coil inserted without patient consent.

These incidents are currently going through the full investigation process but initial review of the three incidents raised denotes a pattern of failure to follow LocSSIPs along with human error. An internal safety alert has been disseminated, highlighting the need to follow process, the importance of ensuring that documentation used is always current and relevant to clinical pathways.

The Executive Medical Director requested that LocSSIPs were added to the agenda of the Strategic Clinical Effectiveness meeting in December to discuss how to lead the improvements required with regards to adherence to LocSSIPs.

Quality: Learning From Events Reports (LFERs)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving



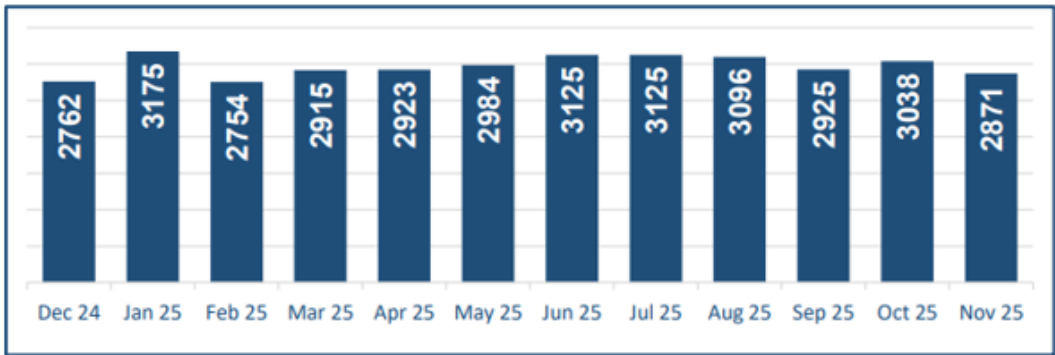
Learning From Events Reports (LFERs):

There had been a month on month decrease in number of overdue reports since December 2024, with an increase in July at 26. However, there were 15 outstanding LFERs at the end of November and more detailed information is available in the Quality Report.

Overdue reports pose a Quality and Safety risk from the perspective that if we haven't completed the reports in a timely manner, how can we embed the learning to prevent future events. There is also the financial risk given that the Health Board can incur a penalty of £2,500 per overdue report. Continued focus is required to address the timely completion of LFERs and recovery of the overdue position. This measure will remain in escalation.

Quality: Patient Safety Incidents

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Number of Incidents	Status:	Improving



Patient Safety Incidents:

The average number of patient safety incidents remains just below the 3,000 per month (100 per day) mark. The Health Board promotes a culture of reporting for the purposes of continuous learning therefore a consistent total number of incidents reported is encouraged.

A reduction in the total number of overdue incidents with a trajectory of a 40% reduction by the end of March 2026 has been set. Progress is presented by the operational services to the weekly concerns meeting chaired by the Deputy Executive Director of Nursing.

The most frequent category of reported incidents in November 2025 were pressure damage, slips trips and falls, and medication errors.

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

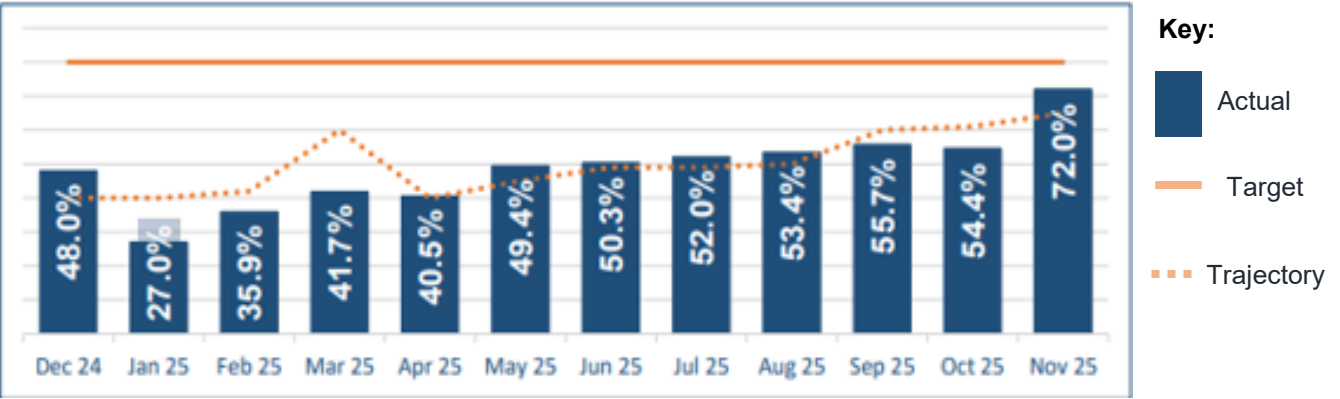
Reason: Performance below plan

Status: Improving

Part 1b: National Target 80%
Improvement trajectory achieved at 72.0%

Review of performance of trajectories highlighted East CAMHS to be off track with delivery adversely affecting the overall health board position. East CAMHS have now developed a Quarter 4 Recovery Plan which has been approved by the East Integrated Health Community (IHC) Senior Leadership Team (SLT).

The plan includes for additional agency on a short term basis will provide additional capacity to reduce the intervention WL backlog alongside a phased introduction of group interventions which and enable sustainable compliance with 1b targets going forward .



Action	Timeline	Expected Impact	How Monitored
CAMHS Workforce Redesign – Recruitment to non-eligible Mental Health Measure (MHM) posts	Q4	Increase therapeutic intervention capacity to deliver and sustain 1B targets through 2026/2027	Improvement in Vacancy Rate Therapeutic Interventions WL reduction Part 1b MHM target % compliance
MHM training review	Q4	Improved MHM understanding will support throughput and discharge to increase capacity	Number of intervention appointments undertaken Number of staff undertaking MHM training Feedback received
Increased group provision	Q4	Increased therapeutic intervention offer and capacity. Further rollout across all service following successful implementation in Central Area	% Compliance with MHM targets Group provision uptake and feedback received Therapeutic Interventions WL.
Additional Capacity – short term	Q4	Use of agency staff to cover vacancies and increase capacity	Impact on waiting list backlog and MHM Part 1 performance

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	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

Action	Timeline	Expected Impact	How Monitored
Progress tender to commission outsourcing of neurodevelopment (ND) assessments with Welsh Government (WG) funding allocation	Q4	Additional neurodevelopment assessment capacity to address over three year waits.	ND Assessment waiting list WG monthly template returns WG monthly checkpoint meetings
Implement Prudent Assessment pathway	Q4	Standard streamlined assessment process resulting in increased capacity – aim to deliver 30% efficiencies.	Activity data Impact on assessment waiting list
Establishment of regional Transition Steering Group with Denbighshire Local Authority Adult Integrated Autism Services (IAS) and MH&LD	Q4	Children and young people assessed appropriately, reduction of patient over 18 years old on ND waiting lists.	Transition tracker to be established.
New social model of care – commence training and implementation of agreed Profiling Tool	Q4	Reduction in demand for full ND assessment.	Referrals to ND services for assessment



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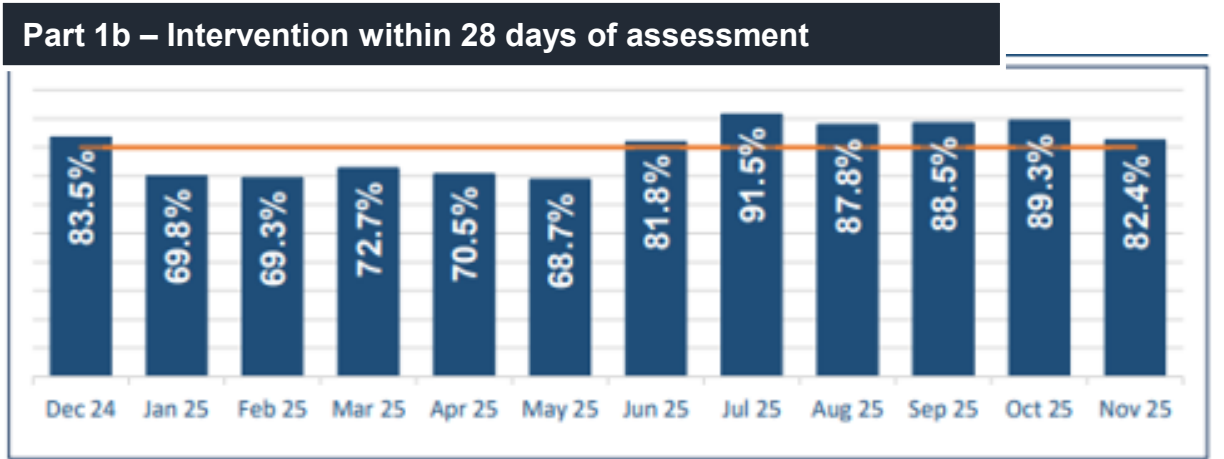
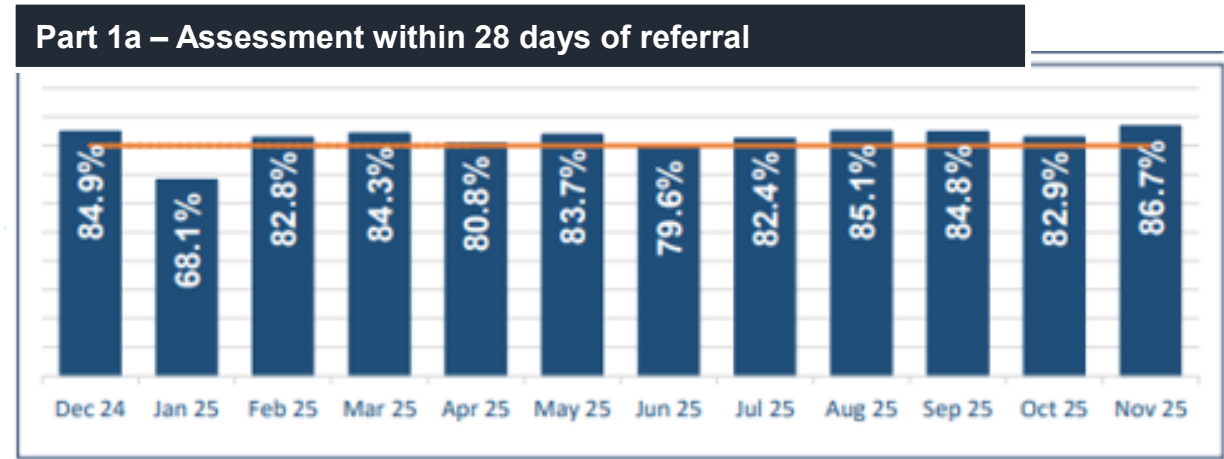
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Access: Adult Mental Health & Learning Disabilities (Mental Health Measure Part 1a & 1b 28 days)

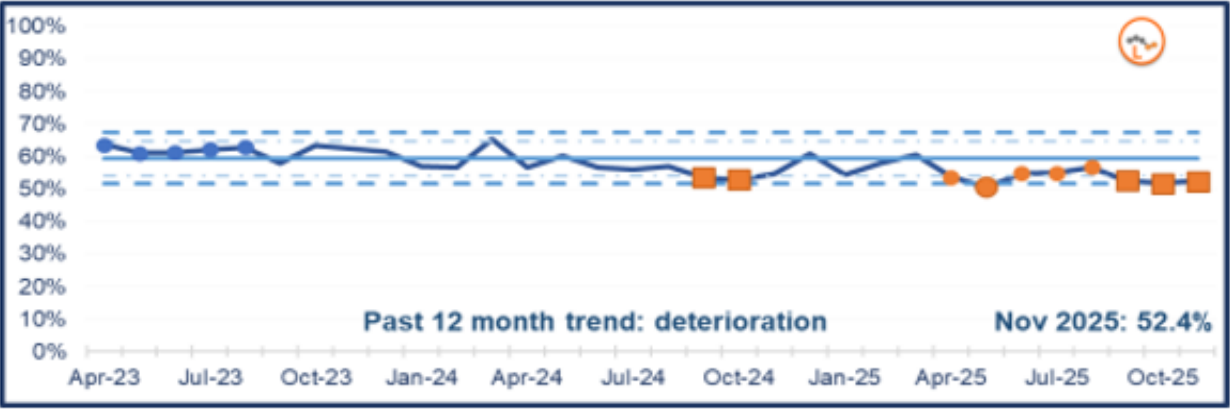
Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Achieved But

* Achieved target rates at aggregate health board level however there are pockets of inequity of service with Anglesey and Denbighshire performing well below the 80% rate



Action	Timeline	Expected Impact	How Monitored
Part 1a and 1b compliance will be impacted by typical Q3 seasonal increases. Referrals have exceeded 1,200 in October and are circa 1,125 in November. Referral rates are being monitored closely alongside service response, taking account of staff holidays over the festive period.	Q4	Sustained performance in excess of compliance rates.	Referral rates Staffing levels
Recruitment to vacant Psychology posts: - West and Central staff are now in post - Interview for East (Wrexham) CMHT Psychologist -January 26	Jan 26 onwards	Month on month improvement as staff fully integrate into the teams and as recruitment is finalised and staff appointed.	Continued monitoring of performance compliance Successful recruitment and start dates

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	85% (22/26) ↑	89% (8/9)	90% (9/10)	71% (5/7)
Haematology	77% (23/30) ↑	78% (7/9)	71% (10/14)	86% (6/7)
Skin	72% (75/104) ↑	70% (21/30)	66% (25/38)	81% (29/36)
Lung	57% (24/42) ↑	44% (4/9)	63% (10/16)	59% (10/17)
Breast	48% (30/62) ↑	82% (14/17)	33% (9/27)	39% (7/18)
Urology	32% (24/74) ↓	35% (7/20)	29% (8/28)	35% (9/26)
Head & Neck	31% (4/13) ↑	0% (0/4)	50% (3/6)	33% (1/3)
Gynaecology	26% (5/19) ↓	25% (1/4)	33% (2/6)	22% (2/9)
Colorectal	14% (6/42) ↓	17% (2/12)	0% (0/15)	27% (4/15)
Total	52% (221/422) ↔	58% (69/119) ↑	48% (78/164) ↑	53% (74/139) ↓

Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows reflect change from last month

Performance below trajectory due to:

- Slower than anticipated recovery within skin (dermatology)
- Unexpected loss of capacity within breast screening service in 2025 leading to delays to assessment post mammogram
- Upper GI and Haematology achieved the 75% target
- Skin performance remains below expected levels due to challenges within dermatology. However, there has been a significant reduction in skin backlog continues with insourced additional weekend capacity and expansion of teledermoscopy service to all sites. Following a workshop in September, a Dermatology Delivery Group has been established to drive future changes in dermatology including expansion of teledermoscopy (now available in West as well as Central and East) and changes to skin cancer follow-up – more details will follow
- Breast performance remains below expected levels due to challenges in the screening service; waits for first appointment for symptomatic patients have now improved significantly
- Endoscopy remains a challenge on the colorectal pathway; the nurse led triage service has expanded to East and West aiming to reduce time to triage and increase straight to test rates. Now seeing a gradual reduction in colorectal and upper GI backlogs as endoscopy capacity increased
- The majority of urology breaches are prostate cancer patients. An insourced prostate biopsy service will commence later this month to increase capacity



Action Plan

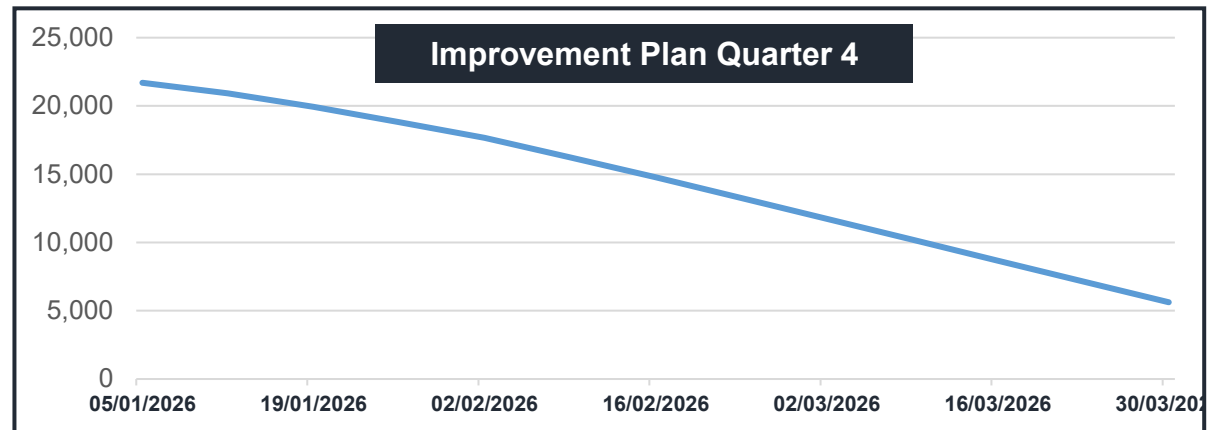
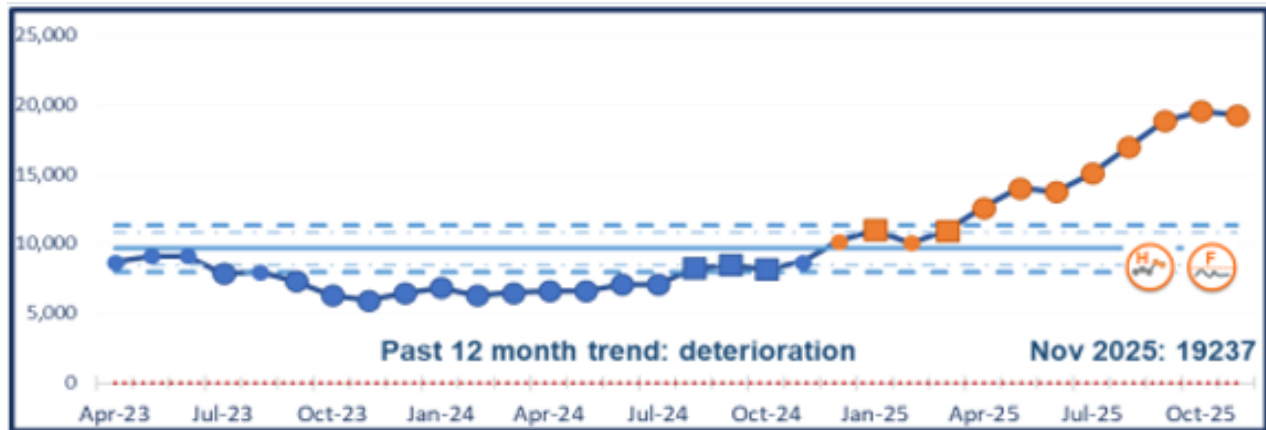
Tumour site	Agreed action	Progress since last meeting	Next steps
All	Ensure sufficient capacity to meet national optimal pathway (NOP) targets	Capacity and demand modelling continues	Complete capacity and demand modelling (by end Q4)
Breast	Ensure sufficient RABC capacity to see all women in 10 days	Number of patients over day 21 decreased from 242 end of Sept to 82 at end of December = 66% improvement	Complete implementation of audit recommendations (by end Q4) to ensure 100% clinic utilisation and no waits over day 10
	Establish breast pain pathway (reduce demand on RABCs)	Planning for service delivery continues whilst awaiting national funding decision	Hold first clinic (assuming positive national funding decision received) in Q4
Colorectal and UGI	Reduce waiting times for USC endoscopy	National validation of West waiting list and additional capacity secured	Complete West demand review and implement recommendations (Q4)
	Increase straight to test uptake	Nurse led triage service commenced in West in December so now live on all 3 sites	Embed nurse led triage and commence evaluation(Q4)
	Ensure sufficient surgical capacity to meet increased demand	Preliminary discussions re robotic assisted surgery strategy held	Relaunch robotic assisted surgery review programme (Q4)
Skin	Maximise potential of teledermoscopy	Telederm commenced in West in December via insourcing company – 3 sessions per week (72 patients)	Agree dermatology job plans to accommodate expanded service for Central and East (Q4)
	Increase MOPs capacity to meet demand	Minor works at Connah's Quay facility completed	Open Connah's Quay (Q4)
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 secured for additional LATP capacity; training commenced for 3 non-medics	Commence insourced LATP capacity (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:	Getting Worse

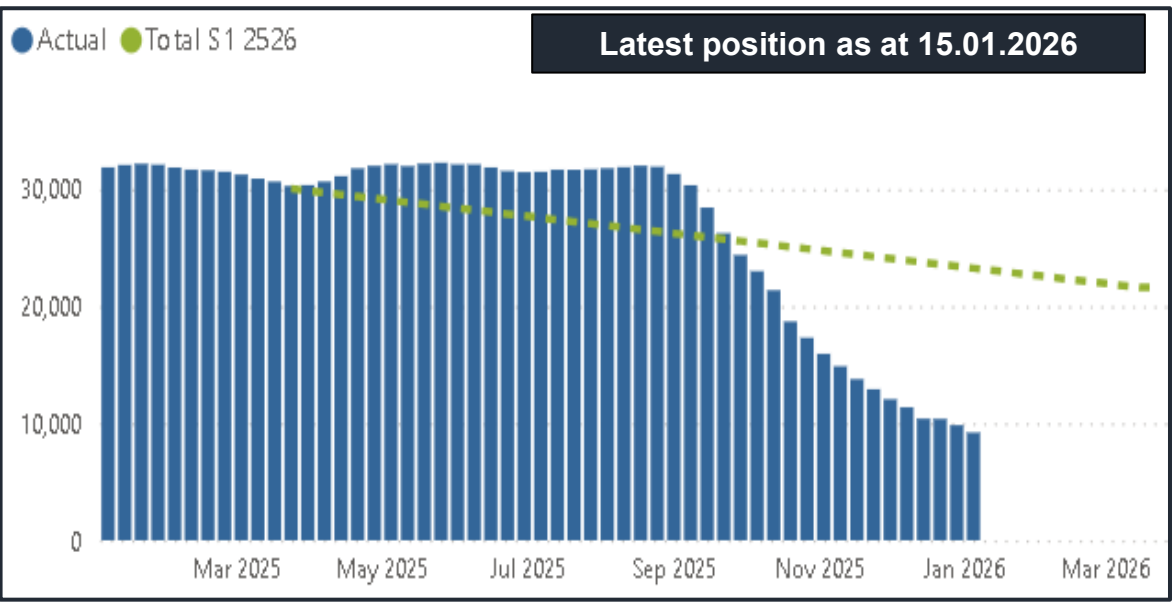
Latest validated position for December 2025 shows a deterioration to 21, 679 patients waiting over 8 weeks.



Review of Trajectories and Forecasts - Revised based on latest information: - Waiting list change over 11 week reference period - Demand based on actual recent data - Updated planned / commissioned solutions - Total waits not increasing at 42,000 - Gaps reaffirmed in MRI / Non-obstetric ultrasound scans (NOUS) / Endoscopy / Cystoscopy / Cardiac imaging	Validation of Non-Obstetric Ultrasound - National team follow up visit 28.01.2026 - Audit of 150 referrals - Review / validation of responses to patient communications - Clerical / Clinical validation to follow – requires Office of Medical Director (OMD) signoff - RISP: System / technical validation to remove erroneous entries from RISP - Demand management: review NOUS report, communications to referrers January	Additional Procurements - MRI and Echocardiogram – contracts issued - Endoscopy – standstill end date 13/01/2026 - Histopathology – standstill end date 21/01/2026 - Heart Rhythm Monitoring – Awaiting procurement documentation completion – no standstill requirement - Neurophysiology – further mobilisation will take place once contract comes out of standstill

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



Improved Access for Patients

- Delivering an additional 45,000 outpatient appointments (c2,000 a week)
- Ahead of delivery compared to other Health Boards as per Welsh Government
- Substantial reduction from 31,905 patients waiting for an outpatient appointment to 9,832 (December 2025 position (70% reduction)
- Further substantial reductions by 31.03.2026 (although challenges in Pain & Urology specialties)



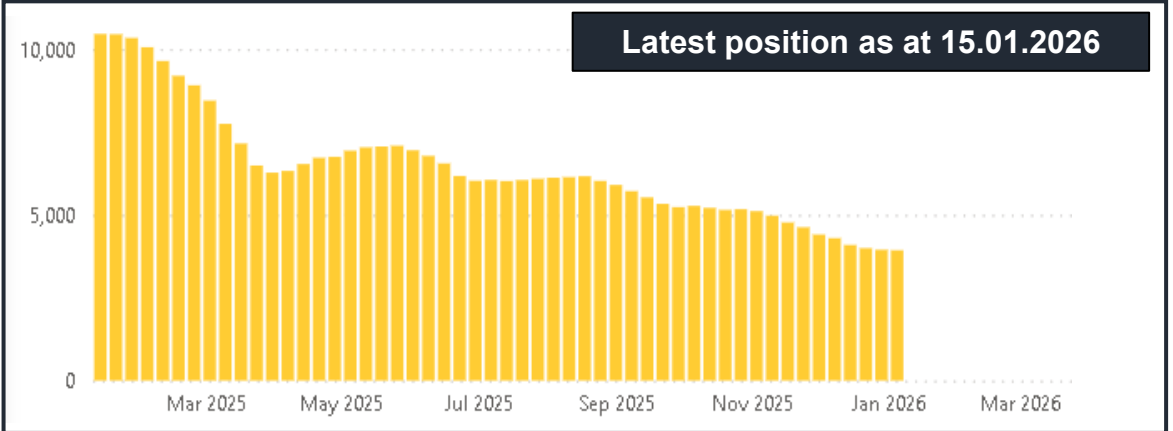
Access: Planned Care – Referral to Treatment Patients waiting over 104 weeks (all stages)

Escalated by: Integrated Performance Executive Delivery Group (IPEDG)

Date : April 2025

Reason: Performance below plan

Status: Improving



- Refreshed plan developed in Quarter 2 and submitted to Welsh Government, with Q3 having 3,889 and Q4 3,782 patients waiting beyond 104 weeks
- Quarter 4 modelling indicates a substantial increase in cohort (those breaching 104 weeks in month) an increase from 2,000 to 3,000 per month
- Improvements are being delivered, with patients waiting in excess of 104 weeks unvalidated for 31st December 2025 total 3,741 (against a 3,889 submitted plan)
- There is potential to improve the position post validation 8th January 2026 through insourcing for Orthodontics and Oral Surgery
- Key areas of further focus to improve on forecast performance centre upon;
General Surgery, Urology, Trauma & Orthopaedics, ENT, Oral Surgery, Gastroenterology, Gynaecology
- NHS P&I support to commence and review these specialties to support with improving Q4 delivery plans. Funding to be confirmed when plans have been developed in conjunction with this team (outputs to be reviewed w/c 5th January)
- WG colleagues made aware patients seen within outsourcing commence as outpatients (stage 1) so funding confirmation critical (as per last month)

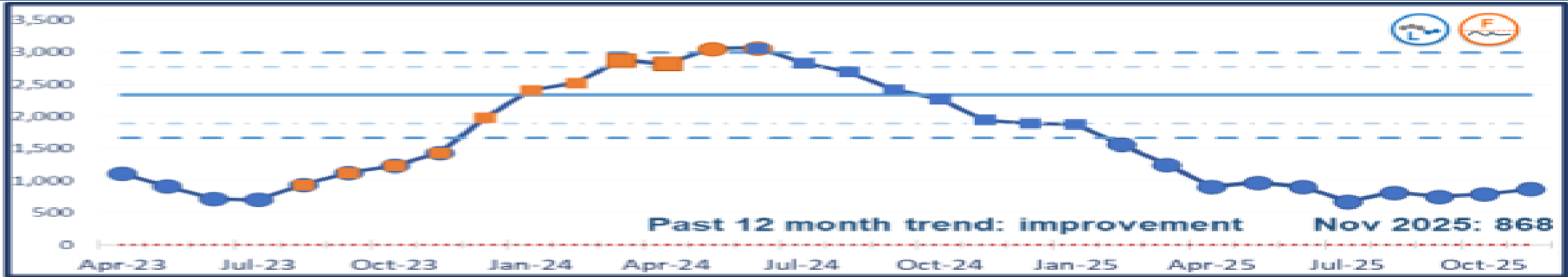
Forecast at 31.03.2026	
Specialty	104w
General Surgery	1,073
Urology	405
Vascular Surgery	122
Trauma & Orthopaedics	380
ENT	684
Ophthalmology	129
Oral Surgery	395
Gastroenterology	250
Gynaecology	344
Total	3,782



Access: Planned Care Therapy Services (14 weeks & over)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Stagnated

After a substantial period of sustained improvement, performance against this measure has stagnated and the numbers of patients waiting over 14 weeks slowly increasing



Current Position

- Overall the number of patients waiting over 14 weeks has increased
- Physiotherapy East reported 654 patients over 14 weeks (increase of 201)
- Dietetics East reported 375 patients over 14 weeks (reduction of 5)

Physiotherapy (East IHC)

- Position has deteriorated with fewer patients on the waiting list but those patients waiting longer.
- Urgent post-operative patients must be seen before routine patients.
- Impact of outsourcing on the requirement for urgent new patient slots.

Dietetics (East IHC)

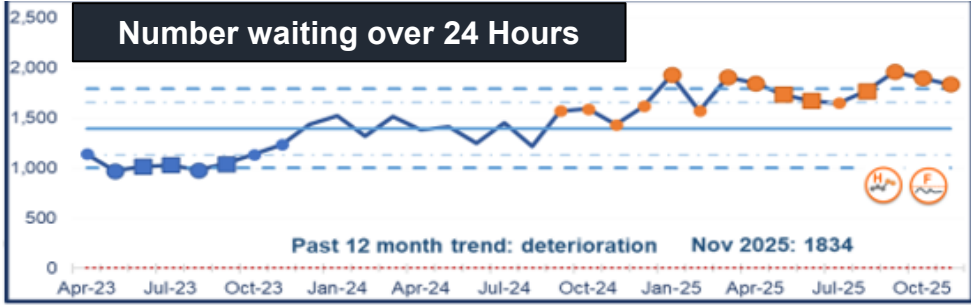
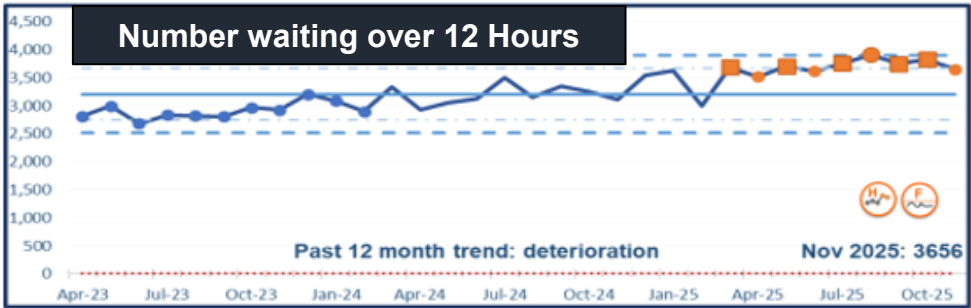
- Significant change in the model when the Gastro funding ceased has resulted in this waiting list backlog.
- Dietetic resource cannot be moved from within the service to cover these Gastro patients, due to clinical prioritisation.
- The Dietetic team are working with the Gastro leads to develop the evidenced business plan.



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.



Next actions

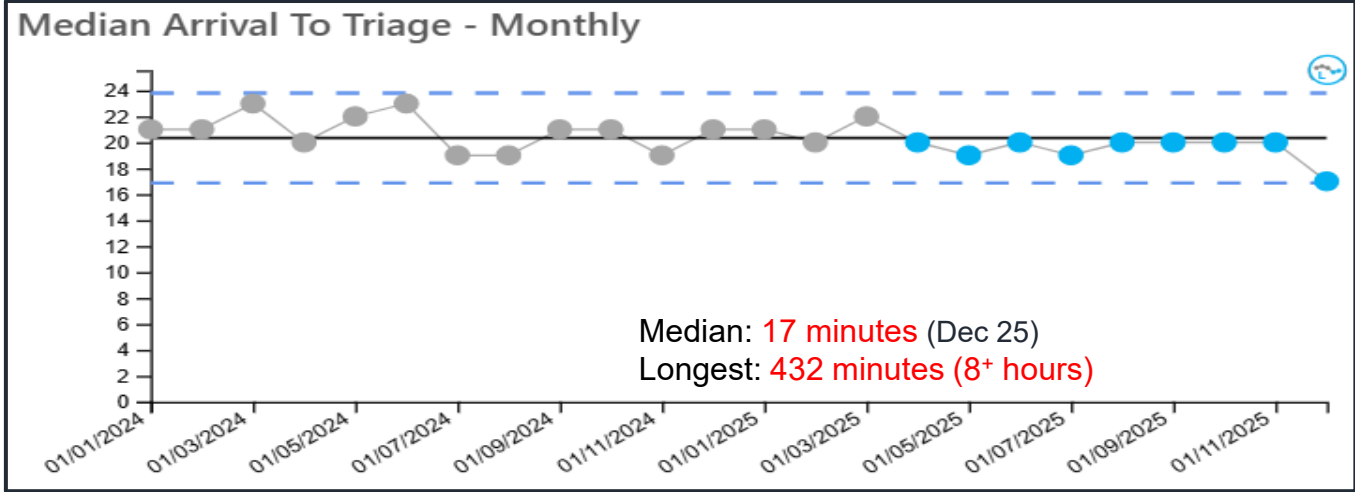
- Executive walkthroughs** have been held at each Acute Hospital to engage clinical and operational teams in opportunity and solution identification, and to provide visible leadership and commitment of the Board to supporting improvement on the ground. A commitment of high visibility has been made, without seeking to disrupt the work of local teams.
- The Executive Medical Director led a **Rapid Quality Review** meeting drawing together clinicians to address:-
 - Specific and focused consideration to quality concerns and risks within the pathways passing through the ED
 - Facilitate rapid and collective judgements about quality within these pathways
 - Identify actions within these pathways as a result of the risk identified to measure quality of care and risk within the ED pathways
 - Improve quality of care and reduce risk within ED pathways
- The focus on discharge, including time of discharge during the day and proactive onward admission of new patients to ward areas form part of the improvement work underway. Balancing the risk to patient safety, outcomes and experience across the system rather than holding the risk in the Emergency Department is key.
- Data dashboard developed utilising STREAM / Right Patient Right Place has been established and offers oversight across hospital systems to support flow and identify reasons for delayed discharges – this has been further developed with the 6 LAs and a positive enabler



Access: Urgent & Emergency Care – Emergency Department Process Time to Triage (Efficiency)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Whilst the Median time to triage is improving, it should be noted that the longest times to triage remain in excess of 4hours



Current position:
The latest nationally reported position 17 minutes for median time to clinician for December 2025. This is a slight improvement of 3 minute from November2025. The national target is 15 minutes.

Data Source: As Published on IRIS, accessed 16.01.2026

Next actions

- The **workforce model** is being considered alongside the patient pathways and alternatives to ED, via streaming to other services, including SDEC.
- Ringfencing key clinical areas such as SDEC units from being used as a ward when the pressure for bed spaces becomes greatest.
- The existing '**Resilience Hub**' established provides system leadership and coordination, enabling the North Wales health system to work as one.
- Review resilience hub to improve focus on actions January 26
- Acute Frailty pathway mapping and baseline assessment completed across all areas

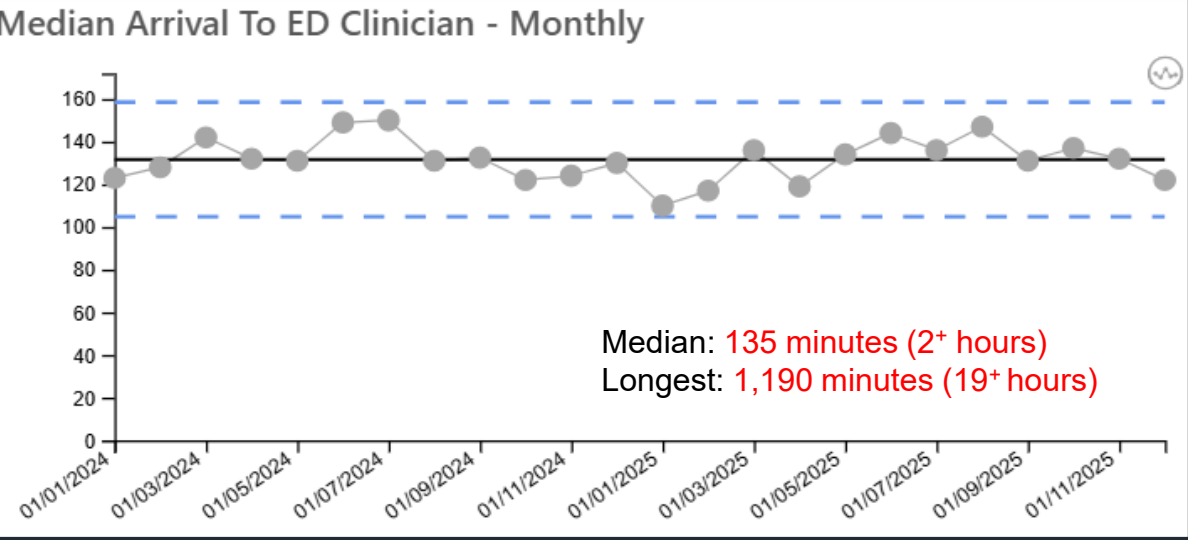
A trigger is in place that activates the redeployment of staff to additional triage which is being used. The threshold for the trigger and the staffing pattern relating to triage activity is being urgently reviewed to enable an improvement to the standard of 15 minutes.



Access: Urgent & Emergency Care – Emergency Department Process Time to Clinician (Efficiency)

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

Achieved target rates at aggregate health board level however there are pockets of inequity of service with Anglesey and Denbighshire performing well below the 80% rate



Current position:
The latest nationally reported position 135 minutes for median time to triage for December 2025. This is a slight deterioration of 2 minutes from the October and November 2025 positions, both being 133 minutes. The national target is 60 minutes.

Data Source: As Published on IRIS, accessed 16.01.2026

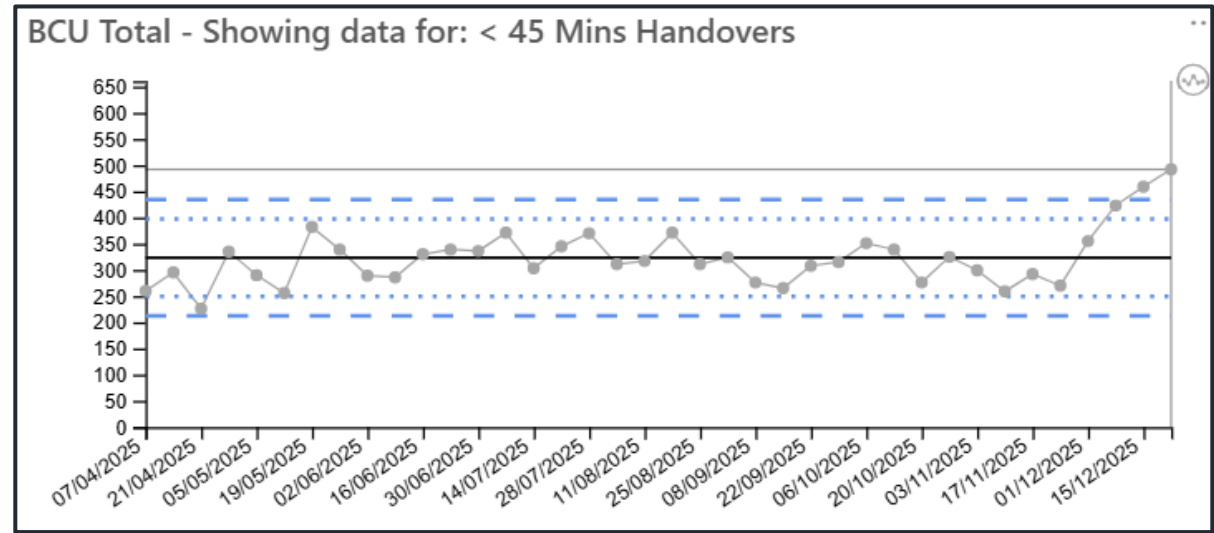
Next actions

- The Health Board Clinical Executives have issued **Quality Standards** and the Chief Operating Officer **Operational Standards**
- Each Emergency Department (ED) will be assessed from an **environment and estate** perspective. A consistent theme at each ED whilst on Executive Walkthroughs has been the availability of clinical rooms to examine patients.
- Review of medical staffing at times of high demand.



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



- Across BCU 52% of patients were handed over within 45 minutes for December 2025. This is an increase of 20% from the previous month. Overall attendance across BCU did decrease over December, however only marginally by 0.9%.
- Executive-level leadership of improvement actions and performance
 - Weekly review with WAST
 - Reducing avoidable admissions and ambulance conveyances to Emergency Departments
 - Improving flow through the hospital including establishing an acuity-led discharge process and improved weekend flow
 - Working with clinical and operational teams to strengthen system working.

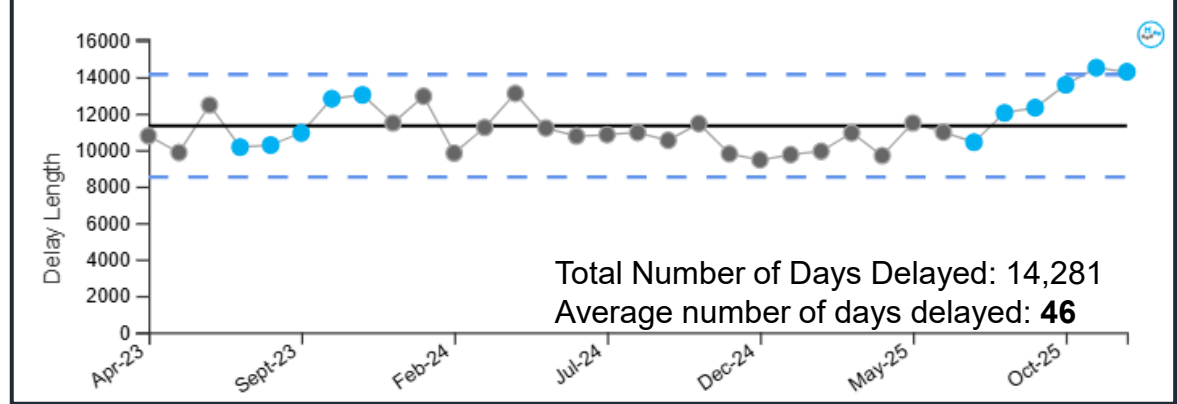
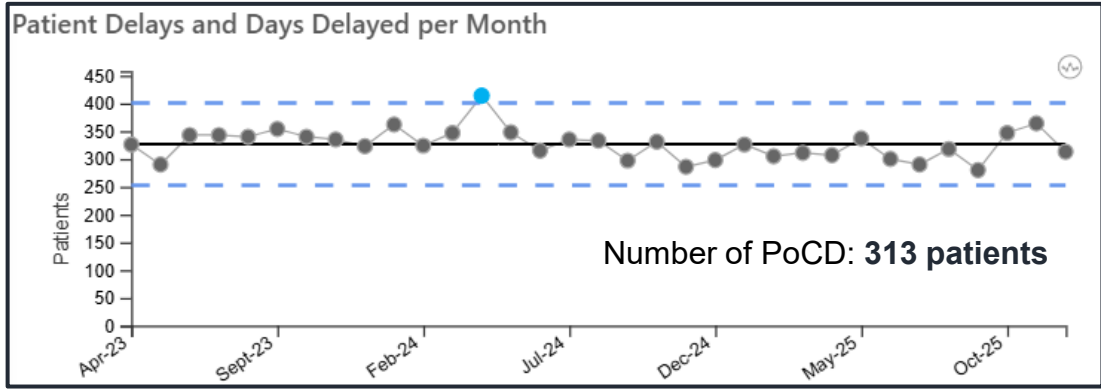
Next Actions

- Preparation in departments for immediate release protocol.
- Embed learning from 1st sprint and continue improvements through 2nd sprint to significantly increase number and timeliness of discharges including at the weekend to reduce congestion in the department and create more space for handovers.
- Weekly reviews with Welsh Ambulance Service NHS Trust (WAST) colleagues increased during January and February 2026
- Improved weekend planning process, and increased check and challenge in system resilience approach for plans to handovers.

Flow & Efficiency: Pathways of Care Delays

Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

* Achieved target rates at aggregate health board level however there are pockets of inequity of service with Anglesey and Denbighshire performing well below the 80% rate



Current Position

- Latest nationally reported position **313 patients** recorded as a POCD for December 2025.
- Currently approximately **14,281 days are lost** to patients who could be in the right place (usually in their own home)
- Timely access to social care services remains a key issue, as well as inter-hospital reasons such as awaiting assessment or transfer to another hospital (including community hospital).

Next Actions

- The first '**Discharge 'winter sprint' fortnight**' ran from 8th through to 22nd December to provide a specific focus on:
- reviewing and improving system flow and hospital discharges
 - maximising the number of people who should be discharged from hospital with specific attention on delayed discharges
 - Admission avoidance
 - Senior clinical decision making
 - Efficiencies linked to in-hospital flow and discharge
 - There will be a 'Sprint 2' from 21st Jan to 4th Feb
 - Handover 45 in January must match December's performance and if not then implement 'release to respond'

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	80.6%	6th of 13 (at Sep 25)
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	6.4%	7th of 13 (at Sep 25)

Month	Percentage
Dec 24	78.5%
Jan 25	78.8%
Feb 25	78.9%
Mar 25	79.6%
Apr 25	79.7%
May 25	80.7%
Jun 25	81.7%
Jul 25	81.8%
Aug 25	81.6%
Sep 25	82.6%
Oct 25	81.2%
Nov 25	80.6%

Month	Percentage
Dec 24	6.8%
Jan 25	6.7%
Feb 25	6.3%
Mar 25	5.6%
Apr 25	5.7%
May 25	5.4%
Jun 25	5.9%
Jul 25	6.0%
Aug 25	6.0%
Sep 25	6.1%
Oct 25	6.4%
Nov 25	6.4%



Escalated by:	Integrated Performance Executive Delivery Group (IPEDG)	Date :	April 2025	Reason:	Performance below plan	Status:	Improving

The year to date position is reporting a deficit of £17.4m (See further detail on slide 6), with the table below showing the in month actual and forecast movements.

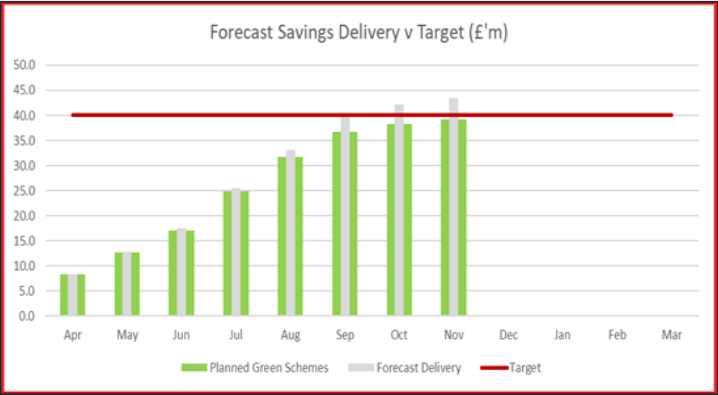
As at Month 9, the forecast outturn has been revised to report a deficit of £17.4m. The Health Board has been required to absorb several national pressures following submission of the plan, having shortfalls in resource allocation for the Employers National Insurance uplift and Cost Uplift Factors (CUF) not matching the increased inflationary impact from provision of cross border services and additional pressures from JCC of £6.8m for cross border patients. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC).

Total
Monthly
Deficit

2025-26													
Actual Position								2025/26 Forecast Position					
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Year to Date	Forecast Year End Position
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	(0.1)	(0.1)	(0.1)	(17.3)	(17.4)

The Health Board’s £40.0m savings target is profiled on an equal twelfth's basis. Full year forecast value of Green Schemes is £45.0m (comprising of £36.5m Savings, £0.8m Income Generation, £0.7m Cost Avoidance and £8.4m Accountancy Gains), a forecast increase of £1.6m from month 8. Of these, £24.7m have been identified as recurring, with a full year effect of £33.4m, and £20.2m are non-recurring savings. Further work is required to convert the remaining £1.8m Red Schemes and £3.1m pipeline opportunities to Green Schemes.

Total Savings delivered in-month is £4.8m, of which £2.6m is recurrent against a target of £3.3m. The combined year to date delivery is £36.1m, against a year to date target of £30.0m. This includes Accountancy Gains of £8.4m, of which £1.0m were identified in month which contribute to the in-month achievement.



Integrated Quality & Performance Report

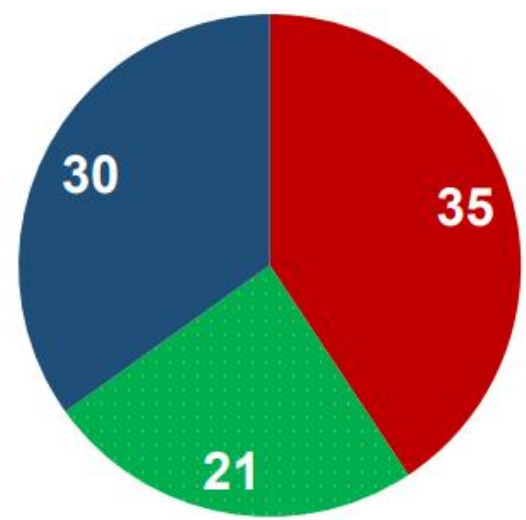


GIG
CYMRU
NHS
WALES

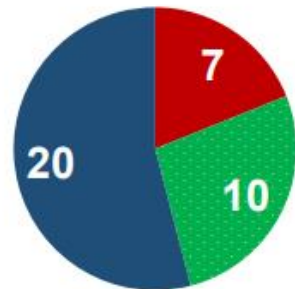
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



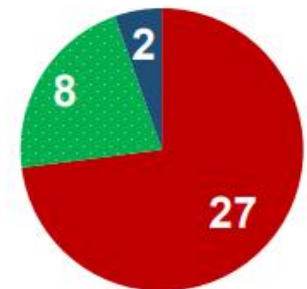
Summary of Performance to Month 9 (December 2025)



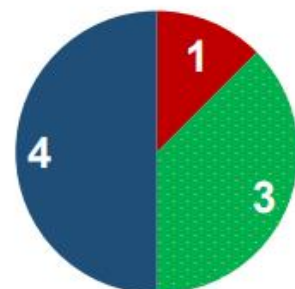
All Sections



Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance



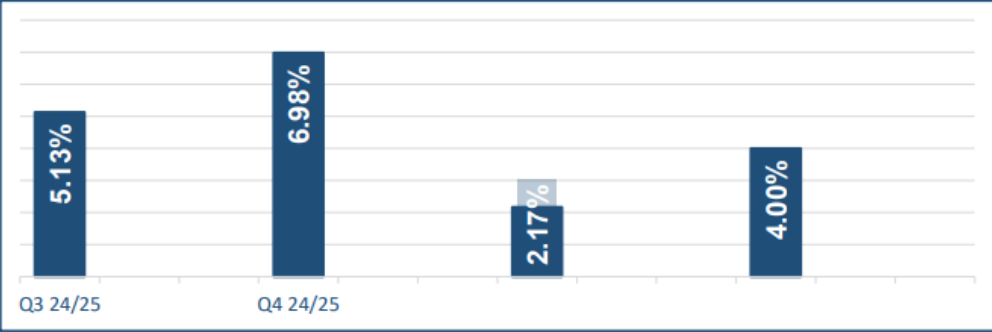
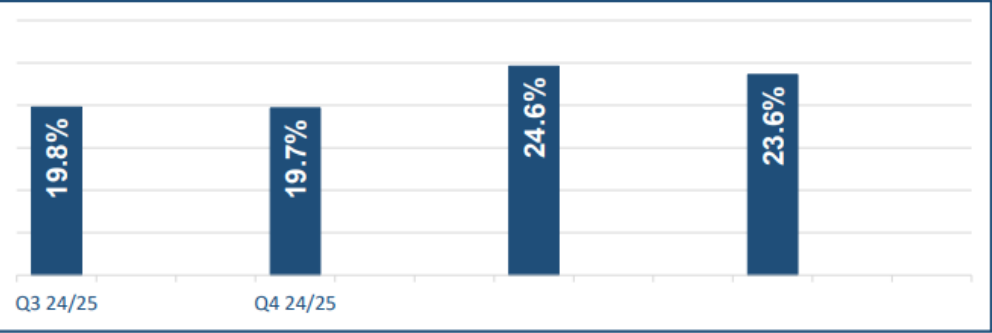
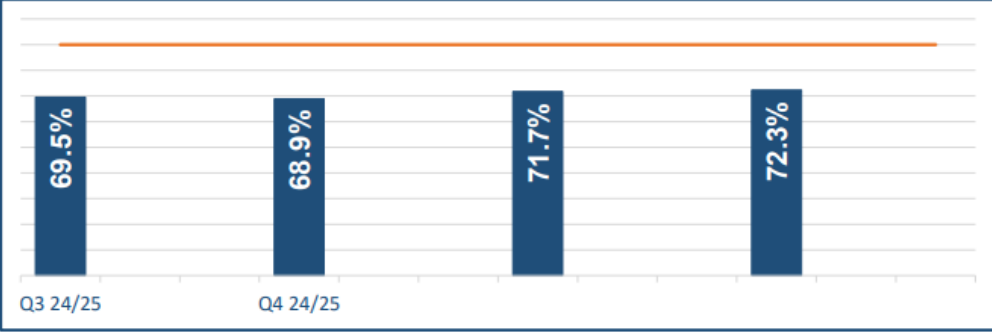
Financial Performance

Section 1

Quality, Safety and Experience



Quality:

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	4.00%	3rd of 7 (at Jun 25)	
-	QSE	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	TBC	23.6%	3rd of 7 (at Jun 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)	



Quality:

CRR 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	85.7%	2nd of 7 (at Sep 25)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	68.2%	2nd of 7 (at Nov 25)
-	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster: All eligible people	75%	TBC	53.3%	5th of 7 (at Jun 25)

Period	Value
Q3 24/25	90.4%
Q4 24/25	89.5%
Jun 25	88.8%
Sep 25	85.7%

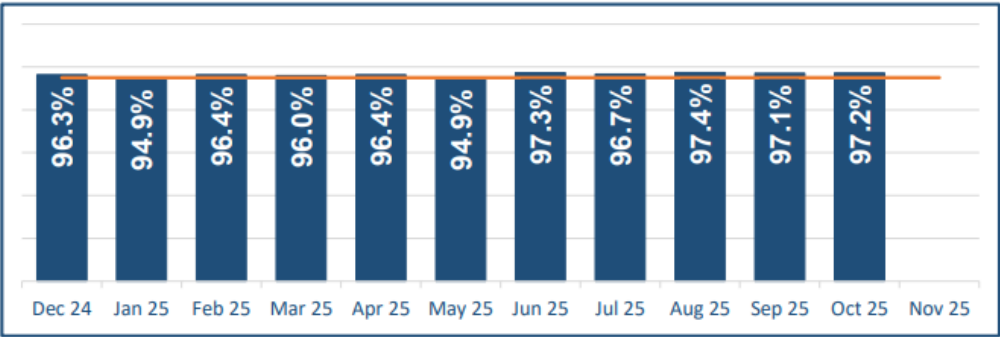
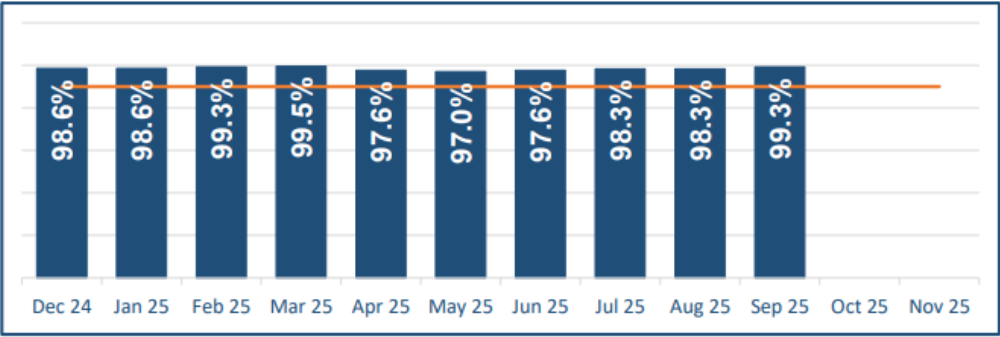
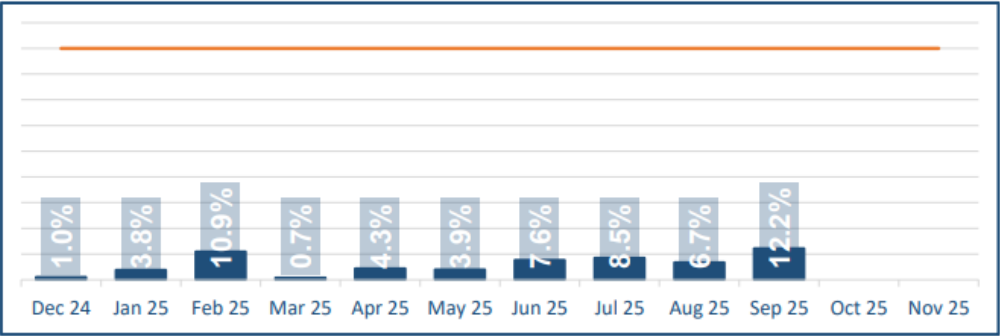
Period	Value
Dec 24	70.8%
Jan 25	72.3%
Feb 25	73.0%
Mar 25	73.0%
Apr 25	73.9%
Oct 25	47.8%
Nov 25	68.2%

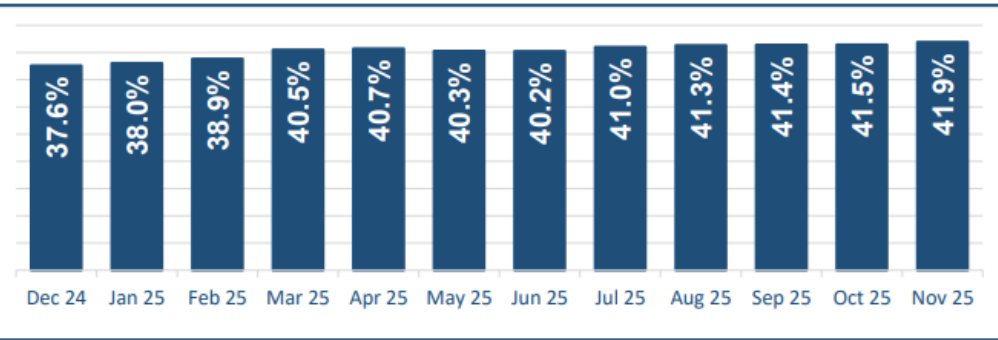
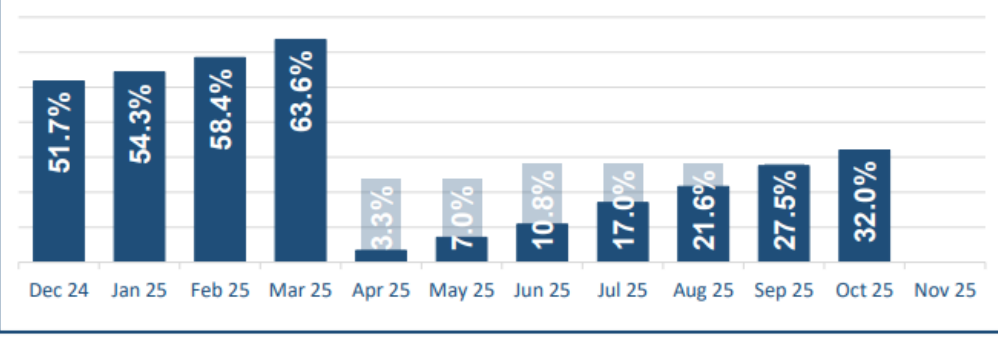
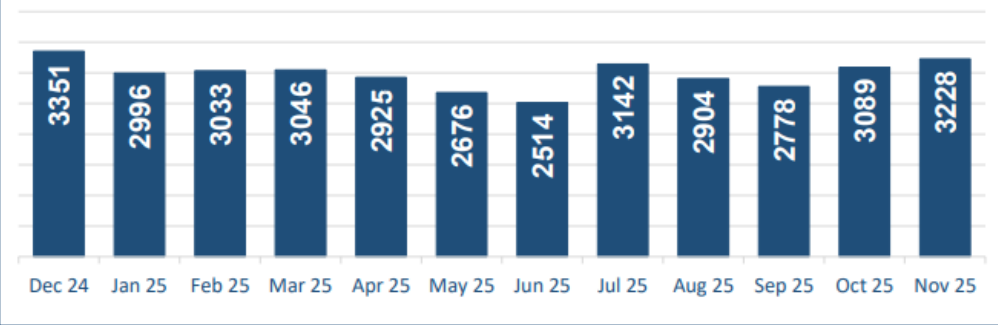
Period	Value
Dec 24	44.1%
Jan 25	48.3%
Feb 25	49.0%
Apr 25	10.7%
May 25	37.4%
Jun 25	53.3%



Quality:

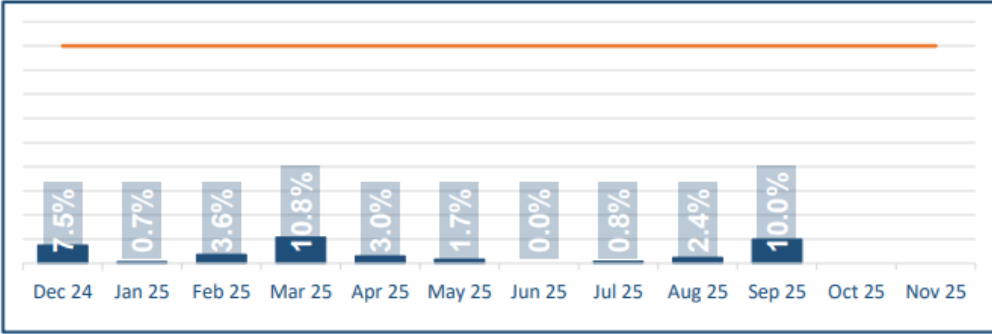
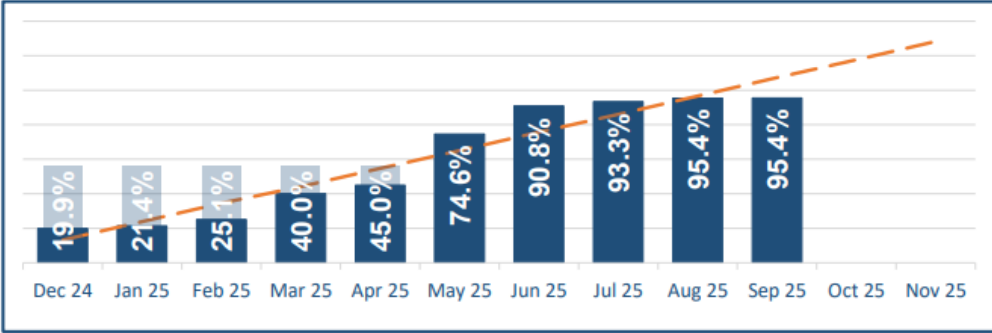
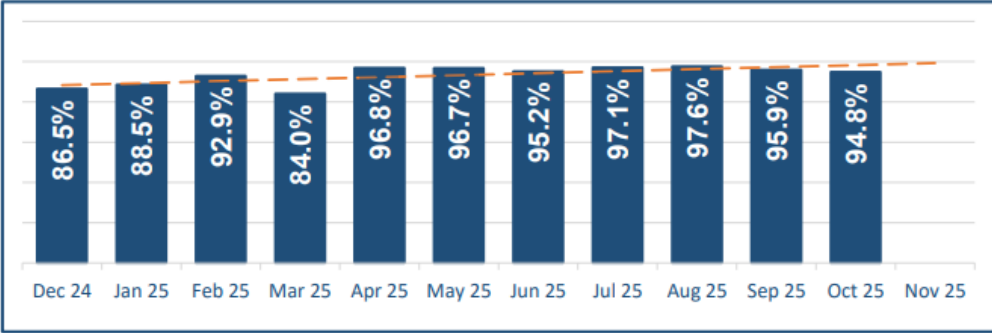
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	12.2%	2nd of 7 (at Sep 25)
-	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	99.3%	2nd of 7 (at Sep 25)
-	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	97.2%	4th of 7 (at Oct 25)



CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
-	QSE	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2025/26 to 2024/25) to 100%	TBC	41.9%	7th of 7 (at Nov 25)	
-	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	32.0%	6th of 7 (at Oct 25)	
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2025/26 to 2024/25)	TBC	3228	2nd of 7 (at Sep 25)	

Quality:

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	94.8%	1st of 7 (at Sep 25)
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	95.4%	4th of 8 (at Sep 25)
-	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	10.0%	8st of 8 (at Sep 25)



CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	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	38.9%	4th of 6 (at Nov 25)
-	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increasing trend	TBC	7088	1st of 10 (at Oct 25)
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	TBC	TBC	93	6th of 6 (at Nov 25)

34.7%

58.4%

57.1%

48.3%

50.0%

55.9%

47.8%

46.8%

42.6%

41.7%

43.5%

38.9%

Dec 24Jan 25Feb 25Mar 25Apr 25May 25Jun 25Jul 25Aug 25Sep 25Oct 25Nov 25

5513

3157

5978

5680

5600

6275

6619

6701

4954

6203

7088

Dec 24Jan 25Feb 25Mar 25Apr 25May 25Jun 25Jul 25Aug 25Sep 25Oct 25Nov 25

104

119

126

136

10

24

36

49

60

71

83

93

Dec 24Jan 25Feb 25Mar 25Apr 25May 25Jun 25Jul 25Aug 25Sep 25Oct 25Nov 25

Quality:

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27	TBC	23	5th of 6 (at Nov 25)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67	TBC	70.4	3rd of 6 (at Nov 25)
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	27.9	3rd of 6 (at Nov 25)

19.0

19.0

21.0

25.0

2.0

3.0

5.0

9.0

12.0

15.0

20.0

23.0

Dec 24

Jan 25

Feb 25

Mar 25

Apr 25

May 25

Jun 25

Jul 25

Aug 25

Sep 25

Oct 25

Nov 25

75.5

75.8

75.5

76.5

72.1

75.2

74.8

73.1

70.0

71.2

71.7

70.4

Dec 24

Jan 25

Feb 25

Mar 25

Apr 25

May 25

Jun 25

Jul 25

Aug 25

Sep 25

Oct 25

Nov 25

25.3

25.6

25.3

25.7

35.2

29.4

30.1

29.8

29.3

26.2

27.7

27.9

Dec 24

Jan 25

Feb 25

Mar 25

Apr 25

May 25

Jun 25

Jul 25

Aug 25

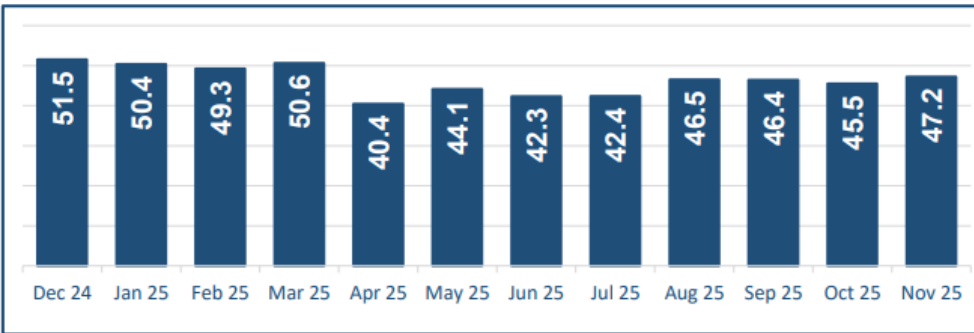
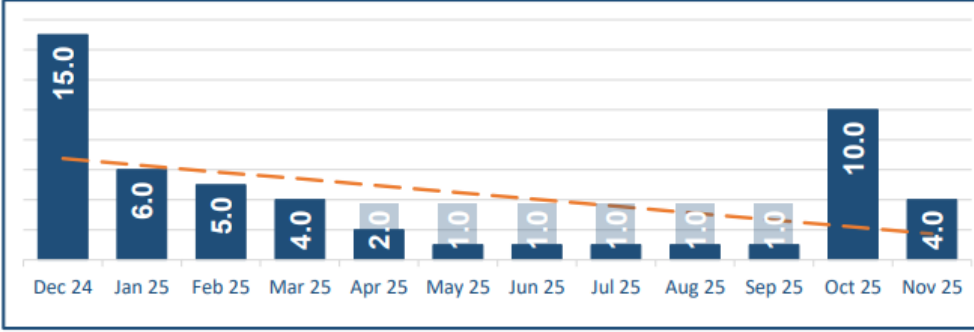
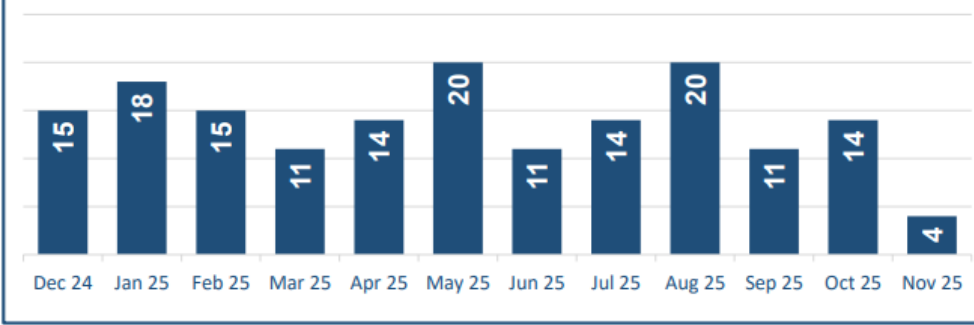
Sep 25

Oct 25

Nov 25



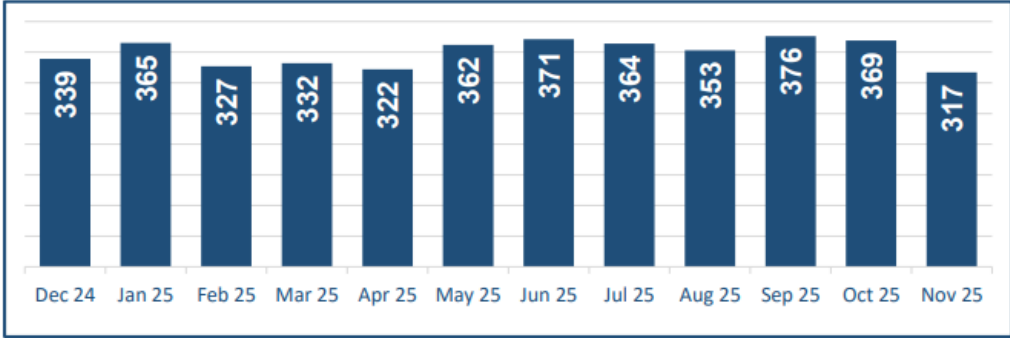
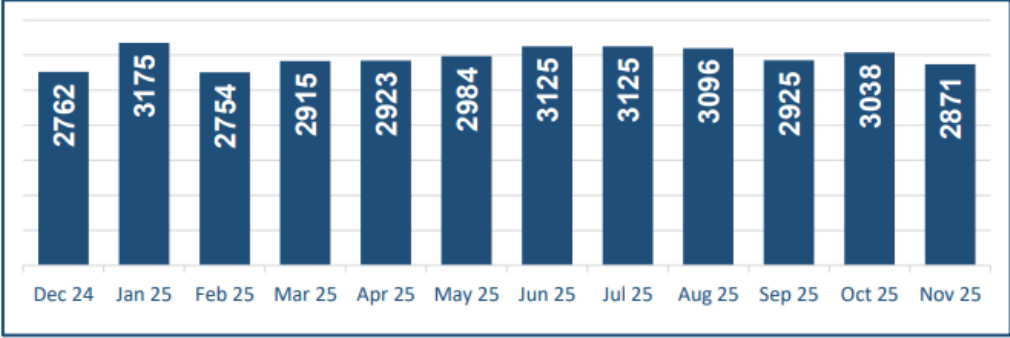
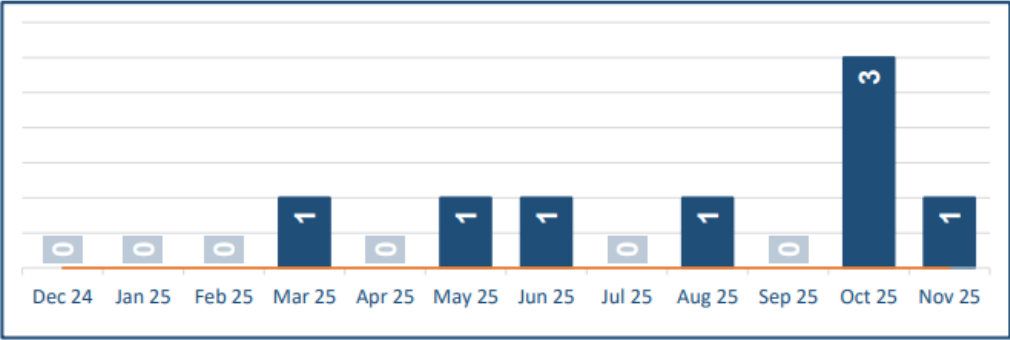
Quality:

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25	TBC	47.2	5th of 6 (at Nov 25)
						
CRR: 24-04	QSE	Number of National reportable incidents that remain open 90 days or more	Decreasing trend	TBC	4	8th of 12 (at Nov 25)
						
-	QSE	Number of National reportable incidents (NRIs)	N/A	TBC	4	Local Metric
						

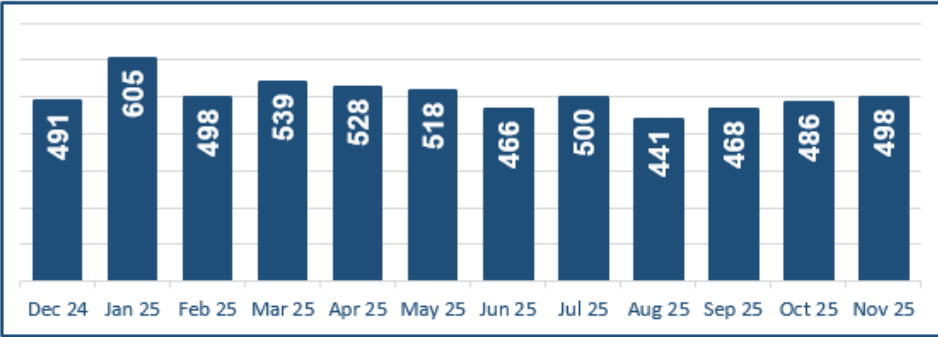
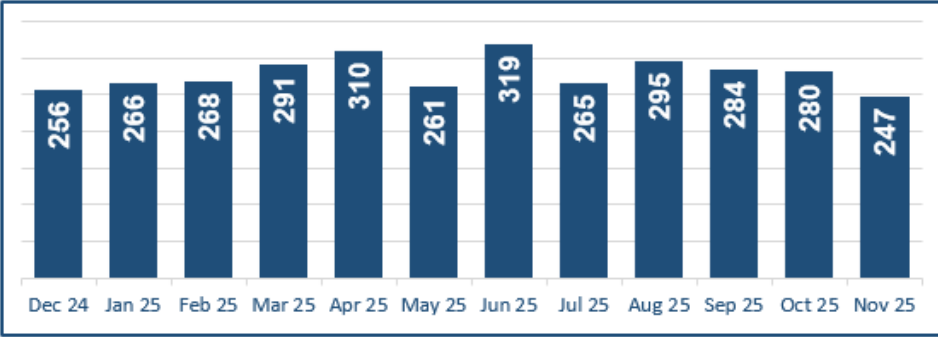
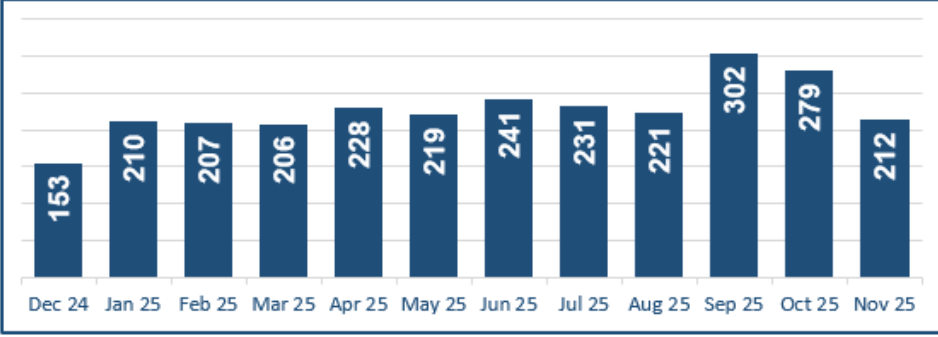


Quality:

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new never events	0	TBC	1	Local Metric
-	QSE	Number of patient safety incidents	N/A	TBC	2871	Local Metric
-	QSE	Number of reported falls	N/A	TBC	317	Local Metric



Quality:

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of reported healthcare acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	498	
-	QSE	Number of reported medication incidents	N/A	TBC	247	
-	QSE	Number of 'Putting Things Right' (PTR) complaints	N/A	TBC	212	



Quality:

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75%	TBC	73.5%	Local Metric
-	QSE	Number of complaints closed as early resolutions	N/A	TBC	33	Local Metric
-	QSE	Number of PALS (Patient Advice and Liason Service) contacts	N/A	TBC	944	Local Metric



Quality:

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new Ombudsman contacts	N/A	TBC	41	Local Metric
-	QSE	Number of regulation 28 notices	N/A	TBC	0	Local Metric
-	QSE	Number of overdue 'Learning from Event Reports' (LFERs)	N/A	TBC	15	Local Metric

14

23

31

18

11

18

18

23

22

17

31

41

Dec 24Jan 25Feb 25Mar 25Apr 25May 25Jun 25Jul 25Aug 25Sep 25Oct 25Nov 25

1

1

1

Dec 24Jan 25Feb 25Mar 25Apr 25May 25Jun 25Jul 25Aug 25Sep 25Oct 25Nov 25

64

54

50

43

18

14

9

26

10

17

12

15

Dec 24Jan 25Feb 25Mar 25Apr 25May 25Jun 25Jul 25Aug 25Sep 25Oct 25Nov 25

Quality:

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of Great-ix submissions	N/A	TBC	153	Local Metric



Section 2

Access & Activity Performance



GIG
CYMRU
NHS
WALES

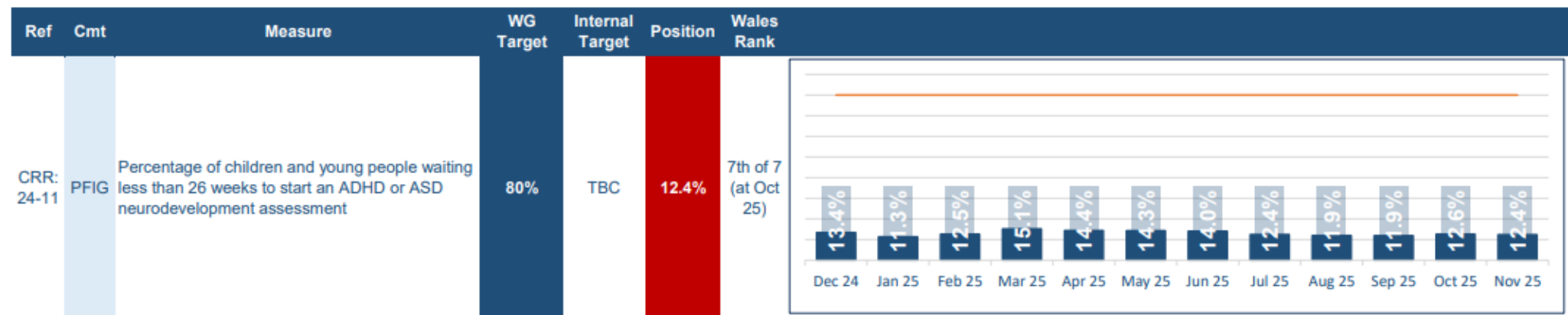
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



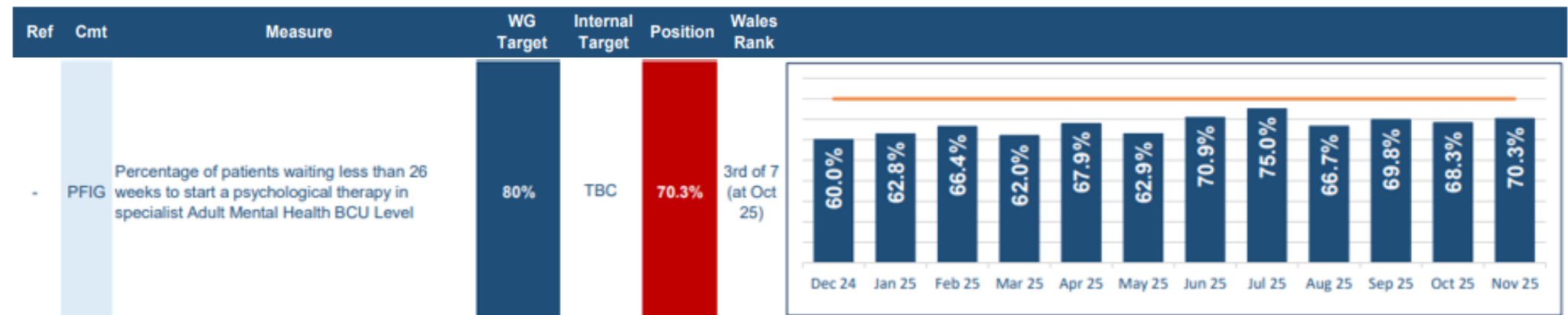
Access: Children's & Adolescents Mental Health Services CAMHS (Under 18 years of age)



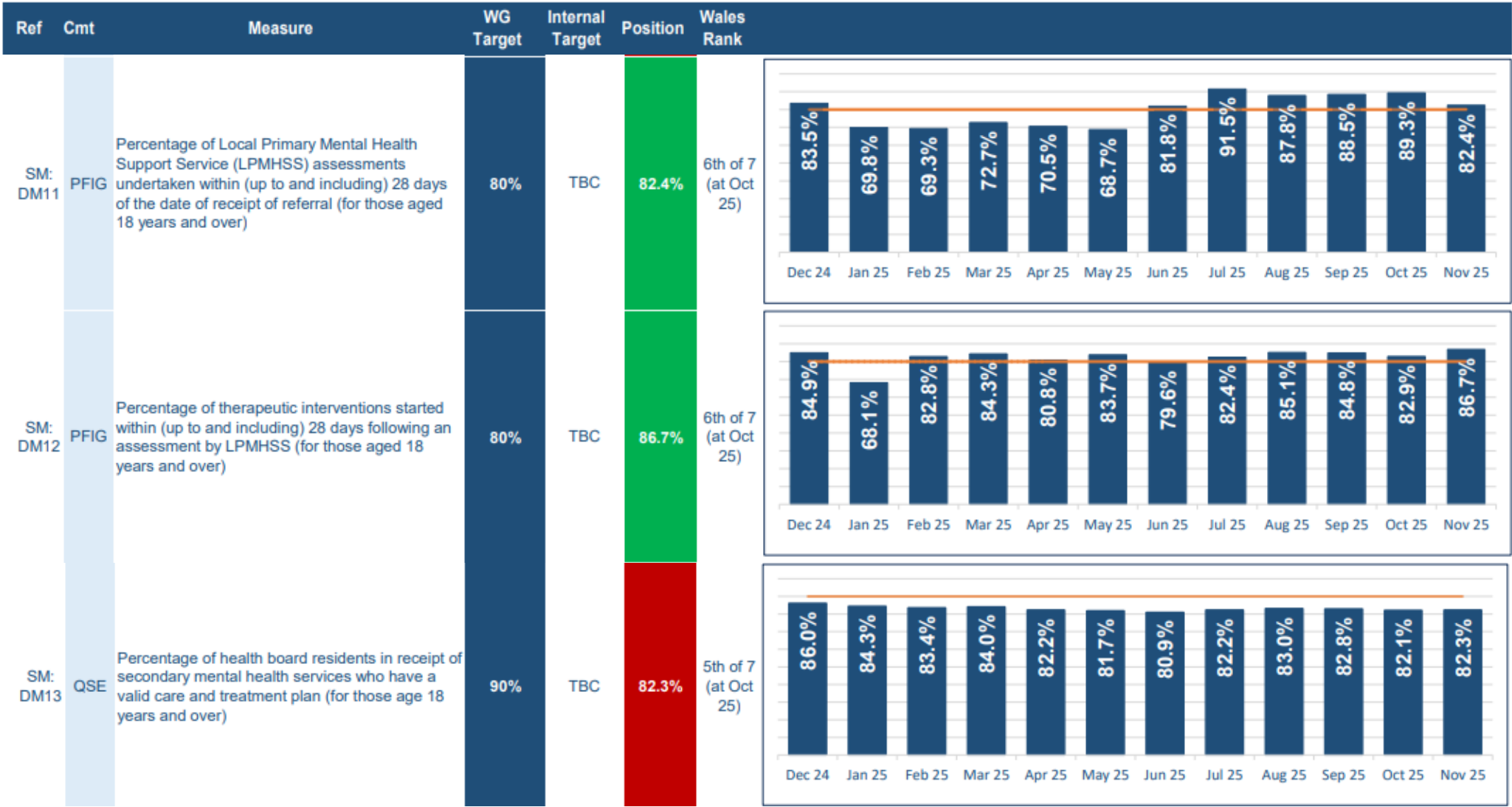
Access: Neurodiversity (Under 18 years of age)



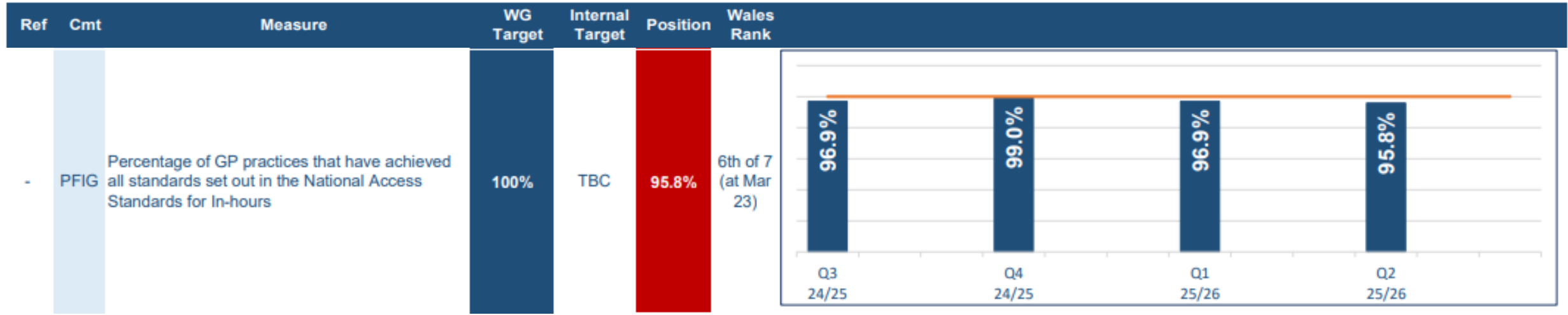
Access: Adult Psychological Services (26 weeks)



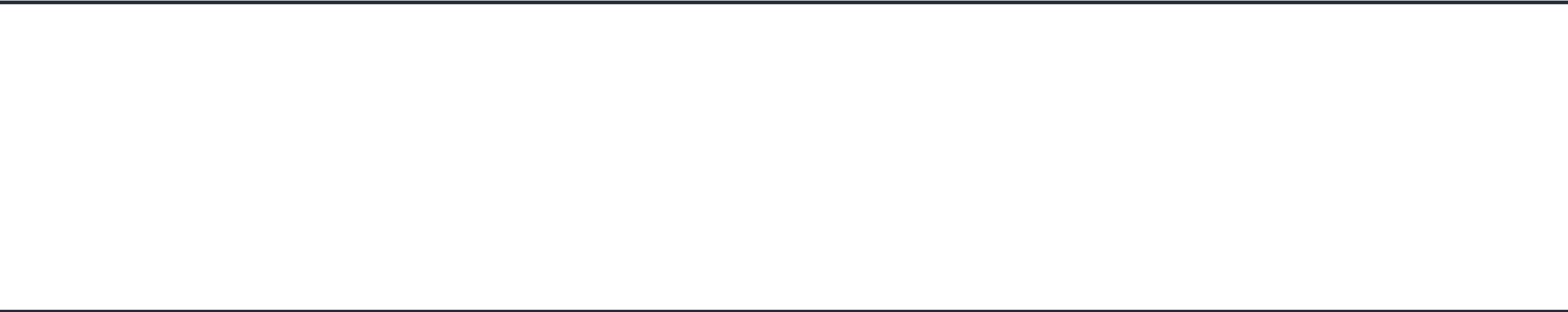
Access: Mental Health & Learning Disabilities (18 years of age and over)



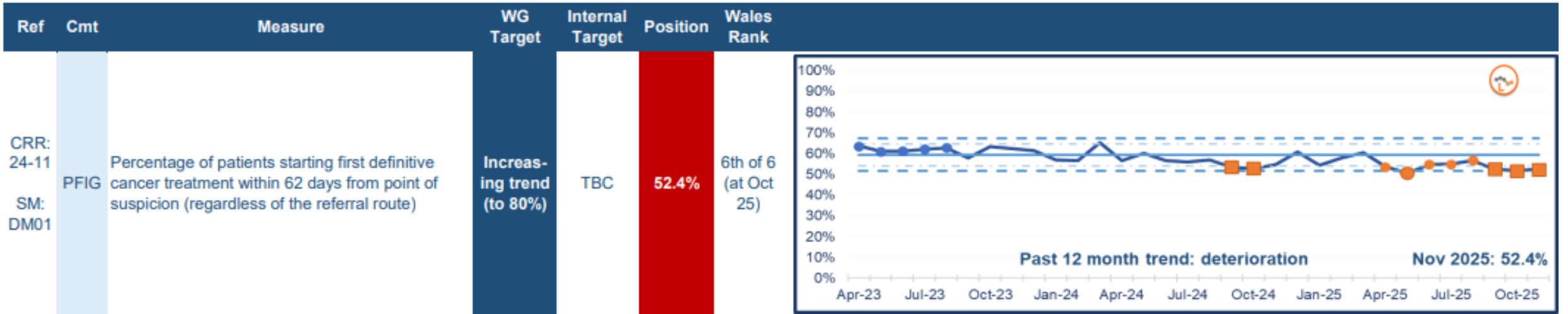
Access: GP Practice National Access Standards



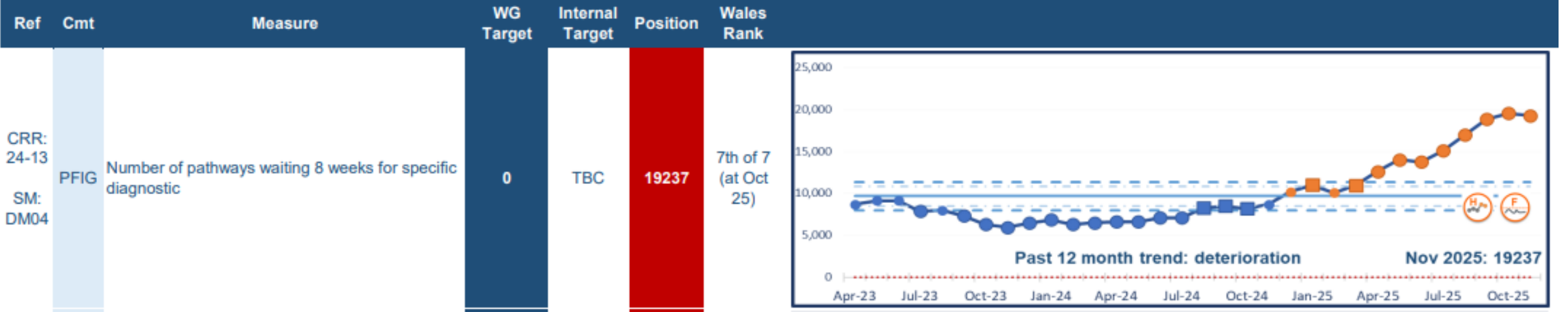
Access: General Dental practice Access Standards



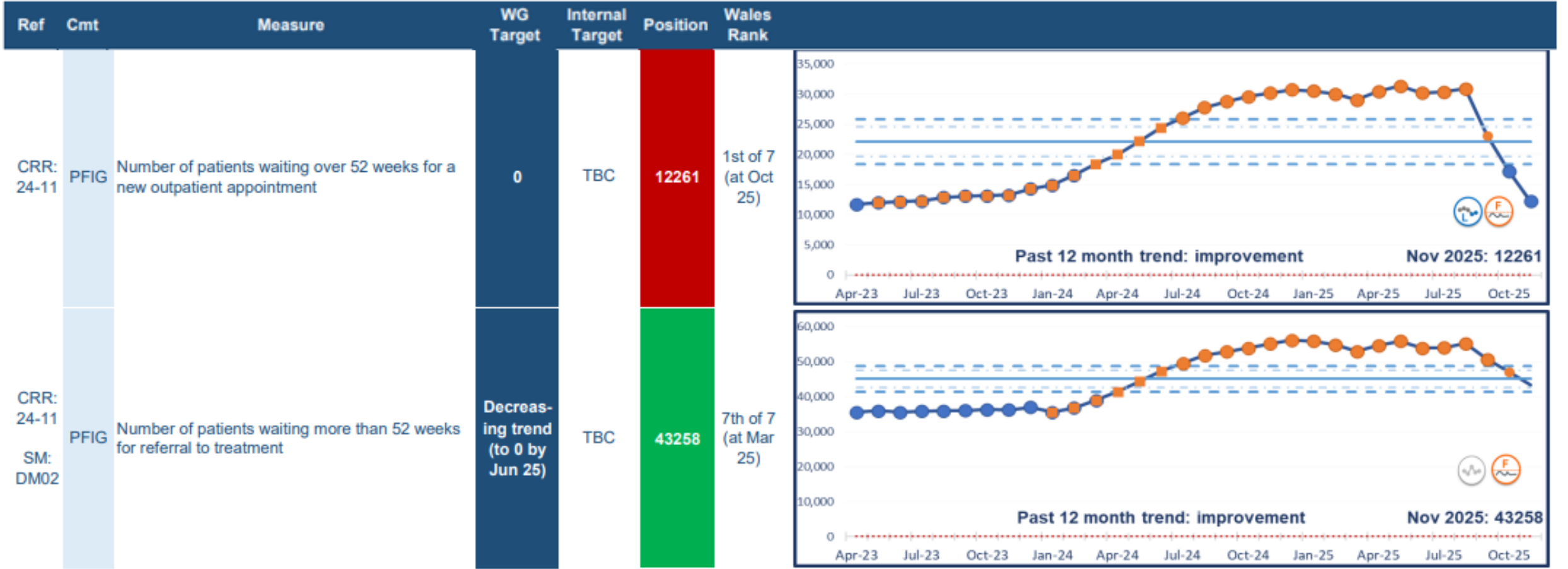
Access to Cancer Services



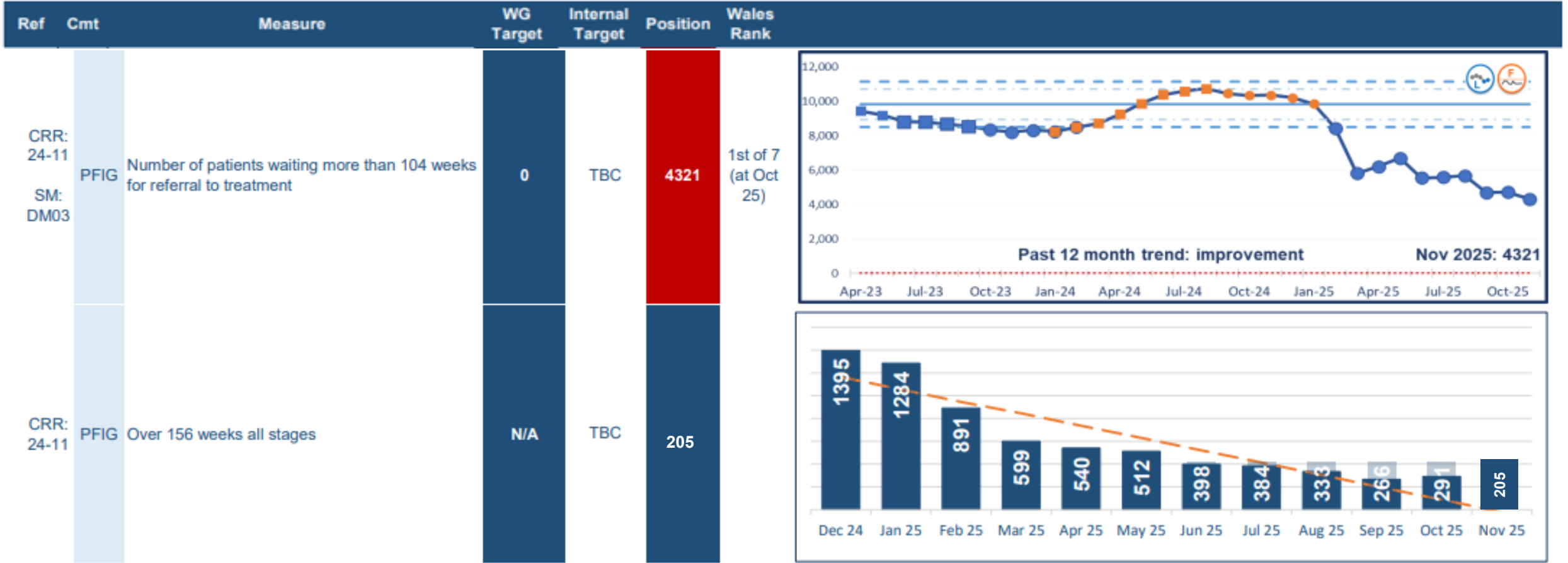
Access to Diagnostic Services



Access – Referral to Treatment (52 weeks Stage 1 (new outpatient) 52 Weeks (all stages)



Access – Referral to Treatment (104 Weeks and 156 weeks)



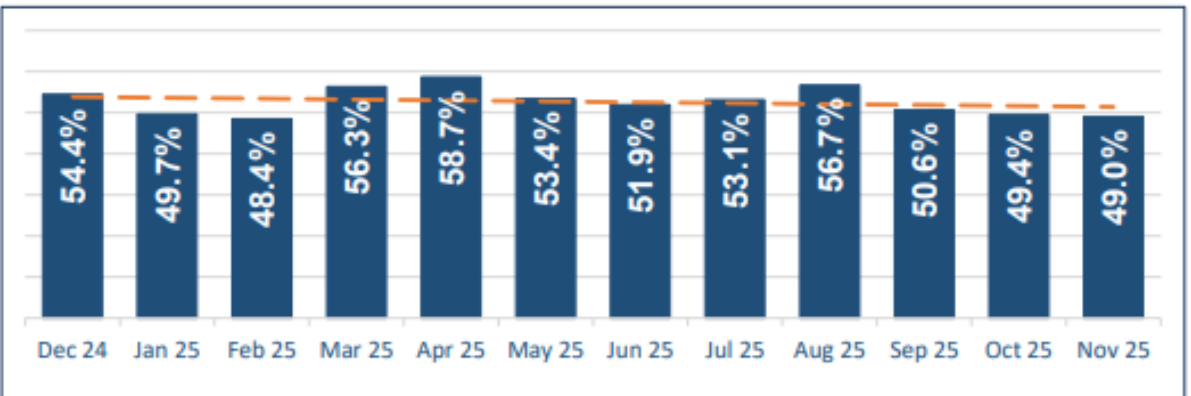
Access – Follow up Backlog over 100% overdue their Clinical Review date

CRR: 24-11
PFIG
Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%
Equivalent month decrease
TBC
108920
7th of 7 (at Oct 25)

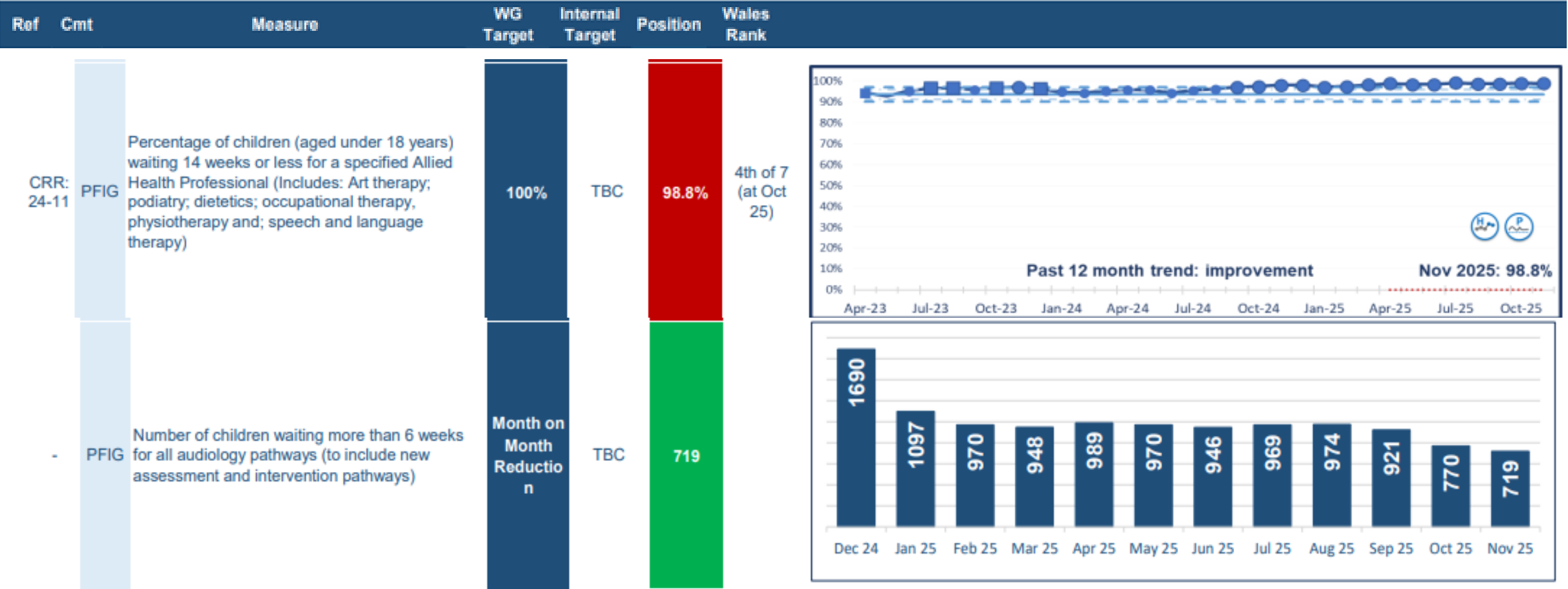


Access –Ophthalmology Backlog of urgent R1 Patients

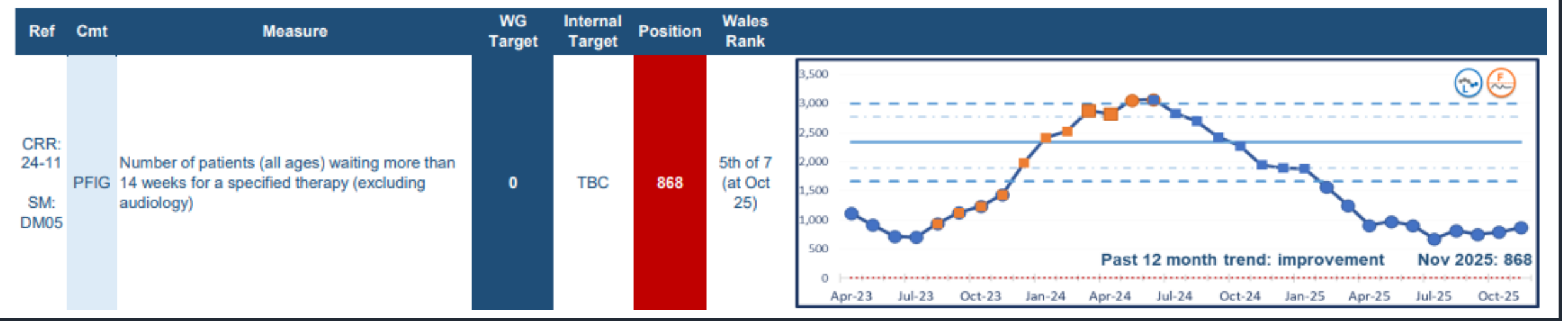
CRR: 24-11
24-12
PFIG
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date
Increasing trend (to 95%)
TBC
49.0%
6th of 7 (at Oct 25)



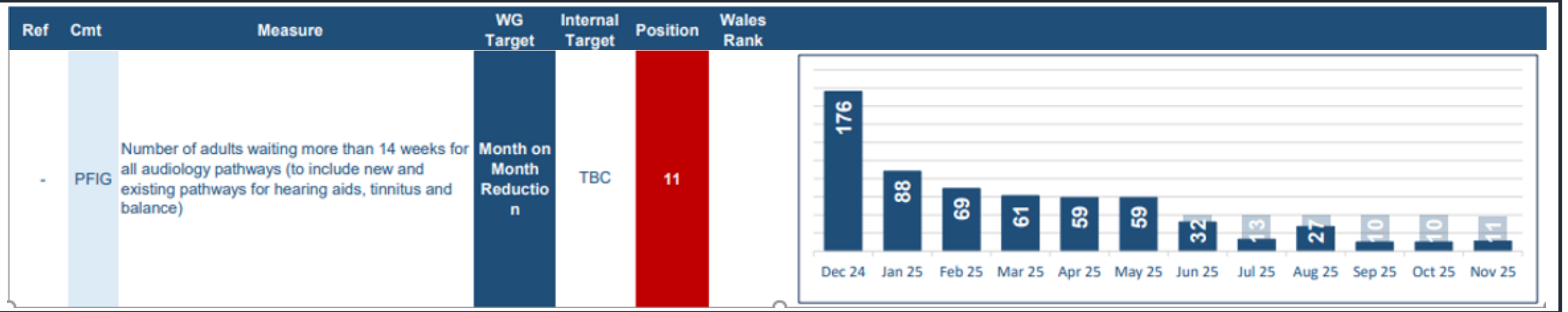
Access – Therapies for Under 18 years old



Access – Therapies All ages – Excluding Audiology



Access – Therapies Adult Audiology



Efficiency & Productivity – Effective utilisation of theatre capacity (Part 1)

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of cases per theatre session	2.5	TBC	2.0	
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	45.6%	
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	21.8%	

Bar chart showing the number of cases per theatre session from Dec 24 to Nov 25. The values are: Dec 24 (2.0), Jan 25 (2.1), Feb 25 (2.1), Mar 25 (2.0), Apr 25 (2.1), May 25 (2.1), Jun 25 (2.1), Jul 25 (2.1), Aug 25 (2.2), Sep 25 (2.1), Oct 25 (2.1), Nov 25 (2.0). A horizontal orange line is at 2.5.

Month	Value
Dec 24	2.0
Jan 25	2.1
Feb 25	2.1
Mar 25	2.0
Apr 25	2.1
May 25	2.1
Jun 25	2.1
Jul 25	2.1
Aug 25	2.2
Sep 25	2.1
Oct 25	2.1
Nov 25	2.0

Bar chart showing the percentage of lists with a start time 15 minutes or more past the scheduled start time from Dec 24 to Nov 25. The values are: Dec 24 (44.9%), Jan 25 (50.0%), Feb 25 (46.8%), Mar 25 (46.4%), Apr 25 (43.2%), May 25 (46.4%), Jun 25 (41.5%), Jul 25 (41.2%), Aug 25 (39.1%), Sep 25 (46.3%), Oct 25 (46.5%), Nov 25 (45.6%). A horizontal orange line is at 10%.

Month	Value
Dec 24	44.9%
Jan 25	50.0%
Feb 25	46.8%
Mar 25	46.4%
Apr 25	43.2%
May 25	46.4%
Jun 25	41.5%
Jul 25	41.2%
Aug 25	39.1%
Sep 25	46.3%
Oct 25	46.5%
Nov 25	45.6%

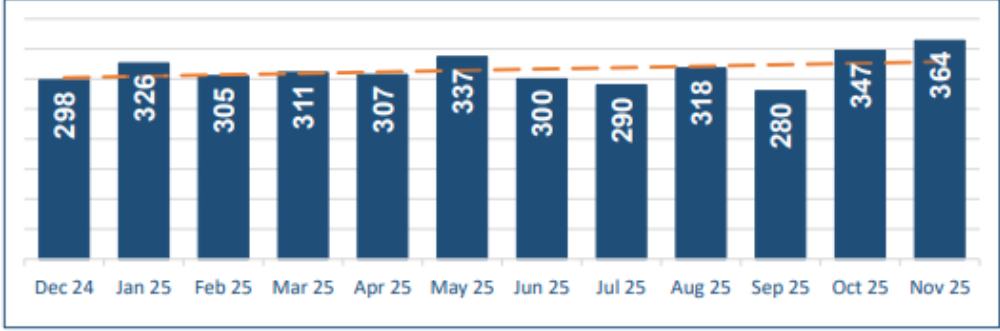
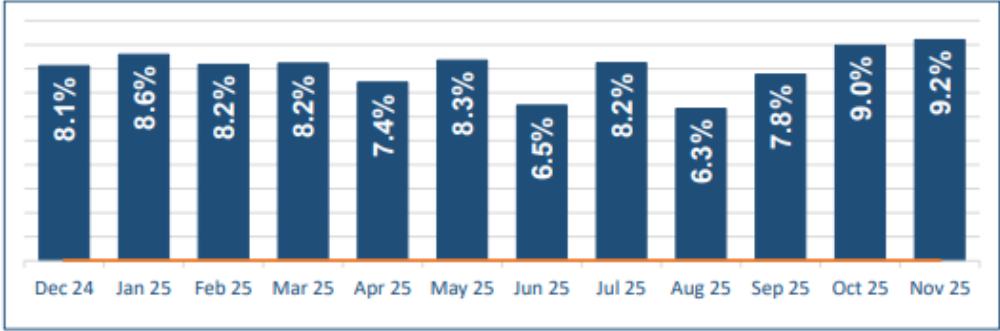
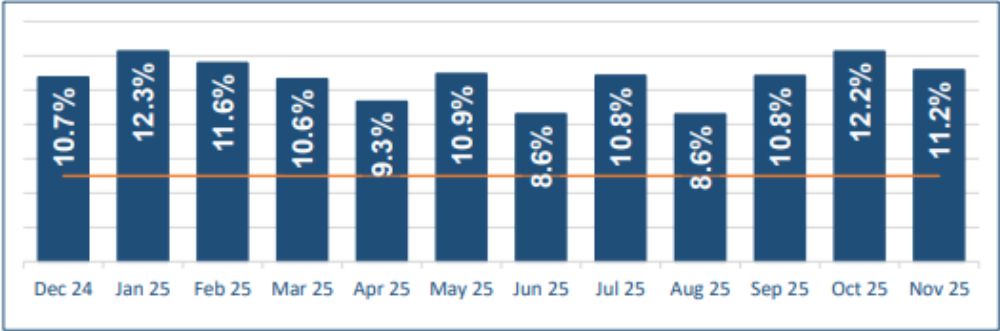
Bar chart showing the percentage of lists with an end time of over 60 minutes before the scheduled finish time from Dec 24 to Nov 25. The values are: Dec 24 (29.2%), Jan 25 (26.2%), Feb 25 (25.4%), Mar 25 (25.2%), Apr 25 (22.8%), May 25 (27.6%), Jun 25 (23.9%), Jul 25 (22.2%), Aug 25 (18.7%), Sep 25 (23.8%), Oct 25 (23.1%), Nov 25 (21.8%). A horizontal orange line is at 10%.

Month	Value
Dec 24	29.2%
Jan 25	26.2%
Feb 25	25.4%
Mar 25	25.2%
Apr 25	22.8%
May 25	27.6%
Jun 25	23.9%
Jul 25	22.2%
Aug 25	18.7%
Sep 25	23.8%
Oct 25	23.1%
Nov 25	21.8%

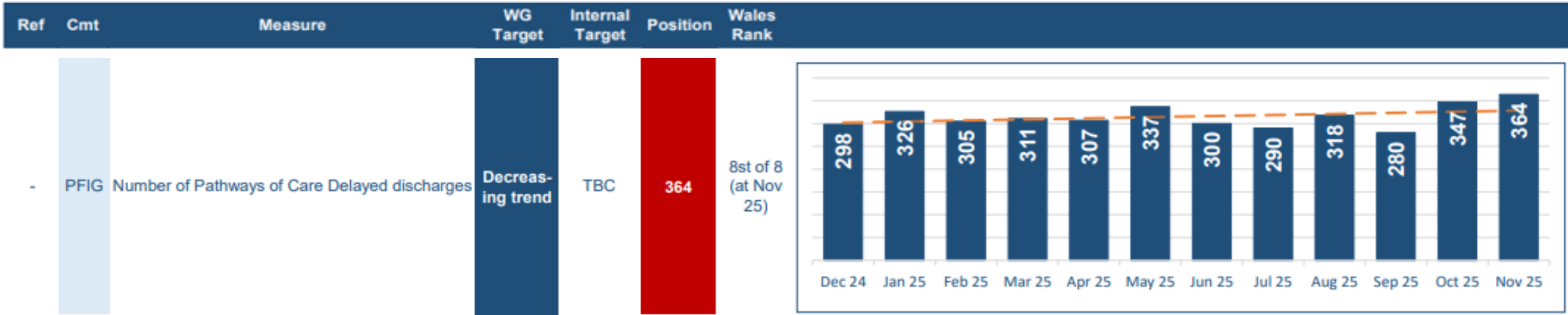


Efficiency & Productivity – Effective utilisation of theatre capacity (Part 2)

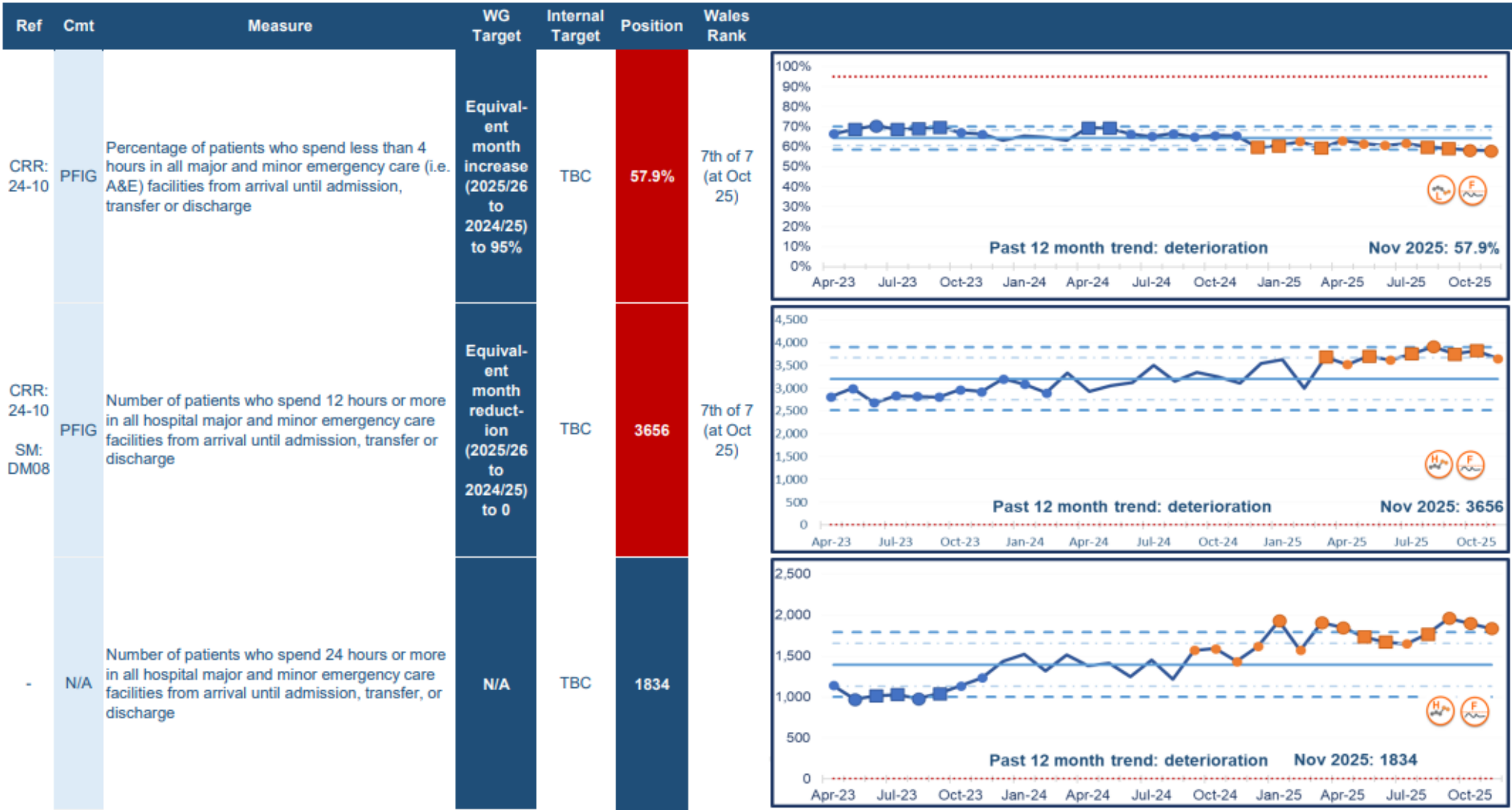
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	11.2%	N/A
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	9.2%	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	364	8st of 8 (at Nov 25)



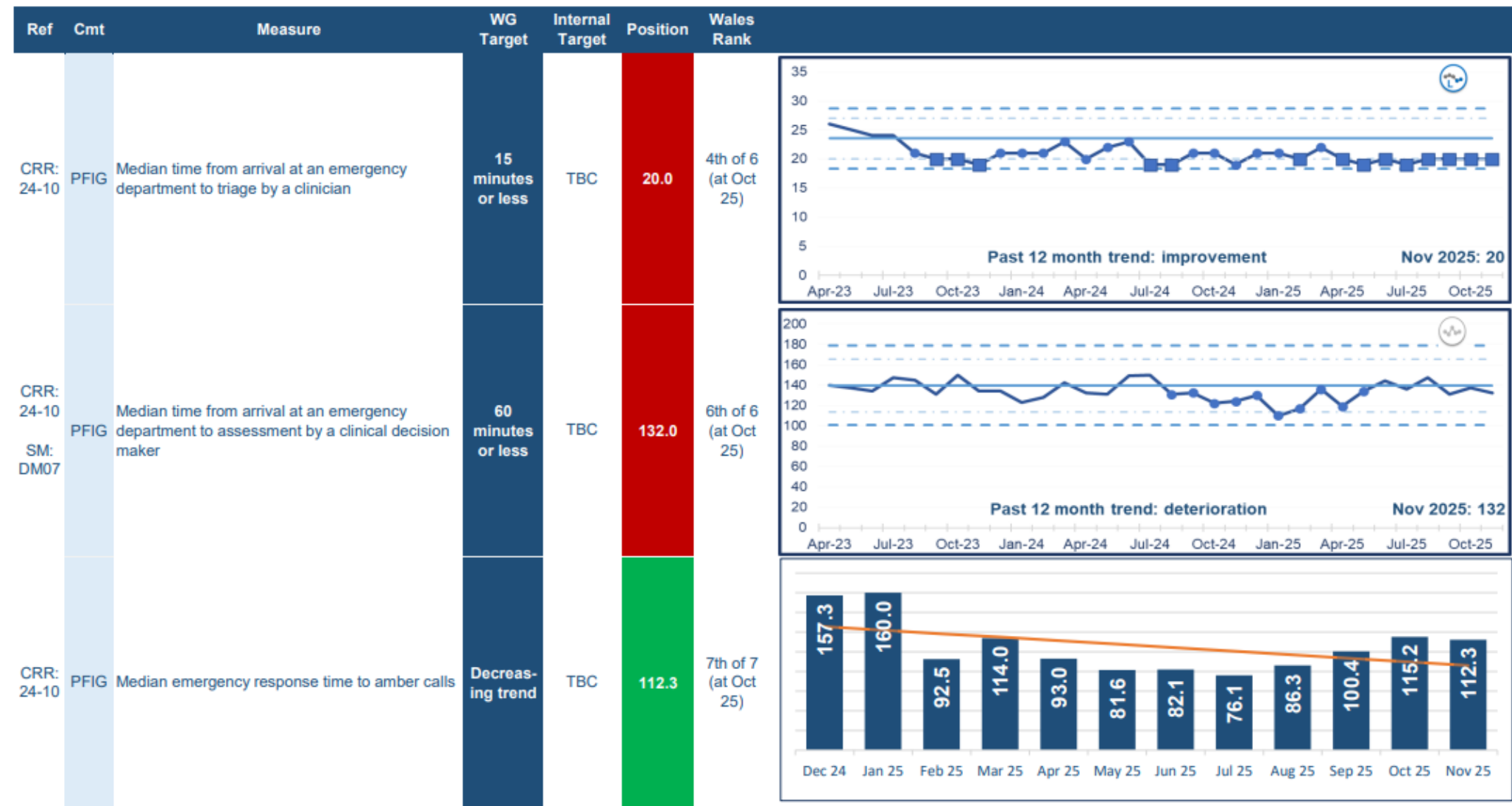
Efficiency – Patient Flow Pathways of Care Delays



Access – Urgent & Emergency Care: Emergency Department Waits

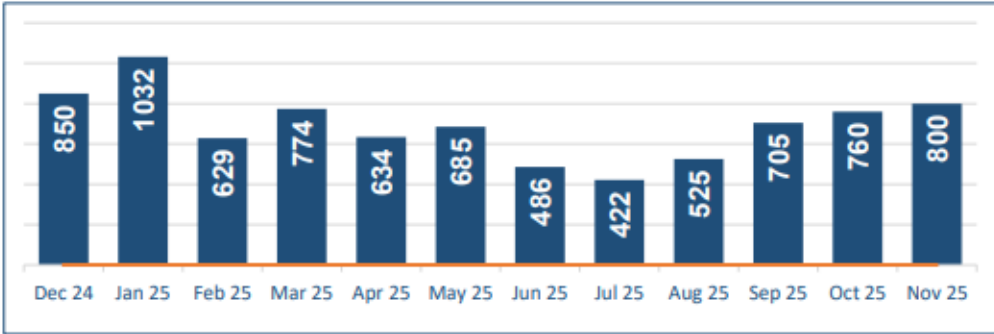
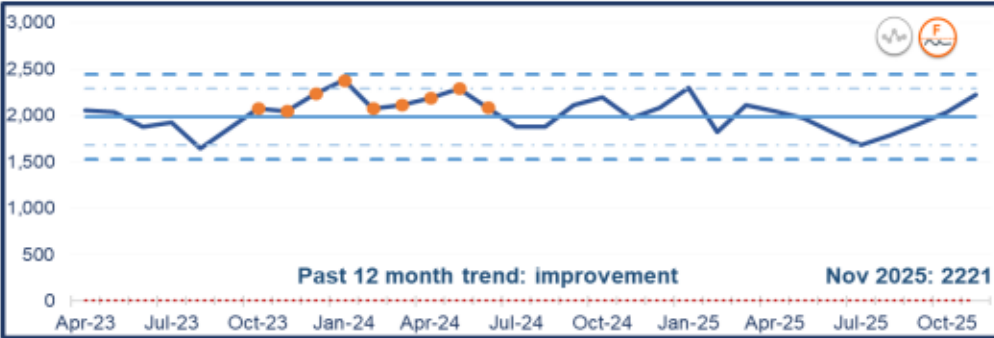
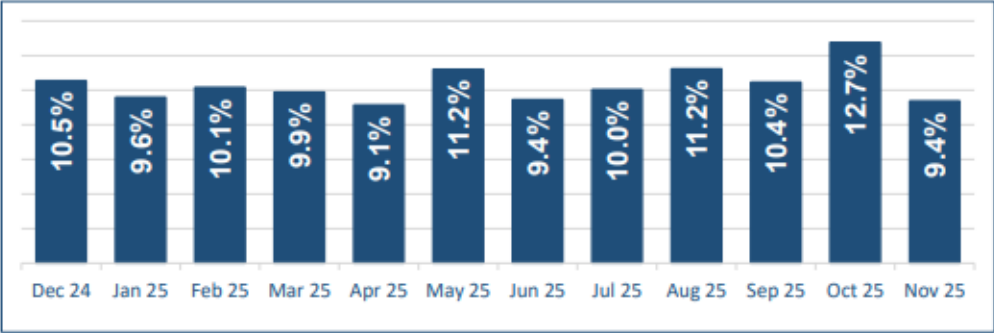


Flow – Urgent & Emergency Care: Emergency Department process wait times

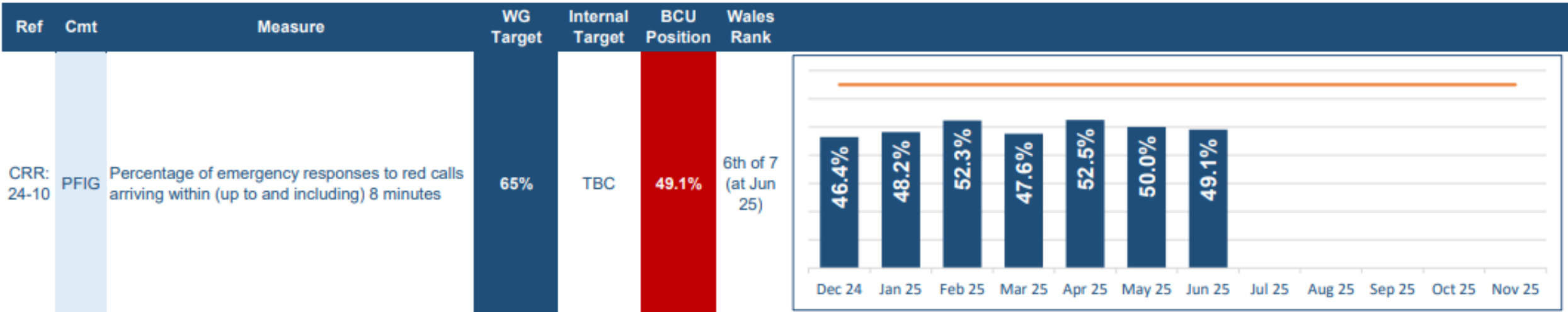


Flow – Urgent & Emergency Care: Ambulance Conveyances and Handover Times

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2025/26 to 2024/25) to 100%	TBC	9.4%	N/A
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	TBC	2221	6th of 6 (at Nov 25)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	TBC	800	



Flow – Ambulance Percentage Red Call Responses within 8 minutes



Section 2

People & Organisational Development Performance



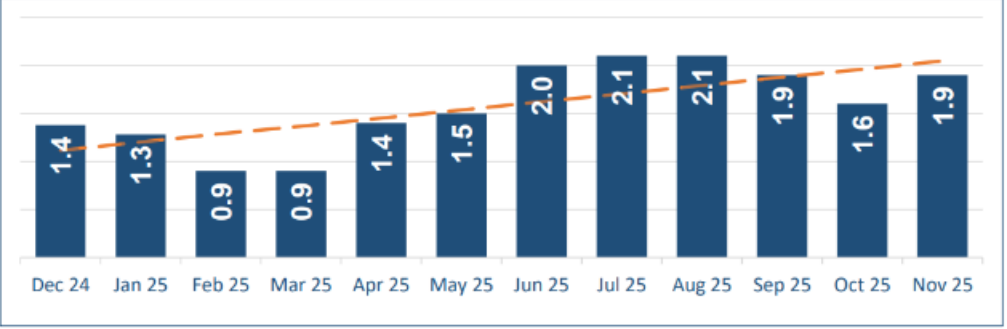
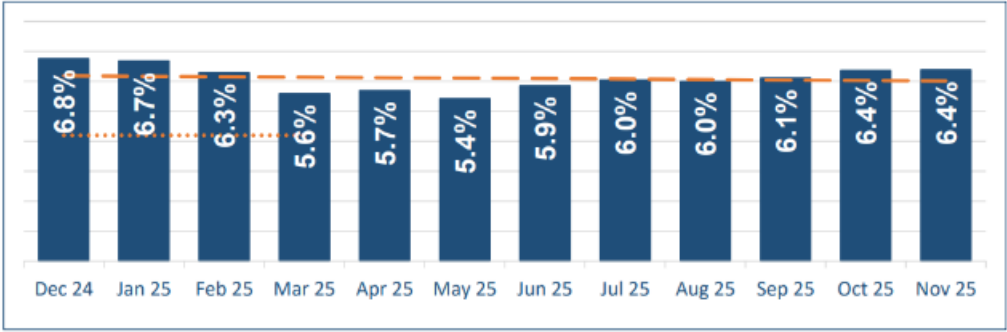
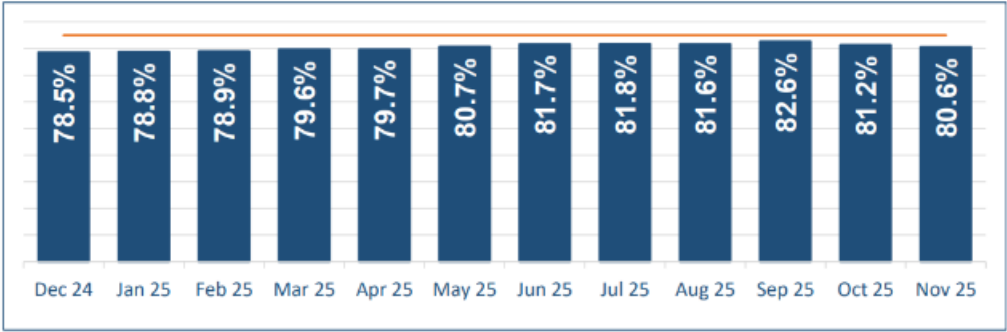
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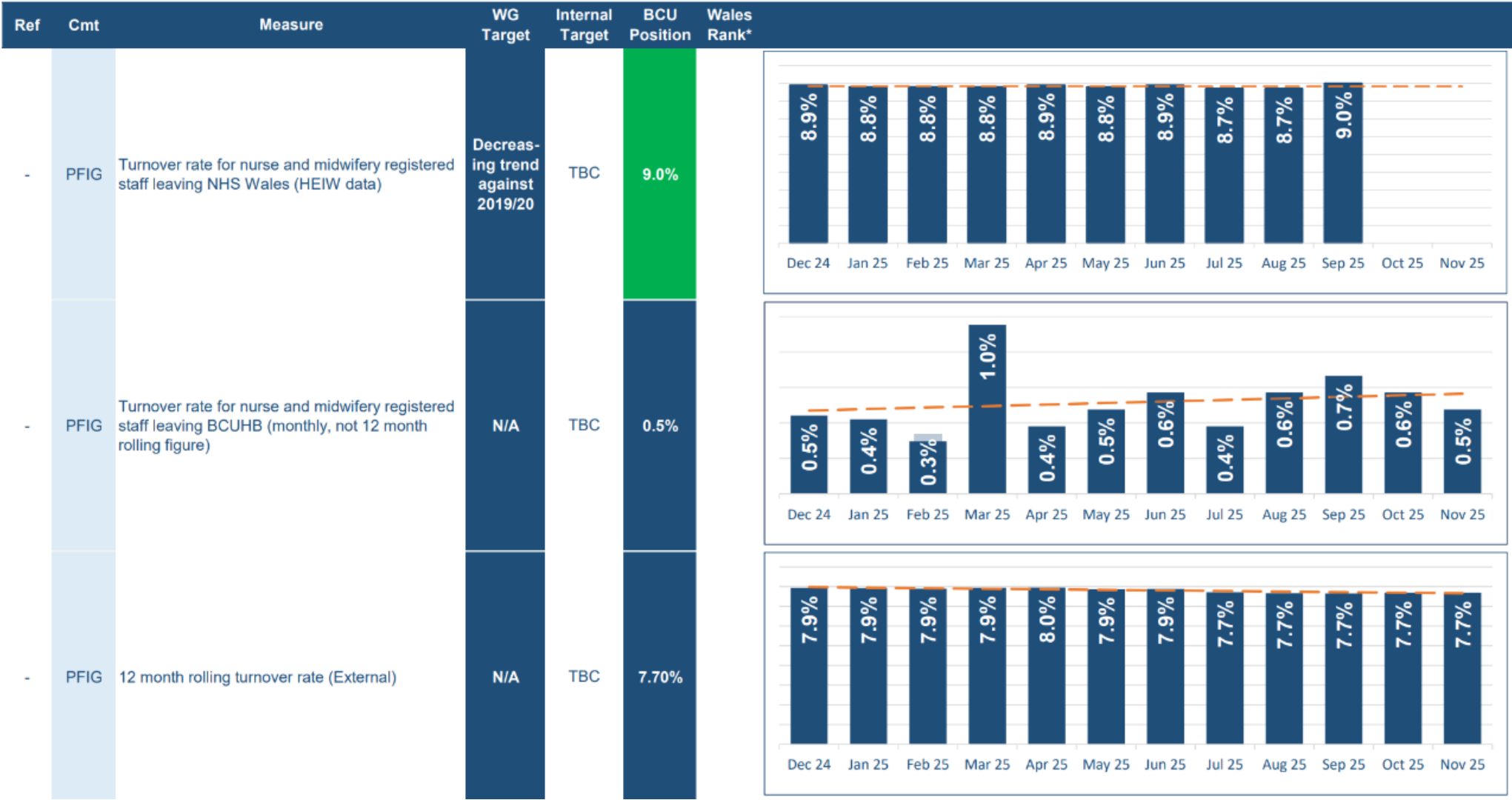


Staff Wellbeing and Development (includes Sickness, PADR, Mandatory Training and Disciplinary Proceedings)

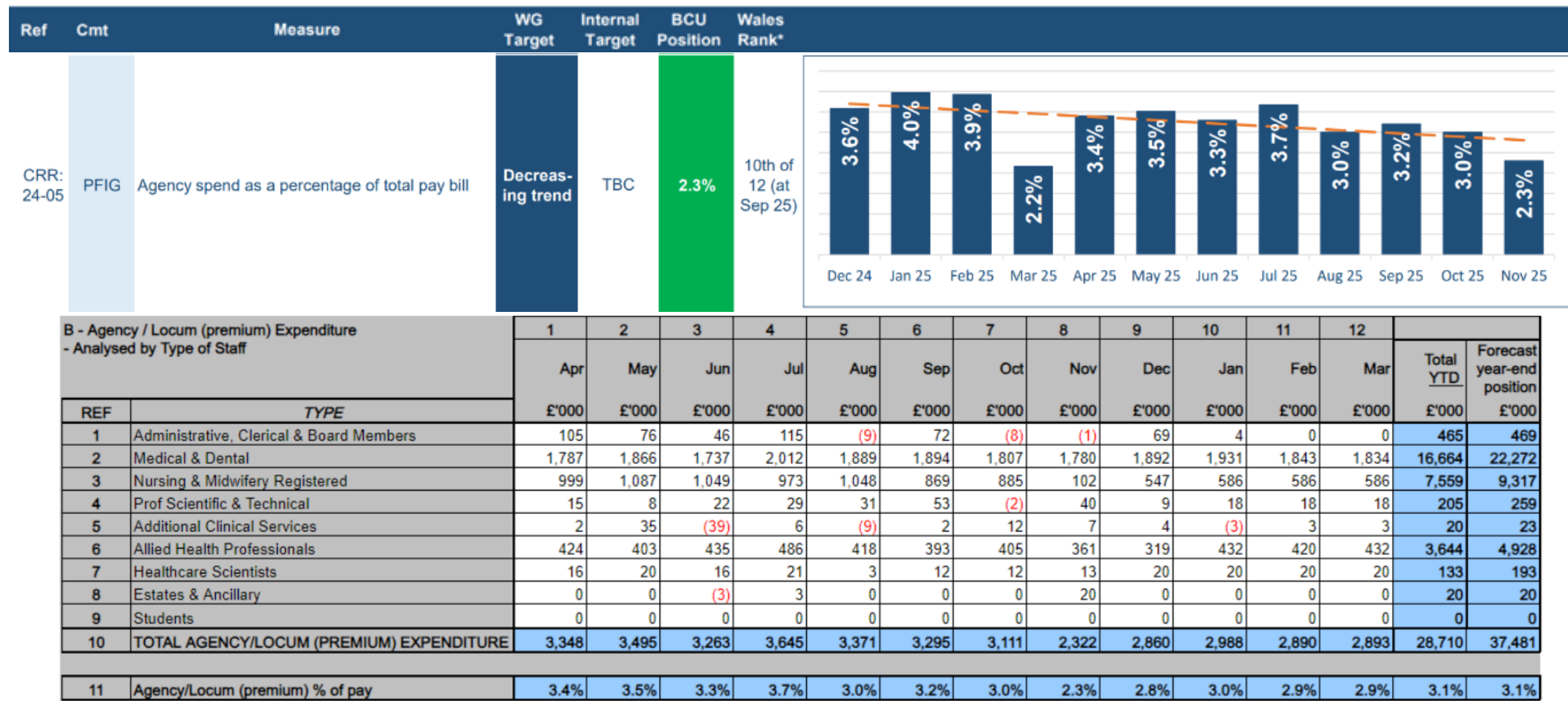
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal, and doctors and dentists in training)	85%	TBC	80.6%	6th of 13 (at Sep 25)
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	6.4%	7th of 13 (at Sep 25)
-	PFIG	[No Title] Open disciplinary cases per 1000 staff	N/A	TBC	1.9	



Staff turnover



Value and Efficiency – Agency and Locum Usage



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Section 3

Financial Performance



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Financial Position for Month 9 (December) and Forecast Outturn for 31st March 2026

BCU Wide and Divisional Positions (Red = overspend against plan)										
	April	May	June	July	August	September	October	November	December	YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
West IHC	(2.0)	(2.2)	(2.1)	(2.6)	(1.3)	(1.9)	(1.6)	2.9	(0.9)	(11.7)
Central IHC	(3.4)	(2.3)	(2.6)	(3.0)	(1.4)	(2.0)	(2.6)	7.9	(1.5)	(11.0)
East IHC	(3.4)	(3.5)	(3.8)	(3.5)	(2.1)	(3.2)	(3.3)	6.3	(1.6)	(18.1)
Womens	(0.3)	(0.3)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	0.2	(0.3)	(2.3)
MH & LD	(1.6)	(1.5)	(1.8)	(1.9)	(1.8)	(1.9)	(2.2)	(0.8)	(1.4)	(15.0)
Commissioning Contracts	(1.2)	(2.2)	0.2	(1.6)	(1.7)	(0.9)	(1.2)	0.0	0.6	(7.9)
ICD Primary Care	0.2	0.4	0.1	0.2	0.6	0.1	0.5	1.2	0.7	4.0
ICD Regional Services	(0.8)	(1.6)	(1.3)	(1.1)	1.6	(1.3)	(1.1)	1.1	0.5	(4.0)
Support Functions & Other Budgets	8.9	10.8	9.9	10.4	4.0	10.1	10.6	(19.8)	3.9	48.7
BCU Wide	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	(17.3)



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Financial Savings Position at Month 9 (December) and forecast delivery for 31st March 2026

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.6	1.2	7.5	5.9	4.8	1.1
Central Integrated Health Community	10.0	8.0	2.0	6.8	7.5	6.1	1.4
East Integrated Health Community	10.0	9.4	0.6	8.7	7.5	6.9	0.6
MHLD	3.9	5.3	-1.4	7.4	2.9	4.3	-1.3
Womens Services	1.2	0.6	0.6	0.3	0.9	0.4	0.5
Diagnostic and Specialist Clinical Support	1.8	1.9	0.0	0.4	1.4	1.6	-0.2
Cancer Services	1.5	1.5	0.0	2.0	1.1	1.0	0.2
Community Dental Services	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.3	0.3	0.2	2.7	2.6	0.1
Saving Total	40.0	36.5	3.5	33.4	30.0	27.6	2.4
Accountancy Gains		8.4	-8.4			8.4	-8.4
Total		45.0	-5.0	33.4	30.0	36.1	-6.1



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Key messages;

In month position and year to date;

- £2.5bn organisation (WG funding and other income)
- Year to date £17.3m deficit
- Year end forecast outturn position has been revised to report a projected deficit of £17.4m, with additional financial controls implemented to seek to improve the outturn within the remaining months of the financial year ending 31st March 2026.

2025/26 Financial position	Year to Date at Month 9 £m
Local pressures	
JCC pressures (shortfall on Savings £6.8m offset by minor underspends).	4.4
Capacity pressures, including premium working, escalated beds	7.2
Out of Area Mental Health placements	5.4
Cost overruns, including local contracting pressures & CHC	1.6
Total local pressures	18.6
National pressures	
English tariff CUF inflationary pressure above uplift methodology	3.5
Employers NI	3.2
Total national pressures	6.6
Mitigating actions and savings	
Additional savings achieved and forecast	(6.1)
Mitigating actions not shown as savings	(1.8)
Total mitigating actions and savings	(7.9)
Total Position and forecast position	17.3



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Financial Risks and Mitigations in place to achieve forecast position 31st March 2026

- The forecast outturn position has been revised to report a projected deficit of £17.4m, with additional financial controls implemented to seek to improve the outturn within the remaining months of the financial year ending 31st March 2026.
- The movement from break-even to a forecast deficit is in part driven through the Health Board being unable to mitigate national pressures that materialised following submission of the plan. 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 with additional pressures from JCC of £6.8m for cross border patients. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC).
- The risk to delivery of the plan was highlighted in July 2025 through the Executive, with recommendations for implementation of the 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 implementation of the 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 request 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



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Integrated Quality & Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance and Commissioning.
And further information on our performance can be found online at:



Our website www.bcu.wales.nhs.uk

Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow [@bcuhb](https://twitter.com/bcuhb)



<http://www.facebook.com/bcuhealthboard>



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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		



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Health Board

2025-26 BCU Finance Report – Month 9 (December)

Date of Meeting	29 January 2025
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development
Lead Executive Team Member name and title	Russell Caldicott, Executive Director of Finance.
Report Purpose	For Noting

Executive Summary

This report provides a briefing on the financial position of the Health Board as at the end of Month 9 (December 2025). 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 31st December 2025, driven by the year to date impact of £18.8m local pressures (£4.4m JCC pressures, £7.2m Capacity pressures, £5.4m Out of Area MHLD placements and £1.6m cost overruns including contracting pressures & CHC) and £6.6m national pressures (£3.5m English tariff inflationary pressure above funded uplift and £3.2m Employers NIC), offset by £6.1m additional savings and £1.8m mitigating actions.

The in-month (December 2025) position is reporting a marginal surplus of £0.04m, with the below table summarises monthly actual and forecast variance for 2025/26:

	2025/26													
	Actual									Forecast			Total Year to Date	Forecast Outturn Position
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	0.0	0.0	(0.1)	(17.3)	(17.4)

The forecast outturn position has been revised to report a projected deficit of £17.4m, with additional financial controls implemented to seek to improve the outturn within the remaining months of the financial year ending 31st March 2026.

The movement from break-even to a forecast deficit is in part driven through the Health Board being unable to mitigate national pressures that materialised following submission of the plan. 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 with additional pressures from JCC of £6.8m for cross border patients. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC).

Risk to delivery of the plan was 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, 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's has delivered the targeted savings of £40.0m contained within the financial plan for 2025/26. As at the end of December (Month 9), the Health Board having identified £36.5m Green saving schemes and fortuitous Accountancy Gains of £8.4m, giving a combined total of £45.0m, an increase of £1.6m from previous month.

Of these savings, £24.7m are recurring schemes with a full year effect of £33.4m and £20.2m 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 £1.8m and full year plan value of further pipeline opportunities totals £3.1m. 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 £58m. (Year to Date expenditure is £24.6m.

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data

Acronyms / Glossary of Terms

CHC	Continuing Healthcare
CUF	Cost Uplift Factors
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit
FOG	Financial Oversight Group

BCU 2025-26 M09 Finance Report

Please see Appendix A - BCU 2025/26 M09 Finance Report – December 2025

ASSESSMENT

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.
Design Principles	Wise Spending If more than one applies, please list below:
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
	A Resilient Wales

**Wellbeing of Future
Generations Act – Wellbeing
Goals**

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:

Not applicable

If no, please include rationale:

Socio-Economic Impact Assessment

Have you undertaken a Socio-Economic Impact Assessment

Yes: ☐

No: ☒

Outcome:

If no, please include rationale:

The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.

Quality

Have you undertaken a Quality Impact Assessment Screening?

Enablers of Quality
Data to Knowledge

Domains of Quality
Effective

If more than one applies, please list below:

If more than one applies, please list below:

**Wellbeing of Future
Generations Act – Wellbeing
Goals**

A Resilient Wales

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☐
	Outcome:	
	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	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	
	Implications of deterioration of forecast to reputation.	
Resource Impact (People / Financial)	Yes (Include further detail below)	
	The Health Board is in receipt of £82m of 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 December - Month 9 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 the impact of £6.7m national pressures post submission of the plan (£3.5m English tariff inflationary pressure above funded uplift and £3.2m Employers NIC) with £18.8m of local pressures, £7.2m Capacity pressures, £5.4m Out of Area MHLD placements and £1.6m cost overruns (contracting pressures & Continuing Healthcare), offset by £6.1m additional savings and £1.8m mitigations. - The Health Board has revised its forecast outturn in light of these in year pressures, with a £17.4m forecast deficit. Additional financial controls implemented with immediate effect to seek to improve the outturn over the remaining months of the year ending 31st March 2026.
	Cash	Closing Cash Balance as at 31st December 2025 was £6.6m, including £6.3m for Revenue expenditure and £0.2m for Capital projects. The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.
	Savings	- The Health Board’s financial plan has set a savings target of £40.0m to be delivered in 2025/26 profiled equally across the financial year - Savings attained year to date total £45.0m (above plan) with £36.5m green savings schemes and Accountancy Gains of £8.4m. - Contained within the £36.5m are £24.7m recurring savings with a full year effect of £33.4m which is below the £40m targeted in 2025/26 - Red schemes and pipeline opportunities total £4.9m, 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 £58.2m. Year to date expenditure totals £24.9m.
	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, the risk to delivery estimated at £20m. 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 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 was shared with the wider leadership of the Health Board through the Integrated Performance – Executive Delivery Group and Operational Leadership Team forums Chaired by the Chief Operating officer. ➤ In December 2025, the Financial Oversight Group agreed to implement 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 9 Position

In Month: £209.2m against plan of £209.2m
Balanced

Full Year Forecast: £1788.0m against plan of £1770.7m
£17.3m adverse

2025/26 Full Year Position

Forecast changed in M9 showing a £17.4m deficit against plan

The Health Board continues to place focus on cost reductions to improve the outturn for the current financial year

YTD Divisional Variance

West IHC	£11.7m adverse
Central IHC	£11m adverse
East IHC	£18.1m adverse
Women's	£2.3m adverse
MH & LD	£15m adverse
Commissioning Contracts	£7.9m adverse
ICD Primary Care	£2m favourable
ICD Regional Services	£4m adverse
Support Functions	£2.4m adverse
Other Budgets	£51m favourable



Savings

In-month: £4.8m against target of £3.3m
£1.5m favourable



Full Year Savings Delivery

£45.0m against target of £40.0m

Target Surpassed by £5.0m (Additional red schemes and opportunities of £4.9m are under review)



COVID-19 Impact

£8.3m YTD Cost

£13.0m COVID funding allocation from WG



Year to Date Income

£131.9m against budget of £125.8m
£6.1m favourable



Year to Date Pay

£893.2m against budget of £853.8m
£39.4m adverse

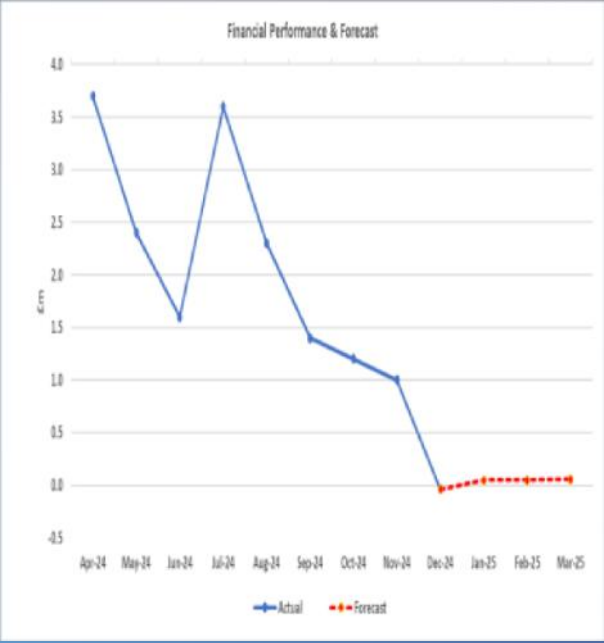


Year to Date Non-Pay

£1,023.2m against budget of £1,039.3m
£16.1m favourable

Revenue Position

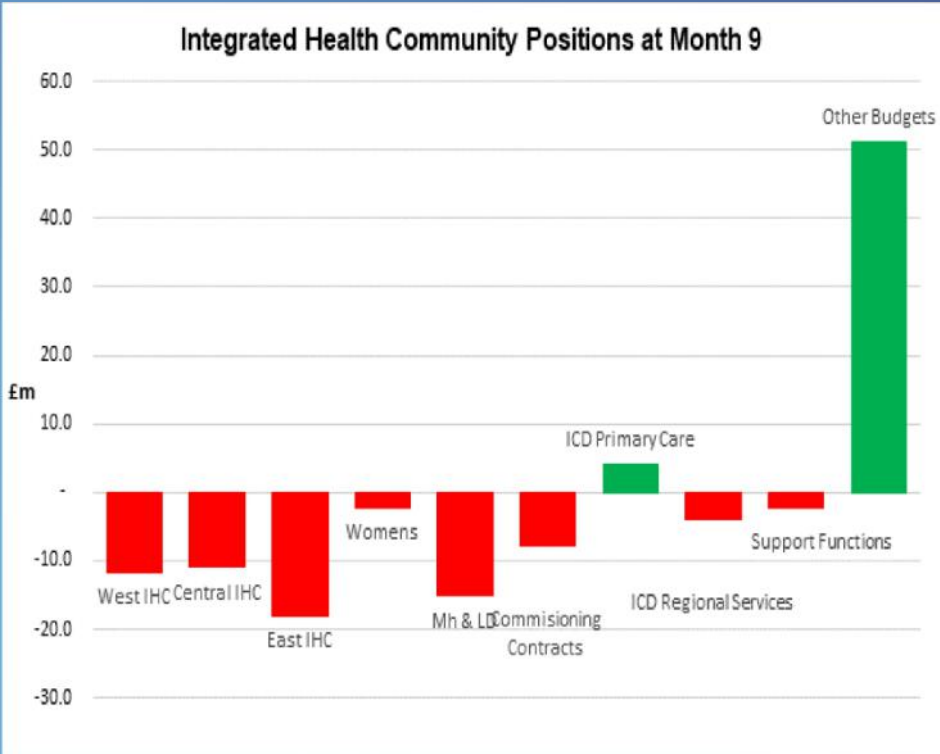
	Actual									Forecast			2025/26 Cumulative against Plan				Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(200.4)	(194.6)	(205.8)	(199.3)	(196.7)	(201.4)	(1,767.3)	(1,767.3)	0.0	0.0%	(2,364.6)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.4)	(16.4)	(18.0)	(14.1)	(14.2)	(17.5)	(125.8)	(131.9)	(6.1)	4.8%	(177.6)
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	100.4	98.8	100.2	96.7	96.4	96.4	853.8	893.2	39.4	4.6%	1,182.7
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	123.6	116.7	114.5	122.6	1,039.3	1,023.2	(16.1)	-1.5%	1,377.0
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, and a small surplus of £0.04m reported in-month.
- Key drivers of the year to date deficit include £18.8m local pressures (£4.4m JCC pressures, £7.2m Capacity pressures, £5.4m Out of Area MHL D placements and £1.6m cost overruns (including contracting pressures & CHC) and £6.6m national pressures (£3.5m English tariff inflationary pressure above funded uplift and £3.2m Employers NIC) offset by £6.1m additional savings and £1.8m of 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 £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	
WG RESOURCE ALLOCATION	(209.2)	(209.2)	0.0	0%	(1,770.7)	(1,770.7)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.0	1.0	0.0		0.0
West Area	19.6	19.5	0.1		159.6	162.5	(2.9)		(5.3)
Ysbyty Gwynedd	11.9	12.8	(1.0)		105.9	114.2	(8.4)		(11.2)
Facilities	1.2	1.2	(0.0)		10.8	11.2	(0.4)		(0.6)
Total West	32.8	33.7	(0.9)	-3%	277.3	289.0	-11.7	-4%	(17.0)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.1	1.2	(0.1)		(0.1)
Central Area	25.6	25.5	0.0		212.4	210.8	1.5		(0.3)
Ysbyty Glan Clwyd	14.8	16.3	(1.5)		132.7	144.9	(12.2)		(16.7)
Facilities	1.5	1.5	(0.0)		13.1	13.3	(0.2)		(0.2)
Total Central	41.9	43.4	(1.5)	-4%	359.2	370.2	(11.0)	-3%	(17.3)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.9	0.8	0.1		0.1
East Area	28.4	29.2	(0.8)		235.2	245.1	(9.9)		(12.2)
Ysbyty Wrexham Maelor	12.8	13.7	(0.8)		114.7	123.0	(8.3)		(10.7)
Facilities	1.4	1.4	(0.0)		12.4	12.3	0.1		0.1
Total East	42.7	44.3	(1.6)	-4%	363.2	381.2	(18.1)	-5%	(22.8)
Total Midwifery and Women's Services	4.4	4.7	(0.3)	-8%	38.8	41.1	(2.3)	-6%	(3.2)
Total Mental Health and LDS	15.3	16.8	(1.4)	-9%	137.9	152.9	(15.0)	-11%	(18.6)
Total Commissioning Contracts	32.3	31.7	0.6	2%	243.9	251.8	(7.9)	-3%	(11.0)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	4.3	3.6	0.7		28.1	24.5	3.6		4.0
Community Dental Services	0.6	0.5	0.1		5.6	5.2	0.5		0.6
Other Primary Care	0.1	0.2	(0.0)		1.3	1.4	(0.1)		(0.2)
Total Integrated Clinical Delivery Primary care	5.0	4.3	0.7	15%	35.0	31.0	4.0	11%	4.3
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.9)	1.0		(17.2)	(19.6)	2.4		2.8
Diagnostic and Specialist Clinical Support	7.7	8.0	(0.3)		65.7	70.5	(4.8)		(6.7)
Cancer Services	6.2	6.4	(0.2)		56.4	57.9	(1.6)		(2.4)
Total Integrated Clinical Delivery	12.0	11.5	0.5	4%	104.8	108.8	(4.0)	-4%	(6.4)
Total Service Support Functions	15.1	15.5	(0.4)	-3%	131.5	133.8	(2.4)	-2%	(4.2)
Total Other Budgets	7.6	3.3	4.3	57%	79.1	28.0	51.0	65%	78.7
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 an improvement of £1.0m from November in month position. The forecast has been changed in M9 reporting a £17.4m deficit against the financial plan for the year.
- Variable pay costs have increased in December by £0.9m from November driven by increases across various categories. A breakdown of these costs are reported in slide 7.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

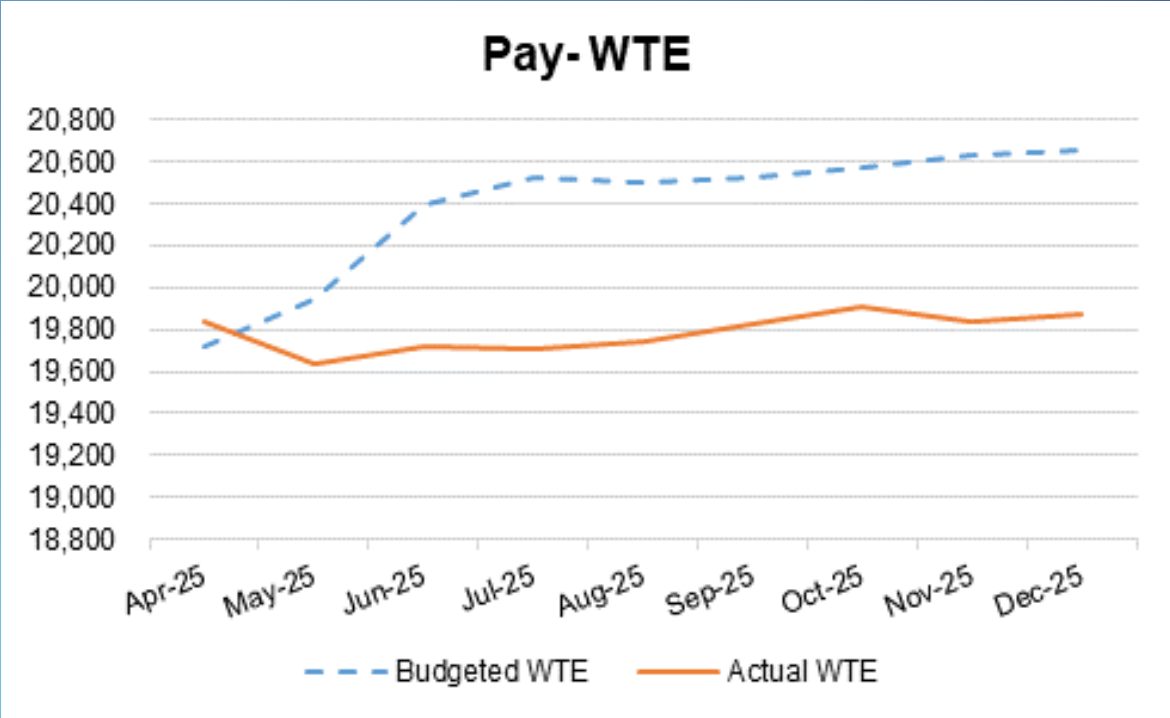
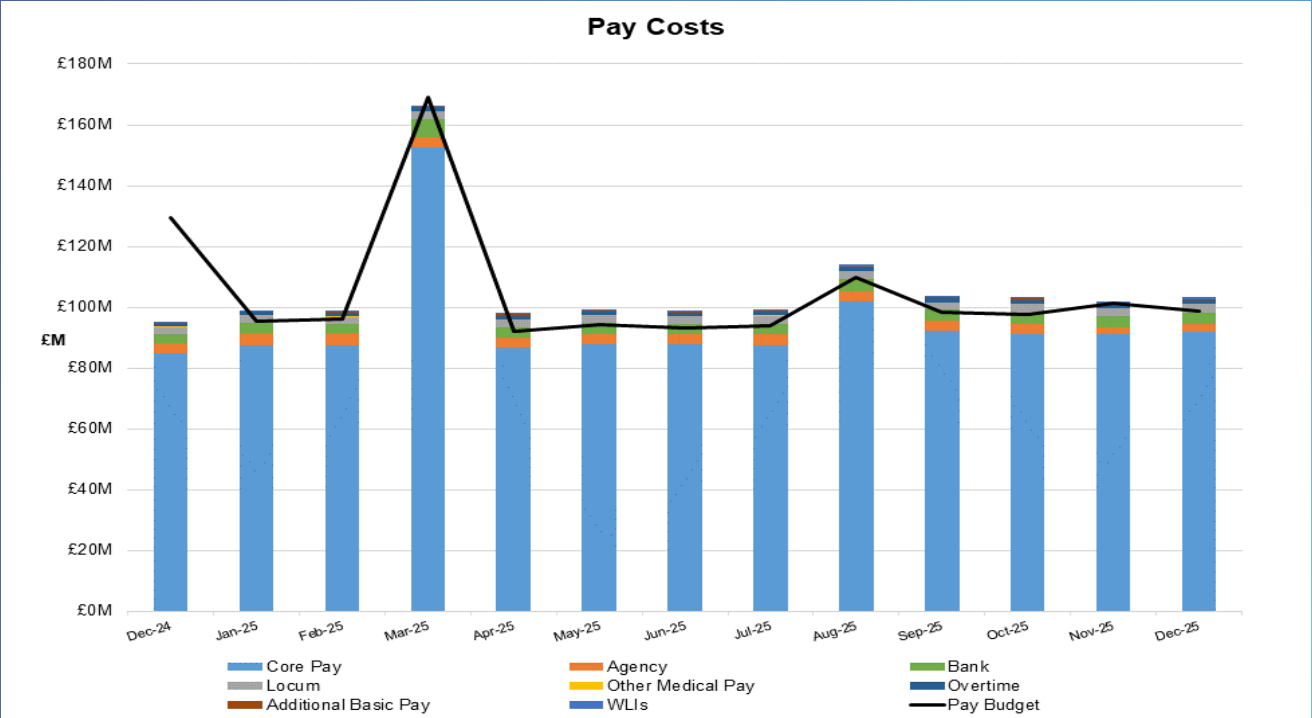
Expenditure – Pay & Non-Pay

Pay Costs	2025-26												Cumulative			Full Year Forecast
	Actual									Forecast						
	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	
Administrative & Clerical	13.2	13.3	13.3	13.3	15.2	13.8	13.8	13.7	14.1	14.1	14.1	14.1	113.7	109.5	4.2	171.0
Medical & Dental	22.3	22.7	22.2	23.0	26.7	23.7	24.1	23.3	21.8	21.8	21.8	21.7	171.0	188.1	(17.1)	263.9
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.1	30.4	29.7	30.2	30.2	30.2	30.1	226.8	239.9	(13.1)	365.7
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	14.8	14.8	14.6	14.9	14.9	14.9	14.9	109.8	118.5	(8.7)	181.0
Add Prof Scientific & Technical	3.9	3.9	3.9	4.0	4.8	4.1	4.2	4.3	3.8	3.8	3.8	3.8	35.6	33.1	2.4	46.2
Allied Health Professionals	6.4	6.3	6.4	6.4	7.5	6.8	6.7	6.7	6.5	6.5	6.5	6.5	50.9	53.2	(2.4)	78.5
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.8	1.8	1.8	1.6	1.6	1.6	1.6	14.5	14.4	0.1	19.6
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.5	4.4	4.4	4.7	4.7	4.7	4.7	34.9	35.5	(0.6)	56.5
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.7	0.8	(0.1)	1.1
Health Board Total	94.9	96.3	96.0	96.1	110.7	99.9	100.4	98.8	97.6	97.7	97.7	97.5	757.7	793.1	(35.3)	1,183.6
Other Services (Incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.4	3.0	3.0	3.2	3.2	3.2	3.2	22.9	25.2	2.3	37.8
Total Pay	98.0	99.4	99.1	99.2	114.0	103.3	103.4	101.8	100.8	100.9	100.8	100.6	780.7	818.3	(37.6)	1,221.4

Non-Pay Costs as per Monitoring Return Table	2025-26												Cumulative			Full Year Forecast
	Actual									Forecast						
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
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	21.8	22.2	22.1	197.3	191.5	5.7	257.6
Primary Care - Drugs & Appliances	10.9	10.9	10.8	11.5	11.6	11.8	11.3	11.0	12.2	11.4	10.3	11.4	99.3	102.0	(2.6)	135.1
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	18.3	18.5	19.2	211.3	172.5	38.8	228.6
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.7	9.3	8.6	9.6	8.9	8.8	8.9	77.2	81.5	(4.3)	108.1
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	34.1	33.5	33.5	285.2	294.1	(8.9)	395.2
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	10.7	11.9	11.0	11.6	11.9	11.1	11.9	99.8	103.6	(3.8)	138.5
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	3.9	4.5	4.3	7.1	5.0	5.0	5.3	28.4	34.8	(6.4)	50.2
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.4	0.3	0.8	0.4	0.5	0.4	0.4	2.4	3.5	(1.1)	4.8
Losses, Special Payments and Irrecoverable Debts	0.2	0.4	0.2	0.6	0.3	0.4	0.5	0.4	0.4	0.4	0.4	0.4	2.3	3.5	(1.2)	4.7
Non-pay costs	105.7	106.1	104.7	112.1	109.8	110.3	110.2	109.0	119.3	112.3	110.2	113.1	1,003.2	987.1	16.1	1,322.7
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	36.1	36.1	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	116.7	114.5	122.6	1,039.3	1,023.2	16.1	1,377.0

- Health Board Pay:
- Month 9 (December) Provider Services Pay increased by £1.4m from previous month.
 - Overall variable pay costs have increased in December.
 - 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) increased by £10.3m from previous month.
 - Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay



Variable Pay	2025/26									
	M1	M2	M3	M4	M5	M6	M7	M8	M9	Total
	£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	28.7
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	1.3	1.2	1.1	10.7
Locum	2.6	2.7	2.4	2.8	2.6	2.4	3.0	2.3	3.0	23.8
WLI's	0.4	0.4	0.5	0.4	0.5	0.1	0.6	0.6	0.5	4.0
Bank	3.2	3.5	3.6	3.4	3.9	3.6	3.7	3.8	3.6	32.2
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.5
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.5	0.4	3.6
Total	11.2	11.7	11.3	11.8	12.1	11.1	12.2	10.7	11.6	103.6

- December budgeted WTE increased by 12 WTE from November. See Slide 8 for further detail.
- Variable Pay totals £11.6m for December, an increase of £0.9m from previous month driven by Increases of £0.6m in Agency and £0.7m in Locums.

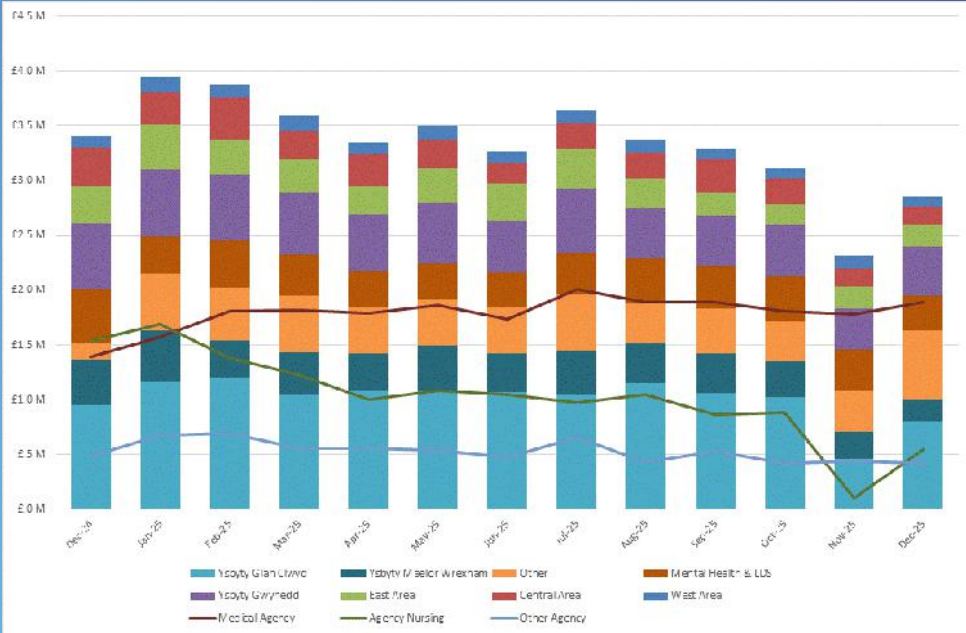
Pay - WTE

Budgeted WTE Actual WTE	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Movement M9 V M8	Budgeted WTE increased by 12 WTE in December from previous month, with the below table providing further detail on Budgeted WTE movements. Actual worked in December is 19,869, an increase of 25 WTE from November.
	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,649	12	
	19,839	19,635	19,720	19,708	19,741	19,822	19,907	19,844	19,869	25	

	25/26										Explanation of movements (>5wte) from previous month
	WTE Budget										
	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	M08 Nov	M09 Dec	In Month Movement	
West IHC - Management	8	8	8	8	8	8	8	8	8	0	5.95 WTE Budget for Progress Chasers.
West IHC - West Area	1,473	1,512	1,583	1,573	1,572	1,568	1,575	1,572	1,572	0	
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	1,839	1,838	1,840	2	
West IHC - Facilities	368	368	368	380	380	380	382	382	382	0	
Centre IHC - Management	7	7	7	7	7	7	8	8	8	0	
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	2,312	2,310	2,309	-1	
Centre IHC - Ysbyty Glan Clwyd	2,174	2,176	2,237	2,235	2,231	2,239	2,241	2,243	2,245	1	
Centre IHC - Facilities	408	408	408	422	422	422	422	422	421	0	
East IHC - Management	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	1	
East IHC - Ysbyty Wrexham Maelor	1,868	1,874	1,835	1,892	1,893	1,896	1,906	1,954	1,962	8	
East IHC - Facilities	356	356	365	365	365	365	365	365	365	0	
Midwifery & Womens' Services	687	693	694	694	694	694	694	695	696	0	
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	2,319	2,327	2,327	0	
COVID Programmes	149	150	151	0	0	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	14	14	0	
Dental CDS	167	167	167	168	169	169	168	168	167	-1	
Other Primary Care	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	0	
Cancer Services	416	416	423	423	425	424	423	423	423	1	
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	2,251	2,249	2,249	0	
Med ED/R&D	115	116	116	117	119	122	123	124	125	1	
Health Board Total	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,650	12	

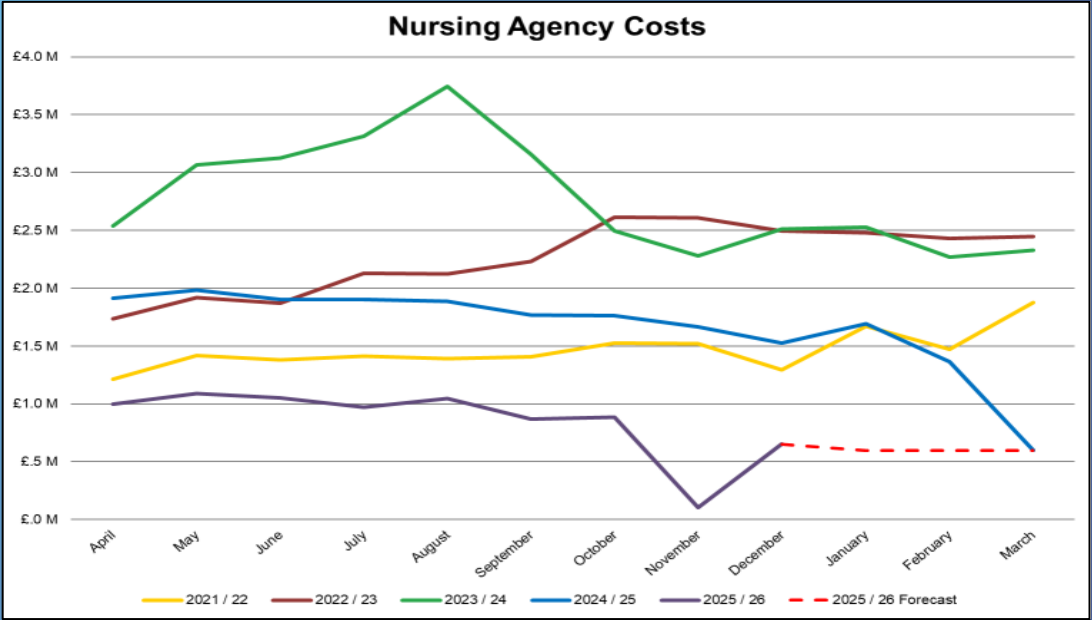
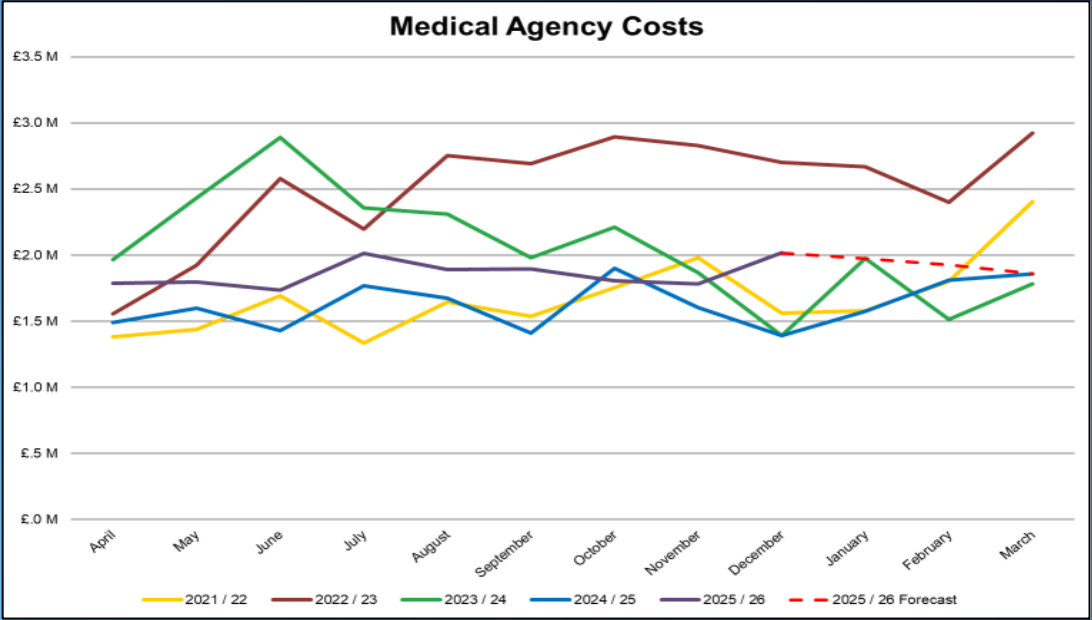
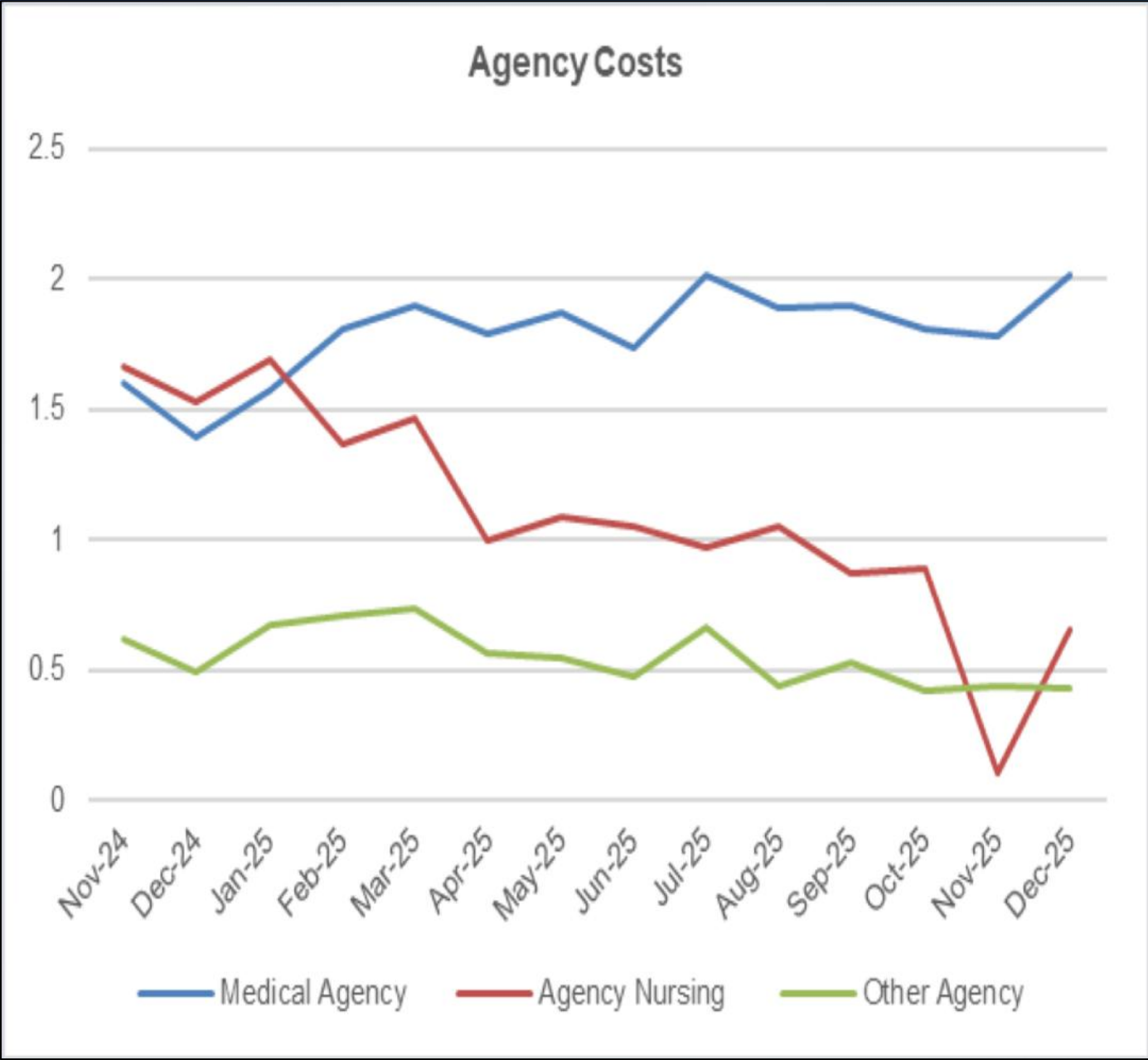
Pay Costs - Agency

	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual Apr-25	Actual May-25	Actual Jun-25	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Actual Nov-25	Actual Dec-25	Forecast Jan-26	Forecast Feb-26	Forecast Mar-26	
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.3
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.3	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	0.2	0.2	3.0
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.4	0.5	0.5	0.4	5.7
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.0	0.5	0.8	1.0	0.9	0.9	11.6
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	0.3	0.3	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	0.2	0.2	1.9
Other incl pan BCU Cancer Services and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.4	0.3	0.2	0.3	3.2
Total Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	2.9	3.0	2.9	2.9	37.5



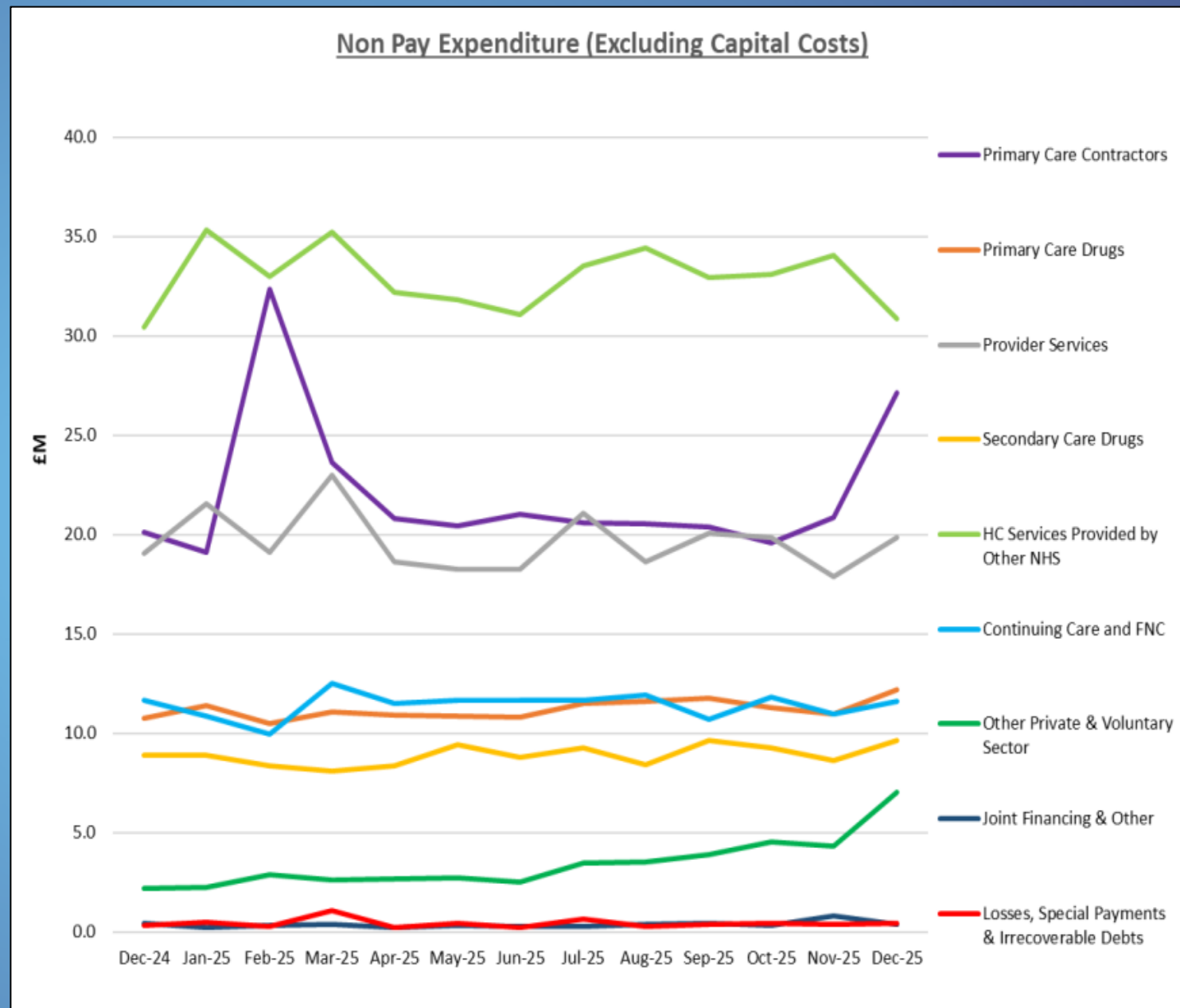
- Agency expenditure for December is £2.9m representing 2.8% of total pay, an increase of £0.6m compared to previous months spend. (2024/25 Monthly average £3.9m). 2025/26 Agency annual forecast outturn is £37.5m, a £0.3m reduction compared to the £37.8m annual forecast outturn reported at Month 8 and a £9.5m (20.2%) 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.
- December Medical Agency expenditure is £1.9m, £0.1m higher than previous month spend. (2024/25 Monthly average £1.6m). In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Gwynedd (£0.3m), Women's (£0.2m), Mental Health (£0.3m) and Ysbyty Maelor Wrexham (£0.1m), covering Medical vacancies and sickness.
- Nurse agency costs totalled £0.5m for the month, an increase of £0.4m from previous month. (2024/25 Monthly average £1.7m). The use of agency nurses is within Ysbyty Maelor Wrexham (£0.1m), Ysbyty Gwynedd (£0.1m), Mental Health (£0.1m), and Ysbyty Glan Clwyd (£0.2m). Agency nurses are used to staff escalated beds and cover ward vacancies. Other agency costs totalled £0.4m in month 9, the same as in month 8. Other Agency costs mainly consist of Allied Health Professionals (£0.4m).
- 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:** November expenditure is £6.3m (30.0%) higher than previous month being mainly due to the year-to-date impact of the £1.1m GMS Dispensing/PADMS uplift, £8.3m GMS Pay agreement uplift and £1.7m 2025/26 Dental 4% pay uplift, all of which are funded via WG RRL.
- **Primary Care Drugs:** Expenditure is £1.2m (11.0%) higher than previous month due to both an increase in prescribing days in December (December included 23 days compared to 21 days in November) and increase in GP prescribing weight loss medication, however this is offset by an in-month increase in Pharmacy rebate income.
- **Secondary Care Drugs:** Expenditure increased by £1.0m (11.4%) from previous month, , of which £0.3m is catch up of Cancer Services Aseptic and Homecare Drugs plus increase in Gastroenterology and Community Homecare drugs spend and backdated FP10 spend. MHL D have also reported a £0.1m increase due to catch up in Buvidal drugs costs.
- **Healthcare Services provided by Other NHS Bodies:** Expenditure is £3.2m (9.3%) less than previous month , which is partly impacted by the £2.7m additional vertex spend funded by WG included within previous month's position.
- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure increased by £0.7m (5.9%) from previous month, due to an increase in Adults and Children's CHC packages and 1:1 support.
- **Other Private & Voluntary Sector:** In month spend increased by £2.7m being predominantly due to the ID medical insourcing contract invoice processed in December with spend backdated to September funded from the WG planned care funding allocation, offset by a £0.1m reduction in MHL D Out of Area Placements (OOA) spend.



Expenditure – Pay & Non-Pay

	£m
Total Allocations Received	2,333.2
Total Allocations Anticipated	31.4
Total Welsh Government Income	2,364.6

- 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 2,364.6m.
- Confirmed allocations to date are £2,333.2m. This includes £13.0m allocation for COVID-19, with £1.1m of COVID income profiled into December.
- Further anticipated allocations in year total £31.4m as detailed in the table.

Description	£m
Allocations Received	2,333.2
Total Allocations Received	2,333.2

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	7.0
AME Non Cash Depreciation	6.8
Removal of Donated Assets / Government Grant Receipts	-0.8
Removal of IFRS-16 Leases (Revenue)	-4.5
IM&T Refresh Programme	2.5
Six Goals	2.7
RTT Waiting Times	1.6
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
All Ages Mental Health Digital Solution 25/26	1.7
WRP top slice for 25/26 as per IMTP	-7.6
Cataract funding 2025/26	5.8
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.6
RIF Neurodevelopment Waiting Times 2025-26	2.8
Waiting Times – Minor Oral Surgery & additional OPD Capacity	2.2
Waiting Times – Outpatient Appointments	4.6
Dermatology MOPs funding	1.3
Other	1.0
Total Allocations Anticipated	31.4



Risks and Opportunities

- The below are risks and opportunities to the Health Board’s financial position for 2025/26. Where it is clear of specific costs for both risks and opportunities, these are incorporated into the forecast position.
- The Health Board continues to place emphasis on the additional controls to improve on the forecast outturn for 2025/26, so as to mitigate the risk for 2026/27 of the conditionally recurrent £82m funding not being secured for 2026/27.

In Year Risks and Opportunities

Risks	£m	Level
Joint Commissioning Committee Performance	0.8m	Medium
Total Quantifiable Risks	0.8	

Opportunities / mitigations for the identified risks	£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 31st December 2025 was £6.6m, which included £6.3m cash held for revenue expenditure and £0.2m 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 Dec-25 £'m	Forecast Closing Balance End of Mar 26 £'m
Non-Current Assets			
Property, plant and equipment	740.2	729.7	745.5
Intangible assets	0.8	0.5	0.8
Trade and other receivables	119.7	125.2	125.7
Non-Current Assets sub total	860.7	855.4	872.0
Current Assets			
Inventories	20.5	20.9	20.5
Trade and other receivables	128.7	164.3	162.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	5.9	6.6	5.9
Non-current assets classified as held for sale	0.6	0.0	0.0
Current Assets sub total	155.6	191.7	189.1
TOTAL ASSETS	1016.3	1047.1	1061.0
Current Liabilities			
Trade and other payables	232.3	219.0	198.9
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	53.9	98.5	87.7
Current Liabilities sub total	286.2	317.5	286.5
NET ASSETS LESS CURRENT LIABILITIES	730.1	729.6	774.5
Non-Current Liabilities			
Trade and other payables	23.9	23.9	24.0
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	120.9	126.6	126.9
Non-Current Liabilities sub total	144.7	150.4	150.9
TOTAL ASSETS EMPLOYED	585.3	579.1	623.6
FINANCED BY:			
Taxpayers' Equity			
General Fund	367.2	361.0	405.4
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	579.2	623.6

Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £58m. Year to Date expenditure is £24.6m.

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	58.0				
CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	2.3	2.9	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.5	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	1.3	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	0.5	3.0	-	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.0	1.0		Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	1.5	0.0	1.5	-	Brokerage managed within the programme.
WG Discretionary Capital	14.2	4.6	13.8	0.4	Under Commitment

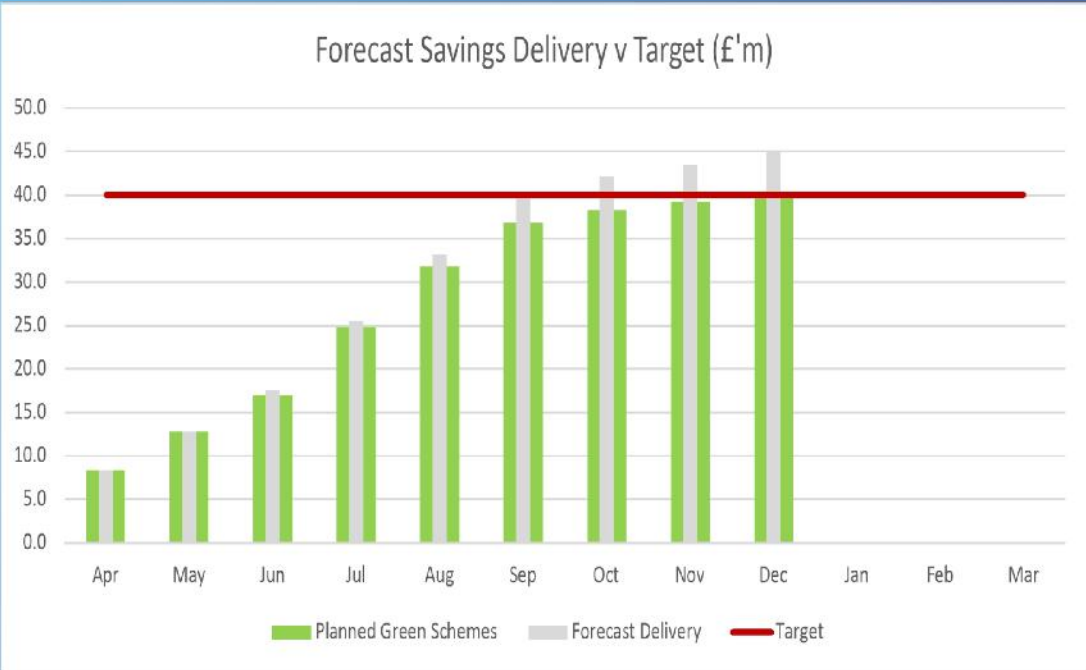
Capital

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	12.1	15.9	- 0.2	The project is progressing with completion forecasted early 2026. Welsh Government have confirmed any overspend will need to managed within the Health Board discretionary capital.
Year End Funding – October 2024	0.1	0.1	0.1	-	The programme has been revised as items have moved into the diagnostic programme, this is reflected in the revised CRL.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	0.7	2.9	-	The project is programmed over the next 2 years. The contractor has commenced works in line with programme and CRL cashflow.
TEF - Fire	2.4	0.4	2.4	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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	0.5	2.4	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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 is across a number of projects. Business cases have been approved with allocations. 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	0.7	2.0	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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	0.0	0.8	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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	0.1	0.8	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	-	The hardware will be procured in 2025/26.
Nuclear Medicine Consolidation at YGC	0.7	0.3	0.7	-	The current CRL reflects the fees to progress to FBC which is profiled to be spent in year. Preconstruction work appointment is being reviewed and may impact full spend of CRL.
Replacement Diagnostic and Treatment Equipment	7.7	4.5	7.7	-	The project is for two Linear Accelerators and a Spect CT, all of which are profiled to be delivered in this financial year. £2m underspend has been returned to Welsh Government as a result of a competitive tender for the Linac's.
Non-Radiology Ultrasound Replacement	0.3	0.0	0.3	-	These medical devices will be procured in year.
Replacement Diagnostic and Treatment Equipment - Phase 2	3.9	0.1	3.9	-	The purchase of the equipment has already been instigated. The programme for enabling works to support the equipment will be realised in full within this financial year. £0.5m underspend has been returned to Welsh Government as a result of a competitive tender for the Mammography equipment.
DPIF - RISP	0.2	0.0	0.2	-	The Health Board went live 5th September 2025. Payment will be due once stable operation has been reached, which is reflected in the cashflow.
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.4	0.2	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	0.0	0.1	-	The project is currently in situ with the funding to be spent by the end of the financial year.
Mobile C-Arm/Image Intensifier Replacement	0.3	0.0	0.3	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
Radiology Ultrasound Replacement	0.9	0.0	0.9	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
End of Year Digital Funding 2025-26	1.0	0.0	1.0	-	End of year funding has been received for server replacements. The programme is currently in procurement stage and will be delivered by March 2026.
Trophon, Wrexham Maelor Theatre	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
DPIF - Connecting Care	0.5	0.0	0.5	-	Hardware for Connecting Care is being procured with delivery before the year end.
Entonox cracking devices	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
All Wales Capital	43.8	20.0	44.3	-0.4	Over commitment
Total Capital Funding Available	58.0	24.6	58.0	0.0	

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 £45.0m (comprising of £35.0m Savings, £0.8m Income Generation, £0.7m Cost Avoidance and £8.4m Accountancy Gains). A forecast increase of £1.6m from month 8. Of these, £24.7m have been identified as recurring, with a full year effect of £33.4m, and £20.2m are non-recurring savings. · Full year plan value of Red Schemes totals £1.8m and full year plan value of further pipeline opportunities totals £3.1m.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.
- In-month delivery includes Savings of £3.5m, £0.2m Income Generation/Cost Avoidance and £1.1m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £36.1m, of which £17.7m is recurring, against a target of £30.0m.

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.6	1.2	7.5	5.9	4.8	1.1
Central Integrated Health Community	10.0	8.0	2.0	6.8	7.5	6.1	1.4
East Integrated Health Community	10.0	9.4	0.6	8.7	7.5	6.9	0.6
MHLD	3.9	5.3	-1.4	7.4	2.9	4.3	-1.3
Womens Services	1.2	0.6	0.6	0.3	0.9	0.4	0.5
Diagnostic and Specialist Clinical Support	1.8	1.9	0.0	0.4	1.4	1.6	-0.2
Cancer Services	1.5	1.5	0.0	2.0	1.1	1.0	0.2
Community Dental Sevices	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.3	0.3	0.2	2.7	2.6	0.1
Saving Total	40.0	36.5	3.5	33.4	30.0	27.6	2.4
Accountancy Gains		8.4	-8.4			8.4	-8.4
Total		45.0	-5.0	33.4	30.0	36.1	-6.1





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health Board Key Issues Report			
Board Date		29/01/2026	
Date of Committee		16/12/2025	Report of: Audit Committee
Quoracy met:		Yes	
1	Agenda	The Audit Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: Audit Committee - BCUHB	
2a	Alert	The Audit Committee wish to alert members of the Board that: 1. There was concern around providing timely evidence in regard to Management Responses to Internal Audit reports 2. There were strong concerns in relation to Accountability Letters not being signed off by a number of senior leaders. 3. There was concern around the ability to evidence the embedding of learning in the organisation. 4. The need to have a complete suite of accurate and timely data available for decision making was highlighted – including identifying a point of overall accountability for business intelligence. 5. A repetitive theme of late paper submissions to the corporate governance team for publication was reported by Internal Audit across a variety of Board Committees.	
2b	Assurance	The Audit Committee wish to assure members of the Board that: 1. The Policy Management Process Paper was approved for Board endorsement, following a period of consultation. 2. Tier 1 and Tier 2 Clinical Audit 2025/26 forward plans were provided along with details of improved processes	
2c	Advise	The Audit Committee wish to advise members of the Board that: 1. Job Planning was subject to new focus and process, led by a dedicated senior medical director whom will improve compliance with a revised trajectory of 90% sign off by the end of quarter 1 2026/27 in line with Welsh Government requirements. However, Job Planning will be a work in progress over the next 12-18 months. 2. Discussion was held on the importance of escalating the cultural value of the internal audit process within the organisation as a beneficial management tool, especially at an operational levels. 3. A stronger grip and internal audit on ministerial directives was being undertaken.	

2d	Review of Risks	1. The Board Assurance Framework was discussed in which there was consideration of splitting down Planned Care risks, whilst there was an emerging theme of digital risks emerging, it was understood the Acting Chief Digital and Information Officer was moving these through. 2. The Committee welcomed the procurement of new risk management software being underway. This would provide a more agile platform for the monitoring and scrutiny of the organisation's risks within a year.
2e	Sharing of learning	No specific areas of learning were highlighted. The Audit Committee held a development session on the role of Internal Audit on 13th January 2026.
3	Actions to be considered by the Executive Committee	• It was agreed that the People and Culture Committee would be requested to explore staff working whilst off sick and timesheet issues. • Consider that the Board is provided with greater prominence Primary Care and associated data within the Board agenda.

Health Board

BOARD ASSURANCE FRAMEWORK

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Nesta Collingridge, 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	Endorse for Board Approval

Crynodeb Gweithredol Executive Summary

This paper provides the Board with an update on the Health Board's Board Assurance Framework (BAF) as at **November 2025**, the Board's primary governance tool for monitoring strategic risks aligned to the five strategic objectives within the IMTP. The BAF will be refreshed following approval of the 10-year strategy to ensure alignment with long-term priorities.

Key changes and current position

- **Risk closure proposed:** *BAF24-01 – Not Fully Building an Effective and Accountable Organisation* (score 12) is proposed for closure to avoid duplication, with remaining operational actions now reflected and monitored within **CRR25-08 Regulatory Non-Compliance**. Closure was endorsed by the Risk Scrutiny Group (RSG), Executive Committee and Audit Committee; ongoing assurance will continue via the Corporate Risk Report.
- **Score increase:** *BAF24-07 – Not Delivering Timely Access to Care* increased from **16 to 20**, endorsed by the Executive Committee and Audit Committee to align with **CRR25-01 Timely Patient Access to Safe and Effective Care** and system pressures across urgent and emergency care, specialist recruitment and waiting list management.
- **Action progress:** The majority of BAF actions are either completed (~40%) or progressing (~50%). Seven actions (9%) are delayed—primarily linked to

digital capacity—with the **Digital team** scheduled to review all delayed actions **January 2026** supported by Corporate Risk Management.

- **Assurance landscape:** Most risks are rated **Acceptable**, with targeted improvement plans where assurance is **Limited** or **Unsatisfactory**. *BAF24-07* currently remains **Unsatisfactory**, and the **Chief Operating Officer (COO)** is expected to prioritise providing assurance that the risk is being sufficiently managed.
- **Risks above appetite/tolerance:** Current exposure remains above tolerance for *BAF24-02 Digital & Strategic Development*, *BAF24-03 Long-Term Financial Sustainability*, *BAF24-06 Transform Care and Enhance Outcomes*, and *BAF24-07 Timely Access to Care*.

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
Risk Scrutiny Group (RSG)	09/12/25	Held deep dives on <i>Mental Health & Learning Disabilities (MHLDD)</i> , <i>Urgent & Emergency Care (UEC)</i> and <i>Capital Investment</i> , recommending action updates to reduce duplication between BAF and Corporate Risks; supported closure of <i>BAF24-01</i> and requested strengthened actions for <i>BAF24-05 (Engagement)</i> .
Executive Committee	10/12/2025	Endorsed the increase in <i>BAF24-07</i> score to 20 and the closure of <i>BAF24-01</i> ; challenged assurance ratings and requested clearer evidence of control effectiveness and delivery against action plans
Audit Committee	16/12/25	Endorsed the increase in <i>BAF24 07</i> score to 20 sought clearer evidence of control effectiveness and delivery against action plans.
Performance, Finance & Information Governance (PF&IG) Committee	18/12/25	Continued oversight on <i>BAF24-03</i> and <i>BAF24-07</i> , with expectations for strengthened forecasting, savings delivery, and accountability.



Quality, Safety & Experience (QSE) Committee	04/09/25	Emphasised improvements in patient safety oversight—including harms review processes and consistent quality governance—against <i>BAF24-06</i> .
Planning, Population Health & Partnerships (PPHP) Committee	28/10/25	Monitored strategic development, prevention and engagement; asked for a clearer Citizen Engagement Plan and improved public feedback loops.

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	

Board Assurance Framework

1. Y SEFYLLFA SITUATION

1.1 The purpose of this report is to present the Board with an updated version of the Health Board's Board Assurance Framework (BAF) risks as of November 2025. The BAF reflects the latest position following scrutiny by the Executive Team and Committees, and highlights key changes and actions taken to ensure alignment with the Health Board's risk appetite and tolerance.

2 Y CEFNDIR BACKGROUND

2.1 The BAF provides structured assurance to the Board that:

- Strategic risks are identified, monitored, and managed within agreed risk appetite.
- Oversight is maintained through bi-monthly Executive reviews, monthly Risk Scrutiny Group deep dives, and quarterly Committee reporting.
- Escalation protocols are in place for risks exceeding tolerance, ensuring transparency and accountability.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

The Board and Committees in reviewing the BAF endorsed the following changes in scores.

3.1 BAF24-01 – 'Not Fully Building an Effective and Accountable Organisation'

The current risk score is 12 (medium). It is proposed that this risk is closed on this Strategic Risk Register to avoid duplication. This approach was endorsed by the Executive Committee, the Audit Committee, and the Performance, Finance and Information Governance Committee in November.

The rationale for closure is that the majority of previously identified control gaps have now been mitigated, with several associated actions completed. Any remaining open actions are duplicated within Corporate Risk CRR25-08: Regulatory Non-Compliance, which provides a more appropriate and focused mechanism for ongoing oversight.

The Board will continue to receive assurance through routine monitoring of CRR25-08 via the Corporate Risk Report, ensuring continued visibility and governance oversight of the relevant issues.

3.2 **BAF24-07 'Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk'**

Increase in current score from 16 to 20: was endorsed by the Executive Committee and Audit Committee making it more reflective of the associated corporate risk CRR25-01 'Timely Patient Access to Safe and Effective Care' and the associated risks in relation to the urgent and emergency care pathway, specialist recruitment and waiting lists management.

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

4.1 **Action Plan Progress:** In total, seven actions (9%) are delayed and linked to digital team capacity. The majority of actions are either progressing (50%) or noted as completed (40%). The digital team have taken the action following the latest Risk Scrutiny Group to review all delayed actions in January 2026 with the support of the Corporate Risk Management Team.

4.2 **Assurance Rating Progress:** The assurance ratings have been approved by individual committees responsible for the risk, noting 'BAF24-07, Not Delivering Timely Access to Care Resulting in Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational' continues to have an unsatisfactory assurance rating to which the Chief Operating Officer will be required to prioritise providing assurance to the Committee that the risk is being sufficiently managed.

The Risk Scrutiny Group continues to review all BAF risks prior to Executive Committee and Board Committees. The Risk Scrutiny Group holds a deep dive on each BAF risk monthly for oversight.

The Risk Scrutiny Group held a deep dive on:

1. BAF24-06 (3) (Mental Health and Learning Disabilities). 'Risk of insufficient focus on Mental Health, wellbeing and Learning Disabilities' during the December meeting.
2. BAF24-07, Not Delivering Timely Access to Care Resulting in Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk during the December meeting.
3. BAF24-03 (2) 'Inadequate Capital Investment to Support Organisational Change' during the November 2025 meeting.
4. BAF24-03 (1) 'Not Achieving Long Term Financial Sustainability', during the September 2025 meeting

4.3 The Board Assurance Framework continues to provide the Board with a structured mechanism for identifying, assessing and monitoring the principal strategic risks facing the Health Board. This report confirms that the BAF remains subject to appropriate Executive and Committee scrutiny, with

clear line of sight between strategic risks, associated corporate risks, and mitigating actions.

The proposed closure of BAF24-01 reflects the maturity of controls now in place and supports a more streamlined and focused Strategic Risk Register, while maintaining Board oversight through the relevant Corporate Risk. The increase in score for BAF24-07 appropriately reflects the current operational and system pressures and ensures transparency regarding risks that remain above tolerance.

Overall, progress against action plans is positive, with the majority of actions either completed or progressing as planned. Identified delays, particularly those linked to digital capacity, are subject to active review and management. Assurance ratings have been appropriately challenged through committee oversight, with clear expectations set where assurance remains unsatisfactory.

The Board can therefore take assurance that the BAF is being actively managed, remains aligned to the Health Board's strategic objectives, and will be refreshed following the approval of the 10-year strategy to ensure continued relevance and effectiveness.

5 ARGYMHELLION RECOMMENDATIONS

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

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

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	1. Building an effective organisation
	Effective Risk Management
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Consistency with Organisational Values Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	Board Assurance Framework risks linked to corporate risks
<u>Deddf Llesiant</u> <u>Cenedlaethau'r Dyfodol -</u> <u>Nodau Llesiant</u> <u>Wellbeing of Future</u> <u>Generations Act –</u> <u>Wellbeing Goals</u>	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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not applicable
	Os naddo, dylech gynnwys y rheswm:	Not applicable

<i>Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	If no, please include rationale:	
<u>Answdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Answdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Answdd Enablers of Quality All Apply	Meysydd Answdd 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:
	Not Applicable	
<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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable

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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
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:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <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.	



Board Assurance Framework



Board Assurance Framework Report

1.0 Purpose

The Board Assurance Framework (BAF) serves as a strategic tool, designed to support the Health Board (BCUHB) in achieving its overarching goals and objectives. The BAF provides a structured approach for identifying, managing, and mitigating risks that may impact the successful delivery of our strategic priorities. Through clear alignment with our organisational strategy and key initiatives, the BAF enables us to maintain an accountable, transparent, and proactive approach to risk management.

The purpose of this BAF is threefold:

- To provide assurance that effective controls are in place to manage risks to our strategic objectives.
- To support informed decision-making by presenting clear, current risk insights to the Board and stakeholders.
- To align risk management efforts across the organisation, ensuring consistency with our vision of delivering high-quality, accessible healthcare services.

By integrating the BAF with our strategic priorities and operational plans, we can ensure that our risk management efforts directly support our mission to improve health outcomes, enhance patient safety, and foster a culture of accountability within BCUHB.

The purpose of this paper is to seek the Board's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, following review by the Committee's responsible for the risks.

Board Assurance risks were developed by the Board based on the Health Board's 5 strategic objectives within the IMPT. Once the 10-year strategy has been developed the BAF will be reviewed and re-aligned to the longer-term strategy. The BAF was approved by the Board on 30 January 2025 and will be subsequently updated by action handlers and Executives on an on-going basis. The Board Assurance Framework has been updated bi-monthly by Executives and presented to the Executive Committee but last reviewed by the Board Committees in April and presented to the Board in full in May 2025. As per the Risk Management Framework.

What is Assurance in Relation to Board Assurance Risks?

In the context of the Board Assurance Framework, **assurance** refers to the level of confidence the Committee can place in the effectiveness of the current risk treatment strategies to mitigate identified threats to strategic objectives. It is based on the extent of

evidence available—internal or external—that demonstrates that key controls are in place and working effectively, and that actions to address gaps are progressing as intended.

Assurance levels help the Board determine whether risks are being managed effectively and inform decisions about resource allocation, priority areas, and potential escalations.

The four levels of assurance used are as noted in the key on page 6 of this report.

Rationale for Proposed Rating

The recommendation of **Limited Assurance** reflects a realistic and cautious assessment of the current position. Specifically:

- While some progress has been made on risk treatment strategies, there remain to be identified **key gaps in controls** that remain unresolved.
- More **evidence is required** particularly external or independent validation that controls are fully effective.
- Several actions remain as progressing and not yet complete before the risk scores can be confidently reduced.
- As such, the **likelihood of these risks materialising remains**, and further assurance is required before a higher assurance rating can be justified.

This rating encourages focused attention and targeted action in key areas while recognising that progress is underway.

1.1 Key Highlights

The full Board Assurance Framework was reviewed and updated by each responsible Executive and presented to the Risk Scrutiny Group during the November 2025 meeting, Executive Committee, Audit Committee and reported as usual reporting cycle to Board Committees in December 2025.

- BAF24-07 Not Delivering Timely Access to Care Resulting in Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk- Remains to have 'unsatisfactory assurance'.
- The Risk Scrutiny Group held a deep dive on the "Inadequate Capital Investment to Support Organisational Change" risk during the November meeting. Members suggested updates on the actions in the associated corporate risks to reduce the duplication between the two reports ensuring the corporate risk is safety focused but recognised the BAF actions were correctly reflected as strategic.
- One BAF risk is proposed for closure, BAF24-01 'Not Fully Building an Effective and Accountable Organisation'. This approach was endorsed by the Executive Committee and Audit Committee following endorsement by the Risk Scrutiny Group in November.
- Increase in current risk score from 16 to 20, for 'BAF24-07 'Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk' following endorsement by Executive Committee and Audit Committee, reflective of the Corporate risk 'CRR25-01 'Timely Access' and

development session presented to Board on Urgent and Emergency Care system pressures.

- This Risk Scrutiny Group reviewed low scoring risks for closure and provided feedback in relation to BAF24-05 'Not Engaging with Citizens, Partners and Communities', and has since been updated and an additional action identified 'Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead'.

1.2 Changes in Score

Following further discussion at the Executive Committee, it was proposed 'BAF24-07' Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk' should increase from 16 to 20, reflective of the Corporate risk 'CRR25-01 'Timely Access' and development session presented to Board on Urgent and Emergency Care system pressures.

1.3 Risks above Health Board appetite

Five out of the eight threats are highlighted in the dashboard continue to be above tolerance

Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	20
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	20
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Interim Executive Director of People Services and Organisational Development	16
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	20
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	20

1.4 Risks Proposed for Closure

BAF24-01 Not Fully Building an Effective and Accountable Organisation, Director of Corporate Governance; score of 12. Noting, several closed actions, gaps in controls resolved and noted as new controls. Furthermore, some operational actions are now duplicated in the newly approved Corporate risk 25-08 'Regulatory Non-Compliance' and will be able to be monitored within this risk. Closure of the risk was endorsed by the Executive Committee and Audit Committee.

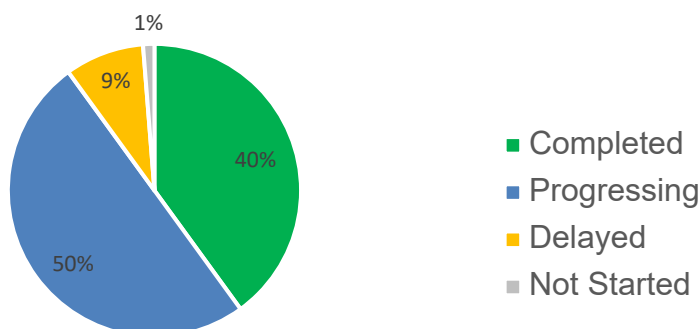
Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance	12

1.5 Progression of BAF risk actions

Over a third of BAF actions have been completed since the last report to the committee, demonstrating good progress. Minimal revised actions. The digital team continue to present a number of delayed actions within their risk and have since presented this to the Risk Scrutiny Group, Executive Committee and to the relevant Committee.

In total, seven actions (9%) are delayed and linked to digital team capacity. The majority of actions are either progressing (50%) or noted as completed (40%). Completed actions will be archived in the following report for brevity.

Progression of BAF risk actions



By way of assurance on escalation the corporate team are assigned all risks in the planning portal and therefore will be able to monitor delays, blocks, low confidence and risks through the IMTP portal.

Next Steps

- Board session to set Strategic Objectives, following this approval, the BAF will be reviewed and re-aligned to new objectives

- Delayed risk actions to be monitored. Completed actions to be archived.
- The actions within the BAF will all be reviewed in line with the final version of the Strategic Plans to ensure full alignment.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Committee (bi-monthly) and Committees (quarterly) and Board (bi-annually) as per the Risk Management Framework.

Appendix

1. Appendix 1 – Board Assurance Framework November 2025.

Appendix 1 – Board Assurance Framework November 2025.

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Health Board’s (HB) risk framework (with corresponding corporate and operational risks)
- Risk ratings – current (residual), tolerable and target levels. Risks are scored in line with the HB approved scoring matrix.
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (Averse = aim to avoid the risk entirely; Minimal = insistence on low-risk options; Cautious = preference for low risk options; Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment identified for each threat and opportunity, each assigned to a Risk Lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate: (1) Management (those responsible for the area reported on); (2) Risk and compliance functions (internal but independent of the area reported on); and (3) Independent assurance (Internal audit and other external assurance providers).
- Unlike corporate risks where target dates are key for mitigation, risks will remain reported as the Board seeks assurance accordingly until the risk is sufficiently mitigated. Actions are based on quarters for the year.
- Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating.
- The RACI clarifies roles and responsibilities for tasks and deliverables and is utilised for sub-risks however the responsibility of the overall BAF risks lies with the **Executive Team** and accountability lies with the lead committee.

Likelihood score and descriptor					
	Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

Key to lead committee assurance ratings:

	Substantial Assurance	The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.
	Reasonable Assurance	The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.
	Limited Assurance	The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.
	Unsatisfactory Assurance	The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High

Appendix 1 – Board Assurance Framework November 2025.

This BAF includes the following Risks to the HBs strategic priorities:

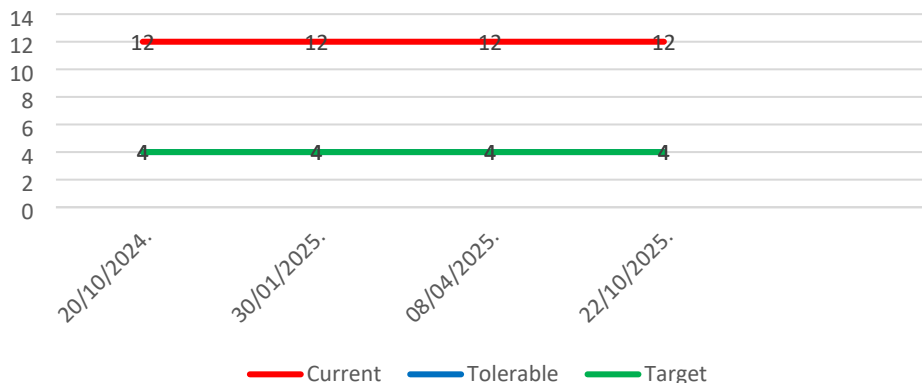
Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive SRO	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance and Executive Team oversight	Performance, Finance and Information Governance	20/10/2024	22/10/2025	4x 3= 12	4x 3= 12	2x 2= 4
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Interim Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	21/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	01/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Interim Executive Director of People Services and Organisational Development	People & Culture	20/10/2024	03/11/2025	4x 4= 16 Above Tolerance	4x 4= 16	4x 2= 8
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships, Communications and Engagement	Planning, Population Health & Partnerships	20/10/2024	21/10/2025	2x 3= 6	2x 3= 6	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnerships	20/10/2024	03/11/2025	5x 4= 20 Above Tolerance	5x 4= 20	5x 2= 10
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	30/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	4x 2= 8

Appendix 1 – Board Assurance Framework November 2025.

BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Medical Director & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	29/10/2025	4x 3= 12	4x 3= 12	4x 2= 8

1: Building an effective organisation

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-01: Not Fully Building an Effective and Accountable Organisation Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive organisation.				Strategic objective	1. To Build an Effective Organisation (1A & 1B: Governance (Board Effectiveness / Risk Management) 1C Operating Model; 1D Performance and Accountability Framework;1F: Legislative Improvements)
Lead Committee	Performance, Finance and Information Governance Committee		Risk type	Compliance/Regulatory		
Risk Lead	Director of Corporate Governance with Executive Committee Oversight		Risk appetite	Open <15		
Related Corporate Risks:	CRR25-08, Non-Compliance with Regulatory and Legislative Requirements; CRR25-10, Health and Safety					
Risk rating			Review Dates			
	Current exposure	Target				
Consequence	4	2	Initial date of assessment	20/10/2024		
Likelihood	3	2	Last reviewed by Committee:	12/08/2025		

Appendix 1 – Board Assurance Framework November 2025.

Risk rating	12	4	Last updated by Executive:	22/10/2025	N.B. Tolerable and Target score lines stacked as both are 4.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Head of Statutory Compliance and Inquiries/Assistant Director of Occupational Health, Safety And Security/ EPRR Lead		Accountable:	Executive Committee	
Threat: the HB may not be compliant. This could lead to poor decision-making, unaddressed performance gaps, and a lack of ownership over key outcomes, ultimately reducing the Health Board's ability to deliver its strategic goals effectively.	- Health and Safety Policy - HS03 General Risk Assessment Procedure - HSG65 Plan, Do, Check, Act process for continuous improvement - Service Sector Health and Safety Self-Assessment and Health and Safety Reviews - Security Assessment of Premises - Some Civil Contingencies and Emergency Preparedness plans - Annual emergency preparedness evaluations improvement	- Remaining gaps in civil contingency planning post-pandemic - Incomplete integration of HSE recommendations into operational plans	Management: Health and Safety compliance reporting to Strategic Occupational Safety and Health Group (SOSHG) Monthly reviews of Health, Safety and Security KPIs Risk and compliance: Risk Register reporting but noted gap on the Gap analysis reporting for compliance and gaps of general legislative gap analysis. System in development. Independent assurance: - HSE audit and compliance checks - Civil Contingencies Act compliance review	- Gap analysis reporting general legislative gap analysis - Limited Assurance Internal Audit report for Health and Safety & Corporate Legislative Compliance. Improvement action plan in place and monitored at SOSHG.	Limited Assurance
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Approval and progression of the gap analysis for health and safety measures as set out in the updated Health and Safety Strategy and Plan 2024-2026 dated September 2024.		Head of Health, Safety and Security	Complete	30/09/2024
	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		Head of Health, Safety and Security	Progressing	31/12/2025
Responsible:	Director of Performance and Commissioning		Accountable:	Director of Corporate Governance/CEO	

Appendix 1 – Board Assurance Framework November 2025.

Threat: the Performance and Accountability Framework may not effectively establish clear lines of accountability and provide consistent, real-time performance monitoring. This could lead to poor decision-making, unaddressed performance gaps, and a lack of ownership over key outcomes, ultimately reducing the Health Board's ability to deliver its strategic goals effectively.	- Integrated Performance Framework - Integrated Performance reports aligned - Clear accountability matrix and escalation for senior and mid-level management - Performance scorecards for service delivery units	- Inconsistent application of performance tools across departments - Review Integrated Performance Framework to re-align with new strategic objectives Triangulation with risk management	Management: - Reviews of performance metrics at Executive Team level - Regular reporting to Committees Risk and compliance: - Monthly accountability reviews if in escalation for services SLT - Performance Reviews held by the CEO - Monthly performance reviews by Welsh Government Independent assurance: - External NHS Wales and Health Boards performance benchmarking and NHS benchmarking network	- Reports on performance at IHC - Commissioning reports on out of area	Limited Assurance

↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	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	Progressing	31/03/2026
	Improved Risk triangulation with concerning trajectories. Structural review completed, improvement plans to then be provided to specific directorates and divisions where they need to better integrate risk into planning, quality or performance. The risk team will complete this review as business as usual going forward as a part of Risk Audits.	Head of Risk Management	Complete	31/09/2025

Responsible:	Director of Corporate Governance		Accountable:	CEO	
Threat: the Health Board's operating model may become inefficient or fragmented, leading to unclear roles, duplication of efforts, and siloed working. This could result in reduced operational effectiveness, slower decision-making, and diminished quality of care,	- Current definitions of operating model roles and structures in place - Business Partnering approach for clinical and corporate leadership - Staff co-producing a new Operating Model	- Delays in decision-making due to leadership duplication - Lack of integrated systems reducing efficiency - Service reconfiguration plans based on population health needs - Digital tools (Microsoft 365) to streamline operations	Management: - Service-level performance audits Risk and compliance: - Assessments of operating model efficiency and insight reports Independent assurance: - Operating model effectiveness review by internal and external stakeholders	Limited Assurance Internal Audit report for Operating Model & Effective Governance (IHC) Central	Limited Assurance

Appendix 1 – Board Assurance Framework November 2025.

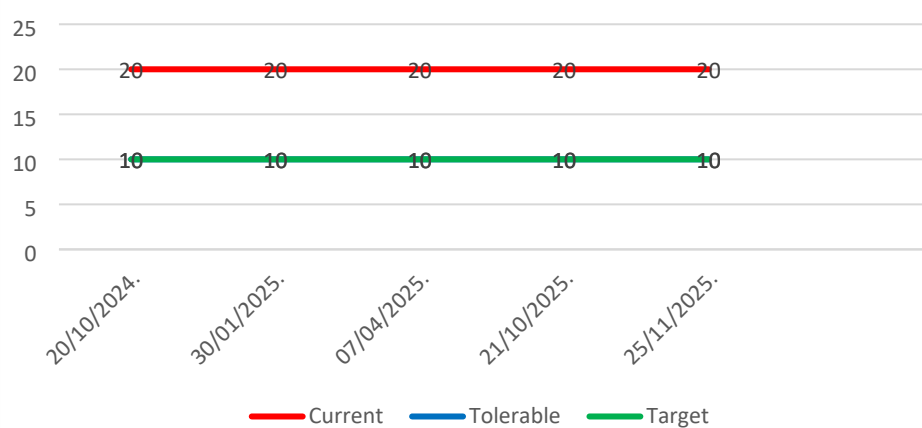
				Internal Audit report on duplication of roles and decision-making timelines		
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)			Action Handler	Status of Actions	Date when action will be completed
	Completion of the discovery phase reviewing of the operating model based on stakeholder feedback			Programme Manager, Transformation & Improvement	Complete	30/11/2024
	Implement a streamlined decision-making protocol by Q3 and looking a re-design phase. Draft completed and out for consultation due for approval at Audit Committee Dec 2025 but design complete.			Director of Corporate Governance	Complete	31/10/2025
	Review of the Scheme of Delegation and establishment of a formal Executive Committee with reporting groups with clear delegations. Scheduled to for presentation at the next Audit Committee 11/08/2025 – paper presented to Executive Committee in August. Approved by the Board.			Head of Corporate Affairs	Complete	25/09/2025
Responsible: Head Of Corporate Affairs/Head of Risk Management		Accountable: Director of Corporate Governance				
Threat: the Health Board's has weak Governance and Ineffective Risk Management Practices		- Governance and Accountability Framework, Risk Management Framework updated for improved escalation pathway to Risk Scrutiny Group. - Risk Appetite set 25/26 - Board Development Programme including self-assessments incorporating feedback - Internal Audit Tracking of Recommendations - Board committee structure now all in place - Policy oversight, tracking and reporting of overdue policies. - Risk Management training levels launched and all Risk Maturity Audits cycle in place with tracking of improvements	Integrated Corporate Governance software for efficient regulatory, policy and risk tracking.	Management: - Risk reporting at local level and strategic level. Risk and compliance: - Risk reporting to the Executive Team and Committees Key Performance Indicators (KPIs) on risk management performance Independent assurance: - Internal Audit Reporting - Reasonable assurance with areas of substantial - Audit Wales Structured Assessment Report and other Audit Wales Reports	- Limited Assurance Internal Audit reports for: Review of Board Effectiveness & Standards of Business Conduct - Declarations of Interest, Gifts and Hospitality - Audit Wales governance recommendations	Limited Assurance
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)			Action Handler	Status of Actions	Date when action will be completed
	Improved Scrutiny of Corporate Risks. & Development of the BAF			Head of Risk Management	Complete	30/01/2025
	Improved Data Analytics of Governance around Risk (Dashboard) and driving improvement of metrics. N.B This work will be ongoing now to ensure the KPIs remain in tolerance (risks being updated) and reported to Audit Committee quarterly.			Head of Risk Management	Complete	30/01/2025
	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			Head of Statutory Compliance and Inquiries	Progressing	30/09/2026

Appendix 1 – Board Assurance Framework November 2025.

	place by 30/04/25 but piloted end of 2026 which will support automated tracking. This will not be embedded until 2026-2027.			
	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	Progressing	31/03/2026

2: Developing strategy and long-lasting change

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-02: Not Delivering Strategic Development and Digital Transformation			Strategic objective	2. Developing strategy and long-lasting change (2A 10-year Strategy & 2H Strengthening Planning; 2E Digital, Data, and Technology;)																							
	There is a risk we won’t achieve our strategic and operational objectives as a Health Board, caused by having inadequate arrangements and skills for identification, commissioning and delivery of Digital, Data & Technology enabled change.																											
	This will lead to an inability to deliver new models of care in line with national and local strategies, which results in a degradation in patient safety, quality of care, public confidence, financial controls and reputation																											
	.																											
Lead Committee	Planning, Population Health & Partnership Committee	Risk type	Quality	 <table><tr><th>Date</th><th>Current</th><th>Tolerable</th><th>Target</th></tr><tr><td>20/10/2024</td><td>20</td><td>20</td><td>10</td></tr><tr><td>30/01/2025</td><td>20</td><td>20</td><td>10</td></tr><tr><td>07/04/2025</td><td>20</td><td>20</td><td>10</td></tr><tr><td>21/10/2025</td><td>20</td><td>20</td><td>10</td></tr><tr><td>25/11/2025</td><td>20</td><td>20</td><td>10</td></tr></table>	Date	Current	Tolerable	Target	20/10/2024	20	20	10	30/01/2025	20	20	10	07/04/2025	20	20	10	21/10/2025	20	20	10	25/11/2025	20	20	10
Date	Current	Tolerable	Target																									
20/10/2024	20	20	10																									
30/01/2025	20	20	10																									
07/04/2025	20	20	10																									
21/10/2025	20	20	10																									
25/11/2025	20	20	10																									
Risk Lead	Executive Director Transformation and Strategic Planning / Chief Digital & Information Officer	Risk appetite	Open <15 Risk Above Tolerance																									
Related Corporate Risks:	CRR25-05, Strategic Change – Impacting Care and Staff Delivery; CRR25-04, Modernising our Infrastructure																											
Risk rating		Review Dates																										
	Current exposure			Target																								
Consequence	5	5	Initial date of assessment	20/10/2024																								

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Likelihood	4	2	Last reviewed by Committee:	21/08/2025	
Risk rating	20	10	Last updated by Executive:	25/11/2025	

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Assistant Director of Compliance and Business Management	Accountable:	Chief Digital & Information Officer		
Threat: the organisation may struggle to keep pace with the rapid evolution of digital, data, and technology innovations and have outdated systems, inefficiencies, and an inability to fully harness data for informed decision-making and personalised patient care by lack of investment in DDaT infrastructure due to competing priorities	- Cyber Security Plan (and evidenced of reasonable assurance through recent internal audit) - Plans to recruit key skills and capabilities gaps - Business case developed for Mental Health and Acute and Community Electronic Health Record (EHR) - Clear benchmarking with Gartner IT Score to assess and guide us on what we need to do. - Skills and capabilities augmentation contracts in place with third party companies to support the internal teams in delivering what is required	- Lack of recurrent funding and support the recruitment of critical roles - Lack of support to procure flexible augmentation contracts	Management: - Quarterly reviews of digital objectives including projects at service level to Senior Leadership Team - Performance and accountability meetings for Annual Plan objectives Risk and compliance: - Annual audit of data governance and cyber security measures - Corporate Risk in place Independent assurance: - Internal and external audits of data governance and technology - Information Commissioners office - Continual Benchmarking from Gartner Group and Service Desk Institute against best practice		Limited Assurance
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)			Action Handler	Status of Actions	Date when action will be completed

Appendix 1 – Board Assurance Framework November 2025.

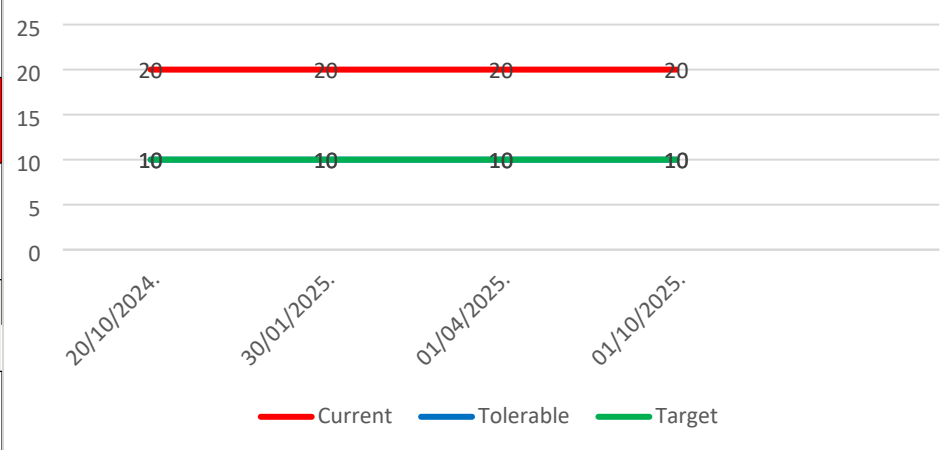
	Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31st March 2025 will be completed. Senior Architecture posts in place but funded non-recurrently. These are resolving clinical system integration, which will also halt on the 31/03/2026 should recurrent funding not be secured.	Chief Technology and Information Officer	Delayed	31/03/2025
	Roll-out of key priority digital transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. The Electronic Health Record (EHR) – Acute and Community, Outline Business Case (OBC) first draft was handed over from the external consultants in March 25, the OBC has been updated following engagement with legal, finance, procurement and DDaT. Currently, there is no funding to progress this further, and Welsh Government have asked all Health Boards to pause while they agree a national approach. The Mental Health EHR is progressing with the procurement evaluation complete. Once assurance activities have been completed the next step will be to finalise the Full Business Case (FBC) and award contract following board approval. A strategic outline case for the scanning plan is being prepared, with anticipated submission for formal approval in April 2026 via the appropriate governance board.	EHR Programme Director (not in post)	Progressing	31/03/2028
	Transformation of the DDaT Operating Model. Lack of available recurrent funding has hampered this piece of work. Alternative solutions being explored using non-recurrent funding mechanisms, however due to significant gaps in current senior leadership and anticipated outcome from Foundations for the Future Programme, progress in this area has halted. Proposal to extend current due date to September 2026.	Assistant Director Of Compliance And Business Management	Delayed	31/03/2025
	Proposals, (repeated from previous years) for 2025/26 onwards are being progressed for consideration. Cost Pressures and Growth proposals submitted to Executive Team for consideration. Only RIGA 1 additional funding resource received which doesn't take into consideration the required cost pressures or growth initiatives. Will continue to review funding gaps and available schemes.	Assistant Director Of Compliance And Business Management	Delayed	31/03/2025

Appendix 1 – Board Assurance Framework November 2025.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Assistant Director of Health Strategy & Planning	Accountable:	Interim Executive Director of Transformation and Strategic Planning		
Threat: Lack of a relevant long term 10-Year Strategy and Clinical Services Plan that can be used to strategically guide our short to medium term plans.	- Ensure strategy development aligns with population needs assessments. - Prioritise internal and external stakeholder engagement, collaboration and co-production. - Integrated planning framework updated with learning from each planning cycle. - Alignment of finances, workforce and performance via the Planning process.	- Limited public engagement and stakeholder input at the early formative stages of strategy development and planning. - Effective mechanisms to prioritise resources to strategic priorities. - Integrated view of impact of plans, demonstrating which outcomes have improved for the population.	Management: - Annual review of planning cycle. - Annual Delivery Plan progress reports on strategy development milestones. Risk and compliance: - External benchmarking of planning effectiveness through the Planning Maturity Matrix. Independent assurance: - Independent review as part of special measures. - Welsh Government annual assessment of submitted IMTP.	None identified at present	Limited Assurance
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Strategic intent for North Wales to be developed with Partners in order to develop and deliver the 10-Year Strategy (subject to creating sufficient capacity in the Planning team to take this work forward).		Head Of Health Strategy And Planning	Progressing	30/12/2025
	Implement phase 1 of Clinical Services Plans in relation to the Challenged Services		Assistant Director of Transformation and Improvement (Interim)	Progressing	30/03/2026
	Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales		Head Of Health Strategy And Planning	Not started	30/03/2027

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Principal risk (what could prevent us achieving this strategic objective)	BAF24-03: Not Achieving Long Term Financial Sustainability				Strategic objective	2. Developing strategy and long-lasting change (2I Finance Governance Environment; 2D Capital Priorities: Supporting Change)
Lead Committee	Performance, Finance and Information Governance Committee		Risk type	Finance		
Risk Lead	Executive Director of Finance		Risk appetite	Open <15 Risk Above Tolerance		
Related Corporate Risks:	CRR25-06 , Value Delivery and Financial Sustainability ; CRR25-09 , Safe Environment					
Risk rating			Review Dates			
	Current exposure	Target				
Consequence	5	5	Initial date of assessment	20/10/2024		
Likelihood	4	2	Last reviewed by Committee:	12/08/2025		
Risk rating	20	10	Last updated by Executive:	01/10/2025		



Date	Current	Tolerable	Target
20/10/2024	20	15	10
30/01/2025	20	15	10
01/04/2025	20	15	10
01/10/2025	20	15	10

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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps	Assurance rating
Responsible:		Interim Director of Finance	Accountable:	Executive Director of Finance	
Threat: The financial climate is challenging, with no further allocations expected to offset adverse performance. The first financial duty is to attain a break-even financial position over a rolling three years period. In not achieving break even the organisation suffers; A regulatory breach from Failure to achieve the key duty results in a Qualification Failure to achieve breakeven places at risk future receipt of conditionally recurrent allocations and/or the ability to attract prospective allocations. Cash depletion and a potential lack of ability to pay employees and suppliers of goods and services. The Health Board will still be required to meet its statutory duty to break-even, resulting in a need to reduce costs and potentially reduce access to services offered to the local population.	- Annual Plan details requirements for further controls and required controls detailed in ‘Gaps in controls’ - Monthly reporting of financial performance, articulating risk to delivery, drivers of any financial risk and suggested actions in place to mitigate risk - Monthly reporting to Welsh Government financial performance each month, again articulating drivers of risk to delivery and mitigating actions - Corporate risk for shorter term sustainability in place - A key element of delivery centres upon savings realisation, the Value & Sustainability programme formed to support mitigation of shortfalls and place focus on improvements driving financial sustainability.	- Financial governance framework aligned with the organisation's strategic priorities - An endorsed Clinical Strategy that articulates demand and capacity modelling by speciality. - Financial capital resource availability - Integration of financial planning with performance and risk management processes - Whilst the Health Board has a balanced financial plan, this carries significant risk associated with continued opening of additional capacity areas and exposure to medicines and continuing healthcare rising costs. In addition, following endorsement of the financial plan, a number of significant risks have emerged from a movement from key planning assumptions. - Inconsistent alignment between financial planning and strategic service goals	Management: Monthly financial reporting and budgetary controls Oversight through Performance, Finance & Information Governance Committee Risk and compliance: Oversight by Audit Committee Annual audit of financial governance effectiveness (to include budgetary control) Regular financial performance reviews Independent assurance: Internal and external audit reports on financial controls Annual review of compliance with Welsh Government financial guidelines Audit Wales full access to mapping of financial transactions within financial statements to source ledgers Monthly oversight of financial performance by Welsh Government	Limited Assurance Internal Audit report for Delivery of Health Board Transformational Savings Value & Sustainability Programme launched to mirror the National models to place focus on savings delivery as a product of improvement with a track record of delivery Head of Internal Control Opinion articulating limited assurance over systems of internal control Positive assurance for budgetary control environment Audit Wales issued a “true and fair” audit opinion on the 2024/25 accounts but gave a Qualification for regulatory breach. Health Board attaining financial plan. No changes from draft accounts to final submission following External Audit scrutiny	Limited Assurance
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)			Action Handler	Status of Actions	Date when action will be completed
Implementation of Value Based Healthcare and a Value and Sustainability approach to savings development. Implemented and principle approach agreed, savings will be developed through Executive leads through transactional and transformational schemes.			Finance Director -	Progressing	31/03/2026

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		Commissioning & Strategy		
	Strengthen financial forecasting and integrate financial risks into operational planning. Progressing through IMTP production. Deep Dive process already in place with CFOS on a monthly basis	Finance Director - Commissioning & Strategy	Complete	30/09/2025
	Develop further the control environment for addressing planned position and implementation of any corrective actions. Additional control actions have been implemented to support the HB .	Finance Director - Commissioning & Strategy	Complete	31/03/2025
	Enhanced Accountability & Performance framework to hold officers to account for delivery. Areas for escalation have been identified and separate meetings held with services chaired by CEO.	Finance Director - Commissioning & Strategy	Complete	27/12/2025

Responsible:		Head Of Capital Development	Accountable:		Director of Environment and Estates	
Threat: Inadequate Capital Investment to Support Organisational Change	• Estates Strategy • Capital prioritisation programme aligned with strategic objectives that involves operational and clinical teams in prioritisation of limited resources • Project management for capital investments, the Health Board having substantial material schemes in train • Prioritisation of investments in infrastructure to support clinical services and statutory requirements • Capital Manual • Capital prioritisation for urgent projects • Six facet survey being completed for all provider infrastructure	• Delays in capital project approvals and implementation. • Delays in raising orders likely to impact project critical path. • End of year wrap up report on overheads and programme progress. • Implement stronger project management controls to track capital investments. • Discretionary capital use in prioritisation between medical equipment, IM&T and Estates works (relative prioritisation between asset classes not undertaken) • Prioritisation of substantial business cases within the plans of the Health Board that aligns to Clinical Strategy	Management: • Monthly financial reporting of plan verse actual expenditure and budgetary controls Risk and compliance: • Some reviews to assess the alignment of capital investments with strategic goals Board Independent assurance: • Internal Governance of capital project progress and expenditure and reporting up to Committee and Welsh Government. • Welsh Government monthly reviews of plans for expenditure in year verse allocated resources.	• Reports on alignment of capital investments with strategic goals Board • Prioritisation plans being endorsed through Executive for inclusion within the IMTP endorsed through Health Board and Committees. • External support secured to service major capital developments. • Capital Investment Group formed, reporting into Executive on Capital works.	Limited Assurance	
	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)			Action Handler	Status of Actions	Date when action will be completed
	Decarbonisation Board reporting of key objectives through to Committee (PPHP) completed , articulating goals and objectives through to Health Board. Revised NHS Wales decarb plan due for review in 2025, once finalised the HB will produce and action plan.			Director of Environment and Estates	Progressing	31/03/2026
	Ongoing development of Estates strategy to be informed by completion of six facet survey as well as the collection and validation of other data (review of estates which will take 12 months) to drive estate utilisation and rationalisation.			Director of Environment and Estates	Progressing	31/03/2026

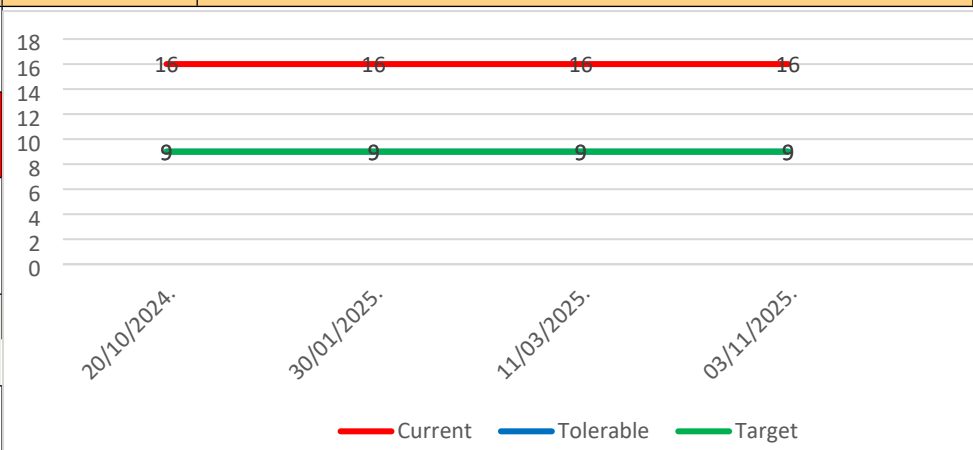
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	Monthly reporting of this year’s expenditure verse plans in order to ensure delivery of this year’s capital programme, fully embedded and forms new control.	Executive Director of Finance	Complete	31/03/2026
	Prioritisation of major capital works within the strategy for the Health Board in completion of the three-year IMTP. Schemes and priorities discussed at Execs.	Assistant Director - Strategic And Business Analysis	Progressing	31/03/2026

3: Creating compassionate culture, leadership and engagement

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.			Strategic objective	3: To have a compassionate culture, leadership & engagement (3A Compassionate Leadership and Organisational Development & 1G Workforce Planning)
Lead Committee	People & Culture Committee	Risk type	Quality		
Risk Lead	Interim Executive Director of People Services	Risk appetite	Open <15 Above Tolerance		
Related Corporate Risks:	CRR25-02, Future Demand & Sustainable Workforce; CRR25-07, Leadership and Operating Model				
Risk rating		Review Dates			
	Current exposure	Target	Initial date of assessment	20/10/2024	
Consequence	4	4			
Likelihood	4	2	Last reviewed by Committee:	14/08/2025	
Risk rating	16	8	Last updated by Executive:	03/11/2025	

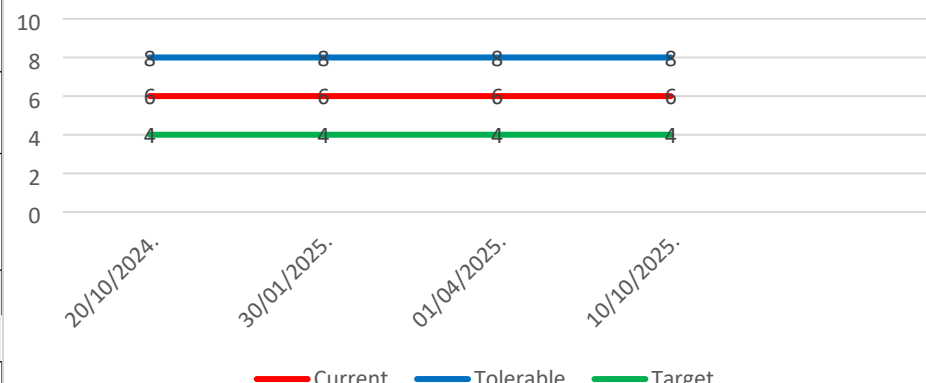


Date	Current	Tolerable	Target
20/10/2024	16	15	9
30/01/2025	16	15	9
11/03/2025	16	15	9
03/11/2025	16	15	9

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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Head Of Policy, Practice & Compliance- WOD	Accountable:	Interim Executive Director of People Services	
Threat: that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.	• Workforce Planning Framework in collaboration with HEIW • Skill-mix review and capacity-building programmes • Strategic partnership with Bangor University • Integrated Leadership Development Framework • Staff Engagement Plan • Continuous feedback loops for leadership performance • All Wales International Recruitment programme for nurses and doctors. • Improved Internal Audit Assurance with recruitment of senior and interim staff • Staff counselling / Occupational Health support • Strategic Equality Plan key driver in the culture change required for a compassionate and inclusive culture.	• Critical vacancies, particularly in clinical and leadership roles • Underdeveloped retention and progression pathways • Further embedding of Integrated Leadership Development Framework • Further leadership development initiatives • Current Equality governance arrangements require strengthening	Management: • Service Led skill-mix efficiency and commissioning requirements • Annual staff engagement surveys and reports to Committee and Board • People & Culture Dashboard to Committee Risk and compliance: • Corporate risks CRR24-01 People, Culture and Wellbeing CRR24-16 Leadership/Special Measures reported to committee. • Review of all Organisational Development risks reported. Local Workforce and Organisational Development risk meeting. • Quarterly performance reviews to CEO of Directorates/ Divisions • Freedom to Speak Up Guardian report Independent assurance: • Annual workforce plan reviews with HEIW • Internal Audit reports	Limited Assurance Internal Audit report for Review of Workforce Planning Arrangements	Limited Assurance
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Prioritise workforce plans for 'challenged services'		Interim Exec Director People and OD / Associate Director Workforce Optimisation	Progressing	31/03/2026
	Continue reducing agency usage and improve value and sustainability of workforce		Interim Exec Director People and OD / Associate Director Workforce Optimisation	Progressing	31/03/2026
	Implementing Values and Behaviours Framework		Interim Exec Director People and OD	Progressing	31/03/2026
	Embedding Integrated Leadership Development Framework		Interim Exec Director People and OD	Progressing	31/03/2026

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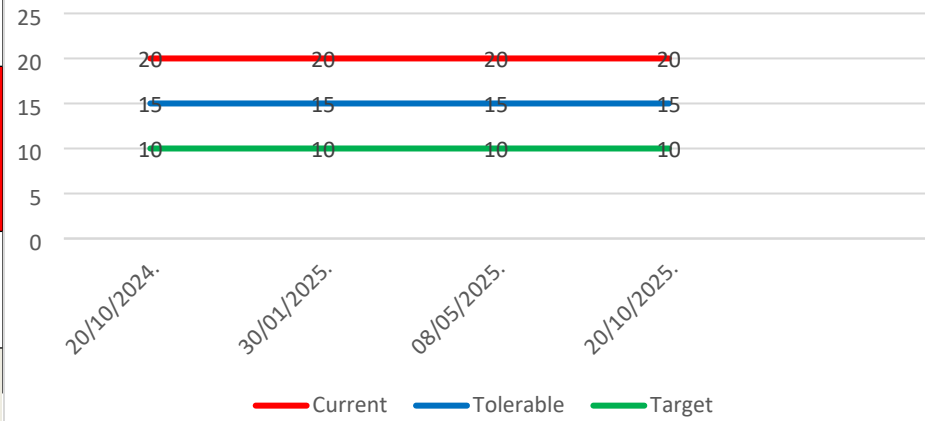
Principal risk (what could prevent us achieving this strategic objective)	BAF24-05: Not Engaging with Citizens, Partners and Communities Risk of ineffective engagement with citizens, partners and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.				Strategic objective	3: To have a compassionate culture, leadership & engagement encompassing 3B: Citizen Engagement & 3C: Being a Good Partner
Lead Committee	Planning, Population Health & Partnership Committee		Risk type	Reputation		
Risk Lead	Director of Partnerships/Communications and Engagement		Risk appetite	Seek <25		
Related Corporate Risks:	CRR25-03 Population Needs					
Risk rating			Review Dates			
	Current exposure	Target				
Consequence	2	2	Initial date of assessment	20/10/2024		
Likelihood	3	2	Last reviewed by Committee:	21/082025		
Risk rating	6	4	Last updated by Executive:	10/10/2025		

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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance actions to address gaps and issues	Assurance rating
Responsible:	Director Of Partnerships/communications And Engagement	Accountable:	Director Of Partnerships/communications And Engagement		
Threat: of ineffective engagement with citizens and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.	• Collaboration with key stakeholders • Strategic partnerships with local authorities and community organisations • Partnership governance frameworks • Comprehensive inclusive and diverse citizen engagement strategy • Accessible feedback mechanisms such as surveys and public engagement activity • Regular updates to the public on strategic priorities • Survey of engagement across the Health Board • Collaboration on complaint's process	• Communication back to the public on their influence from feedback • Lack of structured feedback from key partners • Limited cross-sector collaboration in specific service areas • Anchor Institute Framework	Management: • Citizen experience reports to Board • Feedback from engagement and where required public consultations. Risk and compliance: • Partnership feedback sessions • Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health & Partnership Committee Independent assurance: • Perception survey with partners • Independent Advisor for external perspective on engagement approach	Risk Register for Partnerships/Communications and Engagement.	Limited Assurance
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Perception Survey completed, Survey findings to now go to Executive Committee and PPHP Committee		Director Of Partnerships/communications And Engagement	Complete	31/03/2025
	Developing Anchor Institute Framework – ongoing, with paper to Executives by 31/05/25 outlining approach and next steps		Director of Partnerships/communications And Engagement	Progressing	31/03/2026
	Citizen Engagement Plan being reviewed – the draft principles and framework developed - now with the engagement group for comments		Director of Partnerships/communications And Engagement	Progressing	30/06/2026
	Improve the feedback loop to ensure timely action on public input – ongoing, with review of Board actions against key themes by 31/01/25. January Citizen's Engagement report as evidence		Director of Partnerships/communications And Engagement	Complete	31/01/2025
	Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead – plan in development, overseen by the Chief Executive Officer		Director of Partnerships/communications And Engagement	Progressing	31/05/2026

4: Improving quality, outcomes and experience

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes				Strategic objective	4. To Improve Quality, Outcomes and Experience (4A Patient Experience; 4B Prevention; 4I Adult Mental Health, Learning Disability)
Lead Committee	Quality, Safety and Experience Committee / Planning, Population Health & Partnership Committee		Risk type	Quality		
Risk Lead	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science		Risk appetite			
Related Corporate Risks:	CRR25-01, Timely Patient Access to Safe and Effective Care; CRR25-03, Population Needs					
Risk rating			Review Dates			
	Current exposure	Target				
Consequence	5	5	Initial date of assessment	20/10/2024		
Likelihood	3	2	Last reviewed by Committee:	21/08/2025		
Risk rating	20	10	Last updated by Executive:	20/10/2025		

Appendix 1 – Board Assurance Framework November 2025.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Deputy Executive Director of Nursing	Accountable:	Executive Director of Nursing	Responsible Committee	Quality, Safety and Experience Committee
Threat: A loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction	- Integrated Concerns Policy and daily Hub meetings in place to review all concerns of moderate , grade4/5 and above - Patient incident/feedback systems and policies - Data analysis and learning at service level - Datix Reporting - Patient safety Staff training - Quality governance arrangements at Health Board, IHC/division & service levels including: - Local ICOG and Exec EICOG Groups - BCUHB patient safety, infection prevention , safeguarding and patient experience groups - BCUHB SCEG, meetings - Local and Exec Quality Delivery Groups - Clinical audit programme & monitoring arrangements - Ward accreditation/ metrics - Integrated Concerns Policy and Toolkit - Concerns Hub - Rapid review Sign-off process for incidents and Nationally Reported Incidents - Executive Led Oversight Group - Quality assurance visits - Internal Reviews against External National Reports - Getting it Right First Time (GIRFT) - Localised deep dives, reports and action plans - Operational grip on workforce gaps - Patient Advice and Liaison Service Activity - Comprehensive Cultural Competence training and awareness	- Operational oversight of sustainable change, evidence of learning and improvement measures Harm review process to be approved for the planned care major change programme	Management: - Learning from deaths Report to QC and Board - Quarterly Strategic Priority Report to Board. - Divisional risk reports to SRG bi-annually. - Guardian of Safe Working report to Board - Quality and Governance Reporting Pathway. Quality Safety and Experience Committee reports include: - Safeguarding Annual Report to QSE - Infection Control Annual Report - Health and Safety Annual Report - Bimonthly Quality Report - Deep dive Reports - Risk Management Report - Integrated Performance Report - Duty of Quality annual report Risk and compliance: - Quality Dashboard - Duty of Candour - Corporate Risks - Ombudsman Annual Letter Independent assurance: - Health Inspectorate Wales Reports - Care Inspectorate Wales Reports - Coroners' reports: - Internal Audit reports. Patient Experience –Reasonable - Royal College Reports	Limited Assurance Internal Audit report for Limited Assurance: Lessons Learnt, Falls, Deprivation of Liberty All actions on track or closed - Nursing & Midwifery Vision Embedding (launched May 2025) - Allied Health Professional Strategy - Clinical services plan Harms review process to be approved for planned care	Limited Assurance

Appendix 1 – Board Assurance Framework November 2025.

			- Llais Reports - Ombudsman Screening Quality Assurance Services assessments and reports of: - Antenatal and New-born screening - Breast Cancer Screening Services - Bowel Cancer Screening Services - Cervical Screening Services External Accreditation/Regulation annual assessments and reports of; - Pathology (UKAS) - Endoscopy Services (JAG) - Medical Equipment and Medical Devices (BSI) - Blood Transfusion Annual Compliance Report (MHRA) - Ionising Radiation (Medical Exposure) Regulations		
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Civica mapping of services to improve consistency of levels of feedback		Deputy Executive Director of Nursing	Complete	31/03/2025
	Expand real-time feedback systems across all services (SMS texting for priority areas e.g. ED)		Deputy Executive Director of Nursing	Complete	31/12/2024
	Quality Management System in development. – pilots in urology and vascular		Deputy Executive Director of Nursing	Complete	31/03/2025
	Reduced response times for addressing patient complaints.		Deputy Executive Director of Nursing	Complete	31/03/2025
	Learning Repository Development – Delayed due to Digital Team capacity, Digital lead now allocated time to complete and progressing with a revised completion date from 31/12/2024 to 31/11/25		Deputy Executive Director of Nursing	Progressing	31/11/2025
	Harms review process to be approved for planned care activity		Programme Director Planned Care	Progressing	30/11/2025

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of	Assurance rating

Appendix 1 – Board Assurance Framework November 2025.

	the risk and reducing the likelihood/ impact of the threat)				the controls or negative assurance)	
Responsible:	Head Of Public Health Assurance & Development	Accountable:	Executive Director of Public Health	Responsible Committee	Population Health & Partnership Committee	
Threat: A widespread loss of organisational focus on investment and support to improve integrated prevention to better population health and wellbeing	- Public Health team and other teams across the HB, working on evidenced based programmes of work which link to National and local priorities - Integrated prevention strategies focused on population health and wellbeing to reduce health inequalities - Continuation of Grant funding confirmed 25/26 - Ministerial Priorities include Prevention and Population Health - Prevention, Population Health and Early Intervention Exec Delivery Group established July 25 will review Corporate and emerging risks.	- Limited access to timely integrated data supporting prevention activity. - Insufficient integration between prevention and clinical services - Services fail to prioritise prevention as part of the delivery of effective services and outcomes. - Large proportion of budget is non-recurrent grant funding - Diabetes Pathway Programme delivery plans (service level) - dependent on options for change agreement		Management: - Regular reports against a range of outcomes from the public health outcomes framework to Planning, Population Health & Partnership Committee - Completion of Audit (Sept 25) in relation to management of Grant funds and delivery – report to Audit Committee Risk and compliance: - CRR24-08 Delivering a population health approach to health and wellbeing and CRR24-18 Outbreak Management reported to Planning, Population Health & Partnership Committee. Corporate Risk Review has resulted in refresh and consolidation of these two risks into one. - Operational Risk Register maintained. Independent assurance: - Regular reports against a range of outcomes from the public health outcomes framework to Regional Partnership Board Public Service Boards & Welsh Government - Review held with Welsh Government October 25 – focus on shift to prevention, Health Improvement activity	Limited assurance of effective models - based on availability of data, intelligence, evidence and evaluation of impact of current prevention approaches within the Health Board and wider partner networks.	Limited Assurance

Appendix 1 – Board Assurance Framework November 2025.

			and health inequalities programmes.		
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Increase collaboration with community partners		Strategic Partnership Manager	Complete	31/03/2025
	Strengthen the integration of prevention into service and Health Board planning		Head Of Public Health Assurance & Development	Complete	31/03/2025
	DDAT/Public Health Integrated approach to population health and clinical data and intelligence embedded in Health Board plans		Assistant Director - Data, Intelligence & Insight / Consultant In Public Health Medicine	Complete	30/09/2025
	Diabetes Pathway Programme – completion of case for change and next steps agreed - delay in appointing Clinical Lead however this has now gone out for expressions of interest. There have been some revisions to the plan as a result and also in keeping with wider priority programmes including Primary Care.		Executive Director Of Public Health	Delayed	30/07/2025
	Deliver Primary Care based approaches to improving the compliance with NICE guidance		Service Leads	Delayed	30/10/2025
	Grant funded Programme plans approved by Welsh Government and Public Health Wales		Head Of Public Health Assurance & Development	Complete	30/04/2025
	Prevention embedded in Board Major Programmes		Programme Leads / SRO	Progressing	31/03/2026
	Development of Clinical Services Plan and Health Board Strategy recognises prevention as component part		Consultant in Public Health	Progressing	31/03/2026

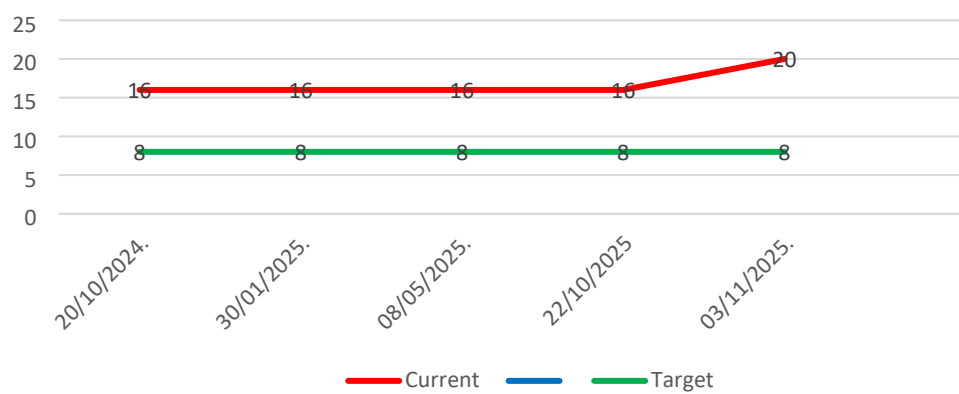
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating

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Responsible:		Director of Mental Health & Learning Disabilities		Accountable:	Executive Director of Allied Health Professionals and Health Science	Responsible Committee		Quality, Safety and Experience Committee		
Threat: Risk of insufficient focus on Mental Health, wellbeing and Learning Disabilities in the Health Board strategy, planning and operations leading to sub optimal patient outcomes, lack of an holistic approach, regulatory non-compliance and reputational harm.		• Alignment with Welsh Government National strategies for Mental Health and wellbeing, Learning Disabilities and Substance Misuse • Adherence to Royal College and Clinical standards • National NHS Executive Mental Health and Learning Disabilities (MHL) Strategic Improvement Programme • Established Royal College Psychiatry Improvement programme with Health Board wide reporting and governance • Established reporting through existing HB Governance Frameworks, Oversight committees and routine audits to ensure compliance and monitor progress. • Inclusion in Health Board Annual Plan and monitoring mechanisms • Inclusion in organisational Major change programme, oversight and reporting • Clinically led Physical health work stream in MHL • Primary care pathways • Crisis Care Concordat in place		• Recruitment and Retention challenges impacting on workforce including interim posts • Engagement and collaboration with physical health services • ‘Foundations for the Future’ programme maturity • Insufficient focus on health inequalities • Lack of integrated Electronic Health Record and other digital systems • Limited visibility of Mental health and Learning disabilities data at Board level • Current risk to balanced financial position • Greater focus on community and earlier intervention services		Management: • External reviews in 2023-24, undertaken as part of Special Measures all recommendations completed and managed. • Performance Management and reporting • Civica and patient reporting metrics Risk and compliance: • Compliance with Royal College Standards • Audit Reports Independent assurance: • Development of co-produced Patient Carer engagement work • Expert advisory group • External reviews • National and Local performance reporting • Together 4 Mental Health Partnership Board in place		• Lack of integrated patient care records impacting on care, planning and reporting • Increasing the scope of performance reviews focusing on patient pathways. • Improving our real time patient data • Visibility of community mental health activity		Limited Assurance
	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)					Action Handler		Status of Actions	Date when action will be completed	
	Recruitment plans for substantive workforce.Now- completed,Director of Nursing successfully recruited with anticipated start date 17th November 25. Recruitment activity remains buiness as usual but progress made across the division and plan now in place.					Director Of Operations MHL		Complete	31/09/2025	
	Increased pathways with Primary care					Consultant Psychiatrist/medical Director		Progressing	31/12/2025	
	Active engagement with the Foundations for the future programme now completed as MHL formally engage with aspects of the programme and with be Business as usual until FftF is rolled out.					Director Of Operations MHL		Complete	31/10/2025	

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Electronic Health Record programme with MHL D as early adopter	Interim Director Mhld	Progressing	31/03/2026
Enhanced Savings plans	Chief Finance Officer	Progressing	31/03/2026
Responsive annual plan	Head Of Integrated Strategy And Development	Complete	31/03/2025
Implementation of Communication strategy, will remain dynamic and developmental	Head Of Integrated Strategy And Development	Complete	31/12/2025
Alignment with Learning Disabilities national programme- Improving Care Improving lives review	Director Of Operations MHL D	Progressing	31/03/2026

Principal risk (what could prevent us achieving this strategic objective)	BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk				Strategic objective	4. To Improve Quality, Outcomes and Experience 4E: Planned Care; 4F: Cancer Care; 4G: Urgent and Emergency Care; 4H: Diagnostics; 4ICAMHS and Neurodevelopment)
Lead Committee	Performance, Finance and Information Governance Committee		Risk type	Quality		
Risk Lead	Chief Operating Officer		Risk appetite	Open <15 Risk Above Tolerance		
Related Corporate Risks:	CRR25-01 , Timely Patient Access to Safe and Effective Care					
Risk rating			Review Dates			
	Current exposure	Target	Initial date of assessment	20/10/2024		
Consequence	5	4	Last reviewed by Committee:	12/08/2025		
Likelihood	4	2	Last updated by Executive:	03/11/2025		
Risk rating	20	8				

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)		Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Interim Associate Director for Emergency Care/ Associate Director of Planned Care/ Professional	Accountable:	Chief Operating Officer	Responsible Committee	Performance, Finance and Information Governance Committee	

Appendix 1 – Board Assurance Framework November 2025.

	Service Manager Radiography/ Assistant Area Director – Children				
Threat: The Health Board faces significant risks related to the ability to meet national and local performance targets related to access to timely care. The increased patient acuity, backlog of long waiting times, lack of standardised processes and robust demand and capacity planning at service level may negatively impact the delivery of consistent quality of care. Without strategic planning and robust controls, these risks could lead to reduced public confidence, increased colleague fatigue, ineffective use of resources and failure to achieve regulatory compliance or national standards.	- Initiation of demand capacity plans at specialty/service level - Improved planning including the Winter Resilience Plan with clear principles to protect urgent and planned care pathways - Major change programmes for Urgent and Emergency Care (UEC) and Planned Care - Strengthening preventative support through integrating services such as SICAT and GP out of hours with active community pathways - Strengthening capability and capacity to lead and deliver services with clear executive Senior Responsible Officers (SRO) in place supported by clinical and operational leads - Cancer recovery plan - Planned care delivery plan against the agreed trajectories supported with resource allocations - Diagnostics delivery plan against the agreed trajectories supported with resource allocations - Governance framework for accountability including weekly executive led progress reviews for UEC and Planned Care - Chief Operating Officer and Director of Performance and commissioning collective leadership oversight for operational performance with support from the executive team - Clear workstreams (4) for UEC incorporated into operational planning and delivery as a framework aligned to the national 6 goals for UEC - Optimised hospital flow through SAFER programmes and discharge protocols ensuring resilience to protect planned care pathways - Access to care based on clinical urgency and then chronological wait across all programmes of care - Developing close partnership working with the 6 Local Authorities, Welsh Ambulance Service Trust (WAST), third sector and other providers to maximise care outcomes - Effective utilisation through planning and robust governance for use of nationally allocated resources for planned care and UEC - Regional approach in strategic planning through the Regional Partnership Board ensuring a North Wales approach for delivering services for our citizens	- Clinical variations and lack of standardised operational processes across the Health Board - Limited integration of pathways and care processes between primary, community and secondary care - Insufficient capacity in challenged services and Neurodevelopment - Strategic approach for equipment replacement scheme to ensure service efficiency and sustainability - Estates strategy to address service needs - Challenges in workforce retention and gaps in critical roles affecting service delivery - Need for enhanced digital infrastructure to support predictive analytics and proactive planning	Management: - Integrated Quality Performance Delivery - Tracking referrals and waiting times - Performance tracking on ambulance handovers - Monthly Performance monitoring - Strategic Improvement Development Groups. - Reviewing consistency in triage processes Risk and compliance: - Performance reports to Integrated Performance Executive Delivery Group & Board - Corporate Risk reporting - Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs) data Independent assurance: - Some Internal Audit findings demonstrating assurance - Welsh Government Targets - Joint Executive Team WG - UEC Programme Board with WG attendance - NHS Executive touch points - Significant guidance and steer with National Imaging Programme - CAMHS & Neurodevelopment National Programme links established. National Specification being worked towards. - Regional ND, CAMHS meetings for improvement. - CAMHS & Neurodevelopment Enhanced Monthly NHS Exec	- Independent reviews (focused on areas of concern) - Daily Health Board wide oversight grip in control for UEC performance and reporting - Health Board resource plan for seven-day UEC care model - Health Board workforce plan to align demand and capacity on a seven-day basis - Clear structure and delivery for pathways of care delays for North Wales as a system - Ensuring compliance with Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation. - Lack of consistent and reliable performance data at daily and weekly level. - Health Board workforce plan at modality level. - Specific diagnostics assurance process to delivery national patient standard for wait levels. - CAMHS & Neurodevelopment Improvement programme reporting to be defined and governance structure	Unsatisfactory

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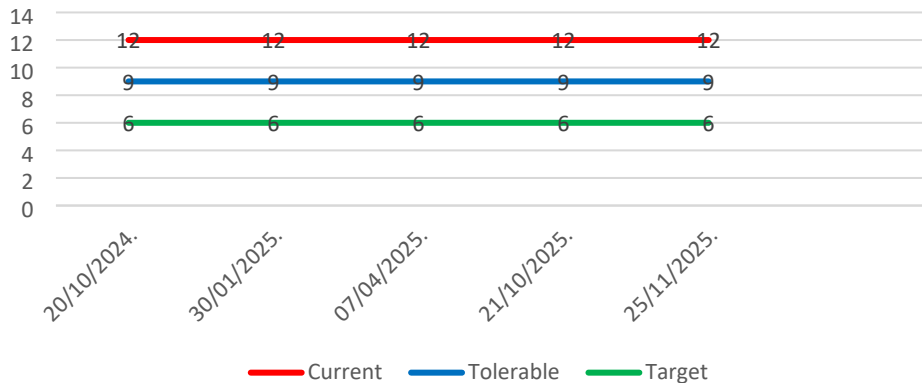
			meeting with performance leads.		
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	UEC improvement programme review to ensure the necessary improvements and outcomes are having the required impact on quality and safety of UEC services. Sept midway review. Review of UEC programme completed. New clinically led UEC task team established, with revised priorities agreed with PPHP and NHS P&I		Programme Director, UEC	Complete	30/09/2025
	Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, as a part of workstream one, needs aligning to enhanced community care. Priorities agreed for primary and community transformation led by DPH, EMD and COO		Primary Care Leads	Progressing	31/03/2026
	Deployment of live dashboards for real-time monitoring (complete) of performance and governance metrics. Standardise data collection and reporting processes to reduce variability in decision-making. Review of various dashboards to align input criteria and date. Data quality and alignment to data dictionary review ongoing. Dashboard designs work ongoing. Design phase to be complete by 31/07/2025. Once designed, build and deployment to take place with timescale tbc This is on track		Programme Director UEC/performance team	Progressing	30/06/2026
	Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists). Align digital plan to UEC plans. Alignment of plans consistent with revised prioritisation		Programme Director UEC and DDAT team	Progressing	31/03/2026
	Standardising care pathways across the Health Board. Current mapping exercise. Sits within clinical service strategy, community health pathways being rolled out for development in elective care.		UEC task team	Progressing	31/03/2026
	Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board. Reinforced with services, complete. To be evidenced in April 2026 through Plans		Head Of Performance / Assistant Director - Data, Intelligence & Insight	Progressing	31/03/2026
	Strengthened workforce planning for key areas linked to challenged services		Operations Manager - Children's Services / Interim Executive Director of Transformation and Strategic Planning	Progressing	31/03/2026
	Telehealth care to strengthen out of hospital care including home systems and video facilitated care forms workstream 1 or 4 for UEC		UEC task team	Progressing	31/03/2026
	Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models. Milestones to be reported		Chief Operating Officer	Progressing	31/03/2026
	Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services)		Chief Operating Officer /Executive Director of Public Health	Progressing	31/03/2026

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	Regional approach for services such as Child and Adolescent Mental Health (CAMHS)	Associate Director CAMHS - Regional	Progressing	31/03/2026

5: Establishing an effective environment for Learning

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-08: Not Implementing Evidenced Based Improvement and Innovation Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care				Strategic objective	5: Effective Environment for Learning 5A: University Partnership; 5B: Research, Development and Innovation & 5C: Academic Careers)
Lead Committee	Planning, Population Health & Partnership Committee		Risk type	Quality		
Risk Lead	Executive Medical Director /Chief Digital & Information Officer		Risk appetite	Open <16		
Related Corporate Risks:	CRR25-04 Modernising our Infrastructure					
Risk rating			Review Dates			
	Current exposure	Target				
Consequence	4	4.	Initial date of assessment	20/10/2024		
Likelihood	3	2	Last reviewed by Committee:	21/08/2025		
Risk rating	12	8	Last updated by Executive:	25/11//2025		

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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Assistant Director Data, Intelligence & Insight	Accountable:	Chief Digital & Information Officer	
Threat: Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients	• Data collated and available through various systems and software (IRIS/RTT Hub) • Information account Managers to ensure data is interpreted correctly • Some Integrated data analytics and reporting in place • Integrated Leadership Framework & Performance Appraisal and Development Review (PADR) policy, staff development toolkit. • Continuous professional development opportunities for staff	• Regular data analytics reviews and intelligence reports for further assurances • More Assurance on evidence of being intelligence-led • Insufficient integration of data analytics consistently across all service areas • Data driven decision-making framework for services • Limited use of real-time data in clinical decision-making • Inconsistent access to learning opportunities across different service areas • Limited evaluation of the impact of training on service delivery • Limited collaboration on research projects	Management: • Monthly data governance reviews • Progress against annual plan to committees • Result of internal data maturity assessment • Utilisation Statistics in IRIS Risk and compliance: • Annual reviews of the effectiveness of learning initiatives (OMD) Independent assurance: • Clinical body reporting on external evaluations of learning and development programmes (OMD)	• No external evaluation of statistics or use of statistics	Limited Assurance
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Develop BCU's data warehouse, broadening the range of datasets available. This was a milestone in the Annual Plan 2024/25. Evidence provided on additional datasets created. This now forms business as usual activity as and when new datasets are required.		Assistant Director - Data, Intelligence & Insight	Complete	31/03/2025
	Standardise access to learning opportunities for recipient of intelligence products as well as in house team. Additional training provided, with Training Needs Analysis being completed. Once results are returned, a further training programme will be developed.		Assistant Director - Data, Intelligence & Insight	Complete	31/03/2025
	Exploring the links with universities on opportunities to work together on data analytics. Contact secured with Bangor, Wrexham and Swansea Universities. Work ongoing to identify potential collaborative projects. Attendance secured at Bangor University careers event October 2025. This now forms part of business-as-usual activity.		Assistant Director - Data, Intelligence & Insight	Complete	30/09/2025

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	Launch of IRIS2 to improve accessibility and useability of information products.			Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025	
	Develop a model for Cancer Referrals and activity for single modality. Work is continuing with cancer services looking at breast pathways. Stage 1 demand for all tumour sites has been assessed against ringfenced capacity to incorporate into Referral To Treatment demand and capacity work, linked to workstream 6 of the Planned Care Programme. We will be working with colleagues from NHS Performance & Improvement to develop the cancer pathway work due to its complexity. Revised due date 30/11/2025.			Assistant Director - Data, Intelligence & Insight	Delayed	30/11/2025	
	Refresh Urgent and Emergency Care Winter Plan Model. This work was completed to inform the winter learning debrief event held in August with ongoing forecasting development.			Assistant Director - Data, Intelligence & Insight	Complete	31/07/2025	
	Undertake a data maturity assessment for planned and urgent and emergency care to test for improvement from baseline position. Initial assessment undertaken to inform a development plan. Improvements underway related to winter planning and resilience.			Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025	
	Development of a Training Needs Analysis and Training Programme for Intelligence Team and also for Planned Care data recipients. Training plan for Data Intelligence and Insight Team in development based on a team-based training needs assessment. Planned care data needs training met through IRIS2 launch events. Ongoing requirements will be monitored through the Planned Care Programme and lead analyst.			Assistant Director - Data, Intelligence & Insight	Delayed	31/10/2025	
Responsible:		Associate Director Research & Development & Programme Director – Education Partnerships & Projects		Accountable:		Executive Medical Director	
Threat: Ineffective university partnerships, inadequate joint investment in research, and supporting academic career development to sustain a joint effective environment for learning.	- Some strategic partnerships with academic institutions - Memorandum of Understanding in place with Bangor University and Group Llandrillo Menai.Dedicated governance structure for North Wales Medical School and related projects - Strategic Steering Group in place with Group Llandrillo Menai - Research governance structure - Collaboration with external research bodies and innovation hubs	- Inconsistent engagement with academic partners across all healthcare services - Lack of investment in healthcare innovation projects - Limited career progression opportunities in academia for clinical and non-clinical staff - No Memorandum of Understanding in place with Wrexham University at present	Timescale: 2025/26 (next update provided will be quarterly milestones based off annual plan)	Management: - Clinical Effectiveness Group reporting Risk and compliance: - Regular joint project reviews and risk register for projects maintained Independent assurance: - External evaluations of projects - Welsh Government Annual review of university designation criteria	- Strategic partnership with Wrexham University and Coleg Cambria being established with a supporting Memorandum of Understanding - Internal governance arrangements and reporting to Clinical Effectiveness Group to be strengthened. - Reporting and monitoring of academic career pathways, assessments of joint academic roles and impact on healthcare delivery	Limited Assurance	

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	All Wales Innovation Pathway deployed				- Commitment to joint investment in research and innovation - Partnership reviews with universities. - Further review of independent assurance requirements	
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)			Action Handler	Status of Actions	Date when action will be completed
	Strengthen collaborative research projects with university partners. Draft 'Research Strategy on a Page' developed with Bangor University for consideration by the BU & BCUHB Strategic Steering Group			Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026
	Strengthen academic career pathways with universities			Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026
	Increase R&D collaboration with industry and academic institutions			Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026
	Secure additional funding for healthcare innovation projects			Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026
	Increase the number of joint appointments between the Health Board and academic institutions			Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026

Health Board

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Business Sensitive
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 Health Board with a comprehensive update on key governance matters since the last meeting. It includes:

- **Chair's Action:** One urgent decision on a High Value Claim.
- **Private Board Business:** Strategic decisions on Penrhos Care Home Outline Business Case, Financial Position and Strategic Cash Request and Externally Commissioned Health Care Contracts 2025/26. A number of other items are reported from the private part of the Health Board in November 2025
- **Affixing of the Common Seal:** There have been two uses of the Common Seal since November 2025
- **Corporate Policy Management:** An update on the new Policy Management Process and implementation
- **Joint Committees and Partnerships:** NHS Wales Joint Commissioning Committee update and the published independent review into the governance and accountability arrangements of NWSSP
- **Mental Health Act:** Ratification of Approved Clinicians and Section 12(2) Doctors.

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

NWJCC	NHS Wales Joint Commissioning Committee
NWSSP	NHS Wales Shared Services Partnership

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
07/01/26	High Value Claim	Legally Privileged	APPROVED the recommendations.	Dyfed Edwards Gareth Williams Clare Budden Mike Larvin Dyfed Jones Caroline Turner William Nichols Rhian Watkin Jones

3.2 SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 27 NOVEMBER 2025

In accordance with Standing Orders 7.5.3 the Health Board is required to report any decisions made in private session to the next available public meeting of the Board.

The following items were discussed during the private Board meeting held on 27 November 2025:

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
25.228	Penrhos Care Home Outline Business Case	• NOTED the report. • ENDORSED the Outline Business Case for the proposed Penrhos Care Home to progress to Full Business Case (FBC).	Business Sensitive
25.229	Financial Position and Strategic Cash Request	• APPROVED the request for drawdown of cash totalling £23.088m for 2025/26 and 31st March 2026. • NOTED that should the Health Board be unable to attain financial plan, this could give rise to a risk of having insufficient cash flow to service debts within the better payment practice code of settlement of 95% of debts within 30 days.	Business Sensitive
25.230	Externally Commissioned Health Care Contracts 2025/26	• NOTED the arrangements in place with English NHS Bodies and the ongoing work to finalise the 2025/26 contracts. • APPROVED the schedule of contracts laid down in table 1 and 2 for NHS Commissioner and	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		Provider for 2025/26 with the contract documents to be signed by applicable officers on behalf of the Health Board in line the delegated limits (SoRD). • NOTED there will be revised 2025/26 payments to be made to Providers in line with final agreed contract values and arrangements. The financial consequences of these contracts (estimated for those that are variable) are already contained within the Health Board's financial outturn and are in line with existing budgets. • NOTED the governance arrangements in place for non-NHS providers in relation to planned care recovery. • APPROVED the contracts contained within the schedule included at Appendix 3 of the Board Paper.	
25.231	Contracts Approval Report	• NOTED the content of the report. • APPROVED the contract award Womens and Children's Ward Roof Replacement at Ysbyty Glan Clwyd.	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		APPROVED the Community Equipment Maintenance & Repair tender. <i>Financial values withheld as commercially sensitive</i>	
25.232	Ysbyty Gwynedd Helipad	NOTED the update in respect of the Ysbyty Gwynedd Helicopter Landing Site proposal. APPROVED that subject to Health Board approval and funding offers from both Welsh Government and Helpappeal that the Chief Executive has delegated approval to: ➤ Sign the building contract in accordance with the Procurement Outturn Report. ➤ Sign the license for the alternative Helicopter Landing Site. ➤ Approve other purchase orders within the affordability envelope to deliver the redevelopment at Ysbyty Gwynedd.	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		NOTED the paper was received and the Executive Committee on 26th November 2025.	
25.233	Corporate Risk Register Report	RECEIVED ASSURANCE and ENDORSED the updated Corporate Risk Register. Rationale for Private	Business Sensitive
25.234	Private Quality Report	NOTED the content of the report.	Business Sensitive
25.235	High Value Claims	APPROVED authority for the settlement of damages (general and special) as per quantum assessment provided by Counsel and NWSSP Legal and Risk Services. APPROVED delegated authority to the Director of Corporate Governance and Deputy Director of Legal Services to negotiate settlement of reasonable costs in this matter as advised by a Costs Draftsman, and to make interim payments as appropriate.	Legally Privileged
25.236	Executive Committee (Private Items)	NOTED the report from the Executive Committee.	Business Sensitive
25.237	Continuing NHS Health Care Fees	AGREED the Funded Nursing Care Fee uplift of 5.2% in line with all	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		other Health Boards in Wales. • AGREED the revised rate for Continuing NHS Health Care rates following negotiations with Care Forum Wales recognising market movement. • NOTED the need to conclude the fee setting process for 2026/27 early in the New Year.	
25.238	Welsh Government Support	• NOTED the report. • DISCUSSED the support package. • APPROVED the procurements in relation to the external support noting this will be circa £8k per week subject to approval from Welsh Government; • AGREED to write to the Director General / Chief Executive Officer NHS seeking approval to proceed due to the financial value of the procurement of the support package as directed by Welsh Government. • AGREED that the Remuneration Committee will retain oversight of these arrangements in accordance with the Welsh Health Circular and accountability	Business Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		arrangements that are being worked through.	
25.239	Canolfan Menai, Bangor	NOTED the request for support for the development of the revised Strategic Outline Case (SOC) for the Bangor Health Hub project subject to advice from the Executive Committee	Commercially Sensitive
25.240	Performance Data Delays	There was no resolution for this item. The Board received the update.	Business Sensitive

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	Contract Name and Address	Approval Route	Date Signed and Sealed	Seal No
233	YGC Rooftop Communications	N/A as the lease has already been approved and this is an assignment of lease inline with lease terms. A supplementary Guarantee Agreement in additional to the lease as safeguard.	27.11.2025	719
234	Ground Lease Relating to the Maggies Centre at Glan Clwyd Hospital	Previously approved through BCU governance route for Maggies Centre Development.	27.11.25	720

3.4 CORPORATE POLICY MANAGEMENT

The revised policy management process and associated approval routes have been approved by both the Executive Committee and Audit Committee, and work is now underway to finalise the policy and procedure documentation so that a full Health Board-wide consultation exercise can take place. Following this, all updates will be considered, and the policy documentation will then follow the current Health Board approval process, and then publication. As this is a revised process, a series of workshops and drop-in sessions will be held by the Compliance Team to assist with the transition.

Progress has been made in reducing the number of overdue policies, with updates provided to the Executive Committee and Audit Committee.

3.5 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).

3.6 JOINT COMMITTEES AND PARTNERSHIPS

Joint Commissioning Committee (JCC) held on 16 December 2025

The Committee considered two key items:

- **Care Home Framework:** Approved **Option 4** as a sustainable “Once for Wales” solution, with funding released as a spend-to-save initiative. Assurance on outcomes and savings will be monitored by NWJCC and reported regularly.
- **Specialised Commissioning Financial Recovery:** Agreed actions to improve the 2025/26 position, including reducing elective activity for English providers, ending the Salford Obesity Surgery contract, and identifying efficiency opportunities. Greater financial benefit expected in 2026–27.

Further detail is provided in the **NWJCC Highlight Report** within the supporting pack.

NHS Wales Shared Services Partnership Committee (SSPC)

In April 2025, the former Director General of Health, Social Care and Early Years (HSCEY) and NHS Wales Chief Executive commissioned an independent review into the governance and accountability arrangements of NWSSP. The review concluded that the framework for governance and accountability for the SSPC/NWSSP is fundamentally sound, although it would benefit from some adjustments and strengthening. The report was published in December 2025 and work is being progressed to implement the recommendations.

The report is available [here](#).

The **Assurance Report** from the last meeting is available in the supporting pack.

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

ASESIAD / ASSESSMENT

**Cyswilt 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> 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:	Not required for this report
<u>Answydd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Answydd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Answydd Enablers of Quality Leadership	Meysydd Answydd 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 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 A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll? Counter Fraud Impact Assessment Have you considered the counter fraud impacts	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report

Cyfreithiol Legal	Yes (Include further detail below)
	There are legal implications within the High Value Claims items reported
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith ar Adnoddau (Pobl / Ariannol) Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

Health Board

BOARD CHAMPIONS ANNUAL REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary		
This Board Champions Report provides the Health Board with an update on the activity that the Board Champions have been undertaking throughout 2024 - 2025		
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 Champions	December 2025	Updates provided by Board Champions

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms	
CAMHS	Child and Adolescent Mental Health Services
DDAT	Digital Data and Technology

DECLO	Designated Education Clinical Lead Officer
RISP	Radiology Informatics System Procurement Programme
WHC	Welsh Health Circular

BOARD CHAMPIONS ANNUAL REPORT

1. Y SEFYLLFA SITUATION

- 1.1 The purpose of this report is to provide the Board with an update on the work of Independent Members as their roles as Board Champions during 2024 - 2025.

2 Y CEFNDIR BACKGROUND

- 2.1 Board Champions in NHS Wales are senior leaders often Independent Members who take a particular interest in important issues like patient safety, equality, or workforce wellbeing. Following Welsh Health Circular WHC/2021/002 and related Welsh Government guidance, these Champions offer focused attention and commitment at Board level. Their role is to gain deeper insight into their chosen area, support improvement work, and make sure those issues remain visible during Board discussions. They connect with executive leads to understand progress, highlight concerns, and share successes without stepping into operational roles.
- 2.2 The Chair appointed Independent Members to the required Board Champion roles in 2024. These are reported in the Annual Report and listed below.

Champion	Independent Member	Board/Committee responsible
Infection Prevention and Control	Mike Larvin	Quality, Safety and Experience
Armed Forces and Veterans	Chris Lothian-Field	Board
Equalities	Billy Nichols	People and Culture
Welsh Language	Dyfed Edwards	People and Culture
Mental Health (Vice Chair)	Gareth Williams	Board
Children and Young People	Urtha Felda	Board
Putting Things Right	Chris Lothian-Field	Quality, Safety and Experience
Raising Concerns (Speaking Up)	Dyfed Jones	People and Culture
Older People	Rhian Watcyn Jones	Board
Digital	Clare Budden	Population Health and Partnerships Committee

2.3 This Annual Report provides an overview of the activity undertaken by Independent Board Members in the last year.

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

3.1 Armed Forces and Veterans Champion– Chris Lothian-Field

During 2025, the Veterans and Armed Forces Champion supported the Health Board's strategic commitment to improving access, experience and outcomes for veterans, serving Armed Forces personnel and their families. Work during the year focused on promoting consistent identification of Armed Forces status within clinical services, supporting veteran-aware practice, and reinforcing organisational awareness of the specific needs of the Armed Forces community. Progress during the year contributed to the Health Board's continued achievement of Veteran Aware accreditation across its acute hospitals.

The Champion engaged with, and encouraged and supported engagement between, internal Armed Forces leads, relevant committees and governance arrangements, and external partners across NHS Wales, the Armed Forces Covenant network and community organisations to strengthen partnership working and service pathways. Priorities for 2026 include further improving Armed Forces data capture, strengthening access to Armed Forces-specific support services, and continuing to embed awareness and engagement across Health Board services and communities in North Wales.

3.2 Children and Peoples Champion – Urtha Felda

CAHMS:

- The Champion met with the Designated Education Clinical Lead Officer (DECLO) to understand how the service connects with education. Drawing on experience from the education sector, Urtha Felda shared insights into the challenges faced by children, young people, and their families when support is not accessed.
- The Champion also met with Jane Berry, Patient Experience Lead for Child and Adolescent Mental Health Services (CAMHS) to support her awareness-raising efforts. Jane's work successfully secured funding and improved services for young people. The Champion attended a celebration event for this achievement and highlighted Jane's contributions during a Board Development session to further raise awareness.
- Plans are currently being developed for the Champion to engage with services across North Wales to strengthen relationships and improve understanding of local provision.

Young People:

- The Champion met with young people involved in establishing BCUHB Youth Voice.
- The Champion maintains regular contact with Helen Stevens-Jones, Director of Communications, Partnership and Engagement, regarding this development and provides perspectives from the Third Sector.

Children's Services:

- The Champion met with services in Wrexham and Conwy.
- The Champion also met with Young Diabetes Services in Wrexham.
- The Champion is a member of the Chairs Advisory Group and the Children's Services Group.
- Key achievements include raising with the Quality Safety and Experience Committee two Ministerial Directives that remain incomplete: one concerning children's surgery times from 2022, and another regarding the provision of digital insulin pumps, with the September 2025 deadline missed. Both directives significantly impact children's lives, and their implementation would improve patient services and deliver long-term cost savings for BCUHB.

Women's and Neo-Natal:

- Met with leads for these areas, particularly in discussions around the new WG Maternity Assessment.
- Visited the Ysbyty Gwynedd neonatal provision, learning about issues, barriers, and successes in this service and others across North Wales.
- Meeting with other neonatal provisions across North Wales.
- Met with the Maternity Assessment Panel.

Ministerial Directive Details: As part of the role of Children and Young People's Champion, Urtha Felda was invited in January 2025 to visit a young diabetes transition team in Wrexham and completed the visit last week. The team shared their approach to successful integration into adult services, which includes a psychologist as a full team member. The team comprising a doctor, nurse, and psychologist meets with young people before transition and continues to meet them post-transition. They have expressed success in maintaining contact and have won awards for this model. The Champion believes the Board would be interested in this success and may consider rolling out the model to other areas, possibly as a patient story.

The team also shared concerns regarding the implementation of the attached Welsh Directive, issued in July 2024, requiring submission of an implementation plan by November 2024. NICE guidelines require a five-year deadline for the rollout of Closed Loop Systems (2029). The team indicated

that under current resources, the task would take 30 years, and a business case has been submitted to progress this directive. The business case identifies patient harm and cost implications for the organisation if the directive is not implemented. The Champion suggests tracking these Welsh Directives if not already in place.

3.3 Digital Board Champion – Clare Budden

Key Achievements and Progress:

Clare Budden has played an important role in driving progress, with notable successes including the implementation of Radiology Informatics System Procurement Programme (RISP) initiatives and significant advancement on the Mental Health Electronic Health Record. The team is on track to secure Board approval of the next stages of the submit it to Welsh Government at the January Board meeting marking a key milestone in improving digital mental health services.

Engagement:

- The Digital Champion attends the All Wales Digital Champions Network, providing opportunities to engage with others and gain an all-Wales perspective.
- Regular reports on digital developments have been presented to PPHP to keep the governance community informed of plans, progress, and changes.
- Digital matters have been discussed at Board strategy days and informal Board sessions.
- All Board members contributed to drafting the response to the Audit Wales review of digital, which the Digital Champion signed off with the Executive Director of Governance.
- The Digital Champion attended internal Electronic Health Record Programme Board meetings, increasing knowledge and understanding of progress; this engagement has now ended at the Champion's request.

Future Priorities:

- Work closely with the recently appointed interim Digital Data and Technology (DDAT) Director.
- Champion the alignment of resources to match digital needs and ambitions.
- Ensure that all developing strategies—10-year, IMTP, and Clinical—maximise the potential for digital to transform the quality, effectiveness, and efficiency of service delivery.

3.4 Equality Board Champion – William Nichols

As the Board Equality Champion, William Nichols has engaged with the Equalities Team on numerous initiatives, including:

- Equalities and Human Rights Strategic Forum (bi-monthly meetings)
- Equality Stakeholder meetings
- Task and Finish Group on Gender Inclusive Language
- Filipino Independence Day event (June)
- Ysbyty Gwynedd Sexual Health Department Memory Quilt unveiling (July)
- South Indian Cultural event (Celebrating Onam) (September)
- Celtic Pride Staff Network in-person event (November) and regular online meetings.

Additional engagements include:

- BCUHB Women's Health Plan Internal Stakeholder Event (July)
- Royal College of Nursing (RCN) event on the Supreme Court judgment regarding the legal definition of sex in the Equality Act 2010 (May)
- RCN Equity Diversity and Inclusion Conference (December)
- Attendance at an Armed Forces Day event organised by Llais (29 July 2025).

Although William Nichols has attempted to join other Staff Network events and meetings, diary clashes have prevented attendance. The Champion's priority for the year is to improve engagement with Staff Networks and continue liaising with the Equalities Team while participating in community events.

3.5 Infection Prevention and Control – Mike Larvin

Attendance at the Quality, Safety and Experience (QSE) Committee has remained consistent, ensuring robust oversight of infection prevention and control responsibilities. The Committee has received regular assurance reports on compliance with statutory requirements, performance against infection control standards, and progress on improvement actions. Active participation from key leads, including Infection Prevention and Control specialists, has supported informed decision-making and strengthened governance arrangements.

3.6 Mental Health Board Champion – Gareth Williams

Gareth Williams, in his capacity as Vice Chair and the Board's Lead for Mental Health, has provided regular and substantive updates to the Board on his engagement with Mental Health services through each of his Vice

Chair Reports. In fulfilling these responsibilities, he also exercises formal leadership as Chair of the Mental Health Legislation Committee, providing oversight, scrutiny and assurance on the application of mental health legislation across the Health Board.

3.7 Older Peoples Board Champion – Rhian Watcyn Jones

The Older People's Champion always considers board papers, committee papers, and development sessions from this perspective as well as more broadly. Similarly, on the occasions when she visits a BCUHB facility or meets with partners, she tries to ensure that they are promoting the equitable delivery of services for older people, meeting their identified needs rather than perceived, possibly stereotyped, needs. She keeps up to date on the work of the Office of the Older People's Commissioner, including the Commissioner's priorities and programme of work. She believes it is vital that health and social care serve all their populations while recognising complexities and adopting strategies to raise awareness and break down barriers. She hopes her voice can help in this regard as BCUHB continues on its improvement journey.

3.8 Putting Things Right Board Champion – Chris Lothian-Field

The Champion role has been effectively discharged through the Quality, Safety and Experience (QSE) Committee, ensuring that the voice of children and young people is represented within governance processes. Through consistent attendance and active participation, the Champion has supported oversight of key areas such as putting things right and input into the role in which legal cases are managed. This involvement has strengthened the Committee's ability to address concerns under the Putting Things Right framework.

3.9 Raising Concerns (Speaking Up) Champion – Dyfed Jones

The Board's Raising Concerns Champion provides essential board leadership in promoting a culture of openness and transparency, ensuring that staff feel safe and supported to speak up. The Champion advocates for robust processes that enable concerns to be raised and addressed promptly through the People and Culture Committee. The Committee has heard staff stories from individuals who have raised concerns and has discussed how the Board should address those concerns appropriately. The Champion actively encourages both staff and patients to speak up and raise any issues. The People and Culture Committee played a key role in support and leading the work on the values Compassion, Openness and Respect.

3.10 Welsh Language Board Champion – Dyfed Edwards

Dyfed Edwards' contribution as Welsh Language Champion has involved attending meetings such as the Welsh Language Strategic Forum and contributing to discussions. The Champion has also held meetings with Teresa Owen (Executive Lead for Welsh Language) and Eleri Hughes-Jones (Head of Welsh Language Services). These informal discussions have focused on promoting the language within the Health Board, engaging colleagues in constructive discussions at Board and Committee levels, and considering further policy developments and commitments through the planning process.

As Chair of the Health Board, Dyfed Edwards uses his position to promote the Welsh Language positively at every opportunity. This includes ensuring correspondence is bilingual, Board meetings are conducted in both languages, and public engagement encourages the use of Welsh. The Champion emphasises that the Welsh Language belongs to everyone and hopes that consistent use, including electronically, signals its significance and encourages others to use the language.

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

There are no risks or matters for escalation.

5 ARGYMHELLION RECOMMENDATIONS

5.1 Members are asked to:

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

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> 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:	Not required for this report
<u>Answydd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Answydd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Answydd Enablers of Quality Leadership	Meysydd Answydd 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 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 A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll? Counter Fraud Impact Assessment Have you considered the counter fraud impacts	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report

Cyfreithiol Legal	Yes (Include further detail below)
	There are legal implications within the High Value Claims items reported
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith ar Adnoddau <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.



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Health Board Key Issues Report

Board Date		29/01/2026	
Date of Committees		18/12/2025 (<i>additional meeting</i>) and 12/1/26	Report of: Remuneration Committee
Quoracy met:		Yes	
1	Agenda	The Remuneration Committee conducts all business in private session due to financial sensitivity relating to individual staff members. An additional Remuneration Committee meeting was held on 18th December 2025 to be appraised on progress of contracting arrangements in relation to Welsh Government support interim appointments which were yet to be agreed. The Committee also considered updates in relation to Very Senior Manager staff and agreed to extend 2 secondments past the year end in order to ensure cover whilst awaiting a substantive staff member to join and to provide backfill for another very senior manager secondment. The Committee received detail of the partial retirement process. At the meeting held on 12th January 2026 the Remuneration Committee considered the following matters: • Presentation on Foundations for the Future programme. • A further update on progress with the Welsh Government support interim appointments • A report on senior interim appointments and extensions	
2a	Alert	There were no matters on which the Board needed to be alerted.	
2b	Assurance	The Remuneration Committee wish to assure the Board that members had been provided with the opportunity to provide feedback on the Foundations for the Future programme, which would be taken into account in preparation for the Board meeting presentation.	
2c	Advise	The Remuneration Committee wish to advise the Board that they approved extensions to interim VSM appointments to ensure continuation of service.	

2d	Review of Risks	No risks identified.
2e	Sharing of learning	No learning to be shared.
3	Actions to be considered by the Board	There were no actions to be considered by the Board.



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Health Board Key Issues Report			
Board Date		29/01/2026	
Date of Committee		15/01/2026	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. There was a positive paper on Community Co-Production received which provided insight and implications in relation to policy and practice for place based working with communities, building trust and relationships to effect long term improvements in health and well-being. 2. Received the Key Programmes report which identified a number of projects with a red risk status which was concerning (when previously this was amber); noting the ongoing improvements in Programme and Project Management but that there is still considerable work to do. It was agreed that in future this needed to be an assurance report. (not for noting).	
2b	Assurance	The PPHP Committee wish to Assure members of the Board that: 1. Referral to Treatment Data and Governance and Accuracy report was reviewed in detail and the Committee were assured that the matter has been fully and transparently investigated and resolved, with additional controls in place for the future. It was confirmed that no patients were harmed.	
2c	Advise	The PPHP Committee wish to Advise members of the Board that: 1. The draft Health Board Vision and Strategic Intention statements were discussed and following feedback some wording changes were suggested, albeit the themes and strategic intent were fully supported. Some further amends would be made and shared with the committee and it was noted that the Board would need to consider and agree the final vision statement and Strategic Intentions at the forthcoming Board meeting.	

		2. Director of Planning Report was received, the Committee noted the timings for the IMTP and the Accountable Officers letter. A joint workshop is to be held with PFIG and all members on 20th Jan to consider and review the key priorities and resource planning alignment. 3. Director of Public Health Report was reviewed and members would like to see more current data – this was Q2, (but understand the challenges around this); and also what remedial actions are being taken where performance is not meeting targets.
2d	Review of Risks	The Committee reviewed the Board Assurance Framework and risks for which it has responsibility. Positive discussion took place around how risk management will become more dynamic. There are a number of actions which are quite operational for a BAF. Once the Strategic Intent statements are agreed the plan is for a BAF review to align with these.
2e	Sharing of learning	Nothing to note.
3	Actions to be considered by other Committees	There was a strong alignment demonstrated on a number of items with the forthcoming agenda for QSE Committee.



Planning, Population Health & Partnerships Committee

RTT DATA GOVERNANCE AND ACCURACY

Dyddiad y Cyfarfod Date of Meeting	15 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Kathryn Lang Assistant Director – Data, Intelligence & Insight
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Justine Parry Interim Director of Digital
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

In November 2025, the decision was taken to suspend the national reporting of Betsi Cadwaladr University Health Board's referral to treatment (RTT) waiting times due to concerns regarding the accuracy of the data.

An error had occurred in relation to the use of a code to identify cohorts of patients, meaning underreporting of open pathways (numbers of patients waiting) in month end data submissions. An internal rapid review was undertaken by the Data, Intelligence and Insight (DI&I) Department in addition to an external review led by Welsh Government.

Following the review, RTT open pathways data for the months of April to October 2025 were resubmitted to Digital Health Care Wales (DHCW) in December along with the November 2025 position. The resubmission included an increase to previously reported waiting list numbers for one specific month (change of circa 7%) and smaller changes to other months.

Whilst affecting reported data, the error did not affect internal waiting list management. All patients were included in internal reports (used to manage pathways and plan activity) and in weekly operational management summary reports shared with NHS Wales Performance and Improvement (P&I) and Welsh Government.

The internal assessment and external review provided assurance in relation to technical aspects of reporting processes and identified areas for improvement in relation to communication and governance.

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
Chief Executive Officer	05/01/2025	
Informal Executive Committee	07/01/2025	

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

RTT	Referral to Treatment
WPAS	Welsh Patient Administration System
P&I	Performance and Improvement
CONSG	Generic Clinician Code within the WPAS System
DI&I	Data, Intelligence and Insight
DHCW	Digital Health Care Wales

RTT DATA GOVERNANCE AND ACCURACY

1. Y SEFYLLFA SITUATION

- 1.1 In November 2025, the decision was taken to suspend the national reporting of Betsi Cadwaladr University Health Board's referral to treatment (RTT) waiting times due to concerns regarding the accuracy of the data.
- 1.2 An error had occurred in relation to the use of a code to identify cohorts of patients, meaning underreporting of open pathways (numbers of patients waiting) in month end data submissions. An internal rapid review was undertaken by the Data, Intelligence and Insight (DI&I) Department in addition to an external review led by Welsh Government.

2 Y CEFNDIR BACKGROUND

- 2.1 Managing patient pathways and RTT (Referral to Treatment) reporting is complex due to detailed national rules on pathway start/stop points and



inclusion criteria. While Welsh Patient Administration System (WPAS) provides the core structure for managing specialties, additional data fields (e.g., clinician type and subspecialty) are relied upon to determine reporting eligibility. These rules, combined with system constraints, continue to drive operational workarounds and create data quality challenges.

- 2.2 CONSG is a generic clinician code used when the lead clinician for a pathway is not specified, for example when a patient is identified for treatment through an insourcing contract and the name of the clinician that will treat the patient is not yet known. Non consultant led services are excluded from RTT, with identification driven primarily by how clinicians are coded in WPAS. CONSG had been flagged as non-consultant led and as a result was excluded from month end reporting.

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

- 3.1 During the period July to September significant volumes of insourced activity were commissioned with pathways updated with the CONSG code to flag patients to be treated through these additional clinics.
- 3.2 This increase in records with the CONSG indicator meant a higher than usual number of pathways were being excluded from September's month end reporting raising concern around the accuracy of the data.
- 3.3 Rapid Assessment
An initial rapid assessment undertaken by the Data, Intelligence and Insight (DI&I) Department identified that the CONSG code was erroneously excluding pathways from RTT month end reporting due to its classification as 'non-consultant'.
- 3.4 The assessment confirmed the error did not affect internal waiting list management. All patients were included in internal reports (used to manage pathways and plan activity) and in weekly operational management summary reports shared with NHS Wales Performance and Improvement (P&I) and Welsh Government.

The following actions were completed following the initial assessment

- The CONSG code corrected on WPAS to be classified as consultant led and therefore reportable in RTT.
- RTT reporting script amended to include CONSG.
- DI&I management team reviewed the weekly and monthly processes and checked all inclusion and exclusion criteria.
- Review of the use of CONSG to check RTT reporting eligibility.

- Validation exercise of pathways recorded under CONSG to ensure accuracy of reporting and avoid over reporting due to poor data quality and inappropriate inclusion of non-elective pathways.
- Corrections applied to month end datasets for resubmission.
- Further training and guidance issued to WPAS users and standard operating procedures (SOPs) strengthened around the use of the CONSG code.
- Amended month end data processing timescales to time to allow for robust checks and executive sign-off ahead of submission.
- A SOP was developed and approved by the Executive Committee in December 2025, sets out the process for reconciliation and sense checking of the month end position, provision of senior DDaT professional advice and executive approval for the data submission. It also includes arrangements for dealing with and communication of identified anomalies or anticipated delays in reporting.

3.5 External Review

A review panel consisting of representatives from Welsh Government, NHS Performance and Improvement (P&I), the Welsh Government's Chief Statistician's team and a peer expert from another Health Board was established. Three formal meetings were held with the panel underpinned by one technical review meeting with representatives of NHS Wales P&I and Welsh Government.

The Health Board was asked to respond to a series of questions relating to:

- Data accuracy and completeness
- Data governance and accountability
- Compliance with standards
- Systems and technical processes
- Root cause analysis of anomalies
- Improvement and future assurance

3.6 Two streams of the review were identified. Firstly, the governance stream examined the reason for the error, validation processes and recommended a strengthened SOP for the reconciliation and sign off of the month end data. The second stream was technically focussed and undertook a review of the SQL logic and business rules applied to RTT reporting. Assurance was provided on the reporting process and logic applied. It was agreed that exclusions are appropriate and beyond the scope of RTT and in future will be monitored and sense checked with NHS P&I and Welsh Government on a case-by-case basis as service changes occur.

3.7 The review panel was satisfied that the necessary corrective actions had been taken and concluded that BCU's data would be included in the January 2026 statistical release.

- 3.8 The final report of the review panel is expected to be published in January 2026. This will also include recommendations on an all-Wales basis around consistency checks and review of reporting criteria and eligibility.
- 3.9 All Welsh health boards have been asked to answer the same questions as BCU as part of a self-assessment and to inform a wider review of RTT datasets. This will facilitate peer reviews and support the further development of robust and consistent reporting.

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

- 4.1 Following the changes to the CONSG code and subsequent validation, and in line with recommendations of the external review April to October open pathways data were resubmitted to DHCW on 17th and 18th December 2025.
- 4.2 The impact of the error on the 200,000 open pathways reported each month is summarised as follows

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
% Change open pathways	0.6%	0.8%	1%	1.3%	2.5%	7.9%	-0.1%

5 **ARGYMHELLION RECOMMENDATIONS**

- 5.1 Learning and recommendations
Recommendations based on learning from the internal rapid assessment and external review relate to strengthening governance and communication and will be embedded in future ways of working. These include:
- Ongoing review of reporting criteria as part of a data quality checks, linking local and national teams (NHS P&I and Welsh Government) leads to ensure appropriate reporting. This will commence through discussion with Heads of Information and ongoing dialogue with national teams.
 - Strengthened governance and communication between DI&I / DDaT teams in relation to data capture within WPAS and implications for reporting. Changes and anticipated impacts on reporting will be formally discussed, communication cascaded, and escalation routes identified through the DI&I Management meetings.
 - Formalise communication of changes to WPAS and data capture between DI&I and operational teams. This will be managed through existing working groups.
 - As best practice, where possible use more than one data item to identify pathways for reporting for inclusion/exclusion e.g. use a combination of

subspecialty code and clinician. This will be managed through the WPAS system team and DI&I Management Team oversight.

5.2 Next steps

Action	Owner	Timescale
Develop reconciliation report template	Reporting & Standards Lead	January 2026
Known CONSG errors will be included in data quality dashboards for validation and correction	WPAS & Reporting Leads	January 2026
Discussion and peer support through NHS Wales Heads of Information Group	Assistant Director - Data, Intelligence & Insight	January 2026
Programme of data audits to be implemented	DI&I Management Team	March 2026

5.3 The Committee is asked to note the reporting error and immediate corrective action taken.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	5. Establishing an effective environment for Learning 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	- BAF24-08: Not Implementing Evidenced Based Improvement and Innovation - CRR25-01 Timely patient access to safe and effective care - CRR25-04 Modernising our infrastructure
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:	<i>Not applicable. This report does not introduce new services, change patient pathways or alter operational delivery models.</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. This report does not introduce new services, change patient pathways or alter operational delivery models.</i>
<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>	Not Applicable	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	

	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll? Counter Fraud Impact Assessment Have you considered the counter fraud impacts	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not applicable. This report does not introduce new services, change patient pathways or alter operational delivery models.</i>
Cyfreithiol Legal	Yes (Include further detail below)	
	Referral to Treatment (RTT) reporting is mandated in NHS Wales	
Enw Da Reputational	Yes (Include further detail below)	
	Accuracy and timing of reported data have a could negative reputational impact for the Health Board.	
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.	



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Health Board Key Issues Report

Board Date		29/01/2026
Date of Committee		04/12/2025
Report of:		People and Culture Committee
Quoracy met:		Yes
1	Agenda	The People and Culture (P&C) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: People & Culture Committee - BCUHB
2a	Alert	The P&C Committee wish to Alert members of the Board that: 1. The Committee received an update on the progress in relation to Consultant Job Planning and have requested that this will be a standing item on the agenda to monitor progress on a regular basis until improvements are made in this area. 2. The Committee received an update on On-call arrangements noting that the outcome of the follow-up Internal Audit Review will be presented back to the Committee once completed and reported to the Audit Committee.
2b	Assurance	The P&C Committee wish to Assure members of the Board that: 1. The Committee received a mid-year progress update in relation to the Management of Health and Safety noting a level of assurance around the development of a Health and Safety Improvement Plan aligned to the Health and Safety policy. The NHS Employers' Workplace Health and Safety Standards have also been rolled out across the organisation in the form of a Health and Safety Self-Assessment which has received a high level of engagement across the organisation. 2. The Committee received an update on the need to assess Welsh Language requirements for staff posts as part of the Welsh Language Standards, acknowledging the importance of being able to deliver clinical services in Welsh and receiving assurance on the work completed to date. 3. The Committee received an update on corporate growth analysis following a request from the Board via action 25/138.1 for the Committee to discuss the increase in corporate functions and costs in relation to job evaluation.
2c	Advise	The P&C Committee wish to Advise members of the Board that:



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		1. The Committee received a staff story based on the experience of two members of the Health and Safety Team and the collaborative approach taken to embed the NHS Employers Workplace Health and Safety Standards and enable shared responsibility and partnership working across the organisation. 2. The Committee received an update on the deep dive into sickness absence noting that an action plan has now been developed and requested that an update is provided back to the Committee in six months time to highlight the progress made and the implementation achieved. 3. The Committee received the Education and Training Discovery Report which provided an update on the work completed by the Education Steering Group in relation to education and training. It was agreed that a further report would come back to the Committee once the framework has been developed further to provide an update on progress.
2d	Review of Risks	The Committee received and considered the contents and assurance rating of the Board Assurance Framework.
2e	Sharing of learning	No specific areas of learning were highlighted.
3	Actions to be considered by the	There were no items to be referred.



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Health Board Key Issues Report

Board Date		29/01/2026	
Date of Committee		02/12/2025	Report of: Charitable Funds Committee
Quoracy met:		Yes	
1	Agenda	The Charitable Funds Committee 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. The recruitment process has been completed with a new staff member now in post.	
2b	Assurance	The Charitable Funds Committee wish to assure members of the Board that: 1. The Committee received a detailed update from the Investment Managers and understood the overseas political impact on the Market. 2. The Finance Report for Quarter 2 was received without concern.	
2c	Advise	The Charitable Funds Committee wish to advise members of the Board that: 1. A Committee workshop will take place in Q4.	
2d	Review of Risks	The Committee reviewed the Investment Managers Report including the approach to market risks.	
2e	Sharing of learning	Nothing to note.	
3	Actions to be considered by the	Nothing to consider.	



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Health Board Key Issues Report

Board Date		29/01/2026	
Date of Committee		01/12/2025	Report of: Stakeholder Reference Group
Quoracy met:		Yes	
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	Nothing to note.	
2b	Assurance	The Stakeholder Reference Group wish to assure members of the Board that: 1. A representative for homelessness in the Group is outstanding. This however is being explored, and once a member is identified this decision will be submitted to the Board for approval.	
2c	Advise	The Stakeholder Reference Group wish to advise members of the Board of: 1. Discussion regarding Welsh language use within the group and exploring options of translation facilities that could be used in future meetings. 2. Emphasis was placed on ensuring active involvement and meaningful feedback from relevant stakeholders in relation to the Foundations for the Future programme, the Health Strategy, and the IMTP."	
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.	



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Health Board Key Issues Report			
Board Date		29/01/2026	
Date of Committee		10/12/2025	Report of: Local Partnership Group
Quoracy met:		Yes	
1	Agenda	The Local Partnership Forum continues to meet quarterly. The Forum 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 of: 1. The relatively high turn down rate of flexible working requests outlined in the Culture, leadership and Engagement Retention Update. This is due to be reviewed and update brought to a future meeting.	
2b	Assurance	The Local Partnership Forum wish to assure members of the Board that: 1. Of the progress made in relation to the Culture Change Leaders programme, with 200+ culture leaders now established across the organisation.	
2c	Advise	The Local Partnership Forum wish to advise members of the Board of 1. Ensuring reference to care closer to home is made in the strategic plan, as well as the importance of equity and potential disproportionate support to reduce inequalities across communities. 2. The ongoing work completed by the Welsh Language team, and the impact on the organisation, and how the Welsh language and culture is embraced and encouraged throughout BCUHB. 3. There was a discussion on the updated Long Service Award process, noting that a task and finish group has been established to take this forward. BCU and trade union partners were encouraged to work collaboratively to develop a new scheme for implementation in 2027/28.	
2d	Review of Risks	There were none.	

2e	Sharing of learning	There was none.
3	Actions to be considered by the	There were no actions to be considered or to be referred to another Committee or to the Board.



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Health Board Key Issues Report			
Board Date		29/01/2026	
Date of Committee		05/12/2025	Report of: Healthcare Professionals Forum (HPF)
Quoracy met:		Yes	
1	Agenda	The Healthcare Professionals Forum continues to meet quarterly. HPF - BCUHB At its meeting on 5th December 2025, the Forum considered the following on its agenda: • BCUHB Foundations for the Future update (presentation) • BCUHB Women's Health Plan (presentation) • Minutes of the Planning, Population Health and Partnerships Committee (PPHPC) held on 4 September 2025 • Minutes of the Quality, Safety and Experience Committee (QSE) held on 4 September 2025 • Member's Reports • Membership Update • HPF Cycle of Business and Terms of Reference The forum also engaged in its annual Integrated Medium Term Plan (IMTP) workshop, led by the Corporate Planning Team.	
2a	Alert	The Forum wish to alert members of the Board that: 1. An Expression of Interest for the HPF Vice Chair Role has been received and is in the process of being actioned 2. The vacancy in the Specialist and Tertiary Care Medical Representation remains unfilled, this is being pursued through the Executive Medical Directors Office.	
2b	Assurance	There are no assurance issues/matters to highlight.	
2c	Advise	The Forum wish to Advise members of the Board that HPF noted several challenges raised by various professional representatives including: 1. Community Pharmacy Representative: • Flu Vaccine Supply and System Challenges. Despite this Community Pharmacy delivered over 21,000 vaccinations in October • Funding continues to lag behind the rising operational costs of providing community pharmacy services. 2. Dental Representative:	

		• Release of new contract delayed • Significant concerns regarding increased patient charges • Dental Access Portal continues to register patients in excess of those being requested by practices • The two Dental Practice Advisors (DPAs) continue to cover the work of the third member of who have stepped down, no attempts to replace these roles, causing considerable strain on the DPAs. • Concerns raised over replacement for the previous Performers List Validation by Experience (PLVE) arrangements to support international dentists to join the performers list. This inclusion via mentorship as it is now called appears to be a barrier to recruitment for some practices. 3. Mental Health and Learning Disabilities Representative: • Whilst there has been some reduction in out of area placements as a result of targeted efforts, patient levels have plateaued at a level that remains unsustainable from a clinical and financial perspective. An improvement plan has been developed. 4. Optometry Representative: • No Pan BCU Clinical Lead is in place. • There is a challenge to meet the Welsh Government target for Digital Implementation by 31st March 2026 5. Midwifery Representative: • Findings and recommendations from the National Perinatal Assurance Assessment is due to be published February/March 2026 HPF members noted: • Continued ongoing recruitment process challenges across all professional groups, exacerbated by a lack of training / clinical placement opportunities in some areas. • Concerns regarding and sustainability in the local implementation of the Women's Health Plan • Complexity of upstream planning when operational services/systems are so challenged
2d	Review of Risks	Nothing to note.
2e	Sharing of learning	No learning to be shared.
3	Actions to be considered by the	There were no actions to be considered or referred to another Committee.

Health Board

EXECUTIVE COMMITTEE REPORT

Dyddiad y Cyfarfod Date of Meeting	30 January 2025
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 12th November, 26th November, 10th December, 17th December. 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 Termau Acronyms / Glossary of Terms	

EXECUTIVE COMMITTEE REPORT

Since the last report the Executive Committee has convened on 12th November, 26th November, 10th December, 17th December. These meetings have focused on strategic service developments, governance enhancements, and financial oversight aligned with the Health Board's priorities.

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1.0 Meeting held on 12th November

1.1 Contracts and Capital Approvals

Items are reported in private paper

1.2 Governance and Risk

1.2.1 Mass Casualty Preparedness

The Committee reviewed current major incident arrangements and noted gaps in emergency department capacity and defined spaces for mass casualty events. Previous incidents highlighted weaknesses in rapid mobilisation protocols, and winter readiness was considered a priority.

Resolution: Agreed to schedule a multi-agency exercise and formalise area planning and mobilisation processes.

1.2.2 Audit Wales Report – Tackling Planned Care Challenges

The Committee considered the updated Audit Wales report, which emphasised the need for stronger governance and timely harm reviews. Clinical leadership for planned care requires strengthening, and embedding GIRFT standards was highlighted as a priority for improving clinical effectiveness.

Resolution: Noted the report, agreed changes to timelines will be tracked through audit processes, and endorsed establishing a clinical reference group for planned care governance.

1.2.3 Implementation of the Healthy Travel Charter

The Committee considered signing up to the Charter to promote sustainable travel and wellbeing, noting alignment with Welsh Government priorities and positive PR opportunities.

Resolution: Approved signing up to the Healthy Travel Charter and agreed a communications plan will be developed.

1.2.4 Health and Safety Mid-Year Progress Report

The Committee received assurance on progress following self-assessment and deep dives, which identified inconsistencies in compliance reporting. An action plan is in place to strengthen governance and hazard identification processes.

Resolution: Noted the report and agreed governance arrangements for health and safety reporting will be reviewed.

1.2.5 Corporate Risk Register Report

The Committee reviewed the report and discussed strengthening risk management, including clearer improvement actions and visibility of urgent care risks. Future reporting will include trajectories for risk reduction.

Resolution: Noted the report and agreed refinements will be made before submission to the Board.

1.2.6 Learning – Regulatory Reporting Internal Audit Report

The Committee considered the limited assurance outcome and proposals for improved oversight of regulatory reporting across all domains. A consolidated governance model was supported to reduce siloed approaches.

Resolution: Noted the findings and agreed to develop a governance structure for regulatory reporting and learning.

1.3 Radiology Information System Programme Briefing

The Committee received an update on the scale and complexity of the Radiology Information System Programme implementation, including temporary manual processes at go-live and ongoing data quality issues. Lessons learned will inform future digital programmes, and reputational risks linked to waiting list data were acknowledged.

Resolution: Noted the update, agreed lessons learned will be shared across programmes, and endorsed annotating waiting list reports with data caveats until validation is complete.

1.4 Planned Care – Additional Commissioning Requirements

The Committee considered proposals for non-recurrent allocations to reduce long waits, including cataract, endoscopy, dermatology, and diagnostics. Welsh Government has provided funding, and rapid mobilisation is required to meet targets and improve patient experience.

Resolution: Approved direct awards and commissioning arrangements as set out in the paper, and agreed to report mobilisation progress at the next meeting.

1.5 Strategic Workforce Planning Framework

The Committee reviewed the draft framework to establish a consistent approach to workforce planning, aligned with Health Education and Improvement Wales guidelines and the Health Board's 10-year strategy. Feedback focused on linking workforce planning with service redesign and productivity modelling.

Resolution: Noted the draft and agreed feedback will be incorporated into the next iteration for sign-off.

1.6 Consultant Job Planning Internal Audit Report

The Committee considered progress against audit recommendations, noting current compliance at 46% and variation across sites. Incentivisation measures and integration with productivity modelling were discussed.

Resolution: Noted the current position and agreed incentivisation measures and governance changes will be implemented.

2.0 Meeting held on 26th November

2.1 Contracts and Capital Approvals

2.1.1 Social Prescribing – Regional Joint Commissioning

The Committee reviewed progress on joint commissioning arrangements with local authorities, enabling access to additional funding streams.

Resolution: Approved allocation of Public Health funding and noted any underspend will support other social prescribing activities.

2.2 Governance and Risk

2.2.1 Board Assurance Framework

The Committee received an update on the Board Assurance Framework, which is scheduled for Board consideration in January. Alignment with the Corporate Risk Register and scoring adjustments for urgent and emergency care risks were discussed.

Resolution: Noted the update and agreed refinements will be made before submission to the Board.

2.2.2 Risk Scrutiny Group Chair's Assurance Report & Risks above Tolerance

The Committee reviewed assurance from the Risk Scrutiny Group, including deep dives on health and safety and estates risks. The Risk Management Training Plan was presented for approval.

Resolution: Noted the assurance and approved the Risk Management Training Plan, subject to amendments for clarity.

2.2.3 Statutory Compliance Report

The Committee considered the Statutory Compliance Report, noting progress and plans to automate processes. Concerns about overdue fire safety policy updates were raised.

Resolution: Noted the report, agreed inaccuracies will be corrected before Audit Committee submission, and supported exploring a follow-up audit approach.

2.2.4 Contract Management Internal Audit Report

The Committee reviewed the internal audit findings and associated action plan to strengthen contract governance. Concerns were raised about accountability letters due by 31 December.

Resolution: Noted the report, supported ongoing work on declarations of interest, and agreed accountability letter sign-off will be reviewed before the deadline.

2.2.5 Revised Policy Management Process

The Committee considered the updated policy management process designed to strengthen governance and clarify ownership.

Resolution: Approved the revised process for submission to the Audit Committee and onward to the Board.

2.2.6 Information Governance Key Performance Indicators Report (Quarter 2)

The Committee reviewed performance on training compliance and Freedom of Information responses, noting challenges with complex requests and risks around record storage.

Resolution: Noted the report, agreed to clarify executive accountability for Freedom of Information sign-off, and supported urgent review of record storage arrangements.

2.2.7 Changes to Complaints Process – Listening to People

The Committee considered national changes to complaints handling and proposals to implement a new Patient Enquiry, Advice, Resolution Service by April 2026.

Resolution: Supported the proposals, noted legislative requirements, and agreed further work on operational impact, training, and Welsh language compliance

2.3 Digital Projects Prioritisation Update

The Committee received an update on 26 digital programmes, highlighting delivery risks for Laboratory Information Management System, Electronic Prescribing Medicine Administration, Electronic Health Record, and OpenEyes. Concerns were raised about prioritisation and governance.

Resolution: Noted the update, approved the prioritisation framework subject to review of Symphony and Patient-Reported Outcomes Measures, and agreed regular reporting on risks and progress.

2.4 Ionising Radiation Regulations – Worker Classification

The Committee considered whether to extend classification of staff under Ionising Radiation Regulations 2017, noting Health and Safety Executive advice and workforce implications.

Resolution: Noted the current position and agreed further evidence and engagement are required before any change.

2.5 Charitable Funding Requests (November 2025)

The Committee reviewed charitable funding requests prior to submission to the Charitable Funds Panel, discussing donor recognition and compliance with policy.

Resolution: Supported the requests and agreed donor recognition will be managed in line with policy.

3.0 Meeting held on 10th December

3.1 Contracts and Capital Approvals

Items reported in private paper

3.2 Governance and Risk

3.2.1 Chair's Report – Executive Quality Delivery Group

The Committee received the Chair's report summarising highlights from the recent meeting.

Resolution: Noted the report.

3.2.2 Conformance Report

The Committee reviewed the report but raised concerns about data accuracy and attribution of breaches.

Resolution: Noted the report and agreed no further action until inaccuracies are addressed by the Executive Director of Finance.

3.2.3 Mental Health and Learning Disabilities Oversight Delivery Group – Terms of Reference

The Committee reviewed revised Terms of Reference for the Mental Health and Learning Disabilities Oversight Delivery Group, reflecting feedback from its inaugural meeting.

Resolution: Approved the revised Terms of Reference, subject to minor amendments, and agreed a review after six months.

3.2.4 North Wales Regional Partnership Board Leadership Group – Terms of Reference

The Committee considered the proposed Terms of Reference for the Leadership Group, which provides strategic oversight for regional priorities.

Resolution: Approved the Terms of Reference, subject to amendments to include Mental Health and Learning Disabilities representation, and agreed membership will be confirmed with the Chair of the North Wales Regional Partnership Board.

3.3 Gluten Free Card Scheme

The Committee considered implementation of the Welsh Government's Gluten Free Subsidy Card Scheme, replacing prescriptions with a pre-paid card to improve patient choice and reduce stockpiling. A stakeholder group is in place to oversee roll-out.

Resolution: Endorsed implementation in line with Welsh Government requirements and agreed monitoring arrangements to track uptake, financial impact, and patient experience.

3.4 Urology Prostate Biopsy

The Committee considered urgent actions to address capacity shortfalls in the prostate cancer diagnostic pathway, which are causing breaches of the 62-day target.

Resolution: Approved commissioning of prostate biopsy activity through insourcing until March 2026, with plans to access planned care funds for 2026/27 and develop sustainable capacity through nurse-led Local Anaesthetic Transperineal posts.

3.5 Regional Partnership Board Update

The Committee received an update on the Regional Partnership Board meeting, noting endorsement of the Winter Plan and ongoing discussions on discharge planning and funding transparency.

Resolution: Noted the update and agreed actions will be taken forward through existing governance.

3.6 Sign-Off Process for Monthly Referral to Treatment Data Submissions

The Committee considered a draft SOP to strengthen governance for Referral to Treatment data reconciliation and sign-off.

Resolution: Approved the SOP for implementation and agreed submission to Welsh Government as part of the rapid review response.

3.7 Integrated Medium Term Plan Progress Report

The Committee received an update on the Integrated Medium Term Plan development cycle, noting challenges with planning team vacancies and the need for robust governance and realistic timelines for service reconfiguration.

Resolution: Noted the update and supported continued engagement with stakeholders throughout the planning cycle.

4.0 Meeting held on 17th December

4.1 Contracts and Capital Approvals

Items are reported in private paper

4.2 Governance and Risk

4.2.1 Draft Internal Audit Report – Primary Care Contract Assurance Framework

The Committee reviewed the audit report providing reasonable assurance but noted gaps in performance reporting and intelligence on practice-level variation.

Resolution: Noted the report and agreed a separate performance and assurance report will be brought to the Committee.

4.2.2 Quality of Care in Emergency Pathways

The Committee received a summary of the Rapid Quality Review highlighting risks in Emergency Department pathways, including long waits and governance gaps.

Resolution: Noted the review and agreed the full report will be presented to the Quality, Safety and Experience Committee in January.

4.3 Strategic Workforce Planning Framework

The Committee considered the draft Strategic Workforce Planning Framework, intended to provide a consistent approach to workforce planning across the organisation. Members noted the need for clearer governance, alignment with other frameworks, and operational detail.

Resolution: Noted the draft and agreed it will be revised to include greater detail and governance arrangements before returning in February for sign-off.

4.4 Citizen Experience and Engagement Report

The Committee received the report summarising feedback themes from September to December, including Emergency Department experience, diagnostics delays, and access issues. Members requested stronger narrative linking feedback to strategic priorities and quality reporting.

Resolution: Noted the report and agreed it will be updated to strengthen sections and include additional content before submission to the Board.

4.5 Staff Experience and Engagement Report

The Committee considered the staff engagement framework aligned with the Culture and Leadership Programme. Members requested clearer assurance measures, risks, and links to strategic objectives.

Resolution: Noted the update and agreed the report will be revised and scheduled for the March 2026 Board meeting.

4.6 North Wales Vascular Network Update

The Committee received an update on cultural and quality concerns within the vascular team and actions underway, including a leadership intervention programme. Future service configuration will require formal consideration.

Resolution: Noted the update and agreed a formal options paper will be developed for future service planning.

4.7 Communicable Disease Preparedness – High Consequence Infectious Diseases Personal Protection Equipment

The Committee reviewed significant gaps in Personal Protection Equipment training and preparedness for managing High Consequence Infectious Diseases.

Resolution: Noted the risk and agreed immediate engagement with Operational Leadership Team to progress actions, with a comprehensive paper to follow.

4.8 Community Co-Production

The Committee considered research on community co-production approaches to improve outcomes and reduce health inequalities. Members requested clearer timelines, measures, and alignment with Integrated Medium Term Plan priorities.

Resolution: Noted the paper and supported submission to the Planning, Population Health & Partnership Committee in January, subject to revisions incorporating Committee feedback.

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>Answydd</u>	Galluogwyr Answydd Enablers of Quality	Meysydd Answydd Domains of Quality Choose an item.

<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>	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>	Not Applicable	

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



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.	