Bundle BCU Health Board 24 September 2026

1 09:30 - PRELIMINARY MATTERS

1.1 09:30 - 26.171 Welcome, Introductions and Apologies for Absence
Dyfed Edwards, Chair

1.2 09:33 - 26.172 Declarations of Interest relating to the Agenda
Dyfed Edwards, Chair

1.3 09:35 - 26.173 Minutes of the Previous Meeting held on 30 July 2026 and the Annual General Meeting held on 29 July 2026
Dyfed Edwards, Chair
26.173.1 Minutes from Health Board Meeting 30.07.26 V0.2 (Public)
26.173.2 Minutes from AGM 29.07.26 V0.2 (Public)

1.4 09:40 - 26.174 Matters Arising and Action Log
Dyfed Edwards, Chair
26.174 Summary Action Log Health Board (Updated 17.09.26) Public

1.5 09:45 - 26.175 Experience Item (Community High Dependency Team)
Teresa Owen, Deputy Chief Executive / Executive Director of Allied Health Professionals & Health Sciences
26.175 Experience Item

1.6 10:00 - 26.176 Chair's Report
Dyfed Edwards, Chair
26.176 Chair's Report

1.7 10:10 - 26.177 Chief Executive Report
Carol Shillabeer, Chief Executive
26.177 CEO Report September 2026

1.8 10:20 - 26.178 Vice Chair's Report (Verbal Update)
Gareth Williams, Vice Chair

2 10:25 - STRATEGIC ITEMS

2.1 10:25 - 26.179 Citizens Experience and Engagement Report
Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
26.179 Citizen Experience and Engagement Report

2.2 10:40 - 26.180 Royal Alexandra Hospital Phase 1: Progress Report
Stuart Keen, Director of Environment and Estates
26.180 RAH Report for BCU Board 24.09.26 vers 0.4

2.3 10:55 - BREAK

3 11:05 - INTEGRATED PERFORMANCE

3.1 11:05 - 26.181 Chair's Assurance Report - Planning, Population Health and Partnerships Committee

Clare Budden, Independent Member
a) Annual Delivery Plan
b) Planning Maturity Matrix
Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning
Link to Supporting Papers
26.181 AAA Report for PPHP Committee 03.09.26 V1.0

3.2 11:15 - 26.182 Winter Plan
Carol Shillabeer, Chief Executive
This paper will be uploaded following consideration by the Regional Partnership Board at its meeting on 21 September 2026

3.3 11:35 - 26.183 Urgent and Emergency Care Progress Report
Carol Shillabeer, Chief Executive
Link to Supporting Papers
26.183 UEC Progress Report

3.4 11:50 - 26.184 Chair's Assurance Report - Quality, Safety and Experience Committee
Caroline Turner, Independent Member
26.184 AAA Report for QSE Committee 03.09.2026 V2.0 cd

3.5 11:55 - 26.185 Integrated Quality Report
Clara Day, Executive Medical Director
26.185 Board Integrated Quality Report. Sept v7 final

3.6 12:10 - 26.186 Annual Quality Report
Clara Day, Executive Medical Director
26.186 Annual Quality Report 2025-2026 Coversheet
26.186.1 Annual Quality Report 2025-2026 - v0.2 for Board

3.7 12:30 - 26.187 Chairs Assurance Report - Performance, Finance and Information Governance Committee
Gareth Williams, Vice Chair
26.187 AAA Report for PFIG Commitee 25.08.26 V1.0

3.8 12:35 - 26.188 Integrated Quality and Performance Report
Russell Caldicott, Executive Director of Finance
26.188 IQPR Coversheet - Health Board 24092026 v2 (002)
26.188.1 IQPR - Health Board 24092026 v3

3.9 12:50 - 26.189 Finance Report
Russell Caldicott, Executive Director of Finance
26.189 Finance Report 26-27 Coversheet Month 5 Final
26.189.1 M05 Finance Report Final

3.10 13:00 - LUNCH

4 13:30 - GOVERNANCE, RISK AND ASSURANCE

4.1 13:30 - 26.190 Chairs Assurance Report: Audit Committee
Paul Lambert, Committee Chair
26.190 Audit Committee AAA Report 18.08.26 v2.0

4.2 13:35 - 26.191 Board Assurance Framework 2026-2027
Pam Wenger, Director of Corporate Governance
Link to Supporting Papers

26.191 Board Assurance Framework Report

4.3 13:45 - 26.192 Risk Appetite Annual Review 2026-2027
Pam Wenger, Director of Corporate Governance
Link to Supporting Papers
26.192 Risk Appetite Annual Review 2026-2027

4.4 13:55 - 26.193 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
Link to Supporting Papers
26.193 Corporate Governance Report V2

4.5 14:05 - 26.194 Chairs Assurance Report: People and Culture Committee
Dyfed Jones, Independent Member
26.194 AAA Report for P&C Committee 13.08.26 V1.0

4.6 14:10 - 26.195 Health, Safety and Security Annual Report
Stuart Keen, Director of Environment and Estates
Link to Supporting Papers
26.195 HS&S Coverpaper for Board (September 2026)

4.7 14:15 - 26.196 Welsh Language Services Annual Report
Teresa Owen, Deputy Chief Executive / Executive Director of Allied Health Professionals & Health Sciences
Link to Supporting Papers
26.196 Welsh Language Services Annual Monitoring Report 2025-2026 Coversheet

4.8 14:20 - 26.197 Committee & Advisory Group Chair's Reports
Mental Health Legislation Committee, Gareth Williams
Charitable Funds Committee, Dyfed Jones
Stakeholder Refernce Group, Peter Lewis
Executive Committee, Carol Shillabeer
26.197.1 AAA Report MHL Committee 06.08.26 V1.0
26.197.2 AAA Report for Charitable Funds Committee 01.09.26 V1.0
26.197.3 SRG AAA Report 07.09.26 v1.0
26.197.4 September Board EC Report - Public

5 14:25 - CLOSING BUSINESS

5.1 14:25 - 26.198 Review of Meeting Effectiveness
Dyfed Edwards, Chair

5.2 14:27 - 26.199 Date of the Next Meeting - Thursday 26 November 2026
Dyfed Edwards, Chair

5.3 14:29 - 26.200 Resolution to Exclude the Press and Public
Dyfed Edwards, Chair

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Health Board Meeting
held in Public on 30 July 2026
at Venue Cymru, Llandudno

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Tehmeena Ajmal	Chief Operating Officer
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Clara Day	Executive Medical Director
Debbie Eyitayo	Executive Director of People and Organisational Development
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Paul Lambert	Independent Member
Peter Lewis	Associate Member: Chair of Stakeholder Reference Group
Chris Lothian-Field	Independent Member
Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Fôn Roberts	Associate Member (Representative of Directors of Social Services)
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
In Attendance	
Sue Irlam	Head of Engagement and Complaints Advocacy, Llais
Laura Jones	Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
Chris Lynes	Deputy Executive Director of Nursing
Phylis Makurunje	Aspiring Board Member
Justine Parry	Acting Director of Digital, Data and Technology
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Pam Wenger	Director of Corporate Governance

PRELIMINARY MATTERS

26.133 Welcome, Introductions and Apologies for Absence

The Chair welcomed Board Members, members of the public and those viewing online to the meeting and apologies were noted for Angela Wood and Mike Larvin.

The Chair also welcomed representatives attending for the **Tywyn Community Hospital** item along with Sue Irlam, Head of Engagement and Complaints Advocacy, Llais who joined the meeting to contribute to the discussion.

The Chair highlighted that the agenda includes a number of key items featuring **Planned Care** and the response to Welsh Government in relation to the funding and additional support received. It was also noted that **Urgent and Emergency Care** continues to be a regular report to the Board to highlight progress in this area.

The Chair noted that this would be Tehmeena Ajmal's final meeting as Chief Operating Officer before leaving the Health Board in August 2026 and thanked her for the contribution she has made over the past 18 months, particularly during a challenging period and wished her well for the future.

The Chair also welcomed Chris Lynes who was attending on behalf of Angela Wood and noted that Angela Wood, Executive Director of Nursing and Midwifery would be leaving the Health Board at the end of August 2026. The Chair thanked Angela for her significant contribution and wished her well for the future.

26.134 Declarations of Interest Relating to the Agenda

No declarations of interest were raised.

26.135 Unconfirmed Minutes of the Health Board meetings held on 28 May 2026 and 25 June 2026

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board meetings held on 28 May 2026 and 25 June 2026 were a true and accurate record.

26.136 Matters Arising and Action Log

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

Emergency Department Business Case

- Reference was made to action 26.131.1 noting that the draft Health Inspectorate Wales report has been received and is being reviewed for factual accuracy. An Oversight Group is being established to progress the next stages of the review and it was suggested that this action is closed.

Proposal to becoming a Maethu Cymru / Foster Wales Partner and Foster Friendly Employer

- In relation to action 26.102.1 it was noted that the Board supported the proposal to become a Maethu Cymru partner and queried whether this could be progressed earlier than January 2027. It was noted that a meeting is scheduled for August 2026 and that work is underway to ensure the Health Board meet the accreditation requirements. Should this position be reached sooner, an update will be reported accordingly.

Chair's Report

- Referred to action 25/129.1 from 2025 around the importance of providing opportunities to support young people into the workplace and noted the link to the Foundation for the Future Programme querying whether further progress could be made more quickly. It was confirmed that this will be discussed further at the People and Culture Committee agenda setting meeting.

Matters Arising and Action Log

- In relation to action 26.84.1 that was proposed for closure, further clarity was requested around ensuring value and sustainability as well as savings become more visible. It was confirmed that work is progressing through the initial step which includes identifying 2% savings, the next step will focus on value and sustainability and once the information has been evaluated, it will provide a clearer view of the remaining savings gap. The final step will involve bringing more difficult choices to the wider Board for consideration of any further steps required.

It was resolved that the Board:

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

26.137 Experience Item

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

- It was noted that the video focussed on the impact of the **Independent Contributing Active Network (iCAN)** which provides community-based mental health support.
- The story demonstrates the value of **iCAN** and the importance of partnership working with Caniad and wider partners across North Wales, providing a clear focus on early intervention and alignment with the **National Mental Health Strategy**.
- Thanks were extended to the Mental Health team for their work in this area reflecting that smaller community-based interventions have become increasingly important, with the potential to make a significant difference, save lives and support the wider aims of the **Mental Health Report**.

In discussing the report, the Board:

- Were encouraged by the work being delivered and noted that the approach aligns with the Welsh Government strategy and provides timely, practical support through local partners and third sector, building on community strengths to meet local needs.
- Highlighted the positive impact of the service noting its role in reducing stigma suggesting the need to further improve community access and the ability to provide preventative support which may reduce the need for more formal assessment.
- Suggested the need for continued oversight of the impact of early intervention, including how outcomes could be captured beyond waiting times to demonstrate where people have been supported without requiring access to more formal services.
- Noted that the revised **Performance Report** provides a clearer forward look on delivery plans and savings against the Ministerial priorities and will enable more visibility of areas of good practice, with further refinement planned as the report develops.
- Referred to the **Outcomes Framework** suggesting the aim to move beyond Welsh Government measures to assess the extent to which support has addressed individual needs and identify opportunities for further improvement.
- Acknowledged the value of collaborative and partnership working as well as the benefits for volunteers and beneficiaries in terms of impact, funding and sharing good practice.
- Thanked all involved in this area of work which is having an impact on local communities and noted the challenges to support this work in the longer term.

It was resolved that the Board:

- **NOTED** the Experience item.

26.138 Chair's Report

The Board received the report and the Chair highlighted:

- Ongoing engagement continues following the elections, including meetings with new Members of the Senedd and Ministers noting the **Ministerial visits** that have taken place in Ysbyty Gwynedd, Ysbyty Glan Clwyd and the North Wales Surgical Hub, Llandudno to provide positive opportunities to showcase the work taking place.
- A viewing of '**This Too Will Pass: My Bipolar Life'** was presented at Y Ganolfan, Porthmadog earlier this month with Chris Eastwood sharing his inspiring experience of living with Bipolar noting the work taking place with Llais in this area.
- A number of **Graduation Ceremonies for Supported Interns** have been taking place across the region and recognised the support and achievements of young people in the workplace and the benefits gained as a result of the support received from partners.

It was resolved that the Board:

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

26.139 Chief Executive's Report and Escalation Progress Report

The Board received the reports and the Chief Executive highlighted:

- There will be a number of Executive Team changes over the coming months noting that Angela Wood, Executive Director of Nursing and Midwifery will be retiring at the end of August 2026 following 39 years in the NHS. This is a phenomenal achievement, and thanks were extended to Angela for her service and dedication to the NHS in North Wales.
- Tehmeena Ajmal, Chief Operating Officer will also be leaving during August 2026 and thanks were extended for the important role Tehmeena has provided, supporting services and teams and showing a strong commitment to improving care within communities.
- Russell Caldicott, Executive Director of Finance and Performance, has recently been appointed to the role of Chief Finance Officer at the University Hospital of North Midlands and will leave the Health Board at the beginning of October 2026.
- Recruitment to these three key Executive roles is progressing positively, with a thorough process being undertaken to secure colleagues for these demanding positions.
- A number of summits have been taking place including the **Primary Care Summit** convened by the Cabinet Minister for Health and Care to consider how the **Community by Design Transformation Programme** could be translated into practical delivery and this will report back to the Board in due course.
- A **Graduate Summit** has also taken place to consider the employment position for Nursing, Midwifery and Paramedic graduates qualifying in Summer 2026 noting that the Health Board continue to offer roles to those who have trained within North Wales.

Health Board Escalation Progress Report

- The Chief Executive presented the **Health Board Escalation Progress Report** highlighting that the **Escalation Board** held during July 2026 was held in North Wales and was chaired by the Cabinet Minister for Health and Care.
- During the meeting the Cabinet Minister for Health and Care announced the forthcoming **Well Led Review** which will provide an independent assessment of the Health Board's improvement journey. The review will assess the effectiveness of leadership, governance, organisational culture, capability and quality arrangements, together with the Health Board's readiness to deliver sustainable improvement.

- The detail of the review will follow however it was noted that Quality will not form part of the scope of the review and a more detailed briefing with Board members will take place in due course.
- Significant progress has been made in relation to **Planned Care** noting that the Health Board performance against patients waiting over 104 weeks from Referral to Treatment is currently meeting the de-escalation criteria. Plans have now been submitted to reflect the actions proposed to move forward and to eradicate 104 week referral to treatment waits.
- Progress is being made in relation to **Diagnostics** and the Health Board are close to meeting the de-escalation level in this area. Plans have been submitted to reflect the actions proposed to eradicate over 8 week Diagnostic waits.
- **Urgent and Emergency Care** continues to be a major focus for the Health Board and the Cabinet Minister for Health and Care is encouraging the organisation to achieve the de-escalation criteria in this area by the end of September 2026.
- Work continues in relation to Quality, Planning, Finance and Workforce and the next **Escalation Board** will take place in October 2026 to review progress in these areas.

In discussing the report, the Board:

- Referred to the **Well Led Review** and queried how this differs from the **Audit Wales Structured Assessment**. It was confirmed that in England, the Care Quality Commission undertake **Well Led Reviews** against a range of criteria, whereas in Wales the equivalent assurance role is undertaken by Audit Wales noting that the Auditor General is accountable to the Senedd.
- Noted that the **Well Led Review** will draw on the information gained from the **Health Board Structured Assessment** as well as a range of relevant evidence, including a document review, Board and senior leadership engagement, individual interviews, meeting observations and input from an Expert Panel and Reference Group. Preparation for the review will take place in August 2026, the fieldwork will be completed in September 2026 and a report is expected during October 2026.
- Acknowledged the changing political landscape and the comments made by the newly elected Members of the Senedd, noting the importance of maintaining leadership stability whilst continuing to build on the progress made over the past two years and recognising the need for caution as Executive Team changes take place.
- Reaffirmed the commitment of the Health Board to place the people and communities of North Wales at the heart of all decisions, with a shared focus on delivering the best possible care and driving forward high-quality services that the people of North Wales deserve.
- Reflected on the organisation's improvement journey over the past three years, noting that sustainable progress takes time, and welcomed the **Well Led Review** as an opportunity to assess the Health Boards current position, future direction and how progress and plans to address ongoing challenges are communicated more clearly to the public.

It was resolved that the Board:

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

26.140 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

- The importance of meeting and speaking with staff and teams across the organisation and the value in learning from the experience of others.

In discussing the report, the Board:

- Queried how the Health Board are addressing the issues of **Delayed Transfers of Care** (DTOC) from acute hospitals. It was confirmed that work has been undertaken over recent months to strengthen discharge planning and identify improvements including targeted actions with Local Authorities and ward-based work to support patients to move to the most appropriate setting, whilst also learning from best practice across other Health Boards to inform further improvements in **Urgent and Emergency Care** and patient pathways.

It was resolved that the Board:

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

STRATEGIC ITEMS

26.141 Tywyn Community Hospital - Case for Change

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

- The paper presents the **Case for Change** for services at **Tywyn Community Hospital** and seeks Board approval to progress the proposed options to formal public consultation.
- Thanks were extended to everyone who has contributed to the discussion to date, noting that the time and effort committed demonstrates the strength of feeling within the community regarding this issue.
- The temporary closure of **Dyfi Ward** in 2023 highlights the longstanding challenges associated with maintaining a safe and sustainable inpatient service within **Tywyn Community Hospital**.
- The need to close **Dyfi Ward** arose from patient safety concerns driven by workforce constraints, including challenges in recruiting and retaining appropriately skilled nursing staff.
- Since the temporary closure, resources have been redirected to provide a range of alternative community services for the local population including a Treatment Room, Tuag Adref service, Wellbeing Hub, expanded Minor Injuries Unit and wider community-based care.
- Healthcare delivery has changed significantly in recent years, with increasing emphasis on providing care closer to home, reducing avoidable hospital admissions and supporting people to remain independent within their own communities wherever clinically appropriate.
- The population served by **Tywyn Community Hospital** is ageing, with increasing levels of frailty, multiple long-term conditions and complex health needs requiring coordinated multidisciplinary care.
- Community services are increasingly required to respond flexibly to a wider range of population needs, including appropriate support for younger people, individuals experiencing Mental Health challenges and a wide range of ongoing care services.
- The review has sought to identify clinically effective and sustainable potential models for delivering community healthcare services from **Tywyn Community Hospital** noting that the scope of the work is limited to the operating model of **Dyfi Ward** and directly associated community hospital services and highlighting that broader issues such as dentistry and specialist Mental Health services are out of scope.
- Following the Board's decision in May 2025 to review the service and develop a sustainable future solution, the Health Board has undertaken a programme of pre-consultation engagement events to understand local experiences and support the development of viable options.
- Between September 2025 and June 2026, a series of balanced room community engagement events were held to generate and then shortlist options to form the basis of a

consultation noting that Balanced Room 2 had been repeated in March 2026 following identification that the original scoring had not been balanced.

- The balanced room process was also supplemented by an extensive set of face to face and online community engagement events including attendance at a wide range of community shows, groups and forums.
- Pre-consultation engagement identified strong public support for retaining and enhancing local healthcare services within **Tywyn** emphasising the importance of care being delivered closer to home for a rural and ageing population.
- Feedback demonstrated a strong attachment to local inpatient provision whilst also identifying support for expanding locally delivered community, outpatient, rehabilitation and preventative services.
- Whilst there has been a detailed analysis of the options generated it was noted that no preferred option is being recommended and no final decision is being sought at this stage.
- If the proposed consultation is supported by the Board, the aim is to test the evidence, assumptions and impact assessments presented in the case for change noting that the consultation period allows for responses, additional evidence and reasonable alternative proposals to be provided which will be carefully considered before any final decision is made.
- The two options being proposed following the pre-consultation engagement are highlighted within the report noting the caveat included with Option B.
- During the pre-consultation engagement events, support was expressed for a hybrid option to retain existing community services and reopen inpatient beds however, the technical appraisal concluded that this option could not be supported due to concerns regarding deliverability and sustainability, particularly in relation to staffing and resourcing.
- If approved by the Board, consultation materials will be prepared during August 2026 ahead of a 12-week consultation period commencing in September 2026, followed by a period of post-consultation analysis during December 2026 and final decision making by the Board in March 2027.
- Thanks were extended to all staff based in **Tywyn Community Hospital** for their resilience and commitment during a challenging period, and for continuing to provide high-quality care to the local community.

The Chair referred to a letter received from the **South Meirionnydd Forum** which has been shared with Board members and the questions and comments raised at the **Annual General Meeting** held on 29 July 2026.

Sue Irlam Head of Engagement and Complaints Advocacy, Llais shared the feedback collated by Llais highlighting:

- The pre-consultation engagement has been very positive and inclusive and Llais welcome the change in approach and the opportunities provided for involvement in the engagement exercises.
- Should the proposal proceed to full consultation, local people were encouraged to engage constructively and use the opportunities available to share their views noting that Llais will provide an independent voice to support and represent public feedback.
- The documentation provided is comprehensive and emphasises the importance of the Health Board responding to questions promptly and fully, with Frequently Asked Questions (FAQs) shared as widely as possible, including in accessible formats for those without digital access.

- Llais are committed to attend as many consultation events as possible to support the public, provide independent oversight and help ensure the consultation process is undertaken appropriately.

The Chair welcomed the contribution and support provided by Llais noting that the Board recognise the ongoing workforce challenges in recruiting, staffing and sustaining services in rural areas, highlighting the need for wider discussion with Local Authorities, Welsh Government and partners on the future model for rural services across all sectors.

In discussing the report, the Board:

- Queried whether **Community by Design** has been taken into account within the plans for the future. It was confirmed that there is a need to balance immediate service requirements with longer-term planning, building on place-based community assets to support health and wellbeing, including care closer to home and end-of-life care provision within communities.
- Recognised the need to review rural service provision across all communities noting the need for wider discussion with neighbouring Health Boards, Local Authorities and partners on the future model for rural services to support service needs. It was agreed that this is an important area that requires further consideration within the context of future equitable service delivery and models of care.
- Acknowledged the challenges facing rural healthcare and the need to strengthen community-based services confirming that this will be discussed further with Welsh Government around the need for a **Rural Healthcare Plan** for all Health Boards in Wales.
- Extended thanks to Llais and Sue Irlam for their contribution, noting the importance of open dialogue with local communities.
- Noted that consideration of the options does not constitute a final decision, and that all evidence and statutory requirements will be carefully considered before the outcome of the consultation returns to the Board in March 2027.
- Approved the proposed options being taken forward to formal public consultation.

It was resolved that the Board:

- **APPROVED** the proposed options being taken forward to formal public consultation noting that no final decision is being sought at this stage and that the consultation is intended to test the evidence, assumptions, impact assessments and conclusions presented within this document.
- **APPROVED** to commence public consultation and that the outcome of the consultation is planned for March 2027 as described in the timeline outlined in the report.

26.142 Mental Health Report

The Board received the report and the Executive Director of Allied Health Professionals & Health Sciences highlighted:

- The report provides an overview of the progress made in the continued improvement of modernising Mental Health services across the Health Board through the **Mental Health Oversight and Delivery Group**.
- The report is part of regular reporting arrangements noting that the previous report was received by the Board in January 2026.
- The **Royal College of Psychiatry (RCP) Invited Services Review** and the **Expert Advisory Group** reports informed the priorities of the Health Boards **Mental Health Oversight and Development Group**, chaired by the Chief Executive and created to provide effective oversight and drive delivery.

- The **Mental Health Oversight and Development Group** has developed a clear workplan based on its scope and remit, with five workstreams and a number of key deliverables. An Executive Director has been aligned to each of the workstreams and the detail is included within the report.
- Whilst significant work remains in relation to performance improvements and sustainable outcomes, the Health Board has established a clear framework for oversight, accountability and improvement as well as developing a **Mental Health Outcomes Framework**.
- The methodology for design of the **Mental Health Outcomes Framework** has involved extensive consultation with service users and carer representatives across North Wales in a series of events over an 18-month period and the key themes identified have been captured.
- Going forward the **Mental Health Outcomes Framework** will be tested and refined to ensure it is reflective of the views shared and additional data will be collected from the lense of the patient and the teams.

In discussing the report, the Board:

- Noted that the Quality, Safety and Experience Committee have maintained close oversight of this work, including consideration of performance and community-based activity, and welcomed the detailed progress reports provided.
- Acknowledged the need to improve access to early talking and listening support, recognised the significant progress made in reducing out of area placements, and emphasised the importance of strengthening patient experience by providing individuals with a greater voice in their care.
- Recognised the importance of physical health within Mental Health services and welcomed the progress made to date noting that further work will be taken forward in this area.
- Referred to development needs in relation to Estates and how the ligature risks are being managed. It was confirmed that annual work continues to manage ligature risks through clinical assessment and the existing ligature programme. It was also noted that an update on the **Estates Strategy** will be presented to the next Planning, Population Health and Partnerships Committee in September 2026.
- Welcomed the progress made and suggested future reports include more specific and measurable plans, including clear milestones and timescales for areas such as ligature risks and the development of a dementia service model.
- Recognised the intense support provided by staff within the culture, leadership and organisational development workstream suggesting the need to support staff in this area of work and provide a holistic and measurable plan.
- Stated that the report provides assurance on the future direction, noting the need for the **Mental Health Oversight and Delivery Group** to strengthen the balance of plans, milestones and measurable impact, whilst maintaining focus on the **Royal College of Psychiatry** and **Expert Advisory Group** recommendations, with six-monthly reporting to the Board to maintain oversight.

It was resolved that the Board:

- **NOTED** the progress made through the Mental Health Oversight and Delivery Group since the previous update to the Board in January 2026. This includes the establishment of a single structured improvement programme across the five strategic workstreams.
- **NOTED** the significant reduction in acute out-of-area placements, sustained compliance with Mental Health Measure performance standards, successful procurement outcome for the Mental Health Electronic Healthcare Records and progress made in strengthening workforce stability, service quality and patient experience.

- **CONSIDERED** and **ENDORSED** the draft Mental Health Outcomes Framework as the foundation for strengthening outcome-focused performance, quality and assurance reporting across Mental Health and Learning Disabilities service.
- **NOTED** the report and took reasonable assurance from the governance, quality management and oversight arrangements established through the Mental Health Oversight and Delivery Group.

26.143 All Ages Community Health Digital Solution – Outline Business Case

The Board received the report and the Chief Executive highlighted:

- The Board are committed to driving forward an **Electronic Healthcare Records** system.
- The full system is currently on pause as Welsh Government revise their **Digital Strategy** however progress is being made with the **Mental Health and Learning Disability Electronic Healthcare Records** system.
- Digital records are an important enabler in supporting improvements to the delivery of care within community services.
- As part of the National Connecting Care Programme, Digital Healthcare Wales (DHCW) submitted a business case to Welsh Government for funding to support the procurement and implementation of a Community Health Digital System for Health Boards across Wales.
- Approval of the Outline Business Case will enable the tender to progress, with a Full Business Case to follow before any contract is awarded. This proposed approach has been reviewed and supported by the Performance, Finance and Information Governance Committee.

In discussing the report, the Board:

- Noted that the Outline Business Case does not identify cash-releasing savings but sets out an ambition to cover the revenue costs, requiring sufficient financial headroom and a clearer articulation of the expected benefits.
- Queried which Committee should provide oversight of this area of work. It was confirmed that the responsibility currently falls within the remit of both the Performance, Finance and Information Governance Committee and Planning, Population Health and Partnerships Committee noting the need to clarify the balance and oversight required from the Committees. The Director of Corporate Governance agreed to take this forward.
- Acknowledged that the Chief Executive is the Senior Responsible Officer for this area of work and also Chair of the **Electronic Healthcare Records Programme Board** noting the need for decisions to be made taking into account the broader **Electronic Healthcare Records** landscape.
- Highlighted the need for a current solution to support progress with transformation including **Community by Design** and integration with existing programmes.

Action:

- **26.143.1** Director of Corporate Governance to clarify the oversight required by the Performance, Finance and Information Governance Committee and Planning, Population Health and Partnerships Committee in relation to the digital solution work.

It was resolved that the Board:

- **APPROVED** the Outline Business Case in its current context, noting that a recurrently affordable Full Business Case will be presented for full approval before contract award and implementation.

- **APPROVED** the tender exercise to identify a preferred way forward for procurement, retaining the option for either a locally led or collaborative procurement with other Health Boards, noting that any subsequent contract award will be dependent upon a recurrently affordable Full Business Case.
- **SUPPORTED** the use of existing Health Board resources to develop the Full Business Case, with the agreement that the Full Business Case presented for approval following formal procurement tender for the system will demonstrate and deliver recurrent affordability.

26.144 North Denbighshire GP Practice Sustainability Proposal

The Board received the report and the Chief Operating Officer highlighted:

- **Healthy Prestatyn Iach** was established in 2016 following the return of three GP contracts and initially served approximately 23,000 patients.
- Patient numbers have fallen by more than 20% but the practice boundary and operating model have remained unchanged.
- Neighbouring independent practices have expressed a need to grow their patient lists to improve sustainability, support workforce development and strengthen partnership succession planning.
- It is being suggested to transfer approximately 5,000 patients living outside the new outline boundary to neighbouring practices that have volunteered to increase capacity.
- No patient would be left without a GP practice and patients would automatically be allocated without needing to re-register.
- It has been recognised that there is a need to engage with those affected and an eight-week public engagement period is running from 4 June to 31 July 2026 as well as multiple public meetings, stakeholder briefings and engagement sessions.
- Initial analysis suggests the majority of patients would transfer to a practice that is either closer to, or no further away from their home than their current practice noting that a small number of patients may experience increased travel times.
- A boundary change would require a review of workforce and service models and this will be addressed as part of the workstream.
- Failure to make changes could limit the sustainability of neighbouring practices and restrict workforce development opportunities.
- The team are working closely with residents and a decision is due to be agreed by the end of August 2026 with the proposed boundary change effective from 1 January 2027.

In discussing the report, the Board:

- Queried the process for decision making and final Board approval. It was confirmed that service change is a matter reserved for the Board however it was agreed to clarify outside of the meeting.
- Questioned whether any posts are expected to be adversely affected, it was confirmed that a small number of staff may be asked to work from different surgeries or branches transferred to other practices.
- Acknowledged the need to rebalance and ensure services are being delivered effectively.

It was resolved that the Board:

- **NOTED** the proposals to improve GP Sustainability in the North Denbighshire Cluster.
- **NOTED** the progress of the engagement process and actions bring considered following feedback.
- **NOTED** the timescale and process for the boundary change proposals.

INTEGRATED PERFORMANCE

26.145 Planned Care

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

- The Health Board continues to make significant progress in relation to **Planned Care**.
- The Cabinet Minister for Health and Care recently visited the **North Wales Surgical Hub, Llandudno** which will provide improvements in sustainable service delivery.
- A new single **Planned Care Recovery Plan** is being developed to bring together recovery, transformation and fragile service improvements into one integrated specialty-based framework to deliver sustainable change for the future.
- Significant improvements achieved during 2025/26 have been sustained and at the end of June 2026 there were 2,167 patients waiting over 104 weeks noting that this position remains broadly stable and is positive compared to other Health Boards.
- There has been a significant change in team working across the region on a specialty-by-specialty basis rather than by site noting that specialty reviews will be undertaken to ensure patients are not disadvantaged.
- Theatre utilisation remains a key challenge recognising that additional capacity is required to support a detailed review and enable clinicians to ensure theatre lists are utilised effectively.
- There have been sustained improvements in diagnostics with current performance reported at 66% with an aim of 75% noting that teams are working more effectively with a focus on reviewing demand and capacity.
- Funding has been made available across Wales, with Health Boards asked to set out plans for in-year delivery and long-term sustainability. As further funding is secured, the focus will be on maximising internal delivery, building on planned care improvements and ensuring sufficient care provider capacity.
- Thanks were extended to all the teams who are working exceptionally hard together to make improvements in this area.

In discussing the report, the Board:

- Suggested that performance reporting should clearly highlight the progress made, the current position and the future trajectory, supported by narrative that helps the public understand the impact of the improvements.
- Noted the importance of maintaining theatre utilisation including effective use of the additional capacity in the **North Wales Surgical Hub, Llandudno** to support improved productivity, alongside clarity on the work underway to improve theatre productivity.
- Highlighted the need to share further information with the public around performance. It was confirmed that information is in the public domain, and work is being taken forward to share progress alongside a balanced view of the national position and further improvements required.

It was resolved that the Board:

- **DISCUSSED** and **NOTED** the current position for Quarter 1 planned care performance delivery and the Planned Care Change Programme delivery, including further opportunity.

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

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

26.147 Urgent and Emergency Care Progress Report

The Board received the report and the Chief Operating Officer highlighted:

- **Urgent and Emergency Care** remains one of the Health Boards most significant risks with an impact on patient and staff experience.
- Some area of improvement are being sustained however this is not system wide.
- There is a need to review alternatives to attendance at **Emergency Departments** as part of the **Community by Design Programme**.
- Focus remains on delivering the expectations set around ambulance handovers and reducing 12 hour waits by the end of September 2026 noting that front-door performance is improving, but flow through and out of hospitals remains an area of challenge.
- Work is taking place in relation to culture and team working, with a learning session planned to reflect on recent pressures and support closer collaborative working across the three sites.
- Significant progress is underway to improve discharge and reduce length of stay, including collaboration with Local Authorities around discharge hubs.

In discussing the report, the Board:

- Referred to risk appetite in relation to discharge recognising the need to take a proportionate approach and balance the risks of keeping patients in hospital against supporting timely and appropriate discharge.
- Acknowledged the support required to free up beds by working closely with Local Authorities and partners to improve patient flow across acute and community settings.
- Noted that the weekly **Urgent and Emergency Care** meetings are supporting a better understanding of the data and clearer management actions with a need to continue to embed a consistent daily discipline to ensure teams are confident and capable of sustaining improvement.
- Confirmed that progress is being made whilst recognising that further work is required.

It was resolved that the Board:

- **NOTED** the current performance.
- **SUPPORTED** the requirement for accelerated system-wide action on flow and discharge.
- **ENDORSED** strengthened operational accountability at site and system level.
- **AGREED** to maintain focus on the delivery of measurable improvement over the next 90 days.

26.148 Integrated Quality Report

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

- Never Events continue to increase, there are a number that can be defined as preventable reinforcing the need to investigate contributory factors, audit compliance and strengthen learning.
- There has been an amendment to the rules relating to the **Deprivation of Liberty Safeguards** and this is documented within the report.
- The **Health Inspectorate Wales Review** of the Emergency Department at Ysbyty Glan Clwyd designated the site as requiring improvement. The report highlights the immediate actions required and the Wrexham Maelor Hospital and Ysbyty Gwynedd sites are completing a self-assessment against these actions.

In discussing the report, the Board:

- Referred to the amendment to the **Deprivation of Liberty Safeguards** guidance noting the need for further information to be shared to ensure the Health Board are meeting the

statutory requirements. It was confirmed that this will be reviewed in further detail by the Executive Committee in terms of adhering to legislation and practical implementation agreeing to circulate a briefing note outside of the meeting.

- Suggested that future reports provide greater detail on learning from patient safety incidents and never events, including how this is being embedded to prevent recurrence and reduce incidents over time. It was confirmed that this can be reviewed in further detail by the service and additional information can be provided in future.
- Highlighted the draft report from the **Health Inspectorate Wales Review** of the Emergency Department at Ysbyty Glan Clwyd which reported ongoing cultural issues noting the need for assurance that previous recommendations have been fully embedded. It was confirmed that a group has been established to strengthen oversight arrangements and support consistency across the organisation.
- Confirmed that work is taking place to refine the Integrated Quality Report and enhance reporting processes.

Action:

- **26.148.1** Director of Corporate Governance and Deputy Executive Director of Nursing to provide a briefing note outside of the meeting on the legislation requirements and implementation plan for the amendment to the Deprivation of Liberty Safeguards guidance.

It was resolved that the Board:

- **NOTED** the contents of the Integrated Quality Report and the progress being made across the quality domains.
- **SUPPORTED** the continued focus on delivering improvement in those areas.
- **ENDORSED** the continued focus on reducing regulatory and patient safety risks, including delivery of Health Inspectorate Wales improvement plans, completion of overdue actions, and strengthening organisational learning arrangements.
- **AGREED** that the Quality, Safety and Experience Committee maintain oversight of the key exception areas identified within this report and provide escalation to the Board where improvement trajectories are not achieved.

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

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

26.150 Integrated Quality and Performance Report

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

- The report continues to be developed and will be aligned with Executive Committee and Performance, Finance and Information Governance Committee reporting arrangements.
- Further meetings are required with key Committee members to review and refine the approach.
- The report structure comprises of an introductory section, an Executive synopsis and individual supporting reports noting that the data charts have been strengthened to provide a clearer forward look and aligned to the **Integrated Medium-Term Plan**, the de-escalation criteria and the Ministerial requirements.
- Moving forward duplication of information will be reduced as the detail develops into a substantive and comprehensive oversight report, bringing together key information from existing reports into one consolidated report.

In discussing the report, the Board:

- Welcomed the move towards an integrated report and requested that future iterations clearly show actions taken, resulting impact, historical data and improvement trajectories, including status updates and movement over time.
- Referred to the vacancy rate and queried whether this is an area of concern. It was confirmed that there is work underway to review budgets and ensure baselines are accurate. Vacancies are being held to support newly qualified students and the **Foundation for the Future Programme**, with the position expected to improve over the coming months as this work progresses.
- Highlighted the current **Cancer** performance and queried whether any assurance can be provided in this area. It was confirmed that a **Cancer Recovery Plan** has been developed, with performance currently at 90% against plan, although sustaining improvements remains essential given the significant volume of patients.
- Queried the plan to address longstanding **Neurodevelopmental** assessment delays for children. It was confirmed that additional support with be provided noting that improved data analysis and delivery of legacy assessments would inform future reporting and service improvements.

It was resolved that the Board:

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

26.151 Finance Report

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

- The **Annual General Meeting** held on 29 July 2026 concluded the 2025-2026 review of accounts with an unqualified opinion and thanks were extended to the team for their work in this area.
- The year-to-date position is reporting a deficit of £17.1m against the currently planned deficit of £46m by the end of the financial year noting the aim to attain the key statutory duty of break-even.
- There is a need to deliver a savings stretch target of £63m to submit a balanced plan noting that delivery of plan would result in £26m of Welsh Risk Pool costs being mitigated.
- There is a continued focus in this area with teams reviewing green savings schemes and value and sustainability noting that the next stage of the process will require decisions to be made by the Board to close the remaining gap. If that position is reached, the plan will be to reprofile while maintaining appropriate cost controls.

In discussing the report, the Board:

- Queried the historical delivery rate of red savings schemes, it was noted that early articulation and timely sign-off would be key to maintaining a high conversion rate.

It was resolved that the Board:

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

GOVERNANCE, RISK AND ASSURANCE

26.152 Chair's Assurance Report: Audit Committee

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

26.153 Corporate Risk Register

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

- The ongoing review of the Health Board's corporate risks and assurance arrangements, including work to strengthen Executive Committee scrutiny of Corporate Risks.
- The development of a revised reporting format to provide greater focus on key issues, risk movement, mitigating actions and assurance.
- That one Corporate Risk relating to regulatory oversight had reduced and was now within the Health Board's agreed risk appetite.

In discussing the report, the Board:

- Noted that nine Corporate Risks remained above the Health Board's agreed risk appetite.
- Emphasised the importance of clear mitigation plans, realistic timescales and measurable risk reduction for risks remaining above appetite.
- Welcomed the continued Executive oversight of Corporate Risks but stressed the need for greater evidence of the effectiveness of mitigating actions and progress in reducing risk exposure.
- Discussed the development of a more outcome-focused approach to risk reporting and sought assurance that future reports would provide clearer risk reduction trajectories and strengthen the link between risk, assurance and organisational performance.

It was resolved that the Board:

- **NOTED** the current Corporate Risk Register and assurance position.
- **NOTED** that nine Corporate Risks remain above the Health Board's agreed risk appetite.
- **ENDORSED** the continued Executive review and scrutiny of Corporate Risks.
- **REQUIRED** Executive Leads to establish clear risk reduction trajectories for all risks that remain above appetite.
- **SUPPORTED** the continued development of outcome-focused risk reporting and assurance arrangements.

26.154 Response to UK Covid 19 Inquiry

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

- The Health Board's consideration of the findings from Modules 2, 3 and 4 of the UK Covid-19 Inquiry and the assessment of their relevance to local services.
- That many of the themes identified reflected wider national and system-level challenges rather than issues unique to the Health Board.
- Plans to establish a Learning and Discovery Group to consider the findings in greater detail, identify any lessons and required actions, and oversee the Health Board's response, with meetings commencing in September 2026.
- The key themes emerging from the Inquiry findings and the importance of ensuring that future external reports are systematically reviewed to identify implications for the organisation.
- The work underway to strengthen organisational preparedness and ensure that lessons identified can be applied to future public health incidents and major system challenges.

In discussing the report, the Board:

- Welcomed the proactive approach being taken to review the Inquiry findings and consider their relevance to local services.

- Recognised the importance of capturing learning from national reviews and inquiries to support continuous improvement.
- Emphasised the need to ensure that lessons identified are translated into practical actions and embedded within organisational arrangements.
- Supported the establishment of the Learning and Discovery Group to oversee this work and provide assurance on progress.

It was resolved that the Board:

- **NOTED** the findings of the UK Covid-19 Inquiry Modules 2, 3 and 4 Reports.
- **ACKNOWLEDGED** the distinction between system-wide constraints and organisational response.
- **NOTED** the strengths demonstrated by the Health Board.
- **ENDORSED** the Executive Nurse-led approach to organisational learning.
- **SUPPORTED** the governance arrangements and next steps.

26.155 Corporate Governance Report

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

- The Corporate Policy Management Policy, provided within the supporting papers for ratification, had been subject to Health Board-wide consultation and review through the appropriate governance processes.
- Whilst significant progress had been made in strengthening the Health Board's policy framework, the policy management process remained complex and further work was required to simplify arrangements and improve usability.
- A transfer log between Committees and the Board had been developed and would be incorporated into future reports to provide greater transparency regarding the movement and oversight of items through the governance structure.
- The Audit Committee would retain oversight of the effectiveness of these arrangements.
- A protocol had been developed to establish a clear and consistent process for managing questions from members of the public.
- Future public questions and responses would be reported through the governance report to support transparency and accountability.
- A supporting flowchart setting out the process for managing public questions would be circulated in due course.

In discussing the report, the Board:

- Welcomed the improvements being made to strengthen governance processes and reporting arrangements.
- Supported the introduction of the transfer log as a mechanism to enhance transparency and visibility of matters progressing between Committees and the Board.
- Recognised the importance of ensuring governance processes remain proportionate, accessible and easy to navigate.
- Welcomed the development of a formal protocol for managing questions from members of the public and the increased transparency this would provide.

It was resolved that the Board:

- **NOTED** the contents of the Corporate Governance Report.
- **NOTED** the decisions taken in private session and the affixing of the Common Seal.

- **RATIFIED** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national requirements.
- **NOTED** the assurance provided through the NHS Wales Shared Services Partnership Committee
- **RATIFIED** the Corporate Policy Management Policy noting that it has completed the required governance pathway, consultation process and approval through the Executive Policy Oversight Group.
- **NOTED** the accompanying Corporate Policy Management Procedure which provides the operational framework supporting implementation of the Policy across the Health Board.
- **APPROVED** the Protocol for Managing Questions from Members of the Public.

26.156 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, 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
- Healthcare Professionals Forum, Emma Adamson
- Executive Committee, Carol Shillabeer

It was resolved that the Board:

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

CLOSING BUSINESS

26.157 Review of Meeting Effectiveness

The Board reflected on the discussions held and noted that further consideration would be given to the development of a consent agenda for future meetings.

26.158 Date of Next Meeting:

Thursday 24 September 2026 at 9.30am in Venue Cymru. Llandudno.

26.159 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."

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Annual General Meeting
held in Public on 29 July 2026
at Queens Market, Rhyl

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Tehmeena Ajmal	Chief Operating Officer
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Debbie Eyitayo	Executive Director of People and Organisational Development
Urtha Felda	Independent Member
Dyfed Jones	Independent Member
Paul Lambert	Independent Member
Chris Lothian-Field	Independent Member
Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
In Attendance	
Laura Jones	Corporate Governance Manager
Phylis Makurunje	Aspiring Board Member
Justine Parry	Acting Director of Digital, Data and Technology
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Pam Wenger	Director of Corporate Governance

ANNUAL GENERAL MEETING

Welcome, Introductions and Apologies for Absence

The Chair welcomed Board Members, members of the public and those viewing online to the meeting. It was noted that the Annual General Meeting provides an opportunity for members of the public to engage with colleagues and visit the stalls provided to showcase the health and wellbeing services provided by the Health Board.

Apologies were received for Clara Day, Mike Larvin and Angela Wood.

Declarations of Interest Relating to the Agenda

No declarations of interest were raised.

Annual Report 2025-2026: Year in Review - Presentation of the Annual Report including the Annual Governance Statement

The Chief Executive presented the Annual Report and highlighted:

- The importance of holding events at the heart of local communities to provide an overview of the Health Board's work during the previous year and the beginning of the current year noting that the Annual Report provides a brief snapshot of this important work.
- As the largest Health Board in Wales, the Chief Executive welcomed the opportunity to thank all colleagues across the organisation for their continued efforts in delivering services every day, 24 hours a day, 365 days a year recognising the remarkable work undertaken by staff.
- Thanks were extended to Board Members, Executive colleagues, senior leaders and managers for their ongoing support and leadership, recognising their role at the forefront of responding to the challenges faced by the Health Board.
- The Health Board remain committed to developing local communities noting that four strategic intent statements have been agreed this year, with a clear focus on primary and community care and creating a modern, people centred healthcare system to broaden the healthcare offer available across communities.
- There is a need to strengthen working relationships with all partners including the voluntary sector, North Wales Police, Fire and Rescue services, further and higher education and the Prison service.
- There continue to be a number of key challenges with considerable public concern regarding timely access to treatment and waiting times within Urgent and Emergency Care. The Health Board will continue to ensure that data regarding performance in these areas is shared openly.
- The Health Board also faces significant challenges in maintaining a large and ageing estate, whilst also ensuring that NHS services keep pace with emerging technology, including artificial intelligence.
- Effective management of the Health Board's finances remains a key priority, recognising the progress made and the significant responsibility associated with the appropriate use of £2.5bn of public funding.
- There is also a need for a sustained focus on the long-term sustainability of services.
- A significant amount of work has been undertaken over the last year to reduce waiting lists and waiting times referring to the figures highlighted within the presentation and confirming that the Health Board is now meeting the Welsh Government de-escalation standards whilst continuing to work towards eliminating these waits entirely.
- There has been a substantial reduction in the number of people waiting longer than 12 months for their first outpatient appointment and thanks were extended to all colleagues involved, with work now focused on sustaining this progress and continuing to move forward.
- A new Master of Pharmacy Programme has been launched at the North Wales Medical School which will help to build further pharmacy provision in North Wales along with continued investment within dentistry and optometry services.
- Strategic planning arrangements have been significantly strengthened with the aim of delivering a Ten-Year Strategy and a Clinical Services Plan to improve the health and wellbeing of the population of North Wales.
- Audit Wales have highlighted improved governance arrangements and progress on building a firm foundation, recognising the importance of ensuring the effective operation of the Health Board.

- There is continued investment in new facilities with the North Wales Surgical Hub at Llandudno Hospital moving closer to completion and plans being announced for the redevelopment of the Royal Alexandra Hospital in Rhyl.
- Looking forward, the focus will be on building on the progress made over the past year, improving access, reducing waiting times, enhancing service quality and reducing avoidable harm.
- Workforce, leadership and organisational culture remain key priorities, with more than 200 colleagues participating in the Culture Change Leaders programme. While further progress is required, there is a clear commitment to working with staff to build an organisation where colleagues feel valued and supported.

Annual Quality Report

The Executive Director of Allied Health Professionals & Health Sciences presented the Annual Quality Report and highlighted:

- Quality is the responsibility of all staff and remains a key priority for the Health Board.
- The Annual Report is a crucial document within healthcare and will be presented to the Board in September 2026.
- During 2025/26 the overall focus has been on strengthening quality, safety, governance and organisational learning across all areas whilst the Health Board continues to operate within Special Measures.
- A major risk for the organisation is providing timely patient access to safe and effective care noting that there has been progress in this area including significant reductions in long waits, improved Mental Health access for assessment and treatment of adults and children and enhanced digital capacity with the introduction of new electronic systems.
- There have been some improvements in quality governance including timely responses to complaints, the introduction of the Quality Management System and reducing the occurrence of Never Events.
- Going forward there will be a clear focus on plans to reduce overcrowding in Emergency Departments, discharging patients in a more timely manner and ensuring that all parts of the system are appropriately aligned, alongside external partners, around a shared vision of what needs to be achieved.
- There will also be continued focus on improving performance in urgent suspected cancer pathways, the Community by Design programme to expand care for patients closer to home and embedding the patient and service user voice into improving service delivery for the future.

Audited Annual Accounts Submission 2025-2026 and Auditor Opinion

The Executive Director of Finance presented the Annual Accounts and highlighted:

- The performance requirements for the Health Board against its statutory duty including the additional financial targets as highlighted within the presentation.
- The annual accounts were submitted to Audit Wales on 31 May 2026 noting that there was no change to the outturn from the draft accounts to the final audited submission.
- The Auditor General signed off the accounts on 30 June 2026 issuing a “true and fair” audit opinion on the 2025-26 financial statements.
- Thanks were extended to all colleagues involved for their hard work to meet the deadline requirements.

- The regularity opinion was qualified as expenditure exceeded the resource limit authorised in the three-year period to 2025-26 noting that the Health Board did not achieve a break-even position.
- The Health Board did not achieve a balanced three-year Integrated Medium-Term Plan and will therefore operate under a One-Year Plan.
- Information was provided within the presentation in relation to performance against financial targets, revenue and capital expenditure and invoices paid within 30 days.
- It was reported that the Health Board submitted draft and final accounts to Welsh Government, reporting a £17.3m deficit.
- In relation to 2026-27, the Health Board have submitted a £43m deficit plan, including a £46m savings target. Achieving a 'stretch' savings target of an additional £17m would secure a £28m allocation to mitigate the anticipated additional costs of the Welsh Risk Pool and return the Health Board to financial balance.

Presentations provided by Colleagues

Royal Alexandra Hospital (RAH) Project Phase 1

Steph O'Donnell, Programme Director and Jade Parry, Construction Project Manager presented the item highlighting:

- A scope has now been agreed to move forward this long-awaited project.
- The strategic investment objectives of bringing services into the building will include improving the site, delivering significant benefits for the local community and increasing the range of sustainable service provision to provide better outcomes for patients and move care closer to home.
- The Phase 1 scope was highlighted within the presentation noting the range of services that will be available within the Royal Alexandra Hospital site.
- There will be a number of benefits including investment in health and wellbeing, development of integrated services, reduced pressure at Ysbyty Glan Clywd Emergency Department and increased economic activity.
- The team are currently on site to commence work on the build noting that some services will be relocated while the construction takes place.
- The timescales were highlighted within the presentation with the aim of completing construction around September 2027 and admitting the first patients by November / December 2027.

Electronic Prescribing and Medications Administration (ePMA)

Jane Brady, Chief Nursing Information Officer and Kate Davies, Lead Nurse Informatics presented the item highlighting:

- The Electronic Prescribing and Medications Administration (ePMA) system has transformed the way in which medicines are prescribed.
- The project has been completed with input from colleagues from a wide range of teams including Nursing, Pharmacy, Medicine and the operational teams.
- A rapid implementation was successfully delivered at scale noting that the system was initially piloted to identify any lessons learned to inform the wider rollout and support continuous improvement across subsequent implementations.
- Strong collaborative working has enabled ongoing feedback to be gathered, with teams sharing learning and user insights throughout the process to enable the teams to deliver the programme whilst also focusing on patient safety.

- The programme has now moved into the optimisation phase, with continued engagement to gather staff feedback and identify opportunities for improvement. Ongoing site visits and quarterly BetsiNet newsletters support user engagement, while targeted assistance is provided where required. Focus remains on ensuring the system is used safely and effectively, alongside planning for future enhancements and upgrades.
- The programme is beginning to deliver tangible benefits, including improved sustainability, enhanced staff engagement, and strengthened antimicrobial stewardship through more effective prescribing practices. There are also improvements in safer patient care, stronger clinical governance, and a more secure medication management process.
- Going forward, the focus will be on optimisation and continuous improvement, including embedding best practice, and further expanding system benefits. Ongoing developments will be delivered in partnership with colleagues and teams, maintaining a clinically led approach with patient safety at its core.
- The significant contribution of all staff involved was gratefully acknowledged.

The Chair noted that the Annual General Meeting provides an opportunity for staff to showcase their work, share the developments taking place and highlight the range of initiatives being undertaken to improve the health and wellbeing of the population of North Wales.

Questions and Answers to the Health Board

The Chair noted that a number of questions have been raised by members of the public and the questions and answers will be available on the website following the meeting.

The Chair responded to a number of the questions raised in relation to Tywyn Community Hospital highlighting:

- There continues to be significant public interest in the future of Tywyn Community Hospital noting that the level of interest reflects the importance of considering the long-term health and care needs and service provision requirements of the local population within the Tywyn area.
- The Board will consider the next steps at the Health Board meeting taking place on 30 July 2026 and will make a decision on the way forward.
- This follows a comprehensive programme of engagement events, including meetings with community groups and community councils. The views and feedback received will help inform the Board's discussions and shape future plans for services in the area.
- Whilst Tywyn Hospital has not closed, a ward has not been operating as previously due to staffing challenges, and it is important that the terminology used accurately reflects this position.
- The concerns being expressed by local communities have been recognised, which extends beyond the future of the hospital itself. It was noted that residents in rural areas can feel that services are being reduced or overlooked, and that these perceptions will be carefully considered as part of the wider discussion.
- The Board’s discussion will need to focus on the services required to meet the future needs of the population. The issues under consideration extend beyond a single ward or hospital and reflect wider changes in population needs, workforce availability, and the ongoing challenges associated with recruiting to a range of healthcare roles.
- Addressing these challenges may require a collaborative approach with partners including local authorities and Welsh Government working together to consider the future model of service provision.

- It is important to use accurate and sensitive language throughout the discussions, recognising the strength of feeling within local communities, emphasising that differing views should be expressed and considered respectfully.

The Chair responded to a number of additional questions raised highlighted:

- A question has been raised in relation to utilising community hospitals and it was noted that the Community by Design programme will provide opportunities in this area and the ambition of the Health Board is to move toward community led services noting that constructive discussions are taking place in this area of work.
- In relation to making contact with the Chair and Chief Executive, it was confirmed that the Chair and Chief Executive are happy to meet concerned members of the public while highlighting that processes and guidelines in place need to be adhered to.
- A question has been raised in relation to the recommendations within the Royal College of Psychiatrists report, it was confirmed that the Board continue to oversee and operate in accordance with the recommendations which continue to be addressed.
- A number of questions have also been raised in relation to responding to concerns and it was confirmed that the Health Board have a highly effective team who continue to provide responses to all queries raised.

The floor was opened up to questions and the following was raised:

- What is the future of the Ablett Unit, and in particular what plans are in place to provide appropriate accommodation for the perinatal unit?
- It was confirmed that work is continuing alongside dialogue with Welsh Government and the next Project Board is due to take place in August 2026. The project remains challenging and discussions are ongoing in relation to the building and commencement of the next phase of work. A paper is due to go to the Executive Committee for full discussion before being shared with Board members. In relation to the perinatal unit, the plan is to move the unit into Caledfryn and discussions are taking place with the team.
- The Older Peoples Forum in Tywyn were unable to hear the response from the Chair in relation to the questions raised regarding Tywyn Community Hospital. The Chair thanked the members for travelling to the meeting and confirmed that a recording of the meeting will be available online and a decision will be made at the Health Board meeting being held on 30 July 2026.
- A question was raised around St Davids Hospice in Holyhead being closed at the end of last year and it was queried how this has moved forward and what is the future for these services?
- It was confirmed that the service is provided by St Davids Hospice and not the Health Board noting that the Health Board do work closely with a number of hospices to provide services within local communities. Welsh Government are currently reviewing how hospices are funded and work is taking place to review whether Anglesey have the required palliative care services available.

Closing Remarks

The Chair closed the meeting and thanked all those who had joined the meeting and welcomed the feedback received.

Health Board Action Log (Public)

Updated 17.09.26

Open Actions						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
			REMAIN OPEN			
1	**26.102.1**	28.05.26	**Proposal to becoming a Maethu Cymru / Foster Wales Partner and Foster Friendly Employer** The work to develop the Health Board to become a Foster Wales Partner and Foster Friendly Employer to progress via the Executive Committee and People and Culture Committee and report back to the Board in future.	Debbie Eyitayo	Jan 27	**Remain Open** **22.06.26** This work will be progressed to report to the People and Culture Committee in December 2026 before reporting back to the Board.
2	**26.102.2**	28.05.26	**Proposal to becoming a Maethu Cymru / Foster Wales Partner and Foster Friendly Employer** Further work to be completed to develop a focus on issues concerning children and young people at the Board in a more comprehensive manner.	Helen Stevens-Jones	Jan 27	**Remain Open** **26.06.26** The Youth Board presented at the Board Development Session held on 25 June 2026, further work is taking place in this area and will aim to report back to the Board in January 2027.
3	**25/129.1**	31.07.25	**Chair's Report** People and Culture Committee to discuss opportunities to support young people into the workplace and report back to the Board.	Debbie Eyitayo Georgina Roberts	~~May 26~~ Revised timescale Jan 27	**Remain Open** **09.09.26** This was discussed at the P&C Committee agenda setting meeting on 06.08.26 where it was suggested this is linked to an upcoming

						National celebration day also aligned to a work programme / strategic business. This is being discussed by the Workforce team to agree how this is taken forward. **19.01.26** This area of work will align to the Foundations for the Future Programme and will therefore report to the People & Culture Committee later in the year, the timescale has been revised to reflect this. **18.11.25** This will be the focus for the staff story in April 2026 and will report back to the Board. **09.09.25** This is planned to be the focus for the staff story at a future People and Culture Committee and will be reported back to the Board via the AAA Report.
			ACTIONS PROPOSED FOR CLOSURE			
1	**26.143.1**	30.07.26	**All Ages Community Health Digital Solution – Outline Business Case** Director of Corporate Governance to clarify the oversight required by the Performance, Finance and Information Governance Committee and Planning, Population Health and Partnerships Committee in relation to Digital.	Pam Wenger	Sept 26	**Action proposed for closure** **07.09.26** The oversight for capital projects sits with the PFIG Committee and the delivery of digital projects sits with the PPHP Committee. Lead Executive Directors to ensure relevant Independent Members are briefed on Digital

						projects ahead of Committee meetings taking place.
2	**26.148.1**	30.07.26	**Integrated Quality Report** Director of Corporate Governance and Deputy Executive Director of Nursing to provide a briefing note outside of the meeting on the legislation requirements and implementation plan for the amendment to the Deprivation of Liberty Safeguards guidance.	Pam Wenger Chris Lynes	Nov 26	**Action proposed for closure** **15.09.26** A briefing paper has been circulated to Board members by email outside of the meeting. **08.09.26** This action is being progressed and a briefing will follow in due course.
3	**26.131.1**	25.06.26	**Emergency Department Business Case** The Director of Corporate Governance to share the Healthcare Inspectorate Wales Reports with Board Members for information.	Pam Wenger	Sept 26	**Action proposed for closure** **30.07.26** It was confirmed during the July Board meeting that this information has now been shared and the action can be closed. **21.07.26** The Healthcare Inspectorate Wales Reports will be shared once they become available.
4	**26.93.1**	28.05.26	**Integrated Quality Report** The submission to Health Inspectorate Wales in response to the inspection at the Emergency Department at Ysbyty Glan Clwyd to be shared with Board Members once complete.	Clara Day	Sept 26	**Action proposed for closure** **30.07.26** It was confirmed during the July Board meeting that this information has now been shared and the action can be closed. **21.07.26** This action links with action 26.131.1 and the Healthcare Inspectorate Wales Reports will be shared once they become available.
5	**26.98.1**	28.05.26	**Finance Report**	Russell Caldicott	Sept 26	**Action proposed for closure**

			Further detail on the financial position to be provided to the Board due to the significance of the challenge.			**16.09.26** The Financial Savings Plan is reported within the Finance Report being presented to the Board in September 2026. **21.07.26** The Financial Savings Plan was discussed at the Board Development Session held on 25 June 2026 and further discussions are ongoing.
6	**25.209.1**	27.11.25	**Healthy Travel Charter** Progress against the Healthy Travel Charter to report back to the Board in May 2026.	Stuart Keen Jane Moore	~~July 26~~ Revised timescale Sept 26	**Action proposed for closure** **17.09.26** An action plan update has been circulated to Board members outside of the meeting and this will be taken forward for further action. **10.07.26** Further work is required in relation to the Healthy Travel Charter and this will be discussed further by the PPHP Committee. **21.04.26** A brief progress update on the Healthy Travel Charter has been included in the Q4 Population Health Delivery Report being provided to the PPHP Committee in May 2026 and a further report will be submitted to the Committee in July 2026. This will be reported back to

						the Board in July via the Committee AAA Report. **16.03.26** This information will be included in the Public Health Delivery Plan and reported to the PPHP Committee in May 2026. **19.01.26** The Healthy Travel Charter has been included on the forward workplan for both the PPHP Committee and the Health Board in May 2026.

Closed Actions (as agreed at meeting on 30.07.26)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	**26.84.1**	28.05.26	**Matters Arising and Action Log** Performance, Finance and Information Governance Committee to review how savings can be achieved in relation to Value and Sustainability to ensure this information becomes more visible.	Russell Caldicott	July 26	**21.07.26** This is an item on the next PFIG Committee agenda.
2	**26.84.2**	28.05.26	**Matters Arising and Action Log** The Chairs Advisory Group to further discuss the implementation of a consent agenda for relevant items reporting from Committees to Board.	Pam Wenger Philippa Peake-Jones	July 26	**22.06.26** This is being discussed by the Chairs Advisory Group with the aim of moving towards a consent agenda in September 2026.
3	**26.88.1**	28.05.26	**Chief Executive's Report** The Chief Executive to provide communication to Board Members following the Escalation Board taking place on 29 May 2026.	Carol Shillabeer	July 26	**22.06.26** The Director of Corporate Governance shared a copy of the letter received following the meeting with the Board.

4	**26.88.2**	28.05.26	**Chief Executive's Report** Extend the invite for the People and Culture Committee taking place on 11 June 2026 to Board Members for the Foundations for the Future item.	Pam Wenger Philippa Peake-Jones		**22.06.26** An update was provided at the Committee meeting held on 11 June 2026 and an additional People and Culture Committee has been scheduled to take place during August 2026 to focus on structures and the organisational change element of Foundation for the Future ahead of the consultation period.
5	**26.91.1**	28.05.26	**Penley Community Hospital – Case for Change** The Director of Corporate Governance to advise on the inclusion of an additional recommendation as this is a matter reserved for the Board and confirm with the Interim Executive Director Transformation and Strategic Planning when Penley Community Hospital will return to the Board for final decision making.	Pam Wenger Paolo Tardivel	July 26	**22.06.26** An additional recommendation was included in the minutes from the May 2026 meeting to confirm that the Board approved to commence the public consultation and that the outcome of the consultation was planned for January 2027 in accordance with the timescales in the report.
6	**26.94.1**	28.05.26	**Urgent and Emergency Care Progress Report** The report to the next Board meeting in July 2026 to confirm progress against the completion of the Emergency Department Business Case, the implementation of the 90 day Operational Improvement Plans and provide assurance on the discussions held by Quality, Safety and Experience	Tehmeena Ajmal	July 26	**21.07.26** The Emergency Department Business Case was received at the Board meeting held in June 2026. The additional elements of the action have been reflected in the Urgent and Emergency Care Progress Report being considered by the Board in July 2026.

			Committee and the Performance, Finance and Information Governance Committee.			
7	**26.52.1**	26.03.26	**Cancer Report** Quality, Safety and Experience Committee to receive Cancer Services as an agenda item at a future meeting to consider how this area of work can be taken forward following discussion at the March Board and report back to a future meeting of the Board.	Tehmeena Ajmal	July 26	**21.07.26** An update on Cancer Services was provided via the Planned Care item at the QSE Committee in July 26 and is being reported back to the Board via the QSE Committee AAA Report to the Board meeting in July 2026. **21.04.26** This has been included on the forward workplan for the QSE Committee suggesting this item is included on the agenda for the July meeting.

Health Board

STORI TIM DIBYNIAETH UCHEL CYMUNEDOL
STORYTELLING: COMMUNITY HIGH DEPENDENCY TEAM

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Barry Walkden, People's Experience Officer
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 Assurance Community High Dependency Team Story English Final.mp4

Crynodeb Gweithredol
Executive Summary

This report presents a patient story from the Community High Dependency Team (CHDT), highlighting the impact of specialist community-based care for an individual living with a high-level spinal injury and requiring long-term tracheostomy and ventilatory support.

The patient's experience demonstrates the significant contribution of the CHDT in enabling individuals with complex health needs to remain safely within their own homes and communities. The story evidences the team's role in preventing avoidable hospital admissions, providing specialist clinical interventions, and supporting both physical wellbeing and quality of life.

The patient describes the reassurance provided by having appropriately trained staff available to manage complex clinical needs, respond to deterioration, and coordinate emergency care when required. The story also highlights the challenges experienced by individuals living with high dependency needs and the value of integrated, person-centred support.

This patient story provides assurance regarding the quality, safety and effectiveness of community-based care delivered by the Community High Dependency Team.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
N/A		

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

STORYTELLING: MOMENTS THAT MATTER

1. Y SEFYLLFA / SITUATION

1.1 The Board is asked to receive a patient story from the Community High Dependency Team to provide assurance regarding the impact and value of specialist community services for patients with highly complex care needs.

2 Y CEFNDIR / BACKGROUND

2.1 The Community High Dependency Team provides specialist support to adults living with advanced illness, disease, trauma or injury who require complex ongoing care. The service delivers multidisciplinary support addressing physical, psychological, social and supportive care needs, with a focus on maximising independence and quality of life.

2.2 The patient featured in this story sustained a spinal injury following a road traffic collision in 1999, resulting in tetraplegia. Following a significant respiratory illness in 2020, the patient required a tracheostomy and overnight ventilation support, leading to involvement from the Community High Dependency Team.

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

3.1 The patient story demonstrates:

- Delivery of person-centred care within the patient's home environment.
- Prevention of unnecessary hospital admissions through early identification and management of deterioration.
- Positive patient experience and confidence in the skills of the workforce.
- Support for maintaining independence and quality of life despite complex healthcare needs.
- Effective multidisciplinary working to support patients with long-term, high-dependency care requirements.

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

4.1 No new risk is proposed for escalation on the basis of this individual patient story. However, the story highlights the importance of maintaining sufficient workforce capacity, specialist competence, continuity of care and timely access to multidisciplinary support.

5 ARGYMHELLION RECOMMENDATIONS

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

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

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	This patient story provides supporting assurance against **BAF 26_03 – Failure to Improve Access, Outcomes and Experience**, demonstrating the contribution of specialist community services to improved patient outcomes, experience, independence and the prevention of avoidable hospital admissions through high-quality care delivered closer to home.

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

	If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant	A Healthier Wales	

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

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod **Date of Meeting**	24 September 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

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

Report of Chair to Betsi Cadwaladr University Health Board
September, 2026

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

Board and Committees

Patient and staff stories are an important feature of our work at both committee and board level. They give us insight into real life experience for the people we serve and our employees. This evidence, together with other reports, such as **Learning from Events,** the **Citizen Experience Report** and the **Quality Management System**, should help inform our improvement work and identify areas of concern or similarly areas of opportunity. Whilst much of this has been useful, the work now requires further development in order to ensure that we, as a Board, are also sighted on the actions and sustainable improvement implemented across the organisation following such reporting. Our **Board Development** sessions will give us an opportunity to consider this further and adopt an approach that will support the improvement that is required.

We are currently facing considerable change in terms of personnel, especially at **Executive** level. We give our best wishes to colleagues who are leaving the Health Board and thank them for their contribution to the work of the organisation. One **Independent Member, namely Gareth Williams**, **Vice Chair**, departs as his term of office now comes to an end. Gareth has served as a Board Member since the recruitment of new members by the previous Government in March 2023. He has Chaired the Performance, Finance and Integrated Governance (PFIG) Committee and the Mental Health Legislation Committee, served on other committees and has undertaken the role of Vice Chair with oversight of Mental Health and Primary Care services, all with dedication and commitment. His contribution has been considerable and I have been grateful for his support and wise council. He has made a difference. Diolch yn fawr Gareth.

Well-Led Review

The Government have commissioned an **independent well-led review** of the Health Board's strategy, culture, leadership, governance and accountability arrangements. We are currently working with members of the panel and coordinating meetings and interviews with individuals and groups. The intention of the review is to seek to further understand the root causes of the challenges which continue to affect organisational and operational performance, and to consider whether the right

conditions are in place to deliver sustainable improvement. The expected outcome is a clear set of recommendations and actions which will further strengthen leadership, governance and organisational effectiveness, supporting our ability to deliver safe, high-quality and sustainable services for the people we serve here in our region. We see the work as a potential resource to support us on our improvement journey as a Health Board and look forward to the Government sharing the findings of the panel this Autumn.

Arts in Health

I recently attended the Premier of 'Hope' a film with Ty Llywelyn staff and patients at the Tape Community Music and Film centre, Old Colwyn. This film was based on the project of **The Shackleton Play by staff and people in their care at Tŷ Llywelyn, Bryn y Neuadd**. Supported by our **Arts in Health Team**, the film told the story of the project, how it was developed, the involvement of patients and staff, together with support from arts professionals. It was inspirational to view the film and listen to the views of those involved in a panel discussion following the screening. It is hoped that the film will be able to be shared to a wider audience in the future.

Below is a summary of some of my meetings and visits up to September 3, 2026.

22 July	Public Bodies Chair Group
22 July	Intervention discussion with NHS Performance and Improvement
22 July	Tehmeena Amjal, Chief Operating Officer
23 July	Graduation Ceremony for Flint and Clwyd Alyn Supported Interns
24 July	Carol Shillabeer, Chief Executive
27 July	Cabinet Minister for Health and Social Care and Director General Health and Social Services, NHS Wales Chief Executive
27 July	Matthew Edwards, Audit Wales
27 July	Independent Members Meeting
27 July	Independent Members, Chief Executive and Director of Corporate Governance
27 July	Weekly Performance Meeting
27 July	Carol Shillabeer, Chief Executive
28 July	Additional Performance, Finance and Information Governance meeting
28 July	Welsh NHS Confederation Management Committee
28 July	Pam Wenger, Director of Corporate Governance
29 July	BCUHB Annual General Meeting
30 July	BCUHB Board Meeting

3 August	Helen Stevens-Jones, Director of Partnership, Engagement and Communications
3 August	Debbie Eyitayo, Executive Director of Workforce and Organisational Development
3 August	Community Investment Fund Discussion
4 August	Pam Wenger, Director of Corporate Governance
5 August	Marc Jones MS, Carrie Harper MS
5 August	Penygroes Health and Well-Being Hub
6 August	Stuart Keen, Director of Estates and Environment
10 August	Introductory Meeting BCUHB/NHSWP&I Independent Review
10 August	Finance Oversight Group
10 August	Carol Shillabeer, Chief Executive
10 August	Unscheduled Care Oversight Group
11 August	Meetings with 2 Members of the Public re care in hospital
11 August	Pam Wenger, Director of Corporate Governance
12 August	Shortlisting for Vice Chair role
13 August	People and Culture Committee
13 August	Cabinet Minister for Health and Social Care and Director General Health and Social Services, NHS Wales Chief Executive and BCU Chief Executive
13 August	Gareth Williams, Vice Chair
14 August	NHS Chairs Well Led Framework workshop, Cardiff
17 August	Welsh Language Team
17 August	Debbie Eyitayo, Executive Director of Workforce and Organisational Development
17 August	Interviews for Interim Chief Operating Officer
18 August	Audit Committee
18 August	Alun Jones, Health Improvement Wales
18 August	Pam Wenger, Director of Corporate Governance
18 August	Carol Shillabeer, Chief Executive
19 August	Victoria Peach, IHC Director West
19 August	Mike Larvin IM Appraisal
20 August	Visit to Cefn Mawr Surgery with Steve Witherden MP and Carol Shillabeer, Chief Executive
20 August	Flintshire BCU Partnership Board
20 August	Carol Shillabeer, Chief Executive
24 August	Chief Operating Officer Interviews
24 August	Morwenna Roberts, Principal Clinical Psychologist
24 August	Carol Shillabeer, Chief Executive
24 August	Weekly Performance Meeting
25 August	Cyngor Gwynedd, Caernarfon. Bangor Health Hub
25 August	Chairs Peer Group
25 August	Premier of 'Hope' film with Ty Llywelyn staff and patients, Tape Community Music and Film, Old Colwyn

25 August	Briefing on Strategy, Paolo Tardivel with Gareth Williams, Vice Chair and Clare Budden, Chair of Planning, Population Health and Partnerships Committee
26 August	Governance and Accountability, Good Governance Institute
27 August	Board Development
28 August	Introductory meeting with Director of Finance candidate
1 September	Well-Led Interviews with panel members
1 September	Board meeting with Well-Led panel
1 September	Philip Ralfs, Dermatology Ysbyty Gwynedd
2 September	Interim Director of Finance Interviews
2 September	Clare Budden, Chair of Planning, Population Health and Partnerships Committee
2 September	Urtha Felda, Independent Member
3 September	Planning, Population Health and Partnerships Committee
3 September	Quality, Safety & Experience Committee (QSE)

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

CHIEF EXECUTIVE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	24 September 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 activity undertaken by the Chief Executive between 15 July and 11 September 2026. The reporting period has been characterised by continued engagement with Welsh Government and NHS Wales Performance and Improvement following the announcement of Ministerially Directed Intervention, alongside the commencement of the Independent Well-Led Review and the ongoing delivery of the Health Board's improvement priorities.

The report highlights leadership changes within the organisation and the arrangements being implemented to ensure continuity, alongside progress in planned care recovery and work to reduce long waiting times. It also reflects the publication of the Healthcare Inspectorate Wales report on the Emergency Department at Ysbyty Glan Clwyd and the actions being taken to address the findings and deliver sustainable improvement.

The report further recognises examples of excellence and innovation across the organisation, including national recognition through NHS Wales and HSJ award shortlists, and reflects the continued dedication of staff and partners in improving services for the people of North Wales.

Members are asked to **NOTE** the report.

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

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
BCUHB	Betsi Cadwaladr University Health Board
NHS	National Health Service
CEO	Chief Executive Officer

1.0 INTRODUCTION

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period 15 July to 11 September.

2.0 INTERFACE WITH WELSH GOVERNMENT

2.1 Well-led Review

In July 2026, the Welsh Government commissioned a Ministerially Directed Intervention at Betsi Cadwaladr University Health Board (BCUHB). As part of that intervention, an Independent Review Panel was established to undertake a Well-Led Review of the organisation. The Review seeks to assess whether the Health Board has the strategy, culture, leadership, governance and accountability arrangements required to deliver sustainable organisational improvement and support future progression from Special Measures.

The Review focuses on organisational structure, culture and workforce development; Board and Executive Team effectiveness; leadership capability; governance and accountability arrangements; organisational maturity; strategic planning; and organisational improvement capability.

The Review commenced in August 2026 and is expected to conclude in October 2026. Activity undertaken to date has included:

- Comprehensive documentary review
- Observation of Board and Committee meetings
- Interviews with Board members and senior leaders
- A dedicated Panel-to-Board session
- Staff engagement sessions

- Stakeholder engagement
- Acute and community site visits across North Wales.

The Health Board has coordinated a substantial evidence submission covering strategy, governance, Board effectiveness, leadership, workforce, quality, performance, finance, culture and Special Measures recovery. Additional contextual information was provided to support the Panel's understanding of the organisation's recovery journey since entering Special Measures in February 2023. The Panel is also requesting additional evidence and further engagement as the Review schedule progresses. In addition, more than 30 visits and engagement sessions have been held with health board colleagues across the region.

The Review remains ongoing and no findings, conclusions or recommendations have yet been received.

2.2 NHSW P&I Support – 4 Pillars

Since the Ministerially Directed Intervention was announced in July 2026, work has continued with NHS Wales Performance and Improvement (NHSW P&I) to establish the support arrangements across the four key pillars of *operational performance, quality and safety, workforce, and financial recovery.*

Fieldwork is currently underway as part of a focused review of Quality and Safety arrangements. The review is examining governance, patient safety, quality management and assurance processes across the organisation to assess effectiveness and identify opportunities for further improvement. The findings will inform the next phase of improvement support and help strengthen the Health Board's quality governance framework.

3.0 KEY UPDATES

3.1 Executive Team

Since my last report, a number of changes to the Executive Team have been communicated across the organisation. I would like to acknowledge the significant contribution of Executive colleagues who are leaving the Health Board and thank them for their commitment, leadership and service.

Angela Wood, Executive Director of Nursing and Midwifery, has retired following a long and distinguished career in healthcare. I would also like to recognise the contributions of Tehmeena Ajmal, who has recently left the organisation, and Russell Caldicott and Stuart Keen, who have both secured new roles outside the Health Board.

I would like to personally thank each individual for their dedication, commitment and valuable contribution during their time with the Health Board. Every one of them has played an important role in supporting our organisation and in helping us deliver

high-quality services for the people of North Wales. On behalf of the Board, I would like to express our sincere gratitude for all they have achieved and for the difference they have made. We wish them every success and happiness for the future.

To ensure continuity of leadership and delivery, a number of interim leadership arrangements have been put in place. An Interim Chief Operating Officer has been appointed and will take up post on 5 October 2026, while an Interim Executive Director of Nursing and Midwifery will join the organisation in early November 2026. These appointments will provide additional capacity and leadership during a period of transition and support the continued delivery of the Health Board's improvement priorities.

Alongside these interim arrangements, plans are being progressed to recruit to the substantive Executive positions. This approach will ensure organisational stability and continuity in the short term while securing permanent leadership arrangements for the future. The Board can be assured that robust plans are in place to maintain clear accountability, organisational resilience and executive oversight throughout this period of change.

3.2 Planned Care Recovery

The Cabinet Minister for Health and Care Welsh Government has announced significant additional investment to support the reduction of waiting times and the recovery of planned care services across Wales. The health board was asked to submit bids for some of this funding to support progress towards reducing the longest waits and, following Board approval, a submission was made within the timescales required. We are now working with the Welsh Government and NHS P&I to finalise the level of funding support available and the associated delivery expectations. To this end, a detailed delivery plan and improvement trajectory will be finalised, building on the Board-approved submissions and setting out the improvements that can realistically be delivered and will be reported and monitored through the Performance, Finance and Information Governance Committee (PFIG) in October, with a further update to Board in November.

Long waiting times remain a significant concern for patients and the organisation and while this investment provides an important opportunity to accelerate progress and is welcomed, it is important to recognise the scale of the challenge. Sustainable improvement will require not only additional investment but also the continued improvements in productivity, capacity, pathway redesign and regional working for a complete solution to the underlying demand and capacity challenges.

3.3 Health Inspectorate Wales Report: Emergency Department at Ysbyty Glan Clwyd

Healthcare Inspectorate Wales (HIW) undertook an unannounced inspection of the Emergency Department at Glan Clwyd Hospital in May 2026 and has now published its report. The report identified significant concerns relating to patient safety, governance, leadership and oversight arrangements and resulted in the department

being designated as a Service Requiring Significant Improvement. The findings highlighted unacceptable aspects of patient experience, including long waits, overcrowding and challenges relating to privacy and dignity. The Health Board accepts the findings in full and apologises to patients who did not receive the standard of care they should expect.

Improvement in the care of patients in urgent and emergency care is a priority for the health board and all required actions from the inspection report are now underway within the department through a comprehensive programme of work. To ensure improvements are sustained over the longer term, the Health Board is committed to demonstrating that improvements are being embedded and translated into measurable improvements in patient safety and experience.

Colleagues in ED work hard under consistently high pressure and I was pleased to see that the report acknowledges the public's appreciation of the care they give and recognises the compassion, professionalism and commitment of staff working in a department facing sustained operational pressures. We know there are significant and longstanding systemic issues which compound the pressures in a constantly busy department and we are encouraged HIW, in their follow-up inspection in August, identified positive progress in a number of areas, including patient flow, staff wellbeing and governance arrangements, and recognised the work which has gone into supporting staff and addressing those issues. I want to thank colleagues who have collectively driven these improvements forward and continue to focus on further improvements throughout the department and wider.

The Board will receive a more detailed update on the findings, improvement actions and ongoing risks through the Urgent and Emergency Care report on today's agenda

4.0 MEETINGS/VISITS

4.1 CEO Briefings

As set out earlier, the Independent Well-Led Review continues to progress in line with the agreed programme. During the reporting period, I have undertaken to update senior leaders and wider colleagues to explain the purpose and scope of the review, encourage participation and support open, honest and transparent engagement with the process.

Early engagement sessions with senior leaders highlighted the importance of maintaining regular communication and visibility throughout the review period. In response, it was requested that the weekly CEO briefings continue for the duration of the Well-Led Review to provide regular updates, share emerging information, address questions and support colleagues to engage.

Alongside the review, the Board has continued to work with the Good Governance Institute (GGI) as part of its Board Development Programme. GGI has provided valuable support in preparing and briefing Board Members and senior leaders for the Independent Well-Led Review.

4.2 Health Improvement Team, Caia Park Health Centre

In August, I was fortunate to visit the Health Improvement Team, based at Caia Park Health Centre, Wrexham, to learn more about the breadth of prevention and health improvement activity being delivered across North Wales. The visit provided an opportunity to hear from colleagues about the impact of their work in supporting healthier communities, reducing health inequalities and promoting wellbeing, as well as discussing the challenges and opportunities facing prevention services. I was also able to recognise the commitment of staff and thanks them for the important contribution they make in supporting the Health Board's longer-term population health ambition.

4.3 Learning Partnership with Cwm Taf Morgannwg University Health Board

Alongside the Chair, I met with the Chair and Chief Executive of Cwm Taf Morgannwg University Health Board to explore opportunities to develop a learning partnership between our organisations. There are many similarities between the health boards and the discussion focused on how we can share learning, strengthen leadership capability and support organisational improvement through a collaborative approach. I will continue to keep the Board updated as discussions develop and opportunities for partnership working are progressed.

4.4 Cefn Mawr

Alongside the Chair, I met with local elected representatives and community stakeholders in Cefn Mawr in the Dee Valley. We discussed local healthcare issues and priorities. The visit provided a valuable opportunity to hear directly from local partners and strengthen relationships with the communities we serve.

5.0 RECOGNITION

5.1 General Medical Council (GMC) National Training Survey

I was delighted that the Emergency Department at Ysbyty Gwynedd has again achieved outstanding results in the General Medical Council (GMC) National Training Survey and has been recognised as the highest-rated Emergency Department in the UK for overall trainee satisfaction. The GMC survey is an annual UK-wide assessment completed by doctors in training and is regarded as one of the most important measures of the quality of clinical training environments, covering areas such as supervision, learning opportunities, teamwork, workload and workplace culture.

This achievement is particularly noteworthy given the significant pressures currently being experienced across urgent and emergency care services and reflects the commitment, professionalism and support provided by colleagues working within the department.

5.2 Staff recognition awards

In the coming weeks, the Health Board will host its annual Staff Awards, providing an important opportunity to recognise and celebrate the exceptional contribution of colleagues from across the organisation. The awards will showcase the dedication, compassion, innovation and teamwork demonstrated by staff every day in delivering care and services for the people of North Wales.

The awards are an opportunity to acknowledge the achievements of individuals and teams who have made a positive difference to patients, service users and colleagues, often in challenging circumstances. The quality and diversity of nominations received reflect the commitment, professionalism and resilience of our workforce and highlight the many examples of excellent practice taking place across the organisation.

I look forward to joining colleagues at the event and celebrating the achievements of our finalists and winners. Regardless of the outcome, I would like to thank everyone who has been nominated, those who have pulled this event together, and all those who continue to make a difference through their dedication and commitment to improving services for our communities.

5.3 NHS WALES AWARDS

I am pleased that four projects involving colleagues from across the Health Board have been shortlisted in the 2026 NHS Wales Awards. These shortlisted projects reflect the breadth of improvement, innovation and partnership working taking place across our organisation and include initiatives focused on delivering specialist hand osteoarthritis care closer to home, strengthening organisational resilience and team culture, supporting community pharmacists to detect and treat high blood pressure, and developing new workforce roles through Bowel Screening Wales.

Being shortlisted for a national award is a significant achievement and recognition of the commitment, expertise and dedication of our staff and partners. I would like to congratulate all those involved and thank them for their continued efforts to improve services, outcomes and experiences for the people of North Wales.

5.4 NATIONAL RECOGNITION FOR AGE-FRIENDLY NEIGHBOURHOOD CARE

The Age-Friendly Neighbourhood Care model, developed through partnership working between the Health Board, the Rainbow Foundation and a range of health, social care and community partners, has been shortlisted in two categories at the 2026 HSJ Awards: Transforming Care for Older People and Neighbourhood and Community Care Innovation of the Year.

The shortlisting recognises a longstanding commitment to developing integrated, community-based approaches that support older people to remain safe, well and

independent at home through prevention, rehabilitation, reablement and coordinated neighbourhood care. This national recognition is a testament to the dedication of staff and partners across Northeast Wales and demonstrates the positive impact that can be achieved through effective partnership working, and I am extremely proud of their achievement.

5.0 CONCLUSION

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

6.0 RECOMMENDATIONS

Members of the Board are asked to

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

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

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

Have you undertaken a Socio-Economic Impact Assessment	If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable	

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

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

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

This Citizen Experience and Engagement Report provides the Health Board with a high-level overview of citizen feedback from April to June 2026, with emerging issues from July where these materially inform the strategic picture. It draws together direct patient engagement, community conversations, political correspondence, digital engagement and the work of Llais.

Across these routes, the dominant themes are:

- Waiting times and access across planned care, diagnostics, primary care and NHS dentistry
- Urgent and emergency care conditions, hospital capacity and patient flow
- Continuity and coordination of care, particularly at discharge and between services
- Communication, involvement and confidence in how decisions are made
- Rural access, transport, digital exclusion and other dimensions of equity

Alongside these concerns, citizens consistently recognise compassionate and professional staff, clean and welcoming environments, Welsh-language care and responsive community services. Local feedback is producing identifiable service-

level changes. The continuing recurrence of the main system themes shows that stronger evidence of organisation-wide impact is still required.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
A draft version of the report was discussed at the Executive Committee and the Planning, Population Health and Partnerships Committee	03.09.26	Supported

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
GP	General Practitioner
NHS	National Health Service

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

1. SITUATION

1.1 PURPOSE

This report provides the Health Board with a strategic overview and assurance on citizen feedback from April to June 2026. It focuses on the themes emerging from patient interactions, direct engagement, political correspondence, digital discussion and the work of Llais. Emerging issues from July are included where they materially inform the strategic picture.

The report considers not only what citizens are saying, but what this means for the Health Board: where feedback is translating into change, where themes remain persistent and what further assurance is needed that improvement is being experienced consistently.

2. BACKGROUND

2.1 What citizens are telling us: Headline themes

Across the available evidence, the dominant themes during this period were:

- Waiting times and access across planned care, diagnostics, primary care and NHS dentistry
- Urgent and emergency care conditions, hospital capacity and patient flow
- Continuity and coordination of care, particularly at discharge and between services
- Communication, involvement and confidence in how decisions are made
- Rural access, transport, digital exclusion and other dimensions of equity

These themes are highly consistent across different sources. Political correspondence and Llais representations most frequently raised planned-care waits, access to NHS dentistry, diagnostic delays, mental health access and cross-border care. Social media discussion focused on urgent care, bed capacity, discharge and community provision. Direct engagement highlighted the practical and emotional effects of uncertainty, travel and discontinuity.

Alongside these concerns, people repeatedly described staff as kind, professional and compassionate. Direct patient interviews also identified cleanliness, clear explanations, family involvement and Welsh-language care as important strengths. Community hospitals, NHS 111, paramedic-at-home care and community intravenous services were among the locally responsive services praised through Llais engagement.

This report brings together sources with different purposes and levels of representativeness. Political correspondence, complaints advocacy and social media are more likely to capture concern than routine positive experience; direct engagement activity is valuable but relatively small in scale. The findings should therefore be read as triangulated intelligence about recurring experience and risk, rather than as a statistically representative measure of all care.

2.2 All-Wales People's Experience Survey

From 1 April 2026 – 30 June 2026, the Health Board received 16,387 All-Wales People's Experience Survey responses. Of these, 96.03% were completed by patients and 3.96% by carers, family members or others. Overall, 86.61% of respondents rated their experience of accessing Health Board services positively: 18.14% rated it as 'good' and 68.47% as 'very good'.

73.52% of people shared positive experiences around "the time they waited" with 29.94% of respondents reporting the wait was 'about right', 11.01% felt it was 'a bit shorter than expected' and 32.57% felt it was 'much shorter than expected'.

In addition, 86.46% of respondents reported that they were 'always' treated with dignity and respect, while 90.99% said they were 'always' able to communicate in their preferred language.

Other key survey data:

- 75.35% of people were 'always' well cared for
- 79.31% of people were 'always' listened to
- 77.40% of people were 'always' involved in decisions about their care
- 81.69% of people said things were always explained to them in a way they could understand

The NHS Wales People's Experience Survey is now available to the public in nine of the most commonly spoken languages in Wales, together with a British Sign Language video survey.

2.3 Direct patient experience, learning and improvement

During Quarter 1, the People's Experience Service undertook 27 Care 2 Share visits across acute, community and specialist services, hearing directly from more than 103 patients, carers and staff. The strongest positive themes were compassionate and person-centred care, clear communication and involvement, cleanliness, food quality in many areas and the value of receiving care in Welsh.

Recurring areas for improvement included call-bell response times, communication during admission, transfer and discharge, access to suitable food and drink, and the availability of equipment and medicines. Feedback was escalated directly to the

relevant clinical and operational teams, resulting in prompt action. Examples included addressing a patient's dignity and mobility needs, strengthening the management of call-bell and catering concerns, improving the identification of Welsh-language needs and reviewing delays in medicines reaching a chemotherapy unit.

Access to feedback has also been widened through QR-code posters across the three acute hospitals and by ensuring that survey routes are available in nine commonly spoken languages and British Sign Language. Fourteen patient-information documents were reviewed through the Readers Panel, while interpretation-awareness sessions were delivered to targeted services.

Ward and service managers receive patient feedback each month and are expected to review themes and identify appropriate improvements. Learning is considered through Integrated Health Community and Specialist Services Patient and Carer Experience Groups, with broader themes and emerging trends reported through the Patient and Carer Experience Group to the Quality Delivery Group.

Citizen feedback is also increasingly informing strategic planning and service development, including the Ten-Year Strategy, Clinical Services Plan and Integrated Medium-Term Plan, as well as specific engagement and service-change programmes in Tywyn, Penley, Prestatyn and Rhyl.

This activity demonstrates that local feedback can lead to timely and practical change. The continuing assurance challenge is to demonstrate that recurring learning is consistently aggregated, shared and sustained across services, and that citizen experience is influencing organisation-wide priorities as well as local operational improvements.

3. SPECIFIC MATTERS FOR CONSIDERATION

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

3.1 Waiting times and access to care

People said: Long waits remain the most consistent concern across planned care, diagnostics and access to services. Political correspondence and Llais representations particularly identified orthopaedics, dermatology and ophthalmology, as well as delays in diagnostic tests and results. People described increased pain, worsening quality of life, cancellations at short notice and anxiety where there was little communication about their place on a waiting list or what would happen next.

Llais Local engagement in Denbighshire, involving 165 people between January and March 2026, reinforced these themes. It identified long waits for ophthalmology,

orthopaedics and gastroenterology; difficulty accessing some GP practices; and people unable to secure NHS dental care. This sits alongside positive accounts of prompt local clinics and community services, illustrating variation in experience by service and place.

Access to NHS dentistry remains a prominent concern. People reported travelling long distances, paying privately or going without care, while changes associated with the new NHS dental contract have caused confusion. Public feedback for the Pharmaceutical Needs Assessment was generally positive about helpful and knowledgeable pharmacy teams and the wider services they provide. However, people also raised long queues, stock shortages, delays in dispensing, limited opening hours and the absence of delivery services.

Actions taken:

To reduce long waits for people waiting for appointments, the Planned Care Programme is coordinating 16 improvement initiatives, including additional evening and weekend clinics, use of external capacity in high-pressure specialties, waiting-list validation, electronic referrals, Community Health Pathways, modernised booking arrangements and development of a pan-Health Board ‘One Waiting List’ approach. During Quarter 1, more than 31,000 patient pathways were validated, resulting in almost 8,000 closures; electronic referrals were introduced across 10 specialties; 228 Community Health Pathways were delivered; and teledermoscopy achieved a 66% discharge rate.

These actions are contributing to some measurable improvement. Between July 2024 and May 2026, the number of people waiting more than two years for treatment reduced by 76%. The number waiting beyond the eight-week diagnostic target also fell by 52% between January and May 2026, from 21,800 to 10,461. However, the overall waiting list increased during April and May, and the Health Board continues to account for a disproportionate share of the longest waits in Wales. Further work is therefore required to translate increased activity and improved pathway management into consistently shorter waits and a better experience for patients.

Alongside this work to reduce waiting times, the Health Board continues to offer support for people while they wait for assessment or treatment. Information and self-management resources are available through the 'While You Wait' programme, providing advice on symptom management, maintaining wellbeing and accessing appropriate support whilst awaiting care. This aims to help people manage the impact of long waits and improve understanding of what support is available during this period.

While these actions are intended both to reduce waits and improve the experience of waiting, feedback continues to highlight communication and uncertainty as areas requiring further improvement.

3.2 Urgent and Emergency Care

People said: Urgent and emergency care continues to be associated with long waits, overcrowding, corridor care and a lack of comfort and basic amenities. Although political correspondence included fewer Emergency Department cases than in January to March, Healthcare Inspectorate Wales reporting about Ysbyty Glan Clwyd prompted renewed public discussion and personal accounts of prolonged waits, discharge delay and poor experience.

Social media discussion frequently connected Emergency Department pressures with bed availability, delayed discharge and limited step-down or rehabilitation capacity. Across April to June, monitoring recorded 6,651 engagements relating to the Health Board, of which 77% were categorised as negative. This is not a representative opinion survey, but it provides a useful indicator of the intensity and direction of online discussion during the period.

Despite frustration, people consistently distinguished between system performance and frontline staff, expressing support for nurses, doctors, paramedics and other colleagues working under pressure.

Actions taken:

The Urgent and Emergency Care Improvement Plan has been refreshed around three priorities: Discharge to Recover and Assess, frailty and clinical engagement. Site-specific 90-day plans are in place, supported by weekly CEO-led oversight and more detailed monitoring of ambulance handovers, 12-hour waits, time to triage and time to clinical assessment.

Operational actions underway include strengthening adherence to the ambulance handover through enhanced operational oversight; strengthened staffing and safety arrangements for patients cared for in undesignated areas; phased implementation of the Forward Waiting procedure; review of staffing against peak demand; implementation of the Emergency Department business case; and work to create additional clinical assessment space. The Forward Waiting approach at Wrexham Maelor has produced an improvement in ambulance handover performance, and time to senior clinical assessment is showing an improving trend.

A senior leader has recently been appointed as Recovery Director for Urgent and Emergency Care across BCU. They will provide stronger leadership and direction across the region, driving improvement and transformation to improve patient flow and safety. Urgent and Emergency Care extends far beyond Emergency Departments, so the plans will bring together colleagues and partners across the whole pathway to deliver better care for communities.

This remains a complex whole-system challenge and while some progress has been made, further sustained improvement is required. The programme remains focused on whole-hospital flow and discharge as the principal means of improving safety, dignity and experience in Emergency Departments. While these actions will not immediately eliminate concerns about corridor care or the comfort of patients waiting for care, reducing delays and improving patient flow should reduce the pressures that contribute to these issues. Further assurance will be required that improvements in performance are being experienced by patients through more timely, dignified and comfortable care.

3.3 Continuity, coordination and discharge

People said: Transitions between services are a recurring point of vulnerability. Patients described uncertainty when moving between departments, limited information about what would happen next and concerns not always being acknowledged. Llais reported concerns about cancer-care coordination, post-discharge care, end-of-life care and the recognition and involvement of unpaid carers in discharge planning.

The Quarter 1 People's Experience Service Activity Report provides contrasting examples of coordination at the point of discharge. The 'Dying Matters' story describes compassionate, joined-up end-of-life care provided by the Môn Enhanced Care Team, Beaumaris Health Centre and District Nursing. By contrast, the 'Missing Shoe' story highlights the loss of dignity and continuity experienced when an older person was discharged to residential care without one of her shoes.

The People's Experience Service has fed transition and discharge concerns directly to operational leaders, while Llais continues to raise the need for carers to be identified and involved. The expansion of the AiDi app and digital library support for adult carers in Gwynedd are positive developments, but do not replace consistent person-to-person involvement in discharge decisions.

Actions taken:

Executive-led, system-wide discharge reviews are now taking place each week, supported by validation of delayed-patient lists and a new dashboard highlighting Pathway of Care Delays.

The Health Board and local authorities have developed a shared purpose and implementation approach intended to strengthen joint ownership of discharge and address delays across organisational boundaries.

Further action includes accelerating reviews of patients with stays exceeding 21 days, embedding flow audits, strengthening the application of Discharge to Recover and Assess and Home First principles, and developing criteria-led discharge routes into virtual wards, Hospital at Home and hot clinics.

There has been month-on-month improvement since April in delays within the three acute hospitals, but this has not yet been replicated in community hospitals and the number of days lost to delay remains volatile. The current focus is therefore on embedding consistent discharge practice and demonstrating that improved flow is accompanied by better communication and involvement for patients and carers.

3.4 Communication, involvement and confidence

People said: Communication is both a feature of individual care and a determinant of confidence in the organisation. People value clear explanations and involvement in decisions, but describe anxiety where information is delayed, inconsistent or difficult to navigate. Llais also reported dissatisfaction with some complaint responses and difficulty identifying the right point of contact.

Engagement about proposed boundary changes for Healthy Prestatyn illustrated this clearly. Patients were concerned about continuity of relationships, the transfer of records and prescriptions, access to existing specialist services, the capacity of receiving practices and the practical effect of additional travel. Some questioned whether the decision had already been made and whether their views would genuinely influence the outcome.

Actions taken:

As outlined in section 2.3, the Health Board is widening access to feedback and using direct patient experience to support practical improvements at service level. Alongside this, learning from engagement is informing how the Health Board communicates and involves people in developing service proposals.

In relation to Healthy Prestatyn, further engagement sessions were arranged after the initial communication caused confusion and anxiety. Patients were given clearer information about the status of the proposal, the transfer of records and prescriptions, continuity of specialist support and the protection of GP access. Transport and accessibility concerns have also been identified for consideration through the Equality Impact Assessment. This learning will inform future service changes, particularly the need to explain proposals early and clearly, and to avoid creating the impression that decisions have already been made.

3.5 Rural access, transport and equity

People said: Rural geography magnifies access problems. Citizens described long travel distances, limited public transport, hospital parking difficulties, fragile local services and challenges accessing primary care, dentistry, diagnostics and specialist services. Older people also raised concern about the increasing use of digital systems and whether meaningful non-digital alternatives remain available.

A rural health briefing prepared for the Chief Medical Officer for Wales identifies wider structural factors, including hidden deprivation, housing affordability, seasonal

pressures, workforce recruitment and retention, digital connectivity and social isolation. It also highlights the strength of community-led responses, including transport schemes, wellbeing hubs, physical activity programmes and community-based mental health support.

Actions taken:

The Health Board recognises that rurality continues to create significant barriers to accessing care, including long travel distances, limited transport options, difficulties accessing some services and the risk of digital exclusion. These challenges cannot be addressed quickly and many reflect wider geographic, demographic and infrastructure factors. However, there are programmes of work being developed to improve local access and reduce the need for travel wherever possible.

The Community by Design programme is bringing together work intended to provide more care closer to home, strengthen prevention and reduce avoidable reliance on hospital services. National funding has been secured and initial priorities include urgent and same-day community care, management of long-term conditions and prevention. Work has begun to develop Breathlessness Hubs and a frailty model, while Primary Care, Radiology and Point of Care Testing teams are assessing opportunities to expand community diagnostics.

Related urgent care work includes progressing a Single Point of Access model, implementing a Community Based Falls Response Framework and providing falls-prevention support to care homes. These developments are intended to improve local access and reduce unnecessary travel or hospital attendance, particularly for older and more vulnerable people.

Although many of these initiatives remain at an early stage and measurable benefits have not yet been demonstrated, they represent a longer-term approach to addressing some of the factors that contribute to rural inequalities in access to care. Not all of the issues raised can be resolved solely through Health Board services, and continued collaboration with partner organisations will be required to address wider challenges relating to transport, digital connectivity and community infrastructure.

Rurality, transport, digital exclusion, Welsh-language needs and access to viable non-digital routes will therefore need to be explicitly considered through place-based planning and the impact assessment of individual service changes.

3.6 Compassionate care and strengths to build on

People said: Across all evidence sources, people continued to recognise staff kindness, respect and professionalism. Patients described staff taking time to explain care, involve families and see them as individuals. Welsh-speaking care increased comfort and confidence, while clean and welcoming environments supported a sense of safety.

Community-based and responsive services were also praised, including Ruthin and Denbigh community hospitals, NHS 111, paramedic-at-home care, community intravenous services and the Rapid Diagnosis Clinic at Ysbyty Gwynedd. Thirty-nine Feel Good Friday awards were presented during the quarter, providing an additional route for recognising teams and sharing positive experience.

These strengths provide an important foundation for improvement, with further opportunity to identify what enables positive experience and spread this learning more consistently across services.

4. ENGAGEMENT ON STRATEGY AND SERVICE DEVELOPMENTS

Engagement is informing strategic development at two connected levels. Learning from the work undertaken so far has led the Health Board to bring the Ten-Year Strategy and Clinical Services Plan together as an integrated strategic planning portfolio, with a clearer connection between strategic ambition, the future clinical model and delivery. Stakeholder insight will form part of the strategic evidence base and case for change, with further engagement planned around strategic choices and trade-offs, priorities and outcomes, the draft Ten-Year Strategy and the emerging future Clinical Model. A joint Strategic Planning Programme Board and supporting engagement, advisory and assurance arrangements are being established to oversee this work.

Engagement is also shaping individual strategic service developments. The Penley Community Hospital consultation is now underway and includes drop-in sessions and community meetings, while continuing engagement in Tywyn has been seeking to capture the views of year-round and summer residents. At the Royal Alexandra Hospital, staff engagement and regular updates are supporting operational planning for Phase 1.

The Healthy Prestatyn engagement is a good example of feedback influencing a developing proposal. An eight-week process has included direct communication with affected households, four community events, online, telephone, email and written routes, staff sessions and engagement with Llais, elected representatives, GP practices and community stakeholders. Feedback about GP access, continuity of care, travel and transport is informing the Equality Impact Assessment and consideration of boundary amendments, alternative provision and implementation arrangements before the final proposal is presented for decision.

Taken together, this activity demonstrates a developing approach in which engagement contributes to strategic choices, service design and mitigation.

5. ASSURANCE FOR THE HEALTH BOARD

Citizen feedback is being gathered through a growing range of sources, and the consistency of themes across surveys, direct engagement, community conversations, political correspondence and Llais reporting provides a credible

picture of the main experience issues. There is evidence that feedback is producing practical change at service level and is increasingly informing strategic planning and service development. However, further assurance is required that recurring learning is systematically shared, sustained and translated into consistent improvement across the organisation.

6. RECOMMENDATIONS

6.1 The Board is asked to:

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

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	3. Improve Access, Outcomes and Experience If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	People First If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Many of the themes highlighted in this paper align directly with existing risks on the Health Board's Board Assurance Framework (BAF) and Corporate Risk Register (CRR). These include risks relating to timely access and waiting times, quality and safety of care, workforce resilience, health inequalities, and reputation/public confidence. The citizen feedback presented here reinforces areas already identified as strategic risks and provides further evidence to inform mitigation and assurance.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do / Yes: ☐	No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	An Equality Impact Assessment (EqIA) is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes. EqIAs will be undertaken as appropriate to support individual service change proposals.
Asesiad o'r Effaith Economaidd-gymdeithasol	Do / Yes: ☐	No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol? **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	A Socio-Economic Impact Assessment is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** Culture and Valuing People	**Meysydd Ansawdd** **Domains of Quality** Person Centred
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	There is a risk to public confidence and reputation in relation to waiting times, bed capacity, staff shortages, corridor care and ambulance delays, underscoring the importance of timely reassurance, clear factual communication and addressing misinformation to maintain public confidence and reduce uncertainty	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

ROYAL ALEXANDRA HOSPITAL PHASE 1: PROGRESS REPORT

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Jacqueline Casson, Programme Manager Stephanie O'Donnell, Programme Director
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Stuart Keen, Director of Environment and Estates

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

This paper provides an update the Board on the progress of the Royal Alexandra Hospital (RAH) Development Programme and to provide assurance that the programme continues to be effectively managed and delivered.

A Welsh Government Project Assurance Review (PAR) was undertaken between 24 and 26 August 2026 during which 18 stakeholders were interviewed and 49 programme documents were reviewed. The PAR advised an overall assessment of Amber, stating:

> *The Delivery Confidence Assessment (DCA) for the PAR Assessment for the Royal Alexandra Hospital (RAH) Phase 1 project is **Amber**. This means that successful delivery appears feasible, but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.*
>
> ***Recommendation: This project can proceed to the next stage with conditions, but the project must satisfactorily manage each time bound condition within an agreed timeframe.***
>
> *The is the first PAR review of the project and the Review Team found good confidence in the construction element with forecast delivery costs on track to be within the approved FBC approved funding including contingency,*

although with some risk in the forecast delivery schedule and spend profile. The Review Team found delivery confidence lower in the service planning aspects where service, workforce and financial activity was effectively on hold until the reablement bed model is approved. The Review Team were also concerned about the overall resilience of the project governance, with no SRO in post, a need to streamline programme and project governance boards, and to secure senior organisational support to move forward service planning.
The Review Team found capital, service and project management staff, related capital advisors and the main delivery partner are focused on delivery and committed to securing success and hence providing a good degree of delivery level resilience.

Programme

- The revised capital programme and key delivery milestones were approved by the RAH Programme Board in August 2026.
  Contractor mobilisation commenced on 27 July 2026 with MTX taking possession of the site and demolition works beginning on 17 August 2026.
- Operational readiness planning continues to progress in parallel with the development programme, with Service Modelling, Staffing, Finance and Benefits, Equipment, and Engagement workstreams in progress.
- All utility isolations have been completed, together with the relocation of a low-voltage cable.
- The Edith Vizard Building, which accommodated Community Dental and Clinical Psychology clinics and administrative offices, has been successfully decanted, demolition works have commenced, and alternative parking arrangements have been implemented for patients and staff.
- Staff engagement continues through regular communications, including monthly stakeholder meetings, noticeboard updates, dedicated webpage content and a programme mailbox.
- Work continues to progress the Equipment, Revenue and Benefits, Workforce and Service Model workstreams.
- The programme remains on track to achieve construction completion by 13 September 2027, with the first patient anticipated to be seen on 5 November 2027.

Finance

The capital funding profile for the programme is set out below:

Total Capital Investment: £33.586m, comprising:

- £23.173m All Wales Capital Programme
- £10.413m Integration and Capital Rebalancing Fund (ICRF)

£M	2025-2026	2026-2027	2027-2028

Budget	£0	£24,579,000	£12,282,000
Spent to Date	£1,377,423	£40,000	
Forecast to EOY	£1,377,423	£18,749,000	

Risks and Issues:
The programme tracks Risks and Issues, including the Capital costed Risks, through a dashboard which is reviewed every month. The key Dashboard indicators for August 2026 are highlighted below:

RISK DASHBOARD

Risk Tiers and Review

Tier	Score	Frequency	No. Risks
1	score 15-25	Monthly	4
2	score 9-12	Bimonthly	5
3	score <8	Quarterly	41

Risk Score Changes

No. of Risks Improved	8
No. of Risks Deteriorated	3
No. of Risks Unchanged	48

Number of Risks with Each Risk Rating with Tolerance Line

		Impact (Column O)				
		Negligible	Minor	Moderate	Major	Catastrophic
Likelihood (Column N)		1	2	3	4	5
This will probably never happen	1	3	3	5	3	0
Don't expect it to happen but is possible	2	2	4	16	3	1
Might happen or recur occasionally	3	0	2	10	2	0
Will probably happen, but not persistently	4	0	0	2	3	0
Will undoubtedly happen, possibly frequently	5	0	0	0	1	0

The following risks and issues represent the highest-rated items within the Programme Risk Register, comprising all risks with a current score of 16 or above and associated actions. High rated Issues are listed after this section.

Risks

No.	Description	RAG	Mitigation/Latest Update
3	Delays in the delivery of Scottish Power Energy Network (SPEN) works may adversely affect programme timescales and compromise achievement of key project milestones.	20	Ongoing engagement has been undertaken with SPEN to progress the required utility works.
4	Delays in identifying sufficient recurrent funding may impact the affordability of the service model	16	Work continues to identify and secure recurrent revenue funding with IHC Leads.

	and create ongoing financial pressure for the Health Board.		
6	Delays in confirming the clinical model for the bedded facility may impact workforce recruitment and mobilisation, with potential implications for programme timescales and recurrent revenue costs.	16	The August Programme Board approved a review of the feasibility of the proposed bed model, with a dedicated workshop convened to inform recommendations.
8	Delays or non-performance by statutory authorities may impact programme delivery, resulting in increased costs and slippage against key milestones.	16	Engagement with Welsh Water, Highways and other statutory authorities continues to progress outstanding approvals and planning conditions.

Issues

Description	**Resolution/Mitigation**
The absence of confirmed succession arrangements for the Senior Responsible Owner role has created uncertainty in programme leadership, governance and decision-making.	Escalated to CEO and raised with PAR team
The requirement to secure revenue funding in advance of recruitment, coupled with the need to establish workforce requirements before budgets can be finalised, has created a circular dependency impacting service mobilisation and workforce planning.	Work is underway to confirm the timing of budget virements and identify interim funding arrangements to support workforce recruitment and mobilisation ahead of service transfer.
The absence of a substantive Central IHC Director has created uncertainty regarding ownership of the clinical model and revenue funding arrangements, impacting programme leadership and decision-making.	Regional leadership arrangements have been confirmed. The Clinical Leadership and revenue accountability for the programme to be clarified.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
RAH Staff	Every 3rd Friday	Staff engagement is supported through a regular monthly Teams briefing and quarterly in person events. This provides updates on programme progress, whilst offering staff the opportunity to raise questions and concerns. Responses to previously raised queries are also provided, ensuring ongoing communication, transparency and engagement throughout programme delivery.
RAH Phase 1 Project Team	Every 1st Tuesday	The RAH Project Team supports regular engagement between Health Board teams, contractors and delivery partners, providing a mechanism for collaborative planning, problem-solving and progress monitoring.
RAH Operational Readiness Group	Every 4th Tuesday	The Operational Readiness Group meets regularly to support stakeholder engagement and preparedness for service commencement.
Statutory Authorities Engagement	Ongoing	Engagement with Welsh Water, Scottish Power Energy Networks (SPEN), Highways and Denbighshire County Council to support planning conditions, utility works and programme delivery.
Welsh Government PAR	24th – 26th August 2026	Independent assurance review involving stakeholder interviews and review of programme documentation.
BCUHB AGM	29th July 2026	Programme progress, community benefits and future plans were presented at the Health Board's Annual General Meeting on 29 July 2026.

Public Planning Permission Consultation	Planning Consultation for 1 month from 15th August 2025	A four-week public consultation was undertaken from 15 August 2025 as part of the planning application process. Stakeholders were invited to provide feedback on the proposals, supported by a dedicated project webpage and public drop-in event.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
PAR	Project Assurance Review
SPEN	Scottish Power Energy Network
RAH	Royal Alexandra Hospital
IHC	Integrated Health Community
SRO	Senior Responsible Owner
BCUHB	Betsi Cadwaladr University Health Board
AGM	Annual General Meeting
SPSCG	Strategic Planning and Service Change Group
ADP	Annual Delivery Plan

ROYAL ALEXANDRA HOSPITAL PHASE 1: PROGRESS REPORT

1.0 SITUATION

1.1 The Royal Alexandra Hospital (RAH) Development Programme has entered the construction phase, with demolition works now underway and operational readiness activities progressing in parallel. This report provides the Board with an update on programme delivery and assurance that key milestones, risks and dependencies continue to be actively managed.

2.0 BACKGROUND

2.1 Context and Origin of the Issue

The Royal Alexandra Hospital (RAH) Development Programme is a strategic capital investment programme to deliver new and expanded health and care services for the communities of North Denbighshire. The programme has reached a significant milestone, having entered the Construction stage, in parallel with Operational Readiness, and is therefore presented to the Board to provide assurance regarding progress, risks, issues and delivery arrangements.

2.2 Relevant History or Trend

Planning permission for the development was secured in December 2025 following a programme of public and stakeholder engagement. Welsh Government approval and funding was confirmed in February this year. Contractor mobilisation commenced on 27 July 2026, with demolition works beginning on 17 August 2026. The revised capital programme and key delivery milestones were approved by the RAH Programme Board in July 2026, and the programme remains on track to achieve construction completion in September 2027 and commencement of services in November 2027.

2.3 Link to Previous Board / Committee / Group Discussions

The Strategic Planning and Service Change Group (SPSCG) has received regular updates on the progress of the RAH Development Programme through established governance and reporting arrangements. In addition, the programme is overseen through the RAH Programme Board, supported by a Project Team and an Operational Readiness Group, which monitor progress, risks, issues and key dependencies.

2.4 Statutory / Regulatory Framework

The programme is being delivered in accordance with Welsh Government capital governance requirements and statutory planning obligations. A Welsh Government Project Assurance Review was undertaken between 24 and 26

August 2026, with initial feedback indicating positive progress and providing helpful direction, with the formal report awaited.

2.5 Organisational Relevance

The programme directly supports the Health Board's strategic objectives by improving access to healthcare services, enabling new and expanded models of care, and contributing to the reduction of health inequalities. The programme also supports wider organisational priorities relating to service transformation, sustainability and care closer to home.

2.6 Summary of Actions Taken To Date

Significant progress has been achieved to date, including contractor mobilisation to commence the construction and demolition works, completion of utility isolations, relocation of a low-voltage cable, decant of the Edith Vizard Building and commencement of demolition works. Operational readiness activities continue to progress in parallel, including workforce planning, service modelling, financial planning and benefits tracking, equipment planning and procurement, stakeholder engagement, supported by established programme governance arrangements.
The latest Programme Dashboard is included in Appendix A to give more detail.

3.0 SPECIFIC MATTERS FOR CONSIDERATION

3.1 The Board is asked to note the progress and the ongoing updates through the Strategic Planning and service Change Group (SPSCG).

3.2 The Board is asked to consider the arrangements for succession of the Senior Responsible Owner role and support the establishment of a substantive leadership arrangement to ensure continuity of programme oversight, governance and decision-making and accountability for Revenue and Clinical Models.

4.0 KEY RISKS / MATTERS FOR ESCALATION

4.1 The Programme Risks and Issues Register identifies risks and issues requiring active management.

4.2 Critical Risks are outlined below:

No.	Description	RAG	Mitigation/Latest Update
3	Delays in the delivery of Scottish Power Energy Network (SPEN) works may adversely affect programme timescales and	20	Ongoing engagement has been undertaken with SPEN to progress the required utility works. A revised design solution

No.	Description	RAG	Mitigation/Latest Update
	compromise achievement of key project milestones.		and associated cost proposal have been received, with commercial arrangements being finalised.
4	Delays in identifying sufficient recurrent funding may impact the affordability of the service model and create ongoing financial pressure for the Health Board.	16	Work continues to identify and secure recurrent revenue funding. Potential funding sources have been identified, with further work underway to address the remaining funding requirement and update the financial model as service planning develops.
6	Delays in confirming the clinical model for the bedded facility may impact workforce recruitment and mobilisation, with potential implications for programme timescales and recurrent revenue costs.	16	The August Programme Board approved a review of the feasibility of the proposed bed model, with a dedicated workshop convened to inform recommendations. Work continues to assess operational and financial viability.
8	Delays or non-performance by statutory authorities may impact programme delivery, resulting in increased costs and slippage against key milestones.	16	Engagement with Welsh Water, Highways and other statutory authorities continues to progress outstanding approvals and planning conditions. Application issues identified by Welsh Water are being resolved. Work is underway to secure agreement to the proposed pedestrian crossing design.

5.0 RECOMMENDATIONS

5.1 The Board is asked to:

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

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below: 1. Focus on Health and Wellbeing
Yr Egwyddorion Dylunio Design Principles	People FirstPeople First Inclusive Design Wise Spending Equity and Accessibility
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	

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

Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	**Do/Yes:** ☒	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: **If no, please include rationale:** **Canlynaid/Outcome:** Equality Impact Assessments have been completed to support programme development and decision-making.	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	**Do/Yes:** ☒	Naddo/No: ☐
	Canlyniad/Outcome: Equality Impact Assessments have been completed to support programme development and decision-making.	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of	**Do/Yes:** ☒	Naddo/No: ☐
	Canlyniad/Outcome:	

the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Do/Yes:** ☒	Naddo/No: ☐
	Canlyniad/Outcome: Quality Impact Assessments have been completed to support programme development and decision-making.	
	Galluogwyr Ansawdd **Enablers of Quality** All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales A More Equal Wales A Wales of Cohesive Communities	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment**	**Do/Yes:** ☒	Naddo/No: ☐
	Canlyniad/Outcome: All Impact Assessments have been completed to support programme development and decision-making.	

Have you undertaken a Data Protection Impact Assessment Screening?		
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	**Naddo/No:** ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	The programme is expected to have a positive reputational impact, demonstrating the Health Board's commitment to reducing health inequalities and improving access to high-quality healthcare services for local communities.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	A significant workforce and financial resource impact is anticipated, including the recruitment of 41 WTE staff and the establishment of new recurring revenue budgets to support the delivery of new and expanded services.	

APPENDIX A: AUGUST PROGRAMME DASHBOARD

RAH Programme Director's Dashboard August 2026

Current RAG | Previous RAG

1. Executive Summary

Phase 1:
Preparation for the Project Assurance Review is in progress; the itinerary is confirmed and files are being shared with WG.
Enabling construction works are in progress. Some electrical isolations were undertaken at the start of August and the relocation of a Low Voltage cable has been agreed with Estates and SPEN and will take place on Saturday 15th August.
The MTX team has started to set up the site compound and hoardings are being erected around the site.
Demolition contractor commencing on site 17/08/26
Technical and commercial evaluations for the TEF works have been completed.
The Procurement Outcomes report for the TEF works is being chased.
The decant of clinics has been actioned from the Edith Vizard building. Plans are agreed to provide accommodation for administrative staff and one Clinical Psychologist in the RAH building. 2 staff wish to remain in the Edith Vizard building and a Risk Assessment has been undertaken and shared with the team and Assistant Director Of Primary Care.
Staff engagement continues. Responses have been given to queries raised directly and through the Feedback email address which is monitored. Bilingual notice boards have been updated across the site and monthly Staff Teams calls set up.
The Programme presented to SPSCG and at the AGM at the end of July and positive feedback was given.
Both the Senior Responsible Owner (SRO) and Integrated Health Community (IHC) Director roles are vacant. The Director of Estates and Environment will chair the programme board and lead the PAR process for BCU.

Phase 2:
RAH Phase 2 is paused in line with Welsh Government direction pending WG's confidence in the delivery of Phase 1.

2. For Information / Escalation / Decision at Programme Board

Lack of confirmed SRO and IHC Director
Requirement to reroute drainage

3. Top Risks

Service modelling revisions, e.g. the bedded facility	16
Additional revenue costs for IHC budgets	16
Risk of delay due to rerouting low voltage cable	16
Risk of delay due to Estates availability for isolation works pre-demolition	16
Risk of delays due to SPEN dates being achieved.	12
Risk of delays through statutory authorities.	12

4. Risk Summary Position

Risk Tiers and Review

Tier	Score	Frequency	No. Risks
1	score 15-25	Monthly	5
2	score 9-12	Bimonthly	6
3	score <8	Quarterly	41

Risk Score Changes

No. of Risks Improved	6
No. of Risks Deteriorated	8
No. of Risks Unchanged	43

5. Upcoming Milestones

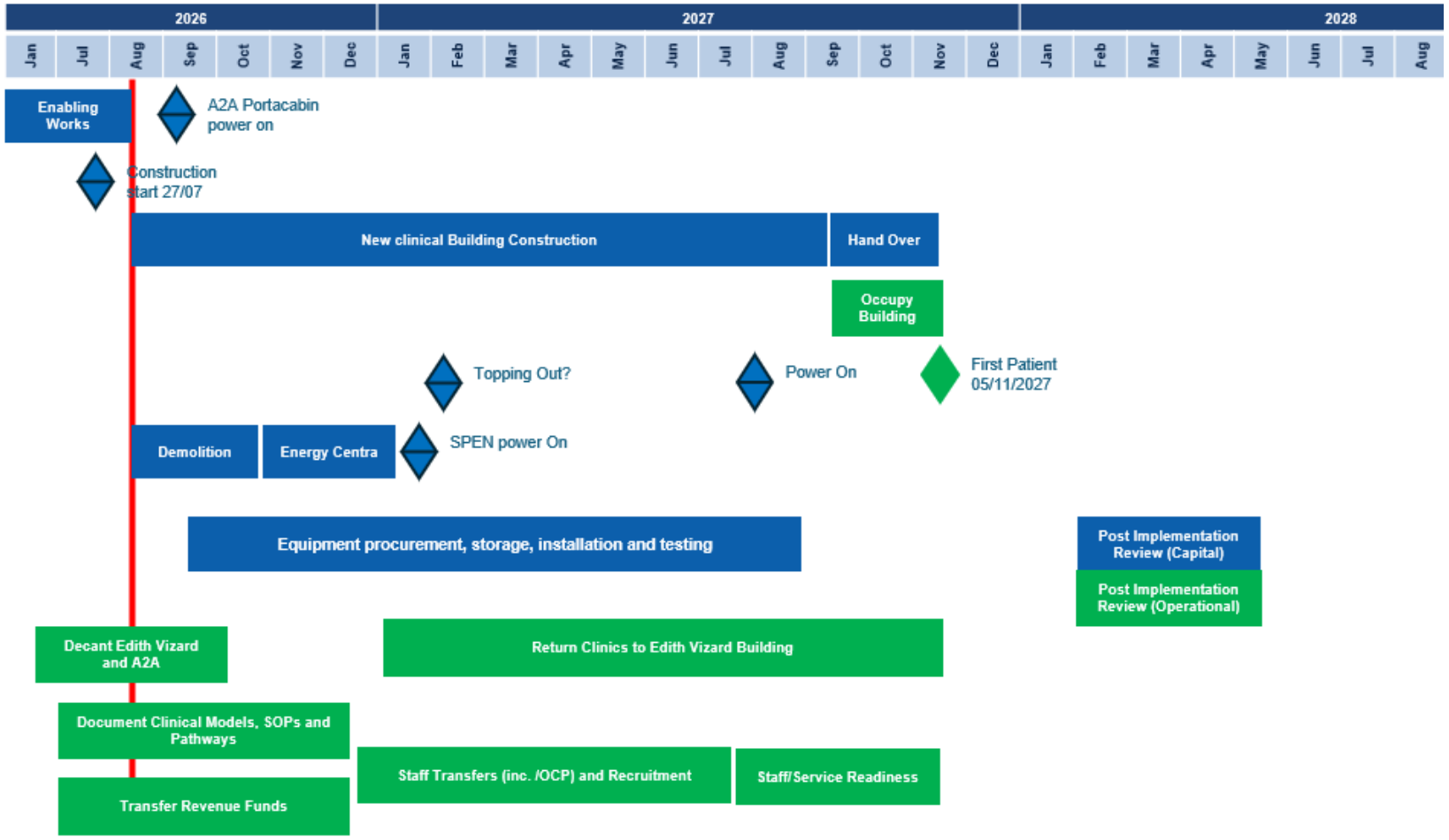
Complete Decant of Edith Vizard	14/08/26	
Rerouting of LV Cable	15/08/26	
Demolition Commenced	17/08/26	
MTX Power On	13/07/27	
MTX Completion	13/09/27	
First Patient	05/11/27	

6. Financial Planning

£M	2025-2026	2026-2027	2027-2028
Budget	£0	£24,579,000	£12,282,000
Spent to Date	£1,377,423	£40,000	
Forecast to EOY	£1,377,423	£18,749,000	

7. Financial Summary

RAH Critical Path



Health Board Key Issues Report				
Board Date		24/09/2026		
Date of Committee		03/09/2026	**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: • The Committee raised concern regarding the ongoing national delay in the implementation of the Electronic Health Care Record. The Committee highlighted the associated patient safety implications for patients in North Wales. • The Committee received an update on delays to the national Laboratory Information Management System programme. Although the microbiology element was implemented on 24 August 2026, continued national delays are affecting subsequent phases, creating risks to legacy system support and operational resilience later in the financial year. Members noted the contingency planning undertaken with Digital Health and Care Wales and other health boards, and requested assurance that mitigations remain robust. The Committee agreed that the issue should be highlighted to the Board, alongside wider concerns regarding national dependencies affecting digital transformation objectives. • Significant health inequalities persist across North Wales. The Committee supported the implementation of the North Wales Prevention, Wellbeing and Anchor Framework and Denbighshire Marmot Place initiative and requested a six-month progress update on delivery, outcomes and learning. The Committee also sought assurance that this work would be integrated into the developing the Ten-Year Strategy and Clinical models for the future.		
2b	Assurance	The PPHP Committee wish to assure members of the Board that: • The Committee considered and approved the Planning Maturity Matrix on behalf of the Board (as included in the supporting papers).		

		• The Committee noted the significant progress made in relation to clinical coding, with its impact reflected through reporting to the Quality, Safety and Experience Committee. • The Committee received an update on the Healthy Prestatyn Iach boundary change and were assured that extensive public engagement had been undertaken, with the final proposal amended in response to community feedback. Members recognised this as a positive example of meaningful engagement supporting sustainable primary care provision across the North Denbighshire cluster.
2c	Advise	The PPHP Committee wish to advise members of the Board that: • Further assurance is required in respect of areas within the Annual Delivery Plan that are not currently on track for delivery. The Committee discussed the need for a change in reporting in order that each committee takes accountability for their ADP actions, and gains assurance on rectification actions and time scales for areas within their terms of reference; flagging any high risks for the Boards attention. • The Committee welcomed the positive progress being made across the Digital, Data and Technology portfolio, including significant improvements in clinical coding performance, the successful implementation of key digital programmes, and the achievement of Service Desk Institute accreditation, making BCUHB the first health board in Wales and one of only a small number of organisations in the UK to receive this recognition. • The Committee wishes to see the Audit Wales Estates Strategy review so that it can consider how any recommendations might inform the review of the current Estates Strategy. • The committee spent time considering a number of the enabling areas which will need to be shaped to meet the developing Ten-Year Strategy and Clinical services model – estates, digital, public health and health inequality.
2d	Review of Risks	The risks were accepted as part of the Consent agenda.
2e	Sharing of learning	There was no learning to be shared.
3	Actions to be considered by other Committees	• QSE Committee to monitor Health Protection Services from a quality perspective.

		• Relevant Committees to monitor and review Annual Delivery Plan actions which fall under their terms of reference.

Health Board

URGENT & EMERGENCY CARE PROGRESS REPORT

Date of Meeting	24 September 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Bridget Elliott, Urgent & Emergency Care Recovery Director
Lead Executive Team Member name and title	Carol Shillabeer, Chief Executive

Report Purpose	For Assurance

Executive Summary

Since the Board meeting in July 2026, significant progress has been made in responding to the Healthcare Inspectorate Wales (HIW) inspection at Ysbyty Glan Clwyd (YGC), implementing the Board-approved urgent and emergency care (UEC) investment, and developing a comprehensive UEC Improvement Plan.

Immediate actions have focused on strengthening patient safety, quality and operational oversight through enhanced executive monitoring, workforce investment, improved patient flow arrangements and standardised operating procedures. Learning from the inspection has been reviewed and applied across all Health Board emergency departments.

The Health Board has explicitly embedded actions arising from the HIW inspection within a broader UEC Improvement Programme, recognising that many of the issues identified reflect longstanding system-wide challenges relating to patient flow, workforce capacity, discharge processes and operational leadership. This approach provides a single framework for delivering sustainable improvements in quality, safety, access, flow and patient experience across North Wales.

Implementation of the investment approved by the Board in July 2026 is underway, with the focus now shifting from planning to delivery and measurable impact. The UEC Improvement Plan, due for approval by the end of September 2026, will provide a consolidated programme of work aligned to Welsh Government priorities, local Integrated Health Community plans and regulatory requirements. Alongside the Integrated Performance Report, the improvement plan will provide assurance on progress, risks, performance and the effectiveness of improvement

actions. Alongside the development of the improvement plan work has also focused on strengthening current governance arrangements for the UEC programme, including the proposal for a dedicated forum to co-ordinate urgent and emergency care improvement consistently across the organisation. This includes the establishment of a fortnightly UEC Core Operational Delivery Group and the development of a BCUHB-wide UEC Operating Model, supported by a set of core standards. These arrangements aim to improve consistency, accountability, operational grip and alignment with wider transformation programmes.

Whilst good progress has been made, improvement remains fragile and many underlying challenges persist. Sustained success will be determined by demonstrable improvements in patient safety, patient experience, access, flow and operational performance.

The Board is asked to maintain close oversight of delivery and seek assurance that approved investment, improvement actions and HIW requirements are implemented in full, risks are actively managed, and measurable improvements are achieved and sustained.

The Board is asked to:

- **NOTE** progress made in responding to the HIW inspection at YGC.
- **NOTE** progress in implementing the Board-approved UEC investment and development of the UEC Improvement Plan.
- **APPROVE** the proposed strengthening of UEC governance arrangements, including the establishment of a UEC Core Operational Delivery Group.
- **SUPPORT** the development of a BCUHB-wide UEC Operating Model and Core UEC Standards.
- **RECEIVE** ongoing assurance through future reporting on delivery, impact, risks and outcomes associated with the UEC Improvement Programme.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
N/A		

Acronyms / Glossary of Terms	
UEC	Urgent & Emergency Care
ED	Emergency Department
IHC	Integrated Health Community
HIW	Healthcare Inspectorate Wales
YGC	Ysbyty Glan Clwyd

URGENT & EMERGENCY CARE PROGRESS REPORT

1. Y SEFYLLFA / SITUATION

1.1 Since the Board last met in July 2026, Urgent and Emergency Care (UEC) has remained a significant organisational priority.

1.2 This report provides an update on the Health Board's response to the Healthcare Inspectorate Wales (HIW) inspection at Ysbyty Glan Clwyd (YGC), progress in implementing the Board-approved investment to support improvement, development of the BCUHB UEC Improvement Plan, and proposals to strengthen governance arrangements to support sustainable delivery.

2 Y CEFNDIR / BACKGROUND

Response to Healthcare Inspectorate Wales Inspection

2.1 The HIW inspection identified significant concerns relating to patient safety, quality and operational delivery within the Emergency Department (ED) at Ysbyty Glan Clwyd (YGC). In response, the Health Board has maintained enhanced executive oversight and established a coordinated programme of improvement actions.

2.2 Actions implemented to date include strengthened quality monitoring and executive review arrangements, increased substantive nursing and medical staffing, improvements in patient flow processes, the introduction of standard operating procedures for forward waiting and care in undesignated areas, and more consistent daily operational oversight. Quality reviews have also been undertaken across all Health Board emergency departments against the immediate actions identified following the HIW inspection to ensure learning is applied consistently across the organisation.

2.3 The Health Board has been clear that the response to the HIW findings should not be managed as a standalone regulatory action plan. Many of the issues identified reflect broader and longstanding pressures across the urgent and emergency care system, including patient flow, workforce capacity, discharge arrangements and operational leadership. Consequently, actions arising from the inspection are being incorporated within the wider Urgent and Emergency Care Improvement Plan to ensure that improvements in quality, safety, flow and service resilience are delivered through a single and coherent programme of work.

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

Delivery of the UEC Improvement Plan and Board Investment

3.1 At its July 2026 meeting, the Board recognised the scale and urgency of the challenges facing urgent and emergency care services and approved investment to support recovery and improvement.

3.2 Since that decision, the focus has moved from approval to implementation, ensuring that agreed investment is translated into additional workforce capacity, strengthened operational arrangements and measurable improvements in patient care. The Board will continue to require assurance that this investment is being deployed as intended and is contributing to sustainable improvements in patient outcomes, safety and operational performance.

3.3 The Health Board's Urgent and Emergency Care Improvement Plan is currently being finalised with Executive colleagues and is expected to be agreed before the end of September 2026. The plan establishes a single framework for delivering urgent and emergency care improvement across North Wales and aligns Welsh Government priorities, local Integrated Health Community (IHC) plans, and actions arising from the HIW inspection.

3.4 The Improvement Plan provides a comprehensive account of:

3.4.1 progress against agreed actions and milestones;
3.4.2 implementation of the investment approved by the Board;
3.4.3 incorporation of actions arising from the HIW inspection;
3.4.4 key delivery risks and dependencies;
3.4.5 evidence of impact on quality, safety, patient flow and patient experience; and
3.4.6 areas where progress remains insufficient or where further intervention is required.

3.5 The Board is also considering the Integrated Performance Report elsewhere on this agenda. That report provides the detailed assessment of urgent and emergency care performance, including operational indicators, trajectories and emerging trends. This report does not seek to duplicate that information.

3.6 The Integrated Performance Report and the UEC Improvement Plan should therefore be read together. Collectively, they provide the Board with a clear understanding of:

3.6.1 the current performance position;
3.6.2 the response to the HIW findings at Ysbyty Glan Clwyd;
3.6.3 implementation and impact of the investment approved by the Board;

3.6.4 delivery of the wider UEC improvement programme;
3.6.5 progress in improving quality, safety, patient flow and patient experience; and
3.6.6 areas where further improvement or intervention is required.

Strengthening Governance and Developing a UEC Operating Model

3.7 During development of the UEC Improvement Plan, it became evident that current governance arrangements do not provide a dedicated forum for coordinating and overseeing the operational development of urgent and emergency care across the Health Board.

3.8 As a result, there is currently no single mechanism through which a shared Health Board-wide vision for urgent and emergency care can be defined, implemented and assured. In addition, Integrated Health Community Directors have been leading a number of major change programmes, whilst the Health Board's Transformation and Improvement resources have not always been aligned consistently to support delivery across all three IHCs. The existing UEC Programme Board has also experienced challenges in defining and agreeing its role and purpose.

3.9 To address these issues, it is proposed that the current governance structure is strengthened through the establishment of a fortnightly UEC Core Operational Delivery Group. This group would provide operational grip, coordination and oversight across urgent and emergency care services and would support development of a future BCUHB UEC Operating Model.

3.10 The proposed operating model would establish a common organisational framework for urgent and emergency care across the Health Board, supported by a suite of BCUHB Core UEC Standards. These standards would define non-negotiable expectations relating to access, patient flow, admission avoidance, emergency care, discharge processes and leadership. The intention is to ensure greater consistency in quality, performance and patient experience irrespective of location, whilst retaining sufficient flexibility to respond to local population needs and operational circumstances.

3.11 The proposed governance arrangements would also strengthen alignment between operational delivery and the Health Board's wider improvement programmes, including the Three Pillars Programme and Community by Design. Regular collaboration between programme leads will help ensure that interdependent workstreams are coordinated effectively, duplication is reduced and available resources are utilised more efficiently.

3.12 The ambition is to establish a single BCUHB urgent and emergency care system, delivered through locally responsive Integrated Health Communities, operating to a common set of standards, pathways and outcomes that ensure every citizen receives the right care, in the right place, first time.

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

Board Assurance and Next Steps

4.1 There has been steady progress since July 2026, including implementation of immediate improvement actions, strengthened oversight arrangements and development of a more integrated improvement framework. However, the Health Board recognises many of the underlying challenges facing UEC are longstanding and that improvement remains fragile.

4.2 The test of success will not be the production of plans, the allocation of investment or the completion of individual actions alone. Success will be determined by whether these measures result in sustained and measurable improvements in patient safety, patient experience, access, flow and operational performance.

4.3 The Board will therefore need to maintain close oversight of delivery and seek assurance that:

4.3.1 the investment approved by the Board is being implemented as intended;
4.3.2 agreed improvement actions and milestones are being delivered;
4.3.3 actions arising from the HIW inspection are being completed in full;
4.3.4 risks and barriers to delivery are identified and escalated promptly; and
4.3.5 measurable improvements in quality, safety, patient experience and operational performance are being achieved and sustained.

4.4 Continued focus on patient flow, workforce stability, clinical leadership, operational discipline and partnership working will be required if the Health Board is to achieve sustainable improvement in urgent and emergency care and deliver the standards of care expected by patients, staff and regulators.

5 ARGYMHELLION / RECOMMENDATIONS

5.1 Gofynnir i'r Bwrdd / The Board is asked to:

- **NOTE** progress made in response to the HIW inspection at YGC.
- **NOTE** progress in implementing the approved UEC investment and development of the draft UEC Improvement Plan.
- **APPROVE** the proposed strengthening of UEC governance arrangements, including the establishment of a UEC Operational Delivery Group.
- **SUPPORT** the development of a BCUHB-wide UEC Operating Model and core UEC standards.

- **RECEIVE** ongoing assurance through future reporting on delivery, impact, risks and outcomes associated with the UEC Improvement Programme.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	BAF25-01 Timely Access to Safe & Effective Patient Care BAF24-07 Timely Access to Care

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

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

	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	There is a risk to the reputation of the Health Board as a result of harm caused to patients from lengthy delays in accessing care	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Health Board Key Issues Report				
Board Date		24/09/2026		
Date of Committee		03/09/2026	**Report of:**	Quality Safety and Experience Committee
Quoracy met:		Yes		
1	Agenda	The Quality, Safety and Experience (QSE) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: QSE Committee - BCUHB		
2a	Alert	The QSE Committee wish to Alert members of the Board that: • There are workforce implications arising from nurse staffing reviews, with particular focus on recruitment, retention, workforce supply and the development of sustainable staffing models across Mental Health and Learning Disabilities and Community Hospital services. The Committee noted that these needed addressing within existing budgets and noted that this was also raised at Executive Committee. • The Committee noted that a number of actions within the Quality and Safety Board Assurance Framework continue to be assessed as having low delivery confidence, reflecting capacity constraints and the need to strengthen implementation of the Quality Management System and supporting programmes of work. • The Committee noted continuing performance risks relating to psychological therapies waiting times, CAMHS performance and cancer pathway recovery, which remain subject to enhanced oversight and recovery action.		
2b	Assurance	The QSE Committee wish to Assure members of the Board that: • The Committee received assurance that targeted recovery plans, supported by Welsh Government investment, are driving improvements across planned care, diagnostics, cancer and urgent and emergency care pathways Whilst risks relating to emergency department overcrowding, cancer performance, follow-up backlogs, endoscopy waiting times, pre-operative assessment capacity, CAMHS and psychological therapies remain, the Committee was assured that recovery actions and enhanced oversight arrangements are in place. • The Committee welcomed the enhanced Integrated Performance Report format, which provides improved visibility of performance trends, risks and recovery actions and supports effective scrutiny.		

2c	Advise	The QSE Committee wish to Advise members of the Board that: • A Deep Dive into Endoscopy will be undertaken at the next QSE Committee. • Received a paper on Urgent and Emergency Care, noting that there is significant way to go but that improvements are evidenced. A strategic paper will be received at the Board meeting in September which will need to address leadership staffing fragility. • The Committee agreed to hold a development session to consider the outcomes of the Committee self-assessment, Well-Led Review, Audit Wales Quality Governance Review and NHS Wales Performance & Improvement work, to inform future Committee priorities and the 2027 cycle of business.
2d	Review of Risks	Risk 2603 – Failure to improve access, outcomes and patient experience. Risk 2604 – Failure to ensure timely access to safe and effective care. The Committee reviewed both risks and noted ongoing mitigating actions and recovery programmes. Concerns remain regarding delivery confidence of some actions due to capacity constraints.
2e	Sharing of learning	• Patient story highlighting communication, escalation and advocacy issues for patients with complex needs, with learning to be shared through quality improvement and governance arrangements. • The Committee highlighted the importance of continued promotion of hand hygiene and infection prevention and control messages to staff and the public to support improved patient safety outcomes.
3	Actions to be considered People & Culture Committee	The Committee requested that the People & Culture Committee consider the workforce implications arising from nurse staffing reviews, with particular focus on recruitment, retention, workforce supply and the development of sustainable staffing models across Mental Health and Learning Disabilities and Community Hospital services.

Health Board

INTEGRATED QUALITY REPORT

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	• Patient Safety: Chris Lynes, Deputy Director of Nursing (Patient Safety) and Tracey Radcliffe, Head of Patient Safety • Safeguarding and Public Protection: Michelle Denwood, Director of Safeguarding and Public Protection • IPC: Deputy Director of Nursing Infection Prevention and Decontamination • Patient and Carer Experience: Chris Lynes, Deputy Director of Nursing (Patient Experience) and Leon Marsh, Head of Patient Experience Clinical Effectiveness: Joanne Shillingford, Head of Clinical Effectiveness • Quality Assurance: Jo Kendrick, Head of Quality, Erika Dennis, Quality Lead Manager, Sarah Musgrave Quality Learning Business Manager • Healthcare Law: Matthew Joyes, Deputy Director for Legal Services and Debbie Kumwenda, Healthcare Law Lead Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	• Dr Clara Day, Executive Medical Director • Teresa Owen, Executive Director of AHPs and Healthcare Science • Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Executive Summary

The Health Board continues to face significant quality and safety pressures across a number of high-risk areas. Persistent overcrowding within Emergency Departments, increasing Never Events, healthcare-associated infection performance below trajectory, and growing complaint volumes continue to present risks to patient safety, organisational learning, staff wellbeing and regulatory assurance.

Emergency Departments remain a major area of concern and external scrutiny, particularly following the escalation of the Ysbyty Glan Clwyd Emergency Department to a Service Requiring Significant Improvement by HIW. The full report and action plan has now been agreed and published with further detail within this paper. Whilst self-assessment and peer review activity at Wrexham Maelor and Ysbyty Gwynedd demonstrate encouraging levels of compliance and organisational learning, patient experience across emergency care remains significantly below that achieved elsewhere in the Health Board.

Patient safety performance remains challenged, with 5,528 open incidents, over 62% of which are overdue (mainly within the moderate harm category), alongside 13 Never Events reported over the previous 12 months. Recurring themes relating to compliance with invasive procedure safety standards, medicines management and clinical governance continue to require executive attention. Additional concerns have been identified regarding the reliability of resuscitation equipment checking processes and venous thromboembolism risk assessment compliance. The report also highlights growing concerns regarding endoscopy waiting list backlogs, surveillance delays and service fragility

Despite these challenges, there are areas of positive assurance. The Health Board continues to perform strongly against national complaint handling measures, maintains the shortest median NRI investigation completion time in Wales, has improved NICE compliance arrangements, is progressing the implementation of Nursing and Midwifery Quality Standards, and continues to deliver regulatory improvement plans across a number of services. A Tier 2 audit programme related to highest risk was also approved by QSE to increase assurance in these areas. Overall, assurance can be provided that improvement programmes, governance mechanisms and regulatory oversight arrangements are in place across all key risk areas. However, sustained executive focus and organisational action remain essential to address emergency care pressures, patient safety performance, infection prevention and control, service fragility and deteriorating patient experience.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
Quality and Safety Executive meeting (QSE)	03.09.26	Assurance on progress but noted the areas of significant risk that remain

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

INTEGRATED QUALITY REPORT

1. Y SEFYLLFA SITUATION

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

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

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

2 Y CEFNDIR BACKGROUND

2.1 BCUHB remains committed to delivering high-quality services across all areas of care. To provide assurance and drive continuous improvement, the BCUHB routinely monitors a range of quality metrics. These measures enable informed decision-making, support organisational learning, and underpin growth and development.

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

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

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

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

3.2 Persistent backlog of incident investigations, including high levels of overdue incidents, creating risks to timely learning, assurance, Duty of Candour compliance and organisational governance

3.3 Ongoing increase in Never Events and BCUHB's position as the highest rate per 100,000 population in Wales, presenting patient safety and reputational risks.

3.4 Failure to achieve IPC improvement trajectories for several healthcare-associated infections, particularly C. difficile and MSSA, with associated risks to patient safety, operational capacity and regulatory assurance.

3.5 Sustained increase in complaint volumes and declining patient experience scores, particularly within urgent and emergency care settings, reflecting ongoing system pressures and potential reputational impact.

3.6 Delays in delivery of a number of HIW improvement plans and outstanding regulatory actions which continue to require executive oversight and monitoring.

4 ARGYMHELLION RECOMMENDATIONS

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

- **NOTE** the contents of the Integrated Quality Report and the assurance provided regarding quality, safety and experience across BCUHB.

- **SUPPORT** the improvement actions and governance arrangements outlined within the report to address identified risks and sustain organisational learning and quality improvement.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below: 4. Improving quality, outcomes and experience
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices :
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) **BAF 26_03:** Failure to Improve Access, Outcomes and Experience **BAF 26_04**: Failure to Deliver and Create a Modern, People-Centred Healthcare System that is Future Focused **CRR25-01:** Timely access to safe and effective care

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

economic Duty when making strategic decisions?		
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:X
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	This report is purely administrative in nature and submitted for information only.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd **Enablers of Quality** All Apply	

	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This report is purely administrative in nature and submitted for information only
Cyfreithiol Legal	Choose an item.	
Enw Da Reputational	Yes (Include further detail below)	
	Please see report for further details	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

1. QUALITY CONCERNS RISK OVERVIEW

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

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

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

1.2 Overcrowding within Emergency Departments continues to create risks of patient harm, poor patient experience and staff burnout, compounded by cultural challenges and the need for sustained whole-system transformation. Further information including actions and assurances are included within this paper relating to Urgent and Emergency Care. In addition, an update on the actions following the HIW inspection of the Emergency Department of Ysbyty Glan Clwyd is included within this paper.

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

- The 'Challenged Services' as previously identified by Welsh Government, have had a defined improvement programme within BCUHB for the last two years. An update on these services was provided separately to QSE.
- In addition, there is now a programme of work in place to build upon the current Quality Management System to aid proactive identification of fragile services. This includes a set of criteria across workforce, staff experience and engagement, relevant performance metrics, service delivery including data from demand and capacity assessment, tier 1 service risks and compliance with national standards, and quality metrics including data on incidents, complaints and patient experience.
- Gastroenterology, and particularly endoscopy, was identified as an additional fragile service following a Rapid Quality Review in February 2026. Updates to this service are included within the Integrated Quality Reports for this meeting. A deep dive was agreed at QSE for review within the November meeting.
- Delayed access to planned care can also occur with service fragility. Updates on improvement programmes to ensure sustainable change in

these services was included within the Planned Care paper for QSE This included an action plan to reduce overdue follow ups. The discussion was based upon improvement work to ensure BCUHB services are sustainable and thus reducing the need for short term additional activity, either internal or external.

1.4 A broader organisational risk is the variability in understanding, measuring and delivering good quality care to known standards may lead to inconsistent practice and a failure to consistently provide safe and effective care. Elements of concern relating to this risk are outlined within the Integrated Quality Reports. This includes as examples Never Events, medicine management, venous thromboembolism management.

1.5 While improvement programmes, quality reviews, strengthened governance arrangements and national support are in place, these risks require continued Board oversight and organisational focus to ensure sustainable improvements in patient safety, quality of care and patient experience.

1.6 The Tier 2 audit programme has been developed around these organisational risks and is included following QSE approval.

2. Emergency Departments

2.1 Emergency Departments (EDs) across the Health Board continue to represent a significant area of organisational focus due to sustained operational pressures, persistent challenges relating to patient flow and overcrowding, and ongoing regulatory scrutiny. Concerns relating to ED performance are informed through triangulation of multiple intelligence sources, including EICOP incidents, Healthcare Inspectorate Wales (HIW) findings, patient experience data, corporate risk registers, performance information and external concerns, including those raised by HM Coroner.

2.2 Since the Rapid Quality Review undertaken in November 2025, quality oversight arrangements have been strengthened through a structured fortnightly review process within EICOP (Executive Integrated Concerns Oversight Panel). To further enhance assurance, a comprehensive Emergency Department Quality Dashboard has been developed and approved through Executive Committee and the Executive Quality Delivery Group (EQDG).

2.3 The dashboard commenced reporting in August 2026 and provides a standardised framework for monitoring quality across all three Emergency Departments. The framework incorporates indicators across the domains of Safe, Timely and Equitable, Effective, Efficient and Patient-Centred Care, including National Reportable Incidents, falls, hospital-acquired pressure ulcers, patients cared for in

undesignated areas and audit of their care, waiting times, ambulance handover delays, deterioration monitoring, staffing metrics, patient experience and complaints.

2.4 The introduction of this framework strengthens the Health Board's ability to identify emerging risks, monitor improvement activity and provide consistent assurance regarding the quality and safety of care being delivered within emergency care settings.

2.5 **Healthcare Inspectorate Wales (HIW) Inspection and Improvement Activity**

2.6 The HIW inspection of Ysbyty Glan Clwyd Emergency Department undertaken in May 2026 resulted in the service being escalated to a designation of Service Requiring Significant Improvement. Immediate assurance concerns focused on leadership and governance arrangements, staff wellbeing and culture, paediatric nursing provision, care for patients waiting within public areas, and the management and monitoring of equipment and medicines.

2.7 A comprehensive improvement plan has been developed and agreed with HIW. This is being actively delivered against the required timescales. The full report and action plan was published on 10/09/26 and is available on the HIW website Ysbyty Glan Clwyd | Healthcare Inspectorate Wales.

A return visit in late August provided assurance that actions were being progressed. The report states: Positive developments included extensive staff engagement work on culture and wellbeing, improved patient flow through new management initiatives, effective safety huddles, strengthened paediatric governance, improved security measures and better management of medicines and equipment. New and developing staff wellbeing initiatives and actions arising from staff feedback were also noted. These early improvements must be embedded and sustained over the long term.

It acknowledged the need for continued work regarding waiting-room oversight, delays in gaining specialist input following medical and surgical referrals and the sustainability of some new initiatives.

In addition to addressing the specific findings at Ysbyty Glan Clwyd, the Health Board has ensured organisational learning through the completion of self-assessments and peer reviews across other Emergency Departments to evaluate compliance against the immediate learning identified through the inspection.

2.8 **Ysbyty Gwynedd Emergency Department Self-Assessment**

The self-assessment demonstrated a generally positive level of compliance across the HIW improvement actions. This includes good staff engagement with established forums and mechanisms of feedback. Paediatric nurse staffing is increasing and there is good training for all in paediatric care with consultants with additional qualifications in post. Further work is required to improve speciality response times and system flow.

2.9 **Wrexham Maelor Emergency Department Self-Assessment**
The service demonstrates a largely positive level of compliance across the key themes reviewed, with evidence of established governance, patient safety processes, staffing arrangements and assurance mechanisms. In particular there is good paediatric nurse staffing and clear operational oversight.

2.10 **Quality Peer Review Programme**

2.11 The Health Board's Quality Peer Review Programme continues to provide an important source of independent assurance regarding the quality and safety of services. Reviews are aligned to HIW methodology, the Health and Care Quality Standards and the Duty of Quality requirements. The programme adopts an intelligence-led approach, drawing on quality indicators, governance information, regulatory findings and organisational risks to target review activity where additional assurance or support is required.

2.12 A peer review of Wrexham Maelor Emergency Department undertaken on 16 July 2026 identified a positive departmental culture, with staff describing supportive management, visible leadership and effective sharing of learning arising from incidents and improvement activity. Reviewers identified no immediate patient safety concerns requiring urgent escalation.

2.13 Several areas for local improvement were identified, including the impact of temporary pod structures within the resuscitation area on patient visibility and observation, opportunities to improve signage and wayfinding for patients and visitors, and confidentiality concerns associated with the current patient streaming model. Reviewers also observed a small number of patients being cared for within corridor spaces during the visit; however, staff were seen to be providing appropriate care and maintaining communication with patients regarding delays.

A corresponding peer review at Ysbyty Gwynedd Emergency Department is scheduled for completion in the coming weeks.

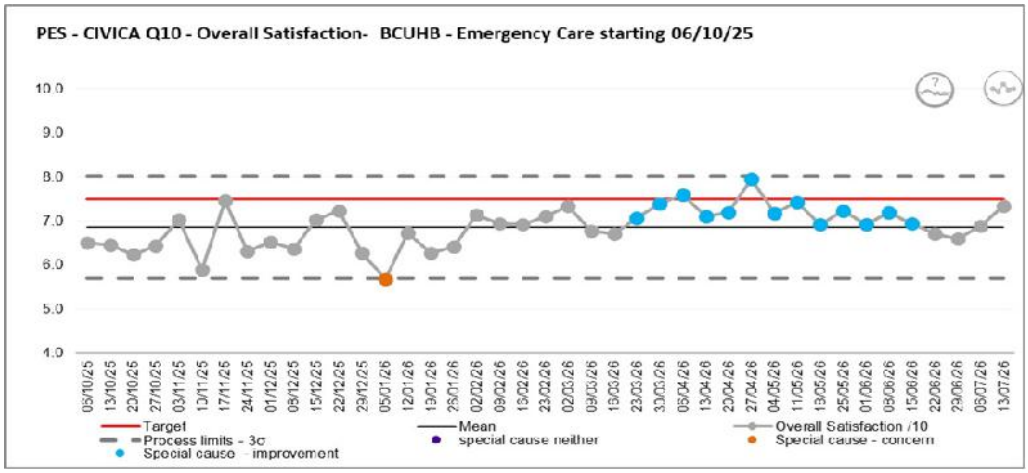
2.14 **Emergency Department Patient Experience**

2.15 The impact of sustained pressures within urgent and emergency care pathways is reflected in current patient experience data which demonstrates that Emergency

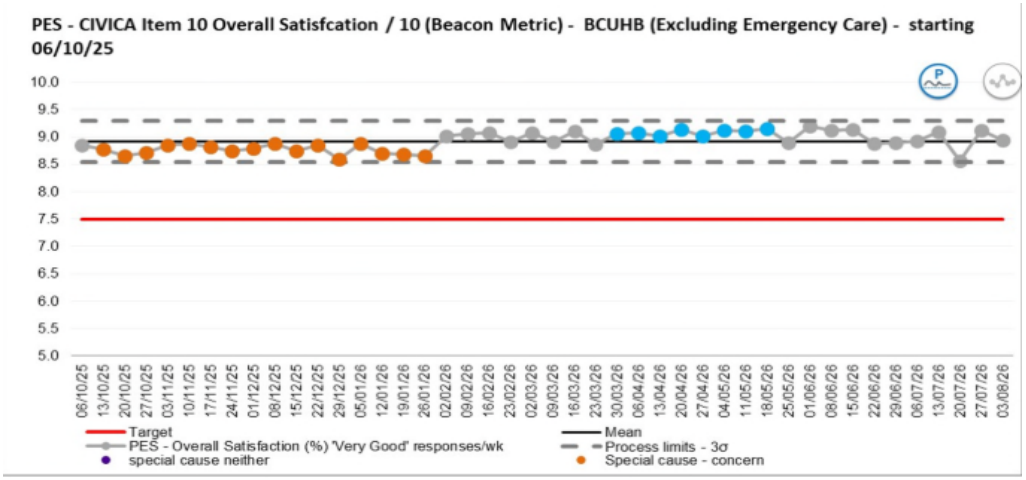
Departments continue to report lower satisfaction scores than other Health Board services and are not consistently achieving the all-Wales benchmark. The findings provide further evidence of the impact of sustained pressures within urgent and emergency care services. This data is reviewed regularly within the departments along with qualitative feedback and used to inform improvement plans.

Site	Mean /10	LCL*	UCL*
BCUHB – Including Emergency Care	8.49	8.13	8.84
BCUHB – Excluding Emergency Care	8.92	8.60	9.25
BCUHB – ALL Emergency Care Settings	6.86	5.71	8.01
IHC – Centre – Emergency Care	6.57	4.66	8.48
IHC – East – Emergency Care	6.73	4.87	8.60
IHC – West – Emergency Care	7.57	3.97	10.00

*LCL Lower confidence limit
*UCL Upper confidence limit

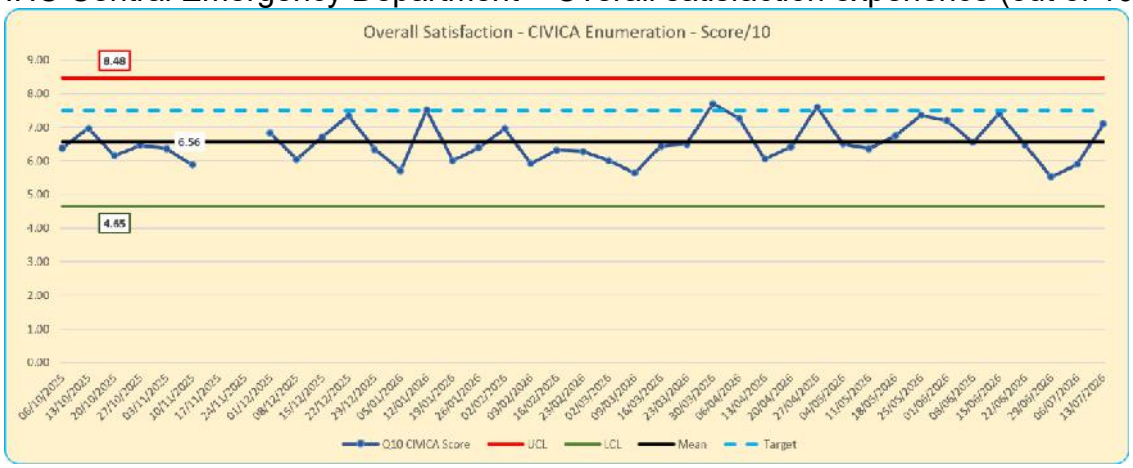


When compared to the rest of BCUHB and excluding Emergency Departments overall satiisfaction is higher

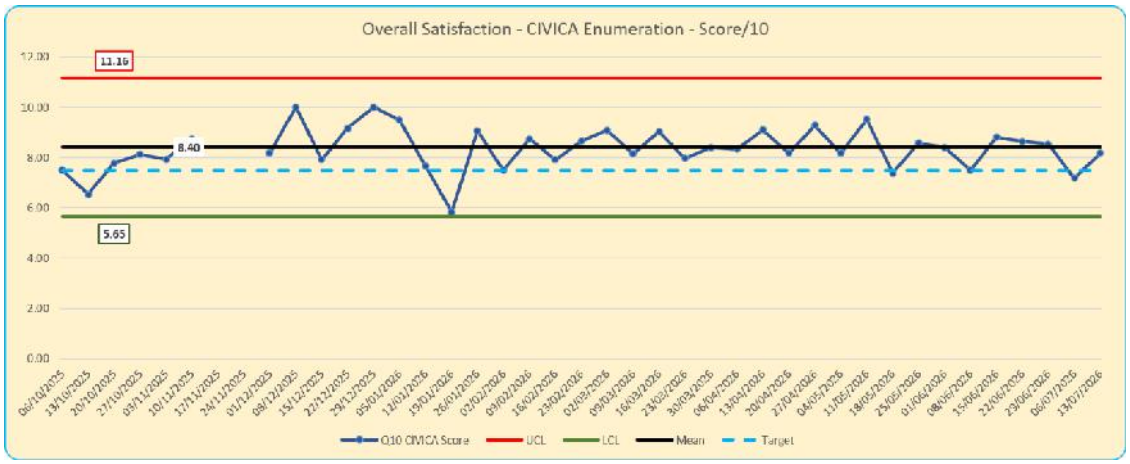


When looking at overall satisfaction across the three Emergency Departments, the below charts show that Central is performing below target, East generally above target and West on or just above target over recent months. Qualitative feedback consistently highlights concerns with wait and the environment but compassionate and good clinical care from staff. Deeper analysis of both numerical and qualitative data has been completed and is being shared with individual departments to inform improvement plans.

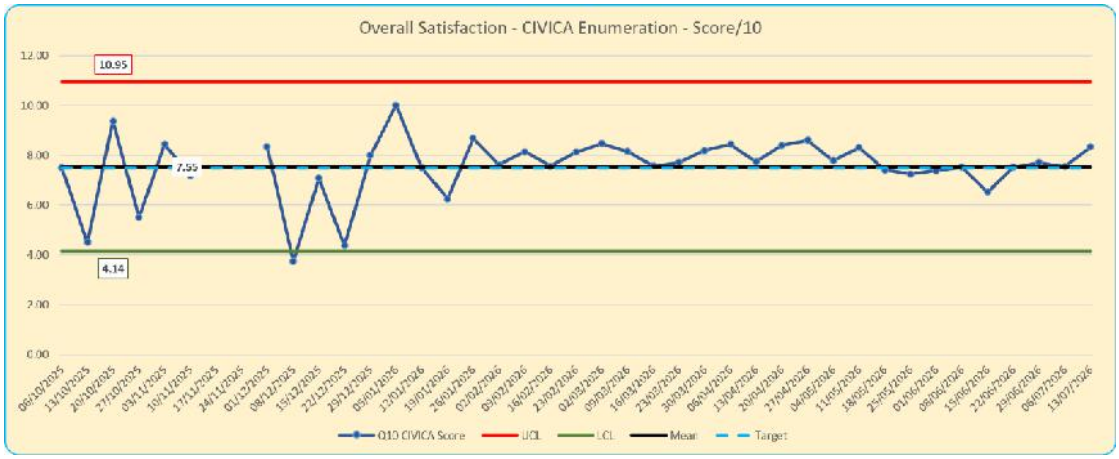
IHC Central Emergency Department – Overall satisfaction experience (out of 10)



IHC East Emergency Department – Overall satisfaction experience (out of 10)



IHC West Emergency Department – Overall satisfaction experience (out of 10)



2.16 Overall, whilst positive progress has been demonstrated through strengthened governance arrangements, self-assessment activity, peer reviews and implementation of improvement plans, Emergency Departments remain a high-risk area requiring continued executive oversight. Ongoing challenges relating to patient flow, crowding, workforce sustainability and patient experience continue to present risks to the consistent delivery of high-quality care and remain a priority focus for improvement during 2026/27.

3. Endoscopy

3.1 BCUHB Endoscopy continues to face significant quality and patient safety risks due to extensive diagnostic, cancer and surveillance waiting list backlogs, alongside workforce and infrastructure constraints. Incident review regularly highlights that patients are waiting for prolonged periods of time for intervention and that booking oversight processes need review. Patients on surveillance lists are at particular risk

of breaching surveillance intervals as urgent suspected cancer pathways are prioritised.

3.2 The Endoscopy Network oversight group has been tasked with enhanced oversight across all areas; a Clinical Director for Endoscopy has been agreed to support a more robust approach with interim cover provided by a senior medical leader during this time of enhanced concern. A deep dive of endoscopy services and concerns was agreed for QSE in November 2026 meeting.

4. Ablett Unit MHLD

4.1 Healthcare Inspectorate Wales (HIW) undertook an unannounced inspection of the Ablett Unit, Glan Clwyd Hospital, between 27–29 April 2026. Ablett Unit (Glan Clwyd Hospital) | Healthcare Inspectorate Wales

The inspection found that patients generally reported positive experiences of care, describing staff as caring, respectful and supportive, with positive feedback regarding advocacy services and therapeutic activities.

Key findings included:

- Positive patient feedback regarding the care, compassion and professionalism of ward staff.
- Long-standing environmental concerns, including shared bedrooms, limited ward space, inadequate facilities and an environment deemed not fit for purpose for modern mental health inpatient care.
- Governance weaknesses, including a number of out-of-date policies and evidence that recommendations from previous HIW inspections had not been consistently embedded or sustained.
- Concerns regarding use of the Section 136 suite for patients awaiting alternative placements, indicating ongoing bed capacity and flow pressures.
- Inconsistencies in care planning documentation, discharge planning processes and access to therapeutic services, including occupational therapy and psychology support.
- Positive findings relating to safeguarding arrangements, risk management processes, mandatory training compliance and visible ward-level leadership.

4.2 **Progress against the Improvement Plan**
There was a delay between submission of the improvement plan and formal acceptance by HIW. In line with Health Board processes, improvement actions are not loaded onto the AMaT system until regulatory review and acceptance has been received. Whilst local preparatory work continued during this period, the delay impacted the formal commencement of monitoring and reporting through established governance arrangements.

The improvement plan is now being monitored through the Health Boards governance arrangements. The service has made measurable progress against the identified requirements, with **39 of 52 improvement actions now completed (75%)**. Progress continues to be closely monitored through established governance arrangements. The current position is:

- **39 actions (75%) approved and completed**
- **10 actions (19%) partially complete/overdue and progressing**
- **2 actions (4%) overdue**
- **1 action (2%) in progress**

The majority of outstanding actions relate to evidencing sustainability through audit, monitoring and governance processes, with implementation largely complete. Work is progressing across all actions, with several due for review through September governance meetings. Key areas requiring continued focus include medicines management, care plan audit compliance, ward meeting compliance and patient satisfaction with catering provision. Overall, progress remains positive and no significant new risks have been identified.

The planned closure date for the improvement plan remains **15 November 2026**, with continued executive oversight required to ensure delivery of the remaining actions and achievement of full compliance.

5 Never Events

5.1 In NHS Wales, a Never Events are defined as:

"Serious incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers."

In comparison to the number of times procedures are performed, these events are rare. They tend to occur when extra stressors are present. However, processes are in place that, if followed, should always prevent errors.

5.2 BCUHB reported four Never Events occurring in the reporting period.
As shown in the table below

- Retained foreign object post procedure (n=2)
    - Swab retained following a procedure outside of theatre.
    - Tampon retained following episiotomy and delivery
- Misplaced Naso-gastric tube (n=1)
  Patient administered feed when tube not correctly placed
- Administration of medication by the wrong route (n=1)

Controlled drug administered at incorrect dose and via incorrect route.

The above mentioned Never Events are currently going through the full investigation process.

Further detail and initial learning can be found in the confidential quality report

5.3 Never Events occurring within BCUHB remains at a level higher than is acceptable, with 13 Never Events reported in a rolling period, August 2025 to July 2026, with limited time between events, 28 median days.

Never Event Category	**Number of Events**	**Relevant Months**
Administration of medication by the wrong route	1	Jun 2026
Misplaced Naso- or Oro-gastric tubes	1	July 2026
Retained foreign object post procedure	5	Oct 2025 (1), Nov 2025 (1) , April 2026 (1), Jun 2026 (2)
Wrong implant/prosthesis	2	Oct 2025 (1), Feb 2026 (1)
Wrong site surgery	4	Oct 2025 (1), Dec 2025 (1), Mar 2026 (2)
Total Never Events	**13**	Jun 2025 to Jul 2026

5.4 Benchmarking indicates that BCUHB continues to have the highest rate of Never Events per 100,000 population in Wales. (see table below). Recurring themes include retained foreign objects, wrong-site procedures, incorrect implants and failures associated with invasive procedures and medicines management. While Never Events remain rare in relation to overall procedure volumes, their preventable nature requires strengthened compliance, assurance and organisational learning.

5.5

Never Events	Aneurin Bevan	BCUHB	Cardiff &Vale	Cwm Taf	Hywel Da	Swansea Bay
01/07/2025 - 30/06/2026 (n)	4	12	8	2	1	0
Per 100k population	0.67	1.73	1.54	0.45	0.26	0

A Health Board wide programme is underway to consolidate all NatSSIPs and ensure that correct practice and continuous audit programmes are in place. Audits do occur routinely in the theatre environment with oversight within IHC / divisional governance groups. This audit programme is under review to ensure that robust and that reporting lines are clear. The work programme is intended to extend assurance arrangements across all invasive procedures (it has often been procedures performed outside of formal theatre environment where issues have arisen) and strengthen reporting through governance processes. A stocktake of local LocSSIPs and audit practice has occurred with development of BCUHB standardisation for common procedures.

Whilst robust action is being taken in response to each incident, including reinforcement of professional standards of behaviour where required, the recurring themes observed across recent Never Events indicate an ongoing need to strengthen compliance, assurance and safety culture across the organisation.

6. Secondary care position against Antimicrobial Stewardship WHC (period ending March 2026)

6.1 Total antimicrobial consumption across secondary care sites in BCUHB has been reported as a 2.1% decrease compared to the baseline year 2019/20. The target for 2025/26 was to reach 3% reduction. A reduction was seen in both Ysbyty Gwynedd and Wrexham Maelor hospitals but there was an increase in Ysbyty Glan Clwyd.

The target to prescribe 70% of antibiotics from the Access category (narrow spectrum antibiotics) across all sites has seen an increase to approx. 64%.

Work is underway to utilise the electronic prescribing system (EPMA) to further support antimicrobial stewardship. In July there was the introduction of duration being mandated when prescribing an antimicrobial in response to data showing in May that less than 50% of prescriptions for antimicrobials had an end date prescribed resulting in patients receiving longer courses.

7 Medicines Management

7.1 A thematic review of Controlled Drug incidents has identified recurring risks associated with medicines administration, storage, security arrangements and documentation standards. While most incidents have resulted in minimal patient harm, the findings are consistent with themes emerging from recent Never Events, Ombudsman concerns and the Controlled Drug Accountable Officer report. A programme of work has therefore commenced to support both safer prescribing and administration led by Deputy Director of Nursing and Chief Pharmacist and will focus on education, training and adherence to medicines management policies

8 Venous Thromboembolism (VTE) risk assessments

8.1 Low compliance with Venous Thromboembolism (VTE) risk assessments remains a patient safety concern. A multidisciplinary review concluded that the challenges relate primarily to compliance with clinical practice standards rather than limitations within new digital systems. A targeted improvement programme has therefore been agreed, combining system optimisation, education, audit and strengthened clinical accountability. A Rapid Quality Review will be convened to ensure progress actions, metrics and accountabilities are clear.

8.2 The Strategic Clinical Effectiveness Group has also approved a revised Tier 2 Audit Programme for 2026/27 which includes VTE prevention

9 My Kit Check (MKC) Concerns Overview

9.1 Review of My Kit Check assurance data has identified significant concerns regarding compliance with resuscitation equipment checking processes. Audits identified that 25% of trolleys and bags were not rescue-ready, 38% had missed routine checks and discrepancies existed between electronic records and physical inspections. These findings suggest that current systems may provide false assurance regarding equipment readiness. Immediate actions, strengthened audits, escalation processes and a Task and Finish Group has been established to address the risks identified. This will also be monitored as part of the ward accreditation programme.

10 Tier 2 Audit Plan for 2026-2027

10.1 In response to the need to strengthen the strategic focus and impact of clinical audit activity across the Health Board, a series of discussions were held during April to June 2026 involving Strategic Clinical Effectiveness Group (CEG), IHC/Division Medical Directors and Clinical Director, Nursing and Pharmacy representatives.

10.2 The purpose of these initial meetings and discussions was to review the current Tier 2 Clinical Audit Programme and develop a more focused, risk-based approach for 2026/2027. It was recognised that clinical audit activity should provide assurance in relation to key organisational risks, support delivery of Health Board priorities, respond to areas of external scrutiny and demonstrate measurable improvement in the quality and safety of care. This also reflects concerns raised with Audit Wales Quality Governance review

10.3 The review sought to define a small number of strategically important audits capable of delivering meaningful improvement and organisational learning. Discussions also considered how audit activity could better align with ongoing quality improvement programmes, regulatory requirements and areas of known clinical variation.

10.4 To support this work, proposed audit themes were developed using a framework that considered:

- Organisational and clinical risks.
- Areas subject to external scrutiny and regulatory review.

- Patient safety priorities.
- Existing improvement programmes.
- Opportunities for cross-divisional learning and assurance.

The capacity required to deliver audits effectively across the Health Board.

10.5 Agreed Priority Themes

Priority Theme	Rationale
Deteriorating Patient	Supports the Health Board deteriorating patient workstream and focuses on key patient safety processes including Treatment Escalation Plan (TEP), DNACPR, sepsis and resuscitation care.
Urgent and Emergency Care	Focus on patient flow through the emergency care pathway, including both front-door and discharge processes, reflecting ongoing UEC improvement programmes and external scrutiny findings.
Hospital Acquired Thrombosis (HAT) / VTE Prevention	Review compliance with risk assessment, prophylaxis, documentation standards and EPMA-supported processes.
Cancer Pathways	Assess delays and variation within priority cancer pathways and support improvement in timeliness of diagnosis and treatment.
Antimicrobial Prescribing	Evaluate antimicrobial stewardship arrangements following EPMA implementation, including prescribing review and stop-date compliance.
WHO Surgical Safety Checklist and LocSSIPs	Assess compliance with key theatre safety processes and invasive procedure standards.

10.6 Following agreement of the priority themes, detailed audit registrations and proposals are being developed, including audit scope, methodology, performance measures and reporting arrangements. Progress and delivery will be monitored through quality governance with a continued focus on demonstrating measurable improvement, reducing organisational risk and strengthening assurance to the Board via QSE Committee.

Clinical Effectiveness

11. Clinical Audit

11.1 During June and July, there were six Tier 1 National Clinical Audit reports published scheduled for responses during August and September 2026. Two Outcome Reviews reported both scheduled for responses during August 2026.

11.2 **Six National Audit reports have been published in June and July, all included BCU identifiable data.** The table below outlines the benchmarking information:

Tier 1 Project reference	Title	*Performance against*	
		National Benchmark	***Last BCU report***
*NCAORP/ 2026-27-10	National Respiratory Audit Programme (NRAP): COPD: Room to breathe: A longitudinal review of respiratory data (1 Apr 2024 - 31 Mar 2025)	A	A
*NCAORP/ 2026-27-11	National Respiratory Audit Programme (NRAP): Adult Asthma: Room to breathe: A longitudinal review of respiratory data (1 Apr 2024 - 31 Mar 2025)	A	A
*NCAORP/ 2026-27-12	National Respiratory Audit Programme (NRAP): Children & Young Peoples Asthma: Room to breathe: A longitudinal review of respiratory data (1 Apr 2024 - 31 Mar 2025)	G	A
*NCAORP/ 2026-27-13	National Respiratory Audit Programme (NRAP): Pulmonary Rehabilitation: Room to breathe: A longitudinal review of respiratory data (1 Apr 2024 - 31 Mar 2025)	A	G
NCAORP/ 2026-27-52	NCEPOD Acute illness in People with Learning Disabilities	N/A	N/A
NCAORP/ 2026-27-38	Mothers and Babies: Reducing risk through Audits and Confidential Enquiries across the UK (MBRRACE): Perinatal Mortality Surveillance 2026 Report (2024)	N/A	N/A
NCAORP/ 2026-27-41	National Ovarian Cancer Audit (NOCA): State of the Nation Report 2026	G	G
NCAORP/ 2026-27-36	National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy 12): 2026 combined organisational and clinical audits: Clinical Cohort 7	A	G

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

*Update	Service / Site	Reason for Outlier Status	Current Position / Update	Key Challenges	Actions / Mitigation
National Respiratory Audit Programme (NRAP)	**IHC West**	Data submission ceased following the departure of the clinical lead in March 2024. The programme also included previous non-participation in the National Asthma Audit for Children and Young People at Ysbyty Gwynedd.	A new clinical lead was appointed in February 2026. Data submission recommenced in April 2026 and nine cases have been submitted to date. Data collection for the current National Asthma Audit is underway and the service remains committed to future participation.	Previous audit findings identified challenges in discharge planning and timely follow-up. The absence of dedicated paediatric asthma nursing support remains a significant barrier to achieving national standards.	Clinical leadership restored and audit submissions recommenced. Ongoing review of asthma care pathways and collaboration with the regional asthma network to improve service delivery and audit participation.
COPD Secondary Care Audit	**IHC East**	Non-participation in the audit programme.	Clinical project leads are in place; however, audit data collection and submission remain incomplete.	Lack of funded administrative support for data collection and submission. Business case for an audit clerk was not approved. Insufficient SPA time within the clinical workforce.	Directorate continues to review administrative capacity and identify opportunities to support participation. Significant improvement is unlikely without additional resource.
Adult Asthma Secondary Care Audit (NRAP)	**IHC East**	Formal outlier status due to non-participation in the Adult Asthma Audit.	Outlier correspondence has been received and responded to via the Chief Executive Officer.	Absence of funded audit clerk support and insufficient clinical SPA capacity for audit activities.	Issues are being considered as part of wider respiratory service development and regional working arrangements.

Area	Health Board Response
Acknowledgement	The Health Board acknowledges the challenges affecting participation in national respiratory audit programmes.
Regional Approach	As part of the ongoing regionalisation of respiratory services across the three acute hospitals, opportunities are being explored to align and strengthen respiratory services.
Resource Optimisation	Consideration is being given to pooling available resources and improving data collection processes across sites.
Quality Improvement	Work is underway to support greater standardisation of clinical practice, shared learning and quality improvement across the region.
Future Focus	The Health Board remains committed to improving participation in national audits and addressing barriers to compliance with national standards where resources allow.

Overall Assurance: Whilst workforce, administrative and funding constraints continue to affect participation in some respiratory audits, there is evidence of

renewed engagement and ongoing commitment to audit participation, service improvement, and regional collaboration to address identified gaps.

12. Formation of the Executive Delivery Group for Clinical Quality

12.1 The Clinical Executives have proposed to merge the Strategic Clinical Effectiveness Group (SCEG) and the Executive Quality Delivery Group (EQDG) to establish a single, integrated forum for oversight of quality, safety, clinical effectiveness and improvement. The merger will strengthen multidisciplinary leadership by bringing together all clinical professions, quality, and operational perspectives within one governance structure, reducing duplication and enabling a more coordinated approach to assurance and decision-making.

The new arrangements will concentrate on identification of quality risks and ensuring plans are in place to reduce these risks. Discussion within this forum will also allow collaboration across all areas with learning and mutual support. In addition, these arrangements are designed to promote alignment between clinical effectiveness, patient safety, quality improvement and regulatory requirements, ensuring that risks, performance issues and improvement actions are considered holistically.

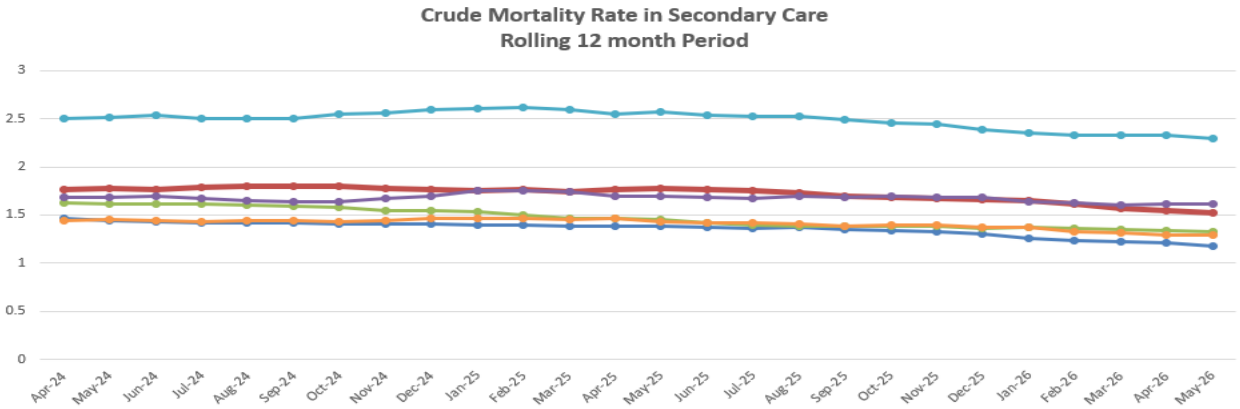
This merger will streamline reporting processes, improve organisational oversight of quality priorities, and enhance the Health Board's ability to provide timely assurance to the Executive Committee, QSE and Board regarding the delivery of safe, effective and high-quality care. This meeting will be utilised alongside strengthened accountability meetings to progress discussion on identified areas of concern.

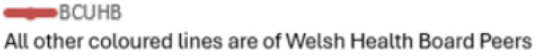
12.2 The first meeting is scheduled for September 14th 2026

13. MORTALITY

13.1 **Review of Mortality Data taken from CHKS iCompare System:**

Crude Mortality Rate in Secondary Care 12-month rolling average - BCUHB vs Peer (All Other Welsh Health Boards excluding Powys):





13.2 Crude mortality rate in BCUHB has been above the national average since April 2024, although the gap has reduced in recent months. Crude mortality rates for other Welsh Health Boards are included in the graph above for comparison.

13.3 Crude mortality is not risk adjusted, and it can be affected by many factors. Population demographics including age, socioeconomic status, population health and rate of chronic disease will affect the crude mortality rate.

Crude mortality in secondary care will also be affected by the number of individuals dying outside the acute hospital setting. Capacity in community hospitals, care homes and hospices alongside availability of social care packages will affect length of stay and increase mortality in secondary care where a lack of downstream capacity prevents discharge. This will lead to variation between IHCs in the Health Board and needs to be considered when making external comparison with other Welsh Health Boards.

A review of stroke deaths is underway following identification of Wrexham Maelor as a borderline outlier in national benchmarking data. Learning will be integrated via the pan BCUHB Stroke governance meetings.

14. Nursing and Midwifery Quality Standards (NMQS)

14.1 Implementation of the new Nursing and Midwifery Quality Standards for ward accreditation continues to progress positively. Mental Health and Learning Disability services have successfully implemented the standards and wider rollout is scheduled across all inpatient areas. New electronic reporting and dashboard arrangements will strengthen quality assurance, peer review and organisational oversight of nursing quality indicators.

15. Patient Safety Incidents

15.1 The Health Board currently has 5,528 open incidents, with 62.68% overdue. This represents a deterioration in performance and continues to present risks regarding organisational learning, governance assurance and Duty of Candour compliance. Improvement activity remains focused on reducing backlogs, strengthening investigation capability and supporting operational teams. Positive assurance can be provided regarding Nationally Reportable Incident management, with BCUHB continuing to deliver the shortest median investigation completion times in Wales and no investigations exceeding 365 days

15.2 **Nationally Reportable Incidents**

From 01st June 2026 to 31st July 2026, there were 17 Nationally Reportable Incidents (NRIs) submitted (by incident date) compared with 11 for the previous reporting period (N.B these numbers may change due to retrospective reporting of avoidable patient pressure ulcers and patient falls that have occurred in this period.) These can be categorised as follows: -

BCU UHB top 10 NRI categories occurring by volume (incident dates...

NRI category	Total
Unexpected death	4
Treatment or procedure issues	3
Healthcare Acquired Infection (community, primary care or hospital)	2
Administration errors	1
Blood / plasma products transfusion	1
Clinical assessment, clinical diagnosis	1
Medical devices	1
Medication prescribing error	1
Neonate	1
Safeguarding - Adult	1
Screening and surveillance	1

The total number of NRI investigations that were open as at the end of July 2026 was 44 with 8 overdue closures.

16. Examples of ongoing learning and improvement ("Closing the loop")

16.1 A thematic review has identified occasions where trauma calls have not been activated when they would ordinarily have been expected. These decisions have generally followed clinical review of pre-alert information, with clinicians determining that trauma activation was not required. However, some of these cases have subsequently resulted in incidents. As a result, work is underway within the Emergency Department to reinforce adherence to trauma protocols. The emerging view is that where the criteria are met, a trauma call should be activated, with teams preferring to stand down an unnecessary response rather than risk failing to provide the most appropriate level of care for a patient who requires it. Audits of care will be reviewed within local governance meetings.

16.2 In relation to systemic anti-cancer treatments (SACT) incidents, improvements have been made across the entire pathway, beginning from prescribing and pharmacy ordering processes. Pre-assessment clinics have now been established across all three sites, helping to identify and manage potential safety risks before treatment. The introduction of these clinics has strengthened patient safety,

improved communication between patients and clinical teams, reduced cancelled treatments, enabled more effective use of treatment chairs, and ultimately enhanced the overall patient experience and safety of the cancer care pathway.

Safeguarding and Public Protection

17. Police investigation and Court Proceedings conclusion

17.1 Following the conclusion of a major North Wales Police investigation into child sexual exploitation and trafficking in the Rhyl area, five individuals have been convicted of multiple serious offences against five teenage girls. BCUHB's Safeguarding and Public Protection Team worked closely with partner agencies throughout the investigation and criminal proceedings.

17.2 A Single Unified Safeguarding Review (SUSR) has been commissioned by the North Wales Safeguarding Board. The Health Board is actively contributing to the review and supporting staff involved. The review is complex and resource intensive but is expected to provide significant learning to strengthen safeguarding practice across the region.

17.3 **Organisational Oversight**

A Sexual Offences Incidents Review Group is being established to provide organisation-wide oversight of reported sexual offence incidents, identify themes and trends, and strengthen safeguarding, prevention, reporting and response arrangements. The group will report through established safeguarding and patient safety governance structures to provide assurance and oversight.

Infection Prevention Control

18. Strategic Improvement Goals (2025-2027)

18.1 Performance against the 2025-27 HCAI improvement goals remains mixed. The Health Board is performing better than trajectory for MRSA, Pseudomonas and MSSA, is on trajectory for community-onset Pseudomonas, and remains below trajectory for hospital-onset *E. coli*, *Klebsiella* and *C. difficile*. A clinician-led audit of hospital-acquired pneumonia is also being implemented to support further improvement.

18.2 Fourteen outbreaks were reported during June and July, predominantly relating to *C. difficile*, Norovirus and CPE. This resulted in four ward closures, eight bay closures and 234 lost bed days, with Norovirus accounting for over half of all lost

bed days. While outbreak activity has reduced compared to previous months, the impact on capacity remains significant.

18.3 Targeted improvement plans are in place for the areas of greatest concern, including enhanced surveillance, strengthened infection prevention and control (IPC) audits, antimicrobial stewardship, workforce development, environmental monitoring and improvements to isolation capacity. Work also continues to strengthen organisational resilience through improved outbreak preparedness, winter planning and a programme of staff, patient and public engagement aimed at reducing infection risks and supporting sustainable improvements in patient safety.

Patient and Carer Experience

19. Complaints

19.1 The Health Board successfully implemented the new Listening to People complaints framework on 1 April 2026, achieving all implementation milestones. Whilst the first four months have been challenging due to staffing pressures, recruitment has strengthened capacity and performance has improved. Overall compliance has increased to 81.2%**,** exceeding the national target of 75%, and overdue complaints have reduced from 83 to 61. Legacy complaints managed under the previous Putting Things Right arrangements continue to reduce, with only 12 cases remaining open.

19.2 Demand continues to increase, with 603 complaints received during the reporting period**,** representing a 34% increase on the previous period and the highest level seen since April 2023. The principal themes relate to delays in assessment and treatment, communication issues, and concerns regarding clinical care. Sustained increases in complaint volumes continue to place pressure on operational and management capacity, creating a risk that resources are diverted from quality improvement activity to complaint investigation and response management.

19.3 Despite these pressures, BCUHB continues to perform strongly when benchmarked nationally. The Health Board has the shortest average complaint closure time in Wales, continues to outperform the national average for responding within target timescales, and has seen a significant reduction in overdue and re-opened complaints. Targeted actions are being undertaken within areas with the highest complaint volumes, to support continued improvement in performance, patient experience and public confidence.

20. Patient Feedback

20.1 The People's Enquiry and Resolution Service (PEARS) managed 765 enquiries during the reporting period, with appointments, access to services and test results remaining the most common themes. Patient experience remains positive overall, with 85.7% of respondents rating their care as good or very good, and high levels of reported dignity, respect and communication in patients' preferred language.

20.2 Whilst patient experience scores remain broadly in line with the All-Wales average and BCUHB ranks 5th in Wales overall**,** a gradual decline in experience ratings has been observed since April 2026, coinciding with increasing complaint volumes. Patient feedback continues to identify opportunities for improvement in areas including communication, involvement in care decisions, comfort and aspects of the care environment.

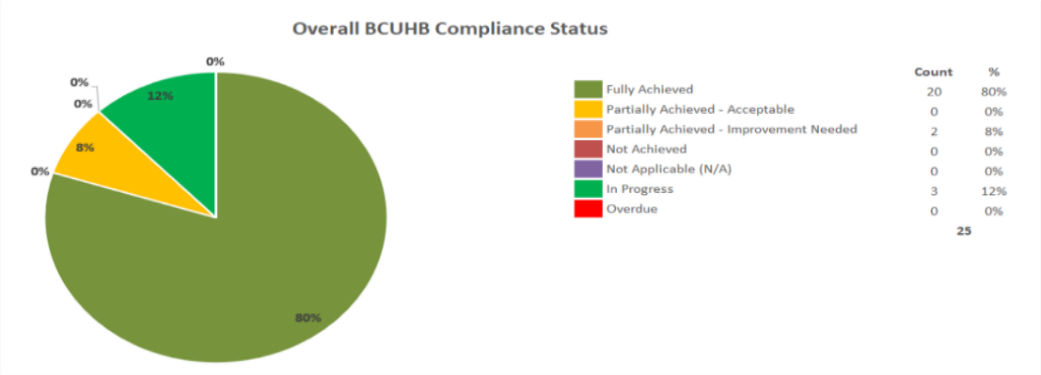
20.3 The People's Experience Service continues to support improvement through patient engagement, targeted reviews and real-time feedback activity across a range of clinical settings, including responding to Healthcare Inspectorate Wales actions within the Emergency Department at Ysbyty Glan Clwyd. In addition, the Chaplaincy and Spiritual Care Service provided support to 154 patients, relatives, staff and community representatives during the reporting period

21. NICE Guidelines

21.1 BCUHB NICE compliance performance continues to demonstrate steady improvement, reflecting the positive impact of ongoing engagement from both clinicians and operational management teams. This collaborative approach has strengthened the organisation's ability to implement NICE guidance effectively, contributing to improved compliance outcomes and providing assurance that progress is being sustained across the Health Board.

Overdue responses are sent escalation emails in accordance with the Escalation Process, reported monthly to the Clinical Effectiveness NICE & Audit Group (CENAG) and escalated via the CE Assurance Report for action within IHCs or Divisions. Those remaining Overdue following this process are then reported monthly at SCEG.

21.2 Below is the current position up to the end of July 2026 of NICE across BCUHB:



21.3 Instances of '**Not Achieved'** compliance (where the service **has not met the standards** that the National Institute for Health and Care Excellence (NICE) recommendations) are now being escalated monthly to Strategic Clinical Effectiveness Group (SCEG) to provide targeted support and drive improvements in compliance, which is starting to take effect. Where there is consistent non-compliance identified in significant guidance, a BCUHB wide-approach will be undertaken to explore constraints and agree mitigations.

22. Quality Assurance

22.1 Health Inspectorate Wales

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

22.3 The Quality Assurance Team continue to work with clinical areas to progress HIW action plans, the below are all open HIW improvement plans, with targeted plans to progress completion. Continuous monitoring via Local HIW Review Meeting, Regulatory Assurance Group (RAG), and Executive Quality Delivery Group (EQDG).

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

- **Status:** Overdue
- **Recommendations:** 16
- **Actions:** 51 total, 33 completed (65%)
- **Outstanding: 18** actions remain (one partially complete, overdue)
- **Closure Date:** 31st October 2026

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

Summary of Overdue Actions

Four actions remain overdue. One action relates to Mental Health training compliance and has been delayed due to a lack of available training provision since June 2026. All remaining staff requiring training have now been booked onto sessions scheduled for 9 September 2026, which is expected to achieve 100% compliance.

The remaining overdue actions relate to stakeholder engagement and co-production. Progress has been affected by challenges in securing participant and facilitator availability. A revised programme of engagement activity has now been agreed, with associated improvement activity scheduled for publication in September 2026. Delays affecting engagement with the North Wales Flyers group have similarly been addressed through a formal engagement plan and a commitment for practitioners to attend fortnightly meetings to strengthen ongoing co-production arrangements.

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

- **Status:** Overdue
- **Recommendations:** 16
- **Actions:** 52 total, 34 completed (65%)
- **Progress Status: 1**8 actions remain (6 overdue, 11 partially complete overdue, 1 in progress)
- **Closure Date:** 15th November 2026

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

- **Status:** Overdue
- **Recommendations:** 24
- **Actions:** 26 total, 17 completed (60%)

- **Progress Status: 9** actions remain (2 overdue, 7 in progress) Two overdue actions remaining pertain to Speak out Safely Communication and the Radiology newsletter. The Professional Service Manager has confirmed that these actions will be closed prior to the next reporting period.
- **Closure Date:** TBC

Summary of Overdue Actions

Five actions remain overdue. The Professional Service Manager has confirmed that evidence demonstrating completion of these actions has been collated by the service and is currently undergoing final review and assurance. Once validated, the actions will be updated and the improvement plan is expected to have no remaining overdue actions.

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

- **Status**: Overdue
- **Recommendations**:6
- **Actions**:20 total, 3 completed (15%)
- **Progress Status**:17 actions remain (1 partially complete overdue) The partially complete overdue action is pertaining to documented visits, which have not yet taken place. Email evidence has been uploaded to AMaT to confirm these visits will take place. The action will be closed once further evidence has been provided.
- **Closure Date**: TBC

Summary of Overdue Actions

The **one overdue action** is pertaining to a quarterly report regarding Board to Floor engagement, which is currently being progressed by the service

22.8 **Requests for Assurance**: BCUHB responded to requests for assurance from HIW concerning Ysbyty Maelor Emergency Department and Pantomime Ward, Ysbyty Gwynedd Moelwyn Ward and Ysbyty Gwynedd Emergency Department and Aran Ward. In each case the improvement actions were detailed and HIW were assured by the BCUHB responses.

23. Care Inspectorate Wales (CIW)

23.1 **CIW Inspection of Enhanced Community Residential Services (ECRS) (1 July 2026)**

CIW undertook an inspection of the Health Board's Enhanced Community Residential Services (ECRS) within Mental Health and Learning Disabilities on 1 July 2026. The Health Board is awaiting receipt of the formal inspection report and improvement plan; however, high-level feedback was provided following the inspection.

An improvement plan is being progressed with service managers and will be further refined on receipt of the formal CIW report and recommendations.

The plan will be subject to thorough scrutiny by the Regulatory Assurance Group (RAG), which reports directly to the Executive Delivery Group (EDG).

24. Public Services Ombudsman for Wales

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

24.2 BCUHB currently has 38 open Ombudsman cases, down from 50 in previous reporting period.

Notification of New Full Investigations	0
Awaiting Draft Report	20
Draft Report Received	0
Awaiting Final Report	1
Final Report Received and working on action plans	8
Early Resolution Proposals	5
Further Info requested during investigation	0
Enquiries	0
Further evidence requested for Sign Off	2
Total Cases Open	**38**

24.3 **Public Interest Reports**

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

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

The care and treatment the patient received, following his prostate cancer diagnosis, between September 2023 and July 2024. In particular, the significance of the delays in him receiving a PET scan and oestrogen, and whether this impacted the spread of his cancer.

A draft Public Interest Report was received in January 2026, shared with the IHC (West) and accepted by the responsible Medical Director on behalf of the Health Board.

The final report was issued on 4 March 2026, shared with the IHC (West), Executive Team and Press Desk. The report was published in the press on 18 March 2026.
Six recommendations were issued by the Ombudsman. Four actions are complete and the remaining two actions are progressing in line with agreed timescales.

24.5 **Final Public Interest Report 202501841**

The Ombudsman's investigation has considered the following:

a) Whether it was clinically appropriate to prescribe Sevredol (morphine sulphate)
b) Whether the patient and the family were provided with sufficient information and support to minimise the safety risks associated with the prescription of Sevredol.

The draft Public Interest report was received on 10 March 2026, shared with the IHC (East) and accepted by the responsible Medical Director on behalf of the Health Board.

The final report was received on the 5 June 2026 and shared with the West IHC, Executive Team and Press desk. The report was published in the press on 19 June 2026.

Eight recommendations were issued by the Ombudsman. Five actions are complete and two actions are progressing in line with agreed timescales.

25. Organisational Learning

25.1 The Digital Learning Repository continues to become established as a key component of the organisation's learning infrastructure. Having acted as an early adopter, the Mental Health Division is now transitioning to a position of routine learning submissions, demonstrating a sustained commitment to sharing validated learning and embedding organisational learning into everyday practice. This progression reflects growing confidence across services in utilising the repository to capture, disseminate and apply learning from patient safety events in a consistent, accessible and meaningful way.

25.2 The inaugural Discovery and Learning Meeting will take place on 15 September 2026, strengthening the Health Board's approach to organisational learning. The forum has been established to provide a structured mechanism for the proactive identification, review and oversight of learning arising from public inquiries, independent reviews and other significant sources of organisational intelligence. Bringing together colleagues from across the organisation, the meeting will support the identification of lessons, recommendations, emerging themes and

opportunities for improvement, while promoting a coordinated approach to implementation and monitoring. Through collective review and shared oversight, the forum will provide greater assurance that learning is systematically identified, disseminated, embedded and translated into sustainable improvements in practice and patient outcomes.

25.3 In parallel, initial work to strengthen quality assurance and organisational learning arrangements with commissioned services has commenced. Engagement with a number of commissioned services has focused on exploring approaches to identifying and sharing learning and insights generated across the wider health and care system. This work remains at an early stage but will support the development of a more coordinated approach to organisational learning, helping to ensure that relevant learning is recognised, shared and considered alongside existing Health Board learning processes.

26. HealthCare Law

26.1 Coroner and Inquests

26.2 During the reporting period, no new Prevention of Future Death (PFD) Reports were issued to the Health Board by the Coroner's Court. In addition, no conclusions of neglect were returned against the Health Board during the reporting period.

26.3 Response to Prevention of Future Deaths

The Health Board submitted a response to a Prevention of Future Deaths (PFD) Report issued following an inquest into a death in South Wales. Although the death did not involve services provided by the Health Board, the concerns raised regarding resuscitation equipment and medicines management were reviewed, and assurance was provided regarding existing arrangements and ongoing participation in national improvement work. No additional requests for assurance or formal concerns requiring a response were received from coroners during the reporting period.

27. Liability Claims

27.1 The Health Board continues to maintain focused oversight of Learning from Events Reports (LFERs) required by the Welsh Risk Pool. As at the end of July 2026, there were 16 overdue LFERs across claims and redress matters.

27.2 Overall performance remains significantly improved compared with previous years, with penalties for late submission reducing from 66 in 2024/25 to 29 in 2025/26. One penalty has been incurred during the current financial year.

27.3 Process improvements remain in place, including earlier internal assurance deadlines ahead of Welsh Risk Pool submission dates, which are intended to improve the quality of reports, reduce deferrals and minimise the risk of financial penalties

28. Other Healthcare Legal Update

28.1 During July 2026, the Health Board supported a “Meet the Coroner” learning event for staff, providing practical insight into the coronial process, including witness statements, inquests and expectations following a patient death. The event formed part of the Health Board’s wider approach to organisational learning and supporting staff engagement with legal processes.

28.2 Legal Services continues to support organisational learning through the integration of claims, redress, inquests and wider governance processes. Learning identified is shared with relevant services and governance forums to support quality improvement, as well as through the national Learning from Events Report process. In addition, a six-monthly Legal Learning Report is produced to identify recurring themes and highlight emerging risks identified through legal casework.

Health Board

ANNUAL QUALITY REPORT 2025-2026

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Joanne Kendrick, Interim Head of Quality Tracey Radcliffe, Head of Patient Safety
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Chris Lynes, Deputy Executive Director of Nursing Clara Day, Executive Medical Director

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol
Executive Summary

As part of The Health and Social Care (Quality and Engagement) (Wales) Act 2020, The Health and Social Care (Community Health and Standards) Act 2003 and The Duty of Quality Statutory Guidance 2023 the Health Care Quality Standards 2023 sets out the requirements of NHS bodies to publish an annual report on the steps they have taken to comply with the duty of quality – **Annual Quality Report**.

The report must include an assessment of the extent of any improvement outcomes in the steps the Health Board have taken to improve the quality of the health services we provide.

Most importantly, the report must be meaningful to the Health Board, stakeholders and our population if we are to optimise learning, sharing and improvement opportunities.

In terms of what needs to be included within the report, the duty outlines the following:

- A look back at what has been achieved, including where things may not have gone well.

- A look forward about the organisation's quality priorities and ambitions for the upcoming year, alongside how progress will be monitored.
- Describe what key strategic decisions have been taken, and how the duty of quality has informed these decisions.
- Describe the progress and challenges on our quality journey to our population and stakeholders, in a meaningful way.
- Reflect the breadth of the domains of quality, quality enablers and quality management system.
- Develop a so-called 'always on' reporting mechanism, how we collate, monitor and make information about the quality of our services readily available to our population.
- Demonstrate the duty of quality decision-making, action taken following learning, quality improvement and ultimately, improved outcomes for the population.

The Board is asked to **APPROVE** the annual Quality Report for 2025-2026.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Committee	03.06.26 26.08.26	Draft Annual Report noted, feedback invited. Draft Annual Report noted and endorsed.
Quality Safety and Experience Committee (QSE)	02.07.26 03.09.26	Draft Annual Report noted, feedback invited. Draft Annual Report noted and endorsed.

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

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	3. Improve Access, Outcomes and Experience
Yr Egwyddorion Dylunio **Design Principles**	People First Simplify, Standardise and adopt best practise Equality and accessibility Consistency with Organisational values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).*
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).*
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm:	*This report is purely administrative in nature*

	If no, please include rationale: Canlynaid/Outcome:	*and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).*
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not applicable.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).*
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales

		– the duty also includes new Health and Care Quality Standards.
	Galluogwyr Ansawdd **Enablers of Quality** All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).*
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*This report is purely administrative in nature and submitted for information only.*

Have you considered the counter fraud impacts		
Cyfreithiol **Legal**	Yes (Include further detail below)	
	The Duty of Quality is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards. Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Annual Quality Report 2025-26

Betsi Cadwaladr University Health Board

Author: Quality Directorate

Contents

1. Foreword from Chair and Chief Executive

The 2025/26 year has been a pivotal period for the Health Board as it continues its improvement journey under Special Measures. The organisation has remained focused on stabilising core services, strengthening governance, improving quality and safety, and laying the foundations for sustainable long-term transformation. This Annual Quality Report provides a transparent account of the progress made, the challenges that remain, and the actions being taken to improve outcomes and experiences for the people of North Wales.

Delivery has been guided by the 2025-2028 Integrated Medium-Term Plan (IMTP), the Three-Year Plan 2024-2027, and the 2025/26 Annual Delivery Plan (ADP). Together, these frameworks have aligned improvement activity to the Health Board's five Strategic Objectives, ensuring quality, safety and value remain central to decision-making. Improvements to planning, governance and performance arrangements have strengthened accountability and provided a clearer, more structured approach to delivery.

A significant achievement during the year has been the co-production of the Strategic Intent for Health and Wellbeing in North Wales with staff, partners, patients, carers and communities. This sets out a long-term vision for a more preventative, community-based and person-centred health and care system, reflecting consistent feedback on the need for earlier intervention, improved access, more care closer to home, and services that are compassionate and responsive.

Progress has been made across several priority areas, including:

Improving access to care, including a 25% reduction in long cancer waits, strengthened mental health pathways, and early improvements in urgent and emergency care flow.

Delivering recognised quality improvements, such as the award-winning Prehabilitation Programme and the Green Hand Pathway, which have improved patient outcomes, reduced complications and enhanced experience.

Strengthening governance and leadership, through the implementation of the Governance Hub, enhanced risk management arrangements, and clearer accountability via the Integrated Planning Framework. These developments are supported by the ongoing establishment of the Health Board's Quality Management System (QMS).

Embedding value-based healthcare, with the Value and Sustainability Programme delivering £44.9 million in savings while maintaining a focus on quality and outcomes.

Enhancing digital and data capability, including the rollout of Windows 11, progress with electronic Prescribing and Medicines Administration (ePMA), and improved access to real-time management information through the IRIS dashboard.

Supporting workforce sustainability and culture, through leadership development, reduced agency expenditure, improved staff engagement, and progress in strategic workforce planning.

The Health Board is also open about areas where progress has been slower. These include primary and community care transformation, dementia services, diagnostic capacity and several challenged clinical specialties. Delivery has also been affected by workforce shortages, estate constraints and national dependencies relating to digital programmes. Targeted improvement plans are in place to address these challenges.

This report reflects the Health Board's commitment to the Duty of Quality and the continued development of its Quality Management System, with increasing emphasis on using evidence and data to inform decisions, applying learning consistently, and demonstrating sustainable improvement.

The Health Board recognises that restoring public confidence requires openness, consistency and demonstrable improvement. While significant progress has been made, further work is required to deliver the scale and pace of change expected. The organisation remains committed to working collaboratively with partners, staff and communities to deliver high-quality, safe and compassionate care.

This report provides an overview of the Health Board's quality journey and signposts readers to key supporting documents, including the Annual Report and Accounts, IMTP, Three-Year Plan and Annual Delivery Plan. These documents, together with the majority of Board business, are routinely published to support openness, transparency and accountability.

2. Commitment to Quality Statement from Clinical Directors

The Clinical Directors of the Health Board recognise that 2025/26 has been a significant and challenging year for the organisation as it continues its improvement journey within Special Measures. The collective focus has remained on strengthening clinical governance, improving the quality and safety of care, and embedding a more systematic and consistent approach to quality across services.

A key development has been the introduction of the Quality Management System (QMS) maturity assessment, which is helping services understand variation, identify risk, and prioritise improvement. This represents an important shift from reactive problem-solving towards more proactive, evidence-informed quality management.

Across the Health Board, significant progress has been made in strengthening core governance and learning processes. Clinical teams have enhanced mortality review arrangements, improved incident reporting and thematic analysis, strengthened the triangulation of information from incidents, concerns and patient feedback, and reinforced infection prevention, safeguarding and clinical risk management. The Health Board has also continued to invest in clinical leadership development and support improvements in access, quality and outcomes in key areas, including cancer, mental health and urgent and emergency care.

The Health Board is increasingly using the Health and Care Quality Domains of Safe, Effective, Person-Centred, Timely, Efficient and Equitable as the primary framework for assessing and improving care. Supported by the ongoing development of the QMS, this is helping to drive greater consistency, shared understanding and continuous improvement across services.

Three key themes underpin the organisations progress this year:

Quality is improving, with significant progress in many areas, although variation remains and requires continued focus.

Listening and learning are becoming stronger, through improved use of incidents, complaints, mortality reviews and patient feedback to drive improvement in safety and experience.

The foundations for sustained improvement are being built, through developments in digital capability, workforce planning, clinical service redesign and value-based healthcare.

While further progress is required, important foundations have been established for long-term improvement. The Health Boards Clinical Directors remain committed to working together with openness, compassion and strong clinical leadership to deliver high-quality, safe and person-centred care for the population it serves.

3. How the Health Board Is Meeting the Duty of Quality and Duty of Candour

During 2025/26, continued development of the Quality Management System (QMS) has strengthened how quality is embedded within planning, decision-making and governance. This has improved alignment between quality, safety, performance and risk, and increased the use of data, insight and organisational learning to inform improvement priorities.

Introduced alongside the Duty of Quality, the Duty of Candour requires the Health Board to be open and transparent when care has resulted in, or may have resulted in, more than minimal harm. Progress has continued during the year to embed the Duty of Candour within incident management, concerns handling and governance processes. Patients and families are informed promptly when harm has occurred, offered an appropriate apology, and supported throughout the investigation process, with written follow-up provided in line with statutory requirements.

The Health Board has continued to strengthen a single, integrated approach to quality by embedding the Duty of Quality and Duty of Candour within organisational learning and improvement processes. Developments such as the Integrated Concerns Policy and Learning Forum have enhanced the way learning from incidents, complaints and mortality reviews is captured, triangulated and translated into improvement actions.

External assurance, including Audit Wales reviews, has recognised improvements in the governance and oversight of quality and safety, while highlighting the need for greater consistency in reporting and further embedding of quality-led decision-making across services.

While progress has been made, further work is required to ensure consistent application of the Duty of Candour, strengthen assurance and reporting arrangements, and continue the development of the QMS to demonstrate sustainable improvements in outcomes and experience. Oversight of both duties is provided through established governance arrangements, with the Board and its Committees using quality, safety and experience information to inform decision-making and monitor progress.

3.1 Continuous Improvement

Strengthening the Quality Management System (QMS)
The Health Board has rolled out the QMS maturity tool to challenged services, enabling teams to assess their capability in:

- Quality Planning
- Quality Control
- Quality Improvement
- Quality Learning

This has led to clearer improvement plans, earlier identification of risks, and more consistent governance. Examples of Improvement include:

Prehabilitation Programme (Award-Winning)
A programme that helps patients improve their physical and mental wellbeing before surgery, leading to safer procedures and better recovery:

- **1,200 hospital bed days saved**: fewer days spent in hospital overall because patients are better prepared for surgery.
- **560 high-dependency bed days saved**: reduced need for intensive monitoring after surgery, freeing up specialist beds.
- **30% reduction in complications**: fewer post-surgery problems, improving safety and outcomes.
- **5% reduction in readmissions**: fewer patients needing to return to hospital after their procedure.
- **Reduced anxiety and depression**: emotional wellbeing improves as patients feel more prepared and supported.
- **Improved physical function**: patients become stronger and fitter before surgery, helping them recover more quickly.

What this means for North Wales Communities:
Patients recover faster, spend less time in hospital, and feel more confident going into surgery.

Green Hand Pathway (Nationally Recognised)
A nationally recognised approach that improves patient experience while reducing environmental impact:

- **50% faster procedures**: patients receive their treatment in half the usual time, helping them return to daily life sooner.
- **Zero complications**: no reported complications, demonstrating the safety and reliability of the pathway.
- **80% reduction in carbon footprint**: a major decrease in the environmental impact of procedures, supporting more sustainable healthcare.
- **60% less clinical waste**: significantly less waste produced, reducing the burden on disposal systems and the environment.
- **Fewer visits for patients** – patients need to attend fewer appointments, making care more convenient and reducing travel.

What this means for North Wales Communities:
Quicker, safer care and more theatre capacity for other operations.

Cancer Care Improvements
- 25% reduction in long waits
- Expanded tele dermatology
- Nurse-led colorectal triage
- Maggie's Centre opened.
- Progress in Radiotherapy Repatriation

What this means for North Wales Communities:
Earlier diagnosis and treatment, improved support, and more care delivered closer to home.

Mental Health Improvements
- 80% seen within 28 days in primary care mental health:
- Strengthened perinatal and eating disorder services.
- Progress on RCPsych recommendations:

What this means for North Wales Communities:
Faster access to support and more specialist care for those who need it.

3.2 Listening and Learning

Complaints and Concerns
Over the past few years, the Health Board has introduced a new integrated Concerns and Complaints Policy. This has helped create a more consistent and compassionate approach to how the organisation responds when people raise issues about their care. The Health Board are now beginning to see the benefits of this work, including:

- Clearer and more coordinated processes for handling concerns
- Stronger thematic reviews that help us understand recurring issues
- Improved communication with patients, families and carers throughout the process

Incidents and Mortality Reviews
Improvements made in recent years are helping us strengthen how we review serious incidents and patient deaths. This is supporting safer care by enabling:

- **Improved timeliness of reviews**: ensuring learning is identified sooner
- **Stronger learning processes**: helping teams understand what happened and why
- **Better sharing of lessons across teams**: so, improvements can be made consistently across the Health Board

How Learning Is Shared
To make sure learning leads to real change, the Health Board uses a range of ways to share insights with staff and teams, including:

- **Learning Forum**: bringing teams together to discuss themes and improvements
- **Learning Repository**: a central place where staff can access learning and resources
- **QMS briefings**: updates that support a consistent approach to quality
- **clinical governance meetings**: regular discussions on safety, quality and performance
- **Safety huddles**: short, focused team discussions to highlight risks and learning

What this means for North Wales Communities:
When something goes wrong, the Health Board is more likely to learn from it and prevent it happening again.

3.3 Evidence-Based Decision Making

The Health Board is making greater use of high-quality data and analytical tools to understand services, plan improvements, and support better outcomes. This includes expanded use of:

- **IRIS dashboards**: bringing key information together in one place
- **Predictive analytics**: helping anticipate future demand and pressures
- **Real-time data**: allowing quicker responses to emerging issues
- **Quality indicators**: tracking how well services are performing
- **Demand and capacity modelling**: understanding where resources are most needed
- **Value-based healthcare analysis**: focusing on outcomes that matter most to patients

These approaches have helped inform decisions in areas such as:

- **Cancer Pathways**: improving how patients move through diagnosis and treatment
- **Urgent Care Flow**: supporting smoother movement through emergency and hospital services
- **Workforce Planning**: identifying staffing needs more accurately
- **Digital Investment**: targeting technology where it will have the greatest impact
- **Fragile Services**: recognising services that need additional support
- **Community Care Models**: shaping care closer to home

What this means for North Wales Communities:
Decisions are more informed, more transparent, and more focused on improving outcomes.

3.4 Person-Centred Care

Citizen Engagement
Work to involve people in decision-making has expanded through:

- **Youth Voice Board**: giving young people a direct role in shaping services
- **Councillor Engagement Pilots**: working with local councillors to understand community needs
- **Digital Engagement**: using online tools to reach more people and gather feedback
- **Betsi Way Engagement Framework**: providing a consistent approach to involving citizens
- **Anchor Institution Charter**: strengthening the Health Board's role in supporting local communities and wellbeing

Co-Production Examples
The Health Board has worked with communities and partners to design services together, including:

- **Community by Design**: involving local people in shaping community-based support
- **Social Prescribing Model**: connecting people to non-clinical support that improves wellbeing
- **Wellbeing & Prevention Anchor Framework**: focusing on early support to keep people well
- **Early Help Hubs**: bringing services together to offer timely support for families

4. Balancing Short-Term and Long-Term Focus

The Health Board has been working to manage immediate pressures on services while also planning for sustainable, long-term change. This balanced approach aims to keep people safe today while building a stronger, more effective health system for the future. Recent work has included:

- **Strengthening governance and risk management**: improving how risks are identified, monitored and acted on.
- **Improving urgent and emergency care flow**: helping patients move more smoothly through emergency departments and hospital services.
- **Addressing fragile services**: identifying services under strain and putting support in place to maintain safe care.
- **Improving access to cancer and mental health services**: reducing delays and supporting earlier intervention.
- **Embedding value-based healthcare**: focusing on outcomes that matter most to patients and making best use of resources.
- **Progressing digital transformation**: investing in technology that supports safer, more efficient care.
- **Developing the Strategic Intent and Clinical Services Plan**: setting out a long-term vision for how services will be delivered in the future.
- **Implementing the QMS Maturity Assessment:** helping services understand their strengths and areas for development in quality management.

What this means for North Wales Communities:
The Health Board is taking action to deal with today's challenges while laying the foundations for a safer, more sustainable and more effective health system in the years ahead.

Objective 1: Building an Effective Organisation

Overview

This objective focuses on strengthening the Health Board's organisational foundations, governance, leadership, risk management, performance, Welsh language provision, and legislative compliance. These elements underpin the delivery of safe, effective and sustainable care. Over the past year, the Health Board has made meaningful progress in building a more stable and reliable organisational infrastructure, while recognising that further work is required to fully embed these improvements.

Key Improvements Delivered

1. Strengthening Governance and Leadership
The Health Board has taken significant steps to improve the clarity, consistency and transparency of its governance arrangements. This includes:

- **Governance Hub and Toolkit:** A single, accessible Governance Hub now provides staff with up-to-date policies, templates, decision-making guidance and reporting tools. This central resource has reduced variation across services, improved compliance and made it easier for teams to follow consistent governance processes.
- **Improved Board oversight:** Board papers now offer clearer analysis of risk, quality and performance, enabling more informed scrutiny. Oversight has strengthened, with more consistent challenge, clearer follow-up actions and improved transparency in how decisions are made and monitored.
- **Clearer decision-making:** All major decisions must now demonstrate alignment with the Health Board's Strategic Intent, as well as their impact on quality and resource implications. This approach has reduced siloed decision-making and ensured that choices are more strategic, coordinated and patient-centred.
- **Integrated Planning Framework:** A new Integrated Planning Framework ensures that quality, workforce, finance and performance considerations are brought together in a single, coherent process. This has improved accountability, reduced duplication and strengthened the link between planning and delivery.

What this means for North Wales Communities:
A more transparent and accountable organisation that makes safer, more consistent decisions and is better able to identify and address risks before they impact patient care.

2. Improving Risk Management

The Health Board has strengthened its approach to identifying, escalating and managing risks, supporting more effective oversight of safety, performance and organisational delivery.

Risk management arrangements have been enhanced, with more robust and consistent processes for recording, monitoring and escalating risks. This supports earlier identification of significant risks and more timely action at the appropriate organisational level.

- Stronger alignment has been established between risk, quality, performance and finance, enabling a more integrated understanding of risk and supporting more informed decision-making.
- Improvements in data and reporting, including the use of dashboards, are enabling earlier visibility of emerging risks and supporting a more proactive approach to risk management.
- Reporting to committees and the Board has been strengthened, providing more consistent, timely and transparent information to support effective oversight and assurance.

Further detail on the Health Board's risk management framework, principal risks and assurance arrangements is set out in the Annual Report and Accounts.

In March 2026, Internal Audit undertook a review of Risk Management and Board Assurance arrangements during 2025/26, which focused on how the Risk Management Framework was being implemented and upheld. A 'reasonable assurance' rating was provided to the Board, maintaining the assurance level achieved in the previous year.

The recommendations from the Internal Audit were to focus on strengthening training arrangements and addressing overdue operational risks. Efforts in the coming year will be intensified to ensure full compliance with training requirements.

The Risk Scrutiny Group has met regularly since its formation 2025/26 providing oversight of corporate risks and assurance on the progression of operational risk governance arrangements. To support this, the Corporate Risk Management Team produces a governance report summarising the effectiveness of risk management across Divisions, Directorates and Integrated Health Communities (IHCs), in line with the health board's Risk Framework and Risk Management Procedures.

Risk management audits assess the completeness and accuracy of risk registers, the timeliness and quality of risk reviews, governance and oversight arrangements, and compliance with mandatory risk management training.

Across the audits undertaken, covering Directorates and Divisions, the overall and current maturity profile indicates a strong and improving position. The majority of areas (27; 68%) were assessed as Established, demonstrating consistent and embedded risk management practices. A further five areas (12%) achieved an Advanced rating, reflecting proactive and well-evidenced approaches. Six areas (15%) were assessed as Developing, and two (5%) were rated Basic, highlighting where targeted improvement support remains necessary.
The health board remains committed to ensuring all Directorates achieve at least Established risk management maturity. The Corporate Risk Team continues to priorities' support for areas assessed as Basic or Developing, providing focused training, guidance and hands-on assistance to help them progress toward Established and Advanced maturity levels. Ongoing engagement with Directorates and Services supports continued improvement, with action deadlines set locally to reflect operational priorities. The Corporate Risk Team maintains oversight of all open and overdue actions to ensure timely and effective resolution.

Overall, the progress achieved demonstrates sustained Organisational effort, enhanced capability and growing consistency in risk management arrangements across the health board.

What this means for North Wales Communities:
A safer health system where problems are spotted earlier, harm is prevented, and services are more reliable.

3. Strengthening Welsh Language and Inclusivity
The Health Board has continued to strengthen its Welsh language provision, recognising the importance of language to safety, dignity and experience. Improvements include:

- **Strengthening the Active Offer, ensuring people can access services in Welsh without needing to request it:** The Health Board has reinforced the Active Offer across services, making it easier for people to receive care in Welsh from the outset. This supports better communication, reduces anxiety and ensures that language is never a barrier to safe, person-centred care.
- **Expanding Welsh language training for staff:** More staff are now accessing Welsh language training, from introductory courses to advanced programmes. This helps build confidence, increases the number of Welsh-speaking staff and supports a more inclusive environment for patients and colleagues.
- **Improving Welsh language assessments across services:** Services have strengthened how they assess and record patients' language needs, ensuring that Welsh speakers are identified early and supported appropriately throughout their care journey.
- **Embedding Welsh language considerations into planning and service design:** Welsh language requirements are now more consistently built into service planning, workforce development and policy design. This ensures that inclusivity is considered from the start, rather than added later, and supports long-term cultural and linguistic sustainability.

Progress has been made to ensure services are more accessible and culturally appropriate for Welsh speakers through:

Strengthened Active Offer: making it easier for people to receive care in Welsh without having to ask
Expanded Training: supporting more staff to use Welsh confidently in their roles
Improved Assessments: better identifying people's language needs from the outset

What this means for North Wales Communities:
More people can receive care in their first language, improving communication, safety and patient experience.
People have more influence over how services are designed, and care is more accessible and culturally appropriate.

4. Legislative Compliance
The Health Board has strengthened its approach to meeting statutory requirements, including:

- **Improvements in inquiry response processes:** The Health Board has enhanced how it coordinates and responds to national and local inquiries. Processes are now clearer, timelier and more consistent, ensuring that responses are comprehensive and that learning is captured and acted upon.

- **Strengthened alignment with Health & Safety legislation:** Work has been undertaken to ensure stronger compliance with Health & Safety requirements across all sites. This includes clearer responsibilities, improved monitoring and more robust assurance mechanisms to support a safer environment for patients, staff and visitors.
- **Development of a legislative tracking and oversight system (due for completion in Q4):** A new system is being developed to track legislative requirements, monitor compliance and provide early warning of emerging obligations. Once completed, this will give the Health Board a more systematic and proactive approach to managing statutory duties.
- **Improved reporting to the Board and committees:** Reporting on legislative compliance has been strengthened, with clearer, more consistent updates provided to committees and the Board. This supports better oversight, more informed decision-making and greater organisational accountability.

- Further detail on compliance with statutory duties and regulatory requirements is set out in the Annual Report and Accounts.

What this means for North Wales Communities:
Greater assurance that the Health Board is meeting its legal obligations and operating safely and transparently.

Impact on Patients and Staff
- More consistent standards across services.
- Clearer accountability for quality and safety.
- Better oversight of risks and performance.
- Improved Welsh language provision.
- Stronger organisational stability.

Challenges and What the Health Board Is Doing About Them
- **The legislative tracking system requires further development; interim solutions are in place:** While progress has been made in designing a new system to track statutory requirements, further development is needed before it is fully operational. In the meantime, interim processes have been introduced to ensure ongoing compliance and maintain oversight.
- **Embedding new processes consistently across all sites remains a priority:** Although new governance and compliance processes have been introduced, consistent adoption across all sites is still developing. The Health Board is focusing on supporting teams, improving communication and strengthening accountability to ensure these processes become fully embedded in everyday practice.

Alignment with the Health and Care Quality Domains

Taken together, the improvements described under Objective 1 strengthen the Health Board's ability to meet national quality standards:

- **Safe:** stronger governance, clearer oversight and better risk management help prevent harm and respond sooner when issues arise.
- **Effective:** improved planning, performance management and use of data support more reliable, evidence-based care.
- **Person centred:** enhanced Welsh language provision and more inclusive governance ensure services better reflect people's needs and preferences.
- **Timely:** clearer accountability and decision-making structures support more responsive action when problems or delays are identified.
- **Efficient:** unified planning across quality, workforce, finance and performance reduces duplication and makes better use of resources.
- **Equitable:** a stronger focus on language, inclusion and compliance helps ensure fair access and consistent standards across communities and sites.

How This Supports the Quality Management System

These changes are helping to build the organisational foundations needed for a strong Quality Management System (QMS). The QMS is the Health Board's framework for making sure that services are:

- **Well planned**: with clear standards and expectations for quality and safety
- **Well controlled**: with regular monitoring so that problems are spotted early
- **Continuously improved**: with learning used to make changes where needed
- **Open to learning**: with lessons shared so issues are less likely to recur

The governance, risk management, planning and oversight improvements described in this objective particularly strengthen the **Quality Planning** and **Quality Control** elements of the QMS. For patients and staff, this means more consistent standards, clearer accountability and a more stable platform for future quality improvement across the Health Board.

Objective 2: Developing Strategy and Long-Lasting Change

Overview

This objective focuses on long-term transformation, including strategic planning, public health, community-based care, digital and data, estates, value-based healthcare, and reducing inequalities. The Health Board has made progress in developing a clearer strategic direction and strengthening the foundations for sustainable change.

Key Improvements Delivered

1. Strategic Intent and Clinical Services Plan

The Health Board has developed a new **Strategic Intent for Health and Wellbeing in North Wales**, co-produced with staff, partners, patients, carers and communities. This sets out a long-term vision for:

- a more preventative health system
- more care delivered closer to home
- better support for people with long-term conditions
- improved access, outcomes and experience
- a modern, digitally enabled NHS

The Clinical Services Plan (CSP) has progressed, with Phase 1 partially delivered and further pathway development planned for Q4.

What this means for North Wales Communities:
A clearer, more coherent plan for how services will improve over the next decade, shaped by the voices of local people.

2. Planning and Commissioning

The Health Board has strengthened its planning and commissioning functions, including:

- **Embedding the Integrated Planning Framework, ensuring that quality, workforce, finance and performance are considered together:** The Health Board has adopted a more joined-up approach to planning. By looking at quality, staffing, finances and performance as one connected picture, the organisation can make more balanced decisions that support safe, effective and sustainable care for patients.
- **Strengthening planning capacity and capability:** The Health Board has invested in developing its planning teams, improving both capacity and specialist skills. This enables the organisation to better understand local health needs, design services around patients, and respond more effectively to challenges and future demand.
- **Progressing commissioning reviews, despite leadership changes and capacity challenges:** Commissioning involves deciding which services should be provided and how they should be delivered. Despite changes in leadership and pressures on staff capacity, the Health Board has continued to progress key commissioning reviews. This ensures that services remain high-quality, offer value for money, and reflect the needs and priorities of patients and communities.
- **Preparing for the National Maturity Matrix outputs:** The Health Board has been preparing for the introduction of the National Maturity Matrix, a national tool designed to assess how well planning and commissioning processes are working. This preparation will help the organisation identify strengths, highlight areas for improvement, and continue raising the standard of care it provides.

What this means for North Wales Communities:
Better-designed services that are more responsive to local needs and more sustainable in the long term.

3. Estates and Facilities
The Health Board has progressed several major capital schemes, including:

- **The new Medical School:** The Health Board has continued to support the development of the new Medical School, which will help train future doctors locally. This investment is expected to strengthen the future workforce and improve access to high-quality care for patients across the region.
- **Community Hubs:** Work has advanced on the creation of Community Hubs, which bring a range of health and wellbeing services together under one roof. These hubs are designed to make it easier for people to access support closer to home and to receive more coordinated care within their communities.
- **Improvements to Clinical Environments:** The Health Board has invested in upgrading clinical areas to create safer, more modern and more comfortable spaces for patients and staff. These improvements support better infection control, enhance patient experience and ensure facilities meet current standards for delivering high-quality care.

Challenges remain around:

- **The Ablett Redevelopment:** Progress on the redevelopment of the Ablett Unit has been affected by ongoing challenges, including the complexity of the project and the need for significant investment. The Health Board continues to work through these issues to ensure that future mental health facilities are safe, modern and fit for purpose.
- **Climate Risks:** The Health Board faces increasing pressures from climate-related risks, such as extreme weather and the need to reduce carbon emissions. Addressing these challenges requires long-term planning and investment to ensure buildings are resilient, energy-efficient and able to support sustainable healthcare.
- **Estate Rationalisation:** The Health Board continues to review its estate to ensure buildings are used effectively and provide value for money. Some sites require significant maintenance or are no longer suitable for modern healthcare delivery, creating challenges in deciding how best to use or replace them while maintaining access to services.

What this means for North Wales Communities:
Improved facilities in some areas, with clear plans to address long-standing estates challenges.

4. Digital and Data
The Health Board has made progress in strengthening digital infrastructure and data capability:

- **80% of devices upgraded to Windows 11, improving security and performance:** The Health Board has upgraded the majority of its computers and devices to Windows 11. This provides stronger security, faster performance and a more reliable digital environment for staff, helping them deliver safer and more efficient care.
- **Continued rollout of electronic Prescribing and Medicines Administration (ePMA), reducing medication errors:** The Health Board has continued to expand the use of ePMA, which replaces paper drug charts with a digital system. This reduces the risk of medication errors, improves communication between clinical teams and supports safer prescribing for patients.
- **Progress on Mental Health Electronic Health Record procurement:** Work has continued on selecting a new electronic health record system for mental health services. This system will allow staff to access up-to-date information more easily, improving coordination of care and supporting better outcomes for patients.
- **Implementation of the IRIS dashboard, providing real-time data to clinical teams:** The Health Board has introduced the IRIS dashboard, which gives clinical teams instant access to key information about patient flow, capacity and demand. This helps staff make quicker, more informed decisions and improves the overall management of services.
- **Development of predictive analytics and automation proposals:** The Health Board has been developing new digital tools that use data to predict future demand and automate routine tasks. These innovations aim to free up staff time, support earlier intervention and help services plan more effectively.
- **WPAS Phase 5 delivery planned for Q4:** The next phase of the Welsh Patient Administration System (WPAS) is scheduled for delivery in Quarter 4. This upgrade will improve how patient information is recorded and managed, supporting smoother pathways and more efficient administrative processes.

What this means for North Wales Communities:
Safer, more efficient care, fewer delays, and better use of staff time.

5. Value & Sustainability Programme
The Health Board has delivered **£44.9 million in savings**, exceeding its £40 million target. These savings help protect frontline services and support long-term financial stability. This has been achieved through:

- **Medicines Optimisation:** The Health Board has reviewed how medicines are prescribed and used to ensure patients receive the most effective treatments while reducing waste. This includes using best-value medicines and improving prescribing practices to support both quality and affordability.

- **Reducing Unwarranted Variation:** Work has continued to ensure that patients receive consistent, high-quality care no matter where they access services. By reducing unnecessary differences in how care is delivered, the Health Board can improve outcomes and make better use of resources.
- **Improving Efficiency:** The Health Board has identified ways to streamline processes, reduce delays and make better use of staff time and equipment. These improvements help services run more smoothly and free up resources to reinvest in patient care.
- **Strengthening Financial Governance:** Stronger financial oversight and clearer decision-making processes have helped the Health Board manage its budget more effectively. This ensures that public money is used responsibly and supports sustainable healthcare delivery.
- **Delivering Award-Winning Value Projects:** The Health Board has implemented several innovative projects that improve patient care while also delivering savings. Some of these initiatives have received national recognition for demonstrating how high-quality care and financial value can go hand in hand.

What this means for North Wales Communities:
More resources available for frontline care, better outcomes, and more sustainable services.

6. Workforce Planning
The Health Board has progressed:

- **The Strategic Workforce Planning Framework:** The Health Board has continued to strengthen its long-term approach to planning the workforce. This framework helps the organisation understand future staffing needs, identify gaps and ensure that services have the right people, with the right skills, in the right places to deliver safe and effective care.
- **Job Planning Guidance:** Updated job planning guidance has been introduced to support clearer, more consistent expectations for clinical staff. This helps ensure that time is used effectively, supports fair workload distribution and improves the overall coordination of patient care.
- **Sickness Reduction Plans:** The Health Board has put in place targeted plans to reduce staff sickness levels. These include improved support for staff wellbeing, earlier intervention when health issues arise and better access to occupational health services. Lower sickness levels help maintain continuity of care and reduce pressure on teams.
- **A 19% reduction in agency usage:** The Health Board has achieved a significant reduction in the use of agency staff. This means more services are being delivered by permanent teams who know the organisation and its patients well. Reducing agency reliance also improves continuity of care and helps manage costs more effectively.

What this means for North Wales Communities:
More stable teams, better continuity of care, and improved staff wellbeing.

Impact on Patients and Staff

- Clearer strategic direction.
- Better alignment of resources to need.
- Improved digital capability.
- More sustainable services.
- Stronger planning and commissioning.
- Improved workforce stability.

Challenges and What the Health Board Is Doing About Them

- **National Electronic Health Records delays have impacted timelines; mitigation plans are in place:** National delays in the rollout of the new Electronic Health Record (EHR) system have affected the Health Board's planned timelines for digital improvements. To reduce the impact on patients and staff, the Health Board has put mitigation plans in place, including strengthening existing systems and adjusting project schedules so that progress can continue where possible.
- **Commissioning capacity remains a challenge, recruitment and development underway:** The Health Board continues to face challenges with having enough specialist staff to support commissioning work. To address this, recruitment is underway and existing staff are being supported through training and development. This will help ensure the organisation has the capacity needed to plan and commission safe, effective services.
- **Estates constraints continue to affect diagnostics and service expansion, capital planning strengthened:** Some of the Health Board's buildings and facilities are limiting its ability to expand diagnostic services and develop new models of care. To respond to this, the Health Board has strengthened its capital planning processes and is prioritising investment where it will have the greatest impact on patient access and service quality.

Alignment with the Health and Care Quality Domains

The work delivered under Objective 2 strengthens the Health Board's ability to meet national quality standards in the following ways:

- **Safe:** Digital upgrades, electronic prescribing and improved estates reduce risks, prevent errors and support safer clinical environments.
- **Effective:** Stronger planning and commissioning ensure services are designed using evidence, data and clinical insight, improving outcomes.
- **Person centred:** Community-based care, co-production and the Strategic Intent ensure services reflect what matters to people and local communities.
- **Timely:** Better access planning and pathway redesign help reduce delays and improve flow through services.
- **Efficient:** Value-based healthcare and financial sustainability work ensure resources are used wisely and reduce waste.

- **Equitable:** A focus on prevention, inequalities and community models helps ensure fair access to care across North Wales.

How This Supports the Quality Management System

This objective strengthens the **Quality Planning** and **Quality Improvement** elements of the QMS, the parts that ensure long-term change is structured, evidence-based and aligned with the Duty of Quality.
For the public, this means:

- **Clearer long-term standards** for what good care should look like
- **Better designed services** that are planned around quality, safety and outcomes
- **More consistent improvement work**, supported by data and evidence
- **A stronger link between strategy and frontline care**, ensuring changes benefit patients
- **A more stable foundation** for future improvements across all sites and services

By embedding strategic planning, digital capability, estates development and value-based healthcare within the QMS, the Health Board is building a system where quality is not a one-off project, it is part of everyday practice and long-term decision making.

Objective 3: Creating a Compassionate Culture, Leadership & Engagement

Overview

A compassionate, inclusive and values-driven culture is essential to delivering safe, effective and person-centred care. This objective focuses on strengthening leadership, improving staff wellbeing, developing the workforce, and building a culture where learning, kindness and accountability are embedded at every level. The Health Board has made progress in several areas, while recognising that cultural change requires sustained effort over time.

Key Improvements Delivered

1. Strengthening Culture and Values
The Health Board has taken important steps to understand and improve its organisational culture:

- **Culture & Leadership Synthesis Report completed:** A comprehensive analysis has been carried out, bringing together staff feedback, engagement insights, leadership assessments and organisational data. This report provides a clear picture of the Health Board's cultural strengths as well as the areas where improvement is needed. It forms the foundation for long-term cultural change.
- **Culture Improvement Plan developed:** Based on the findings, the Health Board has created a Culture Improvement Plan focused on compassionate leadership, psychological safety, strengthening staff voice and promoting consistent

behaviours that reflect the organisation's values. This plan aims to create a more supportive, respectful and inclusive working environment.

- **Staff Survey improvements:** Recent staff survey results show positive movement in several key areas, including communication, teamworking and staff feeling more valued. These improvements indicate early progress in building a healthier organisational culture and improving the day-to-day experience of staff.

What this means for North Wales Communities:
A healthier organisational culture leads to safer care, better communication, and more responsive services.

2. Leadership Development
The Health Board has invested in strengthening leadership capability across all levels:

- **Leadership pathways expanded:** A range of development programmes has been delivered for aspiring, new, middle and senior leaders. These programmes have been well attended and have received positive feedback, helping leaders build the skills and confidence needed to support teams and improve patient care.
- **Coaching and mentoring strengthened:** A review of coaching provision has led to clearer pathways and better access for staff who want support with their personal and professional development. This helps leaders reflect, grow and manage challenges more effectively.
- **Competency frameworks developed:** Leadership competencies have been aligned with the Health Board's values and the national Compassionate Leadership principles. This ensures that leaders at all levels understand the behaviours expected of them and can model compassionate, inclusive and effective leadership.
- **Collective and Compassionate Leadership (CCL) network expanded:** The CCL network has continued to grow, providing a space for leaders to share learning, support one another and promote compassionate leadership across the organisation. This network helps embed a culture where staff feel valued, listened to and supported to deliver high-quality care.

What this means for North Wales Communities:
Better leadership results in safer, more consistent care and a more positive experience for patients and families.

3. Staff Wellbeing and Workforce Experience
The Health Board has taken steps to improve staff wellbeing and reduce avoidable pressures:

- **Sickness reduction plan implemented:** The Health Board has introduced targeted actions to support staff health and wellbeing. These include earlier access to support, improved wellbeing resources and better management of workplace

pressures. The aim is to reduce stress, improve attendance and help staff stay healthy at work.

- **Improved staff engagement:** More regular communication, listening events and opportunities for staff to be involved in decision-making have strengthened the staff voice. This helps ensure that staff feel heard, valued and able to contribute to improvements in how services are delivered.
- **Reduced agency usage by 19%:** The Health Board has significantly reduced its reliance on agency staff. This has improved continuity of care for patients, as more services are delivered by permanent teams who know the organisation well. It has also helped reduce costs and improve stability within teams.
- **Workforce planning strengthened:** The Health Board has drafted its Strategic Workforce Planning Framework and is developing updated job planning guidance. These steps help ensure that services have the right staff, with the right skills, in the right places, supporting safe and sustainable care for patients.

What this means for North Wales Communities:
More stable teams, fewer cancelled appointments, and better continuity of care

4. Engagement with Staff and Partners
The Health Board has strengthened its engagement with a wide range of staff and partners, recognising that strong relationships are essential for delivering high-quality, sustainable services. Engagement has been strengthened with:

- **Staff Networks:** Staff networks have played a key role in shaping organisational culture, supporting inclusion and providing insight into workforce experience.
- **Trade Unions:** Partnership working with Trade Unions has deepened, supporting constructive dialogue, early resolution of issues and a shared focus on staff wellbeing and safe services.
- **Universities:** Collaboration with academic partners has expanded, supporting joint work on research, innovation, education and workforce development.
- **Local Authorities:** Engagement with local authority partners has strengthened, particularly around community care, prevention and integrated service planning.
- **Third Sector Partners:** The Health Board continues to work closely with voluntary and community organisations, recognising their vital role in supporting wellbeing and providing community-based support.
- **Community Groups:** Stronger links with community groups have helped ensure that services are shaped by local voices and reflect the needs of diverse communities.

This has included:

- **Expanding the CCL network**: The Clinical and Care Leadership (CCL) network has grown, providing more opportunities for frontline staff to influence decision-making and service improvement.

- **Improving internal communication**: Communication channels have been strengthened to ensure staff receive clearer, more timely updates and have more opportunities to share feedback.
- **Involving staff in service redesign**: Staff have been more actively involved in redesigning pathways and services, ensuring that changes are informed by frontline experience and clinical insight.
- **Strengthening partnership working on workforce, prevention and community care:** Joint work with partners has increased in key areas such as workforce planning, preventative health and community-based care models, supporting more integrated and sustainable services.

What this means for North Wales Communities:
Services are more likely to be designed with input from those delivering and receiving care.

Impact on Patients and Staff

- More compassionate and supportive culture.
- Better leadership capability.
- Improved staff wellbeing and engagement.
- More stable workforce.
- Stronger partnership working.

Challenges and What the Health Board Is Doing About Them

- **Embedding new leadership behaviours consistently across all sites remains a priority:** The Health Board recognises that while progress has been made in strengthening leadership, it is important that compassionate and consistent leadership behaviours are embedded everywhere. Work is ongoing to support leaders at all levels through training, coaching and clearer expectations so that staff experience the same positive culture across all sites and services.
- **Sustaining improvements in wellbeing requires ongoing investment:** Although staff wellbeing has improved in several areas, maintaining this progress requires continued focus and resources. The Health Board is committed to investing in wellbeing initiatives, improving access to support and ensuring that staff have healthy, safe working environments.
- **Workforce shortages continue to impact some services:** Like many healthcare organisations, the Health Board continues to face shortages in certain staff groups. This can affect service capacity and waiting times. To address this, the Health Board is strengthening recruitment efforts, expanding training opportunities and improving workforce planning to ensure services remain safe and sustainable.

Alignment with the Health and Care Quality Domains

The work delivered under Objective 3 directly supports the national quality domains by strengthening the culture, leadership and workforce conditions that underpin safe and effective care:

- **Safe:** Stronger leadership, improved staff wellbeing and a more supportive culture help reduce errors, improve communication and create safer clinical environments.
- **Effective:** Better workforce planning, clearer leadership expectations and improved teamworking support more reliable, evidence-based care.
- **Person centred:** A compassionate culture ensures that staff listen, communicate well and focus on what matters to patients and families.
- **Timely:** More stable staffing, reduced sickness and lower agency use help reduce delays, cancellations and service disruption.
- **Efficient:** Stronger leadership and reduced reliance on agency staff improve continuity, reduce waste and support better use of resources.
- **Equitable:** Inclusive engagement with staff networks, partners and communities helps ensure that services reflect the needs of all groups and that staff feel valued and respected.

How This Supports the Quality Management System

This objective strengthens the **Quality Culture** quadrant of the QMS, the part that ensures staff feel supported, valued and empowered to deliver high-quality care every day.
For the public, this means:

- **A more compassionate and respectful environment**, where staff are encouraged to speak up, raise concerns and learn from experience.
- **More consistent behaviours and leadership standards**, helping ensure that care is delivered reliably across all sites.
- **A workforce that feels psychologically safe**, which is essential for identifying risks early and preventing harm.
- **Better alignment between leadership, values and quality**, ensuring that improvement is not just a process but part of everyday practice.
- **A stronger foundation for continuous improvement**, because teams who feel supported are more able to innovate, learn and adapt.

By embedding compassionate leadership, strengthening staff voice and improving wellbeing, the Health Board is building the cultural conditions required for the QMS to function effectively, ensuring that quality, safety and learning are at the heart of how care is delivered.

Objective 4: Improving Quality, Outcomes & Experience

Overview

This objective focuses on improving patient safety, clinical effectiveness, patient experience, access to care, and service quality across the Health Board. It includes improvements in prevention, primary and community care, planned care, cancer, diagnostics, urgent and emergency care, mental health, Child Adolescence Mental Health Service, neurodevelopmental services, dementia, and challenged specialties. This is the largest and most visible area of improvement for the public.

Key Improvements Delivered

1. Prevention and Early Intervention
The Health Board has strengthened its approach to prevention and early help:

- **Healthy weight, smoking cessation and arts in health programmes delivered:** A range of programmes has been delivered to support healthier lifestyles, including services to help people stop smoking, maintain a healthy weight and improve wellbeing through arts-based activities. These initiatives aim to prevent illness, support long-term health and improve quality of life.
- **Social prescribing model co-designed with communities and partners:** The Health Board has worked closely with local communities and partner organisations to design a new social prescribing model. This approach connects people with non-medical support, such as community groups, activities and advice services, to help improve wellbeing and reduce pressure on traditional healthcare services.
- **Wellbeing & Prevention Anchor Framework developed, supporting community resilience:** A new framework has been created to guide how the Health Board supports prevention and wellbeing across the region. It focuses on strengthening community resilience, tackling health inequalities and ensuring that prevention is embedded in everyday practice.
- **Vaccination improvement work strengthened, including targeted outreach:** The Health Board has continued to improve vaccination uptake through targeted outreach, community clinics and closer work with local partners. These efforts help protect vulnerable groups, reduce the spread of illness and keep communities healthier.

What this means for North Wales Communities:
More support to stay well, fewer hospital admissions, and earlier help before problems escalate.

2. Primary Care
The Health Board has progressed several improvements in primary care:

- **Community by Design groundwork completed, bringing GPs, community nurses, therapists, social care and the third sector together to design local**

care models: The Health Board has completed the initial groundwork for the Community by Design programme, which brings together a wide range of professionals and community partners. This collaborative approach helps design local care models that better meet the needs of patients, ensuring services are more joined-up and easier to access.

- **Primary Care Model for Wales (PCMW) preparation progressed, aligning local services to national expectations:** Work has continued to prepare for the implementation of the Primary Care Model for Wales. This ensures that local primary care services such as GP practices, pharmacies and community teams are aligned with national standards and able to provide consistent, high-quality care.
- **Weekend palliative and district nursing capacity strengthened, improving end-of-life care:** The Health Board has increased weekend capacity in palliative care and district nursing. This means more patients nearing the end of life can receive timely, compassionate care at home or in their community, reducing delays and improving comfort and dignity.
- **Cluster review delayed, but groundwork completed for future redesign:** Although the formal review of primary care clusters has been delayed, the Health Board has completed the necessary groundwork to support future redesign. This preparation will help ensure that clusters can work more effectively together to meet the needs of their local populations.

What this means for North Wales Communities:
Better access to primary care, more joined-up support, and more care delivered closer to home.

3. Community Care
The Health Board has strengthened community-based services:

- **Enhanced Community Care (ECC) referrals increased in Conwy, supporting people at home and reducing hospital admissions:** The Health Board has seen a rise in referrals to the Enhanced Community Care service in Conwy. This service provides rapid support to people in their own homes, helping them stay well and avoid unnecessary hospital admissions. It offers timely assessment, treatment and rehabilitation in the community.
- **District nursing capacity strengthened, including weekend cover:** Additional investment has been made in district nursing teams, including increased weekend capacity. This ensures more patients can receive essential nursing care at home, improving continuity and reducing delays in support.
- **Business cases progressed for expanded community services:** The Health Board has continued to develop business cases to expand community-based services. These proposals aim to increase local access to care, reduce pressure on hospitals and support people to remain independent for longer.

What this means for North Wales Communities:
More people can receive care at home, reducing the need for hospital admission.

4. Planned Care, Cancer and Diagnostics
Planned Care

- **Improved validation, referral optimisation and pre-operative assessment:** The Health Board has strengthened key processes in planned care, including more robust validation of waiting lists, better optimisation of referrals and improvements in pre-operative assessment. These steps help ensure patients are seen in the right place, at the right time, and are fully prepared for surgery, improving safety and reducing delays.
- **Early performance benefits seen in several specialties:** Early signs of improvement are emerging in a number of specialties, with shorter waits and more efficient pathways. These gains reflect the impact of targeted improvement work and better use of clinical capacity.
- **Demand/capacity modelling re-phased to 2026/27:** Due to ongoing pressures and system complexity, the Health Board has re-phased its detailed demand and capacity modelling to 2026/27. This will ensure that future plans are realistic, evidence-based and aligned with available resources.

Cancer

- **25% reduction in >62-day waits:** The Health Board has achieved a significant improvement in cancer pathways, with a 25% reduction in the number of patients waiting more than 62 days for treatment. This reflects focused work on earlier diagnostics, faster triage and better coordination across services.
- **Expanded Tele dermatology and nurse-led triage:** Tele dermatology and nurse-led triage have been expanded, allowing skin cancer referrals to be assessed more quickly. This means patients receive faster reassurance or timely escalation to specialist care, reducing unnecessary clinic visits and improving overall pathway efficiency.
- **Maggie's Centre opened:** The opening of the Maggie's Centre provides a dedicated space offering emotional, psychological and practical support for people affected by cancer. This enhances the experience of patients and families by ensuring they have access to high-quality support alongside their clinical care.
- Progress in radiotherapy repatriation. Work continues to repatriate radiotherapy services so that more patients can receive treatment closer to home. This reduces travel time, improves access and supports a more patient-centred approach to cancer care.

Diagnostics

- **Radiology Information System Implemented:** The Health Board has successfully implemented the Radiology Information System Programme (RISP), which modernises how imaging requests, results and reports are managed. This system supports faster access to information, improves communication between

clinical teams and helps patients move more smoothly through diagnostic pathways.

- **Progress slowed by estates constraints and national delays:** Despite these improvements, further expansion of diagnostic capacity has been slowed by limitations in the Health Board's estate and delays in national programmes. These challenges affect the ability to increase imaging capacity and introduce new equipment. The Health Board continues to prioritise solutions to address these constraints and improve access to timely diagnostics.

What this means for North Wales Communities:
Faster diagnosis and treatment, fewer delays, and improved support for people with cancer.

5. Urgent & Emergency Care

The Health Board has made some early progress in improving urgent and emergency care, particularly in strengthening hospital flow, developing frailty and falls models, and preparing for the introduction of the 45-minute ambulance handover protocol

- **Improved hospital flow:** The Health Board has taken steps to improve the flow of patients through hospitals, helping reduce delays in assessment, treatment and discharge. Better coordination between teams and more efficient processes are supporting quicker decision-making and improving patient experience.
- **Progressed frailty and falls response models:** New models of care for people who are frail or at risk of falls have been developed and expanded. These approaches focus on early assessment and rapid support, helping people stay safe at home, avoid unnecessary hospital admissions and receive the right care at the right time.
- **Prepared for the 45-minute ambulance handover protocol:** The Health Board has prepared for the introduction of the 45-minute ambulance handover protocol, which aims to reduce delays for ambulance crews and ensure patients are transferred safely and promptly into hospital care. This preparation includes improved processes, clearer escalation routes and closer working with the ambulance service.

However, performance against key standards remains inconsistent, and sustained operational pressures continue to impact patient flow, waiting times and overall experience. The associated patient safety risks particularly those linked to delays in assessment, overcrowding and extended ambulance handovers have been considered in detail by the Board, with a continued focus on mitigation, escalation and delivery of improvement actions. While the direction of travel is positive, further sustained improvement will depend on delivering change at pace and scale across the whole system.

What this means for North Wales Communities:
Shorter waits, safer care, and better patient flow.

6. Mental Health, CAMHS, Learning Disabilities and Neurodevelopmental Services

Adult Mental Health

- **80% seen within 28 days in primary care mental health:** The Health Board continues to improve access to primary care mental health support, with 80% of people now being seen within 28 days. This helps ensure individuals receive timely advice, assessment and early intervention.
- **Strengthened perinatal and eating disorder services:** Investment has been made to enhance specialist services for people experiencing perinatal mental health difficulties and those living with eating disorders. These improvements support earlier access to care and more tailored treatment.
- **Progress on RCPsych recommendations:** The Health Board has continued to act on recommendations from the Royal College of Psychiatrists, strengthening clinical governance, improving pathways and enhancing the quality of care across mental health services.
- **MH EHR procurement advanced:** Work to procure a new Mental Health Electronic Health Record has progressed. This system will improve how information is shared, support safer care and help staff coordinate treatment more effectively.

CAMHS

- **Recovery plan implemented:** A comprehensive recovery plan has been put in place to improve access, reduce waiting times and strengthen service delivery for children and young people.
- **Early warning systems in place:** New early warning systems have been introduced to identify risks sooner and ensure timely escalation, helping keep children and young people safe.
- **"Getting Started" groups launched:** New introductory support groups have been launched to help young people begin their therapeutic journey sooner, offering early guidance and coping strategies while they wait for more intensive support.

Neurodevelopmental

- **Early Help Hubs reducing demand:** Early Help Hubs are providing timely support to families, helping address concerns earlier and reducing pressure on specialist neurodevelopmental services.
- **Needs-led model progressing:** The Health Board is developing a needs-led model that focuses on providing the right support at the right time, rather than relying solely on diagnostic pathways. This aims to improve outcomes and reduce delays.
- **High demand persists:** Despite progress, demand for neurodevelopmental assessments and support remains high. The Health Board continues to prioritise improvements to capacity and access.

What this means for North Wales Communities:
Earlier access to support, better continuity, and more specialist care for those who need it.

7. Dementia
The Health Board has strengthened dementia services:

- **Improved Memory Support Pathway.** The Memory Support Pathway has been enhanced to ensure people with memory concerns receive earlier assessment, clearer information and more coordinated support. These improvements help individuals and their families access the right help at the right time.
- **Enhanced training and prevention resources.** Staff across health and care settings have received additional dementia training, helping them better recognise symptoms, support individuals compassionately and promote prevention. New resources have also been developed to help communities understand risk factors and ways to maintain brain health.
- **Several improvement pilots underway.** A number of pilot projects are being tested to improve dementia care, including new approaches to early intervention, community support and carer assistance. These pilots will help shape future services and ensure they meet the needs of people living with dementia and their families.

What this means for the public:
Earlier diagnosis, better support for families, and improved quality of life.

8. Challenged Services
The Health Board has made progress in several challenged specialties:

- **Oncology on track for de-escalation:** Improvements in cancer pathways, waiting times and service coordination mean that Oncology is on track for de-escalation from enhanced oversight. This reflects sustained progress in both performance and clinical governance.
- **Improvements in Vascular, Dermatology, Plastics, Ophthalmology and Urology:** Targeted work across a number of pressured specialties has led to better patient flow, reduced backlogs and more efficient pathways. These improvements are helping patients access treatment sooner and supporting more sustainable service delivery.
- **GIRFT workshops informing improvement plans:** “Getting It Right First Time” (GIRFT) workshops have been held with clinical teams, providing detailed insights into variation, demand and opportunities for improvement. These findings are now shaping specialty-specific action plans.
- **Increased minor ops capacity:** Additional capacity for minor operations has been created, helping reduce waiting times and ensuring that more procedures can be completed in community or day-case settings.
- **Improved urgent clinics and audits:** Urgent clinic capacity has been strengthened, and regular audits are helping ensure patients with the greatest

clinical need are prioritised appropriately. This supports safer, more responsive care.

What this means for North Wales Communities:
Safer care, shorter waits, and more reliable services.

Impact on Patients and Staff

- Faster access to care.
- Better outcomes in cancer and mental health.
- More care delivered closer to home.
- Stronger safety and learning systems.
- Improved patient experience.

Challenges and What the Health Board Is Doing About Them

- **Workforce shortages continue to impact several specialties:** The Health Board continues to face shortages in key clinical and support roles, which affects capacity in some specialties. To address this, recruitment campaigns, international recruitment, enhanced training routes and improved retention initiatives are being prioritised to build a more stable workforce.
- **Diagnostics capacity remains constrained:** Limited diagnostic capacity continues to create bottlenecks in patient pathways. The Health Board is working to expand capacity through improved scheduling, targeted investment, partnership working and long-term planning to address estate and equipment constraints.
- **Dementia pathway requires further improvement:** Although progress has been made, the dementia pathway still requires further strengthening to ensure timely assessment, consistent support and better coordination across services. Improvement pilots and enhanced training are being used to shape the next phase of development.
- **Primary care transformation needs acceleration:** The Health Board recognises that transformation in primary care must move at a faster pace to meet rising demand and support community-based care. Work is underway to accelerate new models, strengthen multidisciplinary teams and improve access across local communities.

Alignment with the Health and Care Quality Domains

The improvements delivered under Objective 4 directly support the national quality domains by strengthening safety, outcomes, access and experience across a wide range of services:

- **Safe:** Strengthened safety systems, earlier intervention, improved urgent and emergency care flow, and better monitoring of cancer and diagnostic pathways all help reduce harm and ensure patients receive the right care at the right time.
- **Effective:** Better outcomes in cancer, mental health, dementia and planned care show that services are becoming more reliable and evidence-based.

Improvements in prevention, early help and community care also support long-term health and wellbeing.

- **Person centred:** Enhanced patient experience, more care delivered closer to home, and improved support for people with dementia, long-term conditions and mental health needs ensure that services reflect what matters most to individuals and families.
- **Timely:** Reduced waits in cancer, diagnostics, urgent care and mental health mean people are being seen sooner, helping prevent deterioration and improving recovery.
- **Efficient:** Value-driven improvements, better referral optimisation, and strengthened community services help reduce unnecessary hospital use and make better use of staff time and resources.
- **Equitable:** Prevention programmes, early help hubs, targeted vaccination outreach and strengthened primary and community care models help ensure fairer access to support across North Wales.

How This Supports the Quality Management System

Objective 4 strengthens the **Quality Control** and **Quality Improvement** quadrants of the QMS, the parts that ensure services are safe, reliable and continuously improving. For the public, this means:

- **More consistent standards of care**, because services are monitored more closely and supported to meet clear expectations.
- **Earlier identification of risks**, thanks to better data, improved safety systems and stronger clinical oversight.
- **Faster action when problems arise**, with teams using real-time information to respond quickly.
- **Continuous improvement**, as services use learning, audits and patient feedback to make changes that benefit patients.
- **Better outcomes and experiences**, because improvements are based on evidence, patient need and national quality standards.

By strengthening Quality Control (monitoring, safety, performance) and Quality Improvement (testing changes, learning, redesign), the Health Board is building a system where improvements are not isolated projects, they are part of everyday practice across all services.

Objective 5: Establishing an Effective Environment for Learning & Skills Development

Overview

A strong learning culture is essential for delivering safe, effective and continuously improving care. This objective focuses on strengthening the Health Board's learning systems, research and innovation capability, academic partnerships, digital intelligence, and quality improvement skills. Over the past year, the Health Board has made progress

in building the foundations of a learning organisation, while recognising that further development is required to embed these improvements consistently.

Key Improvements Delivered

1. Strengthening Learning Systems

The Health Board has taken important steps to improve how learning is captured, shared and acted upon:

- **Integrated Concerns & Complaints Policy embedded.** The Health Board has fully embedded its new integrated policy for managing concerns and complaints. This has improved consistency, timeliness and transparency in how issues are handled, helping ensure that patients, families and staff receive clear responses and that learning is captured more effectively.
- **Learning Forum established.** A new Learning Forum now brings together themes from incidents, complaints, mortality reviews, audits and patient feedback. This creates a more systematic and coordinated approach to learning, ensuring that insights are shared across teams and used to drive improvement.
- **Learning Repository developed.** A central repository has been created to store case studies, lessons learned and examples of good practice. This resource makes learning accessible across the organisation, helping staff quickly find relevant information and apply it to their own services.
- **Improved thematic reviews.** The Health Board has strengthened its ability to identify patterns and address systemic issues through more robust thematic reviews. This supports deeper understanding of recurring challenges and helps ensure that improvements are targeted, sustainable and organisation-wide.

What this means for North Wales Communities:

When something goes wrong, the Health Board is more likely to learn from it, share the learning, and prevent it happening again.

2. Research & Innovation

The Health Board has strengthened its research and innovation infrastructure:

- **Governance processes improved, enabling research to start more quickly and safely:** The Health Board has streamlined its research governance processes, allowing studies to begin sooner while maintaining high standards of safety and oversight. This helps bring new treatments, technologies and approaches into practice more efficiently.
- **Focus on increasing research activity, particularly in areas aligned with population need:** Efforts are underway to expand research activity, with a particular focus on conditions and priorities that matter most to the local population. This ensures that research directly supports better outcomes for communities across the region.

- **Closer collaboration with universities, supporting joint research, innovation and workforce development:** Partnerships with universities have been strengthened, enabling more joint research projects, innovation initiatives and opportunities for staff development. These collaborations help bring academic expertise into clinical settings and support the development of future healthcare professionals.
- **Support for clinical academic careers, including the establishment of a Community of Interest Group:** The Health Board is investing in clinical academic career pathways, helping staff combine research with clinical practice. A new Community of Interest Group has been established to connect clinicians, share learning and encourage more staff to engage in research and innovation.

What this means for North Wales Communities:
More opportunities to take part in research, access to new treatments, and a stronger evidence base for care.

3. Academic Partnerships
The Health Board has strengthened partnerships with academic institutions:

- **Memoranda of Understanding (MoUs) progressed with key universities.** The Health Board has continued to develop formal agreements with major universities. These MoUs set out shared priorities and create a stronger foundation for joint work in education, research and innovation.
- **First MPharm cohort launched, supporting the development of the future pharmacy workforce.** The launch of the first Master of Pharmacy (MPharm) cohort marks an important milestone. It supports the training of future pharmacists within the region, helping build a sustainable workforce and strengthening links between academic learning and clinical practice.
- **Joint work on research, innovation and workforce planning strengthened.** Collaboration with academic partners has deepened across several areas, including research projects, innovation initiatives and long-term workforce planning. These partnerships help ensure that services are informed by the latest evidence and that future workforce needs are met.

What this means for North Wales Communities:
A stronger pipeline of skilled clinicians trained in the local context, improving future workforce sustainability.

4. Intelligence-Led Organisation
The Health Board has made progress in strengthening its digital intelligence and analytical capability:

- **IRIS dashboard implemented, providing real-time data on quality, performance and flow:** The introduction of the IRIS dashboard gives teams immediate access to up-to-date information on patient flow, service performance

and quality indicators. This supports quicker decision-making and helps staff respond proactively to emerging pressures.

- **Predictive analytics developed, helping anticipate demand and plan resources:** New predictive analytics tools are being used to forecast demand and identify potential risks earlier. This enables the Health Board to plan staffing, beds and community support more effectively, improving resilience and patient experience.
- **Robotic Process Automation (RPA) proposals advanced, reducing administrative burden:** Work to introduce Robotic Process Automation has progressed, with proposals now in place to automate routine administrative tasks. This will free up staff time, reduce errors and allow teams to focus more on patient-facing work
- **Improved data quality and reporting, supporting better decision-making:** The Health Board has strengthened data quality processes and enhanced reporting tools. This ensures leaders and clinical teams have more reliable information, supporting clearer insights and more informed decisions.

What this means for North Wales Communities:
More informed decisions, fewer delays, and better use of staff time.

5. Quality Improvement Capability
The Health Board has strengthened its approach to quality improvement (QI):

- **Award-winning QI projects delivered, including Prehabilitation and the Green Hand Pathway:** Several QI projects have gained national recognition, demonstrating the Health Board's growing capability in delivering meaningful change. Initiatives such as Prehabilitation and the Green Hand Pathway have improved patient outcomes, enhanced safety and supported more efficient care.
- **Value Academy concept developed, supporting staff to apply value-based healthcare principles:** A new Value Academy concept has been created to help staff understand and apply value-based healthcare. This supports teams to focus on outcomes that matter most to patients while making best use of available resources.
- **QI training expanded, improving capability across teams:** More staff across the organisation are now receiving QI training, helping build a shared understanding of improvement methods and strengthening the culture of continuous learning.
- **Improved alignment between QI, value and clinical priorities:** The Health Board has taken steps to ensure that QI work is more closely aligned with clinical priorities and value-based healthcare. This helps ensure improvement efforts are targeted, coordinated and focused on areas that will have the greatest impact for patients.

What this means for North Wales Communities:
More consistent, evidence-based improvements that directly enhance outcomes and experience.

Impact on Patients and Staff

- Better learning from incidents and complaints.
- Stronger research culture.
- Improved access to innovation.
- More data-driven decision-making.
- Enhanced QI capability across teams.

Challenges and What the Health Board Is Doing About Them

- **Research capacity remains limited, with recruitment and development underway:** The Health Board continues to face constraints in research capacity, which limits the scale and speed of research activity. To address this, recruitment to key roles is underway, alongside investment in training and development to build a stronger research workforce for the future.
- **Academic career pathways require further development:** While progress has been made, academic career pathways for clinicians and other professionals still need strengthening. Work is ongoing with university partners to create clearer routes for staff to combine clinical practice with research and teaching, helping attract and retain talent.
- **Learning systems need continued embedding across all sites:** new learning systems, such as the Learning Forum, repository and improved thematic reviews, are in place, but they require further embedding to ensure consistent use across all sites and services. The Health Board is focusing on strengthening adoption, improving awareness and supporting teams to apply learning in everyday practice.

Alignment with the Health and Care Quality Domains

The improvements delivered under Objective 5 directly support the national quality domains by strengthening how the Health Board learns, improves and uses evidence to shape care:

- **Safe:** Stronger learning systems, better thematic reviews and improved incident and complaint processes help the Health Board identify risks earlier, understand what went wrong, and prevent similar issues from happening again.
- **Effective:** Research, innovation and academic partnerships ensure that care is based on the best available evidence. Staff have better access to data, insights and improvement tools, supporting more reliable clinical practice.
- **Person centred:** Learning from patient feedback, complaints and experience data ensures that services reflect what matters most to people. Research and innovation also help develop new approaches that improve quality of life.

- **Timely:** Faster learning cycles, real-time data dashboards and predictive analytics help teams respond more quickly to emerging issues, reducing delays and improving access to care.
- **Efficient:** Automation, improved data quality and stronger QI capability reduce duplication, streamline processes and support better use of staff time and resources.
- **Equitable:** Accessible learning systems, inclusive research opportunities and community-focused prevention work help ensure that improvements benefit all groups and reduce inequalities.

How This Supports the Quality Management System

Objective 5 strengthens the **Quality Learning** quadrant of the QMS, the part that ensures the organisation learns continuously, shares insights widely and uses evidence to drive improvement.

For the public, this means:

- **A health system that learns from mistakes**, rather than repeating them, because learning is captured, analysed and shared more consistently.
- **Better use of evidence and research**, ensuring that care is based on what works and that new treatments and innovations are introduced safely.
- **More informed decision-making**, supported by real-time data, predictive analytics and improved intelligence systems.
- **Staff who are better equipped to improve services**, thanks to expanded QI training, clearer improvement structures and access to practical tools.
- **A culture where learning is valued**, helping create safer, more reliable and more compassionate care across all sites.

By strengthening Quality Learning, the Health Board is building the foundations of a true learning organisation. one where insight leads to action, improvement is continuous, and patients benefit from safer, more effective and more responsive services.

Listening to Citizens, Communities & Stakeholders

Overview

Listening to the people of North Wales is central to the Health Board's commitment to person-centred care and the Duty of Quality. This year, the Health Board has strengthened its approach to engagement, co-production and partnership working, ensuring that the voices of patients, carers, staff and communities shape decisions and service design.

Key Improvements Delivered

1. Strengthening Citizen Engagement

The Health Board has expanded its engagement activity to ensure that people and communities have a stronger voice in shaping services. This has included:

- **Youth Voice Board, ensuring young people influence service design:** A dedicated Youth Voice Board has been established, giving young people a meaningful platform to share their views and influence how services are developed. This ensures that the needs and experiences of younger citizens are reflected in planning and decision-making.
- **Councillor engagement pilots, improving local democratic involvement:** Engagement pilots with local councillors have strengthened democratic input into health services. These pilots support clearer communication; better understanding of community needs and more collaborative problem-solving.
- **Digital engagement, enabling wider participation:** The Health Board has expanded its use of digital tools to reach more people, making it easier for citizens to share feedback, participate in consultations and stay informed about service changes.
- **Betsi Way Engagement Framework, providing a consistent approach to involvement:** A new engagement framework, The Betsi Way, has been introduced to ensure a consistent, high-quality approach to involving patients, carers and communities. This framework supports more inclusive, transparent and meaningful engagement.
- **Anchor Institution Charter, strengthening community partnerships:** By adopting an Anchor Institution Charter, the Health Board has reinforced its commitment to supporting local communities through employment, procurement, sustainability and partnership working. This helps maximise the organisation's positive social and economic impact.

What this means for North Wales Communities:
More opportunities to influence how services are designed and delivered.

2. Co-Production with Communities

The Health Board has strengthened its approach to co-production, working alongside communities, partners and people with lived experience to design better, more sustainable services. Key developments include:

- **Community by Design, bringing together communities, clinicians and partners to redesign local care:** The Community by Design approach has created structured spaces where local residents, clinicians and partner organisations work together to shape services. This ensures that redesign is grounded in real community needs and local strengths.

- **Social prescribing model, co-designed with communities and third sector partners:** A new social prescribing model has been developed collaboratively, ensuring it reflects what matters most to communities. Third sector partners have played a central role, helping create a more holistic, community-based approach to wellbeing.
- **Wellbeing & Prevention Anchor Framework, supporting community resilience:** The Health Board has introduced a Wellbeing & Prevention Anchor Framework to strengthen community resilience. This framework supports local initiatives that promote health, reduce inequalities and build stronger, more connected communities.
- **Early Help Hubs, providing earlier support for children and families:** Early Help Hubs have been developed to offer timely, coordinated support for children and families. These hubs bring together multiple agencies and community partners, ensuring families receive the right help at the right time.

What this means for North Wales Communities:
Services that better reflect local needs and priorities.

3. Welsh Language and Cultural Inclusion
The Health Board has strengthened its approach to Welsh language provision and cultural inclusion, recognising their importance to safety, dignity and equitable access. Key improvements include:

- **Improved Active Offer:** The Active Offer has been strengthened across services, ensuring that people can access care in Welsh without needing to ask. This supports better communication, enhances patient confidence and promotes a more culturally sensitive experience.
- **Expanded training:** Welsh language training opportunities have been broadened, enabling more staff to develop their skills and confidence. This includes introductory learning, conversational support and more advanced programmes for fluent speakers.
- **Better assessments:** Services have improved how they assess and record patients' language and cultural needs. This ensures that Welsh speakers and people from diverse cultural backgrounds are identified early and supported appropriately throughout their care.
- **Stronger integration into planning:** Welsh language and cultural inclusion considerations are now more consistently embedded into service planning, workforce development and policy design. This ensures that inclusivity is built into the foundations of service delivery rather than added later.

What this means for North Wales Communities:
More accessible, culturally appropriate care.

4. Working with Partners

The Health Board has strengthened its partnerships with a wide range of organisations, recognising that effective collaboration is essential for improving population health and delivering sustainable services. Key partners include:

- **Local Authorities:** Joint working with local councils has deepened, particularly around community care, prevention, housing, and wider determinants of health. This collaboration supports more coordinated services and better outcomes for local residents.
- **Universities:** Partnerships with academic institutions have continued to grow, supporting research, innovation, workforce development and shared learning. These relationships help ensure services are informed by the latest evidence and best practice.
- **Third Sector Organisations:** The Health Board has strengthened its engagement with voluntary and community organisations, recognising their vital role in supporting wellbeing, tackling inequalities and providing community-based support.
- **Community Groups:** Stronger links with community groups ensure that local voices shape service design and delivery. This helps services reflect the needs and priorities of diverse communities across the region.
- **Regional Boards and Networks:** Active participation in regional partnerships and networks has improved coordination across health, social care and public services. This supports more integrated planning and a shared approach to addressing system-wide challenges.

This has supported improvements in:

- **Prevention:** Stronger partnerships have enabled more coordinated prevention initiatives, helping communities stay well for longer and reducing avoidable demand on services.
- **Mental Health:** Joint working with local authorities, third sector organisations and community groups has strengthened early support, improved access to community-based services and enhanced pathways for people with mental health needs.
- **Community Care:** Collaboration across sectors has supported more integrated community care models, ensuring people receive the right support closer to home and improving continuity between health, social care and voluntary services.
- **Workforce Development:** Partnerships with universities, regional boards and local organisations have expanded opportunities for training, recruitment and career development, helping build a more sustainable and skilled workforce.
- **Research and Innovation:** Closer collaboration with academic and regional partners has strengthened research capacity, supported innovation projects and helped bring new ideas and evidence into practice more quickly.

What this means for North Wales Communities:
More joined-up care and better use of local resources.

Impact on Patients and Communities

- More influence over service design.
- Better access to information and involvement.
- Stronger community partnerships.
- Improved cultural and linguistic accessibility.

Challenges and What the Health Board Is Doing About Them

- **Engagement needs to be more consistent across all areas.** While engagement activity has expanded, levels of involvement still vary across services and localities. The Health Board is working to strengthen coordination, provide clearer guidance and support teams to adopt a more consistent, inclusive approach to engagement.
- **Hard-to-reach groups require targeted approaches.** Some communities remain less engaged due to barriers such as language, digital access, trust or cultural factors. The Health Board is developing more targeted, community-led approaches, working with local partners, grassroots groups and trusted intermediaries to ensure these voices are heard.
- **Co-production needs to be embedded earlier in planning processes.** Although co-production has strengthened, it is not yet consistently built into the earliest stages of planning. Work is underway to ensure that community involvement becomes a routine part of service design from the outset, rather than later in the process.

Alignment with the Health and Care Quality Domains

The work delivered under this objective directly supports the national quality domains by ensuring that services are shaped by the people who use them, and that decisions reflect real community needs:

- **Safe:** By listening more closely to patients, carers and communities, the Health Board gains a better understanding of risks, barriers and safety concerns. This helps services respond earlier and design safer pathways.
- **Effective:** When services are designed with the people who use them, they are more likely to meet needs, improve outcomes and reflect what works in real-world settings. Engagement also strengthens prevention and early help, which are key to long-term effectiveness.
- **Person centred:** Stronger involvement, co-production and improved Welsh language provision ensure that care reflects people's preferences, values and cultural identity. This is the core of person-centred care.

- **Timely:** Co-designed pathways and community-based models help improve access, reduce delays and ensure people receive support earlier, particularly through Early Help Hubs and primary care redesign.
- **Efficient:** Working with communities and partners helps make better use of local assets, avoids duplication and ensures services are designed around real demand rather than assumptions.
- **Equitable:** Inclusive engagement, targeted outreach and stronger Welsh language provision help ensure that all groups, including those who are seldom heard, can influence decisions and access care that meets their needs.

How This Supports the Quality Management System

This work strengthens the **Quality Planning** and **Quality Culture** quadrants of the QMS, the parts that ensure services are designed with people, not just for them, and that staff value listening, learning and partnership.
For the public, this means:

- **Services shaped by lived experience**, ensuring that decisions reflect what matters most to patients, carers and communities.
- **A culture where listening is the norm**, helping staff understand the real impact of services and identify opportunities for improvement.
- **Better planning and design**, because engagement and co-production provide insight into needs, expectations and barriers that data alone cannot reveal.
- **More inclusive and culturally appropriate care**, supported by stronger Welsh language provision and targeted engagement with diverse communities.
- **A stronger foundation for continuous improvement**, as community feedback, patient experience and partnership working become integral to how services evolve.

By embedding citizen voice, co-production and cultural inclusion into everyday practice, the Health Board is building a system where quality is driven not only by data and standards, but by the people who rely on services. This is essential for delivering care that is safe, compassionate and responsive across North Wales

Vision Ahead

Overview

The Health Board's vision for the year ahead is grounded in the commitments set out in the **Strategic Intent for Health and Wellbeing**, the **Integrated Medium-Term Plan (IMTP)**, and the **Annual Delivery Plan (ADP)**. The organisation recognises that while progress has been made, significant work remains to deliver the level of quality, safety and consistency that the people of North Wales expect and deserve. The Board has been clear that improvement must be underpinned by a continued focus on patient

safety, risk management and reducing unwarranted variation in care, with particular attention to areas where performance and outcomes remain below expected standards.

The Health Board's future direction is shaped by three core principles:

- **Delivering safe, high-quality, person-centred care**
- **Building a sustainable, modern, digitally enabled health system**
- **Working in partnership with communities and staff to design better services**

The year ahead will focus on consolidating progress, accelerating transformation, and strengthening the foundations for long-term improvement.

Key Priorities for 2026/27

1. Embedding the Quality Management System (QMS)

The Health Board will continue to embed the QMS across all services, ensuring:

- Consistent Quality Planning
- Reliable Quality Control
- Systematic Quality Improvement
- Strong Quality Learning

This will reduce variation, strengthen safety, and improve outcomes.

What this means for North Wales Communities:
More consistent, reliable care regardless of where people live or which service they access.

2. Improving Access and Reducing Waiting Times

The Health Board will focus on:

- Further reducing long cancer waits
- Improving urgent and emergency care flow
- Strengthening planned care pathways
- Expanding community-based alternatives to hospital care
- Improving diagnostics capacity

What this means for North Wales Communities:
Shorter waits, earlier diagnosis, and better access to the right care at the right time.

3. Strengthening Primary and Community Care

The Health Board will accelerate:

- Community by Design implementation
- Primary Care Model for Wales alignment
- Enhanced Community Care expansion
- Community mental health transformation

- Integrated locality-based models

What this means for North Wales Communities:
More care delivered closer to home, reducing pressure on hospitals and improving continuity.

4. Improving Mental Health, CAMHS and Neurodevelopmental Services
The Health Board will:

- Strengthen crisis pathways
- Improve access to psychological therapies
- Expand early help for children and young people
- Progress the Mental Health Electronic Health Record
- Improve dementia pathways and support

What this means for North Wales Communities:
Earlier support, better continuity, and improved experience for people with mental health needs.

5. Digital Transformation
The Health Board will:

- Continue rolling out ePMA
- Progress the Mental Health HER
- Strengthen digital infrastructure
- Expand real-time data and predictive analytics
- Improve digital access for staff and patients

What this means for North Wales Communities:
Safer, more efficient care and fewer delays caused by outdated systems.

6. Workforce and Culture
The Health Board will:

- Implement the Strategic Workforce Planning Framework
- Strengthen leadership development
- Improve staff wellbeing
- Reduce agency usage further
- Embed compassionate and collective leadership

What this means for North Wales Communities:
More stable teams, better communication, and improved patient experience.

7. Value-Based Healthcare and Sustainability
The Health Board will:

- Expand value-based healthcare programmes
- Reduce unwarranted variation
- Strengthen financial governance
- Improve environmental sustainability

- Progress the Value Academy

What this means for North Wales Communities:
Better outcomes, more efficient use of resources, and a more sustainable NHS.

8. Strengthening Engagement and Co-Production
The Health Board will:

- Expand the Youth Voice Board
- Strengthen community engagement
- Embed co-production in service redesign
- Improve Welsh language provision
- Strengthen partnerships with local authorities and the third sector

What this means for North Wales Communities:
More influence over how services are designed and delivered.

Conclusion
While the Health Board has made important early progress, it recognises that this is from a low baseline and that performance and quality remain below the standards expected in a number of areas. The scale and complexity of the challenges particularly in urgent and emergency care continue to present risks to patient experience and outcomes, and these require sustained focus and oversight by the Board. The year ahead will require disciplined delivery, strengthened leadership and continued partnership working to secure improvement at pace and at scale. The Health Board is committed to this task and to ensuring that patients across North Wales consistently receive safe, effective and high-quality care.

Health Board Key Issues Report				
Board Date		24/09/2026		
Date of Committee		25/08/2026	**Report of:**	Performance, Finance and Information Governance
Quoracy met:		Yes		
1	Agenda	The Performance Finance and Information Governance Committee (PFIGC) continues to meet bi-monthly. The Committee considered an agenda which is attached: PFIG Committee - BCUHB		
2a	Alert	The PFIG Committee wish to Alert members of the Board that: • There continued to be a larger than planned in-month deficit in Month 4 with a year-to-date deficit of £22.9 million, compared to a planned deficit of £14.3 million. Despite good progress on identifying savings, these are not having a positive impact on the 'bottom line'. • Delivery of sustainable recurrent savings remains challenging, with some opportunities dependent on additional operational capacity, data intelligence and successful implementation of the Clinical Variation Workstream, which has to address deep-rooted and systemic issues. • Overall waiting lists have started to increase, creating a risk to the delivery of planned care trajectories and de-escalation targets. • Cancer performance remains significantly below the national standard, with ongoing pressures in dermatology, colorectal, breast and urology pathways. • Endoscopy capacity and quality concerns were highlighted, alongside continued challenges in urgent and emergency care performance, particularly 12-hour waits. • An increase in Never Events and complaints was noted, requiring continued scrutiny and improvement. • The Committee was concerned that updates had not been provided against some of the key deliverables in the Board Assurance Framework during the current reporting cycle.		
2b	Assurance	The PFIG Committee wish to Assure members of the Board that: • In relation to Value and Sustainability, the Committee was assured that robust governance and monitoring arrangements are in place, with work progressing to		

		strengthen benchmarking, benefits realisation and the measurement of value beyond financial savings. • There is good progress on identifying savings in the current year and, while challenging, the Welsh Government 'ask' to deliver £63 million savings in total in order to achieve break even is not out of reach. • Targeted recovery plans, performance monitoring arrangements and improvement programmes are in place across all key areas of concern. • Management demonstrated a clear understanding of the challenges, risks and required actions, with regular oversight through Health Board governance arrangements.
2c	Advise	The PFIG Committee wish to Advise members of the Board that: • There is a need to maintain oversight of the Value and Sustainability programme's delivery, particularly the translation of identified opportunities into sustainable savings, productivity improvements and measurable benefits for patients and services. • Whilst progress is being made in several performance domains, significant delivery risks remain against a number of national targets and de-escalation criteria. • Continued focus is required on planned care recovery, cancer improvement, urgent and emergency care flow, diagnostic capacity and quality and safety performance. • The Board should maintain close oversight of recovery trajectories and the impact of improvement actions being implemented across the organisation. • Additional Welsh Government funding (though less than requested) has been secured to support planned care, diagnostics and urgent and emergency care recovery programmes, although delivery risks remain.
2d	Review of Risks	PFIG received assurance and endorsed the updated Board Assurance Framework noting that: • The Committee reviewed the refreshed Board Assurance Framework and was assured that it provides clearer alignment between Strategic Intent, IMTP objectives, risks and assurances; however, members highlighted the need for greater visibility of actions to address identified gaps in control and assurance, particularly in areas of low delivery confidence. Members also cautioned that some of the deliverables (including ones where confidence was reported as high) seemed unrealistic in the light of actual progress in addressing difficult problems.
2e	Sharing of learning	There were no specific learning items to draw to the Board's attention on this occasion.

3	Actions to be considered by Quality, Safety and Experience Committee	• A deep-dive review of endoscopy performance and quality concerns will be undertaken through the Quality, Safety & Experience Committee.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

Dyddiad y Cyfarfod Date of Meeting	24 September 2026
Statws Cyhoeddi Publication Status	Open/ Public
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Olivia Shorrocks Director of Performance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Russell Caldicott Executive Director of Finance
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary
This report summarises the health board's current position in relation to its agreed performance metrics and identifies key actions required to improve performance and achieve sustained improvement. It provides the health board with an objective assessment, underpinned by analysis, highlights performance issues alongside longer-term data and information on the improvements underway. The Board are asked to note the current position and assurance levels against performance metrics.

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

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

INTEGRATED PERFORMANCE AND QUALITY REPORT

1.0 Y SEFYLLFA / SITUATION

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

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

2.0 Y CEFNDIR / BACKGROUND

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

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

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

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

3.1 Performance and access

The health board made sustained progress in reducing **planned care** waiting times during the financial year to March 2026 with the number of patients waiting over 104 weeks reducing by 79% at the end of March 2026 since its peak in July 2024. The number of patients waiting over two years has not improved since the end of March with a 5% increase noted in long waits. A small number of patients were waiting more than three years at the end of July and whilst these are being actively managed it demonstrates the fragility of progress achieved to date.

The health board, in line with Welsh Government guidelines has developed a comprehensive plan designed to eliminate all 104-breaches over the next 8 months. Confirmation from Welsh Government of additional funding to support the submitted single integrated recovery plan is expected shortly.

Cancer performance was 1% above trajectory in July 2026 at 57.1% but remains significantly adrift of national target. The health board needs to be above 55% for four consecutive months to meet the Welsh Government special measures de-escalation target. In line with agreed protocols, cancer data is resubmitted quarterly and re-submission of January – March 2026 data resulted in in an improved performance with February and March performance above the 55% de-escalation threshold.

De-escalation threshold	Jan-26	Feb-26	Mar-26
55%	54.8%	57.1%	58.3%

Challenges remain within skin, breast, urology, colorectal, and head and neck services, reflecting ongoing capacity, pathway and demand pressures. Targeted commissioning is taking place to support mobilisation of recovery plans.

Diagnostic performance has continued to improve with the percentage of patients seen within eight weeks increasing from 47.1% at the end of January 2026 to 68.3% at the end of July 2026 - a reduction of around 14,500 patients waiting over 8 weeks. Capacity constraints continue within key services, particularly radiology, non-obstetric ultrasound and endoscopy, where demand from all pathways i.e. inpatient, urgent, cancer and routine demand alongside workforce pressures continue to impact performance.

Performance against the percentage of people accessing **adult psychological therapy** within 26 weeks of referral improved slightly between June and July but remains below the national 80% standard with 55.13% of patients starting treatment within 26 weeks in July. Whilst performance is expected to improve progressively as recovery actions take place, achievement of the national standard remains challenging.

Access for children requiring **neurodevelopment** assessments remains below expectations at 16.9% within 26 weeks for BCUHB against an 80% target. There is a focus on reducing waits over 3 years, supported by external commissioning. This has seen a 67% reduction in the number of patients waiting more than 3 years between December 2025 and July 2026. Whilst this progress is encouraging current forecasts indicate that there will remain a shortfall in capacity in clearing the three year wait cohort by the end of the year.

Urgent and emergency care services across the health board continue to operate under ongoing pressure, and present risks to patient safety and experience, quality of care, staff wellbeing and organisational reputation.

Performance against the 45-minute handover standard has improved by 21% over the last two months, with improvements seen at all sites. The August position was 587 patients better than the agreed trajectory (57% within 45 minutes), demonstrating positive progress in reducing handover delays. Despite this improvement, performance remains below the national expectation of zero handovers exceeding 45 minutes.

Urgent and emergency care services remain under significant pressure, with ongoing risks to patient safety, experience, quality of care, staff wellbeing and organisational reputation. Despite a 2.9% reduction in ambulance conveyances in August, self-attendances increased by 6.5%, adding demand across UEC pathways. Emergency department 12-hour performance improved marginally to 17%, confidence in achieving the special measures de-escalation target of fewer than 10% by the end of September remains low. System-wide flow constraints and delayed care continue to impact performance.

HIW published its report in September following its unannounced inspection of the Emergency Department at Ysbyty Glan Clwyd in June 2026, when it designated the service as an area of significant concern. Areas requiring improvement are related to waiting area safety, paediatric emergency care, medicines and equipment management, and safeguarding oversight. A detailed recovery plan has been developed to respond to the concerns raised.

3.2 **Quality, safety and patient experience**

One never event was reported during August 2026 bringing the cumulative position to seven during 2026/27. The health board is an outlier compared to other health boards in Wales accounting for 42% of the never events reported during the period April - July (excluding the August case).

Recurring themes relating to compliance with invasive procedure safety standards, medicines management and clinical governance continue to require executive attention.

A health board wide programme is underway to consolidate all Local Safety Standards for Invasive Procedures (LocSSIPS) and ensure that continuous audit programmes are in place. The work programme is intended to extend assurance arrangements across all invasive procedures and strengthen reporting through governance processes.

The number of open complaints has increased with the latest data showing 374 open complaints in the week commencing 7 September 2026,an increase of fifty open complaints from early August. Central IHC area have the highest number of open complaints. The sustained level of open complaints reflects the ongoing

challenge of balancing new demand with the capacity of services to investigate and respond to concerns.

3.3 Finance and sustainability

The health board's submitted financial plan identified an £89 million gap to achieve a break-even position. After incorporating a planned £46 million saving target, a planned deficit of £43 million remains, meaning the organisation is not currently forecast to meet its statutory financial duty.

At the end of month 5 (August) 2026, the health board is reporting a year-to-date deficit of £29.3 million, which is £11.4 million adverse to the planned year to date deficit of £17.9m due to pressures predominantly relating to pay, non-pay, prescribing and CHC.

The current forecast for 2026/27 remains a deficit of £43 million, consistent with the submitted financial plan. Delivery of this forecast is dependent upon a number of key assumptions, including:

- Successful implementation of recovery actions sufficient to reduce the underlying monthly run rate to planned levels and recover the year-to-date overspend.
- Full funding by Welsh Government of all 2026/27 pay awards and associated pay uplifts.
- Receipt of all anticipated income streams.

As at August 2026, savings schemes with a forecast deliverable value of £47.5 million have been progressed, an increase of £3.6m from previous month. Of the identified schemes, only £31.8 million have been reported as budget reducing, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

Welsh Government has reiterated its expectation that the health board works to deliver its key financial duty and submit a balanced financial plan. To achieve this, the health board would need to deliver an enhanced savings programme of £63 million, representing an additional £17 million above the £46 million savings target currently incorporated within the submitted financial plan.

Achievement of this stretch target would enable £26 million Welsh Risk Pool costs to be mitigated through Welsh Government support, allowing the Health Board to submit a balanced plan for 2026/27 and achieve its statutory financial duty of break-even.

Failure to achieve the statutory financial duty places at risk access to approximately £82 million of Welsh Government funding. This would significantly increase the financial challenge facing the organisation and constrain its ability to

maintain services, invest in workforce and infrastructure, and support delivery of operational recovery plans.

3.4 **People and places**

Workforce performance remains broadly stable, with key indicators showing some progress despite ongoing recruitment challenges. The vacancy rate increased to 9.2% in August, driven primarily by planned establishment growth, including additional nursing posts to support graduate nurse recruitment and medical training grade expansion, rather than reductions in substantive staffing. Recruitment delays and hard-to-fill vacancies continue to impact progress, although establishment control process improvements are being implemented.

Strategic workforce planning continues to support service sustainability, workforce transformation and productivity priorities, including implementation of the Consultant & SAS Job Planning Policy and actions to reduce temporary staffing reliance. Agency utilisation has reduced to 2.3%, with expenditure down significantly year-on-year and performance on track to achieve the Welsh Government 30% reduction target.

Turnover remains low and stable at 7.1%, while sickness absence has increased slightly to 6.2%, driven predominantly by long-term absence. PADR compliance stands at 80.3%, and mandatory training remains above target at 90.2%.

4.0 ASSESSMENT

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

5.0 ARGYMHELLION / RECOMMENDATIONS

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

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

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

Quality *Have you undertaken a Quality Impact Assessment Screening?*		
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales	

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

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

Trugaredd
Compassion

Agored
Openness

Parch
Respect

24 September 2026

Betsi Cadwaladr University Health Board

Integrated Quality and Performance Report (IQPR)

Table of Contents

Introduction

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

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

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

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

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

What is our data telling us?

Performance and access

The number of patients waiting over two years has increased by 5% since the end of March 2026. The health board, in line with Welsh Government guidelines has developed a comprehensive plan designed to eliminate all 104-breaches over the next 8 months. Confirmation from Welsh Government of additional funding to support the recovery plan is expected shortly. The number of patients waiting over 8 weeks for a diagnostic test has fallen by 47% since the end of March and these improvements are expected to continue. Urgent and emergency care has reported an increase in attendances over the summer with an increase of 6.5% across the sites adding further pressure across UEC services. Ambulance handover performance improved on a number of weeks during July and August; however, this was not sustained throughout the reporting period (August). There is a plan to recover performance during September with a focus on reducing ambulance handovers over 45 minutes and 12-hour breaches. Long waits in all three emergency departments impact patient experience, reflected in the high number of patients who did not wait (1,959 in July and 1,871 in August). However, performance at the Minor Injuries Unit remains in line with national expectations.

Quality, safety and patient experience

1 new never event was reported in August 2026, making a total of 7 in 2026/27 (1 in April, 3 in June, 2 in July and 1 in August). Open complaints have risen from 324 (at the start of August) to 374 (at the start of September). Patient safety incident backlog remains high and has increased (5,084 open with 59.4% overdue). Progress continues against National Patient Safety Alerts, with actions being progressed in line with agreed compliance requirements and revised timescales where applicable. As at 3 August 2026, 30-day complaint closure compliance was 83.52%, with complaints resolved in an average of 21 working days against the 30-day target. Delays in treatment and /or assessment and lack of communication with patients remain the top 3 issues of concerns raised.

Finance and sustainability

As at the end of Month 5 (August 2026) the health board is reporting an in-month deficit of £6.4m, a £2.8m adverse variance compared to the monthly profiled financial plan deficit of £3.6m. Year-to-date position is a deficit of £29.3m, which when compared to the planned year to date deficit, results in an adverse variance of £11.4m. Pressures primarily relate to pay, prescribing and Continuing Healthcare (CHC). Mitigating actions to reduce costs need to be urgently identified, to both reduce the monthly cost overrun, and recover the year-to-date deficit. In addition, Welsh Government have reiterated the submitted plan is not acceptable, and the health board needs to move to a balanced financial position. This would require a further £17m delivery of cost savings, which would secure funding for the additional Welsh Risk Pool costs and enable a balanced position.

People and places

The vacancy rate increased to 9.2%, reflecting planned establishment growth rather than workforce loss, with budgeted posts increasing by 105.8 WTE compared to an increase of 17.9 WTE in substantive staffing. Workforce stability remains positive, with turnover low at 7.1%. Agency usage has reduced to 2.3% (from 3.0% a year ago), delivering a 27% year-to-date reduction and approximately £900k lower monthly expenditure, demonstrating progress towards the Welsh Government 30% reduction target. Sickness absence is 6.2%, driven predominantly by long-term absence (4.34%), indicating ongoing pressure on workforce availability. Overall, the data suggests improving workforce efficiency and reduced reliance on temporary staffing, but continued focus is required on recruitment, vacancy management and attendance to strengthen operational resilience.

Executive Summary: Performance and access

Between July 2024 and end of March 2026 the health board delivered a 79% reduction in two year waits from over 10,400 to c2,200. During the first 4 months of the financial year, the numbers waiting over two years has increased by 100 to 2,261. The total waiting list has increased by c2,800 since April 2026. Welsh Government have confirmed additional funding in early September to enable a reduction in two year waits and plans are being mobilised to progress recovery. This will be supported by continued sustainability focus within recovery delivery and the underlying schemes which are part of the planned care programme.
The waiting times for **diagnostic** continues to improve with further reduction from c22,000 over 8 weeks at the end of January 2026 to c7,300 at the end of July. This is a 66% reduction in six months.
Cancer performance in July is above the de-escalation percentage of 55% with a performance of 57.1%,. Despite this improvement, cancer performance is considerably below the national target of 75%. During September, additional medical photography and external support has been agreed is expected to support progress in reducing the dermatology backlog of patients. Additional theatre sessions are being arranged as part of recovery focus within breast surgery.
Urgent and emergency care services across the health board continue to operate under ongoing pressure. This present risks to patient safety and experience, quality of care, staff wellbeing and organisational reputation. In August, ambulance conveyances decreased by 2.9% (3,437), with 57% of handovers achieved within the 45-minute target. Self presentation attendances to ED has risen each month since April by 6.5% in August (13.311) Emergency department 12-hour performance has improved by 1% over the last month but remains in normal variance, 17% of patients waited over 12 hours in emergency departments in August across BCU. Median time to clinician stands at 140 minutes (80 minutes over the national target). The number of pathway of care delayed patients and number of delayed days has improved slightly with West IHC accounting for 51.5 (6,972) of all delayed bed days across BCU, with 48.9% relating to patients with mental health and learning disabilities, which is significantly higher than observed elsewhere due to MH and LD estates within the West area. This is predominantly due to a small number of individuals awaiting specialist long-term Learning Disability placements
Adult Mental Health - Part 1 access performance remained above the national 80% standard in July 2026, with 90.9% of assessments and 86.8% of first therapeutic interventions completed within 28 days. Part 2 Care and Treatment Plan compliance improved from 86.6% in June to 88.2% in July 2026, but remains below the target of 90%. Recovery actions focused on improving consistency and supporting sustained improvement.
Psychological Therapy - Psychological therapies performance improved to 55.1% in July 2026 but remained below the national 80% standard. Key capacity constraints have now been addressed, with additional clinic capacity available from September and increased workforce capacity expected from October, supporting recovery in activity and waiting times.
Children and Adolescent Mental Health performance in July remains above the 80% standard with Part 1a – Assessment performance at 86.5% and Part 1b interventions at 90.83%. Management data has highlighted that high demand levels will impact on performance levels during August with performance expected to be below 80% standard for both metrics. Focus is on development of recovery plans through additional in-house capacity to improve performance levels.
No health board is currently achieving the target of 80% for **Neurodevelopment Assessments** with all Wales performance at June 2026 of 26.6% . The health board has a rate of 16.9% at July 2026 which does show an improvement over the last six month but remains below the all-Wales level. The number of three-year waits has fallen by 68% since January 2026 and the health board is implementing actions to accelerate this improvement. .

Executive Summary: Quality, safety and patient experience

Patient Experience – Complaints – The latest position shows 374 open complaints in the week commencing 7 September 2026, with the overall caseload remaining elevated. Complaints continue to reflect themes relating to delays in clinical assessment and treatment, communication with patients/service users and concerns regarding the appropriateness of treatment or assessment. The number of complaints received has also increased, with 603 complaints received between June and July 2026, 34% higher than the preceding reporting period. Listening to People has been implemented and the use of early resolution continues to be supported and encouraged. Despite the pressure on the overall caseload, the health board continues to compare favourably nationally, with complaints resolved in an average of 21 working days. Targeted interventions continue with IHCs/Divisions to support management of the outstanding caseload and improve timely resolution.

Patient Experience – Feedback and Satisfaction – Overall patient experience remains positive, although the latest reporting period indicates deterioration across a number of experience measures. 85.67% of respondents rated their overall experience as good or very good and 91.06% reported that they were always treated with dignity and respect. However, all four key experience measures declined compared with the previous reporting period: 76.09% felt well cared for, 79.19% felt listened to, 76.76% felt involved in decisions about their care and 80.79% felt information was explained in a way they could understand. Emergency Department experience continues to adversely affect the Health Board's overall position, with ED scores identified as reducing the organisational average. Patient feedback continues to be used to identify priorities for service improvement, supported through the People's Experience Service and wider engagement activity.

Patient Safety Incidents – The overall incident position remains challenged. As at the latest reported position (3 August 2026), 5,528 patient safety incidents remained open, of which 62.68% were overdue, representing a worsening position and creating risks to timely investigation, organisational learning and assurance. National Reportable Incidents (NRIs) continue to be closely monitored; 17 NRIs were reported during July compared with 11 in June, with 44 NRI investigations open at the end of July, of which eight were overdue. Despite these pressures, investigation timeliness compares favourably nationally, with a median completion time of 109 days, the lowest in Wales compared with the all-Wales median of 180 days. Targeted support continues for IHCs and services through Rapid Reviews and Interim Harm Reviews, alongside strengthened oversight and organisational learning through established quality governance arrangements.

Patient Safety – Never Events – One Never Event was reported during August 2026, bringing the cumulative position to seven during 2026/27. Incidents reported during the year reflect a range of patient safety themes, including procedural safety, retained items and the safe use of clinical devices and implants. There remains a continued focus on strengthening procedural safety and the consistent application of safety standards. Investigation and learning from incidents continues alongside strengthened executive oversight and a health board-wide programme to consolidate Local Safety Standards for Invasive Procedures (LocSSIPs), strengthen audit arrangements and provide greater assurance across invasive procedures.

Infection Prevention and Control (IPC) – Healthcare-associated infection performance remains a significant quality and safety concern, with improvement trajectories not currently being achieved across several key measures. C. difficile, MRSA, hospital-onset Klebsiella and Staphylococcus aureus remain above trajectory, while Pseudomonas is on trajectory. The operational impact has also been significant, with 14 outbreaks reported during June and July, resulting in 14 full ward closures, eight bay closures and 234 lost bed days. Improvement activity includes targeted work through the national C. difficile collaborative, strengthened surveillance and epidemiological review, audit and assurance of infection prevention practice, workforce education and antimicrobial stewardship.

Executive Summary: Finance and sustainability

Financial Plan

- The 2026/27 submitted financial plan with a £43.0m deficit does not attain the key duty of the health board to achieve a balanced position, and therefore the £82m conditionally recurrent allocation being at risk.

Financial Position

- As at the end of Month 5 (August 2026) the Health Board is reporting an in-month deficit of £6.4m, which is £2.8m adverse compared to the Month 5 profiled financial plan deficit of £3.6m.
- Year-to-date position is reporting a deficit of £29.3m, representing an £11.4m adverse variance to the planned year to date £17.9m deficit.
- The adverse variance to plan indicating a run rate exceeding plan by approximately £2.2m per month, the adverse position primarily driven by pressures relating to pay, non pay, prescribing and Continuing Healthcare (CHC).
- The below table summarises the monthly actual and forecast variance for 2026/27. The forecast assumes that mitigating actions can be implemented that both reduce the monthly expenditure to the planned monthly expenditure and recover the overspend to date.

	2026/27 Monthly Variance													
	Actual					Forecast								
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Year to Date Position £m	Full Year Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(5.4)	(5.6)	(6.2)	(5.8)	(6.4)	(4.8)	(3.8)	(2.2)	(1.8)	(1.8)	(1.8)	2.60	(29.3)	(43.0)

Savings and Mitigations

- As at the end of August (Month 5), the Health Board has identified £47.5m Green saving schemes, an increase of £3.6m from previous month.
- In-month savings delivery is £6.1m, with year-to-date savings delivery of £24.0m, of which £14.4m is budget releasing, resulting in a £4.8m shortfall in budget extractable savings compared to the year-to-date target impact on the position.
- Urgent action is required to identify and implement mitigating actions to contain the monthly cost overruns and recover the year to date deficit above plan.
- Welsh Government requires the Health Board to deliver the key duty and submit a balanced plan, which would require enhanced savings delivery stretch target of £63m (an additional £17m on the £46m contained within the plan). This would enable £26m of Welsh Risk Pool costs being mitigated by Welsh Government and the Health Board being able to submit a balanced plan for 2026/27 and attain the key statutory duty of break-even.

Capital Programme

The approved Capital Resource Limit (CRL) for 2026-27 is £60.0m, which is forecast to be spent in full.

Executive Summary: People and places

Vacancy Rate

The August 2026 vacancy rate increased to 9.2%, up 0.3 percentage points from July and 1% higher than August 2025. The increase reflects budget growth rather than a reduction in substantive staffing, with budgeted FTE rising by 105.8 compared to an increase of 17.9 actual FTE. The largest budget increases were within Nursing, with Registered Nursing budgets increasing by 33.5 FTE and Unregistered Nursing by 41.3 FTE, predominantly in the East IHC. This was due to the organisation creating vacancies for the graduate nurses coming through the national Streamling process by converting bank budgets to established posts. Medical & Dental budgets increased by 15.6 FTE, while actual FTE grew by 56.7, of which 48.8 FTE related to SLE training grades. Other contributing factors include ongoing recruitment challenges, delays associated with establishment controls, and a number of hard-to-fill roles continue to impact the organisation's ability to reduce vacancies at pace. Work is ongoing through strengthened workforce planning, targeted recruitment activity, improved application filtering processes, and focused interventions in priority areas.

Workforce Planning and Efficiency Programme

Strategic workforce planning has supported Fragile Services to develop workforce action plans to help stabilise services and mitigate workforce risks. Workforce planning has been embedded across all major change programmes and aligned with the ongoing strategy and clinical services plans development. The ongoing work of the Interprofessional Education Group is progressing work in aligning workforce planning, education commissioning and future workforce supply. Ongoing engagement with HEIW is also informing future workforce modelling and planning tools. Progress against workforce productivity priorities has continued with the ratification of Consultant & SAS Doctors Job Planning Policy. This will now allow the organisation to progress towards the 90% consultant job plan compliance target. Work is underway to make significant reductions in medical agency usage with a plan being developed to target a 50% reduction over the next 18 months. Alongside this the focus on long-term medical agency use is ongoing through strengthened governance. Delivery of the enabling actions remains achievable if planned controls and interventions continue to be embedded. Overall, progress reflects a more strategic, integrated and evidence-based approach to workforce planning and productivity. The health board is continuing to strengthen the governance, systems and workforce intelligence needed to support sustainable workforce transformation, reduce temporary staffing dependence, and align workforce capacity and capability with service, financial and population health priorities.

Turnover

Rolling turnover is currently 7.1%, a reduction of 0.1% compared to July 2026. Healthcare Science reports the lowest turnover rate at 3.8%, followed by Registered Nursing at 4.9%, while Estates and Ancillary staff groups report the highest turnover rate at 10.7%.

Sickness Absence

The rolling sickness absence rate rose by 0.15% to 6.2% in August 2026. Long-term absence remains the primary contributor at 4.34%, compared to 1.28% for medium term absence and 0.73% for short-term absence. The in-month sickness rate for August 2026 is 6.35%, an increase on the previous month, and higher than rates recorded for August across the previous 3 years. Ongoing sickness reduction work is in place, with hotspot areas identified for targeted intervention to support staff attendance and help services deliver a measurable reduction in absence levels.

Agency Workforce Usage

Agency utilisation reduced from 3% in August 2025 to 2.3% in August 2026 - £900k lower in month expenditure compared to the previous year. August 2026 saw a significant reduction in AHP agency spend, with in month spend down to £150k, a reduction of £265k on the same period last year. Agency usage has decreased by 27% year to date and is on track to meet the 30% reduction target.

Performance Appraisal and Development Review (PADR)

PADR compliance stands at 80.3% in August 2026, 0.4 percentage points higher than the previous month but representing a 1.3% decline compared to the same period last year.

Mandatory Training Compliance

Level 1 Mandatory Training compliance remains above the organisational target of 85%, currently standing at 90.2%, however, continues on a downward trend from the position reported in August 2026 of 91.3%. Continued focus is being directed towards improving compliance among bank staff, medical staff, and departments currently below the required threshold, with targeted interventions in place to support achievement of the organisational target.

Executive Summary: Population health and prevention

Public Health plays a fundamental role in delivering the health board's strategic ambition to shift care towards prevention, reduce health inequalities and improve long-term population outcomes.

Areas of Positive Performance

- Smoking cessation services continue to demonstrate strong performance in supporting quit attempts and successful quits, although further improvement is required in CO-validated quit rates.
- Substance misuse treatment completion remains high.
- The majority of vaccination and immunisations programmes continue to perform well, with particular progress on staff flu vaccination and Covid vaccination in the community. However, HPV and RSV 75+ uptake are areas of focus, together with reducing unwarranted variation and addressing inequalities remain key priorities.
- Building on the work established through the Well North Wales programme, the Regional Partnership Board (RPB) and Health Board have worked collaboratively with partners to co-produce a Regional Anchor Charter.

Meningitis B Vaccination Programme – 2026/27

Earlier this year, the Welsh Government announced an urgent, time-limited MenB vaccination programme. As at the latest update, 3,330 first doses (38.0%) and 2,380 second doses (27.1%) had been delivered to the eligible 17–18-year-old BCUHB cohort. Uptake varies across North Wales, with first-dose coverage ranging from 33.0% in Denbighshire to 44.5% in Conwy. Follow-up of non-attenders continues, alongside preparations with universities and residential colleges to support vaccination of eligible students during September.

Flu Programme – 2026/27

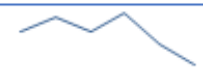
Preparations for the 2026/27 flu vaccination programme are underway, with delivery across North Wales supported by more than 200 primary care stakeholders alongside an integrated Health Board delivery plan. The wider programme, including vaccination for people aged 65 and over, will commence from 1 October, with a co-administration approach where eligibility for flu and COVID-19 vaccination aligns. The staff flu programme is now led by the Integrated Vaccination Service, with appointments already available and further drop-in and peer-vaccinator sessions commencing from October. A new staff feedback and incentive initiative has also been introduced to support uptake. Vaccination for 2- and 3-year-olds and pregnant women commenced on 1 September 2026.

Diabetes Care

Foot surveillance (FS) and urine albumin (UA) remain the lowest-performing of the eight NICE diabetes care processes. UA has seen a comparative month on month increase and at Aug 2026 was 4.9% higher than Aug 2025. FS, although improved from 2024/25, has plateaued. Recent engagement work with GPs suggests that data and coding issues, call and recall, uptake of offer, and capacity issues may contribute to lower uptakes. A targeted letter is being sent in Q2 to GP practices with the lowest uptake - this letter will seek development and submission of an action plan to improve uptake and will make an offer of support to develop this improvement plan.

Section 1
Performance and access

Scorecard : Performance and access – (1 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
LMU01	Total number of ambulance coveyances to acute emergency departments	-	-	-	N/A	3340	3538	3437		Advise
3AP02	Percentage of ambulance handovers within 15 minutes	80%	-	-	6th of 6 (at Jun 26)	10.0%	15.8%	17.1%		Escalate
3AP01	Number of ambulance patient handovers over 45 minutes	0	-	-	7th of 7 (at Jun 26)	2059	1549	1467		Escalate
LMU02	Number of ambulance patient handovers over 1 hour	-	1710	-	6th of 6 (at Apr 26)	1755	1233	1174		Escalate
LMU03	Number of ambulance patient handovers over 4 hour	-	-	-	N/A	527	243	237		Advise
LMU04	Median emergency ambulance response time to purple: arrest category calls	6-8 Mins	-	-	N/A	08:52	07:37	RIA		Advise
LMU05	Median emergency ambulance response time to red: emergency category calls	6-8 Mins	-	-	N/A	09:58	09:25	RIA		Advise
LMU06	Total number of attendances to Minor Injury Units (MIUs)	-	-	-	N/A	6232	6945	1722		Alert
LMU07	Total number of attendances to acute emergency departments	-	-	-	N/A	15771	16541	16331		Alert
LMU08	Median time from arrival at an emergency department to triage by a clinician	-	60	-	4th of 6 (at Mar 26)	21.00	17.00	16.00		Alert
3AP04	Median time from arrival at an emergency department to assessment by a clinical decision maker	-	-	-	5th of 6 (at Mar 26)	127.0	143.0	140.0		Alert
NPF25	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or	95%	-	-	6th of 7 (at Jun 26)	59.9%	59.5%	58.9%		Escalate
3AP03	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	0	657	-	7th of 7 (at Jul 26)	3793	3842	3840		Escalate
LMU09	Total number of patients who spent over 24 hours in the ED	-	-	-	N/A	1864	1559	1432		Escalate
LMU10	Total number of patients who spent over 48 hours in the ED	-	-	-	N/A	466	274	260		Escalate
LMU11	Number of patients who did not wait to be seen at the ED	-	-	-	N/A	1745	1959	1853		Escalate
LMU12	Consistently realise 33% of discharges by midday.	-	-	-	N/A	17.2%	16.4%	15.8%		Alert

Scorecard : Performance and access (2 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
3AP05	Number of Pathways of Care Delayed discharges (total patients)	-	0	234	8th of 8 (at Apr 26)	317	325	304		Alert
3AP06	Number of bed days lost to delayed pathways of care (total)	-	-	10493.3	N/A	13085	12889	13647		Escalate
LMS01	Stroke: percentage patients received CT scan within 20 minutes of clock start	-	-	-	N/A	23.5%	25.9%	RIA		Escalate
LMS02	Stroke: percentage of all stroke patients thrombolysed	-	-	-	N/A	9.2%	15.2%	RIA		Advise
LMS07	Swallow screening within 4 hours of clock start	-	-	-	N/A	64.3%	78.0%	RIA		Advise
LMS06	Stroke: percentage direct admission to ASU within 4 hours	-	-	-	N/A	32.3%	43.9%	RIA		Alert
3BP03	Number of patients waiting more than 26 weeks for a new outpatient appointment (Welsh Patients Only)	0	-	21.7%	7th of 8 (at Jun 26)	17378	19303	RIA		Alert
3BP02	Number of patients waiting over 52 weeks for a new outpatient appointment	-	-	0	7th of 7 (at Mar 26)	4963	4813	RIA		Advise
3BP01	Number of patients waiting more than 104 weeks for referral to treatment	0		1644	8th of 8 (at Jun 26)	2191	2261	RIA		Alert
3BP14	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	55%	57%	5th of 6 (at Jun 26)	53.5%	57.1%	RIA		Escalate
3BP15	Number of patients on an active suspected cancer pathway after day 62	-	-	1157	N/A	221	204	RIA		Escalate
3BP16	Number of pathways waiting more than 8 weeks for a specified diagnostic (all ages)	0		9875	6th of 7 (at Jun 26)	8465	7322	RIA		Alert
NPF28	Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	95%	-	-	8th of 8 (at Jun 26)	38.4%	37.8%	36.8%		Alert
3BP04	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	96,059	137002	134030	7th of 7 (at Jun 26)	139713	142683	RIA		Alert
3EP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	-	80.0%	5th of 7 (at Jun 26)	86.8%	86.9%	RIA		Alert
3EP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	-	80%	6th of 7 (at Jun 26)	81.8%	90.8%	RIA		Alert
3DP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	-	80.0%	5th of 7 (at Jun 26)	88.3%	90.9%	RIA		Assure
3DP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	-	80.0%	4th of 7 (at Jun 26)	90.7%	86.8%	RIA		Assure

Scorecard : Performance and access (3 of 3)

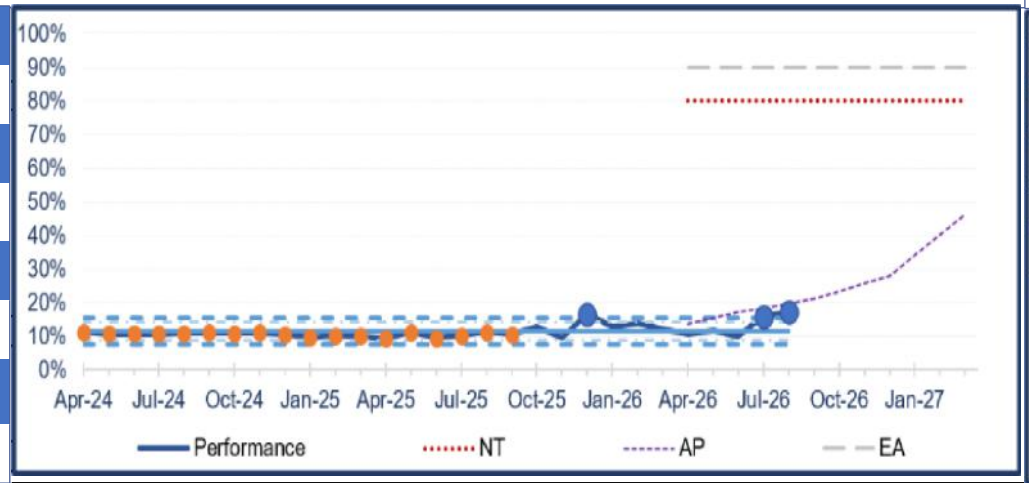
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
LMM01	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	-	-	82.0%	5th of 7 (at Mar 26)	86.6%	88.2%	RIA		Alert
NPF19	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health	80%	-	72%	5th of 7 (at Jun 26)	51.2%	55.1%	RIA		Alert
3DP06	Number of Out of Area placements	-	-	10	N/A	7	7	RIA		Alert
NPF18	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	-	12.0%	7th of 7 (at Jun 26)	14.9%	16.9%	RIA		Alert
3BP05	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0		0	6th of 7 (at Jun 26)	1676	1703	RIA		Advise
NPF30	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	0	-	-	3rd of 7 (at Jul 26)	46	40	RIA		Advise
NPF31	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	0	-	-	6th of 7 (at Jul 26)	741	778	RIA		Alert
3BP11	Percentage of lists with a start time 15 minutes or more past the scheduled start time	-	-	62%	N/A	41.1%	42.4%	40.8%		Alert
-	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	-	-	75%	N/A	26.1%	22.6%	26.0%		Alert
LMP01	Number of cases per theatre session	-	-	-	N/A	2.1	2.1	2.2		Alert
LMP02	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	-	-	0	N/A	15.1%	13.0%	10.3%		Alert
LMP03	Percentage Treat in Turn Rate (Stage 4)	-	-	-	N/A	24.0%	22.0%	RIA		Alert
LMP04	Vascular - Emergency readmission within 28 days of first spell discharge date rate	-	-	-	N/A	13.0%	11.3%	12.4%		Assure
LMP05	Vascular surgery theatre capped utilisation	-	-	-	N/A	64.3%	69.0%	RIA		Assure

UEC: Ambulance Handover

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP02	Percentage of ambulance patient handovers within 15 minutes	N/A	90%	17%	21%	28%	46%
	3AP01	Number of ambulance patient handovers over 45 minutes	970 (1 hr handover)	Zero	2,318	1,923	1,282	950

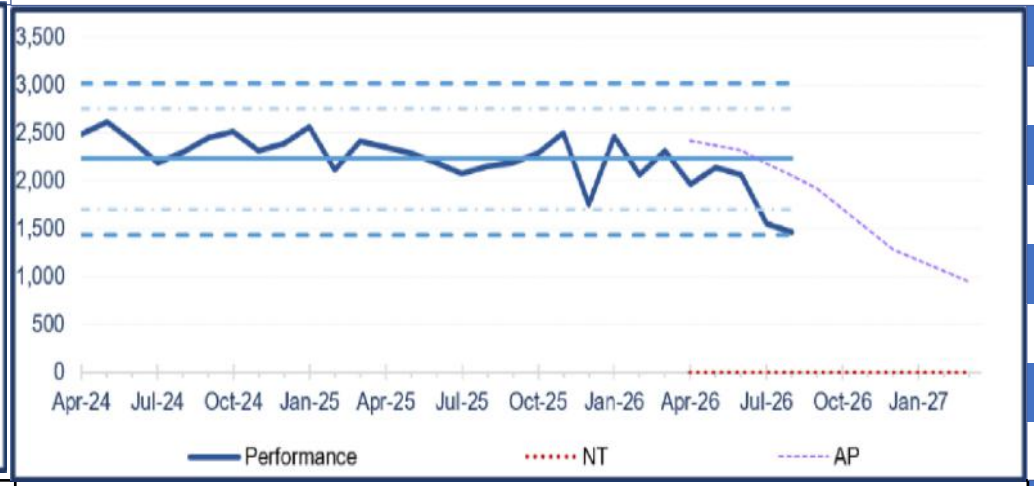
Percentage of ambulance patient handovers within 15 minutes

Latest Month	Profile	Actual	Status	Benchmark
August 2026	21%	17.1%	Escalate	BCU ranked as 7th of 7 as of June 2026



Number of ambulance patient handovers over 45 minutes

Latest Month	Profile	Actual	Status	Benchmark
August 2026	1,923	1,432	Escalate	BCU ranked 7th of 7 as of June 2026.



What does the data tell us? – Performance against the 45-minute handover standard has improved by 21% over the last two months, with improvements seen across all IHC's. The August position was 587 patients better than the agreed trajectory, demonstrating positive progress in reducing handover delays. Despite this improvement, performance remains below the national expectation of zero handovers exceeding 45 minutes. Performance against the 15-minute handover standard remains particularly challenging, with only 10.6% of patients handed over within 15 minutes, compared to the national target of 90%. Focus is on achieving the de-escalation target of fewer than 970 handovers exceeding one hour, September performance is challenging and a sustained improvement will be required over the remainder of the month to achieve the target.

Actions being taken to improve – Ambulance handover performance will be improved through the introduction of consistent senior clinical decision-makers at the front door to accelerate assessment and disposition decisions, expansion of Acute Front Door Frailty Services and SDEC pathways to avoid unnecessary admissions, and implementation of Trusted Assessor models to speed up discharge for medically optimised patients. These will be supported by Optimal Hospital Flow Facilitators, a health board-wide bed management app to improve visibility of capacity, and strengthened hospital escalation and full protocol processes to improve flow and responsiveness during periods of operational pressure. These priority areas are designed to enhance flow and are expected to contribute towards improvements in Handover 45 performance, alongside other interventions.

Expected impact upon forecasted performance –Performance against 15-minute handovers did not meet the expected quarter 1 target and presents a significant delivery risk for Quarter 4. While performance for handovers exceeding 45 minutes look to meet the quarter 2 annual plan trajectory, substantial and sustained improvement will be required to achieve the national target of zero.

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

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

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

Latest Month
August 2026
Profile
140
Actual
140
Status
Advise

Benchmark	BCU ranked 5th of 6 as of June 2026

What does the data tell us? Performance has deteriorated since the start of the financial year, with the median time to clinical decision maker increasing by 26 minutes since April. During August, 31% of patients were assessed by a clinician within 60 minutes of arrival in Emergency Departments. While performance remains in line with the health board trajectory of 140 minutes, it is significantly above both the national target and special measures expectation of 60 minutes, representing a gap of approximately 80 minutes.

Actions being taken to improve – Further improvements in clinical decision maker times will be supported through the introduction of Senior Clinical Decision Makers at the front door, an Acute Front Door Frailty Service with frailty screening at triage, and the expansion of Same Day Emergency Care (SDEC) to improve streaming, accelerate decision making, and reduce avoidable admissions. The Clinical Leadership Programme will strengthen clinical leadership and support the delivery of sustainable performance improvements across Emergency Departments.

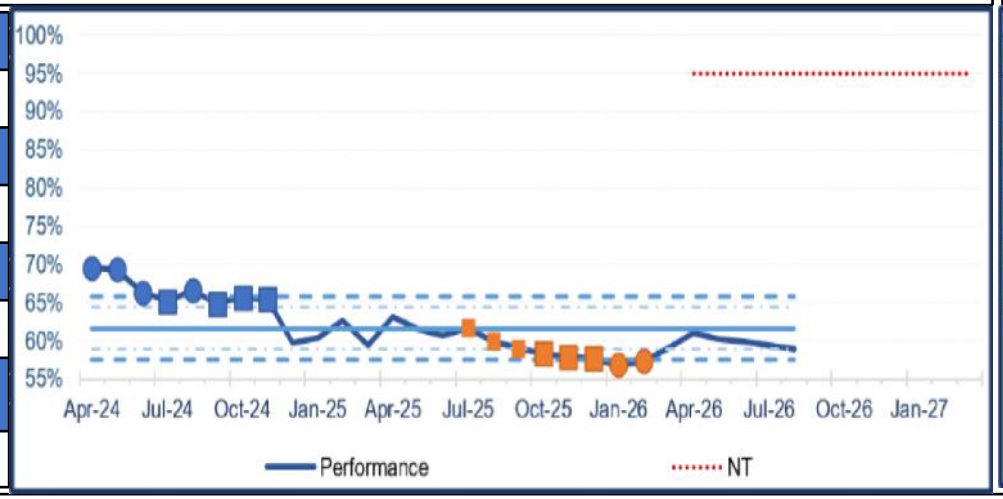
Expected impact upon forecasted performance – Although the median time to clinical decision maker remains aligned to the health board's internal trajectory, the recent deterioration in performance is a concern. The workforce investment is expected to support improved patient flow and timeliness of clinical assessment; however, sustained improvement will be required to reverse the current trend and deliver the March 2027 target.

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

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	Number of patients who spend 4 hours or more in ED and MIU	N/A	95%	95%	95%	95%	95%
	3AP03	Number of patients who spend 12 hours or more in ED and MIU	<10%	Zero	3,189 (35%)	2,743 (30%)	2,297 (25%)	1,850 (20%)

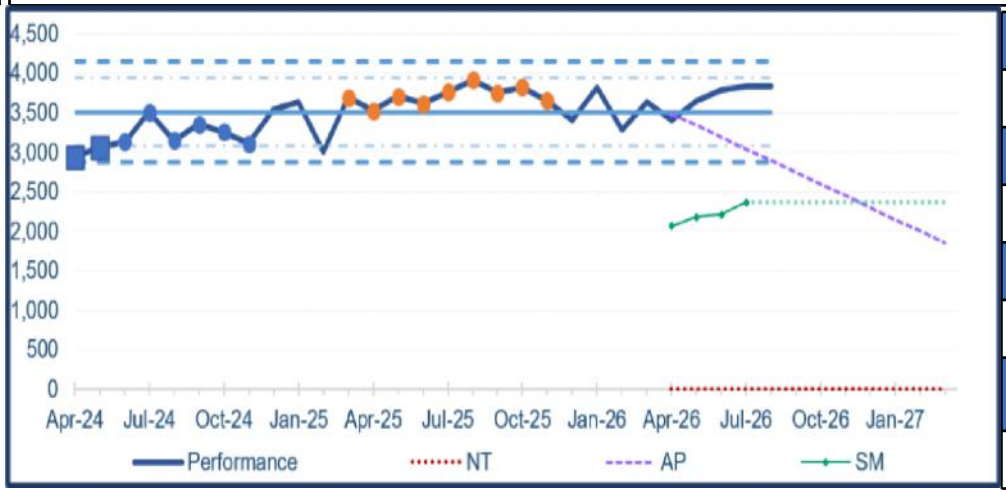
Number of patients who spend 4 hours or more in ED

Latest Month	Profile	Actual	Status
August 26	95%	58.9%	Escalation



Benchmark BCU ranked as 6th of 7 as of June 2026.

Number of patients who spend 12 hours or more in ED



Latest Month	Profile	Actual	Status
August 26	3,189	3,939 (17.2%)	Escalation

Benchmark BCU ranked as 7th of 7 as of June 2026.

What does the data tell us? Performance against both metrics is below the health board's trajectory and the special measures target of 10% for 12-hour delays in ED and MIU's by September 2026. In August 2026, performance deteriorated slightly in the number of patients waiting over four hours in the Emergency Department compared to the previous month. BCU twelve-hour performance for August is 17.2%, West 12%, Central 16% and East 23%. Given current operational pressures and the scale of improvement required, confidence in achieving the target remains low, however if West IHC continues to improve they could meet the 10% target. Despite this, IHCs remain focused on delivering their plans and maximising all opportunities to improve performance over the coming months.

Actions being taken to improve – Reducing 12-hour ED waits will be supported by D2RA, improved discharge processes, board rounds, Criteria Led Discharge, Trusted Assessor models, Acute Front Door Frailty Services, SDEC expansion, and consistent senior clinical decision-makers at the front door, all aimed at improving patient flow, reducing avoidable admissions and increasing bed availability. Additional support will come from improved bed management, escalation processes and hospital flow facilitation. A pilot Urgent Treatment Centre (UTC) will also open in September within the Ysbyty Glan Clwyd ED footprint, led by Emergency Nurse Practitioners and supported by middle-grade doctors, to manage minor injuries and illnesses and reduce pressure on the main ED pathway.

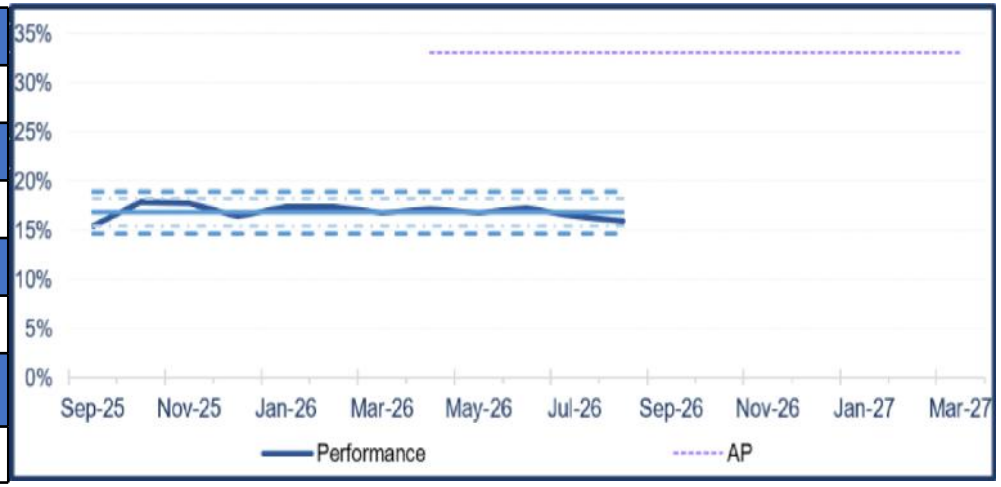
Expected impact upon forecasted performance – Based on August and early September management performance, the West IHC remains the closest of the three IHCs to achieving the 10% 12-hour wait target by the end of September. While current performance suggests the target remains challenging, continued improvement at the current trajectory means it remains achievable, provided the recent gains are sustained and further reductions in 12-hour waits are delivered over the remainder of the month.

UEC: Discharges before midday

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

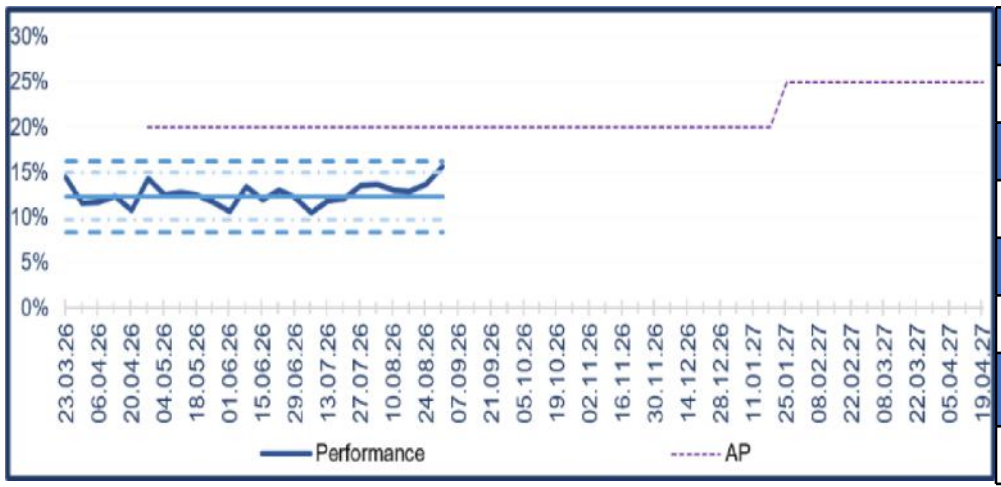
Discharges before midday - Weekday

Latest Month	Profile	Actual	Status
August 2026	33%	15.4%	Alert



Benchmark N/A

Discharges before midday - Weekend



Latest Month	Profile	Actual	Status
w/c 31st August	17%	14.9%	Alert

Benchmark N/A

What does the data tell us? – Both metrics remain below the agreed trajectory. Weekday performance has deteriorated in August by 0.6%. Weekend discharges have Improved by 5% since the start of July closing the gap against the 17% profile trajectory. Further improvement is required against both metrics to achieve the agree targets.

Actions being taken to improve – Established flow and discharge processes continue to prioritise timely patient movement, including early transfer to discharge lounges to release inpatient capacity and reduce Emergency Department delays. To improve discharge performance, with a particular focus on increasing discharges before midday, key initiatives include the implementation of standardised board rounds, expanded use of criteria-led discharge, strengthening of the D2RA and Integrated Discharge Hub model, delivery of a 7-day discharge service, and rollout of the Trusted Assessor scheme. These actions are supported by daily senior clinical review of clinically optimised patients and an enhanced focus on weekend discharges to maximise patient flow and bed availability.

Expected impact upon forecasted performance – Based on current performance trends, discharge levels for weekday are not forecast to deliver the step change required during Quarter 2 to achieve planned trajectories.

UEC: Pathway of Care Delays (PoCD)

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

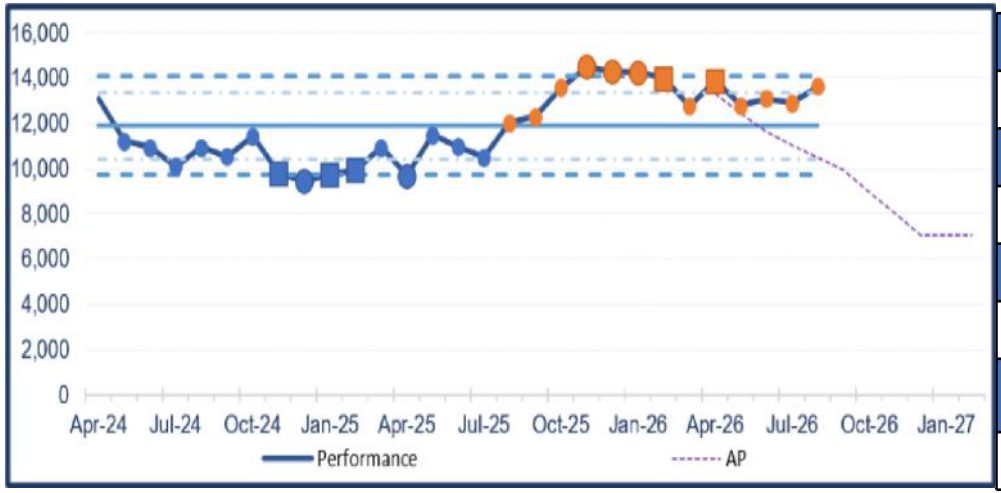
Number of patients on delayed pathways of care

Latest Month
August 2026
Profile
221
Actual
304
Status
Alert

Benchmark

BCU ranked as 8th of 8 as of May 2026.

Number of bed days lost to delayed pathways of care



Latest Month
August 2026
Profile
9,926
Actual
13,647
Status
Escalate

Benchmark

N/A

What does the data tell us? Patients on a delayed pathway of care (PoCD) reduced by 21 patients in August but remains above the special measures de-escalation trajectory and the annual plan trajectory. Bed days lost due to PoCD totalled 13,647 in August, 3,721 delayed days above the quarter 2 profile. West area accounts for 51.5% (6,972 days) of all bed days lost across BCU in August. This means that over half of the total impact is driven by a single area. Of these 6,972 days, 48.9% relate to patients with mental health and learning disabilities, which is significantly higher than observed elsewhere due to MH and LD estates within the West area. This is predominantly due to a small number of individuals awaiting specialist long-term Learning Disability placements. Whilst the number of patients on delayed pathways remains broadly comparable across IHCs (Central 89, East 101, West 81), West have shown good improvement over the last 3 months reducing the number of patients delayed by 31. In contrast, longer delays in West and East are driving the higher level of bed days lost despite similar patient volumes.

Actions being taken to improve – Integrated Discharge Hubs: Implementation remains on track for end of September, supported by a suite of system-wide improvements to strengthen discharge planning and flow. **Trusted Assessment Models**: Assessment-related delays have reduced by 30% over the past year, from 137 delayed days in August 2025 to 96 in August 2026. **Pathway 3 (Long-Term Care)**: A multi-agency programme is developing a streamlined assessment process for long-term care placements, targeted for implementation by December 2026. Delays in care home placements remain a key priority, accounting for approximately 38% of all delayed pathways.

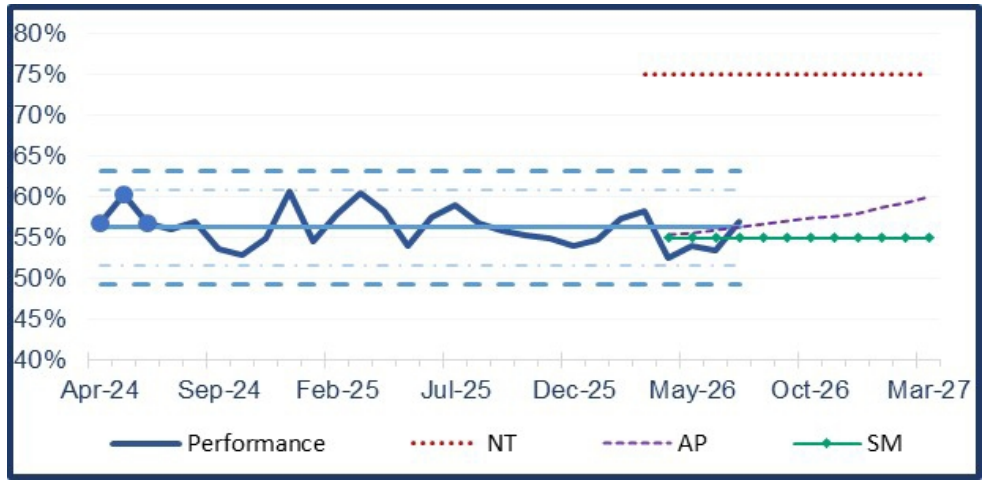
Expected impact upon forecasted performance – Continual improvement in reducing the number of delays is predicted but reducing the days delays will require focused actions

Planned Care: Suspected Cancer Pathway

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

Suspected cancer pathway 62 days wait

Latest Month
July 2026
Profile
56.3%
Actual
57.1%
Status
Escalate



Benchmark

BCU ranked 5th of 6 at June 2026

Number of patients on an active suspected cancer pathway after day 62

Latest Month
August 2026
Profile
1,158
Actual
2,384
Status
Escalate

Benchmark

BCUHB is an outlier as other health boards have reported improvements in backlog reduction.

What does the data tell us? - Whilst July position against suspected cancer pathway metric is above profile of 55% at 57.1% this is below the national target. Quarterly re-submission of data has seen performance for February and March 2026 updated to 57% and 58% respectively but performance needs to be maintained above 55% for four consecutive month to trigger de-escalation criteria. The number of patients waiting over 62 days on a suspected cancer pathway continues to increase and is driven by continued increases within the dermatology tumour site cohort. There is Welsh Government expectation that the health board maintains performance of 55% from end of September. Between January and June 2026, 25,165 patients were told that they did not have cancer.

Actions being taken to improve – The plan agreed to reduce the backlog of dermatology patients has reduced the overall waiting list size but has not yet delivered the expected reduction in active pathways in excess of day 62 up to the end of August. Additional medical photography sessions and external support has been implemented to expedite progress supported by locum recruitment. For breast surgery additional theatre capacity has been agreed to reduce waits during September and October with continuation of locum post also secured

Expected impact upon forecasted performance – Timely mobilisation of actions is key to delivery recovery. The continued increase in number of patients on an active pathways after day 62 places significant risk on delivery of targets. Weekly escalation continues to review progress.

Planned Care: 8-weeks Diagnostic Waits

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP16	8 weeks diagnostic waits	75%	100%	60%	70%	75%	80%
	3BP16	No. of patients waiting in excess of 8 weeks for diagnostic test	N/A	Zero	12,000	8,995	6,000	3,000

8 weeks diagnostic waits

Latest Month
July 2026
Profile
63.3%
Actual
68.3%
Status
Alert

Benchmark

BCU ranked 5th of 7 at July 2026

No. of patients waiting in excess of 8 weeks for diagnostic test

Latest Month
July 2026
Profile
10,800
Actual
7,322
Status
Alert

Benchmark

BCU ranked 6th of 7 and accounts for 22% of all Wales backlog at June 2026

What does the data tell us? – The number of patients waiting in excess of 8 weeks for a diagnostic test has continued to reduce with the backlog reducing from a peak of 21,800 at end of January to 7,322 - a reduction of 66%. During July 68.3% of patients were seen within 8 weeks against the special measures de-escalation target of 75%.

Actions being taken to improve – There is targeted focus during August and September on the non-obstetric ultrasound cohort as this modality accounts for c40% of the breaches. Additionality is expected to commence within cardiac physiology during September with a locum appointed to support neurophysiology backlog reduction. Further work is being undertaken to look at opportunities to expedite reduction in endoscopy backlog including both internal and external additionality. Improvement work is being supported by NHS Performance and Improvement. External funding has been provided to support validation work from September – early mobilisation of validation plans is key for ongoing trajectory delivery.

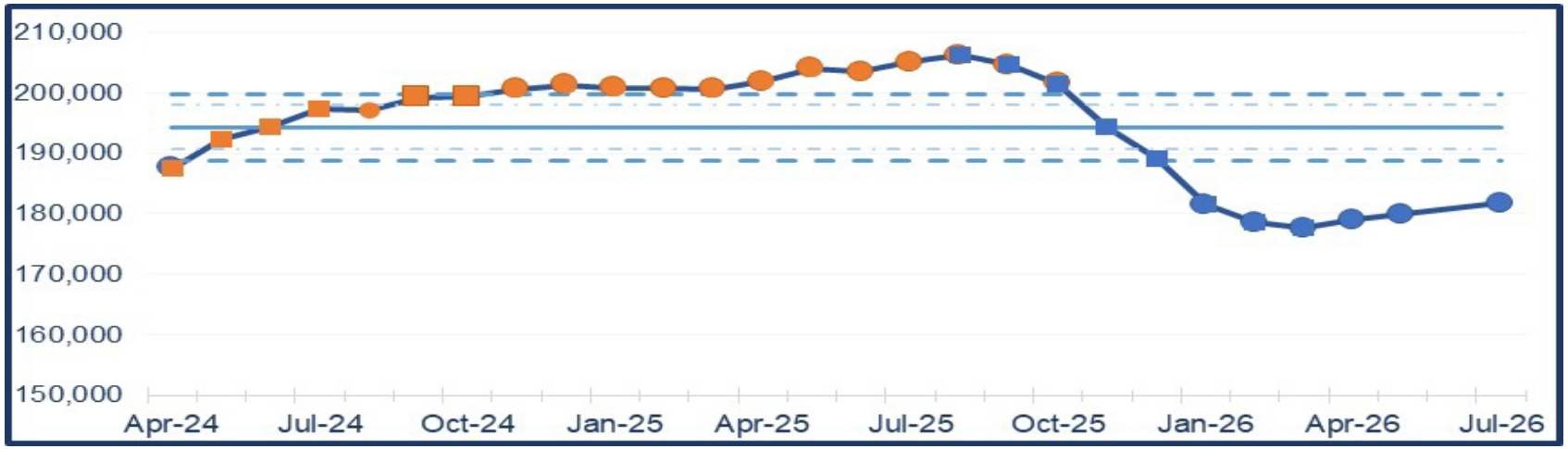
Expected impact upon forecasted performance – Finalisation of plans and ongoing monitoring of key pressure areas of endoscopy, non obstetric ultrasound and echocardiogram is key for continuation of improvement trajectory Q2 onwards. Sustainability remains a challenge.

Planned Care : Referral to Treatment Metrics

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	Total RTT Pathways	N/A	N/A	Reduction	Reduction	Reduction	Reduction

Total RTT Pathways

Latest Month
July 2026
Profile
Reduction
Actual
181,764
Status
Alert



Benchmark	March 2026 – July 2026 – all Wales waiting list increased by c43K, with increase at all health boards

What does the data tell us? - During 2025/26 the overall waiting list reduced from by 11% from over 201k in April 2025 to under 178k at the end of March 2026. This reduction was supported by the national programme which saw additional new outpatient appointments being delivered over and above expected levels. Since April the waiting list has started to increase to just under 182k at the end of July – an increase of over 2% in four months.

Actions being taken to improve – The health board has a Planned Care Major Change Programme which provides the framework to integrate pathway redesign, national best practice, GIRFT recommendations and value-based healthcare principles. One on the focuses of this programme is to improve referral management with a focus on best practice, community health pathways and advice and guidance. In addition, work to review both outpatient and theatre utilisation as part of planned care recovery will support delivery of additional activity within existing footprint. This work will focus on specialty specific actions across all sites.

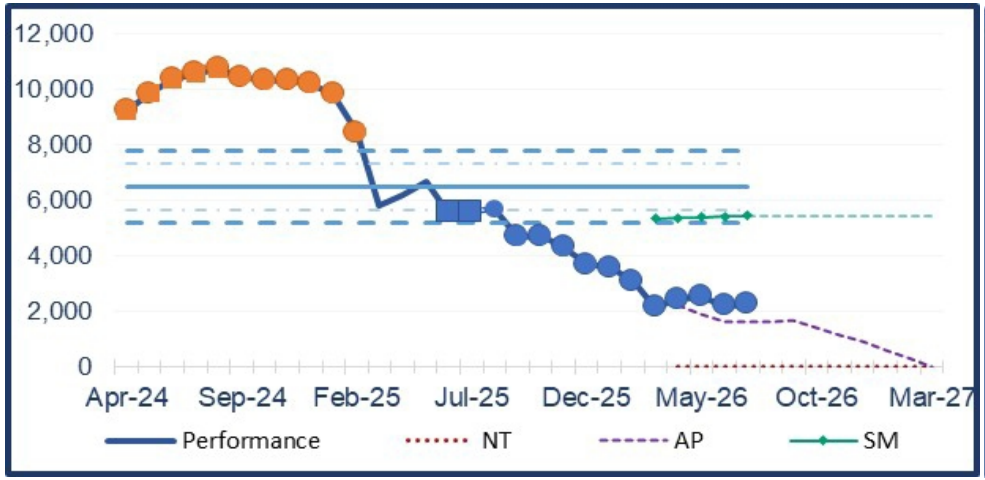
Expected impact upon forecasted performance – Overall waiting list should fall as workstreams are mobilised as part of the operational improvement plans and the major change programme – however at this point the mobilisation of solutions are not having the impact on overall waiting list figures.

Planned Care : Referral to Treatment Metrics

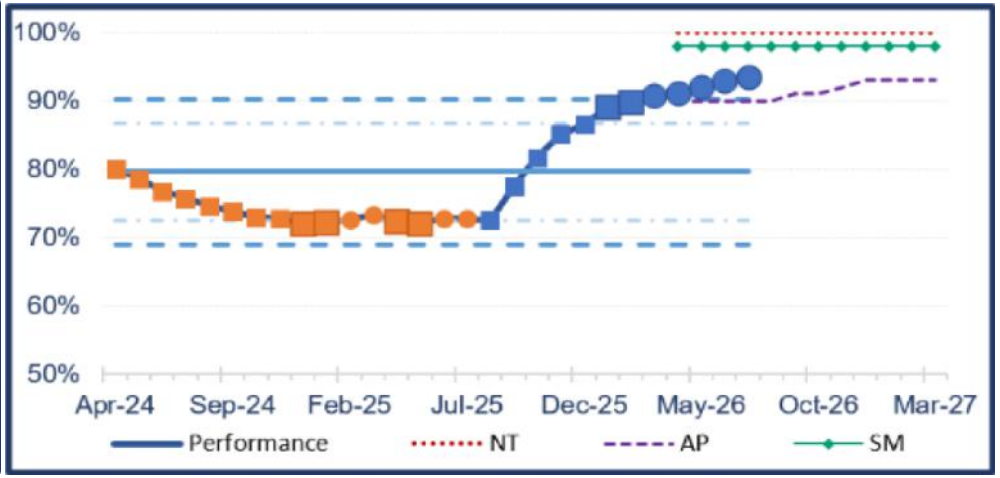
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP01	104 weeks for referral to treatment	3% of open pathways	Zero	1,597	1,668	894	0
	3BP02	Open outpatient pathways waiting < 52 weeks	98%	100%	90%	91%	93%	93%

104 weeks for referral to treatment

Latest Month
July 2026
Profile
1,621
Actual
2,261
Status
Alert



Open outpatient pathways waiting < 52 weeks



Latest Month
July 2026
Profile
90%
Actual
93.5%
Status
Advise

Benchmark	BCU ranked 8th of 8 at June 2026	BCU ranked 7th of 8 at June 2026	Benchmark

What does the data tell us? – For the 104-week position, the longer-term trend indicates that there has been a reduction in overall number of patients waiting for treatment from 10,400 in July 2024 to under 2,200 at end of March 2026. The end of June 2026 position was consistent with the reported end of March position, but during July 20206, the number of 104-week breaches increased to 2,261. 70% of this cohort is awaiting treatment having already progressed through the outpatient and diagnostic phase. The % of patients waiting less than 52 weeks for a new appointment continues to improve and stands at 93.5% against a trajectory of 90%. The number of patients waiting over 52 weeks for a first new outpatient appointment has reduced from 31,000 in August 2025 to <5,000 at the end of June 2026 (84% improvement) but performance of 93.5% remains below 98% national target.

Actions being taken to improve – Following an allocation of £5.4M by Welsh Government during the latter part of August to support acceleration of reductions in patients waiting over two years in specified specialties, plans are being finalised to mobilise additional actions which are being co-ordinated by the Recovery Director for Planned Care with continuation of focused support by the national intervention support team. In line with funding allocation, improvement work has specialty level focus which not only enables additionality but also strengthen delivery grip, coordination and pace of improvement and includes focus on both internal productivity opportunities.

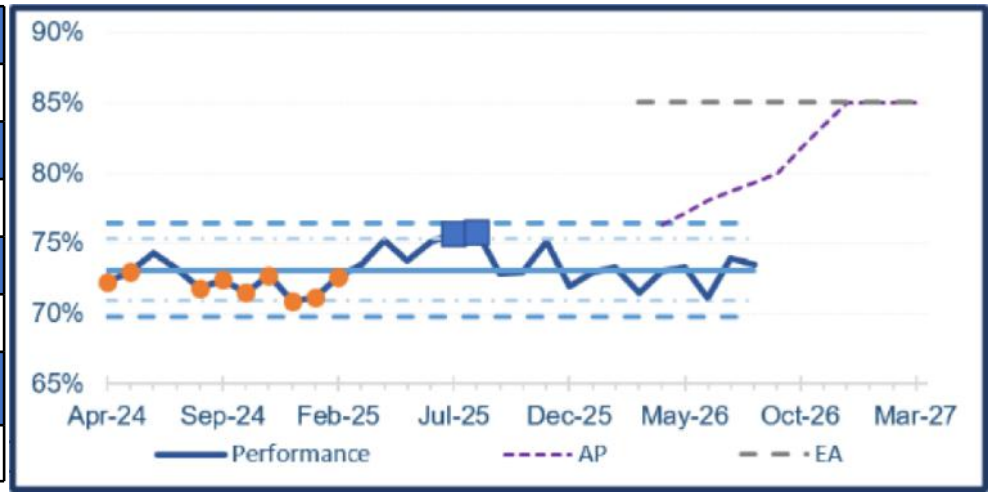
Expected impact upon forecasted performance – Updated delivery trajectories are being reviewed and finalised based on additional funding allocation and delivery and oversight will be monitored as part of the single recovery plan review.

Planned Care : Productivity / Utilisation

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP13	Theatre session overall utilisation is reported as a key KPI to underpin the GIRFT standard	N/A	85%	78%	80%	85%	85%
	LMP02	Theatre Short Notice Cancellations	N/A	N/A	N/A	N/A	N/A	N/A

Theatre Session Overall Utilisation

Latest Month
August 2026
Profile
79.3%
Actual
73.5%
Status
Alert



Theatre Utilisation – Short Notice Cancellations

Latest Month
August 2026
Profile
N/A
Actual
10.3%
Status
Alert

What does the data tell us? – Over the last twelve months (Sep-25 – Aug-26) **theatre utilisation** has averaged 72.9% fluctuating between 71% and 76% during this period. Performance is significantly adrift of trajectory where plan expectation is for improvement of 82% by end of quarter 2 and further improvement to 85% by end of March 2027. Current performance does not suggest stepped change being delivered to reach required level. During the same period, performance varies from 2.0 top 2.2 cases per session. Short notice cancellation data was lower in August at 10.3% but this varies month on month with a 12-month average of 14%.

Actions being taken to improve – The transformation programme continues the focus on surgical hub accreditation and preparation for BCU Llandudno Hub. The final specialty review as part of the nationally submitted self assessment is taking place in September and feedback from all these reviews will be mapped into recovery plans once received from the national team. Further work is also taking place with pre-operative assessment pathways which includes the health screening questionnaire with potential work to explore stepping up a model of peri-operative care of older people undergoing surgery which is designed to improve outcomes for this cohort of patients.

Expected impact upon forecasted performance – Based on current trend, overall theatre utilisation performance is not expected to deliver the step up required during the next quarter. Further detail on local and pan BCU actions to deliver sustained improvements will be required as part of ongoing recovery plans. These plans are expected to include measures to increase utilisation and deliver additional cases within existing establishment.

Area	CPS
West	2.0
Central	2.0
East	2.3
BCU	2.1

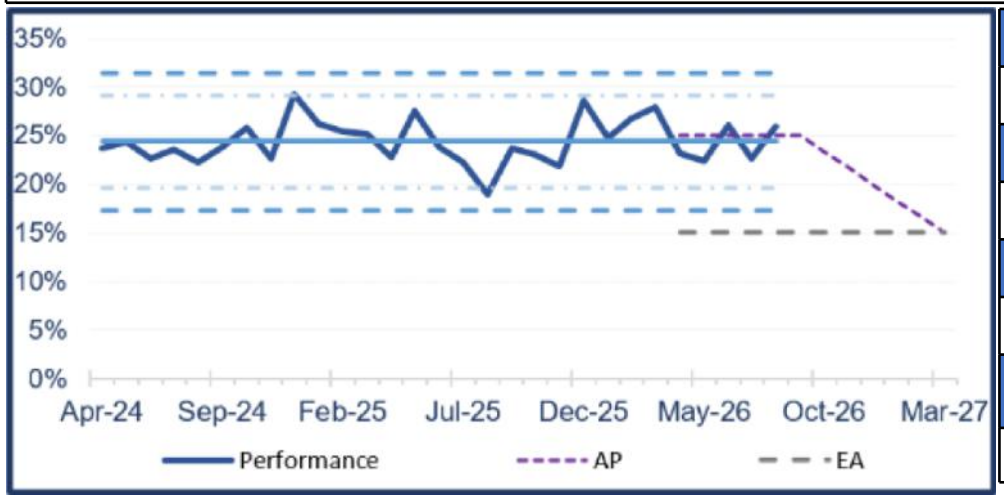
Planned Care : Productivity / Utilisation

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP11	Theatre session utilisation is improved to achieve GIRFT standard late starts (>15 mins)	N/A	<15%	44%	35%	25%	15%
	3BP11	Theatre session utilisation is improved to achieve GIRFT standard of early finishes (>60 minutes)	N/A	<15%	25%	25%	20%	15%

Theatre Utilisation – Late Start

Latest Month
August 2026
Profile
38.0%
Actual
40.8%
Status
Alert

Theatre Utilisation – Early Finish



Latest Month
August 2026
Profile
25.0%
Actual
26.0%
Status
Alert

What does the data tell us? –. As at the end of August, neither metric is showing the expected profile improvement to demonstrate assurance in forecasted delivery of improvement. Data on late start in excess of fifteen minutes indicate that surgeon delay – reviewing patients was the main reason for late starts in excess of 15 minutes. For early finishes, completion of planned cases and cancellation of patients are the main reasons noted during period – June – August 2026 with Trauma and Orthopaedics and Urology being the specialties with main volume of early finish during the period.

Actions being taken to improve – A review of both late start and early finish at a specialty and site level is required to identify level of opportunity to increase utilisation of theatre time.

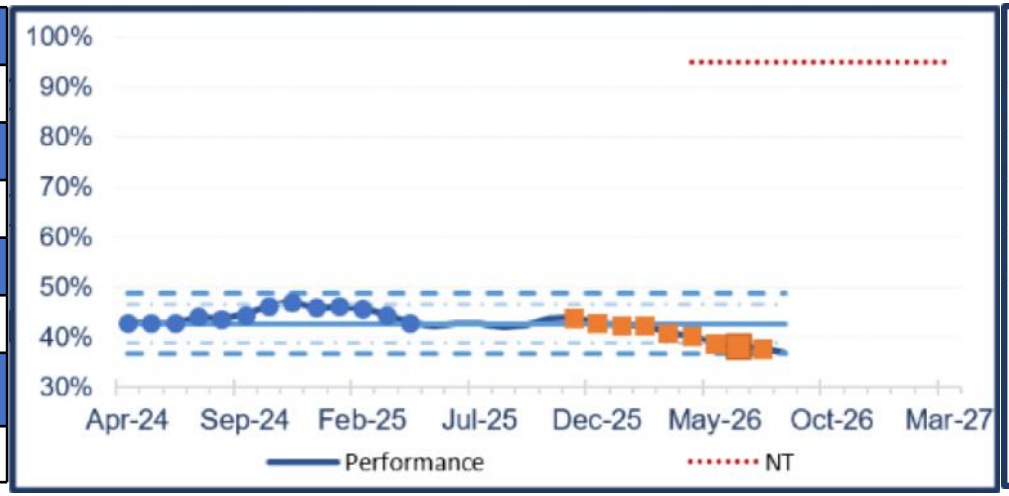
Expected impact upon forecasted performance – Levels of opportunity to increase theatre utilisation differ at specialty level dependent on procedure time and improvement work is being overseen by the planned care recovery programme and Recovery Director remit.

Planned Care : Outpatient Activity

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	% of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	N/A	12 month improvement towards national target of 95%	Improvement	Improvement	Improvement	Improvement
	3BP04	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Continuous reduction	Zero	138,903 (-5%)	131,593 (-10%)	124,282 (-15%)	116,971 (-20%)

% R1 patient pathways waiting within or within 25% beyond clinical target date

Latest Month
August 2026
Profile
Improvement
Actual
36.8%
Status
Alert



Benchmark BCU ranked 8th of 8 at June 2026

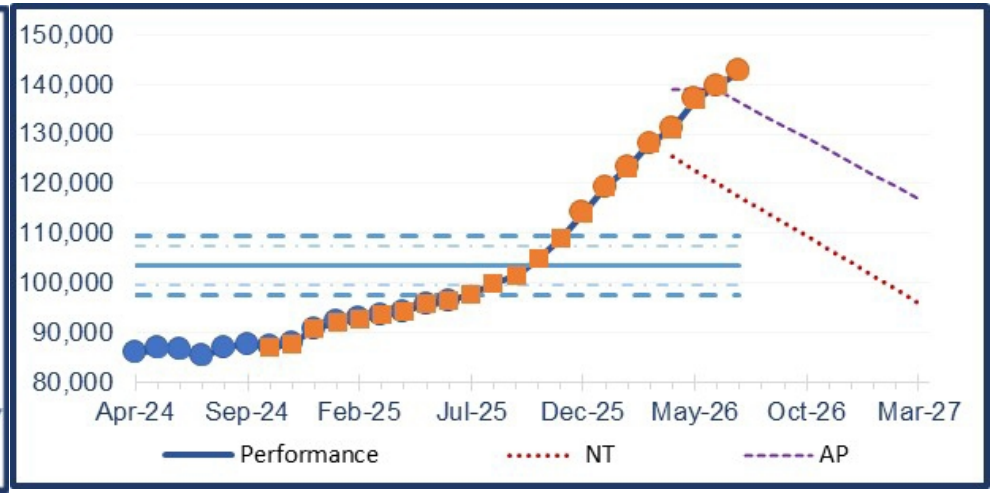
What does the data tell us? – There is a concerning deterioration in the % of patients waiting within target with a 7.2% deterioration in performance between November 2025 and August 2026. All Wales performance is at 49.8% with three areas achieving over 60%.

Actions being taken to improve – Multi-professional case note review team onboarding to redress coding nulls. This will support streaming onto appropriate pathways including to WGOS optometry monitoring in community settings.

Expected impact upon forecasted performance – Coding on track for ongoing identification of patients suitable for discharge to Primary Care WGOS. Staged profile of delivery improvement

Follow Up Delayed by over 100%

Latest Month
July 2026
Profile
136,466
Actual
142,683
Status
Alert



Benchmark BCU ranked 7th of 7 at June 2026 – 45% of all Wales total

What does the data tell us? – Continued increase month on month with performance over 6k adverse of trajectory at the end of July 2026. There are nearly 45k more patients overdue at the end of July 2026 compared to same reporting point in 2025.

Actions being taken to improve – A clinically-led four-tier validation and pathway review approach has been established, with early implementation in Gynaecology demonstrating positive results. This tiered approach will be applied to the recent governments mandate to provide a policy position from the National Chief Medical Officer to instruct that all patients waiting for a follow-up appointment, where there is a self-management follow-up pathway for SOS or PIFU, are moved to that pathway.

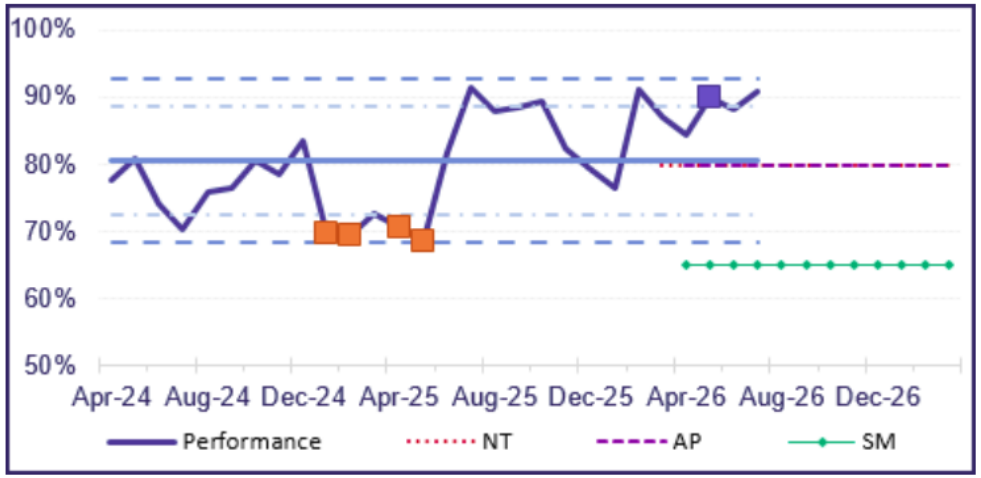
Expected impact upon forecasted performance – This area remains major priority. Further detail is expected regarding recent government announcement which will further inform recovery plans.

Adult Mental Health Measures

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3DP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years & over	65%	80%	80%	80%	80%	80%
	3DP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years & over	65%	80%	80%	80%	80%	80%

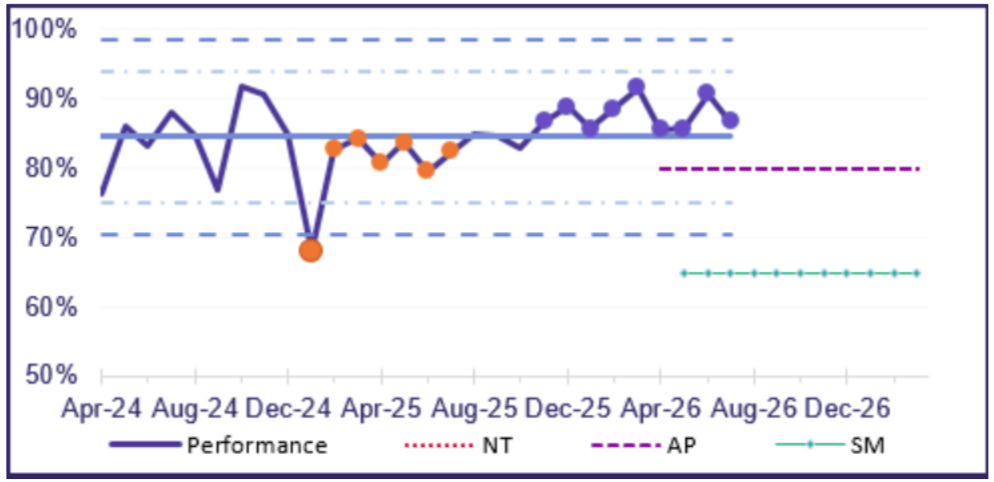
Mental Health Measure Part 1a - Assessments

Latest Month
July 2026
Profile
80%
Actual
90.88%
Status
Assure



Benchmark BCU ranked 5th of 7 at June 2026

Mental Health Measure Part 1b - 1st Intervention



Latest Month
July 2026
Profile
80%
Actual
86.75%
Status
Assure

BCU ranked 4th of 7 at June 2026 **Benchmark**

What does the data tell us? Performance remains above the national 80% standard for both Adult Mental Health Measure Part 1 measures. In July, **90.9% of assessments were completed within 28 days**, an improvement from June, while **86.8% of first therapeutic interventions commenced within 28 days**, a reduction from the previous month but remaining above target. The overall Health Board position therefore remains positive, although locality and pathway variation continues to require focus.

Actions being taken to improve? Operational focus is increasingly moving from recovery of the overall health board position to sustaining compliance and reducing variation Local recovery plans remain in place where pressures persist, supported by targeted capacity, management of long-wait cohorts and continued performance oversight through established governance arrangements.

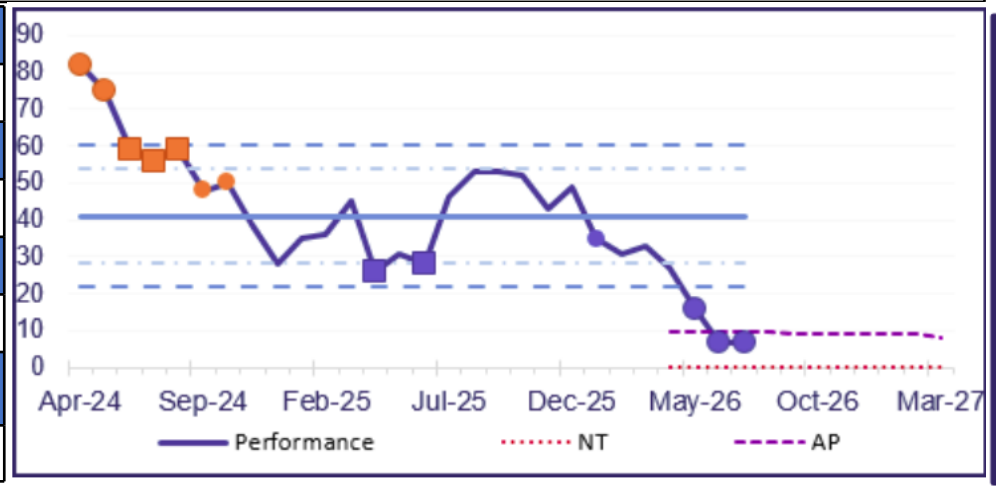
Expected impact upon forecasted performance health board performance is expected to remain above the national standard, with continued focus on sustaining current performance and reducing unwarranted variation between localities and pathways.

Adult Mental Health Measures

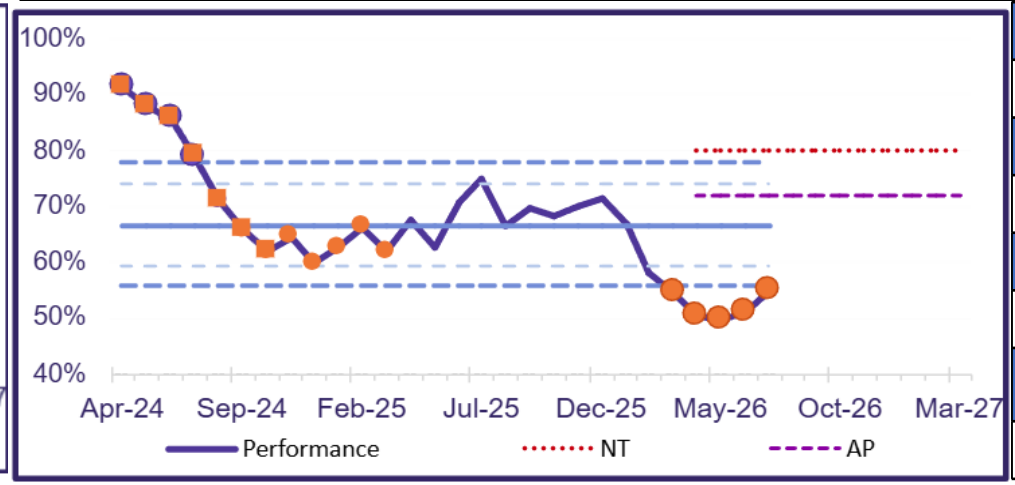
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3DP06	Material reduction in the number of adult mental health out of area placements	N/A		10	9	9	8
	3BP05	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	N/A	80%	72%	72%	72%	72%

Out of Area Placements

Latest Month
July 2026
Profile
10
Actual
7
Status
Alert



Psychological Therapies



Latest Month
July 2026
Profile
80%
Actual
55.13%
Status
Alert

Benchmark	N/A	BCU ranked 5th of 7 at June 2026	Benchmark

What does the data tell us? Psychological therapies performance improved to 55.1% in July, compared to 51.2% in June, but remains significantly below the national 80% standard. Performance continues to be affected by variation across localities and ongoing operational capacity constraints. The out of area placements position reported for **July was 7 patients in total for the month** (as at 31st July) sustaining the significant reduction achieved in recent months and remaining at the lowest level seen since November 2022.

Actions being taken to improve Recovery activity for Psychological Therapies is focused on strengthening operational oversight, recruitment and retention, improved access to appropriate accommodation and clinic capacity, and developing clear recovery trajectories following the Corporate Performance Accountability Review. For out of area placements, seven-day operational oversight, strengthened discharge planning, daily review and partnership working continue, with an increasing focus on sustaining the improvement already achieved.

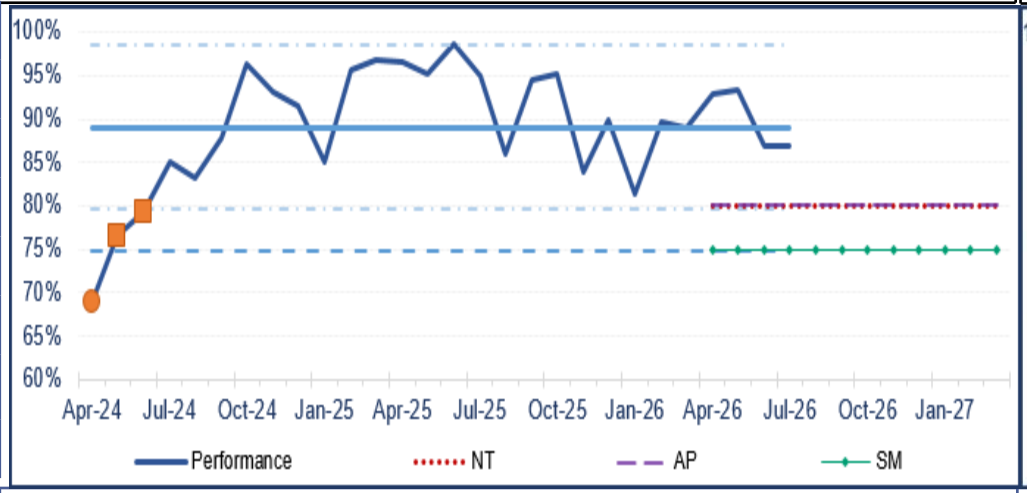
Expected impact upon forecasted performance Psychological therapies performance is expected to improve progressively as recovery actions take effect, although achievement of the national standard remains challenging. For out of area placements, the priority is now to sustain the significant improvement achieved, maintaining placements at or below the current profile while continuing to improve patient flow and reduce delays across pathways.

Child and Adolescent Mental Health (CAMHS)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3EP01	Percentage of Local Primary Mental Health Support Service **assessments** undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	75%	80%	80%	80%	80%	80%
	3EP02	Percentage of therapeutic **interventions** started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years.	60%	80%	80%	80%	80%	80%

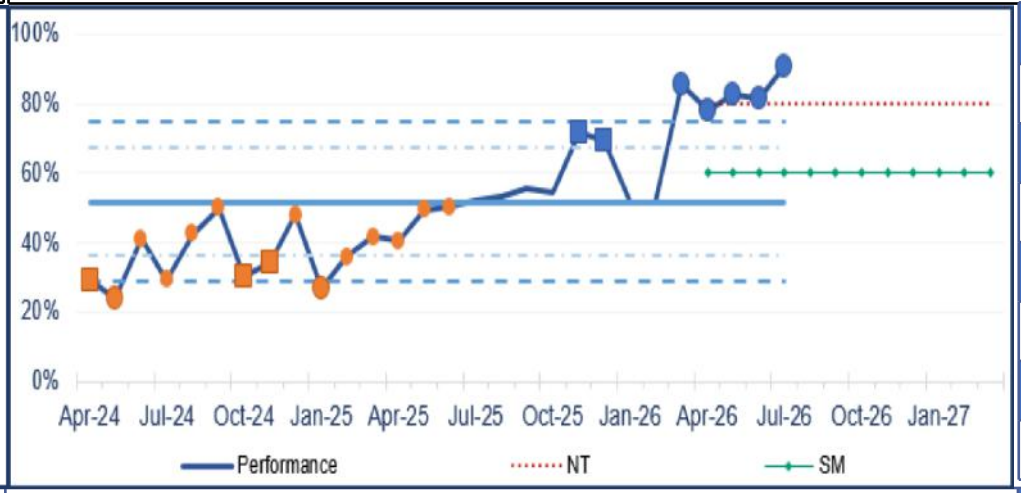
Measure – Part 1A (Assessments) – people aged under 18 years

Latest Month
July 2026
Profile
80%
Actual
86.85%
Status
Alert



Benchmark BCU ranked 5th of 7 at June 2026

Mental Health Measure – Part 1B (Interventions) – people aged under 18 years



Latest Month
July 2026
Profile
80%
Actual
90.83%
Status
Alert

Benchmark BCU ranked 6th of 7 at June 2026

What does the data tell us? – Data up to the end of July indicates that performance has been above the target of 80% for the **assessment** metric (part 1A) since July 2024. Management data indicates that this performance will not be maintained in August 2026 where performance is expected to dip below the 80% standard but is expected to remain above the de-escalation threshold of 75%. For the **interventions** metric (1B), significant improvement was demonstrated during 2025/26 with performance improving from 40% at the start of the year to and end of March performance of 85.4%. Whilst performance has been above the national standard between May and July 2026, management data indicates that compliance will fall below the 80% standard in August but will remain above special measures threshold.

Actions being taken to improve – Increased demand was reported in June, impacting on the August expected performance. The performance dip in August is predominantly impacted by East locality who have developed and are reviewing recovery delivery plan to include refreshed demand and capacity modelling. The service offer regarding group therapy is being developed further over coming months.

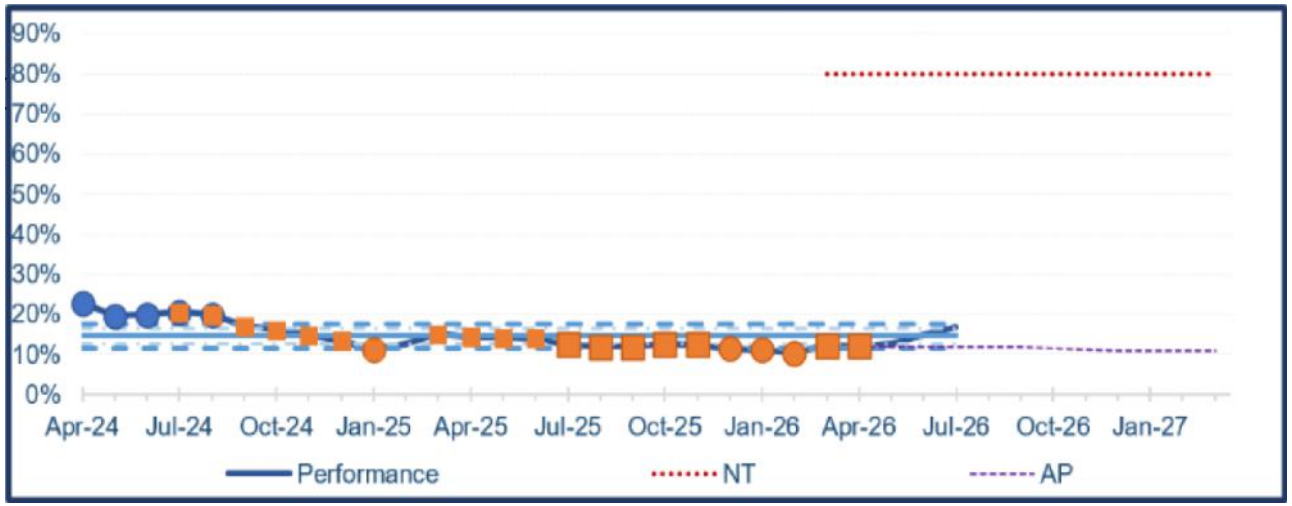
Expected impact upon forecasted performance – Completion of demand and capacity work will be key in sustaining delivery. Whilst this is being finalised it is expected that demand increase will have ongoing impact into September and this is being closely monitored.

Neurodevelopment (ND)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3EP03	Percentage of C&YP waiting less than 26 weeks to start neurodevelopment assessment	N/A	80%	12%	12%	12%	12%

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Latest Month
July 2026
Profile
12%
Actual
16.9%
Status
Alert



Waiting List Profile

Month	<26 weeks	26+ weeks	ND Total	Of which 3yr+	Of which 4+ yr
Dec-25	900	6,929	7,829	1,249	0
Jan-26	883	6,982	7,865	1,276	0
Feb-26	756	6,560	7,316	547	2
Mar-26	851	6,069	6,920	592	3
Apr-26	856	6,162	7,018	643	15
May-26	895	6,151	7,046	652	18
Jun-26	1,014	5,779	6,793	423	14
July-26	1,131	5,544	6,675	407	5

Benchmark	At June 2026, BCU ranked 7th of 7. No health board achieving target with all Wales performance 26.6%

What does the data tell us? – Performance is considerably below national expectation with those waiting less than 26 weeks to start an ADHD or ASD assessment at 16.9% There has been improvement in reducing patients waiting in excess of three years from 1,249 in Dec-25 to 407 at end of July 2026 a 67% reduction.

Actions being taken to improve – External commissioning is supporting the longest wait patients within this cohort. Four year wait patients have reduced between May and July from 18 to 5 and whilst the aim was to clear all four year waits by mid-August non-engagement by families or school information not being received is impacting on a small cohort of patients. Proposals are being developed to increase contract values to provide an additional 700 assessments. Patient validation exercise is taking place alongside a review of core activity capacity. Scoping activity is also taking place regarding increased prescribing requirement as additional assessment is resulting in additional demand on ADHD medication initiation.

Expected impact upon forecasted performance – Whilst additionality continues to support reduction in extreme wait patients, given the size of the waiting list and the volume in excess of 26 weeks, the focus is on eliminating long waits over 3 years.

Section 2
Quality, safety and patient experience

Scorecard: Quality, safety and patient experience

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
NPF39	Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	-	-	4th of 8 (at May 26)	95.5%	RIA	RIA		Assure
NPF49	Number of new never events	0	-	-	21st of 23 (at Jun 26)	3.0	2.0	1.0		Assure
NPF40	Nationally reportable incidents open over 12 months	0	-	-	1st of 11 (at Jul 26)	0	0	0		Assure
4HP02	12 month rolling average crude mortality rate	-	-	-	N/A	1.5	RIA	RIA		Alert
NPF41	Cumulative number of hospital onset Klebsiella spp BSI cases	16	-	-	3rd of 6 (at Jul 26)	9	10	13		Alert
NPF42	Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases	1	-	-	2nd of 6 (at Jul 26)	3	3	4		Assure
NPF43	Cumulative number of hospital onset E.coli BSI cases	42	0.00	-	6th of 6 (at Jul 26)	21	36	46		Assure
NPF44	Cumulative number of MSSA BSI cases	52	-	-	6th of 6 (at Jul 26)	63	84	96		Advise
NPF45	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	-	-	-	5th of 6 (at Mar 26)	42.0	49.8	52.0		Advise
LMQ01	Number of new reported falls	-	-	-	N/A	354	372	320		Advise
LMQ02	Number of reported falls with actual harm (moderate and above, post review)	-	-	-	N/A	19	26	20		Advise
NPF50	Overall HB patient experience score (out of 10)	850%	-	-	N/A	9	8	8		Assure
LMQ03	Number of avoidable hospital acquired pressure ulcers (HAPU) (post review)	-	-	-	N/A	66	57	45		Alert
LMQ04	Number of National reportable incidents (NRIs)	-	-	-	N/A	16	9	7		Alert
LMQ05	The number of complaints open	-	-	-	N/A	333	334	358		Advise
LMQ06	Percentage of complaints that are not overdue	-	-	-	N/A	86.9%	84.0%	83.5%		Assure

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Q2 25/26	Q3 25/26	Q4 25/26	Notes	
3HP02	Gabapentin and pregabalin (DDDs per 1,000 patients)	10%↓ YoY	-	1606.5	4th of 7 (at Mar 26)	1640.5	1676.5	1592.4		TBC

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	NPF49	Number of new never events	N/A	0	0	0	0	0
	LMQ04	Number of new National Reportable Incidents (NRIs)						

Number of new never events

Latest Month	Profile	Actual	Status	Benchmark
August 2026	0	1	Alert	BCU ranked 11th of 11 at June 2026

New National Reportable Incidents (NRI) by incident date (snapshot in time and data likely to fluctuate)

Latest Month	Profile	Actual	Status	Benchmark
August 2026	N/A	7	Advise	N/A

What does the data tell us? - One Never Event was reported during August 2026; a cumulative position of 7 Never Events during 2026/27. The incidents reported during the year reflect a range of patient safety themes, including procedural safety, retained items and the safe use of clinical devices and implants. National Reportable Incidents (NRIs) continue to be monitored, with the reported position representing a snapshot by incident date, therefore subject to change as incidents are reviewed and reporting is updated.

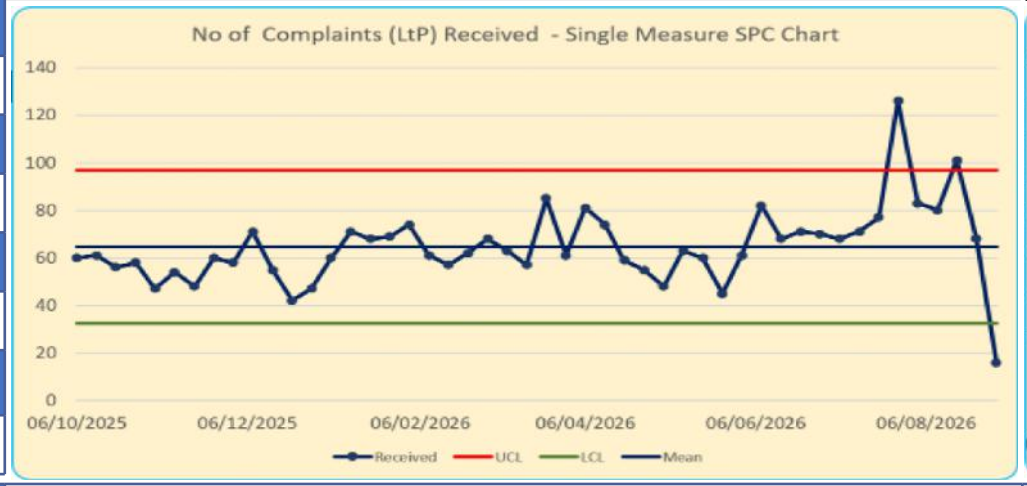
Actions being taken to improve - Focus continues on strengthening organisational learning and assurance following serious incidents. Incidents are managed through the required processes, including Duty of Candour where applicable, with action plans developed in response to identified learning. Executive oversight continues through established incident and quality governance arrangements. Health Board-wide work to strengthen Local Safety Standards for Invasive Procedures (LocSSIPs) is also progressing, including review of local arrangements and audit practice across clinical services.

Expected impact upon forecasted performance – Strengthened oversight, consistent application of safety standards and continued organisational learning are intended to improve compliance and reduce the risk of recurrence.

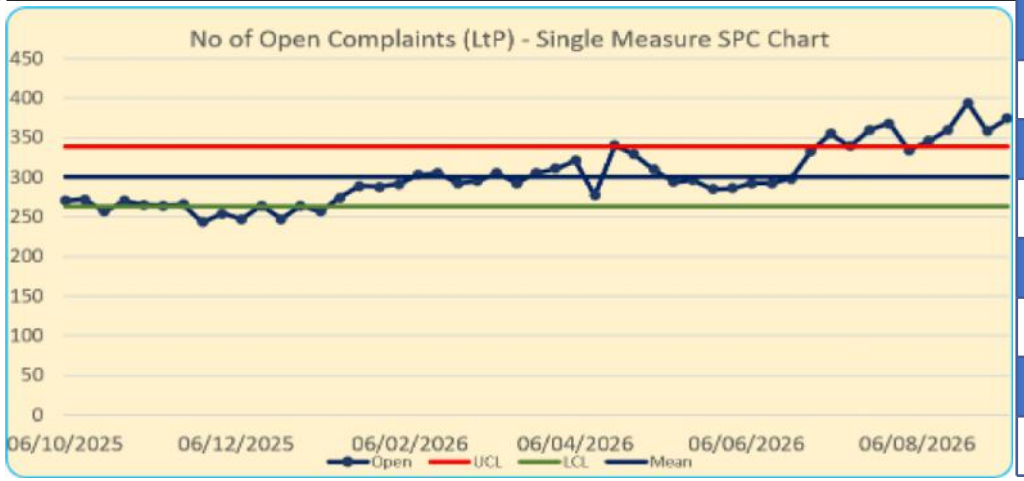
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	NPF49	Number of complaints received	N/A	N/A	N/A	N/A	N/A	N/A
	LMQ05	Number of open complaints	N/A	N/A	N/A	N/A	N/A	N/A

Number of complaints received (weekly)

Latest Position	Profile	Actual	Status	Benchmark
w/c 31st August	N/A	16	Alert	N/A



Number of open complaints (weekly)



Latest Position	Profile	Actual	Status	Benchmark
w/c 7th Sept	N/A	374	Advise	N/A

What does the data tell us? The latest position shows 374 open complaints in the week commencing 7 September 2026, indicating that the overall volume of open complaints remains elevated. This represents an increase from the 324 open complaints reported in early August. Weekly complaint volumes continue to fluctuate, with 16 complaints received in the week commencing 31 August. The sustained level of open complaints reflects the ongoing challenge of balancing new demand with the capacity of services to investigate and respond to concerns.

Actions being taken to improve – Work continues to strengthen complaints management and reduce the outstanding caseload, including refinement of processes, recruitment within the corporate complaints service and targeted intervention through the Patient Experience Service. Greater emphasis is also being placed on early resolution and proactive engagement with patients, including closer working between engagement and complaints teams where concerns are initially raised through social media.

Expected impact upon forecasted performance – The improvement programme is intended to increase the timely resolution of concerns, reduce the overall number of open and overdue complaints and improve compliance.

All open NRIs

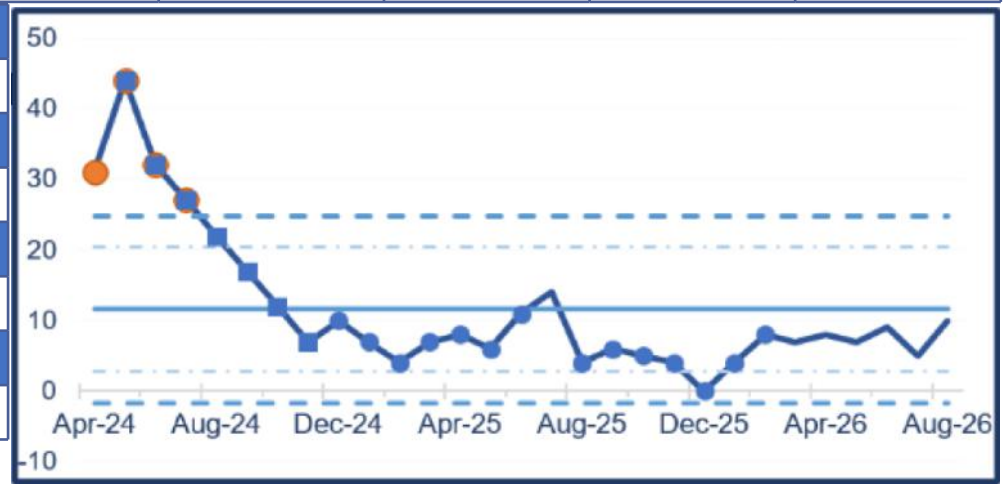
SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
August 2026
Profile
N/A
Actual
43
Status
Advise

All overdue NRIs

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

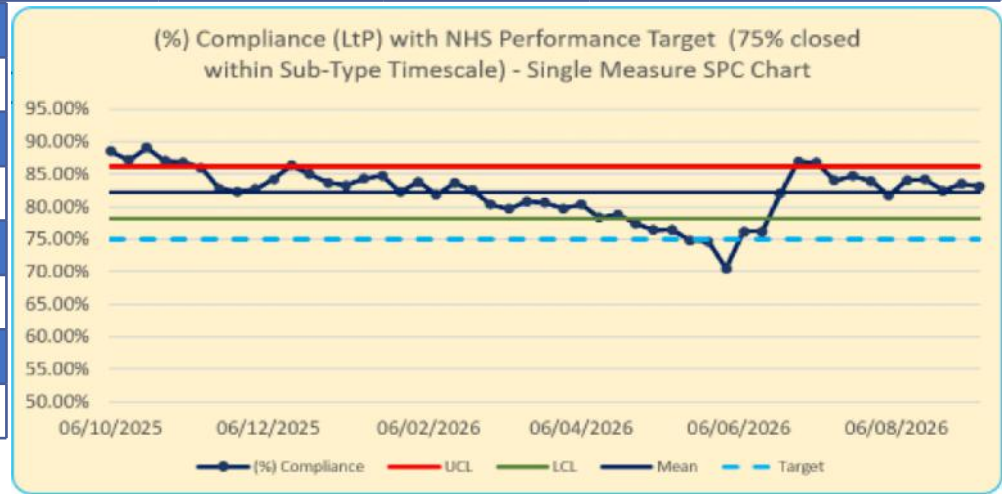
Latest Month
August 2026
Profile
N/A
Actual
10
Status
Advise



Percentage of complaints closed within agreed timescales

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

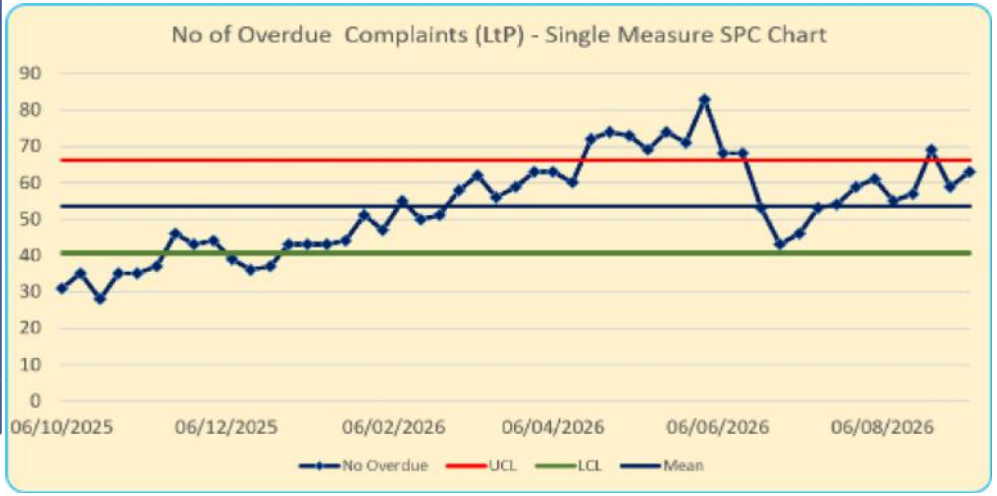
Latest Position
w/c 7th Sept
Profile
N/A
Actual
83.2%
Status
Assure



Number of overdue complaints

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

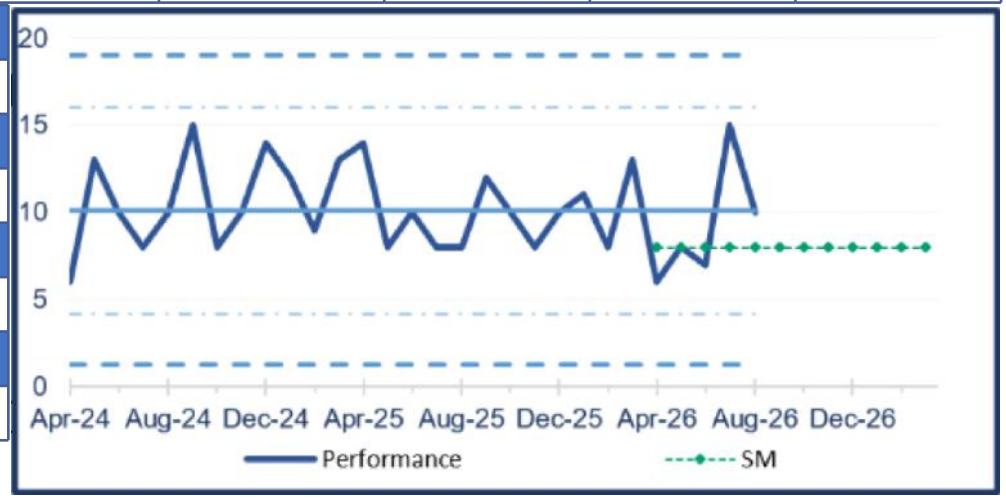
Latest Position
w/c 7th Sept
Profile
N/A
Actual
63
Status
Assure



Number of hospital onset E-coli BSI cases

SM De-Escalation	8	Framework	N/A	Latest Benchmark	N/A

Latest Month
August 2026
Profile
N/A
Actual
10
Status
Advise



Number of hospital onset C-Diff cases

SM De-Escalation	11	Framework	N/A	Latest Benchmark	N/A

Latest Month
August 2026
Profile
N/A
Actual
17
Status
Advise

Number of MSSA cases

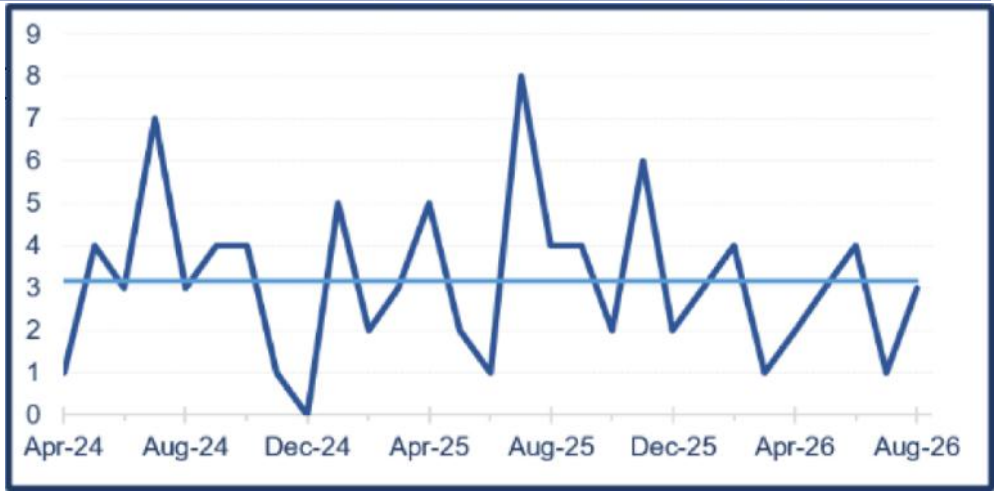
SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
August 2026
Profile
N/A
Actual
12
Status
Advise

Number of hospital onset Klebsiella spp BSI cases

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

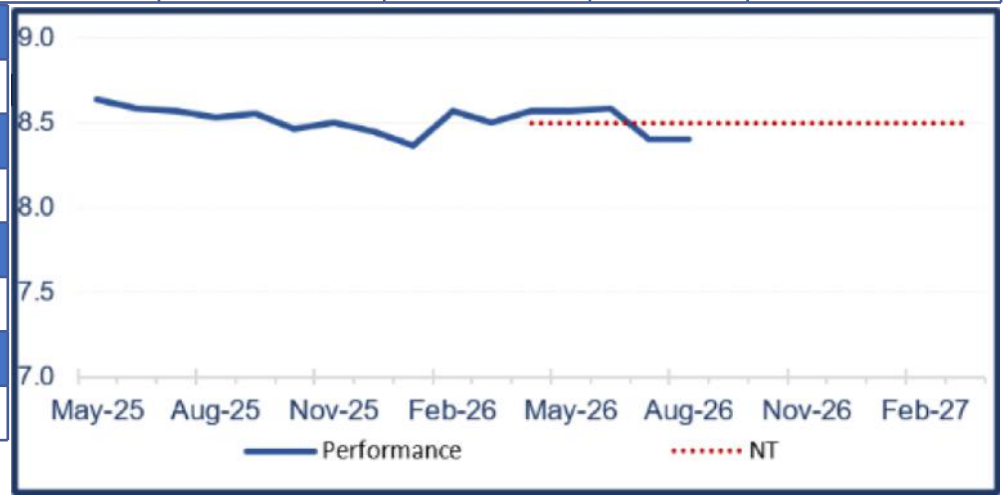
Latest Month
August 2026
Profile
N/A
Actual
3
Status
Advise



Overall health board patient experience score

SM De-Escalation	N/A	Framework	8.5	Latest Benchmark	BCU ranked 5th out of 9 at May 2026

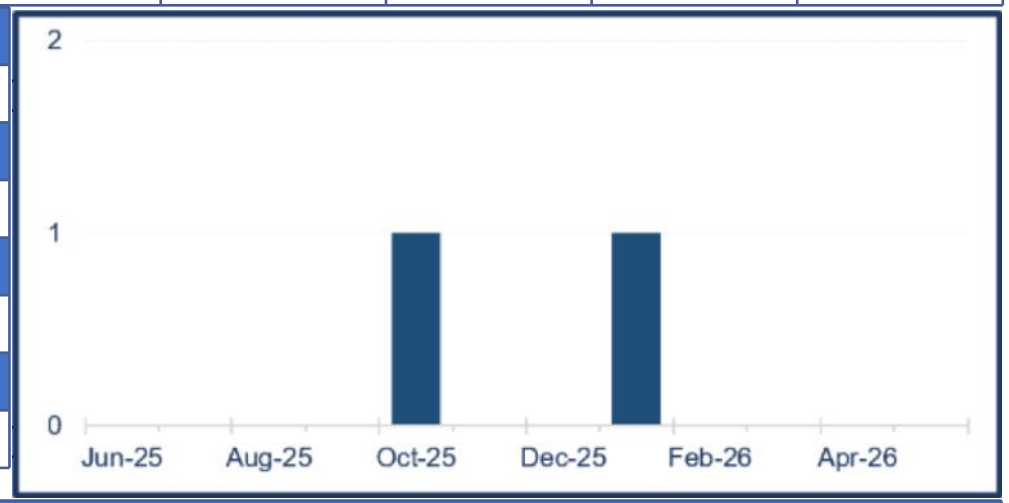
Latest Month	Profile	Actual	Status
August 2026		8.4	Advise



Regulation 28 notices (Prevention of Future Deaths reports)

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month	Profile	Actual	Status
May 2026		0	Advise



Number of overdue Learning from Event Reports (LFERs)

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month	Profile	Actual	Status
July 2026	N/A	10	Assure

Number of new Ombudsman contacts

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month	Profile	Actual	Status
August 2026	N/A	18	Assure

Section 3
People and places

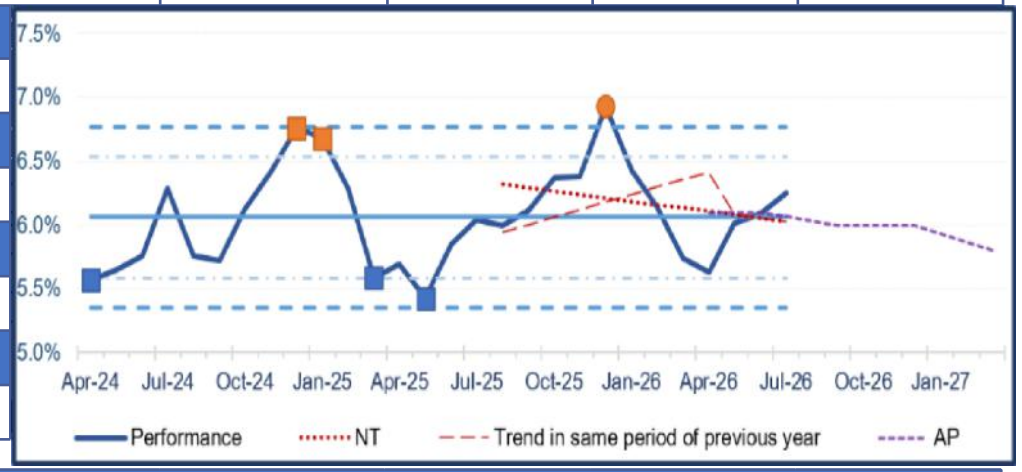
Scorecard: People and places

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
NPF36	Percentage of sickness absence rate of staff (month by month)	YoY↓	-	6.0%	7th of 13 (at May 26)	6.09%	6.25%	6.35%		Advise
LMW05	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal,	-	-	-	6th of 13 (at Jan 26)	80.0%	79.9%	80.3%		Assure
LMW06	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	-	-	-	N/A	90.5%	90.5%	90.5%		Assure
LMW07 (NPF37*)	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	-	-	-	N/A	0.53%	0.60%	0.56%		Assure

Percentage of sickness absence rate of staff (month by month data)

SM De-Escalation	N/A	Framework	*comparative 12-month reduction	Latest Benchmark	BCU ranked 3rd out of 13 at April 2026

Latest Month	Profile	Actual	Status
July 2026	6.1%	6.3%	Alert



Percentage of Performance Appraisal Development Reviews (PADRs) undertaken

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month	Profile	Actual	Status
July 26	N/A	79.8%	Advise

Percentage of staff who are up to date with all appropriate L1 mandatory training

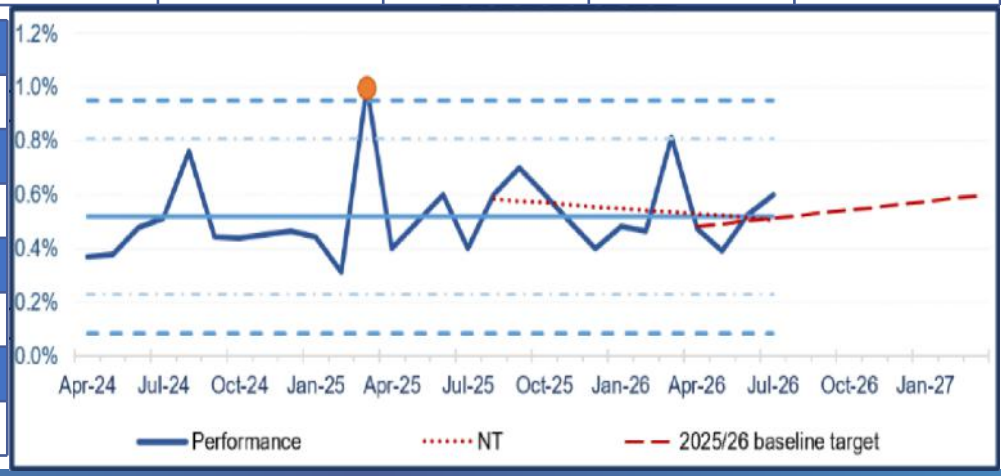
SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month	Profile	Actual	Status
July 26	N/A	90.6%	Advise

Turnover Rate of those leaving BCUHB (month by month data)

SM De-Escalation	N/A	Framework	*comparative 12-month reduction	Latest Benchmark	N/A

Latest Month	Profile	Actual	Status
July 26	N/A	0.60%	Advise

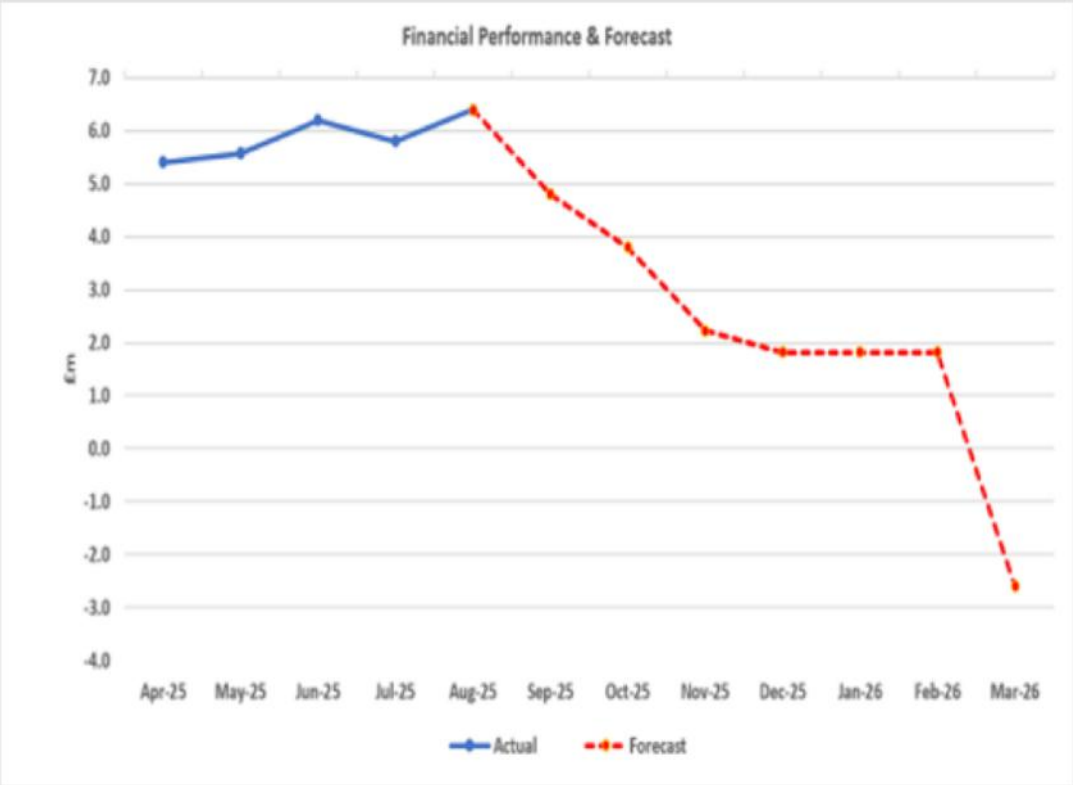


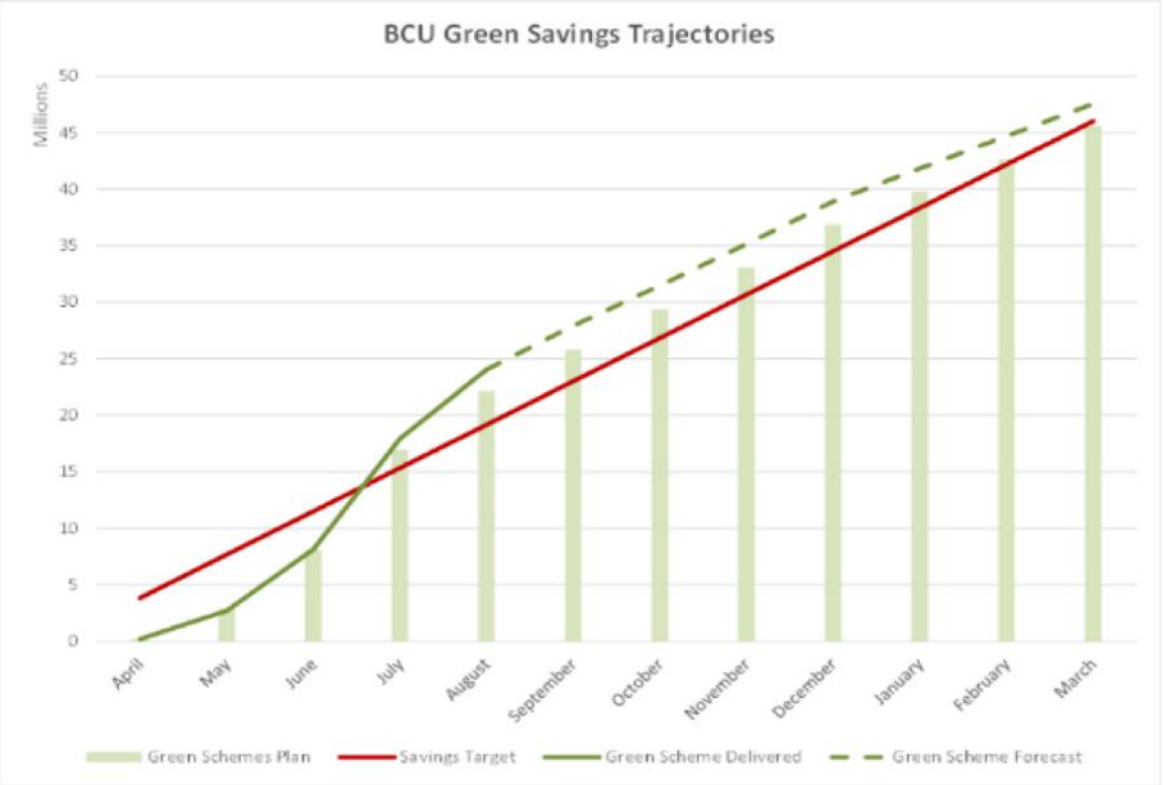
Section 4
Finance and sustainability

Scorecard: Finance and sustainability

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
NPF38	Agency spend (30% reduction in 2026-27 from 2025-26 outturn)	30%↓	-	-	13th of 13 (at Jun 26)	20.0%	21.1%	23.2%		Alert
LMF01	Revenue position - expenditure over profile deficit position per month (£m)	3.6	-	-	N/A	2.6	2.2	2.8		Escalate
LMF02	Value and sustainability forecast (up to pipeline) (£m)	46	-	-	N/A	43.6	55.6	58.4		Assure
4GP01	Green deliverable schemes (cash releasing savings forecast) (£m)	46	-	-	N/A	24.1	43.9	47.5		Assure
LMF03	Budget releasing savings (£m)	46	-	-	N/A	10.1	28.2	31.8		Alert
LMF04	Capital spend (£m)	58.6	-	-	N/A	2.8	4.0	7.3		Assure
LMF05	PSPP: Non-NHS invoices paid within 30 days by number	95%	-	-	N/A	92.6%	-	-	Quarterly	Alert
LMF06	PSPP: Non-NHS invoices paid within 30 days by value	95%	-	-	N/A	96.9%	-	-	Quarterly	Assure
LMF07	PSPP: NHS invoices paid within 30 days by number	95%	-	-	N/A	89.0%	-	-	Quarterly	Alert
LMF08	PSPP: NHS invoices paid within 30 days by value	95%	-	-	N/A	98.0%	-	-	Quarterly	Assure

Scorecard: Finance and sustainability





Scorecard: Finance and sustainability

	Actual					Forecast							2026/27 Cumulative against Plan			
	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	(197.0)	(197.3)	(200.1)	(202.7)	(201.4)	(198.1)	(197.8)	(198.1)	(199.7)	(198.0)	(196.5)	(208.7)	(998.6)	(998.6)	**0.0**	0.0%
Miscellaneous Income	(14.7)	(15.4)	(15.3)	(16.1)	(15.7)	(15.7)	(15.3)	(15.3)	(15.4)	(15.3)	(15.3)	(17.3)	(74.6)	(77.2)	**(2.6)**	3.5%
Health Board Pay Expenditure	101.6	102.4	104.9	102.9	103.4	100.9	100.9	100.6	100.7	100.7	100.8	100.8	509.7	515.2	**5.5**	1.1%
Non-Pay Expenditure	115.5	115.9	116.7	121.7	120.1	117.7	116.0	115.0	116.2	114.4	112.8	122.6	563.5	589.9	**26.4**	4.7%
Total Deficit / (Surplus)	**5.4**	**5.6**	**6.2**	**5.8**	**6.4**	**4.8**	**3.8**	**2.2**	**1.8**	**1.8**	**1.8**	**(2.6)**	**0.0**	**29.3**	**29.3**	
Planned Deficit	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**17.9**	**0.0**	**17.9**	**100.00%**
Total Deficit / (Surplus) above Plan	**1.8**	**2.0**	**2.6**	**2.2**	**2.8**	**1.2**	**0.2**	**(0.7)**	**(1.8)**	**(1.8)**	**(1.8)**	**(6.2)**	**17.9**	**29.3**	**11.4**	

Section 5
Population health and prevention

Scorecard: Population health and prevention

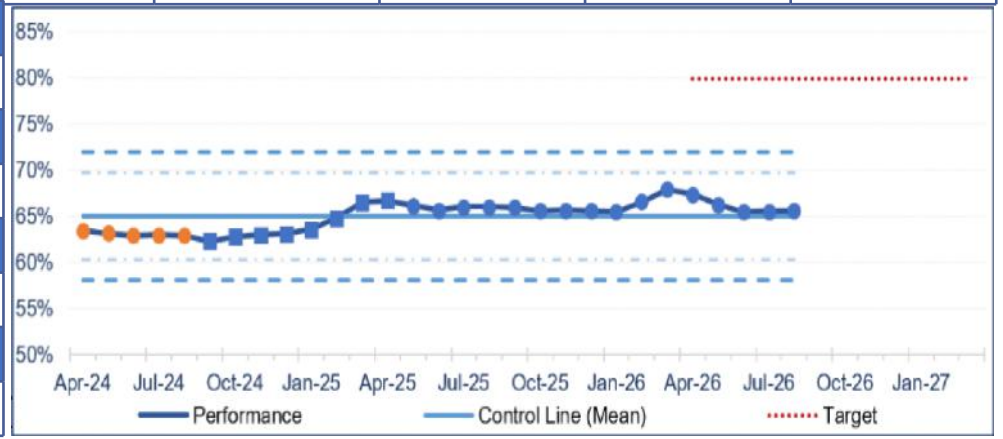
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Q2 25/26	Q3 25/26	Q4 25/26	Notes	
1AP01	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q1: 1.5%	-	2.8%	3rd of 7 (at Mar 26)	4.2%	6.0%	8.1%	Annual Target	Assure
1AP02	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40%	-	40.0%	4th of 7 (at Mar 26)	25.2%	22.0%	22.5%		Advise
1DP01	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster and second MMR dose)	95%	-	91.0%	4th of 7 (at Mar 26)	90.5%	89.7%	87.6%		Advise
1DP02	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	-	78.7%	6th of 7 (at Mar 26)	72.3%	70.3%	70.8%	School year based	Advise
LMPH01	Percentage of teenagers receiving the MenACWY vaccination by the end of year 11	-	-	0.0%	N/A	74.8%	73.1%	74.5%		TBC
LMPH02	Level 2 adult weight service - increase digital activity	-	-	0.0%	N/A	-	-	370		TBC

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
1BP02	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	-	-	5th of 7 (at May 26)	17.7%	RIA	RIA		Alert
3DP05	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	80%	-	-	1st of 7 (at Jun 26)	94.2%	94.5%	RIA		Assure
LMPH03	Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes	-	-	45.1%	7th of 7 (at Mar 26)	43.0%	43.6%	44.1%		Advise
1AP07	Percentage of patients (*adults) with diabetes who have had foot surveillance recorded within 15 months	80%	-	-	N/A	65.5%	65.5%	65.6%		Advise
1AP08	Percentage of patients (*adults) with diabetes who have had their urine albumin recorded within 15 months	80%	-	-	N/A	64.4%	64.9%	65.3%		Advise
LMPH04	Babies exclusively breast fed at birth	-	-	-	N/A	56.3%	49.4%	RIA		TBC
LMPH05	Percentage of babies who are exclusively breastfed at 10 days old	-	-	48.4%	N/A	37.1%	27.9%	RIA		TBC
2AP01	Increase in % of adult populations accessing NHS Dental care over a 24 month period	-	-	-	N/A	179432	178132	177932		TBC
2AP02	Increase in % of child populations accessing NHS Dental care over a 12 month period	-	-	57.2%	N/A	55351	54383	53588		TBC
3HP01	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	63%	-	47.0%	6th of 7 (at Jun 26)	47.6%	46.2%	46.9%		TBC

Percentage of patients (*adults) with diabetes who have had foot surveillance recorded within 15 months

SM De-Escalation	N/A	Framework	80%	Latest Benchmark	N/A

Latest Month	Target	Actual	Status
Aug-26	80%	65.6%	Alert

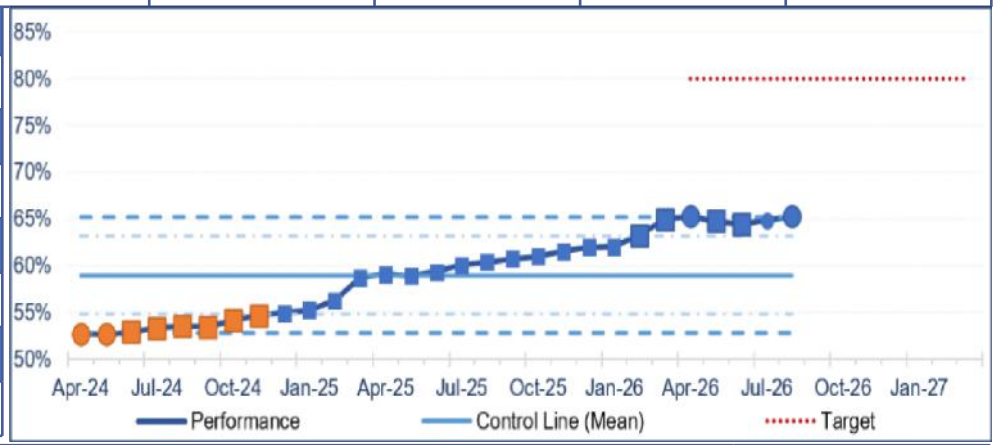


Benchmark BCU ranked 5th of 7 at July 2026

Percentage of patients (*adults) with diabetes who have had their urine albumin recorded within 15 months

SM De-Escalation	N/A	Framework	80%	Latest Benchmark	N/A

Latest Month	Target	Actual	Status
Aug-26	80%	65.3%	Advise



BCU ranked 5th of 7 at July 2026 **Benchmark**

**it should be noted that data is for adults only rather than 12 years and over as stated within the Performance Framework*

What does the data tell us? Foot surveillance (FS) and urine albumin (UA) continue to be the lowest recorded of the eight NICE recommended care processes for diabetes. UA has seen a comparative month on month increase and at Aug 26 was 4.9% higher than Aug 25. FS, although improved from 2024/25, has plateaued.

Actions being taken to improve: Recent engagement work with GPs suggests that data and coding issues, call and recall, uptake of offer, and capacity issues may contribute to lower uptakes.

A regular eight care processes cluster meeting offers shared-learning and support around improving uptake.

A newsletter has been produced for each cluster providing performance data and inviting clusters to explore uptake within the cluster and offers support around identifying actions they can consider to improve uptake.

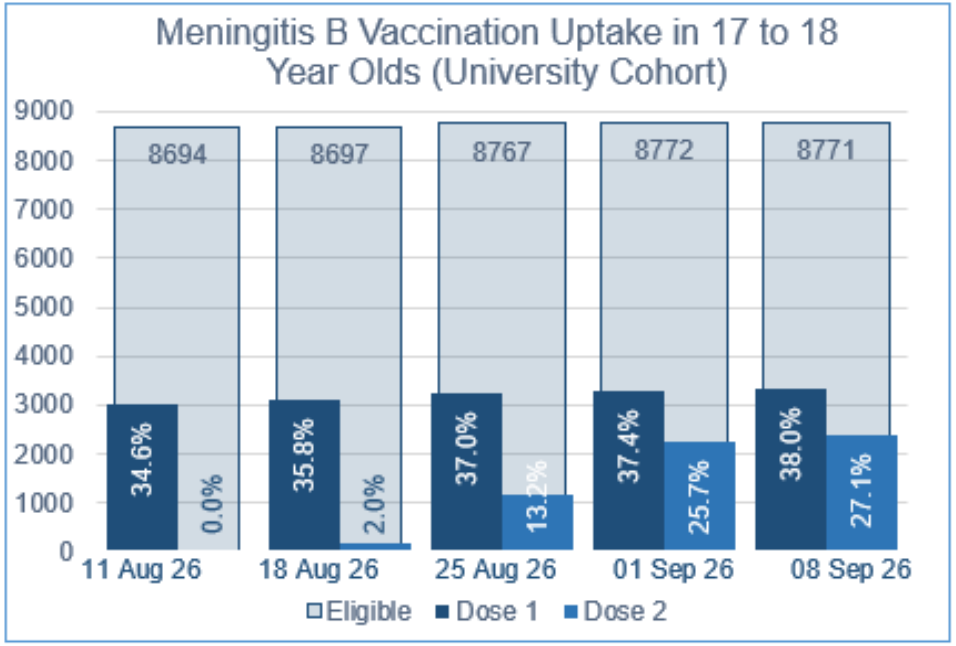
A targeted letter is being sent in Q2 to GP practices with the lowest uptake - this letter will seek development and submission of an action plan to improve uptake and will make an offer of support to develop this improvement plan.

A delivery, governance and assurance structure to support quality improvement and transformation change elements within the Diabetes Programme in North Wales is currently being implemented.

Expected impact upon forecasted performance: The actions outlined are expected to support a gradual improvement in uptake of the eight care processes during 2026/27, including FS and UA. However, any impact on forecast performance is likely to be incremental and may take time to be reflected in reported outcomes.

Uptake of MenB vaccination in individuals aged 17 to 18 years of age					
Time-Limited Programme	N/A	**Framework**	N/A	**Latest Benchmark**	N/A

Latest Data
08-09-26
Target
N/A
Actual
38.0% / 27.1%
Status
Advise



Benchmark	8th Sept 2026 Dose 1: BCU ranked 7th of 7 Health Boards Dose 2: BCU ranked 6th of 7 Health Boards

What does the data tell us?

As at the latest update, **3,330 first doses (38.0%) and 2,380 second doses (27.1%)** have been delivered to the eligible 17–18-year-old BCUHB cohort. First-dose uptake remains variable across North Wales, ranging from 33.0% in Denbighshire to 44.5% in Conwy, indicating opportunities to improve coverage. Encouragingly, second-dose uptake is progressing as individuals reach the required interval between doses. The wider PHW data also demonstrate a socioeconomic gradient in uptake, with lower coverage amongst those living in the most deprived communities.

Actions being taken to improve

All eligible 17–18-year-olds have been offered an appointment, with clinics continuing through to December 2026 and follow-up of non-attenders underway. Second-dose appointments are routinely booked to support completion of the two-dose course, with opportunities also being used to provide catch-up routine vaccinations where appropriate. Engagement with universities and residential colleges is underway to support vaccination of eligible students entering higher or residential further education.

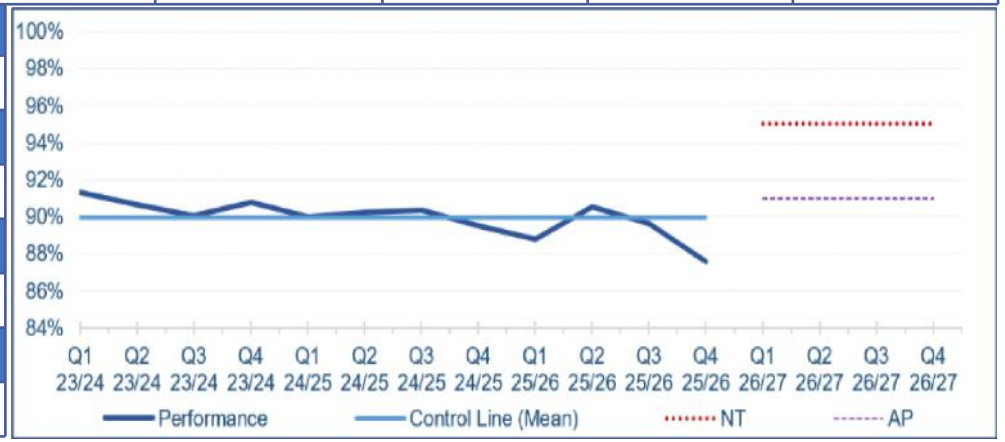
Expected impact upon forecasted performance

Continued follow-up of non-attenders and ongoing clinic provision are expected to increase first-dose coverage, while routine booking of second-dose appointments should support a progressive increase in completed two-dose courses as individuals become eligible. Education-setting delivery should provide additional opportunities to reach the second eligible cohort during the autumn. Variation in first-dose uptake, including lower coverage in more deprived communities, remains the principal risk to overall programme performance and will require continued targeted action.

Percentage of children who are up to date with the scheduled vaccinations by age 5

SM De-Escalation	N/A	Framework	95%	Latest Benchmark	BCU ranked 4th out of 7 at Q4 25/26

Latest Month
Q4 2025/26
Profile
N/A
Actual
87.9%
Status
Advise



Percentage of children receiving the HPV vaccination by the age of 15

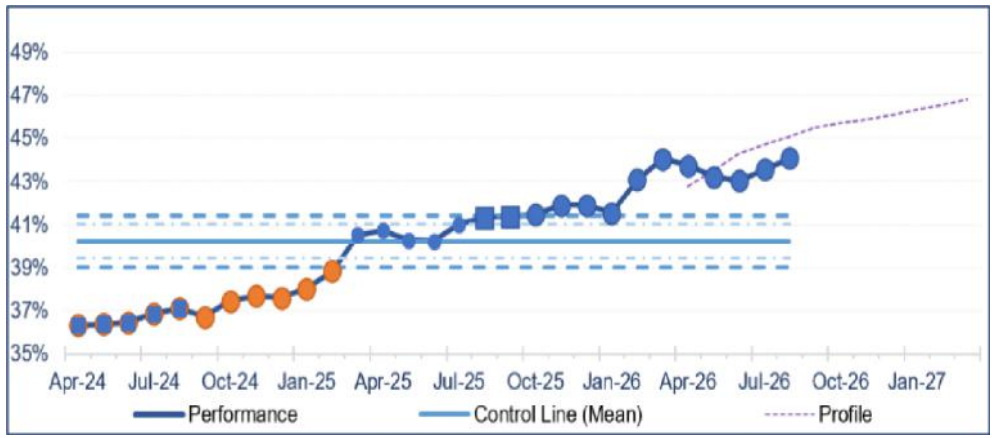
SM De-Escalation	N/A	Framework	90%	Latest Benchmark	BCU ranked 6th out of 7 at Q4 25/26

Latest Month
Q4 2025/26
Profile
N/A
Actual
70.8%
Status
Advise

Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

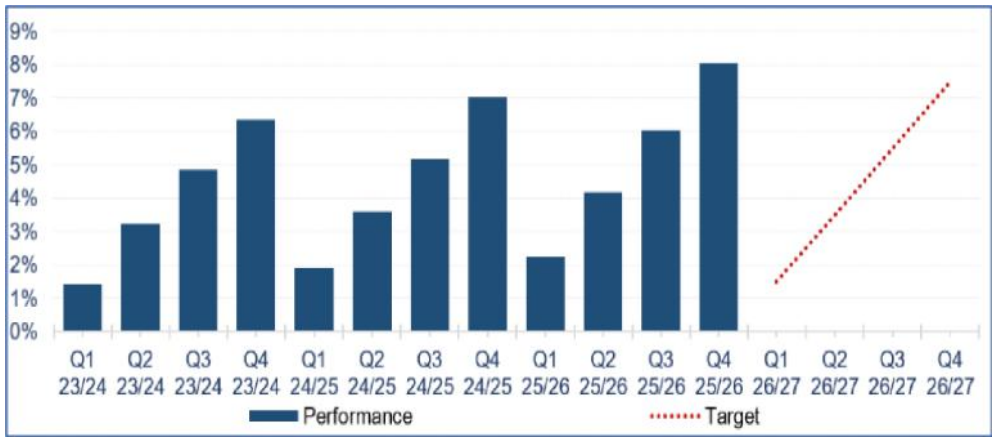
Latest Month
Aug-26
Profile
44.1%
Actual
43.0%
Status
Alert



Percentage of adult smokers who make a quit attempt via smoking cessation services

SM De-Escalation	N/A	Framework	7.5% Annual	Latest Benchmark	BCU ranked 3rd out of 7 at Q4 25/26

Latest Month
Q4 2025/26
Profile
N/A
Actual
8.1%
Status
Assure



Appendices

- Interpreting Statistical Process Control (SPC) Charts
- How to interpret the Integrated Performance Scorecard
- Abbreviations
- Further Information

Interpreting Statistical Process Control (SPC) Charts

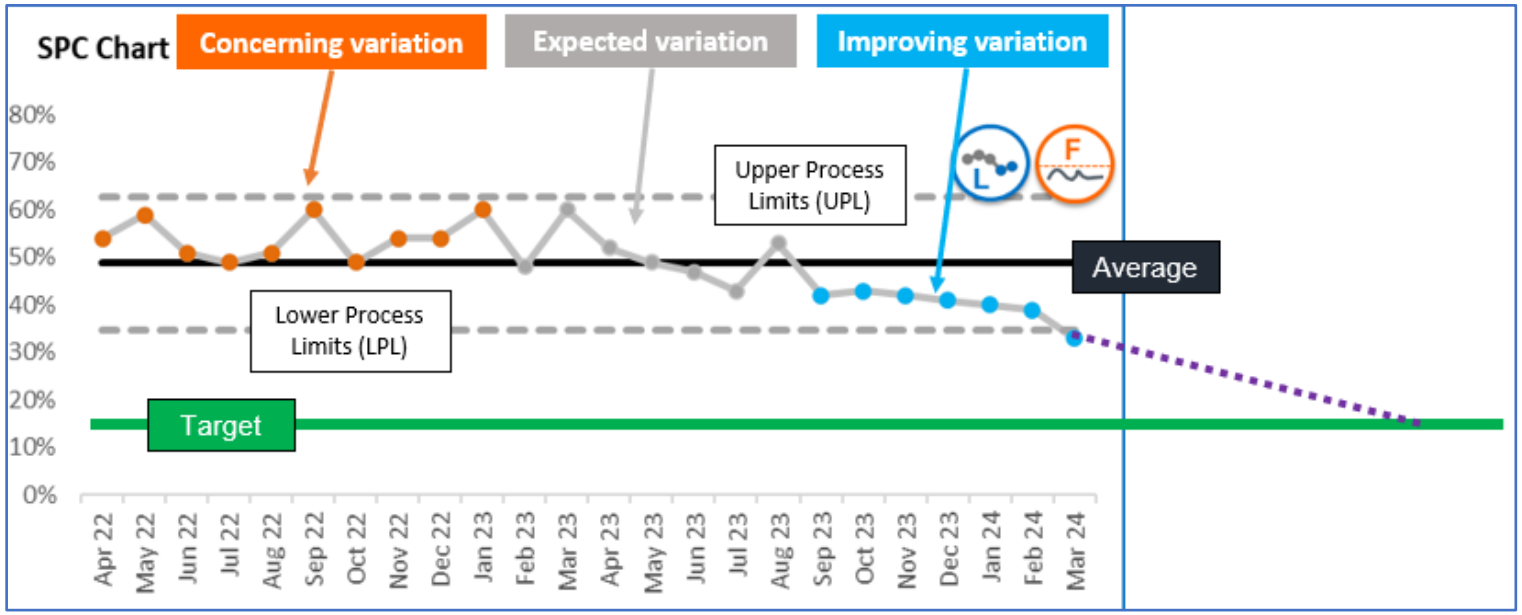
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated, and improvement actions implemented

Blue – there is a pattern of improvement which should be learnt from

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Key

Status		
	Escalate	Escalate (Serious concerns, action required): There is no confidence that the actions taken in place will address performance issues. Executive level intervention is necessary to resolve the situation.
	Alert	Alert (may require discussion): There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
	Advise	Advise (to monitor): There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
	Assure	Assure (to note): There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

How to interpret the Integrated Performance Scorecard

Diagram and description of Scorecard elements

Target Suite:
NT = Nationally Mandated Target
SM = Special Measures De-escaltion Target
AP = current Month Trajectory (where we planned to be at this point)

Actual Performance Window

Month: Actual position for previous 3 months to date
Trend to Date: Trend graph for previous 6 months
Variance & Assurance: SPC Indicators

Delivery Assurance:
Based on data, intelligence etc, what is our level of confidence that the stated performance inprovement will be delivered.

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
LMU01	Total number of ambulance coveyances to acute emergency departments	-	-	-	N/A	3237	3580	3340		Advise
3AP02	Percentage of ambulance handovers within 15 minutes	80%	-	-	6th of 6 (at Apr 26)	10.6%	11.6%	10.0%		Escalate
3AP01	Number of ambulance patient handovers over 45 minutes	0	-	-	N/A	1960	2143	2059		Escalate
LMU02	Number of ambulance patient handovers over 1 hour	-	1710	-	6th of 6 (at Apr 26)	1697	1820	1755		Escalate
LMU03	Number of ambulance patient handovers over 4 hour	-	-	-	N/A	569	582	527		Advise
LMU04	Median emergency ambulance response time to purple: arrest category calls	6-8 Mins	-	-	N/A	07:46	07:36	RIA		Advise

Measure Reference Numbers
Prefix
NPF = NHS Wales Performance Framework
LMU = Local Measure Urgent & Emergency Care
LMP = Local Measure Planned Care
LMQ = Local Measure Quality, Safety & Experience
LMW = Local Measure Workforce & Organisational Development
LMF = Local Measure Finance
LMPH = Local Measure Preventiuon & Population Health
All other Prefixes are from the Annual Delivery Plan

Full Measure Description

Benchmark of Performance compared to rest of Wales

BCUHB position compared to other Welsh NHS Organisations

Abbreviations

Please see below a list of abbreviations commonly found within this report:

Abbreviation	Definition
3As	alert, advise or assure
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional
ASD	Autistic Spectrum Disorder
ASU	Assessment and Support Unity
BCUHB	Betsi Cadwaladr University Health Board
BSI	Bloodstream Infection
C&YP	Children and Young People
CD	Controlled Delivery
CO	Carbon Monoxide
CRL	Captial Resource Limit
D2RA	Discharge to Assess and Recover
DOSA	Day of Surgery Admission
ED	Emergency Department
FTE	Full Time Equivalent
HPV	Human Papilloma Virus
IHC	Integrated Health Community
IMTP	Intergrated Medium Term Plan
L1	Level 1
LFER	Learning from Event Reports
LocSSIP	Local Safety Standards for Invasive Procedures
LPMHSS	Local Primary Mental Health Support Service
LTP	Listening to People
MDT	Multi-disciplinary Team
MDU	Medical Decision Unit

Abbreviation	Definition
MenACWY	Meningococcal A, C, W, and Y
MHLD	Mantal Health and Learning Disabilities
MIU	Minor Injuries Unit
N/A	Not Applicable
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMQS	Nursing and Midwifery Quality Standards
NRI	National Reportable Incident
PADR	Performance Appraisal and Development Review
PIPS	Pharmacist Independent Prescribing Service
PoCD	Pathways of Care Delays
PSA	Patient Safety Alerts
PSPP	Public Sector Payment Policy
Q	Quarter
QMS	Quality Management System
RSV	Respiratory Syncytial Virus
RTT	Referral to Treatment
SDEC	Same Day Emergency Care
SPC	Statistical Process Control
TBC	To Be Confirmed
UEC	Unscheduled and Emergency Care
V&S	Value and Sustainability
WM	Weight Management
WTE	Whole Time Equivalent
YoY	Year on Year

Additional Information

Integrated Quality and Performance Report
Betsi Cadwaladr University Health Board

Information on our performance can be found online at:

Our website www.bcu.wales.nhs.uk

Stats Wales https://statswales.gov.wales/Catalogue/Health-and-Social-Care

Regular updates on how we improve healthcare services for patients can be found on social media:

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

2026-27 BCU FINANCE REPORT – MONTH 5 (AUGUST)

Date of Meeting	24 September 2026
Publication Status	Open/ Public Not Applicable
Report Author name and title	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development
Lead Executive Team Member name and title	Russell Caldicott, Executive Director of Finance.

Report Purpose	For Noting

Executive Summary

This report provides a briefing on the Health Board's financial position as at the end of Month 5 (August 2026), together with progress against the approved Capital Programme and delivery of the 2026/27 savings programme.

Finance Report

The Health Board reported an in-month deficit of £6.4m at Month 5, which is £2.8m adverse to the Month 5 profiled financial plan deficit of £3.6m.

The Year-to-date deficit is £29.3m, representing an adverse variance of £11.4m, against the planned year to date deficit of £17.9m. This reflects expenditure levels exceeding plan by approximately £2.2m per month, primarily driven by pressures relating to pay, non-pay, prescribing and Continuing Healthcare (CHC).

The below table summarises the monthly actual and forecast variance for 2026/27:

	2026/27 Monthly Variance													
	Actual					Forecast								
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Year to Date Position £m	Full Year Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(5.4)	(5.6)	(6.2)	(5.8)	(6.4)	(4.8)	(3.8)	(2.2)	(1.8)	(1.8)	(1.8)	2.60	(29.3)	(43.0)

The current forecast for 2026/27 remains a deficit of £43 million, consistent with the submitted financial plan. Delivery of this forecast is dependent upon a number of key assumptions, including:

- Successful implementation of recovery actions sufficient to reduce the underlying monthly run rate to planned levels and recover the year-to-date overspend.
- Full funding by Welsh Government of all 2026/27 pay awards and associated pay uplifts.
- Receipt of all anticipated income streams.

The previously implemented Enhanced Grip and Control actions, detailed below, remain in place and will as a minimum continue until end of quarter 3 in 2026-27, with the potential to extend to the year-end:

- Non-Pay Expenditure - Oversight in areas not directly impacting clinical care
- Pay – Oversight and controls placed upon non-clinical external recruitment
- Temporary Workforce – Clinical Executive leadership oversight and scrutiny

Expenditure continues to exceed the planned run rate. Consequently, the Health Board is required to identify and implement additional mitigating actions to both reduce the underlying cost base and recover the year-to-date adverse variance.

Welsh Government has reiterated its expectation that the Health Board works to deliver its key financial duty and submit a balanced financial plan. To achieve this, the Health Board would need to deliver an enhanced savings programme of £63 million, representing an additional £17 million above the £46 million savings target currently incorporated within the submitted financial plan.

Achievement of this stretch target would enable the £26 million Welsh Risk Pool costs to be mitigated through Welsh Government support, allowing the Health Board to submit a balanced plan for 2026/27 and achieve its statutory financial duty of break-even.

Financial Risks

The containment and reversal of cost overruns is critical to delivery of the submitted 2026/27 financial plan. The cumulative financial risk to achievement of the 2026/27 financial plan is currently assessed as approximately £30.4m (excluding the risk to receiving the £82m conditionally recurrent funding).

The mitigation of overspends and attainment of the additional savings stretch target is key to achieving a balanced position and the key financial duty.

Cash

Closing cash balance as at 31st August was £8.8m, including £4.6m cash held for revenue expenditure and £4.2m for capital projects. The Health Board is currently forecasting a closing cash balance for 2026-27 of (£36.5m) made up of (£40.5m) revenue cash and £4.1m capital cash, for which support will be requested from WG.

Savings

The 2026/27 Financial Plan requires delivery of £46.0m of recurring budget releasing savings, equivalent to 2.4% of recurrent budgets excluding ringfenced funding.

Savings identification, monitoring and reporting are being managed through the Value and Sustainability framework, focusing on the priority areas of Clinical Value, Workforce, Continuing Healthcare, Medicines Management, and Non-Pay and Procurement.

As at the end of Month 5 (August), the Health Board has identified £47.5m Green saving schemes, an increase of £3.6m from previous month. Of the savings identified £23.9m is recurring, with a full year effect of £32.6m.

Of the identified schemes, £31.8m have been reported as budget reducing, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

A further £10.9m savings opportunities remain classified as Red-rated and pipeline opportunities. Work continues to progress these schemes to Green status and secure deliverable benefits within this financial year.

The year-to-date savings delivery target totals £19.2m (5/12ths of the annual target of £46m) with savings delivered to date totalling £24.0m. Of these savings, £14.4m is budget releasing, resulting in a £4.8m shortfall in budget extractable savings compared to the year-to-date target, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

The Health Board has achieved its targeted savings of £46m identified included in the initial plan and that resulted in a £43m deficit. However, the stretch target of £17m is now required to be identified and delivered in conjunction with mitigation of cost overruns in order to enable submission of a revised plan that (with £26m of Welsh Risk Pool cost mitigation) attainment of break-even and the key financial duty.

Capital Programme

The approved Capital Resource Limit (CRL) for 2026-27 is £60.0m which is forecast to be spent in full.

Donated Income of £2.197m has been reported from Month 4 onwards. This is made up of £0.8m donated income and £1.397m in relation to the Ysbyty Gwynedd Helipad Redevelopment.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
N/A		

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit

Appendix 1 - Finance Report – Health Board: August – Month 5 2026/27

ASSESSMENT	
Link to Strategic Intentions	4.Create a Modern, People Centred Healthcare System
	If more than one applies, please list below: This paper aligns to the strategic goal of attaining financial balance and supports a number of organisational priorities.
Design Principles	Wise Spending
Corporate Risks and Board Assurance Framework	Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) **Appendix A** **BAF risks** BAF SP14 – Estates & Capital *(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)* BAF24-03 – Value Delivery & Financial Sustainability *(There is a risk that the Health Board will be unable to secure current non-recurrent (one-off) allocations in future financial years, as these allocations are conditional on meeting agreed financial plans. Failure to secure this resource will require services to operate within a significantly reduced financial envelope.* *The objective is to achieve long-term financial sustainability or maximise value from its spending).* **Link to Corporate Risk Register:** CRR24-06 Suitability and Safety of Sites CRR26/27-Fin-01 Delivery of the 2026/27 Financial Plan and Financial Sustainability
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	Not applicable
	If no, please include rationale:	
	Yes: ☐	No: ☒

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Outcome:	
	If no, please include rationale:	The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** Data to Knowledge	**Domains of Quality** Effective
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales	

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	No - Not Applicable
	If no, please include rationale:	
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome:	No personal data included in the report.
	If no, please include rationale:	
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☒	No: ☐
	Outcome:	
	If no, please include rationale:	
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	

	Implications of deterioration of forecast to reputation.
Resource Impact *(People / Financial)*	Yes (Include further detail below)
	The Health Board is in receipt of £82m of conditionally recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years). If the plan is not improved upon and delivered the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.

Trugaredd
Compassion

Agored
Openness

Parch
Respect

Finance Report – Health Board
August - Month 5 2026/27

Russell Caldicott
Executive Director of Finance

Executive Summary

Situation		• To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.
Statutory Financial Duties	**Revenue**	• In-month deficit of £6.4m for August, a £2.8m adverse variance compared to the £3.6m in-month profiled financial plan deficit. • Year to date deficit of £29.3m and £11.4m adverse compared to the year-to-date financial plan deficit of £17.9m. • Full year forecast outturn for 2026/27 remains in line with the £43m planned deficit as per the 2026/27 financial plan.
	Cash	• Closing cash balance as at 31st August 2026 was £8.8m, including £4.6m for revenue and £4.2m for capital projects. The Health Board is currently forecasting a closing cash balance for 2026-27 of (£36.5m) made up of (£40.5m) revenue and £4.0m capital cash, for which support will be requested from WG.
	Savings	• The financial plan has set a savings target of £46.0m to be delivered in 2026/27 profiled equally across the financial year. • Full year forecast value of deliverable (Green) schemes total £47.5m. • Year-to-date savings target is £19.2m (5/12ths of the £46m annual target), with savings delivered to date totalling £24.0m. Of these savings, £14.4m is budget releasing, therefore resulting in a £4.8m shortfall in budget extractable savings compared to year-to-date target. • Red schemes and pipeline opportunities totals £10.9m, with work progressing to convert to deliverable schemes.
	Capital	• Approved Capital Resource Limit (CRL) for 2026/27 is £60.0m. Year to date expenditure is £7.1m.
	PSPP	• 96.9% of Non-NHS invoices paid within 30 days by value and 92.6% by number, both against a Target of 95% • 98.0% of NHS invoices paid within 30 days by value and 89% by number, both against a Target of 95%
Key Risks & Matters for Escalation		➢ It is of note that the 2026/27 £43.0m financial plan deficit does not attain the key duty of the Health Board to achieve a balanced position, and therefore the £82m conditionally recurrent allocation being at risk. ➢ Recovery actions are urgently required to reduce the monthly costs by circa £2.2m a month in future months, and to recover the year to date deficit above plan to meet the £43m forecast. ➢ Whilst significant progress has been achieved to date in accelerating the conversion of identified opportunities into Green Schemes, further focus is also now required in converting the remaining red and pipeline opportunities into green deliverable status and increase the budget releasing delivery status. ➢ A further £17m stretch savings delivery (Total £63m savings) is required to trigger Welsh Risk Pool additional funding. This would result in £26m of Welsh Risk Pool costs being mitigated by Welsh Government and the Health Board being able to submit a balanced plan for 2026/27 and attain the key statutory duty of break-even.

Key Performance Indicators

Month 5 Position

In Month: £207.8m against plan of £205.0m
£2.8m adverse position

YTD: £1027.9m against plan of £1016.5m
£11.4m adverse position

Forecast

Projection held at planned deficit but this is subject to risk.

£43.0m deficit

Month 5 Divisional Variance

West IHC	£5.7m adverse
Central IHC	£7.8m adverse
East IHC	£8.8m adverse
Womens	£1.6m adverse
MH & LD	£3.9m adverse
Commissioning Contracts	£5.9m adverse
ICD Primary Care	£1m favourable
ICD Regional Services	£5.1m adverse
Support Functions	£0.3m favourable
Other Budgets	£26.1m favourable

Savings

In Month: £6.1m against target of £3.8m

£2.3m favourable

Full Year Savings Delivery

£47.5m forecast against target of £46.0m

£1.5m favourable
(Red and pipeline totalling £10.9m are being developed)

Year to Date Income

£77.2m against budget of £74.6m

£2.6m favourable

Year to Date Pay

£515.2m against budget of £509.7m

£5.5m adverse

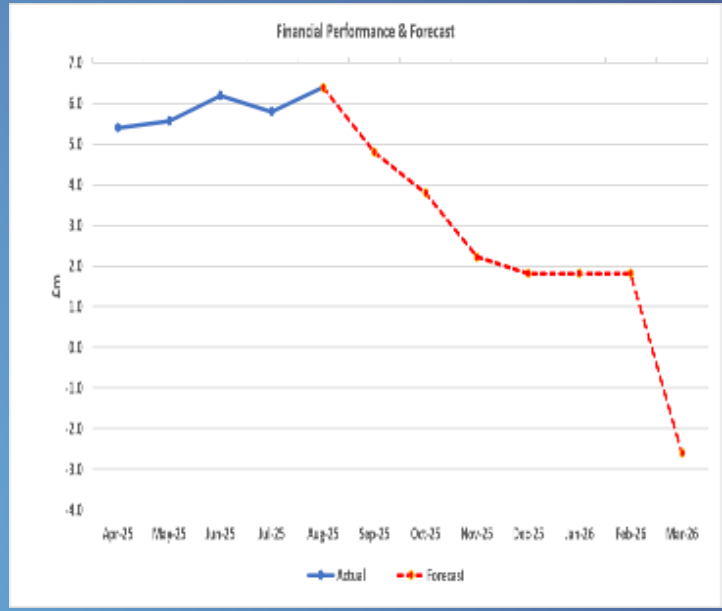
Year to Date Non-Pay

£589.9m against budget of £563.5m

£26.4m Adverse

Revenue Position

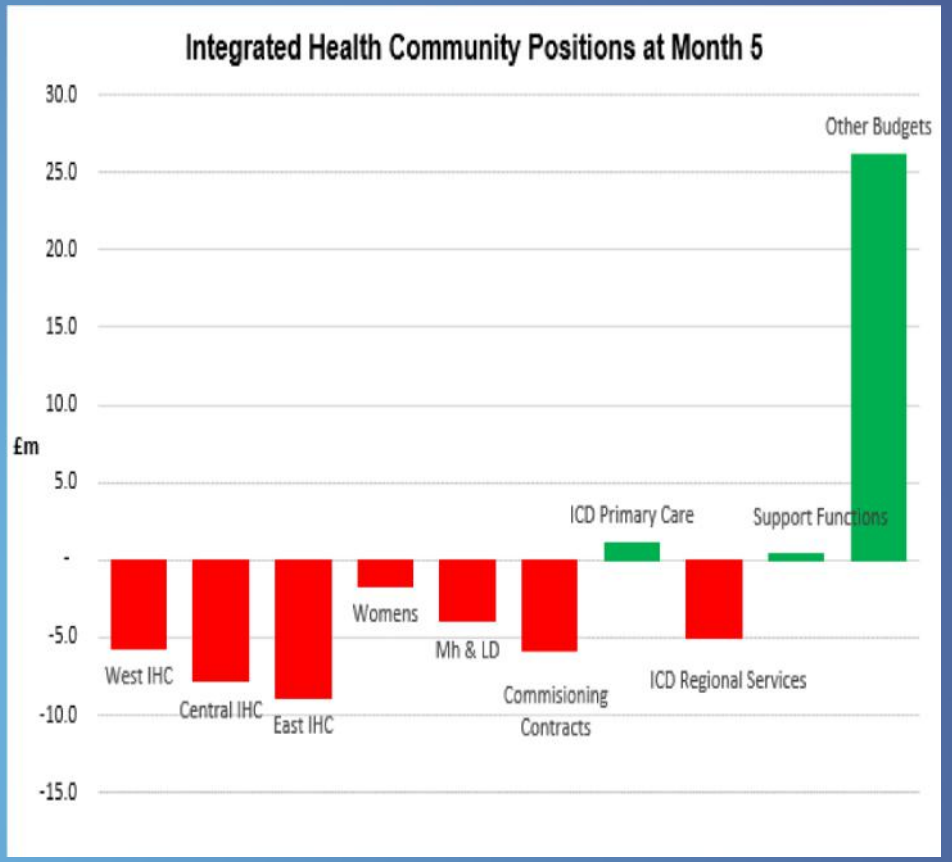
	Actual					Forecast							2026/27 Cumulative against Plan			
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
Revenue Resource Limit	(197.0)	(197.3)	(200.1)	(202.7)	(201.4)	(198.1)	(197.8)	(198.1)	(199.7)	(198.0)	(196.5)	(208.7)	(998.6)	(998.6)	**0.0**	0.0%
Miscellaneous Income	(14.7)	(15.4)	(15.3)	(16.1)	(15.7)	(15.7)	(15.3)	(15.3)	(15.4)	(15.3)	(15.3)	(17.3)	(74.6)	(77.2)	**(2.6)**	3.5%
Health Board Pay Expenditure	101.6	102.4	104.9	102.9	103.4	100.9	100.9	100.6	100.7	100.7	100.8	100.8	509.7	515.2	**5.5**	1.1%
Non-Pay Expenditure	115.5	115.9	116.7	121.7	120.1	117.7	116.0	115.0	116.2	114.4	112.8	122.6	563.5	589.9	**26.4**	4.7%
Total Deficit / (Surplus)	**5.4**	**5.6**	**6.2**	**5.8**	**6.4**	**4.8**	**3.8**	**2.2**	**1.8**	**1.8**	**1.8**	**(2.6)**	**0.0**	**29.3**	**29.3**	
Planned Deficit	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**3.6**	**17.9**	**0.0**	**17.9**	**100.00%**
Total Deficit / (Surplus) above Plan	**1.8**	**2.0**	**2.6**	**2.2**	**2.8**	**1.2**	**0.2**	**(0.7)**	**(1.8)**	**(1.8)**	**(1.8)**	**(6.2)**	**17.9**	**29.3**	**11.4**	



- The Health Board's in-month position is reporting a deficit of £6.4m which is £2.8m adverse to the Month 5 profiled financial plan deficit of £3.6m.
- Year-to-date position is reporting a deficit of £29.3m, £11.4m adverse to the planned year to date £17.9m deficit. The year-to-date savings delivery target totals £19.2m (5/12ths of the annual target of £46m) with savings delivered to date totalling £24.0m. Of these savings, £14.4m is budget releasing, and therefore resulting in a £4.8m shortfall in budget extractable savings compared to year-to-date target.
- 2026/27 forecast position is to deliver the planned deficit of £43m, which is in line with the financial plan for the year.
- Focus should remain on reducing the circa £2.2m monthly cost overrun and recovering the £11.4m year to date deficit. The enhanced Grip and Control actions implemented during 2025-26 have been extended to continue until end of quarter 3 in 2026-27, with the potential to extend to the year-end if necessary, including:
  - **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 –** Further oversight and controls placed upon all non-clinical external recruitment and clinical posts prior to recruitment.
  - **Temporary Workforce –** Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Planned Deficit
	Budget	Actual	Variance to Plan	Variance to Plan	Budget	Actual	Variance to Plan	Variance to Plan	
	£m	£m	£m	%	£m	£m	£m	%	£m
WG RESOURCE ALLOCATION	(201.4)	(201.4)	0.0	0%	(998.6)	(998.6)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.6	0.6	0.0		0.1
West Area	18.5	19.4	(0.9)		92.7	94.6	(1.9)		(6.2)
Ysbyty Gwynedd	12.4	13.1	(0.6)		62.9	66.4	(3.5)		(8.5)
Facilities	1.2	1.3	(0.1)		6.1	6.4	(0.3)		(1.0)
Total West	32.2	33.8	(1.6)	-5%	162.3	168.0	(5.7)	-4%	(15.7)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.2	0.1	0.0		0.7	0.8	(0.0)		0.0
Central Area	23.9	24.8	(1.0)		120.4	123.6	(3.1)		(12.2)
Ysbyty Glan Clwyd	15.5	16.2	(0.7)		77.5	82.1	(4.5)		(13.5)
Facilities	1.5	1.5	0.0		7.6	7.8	(0.1)		(0.2)
Total Central	41.0	42.7	(1.7)	-4%	206.3	214.2	(7.8)	-4%	(25.9)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	(0.0)		0.5	0.5	0.0		0.1
East Area	26.9	27.7	(0.8)		134.8	139.5	(4.6)		(13.3)
Ysbyty Wrexham Maelor	13.2	14.2	(1.0)		66.7	70.8	(4.1)		(10.5)
Facilities	1.4	1.4	0.0		7.0	7.2	(0.2)		(0.4)
Total East	41.7	43.4	(1.7)	-4%	209.1	217.9	(8.8)	-4%	(24.0)
Total Midwifery and Women's Services	4.4	4.7	(0.4)	-8%	22.2	23.9	(1.6)	-7%	(3.3)
Total Mental Health and LDS	16.5	17.9	(1.4)	-9%	83.2	87.2	(3.9)	-5%	(8.2)
Total Commisioning Contracts	30.1	30.3	(0.2)	-1%	137.1	143.0	(5.9)	-4%	(13.4)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	3.1	2.9	0.3		15.6	14.8	0.8		1.0
Community Dental Services	0.6	0.6	0.0		3.2	3.0	0.2		0.4
Other Primary Care	0.1	0.1	(0.0)		0.6	0.6	0.0		(0.1)
Total Integrated Clinical Delivery Primary care	3.9	3.6	0.3	8%	19.4	18.4	1.0	5%	1.3
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.2)	0.3		(9.6)	(11.3)	1.7		3.2
Diagnostic and Specialist Clinical Support	7.7	8.3	(0.6)		38.1	41.9	(3.9)		(11.0)
Cancer Services	6.3	7.1	(0.7)		31.7	34.7	(2.9)		(6.9)
Total Integrated Clinical Delivery	12.1	13.2	(1.1)	-9%	60.2	65.3	(5.1)	-8%	(14.8)
Total Service Support Functions	15.9	14.8	1.0	7%	75.9	75.6	0.3	0%	(2.3)
Total Other Budgets	7.4	3.5	3.8	52%	40.7	14.6	26.1	64%	106.2
Total Health Board Position	**3.6**	**6.4**	**(2.8)**		**17.9**	**29.3**	**(11.4)**		**0.0**



- In-Month Position is reporting a deficit of £6.4m, which is £2.8m higher than the profiled Financial Plan deficit of £3.6m.
- The forecast position is to deliver a deficit of £43.0m, which is in line with the financial plan for the year.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

Expenditure – Pay & Non-Pay

Pay Costs	2026-27 Actual					2026-27 Forecast							Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	14.0	13.9	13.9	13.7	13.9	14.6	14.6	14.5	14.5	14.6	14.6	14.6	78.8	69.4	9.4	187.2
Medical & Dental	23.3	23.5	25.5	24.5	24.9	22.5	22.5	22.4	22.4	22.5	22.5	22.5	112.5	121.7	(9.2)	289.0
Nursing & Midwifery Registered	31.2	31.5	31.9	31.2	31.3	31.2	31.2	31.1	31.1	31.1	31.1	31.2	154.5	157.1	(2.5)	400.6
Additional Clinical Services	15.3	15.6	15.6	15.9	15.9	15.4	15.4	15.4	15.4	15.4	15.4	15.4	75.3	78.3	(3.0)	198.3
Add Prof Scientific & Technical	4.4	4.4	4.4	4.3	4.3	3.9	3.9	3.9	3.9	3.9	3.9	3.9	22.8	21.8	1.0	50.7
Allied Health Professionals	6.8	6.8	6.9	6.7	6.6	6.7	6.7	6.7	6.7	6.7	6.7	6.7	32.4	33.9	(1.4)	86.0
Healthcare Scientists	1.9	1.9	1.9	1.9	1.9	1.7	1.7	1.7	1.7	1.7	1.7	1.7	9.5	9.4	0.0	21.5
Estates & Ancillary	4.6	4.7	4.7	4.6	4.6	4.8	4.8	4.8	4.8	4.8	4.8	4.8	23.4	23.2	0.2	61.9
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.4	0.0	1.2
Health Board Total	**101.6**	**102.4**	**104.9**	**102.9**	**103.4**	**100.9**	**100.9**	**100.6**	**100.7**	**100.7**	**100.8**	**100.8**	**509.7**	**515.2**	**(5.5)**	**1,296.3**
Other Services (Incl. Primary Care)	3.2	3.2	3.3	3.3	3.1	3.2	3.2	3.2	3.2	3.2	3.2	3.2	14.4	16.1	(1.7)	38.5
Total Pay	**104.7**	**105.6**	**108.2**	**106.3**	**106.5**	**104.1**	**104.1**	**103.8**	**103.9**	**104.0**	**104.0**	**104.0**	**524.0**	**531.3**	**(7.2)**	**1,334.9**

Non-Pay Costs as per Monitoring Return Table	2026-27 Actual					2026-27 Forecast							Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	22.3	22.2	22.0	22.5	22.8	22.6	22.6	22.6	22.6	22.6	22.6	22.7	114.5	111.9	2.5	270.2
Primary Care - Drugs & Appliances	11.1	10.6	11.8	12.8	12.3	11.9	11.6	11.2	12.1	11.2	10.8	11.4	56.5	58.6	(2.1)	138.8
Provider Services - Non Pay (excluding drugs & deprec	20.1	19.6	20.1	20.8	18.5	20.6	20.0	20.1	20.0	19.6	19.6	17.0	76.6	99.0	(22.4)	235.9
Secondary Care - Drugs	9.2	9.1	9.3	10.6	8.9	9.0	9.0	8.9	9.1	8.7	8.5	8.8	48.0	47.1	0.9	109.2
Healthcare Services Provided by Other NHS Bodies	33.4	33.9	33.7	33.9	36.3	33.8	33.7	33.6	33.6	33.6	33.6	33.7	169.8	171.1	(1.4)	406.9
Continuing Care and Funded Nursing Care	11.9	12.4	12.6	13.0	12.9	12.0	12.0	11.7	12.0	11.9	11.0	11.9	59.7	62.8	(3.1)	145.3
Other Private & Voluntary Sector	3.5	3.5	2.8	3.2	2.8	2.8	2.2	1.8	1.7	1.7	1.7	1.7	16.6	15.8	0.7	29.4
Joint Financing and Other	0.5	0.4	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	1.4	2.0	(0.6)	4.1
Losses, Special Payments and Irrecoverable Debts	0.3	0.3	0.6	0.2	0.9	0.4	0.4	0.4	0.4	0.4	0.4	0.4	1.3	2.3	(1.1)	4.9
Non-pay costs	**112.3**	**112.1**	**113.2**	**117.4**	**115.6**	**113.4**	**111.7**	**110.7**	**111.9**	**110.1**	**108.5**	**107.9**	**544.2**	**570.6**	**(26.4)**	**1344.8**
AME/DEL Depreciation	3.2	3.9	3.5	4.3	4.5	4.3	4.3	4.3	4.3	4.3	4.3	14.7	19.3	19.3	(0.0)	59.8
Total non-pay	**115.5**	**115.9**	**116.7**	**121.7**	**120.1**	**117.7**	**116.0**	**115.0**	**116.2**	**114.4**	**112.8**	**122.6**	**563.5**	**589.9**	**(26.4)**	**1404.6**

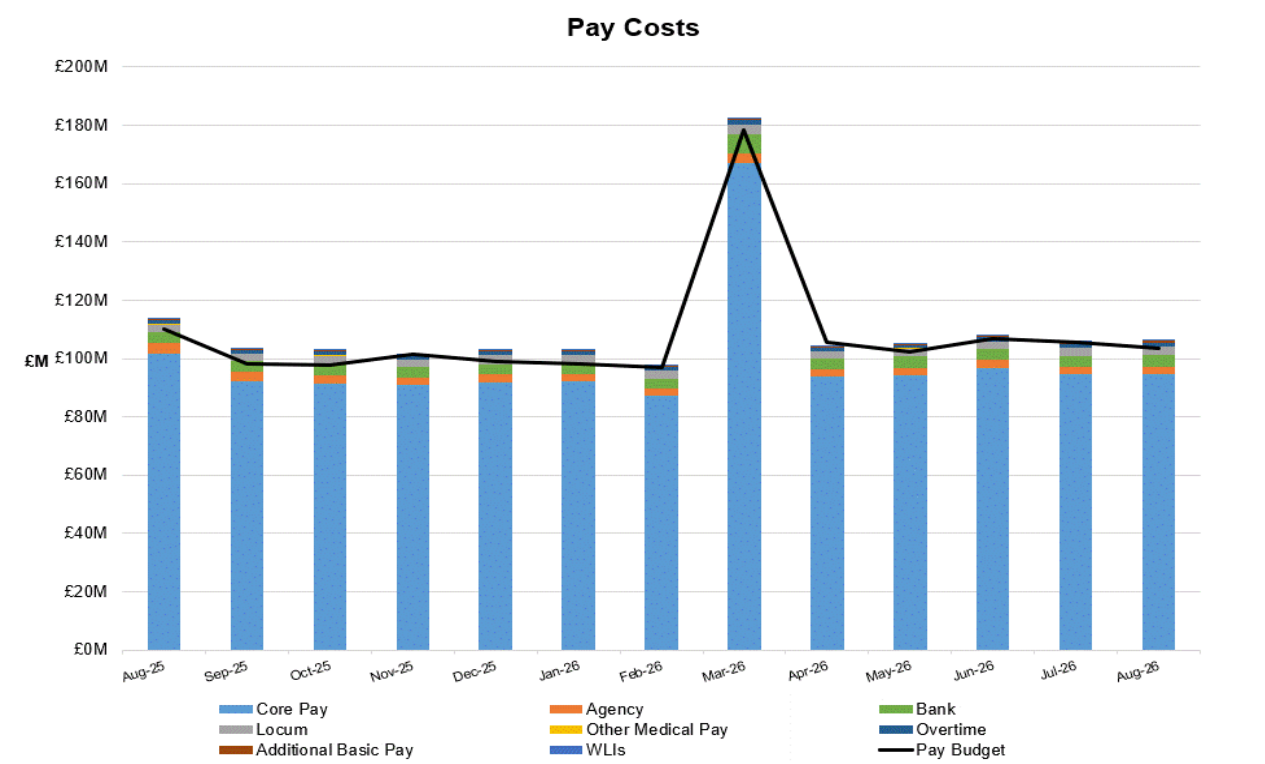
Health Board Pay:

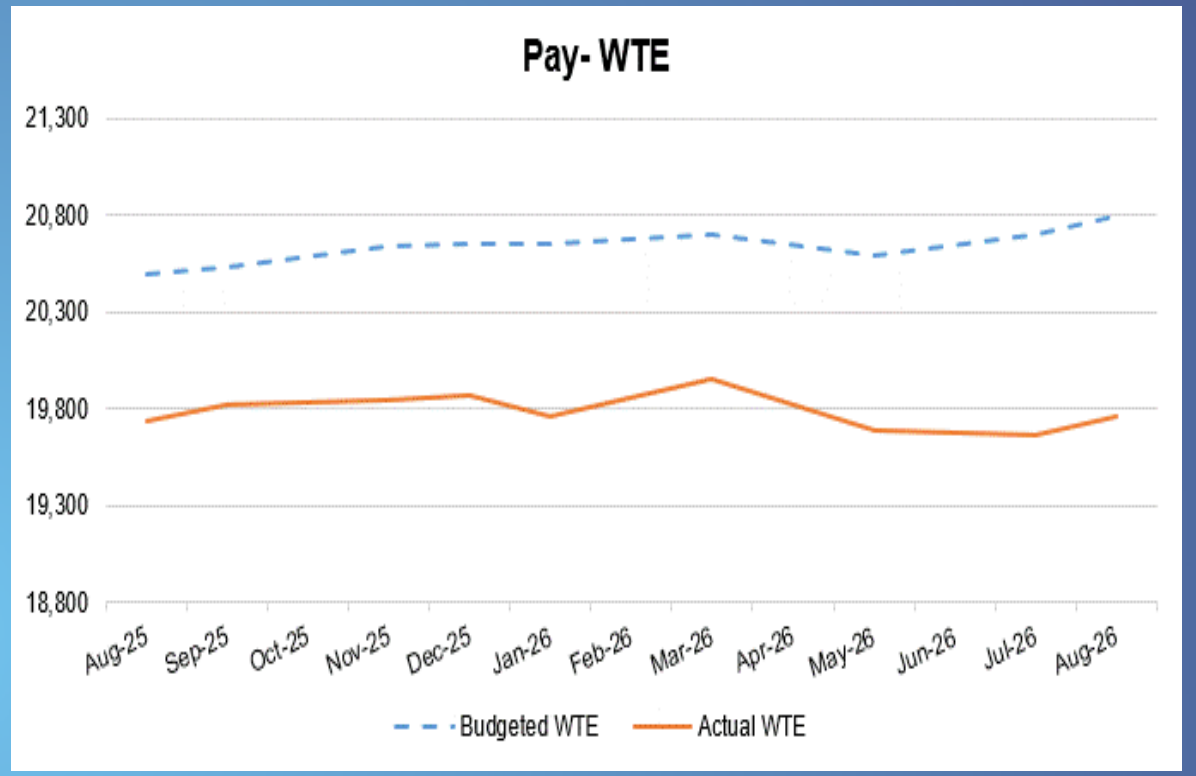
- Month 5 Provider Services Pay increased by £0.5m (0.5%) from previous month, which relates to the £0.5m full year impact of the Band 3 pay scale correction fully funded by WG.
- Variable Pay totals £11.9m for August, a reduction of £0.2m from previous month driven by reductions of £0.5m in other non-core and £0.2m in WLI this is offset by increases in other areas.
- Other detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) decreased by £1.8m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay





Actual									
Variable Pay	2025-26 M10 £m	M11 £m	M12 £m	2026-27 M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	Total £m
Agency	2.6	2.3	3.1	3.3	2.5	2.6	2.4	2.5	13.4
Overtime	1.3	1.4	1.6	1.1	1.2	1.3	1.3	1.4	6.3
Locum	2.7	2.5	3.3	2.6	2.8	2.7	2.9	2.9	14.0
WLIs	0.5	0.4	0.4	0.4	0.4	0.5	0.7	0.5	2.5
Bank	3.8	3.7	6.5	3.2	4.0	3.8	3.7	4.2	19.0
Other Non Core	0.1	0.1	0.5	0.1	0.1	0.0	0.5	0.0	0.7
Additional Hours	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.5	2.2
Total	**11.2**	**10.8**	**15.8**	**11.2**	**11.3**	**11.4**	**12.1**	**11.9**	**57.9**

- August budgeted WTE increased 90 WTE from July. See Slide 8 for further detail.
- Variable Pay totals £11.9m for August, a reduction of £0.2m from previous month driven by reductions of £0.5m Other Non-Core and £0.2m in WLI's, offset by increases of £0.5m in Bank, £0.1m Agency and £0.1m overtime.

Pay - WTE

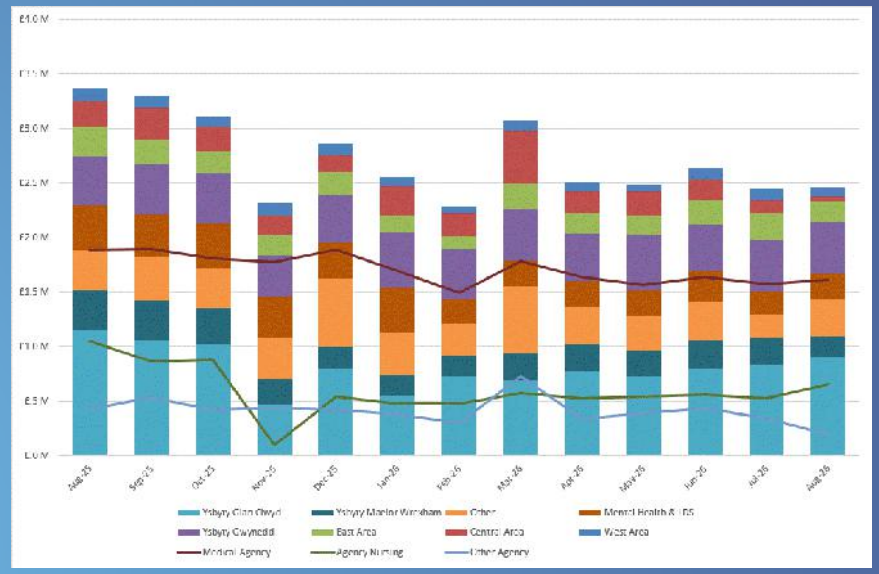
	2025/26						2026/27					Movement M4 V M3
	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	June-26	July-26	Aug-26	
Budgeted WTE	20,575	20,637	20,649	20,656	20,693	20,705	20,384	20,593	20,688	20,704	20,794	90
Actual WTE	19,907	19,844	19,869	19,767	19,952	19,951	19,978	19,691	19,740	19,663	19,764	101

- Budgeted WTE increased by 90 WTE in August from previous month, with the below table providing further detail on Budgeted WTE movements.
- Actual worked in August is 19,764, an increase of 101 WTE from July.

	25/26 WTE Budget							26/27 WTE Budget						
	M06 Sep	M07 Oct	M08 Nov	M09 Dec	M10 Jan	M11 Feb	M12 Mar	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	In Month Movement	Explanation of movements (>5wte) from previous month
West IHC - Management	8	8	8	8	8	8	8	8	8	8	8	8	0	
West IHC - West Area	1,568	1,575	1,572	1,572	1,572	1,573	1,573	1,567	1,585	1,589	1,590	1,595	5	5.7 WTE contract income (Dietetics)
West IHC - Ysbyty Gwynedd	1,829	1,839	1,838	1,840	1,841	1,846	1,855	1,836	1,885	1,913	1,912	1,908	-4	
West IHC - Facilities	380	382	382	382	382	382	382	382	382	382	382	382	0	
Centre IHC - Management	7	8	8	8	8	14	14	15	15	17	17	17	0	
Centre IHC - Central Area	2,304	2,312	2,310	2,309	2,303	2,307	2,307	2,263	2,296	2,296	2,293	2,295	2	
Centre IHC - Ysbyty Glan Clwyd	2,239	2,241	2,243	2,245	2,245	2,248	2,250	2,243	2,256	2,258	2,260	2,257	-3	
Centre IHC - Facilities	422	422	422	421	421	419	419	420	420	420	420	420	0	
East IHC - Management	10	10	10	10	10	10	10	10	10	10	10	10	0	
East IHC - East Area	2,466	2,476	2,483	2,485	2,481	2,485	2,484	2,470	2,479	2,508	2,513	2,513	0	
East IHC - Ysbyty Wrexham Maelor	1,896	1,906	1,954	1,962	1,970	1,971	1,972	1,908	1,963	1,962	1,964	2,046	82	ED Business Case 29.0 WTE; Escalated / unfunded beds on Fleming and Samaritan 55.2 WTE; Lung Cancer HCSW 0.6 WTE; less Insourcing support staff 2.0 WTE
East IHC - Facilities	365	365	365	365	365	365	366	365	365	365	366	366	0	
Midwifery & Womens Services	694	694	695	696	696	696	695	684	687	693	695	694	-1	
Mental Health & LDS	2,320	2,319	2,327	2,327	2,326	2,327	2,331	2,299	2,324	2,347	2,348	2,346	-2	
COVID Programmes	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	14	14	15	15	15	0	
Dental CDS	169	168	168	167	165	165	165	166	166	166	166	166	0	
Other Primary Care	15	15	15	15	15	15	15	15	15	15	15	15	1	
Diagnostics & SCS	1,020	1,024	1,028	1,028	1,029	1,031	1,030	1,023	1,023	1,024	1,024	1,027	3	
Cancer Services	424	423	423	423	424	423	423	423	425	425	425	425	0	
Corporate	2,255	2,251	2,249	2,249	2,255	2,269	2,265	2,147	2,146	2,151	2,152	2,154	2	
Med ED/R&D	122	123	124	125	125	125	127	126	126	123	132	135	3	
Health Board Total	**20,527**	**20,575**	**20,637**	**20,650**	**20,656**	**20,693**	**20,705**	**20,384**	**20,591**	**20,688**	**20,704**	**20,794**	**90**	

Pay Costs – Agency

	2026-27 Agency Spend £m												YTD Expenditure £m	2026/27 Forecast £m
	Actual					Forecast								
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27		
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	1.1
Central Area	0.2	0.2	0.2	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.8	1.4
East Area	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.0	2.5
Ysbyty Gwynedd	0.4	0.5	0.4	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4	2.3	5.2
Ysbyty Glan Clwyd	0.8	0.7	0.8	0.8	0.9	0.9	0.9	0.9	0.8	0.8	0.8	0.8	4.0	9.7
Ysbyty Maelor Wrexham	0.3	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.2	2.4
Mental Health & LDS	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.2	2.7
Womens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.6	1.2
Other incl pan BCU Cancer Servcies and Corporate	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.9	1.9
Total Agency	2.5	2.5	2.6	2.4	2.5	2.4	2.3	2.3	2.2	2.1	2.1	2.1	12.6	28.1



- Agency expenditure for August (Month 5) is £2.5m (2.3% of total pay). In-month spend is reporting a £0.1m reduction from previous month and is £0.5m less compared to the 2025/26 monthly average of £3.0m. 2026/27 Full year Agency forecast outturn is £28.1m (2.2% of total pay), a £0.8m reduction from the £28.9m forecast outturn reported at Month 4.

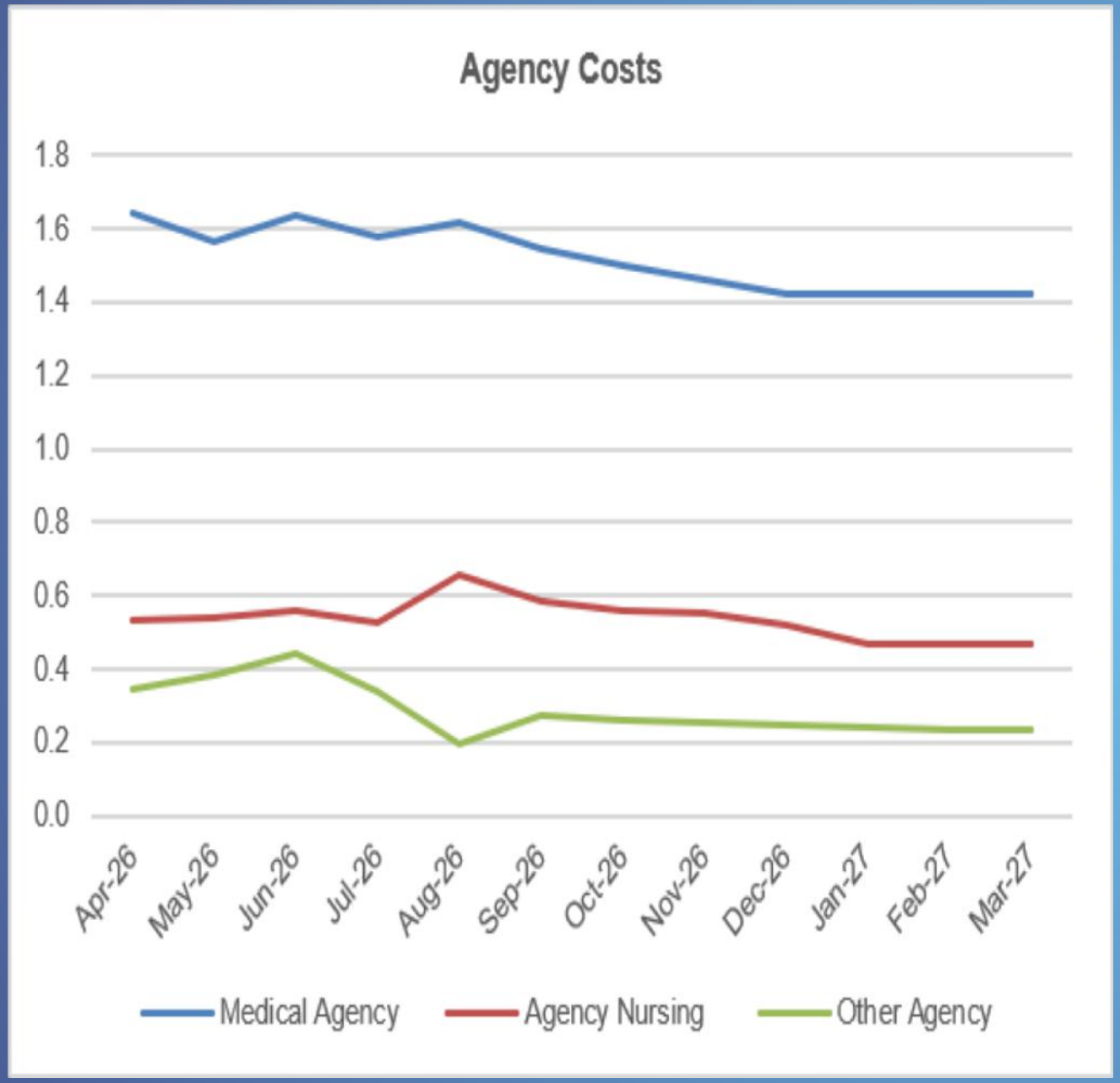
- The 2026/27 agency forecast outturn is forecast to reduce by £8.5m (23.2%) compared to the 2025/26 Agency full year spend of £36.6m. Further reductions of £2.5m (total reduction of £11.0m) would be required to achieve the cabinet secretary enabling target of 30%.

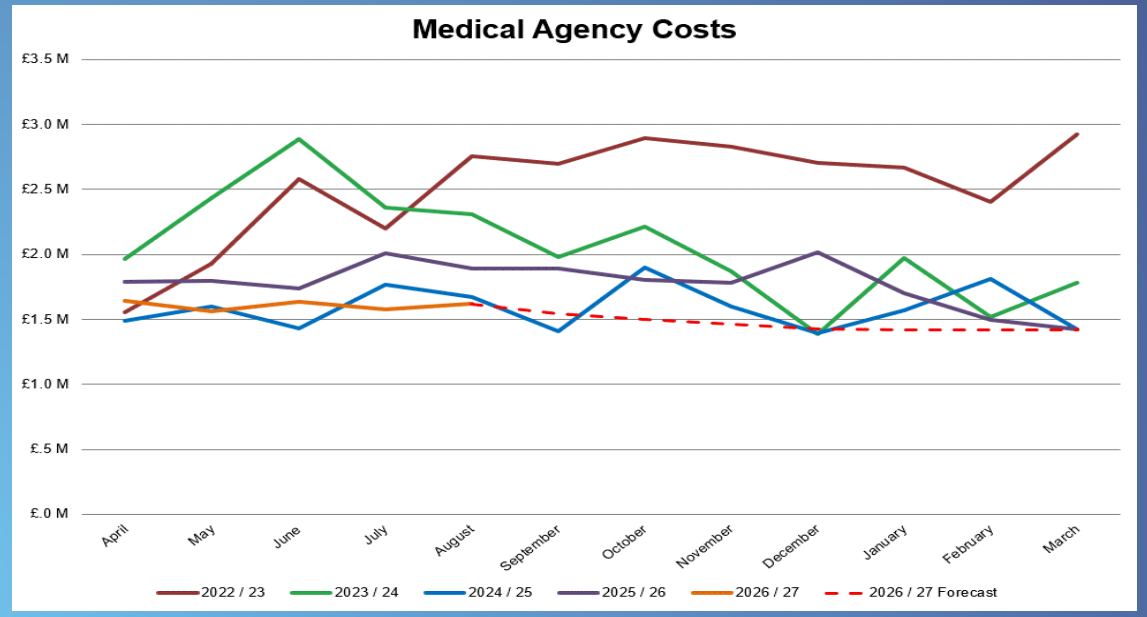
- August (Month 5) Medical Agency expenditure is £1.6m, in line with previous month. The monthly average medical agency expenditure for 2025/26 was £1.8m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.4m), Mental Health (£0.2m), Cancer Services (£0.1m), Womens (£0.1m) and Ysbyty Maelor Wrexham (£0.1m) covering medical vacancies and sickness.

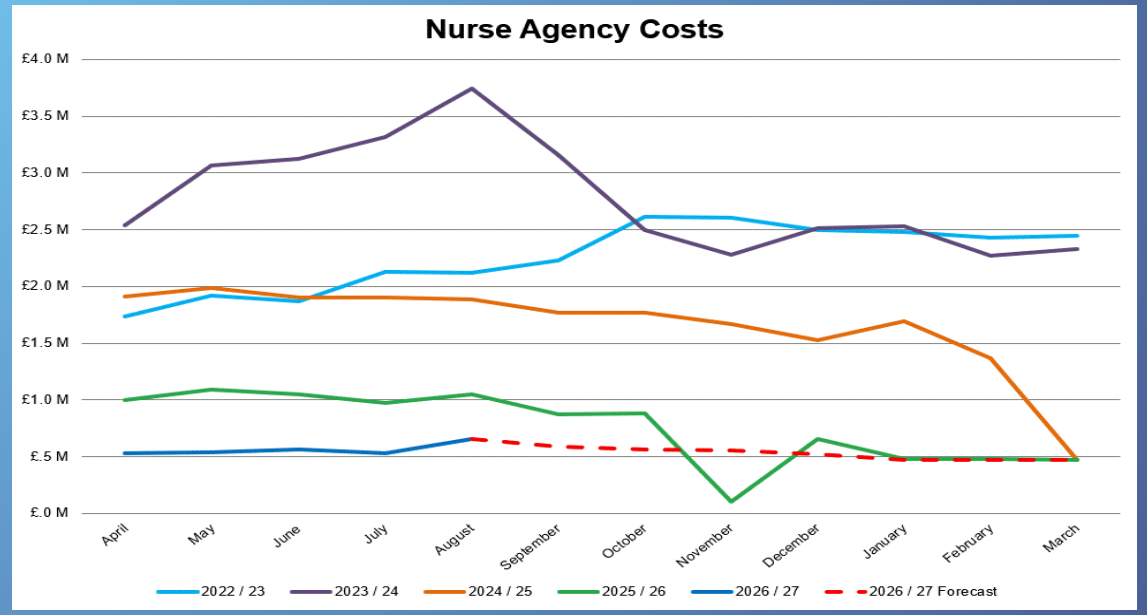
- Registered Nurse agency costs totalled £0.7m for the month, an increase (£0.2m) from previous month spend. Agency Nurses are used to staff escalated beds, low numbers of registered nurses available through the Nurse Bank and cover for ward vacancies to ensure Nurse Staffing Act ward staffing levels are maintained. In-month Nurse Agency spend is predominantly within Ysbyty Glan Clwyd (£0.3m), Ysbyty Maelor Wrexham (£0.1m), and Ysbyty Gwynedd (£0.1m).

- Other agency costs totalled £0.2m in August, a decrease (£0.1m) from previous month spend and is £0.3m less than the 25/26 monthly average. Other Agency costs mainly consist of Allied Health Professionals spend of £0.2m in August.

Pay Costs – Agency







Expenditure - Non-Pay

- **Primary Care Contractor:** August in-month expenditure increased by £0.3m (1.2%) and is £0.3m higher than forecast for the month being predominantly due to an increase in GMS and Optometry expenditure.

- **Primary Care Drugs:** Expenditure is £0.5m less than previous month due to an under accrual relating to previous months included within the July position.

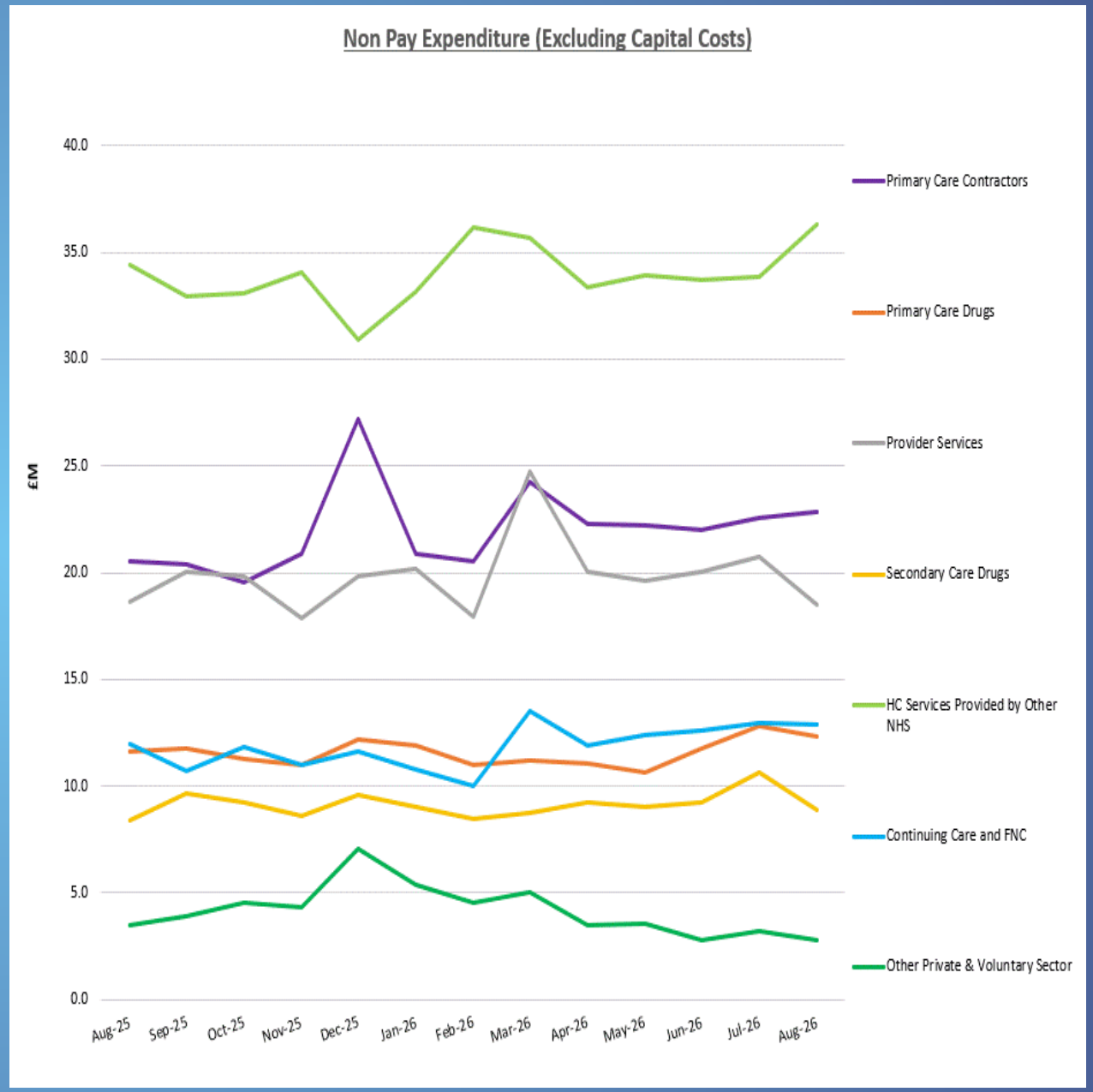
- **Provider Services Non-Pay:** Provider Services Non-Pay decreased in-month by £2.3m (10.9%), of which £1.7m is a reduction in Clinical Services & Supplies. In addition, Premises and Fixed Plan expenditure has also reported a reduction of £0.5m.

- **Secondary Care Drugs:** Expenditure decreased by £1.8m (16.6%) from previous month being predominantly due to the Homecare invoices backlog processed in previous month.

- **Healthcare Services provided by Other NHS Bodies**: Expenditure increased by £2.4m (7.2%) from previous month and is £2.5m higher than forecast for the month, due to a deterioration in the JCC contract again in Month 5. Additional £2.4m Vertex spend was also reported in August, for which WG funding allocation has been received.

- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure decreased by £0.1m from previous month, however in-month spend is £0.8m higher than forecast for the month due to an increase in both MHLD and Adult care packages.

- **Other Private & Voluntary Sector:** In-month expenditure decreased by £0.5m from previous month, of which £0.2m is reduction in Commissioning due to lower activity in Nuffield outsourcing contract in August & £0.3m reduction in Out of Area placements costs.



Allocations

	£m
Total Allocations Received	2,355.0
Total Allocations Anticipated	40.4
Total Welsh Government Income	**2,395.5**

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is 2,395.4m.
- Confirmed allocations to date are £2,355.0m.
- Further anticipated allocations in year total £40.4m as detailed in the table.

Description	£m
Allocations Received	2,355.0
Total Allocations Received	**2,355.0**

Description	£m
Allocations anticipated	
Owned Asset Baseline Provider Depreciation	0.7
Owned Asset Strategic Depreciation	6.2
Donated Asset Depreciation	1.5
Owned Asset Impairments	17.3
Owned Asset Impairments Reversals	-6.9
Removal of Donated Assets / Government Grant Receipts	-2.2
Removal of IFRS-16 Leases (Revenue)	-4.0
MRP Forecast Contribution	-34.0
IM&T Refresh Programme	2.6
Prevention and Early Years fund allocation 2026/27	1.2
A4C Payaward funding	33.7
All Ages Mental Health Digital Solution 26/27	1.2
ESR charges 2026-27 "Future Workforce Solution - WG Support"	2.3
GMS Disp Doctors / PADMS & List Size funding	1.2
26/27 Payaward funding for M&D	8.8
Neurodivergence Improvement Programme	2.0
MH Advocacy funding	0.5
26/27 Payaward funding for Band 3 payscale correction	0.5
Planned Care Recovery 2026-27 Tranche 1 Funding	5.5
Other	2.2
Total Allocations Anticipated	**40.4**

Risks

- The below are risks to the Health Board's financial position for 2026/27. Where it is clear of specific costs for risks and opportunities, these are incorporated into the forecast position.

Risks – Pressures not assumed in Forecast Outturn	£m	Level
Risk of conditionally recurrent funding removed	£82.0m	Low
Risk that Prescribing costs may rise by up to 4% when growth of certain items is included	£2.0m	Medium
Expenditure run rate continues above plan	£16.0m	Medium
Resident Doctors New contract impact	TBC	High
Impact of new contracts for Dental, GMS and Community Pharmacy	TBC	Medium
Risks – Benefits assumed in the Forecast Outturn		
Non-Delivery of Unplanned Additional required mitigations yet to be finalised	£11.4m	Medium
Dental Ring-Fenced Allocation Underspend potential clawback	£1.0m	High
Total Risks	**£112.4m**	
Opportunities not factored into the Forecast Outturn		
Retaining Band 2/3 Balance Sheet opportunities (Estimated value)	£1.3m	Medium
Conversion of Red & Pipeline Opportunities to Savings	£10.9m	Medium
Total Opportunities	**£12.2m**	

Balance Sheet & Cash

- Closing cash balance as at 31st August 2026 was £8.819m, which included £4.624m cash held for revenue expenditure and £4.195m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2026-27 of (£36.458m) made up of (£40.517m) revenue cash and £4.059m capital cash.
- The forecast closing cash balance assumes working balance support of £4.000m for capital payments relating to Right of Use Assets and £22.868m for movements in revenue balances.

	Opening Balance Beginning of Apr-26 £'m	Closing Balance End of Aug-26 £'m	Forecast Closing Balance End of Mar-27 £'m
Non-Current Assets			
Property, plant and equipment	812.0	800.2	814.5
Intangible assets	1.2	1.0	1.2
Trade and other receivables	185.3	185.1	185.3
Non-Current Assets sub total	**998.5**	**986.3**	**1,000.9**
Current Assets			
Inventories	21.7	22.5	21.7
Trade and other receivables	140.7	123.2	125.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	8.0	8.8	-36.5
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	**170.4**	**154.5**	**111.0**
TOTAL ASSETS	**1,168.9**	**1,140.8**	**1,111.9**
Current Liabilities			
Trade and other payables	245.2	217.0	217.0
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	49.6	34.2	34.6
Current Liabilities sub total	**294.8**	**251.2**	**251.6**
NET ASSETS LESS CURRENT LIABILITIES	**874.1**	**889.6**	**860.3**
Non-Current Liabilities			
Trade and other payables	21.2	21.2	21.2
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	185.8	185.8	185.8
Non-Current Liabilities sub total	**207.0**	**207.0**	**207.0**
TOTAL ASSETS EMPLOYED	**667.1**	**682.6**	**653.3**
FINANCED BY:			
Taxpayers' Equity			
General Fund	412.6	428.1	398.9
Revaluation Reserve	254.5	254.5	254.5
PDC (Trust only)	0.0	0.0	0.0
Retained earnings (Trust Only)	0.0	0.0	0.0
Other reserve	0.0	0.0	0.0
Total Taxpayers' Equity	**667.1**	**682.6**	**653.3**

Capital

BUDGET 2026/27		
Capital Resource Limit 2026/27	**£m**	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).
WG Discretionary Capital	14.1	
All Wales Scheme	45.9	
CRL	**60.0**	

CAPITAL PROGRAMME 2026/27	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.5	2.4	5.9	1.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.6	0.2	1.6	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	5.0	0.8	5.0	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	2.5	0.1	2.5	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	0.0	0.0	0.0	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All Wales funding brokerage to be re-provided from discretionary	0.6	0.0	0.6	0.0	Brokerage managed within the programme.
WG Discretionary Capital	**14.1**	**3.5**	**15.5**	**1.4**	**Over Commitment**

- Approved Capital Resource Limit (CRL) for 2026/27 is £60.0m which is forecast to be spent in full.
- As previously agreed with Welsh Government the prior year expenditure of £1.377m for Royal Alexander Hospital – Phase 1 is to be re-provided to discretionary from the All-Wales allocation.
- Donated Income of £2.197m has been reported from Month 4 onwards. This is made up of £800k donated income and £1.397m in relation to the Ysbyty Gwynedd Helipad Redevelopment.

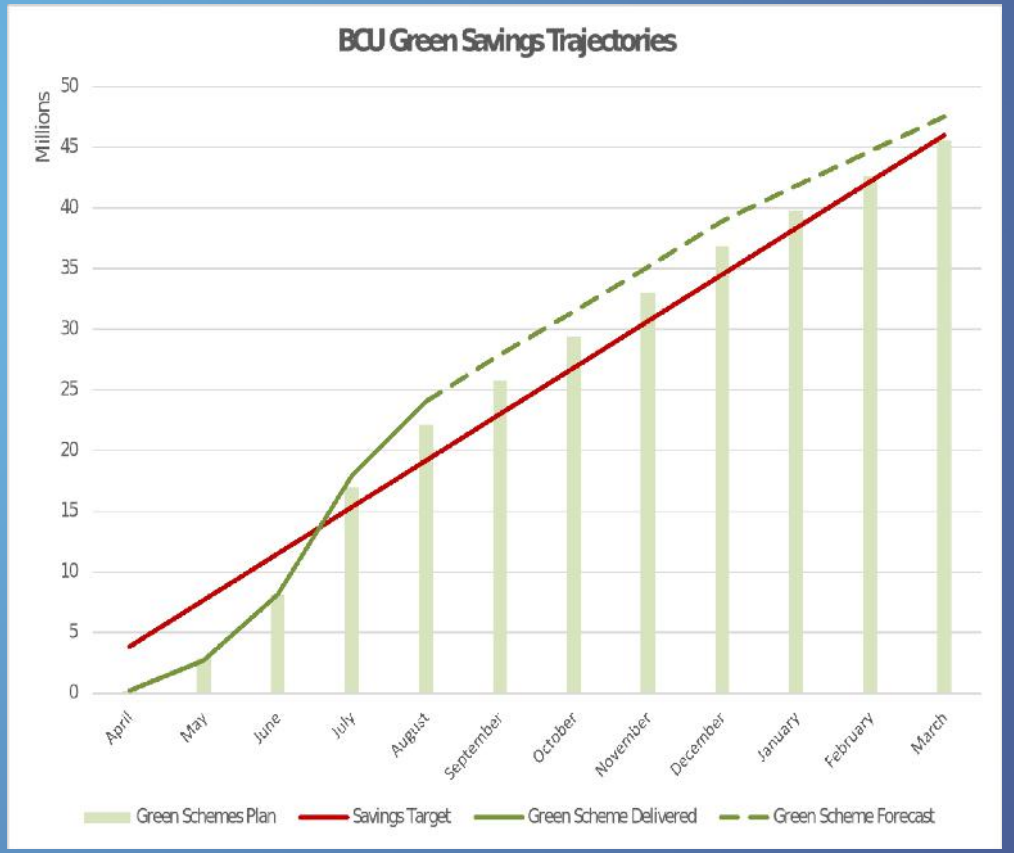
Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Royal Alexander Hospital - Phase 1	20.1	0.1	18.7	(1.4)	The principal contractor, MTX, has been appointed and commenced on site as planned. The demolition contractor has also been appointed and is scheduled to commence works in August. A revised integrated programme has been issued and accepted, incorporating mitigation measures to address ecology-related issues. A revised estimated cashflow has been submitted to Welsh Government (WG). The Health Board is currently awaiting an updated contractor cashflow to provide further clarification. Project risks and associated mitigation measures are being reviewed on a weekly basis and escalated where necessary.
Replacement Diagnostic and Treatment Equipment	1.6	0.8	1.6	0.0	The first Linac has been installed with the second Linac due for installation in quarter 2. The programme for purchase of service lead equipment is being reviewed with the procurement team
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	4.5	0.6	4.5	0.0	Construction works are progressing well, remain on programme, and are currently within budget. Work is ongoing to finalise the legal lease agreements with the electrical supplier for the new substation, with this activity remaining in line with the project programme. Amendments to the cable routing have been reviewed and approved by the Board. Any remaining project risks are being actively managed, with mitigation measures in place to minimise potential impacts on programme, cost, and delivery.
TEF - Fire	2.4	0.1	2.4	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The fire safety elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Infrastructure	5.0	0.5	5.0	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The Infrastructure elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Decarbonisation	2.5	0.0	2.5	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The fire safety elements remain on track in terms of expenditure and delivery. Funding allocated for the solar farm at Ysbyty Gwynedd is expected to be returned to Welsh Government (WG) due to challenges associated with securing planning permission and the associated programme timescales. The impact of this decision is being managed through the established governance process, with regular updates provided to WG as required.
TEF - Mental Health	2.1	0.0	2.1	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The Mental Health elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements. Change request are due to submitted to support some underspend within the mental health allowance.
TEF - Infection Prevention Control	0.6	0.0	0.6	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The fire safety elements remain on track in terms of expenditure and delivery. Any cost variations are being closely monitored and reported to Welsh Government (WG) in accordance with established governance and reporting arrangements.
TEF - Decontamination	0.8	0.1	0.8	0.0	The TEF funding is distributed across a number of projects and is being delivered through a two-year programme. The Decontamination elements remain on track in terms of expenditure and delivery, there is a timing risk
Redevelopment the Hospital Helipad at Ysbyty Gwynedd	1.0	0.8	1.0	0.0	The contractor is progressing in accordance with the approved programme and budget, with project completion anticipated during Q3. Mitigation measures relating to the adjacent footpath are currently being reviewed under the direction of the Project Board to ensure any potential impacts are appropriately managed and do not affect project delivery.
Diagnostic Equipment 2026-27	2.5	0.0	2.5	0.0	The tender documentation is in the final stages of completion and is being submitted to Procurement for review and approval. It is noted that the installation and enabling works are scheduled to be undertaken during Q4, in accordance with the project programme. The project team will continue to monitor progress to ensure key milestones are achieved and any emerging risks are managed appropriately.
End of Year Digital Funding 25-26	0.4	0.4	0.4	0.0	Complete.
Mental Health Quality and Safety Schemes 2026-27	0.7	0.0	0.7	0.0	Both schemes are progressing into the procurement stage, with tendering activities being undertaken in line with the approved programme. Construction works are scheduled to commence following procurement, with completion on site currently programmed for Q4. The project teams will continue to monitor progress and manage any emerging risks to ensure delivery remains on track.
North Wales Medical School Fees	0.4	0.1	0.4	0.0	Works to prepare business case is ongoing. We are targeting business case submission to be quarter 4.
Digital Backlog Funding	1.5	0.0	1.5	0.0	The funding is to procure legacy hardware and data centre resilience works that will be delivered by 31 March 2027.
All Wales Capital	**45.9**	**3.6**	**44.5**	**-1.4**	
Donated	**0.8**	**0.2**	**0.8**	**0.0**	
Donated YG Helipad Redevelop	**1.4**	**0.0**	**1.4**	**0.0**	
Total	**62.2**	**7.3**	**62.2**	**0.0**	

Savings Performance against Target

- The Health Board's financial plan has set a target of £46.0m to be delivered in 2026/27, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year value of Green Schemes total £47.5m, of which £23.9m is recurring, with a full year effect of £32.6m. £38.2m is cash releasing, £4.2m are accountancy gains, £3.6m is income generation and £1.5m are cost avoidance schemes. Of the full year value only £31.8m of these savings have been identified as budget releasing.
- The year to date savings delivery target totals £19.2m (5/12ths of the annual target of £46m) with savings delivered to date totalling £24.0m. However, of these savings £14.4m is budget releasing resulting in a £4.8m shortfall in budget extractable savings verse that targeted year to date. In-month delivery is £6.1m, against the £3.8m target.
- Red schemes and pipeline opportunities total £10.9m, work is progressing to convert into green schemes.

			Budget Releasing Savings						
Services	Total Saving YTD £m	Total Saving Forecast £m	Recurring Target £m	Forecast - Delivery £m	Forecast - Variance (+ve = adverse) £m	FYE Savings forecast £m	YTD - Target £m	YTD - Delivered £m	YTD - Variance (+ve = adverse) £m
West Integrated Health Community	3.2	7.6	7.1	5.9	1.2	5.8	2.9	2.3	0.7
Central Integrated Health Community	5.3	9.5	9.6	7.8	1.7	5.9	4.0	3.8	0.2
East Integrated Health Community	3.8	8.6	9.1	6.6	2.5	7.1	3.8	2.5	1.3
MHLD	2.2	5.0	4.3	4.9	-0.5	5.5	1.8	2.0	-0.2
Womens Services	0.6	1.2	1.1	0.8	0.3	0.0	0.4	0.5	-0.1
Commissioning Contracts	0.0	0.3	7.0	0.3	6.7	0.8	2.9	0.0	2.9
Diagnostic and Specialist Clinical Support	1.0	1.5	1.9	1.0	0.9	0.1	0.8	0.7	0.1
Cancer Services	1.3	2.6	1.8	1.7	0.1	1.5	0.8	0.8	-0.1
Dental Services	0.1	0.3	0.2	0.3	-0.1	0.0	0.1	0.1	0.0
Service Support Functions & Other Budgets	2.1	3.1	3.9	2.6	1.3	0.6	1.6	1.7	0.0
Grip and Control Savings	4.3	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Saving Total	**24.0**	**47.5**	**46.0**	**31.8**	**14.2**	**27.3**	**19.2**	**14.4**	**4.8**
Non Budget Releasing Savings				11.5	-11.5	5.3		5.4	-5.4
Accountancy Gains			0.0	4.2	-4.2	0.0	0.0	4.2	-4.2
Total	**24.0**	**47.5**	**46.0**	**47.5**	**-1.5**	**32.6**	**19.2**	**24.0**	**-4.9**



Health Board Key Issues Report				
Board Date		24/09/2026		
Date of Committee		18/08/2026	**Report of:**	Audit Committee
Quoracy met:		Yes		
1	Agenda	The Audit Committee continues to meet bi-monthly. The Committee considered an agenda which can be accessed: Audit Committee - BCUHB		
2a	Alert	The Audit Committee wish to alert members of the Board of: • Significant long-standing audit recommendations remain open, including those linked to limited and unsatisfactory assurance; the Committee sought clearer evidence of completion, effectiveness and impact. • Policy compliance, overdue policies and assurance on Welsh Health Circulars, Ministerial Directions and regulatory requirements require further grip, particularly where patient safety or high organisational risk is involved. • Some corporate risks remain above appetite for extended periods, and members emphasised the need for clear programmes of work, milestones and evidence of risk reduction. • Internal Audit reported several limited assurance reviews, including Speaking Up Safely, planned care change, Executive Committee governance, Standards of Business Conduct, Pharmacy Regulatory Compliance, challenged services improvement plans and non-Digital, Data & Technology (DDaT) digital items. • The Nuclear Medicine Consolidation Project received unsatisfactory assurance, with concerns around revenue affordability, governance, escalation, approvals, delays and expired cost information. • The Capital Governance review identified recurring weaknesses in business case discipline, accountability, assurance, procurement, contract management and benefits realisation. • Finance reporting highlighted increased file note payments outside the normal purchase order process, alongside continued focus on payroll overpayments, aged debt, clinical negligence costs and pharmacy stock write-offs.		

2b	Assurance	The Audit Committee wish to assure members of the Board that: • The Committee received assurance that governance arrangements are being strengthened through the refreshed Board Assurance Framework, Corporate Risk Register, committee assurance reporting and corporate governance improvement planning. • The refreshed Board Assurance Framework provides improved alignment between Strategic Intent, Integrated Medium Term Plan (IMTP) objectives, corporate risks, assurances and gaps, with further validation planned before Board consideration. • Management confirmed that evidence is reviewed before audit recommendations are closed and that limited and unsatisfactory assurance recommendations are subject to follow-up. • Counter Fraud delivery remained on track for Quarter 1, with all key performance indicators achieved and open cases reduced. • External Audit reported that its programme was progressing as planned, including structured assessment, estates, cancer services and primary care work. • Work is underway to strengthen Standards of Business Conduct, declarations of interest, gifts and hospitality, honorary contracts and academic partnership governance. • In relation to the Centre for Mental Health and Society review, the Chief Executive confirmed Counter Fraud advice had been considered and wider learning will be taken forward through the Research, Development and Innovation governance review. The Audit Committee has reviewed the AAA reports submitted by Board Committees and notes evidence of effective committee scrutiny, challenge and escalation of significant organisational risks and issues. The Committee considers that the Board can place reasonable reliance on the operation of the Committee assurance framework and the transparency of matters being reported through Board Committees.
2c	Advise	The Audit Committee wish to advise members of the Board: • The Board is advised that the Committee is strengthening its wider audit, risk and assurance role; this will require clear role definitions, consistent AAA reporting and meeting cycles that support timely assurance to Board. • The Board should maintain oversight of delivery and impact of actions arising from audit recommendations, particularly those linked to limited and unsatisfactory assurance.

		• Reports should focus more clearly on outcomes, sustained impact, benefits realisation and measurable improvement, rather than activity alone. • Risks above appetite require clearer programmes of work with defined outcomes, milestones, ownership and timescales. • Capital and service transformation schemes require stronger business case discipline, including revenue consequences, governance routes, escalation, Senior Responsible Officer (SRO) responsibilities and benefits realisation. • Digital governance outside central DDaT control requires organisational grip, realistic timescales and appropriate committee oversight. • The Board should expect the Research, Development and Innovation governance review to result in a clear improvement plan with ownership, milestones, target dates and residual risk assessment.
2d	Review of Risks	• The Committee reviewed the Corporate Risk Register and noted that a number of risks remain outside appetite. • The refreshed Board Assurance Framework was welcomed for clearer alignment, but members requested stronger visibility of measurable outcomes, sustained impact and actions to address gaps in control and assurance. • Committee-level risk oversight should be connected back into the Audit Committee's wider assurance role, particularly where risks cut across committee boundaries.
2e	Sharing of learning	• Audit recommendation closure should focus on effectiveness and impact, not closure of actions alone. • The Centre for Mental Health and Society review highlighted the importance of robust governance at the start of partnerships, including contracts, declarations, honorary contracts, financial controls and value-for-money arrangements. • Capital governance learning should be embedded across future schemes, with stronger business case development, escalation, procurement, contract management and benefits realisation. • Committee AAA reporting should be more consistent and tailored to each committee's responsibilities.
3	Actions to be considered by the Board or other Committees	• **Quality, Safety and Experience (QSE) Committee:** consider clinical negligence trends and related quality and safety learning; receive assurance on patient safety-related policy compliance and regulatory requirements. • **People and Culture Committee:** continue oversight of Speaking Up Safely actions, staff feedback

		arrangements, the overpayment procedure and workforce-related Counter Fraud learning. • **Performance, Finance and Information Governance (PFIG) Committee:** oversee the Nuclear Medicine Consolidation Project, capital governance improvements, business case discipline, revenue consequences, benefits realisation and no purchase order/no pay controls. • **Planning, Public Health and Partnerships (PPHP) Committee:** consider non-DDaT digital governance risks and receive assurance on action plans and timescales. **Board / relevant Committee route:** receive the final Research, Development and Innovation governance review improvement plan.

Health Board

BOARD ASSURANCE FRAMEWORK 2026-2027

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Jody Evans Assistant Head of Risk Management
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

The Board Assurance Framework (BAF) has been comprehensively refreshed to align with the Health Board's revised Strategic Intentions and Integrated Medium-Term Plan, providing a strengthened framework for the identification, monitoring and management of principal strategic risks. The framework has been subject to extensive review and challenge through Executive Directors, the Risk Scrutiny Group, Board Committees and the Audit Committee prior to publication within the Risk Management Portal.

From an assurance perspective, the Audit Committee welcomed the significant improvements made in aligning strategic objectives, principal risks, controls, mitigating actions and assurance arrangements. The Committee recognised that the refreshed framework provides a stronger foundation for Board oversight of strategic risk and improves visibility of the relationship between strategic intent, risk exposure and organisational delivery.

The Committee's scrutiny identified that the current assurance position remains predominantly **Limited Assurance**, not because governance or management arrangements are deficient, but because available evidence is weighted more heavily towards demonstrating activity, programme delivery and oversight rather than evidencing measurable outcomes, risk reduction and organisational impact. Whilst controls, governance processes and scrutiny arrangements are generally

well established, further development is required to strengthen outcome-based assurance, benefits realisation reporting and independent sources of assurance. Audit Committee therefore endorsed the overall assurance position and noted that the strongest assurances are currently derived from governance arrangements, management controls and oversight mechanisms. The Committee emphasised the importance of continuing to mature the framework through the development of clearer outcome measures, enhanced benefits realisation reporting and improved triangulation of risk, performance and assurance information.

The Audit Committee concluded that the refreshed BAF represents a substantial improvement in the Health Board's strategic risk management arrangements and provides the Board with reasonable confidence that appropriate systems are in place to identify, monitor and manage principal strategic risks. However, continued focus is required to demonstrate more clearly that controls are delivering sustainable improvements and reducing strategic risk exposure over time.

Accordingly, the Board can take assurance that robust governance and oversight arrangements are in place, whilst recognising Audit Committee's observation that strengthening outcome-based evidence and benefits realisation remains a key priority for the continued maturation of the Board Assurance Framework.

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

Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Planning, Population Health and Partnerships Committee	03 Sept 2026	For Committee review, scrutiny and assurance.
Quality, Safety and Experience Committee	03 Sept 2026	For Committee review, scrutiny and assurance.
Performance, Finance and Information Governance Committee	25 Aug 2026	Performance, Finance and Information Governance Committee
Audit Committee	18 Aug 2026	For Committee review, scrutiny of assurance.
People and Culture Committee	13 Aug 2026	For Committee review, scrutiny and assurance.
Executive Committee	29 July 2026	Draft BAF discussed for onwards reporting and validation.
Risk Scrutiny Group	20 July 2026	Draft BAF reviewed and endorsed subject to completion of outstanding Executive Director feedback and amendments.

Executive / Directors	June – July 2026	Draft BAF risks circulated for review, challenge and validation.
Transformation and Improvement Team	Ongoing	Collaboration continuing to develop the BAF within the Portal and explore future reporting integration opportunities.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
BAF	Board Assurance Framework
IMTP	Integrated Medium Term Plan
ADP	Annual Delivery Plan
EC	Executive Committee

BOARD ASSURANCE FRAMEWORK 2026-2027

1. Y SEFYLLFA/SITUATION

The Board Assurance Framework (BAF) has been refreshed to reflect the Health Board's revised Strategic Intentions and IMTP. The framework has been reviewed through Executive Directors, the Risk Scrutiny Group, Board Committees and Audit Committee, with principal strategic risks now validated and published within the Risk Management Portal. The refreshed framework provides a stronger basis for strategic risk oversight and assurance and will continue to mature as evidence of outcomes and benefits realisation develops.

2. Y CEFNDIR/BACKGROUND

The Board Assurance Framework (BAF) has been refreshed following approval of the Health Board's revised Strategic Intentions and Integrated Medium-Term Plan (IMTP). A comprehensive review has been undertaken to align principal strategic risks with the updated strategic framework, incorporating associated threats, controls, sources of assurance and mitigating actions. Outstanding actions from the previous BAF have been mapped and incorporated within the revised framework to ensure continuity of oversight and accountability.

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

The principal strategic risks have been reviewed and challenged through the relevant Board Committees, which considered the associated controls, mitigating actions, sources of assurance and identified assurance gaps within their respective remits. Committees were supportive of the refreshed Board Assurance Framework and welcomed the strengthened alignment between the Health Board's Strategic Intentions, IMTP objectives, principal risks and assurance arrangements.

Committee scrutiny concluded that governance, oversight and risk management arrangements are established and operating; however, further work is required to strengthen evidence of effectiveness, organisational impact and demonstrable risk reduction. A consistent theme emerging from Committee review was the need to enhance outcome-based assurance, benefits realisation reporting and independent evidence sources to support greater confidence that controls are delivering the intended strategic outcomes.

Collectively, the Committees supported the current assurance position and endorsed the continued development of the framework as it matures, providing the Board with increasing assurance regarding the management of principal strategic risks and delivery of strategic objectives.

Key Themes Emerging from Committee Scrutiny
Review of the Board Assurance Framework through Committees identified several recurring themes across the principal strategic risks;

- **Workforce Sustainability:** Workforce recruitment, retention, succession planning and organisational capacity remain significant challenges affecting service resilience and delivery of strategic priorities.

- **Service Demand, Access and Capacity:** Continued demand pressures, service fragility, access challenges and capacity constraints remain significant risks across urgent and emergency care, planned care, cancer services, diagnostics, primary care, community services, mental health services and other fragile service areas.

- **Transformation and Strategic Change:** Delivery of major strategic programmes including Foundations for the Future, Community by Design, Clinical Services Planning, Research and Innovation, Digital Transformation and wider organisational transformation remains critical to achieving the Health Board's strategic ambitions. Progress is ongoing however the need for evidence demonstrating sustainable benefits and long-term impact remains.

- **Financial Sustainability:** The Health Board continues to face significant financial challenges relating to financial recovery, delivery of recurrent savings, value and sustainability programmes, commissioning arrangements and long-term financial sustainability. The refresh of BAF Risk 26_05 has strengthened visibility and oversight of the strategic financial risks facing the organisation. Further work is underway to align risk actions with improvement activity that sits outside ADP deliverables.

- **Population Health and Reducing Inequalities:** The continued challenges are recognised; associated with preventable long-term conditions, health inequalities, variation in uptake of screening and vaccination programmes, and the need to demonstrate long-term population health improvements through prevention and partnership arrangements.

- **Assurance Maturity and Benefits Realisation:** The need to strengthen outcome-based assurance, benefits realisation reporting and independent sources of assurance. Whilst governance arrangements, controls and monitoring mechanisms are generally in place, there remains a need for stronger evidence demonstrating that controls are delivering measurable improvements and reducing strategic risks over time.

- **Audit Committee Observations:** Audit Committee welcomed the refreshed BAF and recognised the improved alignment between strategic objectives, risks, controls and assurance arrangements. The Committee concluded that assurance currently relies more heavily on evidence of activity and programme delivery than demonstrable outcomes and benefits realisation. Whilst performance

management arrangements provide evidence of progress, further work is required to strengthen outcome-based assurance and independent sources of assurance. The Committee therefore endorsed the current assurance position and supported continued development of reporting arrangements.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO A GORUCHWYLIAETH LLYWODRAETHU/ KEY RISKS / MATTERS FOR ESCALATION AND GOVERNANCE OVERSIGHT

The refreshed Board Assurance Framework (BAF) has strengthened the Health Board's approach to identifying, monitoring and overseeing its principal strategic risks. The framework has been reviewed through Executive Committee, Board Committees and Audit Committee, providing a stronger basis for strategic oversight and assurance. Committee scrutiny welcomed the improved alignment between Strategic Intentions, IMTP objectives, principal risks, controls and assurance arrangements, whilst highlighting the need to strengthen evidence of effectiveness, benefits realisation, organisational impact and risk reduction.

The current assurance position is strongest in relation to governance arrangements, oversight processes and management controls. Whilst these arrangements provide assurance that strategic risks are being actively managed, further work is required to strengthen outcome-based assurance and demonstrate the effectiveness of controls in reducing strategic risk exposure. Audit Committee noted that assurance is currently more heavily weighted towards evidence of activity and programme delivery than measurable outcomes and benefits realisation.

As the framework becomes embedded, ongoing scrutiny through Executive Committee, Board Committees and the Board, supported by Assurance and Accountability Arrangements (AAA) reporting, will strengthen the triangulation of risk, performance and assurance information.

Notwithstanding the overall position, a number of strategic risks demonstrate more mature assurance arrangements and have been assessed as providing Reasonable Assurance, including Quality (4H), Clinical Services Planning, Clinical Leadership and Interprofessional Working (4C), and Digital, Data and Intelligence (4D). The Board can therefore take assurance that robust arrangements are in place to identify, monitor and manage the Health Board’s principal strategic risks, whilst recognising that the continued development of outcome-based assurance remains a key area of focus.

5. ARGYMHELLION/RECOMMENDATIONS

Members are asked to:

- **NOTE** the refreshed Board Assurance Framework and current assurance position.

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

Supporting Papers:

- **Appendix 1 – Board Assurance Framework**
  Reporting Note: Actions are reviewed in line with agreed programme management arrangements. Not all actions require monthly updates where delivery milestones fall in future quarters. The 'Date of Last Update' field indicates when each action was last reviewed by the action owner.

- **Appendix 2** – Mapped Open Actions from Extant BAF 2024-2025 for information.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	**All apply** If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	This paper relates directly to the Board Assurance Framework and supports the Health Board's strategic risk management arrangements through the development and implementation of a refreshed BAF aligned to the IMTP.

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

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

	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	Positive impact through improved Board oversight, assurance and transparency regarding strategic risk management.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Existing resources have been utilised to undertake the BAF refresh. Future efficiencies are anticipated through integration with Portal reporting arrangements and alignment with ADP reporting processes.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

RISK APPETITE ANNUAL REVIEW 2026-2027

Dyddiad y Cyfarfod Date of Meeting	24 September 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Jody Evans Assistant Head of Risk Management
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger Director of Corporate Governance

Pwrpas yr Adroddiad Report Purpose	For Assurance

**Crynodeb Gweithredol
Executive Summary**

Following the Informal Board in August 2026, the Board reviewed its organisational Risk Appetite Statement to ensure it remains aligned with the Health Board's current operating environment, strategic priorities and ambition to deliver sustainable improvement. Board Members considered feedback on the existing framework and reflected on the balance between effective risk management and the need to support improvement, transformation and innovation.

The review confirmed that whilst the Health Board must maintain a strong focus on quality, safety, financial sustainability and regulatory compliance, it must also be prepared to take informed and well-governed risks where this supports service improvement, organisational resilience and long-term sustainability.

The revised Risk Appetite Statement incorporates a number of changes arising from Board discussion, including:

- a strengthened overarching statement recognising that maintaining the status quo may itself present risk;
- greater clarity regarding waiting time performance and patient harm arising from delays in care;
- a revised approach to regulatory and compliance risks reflecting the Board's expectations regarding governance and statutory compliance;

- replacement of the Reputational domain with a Long-Term Sustainability domain; and
- greater emphasis on distributed leadership, accountability and informed decision-making within agreed risk appetite thresholds.

The revised framework is intended to support consistent and transparent decision-making, strengthen organisational accountability, and provide greater clarity regarding the Board's tolerance for risk across key domains. Board approval is sought for implementation of the revised Risk Appetite Statement for 2026/27.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Informal Board	Aug 2026	For review, scrutiny and agreement
Board Members	July 2026	For consultation

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
BAF	Board Assurance Framework
IMTP	Integrated Medium Term Plan
ADP	Annual Delivery Plan
EC	Executive Committee

RISK APPETITE 2026/27

1. Y SEFYLLFA/SITUATION

To seek Board approval of the revised Risk Appetite Statement for 2026/27 following discussion and refinement at the Informal Board in August 2026.

2. Y CEFNDIR/BACKGROUND

The Board annually reviews its risk appetite to ensure it remains appropriate to the organisational context and strategic objectives.

Risk appetite provides a framework through which the Board can articulate the level and type of risk it is willing to accept in pursuit of its objectives. It supports informed decision-making, prioritisation of resources, escalation of significant risks and organisational accountability.

The previous appetite statement was approved in 2025/26 and comprised five domains:

- Quality
- Financial
- Regulatory/Compliance
- Reputational
- Innovation

The August 2026 Informal Board provided an opportunity for Members to reflect on whether these domains continued to accurately describe the Board's approach to risk in the context of service recovery, financial challenges, transformation priorities and organisational development.

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

Key Outcomes of the Workshop

Consideration of the Risk Appetite Framework demonstrated broad agreement that the Health Board should continue to adopt a balanced approach to risk management, recognising both the risks associated with change and the risks associated with maintaining current arrangements.

In doing so, members affirmed that patient safety, statutory compliance and financial sustainability should remain key considerations, whilst enabling innovation, transformation, organisational resilience and delegated decision-making within clearly defined parameters.

The proposed risk appetite statements therefore reflect a more cautious approach to Quality, Financial Sustainability and Regulatory Compliance risks, whilst maintaining a greater willingness to support Innovation, Transformation, Sustainability and Organisational Resilience where appropriate governance and assurance arrangements are in place.

Proposed Risk Appetite 2026/27

The following appetite levels are proposed:

Domain	Appetite	Tolerance
Quality & Safety	Open	≤15
Financial Sustainability & Stewardship	Open	≤15
Regulatory & Compliance	Open	≤15
Long Term Sustainability	Seek	≤20
Creativity & Innovation	Seek	≤20

Reputational Risk has been replaced by Long-Term Sustainability. This reflects the principle that reputation is an outcome of performance and decision-making across all risk domains rather than a standalone risk category. The Board has adopted a SEEK appetite with a threshold of ≤20, recognising the need to pursue transformational change and accept higher levels of managed risk to secure long-term organisational sustainability and resilience.

The Risk Appetite is intended to support informed, proportionate and transparent decision-making across the Health Board. It provides a clear statement of the level of risk the Board is willing to accept in pursuit of its strategic objectives and helps ensure that decisions appropriately balance risk, opportunity, benefit and consequence.

The appetite thresholds are intended to guide the level of scrutiny, assurance and escalation required rather than determine whether a decision can or cannot proceed. Risks within appetite can generally be managed through routine governance arrangements. Risks that exceed appetite require explicit consideration of the associated benefits, mitigations and alternatives, together with additional oversight through Executive, Committee or Board structures as appropriate. Exceeding appetite does not automatically prevent a decision from proceeding; however, it requires a conscious and transparent decision to accept the risk, supported by appropriate assurance and accountability arrangements.

Board Escalation Framework

Risk Position	Definition	Action
Within Appetite	Risk is at or below the agreed appetite threshold.	Managed through routine operational, management and committee arrangements with appropriate controls and assurance.
Approaching Appetite	Risk is nearing the agreed appetite threshold or shows an increasing trend.	Increased management oversight and review of mitigating actions. Consider enhanced monitoring and reporting.
Exceeds Appetite	Risk exceeds the agreed appetite threshold.	Escalation to the appropriate Executive, Committee or Board forum. Explicit consideration of risks, benefits, mitigations and alternative options required.
Significantly Exceeds Appetite	Risk materially exceeds the appetite threshold or has potential strategic implications.	Formal Board oversight. Clear justification, mitigation plans, timescales and assurance arrangements required. Regular reporting until the position improves or an alternative decision is agreed.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO A GORUCHWYLIAETH LLYWODRAETHU/ KEY RISKS / MATTERS FOR ESCALATION AND GOVERNANCE OVERSIGHT

The Risk Appetite Statement forms part of the organisation's wider Risk Management Framework and the updates will be reflected in risk management processes, guidance and reporting arrangements.

The appetite levels will be used to support consideration of risk exposure and tolerance across strategic, corporate and operational risks.

5. ARGYMHELLION/RECOMMENDATIONS

Members are asked to:

- **NOTE** the Report;
- **APPROVE** the revised Risk Appetite Statement for 2026/27; and
- **AGREE** that the revised appetite is implemented across the Health Board and incorporated into the **RM01 - Risk Management Framework** arrangements and reporting processes.

Supporting Papers:

- **Appendix 1** – Revised Risk Appetite Statement

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	**All apply** If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Simplify, Standardise, and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	This paper relates directly to the Risk Management Overarching Framework.

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

Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒ Administrative report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Administrative report.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	Positive impact through improved Board oversight, assurance and transparency regarding strategic risk management.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Existing resources have been utilised to undertake the BAF refresh. Future efficiencies are anticipated through integration with Portal reporting arrangements and alignment with ADP reporting processes.	

f

Health Board

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	Endorse for Board Approval

Crynodeb Gweithredol
Executive Summary

This report provides the Board with an update on key corporate governance matters since the previous meeting and seeks approval of a number of governance-related changes and updates. These include proposed amendments to the Scheme of Reservation and Delegation, revised Committee Terms of Reference, and the annual review of Committee effectiveness.

The report also updates the Board on governance activity undertaken in support of the Health Board's improvement agenda, including preparations for the Independent Well-Led Review, matters considered in private session, and the continued development of governance and assurance arrangements.

The Board is asked to approve the proposed transfer of Information Governance responsibility from the Performance, Finance and Information Governance (PFIG) Committee to the Planning, Population Health and Partnerships (PPHP) Committee to align oversight with the wider digital agenda. Consequentially, it is proposed that PFIG be renamed the Performance and Finance Committee. These changes are intended to improve clarity of committee responsibilities, reduce overlap and strengthen governance arrangements.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
N/A		

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
N/A	Not Applicable
PFIG	Performance, Finance and Information Governance Committee
NW	North Wales
NHS	National Health Service
VAT	Value Added Tax
IMHA	Independent Mental Health Advocacy
BCUHB	Betsi Cadwaladr University Health Board
GGI	Good Governance Institute
SoRD	Scheme of Reservation and Delegation
S12(2)	Section 12(2) Approved Doctors
UK	United Kingdom
BAF	Board Assurance Framework
IMTP	Integrated Medium-Term Plan
CRR	Corporate Risk Register

CORPORATE GOVERNANCE REPORT

1. **Y SEFYLLFA**
SITUATION

1.1 The purpose of this report is to provide the Board with an update on key corporate governance matters.

2 **Y CEFNDIR**
BACKGROUND

2.1 The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.

2.2 It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.

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

3.1 **SUMMARY OF BUSINESS DISCUSSED IN THE PRIVATE SESSION OF THE HEALTH BOARD ON 30 JULY 2026**

In accordance with Standing Orders 7.5.3 the Health Board is required to report any decisions made in private session to the next available public meeting of the Board.

The following items were discussed during the private Board meeting held on 30 July 2026:

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
26.164	Planned Care Delivery Plan	➢ **NOTED** that internal capacity optimisation will remain the primary delivery model, with insourcing and outsourcing used only where necessary to address capacity gaps and achieve mandated performance standards. ➢ **SUPPORTED** the Executive to commission additional insourced and	Commercially Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		outsourced activity upon confirmation of funding allocations for the Planned Care – Part 1 bids submitted to Welsh Government totalling £16.28million across agreed specialties supporting the reduction of waiting times and elimination of 104-week waits and to ensure that no patient waits longer than 8 weeks for diagnostic testing. ➢ **APPROVED** (subject to point 2 and funding being secured) the use of existing contracts, contract variations, extensions, NHS-to-NHS arrangements and procurement exercises where required to secure the necessary capacity. ➢ **NOTED** where current internal, insourced/outsourced capacity is insufficient or contracts are not in place to achieve the required recovery, procurement will be undertaken in line with national and regional commissioning frameworks and value-for-money principles and the placement of contracts will be overseen through PFIG Committee. ➢ **NOTED** Recovery funding to support the procurement of additional diagnostic and treatment capacity, is subject to confirmation of funding allocation and compliance with associated funding conditions (as referenced in point 2).	

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		➢ **SUPPORTED** the implementation of a robust monitoring and assurance framework, including monthly reporting on activity delivered, expenditure, waiting list reductions, 104-week performance and achievement of the 8-week diagnostic target ➢ **ENDORSED** the commissioning approach as a critical enabler of the Health Board's Planned Care Recovery Programme, recognising that failure to secure additional capacity would materially increase the risk of non-delivery against Welsh Government recovery objectives and associated performance trajectories	
26.165	North Wales Dental Service - Replacement of Electronic Patient Management System	➢ **APPROVED** the Outline Business Case for the replacement of the NW Community Dental Service electronic Patient Management System to: • Commence initial procurement (planned July 2026) • Progress to Full Business Case with confirmed costs, benefits, and delivery plan	Business Sensitive
26.166	Contracts and Tender Approval Report	➢ **NOTED** the report; ➢ **APPROVED** Contract Award for Cisco Enterprise for 5 years ➢ **AGREED** with the Executive Committee's approval **in principle** to an extension to the	Business Sensitive

Agenda Item	Subject (including narrative)	Board Resolution	Rationale for item in Private
		IMHA contract for **up to** 30 months from 1st April 2027 with annual break clauses. ➢ **SUPPORTED** the Executive Committee's approval **in principle** to award of any inflationary uplift for 3rd Sector if agreed for 2027/28 to ensure consistency across all BCUHB third sector contracts.	
26.167	Corporate Risk Register Report (Private)	➢ **NOTED** the current position of the two private risks, both remaining above appetite. ➢ **SUPPORTED** continued progress on the key digital infrastructure and cyber security actions. ➢ **ENDORSED** ongoing governance and oversight to ensure timely risk reduction.	Business Sensitive
26.168	Legal Report	➢ **NOTED** the content of the report.	Confidential Items shared
26.169	Confidential Quality Report	➢ **NOTED** the content of the report.	Person Identifiable
26.170	Executive Committee (Private Items)	It was resolved that the Board: ➢ **NOTED** the report from the Executive Committee.	Confidential Items shared

3.2 INFORMAL BOARD – 27 AUGUST 2026

The Board met in an informal development session on 27 August 2026. During the session, members participated in a facilitated discussion with a representative of the GGI, who will be working with the Board in a development capacity over the next twelve months. In addition, members engaged in a Strategic Workshop to start to develop the next Integrated Medium Term Plan as well as discussing the Risk Management appetite for the next year.

3.3 AFFIXING OF THE COMMON SEAL

In line with Standing Orders, the Board receives a routine report on documents to which the Common Seal has been affixed. The Board is asked to note that the Common Seal has not been affixed to any documents since the previous report.

3.4 CHANGES TO THE SCHEME OF RESERVATION AND DELEGATION

Following consideration of the proposed amendments to the Governance and Accountability Framework, including the Scheme of Reservation and Delegation (SoRD), the Audit Committee approved the proposed changes and recommended their onward submission to the Board for approval (Appendix 1).

Summary of Changes

- Recognition of the **Deputy Chief Executive as a Tier 2 officer**, with delegated financial authority of up to **£500,000**, aligning delegated authority with the responsibilities of the role and strengthening organisational resilience.
- Amendment to **Oracle approval hierarchies** to reflect the Deputy Chief Executive's Tier 2 status and ensure system approval limits align with the revised delegation framework.
- Inclusion of the **Deputy Chief Executive within the consultancy approval framework**, enabling approval of consultancy contracts up to **£500,000**.
- Clarification that **Executive Committee approval is only required where proposals exceed an individual officer's delegated authority**, rather than through the application of a separate financial threshold.
- Amendment to **Table 12A(4)** to remove the requirement for Executive Committee approval of individual Continuing Healthcare placements up to **£200,000 per annum** where a compliant Pre-Placement Agreement is in place. These decisions would instead be approved through existing local and divisional delegated arrangements, whilst maintaining existing controls for:
    - placements above £200,000 per annum;
    - exceptional cases; and
    - cases without a compliant Pre-Placement Agreement

The additional statement will be included under the financial principles (set out on page 32 of the Scheme of Reservation and Delegation).

- *Delegated financial limits shall be applied to the total anticipated value of a programme, project or procurement over its full lifecycle. Expenditure must*

not be divided, phased or split into separate approvals to avoid delegated authority limits.

3.5 COMMITTEE TERMS OF REFERENCE AND ANNUAL REPORTS

As part of the annual governance review cycle, the Terms of Reference (Appendix 2) for Board Committees have been reviewed to ensure they remain aligned with statutory requirements, the Health Board's governance framework and organisational priorities. Committee Annual Reports for 2025/26 have also been completed, providing assurance on the effectiveness of Committee arrangements and the discharge of their respective responsibilities during the year (Appendix 3).

It is recommended that responsibility for Information Governance be transferred from the Performance, Finance and Information Governance (PFIG) Committee to the Planning, Population Health and Partnerships Committee (PPHP), aligning oversight with the wider digital agenda.

Reflecting the removal of this responsibility from its remit, it is further recommended that the PFIG Committee be renamed the **Performance and Finance Committee**. These changes will provide greater clarity of purpose, reduce overlap between committees and ensure committee responsibilities remain aligned to the Health Board's governance and strategic priorities.

3.6 APPROVED CLINICIANS AND SECTION 12(2) DOCTORS

The Board is asked to note and ratify the approvals in line with the requirements of the Welsh Government Guidance Document "Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians", the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the "All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals" document.

The following appendices are included in the supporting pack.

Appendix 4.1: Approved Clinicians (All Wales)
Appendix 4.2: Section 12(2) Doctors (All Wales).

3.7 SHARED SERVICES PARTNERSHIP COMMITTEE

Attached as Appendix 5 is the Assurance Report from the 16 July 2026 meetings of the Shared Services Partnership Committee

3.8 STRATEGIC REVIEW OF THE MID WALES JOINT COMMITTEE (MWJC)

Attached as Appendix 6 is the update on the work of the MWJC including the Strategic Review of the MWJC, the Mid Wales Priorities and Delivery Plan and the RHCW Work Programme.

3.9 **TRANSFER LOG REPORTING**

In line with the commitment outlined in the last Corporate Governance Report, arrangements have been strengthened to ensure clarity regarding matters for Committee consideration and those requiring Board oversight. The resulting schedule is included at Appendix 7 for review.

4 **UK COVID-19 INQUIRY**

The Module 5 Report, relating to Procurement and Distribution of Equipment and Supplies, was published in July 2026. The 11 recommendations are directed primarily at UK and devolved governments and focus on improving pandemic preparedness through stronger stockpile management, procurement capability, supply chain resilience, domestic manufacturing capacity, governance, transparency, workforce expertise, and the use of modern data and digital systems to support emergency procurement and distribution of healthcare equipment. Key learning relates to strengthening supply chain resilience, stock management, procurement capability, data and technology, transparency, governance and emergency preparedness arrangements.

The Discovery and Learning Steering Group will progress the learning from this and other UK Covid-19 Inquiry Module reports.

5 **RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO**
KEY RISKS BOARD ASSURANCE FRAMEWORK / MATTERS FOR ESCALATION

There are no risks or matters for escalation.

6 **ARGYMHELLION**
RECOMMENDATIONS

6.1 Members are asked to:

- **NOTE** the corporate governance updates contained within the report, including the summary of business considered in private session, the affixing of the Common Seal, the Well-Led Review update, the UK Covid-19 Inquiry learning and the refreshed Board Assurance Framework.
- **APPROVE** the proposed amendments to the Governance and Accountability Framework, including the Scheme of Reservation and Delegation, following recommendation by the Audit Committee.

- **APPROVE** the revised Committee Terms of Reference and **NOTE** the Committee Annual Reports for 2025/26.
- **NOTE AND RATIFY** the Approved Clinicians and Section 12(2) Doctors approvals included within the supporting appendices.
- **NOTE** the assurance provided through the NHS Wales Shared Services Partnership Committee
- **NOTE** the update on the work of the MWJC including the Strategic Review of the MWJC, the Mid Wales Priorities and Delivery Plan and the RHCW Work Programme
- **REVIEW** the Transfer Log schedule.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
	Do/Yes: ☐	Naddo/No: ☒

Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** Leadership	**Meysydd Ansawdd** **Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report

Have you considered the Armed Forces Covenant Due Regard Duty?		
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required for this report
Cyfreithiol **Legal**	Yes (Include further detail below)	
	There are legal implications within the High Value Claims items reported	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Health Board Key Issues Report				
Board Date		24/09/2026		
Date of Committee		13/08/2026	**Report of:**	People and Culture Committee
Quoracy met:		Yes		
1	Agenda	The People and Culture (P&C) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: People & Culture Committee - BCUHB		
2a	Alert	The P&C Committee wish to alert members of the Board that: • Significant workforce and cultural concerns have been reported within the Emergency Department at Ysbyty Glan Clwyd. Staff feedback identified issues relating to workload pressures, burnout, psychological safety, leadership, behavioural standards and team relationships. Staff consistently described patient flow challenges as a key driver of many of the pressures experienced within the department. • Whilst substantial engagement has been undertaken with staff and improvement actions are being developed, the Committee emphasised the importance of demonstrating visible and measurable improvement to maintain staff confidence and engagement. The Committee requested clear delivery plans, timescales, outcome measures and governance oversight arrangements to support improvement. • Workforce indicators continue to demonstrate organisational challenges, including sustained sickness absence levels and variability in PADR completion rates, which may impact workforce wellbeing, engagement and organisational culture if not addressed. • The Committee noted continued pressures across parts of the workforce, including recruitment, retention and attendance challenges in some staff groups and service areas.		
2b	Assurance	The P&C Committee wish to assure members of the Board that: • Significant work has been undertaken to understand staff experience within the Emergency Department following the Health Inspectorate Wales inspection, with extensive staff engagement and thematic analysis involving a substantially greater level of participation than previous surveys. The Committee received assurance that findings are informing a coordinated improvement programme		

		involving operational, organisational development and workforce teams. • The Committee received assurance that leadership development, culture improvement and workforce engagement programmes continue to be strengthened across the Health Board. Leadership development objectives have been substantially achieved, with positive evidence emerging regarding leadership confidence, communication skills, compassionate leadership behaviours and leadership capability. • The Committee received assurance regarding delivery of the Strategic Equality Plan, with Welsh Government independently assessing the Health Board at Level 3 maturity across key domains and identifying strengths in governance, strategic alignment and understanding of workforce and population inequalities. • The Committee received assurance that progress continues to be made in relation to Welsh language standards, workforce development and bilingual service provision, with increasing levels of staff engagement in Welsh language learning and strong compliance monitoring arrangements in place. • The Committee noted encouraging progress in workforce recruitment activity, including successful placement of newly qualified nurses and reductions in agency expenditure across several staff groups. • The Committee received assurance that Speak Up Safely arrangements continue to mature, with increasing utilisation of the service and actions underway to strengthen governance, oversight, visibility and organisational learning.
2c	Advise	The P&C Committee wish to advise members of the Board that: • Sustained organisational focus will be required to address cultural, behavioural and workforce challenges identified within Emergency Care services, recognising the relationship between workforce culture, staff wellbeing, patient experience and service performance. • Future assurance should increasingly focus on demonstrating measurable outcomes, impact and improvement rather than delivery of activity alone, particularly in relation to equality, leadership development, culture improvement and workforce wellbeing programmes. • Continued development of organisational culture dashboards, workforce metrics and triangulation of workforce intelligence will be critical to strengthening assurance regarding culture, leadership effectiveness and workforce experience across the Health Board.

2d	Review of Risks	The Committee reviewed risks within its remit and noted ongoing oversight of risks relating to: • Workforce culture and engagement. • Leadership capability and organisational development. • Staff wellbeing and attendance. • Workforce capacity and resilience. • Equality, diversity, inclusion and Welsh language compliance. The Committee concluded that these risks continue to be actively monitored through the established governance framework.
2e	Sharing of learning	The Committee recognised the value of: • The staff engagement methodology undertaken within the Emergency Department culture review. • Development of neurodiversity support arrangements and staff networks. • Leadership development and compassionate leadership initiatives. • Welsh language workforce development and active offer arrangements.
3	Actions to be considered	The Board is asked to: • Note the workforce and cultural challenges identified within Emergency Care services and the associated improvement programme. • Note the positive progress reported in relation to leadership development, equality and inclusion, Welsh language delivery, workforce recruitment and Speak Up Safely arrangements. • Support the continued development of outcome-focused workforce, culture and assurance reporting across the Health Board.
4.	Overall Assurance Opinion:	The Committee is able to provide **reasonable assurance** that appropriate governance, workforce and organisational development arrangements are in place across its areas of responsibility. However, further work is required to demonstrate sustainable improvement in workforce culture, staff wellbeing, leadership effectiveness and organisational outcomes, particularly within areas experiencing significant operational pressure.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

HEALTH, SAFETY AND SECURITY ANNUAL PERFORMANCE REPORT 2025-2026

Date of Meeting	24 September 2026
Publication Status	Open/ Public Not Applicable
Report Author name and title	Lynne Bushell Head of Health, Safety and Security
Lead Executive Team Member name and title	Stuart Keen Director of Environment and Estates

Report Purpose	For Approval

Executive Summary

This paper presents the Health, Safety and Security Annual Performance Report for 2025-2026 and provides the Board with an overview of organisational performance, key risks, positive areas of progress and strategic priorities for 2026-2027.

Recognising the Health Board is on a journey, and whilst the overall assurance position remains partial assurance, the report demonstrates significant progress in the maturity of the Health Board's health and safety management arrangements over the last three years. The organisation has moved from addressing fundamental governance and assurance weaknesses identified through Internal Audit and organisational gap analysis in 2023-2024, to establishing a structured Health and Safety Management Framework supported by assurance, audit and validation processes in 2025-2026.

Over the last three years the Health Board has delivered a significant programme of improvement. In 2023-2024 the organisation was responding to a Limited Assurance Internal Audit and undertaking a comprehensive review of its governance and assurance arrangements. By 2024-2025 the majority of Internal Audit actions had been completed, governance arrangements had been strengthened and improvements in incident performance and manual handling compliance were being demonstrated. During 2025-2026 the organisation implemented a formal Health and Safety Management Framework, introduced NHS Health and Safety Standards, established audit and validation processes and

developed a structured assurance model. Collectively these developments represent a significant increase in organisational maturity and provide stronger assurance regarding health and safety performance than was available three years ago.

The direction of travel over the last 36 months, has been to:

- Establish clear Executive and Board oversight arrangements for health and safety.
- Implement a formal Health and Safety Management Framework aligned to recognised NHS standards.
- Introduce the NHS Health and Safety Standards self-assessment programme across the organisation.
- Develop structured audit, validation and data triangulation processes to improve assurance.
- Strengthen the Strategic Occupational Safety and Health Group (SOSHG) and supporting governance arrangements.
- Progress and completed the majority of Internal Audit actions arising from the 2024 Limited Assurance review.
- Develop a comprehensive Health and Safety Training Needs Analysis to support a risk-based approach to competence assurance.
- Improve incident reporting quality and organisational understanding of risk.

The report demonstrates sustained improvement across several key performance areas, including:

- Staff accident and injury incidents reduced from 1,044 in 2023-2024 to 985 in 2025-2026.
- Manual Handling Level 2 compliance increased by 44% over four years and reached approximately 81% during 2025-2026.
- Mandatory Health and Safety training compliance continues to exceed 85% across most service areas.
- The majority of Internal Audit recommendations arising from the 2024 Limited Assurance review have been completed.
- Introduction of self-assessment, audit validation and data triangulation processes has significantly improved organisational understanding of compliance and risk.
- The organisation is now able to identify gaps between perceived and actual compliance and target improvement activity accordingly.
- Importantly, many of the gaps identified within the report reflect improved organisational scrutiny, greater transparency and a more mature approach to assurance rather than deterioration in performance. The Health Board is increasingly able to identify, measure and address areas requiring improvement through evidence-based assurance processes.

The Board is asked to:

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

- Take assurance from the progress made in health and safety governance, assurance and organisational oversight over the last three years.
- Note the overall Partial Assurance position but recognise we are on a journey but continue making significant strides.
- Endorse the strategic priorities identified for 2026-2027.
- Support continued development of organisational health and safety systems, governance arrangements and workforce capability.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
Strategic Occupational Safety and Health Group (SOSHG)	Ongoing	Regular oversight of health and safety risks, governance, audit monitoring and policy development.
Executive Committee	July 2026	Consideration of Annual Performance Report and assurance position.
People and Culture Committee	August 2026	Receipt of annual assurance report and consideration of strategic priorities.

Acronyms / Glossary of Terms	
COSHH	Control of Substances Hazardous to Health
HSE	Health and Safety Executive
OSHMS	Occupational Safety and Health Management System
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SOSHG	Strategic Occupational Safety and Health Group
TNA	Training Needs Analysis

HEALTH, SAFETY AND SECURITY ANNUAL PERFORMANCE REPORT 2025-2026

1. SITUATION

This report provides assurance regarding the Health Board's performance in relation to health, safety and security during 2025-2026 and highlights both the progress achieved and the areas requiring continued focus.

2. BACKGROUND

The Health Board has a statutory duty under the Health and Safety at Work etc. Act 1974 to ensure the health, safety and welfare of staff, patients, visitors and others affected by its activities.

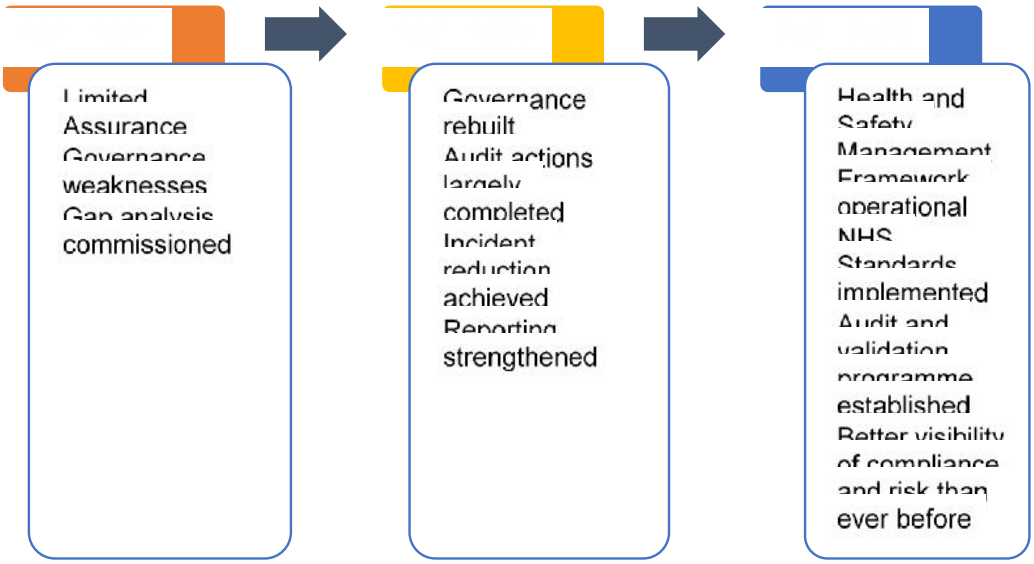
The last three years have represented a significant period of change and improvement for health and safety management within Betsi Cadwaladr University Health Board.

In 2023-2024 the organisation was responding to a Limited Assurance Internal Audit together with identified weaknesses in governance, policy management, reporting and organisational assurance arrangements. A comprehensive gap analysis was subsequently completed and informed a programme of improvement.

During 2024-2025, the organisation focused on strengthening governance arrangements, progressing audit recommendations, rebuilding service capacity, improving reporting mechanisms and developing the NHS Health and Safety Standards self-assessment programme. Significant progress was made and the majority of Internal Audit actions were subsequently completed.

During 2025-2026, this work matured further through implementation of a Health and Safety Management Framework, structured audit and validation programmes, and starting to develop a Training Needs Analysis and improved assurance arrangements. These developments have established stronger organisational foundations. Next steps are to improve understanding of risk across the Health Board.

3. THE JOURNEY



4. SPECIFIC MATTERS FOR CONSIDERATION

The Board is asked to consider:

- Progress achieved against the three-year improvement journey.
- The implementation and effectiveness of the Health and Safety Management Framework.
- Outcomes from the NHS Health and Safety Standards self-assessment process, including the audit, validation and assurance findings.
- Performance trends relating to workforce safety, incident reporting and training compliance.
- Strategic priorities identified for 2026-2027.

5. KEY RISKS / MATTERS FOR ESCALATION

Despite progress, several significant risks remain:

- Violence and aggression towards staff continues to represent a significant organisational risk.
- Health and safety risk management arrangements require further maturity and digital support. The Board is asked to support this requirement.
- Training and competence assurance requires continued development through implementation of the Training Needs Analysis once finalised and approved.
- Workforce capacity pressures continue to impact delivery in several service areas.
- Governance effectiveness and organisational engagement require further strengthening to ensure consistent assurance.

6. RECOMMENDATIONS

The Board is asked to:

- **APPROVE** the Health, Safety and Security Annual Performance Report 2025-2026.
- **TAKE ASSURANCE** from the progress made in strengthening governance, assurance and organisational oversight not only over the last 12-months but also the 36-months.
- **RECOGNISE** the significant improvement journey undertaken following the 2024 Internal Audit and health and safety gap analysis.
- **ENDORSE** the strategic priorities for 2026-2027 including:
  - Development of a Health and Safety Risk Management Framework;
  - Implementation of a digital risk management solution;
  - Implementation of the Health and Safety Training Needs Analysis;
  - Strengthening of incident investigation arrangements;
  - Further development of SOSHG governance and accountability arrangements.
- **SUPPORT** continued organisational focus on workforce safety, particularly violence and aggression prevention.

Supporting Papers:

- **Appendix 1** – Health, Safety and Security Annual Performance Report

ASSESSMENT	
Link to Strategic Priorities	4.Create a Modern, People Centred Healthcare System
Design Principles	People First If more than one applies, please list below:
Corporate Risks and Board Assurance Framework	Health and Safety Compliance and Governance Risk (CRR 25-10), current risk score 16. Related risks include Manual Handling Compliance and Security Services risks.
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	This report is for assurance only and does not introduce new policy or service change.
Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	Assurance Report Only
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** Learning, Improvement & Research	**Domains of Quality** Safe
	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:	No direct impact
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	No personal data
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	No specific impact
Legal	Yes (Include further detail below)	
	Statutory duties under Health and Safety Legislation	
Reputational	Yes (Include further detail below)	
	Failure to address issues may impact organisational reputation.	
Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	Workforce capacity and need for investment in systems and staffing identified.	

Health Board

WELSH LANGUAGE SERVICES ANNUAL MONITORING REPORT 2025-2026

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	**Eleri Hughes-Jones,** Head of Welsh Language Services
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	**Teresa Owen** Executive Director of Allied Health Professions and Health Science

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol
Executive Summary

The Welsh Language Services Annual Monitoring Report 2025-2026 addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards (the Standards) over the reporting year.

This Annual Monitoring Report provides assurance that Betsi Cadwaladr University Health Board has continued to strengthen its compliance with the Welsh Language Standards and advance the ambitions of the Welsh Government's 'More than just words' Framework during 2025–2026. The report fulfils the Health Board's statutory duty under Standard 120 to report annually on:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

Overall, the Health Board has delivered significant progress against its objectives, demonstrating a mature and proactive approach to embedding Welsh language considerations within governance, service delivery, workforce development and organisational culture. Compliance monitoring, strengthened governance arrangements and targeted improvement programmes have contributed to measurable improvements across a range of Welsh Language Standards, while also improving the experiences of Welsh-speaking patients, families and communities.

Key achievements during the reporting period include:

- Strengthened statutory compliance through a comprehensive self-assessment and monitoring programme.
- Continued implementation of the five-year Standard 110 Clinical Consultations Plan, increasing organisational capacity to provide consultations through the medium of Welsh.
- Improved visibility of the Welsh language across Health Board services through enhanced bilingual communications, signage and corporate identity.
- Increased participation in Welsh language training, with over 1,000 staff accessing learning opportunities during the year and all targets associated with the Welsh Government-funded *Work Welsh* programme successfully achieved.
- Expanded engagement with schools, universities and future healthcare professionals to promote Welsh language skills as an essential professional competency within healthcare.
- Successful delivery of cultural, promotional and engagement activities which strengthened awareness of the Welsh language and reinforced its importance in delivering person-centred care.

Governance and accountability arrangements remain robust. The Welsh Language Strategic Forum continues to provide executive oversight, supported by an active risk management framework. All Welsh language-related risks remained within moderate or minor tolerance levels throughout the year and required no escalation.

Monitoring activity has demonstrated substantial improvements in compliance levels across services. Comparative reviews showed a marked movement from mixed compliance towards consistently high performance, with significant improvements in telephony services, recording language preference, meetings and engagement processes, documentation, reception services and the promotion of Welsh language services. Monitoring findings also identified opportunities for further improvement, particularly regarding “Active Offer” visibility and first-point-of-contact interactions within acute clinical settings.

Progress in workforce development remains a significant organisational strength. Welsh language skills are now recorded for 96.34% of the workforce, an improvement on the previous year. Staff uptake of Welsh language training increased to 1,037 participants, and the Health Board continued to work in partnership with the National Centre for Learning Welsh to enhance bilingual capability across services. New initiatives, including the *Building Confidence / Codi Hyder* programme, are supporting the development of a more confident bilingual workforce.

The Translation Team continued to play a critical role in supporting statutory compliance and equitable access to information, translating over 4.6 million words during the year and providing simultaneous interpretation services for meetings, events and recruitment activity. The team also continued to generate external income through translation service agreements with partner organisations.

Looking ahead, the Health Board will focus on further embedding Welsh language considerations within service design and delivery, increasing the use of Welsh in clinical settings through the Standard 110 programme, expanding targeted workforce development initiatives, and strengthening compliance assurance arrangements. These priorities support the Integrated Medium-Term Plan 2026–2029 and will help ensure that Welsh-speaking patients across North Wales can consistently access safe, high-quality and person-centred care in their language of choice.

An additional report is also presented as part of the Welsh Government's 'More than just words' Five-Year Plan reporting requirements. The 'More than just words' Update Report 2024-2025 provides an overview of actions achieved during the reporting year to address the objectives within the plan.

As the Welsh Government has somewhat aligned the objectives with the Welsh Language Standards, the Health Board's Welsh Language Services annual plan has been updated to incorporate these objectives.

Therefore, the content of both reports are aligned. The reporting formats differ slightly as reporting mechanisms are set by the Welsh Language Commissioner and the Welsh Government respectively.

The Board is asked to **APPROVE** the reports.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Committee	11/8/26	Approved
People and Culture Committee	13/8/26	Approved

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

Supporting Papers:

Appendix 1 – Welsh Language Services Annual Monitoring Report 2025-2026
Appendix 2 – 'More than just words' Progress Report 2025-2026

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	3. Improve Access, Outcomes and Experience The report supports strategic priorities by improving equitable access to services, enhancing quality and safety of care through better communication, and strengthening patient experience by enabling individuals to receive care in their preferred language. It also contributes to a positive organisational culture where staff feel supported to deliver person-centred, bilingual services.
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**	N/A

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

Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	**A Healthier Wales** Supports better communication between staff and patients, leading to safer, more effective care and improved health outcomes. **A More Equal Wales** Ensures Welsh speakers can access services in their preferred language, reducing inequality and promoting fair access to healthcare. **A Wales of Cohesive Communities** Strengthens community connections by valuing and promoting the Welsh language within local healthcare settings. **A Wales of Vibrant Culture and Thriving Welsh Language** Actively promotes and normalises the use of Welsh in everyday healthcare, supporting its growth and sustainability. **A Prosperous Wales** Develops a skilled and confident bilingual workforce, supporting sustainable public services.	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Atal Twyll	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi ystyried yr effeithiau ar atal twyll? **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Cyfreithiol **Legal**	Yes (Include further detail below)	
	The Health Board has a legal duty to comply with the Welsh Language (Wales) Measure 2011 and the associated Welsh Language Standards. These standards require the organisation to ensure that the Welsh language is not treated less favourably than English and that services can be delivered in Welsh. This includes: • Providing bilingual services, communications, and signage • Enabling patients to use Welsh without having to request it (Active Offer) • Supporting staff to deliver services in Welsh • Meeting the requirements set out in the organisation's compliance notice issued by the Welsh Language Commissioner	
Enw Da **Reputational**	Yes (Include further detail below)	
	Failure to meet these obligations may result in regulatory action and reputational risk, making compliance a statutory requirement for 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 Legislation Committee Key Issues Report				
Board Date		24/09/2026		
Date of Committee		06/08/2026	**Report of:**	Mental Health Legislation Committee
Quoracy met:		Yes		
1	Agenda	The Mental Health Legislation Committee continues to meet quarterly. The Committee considered an agenda which is attached: Mental Health Legislation Capacity and Compliance Committee - Betsi Cadwaladr University Health Board		
2a	Alert	The Mental Health Legislation Committee wishes to alert members of the Board that: • During the last quarter an unusually high number of discharges (eight in total) were granted by the Mental Health Tribunal (six) and the Associate Hospital Managers (two). This is being reviewed to understand the reason for this increase, any common factors in the circumstances of the discharged patients and any implications for practice within our inpatient wards. • There are increasing concerns regarding the availability of Approved Mental Health Professionals (AMPs) with the delay in securing an AMP a likely contributory factor in a serious incident.		
2b	Assurance	The Mental Health Legislation Committee wishes to assure members of the Board that: • There continues to be significant progress in regards to Mental Capacity Act administration (a smaller backlog, increased training compliance and a significantly lower rate of administrative errors) with effective operational arrangements in place. • Additional independent Associate Hospital Managers have been recruited, with a high level of training compliance. • The Independent Mental Health Advocacy (IMHA) Service is functioning well. Ongoing monitoring is in place to ensure services continue to meet statuary requirements.		
2c	Advise	The Mental Health Legislation Committee wishes to advise members of the Board that: • the recent Supreme Court judgement in respect of the		

		case brought by the Attorney General for Northern Ireland (AGNI) on the applicability of the Deprivation of Liberty Safeguards (DoLS) has significant implications for the administration of the regime, likely resulting in fewer patients covered by DoLS but a more complex assessment process. Work is underway to implement the necessary changes, with further updates to be provided to Committee regarding progress. • Consideration is being given to wider themes and generic issues arising from findings of the Healthcare Inspectorate Wales (HIW) report focused on the Conwy Learning Disabilities Service, a joint service provided by the Local Authority and the Health Board.
2d	Review of Risks	The Committee agreed with proposed actions to mitigate the risk of discontinuity in meeting our statutory duty to provide an IMHA service due to procurement legislation.
2e	Sharing of learning	The Committee held a good discussion on the question of whether the voluntary admission of patients to inpatient care is a positive (consistent with the principle of least necessary constraint) or an indication of the failure to provide more appropriate and earlier support in the community. The latter is a major focus for the new Mental Health Strategy of the Welsh Government.
3	Actions to be considered by the Quality Safety and Experience Committee	The Committee agreed that an update on the Learning Disabilities services should be received at the Quality, Safety & Experience Committee for system oversight following a recent HIW report.

Health Board Key Issues Report				
Board Date		24/09/2026		
Date of Committee		01/09/2026	**Report of:**	Charitable Funds Committee (CFC)
Quoracy met:		Yes		
1	Agenda	The CFC continues to meet quarterly. The Committee considered an agenda which is attached: Charitable Funds Committee - Betsi Cadwaladr University Health Board		
2a	Alert	The Charitable Funds Committee wishes to Alert members of the Board that: • Lessons should be learned from challenges experienced in achieving a quorum for the meeting, to ensure governance requirements can be met consistently in future.		
2b	Assurance	The Charitable Funds Committee wishes to Assure members of the Board that: • The charity team continues to operate with key fundraising, communications, donor care and financial management functions in place, with recruitment underway to replace the Charity Accountant role. • Charity communications require a dedicated operational communications plan to support fundraising and donor engagement objectives. • Whilst maintaining a distinct charity communications approach, alignment with the wider BCUHB communications strategy would provide opportunities for greater collaboration, consistency and shared learning.		
2c	Advise	The Charitable Funds Committee wishes to Advise members of the Board that: • Preparations for the 2027 London Marathon charity fundraising initiative are progressing successfully, with five charity places secured and participants selected following significant staff interest.		
2d	Review of Risks	• No risks identified other than those identified in the Investment Management Report.		

2e	Sharing of learning	No learning to be shared.
3	Actions to be considered by the BCUHB Health Board	No actions to be shared.

Health Board Key Issues Report				
Board Date		24/09/2026		
Date of Committee		07/09/2026	**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	The Stakeholder Reference Group wishes to alert members of the Board that: • Concerns were raised regarding consistently low attendance which places limits the breadth of representation and the Group's ability to provide meaningful engagement and assurance. • The level of discussion and active contribution during meetings is limited, further constraining the Group's effectiveness and the value it can offer five Members (including the Vice Chair) attended.		
2b	Advise	The Stakeholder Reference Group as an Advisory Group of the Board wishes to advise members of the Board that: • Updates were presented on the new strategy for healthcare in North Wales, Planning, and Welsh Government's Well Led Review. • A learning report regarding IMTP reflections was presented. • Examples of innovation and service improvements across BCUHB were provided, including details of the Meningitis B vaccination programme. • A Culture and Leadership Programme Update was circulated to all members. • The Group continues to focus on prevention, partnership- working and person-centred care. • Public engagement continues to take place regarding Penley and Tywyn hospital services. • Details of the Royal Alexandra Hospital development were provided to the Group.		
2c	Review of Risks	There were no risks reported		

2d	Sharing of learning	None
3	Actions to be considered by the	No actions to be considered by other Committees or the Board.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

EXECUTIVE COMMITTEE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Catrin Williams, Head of Corporate Office
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

During the reporting period, the Executive Committee has continued to support the Chief Executive in discharging her responsibilities as Accountable Officer through oversight of organisational performance, quality and safety, workforce, governance, risk and strategic delivery. The Committee has provided a forum for collective Executive leadership, challenge and decision-making, ensuring that Executive Directors remain accountable for delivery against agreed priorities and statutory responsibilities.

A significant focus during the period has been strengthening governance, accountability and assurance arrangements. The Committee considered the continued development of the Board Assurance Framework, Operational Governance Framework and Governance and Accountability Framework, recognising the importance of clear accountability, effective decision-making and robust assurance arrangements in supporting organisational improvement. Whilst progress has been made, the Committee acknowledged that further work remains to embed these arrangements consistently across the organisation.

The Committee also maintained oversight of major operational recovery and transformation programmes including Planned Care, Urgent and Emergency Care, Mental Health services and delivery of the Annual Delivery Plan. Discussions

reflected both progress and continuing challenges in demonstrating delivery against expectations, ensuring clear programme governance and evidencing the impact of improvement activity. The Committee sought further refinement of a number of reports to strengthen links between performance, risks, resources and expected benefits.

Across quality, workforce and organisational culture, the Committee considered a range of reports relating to patient experience, staff wellbeing, speaking up arrangements, nurse staffing and quality governance. While assurance was received in a number of areas, Executive discussion recognised the importance of continuing to triangulate intelligence from multiple sources to understand underlying causes of concern, identify emerging risks and support sustained improvement.

The Committee identified several areas requiring ongoing Executive attention, including risks associated with the LIMS 2.0 programme, delivery of aspects of the Annual Delivery Plan, and the need to strengthen governance and oversight arrangements within challenged services and improvement programmes. These issues reflect the continuing complexity of the Health Board's improvement journey and will remain under active Executive review.

Overall, the Executive Committee has provided a mechanism through which the Chief Executive has exercised oversight, accountability and challenge across key organisational priorities. The Committee's discussions demonstrate an ongoing focus on addressing areas of weakness, strengthening assurance arrangements and supporting improvement, whilst recognising that a number of significant operational, performance and governance challenges remain.

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

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

EXECUTIVE COMMITTEE REPORT

Since the last report, the Executive Committee has convened on 15 July, 29 July and 11 August 2026. These meetings focused on service delivery and recovery, quality and workforce assurance, governance development, and strategic planning. The Executive Committee meets in private and therefore some items of business are reported separately as confidential in accordance with the Health Board Standing Orders.

1.0 Meeting held on 15 July 2026

1.1 Contracts and Capital Approvals

Items are reported in the private paper.

1.2 Health Protection Service Level Agreement with North Wales Local Authorities

The Committee considered a proposed agreement to establish a sustainable and integrated health protection partnership with the six North Wales Local Authorities. Resolution: The Committee approved the Service Level Agreement.

1.3 Heatwave Response and Preparedness

The Committee reviewed the response to recent heatwaves and lessons relating to demand, vulnerable areas of the estate, temperature monitoring and escalation arrangements. Resolution: The Committee noted the report and supported further work through emergency preparedness arrangements to strengthen monitoring and response planning.

1.4 Planned Care Board Report and Programme Governance

The Committee considered the Planned Care Board report and Programme Board update. Discussion focused on presenting a clearer integrated account of recovery, transformation, productivity and delivery, and ensuring programme governance and leadership arrangements remained aligned to the developing recovery approach. Resolution: The Committee noted the updates and requested further refinement of the Board narrative and programme governance arrangements.

1.5 Urgent and Emergency Care Board Report

The Committee reviewed the draft Board report and sought clearer links between improvement actions, expected benefits, performance outcomes, risks and resources. Resolution: The Committee noted the report and requested further development before submission to Board.

1.6 Mental Health Board Report

The Committee considered the draft Mental Health report and requested a clearer Health Board-wide assurance narrative, including progress against priority work and the Mental Health Electronic Health Record programme. Resolution: The Committee noted the report and requested further refinement before Board consideration.

1.7 Health, Safety and Security Annual Performance Report 2025/26

The Committee welcomed progress in strengthening health and safety governance and discussed closer alignment with corporate risk, quality and workforce wellbeing arrangements. Resolution: The Committee endorsed the report, subject to amendments, for onward consideration by the People and Culture Committee and Board.

1.8 Healthcare Inspectorate Wales Inspection at Ysbyty Gwynedd

The Committee reviewed the inspection update and discussed the need for clear and consistent governance, escalation and assurance arrangements for future regulatory activity. Resolution: The Committee endorsed the update and agreed that oversight arrangements should be reviewed.

1.9 Board Integrated Quality Report

The Committee reviewed the developing Integrated Quality Report and discussed alignment with performance and risk reporting, benchmarking, data presentation and the treatment of sensitive matters. Resolution: The Committee endorsed the report and agreed further refinement to strengthen the assurance narrative.

1.10 Operational Governance Framework

The Committee received an update on the developing framework and supported the intention to establish clear and proportionate accountability and decision-making arrangements. Resolution: The Committee noted the direction of travel and agreed that the framework should return for further consideration.

1.11 Board Management and Meeting Administration Platform

The Committee considered the proposed direction of travel for replacing the current platform with a Microsoft 365-based solution. Resolution: The Committee supported the proposed direction of travel.

1.12 Clinical Correspondence and Demographics Misalignment

The item was considered through the consent agenda. Resolution: The Committee approved the response and noted the assurance provided regarding management of demographic misalignment risks.

1.13 Annual Authorising Engineer (Decontamination) Report

The item was considered through the consent agenda. Resolution: The Committee noted the annual report and endorsed the associated action plan.

2.0 Meeting held on 29 July 2026

2.1 Contracts and Commercial Approvals

Items are reported in the private paper.

2.2 LIMS 2.0 Update

The Committee reviewed delays affecting the all-Wales programme and the risks to delivery of the blood transfusion solution, including the time-limited support available for the current platform. Resolution: The Committee noted the position and agreed urgent engagement with Digital Health and Care Wales to clarify programme status, risks, timescales and contingency arrangements.

2.3 Children's Neurodevelopment Delivery Plan

The Committee considered measures to address the gap between accelerated assessment activity and available treatment capacity for children requiring ADHD treatment and monitoring. Resolution: The Committee approved temporary expansion of treatment capacity using up to £476,000 of non-recurrent CAMHS slippage funding and agreed that delivery should be monitored through an agreed trajectory and benefits approach.

2.4 Monthly Quality Report

The Committee received the first monthly report in a revised consolidated format and discussed recurring quality risks, complaints performance, external review actions and endoscopy concerns. Resolution: The Committee noted the report, agreed that endoscopy concerns remain under active oversight and requested clearer benchmarking and tracking of improvement actions in future reports.

2.5 Staff Wellbeing and Support Services Annual Report 2025/26

The Committee received assurance on developments within the service and noted the need to strengthen proactive support and integration with Occupational Health. Resolution: The Committee noted the annual report.

2.6 Speak Up Safely Quarterly Report

The Committee reviewed the report and discussed the need to triangulate concerns data with wider evidence on culture, staff experience and psychological safety.

Resolution: The Committee noted the report and ongoing work on organisational learning, culture and psychological safety.

2.7 Board Assurance Framework

The Committee reviewed progress in aligning risks and assurances with strategic priorities and discussed the need for accurate ownership, accountability and assurance assessments. Resolution: The Committee noted progress and the further refinement required before implementation through the agreed governance arrangements.

2.8 Governance and Regulatory Executive Delivery Group

The Committee received the Group's inaugural Chair's report and noted its proposed focus on oversight of regulators, inspection readiness and monitoring recommendations. Resolution: The Committee noted the report and programme of work.

2.9 Internal Audit: Challenged Services Improvement Plans

The Committee received a Limited Assurance review identifying variation in the maturity and governance of improvement plans. Resolution: The Committee noted the findings and the programme of work underway to strengthen oversight, governance and assurance.

2.10 Strategic Planning and Service Change Group

The Committee reviewed forecast delivery against the Annual Delivery Plan and highlighted the need for active Executive intervention where actions were at risk. Resolution: The Committee noted the Chair's report and the concerns raised regarding forecast delivery.

2.11 Risk Scrutiny Group Chair's Assurance Report

The report was considered through the consent agenda. Resolution: The Committee received the report by exception.

3.0 Meeting held on 11 August 2026

3.1 Regional Commissioning and Contracting Arrangements

The Committee considered regional pre-placement and supported living agreements designed to provide consistent commissioning and governance arrangements. Resolution: The Committee approved participation in both agreements, noting that individual placements, expenditure and service commitments remain subject to established approval processes.

3.2 Citizen Experience and Engagement Report

The Committee reviewed themes from citizen feedback and emphasised the need to demonstrate clearly how feedback informs learning and service improvement. Resolution: The Committee noted the report and endorsed its submission to the People, Partnerships and Health Improvement Committee.

3.3 Nurse Staffing Levels

The Committee reviewed compliance with statutory nurse staffing requirements and discussed workforce risks relating to escalation beds and differences between funded and calculated establishments. Resolution: The Committee noted the report and assurance provided, with further refinement requested before consideration by the Quality, Safety and Experience Committee.

3.4 Protected Time for Continuous Professional Development

The Committee considered the interim implementation position for protected professional development time for clinical registrants. Resolution: The Committee agreed that statutory and mandatory training should be recognised within the 52-hour protected allocation and noted the wider workforce, service and financial considerations.

3.5 Corporate Risk Register

The report was considered through the consent agenda due to time constraints. Resolution: The Committee noted the Corporate Risk Register and the assurance provided regarding oversight of principal strategic risks.

3.6 Governance and Accountability Framework

The report was considered through the consent agenda due to time constraints. Resolution: The Committee approved the amendments set out in the paper.

3.7 Welsh Language Services Annual Monitoring Report 2025/26

The item was considered through the consent agenda. Resolution: The Committee noted the report and progress against statutory Welsh language requirements.

3.8 Strategic Equality Action Plan 2024-2028

The item was considered through the consent agenda. Resolution: The Committee noted progress against delivery of the plan.

3.9 Urgent and Emergency Care Major Change Programme Board

The item was considered through the consent agenda. Resolution: The Committee noted the Programme Board AAA report.

3.10 Healthcare Inspectorate Wales Inspection: Ablett Unit

The item was considered through the consent agenda. Resolution: The Committee noted the inspection findings and progress against the associated improvement plan.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)

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

Have you undertaken a Socio-Economic Impact Assessment	If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **Domains of Quality**
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	

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?*	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:	*Not Applicable*
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	