

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

<b>Board Members present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Edwards	Chair
Emma Adamson	Associate Member: Chair of Healthcare Professionals Forum (part meeting)
Tehmeena Ajmal	Chief Operating Officer
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Clara Day	Executive Medical Director
Debbie Eyitayo	Executive Director of People and Organisational Development
Urtha Felda	Independent Member
Prof Mike Larvin	Independent Member
Paul Lambert	Independent Member
Peter Lewis	Associate Member: Chair of Stakeholder Reference Group
Chris Lothian-Field	Independent Member
Dr Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
<b>In Attendance</b>	
Andrew Doughton	Performance Audit Manager, Audit Wales (part meeting)
Fflur Jones	Performance Audit Lead, Audit Wales (part meeting)
Laura Jones	Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
Phylis Makurunje	Aspiring Board Member
Justine Parry	Acting Director of Digital, Data and Technology
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dave Thomas	Performance Audit Director, Audit Wales (part meeting)
Jason Walker	Chief Clinical Information Officer (part meeting)
Pam Wenger	Director of Corporate Governance

## **PRELIMINARY MATTERS**

### **26.43 Welcome, Introductions and Apologies for Absence**

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

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

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

#### 26.44 Declarations of Interest Relating to the Agenda

No declarations of interest were raised.

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

It was resolved that the Board:

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

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

#### 26.46 Matters Arising and Action Log

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

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

It was resolved that the Board:

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

#### 26.47 Experience Item

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

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

In discussing the video presentation, the Board:

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

It was resolved that the Board:

- **NOTED** the Experience item.

## 26.48 Employee Engagement and Experience Report

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

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

In discussing the report, the Board:

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

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

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

It was resolved that the Board:

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

## 26.49 Chair's Report

The Board received the report and the Chair highlighted:

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

It was resolved that the Board:

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

## 26.50 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

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

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

In discussing the report, the Board:

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

**Action:**

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

It was resolved that the Board:

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

**STRATEGIC ITEMS**

**26.51 Structured Assessment Report**

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

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

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

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

## 26.52 Cancer Report

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

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

In discussing the report, the Board:

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

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

**Action:**

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

It was resolved that the Board:

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

**26.53 Level 5 Escalation Report**

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

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

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

In discussing the report, the Board:

- Acknowledged the evidence available around de-escalation in certain areas and queried the work taking place with Welsh Government around the current position of the Health Board. It was confirmed that de-escalation is a challenge, the organisation have made progress in certain areas however sufficient improvement is still required in relation to **Planned Care** and **Urgent and Emergency Care**. Going forward the focus needs to be around providing the best possible services for the population.
- Queried whether services will remain sustainable once improvements have been implemented and funding discontinued. It was confirmed that funding has been received to focus on backlog removal and going forward the use of temporary funding should convert into a more effective approach as services are developed for the future as well as ensuring core capacity meets the demands of individual services.

It was resolved that the Board:

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

## 26.54 Integrated Medium Term Plan Progress Report

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

### Annual Delivery Plan 2025/26 - Quarter 3 Progress Report

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

In discussing the report, the Board:

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

- Recognised that **Diabetes** has low delivery confidence highlighting the impact this will have on services going forward. It was confirmed that this will need to align with the **Community by Design** programme and the **Clinical Services Plan** to ensure the biggest impact for the needs of the population.
- Noted the need for triangulation of reporting going forward aligned to the strategic direction and development of the Health Board which will be an area of focus and will provide assurance to the Board.

### **Integrated Medium Term Plan 2026/29**

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

### **In discussing the report, the Board:**

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

It was resolved that the Board:

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

## 26.55 Enhancing Care through Digital Developments

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

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

In discussing the report, the Board:

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

- Confirmed that this work will assist in improving care and clinical staff experience therefore there is a need to build a care system to a high standard and ensure consistency across the organisation.

It was resolved that the Board:

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

## INTEGRATED PERFORMANCE

### 26.56 Urgent and Emergency Care Progress Report

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

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

In discussing the report, the Board:

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

- Confirmed that this is a significant area of focus and there is a need to collaborate learning from incidents with operational teams and maintain strict protocols, while continually managing risks across the system. There is also a need to address complex cases and balance required care allowing teams to contribute to innovative solutions in this area.

It was resolved that the Board:

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

The Board received the report and the Committee Chair highlighted:

- The Committee agreed to alert the Board to the challenges around **Urgent and Emergency Care** and the successful pilot of the learning repository within Pharmacy which allows lessons to be learnt and is due to be rolled out more widely across the organisation.

It was resolved that the Board:

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

#### 26.58 Integrated Quality Report

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

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

The Board received the report and the Independent Member highlighted:

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

It was resolved that the Board:

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

### 26.60 Performance Management Framework

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

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

In discussing the report, the Board:

- Noted that the actions included in the report are not consistent with current practice. It was confirmed that there is a need to provide evidence of implementation and this is a core deliverable under the **Foundations for the Future Programme**. The aim is to have clear roles and responsibilities and achieve a balance in terms of providing support and holding people to account. It was agreed that this would be discussed in further detail over the

coming weeks and will be reported back to the Performance, Finance and Information Governance Committee to provide assurance on progress.

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

**Action:**

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

It was resolved that the Board:

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

## 26.61 Integrated Quality and Performance Report

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

## 26.62 Finance Report

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

- The Health Board is reporting a year-to-date deficit of £17.3m with a forecast position of £17.4m by the end of the financial year.
- This position includes receipt of the £82m of non-recurrent funding going forward into the 2026/27 plan.

- The savings delivery position is £40m and with some additional balance sheet gains the combined total is circa £54m.

It was resolved that the Board:

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

## GOVERNANCE, RISK AND ASSURANCE

### 26.63 Chair's Assurance Report: Audit Committee

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

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

It was resolved that the Board:

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

### 26.64 Corporate Risk Register

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

### 26.65 Corporate Governance Report

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

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

It was resolved that the Board:

- **NOTED** the report.
- **RATIFIED** the Chair Action taken since the last meeting.
- **NOTED** the affixing of the Common Seal.

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

### 26.66 Committees and Advisory Group Chair's Reports:

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

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

It was resolved that the Board:

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

### CLOSING BUSINESS

#### 26.67 Review of Meeting Effectiveness

The Board reflected on the discussions held noting:

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

#### 26.68 Date of Next Meeting:

Thursday 28 May 2026 at 9.30am in Venue Cymru

#### 26.69 Resolution to Exclude the Press and Public

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