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

Board Members present	
Name	**Title**
Dyfed Edwards	Chair
Emma Adamson	Associate Member: Chair of Healthcare Professionals Forum
Tehmeena Ajmal	Chief Operating Officer
Clare Budden	Independent Member
Russell Caldicott	Executive Director of Finance
Clara Day	Executive Medical Director
Debbie Eyitayo	Executive Director of People and Organisational Development
Urtha Felda	Independent Member
Paul Lambert	Independent Member
Prof Mike Larvin	Independent Member
Peter Lewis	Associate Member: Chair of Stakeholder Reference Group
Dr Jane Moore	Executive Director of Public Health
Billy Nichols	Independent Member
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Fôn Roberts	Associate Member (Representative of Directors of Social Services)
Carol Shillabeer	Chief Executive
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
Gareth Williams	Vice Chair
Angela Wood	Executive Director of Nursing and Midwifery
In Attendance	
Laura Jones	Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
Emma Lea	Interim Assistant Director of Corporate Planning (part meeting)
Phylis Makurunje	Aspiring Board Member
Llinos Parry	Regional Manager, Maethu Cymru (part meeting)
Philippa Peake-Jones	Head of Corporate Governance
Geoff Ryall-Harvey	Llais Regional Director, North Wales
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Pam Wenger	Director of Corporate Governance

PRELIMINARY MATTERS

26.81 Welcome, Introductions and Apologies for Absence

The Chair welcomed Board Members, members of the public and those viewing online to the meeting. Llinos Parry from Maethu Cymru was also welcomed to the meeting.

Apologies were received for Paolo Tardivel, Dyfed Jones, Chris Lothian-Field and Justine Parry.

26.82 Declarations of Interest Relating to the Agenda

Fôn Roberts declared an interest in Maethu Cymru due to the service received by Anglesey County Council.

26.83 Unconfirmed Minutes of the Health Board meeting held on 26 March 2026

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board meeting held on 26 March 2026 were a true and accurate record subject to one amendment on page seven in relation to the Clinical Services Plan. It was requested that the sentence is amended to read 'the aim is to launch *the development* of the Plan' rather than 'launch the Plan'.

Reference was made to item 26.59 Chairs Assurance Report - Performance, Finance and Information Governance Committee of the minutes noting that an item on Planned Care had been received by the Committee at its last meeting held on 28 April 2026.

26.84 Matters Arising and Action Log

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

In relation to the minutes from the Board held on 26 March 2026, the following were highlighted:

Item 26.54 Integrated Medium Term Plan Progress Report: Reference was made to the discussion around the savings achieved in relation to **Value and Sustainability** and the agreement to make this more visible going forward. It was suggested that this becomes an action that is tracked via the Performance, Finance and Information Governance Committee.

Item 26.67 Review of Meeting Effectiveness: It was queried whether any progress had been made towards agreeing a consent agenda for Board meetings. It was confirmed that this is being discussed further by the **Chairs Advisory Group** to ensure the Board can be satisfied that relevant reports have received the required scrutiny at Committee level and it was agreed to include this as an additional action.

Action:

- **26.84.1** 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.
- **26.84.2** The Chairs Advisory Group to further discuss the implementation of a consent agenda for relevant items reporting from Committees to Board.

It was resolved that the Board:

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

26.85 Experience Item

The Executive Director of People and Organisational Development and Director of Partnerships, Engagement and Communications introduced the experience item and a video presentation was shared with the Board:

- It was noted that the video features an Advanced Nurse Practitioner who has been a **Foster Carer** for the past ten years and highlights the challenges staff may face when taking on a fostering role.

- The story highlights the important role of the Health Board as one of the largest employers in North Wales to assist in increasing fostering capacity and supporting staff who wish to become a **Foster Carer**.

Llinos Parry, Regional Manager for Maethu Cymru highlighted the importance of the work:

- Llinos Parry thanked the Board for inviting an update from **Maethu Cymru** and considering the importance of this work.
- Organisations such as the Health Board play an important role in assisting staff to be able to support young people in care noting that an increase in foster carers is required to ensure young people feel safe and can stay close to schools and communities.
- The Health Board have the opportunity to demonstrate leadership as an anchor organisation to support foster carers noting that if the proposal is approved, a close working relationship can ensue to translate the proposal into action.
- Gaining endorsement from the Health Board will change the lives of local children and the Board were thanked for the work completed with **Foster Wales** to date.

It was resolved that the Board:

- **NOTED** the Experience item.

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

This item was discussed following the Experience Item due to the relevance of the topic.

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

- The Health Board, as an anchor organisation, is well positioned to make a commitment to become a **Foster Wales Partner** and a **Foster Friendly Employer** to support the most vulnerable within our society.
- The report has been received by the People and Culture Committee who endorsed the proposal for Board approval.

In discussing the report, the Board:

- Welcomed the proposal and the need to be aware of the important elements involved including the experiences faced by children, the commitment required by foster families and the support needed for staff who wish to take on a fostering role.
- Queried whether this links in with adoption leave, it was confirmed that employment legislation has changed in relation to caring leave and there is a need to review all policies to ensure they fully support foster carers.
- Confirmed the need to encourage and offer opportunities to staff to become foster carers and provide support as this would increase the number of staff able to take on a fostering role, enrich the lives of children and young people and allow shared learning to take place across the organisation.
- Queried how this work could link up with other services across North Wales and remove any barriers as well as the need for the proposal to be fully costed to allow managers to be able to support requests. It was agreed that the work should develop through the Executive Committee and People and Culture Committee and report back to the Board in future.
- Highlighted the need to focus on issues concerning children and young people at the Board in a more comprehensive manner noting that the organisation have a corporate partnership

responsibility to ensure children have the best start in life and suggested this is developed further to ensure the Board have a focus in this area.
- Thanked Barry Graham-Jones, Advanced Nurse Practitioner for sharing his story and Llinos Parry for joining the meeting and requested that the positive message of commitment from the Board is shared with **Maethu Cymru.**
- Agreed to support the recommendations as a Health Board.

Action:
- **26.102.1** 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.
- **26.10.2.2** Further work to be completed to develop a focus on issues concerning children and young people at the Board in a more comprehensive manner.

It was resolved that the Board:
- **ENDORSED** the intention for Betsi Cadwaladr University Health Board to become a Maethu Cymru/Foster Wales Partner, aligning with Foster Care Fortnight.
- **NOTED** that becoming a Maethu Cymru/Foster Wales Partner reflects the Health Board's role as an Anchor Institution, supporting the wellbeing of children and young people and contributing to regional fostering capacity across North Wales.
- **NOTED** that BCUHB already has a strong foundation through its adoption of All-Wales People Services policies, which provide flexibility and support for employees with caring responsibilities, including foster carers.
- **SUPPORTED** further work in 2026/27, led by People and Organisational Development, to progress to achieving Foster Friendly Employer status, including review of relevant policies, supporting guidance, and organisational practice.
- **AGREED** that organisational progress will be presented to the People and Culture Committee for assurance.

26.86 Citizen Experience and Engagement Report

The Board received the report and the Director of Partnerships, Engagement and Communications highlighted:
- The report provides a strategic overview of citizen and community feedback focussing on the key themes emerging from areas including patient interaction, surveys and community discussions.
- The information highlights that further progress is required in areas such as patient experience and conditions relating to **Urgent and Emergency Care**, waiting times and delays across whole pathways, access to **Primary Care** and **Dentistry** as well as prevention and intervention.
- Alongside these issues, citizens continue to recognise outstanding staff kindness, compassionate care, positive feedback for services and messages of thanks for staff.
- The report demonstrates how the feedback received is providing opportunities for change and highlights action being taken and longer term plans being put in place.

In discussing the report, the Board:
- Noted that the information being captured provides a full picture of patient experiences highlighting frustration and concern in accessing services but recognising the satisfaction from staff providing care.

- Requested that each headline sets out where work is being progressed through other programmes including the expected timescales for delivery, to support oversight and identity any gaps. It was noted that this suggestion has also been raised at the Planning, Population Health and Partnerships Committee in relation to lines of sight across the Health Board, and that this would be reflected in the next iteration of the report and will continue to evolve.
- Highlighted the regional work that is taking place with **Local Authorities** to strengthen prevention and support people to live healthier. The work taking place with partners to increase preventative steps was acknowledged noting that this will take time to embed however progress is being made and momentum is increasing.
- Queried how the feedback received is contributing to improved performance. It was confirmed that feedback is being shared with individual teams at service level and work is taking place to identify issues, implement actions and monitor outcomes, work with the **Emergency Departments** is also taking place around patient experience.
- Confirmed that going forward this work needs to be embedded into routine service delivery to ensure change is progressed through existing practice and programmes of work. There is a need for a relentless focus on the areas where feedback highlights unsatisfaction and the Board will be required to drive forward the improvements being made.

It was resolved that the Board:

- **NOTED** the key themes from citizen feedback.
- **ASSURED** itself that citizen voice is shaping organisational objectives and decision-making, as well as operational improvements.

26.87 Chair's Report

The Board received the report and the Chair highlighted:

- The **May elections** to the **Senedd** resulted in the formation of a new government and the detail is included within the report.
- A meeting took place in Ysbyty Glan Clwyd yesterday with the **Cabinet Minister for Health and Care** which included a visit to the **Emergency Department** and meetings with the additional **Ministers** will take place in due course.
- There are now 24 Senedd Members across all political parties within North Wales and work will continue to engage positively to support the work taking place in the representative constituencies to address the concerns of residents and support the preventative work taking place.
- Celebrations events have taken place to commemorate 25 years since the recruitment of Filipino nurses within the Health Board. The contribution and commitment from the nurses was noted as exceptional, highlighting the international culture within our workforce.
- The **Shackleton Play** took place at Tŷ Llywelyn, Bryn y Neuadd supported by the **Arts in Health Team** which is a project to support residents and staff. This provides a reminder of the support that can be provided by services in relation to **Health and Wellbeing** and is an important area of work that delivers benefits for patients.

In discussing the report, the Board:

- Referred to the **NHS Wales Digital Conference** and queried how the organisation compares with other Health Boards and Nations in this area. It was noted that there is a need for greater clarity on how to move forward in this space. The new **Government** are ambitious in this field and recognise digital as a key enabler however Wales currently remains behind elsewhere in terms of digital progress. The contribution from others at the conference was helpful and will allow elements of learning to be shared. The progress

completed to date along with the digital ambition of the Health Board was recognised, emphasising the importance of maintaining momentum and driving forward change in this area.

It was resolved that the Board:

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

26.88 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- The **NHS Wales Escalation and Accountability Arrangements** are now in place noting that the Health Board remains a level five organisation which is the highest level of escalation. Due to the levels of escalation, **Welsh Government** have introduced a Performance Framework which has been identified via the **Ministerial Advisory Group Report.**
- Due to the organisation being at level five escalation and in line with the new arrangements, monthly meetings will be taking place with representatives from **Welsh Government**. The first **Escalation Board** took place on 14 April 2026 with the next meeting scheduled for 29 May 2026. It was requested that Board Members receive communication following the meeting taking place tomorrow.
- Board Members are being sighted on the correspondence in relation to these meetings and the Informal Board meeting provided an opportunity to discuss this in further detail.
- The Director of Corporate Governance confirmed that the **Corporate Governance Report** now includes a summary of matters discussed within Informal Board meetings to provide transparency and assurance to the public around how the Health Board transacts its business.
- A **Culture Change Leaders Celebration Event** took place during April 2026 noting that there are now approximately **200 Leaders** across the organisation. The event provided an opportunity to recognise and celebrate this work, hear local examples of improvement, and reflect on how compassionate and inclusive leadership is being embedded in practice noting the need to continue to strengthen a consistent culture across the organisation.

In discussing the report, the Board:

- Referred to the socialisation of the **Foundations for the Future Programme** and the Delivery Plan being presented to the People and Culture Committee on 11 June 2026. It was agreed to extend the Committee invite to Board Members for this item.
- Acknowledged that the finalisation of the structures element will be shared with Board Members noting that the consultation period will provide another opportunity for staff to share their views for consideration.

Actions:

- **26.88.1** The Chief Executive to provide communication to Board Members following the Escalation Board taking place on 29 May 2026.
- **26.88.2** 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.

It was resolved that the Board:

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

26.89 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

- The **Seren Mother and Baby Unit** at the **Countess of Chester Hospital** which has been jointly funded by the Welsh NHS in order to provide beds for mothers and babies from North Wales. The Vice Chair visited the unit which provides an environment to support mothers suffering from acute mental ill-health and also noted that the service provides bilingual signage and materials.
- A **'Treat and Train' Optometry facility** has been established in **Holywell Hospital** to train optometrists working within the community to offer a range of additional services. Thanks were extended to those driving the work forward.

It was resolved that the Board:

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

STRATEGIC ITEMS

26.90 Community by Design

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

- Initial conversations have been taking place at the Informal Executive Committee and Planning, Population Health and Partnerships Committee around the opportunities for delivery within the community space.
- **Community by Design** is a nationally initiated programme aligned to a long-standing **Welsh Government** policy direction towards integrated, preventative and community-based care and provides significant opportunities for health and care services.
- The underlying principles include designing services with communities and working in partnership to move beyond primary care and focus on a whole system approach where activity is based in the community by default and in an acute setting by exception.
- There will be a focus on a move towards a **well-being and prevention led system** to support citizens to take greater ownership of their health.
- This would be part of a national programme with regional differences across North Wales and would provide significant transformation opportunities for partners and providers.
- There will be a need for a cultural shift in the expectation of the provision on care and a need to invest in communication to enable care to be provided as close to home as possible and ensure citizens only attend acute services when necessary.
- The diagram included on page seven of the report highlighted how **Community by Design** aligns with **Planned Care** and **Urgent and Emergency Care** supported by the **Clinical Services Plan** noting this is not a separate programme of work.
- The Health Board are being asked to support the framing of the **Community by Design programme** as the core operating framework for community-based transformation and provide a commitment to adopt a different perspective to how services are provided in the future.

In discussing the report, the Board:

- Acknowledged the journey required in this area and suggested it would be useful to see the steps of where, how and when this work will develop querying how this will translate into progress over the next 12 months to ten years. It was confirmed that the team are cautious about developing a plan at this stage as further discussions are required with partners to ascertain what is currently taking place within communities which will allow a shared approach to be developed that is owned by all involved in this area of health.

- Recognised that the Health Board is an anchor organisation and suggested clarity is required on the role of the Board as members of the community.
- Noted that in order to drive changes in health outcomes there is a need to focus on proactive **prevention and early intervention** to reduce the escalation of risks becoming issues. This requires co-design with communities to help address **health inequalities** and support a broader, non-medical approach to health which aligns to the work relating to the **Inverse Care Law.**
- Confirmed that discussions are taking place around workforce including nurse recruitment placements and the **Community by Design programme** may provide an opportunity to reimagine the distribution of workforce across communities noting that the requirement for significant workforce planning to be sustained for the future. It was confirmed that the discovery work will facilitate a detailed review of resource requirements.
- Highlighted that this area of work is also being addressed within the **Ten Year Strategy** and the **Foundations for the Future programme** and noted that dedicated resource will be required to move this forward as well as strong relationships with partners. It was confirmed that dedicated senior and strategic staff will be aligned to deliver this programme of work.
- Referred to **Key Performance Indicators** noting that the Board and Planning, Population Health and Partnerships Committee are unsighted in this space and suggested further work is required around data and reporting arrangements. It was agreed that data sharing has been an issue and addressing this will help to develop **Health and Wellbeing services** for the population of North Wales.
- Queried whether work is taking place to analyse the barriers as to why this has not been facilitated in the past. It was confirmed that an initiative was previously put in place and that needs to be reviewed in further detail to ensure any learning is transferred to this programme.
- Recognised that the greatest influence and impact on health takes place within communities noting the work that is already taking place to develop Mental Health services and the Audiology and Cardiology vans that are present within communities. It was confirmed that the discovery work will be important to identify what specific services are available in which areas and what may need to be rolled out across the Health Board.
- Acknowledged that transformation in this area will take time to deliver. Clear learning is available from past experiences and there will be a need to agree principles that offer a consistent offer with flexibility in delivery and clear measures to highlight progress. Improving population health will take a generation and require long-term ambition therefore investment in people and skills will be essential.

It was resolved that the Board:

- **NOTED** the strengthened strategic intent, informed by system-wide engagement and evidence.
- **SUPPORTED** the framing of Community by Design as the core operating framework for community-based transformation.
- **ENDORSED** the focus on outcomes, co-design, prevention and system integration.
- **SUPPORTED** the proposed next steps, including clear prioritisation and early demonstration of impact.
- **AGREED** that the Planning, Population Health and Partnership Committee take a lead on the oversight and delivery in accordance with the Integrated Medium-Term Plan.

26.91 Penley Community Hospital – Case for Change

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

- Discussions have taken place around the need to temporarily close **Penley Community Hospital** due to significant and ongoing concerns regarding workforce sustainability, patient safety and service viability.
- A comprehensive review has been undertaken which demonstrates that the inpatient bed-based model at **Penley Community Hospital** is no longer clinically safe, sustainable or aligned with population need.
- A wide range of engagement has been undertaken including two independently facilitated "Balanced Room" sessions and wider engagement with residents, staff, third sector partners, clinicians and local authority representatives.
- This engagement has informed the development of three viable future service options via an open process noting that the three proposed and clinically supported alternative options for further consideration are included in the report.
- There are a number of next steps which include developing consultation documentation, a **formal consultation period**, a post consultation analysis and decision making by the Board in December 2026 / early 2027.
- The **Llais Regional Director for North Wales** noted that the Case for Change process has been well received locally. Residents have requested that the resource allocated to Penley remains in the area and would like enhanced local **Primary Care services** that are multi functional. The support from **Llais** was acknowledged and welcomed by the Board.

In discussing the report, the Board:

- Referred to the area where **Penley Community Hospital** is based and encouraged all Board Members to visit the area and gain an understanding of the community setting including transport links.
- Queried whether sustainability has been part of the options assessment. It was confirmed that it has and an agreed set of criteria have been developed that can be sustained.
- Highlighted that working within the previously allocated resources may be difficult as this may have been incorrect and suggested the service is evaluated around population need, the requirements of the community and aligning the service to contribute to the **Community by Design** principles before reviewing the costing element.
- Noted that as this is an area of service change, it is a **matter reserved for the Board** therefore the resolution would need to be clear in terms of the decision of the Board and an additional recommendation was proposed.
- Acknowledged the level of detail included in the supporting papers which are critical to the consultation and the decision-making process of the Board; including the impact assessments and relevant supporting papers for transparency.
- Noted that the timeline as to when this will return to the Board for decision making, will potentially be in January 2027.
- Confirmed that the Strategic Planning and Service Change Group have been overseeing the progress of the Case for Change noting the need to ensure the Board are kept informed as the engagement consultation progresses as well as the need to progress at pace towards the end of the year.

Action:

- **26.91.1** 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.

It was resolved that the Board:

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

INTEGRATED PERFORMANCE

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

The Board received the report and the Committee Chair highlighted:

- The **Patient Story** received by the Committee had been supplied by **Llais** and focused on people living with Bipolar symptoms highlighting the need to understand the impact of people living with specific conditions and ensuring appropriate services are provided. The video was made available via the link in the report and it was noted that a community screening would be taking place at the Community Cinema in Porthmadog on 15 July 2026.
- The importance of data has been raised by the Committee and reports being presented are starting to provide appropriate data more fully for consideration.
- The Committee continue to receive updates on the **Clinical Services Plan** and **Challenged Services** noting the level of oversight being provided.
- The importance of **Welsh Language services** has been discussed by the Committee along with the need to offer services to patients in their language of choice and it was confirmed that the People and Culture Committee have oversight of the monitoring of Welsh Language and Culture as part of the Committee remit.

It was resolved that the Board:

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

26.93 Integrated Quality Report

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

- The change in legislation entitled **Listening to People: The NHS Complaints, Incident and Redress Process** has been successfully implemented across the Health Board. This has enabled more listening conversations to take place, and congratulations were extended to the teams in clinical areas who are facilitating these discussions and dealing with concerns without the need for formal process.
- Performance against **Nationally Reportable Incidents** is positive noting that this area is consistently reviewed and progress is being made in relation to clinical audits. There has been greater focus on areas that have seen increased incidents and this is being monitored.
- **Health Inspectorate Wales** inspection action plans remain in progress, with some overdue actions requiring continued monitoring. **Health Inspectorate Wales** inspections are taking place at the **Emergency Department** in Ysbyty Glan Clwyd and work continues to ensure action plans are fit for purpose.
- Progress continues to establish the **Quality Management System** and further work is taking place to embed this into strategic planning as business as usual going forward.

In discussing the report, the Board:

- Queried how the **Quality Management System** will be embedded and what are the resource issues. It was confirmed that the work taking place around planning will feed into this and help to embed the system. In terms of resource, some services are less mature from a leadership perspective and therefore require additional wrap around support which is being provided.
- Suggested the report includes more information on process rather than impact and action which raises some challenges around overdue actions and requested further assurance in this area. It was confirmed that deep dives are taking place into specific themes and this is being discussed at the Quality, Safety and Experience Committee and linking through to the Board via the Chair's Assurance Report. There is a need to balance the length of the report with the amount of data included. Processes are in place to complete the actions required and the teams are working to embed these actions.
- Confirmed that the **Health Inspectorate Wales** inspections taking place at the **Emergency Department** in Ysbyty Glan Clwyd are critical and following the inspection, a submission will be provided with a revised action plan for immediate assessment and this will be shared with Board Members and overseen by the Quality, Safety and Experience Committee. It was also confirmed that once the report is in the public domain, the Board will require assurance on the response provided and the improvements required as **Urgent and Emergency Care** is a priority area of concern for the Health Board.
- Referred to complaints around attitude and behaviour and it was confirmed that complaints of this nature are routinely addressed. Support is provided to the relevant teams and work is taking place in line with the **Culture Champions programme**.
- Highlighted the **Call4Concern** patient safety initiative in Wales which is the alternative to Martha's Rule in England. It was confirmed that this is being implemented in line with the Welsh Health Circular noting that the timescales in Wales are different to those in England.
- Noted that work is progressing around learning and embedding culture change stating that this needs to be fully integrated across the organisation. The **Foundations for the Future programme** will support this area of work and enable managers to have time together to reflect. This has also been discussed by the Audit Committee around how this area of work can be embedded into practice and will be reflected in the Annual Report.

Action:

- **26.93.1** 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.

It was resolved that the Board:

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

26.94 Urgent and Emergency Care Progress Report

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

- The tone of the report reflects the level of concern that remains as a Health Board around **Urgent and Emergency Care** in terms of ambulance handover times, the number of people moving through the department and the length of time people are waiting.
- Work is taking place with the **Intervention and Support Team** around flow and congestion, and the findings will be reflected in the **90-day Operational Improvement Plans** being developed with support from the Improvement Advisor.

- Discussions are being held with Local Authorities to ensure everyone is working with the shared purpose of directing people to the correct service.
- Proactive conversations are taking place with the **Welsh Ambulance Service Trust** around how to manage patients within the communities to avoid bringing people in through the **Emergency Departments**.
- Some improvements are being made, in particular in the Wrexham Maelor Hospital and work is taking place around disciplines on site for the number of ambulances waiting outside.
- There are significant issues in Ysbyty Glan Clwyd and there is a need to understand why performance fluctuates on a daily basis and address these areas of concern.
- There is a need to utilise space and staffing, identify dedicated resource to drive forward improvements and ensure a focus on safety, experience and outcomes for patients noting that this area of work aligns to the **Community by Design programme**.
- There is also a need to recognise the challenging working conditions within **Emergency Departments** and to provide appropriate support to ensure staff can work effectively.

In discussing the report, the Board:

- Confirmed that the report has been received by the Quality, Safety and Experience Committee as this is a critical service area and queried how staff can manage the service on a daily basis whilst also trying to enable long term sustained improvements. It was confirmed that this is intertwined with clinical and operational delivery. Incremental changes are being made however patient safety is a main area of focus and there is a need to move forward with improvements that have a direct impact in this area.
- Referenced a workshop that has taken place with the Health Board and the Local Authorities where discussions took place around complex processes that were prolonging hospital stays while patients awaited care plans. It was suggested that a proportionate level of risk may be needed to enable discharges to take place before care plans are finalised. It was confirmed that there is a need to support practitioners to make decisions and manage risk. This is based around culture, and additional support is required.
- Noted the need to review the whole system approach, ensure senior decision makers are available at the front door and facilitate a Health Board wide process to start to address this issue.
- Queried what action will result from the **90-day Operational Improvement Plans**. It was confirmed that the plans will focus on delivery, including the internal and external redirection of patients where required. The importance of clearly setting out the actions, timescales and expected impact was emphasised.
- Referred to the **Emergency Department Business Case** and the need to progress permanent posts and invest in staff. It was confirmed that this is expected shortly and will enable staffing issues to be addressed noting that the financial challenges have been highlighted to the **Cabinet Minister for Health and Care.**
- Enquired whether the Quality, Safety and Experience Committee should have oversight of this work as **Urgent and Emergency Care** is also critical to other areas of work. It was confirmed that the Quality, Safety and Experience Committee have a role to monitor progress against improvements and focus on safety and the Performance, Finance and Information Governance Committee have a role to track the progress against the plan noting that both Committees are required to provide assurance back to the Board.
- Requested that the **Emergency Department Business Case** is completed. A report on the implementation of the **90 day Operational Improvement Plans** is received at the next Board meeting in July 2026 and the relevant Committees provide assurance on the discussions that have taken place in relation to **Urgent and Emergency Care**.

Action:

- **26.94.1** 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 Committee and the Performance, Finance and Information Governance Committee.

It was resolved that the Board:

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

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

The Board received the report and the Committee Chair highlighted:

- The Committee have requested that the Executive Committee escalate data on theatre productivity within performance reporting as there is no evidence of positive change and this data requires a more prominent role in reporting. It was confirmed that a senior leadership session has taken place to discuss productivity and the areas of focus required noting that additional support is required to make improvements in this area.

It was resolved that the Board:

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

26.96 Integrated Quality and Performance Report

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

- The report style is currently being redeveloped, a draft is due to be shared at the next Performance, Finance and Information Governance Committee and will come back to the Board in due course noting that a copy of the draft will be shared with Board Member in advance for comment.
- In relation to Workforce and Organisational Development, assurance was provided that staff wellbeing continues to be an area of focus and a **Staff Wellbeing Organisational Position Report** will be presented to the next People and Culture Committee being held in June 2026.

In discussing the report, the Board:

- Queried the 7% rate of General Practitioners referring urgent suspected cancers. It was confirmed that this is a positive percentage as the pathway is designed to be around 5% or less. There is a need to balance urgent and routine capacity noting that Cancer pathways are different as patients move between categories on the pathway.
- Noted that the rate of cancellations has deteriorated and queried whether this needs to be addressed. It was confirmed that patients cancel for a number of reasons and interventions are in place. It was also noted that detailed work is taking place in a number of areas to identify elements of decline and resolve.

It was resolved that the Board:

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

26.97 Integrated Performance and Accountability Framework 2026-2029

The Board received the report and the Chief Executive highlighted:

- A number of conversations have taken place in relation to the Health Board's journey to become a high performing organisation with the relevant systems and processes in place and the **Integrated Performance and Accountability Framework 2026-2029** addresses a range of areas.
- The document was considered in draft at the last Board meeting in March 2026 and the comments shared have been taken into account noting that the document has been revised to demonstrate the balance more clearly.
- If the document is approved, the next step will be to undertake an initial assessment of services and directors in relation to areas including culture, finance, productivity, governance and risk and an assessment of delivery will be completed.

In discussing the report, the Board:

- Welcomed the changes made and stated the need for implementation and review in line with controls.
- Queried what analysis has been completed in relation to the barriers and how this is different to previous processes. It was confirmed that the Framework helps to identify why services are not performing and where there are issues. The aim is to reach a position where staff have high autonomy and accountability and the Framework supports teams to address and improve performance.
- Noted the need for this approach to support the Health Board's improvement journey allowing progress to be reviewed as we move forward.
- Confirmed that as work takes place on implementing the Framework, the Performance, Finance and Information Governance Committee will have oversight of the progress and will report to the Board.

It was resolved that the Board:

- **APPROVED** the Integrated Performance and Accountability Framework 2026-2029 for implementation.

26.98 Finance Report

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

- The original deficit position of £17.3m for 2025/26 has been reforecast to a position of £17.4m. The External Auditors are currently completing their assessment and the findings will be reported back to the Audit Committee on 23 June 2026 and the Health Board on 25 June 2026 to endorse the accounts.
- The Health Board submitted a deficit plan totalling £43m for the 2026/27 financial year, in relation to month one there is an in-month deficit of £5.4m which is £1.8m adverse compared to the Month 1 profiled financial plan deficit of £3.6m.
- The adverse position reflects a £3.2m shortfall in savings delivery for the month, partially mitigated by the continued application of the enhanced grip and control measures and work is taking place to review the measures in place.
- There is a requirement to submit a financial recovery plan which will focus on elements of performance and align to **Welsh Government** controls and this will be shared with the Audit Committee and the Performance, Finance and Information Governance Committee.

In discussing the report, the Board:

- Noted the current position and the shortfall in savings delivery, it was confirmed that if a decision is made to profile to deliver savings, then some of those savings may become available later in the year and there will be a need to reprofile as we move forward. A clear view of projections for the whole of the financial year is essential.
- Highlighted that the financial situation is difficult across Wales and there will be difficult decisions to be made by the Board. There will be a need to utilise funding and resource more effectively and suggested further detail is provided to the Board due to the significance of the challenge.

Action:

- **26.98.1** Further detail on the financial position to be provided to the Board due to the significance of the challenge.

It was resolved that the Board:

- **RECEIVED ASSURANCE** from the content of the report.

26.99 Annual Delivery Plan 2025/26 - Quarter 4 Progress and Key Programmes Report

The Board received the report and the Interim Assistant Director of Corporate Planning highlighted:

- The item includes two reports which highlight progress against the **Annual Delivery Plan** and the **Key Programmes**. Appendix 2 was not included in the papers but will be made available as this summarises the undelivered deliverables.
- Overall, the year end position is mixed, the report demonstrates improved delivery and impact against enabling actions however performance has not reached the required level.
- There is variation in terms of delivery against planned activity and service improvement including some challenges relating constraints and the ambition of 2025/26 plan has been reflected in the 140 deliverable that have not been achieved.
- There has been progress in frontline services and delivery, **Womens Health** and **Adult Mental Health Services** who have seen a reduction in long waiters.
- **Planned Care** did not reach the targets set and there continue to be significant challenges with demand and capacity however improvements have been made in some areas and work is taking place to triangulate and balance services.
- In relation to the **Key Programmes**, the **Electronic Prescribing and Medicines Administration (EPMA) system**, the **Radiology Informatics System Project (RISP)** and the **Digital Maternity System** have all been implemented however the **Electronic Healthcare Record (EHR)** and **Laboratory Information Management System (LIMS)** have been impacted by National delays and technical issues.
- Work continues to develop the **Royal Alexandra Hospital** and **Waunfawr Health Centre** noting that the **Planned Care Hub at Llandudno** has suffered further delays due to work with suppliers.
- Significant progress is being made with the **Health and Wellbeing Hubs** and this work aligns to the **Community by Design programme**.
- Overall, strong progress has been made in areas where the organisation has control noting that the level of progress is more difficult where there are external factors and focus is required on pace and scale.

In discussing the report, the Board:

- Highlighted that the reports have been received by the Planning, Population Health and Partnerships Committee noting the need for awareness around ambition against the

capability to deliver suggesting that targets may need to be adjusted to ensure more positive progression is achieved that is embedded and sustained.
- Raised concerns around the risks associated with the procurement of the **Mental Health Electronic Healthcare Record**. The Chair confirmed that this was raised directly with the **Minister** yesterday, **Welsh Government** are aware of the timescale and implications and will make the final decision.
- Queried whether the original deliverables were correct. It was confirmed that the deliverables included a wide range of **Ministerial expectations** noting that the Health Board is at level five escalation and the current position is challenging.

It was resolved that the Board:
- **RECEIVED ASSURANCE** on the progress made during 2025/26 and noted the end of year position of delivery against the 2025/26 Annual Delivery Plan.
- **NOTED** the work to review the Change Control process will be undertaken in line with reporting against the Annual Delivery Plan.
- **NOTED** the update regarding progress during the first year, including some notable achievements, whilst also being appraised of some challenges which remain of concern and which had prevented Planning, Population Health and Partnerships Committee from receiving full assurance.
- **AGREED** to the integration of future reporting into the Annual Delivery Plan to ensure increased synergy and reduced duplication.

GOVERNANCE, RISK AND ASSURANCE

26.100 Chair's Assurance Report: Audit Committee

The Board received the report and the Chair of the Audit Committee highlighted:
- Audit recommendation closure remains inconsistent and there is a need for Executive Directors to follow up recommendations for completion. This issue has been escalated to the Chief Executive and will be addressed for assurance.

It was resolved that the Board:
- **NOTED** the content of the report.

26.101 NHS Wales Staff Survey 2025 Report

The Board received the report and the Executive Director of People and Organisational Development highlighted:
- The report details the findings of the **2025 Staff Survey** which went live between October and December 2025.
- The qualitative and quantitative data has been received however the **Digital Health and Care Wales report** has not yet been shared.
- The key findings highlight an overall response rate of 24.9% which is an improvement from previous years.
- The staff engagement completed is highlighted with the report and the Health Board achieved an above NHS Wales Health Board average score in the intrinsic psychological engagement (motivation) element of the Staff Engagement Index.
- The report highlights the positivity scores by theme noting that these have deteriorated in certain areas but confirmed that action plans are being put in place.
- Detailed next steps are highlighted within the report and progress will be reported via the People and Culture Committee.

In discussing the report, the Board:

- Queried reference to the Local People and Culture Committees, it was confirmed that the Integrated Health Communities have individual Committees similar to the People and Culture Committee where issues are discussed and addressed. An Executive People and Culture Delivery Group is being developed to strengthen governance in this area.
- Noted the increase in response rate and suggested the need to encourage staff to engage with the organisation. It was confirmed that the 24.9% response rate is an improvement and going forward, there is a need to ensure staff feel a difference is being made as a result of completing the **Staff Survey**.
- Noted the views on compassion and culture and queried the work required to promote **Speaking up Safely** more widely across the organisation. It was suggested that improving quality management and leadership will improve staff experience and enable people to **Speak up Safely** as required, this work will form part of the development of the **Performance Management Framework.**
- Stated that Board Members are the leadership of the organisation and requested that **values and behaviours** are reflected and cascaded within teams to take this element of work forward.

It was resolved that the Board:

- **NOTED AND DISCUSSED** the results of the NHS Wales Staff Survey 2025.
- **SUPPORTED** the planned next steps.

26.103 Commissioning Assurance Framework

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

- The purpose of the **Commissioning Assurance Framework** is to provide direction when placing external contracts for NHS provision, strengthening oversight of Health Board contracts.
- The initial phase of implementation will focus on NHS to NHS healthcare and independent sector planned care arrangements. While processes are in place for oversight of the care sector, these will be further strengthened and aligned to the **Commissioning Assurance Framework** going forward.
- The Executive Committee will have oversight of the implementation, assessment rating and escalation of providers. A Commissioning and Contracting Group will be established to take forward the detailed work and the Executive Committee will report performance to the Performance, Finance and Information Governance Committee. Where there are specific quality matters, these will be reported to the Quality, Safety and Experience Committee.
- The commissioning skill and expertise of the organisation has been less mature than that expected from an Integrated Health Board therefore the **Commissioning Assurance Framework** will start to build the commissioning and contracting expertise of the organisation.

In discussing the report, the Board:

- Stated the need for clarity in relation to whether the focus is on contracts or becoming a commissioning organisation. It was confirmed that the immediate priority is to ensure current contracts are operating effectively, with strategic commissioning to be developed over time.
- Noted that work is taking place by the teams to support the oversight of contracts and provide quality oversight which will then provide a foundation to build on.

- Referred to **third sector** and the need to foster long term relationships as well as recognise organisational boundaries. Work is taking place to establish longer term agreements and an event is due to take place with the **third sector** which will help build on this approach.
- Highlighted the need for clear specification for clinical delivery which will allow clarity around contracting at a more strategic level.

It was resolved that the Board:

- **APPROVED** the Commissioning Assurance Framework.
- **ENDORSED** the proposed governance and reporting arrangements.
- **SUPPORTED** the phased implementation approach.
- **NOTED** that a detailed Implementation Plan will be developed for Executive Committee oversight.
- **AGREED** that a formal review will be undertaken 12 months post-implementation.

26.104 Board Assurance Framework

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

- The report has been considered by the Committees and provides a consolidated overview of the current position.
- Progress against the plan demonstrates a mixed level of deliverability and the feedback from Committees suggested the need to strengthen key implications to provide assurance.
- Work is underway to map all existing and outstanding actions to the four **Strategic Intents** as part of the development of the refreshed 2026–2029 **Board Assurance Framework** aligned to the **Integrated Medium Term Plan**.

In discussing the report, the Board:

- Noted the low level of deliverability suggesting the Board need to lead in this area. It was confirmed that this has been discussed with colleagues around collectively owning the level of risk. Deep dives have been taking place at the Executive Committee and the next iteration of the **Board Assurance Framework** will provide a clearer outline of the level of risk.
- Confirmed that work is taking place to commission external support to work with the Board around a range of elements including risk and the **Board Assurance Framework** will develop further through the **Foundations for the Future programme**.

It was resolved that the Board:

- **NOTED** the feedback from Committees following their review of the Board Assurance Framework, recognising the progress made to date whilst also highlighting the need for greater clarity, depth and evidential support in articulating actions and progress;
- **ENDORSED** the strengthening of the Board Assurance Framework during 2026/27, with a clear focus on ensuring that actions are specific, measurable and linked to demonstrable outcomes that support robust assurance;
- **AGREED** that enhanced reporting arrangements are developed to provide clearer evidence of delivery, including improved articulation of how actions mitigate risk and strengthen assurance to the Board;
- **SUPPORTED** the role of the Audit Committee in providing strengthened oversight and scrutiny of the Board Assurance Framework, including regular review of the quality and effectiveness of actions and the evidence underpinning assurance; and
- **REQUESTED** that progress against these improvements is reported to the Board through the agreed committee structure, enabling ongoing oversight and assurance of delivery.

- **COMMENTED** on the four proposed principal risks that have been developed for inclusion in the newly refreshed Board Assurance Framework (BAF), aligned to the organisation's strategic priorities and key areas of risk exposure.

26.105 Corporate Governance Report

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

- The report includes a number of **Chair's actions** which have increased in number. A mechanism in now in place to track **Chair's actions** and build these into governance processes.
- The summary of business discussed in the private session now includes rationale for why items were discussed in private and this will be part of the process for Board and Committees going forward.
- The revised **NHS Wales Joint Commissioning Committee Governance Framework**, including Standing Orders and Standing Financial Instructions require approval by the Board.
- An informal Board session took place at the end of April 2026 and the key areas considered have been included in the report.
- An update on the **Covid enquiry** has also been included in the report. The learning is being mapped out and a report will be shared with the Board in July 2026.

It was resolved that the Board:

- **NOTED** the contents of the Corporate Governance Report and the progress made in strengthening governance arrangements.
- **RATIFIED** the Chair's Actions taken since the last meeting.
- **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.
- **APPROVED** the updated NHS Wales Joint Commissioning Committee Governance Framework, including Standing Orders and Standing Financial Instructions (subject to final Joint Committee approval).
- **ENDORSED** the continued development of Board effectiveness, including implementation of the Board development programme and Board visits aligned to IMTP priorities.
- **SUPPORTED** the identified areas for improvement arising from the Board Self-Assessment, particularly strengthening executive leadership sustainability, sharpening strategic focus and streamlining Board reporting.
- **RECOGNISED** the need for continued focus on strengthening assurance, including clearer articulation of actions and demonstrable impact in key governance and risk frameworks.

26.106 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
- Mental Health Legislation Committee, Gareth Williams

- Local Partnership Forum, Carol Shillabeer
- Executive Committee, Carol Shillabeer

The Chair of the Mental Health Legislation Committee provided assurance to the Board regarding the improvements made in relation to the Mental Health Capacity Act and expressed thanks to the team for the work completed in this area.

It was resolved that the Board:

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

ANNUAL / BI-ANNUAL REPORTING

26.107 Annual Assurance Report of the Nurse Staffing Level May 2026

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

- The report provides assurance on compliance with the **Nurse Staffing Levels (Wales) Act** which is due to be reported on a bi-annual basis. Assurance is also provided that assessments have been undertaken in line with the nurse staffing levels in all wards covered by Section 25B of the Act.
- Discussions have taken place in relation to the requested uplifts and agreement was reached in terms of the decisions made.
- The report has been shared with the Executive Committee and Quality, Safety and Experience Committee for scrutiny and the non Section 25B wards will be reviewed at the next Quality, Safety and Experience Committee.

It was resolved that the Board:

- **NOTED** the risks outlined in the report, including those related to unfunded nurse staffing establishments and sustained escalation capacity, and agree that these remain under active Board oversight through the corporate risk register.
- **TOOK ASSURANCE**, based on the accompanying Annual Assurance Report and associated appendices, that Betsi Cadwaladr University Health Board has met its statutory duty to calculate nurse staffing levels and take reasonable steps to maintain them in all Section 25B wards, while recognising the current constraints to full assurance.
- **SUPPORTED** the actions and recommendations contained within the annual assurance report, including those necessary to address identified staffing, operational, and financial risks.

26.108 Emergency Preparedness, Resilience and Response Annual Report

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

- The report has received detailed scrutiny at the Civil Contingencies Assurance Group, Executive Committee and Planning, Population Health and Partnerships Committee.
- There is a statutory requirement for the Health Board to sign off the annual report due to being classed as a Category 1 responder.
- There are plans in place to maintain business continuity as well as the ability to respond the civil contingency incidents.
- Extensive progress has been made by the **Emergency Preparedness, Resilience and Response Team** to ensure the foundation work has been completed and the Health Board are able to respond to a major incident.

It was resolved that the Board **SUPPORTED** the Emergency Preparedness, Resilience and Response Team to:

- Work with Integrated Health Communities to gain further evidence to ensure that business continuity plans and supporting arrangements are being continually reviewed, maintained and embedded to the requirements of the Civil Contingencies Act and aligned standard / guidance, and that lessons learnt from incidents and exercises are incorporated into these plans.
- Continue raising awareness around roles and responsibilities for Emergency Preparedness, Resilience and Response across the Health Board and with our partner agencies.
- To maintain coordination of the Health Board's representation at North Wales Local Resilience Forum subgroups.
- To ensure Strategic and Tactical on-call staff attend necessary training and participate in training and exercise events.

CLOSING BUSINESS

26.109 Review of Meeting Effectiveness

The Board reflected on the discussions held noting:

- The level of detail included in the reports can make it difficult to identify the issues being addressed and some reports do not make reference to financial implications.
- The suggestion to reorder Board agendas to ensure items for assurance are scheduled earlier on the agenda. It was confirmed that this will be discussed further with the Committee Chairs at the next Chair's Advisory Group.

26.110 Date of Next Meeting:

Thursday 25 June 2026 at 9.30am in Venue Cymru to sign off the Annual Report and Accounts.
Thursday 30 July 2026 at 9.30am in Venue Cymru for the full Board Meeting.

26.111 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."