

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

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

## **PRELIMINARY MATTERS**

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

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

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

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

### 25.198 Declarations of Interest Relating to the Agenda

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

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

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

It was resolved that the Board:

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

### 25.200 Matters Arising and Action Log

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

#### Question raised ahead of the Annual General Meeting

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

It was resolved that the Board:

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

### 25.201 Experience Item

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

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

In discussing the video presentation, the Board:

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

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

It was resolved that the Board:

- **NOTED** the Experience item.

## 25.202 Chair's Report

The Board received the report and the Chair highlighted:

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

## 25.203 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

## 25.204 Vice Chair's Report

The Board received the report and the Vice Chair highlighted:

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

## STRATEGIC ITEMS

### 25.205 Major Change Programme: Focus - Value and Sustainability

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

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

In discussing the report, the Board:

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

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

It was resolved that the Board:

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

## 25.206 Planning

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

### Integrated Planning Framework 2025

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

### Tywyn Community Hospital

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

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

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

In discussing the two reports, the Board:

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

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

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

It was resolved that the Board:

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

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

## 25.207 Health and Wellbeing Centres / Hubs: Strategic Approach

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

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

## 25.208 Director of Public Health Annual Report

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

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

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

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

In discussing the report, the Board:

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

### Action:

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

It was resolved that the Board

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

## 25.209 Healthy Travel Charter

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

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

In discussing the report, the Board:

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

### Action:

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

It was resolved that the Board:

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

## 25.210 Culture and Leadership Programme – Discovery Phase Synthesis Report

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

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

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

In discussing the report, the Board:

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

**Action:**

- **25.210.1** The Three Year Culture, Leadership & Engagement Improvement Plan to be further developed and progress to be monitored by the People and Culture Committee to provide assurance up to the Board.

It was resolved that the Board:

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



## INTEGRATED PERFORMANCE

### 25.211 Urgent and Emergency Care Progress Report

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

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

In discussing the report, the Board:

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

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

**Action:**

- **25.211.1** The Performance elements of Urgent and Emergency Care to report to the Performance, Finance and Information Governance Committee and the safety elements to report to the Quality, Safety and Experience Committee.
- **25.211.2** Urgent and Emergency Care to be a standing item for the next Board meeting being held in January 2026.
- **25.211.3** A rapid review of the current provisions of care closer to home to be completed and reported back to the Board in January 2026.

It was resolved that the Board:

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

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

The Board received the report and the Committee Chair highlighted:

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

It was resolved that the Board:

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

### 25.213 Improving Quality Report

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

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

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

It was resolved that the Board:

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

### 25.215 Integrated Performance Report

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

### 25.216 Finance Report

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

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

## GOVERNANCE, RISK AND ASSURANCE

### 25.217 Nurse Staffing Levels Report

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

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

It was resolved that the Board:

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

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

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

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

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

It was resolved that the Board

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

### 25.219 Risk Management Report

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

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

In discussing the report, the Board:

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

It was resolved that the Board:

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

### 25.220 Corporate Governance Report

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

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

It was resolved that the Board:

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

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

### 25.221 Committees and Advisory Group Chair’s Reports:

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

- Remuneration Committee
- Planning, Population Health and Partnerships Committee
- People and Culture Committee
- Mental Health Legislation Committee
- Healthcare Professionals Forum
- Executive Committee

It was resolved that the Board:

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

### CLOSING BUSINESS

#### 25.222 Date of Next Meeting:

Thursday 29 January 2025 at 9.30am

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

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