

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Confirmed Minutes of the Health Board Meeting**  
**held in Public on 29 January 2026**  
**at Venue Cymru, Llandudno**

<b>Board Members present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Edwards	Chair
Emma Adamson	Associate Member (Chair of Healthcare Professionals Forum)
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
Fôn Roberts	Associate Member (Representative of Directors of Social Services)
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
Caroline Turner	Independent Member
Rhian Watcyn Jones	Independent Member
<b>In Attendance</b>	
Laura Jones	Corporate Governance Manager
Stuart Keen	Director of Environment and Estates
Justine Parry	Acting Director of Digital, Data and Technology
Philippa Peake-Jones	Head of Corporate Governance
Helen Stevens-Jones	Director of Partnerships, Engagement & Communications
Pam Wenger	Director of Corporate Governance

## **PRELIMINARY MATTERS**

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

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

The Chair highlighted the ongoing work that will be reflected during the meeting including a significant report focussed on **Mental Health Services** reflecting the progress made over the past twelve months. It was also noted that **Urgent and Emergency Care** continues to be a regular focus area for the Board and there will be discussion around the **Key Programmes, Strategic Intent** and **Integrated Medium Term Plan** setting the direction for the coming years.

The Chair welcomed Jane Farrell, Improvement Advisor who will be working closely with the Health Board. The Chair also welcomed Debbie Eyitayo who will be commencing with the Health Board on 2 February 2026 as the new Executive Director of People Services and Organisational Development.

Apologies were received for Gareth Williams, Angela Wood and Dylan Roberts.

### 26.02 Declarations of Interest Relating to the Agenda

No declarations of interest were raised.

### 26.03 Unconfirmed Minutes of the Health Board meetings held on 27 November 2025.

Members received the unconfirmed minutes of the meeting held on 27 November 2025.

It was resolved that the Board:

- **AGREED** that the minutes of the Health Board held on 27 November 2025 were a true and accurate record.

### 26.04 Matters Arising and Action Log

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

It was resolved that the Board:

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

### 26.05 Experience Item

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

- It was noted that this regular Board item highlights the value of input from staff, the public and service users to guide organisational improvement.
- The story draws on the experiences of two storytellers who have benefited from assistance provided by the **Enhancing Lives Team**, highlighting how this support has positively influenced their lives.
- Listening to the patient voice is vital for enhancing standards of patient care, particularly within the Mental Health portfolio.
- Thanks were extended to those who shared their personal experiences highlighting the need for providing assistance related to benefits, substance misuse and alcohol abuse. The focus remains on delivering care as close to individuals' homes as possible while ensuring a nonjudgmental approach.

In discussing the video presentation, the Board:

- Queried the sustainability of these services and it was confirmed that ongoing collaboration is underway with partners across North Wales. Local Authority representatives have engaged in discussions regarding future plans to ensure continued support for individuals.
- Referred to Bangor University's Centre for Mental Health, particularly its focus on substance misuse and queried reference in the report to a service neutral staff member and whether this is an advocacy role. The Executive Director of Allied Health Professionals and Health

Science agreed to collate further information relating to this area of work and share it with the Board outside of the meeting.

- Highlighted that the impact of mental health services extends beyond patients to families and communities with a wide range of impact therefore person-centred support is important.
- Acknowledged the need for partnership working with organisations including the housing associations, Local Authorities and local employers to provide cross-sector collaboration.
- Expressed thanks to the storytellers for sharing their experiences and noted that feedback from direct experiences are key to the organisation's improvement journey.

**Action:**

- **26.05.1** The Executive Director of Allied Health Professionals and Health Science to provide further information on the role of the service neutral staff member linked to Bangor University's Centre for Mental Health and share the information outside of the meeting.

It was resolved that the Board:

- **NOTED** the Experience item.

## 26.06 Citizen Experience and Engagement Report

The Board received the report and the Director of Partnerships, Engagement and Communications highlighted:

- The quarterly report provides an overview of citizen feedback via various channels including direct patient feedback, digital platforms and the work of LLais.
- The key themes identified include pressures in **Urgent and Emergency Care**, waiting times in **Planned Care**, access to dental services, **Neurodevelopment** waiting lists and access to **GPs** and **Mental Health Services**.
- The feedback reflects concerns in relation to instances where expectations have not been met however positive feedback is being received although not as frequently voiced, in areas such as compassionate care.
- Feedback is being utilised to inform actions and track improvements, and work continues on the Health Board's long-term strategy and service change which includes areas such as Women's Health, Tywyn and Penley.

In discussing the report, the Board:

- Confirmed that the report has been received by the Planning, Population Health and Partnerships Committee where there was focused discussion on the forward-looking strategy and development of a proactive communications plan.
- Queried why there has been an increase in negative feedback during a period of increased productivity in relation to waiting lists. It was confirmed that despite proactive efforts there has been a general increase in negative communication towards the NHS during the Winter period and a media landscape that tends to spotlight negative news leading to positive stories receiving less attention.
- Raised concern in relation to the negative media coverage received and queried what work is taking place to highlight the positive aspects. It was confirmed that ongoing proactive communication is taking place across various channels, including social media to share the Health Board's successes. Emphasising these achievements helps build community confidence and supports staff morale. It's also crucial to encourage politicians and the media to present a balanced view, recognising the hard work of the NHS staff.
- Inquired what is being done to address waiting lists for **Neurodevelopment** patients suggesting collaborative training is required with the education sector to ensure only those

who need specialist services are included on waiting lists. It was confirmed that supplementary funding has been secured to address waiting lists, with particular emphasis on reducing wait times for those who have been waiting the longest. There is a focus on redesigning services to ensure a more proportionate offer and partnership working continues to provide improvements in this area.

- Confirmed that commitment remains to learn from citizen feedback and experiences, using this insight to drive ongoing service improvement and ensure voices are heard in decision-making processes.

It was resolved that the Board:

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

## 26.07 Chair's Report

The Board received the report and the Chair highlighted:

- There has been a busy period of ward visits over the Winter months including a visit to Ysbyty Gwynedd on Christmas Day to thank staff for their dedication. Staff work exceptionally long hours during Winter and Christmas periods and gratitude was expressed for their continued efforts.
- The **Health Board Trustees Meeting** took place on 28 January 2026 and the ongoing work of the Charity and the extensive fundraising contributions were noted.
- The Chair has attended a wide range of Local Authority meetings, including a recent visit to Anglesey County Council, which provides opportunities for councillors to raise questions with the Health Board. Engaging with elected representatives is an important area of work to better understand and represent community needs.
- The report includes a summary of performance related matters that have recently been discussed including timely access to services. This is a key area of public concern that requires ongoing monitoring and reporting to ensure the Board understand the demand and provides guidance to the whole organisation to make improvements and ensure a high quality of services are provided.

In discussing the report, the Board:

- Highlighted the recent, valuable engagement with Anglesey County Council noting that work has been taking place to provide drop-in sessions with elected members and Health Board staff which have been well received and allowed open dialogue. There is an intention to extend these drop-in sessions to other Local Authorities to promote discussion and partnership working for collaboration in delivering better services for residents.
- Referred to the Memorandum of Understanding Signing with Coleg Llandrillo Menai and queried whether this is completed with other colleges. It was confirmed that an Education Steering Group has been established, the discovery work of the group is nearing completion and following this, the design work will review how the organisation work productively with higher and further education services.

It was resolved that the Board:

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

## 26.08 Chief Executive's Report

The Board received the report and the Chief Executive highlighted:

- Significant changes are expected this year with the potential for a new Government and Chief Executives across NHS Wales are collaborating to ensure that the NHS can adapt its operations as necessary.
- There is a need to maintain a rigorous approach within a challenging financial context, with an emphasis on both preventative measures and effective service delivery.
- The recent Referral to Treatment Governance and Accuracy Data issue has been addressed and the Planning, Population Health and Partnerships Committee received a detailed report and considered this matter. The report identifies the error, provides assurance that processes have now been strengthened and learning has been shared across organisations noting that Welsh Government are now confident in publishing Health Board figures.
- Progress against the Health Board's response to Level 5 escalation will be discussed at the next Board meeting in March 2026.
- Digital developments are underway with the implementation of the Electronic Prescribing and Medicines Administration (EPMA) noting that the new maternity and eye care systems are also being progressed.
- Work continues to address the number of patients waiting for an appointment and 40,000 additional outpatient appointments have been undertaken since September 2025. This work includes weekend working and staff contribution was recognised.
- The Health Board are currently the top performing Health Board in North Wales for flu and COVID vaccinations in the over 65s. Thanks were extended to the public for the high uptake.
- A Cancer Services update is scheduled for the next Board meeting, National work continues and there has been an increase in the number of patients being seen for suspected cancer and faster identification of those without cancer.
- Thanks were extended to Georgina Roberts for her leadership and contribution over the past two years as the Interim Executive Director of People Services and Organisational Development.

It was resolved that the Board:

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

## 26.09 Vice Chair's Report

The Board received the report and the Director of Corporate Governance noted that the Vice Chair was not present at the meeting and referred to the extensive work recently completed by the Vice Chair.

It was resolved that the Board:

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

## STRATEGIC ITEMS

### 26.10 Mental Health Strategic Report

The Board received the report and the Chair and Executive Director of Allied Health Professionals and Health Science highlighted:

- Thanks to Ros Alstead and Phil Meakin for their contribution to the work noting that members of the **Expert Advisory Group** were invited to provide statements for the Board meeting and David Graves and Sue Irlam from Llais were in attendance.

- The work completed demonstrates a continuous dedication to enhance services by learning from previous experiences and focusing on future improvements.
- The summary of the work completed including the Introductory Report and the report from the Independent Advisor highlights the foundational work completed which is essential to enable the organisation to move forward.
- Progress with the implementation of the Mental Health Electronic Healthcare Record will transform Mental Health services and the collaborative work with Cwm Taf demonstrates shared learning and working together across Wales.
- The Health Board are currently achieving the Welsh Government targets which is important for service delivery and the wide range of recommendations from the Royal College of Psychiatrists work highlights the progress made and the areas that require further focus.
- The work completed by the Independent Advisor has been presented to the Quality, Safety and Experience Committee and gratitude was expressed to the experts and Llais for their collaborative efforts.
- There is a now a need to learn from the work completed and move forward to progress and focus on major workstreams that will transform patients' lives.
- The Mental Health Oversight and Development Group has been established to progress this area of work. There will be an emphasis on patient and carer engagement, considering findings and best practice and listening to patients to maintain the external connections developed.
- The focus moving forward will be around developing an Outcomes Framework and ensuring visibility and positivity around the Mental Health work across the Health Board.

The Board received the report from the Independent Advisor, Ros Alstead and the following was highlighted:

- The report took over twelve months to complete and thanks were extended to the Expert Advisory Group, Llais and Board members for their support and contributions.
- Regular updates have been presented to the Quality, Safety and Experience Committee along with bi-annual reports submitted to the Board.
- It was noted that implementing actions does not necessarily mean improvements have been made, there is a need to provide real time measurements to ensure sustained improvements can be evidenced.
- The Expert Advisory Group was comprised of individuals, and each member's views are their own. The report has been shared with members of the group, and their feedback has been incorporated.
- The supporting paper provides a further detailed review of the improvement actions from the original Royal College of Psychiatrists Review highlighting that these have been addressed.
- Significant progress has been made in many areas which includes appointing to senior roles including a Nurse Consultant for Dementia, plans to ensure all relevant staff receive the required training, evidence of leadership in relation to Mental Health pathways and a costed plan to remove ligatures.
- Service user and carer engagement has improved, with the use of patient experience information via the Civica system however sharing positive feedback at team level is an area that requires focus.
- There is inconsistency across the audits completed and further work is required in relation to multidisciplinary ward rounds.
- Staff are considered essential 'equipment' within Mental Health services, and this care is highly valued and important to patients as well as the need for improved patient comfort and privacy.

- Recommendations have been made in relation to progressing concerns raised by the Expert Advisory Group in relation to mortality reviews, routine provision of dementia services and digital enablement with a range of recommendations to be taken forward by the Mental Health Oversight and Development Group.
- The review is intended to drive improvements for patients across North Wales and thanks were expressed for the ongoing support received.
- Thanks were also extended for the work completed by the Independent Advisor and the work of the Expert Advisory Group which has been a key area of focus and aims to provide enhanced Mental Health provision for the people of North Wales.

The Board received comments from Sue Irlam, Llais Representative and the following was highlighted:

- Thanks were extended to the families of Tawel Fan and members of the Expert Advisory Group for sharing their experiences as well as the Chair of the group and members of the Health Board for the professional partnership working that has taken place.
- The report has received strong support from Llais recognising the balanced and fair approach taken, identifying areas of improvement as well as examples of good practice.
- There was emphasis on the importance of acting on the recommendations expressing concerns regarding past shortcomings of the Health Board urging the Mental Health Oversight and Development Group to focus on continuous improvements without delay.
- Llais extended an offer to assist in engaging with patients, families and Health Board staff to deliver high-quality care for patients.

The members of the Expert Advisory Group who were not present at the Board meeting had been given the opportunity to contribute and the Independent Advisor, Ros Alstead read out the statements shared by the members.

The Board received a report from David Graves and other members of the Expert Advisory Group and the following was highlighted:

- A single model of service delivery is required, that includes a multi-disciplinary approach as well as identifying consistent individual care coordinators for each patient to understand individual needs as this form of support is essential.
- There is a need to continue to support the development of an Outcomes Framework to support the work of the Mental Health Oversight and Development Group and improve service delivery.
- Progress on the ward accreditation system is required to ensure best practice is being applied and a focus on mortality within Mental Health services.
- Thirteen years ago, the 2013 Royal College of Psychiatrists Report gave senior Managers practical, pragmatic advice on improving Mental Health and Learning Disability (MHL) Services, particularly regarding Accreditation for Inpatient Mental Health Services (AIMs) Mental Health Measures (Wales) (MHM(W) 2020 and mixed cohorting. The 2023 report indicates some progress (mixed cohorting ceased after the Health and Safety Executive (HSE) prosecution) and areas of no progress where patients are not aware of their care coordinators. There has also been a regression in relation to AIMs which is no longer in place and the National Reporting and Learning System (NR&LS) and National Reportable Incidents (NRIs) confirm that MHL deaths have steadily increased over the intervening years from 34 to 257 and are significantly higher than the rest of the Wales.

The Chair expressed thanks to all those who have continued to provide support to the Health Board to improve Mental Health services and move forward following the catastrophic events that took place.

In discussing the report, the Board:

- Queried how the work will be taken forward and what is the ambition of the Health Board. It was confirmed that the Health Board is committed to rebuilding public trust by driving improvements and Chief Executive referred to a table contained within the report outlining the key priorities. There is a need to develop a consistent model across the region, strengthen crisis response resource, align the service model to the strategic intent and ensure there is continuity and a focus on outcomes. It was confirmed that a Mental Health Strategic Report will be presented to the Board on a bi-annual basis going forward.
- Acknowledged that structured, detailed reports have been received by the Quality, Safety and Experience Committee which have provided a clear understanding of the progress and oversight of the Health Board in relation to the Royal College of Psychiatrists Report. The information has provided clarity around the risks and the work required to move forward and the Committee will continue to receive regular reports from the Mental Health Oversight and Development Group.
- Referred to the Foundations for the Future programme and whether this will help to address areas of improvement as well as transferring learning across the organisation and beyond Mental Health services. Reference was made to the Ockenden and Holden Reports previously completed in this area of work, noting that some issues are organisation-wide, including culture and behaviours. There is a need for strategies to be developed and implemented across the whole Health Board, not solely within Mental Health services.
- Highlighted the length of time taken to recognise these issues and queried whether the current indicators are effective. It was confirmed that there is a need for clear escalation and intervention pathways. Openness and transparency in reporting have improved and this needs to be supported by a culture that enables staff to raise concerns.
- Recognised that culture is an important issue and staff must work together to promote a caring and compassionate environment as part of the organisation's development journey.

**Action:**

- **26.10.1** A Mental Health Strategic Report to be presented to the Board on a bi-annual basis.

It was resolved that the Board:

- **NOTED** and **CONSIDERED** progress against the Health Board building blocks/foundations and Improvement Actions.
- **NOTED** and **CONSIDERED** the accompanying report from the Chair of the Expert Advisory Group Report.
- **AGREED** the Mental Health Oversight and Development Group to consider and progress the key considerations outlined in this report and the Chair of the Expert Advisory Group report.
- **SUPPORTED** the proposal to produce a regular report from the Mental Health Oversight and Development Group to the Quality Safety and Experience Committee.

**26.11 Health Board Strategic Vision Statement and Strategic Intentions Report**

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

- The report presents the draft Strategic Vision Statement along with the proposed Strategic Intentions to improve health and wellbeing across North Wales. Together these documents set a clear, shared direction that brings staff, partners and communities together around long-term ambitions for population health and wellbeing.
- The documents will guide future decision making, investment and service transformation as work progresses on the development of a new 10-Year Strategy and Clinical Services Plan for the organisation.
- The Strategy Programme follows a discover, design and deliver approach and has been co-created with staff, partner organisations and community representatives including reflections from the Stakeholder Reference Group and Local Partnership Forum to ensure the information reflects local needs and shared priorities.
- The aim of the draft Strategic Vision Statement is to build a future where everyone in North Wales has the support they need to live a healthier and happier life. Further development of the vision will continue to be refined to reflect shared ambition and priorities.
- Four Strategic Intentions have been developed for approval by the Board and these focus on a shift to prevention, enhancing the coordination of care, improving access, outcomes and experiences and creating a people centred healthcare system.
- Subject to Board approval, the Strategic Intentions will replace the existing five strategic objectives, originally developed as part of the Special Measures response, and will set the strategic direction for the Health Board's 2026–2029 Integrated Medium Term Plan and well as the 10-Year Strategy and Clinical Services Plan.

In discussing the report the Board:

- Acknowledged the level of work completed in terms of communication and engagement events with Local Authorities and partners noting that the priorities will shape the direction for future progress and will be reflected in the Integrated Medium Term Plan as the organisation continue to develop the 10Year Strategy and Clinical Services Plan.
- Queried how alignment can be achieved in terms of partnership working and delivery. It was confirmed that there will be an emphasis on partnership working, recognising that many objectives can only be achieved collaboratively. Recent Winter planning has shown effective collaboration which the organisation aim to maintain moving forward.
- Inquired whether the four Strategic Intentions translate into measurable outcomes. It was confirmed that work is taking place to introduce a more numerate focus with higher level indicators and the Integrated Medium Term Plan will include additional priorities enabling objectives to become more measurable to drive progress.
- Recognised that the Board is responsible for setting the Strategic Intent which will be articulated in the 10 Year Strategy. The Board Assurance Framework will be further developed in line with this to provide assurance that strategic priorities are being delivered and further detailed work will be required as we move forward, to frame the Board Assurance Framework and provide assurance to the Board.
- Highlighted the range of health inequalities that need to be addressed. This was acknowledged noting that the Health Board have a significant role as an anchor organisation therefore further work is required with partner organisations to address areas including employment and housing alongside healthcare.

It was resolved that the Board:

- **APPROVED** the Strategic Vision Statement, noting that it will continue to be refined during the strategy discovery phase.

- **APPROVED** the four proposed Strategic Intentions, which will underpin the organisation's future planning including the new 10 Year Strategy, Clinical Services Plan and Integrated Medium Term Plan.

## 26.12 Integrated Medium Term Plan 2026-29 Development Progress Report

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

- The report outlines the approach and progress in developing the Health Board's 2026–29 Integrated Medium-Term Plan and the key next steps required to finalise the submission by the end of March 2026.  
The work builds on the learning from the 2024/2025 planning cycle and aims to be more focused, realistic and deliverable, with clearer prioritisation and stronger alignment between strategy, operational plans and resource allocation.  
The plan is being developed within a clear strategic context, informed by the proposed Strategic Intentions whilst recognising that the organisation remains at Level 5 escalation and needs to demonstrate progress across all domains of the NHS Wales Escalation Framework.
- The planning approach has included broader engagement, a more continuous planning process and integration of the Annual Delivery Plan. This has been enhanced by moving to a unified numerate planning process to bring together demand, capacity, activity, workforce and financial modelling.
- A sequence of Board and Committee meetings throughout February and March will support scrutiny and refinement, ahead of final consideration by the Board on 26 March 2026 and formal submission to Welsh Government by 31 March 2026.

In discussing the report, the Board:

- Acknowledged the importance of balancing ambition with available resources, skills and staff. It was noted that the aim of the Board is to set targets that are both ambitious and realistic and provide a clear understanding of the organisation's current position and capabilities. Whilst plans should be ambitious, building confidence is essential therefore there is a need to ensure staff and the people of North Wales are confident the Health Board are able to deliver.
- Recognised the need to identify the difference this will make to the people of North Wales. It was confirmed that there is a need to provide clarity in terms of improvements, oversight of delivery against the plan and visibility of outcomes and evidence.
- Agreed there is a need to balance the level of ambition and the aim to achieve level four de-escalation.
- Queried whether the plan will ensure the Health Board cater for the diverse range of communities including rural areas to ensure equity across regions. It was confirmed that the plan will support health and wellbeing and consider equity in access to services and transport for all communities. It will be necessary to evaluate the design principles to ensure that an appropriate level of equity is provided throughout all areas of access.

It was resolved that the Board:

- **NOTED** the report; and
- **AGREED** with the approach outlined and the next steps in the development of the IMTP

## 26.13 Foundations for the Future

The Board received the report and the Chief Executive highlighted:

- Thanks to the Interim Executive Director of People Services and Organisational Development, the Programme Director for Foundations for the Future and the Executive Team for their work on the programme.
- The design phase of the programme has focussed on the operating model and the organisational function. It was noted that due to the current challenges in service access for the population of North Wales as well as considering outcomes, experience and cost, there is a need to address change in this area.
- **The Discovery Report published in 2024** highlighted seven key themes which included the need for interdisciplinary working, ensuring services and waiting lists are offered equitably and the need to address challenges related to autonomy, accountability and resources.
- Building on the previous work relating to the operating model and the ongoing need for benefits realisation, there is a clear emphasis on both enhancing current services and planning for future development. Central to this approach are the four Strategic Intent Statements, with a strong focus placed on ensuring the organisation is able to deliver effectively on these commitments.
- The approach addresses five key elements which include Strategy (Strategic Intent), Culture (Culture Change Programme and Values & Behaviours), People (Skills and Development) Processes (Decision making at appropriate levels) and Structure (Redesign required to provide a Regional Delivery of Services).
- The paper refers to Models A, B, and C emphasising Primary and Community Care as a central area for service access and recommends a more streamlined approach is required to enable corporate functions to support frontline service delivery.
- The programme will seek to improve organisational effectiveness for patients and citizens by enhancing access, equity and sustainability of service provision.
- It was recognised that change can be very challenging for staff and expressed thanks to staff across the organisation for their contribution and cooperation during this period.
- The draft structures are currently being socialised, and a formal consultation is being prepared in line with the policy that has been agreed in partnership. A timetable is being established, incorporating consultation and feedback stages and the views shared will be considered.
- The aim is to provide a more consistent, once for Wales approach to healthcare.

In discussing the report, the Board:

- Queried whether the programme is based around finance. It was confirmed that the focus is on organisational effectiveness noting that the financial elements will be considered and there will be transparency around costing however the programme is not financially driven.
- Acknowledged the new regional services and queried how these will correspond with existing Local Authority structures and relationships, it was confirmed that this area of work will be taken into account as we move forward.
- Recognised that staff anxiety is high and queried whether a clear communications plan will be provided to assure staff. It was confirmed that communication is being delivered and staff will compassionately support those affected.
- Suggested the need to have a Primary Care representative and agenda item covered at the Board. It was confirmed that the redesigned structure will help this area of work to be addressed in further detail.
- Confirmed that transport discussions are included in partnership engagement and planning.
- Queried the resource required for the consultation period to ensure organisational values are upheld. It was confirmed that capacity remains a challenge however resource has been

realigned to allow an internal approach to be utilised and the people workstream will be key to ensure implementation is completed considerably.

- Highlighted the importance of understanding organisational complexity, identifying strengths and service gaps and ensuring clinical functionality at all levels. There will be a need for leaders to support teams and help staff deliver the desired care effectively to patients.
- Referred to leadership growth and talent succession including knowledge and skills development which will be a key area of improvement within the programme.
- Confirmed that the People and Culture Committee have oversight of this programme noting that the aim is to improve the health and wellbeing of population and also provide health services of high value and quality with a need to consider the best ways of working to ensure delivery.

It was resolved that the Board

- **NOTED** the report.
- **DISCUSSED** the progress.
- **AGREED** the progression to the next stage, including further engagement and consultation.

## 26.14 Key Programmes Report

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

- The report provides the latest strategic overview of progress across the Key Programmes portfolio of work.
- The Health Board have 15 Key Programmes across the organisation which are essential to the transformation of health and wellbeing service delivery within North Wales.
- Further detailed reports continue to be presented to the Strategic Planning and Service Change Group for executive oversight and the Planning, Population Health and Partnerships Committee continue to receive regular highlight reports.
- Challenges remain at programme level and it was noted that none of the 15 programmes are considered fully on track or have high delivery confidence, as each programme continues to face underlying issues.
- Deep dive review sessions are being held for specific programmes to closely examine where problems have arisen.
- Programme health checks are underway via the Portfolio Management Office as the first step towards a root cause analysis around themes for programme delays and support is being provided for Senior Responsible Officers and Programme Leads.
- In relation to the Electronic Prescribing and Medicines Administration system it was noted that this is a key intervention that enables safer medication prescriptions to be provided. It also supports audit processes and aligns with the Value and Sustainability agenda. The system is now live in East Integrated Healthcare Community, with plans to expand into West and Central regions by the end of the financial year. Staff have responded positively and the system is expected to enhance overall productivity.
- In relation to the Llandudno Orthopaedic Hub it was noted that building work continues and this is a key challenge as the timeframes continue to move forward. Work is also taking place to secure the clinical model and staffing structure.
- In relation to the Health and Well-being Hubs the Chief Operating Officer has been appointed as the Executive Sponsor to oversee the schemes across North Wales and unify these under a single framework. Each scheme is being assessed in relation to service delivery, community engagement and provision of health and well-being services. There is a

need to build community capacity, align with the 'Community **by Design**' work, integrate services and work closely with third sector partners.

It was resolved that the Board:

- **SUPPORTED** the approach being undertaken regarding management oversight and the need for the continued maturing of the programme approach to ensure successful delivery in line with original expectations.
- **AGREED** to continue to receive updates at every other Board meeting with the Planning, Population Health and Partnerships (PPHP) committee to continue to provide Board level oversight in the intervening period.

### **26.15 Developing Sustainable Solutions for the Future of Penley Community Hospital**

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

- The report provides a progress update on the review of future service needs for the local population, following the closure of inpatient beds at Penley Community Hospital in December 2024 and seeks approval from the Board on the proposed way forward.
- An initial phase of consultation engagement has been conducted with a wide range of participants, and this process has enabled options to be co-developed considering a broad range of views.
- The report includes three shortlisted potential models and Llais have suggested that further, continuous engagement should take place ahead of a formal public consultation period post-election, to ensure parity with the Tywyn Community Hospital service change process.

In discussing the report, the Board:

- Agreed to continue local discussions and engagement with stakeholders and undertake a formal public consultation following the election period in May 2026.
- Requested that the recommendation is amended to read "the elections to the Senedd".

It was resolved that the Board:

- **NOTED** the work carried out to date.
- **NOTED** the shortlisted options, which will come for approval to a subsequent Board following further, more detailed work.
- **APPROVED** the recommendation to undertake a formal consultation on the future of services delivered from Penley Community Hospital following the elections to the Senedd in May 2026.

## **INTEGRATED PERFORMANCE**

### **26.16 Urgent and Emergency Care Progress Report**

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

- The position in relation to Urgent and Emergency Care performance, Emergency Department pressures, including ambulance waiting times and patient experiences has previously been discussed by the Board.
- A commitment was made to improve patient experience by Christmas, walkabouts were completed, feedback was received and a significant step change occurred which included a Winter Sprint Fortnight which took place from 8–22 December 2025, the development of a live dashboard and significant improvements in mobilising pathways of care.

- Further improvements were made in preparing patients for discharge and creating better ward flow to expedite patient in a more timely manner.
- These changes noted improvements in ambulance handovers and reduced delays, along with a significant reduction in emergency department pressures.
- A second Sprint Fortnight has been initiated involving Local Authority colleges aiming to further reduce patient delays using similar targets to the Winter Sprint Fortnight.
- There will also be a focus on optimising the 'front door' process and enhancing community care to support patients at home and improve planned hospital arrivals. This will assist in developing a single point of access and support community pharmacies and Primary Care to only direct patients to Emergency Departments when necessary.
- Work will also take place to ensure Minor Injury Units are open as scheduled, Out of Hours access is available and protect same day emergency care for appropriate patients.
- Teams are engaged in this area of work and diagnostics are being conducted to identify where the greatest improvements can be made to improve department flow and 'front door' processes recognising the need to improve quality and safety to minimise harm within the department.
- A rapid quality review was conducted in November 2025, and the outcome has been discussed by the Quality, Safety and Experience Committee noting the need to ensure learning and best practice is shared across sites.
- Concerns continue to be raised around waiting times for patients and delays in ambulance handovers and staff continue to be concerned about the working environment but are committed to providing quality care. Efforts are required to ensure patients can be discharged from acute care to the next care setting as soon as possible as this has an impact on patients accessing emergency care as well as ensuring staff working within this environment are supported.
- The Winter Sprint Fortnight in December demonstrated significant collaborative working with Local Authorities, the dashboard was welcomed by staff and there is encouragement to continue developing and building on this work.

In discussing the report, the Board:

- Referred to the 'front door' and queried whether those present in Emergency Departments are accessing the correct service. It was confirmed that Emergency Departments can be the default service utilised by the population and there is a need to ensure alternative services are provided to protect Emergency Departments for emergency patients.
- Acknowledged the improvements made as part of the Winter Sprint Fortnight and queried whether the organisation have the resources to sustain this level of provision and operational grip. It was confirmed that the Sprint has provided useful information, improved processes and enabled better use of care in the community therefore sustainability is key. It was also noted that operational resource will be addressed as part of the Foundations for the Future programme.
- Referenced single point of access noting that work is taking place with Cardiff around scheduling Unscheduled Care which may provide alternative opportunities for patients.
- Agreed there is a need to work closely with partners and the Regional Partnership Board to develop the provision for future population need as we move forward.
- Confirmed that a progress report will be presented to the Board at the next meeting in March 2026.

It was resolved that the Board:

- **NOTED** the delivery and impact of the Winter Sprint Fortnight, including measurable reductions in Pathway of Care Delays, improved front-door flow, increased protection of

Same Day Emergency Care (SDEC) capacity, and the associated improvement in ambulance handover performance.

- **SUPPORTED** the development of key programme deliverables in line with the national 6 goals framework and service improvement initiatives.
- **ENDORSED** the implementation of the All-Wales Release to Respond Protocol as a critical patient safety framework to support timely ambulance handovers and consistent escalation across the system.
- **ACKNOWLEDGED** that sustaining improvement will require continued whole-system focus and partnership, particularly with Local Authorities and Welsh Government, to address underlying structural capacity constraints that impact discharge flow, Same Day Emergency Care (SDEC) utilisation, Single Point Of Acces (SPOA) effectiveness and ambulance handover performance.

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

The Board received the report and the Committee Chair highlighted:

- The Committee received an update on Challenged Services which identified areas of improvement and development.
- A report was received in private in relation to Vascular which is an important area for consideration.
- The National Carers Report has been referred to the People and Culture Committee as this aligns with providing support to carers to help keep people out of hospital.

It was resolved that the Board:

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

### 26.18 Improving Quality Report

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

- The report has been reviewed by the Quality, Safety and Experience Committee.
- The Health Board reported four Never Events during October and November 2025, one of which has been downgraded as NHS Performance & Improvement determined it did not meet the criteria for a Never Event.
- The North Wales Safeguarding Board published the findings from the Gwynedd Child Practice Review and recommendations have been made to the Health Board in relation to data sharing and safeguarding assurances which are being taken forward.
- There has been a positive trend in relation to outbreak data during October and November 2025 and during December, mask wearing was mandated in clinical areas to address the higher prevalence of infection in hospitals, community and amongst staff groups, this has now been de-escalated.
- There has been a significant increase in the number of complaints received and the figures relating to concerns regarding the Emergency Departments will be separated out as we move forward.

In discussing the report, the Board:

- Highlighted that issues are being reported but queried what is being done to address these issues. It was agreed that an analysis of the information reported would be useful to highlight what the information is telling us.
- Suggested that the mortality review has been based on processing data rather than action. It was confirmed that further information is included in the report shared with the Quality, Safety and Experience Committee and once the process has been developed further there

will be a need to analyse the data and extract the learning. It was suggested hyperlinks could be included in future reports to emphasise where further information has been shared with Committees.

**Action:**

- **26.18.1** Future Improving Quality Reports to include an analysis of the information reported to highlight what the data is telling us and also include hyperlinks where further information has been shared with Committees.

- 

It was resolved that the Board:

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

**26.19 Chairs Assurance Report - Performance, Finance and Information Governance Committee**

The Board received the report and the Independent Member highlighted:

- The financial position was discussed and alerted to the Board.
- There is a lack of improvement in performance indicators relating to theatre utilisation which are key measures of efficiency and productivity.

It was resolved that the Board:

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

**26.20 Integrated Performance Report**

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

- The operational teams are working hard to deliver against the performance targets.
- National funds have been utilised to deliver substantial reductions in patients waiting 52 weeks or more for their first outpatient appointment which has seen a reduction from 31,905 to 8,500 patients which correlates as a 74% improvement.
- There has been a reduction in the number of patients waiting over 104 weeks for all stages of treatment which now totals 3,668 which correlates as a 65% reduction however this is not in line with the Welsh Government target.
- In relation to Diagnostics this area remains challenging, plans are in place to deliver improvements in specific areas and are being closely monitored to ensure delivery against the targeted performance of 4,700 patients waiting.
- There have been some improvements in performance in relation to Cancer as measures have been deployed to enhance delivery in Dermatology through insourcing contractual performance, Colorectal with additional endoscopy, Breast through additional clinic capacity and additional recruitment to Head and Neck consultants.
- There has been an increase in sickness absence levels as well as employee relations cases which could be due to the work completed around culture and behaviours.
- The performance levels are not as high as required however the teams continue to make improvements.

In discussing the report, the Board:

- Referred to the performance in relation to Cancer noting that 52.4% of patients have been treated within the 62 day target and the targeted performance to move out of Special

Measures is 55% and queried whether the target is obtainable. It was confirmed that the target needs to be attained over four consecutive months to reach the Special Measures target and agreed to refer to the gap in future reports to highlight the improvements required to reach the target.

- Noted the difficulty in reaching the Cancer target due to the complexity of care required, multidisciplinary teams are working to make improvements in this area and Cancer performance will be a focus at the next Board meeting in March 2026.

**Action:**

- **26.20.1** Future Integrated Performance Reports to refer to the gap in performance against the Special Measure Cancer target to highlight what is required to reach the target.

It was resolved that the Board:

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

**26.21 Finance Report**

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

- The Health Board is reporting a year-to-date deficit of £17.3m as at 31<sup>st</sup> December 2025.
- This position is driven by the year to date impact of local and capacity pressures, out of area Mental Health placements and employer National Insurance shortfall and inflation.
- A review of delivery against the plan has been completed, and the initial 1% cost improvement will not be attainable therefore the Financial Oversight Group have agreed to implement further centrally controlled measures designed to prevent a further deterioration in the position whilst maintaining access and quality of services for the local population.
- The Health Board received £82m of conditionally recurrent funding during 2024/2025 with conditions based upon attainment of the financial plan. The current forecast deficit places the Health Board at risk of receipt of this allocation in 2025/2026 and future financial years. Further discussions will be required with Welsh Government in relation to this allocation.

In discussing the report, the Board:

- Queried whether there are plans in place if the Health Board does not meet the requirements to receive the £82m of conditionally recurrent funding. It was confirmed that clarity is required from Welsh Government as not receiving the allocation would create a significant impact for service delivery.
- Referred to the £8.8m in unbudgeted additional costs and suggested this area could be reviewed to help address the deficit position. It was confirmed that a more detailed review of these costs would be undertaken.
- Highlighted the controls in place and queried whether earlier implementation could have been possible. It was confirmed that the organisation was responding to the request to provide increased autonomy for accountable officers however further development is required to provide this going forward noting that key decisions will be outlined in the Annual Delivery Plan for the Health Board.
- Emphasised that work has taken place to review the schemes that do not have a detrimental impact on patient care and evaluate the capital programmes to identify the committed resources.
- Referenced the Foundations for the Future programme and whether this will result in efficiencies. It was confirmed that there will be some efficiencies and the Clinical Services Plan will result in further long term resources.

- Confirmed that the Health Board are currently the second best performing Health Board in Wales in relation to financial management and discussions are taking place with Government in relation to the £82m recurrent funding.
- Agreed that moving forward there is a need for a well structured organisation with clear accountability lines to ensure the skills are in place to deliver a managed budget.

It was resolved that the Board:

- **NOTED** the content of the report

## GOVERNANCE, RISK AND ASSURANCE

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

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

- The Committee raised concerns around the provision of timely evidence relating to Management Responses to Internal Audit reports noting the need to see improvements in this area.
- Concerns were also raised around the ability to evidence the embedding of learning across the organisation and suggested historical learning could be reviewed to identify sustainability.

It was resolved that the Board

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

### 26.23 Board Assurance Framework

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

- The Board Assurance Framework has been reviewed by the relevant Committees to provide assurance to the Board and is aligned to the Strategic Intentions.
- Once the 10 Year Strategy has been developed, the Board Assurance Framework will be revised to align and ensure deliverables can be identified.
- The key changes and current position are referenced in the report with some suggested closures due to duplication.
- BAF24-07 currently remains unsatisfactory as it was felt the score was too low, work is taking place to provide assurance that the risk is being sufficiently managed.
- A number of risks are currently above tolerance and work is being completed on the Corporate Risk Register and processes to manage these risks to ensure the right mitigations and actions are in place.
- Thanks were expressed to the Head of Risk Management for her work and contributions as she will shortly be leaving the organisation.

It was resolved that the Board:

- **NOTED** the current position of the BAF and the committee scrutiny and feedback received.
- **ENDORSED** the closure of BAF24-01 (Effective & Accountable Organisation), with any remaining actions monitored via CRR25-08 in the Corporate Risk Report.
- **SUPPORTED** the increase in the current score for BAF24-07 from 16 to 20, reflecting operational pressures and alignment with CRR25-01.
- **APPROVED** the proposed assurance ratings as reviewed by the responsible committees and request targeted improvement plans where assurance remains Limited or Unsatisfactory.

## 26.24 Corporate Governance Report

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

- The report includes an urgent Chairs Action for ratification, the matters discussed at the previous private Board meeting and instances for affixing the common seal.
- Joint Committee and Partnership reports have been included in the supporting papers along with the published independent review into the governance and accountability arrangements of North Wales Shared Services Partnership in the supporting papers for transparency.
- The revised policy management policy process is being finalised before going out to consultation ahead of publication.

It was resolved that the Board:

- **NOTED** the report.
- **RATIFIED** the Chair Action taken since the last meeting.
- **NOTED** the affixing of the Common Seal.
- **RATIFIED** the approvals of Approved Clinicians and Section 12(2) Doctors in line with national guidance.

## 26.25 Board Champions Annual Report

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

- This is a new report following the publication of a Welsh Health Circular noting that Champions offer focused attention and commitment at Board level.
- Independent Members have been identified to fulfil the roles and the work completed will contribute to the **Annual Governance Statement**.
- Thanks were extended to those who have undertaken these roles in addition to Board and Committee commitments.

It was resolved that the Board:

- **NOTED** the work Board Champions have undertaken over the past year and the priorities for the next year.

## 26.26 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
- Charitable Funds Committee
- Stakeholder Reference Group
- Local Partnership Forum
- Healthcare Professionals Forum
- Executive Committee

The Chair of the Planning, Population Health and Partnership Committee referred to the Referral to Treatment Governance and Accuracy Report that has been published and provides assurance that a robust review has been completed and actions have been implemented.

It was resolved that the Board:

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

The Board reflected on the discussions held noting:

- A range of important reports had been presented and discussion had been positive, constructive and motivating.
- The patient perspective is valuable to inform the Board and the Welsh-English balance aligns to the Health Board ambitions based around culture.
- Significant time had been used to discuss the **Strategy** and the Board remains transparent and focused on long term improvement.
- The **Mental Health** item required focus and the **Exert Advisory Group** provided useful insights.

### **CLOSING BUSINESS**

#### **26.27 Date of Next Meeting:**

Thursday 26 March 2025 at 9.30am

#### **26.28 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."*