



Ein cyf/Our ref: DC/JMHSC/02869/25

Dyfed Edwards – Chair
Carol Shillabeer – Chief Executive
Betsi Cadwaladr University Health Board

10 December 2025

Dear Dyfed and Carol,

This letter follows the Public Accountability Meeting held with members of the Betsi Cadwaladr University Health Board on 20 November 2025. Thank you for your and your team's attendance at the meeting. It was an opportunity to highlight the work the health board is delivering for the communities it serves.

These meetings are an important part of the Welsh Government's commitment to holding NHS organisations to account for delivering against our priorities, specifically focusing on in-year operational delivery, financial stability, quality and safety, and management of key risks.

Thank you for the evidence pack provided in advance of the meeting; this forms an important part of the meeting record. The recording of the meeting can be found at:

- [Betsi Cadwaladr University Health Board - 20 November 2025, 4:30pm](#)
- [Betsi Cadwaladr University Health Board – 20 November 2025, 4:30pm \(English only\)](#)

This letter sets out my reflections from the meeting. We will continue to review these themes in our regular review meetings, as part of the health board's level 5 (special measures) escalation.

I wish to acknowledge the Board's openness and the constructive engagement you and your executive team demonstrated throughout the meeting. The discussion was wide-ranging and candid, reflecting progress made by the Board since the escalation to special measures in 2023 and the considerable challenges that remain. I am grateful for the Board's willingness to address issues raised by members of the

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

public and to engage transparently on matters of performance, governance, finance and future planning.

We discussed our recent correspondence about additional intervention support for the health board and confirmed our agreement that a senior-level team will be appointed to work alongside your executive team.

Your opening remarks emphasised the importance of partnership working and the shared ambition to deliver the best possible outcomes for the population of north Wales. You acknowledged the successes achieved to date, particularly in rebuilding trust and improving engagement with patients, staff and local communities. However, it was also recognised that substantial work remains to address persistent challenges in access to services, performance, and financial sustainability.

The Board recognises that timely access to services is the most pressing area for improvement. While patient satisfaction remains high once care is accessed, the Board acknowledged that delays and difficulties in initial access are a key concern for citizens. You outlined a range of initiatives—including weekend clinics, targeted high-volume procedures, and increased use of outsourcing and insourcing—to address backlogs.

Data integrity issues, particularly relating to waiting lists, were identified as a barrier to effective oversight. It is essential that the Board maintains a strong grip on data to understand performance, build confidence, and manage improvements effectively. I expressed my concerns that the recent data submission does not appear to reflect the true number of patients waiting, despite weekly reporting being correct. This was linked to a segment of the waiting list being managed separately for practical reasons, leading to inconsistencies.

You acknowledged the presence of duplicate patient records, especially for follow-ups, due to the historic use of three different IT systems. Although these systems were combined in summer 2023, full integration was not achieved, resulting in ongoing data quality issues. You have commissioned a review to investigate the integrity of your data, identify errors, and extract lessons for future improvement and you are undertaking immediate data validation to ensure all activity is properly reconciled and reflected in the waiting list data. Since this meeting, we have taken action to rectify this position, and I have commissioned a comprehensive review of the quality and governance of Betsi Cadwaladr University Health Board's referral to treatment (RTT) data.

The Board must demonstrate stronger oversight of operational matters. The health board consistently reports the poorest performance in Wales against the performance metrics relating to cancer, planned care, and urgent and emergency care. There are currently over 5,000 patients waiting more than two years for treatment, with some waiting more than three years. This is an unacceptable situation for the Board, and I expect you to take urgent action to manage and improve operational performance, including waiting list management, referral processes, and booking systems.

Cancer performance has historically been strong but is now the lowest in Wales and has been for most of the past year. You confirmed the health board is not delivering

against its own performance improvement trajectories, partly due to resource constraints and challenges in managing external contracts. You highlighted increased grip and control in these areas including outsourcing and insourcing, being used to increase surgical capacity and reduce backlogs as well as the introduction of weekend super-clinics which will deliver over 2,000 additional appointments each week until the end of March 2026.

The performance of your urgent and emergency care system is failing hundreds of patients each week. Patients are spending unacceptable periods of time waiting on ambulances outside emergency departments and in emergency department waiting rooms. You described ongoing collaboration with local authorities and system-wide approaches that have been adopted to reduce ambulance patient handover delays and improve triage and same-day emergency services. You recognise the impact of patient flow bottlenecks and discharge delays on patient safety and staff morale and outlined immediate actions to implement new discharge processes and live data tracking, to reduce pathway of care delays in the coming weeks.

We discussed the improvements following through the implementation of your quality management system including improved and sustained complaint closure rates, improved relationships with HM Coroner, enhanced investigations and a renewed approach to continuous improvement and learning for incidents. The Board must maintain its oversight in these areas as well as across all services. Quality improvement is more than systems and processes, although important and it is the implementation and learning from these that ensures continuous improvement.

The Board's commitment to service redesign and future planning is evident, with a focus on sustainable, patient-centred, and community-based models of care. We support the ongoing engagement with clinicians and the public, the implementation of digital initiatives such as electronic health records, and the co-design of service changes, including the opening of the Llandudno orthopaedic hub early next year.

The Board's progress in recent years of reducing the financial deficit position and improving financial governance and controls were recognised. Submitting a financially balanced plan was an important milestone for the Board and we expect you to deliver that plan. I noted you continue to forecast a financially balanced position. However, the year-to-date deficit and the need for further mitigations to be achieved in the current financial year remain a concern. We agreed you would set out the detailed actions to mitigate those risks and deliver your forecast in your month 8 monitoring return. I expect the health board to implement the required mitigations and recovery actions, realign future budgets as you proposed for greater transparency, and strengthen cost-control actions immediately.

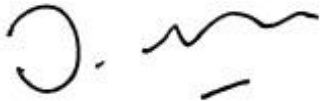
The meeting addressed leadership, culture, and clinical voice. The Board's efforts to embed a new values and behaviours framework, support local leadership, and foster an environment where staff feel empowered to innovate and raise concerns were welcomed. I know you recognise that these issues are fundamental to current improving performance and to establishing great services for the future. I expect continued progress in these areas, with regular review at your Board meetings.

Finally, I would like to thank you for your letter following the meeting, setting out the Board's response to the urgent and emergency care pressures in the system. We will follow these up at our regular review meetings.

In summary, this was a constructive meeting. I do wish to acknowledge that the Board is making progress in some areas and that the focus must be on operational delivery and service change – the model of care and long waits across the system cannot continue.

The meeting rightly focused on those areas where improvements are needed and where I expect the Board to have enhanced oversight and leadership including operational and financial grip and control.

Yours sincerely,

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of loops and a horizontal line.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care