

PUBLIC ACCOUNTABILITY MEETING – EVIDENCE PAPER

Organisation: Betsi Cadwaladr University Health Board

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Completed by: BCUHB Board

Attending in person from BCUHB:

- Dyfed Edwards, Chair
- Gareth Williams, Vice Chair
- Claire Budden, Independent Member
- Urtha Felda, Independent Member
- Carol Shillabeer, Chief Executive Officer
- Dr Clara Day, Executive Medical Director
- Russell Caldicott, Executive Director of Finance
- Pam Wenger, Director of Corporate Governance
- Tehmeena Ajmal, Chief Operating Officer
- Paolo Tardivel, Interim Executive Director Transformation and Strategic Planning

This evidence pack has been produced by Betsi Cadwaladr University Health Board in support of the Public Accountability Meeting between Welsh Ministers and the Board on 20 November 2025. It has been produced in line with the guidance from Welsh Government.

Introduction

The Health Board welcomes the opportunity to provide this evidence pack in relation to the Public Accountability Meeting due to be held on the 20th of November 2025. The largely new Board, constructed from March 2023 onwards, has embraced openness and transparency as core to its approach where both progress and challenges are clearly articulated.

This evidence pack aims to provide information to the Welsh Government, wider stakeholders and the people of North Wales on the context of the Health Board as part of the wider NHS Wales and public sector; the in-year delivery of improvements, and a summary and forward view, across the following areas as indicated by Welsh Government:

1. Finance, Planning and Escalation
2. Improving Access for All
3. Getting Services Ready for the Future
4. Strengthening How We Run The NHS
5. Board Local Issues

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1.0 Finance, Planning and Escalation

Areas covered:

- 1.1 Funding, sustainability and value
- 1.2 Escalation and progress against de-escalation requirements
- 1.3 Progress against Clinical Service Plan
- 1.4 Service change
- 1.5 Regional working
- 1.6 Progress against the Ministerial Enabling Actions

Context

When the Board was re-established in March 2023, the organisation faced significant financial challenges with a potential deficit of approximately £200 million forecast for the 2023/24 financial year. This was compounded by governance shortfalls, including qualified statutory accounts for 2021/22 and 2022/23, lack of accountability structures, and limited internal control systems. There were significant and high-profile issues related to the management of accounts with wider implications for staff and the broader organisation. Since then, substantial progress has been made in financial governance and performance. Key actions have included the endorsement of performance frameworks, implementation of a revised Scheme of Reservation and Delegation including standing orders and financial instructions, establishment controls, and focus on compliance with procurement regulations. These measures have led to enhanced governance reputation and unqualified accounts for 2023/24 and 2024/25 (a clean bill of health) with no change from draft to final submission. Significant improvements have been referred to by Audit Wales, including the development of a mapping tool that offers full transparency of financial transactions from the source ledgers to the Financial Statements, supporting a culture of openness.

In relation to financial performance, the Health Board outturn for 2023/24 improved to a £24 million deficit, with delivery improving further in 2024/25 with attainment of a £7.6m deficit positively improving on the financial control total of £8.3 million set by the Welsh Government. For this financial year, a balanced financial plan within the [Integrated Medium-Term Plan \(IMTP\)](#) was approved by the Board in March 2025.

In relation to planning, the re-established Board recognised that the organisation had been unable to achieve a Ministerially approved Integrated Medium Term Plan in line with the NHS Finance (Wales) Act 2014. An independent review of planning in the Health Board, undertaken by Sally Attwood in 2023, outlined key areas for improvement including strategic and operational planning approaches and capability, service planning and change and the development of an organisational long-term strategy and clinical services plan.

Accepting these recommendations, in September 2023 the Board approved an [Integrated Planning Framework](#), the first of its kind for the organisation. Significant improvements have been made as a result, including to the mechanisms within the organisation for leadership and oversight of strategic planning and service change at Board and Executive level. A

financially balanced **IMTP** was approved by the Board in March 2025. Unfortunately, this was not approved by Welsh Government.

1.1 Funding, Sustainability and Value

Current financial position

The 2025/26 current NHS Wales financial climate remains extremely challenging, with all Health Boards reporting in year deficit positions. At Month 6, the all-Wales year-to-date deficit stands at £139 million. There are only two Health Boards in NHS Wales continuing to forecast break-even in attainment of the key financial duty, Betsi Cadwaladr University Health Board being one of these. However, delivery of a range of mitigating actions is key to success.

Within BCUHB, forecast risks to delivery of the statutory duty to break-even include a £15.1 million year-to-date deficit and a total risk of £40.8 million. These risks stem from cost overruns, national pressures, workforce realignment, and potential clawbacks.

Failure to achieve the financial plan could result in the loss of £82 million in Improvement & Transformation funding for 2026/27. This includes £40 million in recurrent deficit support funding and £42 million in non-recurrent performance and transformation funding. Regulatory breaches and risks to future resource allocations from Welsh Government are also significant concerns.

To mitigate these risks, escalations are in place, including enhanced establishment controls, cessation of non-clinical agency use, scrutiny of non-pay expenditure, and targeted 1% cost reductions across all areas and directorates. The Financial Recovery Plan outlines savings and mitigation strategies, with continued efforts to identify opportunities and implement control measures.

Financial Performance

Whilst the Health Board is not forecasting a financial deficit, there are substantial pressures being experienced, with the year-to-date deficit of £15.1m drivers centring upon;

- £4.8m - Pricing and growth in cross border activity.
- £4.7m - Capacity pressures to service patients.
- £3.5m - Costs to support placements for Mental Health patients out of area.
- £2.1m - Employers National Insurance contribution shortfall.

The forecast outturn contains the above extrapolated to close of the financial year, plus further risks to delivery, as articulated below:

- £14.8m - Additional capacity and Out of Area Mental Health placements.
- £ 9.4m - National pressures in relation to potential shortfalls in Welsh Risk Pool.
- £12.4m - Workforce pressures and price and growth in cross border activity.
- £ 4.2m - Shortfall in Employers National Insurance funding.

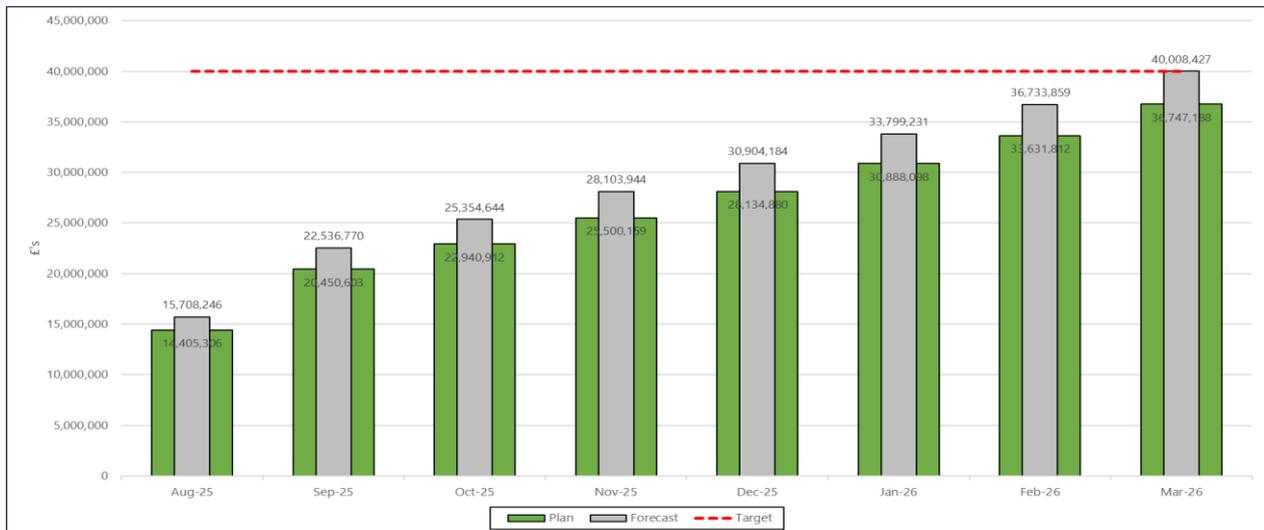
The risk to delivery of the planned outturn is currently reported at £40.8m, with the analysis including elements relating to pressures not envisaged at endorsement of the financial plan (Welsh Risk Pool and Employers National Insurance funding shortfalls examples). The Health Board continues to place focus on development of mitigations to assure delivery of the planned outturn in the current financial year, whilst also engaging with Welsh Government colleagues.

Progress against Savings and Value & Sustainability plans

Savings performance has been strong, with the targeted £40 million savings achieved in-year supported through implementation of Value & Sustainability, targeting delivery of improvements within:

- Clinical Variation £ 2.3m.
- Medicines Management £10.0m.
- Continuing Healthcare £ 7.7m.
- Workforce £11.6m.
- Non-Pay and other £ 8.4m.

This model for delivery mirrors that at the national level and seeks to build on best practice across Wales in enhancing productivity and efficiency. The targeted savings modelling is depicted below:



The Health Board has identified green rated schemes that attain the targeted savings of £40m. Further schemes totalling £5m are required to support in year delivery / mitigation of cost overruns and further ensure the Health Board has opportunity to deliver future targeted savings as articulated within the Integrated Medium Term Plan (IMTP).

Examples of the documentation utilised to support delivery of Value & Sustainability is included within the following table:

Value & Sustainability Programme – 3. Workforce

PLAN DELIVERY YTD DELIVERY YEAR END

National Priorities 24/25

1. International Recruitment
2. Nurse Staffing Levels
3. Agency Reduction
4. Sickness Absence

Cabinet Secretary Enabling Actions

- Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
- Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off- contract expenditure
- Ensure a reduction in agency spend on Healthcare support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025
- Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30th September 2025

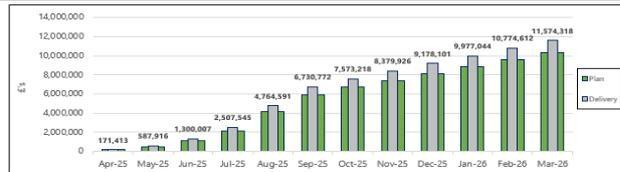
Key Deliverables

A material reduction in agency expenditure through a reduction in vacancies, supporting: -

- Enhanced quality and safety
- Improved patient experience
- Better value for money by avoiding the premium cost of agency staff
- Equity for the substantive workforce and those employed from the NHS bank

National Focus for 25/26

- Develop the scope for corporate benchmarking
- Understand trends for roles and functions where agency usage remains, to inform additional solutions
- Analyse the financial impact of a range of preferential national additional hours rates
- Enhanced rota management and rostering principles



RAG Rating	BCUHB Initiative	Value (£) at M5
Green	Administration and Management Efficiencies	166,733
Green	Enhanced Recruitment Controls	872,080
Green	Improved Agency Control Framework	1,238,421
Green	Optimised Workforce roles / models / teams / skill mix	2,607,258
Green	Recruitment activities that improve NHS workforce supply	2,355,675
Green	Other (Salary Sacrifice, Vacancy Freeze, Closure of PO's)	1,989,275
Green	Other Agency	631,400
Green	Other Variable Pay	373,947
Green	Enhanced Rota Management and Rostering	770,790
Green	Enhanced Variable Pay Controls	18,125
Green	Structural Changes with Planned Formal Employee Consultations	550,615
Green	TOTAL	11,574,318
Red	Improved Management of Non-Pay	330,174
Red	TOTAL	330,174
25/26 Pipeline	Patchwork	800,000
25/26 Pipeline	V&S Workforce	1,132,643
25/26 Pipeline	TOTAL	1,932,643

Value & Sustainability Programme –5. Clinical Variation & Service Reconfiguration & 6. VBHC

<h3>Allocative Value Project</h3> <p>Led by the costings team, work has commenced to develop a level of clinical intelligence which will evidence areas of opportunity to address unwarranted clinical variation and will inform future value transformation initiatives</p>	<h3>Remote Patient Monitoring</h3> <p>National pilot funded by NHS Wales T&I</p> <p>Funding for the ongoing monitoring of x50 care packages concurrently</p> <p>Links to the National V&S (Clinical Variation) theme of 'Virtual Wards'</p> <p>National V&S focus on reducing winter pressures for two patient groups:</p> <ul style="list-style-type: none"> • Acute Respiratory Infections • Exacerbations of Chronic Conditions <p>Fits with Workstream 1- Patient Front Door</p>	<h3>Bevan Commission Spread & Scale 'Green Hand Pathway' & RPRP</h3> <p>Bevan Commission Adopt, Spread & Embed project for National Adoption</p> <p>£1,120 reduction in costs per patient via revised 'Green' MOP pathway</p> <p>Prelude to GIRFT's Right Procedure, Right Place Programme (RPRP)</p> <p>186 procedures clinically validated for transfer to MOP activity as part of GIRFT's Right Procedure, Right Place Programme</p>
<h3>Orthopaedic Implant Rationalisation</h3> <p>BCU purchases primary hip & knee prostheses from multiple suppliers more than any other HB in Wales.</p> <p>Other HBs in Wales have already undertaken a programme of rationalisation</p> <p>Fits with standardisation theme of procurement workstream (but would need clinical drive/oversight)</p>	<h3>GIRFT Standard Pathway Redesign</h3> <p>MDT designed BCU Arthroplasty best practice pathway, to be used as template for National Orthopaedic CIN pathway development</p> <p>Work commenced to quantify the 'Value benefit' of its adoption</p>	<h3>Value-Based Diagnostic Demand Project</h3> <p>Review of GP Direct Access model for Radiology and implement value based standardisation</p>

Progress against the Board-approved IMTP/Annual Delivery Plan

The Board receives quarterly reports detailing the implementation of the Board-approved IMTP/Annual Delivery Plan commitments. Key reports have included:

Access to specialties – Encouraging progress being made across the eight challenged services escalated under Special Measures, addressing workforce challenges, improving performance and mitigating quality and safety concerns. Plastics and Oncology have made the greatest improvements and are under review for de-escalation by Welsh Government.

CAMHS - Enhanced crisis model has improved outcomes for children and young people, with a 30% reduction in paediatric hospital admissions and 70% reduction in section 136 presentations with improved liaison out of hours in 2024 to 2025 compared to the previous two years and a 31% reduction in unscheduled admissions to paediatric wards in acute hospitals.

Environment & Estates - secured significant investment for diagnostic and treatment equipment which will enhance capacity, improve patient pathways, and support the sustainability of clinical services. Progress has also been delivered across a number of capital schemes including a collection of Health and Well Being Hubs. The Royal Alexandra development, in one of our most deprived areas, has been approved by the Health Board at Phase 1 and is now with Welsh Government for review.

Quality Management System (QMS) - The live QMS Hub and BCUHB approach has been identified as being amongst the best in Wales. This has now been rolled out across the Challenged Services as well as tested in a range of different departments.

Intelligence Led Organisation – improvements made to support data-driven decision-making; launch of the redeveloped IRIS operational portal provides real-time intelligence to support performance monitoring, planning, resource optimisation and improved management information relating to patient pathways and flow.

Digital Delivery – Progressing a number of key digital solutions which have made good progress during 2025/26 in support of modernising services. These include Radiology Informatics System Programme (RISP), Laboratory Information Management System (LIMS), Digital Maternity System, Mental Health Electronic Healthcare Record, Electronic Prescribing and Medicines Administration (ePMA).

Culture and Leadership - The discovery phase of the Culture & Leadership Change Programme has concluded. The Values & Behaviours Framework is being integrated into systems, policies and ways of working.

Welsh Language – leading the way and regarded as best practice in relation to increasing visibility, tailoring training and cross-service collaboration and helping integrate Welsh language and culture into daily working life and essentially part of patient care.

Governance – improvements in governance, transparency and accountability relating to Learning From Events Reports following a change of process agreed in January 2025 have been cited by Welsh Government as an area of best practice in Wales.

Value & Sustainability – positive progress been made against the six-core national workstreams. The Clinical Variation workstream will now benefit from the appointment of the substantive Executive Medical Director. Savings plan at month 6 at £45.3m against a £40m target.

Strategy development – covering both the 10-Year Strategy and the Clinical Services Plan, this is vital in ensuring the commissioning and provision of modern, sustainable and

effective services. Important initial stages well underway, with leadership and engagement with Board Members, Partners and members of the community on-going, including successful strategy event co-hosted with the Bevan Commission held in October and attended by over 70 stakeholders.

1.2 Escalation and progress against de-escalation requirements

In February 2023 the Health Board was escalated to Level 5/Special Measures following serious concerns about board effectiveness, organisational culture, governance, patient safety, and leadership.

Since that time, there has been significant improvement and strengthened capacity and capability in many areas. This is supported by findings from Audit Wales and other external reports. The latest Welsh Government Special Measures Progress report published on 24 October recognised “considerable improvements made across the Health Board including leadership, governance, clinical quality, and financial management since the escalation to special measures. Foundations for the Future will ensure the Health Board moves to implement a new operating model which will improve performance and build the necessary foundations for sustainable, system-wide improvement”.

Despite the progress however, the Health Board fully recognises that significant and urgent improvement is still required in planned care and urgent and emergency care services, both of which are priority areas with major change programmes.

The final version of the Welsh Government’s Special Measures Framework and De-escalation Criteria is yet to be published. An update of the progress and improvements against the draft criteria is at appendix 1. As such the Welsh Government has not as yet de-escalated on any of the areas and the Health Board’s escalation status remains as:

- Governance and leadership – Level 5. Significant progress has been made in this area.
- Finance, strategy and planning – Level 5. Significant progress has been made in this area.
- Quality of care – Level 5. Significant progress has been made in a range of areas, particularly in systems management (incidents/complaints).
- Performance and outcomes – Level 5. Area of key challenge, requiring significant improvement.

The Board has a range of mechanisms that it utilises to oversee progress aligned to the escalation and intervention. All required actions are included within the Integrated Medium Term Plan, with quarterly reporting to Board. Each Board Committee oversees specific actions and areas of work, including risks. The Executive and Welsh Government officials review progress through Joint Executive Team and Special Measures Assurance Board meetings. The outcome is shared with wider members.

1.3 Progress against Clinical Service Plan

The Health Board has made significant progress in establishing the foundations for strategic planning and is now well-positioned to develop the next set of strategic plans, working with partners, staff, public and communities. This will enable the co-creation of plans that reflect the current priorities, operational realities, and the evolving needs of the North Wales population. This has already been started with a major strategy development event taking place in October 2025, bringing together a broad spectrum of internal and external stakeholders.

A clear and structured approach is now in place to guide the development of the next phase of strategic planning with confidence and clarity. The Programme introduces three interlinked strategic products; the Strategic Intent, the 10 Year Strategy, and the Clinical Services Plan. Together these will provide a framework for the development of the Health Board's IMTP and Annual Delivery Plan (ADP).



Strategic Intent (including Strategic Vision for the Health Board) - By end of January 2026 publish a 'Strategic Intent for health and wellbeing for the population of North Wales co-created with partners. It will include the 'big things' (strategic aims) the Health Board will seek to deliver over the next 5 to 10 years; a cornerstone of the Strategy.

10-year Strategy - By the end of March 2026 conclude Discovery phase of the Strategy. This will support the development of a single, integrated strategy underpinned by aligned strategic plans, for example including but not limited to, Mental Health, the CSP, Estates, Digital and People.

Clinical Service Plan - By the end of March 2026 agree CSP methodology and establish the CSP programme. This will detail how clinical services will be configured to maximise quality, performance and value. Preparatory work is underway with phase 1 focusing on 'challenged' services. Key issues emerging from the preparatory work undertaken to date include service configuration, workforce planning, pathway reform and estate utilisation.

These plans will be supported by:

- **Service Configuration:** Increasing demand and treatment complexity require a different model of care, delivering services locally where possible while consolidating expertise regionally where necessary. Oncology and Vascular surgery are example of services that are already working on this approach, with other specialties (e.g., Dermatology, Ophthalmology, Gastroenterology) engaging in early-stage redesign workshops.
- **Workforce Planning:** Consultant workforce challenges are compounded by recruitment difficulties and over-reliance on locums. Initiatives supporting International Medical Graduates (IMGs) and Certificate of Eligibility for Specialist Registration (CESR) qualification are underway, with joined-up training schemes emerging in collaboration with North-west England. Addressing establishment gaps and improving retention are urgent priorities.
- **Pathway Reform:** There is a recognised need to clarify care boundaries between primary and secondary services and improve 'Advice & Guidance' mechanisms. While there is progress in some areas e.g., teledermoscopy, broader pathway reform remains an area of opportunity to be pursued. National guidance (e.g., GIRFT) is available to support this work, but primary care engagement and resource transfer will be critical to deliver change.
- **Estate Utilisation:** Optimising estate usage is essential. The CSP must clearly define the purpose and productivity of physical assets, ensuring alignment with service models and strategic priorities.

1.4 Service change

There are several elements of service change being led by the Board including major change (where a whole organisation substantial change will be required), key change (a more defined change to one or more areas of work) and potential significant service change (where a modification of the configuration or delivery of a service may be required). This work is incorporated within the Integrated Medium Term Planning process and is regularly reported to Board and associated Committees.

Major Change Programmes: In March 2025 the Board approved the four Major Change Programmes to drive significant, long-lasting change and improvement based on assessed critical priorities. These programmes focus on the most critical areas for improvement—modernising our operating model, improving planned care, driving value and efficiency, and strengthening urgent and emergency care. Each programme is designed to tackle systemic challenges, embed best practice, and create a resilient health system that meets current needs while preparing for future demands. Together, they form the foundation for long-term strategic success and improved patient outcomes. The Programmes are:

1. **Urgent and Emergency Care Programme** - To address sustained system pressures, this programme targets high-impact interventions to improve flow, reduce delays, improve safety and enhance patient experience. Led by the Clinical Executives with a

dedicated multi-disciplinary task team with experienced clinical leadership, the programme focuses on pre-hospital alternatives, hospital front-door improvements, and discharge optimisation.

- 2. Planned Care Programme** - Focused on sustainable improvement to access and efficiency, this programme is standardising processes across six workstreams: waiting list management, referral optimisation, booking, pre-operative and operative effectiveness, follow-ups, and integrated planning for planned care, diagnostics, and cancer. This will deliver consistent sustainable pathways, reduce variation, and strengthen regional working. Progress includes early adoption of digital tools for patient validation and referral management, alongside initiatives to streamline pre-operative assessment.
- 3. Value and Sustainability Programme** - This programme drives financial recovery and efficiency while improving outcomes and experience for patients. The programme is embedding value-based healthcare principles to reduce unwarranted variation and enhance patient care. Using the national framework, the Health Board has delivered £40m in green-rated savings and identified a total plan of £45.2m across five core workstreams: medicines management, continuing healthcare, workforce, non-pay and procurement, and clinical variation.
- 4. Foundations for the Future** - To improve the sustainable effectiveness of the organisation, this programme redesigns the Health Board's operating model through an integrated approach covering strategy, culture, people, structures, and processes. The revised operating model takes an integrated approach to the development of a 10-Year Strategy, Clinical Services Plan, and workforce planning. Using a Discover–Design–Deliver methodology, most workstreams are now in the design phase, with early delivery underway. Phase 1 structural changes will progress to consultation in Q3/Q4, ensuring alignment with long-term strategic intent.

Key Programmes Overview: The Board has established a number of key programmes within the IMTP supporting the delivery of improvement across a range of priority areas, overseen by the Executive-led Strategic Planning and Service Change Group (SPSCG).

The Key Programmes include:

- **Mental Health Electronic Healthcare Record (EHR):** This priority relates to improving patient safety and care effectiveness as well as providing staff with modern tools. A Business Case has been supported by Welsh Government and is currently progressing through procurement stage. The Health Board is working in

partnership with Cwm Taf Morgannwg University Health Board, and implementation of the new system is planned for 2026 onward.

- **Ablett Mental Health Unit:** Improvement in mental health service provision including the environment of care, a business case will be submitted, in line with the revised cost envelope agreed with the Welsh Government in early 2026.
- **Llandudno Planned Care Hub:** An elective centre for Orthopaedics in the first instance will provide protected capacity for high volume elective care, acting as a regional centre.
- **Modernising Radiology (RISP):** the Health Board was the first large Health Board to go live with this modern, integrated radiology solution. The programme will improve operational efficiency and enhance patient safety.
- **Modernising Laboratory Services (LIMS):** This national programme will replace two legacy systems and is being led by DHCW. BCUHB is fully committed to this implementation at the earliest opportunity and is awaiting a revised national deployment plan and timeline.
- **Improving Medicines Safety and Optimisation through ePMA digital programme** - This programme addresses long-standing challenges in medicines management, including workflow inefficiencies, prescribing errors, and the need for safe, real-time medication records. Mental Health is an early adopter in December 2025 with full delivery by March 2026.
- **Well-Being Hubs** - The strategic development of these hubs will be discussed at the Board in November, including the Royal Alexandra Hospital, Denbigh Hub, Conwy West Hub, Holyhead hub, Bangor hub, Waunfawr and Pen y Groes Hub.

A wider range of digitally-enabled developments is included later in this evidence pack.

Service change prompting engagement and consultation

The Service Change work seeks to cover both internal and external potential service change, ensuring that this important work is managed appropriately.

Internal Service Change - Tywyn and Penley Community Hospitals

- An open, inclusive engagement approach is taking place with local communities, staff and wider stakeholders as we work to develop sustainable service models for both Tywyn and Penley Community Hospitals. This continuous, deep engagement is anchored by the 'balanced room' method (equal representation of public stakeholders, clinicians, Llais, elected members and operational leaders) which provides a proportionate, legally compliant and high-quality route to decision making. At the conclusion of the balanced room and associated engagement activities, the Board will determine the preferred way forward. Should it be deemed that either or

both of these are 'substantial' service changes, a formal consultation will need to be planned.

External Service Change - Hywel Dda Clinical Services Plan (CSP)

- The Health Board submitted a response to the Hywel Dda UHB Clinical Services Plan (CSP) public consultation and will also be participating in Hywel Dda UHB's CSP Options Development Group. Close collaboration between the two organisations will continue as Hywel Dda UHB finalises its recommendations later this year.

1.5 Regional working

Despite the Health Board having been established as a single entity in 2009, there remain fundamentally different approaches, systems and processes across the 3 main geographical areas. This brings inequity of access, different and at times suboptimal service provision and issues with specialty sustainability. The Health Board has signalled strongly the need for consistent approaches across the organisation, acting as a region. The Foundations for the Future Programme will deliver significantly greater regional working. Some services and specialities have either already moved to the regional model or are exploring the new approach and this will be brought together within the Clinical Services Plan and the new Operating Model. Improvements include for example, delivering a single 'Patient Treatment List' with far greater ability for patients to be seen sooner through accessing care across the Health Board footprint.

1.6 Progress against the Ministerial Enabling Actions

Progress against the Ministerial Enabling Actions, as set out in the following table, indicates the majority of the actions are within plans being currently delivered. The full implementation of each action across the large and complex Health Board is subject to check and challenge at the Executive Integrated Performance Group.

No	Ministerial Enabling Actions	RAG
1	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	A
2	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact	G
3	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2	A
4	Implementation of the remote clinical assessment services framework - 6 Goals Programme	G
5	Ensure effective utilisation of theatre capacity through - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	G
6	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	A
7	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	G
8	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - 90% of the time achieve at least 6 HVLC general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2.	G
9	Implementation of the Welsh Health Circular - Ambulance Guidance - 6 Goals programme	R
10	Implementation of the Optimal Hospital Flow framework - 6 Goals Programme	R
11	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	A
12	Implementation of acute frailty model at the Front Door - 6 Goals Programme	A
13	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025	A
14	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.	R
15	Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%	A
16	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	A
17	Implementation of the Community Based Falls Response - 6 Goal Programme.	A
18	Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%.	A
19	Progress implementation of the national approach to Interventions not normally undertaken (INNU) Deliver the 8 priority procedures determined for implementation as part of Phase 1.	G
20	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26.	A
No	Ministerial Enabling Actions	RAG
21	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.	G
22	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	G
23	Ensure progress with the Implementation of Value & Sustainability Board High Value High Impact pathway – Diabetes.	A
24	Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme	A
25	Ensuring full compliance with straight to test guidance.	A
26	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health.	A
27	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	G
28	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	G
29	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	A
30	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	G
31	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions).	G
32	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	A
33	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	A
34	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants <u>have an agreed job plan in place at all times</u> by 30 September 2025.	A
35	Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	A
36	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.	A
37	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	A
38	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	A

2.0 Improving Access for all

Areas covered:

- 2.1 Planned care, cancer and diagnostic activity
- 2.2 Urgent and emergency care, including delayed pathways of care
- 2.3 Mental health
- 2.4 Quality and safety, patient experience and feedback

Context

The issue of timely access to services is the most significant area of improvement for the Health Board in the short term. Whilst significant improvements have been made across many areas since 2023, the core theme of feedback from citizens is access. Very many citizens indicate substantial satisfaction with services once accessed, however the timeliness and ease of access are key priorities in improving safety and experience of citizens and the care experience of staff.

Between 5 January 2025 and today, the number of people waiting over 156 weeks for referral to treatment has reduced by 79%, and those waiting over 104 weeks have reduced by 52%. Overall, access to planned care has improved significantly. While the Health Board would have preferred faster progress, these reductions represent substantial improvement over the course of the year. Access to mental health services and Child and Adolescent Mental Health has broadened with different routes into services being provided through new models of care.

When the Health Board was re-established in 2023, there were significant issues of quality to be addressed. A very high number of Prevention of Future Death (PFD) Notices had been issued by HM Coroners through 2022 and into 2023, with 3 main themes; urgent and emergency care, the standard and timeliness of investigations; and availability of electronic health records to aid safer patient care. Furthermore, Healthcare Inspectorate Wales had escalated two services to 'Service Requiring Significant Improvement'. Two years on, the number of PFDs has dramatically reduced, with a significant change in the processes and hence quality of investigations. Additionally, a new Electronic Health record for mental health is being procured following a successful business case approved by Welsh Government. Both services as 'Requiring Significant Improvement' have been re-assessed and de-escalated as a result.

The Board recognises however that the pace of improvement needs to increase in relation to access and is working with Welsh Government to strengthen the approach to rapid change, utilising the learning and expertise of colleagues from other parts of the NHS system and enabling local leaders and managers to drive positive and substantial progress.

2.1 Planned Care, Cancer and Diagnostic Activity

The Health Board is running 2 concurrent programmes of work relating to planned care, cancer and diagnostics.

The **in-year delivery programme** focuses on the following:

- Targeting a significant reduction in number of patients with long waits (over 104 weeks). This reflects a commitment made within the IMTP to move toward zero patients waiting over 104 weeks at the end of March 2026.
- Targeting a reduction in the number of patients waiting for over 52 weeks for their first outpatient appointment.
- Targeting an additional 4610 cataracts procedures by end of March 2026. This was a new development as part of the Welsh Government in-year Planned care programme.
- Targeting an additional 60,000 outpatient appointments by the end of March 2026. This was a new development set out by Welsh Government in-year.
- Targeting a significant reduction in the number of people waiting over 8 weeks for a diagnostic test, aiming for zero patients waiting over 8 weeks by end of March 2026.
- Targeting an improvement against the 62-day cancer target toward the national standard of 75%.

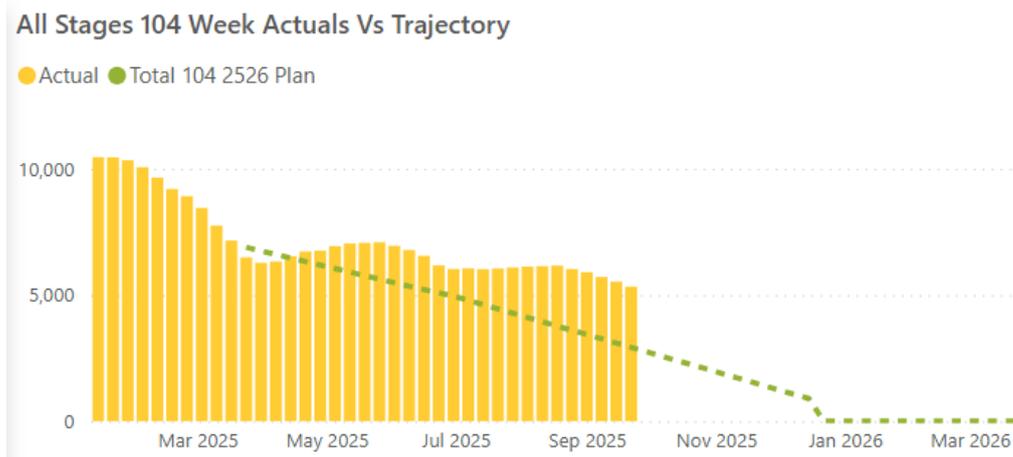
A Major Change Programme for Planned Care has been established as the Board recognises the significant change that is required to deliver modern, equitable practice across the region. The Programme has six workstreams:

Planned Care Major Change Programme
Workstream 1: Waiting List Management
Workstream 2: Referral advice and guidance
Workstream 3: Booking
Workstream 4: Pre-operative and operative effectiveness
Workstream 5: Follow-ups
Workstream 6: Integrated planning for planned care, diagnostics and cancer

Progress:

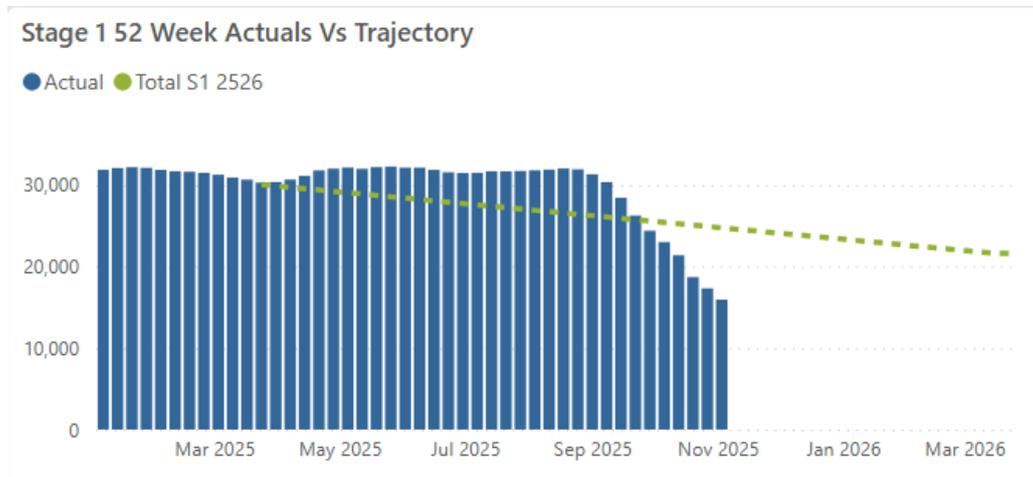
A. Targeting a significant reduction in number of patients with long waits (over 104 weeks). This reflects a commitment made within the IMTP to move toward zero patients waiting at the end of March 2026.

The Health Board is making progress toward eliminating long waits above 104 weeks, however this is not as rapid as required to meet the end of year delivery of a zero-wait position. Significant additional capacity has been secured in order to reduce the numbers of people waiting and investment has been allocated from the £34million planned care fund, as well as additional resources secured from reprioritising existing internal funding sources. Below is a chart outlining number of patients waiting over 104 weeks for referral to treatment:



B. Targeting a reduction in the number of patients waiting for over 52 weeks for their first outpatient appointment.

The Health Board is making progress in the reduction in the number of patients waiting over 52 weeks for their first outpatient. Although this remained a static position up to September (with the same numbers of people leaving the last as joining the list), there has been a significant reduction in number of patients from September 2025 onward. This demonstrates the deployment of the first outpatient scheme that was introduced by Welsh Government supported by additional funding. Below is a chart outlining the steady progress in reducing the number of patients waiting more than 52 weeks for the first outpatient appointment:



Based on management information currently going through validation (hence draft at this stage), the number of patients waiting over 52 weeks for their first outpatient is as follows:

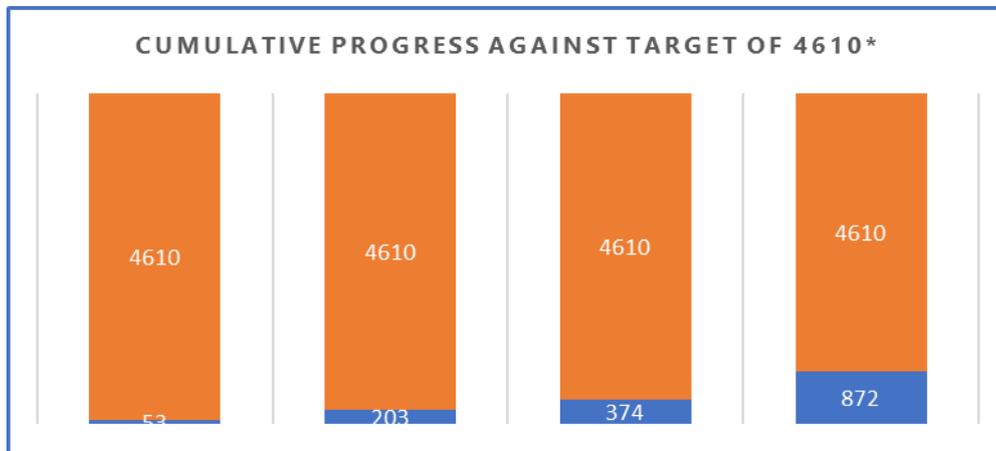
- Position at 25 August 2025 = 31,905 patients.
- 15th September 2025 saw a 5,432 reduction = 26,473 patient waiting over 52 weeks.

- 6th Oct 2025 saw a cumulative 10,299 reduction = 21,606 patients waiting over 52 weeks.
- 10th Nov saw a cumulative 15,946 reduction = 15,949 patients waiting over 52 weeks.

This represents a 50% reduction in the number of patients waiting over 52 weeks for the first outpatient appointment in the last 10 weeks.

C. Targeting an additional 4,610 cataracts procedures by end of March 2026.

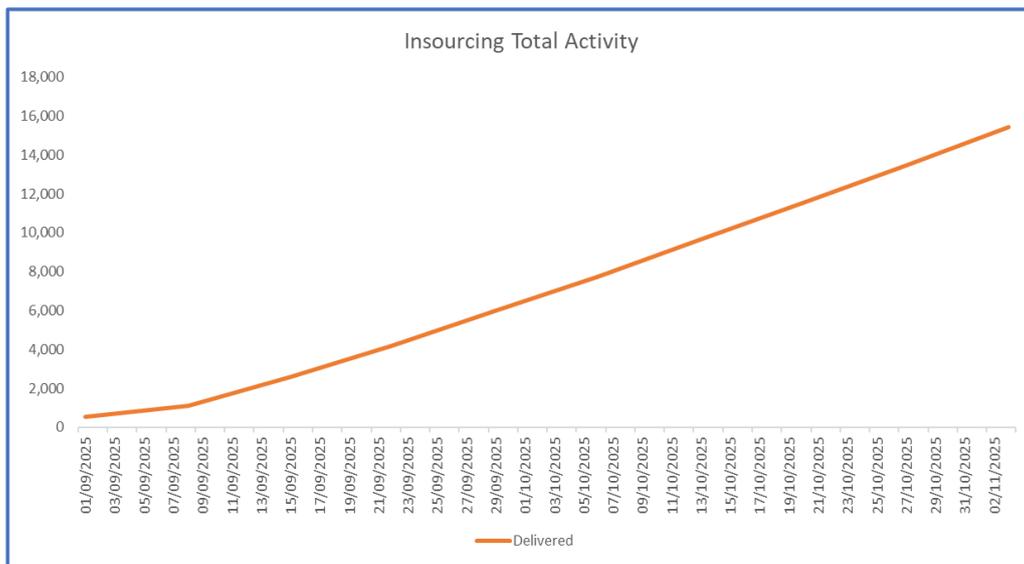
The Health Board is making steady progress toward meeting the requirements for an additional 4,610 cataract procedures by the end of March 2026. There is some slippage against plan relating to commissioned providers, which is being managed and further mitigation plans are being established. The additional service is largely provided by commissioned providers outside of the North Wales footprint and therefore some uptake issues have been experienced. The mitigation plan seeks to increase provision within the North Wales footprint. To the end of October, the Health Board achieved 872 procedures through commissioned providers, although this number will be higher as a result of a time delay in entering the procedures outcomes onto the Health Board system. Below is a chart outlining number of cataract procedures against the total goal (*note – the total achieved to date will be higher than depicted due to the time-lag of outcomes being logged on Health Board systems following outsourcing):



D. Targeting an additional 60,000 outpatient appointments by the end of March 2026. This was a new development set out by Welsh Government in-year.

An additional circa 2500 new outpatient appointments are being provided each weekend as part of the national first outpatient’s scheme. This has required a significant effort and expansion of staffing to deliver this volume of appointments, the equivalent to the whole week appointment volumes. The diagnostics elements have now been confirmed by Welsh Government, and these have been factored into the overall diagnostics plan requirements. The conversion rate to date is approximately 20% equating to an additional 15,000 diagnostic tests being required. There are variable ‘Did Not Attend/Could Not Attend’ rates (up to 30% in some specialties) and the overbooking of clinics is being undertaken to help

mitigate this. Below is a chart indicating the steady progress week on week of the additional outpatient appointments, toward meeting the aim of circa 60,000 by end of March 2026:



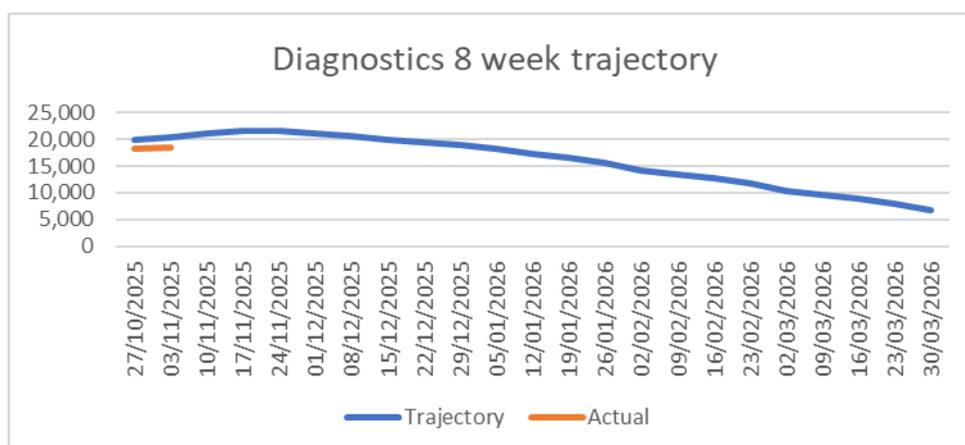
E. Targeting a significant reduction in the number of people waiting over 8 weeks for a diagnostic test, aiming for zero patients waiting by end of March 2026.

The diagnostics waiting time target is a key challenge for the Health Board. Demand for diagnostics has significantly increased over the last few years and whilst in many ways this is positive given the need for earlier diagnosis of cancer, the capacity to meet the demand is insufficient to achieve the 8-week target. Significant resource has been directed toward diagnostics including endoscopy and radiology to increase the capacity available.

Long-term, sustainable options are being progressed, and an Endoscopy Business Case has been supported by the Executive and is progressing toward the establishment of a formal Key Programme for delivery. This will fully modernise the service providing sustainability for the longer term. As this service was specifically highlighted in the Ministerial Advisory Group on Performance and Productivity, it is anticipated that the commitment of the Welsh Government to a new Endoscopy Unit will also enable a modern service that meets JAG Accreditation standards.

Radiology, specifically non-obstetric ultrasound and MRI, is a key challenge for in-year delivery, with additional commissioning taking place to help close the current planning and delivery gap to end of March 2026. Referral thresholds will be considered as will validation processes being supported from colleagues in NHS Wales.

The in-year delivery plan currently does not fully meet the zero wait over 8-week expectation and some (circa 5000) people are forecast to be waiting over this time. Further enhancements are being developed in order to reduce the performance gap. Actual performance is indicated below and the trajectory now includes projections of approximately 15,000 additional diagnostic episodes from the outpatients initiative. Below is a chart outlining the trajectory of diagnostics to the year end:



F. Targeting an improvement against the 62-day cancer target toward the national standard of 75%.

In September 2025, BCUHB treated 52.6% of new cancer patients within target i.e. within 62 days of suspicion of cancer, against the national standard of 75%. Whilst reaching that standard has not been achieved across Wales, and with only a small number of NHS Trusts/health bodies meeting the equivalent standard in the rest of the UK, this represents a significant challenge for the wider NHS. In BCU, whilst performance is disappointingly in the 50 – 60% range, the actual performance is affected by catching up on the backlog of patients waiting more than 62 days. Performance by main tumour site is set out below; the actual number of patients treated is in brackets (number treated in target/total number treated and the targeted areas for action, with underpinning plans is provided):

Tumour site	BCUHB Total	Comments
Upper GI	77% (23/30) ↑	
Skin	73% (67/92) ↑	Targeted area – very high volumes of referrals, additional capacity through a commissioned provider commences end November and activity trajectories will significantly (positively) affect performance, once the backlog issue is resolved
Haematology	73% (19/26) ↑	
Lung	63% (20/32) ↓	
Colorectal	58% (26/45) ↑	Targeted area – additional endoscopy capacity commissioned
Gynaecology	44% (8/18) ↑	
Breast	38% (30/80) ↓	Targeted area – realignment of clinic capacity to enable achievement of 10 day first seen; breast pain pathway
Urology	32% (34/107) ↓	Targeted area – access to prostate biopsy
Head & Neck	26% (5/19) ↓	Additional recruitment into Head and Neck Cancer Consultants approved to respond to the additional demand in this area
Total	53% (242/460) ↓	

The **Planned Care Major Change Programme** is delivering key elements in its first 9 months, focusing on hard-wiring a systematic approach to service provision across the Health Board region:

Workstream 1: A new approach to waiting list validation is being introduced and has now passed the clinical scrutiny and sign-off stage. This will systematise clerical and clinical validation of waiting lists. This system will benefit from an automation approach with two-

way communication 'EBO Chat-bot Patient Validation', the first in Wales to develop this approach.

Workstream 2: Following a slower start than other organisation, the referral advice and guidance work is being accelerated with the prioritisation and implementation of Community Health Pathways. The national clinical lead for this work also works in the Health Board and is assisting with this significant opportunity. A prioritisation approach is being taken to maximise the impact of the pathways on the greatest number of patients and the some challenged pathways.

Workstream 3: This focuses on booking practice. The centralisation of booking is key for the organisation in order to standardise and professionalise the approaches across the Health Board region. Phase 1 of this work has been implemented with a greater degree of flexibility and agility in booking practice, particularly tested through the in-year programme of planned care work. Phase 2 will follow in design and delivery over the next 12 months.

Workstream 4: The pre-operative and operative work in the organisation is significant with a complete redesign of the pre-operative assessment pathways from what has been 3 different models to a single, consistent approach across the organisation. The work is reaching the end of the design phase having been tested and will move into implementation shortly. Health Screening Questionnaires are being implemented and the Health Board is very keen to see the national procurement of the e-POAC system that would digitise the process making it more efficient and effective.

Workstream 5: There is a significant challenge in relation to follow-ups and tackling this is critical for rebalancing the utilisation of capacity, providing more timely advice and support and improving the patient experience. The Health Board has been focusing on 'cleaning-up' follow-up waiting lists and removing duplicate records (a legacy of having 3 different Patient Administration Systems until summer 2023) with the next stage to systematically apply PIFU (Patient Initiated Follow-Up) and SOS (See on Symptoms) approaches. Some specialties already use these approaches very effectively and the practice will be spread and scaled to others systematically.

Workstream 6: This workstream relates to integrated planning between planned care, cancer and diagnostics. These must be viewed together as a way of adequately demand assessing all 3 streams and putting in place the capacity needed. The Health Board intends to systematically move to more sustainable service solutions rather than rely so heavily on temporary outsourcing solutions and service by service assessment will be taking place to support planning for 2026/27. Some strategic partnerships with external providers may form part of the move toward sustainability.

2.2 Urgent and Emergency Care, inc. Delayed Pathways of Care

The urgent and emergency care pathway presents one of the main issues for the Health Board to tackle. The Board at its meeting in September undertook a deep dive on this area and openly addressed the unacceptable standard of provision, with a commitment to

prioritise short term improvement, whilst building for the longer term. A follow-up item to track progress will be discussed at the Board meeting at the end of November. The core issue relates to timely access and is a key patient safety and experience issue, which also presents unacceptable challenges to staff morale and wellbeing. There is collective commitment across the organisation to work rapidly to make improvements.

The **in-year delivery programme** for UEC focuses on the following:

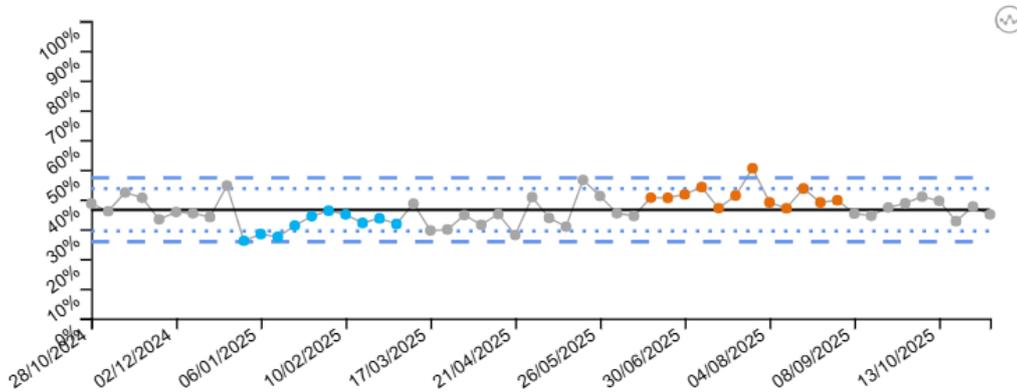
- Targeting a significant reduction in number of patients waiting to be handed over to Emergency Departments from the Ambulance to no more than 45 minutes (Handover 45).
- Median time from arrival at an emergency department to triage by a clinician.
- Median time from arrival at an emergency department to assessment by a clinical decision maker.
- Targeting a reduction in the number of patients waiting 4 hours or more to be seen, treated and discharged in ED.
- Targeting a reduction in the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.
- Targeting both, a reduction in the number of total days of patients experience a Pathway of Care Delay (Delayed Discharge).

A. Targeting a significant reduction in number of patients waiting to be handed over to Emergency Departments from the Ambulance to no more than 45 minutes (Handover 45)

The Health Board views this issue as significant in terms of risk balancing healthcare resource across the pathway from community through hospital settings. It is committed to making significant progress on handing over patients within 45 minutes as a key and immediate priority, as currently progress is markedly below expectation. There have been some signs of positive movement over recent weeks, however this is not yet being sustained and built upon. The improvements in this area will be more significant and importantly maintained when the other elements of the pathway have been enacted, including the discharge of patients and flow through the hospital, as well as alternative pathways and streaming at the 'front door'. The physical space in departments for handing over more patients, in a more timely way is key and work is underway to examine the

potential for additional, appropriate physical accommodation to be made available. Below is a chart indicating the percentage of ambulance handovers within 45 minutes:

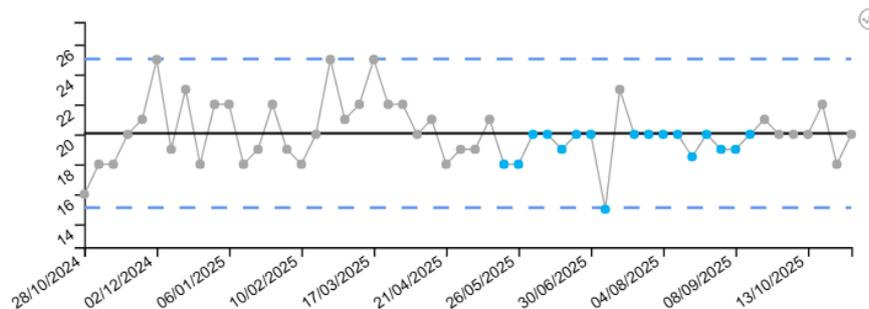
BCU Total - Showing data for: <45 Min Handovers % Handovers



B. Median time from arrival at an emergency department to triage by a clinician

There has been improvement in the ‘time to triage’ in each of the Health Boards Emergency Departments when comparing Oct 2025 to October 2024 performance. The national standard of triage within 15 minutes however is not being consistently met, with the current median time to triage being 20 minutes. The time to triage compliance changes with the hour of the day and volumes of attendances, requiring a great level of staff flexibility. There is a trigger in place that activates the redeployment of staff to additional triage and this is being used. The threshold for the trigger and the staffing pattern relating to triage activity is being reviewed to enable an improvement to the standard of 15 minutes. Below is a chair indicating median time from arrival of a patient in ED to triage assessment:

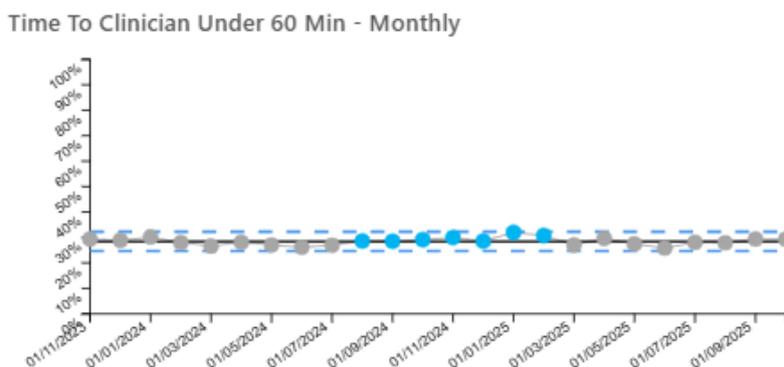
Weekly - Median Time To Triage



C. Targeting a reduction in the median time from arrival at an emergency department to assessment by a clinical decision maker to a standard of 60 minutes

The time standard for a patient to be seen in the ED by a clinical decision maker is 60 minutes or less. This is only occurring for approximately 35% of patients currently across the three EDs in North Wales. The pattern of the number of patients within the department and the speed of assessment correlate, with longer lengths of wait experienced through the late afternoon and into the evening. The workforce model is being considered alongside the patient pathways and alternatives to ED, via streaming to other services, including SDEC (Same Day Emergency Care). Offering SDEC as a direct pathway for Paramedics and for

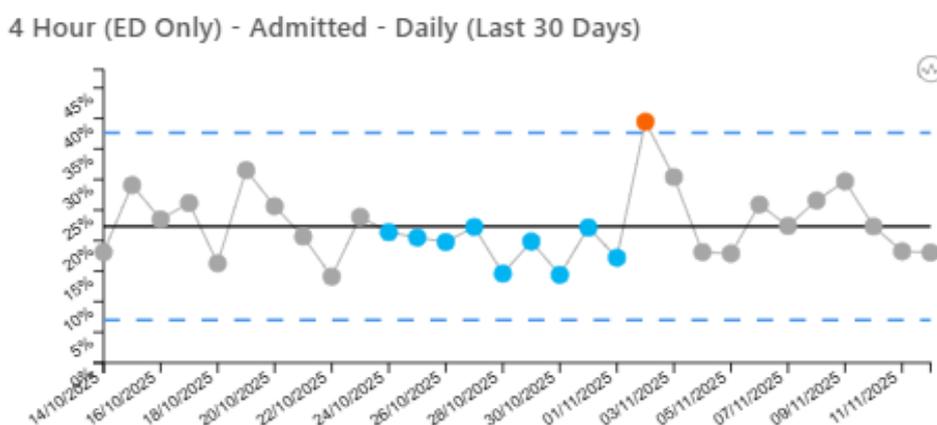
GPs is a key development that will assist the ED workforce resource, particularly the clinical decision maker, to achieve a more timely assessment of patients, improving both patient safety and experience. Below is a chart indicating the percentage of patients seen by a clinical decision maker from arrival in ED:



D. Targeting a reduction in the number of patients waiting over 4 hours to be seen, treated and discharged from the ED

For patients attending the ED in North Wales the length of wait to be seen, treated and discharged from the department varies. For those who are not admitted to an inpatient bed/equivalent facility approx. 50% of people complete their ED attendance within 4 hours; meaning on average 50% of patients exceed this time. This is a key area of improvement and will be supported by guiding/streaming patients to alternative pathways of care and other care options including minor injury and illness services, community services, and Same Day Emergency Care where appropriate.

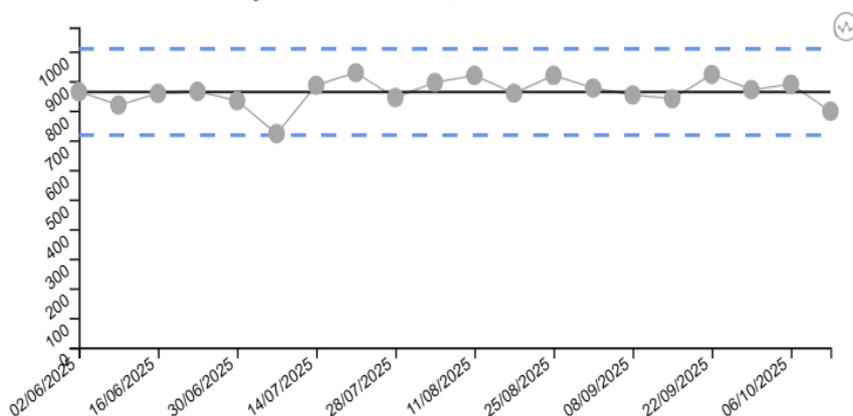
For those patients who are admitted to an inpatient bed, only approximately 20 – 40% of patients leave the Emergency Department within 4 hours. The directly correlates to the availability of inpatient beds within the main hospital and is shown more starkly in the over 12 hours in ED data. The focus on improving hospital flow and in particular the timeliness of discharge of other patients is key in improving the safety and experience of patients. The physical environment and space directly impacts on the ability to enable more patients into the Emergency Department and hence the higher the number of patients awaiting an inpatient bed in the ED, the longer the handover period for people arriving by ambulance.



E. Targeting a reduction in the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge

The most significant issue affecting patient safety and experience is the flow through the hospital of patients awaiting the next stage of their care. The focus on discharge, including time of discharge during the day and onward admission of new patients to ward areas proactively form part of the improvement work underway. Balancing the risk to patient safety, outcomes and experience across the system rather than holding the risk in the Emergency Department is key.

Over 12 Hours - Weekly (Last 20 Weeks)



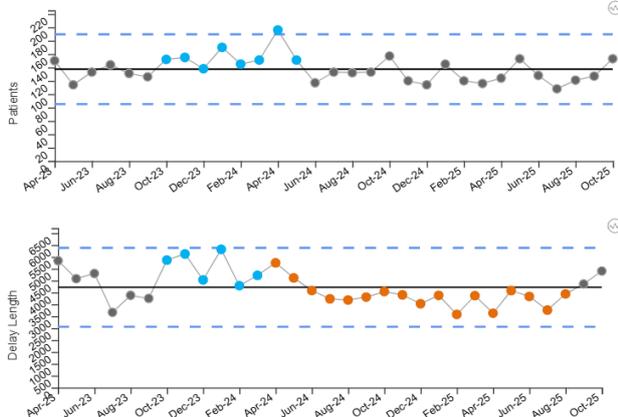
F. Targeting both a reduction in the number of total days of patients experience a Pathway of Care Delay (Delayed Discharge)

The number of patients experience a delay in their pathway (mainly leaving hospital) is reducing although not significantly at this stage. This is a crucial area for improvement given it affects patient safety, outcomes and experience in several ways. Firstly patients with an inappropriate extended stay in hospital experience harm in the form of risk of deconditioning and healthcare acquired infection, and for those patients requiring an inpatient hospital stay experience long delays in the Emergency Department and in the community where ambulances may not be as available.

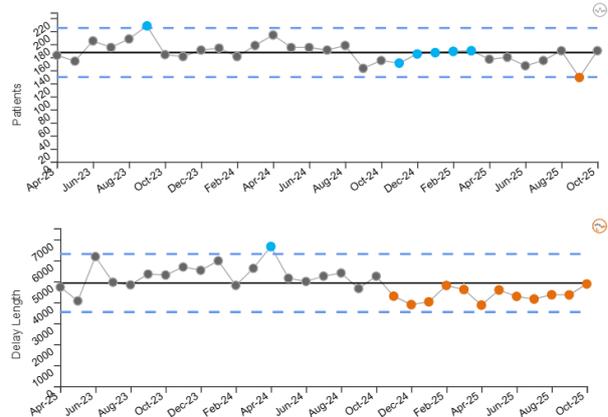
The actions needed to improve the position for patients rests with both the NHS and Local Authority partners in the main. Timely access to social care services remains a key issue, as well as inter-hospital reasons such as awaiting assessment or transfer to another hospital (including community hospital). The focus on discharge in early December ahead of the coming peak of the winter period will be linked to improvement in safety, outcome and experience. The additional investment in social care services of £30m across Wales is key to being able to enable to reduce the risk to patients across the pathway during this

winter period. Below are charts outlining the number of patient delays and length (total days) delayed for acute hospital (left) and community hospital (right):

Patient Delays and Days Delayed per Month



Patient Delays and Days Delayed per Month



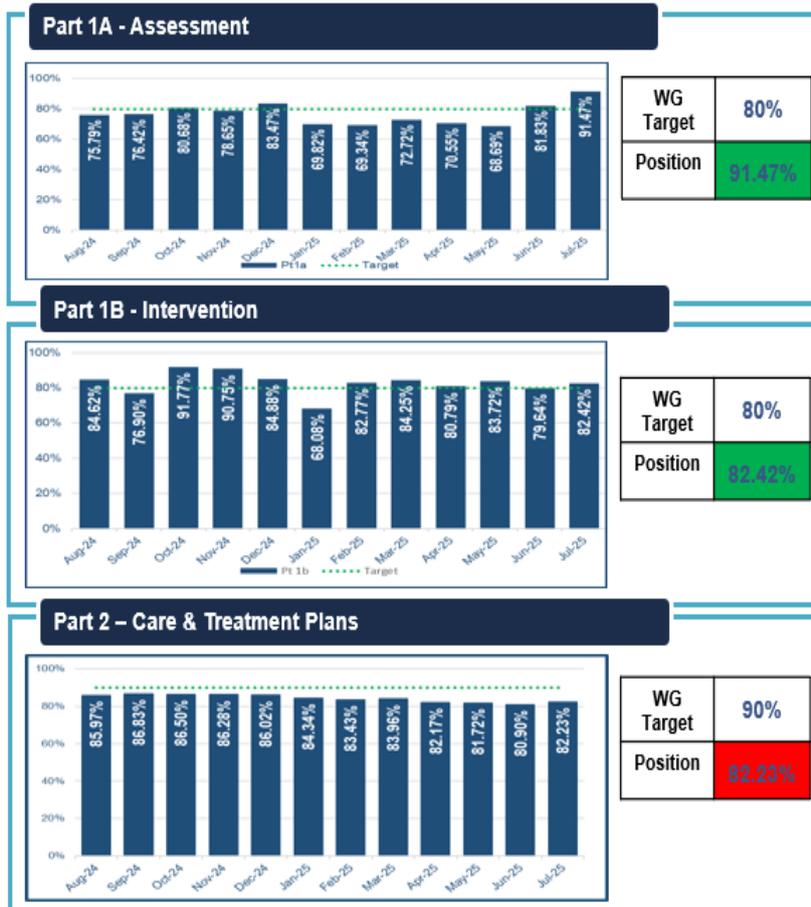
2.3 Mental Health

Adult Mental Health

Access to mental health services is a key priority for the Health Board. The performance measures in relation to this service largely focus on the Mental Health Measure, however other access routes such as 111 press 2 service now also provides a universal 24-hour access for people and professionals to expert mental health care. This service has been successfully implemented in North Wales across the whole 24-hour period, and complements the BCU hosted support lines such as DAN 24/7 (Drug and Alcohol service).

In relation to access via the community services (Local Primary Mental Health Support Service) there has been improvement with the initial assessment standard, and this looks to be maintained going forward, despite the significant increase in referrals to the service. This meets the de-escalation criteria for level 5 special measures.

Part 2 performance remains below current national standard. A co-design workshop is scheduled to contribute to and inform service redesign.



CAMHS

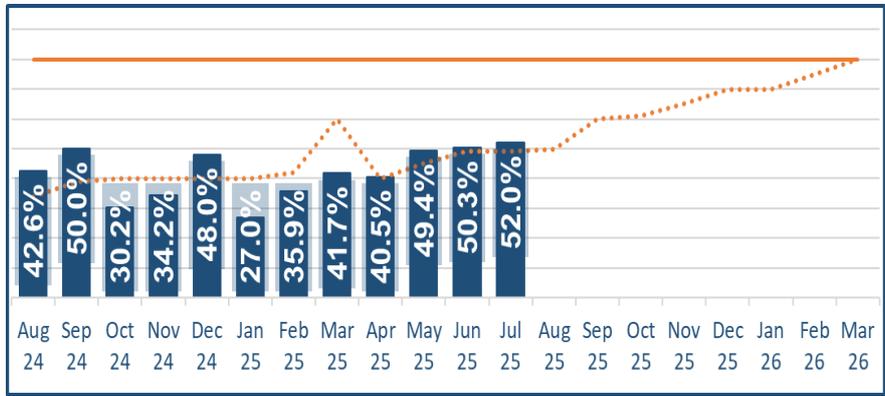
Access to emotional and mental health services is a priority for the Health Board and work has been underway for the last few years focusing on ways to improve access to a wide range of support and intervention. The measures of access reported stem from the Mental Health Measure.

The access standard of assessment within 28 days is consistently being met by the Health Board, with strong performance throughout the year. Below is a chart which outlines performance against Part 1A (under 18 years) assessment within 28-days:

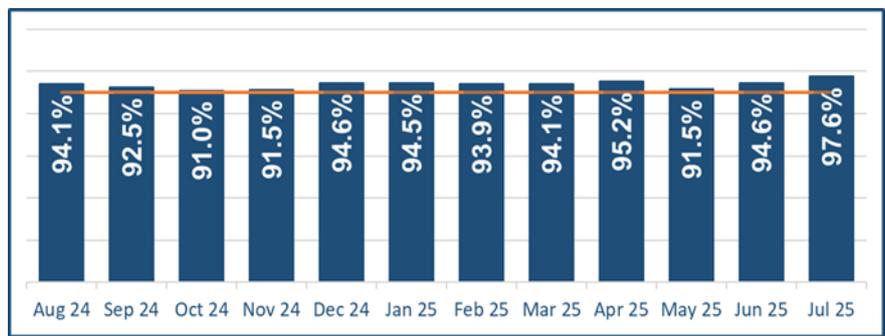


Access to an intervention within the timeframe set by Welsh Government (28 days following assessment) has been more challenging for the Health Board to achieve. Over recent months however the actions put in place have resulted in improved performance and this is

benefitting children, young people and their families. The trajectory for the rest of the year looks set to see continued improvement toward achievement of the 80% standard. Below is a chart which outlines the percentage of children and young people accessing therapeutic intervention within the standard timeframe expected under the MH measure (28-days following assessment):



Each child and young person should have a Care and Treatment Plan when in receipt of secondary care services. The Health Board is consistently meeting the standard of 90% compliance with this requirement. Below is a chair which outlines the percentage of children and young people in receipt of secondary care services who have a Care and Treatment Plan:



Challenged Services

The Health Board currently has 8 clinical services which have been designated as 'Challenged Services of Concern' by Welsh Government (WG) as outlined within the detail of the report. These are Oncology, Plastics, Orthodontics, Orthopaedics, Urology, Vascular, Ophthalmology and Dermatology.

The national scrutiny continues via Touchpoint meetings which are now held quarterly, with 4 specialties reviewed each time. Presentations are led by the service via operational and clinical leads with support from executive leads. Traction is being seen across all services although the scale of improvement differs. Plastics and Oncology are considered to have made the furthest progress against the de-escalation criteria and are being actively considered for de-escalation. An important factor to note if this outcome is achieved is that these services will not move down the de-escalation ladder to Level 4 but will be considered

suitable for removal from the Special Measures categorisation. Work and oversight will continue under the banner of the Integrated Performance Framework.

Orthodontics remains amongst the most challenged areas with significant recruitment challenges within a national market that has equal challenges.

The Clinical Implementation Networks continue to bring their expertise to bear, and a number of multi-professional workshops have been held over recent months. These are yielding positive outcomes in relation to clinical engagement and commencing constructive discussions around long term sustainability for services and how these can both be addressed in both the short term whilst also considering the longer-term outlook via the Clinical Services Plan phase 2.

2.4 Quality and safety, patient experience and feedback

Quality Management System (QMS)

The Board approved a new Quality Management System in 2024 following work through 2023 with Institute of Healthcare Improvement and reports from Independent Reviews. The 4 key quadrants of the QMS are Quality Planning, Quality Improvement, Quality Control and Quality Assurance. Each quadrant is key in managing for quality and all quadrants should be interlinked with a focus on population needs and how system management better serves those needs. This is being implemented in stages across the Health Board.

Betsi Cadwaladr UHB Quality Management System Framework



The Health Board's Quality Management System (QMS) is strengthened by initiatives that embed quality, safety, and improvement into daily care. Patient experience is central, supported by the People's Experience Framework and platforms like Civica that enable real-time feedback. Mental Health Learning Disabilities renewed focus includes co-producing a new engagement strategy. Significant improvements in complaints handling have increased accessibility and achieved 100% compliance.

As part of the work on a Clinical Services Plan, a number of specialties have been identified as challenged, including urology, vascular, ophthalmology, dermatology, orthopaedics, orthodontics, oncology and plastics. These services are being addressed through a co-ordinated Phase 1 approach, driven by clinical leadership, supported by national colleagues, and overseen by the Strategic Planning and Service Change Group. A holistic re-design process is in progress, balancing immediate service needs with long-term sustainability. This includes assessing current provision, risks, population health needs, and national expectations, while also reviewing workforce models, capacity, finance, and digital opportunities through multi-professional workshops.

To support the QMS the Health Board has developed a digital QMS maturity assessment tool which has been rolled out to Challenged Services and is being extended to Clinical Services and Early Adopters. These developments have strengthened organisational alignment and positioned the Health Board more strongly in QMS implementation.

Patient Advice and Liaison Service (PALS)

In October 2025, PALS facilitated the resolution of 880 enquiries, received 59 compliments and 5 suggestions for improvement. PALS on average resolved enquiries within 5.11 working days, positive performance against the target of 10 working days. The key themes identified from PALS enquiries within this reporting period include appointments, communication and clinical treatment and assessment

Patient Feedback

In October 2025, 7048 All Wales People's Experience Survey (PES) responses were received with 85% of responses rating their overall experience positively (Very good or Good) with 66.41% of responses rating their experience as "Very good". High satisfaction levels were reported with 84.91% of respondents "always" treated with dignity and respect, and 90.37% of respondents reporting they were 'always' able to communicate in their preferred language including Welsh, English, Urdu and BSL. Overall positive feedback was reported (65%) around the length of time patients have waited with 40% of respondents waiting "a bit and a lot quicker than expected" and 25% of respondents describing their wait as "about right"; meaning that 35% of people felt their waiting time was not positive.

Patient experience

Below are examples of improvements made to services as a result of patient and carer feedback in Quarter 2, 2025 – 2026:

- Patient and staff feedback highlighted improvements were required to the environment on Gogarth Ward at Ysbyty Gwynedd. Pods have been taken down to create an improved treatment and waiting area environment, creating more privacy for patients.
- Following patient feedback on Padarn Ward, Ysbyty Eryri, there is a new hospital menu. Patients are praising the menu especially the revised breakfast options.

- At Ysbyty Penrhos Stanley, based on patient feedback around access to services and waiting times, a new blood clinic appointment system was introduced, whereby patients can book a time slot to avoid delays.
- Following negative feedback around the Emergency Department environment at Ysbyty Gwynedd whilst waiting to be seen, leaflets have been developed for those with additional needs, in collaboration with Autism UK, to explain what to expect when being treated in the department.
- In Wrexham Maelor Hospital they have implemented an Emergency Department (ED) Welfare Assistant to support with patient communication and patient experience.
- To help improve patients' involvement in decisions about their care, a tool has been developed to support staff to have conversations with patients about 'what matters to them'.
- Womens Services have relaunched Maternity Voices online forums and have expanded Breastfeeding Welcome Communities across North Wales. Women and young people have new routes to influence service design, families are more connected to staff and peers, and communities are seeing more inclusive and supportive environments.
- To improve Cancer Services, patients access to local psychological support and information, the Maggie's Centre opened in September 2025, based on the Ysbyty Glan Clwyd site serving the population across North Wales.
- Patient feedback helped inform the new 3 tier model of engagement with the North Wales Cancer Patients Forum and co-designed information for BCUHB website.
- Following feedback around lack of peer support for patients who are receiving cancer treatment, Cancer Services have established the Head and Neck Support Group, Urology Support Group and Breast Support Group. These groups will enable patients to meet in a relaxed environment to encourage peer support and making new connections.
- To ensure feedback is triangulated to inform learning the Patient Experience Team have attended Health Board, Culture and Leadership programme Synthesis Workshops to work with Culture Change Leaders to undertake thematic analysis of Civica and other feedback data, to see how this correlates with staff experiences.
- Following feedback about end of life and bereavement care, support and follow-up, the Health Board has committed to implement the SWAN model of which will enable the delivery of outstanding and holistic personalised care, ensuring better communication with families and patients.

There remain key themes in patient experience that reflect the access issues outlined earlier in this pack. Approximately 50% of complaints for example relate to access to services, both in terms of waiting times for planned care and the experience of urgent and emergency care. The Board consider a Citizens Experience Report regularly, reflecting on the key themes and importantly the main actions for improvement.

Patient Safety Improvements

Patient Falls - Initiatives to reduce inpatient falls have been implemented with reviews showing statistically significant reductions in the overall number of falls (p-value = 0.009897), falls causing moderate or more severe harm as reported (p-value = 0.0002), and falls causing moderate or more severe harm as confirmed after investigation (p-value = 0.0001). These findings indicate that the initiatives have had a real, positive impact on reducing patient falls and improving patient safety.

Oxygen administration via portable cylinders - Improvement work to support the safe transfer of patients on oxygen have been implemented. These include mandatory training on the electronic staff record for clinical staff and use of point of use prompts and checklists.

Nationally Reportable Incidents (NRIs) - The Health Board currently has the best performance in Wales for timely closure of NRIs. Only 20% of cases remain open beyond 90 days, compared to 42% for the next best-performing Health Board. Additionally, the median time to complete an investigation is 77 working days, which is significantly lower than the All-Wales median of 134 days.

The Learning Repository – this is a digital initiative, developed in-house, to capture, validate, and share organisational learning that enhances patient safety and clinical practice. Initially focused on Pharmacy and Medicines Management as the pilot area, it will launch a live, operational repository enabling staff to submit learning, undergo local quality assurance, receive expert review from subject matter experts (SMEs), and publish validated insights via SharePoint. The intention is for wider organisational rollout in 2026.

3.0 Getting services ready for the future

Areas covered:

- 3.1 Improving women's health services, maternity and mental health
- 3.2 More effective prevention of ill-health
- 3.3 Putting more services into the community
- 3.4 Realising the potential for digital and innovation

3.1 Improving Women's Health Services, Maternity and Mental health

Women's Health Plan

The Health Board within its IMTP committed to developing its approach to improving women's health through implementation of the Womens Health Plan. Aligned with national priorities, the Health Board is establishing a dedicated Women's Health Hub by March 2026. This will extend the reach of Primary Care through a cluster-based network of specialist women's health clinicians, ensuring women have timely access to expert support across the life course. A Pathfinder Hub will be progressed, and support has been secured from the BCUHB Primary Care Academy in implementation. Community Health Pathways approach will be utilised as the platform for standardised Hub pathways. There is close collaboration with key stakeholders across Primary Care, Secondary Care, the Third Sector, and patient representatives.

Maternity and neonatal services

The implementation of the Digital Maternity Programme will modernise maternity records and improve clinical safety across all sites. The Health Board is deploying the BadgerNet system to support consistent, high-quality care, enhance information sharing, and enable safer decision-making. This initiative aligns with national priorities for digitally enabled maternity services and is scheduled to go live in March 2026. The Perinatal Service regularly benchmarks its position against Welsh and UK-wide reviews to identify areas of good practice and determine necessary local actions. This approach ensures alignment with national priorities and supports continuous service improvement. Key benchmarking activities include:

- **Maternity Neonatal Quality Statement** - A baseline assessment of local service provision has been completed against the seven key actions and 33 quality attributes outlined in the Maternity Neonatal Quality Statement. The Service awaits the publication of the national service specification to inform more detailed local service planning.
- **Maternity Neonatal Safety Support Programme** – continue to progress the 134 priorities for action, with particular focus on the Phase 2 priorities to be completed by March 2026.
- **HEIW Perinatal Workforce Strategy** - baseline assessment completed to evaluate current workforce capacity and inform future workforce planning.
- **Perinatal Engagement Strategy** - assessment completed. PES local introduction required by end of October.

- **Independent Review of Swansea Bay Perinatal Services May 2025** - A baseline assessment has been undertaken to confirm actions taken to date and identify further areas for local improvement.
- **Llais Report** - baseline assessment completed. The Service has also met with the Regional Director for Llais, who has confirmed support in identifying future opportunities for engagement.

Mental Health

The information provided below gives an overview of the work that has taken place and continues to be underway in improving mental health and wellbeing for the population and specifically mental health services. The Board receives a specific report on Mental health services twice per year and has committed to this area being a key priority for development. There are key developments underway including the procurement of a mental Health Electronic Patient Records, which respond to the concerns regarding patient safety and experience and staff support in clinical decision making. This was an area also raised by HM Coroners in Prevention of Future Death Notices back in 2022 and 2023 specifically.

Royal College of Psychiatrists review of mental health reviews

The organisation has moved forward in its commitment and ability to work with people who have experienced services and continues to deliver against the Royal College of Psychiatrists Response Plan, progressing and embedding actions at a steady pace, with clear evidence that actions are completed, with a focus on moving forward collaboratively with patients, users, and families.

The Expert Advisory Group (EAG) and family engagement has co-produced a way of working protocol with the Health Board's Head of Patient Experience leading this work. Llais Staff have been instrumental in supporting EAG members which has been important, valued and greatly appreciated. A progress report was presented at the Health Board public meeting held on 31st July. This report provided an overview of the work undertaken both across the organisation and specifically in Mental Health Services, including the progress on the Royal College Invited Services Review actions.

The Expert Advisory Group has now completed its Work Programme. The Special Advisor to the Health Board is writing a report that will be received at the Board in January 2026 as part of an overarching strategic mental health report. The key focus ahead of this report is for the programme teams to have an up-to-date record of all improvement actions, their current status and progress.

Progress against actions/recommendations

- 56 of the 80 improvement actions have been progressed to the point that evidence of progress has been received and considered by the Health Board's governance arm.
- 27 improvement actions with accompanying presentations by Health Board Teams have been considered at the Expert Advisory Group.
- The Health Board Action Delivery Groups expects evidence of individual improvement actions to be completed by December 2025.

Next Steps

- Continue to deliver against the Response Plan with patients, users, and families all of whom have played a key part, progressing and embedding actions at a steady pace, with demonstrable evidence that actions are completed.
- The new Mental Health Oversight and Development Group, chaired by the Chief Executive Officer, will oversee the continued development of improvements from the Royal College Invited Services Review and other related Mental Health Service Developments.

Current establishment and actions to reduce vacancies

- Conclusion of successful recruitment to the Director of Nursing role, due to start in November 2025.
- Progress continues on the substantive appointment of other interim Senior Leadership Team roles and registered nurses.
- Adopted a locality approach to the analysis and subsequent action plans of the staff survey.
- Nine MHLD Culture Change Leaders focusing on developing compassionate culture and leadership across the division and in line with the organisation direction of travel.

Quality and Safety - Incidents, concerns, and complaints

- Closed the highest percentage of complaints within 30 working days in Wales, demonstrating a high priority of responsiveness. The Public Service Ombudsman Wales is upholding fewer complaints against the Health Board, suggesting the quality of responses is improving.
- The average closure time for completing and closing complaints is 22 working days, demonstrating improved grip and control. The service is maintaining its compliance with Putting Things Right (PTR) timescales on the whole, where short deviations from compliance are noted, these are in line with very complex complaints requiring a contribution from other services within the Health Board.
- Incidents reported to Datix are discussed in weekly local Senior Leadership Teams Integrated Concerns Operational (ICOP) Panel. Moderate and above incidents are reviewed at the Health Board daily Integrated Concerns Hub for allocation of review/investigation type. The Divisions National Reportable Incidents (NRIs) compliance is much improved with 1 overdue NRI nearing its final approval and closure.

Overview of ligature challenges and actions to minimise risk

A significant amount of work has been undertaken in the last 2 years regarding the environment of care and clinical practice aimed at keeping patients safe. Tragic incidents have provided key learning, and the Health Board continues to commit to further improvement.

Robust risk assessed Capital prioritisation processes in place. Ongoing work to assess progress against specialists reports, risk assessed needs to produce a definitive list of

ligature reduction works (capital and revenue), maintenance contracts, minor works. Ring fenced £1million discretionary Capital allocation per year for 2024/25 and 2025/26 for ligature reduction works. Targeted Estates Funding has also been secured at value of £4.12 million over a 2-year period, the majority of which is for ligature reduction works, with a total ligature reduction spend during 2024/25 of approx. £1.56m.

Training has been prioritised via Ligature Awareness Training - *338 MH&LD staff received training as at 30th July 2025*. Updated ligature cutter procedure in August 2025 and monitoring of ligature cutter training in place (*MH&LD 494 staff trained as at 4th September 2025*). Health Board colleagues have led on the development of the All-Wales materials for Ligature assessment and ligature awareness training.

Annual Tripartite reviews for ligature assessments - current completion at 89%. All ligature incidents are monitored at Ligature Reduction and Risk Management meetings.

Health Board response to Health and Safety Executive (HSE) Notice of Contravention

Following the two HSE Notices of Contravention (NoC) issued in April and May 20205, the action plan co-produced with corporate colleagues has been sent to the HSE along with a newly developed Training Guide and Syllabus. This will be supplemented with a training delivery plan to provide assurance and demonstrate the service is moving at pace with the action plan delivery.

Ablett redevelopment and timeline

The Business Case has received approval to proceed at a revised budget of £108.1m, retaining the existing design and planning permission.

Psychiatric liaison and emergency department safety

Between June 2023 and September 2023 there were three catastrophic incidents and one incident where a patient caused harm to themselves. All four incidents were related to attendance at the Emergency Departments (ED) and involved Psychiatric Liaison (PL). Subsequently a report was commissioned by the Executive to provide an overview of the incidents involving Emergency Departments and Psychiatric Liaison, three priority areas were identified; 1. refining triage, 2. Psychiatric Liaison processes i.e., assessment and documentation and 3. Governance of co-working: ED/psychiatric liaison and site/psychiatric liaison. Robust Governance and reporting arrangements were put in place and regular reports are received with regard improvements with the work having transitioned to business as usual.

Community Mental Health

Part 2 of the Mental Health Measure is below target and remains a dedicated area of focus for improvement. As at 1st September there was a caseload of 4,343 patients. Of these 727 did not have a current (within the last 12 months) recorded care and treatment plan. Several improvements have been made including training and revised documentation but capacity within the teams remains the significant barrier to ensuring all patients have a care and treatment plan. There are 2 workforce projects being undertaken, a short-term review

of nursing staff and a longer-term plan that will be part of the overarching aim to redesign our services.

Local work underway is supported by a national direction to change the way mental health services are delivered. Through patient and staff feedback along with investment into digitisation the teams are scoping out options and opportunities to improve the way services are delivered and commissioned. This will impact positively on both the primary care (part 1) and secondary care (part 2) of our services as well as our crisis care response and will be in line with the six guiding principles for the Mental Measure.

In addition, the following progress has been made within Community Mental Health Teams (CMHT):

- Allocating Waiting List Protocol active since June 2024.
- Single Point of Assessment & Access (SPOAA) SharePoint reviewed and updated
- Reviewed Operational Policy including waiting lists.
- Transfer and Discharge of Care Protocol Audits completed.
- Introduced Mental Health Wellbeing Practitioners.
- Staff establishment reviewed including plans to reshape the Community Mental Health Model.
- Established robust links with the 111+2 Service.
- Increased focus on Physical Health Monitoring/Health promotion.
- Monitoring arrangements in place for Mental Health Measure compliance.

Perinatal Services - team establishment and accommodation

The service is fully established apart from one Physical Health Practitioner with active recruitment in place. The Joint Commissioning Committee has confirmed funding for an in-reach / outreach and enhanced triage post for the Mother and Baby Unit.

The Seren Mother and Baby Unit (MBU Collaboration with Chester and Wirral Partnership (CWP): Building works are progressing well and there is a provisional opening time frame of November 2025. All posts have now been filled.

Accommodation for the Perinatal Service at Caledfryn in Denbigh has been confirmed which will support application for PQN CCQI accreditation.

Out of Area (OOA) placement position

The Health Board has experienced an increase in demand for Acute Out of Area beds, with an upward trajectory since June 2024. The current number of Out of Area (OOA) placements as at 17th October is 24. This has reduced from 34 at the end of August 2025 as a result of concerted actions. 21 of these relate to Pathway of Care Delays (PoCDs) (13 adults and 8 older adults). Actions being taken to address are summarised as follows:

- Bi-weekly escalation meetings in place with the Chief Executive and Executive Director of Finance
- System resilience processes strengthened to improve bed flow

- Director meetings held with Local Authority colleagues to address joint working with a specific focus on PoCDs.
- Patient Flow Leads established in each of the areas positively impacting on the OOA position.
- Enhanced Crisis Model developed to support prevention of escalation requiring acute care, progressing through governance. This is in addition to existing crisis care provision already in place.
- Options appraisal developed to consider and scope the repurposing of Gwalchmai Ward in the Hergest Unit.

Mental Health Measure Performance

The MHL D Division has focused efforts on reducing the waiting lists, to ensure patients can be seen and supported at the earliest possible point, to reduce length of wait and to allow more significant and sustainable changes in practice. In the previous report the June position noted 396 patients waiting more than 28 days under Part 1a, the position as 22nd October 2025 had reduced to 263. For Part 1b 351 patients were waiting more than 28 days for first intervention.

- Part 1a assessment (80% target) – full compliance at 87.8%.
- Part 1b intervention (80% target) – full compliance at 85%.
- Part 2 CTPs (90% target) – below compliance at 83%.

Longer term service redesign, to support improved provision, has been launched with a workshop held in September, opened by our Executive Director of Allied Health Professionals and Health Science. This workshop brought together staff from several disciplines to look at opportunities and possibilities for redesign and alignment with deliverables from the Mental Health and Wellbeing strategy. Key themes from the day are being reviewed and further engagement sessions will be planned to work through, in more detail, options for change.

CAMHS Mental Health Measure (MHM) Performance – Qtr 2 Position

Significant improvement has been seen in performance against the Mental Health Measure for Children and Young People, with the Health Board consistently sustaining compliance with undertaking the initial assessment within 28 days of referral. Waiting times for intervention following assessment have also considerably reduced and waiting times are improving month on month. An improvement plan is in place to ensure we are compliant with the 28-day target by the end of March 2026 and the Health Board are on trajectory to deliver.

- Part 1a assessment – full compliance at 86% against target of 80%.
- Part 1b intervention – 53% compliance against target of 80%; improving position. Forecast 80% by end of Quarter 4.
- Part 2 CTPs – full compliance at 99% against 90% target.

Partnership Working through North Wales Regional Partnership Board (RPB)

Supporting mental wellbeing is a key priority for the RPB Childrens Sub-Group. Together the Board is committed to building a joined-up system across North Wales which prioritises equitable support for mental wellbeing for babies, children, young people and families who don't meet the criteria for specialist mental health support.

The North Wales Strategy for Early Help developed is now at implementation stage with progressing of a newly designed service model for earlier help to build on a proactive need led system that prevents the escalation of mental health difficulties ensuring timely support at the earliest opportunity. The Strategy promotes mental wellbeing and resilience across universal services, reducing reliance on specialist services through targeted support, strengthening community approaches and providing schools in-reach support.

Expanding on open access approach for same day support to meet needs early is a key priority across health, education, social care, and community services in line with the New Mental Health Strategy. This will include expanding safe spaces outside of hospital settings across North Wales for young people experiencing crisis. We aim to roll out the successful pilot.

Childrens Neurodevelopmental (ND) Services - Performance Qtr 2 Position

Waiting Lists

Plan to address over 3 year waits through service redesign and commissioning to support capacity to reduce waits with WG Neurodivergence Improvement Plan funding allocation to the Health Board. Progressing tender to commence mobilisation by end November to end March 2026 following WG approval. Robust oversight to give assurance around quality, safeguarding and value for money.

Health Prudent Assessment Pathway

Development and consultation on revised pathway complete. Plan for implementation has commenced to standardise assessment pathway and reduce variation. Plan will also aim to deliver a minimum of 30% efficiencies through transformation to support target improvement within Qtr 3 and 4 2025/2026.

Partnership Working

An all-age partnership event planned by the Together for Mental Health Partnership Board was held on 15th October 2025. The purpose of the event was to bring key stakeholders together including health, Local Authorities, Justice, third sector, and people with lived experience, to collaborate and collectively explore how together we respond to the ambitions of the Welsh Government's Mental Health and Well-Being Strategy. It provided an opportunity to align with the National Strategic Programme for Mental Health, preparing for and driving system change in the implementation of a flexible open access model of care. Partners were invited to influence, shape and co-design the future model of Mental Health services across the whole continuum from Mental Health literacy through to Crisis Care for adults, children and young people.

The event was well attended by a range of stakeholders, and a further session is planned for the end of the year to further plan based on the findings to date.

3.2 More effective Prevention of Ill Health

The Health Board approved IMTP supports the delivery of improvement of population health through an integrated approach within the Health Board. Together with partners in the Regional Partnership Board we are commencing the development of a Prevention and Anchor Framework to enable a whole system approach to prevention and early intervention. It will include a core set of principles, a focus on the wider determinants of health (referred to as 'missions'), and a Charter outlining how large place-based organisations in North Wales can optimise their role as Anchor Organisations. We have also been working closely with the Regional Partnership to develop emotional health and wellbeing resilience tools and resources accessed via the website.

Vaccination 2025/26

Covid-19 Spring Programme - commenced on the 1st April 2025 to 30th June 2025, delivering 102,789 vaccinations with a 57.39% uptake and a 27% DNA rate, exceeding the Welsh national average of 53.26%.

Covid-19 Programme - commenced on 1st October 2025 and will conclude on 31st January 2026, offering a single dose of the Covid-19 vaccine to eligible citizens aged 75 years and over and/or those who are clinically immunosuppressed with a Welsh Government target uptake of 75%.

Influenza - programme began on the 1st October 2025 and will conclude on 31st March 2026. As of 27th October 2025, a total of 143,365 vaccinations have been administered.

Staff Influenza – a total of 26.4% (5,590) Health Board staff have been vaccinated (as at 1 Nov). Our plans to increase rates of uptake include increasing the number of appointment times, localities and visits to key workplace areas to improve access to staff. The Health Board has increased the number of Flu champions and staff awareness campaigns. The Health Board is working with Primary Care colleagues to ensure activity is captured for staff who obtain the vaccine via these routes.

Pre-School Childhood Immunisation Programme – the Health Board has delivered targeted training to healthcare staff ahead of scheduled changes to the programme, including HIB/MEN C removal and revised MEN B and PCV timing. In response to rising measles cases, GP practices with low MMR uptake received assistance to increase uptake. Public engagement and summer events promoted vaccine awareness.

Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) - Immunisation nurses are cleansing COVER data and liaising with GP practices and Health Visitors to address outstanding vaccinations. HPV catch up sessions were delivered across all areas during the summer with additional visits for missed appointments. School Immunisation

Teams increased engagement by attending parent's evenings and working with low uptake schools. Uptake data was shared in joint training sessions to supported targeted planning and improve coverage.

Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 - HPV vaccination continues to be offered to Year 8 pupils in schools, with mop-up and catch-up sessions in place. Additional actions involve targeting low-uptake areas via governor meetings and offering MMR alongside HPV to maximise coverage. HPV catch up sessions were delivered across all areas during the summer with additional visits for missed appointments.

Health Protection for vulnerable groups

The Health Protection Service continues to support health protection partner organisations in their response to health protection threats and needs across North Wales. Headline objectives for 2025/26 include:

- Developing capacity within the Health Board to prepare for and respond to health protection threats.
- Enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards.
- Developing collaborative, evidence-based approaches to protecting and preventing ill-health within specific sectors and settings in North Wales.

An area of significant engagement has been within residential care homes and continues into the remainder of the year:

Health Protection Service Programme Objective	Project/ Priority Area	Indicator (Annual Target)	Outputs for Quarter 1 (April – May)	Outputs for Quarter 2 (July – Sept)
Developing collaborative, evidence-based approaches to protecting and preventing ill-health within specific sectors and settings in North Wales	Delivery of infection prevention control (IPC) support to residential care homes in North Wales	95% of residential care homes accepting an IPC review to have received a review by 31 st March 2026	41 out of 225 care homes received interventions. 18% complete.	148 out of 222 care homes have received an IPC review 64.2 % complete.
		75% of residential care homes identified for follow-up to have received a follow-up intervention by 31 st March 2026	0% complete	95/222 care homes have received IPC follow up contact 42.79 % complete
		40% of residential care homes represented at IPC Champions training sessions by 31 st March 2026	45 out of 225 residential care homes represented at IPC champions training sessions 20%	50 out of 222 care homes have engaged with IPC champions training sessions 22.52%

Smoking cessation

At the end of the second quarter of 25/26 1,960 adult smokers were treated by HMQ Services with the Health Board currently achieving 2.90% against the 5% Tier 1 target. This rate provides an indication that our Services are on target to achieve the 5% target rate by year end. The self-reported quit rate is 43.5% and the CO validated rate is 21.9%.

Healthy Weight and Weight loss

The Whole System Approach to Healthy Weight programme seeks to reduce rates of overweight and obesity in the population. There are three priority areas of focus:

- Access to affordable and healthy food.
- Eating Well and Being Active in Schools.
- Eating Well and Being Active in Workplaces.

The Health Board together with partners, have been carrying out actions which support this including development of Whole School Food Policy and Healthy Food and Active Environment Best Practice Guide. During the first quarter of 25/26 Weight Management Service supported the following:

- 350 patients started the Kind Eating programme (adult level 2 Adults – BMI over 30kg).
- 100 patients accessed Second Nature (digital adult level 2 – for Adults with BMI 30-40kg).
- 43 patients were supported by the pregnancy weight management service.
- 31 patients started the Level 3 weight management programme for children and young people.
- 55 patients were assessed by the Level 3 adult weight management service including 14 patients for post-bariatric surgery follow-up.

Spatial Planning

During 25/26, the BCUHB Public Health team responded to and influenced 20 planning applications of public health significance and one Local Development Plan Consultation. Planning applications include alcohol sales, food outlets and the public health implications for developments.

PIPYN

The Children and Families Programme (also known as PIPYN) is a pilot programme to promote healthy rewards for children, increase access to healthy foods and active travel. In North Wales the pilot runs on Anglesey and outcomes include changes to menu and service delivery methods, working with school meals providers and contractors to increase uptake of Universal Primary Free School Meals, and nutrition education and skills for children and key partners.

Whole System Place-based approach to Physical Activity

The Health Board is a member of Actif North Wales (the regional partnership for physical activity and sport). The partnership has enabled the region to take a whole-system approach to tackling inequalities in physical activity rates and test new ways of working through the place-based approach to physical activity. Evaluation has reported positive impacts on health and wellbeing, social capital, and greater alignment and collaboration between services.

Diabetes prevention and management

The Health Board has just over 40% of people with diabetes having all eight care processes recorded in their GP patient record. There has been an improved performance compared to the same month in 2024 within 12 of the 14 cluster areas in BCUHB, however, this is an area which needs improvement. Work is being undertaken to improve the data accessibility, consistency, variation and accuracy across primary care system which may contribute to the reportable position.

Developing the approach for Community Based Integrated Diabetes Services the Health Board has identified value & sustainability challenges and opportunities.

- Reviewing variation in prescribing and costs / value of diabetes medications management to inform the development of diabetes care pathways.
- We have identified a need for a strategy for Children and Young People with diabetes.
- Working with national Tackling Diabetes Together programme to run a patient engagement & co-production event in North Wales later this year which inform the development of whole lifecycle diabetes pathways during 2026-28.
- Develop a pathway approach to improving Diabetes clinical services to support the development of the Clinical Services Plan.

3.3 Putting more services into the community

As set out in the Health Board's Annual Delivery Plan 2025/26 and the IMTP, there is a strong commitment by the Health Board to strengthen primary and community care across North Wales with clear strategic intent to be in a position to ensure that patients get the right high-quality care as close to home as possible and only use acute hospital services when that level of specialist treatment and advice is required.

The organisation has made incremental progress in moving services from a secondary care setting and delivery mechanism into services that are delivered more effectively in the community. More detail will be worked through in the coming weeks and months under the auspices of the Health Board's Primary Care Board.

Of specific note we would reference the recent work that has been completed around the women's health hub as set out earlier, audiology, ophthalmology and dental with a significant service transformation in each area with more to be achieved in future years.

Primary care audiology - This was a transformational service that put advanced practice audiologists (senior healthcare scientist) as the first point of contact for people (adults and children) presenting with hearing, tinnitus and specific vestibular symptoms. The service releases both GP capacity whilst increasing access to specialist care closer to home; improves the quality of onward referrals to ENT and audiology through use of diagnostic assessment and specialist consultation; and reduces the overall demand for onward referral through provision of treatment within Primary Care. The service has seen more than 75,000 patients to date and is currently assessing/treating approximately 1,200 patients/month.

Primary care audiology also includes an audiology led, managed and delivered earwax management service that is assessing/treating approximately 500 patients/month. Both elements of Audiology in Primary Care are partially rolled out across a number of Clusters and Practices and there are plans to extend to complete coverage within the Health Board's IMTP.

Dental Services - Tier 2 and Tier 3 services refer to levels of specialist or advanced dental care, usually within secondary care, which go beyond routine treatment. The primary care team have commissioned some tier 2 services including orthodontics and minor surgery. These contracts have gone out to GDS providers and support pressures in secondary care. The Health Board has also trained some tier 2 level clinicians 'in house' who are based in CDS to support this workload

The intention is to develop and commission further intermediate services including restorative care where patients can be seen in the community as opposed to a hospital. It is anticipated to have this in place by early 2026/27. This is dependent on movement of funding noting that ongoing contract reform will encourage more community dental services that involve complex patient conditions.

Ophthalmology / Optometry - The WGOS programme is starting to get some traction but there is plenty of scope to do more both in terms of the volume of procedures already within the scheme and an increase in the number of procedures covered by the scheme. Both the medical retina and glaucoma pathways went live on 7th July 2025. Numbers of contractors who are applying to provide the pathways are expected to increase.

Teach and Treat Centres - The capacity for student numbers and therefore, patient appointments, depends on the availability of supervisor/mentor provision. With the recent recruitment of a second IP mentor, this will improve that capacity.

Community Diagnostics (Incorporating the requirement for Breathlessness Hubs) - A phased approach will start with cardiac and respiratory investigations including, ambulatory blood pressure (linking to 2025-26 GMS quality improvement project) and ambulatory ECG (linking to stroke prevention, collapse with loss of consciousness and sudden cardiac death), inhaled nitric oxide (for Asthma diagnosis), and spirometry and FeNo (for COPD diagnosis).

Dermatology - Patients are experiencing long waiting lists for dermatology outpatient appointments. There are GPs across the Health Board who are qualified, in collaboration with dermatology, to undertake suspected non-melanoma skin cancer (particularly basal cell carcinomas) excision in primary care as part of local supplementary service arrangements. The Health Board will look to develop a local directed supplementary service (DSS) for excision if there was not a national one. The Health Board will use the CDSS mechanism to deliver this at a county level.

In addition, the Health Board will further investigate the wider use of dermatoscope technology to improve the accuracy of diagnosis of skin cancers and on the basis of work

elsewhere should lead to a significant reduction in referrals to dermatology, so freeing specialist capacity and costs in hospital settings. There have already been trials of this technology within the Central area and a local DSS has been established that could be utilised.

Diabetes - The Health Board is working with practices and clusters to improve performance in GMS on the 8 core processes. A number of practices, including the HB Managed Practices, do have suitably qualified staff that could work in conjunction with both hospital based and community diabetic specialist nurses, moving the care from secondary to primary care. There are currently long waits for secondary care so this would be a major quality improvement, ensure that diabetic complications were reduced with health economic benefits to the system over time. This again could be undertaken using the CDSS approach at county level.

Community Assessment Days (CAD) - This is a new innovative model of service delivery that shifts service provision left, providing care away from the hospital setting. They provide assessment and treatment to individuals via a 'What Matters to you' conversation, thereby placing the needs and choices of the individual front and centre. CAD are usually hosted in sports centres or community halls and entail a plethora of third sector, partner organisations and health services all coming together to empower self-management. Individuals are managed as a 'one stop shop' approach unless they need to enter a hospital-based pathway for further investigation or more complex treatment.

The therapies CAD was initially designed for musculoskeletal physiotherapy patients, but it has quickly recruited podiatry, and has interest from OT, Mental Health, and now also offers vaccinations. Current outcomes are positive with over 700 physiotherapy patients and 200 podiatry patients seen to date, and in excess of 1000 patient contacts with partner organisations. Utilisation of SOS pathways and mutual engagement between clinical services and partner organisations has been extremely well received, with exceptional patient and staff feedback. Encouragingly there is growing interest from services outside of therapies, including the Renal service who are currently planning a patient education CAD.

Vasectomies - The Health Board has previously commissioned a community vasectomy service, delivered by GPs working from Community Hospital sites. There will be scoping undertaken rapidly to recommission such services, offering more local services in each area, improving access and waiting times. An additional benefit would be a likely reduction in demand for female sterilisation.

Primary Care Led Frailty Services - Frailty increases GP attendance by 50% and emergency care access by 216%. For the frail population, care closer to home should mean same day access to the same range of multi-disciplinary professionals 7 days of the week, which is more usually provided by secondary care front door acute frailty services. Given the changes in demography and challenges of geography, these services should be on local authority footprint, moving resource and responsibility to clusters with Care of the Elderly specialists providing in-reach rather than necessarily running the service.

Services were provided in this way in a ‘what matters to me’ rather than service lead approach, then with the right communication and engagement, people will follow this path rather than the current one to ED through lack of alternatives.

Further Enhanced Community Care [ECC] - Work will be undertaken across the BCUHB footprint to further strengthen the offer to the population , with a specific focus upon Hospital at Home providing access to point of care testing, an IV Antibiotics Service, diuretics and fluids all undertaken on a 7 day a week basis operated by both salaried GPs and the upskilled community nursing teams.

3.4 Realising the potential of digital and innovation

The Health Board is committed to becoming a digitally enabled organisation that delivers safer, smarter, and more connected care for the people of North Wales. This includes replacing outdated, fragmented systems with modern, integrated solutions that improve clinical decision-making, enhance patient safety, and streamline workflows. There is an extensive programme of work in place to modernise clinical systems, improve patient safety and enhance operational efficiency through digital innovations. This work aligns with Welsh Government priorities for quality, safety, and digitally enabled healthcare and supports patient care and increases the ability of staff to deliver great care, every time. Some of these developments have been driven by key quality and safety concerns locally, with some national programmes of work as part of the wider NHS in Wales.

Digital Development	Progress
NHS App	The Health Board has prioritised resources to support the launch of the Alpha NHS App version nationally service-wide 31st October 2025. Work will now continue with the national teams on prioritised remedial issues and improvements, and identifying an all-Wales agreed scale and spread.
Digital Maternity System	Implementation of the BadgerNet system is planned for March 2026 , supporting safer, standardised maternity care. Key focus areas include IT infrastructure, integration, and staff training.
Electronic Prescribing and Medicine Administration System	Pilot go-live occurred in October 2025 , with phased rollout across inpatient areas continuing into early 2026. This system will reduce prescribing errors and improve medication safety.
Radiology Informatics System Programme (RISP)	Successfully went live on 8 September 2025 , replacing fragmented legacy systems with a modern, integrated solution. This milestone improves imaging workflows, supports faster clinical decision-making, and positions BCUHB as the first large Health Board in Wales to implement this system.
Laboratory Information Management System (LIMS):	National delays have impacted timelines, with revised implementation now scheduled for March 2026 for Blood Transfusion. The Health Board remains proactive, extending contracts to safeguard continuity and preparing for deployment despite significant technical challenges.
Mental Health & Learning Disabilities EHR:	Procurement and business case development are underway for a comprehensive electronic record system to address safety and compliance issues highlighted in external reviews. First service go-live is targeted for November 2026 .
Acute and Community EHR Programme:	Work is progressing on an Outline Business Case for a modern EHR to replace fragmented systems and improve care quality. Delivery is dependent on national policy and funding decisions.
Eye Care Digital Programme:	Local business case development is in progress to implement Open Eyes and referral systems, improving access to specialist eye care closer to home. Challenges include complex integration with national systems and third-party suppliers, workforce engagement and training requirements, national delays impacting timelines and costs, and funding uncertainties for large-scale programmes.

4.0 Strengthening how we run the NHS

Areas covered:

4.1 Modernising leadership and culture

4.2 Resilience - recruitment/retention and staff wellbeing

Context

During the summer of 2023, a series of Independent Reviews, extensive engagement with colleagues and stakeholders, and other sources of insight highlighted the need to review the Health Board's operating model—how the organisation works. As a result, the Foundations for the Future Programme was established as one of four Health Board Major Change Programmes to align structures, people, systems, processes, culture, and strategy. It aims to respond to the operational challenges, and build a sustainable, modern, effective, efficient and agile Health Board which meets the needs of the people of North Wales.

4.1 Modernising leadership and culture

Since the new Board was established, decisive action has been taken to address cultural challenges and lay the foundations for a compassionate, inclusive, and accountable organisation. The approach has been guided by evidence-based best practice and a commitment to meaningful engagement with staff and stakeholders. The Board has engaged with experts in leadership and culture including Professor Michael West and Henry Englehardt who have attended conferences, training and small group sessions to share their expertise. In 2023, the Board agreed 9 strategic intent commitment relating to culture, leadership and engagement, three under each as follows:

Culture	Leadership	Engagement
<ol style="list-style-type: none">1. Examine current pervasive culture2. Revisit the values of the organisation3. Develop a behaviours framework	<ol style="list-style-type: none">1. Explore approach to leadership2. Collective adoption of the leadership approach3. Develop leadership programme	<ol style="list-style-type: none">1. Clinical Engagement2. Measure employee engagement3. Training, support, coaching/mentoring and evaluation/feedback for line managers

Leadership

There have been leadership conferences which have been welcomed and well attended, some targeted at large audiences from within the Health Board (over 500) and some targeted at specific groups, most recently, a clinical leadership conference.

In May 2024, the Health Board approved the implementation plan for the Integrated Leadership Development Framework (ILDF)—a key step in modernising leadership and strengthening clinical leadership across the organisation. The Framework is embedded across leadership programmes, supporting both operational and clinical leaders to develop the skills and behaviours needed for compassionate, inclusive leadership. This

complements our Culture & Leadership Programme, ensuring leadership development is rooted in our Values & Behaviours Framework and the NHS Wales Compassionate Leadership principles. Leadership development programmes and opportunities have been delivered for senior leaders, aspiring leaders, and clinical leaders, with a focus on accountability, collaboration, and improvement.

Culture

In terms of cultural assessment and actions to support and measure culture change, the Health Board has embarked on a culture change programme, following the nationally recognised model developed by Professor Michael West, the King's Fund, NHS Improvement, and the Centre for Creative Leadership. A cross-section of staff from across the Health Board is steering the programme to ensure it reflects local needs and addresses the cultural issues identified in 2023.

Key progress includes:

- launching Compassionate Leadership Initiatives and signing up to the NHS Wales Compassionate Leadership Pledge signalling a clear commitment to lead with empathy and integrity.
- developing and embedding a New Values & Behaviours Framework following extensive engagement with over 500 members of staff. These are being integrated into policies, recruitment, induction, leadership programmes, staff recognition, and ward accreditation metrics. They will also be supported by resources including training packages, local pledges, self-reflection tools, and a toolkit for teams.
- building Cultural Change Capacity with almost a hundred Culture Change Leaders inducted through a structured programme of development and support to champion compassionate leadership and influence positive change at grassroots level. These leaders are facilitating Board and senior leadership conversations, culture focus groups, and supporting local improvement.
- establishment of a staff engagement function to foster a positive, motivated and committed workforce by recognising, listening and engaging staff to improve their day to-day experience.
- new PADR system being developed- redesigned to enable wellbeing, performance and talent progression.

4.2 Resilience - recruitment/retention and staff wellbeing

In 2023, the Health Board faced significant cultural and workforce challenges, contributing to concerns about staff morale, turnover, and organisational stability. It was recognised that improving staff retention was critical - not only to rebuild trust and confidence but also to ensure continuity of care and reduce reliance on temporary staffing. Improving retention reduces reliance on temporary staff, saves costs, and strengthens continuity of care. It also supports a healthier, more engaged workforce - key to delivering safe, compassionate care.

Since early 2024, the Health Board has implemented an organisation-wide approach to staff retention, aligned with Welsh Government and Health Education and Improvement Wales (HEIW) priorities. This work is closely linked to our Culture & Leadership Programme, compassionate leadership principles, and health and wellbeing initiatives.

Key Actions Taken

- Baseline Assessment - Used HEIW's *Nurse Retention Self-Assessment Tool* to gather data and inform our Nurse Retention Plan.
- Wellbeing and Engagement - Introduced the *Wellness, Work & Us* programme and *Staff Voice* initiatives to improve job satisfaction and mental health support.
- Collaborative Approach - Active membership of the *All-Wales Workforce Retention Community of Practice* to share best practice and apply Quality Improvement methodology.
- Data-Driven Insights - Developed dashboards aligned with ESR Business Intelligence and Gwella Retention metrics, linking retention data with cultural indicators.
- Policy Improvements - Updated *Exit Interview* and *Flexible Working* processes and introduced *Stay Conversations* to prevent avoidable resignations.
- Targeted Interventions - Focused on high-turnover areas such as Estates & Ancillary, while sustaining improvements in Nursing & Midwifery.

Impact So Far

- Retention Rate: 91% (Sept 2025), up from 90.4% (Sept 2024) and 90.2% (Sept 2023).
- Turnover: Reduced to 7.7% (Sept 2025) from 8.1% (Sept 2024).
- Avoidable Leavers: Down from 908 (Sept 2024) to 786 (Sept 2025).
- Nursing & Midwifery Turnover: Now at 5.4%, the lowest in two years.
- Estates & Ancillary: Still high at 11.8%, requiring targeted action.
- Sustained improvement in registered nurse staffing levels, supported by effective workforce planning, strengthened domestic recruitment pipelines (impact of the streamliners graduate programme, and expansion of flexible recruitment routes into nursing including part-time degrees), international recruitment, and enhanced retention measures. Current vacancy rate of 5.2%, which is below the NHS Wales benchmark reported in the National Staffing Report (2023/24).

A national evaluation of the retention programme will take place in Quarter 4, but early indicators show that our approach is working and laying strong foundations for long-term cultural and workforce stability.

NHS Wales Staff Survey

One of the strongest messages from the 2024 NHS Wales Staff Survey was that some colleagues felt that completing the survey would not lead to change. The Health Board is determined to challenge that perception by demonstrating that staff feedback matters and drives real action. Progress includes:

- **We Said, We Did**

A new communication campaign shows the tangible changes made in response to staff feedback, helping colleagues see the impact of their voice.

- **Local Ownership of Results**

For the first time, 2024 survey data was shared at service and corporate levels, enabling targeted action plans. Teams held discussion sessions so staff could understand results and shape improvements locally.

- **Leadership Accountability**

Clear accountability for ensuring Directors are actively engaging their teams and developing meaningful action plans. These plans are now embedded within the organisation's performance and accountability framework, ensuring progress is monitored and sustained.

- **Integrated Approach**

Survey insights were cross-referenced with feedback from culture improvement work and Foundations for the Future, ensuring actions address wider themes like retention, patient safety, and speaking up.

Analysis of the **2024 NHS Wales Staff Survey results**, led to four key target areas identified for improvement across BCUHB.

1: Improve Staff Engagement and Advocacy - Actions:

- Improve ways of working through the Foundations for the Future programme.
- Equip managers with leadership skills via the Integrated Leadership Development Framework (ILDF).
- Review and enhance the corporate approach to staff reward and recognition.
- Share survey results, analysis, and actions widely through local engagement mechanisms.

2: Embed Compassion and Inclusiveness - Actions:

- Analyse staff feedback and publish a synthesis report with transparent findings.
- Launch leadership workshops and manager masterclasses.
- Improve induction programmes for new starters.
- Hold Culture Conversations and train Culture Change Leaders.
- Run focus groups and update policies to reflect compassion.
- Embed and promote new organisational values.
- Introduce a revised appraisal/PADR process, piloted in People and OD directorate.

3: Strengthen Speak Up culture - Actions:

- Review exit interview insights to identify barriers.
- Share staff stories (positive and negative) to raise awareness and drive improvement.
- Deliver training on speaking up safely.
- Introduce short pulse surveys to supplement NHS Wales survey data.

- Increase survey participation by 5% for 2025.
- Invest in the Speaking Up Safely service to improve access and visibility.

4: Nurture Healthy Working Environments - Actions:

- Promote the Living Well, Working Well handbook for advice and support.
- Expand the Health and Wellbeing Champion network.
- Improve access to the Staff Wellbeing and Support Service (SWSS).
- Continue Schwartz Rounds for staff to share experiences.
- Complete Health Needs Assessments to identify priority areas.
- Support menopause cafés and bespoke wellbeing sessions.
- Deliver financial wellbeing and stress management workshops.
- Review referral pathways and collaborate with Health & Safety teams.
- Support the All-Wales intervention to safeguard staff.

These initiatives are central to delivering sustainable cultural change, improving staff experience, and ensuring safe, high-quality care for the people of North Wales.

5.0 Board Local Issues

In submitting this evidence paper, it is worth setting the context to fully appreciate where progress has been made and where progress is still to be made across some of the foundational cornerstones within this organisation.

Betsi Cadwaladr University Health Board was formed in 2009 as part of the NHS Wales reforms in developing integrated Local Health Boards, drawing together a number of predecessor organisations including provider NHS Trusts and commissioning Local Health Boards. This was particularly complex in North Wales due to the significant number of predecessor NHS bodies. It is the largest public sector body in Wales with a budget of approximately £2.5 billion and a workforce of over 20,000 people. It works with 6 Local Authorities making up the North Wales Region, as well as a single Regional Partnership Board and three Public Service Boards.

For much of the last 10 years the Health Board has been escalated under the NHS Wales **Escalation and Intervention Framework** (2015 with updates since). The organisation was escalated to Special Measures/Level 5 escalation in February 2023 having been at Level 4/Targeted Intervention since November 2020, and Special Measures in June 2015.

Since the largely new Board has been in place, the focus has been to establish a sustainable and effective organisation in order to better meet the needs of the population of the region.

In response to the escalation to Special Measures status (February 2023), the Board established a **Special Measures Response Plan** (May 2023), focussing on five core elements, as set out in the first column below. Following a series of 3 x 90-day cycles focused on stabilising the organisation, and with the publication of a series of **independent reviews** to assist the Board to address the core issues, a **3-year plan** for continued progress was adopted. This embedded the five core elements and set out Strategic Objectives for each one as set out in the second column below:

Special Measures Response Plan May 2023	Health Board Strategic Objectives March 2024
1. A well-functioning Board	1. Building an effective organisation
2. A clear, deliverable plan for 2023/24	2. Developing strategy and long-lasting change
3. Stronger leadership and engagement	3. Creating compassionate culture, leadership and engagement
4. Improved access, outcomes and experience for citizens	4. Improving quality, outcomes and experience
5. A learning and self-improving organisation	5. Establishing an effective environment for learning

There continues to be significant and pressing matters, particularly regarding timely access to services and the sustainability of service provision, which requires a relentless focus and drive for improvement in the short and medium term.

The Welsh Government has regularly published **Special Measures Progress Reports**, and the Health Board has also undertaken **Progress Reviews**, all of which show important progress across a range of areas, including corporate governance, executive, clinical and board leadership, improving quality and safety, enhanced financial grip and control and renewed patient and stakeholder engagement. These elements form the foundation of building a sustainable effective organisation for the future.

Progress Summary against the Strategic Objectives:

1. Building an effective organisation

- Established a new Board and leadership team following Special Measures, with improved relationships and clearer accountability.
- [Significant improvement](#) in corporate governance and organisational effectiveness including Board Effectiveness and leadership
- Adopted robust governance frameworks including Standing Orders, a Board Assurance Framework, and a Corporate Risk Register.
- Strengthened the financial governance and control environment through greater oversight and visibility, addressing issues identified in the Ernst Young report and implementing the recommendations from the Contract Procurement Management Independent review including training for over 500 staff members.
- 'Foundations for the Future' is a fundamental transformation for the organisation's operating model which brings together structures, people, systems, processes, culture and strategy. This major change programme has completed the discovery phase and design due to complete by end of March 2026, with delivery in 2026/27.

2. Developing strategy and long-lasting change

- Developed Organisational Design Principles, approved by Board in November 2024 which forms the guiding principles of the development of strategy and plans.
- Submitted first ever financially balanced IMTP, approved by the Health Board in March 2025. Whilst this was not subsequently approved by Welsh Government, it was noted the significance of this milestone and the progress made.
- Progress being made in strategy development across three strategic products: 1) Strategic Intent for population of North Wales, co-created with Partners, 2) Health Board 10-Year Strategy, 3) Health Board Clinical Services Plan.
- Established four Major Change Programmes covering Planned Care, Urgent and Emergency Care, Value and Sustainability and Foundations for the Future. These have

prioritised resourcing and reporting directly through Executive Committee and the Board.

- Developed internal capability to effectively manage service change. The work relating to Tywyn and Penley community hospitals has been acknowledged by Llais as applying best practice in applying a balanced room engagement approach.

3. Creating compassionate culture, leadership and engagement

- Approved Health Board Values; Compassion, Openness and Respect in November 2024, with the Board pledging their commitment, embedded into:
 - Recruitment and induction processes
 - Performance appraisals (PADRs)
 - Staff recognition programmes
 - Leadership development initiatives
- A comprehensive Leadership Framework and programme approved by the Board, supporting leaders at all levels.
- Launch of a Culture Change Leaders Programme with staff members of all levels signing up and receiving training to support the spread of the newly agreed values and be a vehicle for positive change.
- Citizen engagement approaches continue to be strengthened, with specific work around community voices in strategy development and working closely with the Older People's Forum and Childrens Charter.

4. Improving quality, outcomes and experience

- NHS Wales people's experience survey (launched April 2025) - by September 2025 the Health Board had received 36,548 responses; 68% rated their overall experience as "very good", 86% reported they were always treated with dignity and respect, 90% reported they were 'always' able to communicate in their preferred language.
- Planned Care Programme is driving real change across six workstreams, with 2025/26 priorities agreed, including a pan-BCU screening and pre-op process, digital innovations like EBO chatbot validation and paramedic video consults to reduce ED demand, and stronger referral triage with Primary Care partners.
- Quality Management System (QMS) has been developed and used across clinical, operational and corporate teams. The live QMS Hub has been identified as being amongst the best in Wales and is actively used.
- Service innovations across the organisation includes Specialist Renal machines to measure patients' fluid levels and body composition in the community, first ultrasound-guided carpal tunnel release service in Wales, re-designation of North

Wales Cancer Treatment Centre as a centre of excellence for brain tumour research.

- Urology: A contract is now in place for North Wales patients to receive cystectomies at Arrows Park Hospital, bringing services back closer to home, providing greater stability and improved patient experience.
- Ophthalmology: Progress is being made to improve waiting times for cataract surgery and follow-up lists are being reviewed to identify those people at greatest need. New Glaucoma and Medical Retina pathways have been introduced through primary care providers.
- Oncology: Service innovation includes the transition of some treatments from intravenous to subcutaneous delivery which releases capacity and improves patient experience. The cancer treatment centre for North Wales has been re-designated a Centre of Excellence for the research, treatment and care provided to patients with a brain tumour and the new Maggie's Centre opened at Ysbyty Glan Clwyd, the first centre of its kind in North Wales.
- Plastics: Significant reduction in waiting lists due to validation and waiting list initiatives. Appropriate accommodation identified in Connah's Quay Medical Centre for additional plastics outreach clinics and theatre provision closer to home for north Wales population.
- Improved processes and systems in response to complaints, with an integrated concerns policy for incidents, complaints and mortality reviews and the integrated concerns hub.

5. Establishing an effective environment for learning

- Intelligence use of data and data-driven decision-making has advanced during this period, highlighted by the launch of the redeveloped IRIS operational portal which provides real-time intelligence to support performance monitoring, planning, resource optimisation and improved management information relating to patient pathways and flow.
- Made improvements to the management of governance and systems in relation to learning from events reports. These improvements strengthen governance, transparency and accountability across the organisation.
- Undertaken a thematic review focused on never events, bringing together professionals from all disciplines to collectively examine the underlying factors and identify meaningful improvements. This has supported a comprehensive analysis of practices and resulted in actions to improve patient safety.

The Health Board is leading the way in many areas across Wales including:

- The North Wales Cancer Treatment Centre at Ysbyty Glan Clwyd has been re-designated as a centre of excellence for brain tumour research, treatment, and care by the Tessa Jowell Brain Cancer Mission.
- A new radiology system has significantly improved scheduling and clinical reporting for medical images such as x-rays, CT scans, MRI scans, and ultrasounds.
- Renal patients at Ysbyty Gwynedd and Ysbyty Alltwen will benefit from new specialist machines to help clinical teams measure and assess patients' fluid levels and body composition with greater precision, improving comfort, safety, and long-term health outcomes.
- This includes hand and nerve surgery in minor operating rooms; ultrasound-guided carpal tunnel release and a new IV access service. More than 300 procedures have been delivered outside theatres; the ultrasound-guided carpal tunnel release service at Wrexham Maelor Hospital is the first service of its kind in Wales. It offers faster recovery, lower costs, and better patient outcomes without the need for a traditional operating theatre, resulting in cost reduction from around £2,100 to £760 per case
- IV waits have fallen from weeks to the same-day.
- 3 Health Board teams have been shortlisted for the NHS Wales Awards, including the Welsh language team for their work to promote bilingual services on hospital wards.
- The Welsh Government has invested £9.49 million in 2 new linear accelerators at the North Wales Cancer Treatment Centre at Ysbyty Glan Clwyd. These will deliver more precise and efficient radiotherapy, targeting cancer cells accurately and reducing harm to surrounding tissue.
- Ysbyty Gwynedd's theatres open day welcomed more than 70 attendees for a behind-the-scenes experience, showcasing the work of the hospital's surgical teams and the cutting-edge technology that supports patient care.
- Following £4.4 million Welsh Government investment, Colwyn Bay Hospital and Ysbyty Glan Clwyd will see older x-ray machines replaced with new digital radiology systems. Wrexham Maelor and Ysbyty Gwynedd will receive new fluoroscopy systems and see their mammography equipment replaced.
- A proactive "while you wait" text messaging service, a virtual chat function, and a new "self-care while you prepare" hub in place to support people while they are on a waiting list. This has helped reduce missed appointments.
- Two specialist bereavement nurses have been appointed to ensure families have access to compassionate, structured support at the most difficult times. This is in response to concerns about end-of-life care and dignity.

This Board fully recognises that there is much more to do, especially with the focus on access to planned and urgent and emergency, but it also important to balance this with the improvement and innovation highlighted throughout this paper. The Board will continue to

build on these improvements and provide the best services possible for the people of North Wales.