

## Bundle BCU Planning, Population Health and Partnerships Committee 1 May 2025

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PP25/23 Welcome and Apologies - Verbal (Chair)
- 1.2 09:31 - PP25/24 Declarations of Interest - Verbal (Chair)
- 1.3 09:32 - PP25/25 Unconfirmed Minutes of Meeting held on 18.02.25 - Attached (Chair)  
PP25.25 Minutes from PPHP Committee 18.02.25 V0.01 Unconfirmed (Public)
- 1.4 09:35 - PP25/26 Matters Arising & Action Log - Attached (Chair)  
Summary Action Log PPHP Committee (Updated 16.04.25) Public
- 2 09:40 - STRATEGIC PRIORITIES
- 2.1 09:40 - PP25/27 Reflections on the Plan - Paper (Interim Executive Director of Transformation & Strategic Planning)  
PP25.27 - Reflections on the Plan
- 2.2 10:10 - PP25/28 Well-Being Objectives - Paper (Interim Executive Director of Transformation & Strategic Planning)  
PP25.28 Well-Being Objectives
- 2.3 10:30 - PP25/29 Population Health Delivery Report - Paper (Executive Director of Public Health)  
PP25.29 Population Health Delivery Report - cover sheet  
PP25.29 Population Health Delivery Report
- 2.5 10:45 - Comfort Break
- 2.5 10:55 - PP25/30 Decarbonisation Progress Report - Paper (Director of Environment & Estates)  
PP25.30 Decarbonisation Progress Report
- 3 11:10 - GOVERNANCE AND ASSURANCE
- 3.1 11:10 - PP25/31 Corporate Risk Register and Board Assurance Framework - Paper (Director of Corporate Governance)  
PP25.31 Corporate Risk Register Report PPHP May 2025 Public  
PP25.31 BAF PPHP May 2025 Public
- 3.2 11:20 - PP25/33 Committee Governance - Paper (Director of Corporate Governance)  
*Item to cover:*  
*Review of Terms of Reference*  
*PPHP Committee Self Assessment*  
*Key messages for Annual Report*  
PP25.32 PPHP Committee ToR V0.01
- 3.3 11:30 - PP25/33 Eye Health Needs Assessment - Paper Tehmeena Ajmal (Chief Operating Officer)  
*(please note the full Eye Health Needs Assessment will be included as part of the supporting documentation pack)*  
PP25.33 Eye Health Needs Assessment
- 4 11:40 - FOR INFORMATION
- 4.1 11:40 - PP25/34 Summary of Business to be Reported from Private - Paper (Head of Corporate Affairs)  
PP25.34 PPHP Private Session Items Reported in Public
- 4.2 11:42 - PP25/35 Committee Forward Workplan - Paper (Head of Corporate Affairs)  
PP25.35 Workplan for PPHP Committee (Live Version as at 16.04.25)
- 5 11:44 - CLOSING BUSINESS

- 5.1 11:44 - PP25/36 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 5.2 11:46 - PP25/37 Review of Meeting Effectiveness - Verbal (Chair)
- 5.3 11:48 - PP25/38 Date of Next Meeting - 03.07.25
- 5.4 11:48 - Resolution to Exclude the Press and Public  
*"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*

**Betsi Cadwaladr University Health Board (BCUHB)**

**UNCONFIRMED Minutes of the Planning, Population Health and Partnerships  
Committee held in Public on 18 February 2025  
in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Clare Budden	Independent Member (Chair of PPHP Committee)
Gareth Williams	Independent Member (Vice Chair of PPHP Committee)
Billy Nichols	Independent Member
Caroline Turner	Independent Member ( <i>via Teams – part meeting</i> )
<b>In Attendance</b>	
Jane Moore	Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital and Information Officer ( <i>via Teams - part meeting</i> )
Stuart Keen	Director of Environment & Estates
Dyfed Edwards	Chair of the Health Board ( <i>Observer</i> )
Pam Wenger	Director of Corporate Governance ( <i>via Teams</i> )
Paolo Tardivel	Director of Transformation & Improvement
Cath Broderick	Independent Advisor
Erica Roberts	Head of Digital Delivery, Strategy & Engagement
Nicola Jones	Deputy Head of Internal Audit ( <i>via Teams</i> )
Nesta Collingridge	Head of Risk Management ( <i>part meeting</i> )
<b>Committee Support</b>	
Laura Jones	Project Support Manager (Corporate Governance)
Philippa Peake-Jones	Head of Corporate Affairs

<b>OPENING BUSINESS</b>
<p><b>PP25/01 Welcome and Apologies</b></p> <p>The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Mike Parry who was due to join for the Stakeholder Reference Group Update.</p>
<p><b>PP25/02 Declarations of Interest</b></p> <p>No declarations of interest were raised.</p>
<p><b>PP25/03 Unconfirmed Minutes of Meeting held on 10.12.24</b></p> <p>It was agreed that the minutes of the meetings held on 10.12.24 were a true and accurate record.</p>
<p><b>PP25/04 Matters Arising &amp; Action Log</b></p> <p><b>Developing our Partnerships</b></p> <ul style="list-style-type: none"> <li>There was discussion around action PP24/11.3 and PP24/49.7 as both actions relate to developing a strategic approach to working with the Third Sector. It was</li> </ul>

queried why there has been a delay in completing these actions and it was confirmed that this will now be progressed as we have some additional Directors in post to ensure the Committee receive a meaningful and strategic update. It was agreed to merge these actions into one as they are related.

### **Decarbonisation Action Plan**

- The Executive Director of Public Health provided an update on action PP24/56.2 to confirm that discussions have taken place with the Executive Director of Finance and to take this forward and start producing a transport plan.

The Committee reviewed the action log and agreed to close the actions that were proposed for closure. It was also highlighted that more realistic timescales should be included against actions to try and avoid the need to push forward timescales.

## **STRATEGIC PRIORITIES**

### **PP25/05 Stakeholder Reference Group Update**

In discussing the item, the following was highlighted:

- The Chair confirmed that the Stakeholder Reference Group (SRG) has recently been developed, the membership has been considerably strengthened, attendance has improved and the Group are being asked to discuss items they can influence and impact.
- The Chair thanked Mike Parry and Director of Partnerships, Engagement and Communications for all their hard work in this area.
- It was confirmed that the paper reflects the progress made, the key themes addressed and the areas that the members are interested in developing.
- Going forward the aim is to reflect on this progress and continue in the same manner to ensure members are aware of the purpose of attending and contributing to the Group.
- The Executive Director of Public Health reflected on her attendance at a recent meeting to discuss Well North Wales and keeping the population healthy stating that this was positively received and members have asked how they can further engage with this work.
- There is a need to ensure the items covered by this Committee and the SRG are not duplicated and are covered in the relevant places.
- The Chair of the Health Board thanked Mike Parry as a driver for developing the SRG with support from the Director of Partnerships, Engagement and Communications and the engagement received from partners to help shape the work of the Health Board.
- It was confirmed that Mike Parry's term will shortly be coming to an end and there will be a need to appoint a new Chair for the SRG to continue with the progress and partnership work completed to date.
- Cath Broderick reflected on a discussion with Mike Parry confirming that the changes made by the SRG have now put the Group in a position as a key forum for bringing internal and external partners together.

- It was queried who is leading on the Volunteering Strategy and whether this sits with the Quality, Safety & Experience (QSE) Committee or People & Culture (P&C) Committee. It was agreed to check where this strategy should be monitored.
- It was confirmed there is a need to make links between the SRG and PPHP Committee via these updates to ensure the partnership element is being addressed in the correct space.
- This Committee provides a helpful reference point to ensure all groups across North Wales are represented and this could form part of the annual review from a partnership perspective to align with the work of the Committee.

**Action:**

- **PP25/05.1** Check whether the Volunteering Strategy should be monitored by the QSE Committee or P&C Committee.

It was resolved that the Committee:

- **DISCUSSED** and **NOTED** the paper.
- **ACKNOWLEDGED** Mike Parry's role in developing the SRG

**PP25/06 Partnerships, Engagement & Communication Update**

Members received the report and noted the progress made in relation to engagement and communications. Cath Broderick, Independent Advisor thanked the Committee for the opportunity to attend and provided a presentation on her finding from the Independent Review of engagement and communications at BCU highlighting:

- At the point of the review there was a need to build trust, confidence and engagement, both internally and externally with the Health Board and change the way the organisation listens and acts.
- Following engagement, there is a need to feedback into communities on where discussions have led to change.
- The key findings from the review highlighted that the Partnerships, Engagement and Communications (PEC) Directorate were key to building a systematic approach and sustainable way of engaging as well as strengthening the team to deliver this objective.
- There was a need to share expertise across the organisation, link in with areas such as the patient experience team and cascade information out from departments.
- Results from engagement were not being analysed and it was suggested there was a need to triangulate products of engagement & patient experience so they have an impact.
- The emerging evidence shows that there has been significant progress and the PEC Directorate are reaching now out into the organisation and an Engagement Working Group has been developed to allow people to demonstrate the impact of the work that is being completed.
- The Mental Health Review completed by Ros Alstead links in with this work and the development of the Lived Experience Group provides real time patient information to lead change.
- Going forward the team need to continue embedding working with the Third Sector and connect with the work being completed by Llais to provide a presence in the community.

- There is a need to respond to all communities using our services and identify the source of complaints to ensure these areas are addressed.
- There has been significant progress in co-production and reporting outcomes of engagement via the Citizens Engagement Report which is presented to the Health Board.
- There is now a need to focus on closing the circle by reporting back to the public on the outcomes of their involvement and how this is being reflected in the way we deliver services and care.

As part of the discussion, the Committee:

- Thanked Cath Broderick for her feedback and acknowledged the work completed by the Director of Partnerships, Engagement and Communications and the Directorate.
- Suggested the work being completed by Public Health colleagues around bitesize health and engaging with the public needs to align with the PEC Directorate.
- Recognised that the report states that response rates to correspondence with Members of the Senedd and MPs has significantly enhanced and queried what data and metrics could be provided to support this.
- Acknowledged the positive position of the Health Board in this space and suggested this area requires continual progress proposing the team review how this is managed across the UK and Europe to maintain the enthusiasm and drive.
- Requested the report includes the names of representatives who represent the Health Board at each of the public bodies.
- Suggested feedback from past patient and family experiences could be utilised when considering service redesign as we develop the clinician services plan. It was agreed that the organisation want to provide high quality services that are responsive to patient communication.
- Considered how we move from engagement to involvement and ensure communities feel they can engage with the organisation rather than the organisation speaking to the public when required to make this a continual process. It was suggested a standing reference group or patient carer forum may help to gain the involvement of trusted partners.
- Proposed the public are approached as a single endeavour to collect information that can be used more widely to influence a variety of areas including the IMTP, organisational strategy and clinical services plan. It was agreed that this would ensure the organisation is aligned with the communication and engagement that features within these areas.
- Recognised the conditions that are being set by the Board in terms of leadership and culture that has enable this work to take place and lay the foundations for the way we progress going forward.

**Action:**

- **PP25/06.1** Partnerships, Engagement & Communication Report to name the representatives who represent the Health Board at each of the public bodies.

It was resolved that the Committee:

- Received **ASSURANCE** on the progress to date and next steps and **DISCUSSED** and **NOTED** the paper.

## PP25/07 Three Year Plan

The Chair introduced the item highlighting that the approach to the three-year plan has been discussed to ensure the Committee are able to influence the plan at a strategic level. The comments raised will be included in the full document which will be shared ahead of the Board Development Session taking place 27 February 25.

The Director of Transformation & Improvement highlighted:

- The purpose of the session is to highlight the emerging themes and discuss the key strategic objectives.
- The team have been working on a new Executive led planning approach to ensure all Board and Committee discussions are captured in the plan throughout the year.
- Since the last draft was circulated in December 24, there has been a focus on the new ministerial templates that have been issued to ensure the right level of detail is included in the narrative plan.
- Following discussion today and at the Board Development Session, the plan will go to the Performance, Finance & Information Governance (PFIG) Committee on 18 March 25 and then to Board on 27 March ahead of being submitted by the end of March 25.
- The emerging themes and strategic objectives have evolved since last years plan and quality has been implemented as a golden thread.
- The themes focus on prevention and early intervention, delivery of improved outcomes for our population, moving to a digital environment and collaborating with partners.

The Committee went through each of the themes and the following points were highlighted:

### Objective 1 – Building an Effective Organisation

- We need to transform performance and ensure a shorted span from Board to Ward.
- We need to be honest about the challenges we face in relation to the Foundations for the Future Programme.
- If we move resources to the front line, we need to review the requirements for the layers of corporate support.
- There needs to be clarity in relation to organisational change, the direction of travel and the scope for that work.
- Evaluate management overheads and potentially reduce management levels across the Board to maximise operational efficiency.
- Suggest fewer, clearer priorities.
- How do we get the right focus and capability in terms of resource to ensure staff have the skills and tools to enable more effective delivery.
- Think about different terminology than front line staff.
- Consider using the term Welsh Language and Culture rather than just Welsh Language.
- We need to identify key enablers that enable us to work better and maximise resources to deliver better outcomes for the people of North Wales, this includes better systems, processes and technology.

- The narrative needs to be more specific so we know when we've delivered against each of the objectives, this has previously been raised up by Audit Wales and Internal Audit.
- There needs to be a link to the Structured Assessment and organisational strategic framework.
- It was suggested the title includes "for the people we serve", this was discussed and agreed this applies to all of the objectives therefore this can be included in the narrative as a common theme.

### **Objective 2 – Developing Strategy and Long-lasting Change**

- We need to identify space to resolve our current problems and also have a plan and goals for the future.
- The implementation of a ten-year strategy is crucial as well as implementing a Clinical Services Plan.
- We need to develop a long-term strategy and the future generations legislation will be relevant to all our partners and should be highlighted in this section as a basis for this work.
- We need to have a ten-year view which can be redesigned and redeveloped every few years.
- We need to make a commitment to partners on how we will work with them going forward.
- We need to focus on strategic intent rather than a North Wales strategy, as a starting point.

### **Objectives 3 – Compassionate Culture, Leadership & Engagement**

- The Board recognises the importance of this area of work as it provides the fundamental building blocks for making BCU an organisation that people want to work for and partner with.
- We need to identify how we judge our success in terms of having top class leaders at all levels and improving patient experience.
- Staff need to feel valued and that they are able to contribute to how we develop as an organisation.
- There needs to be a clear cross reference to the performance and accountability framework.

### **Objective 4 – Improving Quality, Outcomes & Experience**

- This area needs to link in to the themes and the structure.
- Primary Care and early intervention need to be referred to in all areas and be clear what the expectations are to make this shift.
- There is a need to establish standards and be realistic as to how far below the levels we are in Planned Care.
- There are challenges relating to prevention and there is a need to start collating intelligence and linking this to clinical and population data to understand what we need to do as an organisation and how we can demonstrate we are making changes.
- 4L should be Children and Young People not just Children.
- There needs to be a twin track in relation to prevention and early intervention to ensure we are delivering a basic level of care provision.

- We need to improve productivity in Secondary Care to be able to release resources.

### **Objective 5 – Effective Environment for Learning**

- To ensure we have an organisation set up for success we need to free up resources and staff to help us move forward however there is a need to ensure these people have the skills required.
- We have university partnerships; we need to also consider further and higher education.
- Skills development should also focus on role flexibility and multi-disciplinary working.
- There needs to be a focus on all areas to create good managers and team leaders and not just focus on technical skills.
- We need to attract and retain staff and this may require considering what is being offered to gain staff in certain areas such as nursing.

Capital was also highlighted as an area to review and the need to be clear about what we are not able to do due to capital resource. It was confirmed that this will form part of the Board Development Session to discuss how we can do more with less and embed future sustainability.

It was confirmed that the revised version of the plan will be circulated ahead of the Board Development Session. The PFIG Committee will then be the last opportunity to feed into the plan before the Board meeting therefore it was suggested that Board Members are invited to join that meeting.

### **Action**

- **PP25/07.1** Board Members to be invited to join the PFIG Committee on 18 March 25 to provide final input into the Three-Year Plan.

### **PP25/08 Update on the Digital, Data & Technology Enabled Portfolio of Projects and Programmes**

Members received the report and the Chief Digital and Information Officer and Head of Digital Delivery, Strategy & Engagement gave a presentation highlighting:

- There have been delays to the Radiology Implementation System Procurement (RISP) implementation plan due to issues with the supplier. This has had an impact on Radiology staff capacity and an extension to the implementation date has been agreed. This is a complex piece of work and it is likely that the programme will recommend an extension of at least six months.
- There have been a number of key issues nationally that are affecting the Laboratory Information Management System (LIMS) and it is likely this programme will also recommend an extension of at least six months.
- The funding for a replacement system for the Community Dental Service (CDS) Replacement Patient Management System is yet to be approved and a briefing paper is due to go the Executive Team.
- The Business Case for Digital Maternity Cymru (DMC) was approved by the Board in January 25 and work is being expedited to procure and implement this system.
- A delivery approach for the electronic Prescribing and Medicines Administration (ePMA) has been agreed and plans are being confirmed to recruit training posts.

- A high level plan to complete the Outline Business Case (OBC) for the Electronic Health Record (EHR) Programme has been developed. The timescales to deliver the OBC by the end of March 25 are tight, the formal funding source for the next financial year is currently unknown and the Mental Health programme now forms part of the EHR programme.

As part of the discussion, the Committee:

- Requested assurance in relation to the RISP and LIMs projects that the legacy systems can be extended until these systems are ready to go live.
- Discussed the current position in relation to the EHR programme and queried whether this is causing any delays to the Mental Health programme. It was confirmed that the team are in the process of putting out an invite to tender for the EHR system with procurement looking to conclude by the end of the year. The OBC has been developed for the Mental Health programme and the team are going out to procurement.
- Queried whether there is any impact on the draft budget for next year in terms of increased costs relating to longer implementation frameworks and areas being deprioritised due to funding. It was confirmed that a prioritisation exercise has been undertaken and the funding proposals for the next financial year are being reviewing with the Executive Team.
- Recognised the difficulties in gaining the technical architects to deliver some of the required systems.
- Noted the areas that are delivering replacements for failed systems and highlighted that these areas do not provide added value, they are just maintaining the foundations.

It was resolved that the Committee:

- **NOTED** the project updates
- **RECEIVED ASSURANCE** on the project prioritisation.

*The Head of Risk Management joined the meeting*

## GOVERNANCE AND ASSURANCE

### PP25/09 Public Health - Delivery Report

Members received the report and noted the progress to date. In presenting the report, the Executive Director of Public Health highlighted:

- The report highlights a focus on population health prevention and data is being collated to assist delivery in this area.
- The team are working to demonstrate the impact and indicators in relation to the previous agenda across the Board.
- There is a need to get to a point of delivering the delivery report.

As part of the discussion, the Committee:

- Suggested future reports pick up the work being completed in relation to deprived communities where teams are working to build confidence and promote uptake of services.

**Action:**

- **PP25/09.1** Bring back a focus on the work in the most deprived areas

It was resolved that the Committee:

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

**PP25/10 Corporate Risk Register Report**

Members received the report and noted the progress in relation to the Corporate Risk Register. In presenting the report, the Head of Risk Management highlighted:

- The report presents information as of January 25 and there are several actions due in March 25.
- In relation to risk CRR24-07 and CRR24-08 it was confirmed that both risks have actions that are due over the next few months.
- In relation to risk CRR24-18 an outbreak management plan has been produced and the team are waiting for guidance from Welsh Government in relation to highly infectious diseases.
- A review of the risks in relation to Emergency Preparedness & Resilience Response (EPRR) has been completed with the EPRR Lead. The risk register requires further work in this area, an urgent risk assessment work programme has been agreed and escalation of any high scoring risks will be put forward to the Risk Committee for consideration.
- In relation to EPRR there is a need to understand the risks for the organisation in this area, this is a priority area and the risks will be developed against the National and Regional risk frameworks.

As part of the discussion, the Committee:

- Stated that the risk relating to fragmented patient care records is a serious risk which should continue to have a high score and remain red. The EHR programme is progressing and the team are looking at tactical measures to address this issue until fundamental changes have been agreed and the EHR programme has been implemented.
- Confirmed that the Committee received further assurance in reporting but highlighted concern in relation to progress against timescales. It was confirmed that the timescales can be reviewed to see where progress can be made.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** for the progression of the corporate risks to which the Committee has overall accountability.

**FOR INFORMATION**

**PP25/11 Summary of Business to be Reported from Private**

It was resolved that the Committee **NOTED** the report for information.

**PP25/12 Committee Forward Workplan**

It was resolved that the Committee **NOTED** the forward workplan for information.



#### **PP25/13 Annual Reports 2023-24**

It was resolved that the Committee **NOTED** the Annual Reports for information.

#### **CLOSING BUSINESS**

#### **PP25/14 Agree Items for Referral to Board / Other Committees**

It was agreed that the following should be referred to the Board:

- The discussion around the Three-Year Plan and the further sessions taking place at the Board Development Session on 27 February 25 and PFIG on 18 March 25.
- The need for the fragmented patient care records to retain a high risk rating.
- Gain clarity on whether the Volunteering Strategy should be monitored by the QSE Committee or P&C Committee.

#### **PP25/15 Review of Meeting Effectiveness**

This item was not discussed.

#### **PP25/16 Date of next meeting**

Tuesday 1<sup>st</sup> May 2025, 9.30-12.30pm

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

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

## Planning, Population Health & Partnerships Committee Action Log

Updated 16.04.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
	PP25/09.1	18/02/25	<b>Public Health – Delivery Report</b> Bring back a focus on the work in the most deprived areas.	Jane Moore	Sept 25	<b>Remain Open</b> <b>12.03.25</b> We will include reference to activity in relation to vulnerable groups within the Quarterly Delivery Reports. In terms of detail, we will propose a paper focused on vulnerable groups/deprivation is put forward for the PPHP meeting in September as we progress the Health Inequalities Programme.
	PP24/94.1	10.12.24	<b>Embedding Opportunities to be Active with the BCUHB Workplace</b> Item to come back to a future Committee to monitor the adoption and implementation of the programme.	Jane Moore	April 2025  Revised timescale July 25	<b>Remain Open</b> <b>12.03.25</b> We will provide a brief update as part of the Q4 Delivery Report and bring a paper to the meeting in July 25 as we are in the process of evaluating the programme to date and this will allow more detailed content / greater insight to share with the Committee. <b>20.01.25</b> This has been included



						on the forward workplan to come back to the Committee in April 25.
PP24/11.3	23.04.24	<p><b>Partnerships, Engagement and Communications Update</b></p> <p>The Committee agreed that a strategic approach to working with the Third Sector should be discussed further with the Executive Team and that this item would come back to the Committee once further work has been completed with proposals on next steps and future strategy to capture themes.</p>	Helen Stevens-Jones	<p>October 2024 <del>Dec 2024</del></p> <p>Revised timescale July 2025</p>	<p><b>Remain Open</b></p> <p><b>15.04.25</b> Steve Powell to provide an update on the current position in relation to Third Sector commissioning arrangements.</p> <p><b>18.02.25</b> It was agreed to merge this action with action PP24/49.7</p> <p><b>05.02.25</b> Further work is required therefore the timescale has been revised to reflect this.</p> <p><b>02.12.24</b> Further work is required; an update will be presented to the Executive Team and will come back to the Committee in the next six months.</p> <p><b>04.10.24</b> Work is ongoing and a paper to the Committee will follow.</p> <p><b>20.08.24</b> HSJ is progressing this action and it will be included as an item for the October meeting. Update in Meeting: have been joined by new colleagues and seen a shift in portfolios – opportunity to bring everyone round the table is opportune -</p>	



PP24/56.2	20.08.24	<p><b>Decarbonisation Action Plan</b> The Acting Executive Director of Public Health agreed to link in with the Interim Executive Director of Finance on the development of a transformation sub group to address options for active transport.</p>	Stuart Keen Jane Moore Russell Caldicott	<p>October 2024 <del>Dec 2024</del> <del>Feb 2025</del> May 25</p> <p>Revised timescale July</p>	<p><b>Remain Open</b> <b>13.04.25</b> This action remains work in progress and a hand-over meeting is being arranged to transfer this over to the Director of Environment &amp; Estates. <b>8.02.25</b> This will be progressed with the Director of Environment &amp; Estates. <b>10.02.25</b> Jane Moore and Russell Caldicott are meeting on 14.02.25 to discuss, Jane will provide an update at the meeting. The decarbonisation agenda is also due to move over to the remit of Stuart Keen, Director of Environment &amp; Estates. <b>03.12.24</b> This action will remain open and progress further once the new Director of Environment commences in post. <b>14.10.24</b> Further work is required to progress this action.</p>
<b>ACTIONS PROPOSED FOR CLOSURE</b>					
PP25/05.1	18/02/25	<p><b>SRG Update</b> Check whether the Volunteering Strategy should be monitored by the QSE Committee or P&amp;C Committee.</p>	Pam Wenger	May 2025	<p><b>Action proposed for closure</b> <b>14.04.25</b> Pam and Angela have agreed this should sit with the P&amp;C Committee and this has been included on the forward</p>



						workplan for the P&C Committee.
PP25/06.1	18.02.25	<b>Partnerships, Engagement &amp; Communication Update</b> Name the representatives who represent the Health Board at each of the public bodies.	Helen Stevens-Jones	May 2025	<b>Action proposed for closure</b> <b>13.03.25</b> A copy of the Partnership Governance – RPBs, PSBs and Leadership Group paper has been circulated to the Committee via email.	
PP25/08.1	18.02.25	<b>Three Year Plan</b> Board Members to be invited to join the PFIG Committee on 18 March 25 to provide final input into the Three-Year Plan.	Philippa Peake-Jones	May 2025	<b>Action proposed for closure</b> <b>11.03.25</b> Email circulated to Board members on behalf of Dyfed Edwards with an invitation to join the PFIG Committee on 18.03.25 to contribute to the Plan.	
PP24/49.7	20.08.24	<b>Developing our Partnerships</b> Director of Corporate Governance, Director of Partnerships, Engagement and Communications to work together on a document to capture the key themes, next steps and strategic approach to working with the Third Sector with oversight from the Chair.	Pam Wenger Helen Stevens-Jones Clare Budden	October-24  Revised timescale June 2025	<b>Action proposed for closure</b> <b>18.02.25</b> It was agreed to merge this action with action PP24/11.3 and close this action down. <b>05.02.25</b> Further work is required therefore the timescale has been revised to reflect this. <b>02.12.24</b> Further work is required; an update will be presented to the Executive Team and will come back to the Committee in the next six months. <b>02.10.24</b> This action is in progress. A meeting has been	



						arranged to take place and an update will be provided at the October meeting.
<b>Closed Actions (as agreed at meeting on 18.02.25)</b>						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP24/78.1	22.10.24	<b>Civil contingencies – Emergency Preparedness, Resilience and Response Progress Report</b> EPRR Lead to review the Corporate Risk Register with the Head of Risk Management.	Sharon Scott	Dec 2024  Revised timescale Feb 2025	<b>04.02.25</b> The CRR report details Appendix 3 which is an update provided by Sharon Scott on progressing the EPRR risk that will be reviewed / developed on an ongoing basis and raised as appropriate to the Committee. <b>21.11.24</b> An item focusing on the EPRR Risks will be included on the agenda for the meeting in February 2025. Civil Contingencies / EPRR will report to every other meeting of the Committee.
2	PP24/91.1	10.12.24	<b>Partnership Working</b> Gethin Morgan to share the RPB priority list of capital and revenue schemes with the Committee.	Gethin Morgan	Feb 2025	<b>21.01.25</b> Copy of prioritised capital schemes received from Gethin Morgan shared with the Committee via email.
3	PP24/92.1	10.12.24	<b>Primary Care Board Update</b> Executive Director of Transformation & Strategic Planning to work with the team to gain more quality data in relation to GPs.	Chris Stockport	Feb 2025	<b>13.01.25</b> We have highlighted the responsibility of the risk and the lack of quality data from GPs to the QSE Committee. The Team will work on ensuring the right information is being



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

						reported to the right Committee.
4	PP24/92.2	10.12.24	<b>Primary Care Board Update</b> Executive Director of Transformation & Strategic Planning to strengthen the Primary Care elements included in the Annual Plan.	Chris Stockport	Feb 2025	<b>13.01.25</b> Work is continuing on the Plan and this will be addressed over the coming weeks.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Reflections on the Integrated Medium-Term Plan (IMTP)			
<b>Adrodd i:</b> <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	1 <sup>st</sup> May 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide some reflections on both the process and the content of the latest IMTP submitted to Welsh Government on 31 <sup>st</sup> March 2025, in order to support a discussion to gather further feedback at PPHP Committee.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>NOTE</b> the reflections provided to support a discussion at Committee, along with the next steps going forward.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>  <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/>  <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  <small>Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></small>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	To deliver against the organisation's key strategic objectives			

<p><b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i></p>	Not applicable
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Not applicable
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Not applicable
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	Not applicable
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	Not applicable
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p><b>Camau Nesaf:</b> Gweithredu argymhellion <b>Next Steps:</b> Implementation of recommendations</p>	

# Planning, Population Health and Partnerships Committee 1<sup>st</sup> May 2024

## Reflections on the Integrated Medium-Term Plan (IMTP)

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This paper aims to provide some reflections on both the process and the content of the latest IMTP submitted to Welsh Government on 31st March 2025. This will support a discussion to gather further feedback at PPHP Committee.

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### ▪ **Background**

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There is a statutory duty for each Health Board in Wales to prepare and submit an Integrated Medium-Term Plan (IMTP) to Welsh Government. The purpose of the IMTP is to provide a road map towards delivering improvements to population health needs, whilst also confirming plans for delivering financial break-even.

The NHS Wales Planning Framework is clear that plans must:

- Meet the statutory requirements to commission and/or provide services to improve population health outcomes and to achieve financial balance
- Set out clear actions and milestones that demonstrate how planning intentions will be achieved
- Deliver the key milestones within the Delivery Framework
- Triangulate finance, activity and workforce in the plans

The Health Board has been unable to seek approval of an IMTP in recent years due to being unable to produce a Three-Year Plan that meets all the qualifying requirements. However there has been progress in the approach to planning and this year the Health Board has able to put forward a financially balanced plan.

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### ▪ **Previous feedback and improvements**


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One of the six domains the Health Board is in Level 5 ('Special Measures') escalation status on relates to Planning and as part of this the organisation received the benefit of an Independent Review into Planning. The recommendations from that review fell under three key areas:

- 1) **Design an effective Planning System**
  - i. Including promoting a multi-professional approach, and an organisational approach to demand and capacity modelling.
- 2) **Develop an organisation route map**
  - i. Aligning strategic commitments with governance and accountability arrangements to deliver against them
- 3) **Understand capacity and capability**
  - i. Developing collective leadership and ownership of plans and reviewing whether there is sufficient planning capacity and capability across the organisation.

Most of the actions to address the recommendations have been completed and incorporated into an Integrated Planning Framework and the most recent planning cycle, with further work required on demand and capacity modelling.

During 2024/25 feedback sessions were held with key stakeholder groups following the previous planning cycle. A high-level summary of the feedback and the improvements introduced can be found below.

Previously	 Change
Output focused plans	Outcome focused plans delivering Health Board and National Priorities
Crowd sourced plans	Executive led commissioning targeted programmes of work
Fragmented planning timeline	Portal hosted 'live template' real time planning
Lack of timely stakeholder engagement	Shift to engagement and co-design of plans
Lack of clarity around purpose and delivery expectations	Setting the right 'exam questions' to ensure plans are focused on the key issues

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## ▪ Reflections on the latest planning cycle

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Following the submission of the IMTP to Welsh Government on 31<sup>st</sup> March 2025, the plan is now in the process of being disseminated and mobilised. In parallel with this the team are reaching out to key stakeholder groups for reflections and feedback on this most recent planning cycle. A session with the Executive Team has already been held and the feedback has been incorporated into this paper.

This section of the paper summarises the main areas of reflections and feedback received to date, split into those relating to the process, followed by those relating to the content.

### 1 – Process

#### 1.1 - Engagement

One of the main areas of feedback from the previous planning cycle was in relation to Board Member engagement, which has had a lot of focus leading to interactions starting much earlier as well as more opportunities to contribute. Engagements via Health Board, Board Development, PPHP, PFIG, Executive Committee, HPF, LPF, SRG and RPB have yielded well rounded contributions from both

internal and external stakeholders. Engagement with operational teams wasn't executed as intended however, meaning a lot of recovery work later in the cycle was needed to try and address this.

## **1.2 - Document iterations**

The first draft document in the previous planning cycle wasn't available until very late in the process in Q4. There was an early commitment in this cycle to provide a credible draft before Christmas, which was delivered upon. Whilst it was good that this was achieved and the feedback received as a result very useful, it was a very early draft that perhaps hadn't been through sufficient internal testing. There were then a number of draft iterations that continued to be shared during Q4, again attracting welcome feedback. One of the key reflections has been that whilst the plan was being developed over a six-month period it didn't feel like that as there were a sequence of deadlines that fell every few weeks that required the next iteration of the document to be shared. This also meant a lot of detailed feedback was generated which then had to be worked through and incorporated. On reflection there was an opportunity to spend longer periods of time doing more quality holistic planning, targeting input on those areas of most value and then sharing the developing IMTP document when more complete. The challenge would be to be able to keep everyone involved and sighted on the key messages and priorities within the plan throughout the process, whilst not having the full document until later in the process.

## **1.3 - Strategic vs operational input**

Linked to the point above around document iterations, some of the structure of the engagement on the plan, often sharing a detailed, lengthy and very much draft document, biased some contributions to be more in the operational rather than strategic lane. A different way of engaging, such as the PPHP session in February 2025, focusing in on some of the key questions and decisions could be more beneficial. This coupled with ensuring that the right strategic input has been sought at the start of the process, generating and then maintaining an appropriate 'narrative arc' and key messages, would support a more controlled process and better end-product. The development of the 10-Year Strategy and Clinical Services Plan will greatly support improvements in this space going forward.

## **1.4 - Activity, performance, finance, workforce integration**

One of the constant challenges in recent years has been the triangulation of activity, performance, finance and workforce towards the end of the process. Part of the reason behind this is drawing four separately generated sources of information together, that are also subject to differing external timescales and requirements. There is an opportunity to bring all of these aspects together into a single modelling activity that generates each of the individual elements, but from an integrated model. This would mean that the triangulation is inherent rather than a complicated reconciliation exercise.

## **1.5 - Prioritisation of resources and decision making**

This year's process had several attempts at prioritising resources with the aim of taking some key strategic decisions. However this was undermined by the quality of information provided in order to enable effective prioritisation. Part of this is about having a clearer process and templates to be

considered for prioritisation, and part is about an approach that operates throughout the year not just in Q3/Q4, meaning that bids are fully worked through and ready for prioritisation. The process needs to better schedule and sequence the necessary work for both the prioritisation, and importantly, the strategic decision making, to happen effectively.

### **1.6 - Planners' role**

Being clear on the expectations of which roles are responsible for the different elements of the planning work is crucial in the whole process operating effectively. This is not just between corporate and local planning teams, but also operational and clinical staff, other corporate departments, subject matter lead officers and executive leads. Outside the dedicated planning teams, there is a general lack of organisational capability in planning as a discipline, which needs to be addressed over the longer term, however taking a change in approach of the dedicated planning teams in the short-term will help improve plans. The main focus needs to be 'planning alongside', or 'holding the pen' with teams, rather than setting the task, providing guidance and then critiquing the resultant plans. This will require freeing up more corporate planning capacity to work in this way, operating a 'continuous planning' approach throughout the year, not just in Q3/Q4.

## **2 – Content**

### **2.1 – Stakeholder feedback**

The content reflects a much greater emphasis on including both internal and external stakeholder feedback. Whether this be feedback from Board Members on the maturing drafts, or better integration with partners' plans. As mentioned above, there is however more work to do to better solicit and align feedback from all appropriate internal teams.

### **2.2 – Original contributions vs central editing**

The previous planning cycle received strong feedback that too much of contributors' work had significant changes applied to it. Part of this was due to the process starting much later and there being less time to resolve any proposed changes, but it was also due to the quality of some of the submissions and the extent to which they were SMART. This was a focus as part of the most recent planning cycle and as such much more of the original contributions are recognisable in the plan. However the way this was discharged was sub-optimal, with a lot of going back and forth, some of which put pressure on all involved in the latter stages of the process. There was also some compromise necessary in terms of a single editor and writing style approach. 'Planning alongside', mentioned above, should improve this significantly as contributions have a much higher chance of being 'right first time'.

### **2.3 – Partner working**

As mentioned above, there was a greater focus in this plan in reflecting the priorities of partners, which can be seen in a number of areas of the plan. This was generated through greater partner engagement including via SRG, LPF and RPB, however there is an opportunity to go deeper within discussions towards a much more integrated and strategic planning approach with partners. Part of

the discussions led to agreement on developing a joint 'strategic intent for North Wales', not just focussed on healthcare, which will form part of the 10-Year Strategy development work.

#### **2.4 – Broad coverage vs focused priorities**

One of the key contentions in the development of an IMTP, not unique to this health board, is whether it is a plan that everyone can see themselves in or a plan focused only on key strategic priorities. Part of the issue is that different stakeholders have different perspectives on this point and in the end it runs the risk of being neither. Addressing this point early in the process is vital in order to achieve a coherent and well-rounded plan that meets a tight brief.

#### **2.5 – Plan structure**

Towards the end of the process there was a fair amount of discussion about whether the plan should be structured differently. Some of this was about flow and effectively landing key messages, but some of it was about how much of the legislative environment is necessary to share. The key piece of learning from this is to ensure that the structure and sections of the plan are agreed at the start, alongside the narrative arc and key messages.

#### **2.6 – Number of priorities / sub-objectives**

There have been some well-made points about the number of priorities within the plan and whether they are achievable. This relates to some extent to the point on breadth of coverage made above, as inevitably if the scope of the plan is broad, it is difficult to contain the number of priorities and underlying milestones. Another impact on the number of priorities is whether the right balance has been struck on business-as-usual work versus those vital few new pieces of work that will support significant progress in that area. There is a link here to the point on maintaining as much of the original contribution as possible, as well as the fact that not all areas are of equal scale and complexity meaning that some areas warrant a higher number of priorities than others. There was a fair amount of effort put into reducing the number of sub-objectives as well as the priorities within them towards the end of the process, but taking the 'planning alongside' approach and agreeing the structure, narrative arc and key messages at the outset would make a big difference in this regard.

#### **2.7 – Numerating the plan**

Linked to the point from the process section above around activity, performance, finance and workforce integration, the plan would benefit from being more numerate. Being clearer on the current levels of activity, performance, finance and workforce and the impact each of the priorities will have on them, leading to a numerated and integrated forward looking view of the organisation is the ambition. There is lots of work to do to get there, but it is absolutely feasible, particularly if we start with a relatively basic approach and then evolve and improve it over time.

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## ▪ Discussion

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Reflections and feedback on the IMTP and the planning cycle that supported its development from this Committee is really important given it is the lead committee for Planning. Committee members are asked to consider the information provided in this paper and their own personal experience and contribute to a discussion at PPHP on reflections and feedback on two aspects:

- 1) The planning process that developed the IMTP and associated collateral.
- 2) The content of the IMTP.

This feedback will then be collated with that already received and summarised in this paper along with feedback from other stakeholder groups.

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## ▪ Next Steps and Recommendation

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### Next Steps

- 1) Incorporate feedback from PPHP discussions into feedback received to date.
- 2) Ensure all key stakeholder groups have had an opportunity to provide feedback.
- 3) Update the Integrated Planning Framework accordingly.
- 4) Implement changes as part of a move to continuous planning.

The Committee is asked to **NOTE** the reflections provided to support a discussion at Committee, along with the next steps going forward.



<b>Teitl adroddiad:</b> <b>Report title:</b>	Review of Well-being Objectives
<b>Adrodd i:</b> <b>Report to:</b>	Planning, Population Health and Partnerships Committee
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 01 May 2025
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>In July 2023, Health Boards in Wales received correspondence from the Minister for Social Justice and Chief Whip confirming changes to the <a href="#">Social Partnership and Public Procurement (Wales) Act 2023</a> (SPPP Act) which places social partnership duties on public bodies and substitutes 'fair work' for 'decent work' in the 'A Prosperous Wales' well-being goal within the Well-being of Future Generations (Wales) Act 2015 (WCFG Act).</p> <p>Health Boards were advised to plan for a general review of their well-being objectives, noting that this should consider how its objectives contribute to 'fair work'. The fair work provisions commenced on 1<sup>st</sup> April 2024.</p> <p>Whilst the primary focus of the review has been on fair work and socially responsible procurement and contracting, consideration has also been given to the broader well-being objectives to ensure that they remain fit for purpose and in accordance with an audit review of the process for reviewing our objectives which formed part of the scope of the Auditor General carried out in August 2024.</p> <p>This paper provides:</p> <ul style="list-style-type: none"><li>• An overview of the approach taken to review the Health Board's well-being objectives to ensure alignment with WG legislation and to ensure that the Health Board's contribution to all seven of the sustainable development goals described within the WCFG Act (2015) is maximised.</li><li>• A description of the proposed changes to the well-being objectives</li></ul> <p>Comments received at the Executive Committee on 2<sup>nd</sup> April have been incorporated into this paper. This paper will also be shared for information purposes with the Local Partnership Forum and the People and Culture Committee.</p>
<b>Argymhellion:</b> <b>Recommendations:</b>	The Committee is asked to <b>ENDORSE</b> this paper prior to presenting to Board for approval on 29 <sup>th</sup> May.

<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Paolo Tardivel Interim Executive Director of Transformation & Strategic Planning			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Wendy Hooson Head of Health Strategy & Planning			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	This work aligns to the 'developing strategy and long-lasting change' strategic objective for the Health Board - one of the five main areas where improvement is most necessary.			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	<p>The Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act) was passed by the Senedd in March 2023 and received Royal Assent in May 2023. The SPPP Act substitutes 'fair work' for 'decent work' in the 'A Prosperous Wales' well-being goal within the Well-being of Future Generations (Wales) Act 2015 (WFG Act).</p> <p>An Audit Review of the process for reviewing the well-being objectives formed part of the scope of the Auditor General carried out in Autumn 2024 in accordance with statutory functions section 61(3) (b) of the Public Audit Wales Act 2004.</p>			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	Yes.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>	Yes.			

<p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>Failure to fulfil the statutory duties as described above.</p> <p>Individual service areas are accountable for ensuring any risks within their specific areas of delivery are identified and recorded, and mitigations set in place as far as is feasible.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>There are no cost implications or budget required for implementation in respect of this paper.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>There are no workforce implications currently.</p> <p>Any workforce requirements relating to the Social Partnership Duty and the Procurement Act 2023 will be determined as the impact of the new regulations on workforce capacity become known.</p> <p>Actions to advance fair work and the non-pay parts of the 2022 to 2024 Collective Agreement are being undertaken within existing resources or in partnership with Local Authorities, Higher Education or the third sector.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>Discussions have taken place with WG, the Office of the Future Generations Commission, Public Service Boards and other Local Health Boards in Wales.</p> <p>A Public and Staff Survey were published on social media and links with Trade Unions continued throughout the review. A desk-top review of engagement pertinent to the well-being objectives has been produced and themes taken from on-going citizen engagement have been reviewed.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)</p>	<p>The review of the well-being objectives links to the following Corporate Risks:</p> <p><i>CRR 24-16: Leadership:</i> There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation.</p>

	<i>CRR 24-01: People, Culture and Well-being: There is a risk that BCU does not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care.</i>
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations</b> <ul style="list-style-type: none"> <li>As part of the broader engagement on the development of the Health Board's long-term strategy - review the well-being objectives to ensure continued alignment with the requirements of the WCFG Act, the SPPP Act and the emerging long-term strategy</li> <li>Following the outcome from the broader engagement described above, develop an agreed set of strategic indicators that are aligned to the Health Board's strategic vision and that will track progress against implementation of the well-being objectives in the long-term.</li> <li>Ensure that the Health Board's long-term strategy demonstrates alignment between the strategic objectives, well-being objectives and key strategic plans, setting out a framework for the Three-Year Plan / IMTP.</li> </ul>	
<b>Rhestr o Atodiadau:</b> <i>Dim</i> <b>List of Appendices:</b> <i>None</i>	

# Planning, Population Health and Partnerships Committee 1<sup>st</sup> May 2024

## Review of Well-being Objectives

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This paper provides an overview of the approach taken to review the Health Board's well-being objectives to ensure alignment with Welsh Government legislation and to ensure that the Health Board's contribution to all seven of the sustainable development goals described within the WCFG Act (2015) is maximised. A description of the proposed changes to the well-being objectives is provided.

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### ▪ **Background**

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Since the Health Board published its long-term strategy Living Healthier, Staying Well (LHSW) in 2018 there have been on-going conversations with our staff, public and partners. A **desktop review of engagement** pertinent to our well-being objectives has been completed and a summary produced. Feedback has been drawn from engagement that took place when developing the Clinical Services Strategy, the Strategic Equality Plan, the Staff Survey 2023, the Operating Model and work currently underway to strengthen BCUHB's culture, leadership and engagement. Themes taken from on-going citizen engagement have also been reviewed.

A Well-being Task and Finish Group was established in July 2024 to oversee the work to review the well-being objectives. In order to ensure a structured and proportionate approach to refreshing the well-being objectives discussions have taken place with:

- **Welsh Government and the Office of the Future Generations Commission**  
Discussions have taken place with both Welsh Government and the Office of the Future Generations Commission to ensure alignment with the rest of Wales. Feedback from the discussions helped inform BCUHB's approach to the review.
- **Public Service Boards**  
Questionnaires were distributed to Anglesey and Gwynedd PSB; Flintshire and Wrexham PSB; and Conwy and Denbighshire PSB. Responses were received from Wrexham County Borough Council, North Wales Fire and Rescue Service and Conwy County Borough Council. A summary of the feedback received has been produced.
- **Other Local Health Boards**  
Discussions have taken place with Swansea Bay University Health Board, Aneurin Bevan University Health Board and Hywel Dda University Health Board. Feedback has helped BCUHB learn from the approaches taken elsewhere and ensure good practice.
- **Public / Staff Survey**  
A public and staff survey were published on social media and in the staff bulletin - 55 people responded. The highest number of respondents were from Gwynedd followed by Conwy and Anglesey. The remaining responses were fairly representative across the other three counties. A summary of the feedback has been produced, the main messages of which have helped inform the refresh of the objectives.

- **Trade Unions**

Links with Trade Unions have continued throughout the review. Trade Union representation on the Task and Finish Group has ensured that the workforce voice is captured. Links have also been made with the Workforce Partnership Group and a discussion relating to the well-being objectives took place on 22nd November.

Progress updates have been provided to the Planning, Population Health and Partnership Committee in August and October 2024 and the feedback received has informed the review. A briefing paper was also shared with the Stakeholder Reference Group in October 2024 with a link to the public / staff survey provided.

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- **Key areas of work**

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In addition to the engagement work described above, the review has been informed by evidence gathered from the following areas of work:

- An assessment of current 'fair work' practice and socially responsible 'procurement and contracting'. Gaps have been identified and actions to advance 'fair work', procurement and contracting have been agreed.
- A summary of key Health Board and partnership well-being activities that address health inequalities, prevention, the wider determinants of health and decarbonisation.
- A BCUHB Action Plan to implement non-pay parts of the 2022 to 2024 Collective Agreement.

This work, along with the engagement feedback, has provided the basis upon which the well-being objectives have been reviewed and helped to identify gaps in alignment with the seven sustainable development principles described in the WBFG Act (2015).

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- **Proposals to amend the Health Board's Well-being objectives**

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**The Health Board's current well-being objectives (2018 – 2024):**

- Improve physical, emotional and mental health and well-being for all
- Target our resources to those with the greatest needs and reduce inequalities
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being
- Improve the safety and quality of services
- Respect people and their dignity
- Listen to people and learn from their experience

**Proposed well-being objectives:**

A review of the evidence and engagement feedback has been undertaken. Whilst the primary focus of the review has been on fair work and socially responsible procurement and contracting, consideration has also been given to the broader well-being objectives to ensure that they remain fit for purpose. The Task and Finish Group has:

- ensured alignment with the Health Board's Values and Behaviours Framework

- maximised the Health Board’s contribution to all seven of the sustainable development goals described within the WBFG Act (2015)
- strengthened the wording of three of the current well-being objectives and added two objectives in direct response to Welsh Government legislation. Two of the current well-being objectives have not changed:

The Health Board has:	PROPOSED CHANGES TO THE CURRENT WELL-BEING OBJECTIVES:	Alignment with the sustainable development well-being goals
Not made changes to two of the current well-being objectives:	<p><b>Improve physical, emotional and mental health and well-being for all</b></p> <p><b>Target our resources to those with the greatest needs and reduce inequalities</b></p>	<p>A Healthier Wales</p> <p>A more equal Wales</p>
Strengthened the wording of three of the current well-being objectives:	<p><b>Work in partnership to support people and develop communities to manage their health and prevent ill health</b></p> <p><b>Continuously improve the safety and quality of services</b></p> <p><b>Listen and learn from people’s experiences</b></p>	<p>A Wales of more cohesive communities</p> <p>A Healthier Wales</p> <p>A Healthier Wales</p>
Added an objective that ensures compliance with changes made to the WBFG Act (2015) which substitutes fair work for decent work in the ‘a Prosperous Wales’ well-being goal.	<p><b>Workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive working environment where rights are respected</b></p>	<p>A Prosperous Wales</p>
<p>Added an objective that ensures compliance with the SPPP Act (2023) and the WBFG Act (2015) by:</p> <ul style="list-style-type: none"> <li>- strengthening the Health Board’s procurement and contracting processes</li> <li>- embedding social partnership</li> <li>- implementation of the Decarbonisation Action Plan</li> <li>- promoting and protecting the Welsh language</li> </ul>	<p><b>Contribute to the environmental, economic, social and cultural well-being of North Wales</b></p>	<p>A resilient Wales</p> <p>A Wales of vibrant culture and thriving Welsh language</p> <p>A globally responsible Wales</p>

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## ▪ Long term strategy

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The well-being of BCUHB's staff and the population of North Wales will be at the heart of the next iteration of the long-term strategy. The Health Board will work together with its partners, setting out a vision for a healthier future for the next 10 years. This will include a framework which delivers measurable improvements and an agreed set of indicators that will be aligned to the strategic vision and set against the well-being objectives and national outcomes frameworks.

The long-term strategy will describe BCUHB's vision as a high-quality organisation articulating:

- what it will want to achieve as an organisation
- what it will look and feel like for its staff and population and
- what indicators will show achievement of the strategic and well-being objectives long-term

The strategy will bring together the Health Board's strategic objectives, well-being objectives and key strategic plans into one place, setting out a framework for the Integrated Medium Term Plan (IMTP).

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## ▪ Budgetary / Financial Implications

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There are no cost implications or budget required for implementation in respect of this paper.

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## ▪ Risk Management

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Risks associated with improving population well-being include socio-economic inequalities, lack of access to resources, poor health behaviours and the impact of external factors such as climate change.

Implementation of the the Health Board's well-being objectives will however provide the foundation for how the Health Board works to improve health and well-being and address inequalities for its workforce and the population of North Wales.

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## ▪ Equality and Diversity Implications

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An Integrated Equality Assessment and Socio-Economic Impact Assessment has been completed. Proposals to up-date the well-being objectives are overwhelmingly positive and as a result, no unintended consequences have been identified. Whilst the primary focus of the review has been on 'fair work', socially responsible procurement and contracting, consideration has also been given to the broader well-being objectives to ensure that they remain fit for purpose.

Evidence has been provided that demonstrates BCUHB's commitment (with partners) to proactively addressing issues that will:

- advance fair work opportunities

- strengthen procurement and contracting processes in accordance with the Procurement Act 2023 (which came into force on 24<sup>th</sup> February 2025) and the Health Services (Provider Selection Regime) (Wales) Regulations 2025
- enhance well-being for employees and the local population
- boost employee morale
- enhance compliance with the social partnership duty in accordance with the SPPP Act

Respect, quality and safety are embedded in the proposed well-being objectives and the Health Board's Strategic Equality Plan (SEP) also sets out detailed actions to address equality and human rights matters. The overarching objectives in the SEP resonate and support BCUHB's proposed well-being objectives.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Population Health – Q4 Delivery Report			
<b>Adrodd i:</b> <i>Report to:</i>	Planning, Population Health and Partnership Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 01 May 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper provides detail of Q4 Population Health activity and metrics which contribute to progression of key prevention activity.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The committee is asked to assure itself on the delivery of population health activity set out in the content of the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Jane Moore, Acting Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Gwyneth Page, Head of Public Health Assurance and Development			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	<p>Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience.</p> <p>Health Board Wellbeing Objectives:</p>			

	<ul style="list-style-type: none"> <li>• to improve physical, emotional and mental health and well-being for all.</li> <li>• to target our resources to those with the greatest needs and reduce inequalities.</li> <li>• to support children to have the best start in life.</li> <li>• to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being.</li> <li>• to listen to people and learn from their experiences.</li> </ul> <p>Prevention and Population Health are noted as a Ministerial priority for 25/26.</p> <p>The 24/25 Q4 Delivery Report supports governance and reporting associated with the Health Board’s commitment and responsibility to improving the health and wellbeing of the North Wales population.</p> <p>The paper provides an opportunity to discuss and consider how as a Health Board we describe delivery of prevention across our services and functions, and what information or evidence needs to be included as the whole organisation ‘shifts to prevention’.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<ul style="list-style-type: none"> <li>• Equality Act 2010</li> <li>• Public Sector Equality Duty</li> <li>• Socio-economic Duty</li> <li>• Human Rights Act 1998</li> <li>• Quality and Health and Care Quality Standards 2023</li> <li>• Wellbeing of Future Generations Act 2015</li> </ul>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate.</p> <p>Specific projects and programmes of work are subject to EQIA in accordance with health board policy.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate.</p> <p>Specific projects and programmes of work are subject to SEIA in accordance with health board policy.</p>

<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p><b>CRR24-08</b> There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p><b>CRR24-18</b> There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, M-Pox, Covid. This may be caused by the unpredictability of when the disease may first occur, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate), the scale of potential outbreaks, the difficulties in protecting specific and vulnerable groups in a timely way. This could lead to exposure of the public to preventable illness, increased cases and spread of disease and in some cases death.</p> <p>BAF24-06 - There is a risk of not delivering the required improvements to transform care and enhance outcomes</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are risks to the preventative programmes of work which are largely funded through grant/non recurrent funds. These are captured as part of the Corporate risks and also within specific tier 1-2 risks managed via the Public Health Performance and Risk Management Group.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are a number of operational service staff who are on fixed term contracts due to the uncertainty of grant funds continuing. CFOs and Service leads remain informed in order to consider in plans. Workforce implications are considered as part of wider Programmes of work.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Population Health Executive Delivery Group, chaired by EDoPH. There are also a number of Programme groups such as Tobacco Control, Weight Management, Health Protection, Immunisations and the Healthcare Public Health Diabetes Programme which provide oversight.</p> <p>There are also regular ministerial reviews against key indicators and progress of the Health Board Plan and associated deliverables.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>CRR24-08 CRR24-18 BAF 24-06</p>

<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	<p>Not applicable</p>
<p>The PPHP are asked to review the current delivery for provision of assurance – highlighting any areas which need to be considered for future papers/reporting, and also agree proposed content for Q1 25/26 report.</p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><b><i>List of Appendices:</i></b> <i>None</i></p>	

# Population Health – Q4 2024/25 Delivery Report

Produced by Public Health Directorate (March 2025)

## Contents

1.0	Quarterly Progress Update October – March 2025 (Q4)	3
1.1	Delivery 24/25	3
1.2	Planning 25/26-27/28	3
2.0	Key Population Programmes - Performance Indicators (Metrics)	3
2.1	Smoking	3
2.2	Weight	4
2.3	Screening	5
2.4	Immunisation and Vaccinations	8
2.5	Health Protection Indicators	11
2.6	Public Health Outcomes Framework (PHOF)	12
3.0	Health Board Delivery Plan 24/25	14
4.0	Population Health Updates	14
4.1	Year end review of Grant funded programmes	14
4.12	Whole System Approach – Weight £ 138,549	16
4.13	Whole School Approach to Emotional and Mental Wellbeing (WSAEMW), £108,189	17
4.14	Gwynedd Healthy Schools and Healthy and Sustainable Pre-School Settings (HSPSS) Grant value, £155,695.00	18
4.2	Local Area Planning	19
4.3	Active Workplace Update	19
4.4	Activity to support Vulnerable Groups / areas of Deprivation	19
5.0	Key Risks	22
6.0	Quarter 1 25/26 Delivery Report	22
Appendix A - Supplementary document to support item 2.6 (BCUHB Baseline in relation to Public Health Outcomes Framework for Wales PHOF)		23
The Public Health Outcomes Framework (PHOF)		24
Public Health Outcomes Framework: March 2025		25
PHOF indicators: BCUHB compared to Wales		25
Overarching Outcomes		25
Living conditions that support and contribute to health now and for the future		28
Ways of living that improve health		30
Health throughout the life-course		33
References		37

## 1.0 Quarterly Progress Update October – March 2025 (Q4)

The Health Board remains focused on enabling the shift to prevention in order to reduce avoidable health inequalities and improve long-term population health & wellbeing outcomes.

During Quarter 4 2024/25 there has been significant focus on:

### 1.1 Delivery 24/25

Quarter 4 has progressed key deliverables associated with the 24/25 components of the current Health Board Plan (2024-2027) – section 3.0 provides the current position against deliverables.

Grant funded activity – the Health Board has completed activity associated with the approved Welsh Government and Public Health Wales grants allocated for 24/25 (see 4.1). These include: Prevention and Early Years, Whole School Approach to Emotional and Mental Wellbeing, Healthy Schools, Whole System Approach to Healthy Weight.

### 1.2 Planning 25/26-27/28

Health Board Plan – During Q4 the Health Board Plan sub-category 'Prevention & Early Intervention' has been developed to reflect the paper provided to PPHP Committee on 10/12/24 - *Overview – Prevention Plan 2025-2028*. There are two Ministerial Priorities which have been classed as 'prevention' which have required outline plans:

- Delivery of Vaccination and immunisation targets (national performance framework)
- Increase % those aged 12+ receiving the 8 Care Processes for Diabetes

The Diabetes Pathway Case for Change programme established in 24/25 will support improvement of the ministerial priority as part of the wider transformation work within the programme as it moves into implementation phase during 25/26.

There are also a number of national performance measures related to prevention activity which will appear in section 2.0.

The Public Health Directorate plan – there are now draft programme plans for each of the four priority programmes - Health Protection, Healthcare Public Health, Health Improvement and Health Inequalities. These will be added to the PMO Programme Management portal to support development and utilisation of the new system.

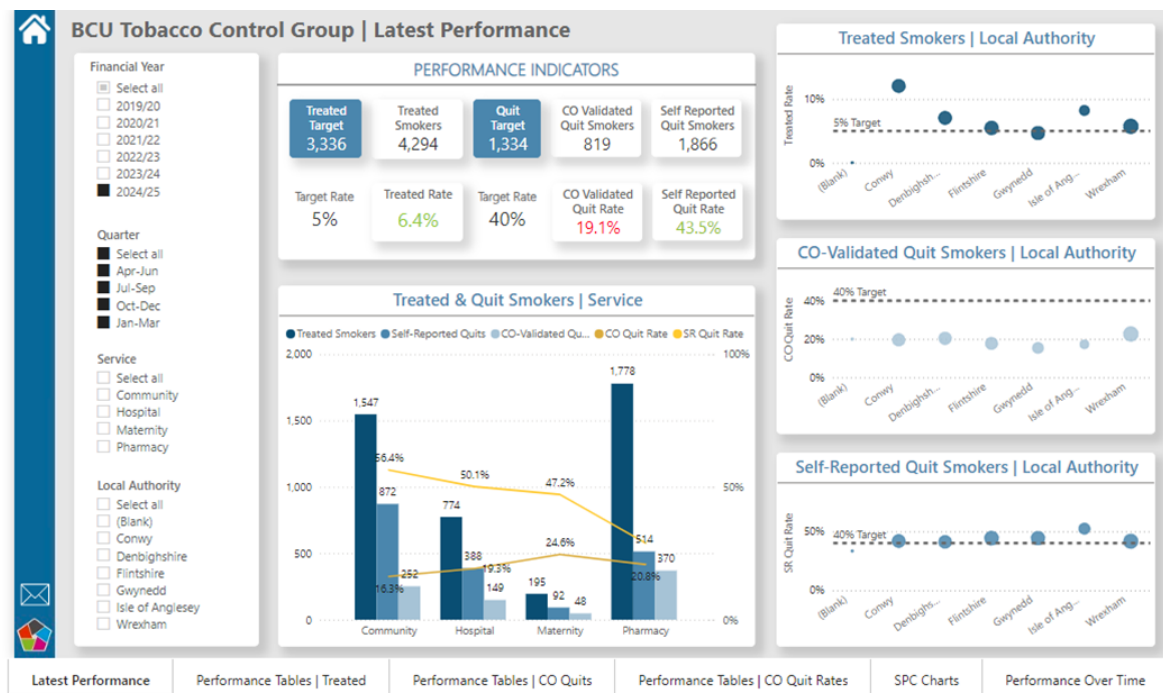
## 2.0 Key Population Programmes - Performance Indicators (Metrics)

### 2.1 Smoking

From Q1 to mid-March 2025, 6.4% (4,294) of the North Wales smoking population were treated by HMQ Services exceeding the annual target of 5%.

During this period the self-reported quit rate at 4 weeks was 43.5%, with the CO-validated quit rate at 19.1%. The percentage of CO-validated quit rate remains low at 19.1% (n=1,866) against a target rate of 40%, this is also reflected in other Health Board areas where telephone support remains a popular choice with service users. It is expected that the newly negotiated national Pharmacy Level 2 local enhanced service will support achievement of this target when implemented next financial year with service users requested to access the service to CO-validate their quit.

**Fig. 1 BCUHB HMQ Q1 to Q4 2024-25 (extracted from BCUHB Community Information Hub, Smoking Cessation, Tobacco Control Dashboard 17/03/2025)**



For noting the data included in Figure 1 does not include the full-year data for treated smokers by HMQ, this data will be available in early June.

Women’s Service and HMQ Services continue to meet regularly to deliver the Reducing Smoking in Pregnancy programme which is embedded within the Saving Babies Lives (SBL) delivery plan. Work has commenced on the regular monitoring of both smoking process and outcome data reporting to SBL group monthly; however, it should be noted that this data is a snapshot audit from paper-based case notes. The capture of smoking status at booking needs to be improved and it is expected that the newly purchased smokerlyzers and their use will improve this in Q1 of 25/26. From Q1 to mid-March 2025, 195 pregnant smokers were treated by HMQ Services, of these 48 smokers were CO validated and 92 self-reported a quit at four weeks. The smoking in pregnancy incentivisation pilot report has been completed with intention of sharing outcomes with the Board and partners.

## 2.2 Weight

Operational Weight Services (via Therapies/IHCs) are supported by grant funding (recurrent – Healthy Weight Healthy Wales and non-recurrent - Prevention and Early Years). Welsh Government have issued a target (as a Chair’s objective) to increase the capacity of Level 2 and 3 weight management service by 10% for 24-25. Proposals were taken to Executive Team in October 2024 to temporarily increase capacity in year through increasing commissioning of the digital offer for Level 2 adults to accommodate additional patients, and recruit on a fixed term basis some vacancies in Level 3 services. The model of Weight Management Services is planned to be subject to an external review in Q4 2024/Q1 2025 to inform service redesign for 26/27.

*Q4 performance figures for Level 2 and 3 services: \*below are Q3, Q4 will be inserted for PPHP (not yet available)*

**Overall summary of weight management service referrals 1 April 2024 – 31 December 2024**

Referrals	Type of referral		Deprivation decile				
	Self-referral	Health professional	1 (Most deprived)	2	3	4	5 (Least deprived)
4,444*	946	3,498	614 (13.8%)	922 (20.8%)	1,075 (24.2%)	1,029 (23.2%)	770 (17.3%)

\*All referrals – some patients may have been referred more than once from different services and via self-referrals

**Individual assessments – offered to patients with BMI over 45 or other complexities 1 April 2024 – 31 December 2024**

Referred	Booked to attend	
	In person	Telephone
950	239	354

**KindEating – In-house 12-week group based in person or online weight management intervention for participants with programmes starting 1 January 2024 – 30 September 2024 and ending 1 April 2024 – 31 December 2024**

Offered KindEating	Attended	Completed intervention & data available	
1,662	873	372 (43%)	
		Achieved ≥3-5% weight loss	98 (26.3%)
		Achieved ≥5% weight loss	109 (29.3%)

**Second Nature – Commissioned App based weight management service for participants starting 1 January 2024 – 30 September 2024 and ending 1 April 2024 – 31 December 2024 (collated and provided by Second Nature)**

Offered Second Nature	Engaged with the intervention	Completed intervention & data available	
990	341 (34.4%)	103 (30.2%)	
		Achieved ≥3-5% weight loss	23 (22.3%)
		Achieved ≥5% weight loss	55 (53.4%)

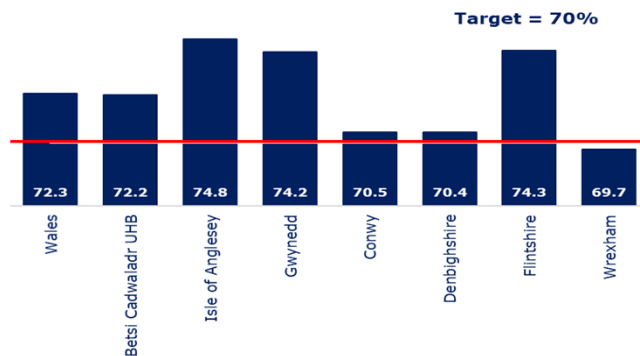
**2.3 Screening**

Screening services and data are provided via Public Health Wales as follows:

*Breast screening:* The most recent data (as at 30/04/2021) shows BCUHB uptake at 72.2%. This is above the 70% target. Uptake is above the national target in all Local Authority areas in North Wales except Wrexham (69.7%).

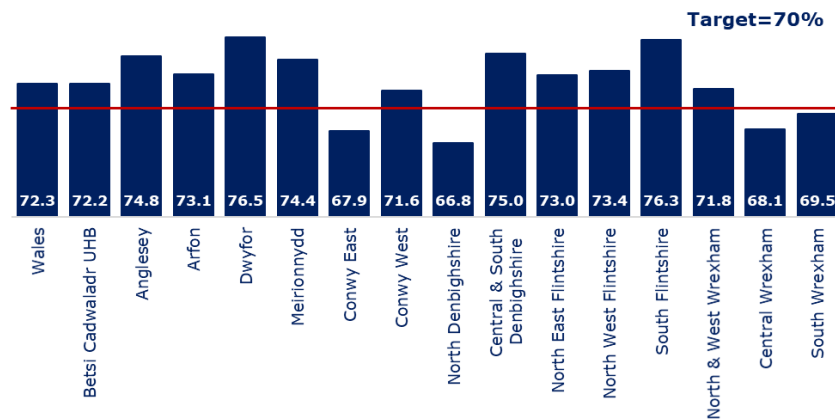
**Breast Test Wales Screening Uptake, Latest Screening Round as at 30/04/21, Wales Betsi Cadwaladr UHB and unitary authorities**

Source: Public Health Wales Screening Division



At Cluster level, four areas are below the target: Conwy East (67.9%), North Denbighshire (66.8%), Central Wrexham (68.1%) and South Wrexham (69.5%).

**Breast Test Wales Screening Uptake, Latest Screening Round as at 30/04/21, Wales, Betsi Cadwaladr UHB and Primary Care Clusters**  
Source: Public Health Wales Screening Division



*Cervical screening:* The 2021/22 overall coverage rate for BCUHB (70.6%) is below the 80% target. All Local Authorities and Clusters are below target.

**Cervical Screening Age Appropriate Coverage as at 01/04/22, females aged 25-64 years, Wales, Betsi Cadwaladr UHB and unitary authorities**  
Source: Public Health Wales Screening Division



*Bowel screening:* The most recent data (2022/23) is only available at Health Board level. This shows the total uptake in BCUHB to be at 65.9% (68.2% for females and 63.5% for males); these are all above the 60% target. However, uptake is below the target for those in the most deprived quintile (54.6%) compared to those in the least deprived quintile (71.2%).

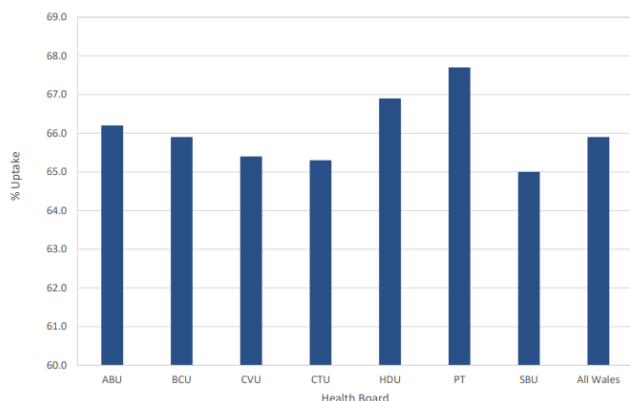


Figure 4 Bowel Screening Uptake by health board of residence, 2022-23

*Abdominal aortic aneurysm screening:* The most recent data (2022/23) is only available at Health Board level. This shows the total uptake in BCUHB to be at 79.5%; this is just short of the 80% target. However, uptake is considerably below the target for those in the most deprived quintile (69.0%) and when compared to those in the least deprived quintile (86.1%).

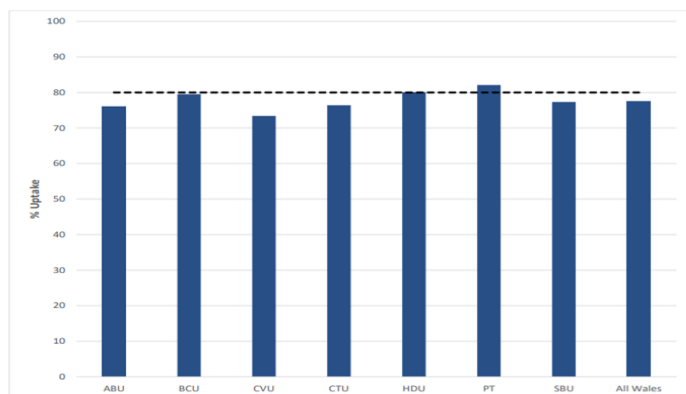
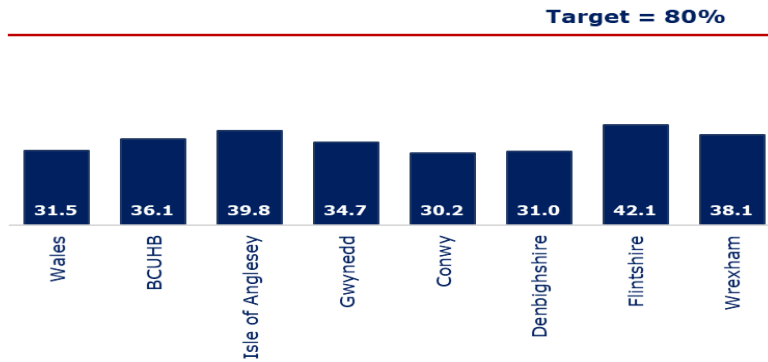


Figure 2: Abdominal aortic aneurysm screening uptake by health board of residence

*Diabetic eye screening:* The most recent data (2022/23) shows the total uptake in BCUHB to be at 36.1%; though the highest in Wales, this is well below the 80% target. Uptake is influenced by deprivation with only 33.8% coverage in the most deprived quintile compared to 40.4% in the least deprived quintile.

**Diabetic Eye Screening, screening coverage, Wales, Betsi Cadwaladr UHB and unitary authorities, 2022-23**

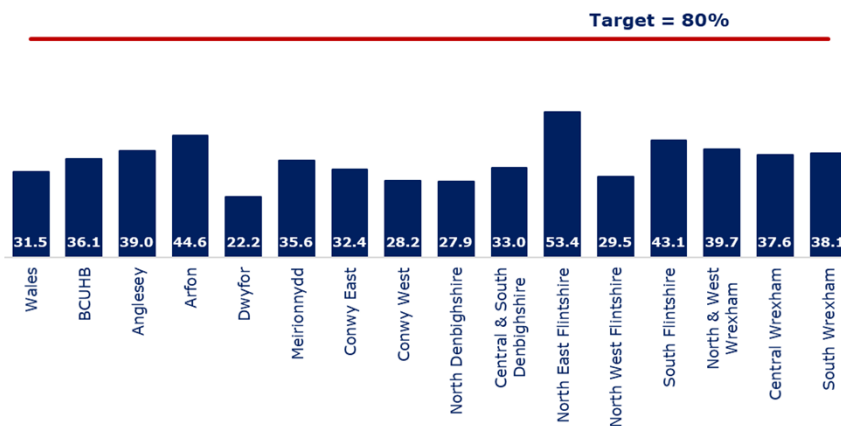
Source: Public Health Wales Screening Division



Uptake also differs between Clusters, with North East Flintshire (53.4%) having the highest uptake and Dwyfor (22.2%) having the lowest uptake.

**Diabetic Eye Screening, screening coverage, Wales, Betsi Cadwaladr UHB and Primary Care Clusters, 2022-23**

Source: Public Health Wales Screening Division



**2.4 Immunisation and Vaccinations**

The Immunisation and Vaccination Service provision has progressed against targets as below with a key focus on delivering;

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity
- Mental Health Access
- Women's Health

Influenza

Staff Uptake

**Table 11a.** Uptake of influenza immunisation in Welsh Health Board & NHS Trust staff until the end of February 2025

Health Board	Total Staff			Staff with direct patient contact <sup>1</sup>		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	5670	15196	37.3	3891	10399	37.4
<b>Betsi Cadwaladr UHB<sup>3</sup></b>	<b>7138</b>	<b>20782</b>	<b>34.3</b>	<b>5094</b>	<b>14567</b>	<b>35.0</b>
Cardiff and Vale UHB <sup>3</sup>	6143	17426	35.3	4294	12356	34.8
Cwm Taf Morgannwg UHB	4441	12892	34.4	2975	8785	33.9
Hywel Dda UHB	3630	12161	29.8	2553	8322	30.7
Powys Teaching HB <sup>3</sup>	858	2224	38.6	469	1402	33.5
Swansea Bay UHB	4851	14733	32.9	3338	10143	32.9
Velindre NHS Trust	968	1863	52.0	533	940	56.7
Welsh Ambulance Service NHS Trust	1285	4442	28.9	-	-	-
Public Health Wales NHS Trust <sup>2</sup>	395	2614	15.1	338	1473	22.9
<b>Wales</b>	<b>35379</b>	<b>104333</b>	<b>33.9</b>	<b>23485</b>	<b>68387</b>	<b>34.3</b>

<sup>1</sup> Combined figures for: Additional Prof Scientific and Technical, Additional Clinical Services, Allied Health Professionals, Medical and Dental, Nursing & Midwifery Registered staff groups.

<sup>2</sup> Public Health Wales figures do not currently include staff vaccinated by health boards under service level agreements and will underestimate coverage.

<sup>3</sup> Data for Betsi Cadwaladr UHB, Cardiff & Vale UHB and Powys Teaching HB are until end of January 2025.

(To note, February figures are not within the national report for the Health Board at present).

Overall, the uptake in Wales for this campaign is currently 33.9%. The Health Board's uptake is 34.7% as of the end of February 2025.

A total of 7,138 employees have been vaccinated, which includes 5,094 employees who have direct patient contact. This is 1,000 more than the next highest health board and an increase in the number of staff who were vaccinated last season (23/24).

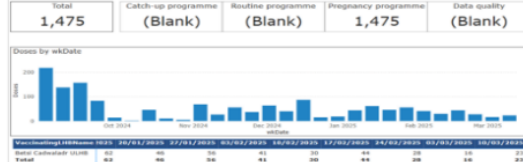
Uptake and range of influenza immunisation and a comparison with last season.

Risk Group	Immunised (n)	Denominator (n)	Uptake (%)	Range from (%)	Range to (%)	Last Update	Next Update	Last Season (%)
65y and older	502,517	715,257	70.3	65.3 (HD)	72.8 (BC)	11/03/25	18/03/25	72.4
At clinical risk 6m to 64y	174,313	473,629	36.8	32.0 (HD)	41.0 (Pow)	11/03/25	18/03/25	38.9
Children aged 2 & 3 years	26,514	60,626	43.7	38.2 (HD)	53.0 (Pow)	11/03/25	18/03/25	42.9
Children aged 4-10	143,096	232,576	61.5	51.1 (SB)	76.1 (Pow)	12/03/25	NA	61.9
Children aged 11-15	89,065	172,255	51.7	43.7 (C&V)	63.8 (Pow)	12/03/25	NA	49.8
Total NHS Staff	35,379	104,333	33.9	15.1 (PHW)	52.0 (Vel)	13/03/25	17/04/25	36.3
NHS Staff with direct patient contact	23,485	68,387	34.3	22.9 (PHW)	56.7 (Vel)	13/03/25	17/04/25	36.1

Respiratory Syncytial Virus (RSV)

RSV Uptake Data (National and BCUHB)

**BCUHB RSV Maternal programme:**



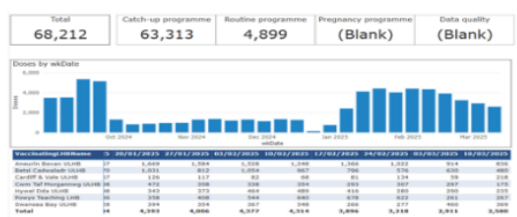
**BCUHB Older Adults 75-79 year olds programme (including catch up):**



**All Wales Maternal position:**



**All Wales Older Adults 75-79 position (including catch up):**



The RSV vaccination campaign was introduced on the September 1<sup>st</sup>, 2024. GP surgeries continue delivering the RSV older adult programme for those turning 75 years of age. Guidance to align the

75–79-year-old catch up programme with the focused five weeks communications, commencing on 20/01/2025 has been circulated.

### COVID 19

As of 19.03.2025 at 14:32, **142,152** Autumn 2024 Booster Vaccinations have been administered. This equates to **56%** vaccinated of the eligible cohort. The programme will continue until 31<sup>st</sup> March 2025.

### BCUHB Uptake Data (East, Centre, West)

LIVE Autumn 2024/25 Covid-19 Vaccines Administered as of 18.03.25										
Areas	House Bounds		Care Homes		Over 65s		Immunosuppressed		Clinically Vulnerable	
Overall (eligible cohort includes Opt outs)										
<b>BCUHB</b>	<b>4,909</b>	<b>91%</b>	<b>4,165</b>	<b>89%</b>	<b>100,698</b>	<b>67%</b>	<b>11,678</b>	<b>53%</b>	<b>20,549</b>	<b>29%</b>
East	1697	97%	1,611	97%	39,296	68%	4,557	53%	8,696	29%
Centre	1857	100%	1,414	90%	34,576	69%	3,951	56%	6,761	31%
West	1355	76%	1,140	81%	26,826	65%	3,170	50%	5,092	28%
Opted-in										
<b>BCUHB</b>	<b>4,858</b>	<b>96%</b>	<b>4,113</b>	<b>99%</b>	<b>100,585</b>	<b>80%</b>	<b>11,662</b>	<b>69%</b>	<b>20,519</b>	<b>38%</b>
East	1646	99%	1,559	99%	39,234	79%	4,547	63%	8,671	36%
Centre	1857	100%	1,414	100%	34,533	82%	3,947	74%	6,756	39%
West	1355	89%	1,140	98%	26,818	79%	3,168	73%	5,092	40%

During Q4, progress has been made in developing and implementing a more effective and efficient integrated cluster working model with primary care stakeholders. This initiative will continue into Q1, emphasising a cluster approach to the Winter Respiratory Vaccine Framework, prioritising the co-delivery of Covid-19 and Flu vaccinations. This effort supports the local implementation of the National Immunisation Framework.

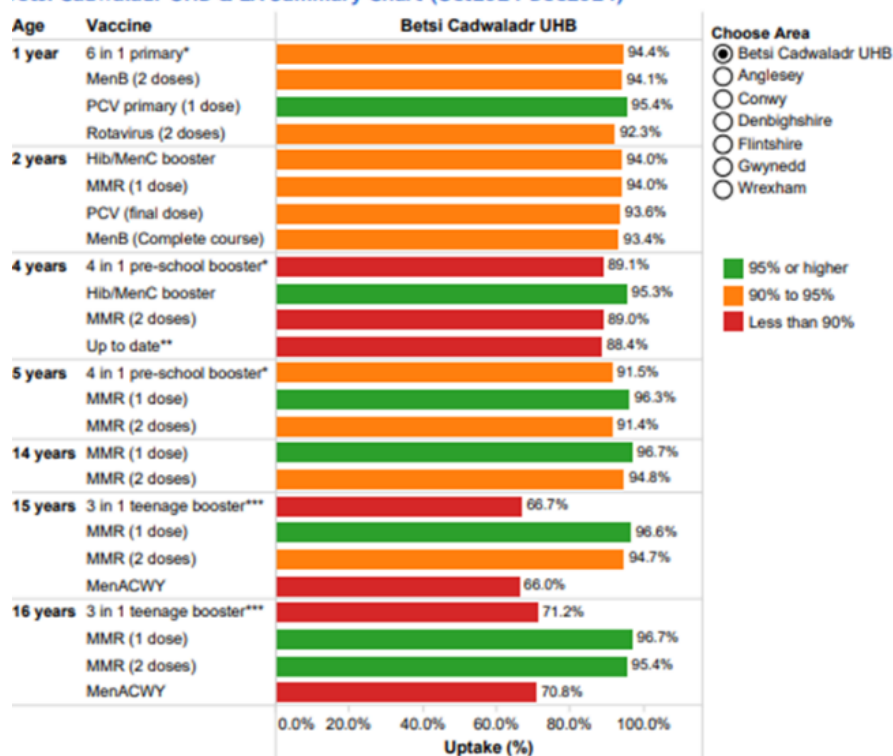
### Childhood Immunisations

#### Pre-School Immunisations

Special immunisation nurses analyse the COVER data in the preceding month and target areas of low uptake. Inaccuracies within data inputting have been identified and training has been developed between the child health department, specialist nurses and primary care. A dashboard and Microsoft forms has been developed to standardise the translation of immunisation histories of children who have moved into BCUHB from abroad. This aligns with the BCUHB immunisation policy 'leave no one behind.'

#### BCUHB COVER Data for childhood immunisations (October – December 2024)

Ietsi Cadwaladr UHB & LA Summary Chart (Oct2024-Dec2024)



### School-Age Immunisations

The school immunisation teams across BCUHB have completed the delivery of the 2024/25 Nasal Flu programme with the programme finishing at the end of February 2025 with a joint effort in making every contact count through the identification of children with missing immunisation vaccination and obtaining parental consent for these to be delivered within the school immunisation sessions. Final data shows that the uptake for primary schools is 63% and secondary 50%. A total of 50,916 children were vaccinated. A total of 766 sites, the majority being schools but also includes catch up clinics. Home visits were also offered where required to ensure equity of access to children who may be absent from the classroom or home educated.

An e-consent form and app are under development, with the plan for a trial in 2 small secondary schools within the West IHC.

### 2.5 Health Protection Indicators

The Health Protection Service continues to support health protection partner organisations in their response to health protection threats and needs across North Wales.

The service contributes to Welsh Governments vision to ‘prepare, prevent and respond’ to protect the people of Wales against existing and future health protection threats and hazards, to minimise harm and save lives through a whole systems approach.

Key indicators from quarter 4 include:

No.	Health Protection Service Pillar	Priority Area	Indicator	Outputs for Quarter 4
1.	Health Protection Programmes	WHO 2030 global disease elimination target: Hepatitis B&C	Number of samples taken across at-risk sites (incl. substance misuse clinics, probation services etc.)	106 (including micro-elimination within

				an approved premises)
2.	Health Protection Programmes	Supporting the delivery of the National Immunisation Framework to ensure a high take-up of vaccinations and equity of access and opportunity	Number of vaccinations/immunisations provided across all settings	1,056 including BCUHB staff influenza  School immunisations  Hep B vaccinations
3.	Sampling and Assessment	Sampling response to outbreaks and wider health protection threats in North Wales	Number of clinical samples obtained to support the health protection response to outbreaks/threats.	43
4.	Protect	Provision of health protection support to care homes	Number of care home infection prevention control (IPC) reviews completed.	28
5.	Protect	Provision of health protection support to care homes	Number of IPC champions sessions delivered. Total number of care homes represented from 3 IPC champions sessions.	3  123
6.	Protect	Incident management support	IPC advice provided in Acute Respiratory Incidents Number of COVID-19 incidents managed by the Health Protection Service	15  1

## 2.6 Public Health Outcomes Framework (PHOF)

The Q3 Delivery report promised to provide the BCUHB position against all PHOF indicators as the baseline for monitoring 25/26. This can be found in the supplement document - Appendix A. Of note are the following indicators which are significantly higher or lower compared to Wales:

**Table 1: PHOF indicators for BCUHB, which are statistically significantly higher compared to Wales**

	<b>BCU statistically significantly higher than Wales</b>
<b>Overarching Outcomes</b>	Life expectancy at birth; males Life expectancy at birth: females
<b>Living conditions that support and contribute to health now for the future</b>	People able to afford everyday goods and activities Quality of housing
<b>Ways of living that improve health</b>	Teenage conceptions Adolescents using alcohol Adolescents who smoke Adolescents drinks sugary drinks once a day or more
<b>Health throughout the life course</b>	NIL

**Table 2: PHOF indicators for BCUHB, which are statistically significantly lower compared to Wales**

	<b>BCU statistically significantly lower than Wales</b>
<b>Overarching Outcomes</b>	NIL
<b>Living conditions that support and contribute to health now for the future</b>	NIL
<b>Ways of living that improve health</b>	Adults meeting physical activity guidelines Adults eating five fruit or vegetable portions a day
<b>Health throughout the life course</b>	Death from injuries

The PHOF indicators are updated at different times, depending on the data source and frequency of assessment.

There are a number updates for indicators that have been released in March:

- Since before the COVID-19 pandemic (2017-19), healthy life expectancy at birth (HLE) has fallen by 2.2 years in females and 1.1 years in males. The latest HLE figures are 59.6 years in females, compared to 60.3 years in males.
- In 2021-23, life expectancy at birth was 82.0 years in females and 78.1 years in males. These figures have remained largely unchanged in Wales since 2010-12, notwithstanding a dip during the COVID-19 pandemic period.
- The completeness of diagnostic coding for hospital admissions has decreased in recent years. For hip fractures, there is visible correlation between the changes in admission rates and changes in coding completeness over time. Due to this we are not showing areas where 10% or more of admitting episodes were missing a primary diagnosis (see technical information for details).
- Deaths from injuries per 100,000 people have increased from a rate of 40.4 in 2019-21 to 48.9 in 2021-23. This has been primarily driven by an increase in accidental falls (ICD codes W00-W19) in the 65+ population. This may be related to a change in coding practice.
- The disparity in rate of deaths from injury between the most and least deprived fifths continues to increase over time.
- Overall in Wales, the mean number of missing, decayed or filled teeth (d3mft) has decreased from 1.9 to 1.1 between 2007/8 to 2022/23. However, the gap between least and most deprived has remained similar.
- In 2023, the percentage of children living in high-affluence households taking part in exercise every day was 20.4%, while in low-affluence households, it was 15.3%.
- There is a significant difference between the percentage of boys versus girls who were physically active every day at 22.8% and 13.7% respectively.
- Smoking rates were higher in adolescents from lower-affluence households compared to higher-affluence (4.0% versus 2.1%), while alcohol consumption was more prevalent in higher-affluence households (37.6% versus 34.4%).
- The rate of premature deaths per 100,000 from non-communicable diseases are more than double in the most deprived fifth versus least deprived fifth (489 versus 198).
- Death rates from road traffic incidents are significantly higher in the 85+ age group compared to others.
- The rates of deaths from road traffic incidents per 100,000 is nearly 4 four times higher in males than females (1.3 versus 4.9).
- The rate of deaths from suicide in the most deprived fifth is nearly double that of those in the least deprived fifth (8.3 versus 16.1).

- The rate of deaths from suicide per 100,000 continues to be higher for males than females: over three times higher in the 2019-23 period (19.7% versus 5.7% respectively). Although there is a pronounced difference in the rate of deaths from suicide between males and females, the same pattern is not seen in the reported rates of suicide attempts ([see \*A cross-national study on gender differences in suicide intent\* | BMC Psychiatry | Full Text; \*Research Briefing Gender Suicide 2021\\_v7.pdf\*](#))
- Despite a slight increase in the concentration of pollutants (NO<sub>2</sub>) in the air between 2020 and 2022, overall, the concentration of air pollutants has remained below pre-pandemic (2019) levels.
- The percentage of mothers who self-reported as smoking at birth ranges from 8.7% in Powys THB to 15.9% in Betsi Cadwaladr.

The PPHP Committee will be updated in relation to BCUHB position against the PHOF at half yearly intervals.

### 3.0 Health Board Delivery Plan 24/25

The Health Board has made significant progress against the Sub Objective – ‘Prevention’ in the current Health Board Plan. At the end of Quarter 4, all deliverables are complete to plan except to ‘roll out the All Wales Diabetes programme, targeting the avoidance of developing type 2 diabetes’. This work will continue into 25/26 as part of the Health Board plan 25/26-27/28.

The delivery plan for 25/26 reflects the the paper provided to PPHP Committee on 10/12/24 - *Overview – Prevention Plan 2025-2028*.

### 4.0 Population Health Updates

#### 4.1 Year end review of Grant funded programmes

During 24/25 the Health Board has received non-recurrent grant funding from Welsh Government and Public Health Wales to support specific programmes of work. BCUHB has received notification of a continuation of each of the grants at the same level for 25/26.

Below is a brief review of activity over the course of 24/25 utilising these funds and a look ahead to 25/26 planned activity.

#### 4.11 Prevention and Early Years (PEY), £1.23m

##### PEY Healthy Weight

##### 24/25 delivery

- Level 2 and Level 3 Weight Management Services supported nearly 4,500 referrals.
- Continued engagement with early childcare sector to expand reach of the ‘*Tiny Tums*’ *Best Practice*’ award, including providing food and nutrition skills training for staff responsible for preparing and supporting meal and snack provision within registered settings. At mid-year, settings that achieved the full award increased by 21% compared with year end 2023/24. *Tiny Tums* was a finalist in the UK Children’s Food Awards 2025 hosted by Sustain.
- ‘*Come and Cook with your Child*’ programme delivery within selected primary schools (foundation phase), focusing on schools with highest % free school meal entitlement. A new 6 month follow up session and data collection tools (based on COM-B model & 4 key behaviours) developed to measure early impact for participating families. 2 cohorts completed with a further 2 due before end of academic year.
- Expanded partnership & joint working opportunities with Flying Start teams to increase access for families to ‘*Come and Cook*’, ‘*Eat Smart Save Better*’, ‘*Introducing Solid food to your baby*’, plus additional collection points for Healthy Start vitamins.
- Infant Feeding Support Worker Teams in Wrexham Maelor Hospital and Ysbyty Glan Clwyd supported women to establish breastfeeding and manage any concerns prior to women and their baby leaving hospital.
- Breastfeeding Welcome Communities established in each Local Authority area. There are now 441 venues signed up to the Breastfeeding Welcome Scheme in North Wales.

- Successful pilot at HMP Berwyn to support women to breastfeed during visits without being relocated to another part of the visiting hall.

#### Outline 25/26 plan

Public Health Dietetics – Support and maintain continuation of workforce.	£235,076
Infant Feeding Support Worker Teams – support and maintain continued workforce to support women to initiate and feel confident continuing to breastfeed on discharge from post-natal ward.	£184,384
Weight Management Services - Implementation of the All Wales Weight Management Pathway (AWWMP). Support and maintain continuation of workforce.	£205,948
Weight Management Service Performance – Implementation of the All Wales Weight Management Pathway (AWWMP). Funding to support data input role.  There will also be an external review of Weight Management Services during Q1 25/26 to improve the reach, performance and outcomes of the service and to inform a service redesign for 26/27. We will continue to work with BCUHB DDAT colleagues on data systems ensuring that capacity is built in to extract and analyse performance data and to report against data requirements.	£40,000
Supporting Whole System Approach to Weight – Implementation of the All Wales Weight Management Pathway (AWWMP). Work with partners to ensure difficult to reach groups are aware of and able to access our services, informed by our WMS redesign.	£10,349
	£675,757

#### PEY – Smoking

##### 24/25 Delivery

- Delivery of the Reducing Smoking in pregnancy national programme to include provision of training as part of mandatory training for midwives and ongoing collaboration with Women' services to deliver improved outcomes.
- Delivery and evaluation of a North Wales pilot incentive scheme to support pregnant smokers to stop smoking.
- Delivery of the HMQ in Hospital whole system national programme to include delivery of training, informing policy development, development of data systems and supporting patients to quit.
- Provision of support to Mental Health Division to enable their patients to access smoking cessation support.
- Delivery and evaluation of a comprehensive ongoing social media and out of home communication campaign throughout the year encouraging smokers to sign up for HMQ Services support.
- Smoke Free Environment Officers on three hospital sites engaging with public, staff and patients to support the delivery of the Smoke Free regulations and the No Smoking Policy.
- Delivery and evaluation of targeted smoking cessation text messaging pilot in two managed GP practices in the East to encourage smokers to access HMQ Services.
- Delivery and evaluation of a North Wales 'No Ifs No Butts' campaign by Ash Wales to raise the profile of illegal and illicit smoking. Campaign resulted in 28 intel reports in two months from across North Wales. These reports inform targeted investigations by local partners.

#### Outline 25/26 plan

HMQ Service Health Improvement Officer & administrative officer to support delivery of Reducing Smoking in Pregnancy and other national programmes of work	90,000
HMQ Advisors in Secondary Care to support delivery of the HMQ in Hospital programme	190,000
HMQ Advisors to support people with mental health conditions	120,000
Smoke Free Environment Officers – supporting HMTs to deliver due diligence with Smoke Free legislation	115,000
Tobacco Control & Smoking Cessation communications	25,000
Targeted smoking cessation interventions delivered in GP practices	10,000
Health coaching core skills training for HMQ Services staff	12,000
	562,000

#### 4.12 Whole System Approach – Weight £ 138,549

Healthy Weight: Healthy Wales (HWHW) is the Welsh Government’s long-term strategy to prevent and reduce obesity in Wales through a whole system approach (WSA). The Leadership and Enabling Change theme within the HWHW strategy is led by the seven health boards across Wales through Whole System Approach to Healthy Weight Teams and supported by the Health Improvement Division within Public Health Wales. Each Health Board in Wales has received a small amount of funding to establish their Healthy Weight Whole System Team. In BCUHB this team consists of a Principal Public Health Practitioner, Senior Public Health Practitioner and part-time Administrator.

##### 24/25 Delivery:

During 24/25 the HWHW WSA team continued to deliver against the Strategic Delivery Plan and the three priority sub-systems of

- Access to Affordable and Healthy Food
- Eating Well and Being Active in Schools
- Eating Well and Being Active in workplaces.

In Quarter 3, an updated Strategic Delivery Plan for the period 2024 – 2026 was launched and implemented, and system led groups were mobilised to progress delivery demonstrating system partners buy in and belief. In Quarter 4, Causal Loop Diagram workshops were held for each priority sub-system with hotspots for action identified within priority sub-systems.

##### 24/25 in numbers:

- 14 conference presentations delivered
- 5 system mapping workshops held
- 6 WSA training sessions delivered
- Over 200 partner and stakeholders engaged
- 51 Planning applications responded to
- 3 PSB plans influenced

##### Progress against objectives:

###### *Partners advocate for and implement whole system approaches to address complex problems*

- Development of a healthy weight WSA across North Wales with robust governance, shared vision and goals
- WSA to healthy weight as a priority across the system through system belief
- More partners working within a WSA to healthy weight and an increase in diversity of partners
- Increased awareness of WSA with partners and stakeholders trained in the methodology and working in a systems way
- Progress has been made against most of the actions within the nine-step WSA process

### *Reducing access to high fat, salt and sugar food*

- New process in place for Public Health team to respond to planning applications.
- 51 responses have been submitted to planning applications in 24/25 leading to:
  - applications approved with conditions added,
  - case officer and elected member training,
  - lever into conversations with planning policy officers

### *Food and drink available in public sector organisations in North Wales is affordable and healthy*

- A healthy vending guidance document has been produced for use across organisations
- Following approval by the BCUHB Executive Group, work has progressed on developing a Food and Drink Retail Policy in response to the organisations need to control the availability of unhealthy food for staff, patients and visitors. During 24/25 this policy has been drafted, Integrated Impact Assessment approved and signed off by the Equalities team and buy in secured from stakeholders to adopt such a policy for their organisations.
- The team has influenced public sector food procurement (cafés, vending machines) using the Food Environment and Vending Machine Best Practice Guides developed by the team
- The team commissioned the development of a Self-Assessment Checklist for public sector organisations to self-assess against with regards to achieving the ambitions within the HWHW strategy

Outline 25/26 plan:

During 25/26, the HWHW WSA team will deliver the WSA to grant projects as outlined in the WSA to HW Delivery Plan 25/26, delivering against the objectives:

1. Partners advocate for and implement whole system approaches to address complex problems
2. Reducing access to high fat, salt and sugar food
3. Food and drink available in public sector organisations in North Wales is affordable and healthy

#### 4.13 Whole School Approach to Emotional and Mental Wellbeing (WSAEMW), £108,189

The Whole School Approach to Mental and Emotional Well-being (WSAEMWB) aims to establish a statutory framework for assessing and enhancing mental health and well-being support for both staff and students in primary and secondary schools across Wales. Healthy School teams in North Wales have been working closely with schools to align with the Welsh Government's ambitions, which are outlined in the table below. The most current update on delivery in BCUHB is also provided, which indicates strong progress towards meeting the ambitions; a final data update will be available at the end of March.

24/25 Delivery:

<b>WG Ambition</b>	<b>BCUHB Progress (as of 15<sup>th</sup> March 2025)</b>
By March 2025, all maintained schools will have received an active offer to join a support programme for deep dive assessments and action planning	100% of schools have received an active offer
By March 2025, 80% of maintained schools will be engaged in action planning, with these actions integrated into their School Development Plans	82.4% are action planning

By March 2025, 100% of secondary schools will have a plan in place to implement the framework, aligned with their School Development Plans.	100% of secondary schools are engaged in action planning
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Outline 25/26 plan:

Although we have received e-mail confirmation that the WSA grant will continue with similar amount to 24/25, the Grant T&C's, including the ambitions for 25/26, have not yet been confirmed. We anticipate that we will need to continue to work closely with all six of our Healthy School Teams across North Wales to support delivery.

#### 4.14 Gwynedd Healthy Schools and Healthy and Sustainable Pre-School Settings (HSPSS)

Grant value, £155,695.00

The BCUHB Public Health Team hosts the Gwynedd Healthy School and Pre-school Team, which aims to support these settings through a whole school approach to promote and protect the physical, mental and social health and wellbeing of the school community, in line with the National Scheme Guidelines. This work involves influencing school and educational policy, strategic planning, and staff development with regards to the curriculum, school ethos, physical environment and community relations. The National strategic priorities for 2024-25 are set by Public Health Wales.

24/25 Delivery:

##### *Healthy Schools Priorities*

1. Whole School Approach to Emotional and Mental Well-being (WSAEMWB) - Maintain the commitment to the achievement of whole-scale implementation of the WSAEMWB
2. Curriculum for Wales - Continue the development and implementation of the Health and Wellbeing Area of Learning and Experience (CFW)
3. Engagement and socialisation/familiarisation of the proposed Minimum Standards

Examples of delivery in 24/25 include:

- Provision of health and wellbeing training to over 150 staff in Gwynedd schools
- Supported several school clusters i.e. secondary schools and their 'feeder' primary schools with their Relationships and Sex Education audits and curriculum planning
- Build and maintain partnerships between schools and key organisations such as School nursing teams, BROOK, BCU PH Healthy Weight Healthy Wales team, and the West CAMHS in-reach team

##### *Healthy and Sustainable Pre-school Settings Priorities*

1. Maximise the number of settings engaged with HSPSS
2. Obesity prevention – support the creation of an environment that promotes and maintains a healthy weight in children

Examples of delivery in 24/25 include:

- Active engagement with a number of pre-school settings, which led to over 20 new ones joining and/or progressing through the scheme during 24/25
- Collaborating with dietetic services to undertake questionnaires with a range of pre-school settings to understand the food environment and opportunities for improvement – with a particular focus on supporting healthy weight
- Targeted support and provision of resources/training to facilitate more physical activity in a number of pre-school settings
- Collaboration with Gwynedd Council to develop new toileting policy

Outline 25/26 plan for both Healthy Schools and Pre-schools Grants:

We have received e-mail and verbal confirmation that the Healthy Schools and Pre-schools grants will continue into 25/26, with an additional 2.6% inflation rise. The T&C's, and ambitions, for 25/26 have not yet been formally confirmed, however, they will likely focus on the following national priorities:

1. To support the ongoing development and refinement of the new proposed National standards for health and well-being in schools, and implementation of the final set of standards following their publication.
2. To support the development of mental well-being action plans in all schools (Primary and Secondary)

Once formal confirmation is received, we will develop a local Gwynedd delivery plan and will work with all five other Healthy Schools teams to coordinate a regional approach that meets both national and local ambitions.

#### 4.2 Local Area Planning

During Q4 the Public Health Team responded to and influenced 5 planning applications of PH significance and two Local Development Plan Delivery Agreement Consultations

2024 Planning applications	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
<b>Total</b>	14	19	17	10	5	65

#### 4.3 Active Workplace Update

Recent activity has included:

- Communications and engagement plan currently being developed in partnership with BCUHB Comms Team and Actif North Wales to launch the Active Workplace Toolkit and Active Soles internally and regionally with partners.
- East IHC Eating Well and Being Active in the Workplace group established – staff survey of physical activity interventions and audit of cycle and shower facilities undertaken. Exploring how similar working groups can be established central and west IHCs.
- Active Practice Charter and Park Run Practice webinar held with all GP Practices across Conwy and Denbighshire. Schemes to be embedded in primary care cluster plans to improve physical activity levels of staff and patients.

A detailed report will be provided during 25/26 as requested.

#### 4.4 Activity to support Vulnerable Groups / areas of Deprivation

In September 2024 the Health Board and Regional Partnership Board approved the further development of 'Well North Wales' as the preferred regional approach to enabling a whole complex systems shift towards prevention.

This will build upon the foundations of the progress to date in the following areas, as we continue to work with partners to shape and scope the longer-term programme of work required to invest in the wider socio-economic determinants as the building blocks of population health and wellbeing.

##### *Well North Wales*

In September 2024 the Health Board and Regional Partnership Board approved the further development of 'Well North Wales' as the preferred regional approach to enabling a whole complex systems shift towards prevention.

A regional Task & Finish Scoping Group has been working with Improvement Cymru and supported by a Learning & Development partner Collaborate CIC to consider the scope and approach to delivery of a longer-term regional programme of work shifting towards prevention. The outputs of these sessions, the reflections of the group and recommendations will be reported through Health Board and RPB governance channels during June & July 2025.

This ongoing Discovery Phase will build upon the foundations of the progress to date in the following areas, as we continue to work with partners to shape and scope the longer-term programme of work required to invest in the wider socio-economic determinants as the building blocks of population health and wellbeing.

#### *Smoking and alcohol*

Smoking/HMQ targets those areas with highest prevalence and there are priority groups such as mental health, pregnant women and those in hospital. Targeted work is also undertaken in identified GP practices.

Alcohol harm reduction work has been undertaken with pregnant women and SMS services targeting young people. Activity is informed by evidence and data to maximise impact and reduce inequalities.

#### *Place-based Approach to Physical Activity*

BCUHB Public Health Team is working in partnership Actif North Wales, the regional partnership for physical activity and sport, to pilot a new way of working to address health inequalities and improve the health and wellbeing of people that face the greatest inequalities.

In 2024, Actif North Wales secured UK Government Shared Prosperity Levelling Up funding to test a whole-system, place-based approach to physical activity. 5 x Place-Based Coordinators have been recruited across 4 x Local Authorities to work alongside people in areas of social and rural deprivation (9 places in total).

The project uses an Asset-Based Community Development approach (ABCD) to understand 'what's strong' about local places and support local people to create long-term sustainable solutions to move more and improve their health and wellbeing. Through community engagement approaches, local people are being put at the heart of decision making to identify local priorities based on what matters most to them.

The impacts of this work are still being understood. However early insights have shown that partners are working differently in local places, new relationships are being developed, local people are being upskilled, local priorities and action groups are being established and there is a greater understanding of the strengths and assets in each place.

The pilot has informed a new commissioning model for Sport Wales investment across the region. Actif Locality Partnerships and locality plans are being established in each Local Authority area that will adopt a whole-system place-based approach to working going forward.

#### *Social Prescribing*

Mid-year progress reported Q3 against approved regional partnership model to deliver the National Framework for Social Prescribing. Whilst timescales are not currently being achieved, all partners have confirmed an ongoing commitment to the shared objectives and approach.

It has been agreed through BCUHB and RPB governance that timescales be extended into 2025/26 to enable all local partners opportunity to co-design community-based interventions and move towards joint-commissioning arrangements.

### *Arts in Health*

Continued work towards the 3 Year Arts in Health & Wellbeing strategic plan with regional partners to deliver key strategic projects which draw upon creative arts to improve population health & wellbeing outcomes.

### *Inverse Care Law*

Inverse Care Law Evaluation Report presented to Primary Care Board Q3 with continued engagement during Q4 with local Primary Care clusters to ensure Health Inequalities and wider collaborative partnership working has informed planning for 2025/26 and beyond.

### *Community Engagement and Co-production*

BCUHB is working with the Bevan Commission on a research project to consider how to put local communities truly at the heart of transforming outcomes. Initial groundwork underway with various stakeholders across Conwy East PC cluster (IHC, Local Authority, CVC, Llais, Probation Service)

Testing & evaluation of a more collective & collaborative community engagement and co-design methodology will commence with Co-Production Network as a learning partner as commissioned through Conwy & Denbighshire PSB to support with development of the Wellbeing Plans.

### *Gypsy, Roma and Traveller (GRT)*

Evidence from the BCUHB Health Needs Assessment demonstrated that Gypsy, Roma and Traveller communities are some of the most disadvantaged groups in society. Engagement work with Gypsy, Roma and Traveller people across north Wales is being jointly planned with trusted Gypsy, Roma and Traveller link workers. Through local engagement activities, the Public Health Team and local partners will explore how the voices of local people will shape the priorities of the Regional Gypsy, Roma and Traveller Strategic Partnership Group through a no me, without me approach.

### *Homelessness*

A priority of the newly established Homelessness Reduction Implementation Group has been to scope and understand how BCUHB can maximise opportunities for homelessness prevention. Engagement has taken place with 6 x Local Authority Homelessness Prevention Teams to understand how best BCUHB can work in partnership – early insights have indicated factors relating to understanding and awareness, communication and improved discharge pathways. A follow-up Local Authority survey has been co-designed for Homelessness Prevention Teams to further understand opportunities for collaboration and prevention to ensure people at risk of or experiencing homelessness have access to the right support at the right time. The Wallich and Shelter have agreed to work in partnership with the Homelessness Reduction Group to ensure that the voices of people with lived experience are front and centre of the work.

### *Offender Health*

Work continues in partnership with HMP Berwyn and Probation Service to address health inequalities and improve health outcomes of people within the criminal justice system. Responding to the recommendations within the Approved Premises Health Needs Assessment. BCUHB Public Health and Help Me Quit Service are working with Mental Health Directorate to address needs in relation to smoking cessation and community mental health provision. Events have been supported promoting Health and Wellbeing with Probation Health and Justice Team.

### *Learning Disability*

A programme of work is underway to understand the barriers to accessing Annual Health Checks for adults with a Learning Disability. In collaboration with Learning Disability Peer Health Educators and Primary Care, engagement questions aimed at people with a Learning Disability and Primary Care contractors are being developed.

DDAT, NHS Executive, BCUHB Public Health and PHW are working together to pilot a data project which will inform future work to improve the uptake of screening for people with a learning disability in North Wales. It will also scope routine data flows and reporting of uptake across Wales's screening programmes. This work supports the Health Boards shift to becoming a data and intelligence led organisation.

## 5.0 Key Risks

There remains two significant Corporate Risks in relation to:

- Population Health (Score 16)
- Health Protection (Score 16)

These are reviewed monthly as part of the Corporate Risk governance structure and are supported by action plans and programmes of work.

## 6.0 Quarter 1 25/26 Delivery Report

In the next report we will provide:

- Updated Q1 performance 25/26
- Key deliverables within 25/26 Health Board Plan
- Active Workplace review



<h1>The Public (Population) Health Outcomes Framework for Wales Update</h1>	
<p><b>Author:</b> Claire Jones, Public Health Intelligence Specialist, BCUHB Public Health Team; Cllr Dr Rob Atenstaedt, Consultant, BCUHB Public Health Team.</p>	
<p><b>Date:</b> 18<sup>th</sup> March 2025</p>	<p><b>Version:</b> 0a (Working Draft)</p>
<p><b>Publication/ Distribution:</b> (Delete as applicable)</p> <ul style="list-style-type: none"> <li>Population Health EDG / PPHP Committee</li> </ul>	
<p><b>Review Date:</b> n/a</p>	
<p><b>Purpose and Summary of Document:</b></p> <p>To inform Health Board Committees about the Public Health Outcomes Framework (PHOF) and present a brief overview of current population health status as measured by the PHOF.</p>	
<p><b>Work Plan reference:</b> N/A</p>	

## The Public Health Outcomes Framework (PHOF)

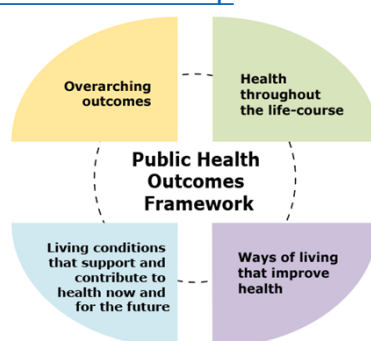
The Public Health Outcomes Framework sets out a shared understanding of the health outcomes that are important to the people of Wales. It was published in March 2016 following 15 months of development, engagement and consultation. It can be used by Government, local communities, public services, private and voluntary sector organisations as well as individuals and their families to inspire and inform action to improve and protect health and well-being. It is linked to the Well-being of Future Generation Act's national indicators and milestones, which have been set by Welsh Government Ministers.

Within the framework, each outcome has individual indicators. It is through these indicators progress can be measured to see where BCUHB is now, and in the future.

The Public Health Outcomes Framework links closely to other outcomes frameworks. There is a direct overlap with some indicators that are shared across these frameworks, whilst there are some indicators which are complementary to others. All of the frameworks are overarched by the Well-being of Future Generations (WCFG) Act.

The Public Health Outcomes Framework (PHOF) reporting tool has recently been updated by the Public Health Wales Observatory and Cancer Analysis Team to support the Public Health Outcomes Framework for Wales, with the support of Local Public Health Teams, including BCUHB. The tool is being developed iteratively as the latest data becomes available.

The Public Health Wales Observatory's PHOF reporting tool is available in English and Welsh : [Public Health Outcomes Framework \(2022\)/ Fframwaith Canlyniadau Iechyd y Cyhoedd \(2022\)](#). The overall structure of the PHOF is set out in the [Public Health Outcomes Framework Indicator Map](#).



### Indicator Guide

The Public Health Wales Observatory have produced a [Data Sources and Indicator Guide](#) which describes the data sources, interpretation and limitations of the data used in the PHOF tool.

The following tables and charts have been taken from the Public Health Outcomes Framework (PHOF) tool and show Betsi Cadwaladr UHB’s position compared to Wales across all the PHOF indicators.

Tables 1 and 2 show the indicators which BCUHB are statistically significantly different to Wales. Statistical significance determines whether a difference is caused by something other than chance.

**Table 1: PHOF indicators for BCUHB, which are statistically significantly higher compared to Wales**

<b>BCUHB statistically significantly higher than Wales</b>	
<b>Overarching Outcomes</b>	Life expectancy at birth: males Life expectancy at birth: females
<b>Living conditions that support and contribute to health now for the future</b>	People able to afford everyday goods and activities Quality of housing
<b>Ways of living that improve health</b>	Teenage conceptions Adolescents using alcohol Adolescents who smoke Adolescents drinking sugary drinks once a day or more
<b>Health throughout the life-course</b>	NIL

**Table 2: PHOF indicators for BCUHB, which are statistically significantly lower compared to Wales**

<b>BCUHB statistically significantly lower than Wales</b>	
<b>Overarching Outcomes</b>	NIL
<b>Living conditions that support and contribute to health now for the future</b>	NIL
<b>Ways of living that improve health</b>	Adults meeting physical activity guidelines Adults eating five fruit or vegetable portions a day
<b>Health throughout the life-course</b>	Death from injuries

PHOF indicators: BCUHB compared to Wales

Overarching Outcomes

Life expectancy for males and females in BCUHB is statistically significantly higher compared to Wales (Table 3).

The gap in life expectancy between the least and most deprived in BCUHB is similar to Wales. The gap for males is wider than the gap for females (Figure 1).

In BCUHB, females can expect to live just over 65 years in good health compared to just under 64 years for males (Figure 2). There is a gap in healthy life expectancy between those in the least deprived and most deprived areas. In BCUHB, females living in the least deprived areas can expect to live almost 11 years longer in good health compared to females in the most deprived areas. The gap for males is wider, with those living in the least deprived areas living just over 12 years longer in good health compared for males in the most deprived areas. The gap in healthy life expectancy in BCUHB is narrower than Wales as a whole.



**Table 3: Life expectancy at birth, females and males, 2020-2022**

Area	Characteristic	Measure	Value	Comparison
<b>Females</b>				
Wales	Total	Years	81.8	Wales
Betsi Cadwaladr UHB	Total	Years	82.2	Significantly Higher
<b>Males</b>				
Wales	Total	Years	78.0	Wales
Betsi Cadwaladr UHB	Total	Years	78.6	Significantly Higher

**Figure 1: The gap in life expectancy at birth between the most and least deprived, years, males and females, 2020-2022**

**Produced by Public Health Wales using PHM, MYE (ONS) & WIMD 2019 (WG)**



Figure 2: Healthy life expectancy at birth (years), males and females, Betsi Cadwaladr UHB, 2018-2020 (Wales comparison not available)

Produced by Public Health Wales using APS, 2011, Census, PHM, MYE (ONS)

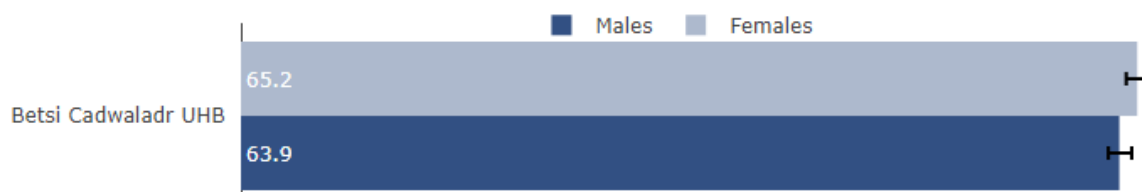


Figure 3: (NI) The gap in healthy life expectancy at birth between the most and least deprived, years, males and females, 2018-2020

Produced by Public Health Wales using APS, 2011, Census, PHM, MYE (ONS)



Table 4: (NI) People who volunteer, Wales, Betsi Cadwaladr UHB, 2022/2023

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-standardised average	29.6	Wales
Betsi Cadwaladr UHB	Total	Age-standardised average	26.6	Similar

Table 5 shows the average score based on the Warwick-Edinburgh Mental Well-being Scale; a higher score represents better mental wellbeing.

Table 5: (NI) Mental well-being among adults, 2022/2023

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-standardised average	48.1	Wales
Betsi Cadwaladr UHB	Total	Age-standardised average	48.5	Similar

## Living conditions that support and contribute to health now and for the future

A similar percentage of people in BCUHB report feeling a sense of community and report feeling lonely to Wales as a whole.



**Table 6: (NI) A sense of community, 2021/2022**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-standardised percentage	63.8	Wales
Betsi Cadwaladr UHB	Total	Age-standardised percentage	65.4	Similar

**Table 7: (NI) People feeling lonely, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-standardised percentage	12.7	Wales
Betsi Cadwaladr UHB	Total	Age-standardised percentage	10.4	Similar

In 2022/23, a statistically significantly higher percentage of people in North Wales report being able to afford everyday goods compared to Wales as a whole.

The quality of housing in BCUHB is better compared to Wales as the percentage of houses free from category one hazards is statistically significantly higher compared to Wales (Table 9). Category one hazards are hazards deemed to potentially cause harm to the health and safety of an occupant; local authorities have a duty to take appropriate action one housing with category one hazards (Public Health Wales, 2024).

**Table 8: (NI) People able to afford everyday goods and activities, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	84.5	Wales
Betsi Cadwaladr UHB	Total	Percentage	86.4	Significantly Higher

**Table 9: (NI) Quality of housing, 2020/21-2022/23**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage, assessments free from category 1 hazards	67.9	Wales
Betsi Cadwaladr UHB	Total	Percentage, assessments free from category 1 hazards	80.5	Significantly Higher

**Table 10: Gap in employment rate for those with a long-term health condition, 2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	12.2	Wales
Betsi Cadwaladr UHB	Total	Percentage	11.1	Similar

**Figure 4: Percentage of children living in poverty, 2022/23\***  
**Produced by Public Health Wales, using the Registration and Population Interaction Database (RAPID), Department for Work and Pensions (DWP) and HM Revenue and Customs (HMRC)**



\*Data for 2022/23 has been calibrated using only two years of HBAI data and should therefore be interpreted with caution.

**Figure 5: (NI) Quality of the air we breathe, average NO<sub>2</sub> concentration (µg/m<sup>3</sup>), residential dwellings, Wales, Health Board, 2022  
Produced by Public Health Wales using UK-AIR, DEFRA via Welsh Government (WG)**



### Ways of living that improve health



Lifestyle behaviours in BCUHB are similar to Wales, with the exception of physical activity levels and eating fruit and vegetables, which are statistically significantly lower in BCUHB compared to Wales as a whole.

**Table 11: Adults who smoke, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-standardised percentage	12.8	Wales
Betsi Cadwaladr UHB	Total	Age-standardised percentage	10.6	Similar

**Table 12: Adults meeting physical activity guidelines, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-standardised percentage	55.4	Wales
Betsi Cadwaladr UHB	Total	Age-standardised percentage	45.8	Significantly Lower

**Table 13: Adults drinking above guidelines, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-standardised percentage	17.2	Wales
Betsi Cadwaladr UHB	Total	Age-standardised percentage	16.0	Similar

**Table 14: Adults eating five fruit or vegetable portions a day, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-standardised percentage	28.5	Wales
Betsi Cadwaladr UHB	Total	Age-standardised percentage	21.8	Significantly Lower

**Table 15: Breastfeeding at 10 days, 2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	38	Wales
Betsi Cadwaladr UHB	Total	Percentage	38	Similar

Among young people, teenage conceptions in BCUHB are statistically significantly higher in BCUHB compared to Wales (Table 16).

The percentage of young people (aged 11 to 16 years) in BCUHB who use alcohol, smoke and drink sugary drinks once a day or more are statistically significantly higher compared to Wales.

**Table 16: Teenage conceptions, 2021**

Area	Characteristic	Measure	Value	Comparison
<b>Females</b>				
Wales	Total	Rate per 1,000 aged under 18	15.2	Wales
Betsi Cadwaladr UHB	Total	Rate per 1,000 aged under 18	17.8	Significantly Higher

**Table 17: Adolescents using alcohol, 2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	35.6	Wales
Betsi Cadwaladr UHB	Total	Percentage	36.8	Significantly Higher

**Table 18: Adolescents who smoke, 2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	2.6	Wales
Betsi Cadwaladr UHB	Total	Percentage	3.3	Significantly Higher

**Table 19: Physical activity in adolescents, 2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	18.3	Wales
Betsi Cadwaladr UHB	Total	Percentage	18.3	Similar

**Table 20: Adolescents drinking sugary drinks once a day or more, 2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	17.5	Wales
Betsi Cadwaladr UHB	Total	Percentage	18	Significantly Higher

**Table 21: Adolescents of healthy weight, 2021**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	65	Wales
Betsi Cadwaladr UHB	Total	Percentage	65	Similar

**Figure 6: Smoking in pregnancy, percentage, females, BCUHB\*, 2023**

\*Wales percentage not available



### Health throughout the life-course



Tables 22 to 36 show a range of indicators from birth (low birth weight), working age adults, older people and general health, mental wellbeing and mortality. BCUHB data is similar to Wales, with the exception of the death rate from injuries which is statistically significantly lower compared to Wales.

**Table 22: Working age adults free from limiting long term illness, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-specific average	68.7	Wales
Betsi Cadwaladr UHB	Total	Age-specific average	72.1	Similar

**Table 23: Working age adults of healthy weight, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-specific average	36.1	Wales
Betsi Cadwaladr UHB	Total	Age-specific average	37.4	Similar

**Table 24: Working age adults in good health, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-specific average	72.6	Wales
Betsi Cadwaladr UHB	Total	Age-specific average	75.0	Similar

**Table 25: Life satisfaction among working age adults, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-specific percentage	79.2	Wales
Betsi Cadwaladr UHB	Total	Age-specific percentage	79.2	Similar

**Table 26: Older people free from limiting long term illness, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-specific average	47.7	Wales
Betsi Cadwaladr UHB	Total	Age-specific average	52.9	Similar

**Table 27: Older people of healthy weight, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-specific average	39.6	Wales
Betsi Cadwaladr UHB	Total	Age-specific average	40.6	Similar

**Table 28: Older people in good health, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-specific average	59.9	Wales
Betsi Cadwaladr UHB	Total	Age-specific average	61.9	Similar

**Table 29: Life satisfaction among older people, 2022/2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Age-specific percentage	84.4	Wales
Betsi Cadwaladr UHB	Total	Age-specific percentage	84.1	Similar

**Table 30: Premature deaths from key non communicable diseases, 2020-2022**

Area	Characteristic	Measure	Value	Comparison
<b>Females</b>				
Wales	Sex	European age-standardised rate per 100,000	252	Wales
Betsi Cadwaladr UHB	Sex	European age-standardised rate per 100,000	249.6	Similar
<b>Males</b>				
Wales	Sex	European age-standardised rate per 100,000	371.3	Wales
Betsi Cadwaladr UHB	Sex	European age-standardised rate per 100,000	375.4	Similar
<b>Persons</b>				
Wales	Total	European age-standardised rate per 100,000	310	Wales
Betsi Cadwaladr UHB	Total	European age-standardised rate per 100,000	310.9	Similar

**Table 31: Deaths from injuries, 2020-2022**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	European age-standardised rate per 100,000	48.9	Wales
Betsi Cadwaladr UHB	Total	European age-standardised rate per 100,000	43.9	Significantly Lower

**Table 32: Deaths from road traffic injuries, 2013-2022**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	European age-standardised rate per 100,000	3	Wales
Betsi Cadwaladr UHB	Total	European age-standardised rate per 100,000	3.4	Similar

**Table 33: Suicides, 2018-2022**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	European age-standardised rate per 100,000	12.5	Wales
Betsi Cadwaladr UHB	Total	European age-standardised rate per 100,000	11.9	Similar

**Table 34: Hip fractures among older people, 2022/23**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	European age-standardised rate per 100,000	598.7	Wales
Betsi Cadwaladr UHB	Total	European age-standardised rate per 100,000	604.7	Similar

**Table 35: Low birth weight, 2023**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Percentage	6.2	Wales
Betsi Cadwaladr UHB	Total	Percentage	6.3	Similar

**Table 36: Tooth decay among 5 year olds, mean number of decayed, missing and filled teeth, persons, Wales, Health Board, 2022-23**

Area	Characteristic	Measure	Value	Comparison
<b>Persons</b>				
Wales	Total	Mean number of decayed, missing and filled teeth	1.1	Wales
Betsi Cadwaladr UHB	Total	Mean number of decayed, missing and filled teeth	1.1	Similar

## References

Public Health Wales, 2024. [Public Health Outcomes Framework](#)



<b>Teitl adroddiad:</b>	Progress Report: Health Board Decarbonisation
<b>Report title:</b>	
<b>Adrodd i:</b>	Planning, Population Health and Partnerships Committee
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 01 May 2025
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:  Executive Summary:</b>	<p>Climate change has been widely recognised as one of the greatest threats to public health globally and nationally. BCUHB as owners of the largest NHS estate in Wales play a key role in reducing emissions and therefore help the NHS to adapt to climate change and building healthier communities.</p> <p>The Health Board's Decarbonisation Action Plan, which was signed off by the stakeholder group in June 2022, is our commitment to reducing our environmental impact and promoting sustainable healthcare, enabling the NHS to deliver excellent patient care now and in the future. The Health Board's Decarbonisation Action Plan.</p> <p>The Health Board monitors progress on the Decarbonisation Action Plan by utilising the All Wales DCR Reporting Tool.</p> <p>As part of the Decarbonisation Action Plan a significant public health benefits to the Community is active travel, Betsi Cadwaladr University Health Board (BCUHB) Public Health Team has led on the development of a Healthy Travel Charter (HTC) for North Wales. The Charter was developed in partnership with key organisations in North Wales, including the six Local Authorities, Sustains, Natural Resources Wales and Transport for Wales. BCUHB Public Health Team have developed an SBAR Report on approach to adopting the North Wales Healthy Travel Charter.</p> <p>While we are proud of our achievements so far, but there is still so much more needed to be undertaken as outlined within the action plan.</p> <p>BCUHB has one of the largest property portfolios in Wales amounting to approximately 456,000 square meters with an annual running cost of £63m. Implementing Energy Conservation Measures (ECMs) and investing in new equipment, such as Solar Farms and LED lighting etc, can ease the burden of maintenance, and reduce ongoing maintenance revenue costs as well as backlog maintenance.</p> <p>The Health Board currently has 2 significant projects that align with the Decarbonisation Action Plan:</p> <ul style="list-style-type: none"><li>• BCUHB Re:Fit Programme</li><li>• Ysbyty Gwynedd Solar Farm Development.</li></ul> <p><u>BCUHB Re:Fit Programme</u></p> <p>A key programme to support the Health Board in delivering on its Decarbonisation Action Plan is the Re-Fit programme which was approved by the Health Board in June 2023 and following a tendering</p>

	<p>exercise, which was conducted with support from Welsh Government Energy Service and Local Partnership, was awarded to Vital Energy. The Re:Fit programme is an ‘invest to save’ programme supported by Welsh Government and administrated by Salix.</p> <p>The Re:Fit programme is now at a point where the Health Board will need to review and approve the High-Level Assessment (HLA) for Phase 1 (2025-27) – which consist of 2 Acute and 3 Community inpatient facility across the Health Board focussing on measures which can be achieved within the funding criteria of the Wales Funding Programme. It is estimated that funding up to £7m will be required across 2 financial years for programme of work to align with the Health Board Decarbonisation Action Plan.</p> <p><u>Ysbyty Gwynedd Solar Farm</u></p> <p>In parallel with the Re:Fit programme the Health Board is looking at the opportunity to develop a Solar Farm on land adjacent to Ysbyty Gwynedd which is owned by Bangor University. The development would result in a 2-phase project with phase 1 being the installation of a 1.30MW array of solar panels that will meet 15.7% of the hospital’s electricity demand and see virtually all the energy used onsite and Phase 2 being the installation of a second 1.30MW array of solar panels which will include battery storage.</p>			
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p><i>The Committee is asked to:</i></p> <ul style="list-style-type: none"> <li>• Note the significant progress to the Decarbonisation of elements of the estate.</li> <li>• Support the continued delivery of the Re:Fit High Level Appraisal Document submitted by Vital Energy on the basis that any BCUHB funding is approved through the relevant capital fund.</li> <li>• Support the progression of the Solar Farm Project at Ysbyty Gwynedd provided always that any binding commitments would be the subject of separate HB approval.</li> </ul>			
<p><b>Arweinydd Gweithredol:</b></p> <p><b>Executive Lead:</b></p>	<p>Stuart Keen – Director of Environment and Estates</p>			
<p><b>Awdur yr Adroddiad:</b></p> <p><b>Report Author:</b></p>	<p>Arwel Hughes - Head of Operational Estates</p>			
<p><b>Pwrpas yr adroddiad:</b></p> <p><b>Purpose of report:</b></p>	<p>I’w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
<p><b>Lefel sicrwydd:</b></p> <p><b>Assurance level:</b></p>	<p><b>Arwyddocaol Significant</b></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p><b>Derbyniol Acceptable</b></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p><b>Rhannol Partial</b></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p><b>Dim Sicrwydd No Assurance</b></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>	<p>BCUHB Estates Strategy</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>	<p>The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd. A Strategic Delivery Plan has been developed to respond to this declaration and is aligned to Welsh Ministers' ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales, the NHS has an important role to play to contribute towards this target and ambitious targets are in place.</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b></p>	<p>Completed</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b></p>	<p>Not required</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>Risk 1257 – Sustainability – which current is a Tier 3 risk and focussed around the development and implementation of the Re:Fit Programme.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>Local Partnerships Fees to support the Re:Fit Project up to Tender stage was £40,000 plus VAT, As the project matures a variable fee equivalent to: the greater of £15,000 or 0.75% of the contract spend up to a maximum of £45,000 will be submitted by Local Partnership</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b></p>	<p>Amherthnasol</p>

(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Not applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> Gweithredu argymhellion  <b>Next Steps:</b> <b>Implementation of recommendations:</b>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>	

## **RE:FIT PROGRAMME**

### **Situation:**

Recommendations for the approval of the High Level Assessment which supports the Health Board's Re:fit programme and aligns with the Decarbonisation Action Plan.

BCUHB have developed a Decarbonisation Action Plan for short and medium term actions, which will deliver a major boost in our objective of achieving Net Zero Carbon Emissions by 2030. The Decarbonisation Action Plan was approved by the Health Board in September 2022 and includes delivering a series of energy efficiency improvements and renewable electricity generation across the estate through the Local Partnerships / Greater London Authority framework. The Health Board receives support throughout the process from Local Partnership and the Welsh Government Energy Service.

The approved funding route for the Re:fit programme is the Wales Funding Programme (Welsh Government's Invest to Save (Capital) Repayable Grant Scheme).

The Wales Funding Programme is administered by Salix on behalf of the Welsh Government. Following an assessment of the application by Salix, recommendations will be made to the Welsh Government (including Health Capital).

Salix will undertake a technical assessment and review of the Health Board's submitted funding application to ensure proposed energy savings are achievable. A recommendation for funding is then made to Welsh Government prior to any formal confirmation with the Health Board that funding can be awarded. Furthermore, once Salix has conducted the assessment, any projects deemed suitable for funding must be approved by the relevant Welsh Government Ministers.

This Framework has allowed the health board to secure Vital Energi as our delivery partner who will work with the health board to identify, quantify and deliver the works from an OJEU compliant EPC framework whereby the level of savings (fiscal and carbon) are guaranteed by the partner organisation.

The Re:fit project will be delivered in multiple phases. This will help us build a good working relationship with Vital Energi so they can understand our needs and any opportunities for

decarbonising the estates. As new technologies which come to market and mature over time, we hope to capitalise on these innovations to ensure we meet our decarbonisation targets as well as to improve patient and staff experiences. We will also look to deliver against nationally agreed actions.

The Re:fit project will give the Health Board the opportunity to carry out improvement programmes and invest in technology such as:

- LED lighting
- Energy efficiency retrofit – for example our range of HVAC and building fabric
- Low carbon heat generation across most sites
- Increase onsite energy generation – (both building and ground mounted)
- Withdraw CHP
- EV Charging
- Building Management Systems
- Lighting & controls
- Heat recovery
- Solar thermal
- Heat pumps
- Photovoltaic panels
- Secondary glazing
- Insulation
- Draught proofing
- Street lighting

Phase 1 (2025-27) – will consist of 2 Acute and 3 Community inpatient facility across the Health Board focussing on measures which can be achieved within the funding criteria of the Wales Funding Programme. It is estimated that funding up to £3.5M per year will be required across 2 financial years for programme of work to align with the Health Board Decarbonisation Action Plan. Sites associated with the first phase are:

- Ysbyty Gwynedd
- Ysbyty Glan Clwyd – Targeted LED Upgrade Project
- Ysbyty Cefni
- Llandudno General Hospital
- Ysbyty Penrhos Stanley

An High-Level Assessment (HLA) has been completed by Vital Energi (VE) to identify the possible Energy Conservation Measures (ECM) and renewable generation (PV) to assist Betsi Cadwaladr University Health Board (BCUHB) with its ambitions of net zero carbon emissions.

Building energy audits were completed between August – October 2024 across all sites and were attended by VE and their specialist subcontractors.

The performance parameters defined for the High-Level Assessment are given in Table 1.

Parameter	Target	HLA Value	Units
Maximum Project Capital Sum	£ 7,000,000	£ 7,126,170	GBP
Maximum Project Payback	10 Years	10.3 Years	Years
Maximum Carbon Cost	£ 350 / tCO2	£ 405 / tCO2	£/tCO2

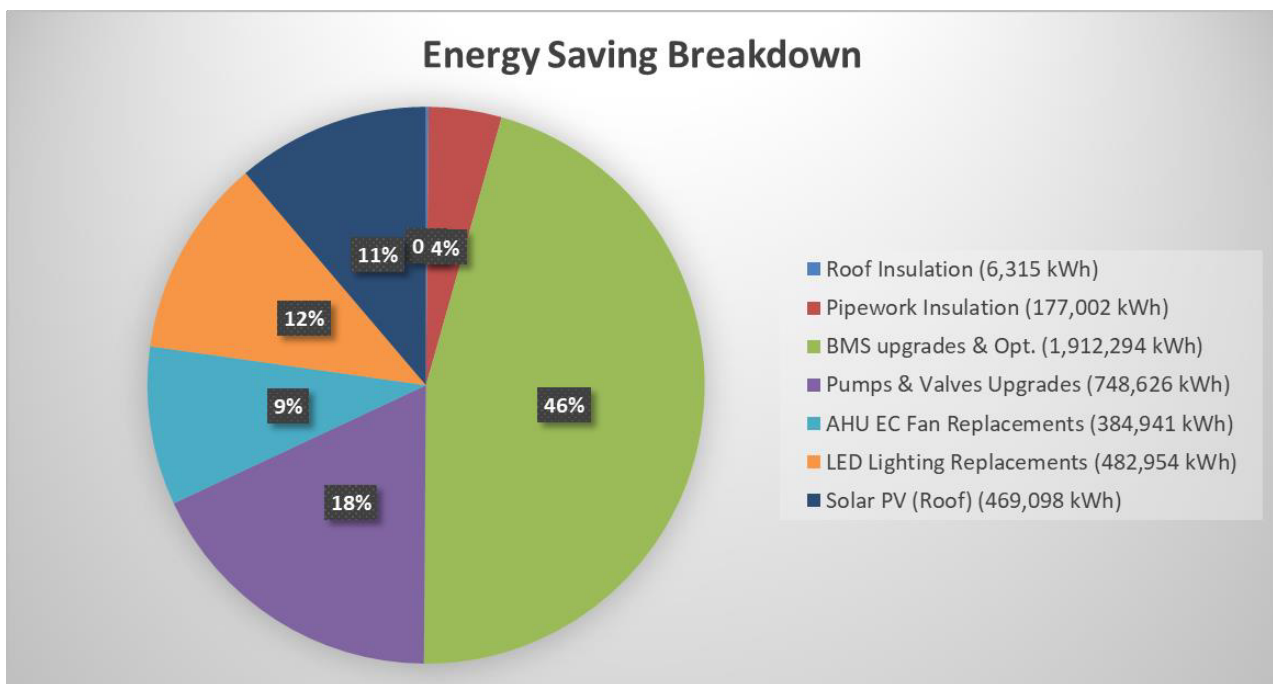
The anticipated savings per site once the Energy Control Measures detailed within the High-Level Assessment have been applied are shown given within Table 2.

Table2

Site	Gas Savings (kWh)	Electricity Savings	Total Annual Energy Savings	Total Annual Energy Cost Savings
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		(kWh)	(kWh)	(£)
Ysbyty Gwynedd	1,914,575	1,100,385	3,014,960	487,557
Ysbyty Glan Clwyd	-	-	-	-
Ysbyty Cefni	19,529	12,603	32,132	6,443
Llandudno General Hospital	697,746	240,555	938,301	150,311
Ysbyty Penrhos Stanley	69,134	126,702	195,836	50,702
<b>Total Baseline</b>	<b>2,700,985</b>	<b>1,480,245</b>	<b>4,181,230</b>	<b>£ 695,013</b>

The anticipated saving against each Energy Control Measures for all the hospitals that are included within Phase 1 of the High-Level Assessment are detailed within the below chart.



### **Recommendations:**

The Health Board to review and support the High-Level Assessment which will lead to the development of an Investment Grade Proposal.

### **Ysbyty Gwynedd Solar Farm**

#### **Situation:**

Approval for the Health Board to continue with working with Bangor University to purchase land to support the development of a Solar Farm

Bangor University undertook a feasibility study examining the potential of installing a solar farm on land they owned and referred to as Pen-y-Ffridd. The site is located to the south west of Bangor and is adjacent to Ysbyty Gwynedd hospital. Due to the cost associated with connecting the solar farm to the campus at Bangor the project became unaffordable.

As part of Operational Estates' scheduled meeting with Welsh Government Energy Service we were made aware of the project and took the opportunity to hold informal discussions with the Head of Estates at Bangor University to look at the option of purchase the land and continue with the Solar Farm Project.

The Pen-y-Fridd field is located adjacent to Ysbyty Gwynedd as detailed within the below plan.

The initial phase of the project, which will result in the development of a 1.3MW solar farm, is hatched in yellow within the plan. Phase 2 will be developed in land hatched in blue.



It is anticipated that future phases will be developed to make use of the land with the introduction of a second array of solar panels which will include battery storage.

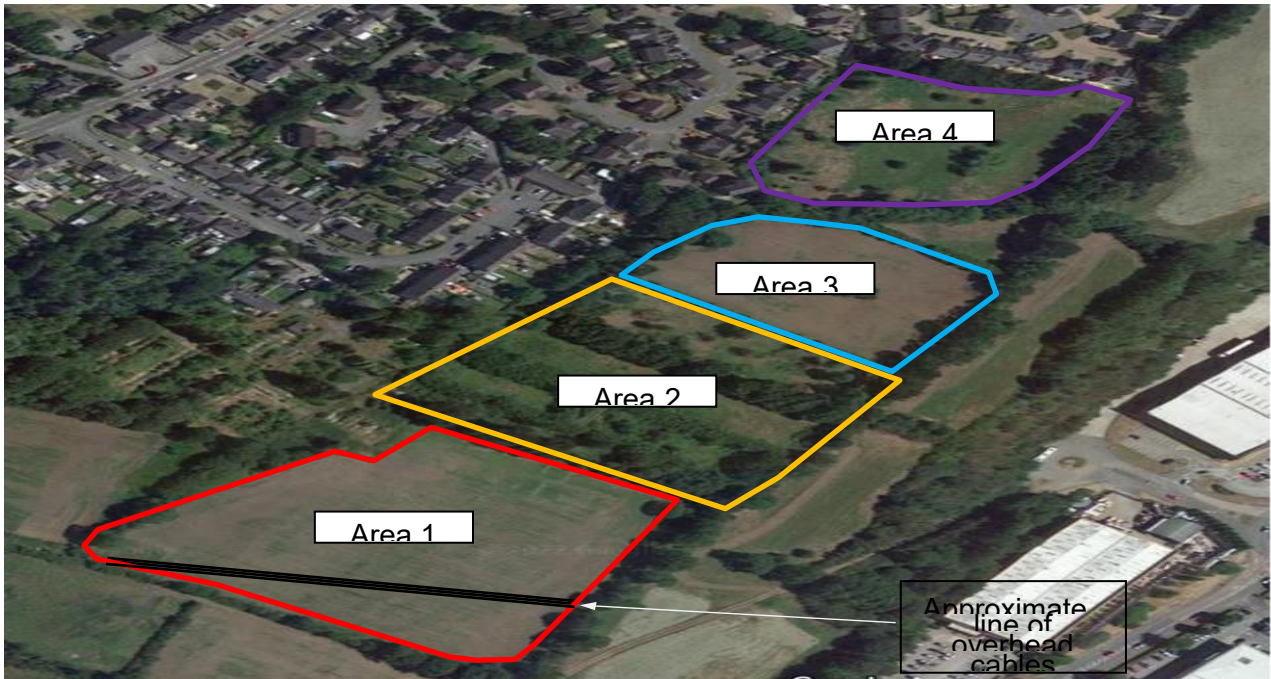
Welsh Government Energy Services has supported the Health Board on developing a High-Level Feasibility study and have produced a report detailing the benefits.

The landholding has been split into four potential areas for development as outlined with a potential to have a phased approach to developing the site.

Output of electricity against each phase are detailed within the below table:

Field	Array Capacity	Losses from Array Shading	Estimated Annual Energy Yield	Yield Ratio	CO <sub>2</sub> Emissions Offset per Annum
1a	1,256 kWp	6.0 %	1,363,503 kWh	1,085 kWh/kWp	290 tonnes
1b	1,452 kWp	6.3 %	1,568,410 kWh	1,079 kWh/kWp	333 tonnes

2	982 kWp	9.5 %	1,020,395 kWh	1,039 kWh/kWp	217 tonnes
3	444 kWp	8.2 %	469,572 kWh	1,057 kWh/kWp	100 tonnes
4	472 kWp	9.4 %	494,210 kWh	1,046 kWh/kWp	105 tonnes
1b, 2, 3, 4	3,350 kWp		3,552,587 kWh		754 tonnes



**Recommendations:**

The Health Board to review and support the progression of the opportunity to develop a Solar Farm on land adjacent Ysbyty Gwynedd.

<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report (March 2025)			
<b>Adrodd i:</b> <i>Report to:</i>	Planning, Population Health & Partnership Committee (PPHP) (Public)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 01 May 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which the Committee has oversight.</p> <p>All 3 risks have been reviewed and updated by the relevant service:</p> <ul style="list-style-type: none"> <li>• <b>CRR24-18</b> 'Operational Planning for Transmittable Diseases and Outbreaks' – Extension to the target risk due date from the 31/01/2025 to the 31/03/2026 as significant time has been taken up with working on the High Consequence Infectious Disease response.</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>receive assurance</b> for the progression of the corporate risks to which the Committee has overall accountability.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Links to the BAF detailed in respective CRR reports			

<b>Link to Strategic Objective(s):</b>	
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	Not applicable for this report
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</b>	Not applicable for this report
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	Links to the BAF detailed in respective CRR reports
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b>	Individual Executive Sign off of CRR reports, Review at next Risk Scrutiny Group and subsequent Executive Team Meeting.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable for this report

**Camau Nesaf:**

***Next Steps:***

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board.

**Rhestr o Atodiadau:**

***List of Appendices:***

Appendix 1 – Corporate Risk Dashboard (March 2025) - Planning, Population Health & Partnership Committee (PPHP)

Appendix 2 – Corporate Risk Register Report (March 2025) - Planning, Population Health & Partnership Committee (PPHP)

# Corporate Risk Register





## Corporate Risk Register Report

### 1.0 Purpose

1.1 The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

The full details of those risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

- CRR24-07 – Availability and Integrity of Patient Information
- CRR24-08 – Delivering a Population Health Approach to Health and Wellbeing
- CRR24-18 – Operational Planning for Transmittable Diseases and Outbreaks

### 2.0 Key Highlights

- **CRR24-18** 'Operational Planning for Transmittable Diseases and Outbreaks' – Extension to the target risk due date from the 31/01/2025 to the 31/03/2026 as significant time has been taken up with working on the High Consequence Infectious Disease response. This has included the development and testing of pathways, reporting to the NHS Exec, provision of training to primary care etc. The delivery of a health board communicable disease plan has been aligned to one of three major work programmes of the Health Protection Service, allowing further time to ensure that this piece of work is delivered effectively and appropriately.

### 2.1 Changes in Score

None

### 2.2 New Risks

None

### 2.3 Overdue/Delayed Actions

The corporate risk register report was produced at the beginning of **March 2025** for review and approval by the Executive Team. At the time of producing no actions were 'overdue' however some actions are noted for being completed end of March 2025.

As per the normal cycle of reporting, the May 2025 updates are being sought for current updates on all of these actions. The status of these actions will be included in the next update/iteration of the risk register.

## 2.4 Risks above Health Board 24/25 appetite

None

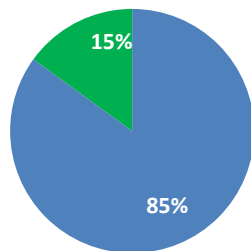
All three risks reported to committee score **within** the tolerance range set in the appetite.

Risk Ref	Reduced Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-07	Fragmented Patient Care Record	Chief Digital Information Officer	16	Quality <16
CRR24-08	Delivering a Population Health Approach to Health and Wellbeing	Executive Director of Public Health	16	Quality <16
CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	Executive Director of Public Health	16	Quality <16

## 2.5 Action Plan status of Corporate Risks

### ACTION STATUS OF CORPORATE RISKS

■ Progressing ■ Completed



Out of the 3 corporate risks, 20 actions have been developed to mitigate the risks. 3 actions have been completed, 17 actions are progressing and on track of which 5 have revised due dates.

### Next steps

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board

### Appendix 1 - Corporate Risk Register Dashboard - Planning, Population Health & Partnership Committee (PPHP) (March 2025)

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
CDIO	CRR24-07	Fragmented Patient Care Record	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened Dec 23, 8 actions identified, 7 progressing (with 4 revised dates) and 1 closed action.  Reduction in current risk score from 20 to 16 – September 2024.
EDoPH	CRR24-08	Delivering a population health approach to health and wellbeing	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened Nov 2023. 7 actions identified, 2 completed, 5 progressing (with 1 revised date)..  Reduction in current risk score from 20 to 16 – September 2024.
EDoPH	CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened June 24. 5 actions identified, 5 actions progressing with revised due date.  Reduction in current risk score from 20 to 16 - November 2024, resulting in the risk now within the tolerance set within the risk appetite.

**Key:**

Executive	
Chief Digital Information Officer	CDIO
Executive Director of Public Health	EDoPH

## Appendix 2 – Corporate Risk Register Report - Planning, Population Health & Partnership Committee (PPHP) (March 2025)

CRR 24-07	<b>Risk Title:</b> A Fragmented Patient Care Record		<b>Date Opened:</b> 06/12/2023
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee		<b>Date Last Committee Review:</b> 18/02/2025
<b>Date Last Reviewed:</b> 13/02/2025	<b>Director Lead:</b> Chief Digital and Information Officer	<b>Link to BAF:</b> BAF24-02	<b>Target Risk Date:</b> 31/03/2029
There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling under a single patient identifier, which could lead to deaths and harm.			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Current paper file identified as the Master Copy of the full record.</li> <li>2. Access to current clinical systems to print clinical information ready to store in the Master File.</li> <li>3. CITO Contract in place to house scanned document as a repository.</li> <li>4. Mandate process in place to control the adoption of new functionality within existing systems to capture patient data.</li> <li>5. Current system training and standard operating procedures around searching for and registering new patients to prevent the creating of duplicate records in place.</li> <li>6. Dashboard in place which flags any new duplicate patient record created to allow immediate record merge.</li> <li>7. Standard operating procedures involving searching for and storing patient information to prevent harm in cases where duplicate records exist is in place within Patient Administration System.</li> <li>8. Optimisation Programme in place for the four main patient administration systems to review usage and reduce duplication across the systems. This will also support the removal of obsolete systems.</li> <li>9. Assistant Director of Patient Records now member of Clinical Effectiveness Group and Patient Safety and Quality Group to ensure harms associated with patient records are addressed.</li> </ol>		<ol style="list-style-type: none"> <li>a. Lack of current system capabilities to integrate into the fuller Electronic Health Record. Optimisation programme underway with a focus on Electronic Point of Care (EPOC), EPRO (Digital Dictation System Supplier) and Welsh Clinical Portal (WCP) to review current systems interoperability and functionality. CITO has been agreed as the Electronic Document Management System for the Health Record.</li> <li>b. Availability of current paper records within digital environment. The business case for a scanning strategy for the Health Board is currently in draft and will provide options, costs and resource requirements for scanning of records.</li> <li>c. Standard practice registration across the three acute sites. Proposal developed including resource funding required based on the East Health Records service coverage. Non-recurrent allocation of resource secured, which will support addressing the standardisation across the three sites on a limited timeframe. Further request has been presented to secure recurrent funding.</li> <li>d. No agreement to fund additional Health Records staff to address backlog of duplicate patient records / identifiers. Standardised procedures in place to prevent re-occurrence with request for additional resources currently being presented for consideration.</li> </ol>	

<p>10. The work underway with the Mental Health Electronic Health Record Programme is the first part of the future Electronic Health Record journey with the governance route agreed.</p> <p>11. Clinical Decision Authority now in place with agreed terms of reference and meeting on a bi-monthly basis to ensure that the design and use of digital systems does not compromise the safety, quality and effectiveness of care.</p>	<p>e. Lack of quality within the content of current patient records. Office of the Medical Director accepted ownership and will consider as part of professional standards.</p> <p>f. Continued delay in confirmation of membership at the Patient Safety and Quality Group. Progress chasing monthly in place.</p> <p>g. Correct use of current clinical systems. Current review underway to establish usage with a future plan including training on the use and capability of all systems.</p>	
Actions	Due Date	Progression Analysis
<p>Establish the cost and resource requirements to back scan all live records</p> <p><a href="#">Proposal to close as this is now covered as part of the Scanning Strategy development.</a></p>	31/03/2025	Completed
<p>Develop a Health Board Scanning Strategy</p> <p><a href="#">Third Party appointed and visits to all main sites have been undertaken. Workshops commenced with next steps to look at requirements to develop options and proposals for approval. this will include the costs for scanning live records. Action due date revised to accommodate year end and annual leave processes.</a></p>	31/05/2025	Progressing (revised date from 31/03/2025)
<p>Standardise the way in which using existing systems (paper and electronic) as part of the DDaT optimisation workstreams</p> <p><a href="#">Training Strategy completed, awaiting formal approval at the DDaT Senior Leadership Meeting and will then be implemented. Due date extended to take into consideration the need to develop the plan to support the strategy.</a></p>	30/06/2025	Progressing (revised date from 31/03/2025)
<p>Undertake a review of all current systems to ensure these can be integrated into an Electronic Health Record</p> <p><a href="#">This remains ongoing as part of the draft Outline Business Case for the Electronic Health Record.</a></p>	30/04/2025	Progressing
<p>Accelerating the business case, approvals, procurement and implementation of an Electronic Patient Record for Mental Health (minimum 2-year project)</p>	30/04/2025	Progressing
<p>Recruitment of additional health records staff to standardise the registration practice across three acute sites.</p> <p><a href="#">Non-recurrent funding secured till 31/03/2025. Bid for recurrent funding currently being presented to the Executive Team following support from the Planned Care Programme Board.</a></p>	31/05/2025	Progressing (revised date from 31/11/2024)

Engage with the Estates Rationalisation Programme to secure the future of "fit for purpose" file libraries for legacy paper records.

30/06/2025

Progressing

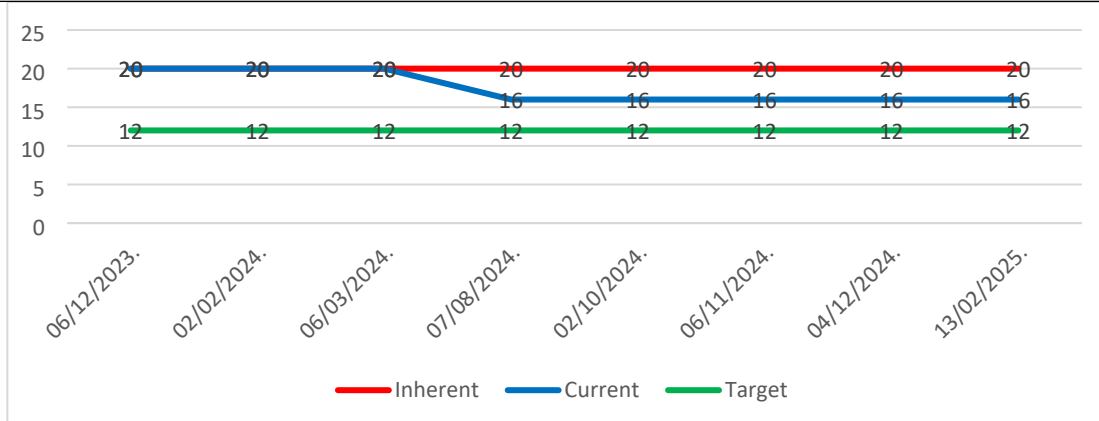
[Structural Survey authorised, awaiting confirmation of date to commence.](#)

Following completion of the Baseline assessment of the location of all records, a review and recommendations will be developed and presented Planning, Population Health and Partnerships Committee.

30/11/2025

Progressing  
(revised date from  
31/08/2025)

Final Report for the West in draft and the findings will be presented to the West Integrated Health Community before onwards submission for assurance to the Information Governance Group. Due date delayed due to length of time taken to complete each area and the resources required.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		<16

**Position & Intended Outcome for Risk**

Organisational wide risk based on potential patient safety and negative impact if the risk were to materialise. In addition, the financial and resource requirement to implement the controls and mitigations required are significant.

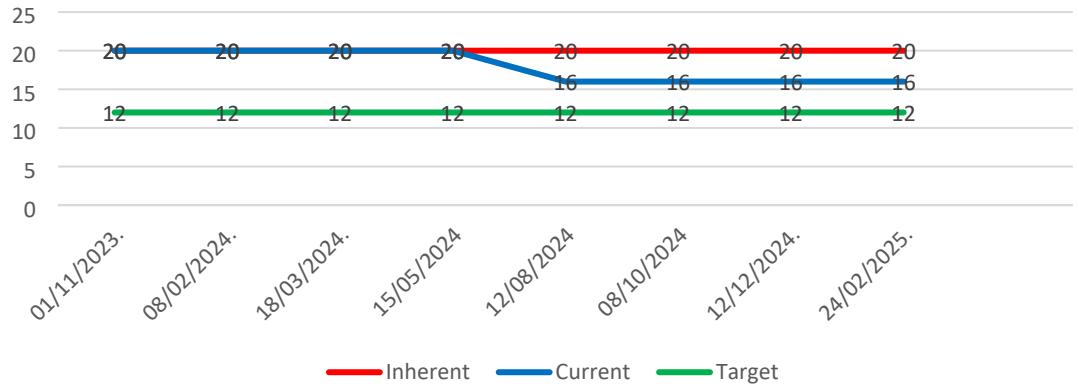
CRR 24-08	<b>Risk Title:</b> Delivering a population health approach to health and wellbeing		<b>Date Opened:</b> 01/11/2023
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee (PPPH)		<b>Date Last Committee Review:</b> 18/02/2025.
<b>Date Last Reviewed:</b> 24/02/25	<b>Director Lead:</b> Executive Director of Public Health	<b>Link to BAF:</b> BAF24-06	<b>Target Risk Date:</b> 30/04/2025
<p>There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p>This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to increasing rates of infectious disease. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Population Health Executive Delivery Group provides strategic direction ensuring alignment with health priorities and effectively mitigating the risk of misalignment or lack of focus in population health initiatives</li> <li>2. Annual development of IHC data packs and headline report support Health Board planning to reflect current and emerging need.</li> <li>3. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales and with IHC areas, providing expertise and guidance.</li> <li>4. Funding associated with Healthy Weight Healthy Wales which was formerly non-recurrent grants has now been added recurrently to the Health Board core budget.</li> <li>5. Prevention and health inequalities form key part of the Health Board Integrated plan 24-27, ensuring that these critical areas are prioritised and integrated into strategic initiatives to mitigate the risk of neglecting health equity and prevention efforts</li> <li>6. Interviews have taken place for 2 x vacant Consultant in Public Health posts and appointed to, ensuring the team is adequately staffed to</li> </ol>		<ol style="list-style-type: none"> <li>a. Response to the demographic profile and the current and forecast prevalence of chronic conditions and their effect on demand. Understanding our current prevention offer as a health board, its impact and our population needs used in conjunction with clinical data will inform development of the prevention offer and approaches.</li> <li>b. There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale. Prevention activities at scale which create an impact requires long term, sustainable and growth investment.</li> <li>c. The availability of data and intelligence to support strategic focus at the local level and subsequent planning is not available. Recognising which data is important and where there are gaps in the data will allow more effective and targeted planning.</li> <li>d. The Deputy Director of Public Health post is currently vacant</li> </ol>	



<p>maintain effective public health management and mitigate the risk of gaps in expertise</p> <ol style="list-style-type: none"><li>7. Board Awareness session regarding the 'shift to Prevention' focus has taken place in July 24 to ensure leadership is aligned with strategic priorities and mitigating the risk of insufficient understanding or support for the prevention agenda</li><li>8. DDAT and Public Health Team are meeting to progress data requirements and address gaps ensuring data integrity and supporting informed decision making to mitigate risks of incomplete or inaccurate data and to align clinical and population health data which supports informed decision making.</li><li>9. Quarter 1, 2 and 3 Prevention deliverables within the Health Board Plan 24/25-26/27 have been achieved.</li><li>10. Receipt of the evaluation report for the Inverse Care Law activity. The Inverse Care Law activity report will provide insights to address any gaps and inform future actions, thereby contributing to reducing the risk of the inverse care law - The inverse care law is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served</li><li>11. Review / refresh of IHC Data packs to inform planning ensuring that up to date and accurate data is used to mitigate the risk of outdated or incomplete information influencing decision-making and support prioritisation of prevention based plans</li><li>12. Population Health Executive Delivery Group – Workshop 'Prevention – Priorities, Planning and Delivery' to inform direction and planning has taken place.</li><li>13. Well North Wales Paper received by Board, outlining the direction for this integral programme approved (Oct 24). This provides a framework for change which supports the reduction of health inequalities in collaboration with partners.</li><li>14. Strategic Arts in Health Plan received by Board, approved (Oct 24). This provides clear direction together with partners to support health and wellbeing through the use of arts.</li><li>15. PPHP Committee received delivery update by Health Protection Team (Aug 24).</li></ol>	<ol style="list-style-type: none"><li>e. Prevention and early intervention actions and deliverables embedded within service and IHC plans and monitored routinely as part of performance monitoring Prevention is a priority theme which runs through the draft Health Board 3 year plan 25-28 however the IHC plans have not yet been reviewed.</li><li>f. Staff training – Make Every Contact Count this recognises that all staff can take opportunity to use key day to day interactions to open up discussions about improving health and wellbeing and support positive changes</li></ol>
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<p>16. Executive Director of Public Health appointed</p> <p>17. A continuation of non-recurrent grant funds for Smoking and Weight (prevention and early years fund) and also Healthy Schools and Whole School Approach to Mental wellbeing have been confirmed for 25/26.</p> <p>18. key milestones addressing data gaps and intelligence in relation to Population health have been included in the Health Board Plan. This will also help us to identify the impact of our current prevention offer and develop future models and approaches.</p>		
Actions	Due Date	Progression Analysis
<p>IHC Plans (as part of the Health Board 3 year plan) 25/26-27/28 evidence response to the IHC Population Health data packs and deliverables. BCU Planning Framework has now been approved. The BCUHB draft 3 year plan December 2024 acknowledges Prevention as a key theme. MECC (Make Every Contact Count) training for staff is identified as an area for consideration in IHC Plans. Unable to close this action until IHC Plans have been reviewed. Board to receive Health Board Plan and submission to Welsh Government in March</p>	31/03/2025	Progressing (revised date from 30/11/2024)
<p>Recruitment to the post of Executive Director of Public Health. 24/2/25 – Process complete</p>	01/02/2025	Completed
<p>A review of the impact of specific preventative services has commenced. This action will continue into 25/26. It is anticipated it will form part of the Health Board Delivery plan 25/26-27/28. A review of Weight Management Services has been agreed. Board to receive Health Board Plan and submission to Welsh Government in March 2025.</p>	31/03/2025	Progressing
<p>Health Board Annual Plan / 3 year milestones and associated activity. The Health Board plan approved for 24-27 reflects prevention priorities and deliverables. BCU Planning Framework has now been approved. Draft BCUHB Plan December 2024 evidences Prevention as a key cross cutting theme. Board to receive Health Board Plan and submission to Welsh Government in March 2025.</p>	31/03/2025	Progressing
<p>Executive Director of Public Health will agree the Prevention Priorities and Prevention Deliverables as part of the BCUHB Plan development 25-28, as the identified Executive lead – which contribute to delivery of the</p>	31/03/2025	progressing

<p>Health Board 5 Strategic Objectives. Draft deliverables have been submitted and approved by the Executive Director of Public Health. Board to receive Health Board Plan and submission to Welsh Government in March 2025.</p>																																																									
<p>The Public Health Team will carry out a review of existing programmes of work and agree Directorate priorities 25/26 Programmes of work have been agreed and included in the health board plan 25-28. Supporting infrastructure is now being developed to ensure delivery.</p>	31/03/2025	Completed																																																							
<p>Programme plans developed for Health Protection, Health Improvement, Health Inequalities and Healthcare Public Health which contribute to the additional controls required  24/2/25 – Programme plans are being finalised for the Public Health Teams with Consultants in PH as SROs. Programmes will be loaded into the PMO Portal.</p>	31/03/2025	Progressing																																																							
 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Date</th> <th>Inherent</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>01/11/2023</td><td>20</td><td>20</td><td>12</td></tr> <tr><td>08/02/2024</td><td>20</td><td>20</td><td>12</td></tr> <tr><td>18/03/2024</td><td>20</td><td>20</td><td>12</td></tr> <tr><td>15/05/2024</td><td>20</td><td>20</td><td>12</td></tr> <tr><td>12/08/2024</td><td>20</td><td>16</td><td>12</td></tr> <tr><td>08/10/2024</td><td>20</td><td>16</td><td>12</td></tr> <tr><td>12/12/2024</td><td>20</td><td>16</td><td>12</td></tr> <tr><td>24/02/2025</td><td>20</td><td>16</td><td>12</td></tr> </tbody> </table>	Date	Inherent	Current	Target	01/11/2023	20	20	12	08/02/2024	20	20	12	18/03/2024	20	20	12	15/05/2024	20	20	12	12/08/2024	20	16	12	08/10/2024	20	16	12	12/12/2024	20	16	12	24/02/2025	20	16	12	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Quality</td> <td>&lt;16</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	4	5	20	Current Risk Rating	4	4	16	Target Risk Score	4	3	12	Risk Appetite	Quality		<16
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<p align="center"><b>Position &amp; Intended Outcome for Risk</b></p>																																																									
<p>The population health of North Wales is worsening and has significant impact on demand for services and potentially on the wider community due to the loss of people from the workforce, and through the subsequent economic impacts on our communities through loss of involvement. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board ability to deliver excellent healthcare services meaning the Health Board purpose must retain clear focus on improving the health and wellbeing of the population</p>																																																									

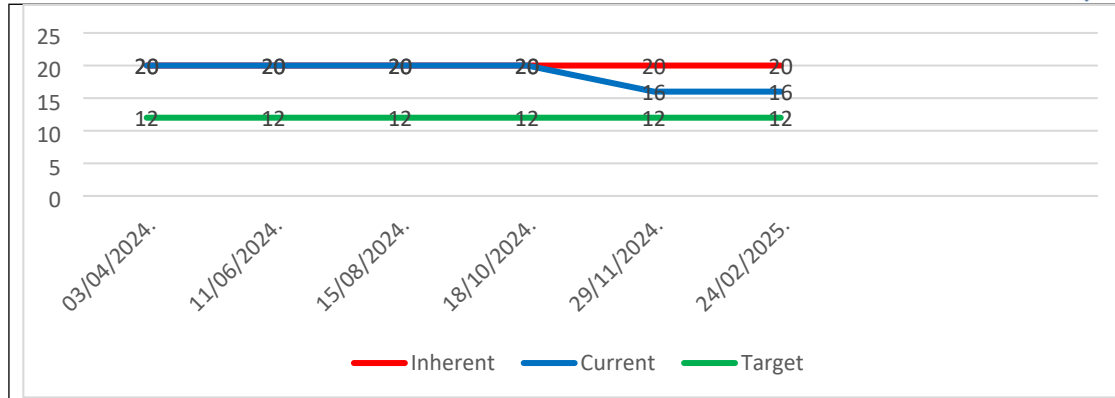
CRR24-18	<b>Risk Title:</b> Operational Planning for Transmittable Diseases and Outbreaks - Health Protection		<b>Date Opened:</b> 03/04/2024
	<b>Assuring Committee:</b> Planning, Population Health and Partnerships Committee		<b>Date Last Committee Review:</b> 18/02/2025
<b>Date Last Reviewed:</b> 24/02/2025	<b>Director Lead:</b> Executive Director of Public Health	<b>Link to BAF:</b> BAF24-06	<b>Target Risk Date:</b> 31/03/2026
<p>There is a risk that the Health Board does not plan adequately for outbreaks and incidents of communicable disease such as (but not solely) Measles, M.Pox, COVID-19, Pertussis etc.. This may be caused by the unpredictability of when the disease may first occur, the variety of new and emerging threats, the variations in the nature of the required response to specific diseases, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate, contact tracing, sampling, vaccination, communications), the scale of potential outbreaks, the difficulties in protecting specific vulnerable groups and members of staff in a timely way. This could lead to greater exposure of the public and staff members to communicable diseases causing an increase in cases, further transmission, interruption of health board services and in some cases death.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> <li>1. Health Protection Service established within BCUHB with a clear remit for enhancing the response to incidents and outbreaks in North Wales in accordance with the Communicable Disease Outbreak Control Plan for Wales.</li> <li>2. Standard Operating Procedures relating to community sampling for specific diseases, including Measles, M pox, Avian Influenza, COVID-19 (although some remain to be developed)</li> <li>3. Pathways established for response measures to specific diseases, for example, HNIG pathway and vaccination outbreak response for measles.</li> <li>4. Health Protection Service responsible for the management of COVID-19 incidents in closed settings in North Wales</li> <li>5. Strong links with Health Protection Partners including Public Health Wales and each of the 6 Local Authority Environmental Health teams.</li> <li>6. Strong links with the Communicable Disease Surveillance Service to support the monitoring of trends in communicable diseases</li> </ol>		<ol style="list-style-type: none"> <li>a. No approved comprehensive procedure/plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB.</li> <li>b. Communicable disease preparedness group identified with a first meeting planned for April 2025.</li> <li>c. Initial discussions begun around exercise Pegasus – to take place in Autumn 2025</li> </ol>	



7. Multi-agency simulation exercise undertaken in September 2023 in North Wales to test preparedness measures for specific outbreaks.
8. Access to and use of the national Case and Incident Management System: Tarian
9. Significant lessons identified from preparedness activities associated with national increase in Measles cases, leading to the development of tools, assets and pathways that could be adapted for use with other communicable diseases
10. IHC engagement with outbreak planning and preparedness activities highlighted in the IHC packs 24/25
11. Appointment of an EPRR Lead who is able to support with the development of an outbreak plan for the Health Board
12. Additional focus placed on staff (occupational health) vaccinations, with additional support provided for staff influenza and MMR uptake from the Health Protection Service
13. Strategic group established within the Health Board to lead on the development of plans and pathways for the management of suspected and confirmed cases of High Consequence Infectious Diseases (particular focus on Mpox Clade I). Preparedness activities to date include the testing of 'green routes' with the WAST Epi-Shuttle on each acute site, the preparation and testing of IPC guidance and sampling plans, confirmation of appropriate isolation areas on each acute site. and the initiation of preparedness activities within each IHC for the management of suspected and confirmed HCID cases.
14. National multi-agency simulation event to test local preparedness plans and processes for HCID Mpox Clade I – 'Fad Felen'
15. Contributions made to the development of national action cards for HCID cases.
16. NHS Executive audit of HCID preparedness measures identified areas of good practice in relation to highlighting the HCID pathway within primary care
17. Awareness sessions held with primary care practices across North Wales in December and January to highlight responsibilities for the identification and management of possible HCID cases.



<p>18. Multi-agency training event (PHW, Local Authorities) attended in February 2025 on enteric fevers and the management of food-borne illness.</p> <p>19. Identification of scope of health-protection medicines to include in a BCUHB communicable disease plan</p>				
Actions		Due Date	Progression Analysis	
<p>To establish an operational group within BCUHB for the developing and shaping a communicable disease outbreak management plan</p> <p>The High Consequence Infectious Disease (HCID) group has been officially stood-down, but will be reconvened on 29<sup>th</sup> April 2025 as a Strategic Communicable Disease Preparedness Group. Terms of Reference and membership to be confirmed.</p>		01/05/2025	Progressing (revised date from 01/03/2025)	
<p>To prepare a draft copy of a communicable disease outbreak management plan</p> <p>This will extend as Strategic Communicable Disease Preparedness Group will be meeting for the first time on the 29<sup>th</sup> April 2025.</p>		01/10/2025	Progressing (revised date from 01/12/2024)	
<p>To run a simulation exercise across the Health Board to test the functionality and contents of the communicable disease outbreak management plan</p>		01/02/2026	Progressing (revised date from 01/02/2025)	
<p>Further revision of the plan following simulation exercises</p>		14/02/2026	Progressing (revised date from 01/04/2025)	
<p>Approval and agreement of the communicable disease outbreak management plan with an agreed schedule of simulation events.</p>		31/03/2026	Progressing (revised date from 31/03/2025)	
		Impact	Likelihood	Score
		Inherent Risk Rating	4	5
				20



Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		<16

**Position & Intended Outcome for Risk**

There are a number of unpredictable situations that could arise and would have a potentially significant impact on the population.



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



<b>Teitl adroddiad:</b> <i>Report title:</i>	Board Assurance Framework			
<b>Adrodd i:</b> <i>Report to:</i>	Planning, Population Health & Partnership Committee (PPHP)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 01 May 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Audit Committee and Board.</p> <p>The proposed assurance ratings have been approved by individual committees responsible for the risk.</p> <p>The Board Assurance Framework will be submitted to the Board in May 2025.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>To <b>receive</b> and <b>consider</b> the contents and assurance rating of the Board Assurance Framework.</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input checked="" type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input checked="" type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <input type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i></p>				

<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Detailed in the BAF report and how the CRR aligns to the revised BAF</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not applicable for this report</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>Not applicable for this report</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Board Assurance Framework paper</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Executive Committee feedback 26/03/2025 informed this version of the BAF and suggested ratings agreed.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Board Assurance Framework risks linked to corporate risks</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	

**Camau Nesaf:**

***Next Steps:***

1. Assurance ratings to be presented to the Board for agreement.
2. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Team meeting, monitoring of actions within risks. Reporting to Committee quarterly and Board bi-annually as per Risk Management Framework.

**Rhestr o Atodiadau:**

***List of Appendices:***

Appendix 1 – PPHP risks only, Board Assurance Framework



# Board Assurance Framework





# Board Assurance Framework Report

## Purpose

The Board Assurance Framework (BAF) serves as a strategic tool, designed to support the Health Board (BCUHB) in achieving its overarching goals and objectives. The BAF provides a structured approach for identifying, managing, and mitigating risks that may impact the successful delivery of our strategic priorities. Through clear alignment with our organisational strategy and key initiatives, the BAF enables us to maintain an accountable, transparent, and proactive approach to risk management.

The purpose of this BAF is threefold:

- To provide assurance that effective controls are in place to manage risks to our strategic objectives.
- To support informed decision-making by presenting clear, current risk insights to the Board and stakeholders.
- To align risk management efforts across the organisation, ensuring consistency with our vision of delivering high-quality, accessible healthcare services.

By integrating the BAF with our strategic priorities and operational plans, we can ensure that our risk management efforts directly support our mission to improve health outcomes, enhance patient safety, and foster a culture of accountability within BCUHB.

The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Board.

## Introduction

Board Assurance risks were developed by the Executive Team based on the Health Board's 5 strategic objectives. The report has been approved by the Board 30 Jan 2025 and will be subsequently updated by action handlers and Executives on an on-going basis.

## What is Assurance in Relation to Board Assurance Risks?

In the context of the Board Assurance Framework, **assurance** refers to the level of confidence the Committee can place in the effectiveness of the current risk treatment strategies to mitigate identified threats to strategic objectives. It is based on the extent of evidence available—internal or external—that demonstrates that key controls are in place and working effectively, and that actions to address gaps are progressing as intended.

Assurance levels help the Board determine whether risks are being managed effectively and inform decisions about resource allocation, priority areas, and potential escalations.

The four levels of assurance used are as noted in the key on page 6 of this report.

## Proposal from the Executive Committee

Following its review, the Executive Committee proposes that the majority of the risks on the Board Assurance Framework are currently suggested to be rated as having *Limited Assurance*.

### **Rationale for Proposed Rating**

The recommendation of **Limited Assurance** reflects a realistic and cautious assessment of the current position. Specifically:

- While some progress has been made on risk treatment strategies, there remain to be identified **key gaps in controls** that remain unresolved.
- More **evidence is required** particularly external or independent validation that controls are fully effective.
- Several actions remain as progressing and not yet complete before the risk scores can be confidently reduced.
- As such, the **likelihood of these risks materialising remains**, and further assurance is required before a higher assurance rating can be justified.

This rating encourages focused attention and targeted action in key areas while recognising that progress is underway.

### **Recommendation**

The Committee is asked to **review and agree** the proposed assurance ratings on behalf of the Board for each risk on the Board Assurance Framework. If agreed, these ratings will be presented to the Board for agreement.

### **Next Steps**

- Committees will be asked to score level of assurance in relation to risks.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Team (bi-monthly) and Committees (quarterly) and Board (quarterly) as per the Risk Management Framework on an on-going basis.

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the HBs risk framework (with corresponding corporate and operational risks)
- Risk ratings – current (residual), tolerable and target levels. Risks are scored in line with the HB approved scoring matrix.
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (Averse = aim to avoid the risk entirely; Minimal = insistence on low-risk options; Cautious = preference for low risk options; Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment identified for each threat and opportunity, each assigned to an Risk Lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate: (1) Management (those responsible for the area reported on); (2) Risk and compliance functions (internal but independent of the area reported on); and (3) Independent assurance (Internal audit and other external assurance providers).
- Unlike corporate risks where target dates are key for mitigation, risks will remain reported as the Board seeks assurance accordingly until the risk is sufficiently mitigated. Actions are based on quarters for the year.
- Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating.
- The RACI clarifies roles and responsibilities for tasks and deliverables and is utilised for sub-risks however the responsibility of the overall BAF risks of the lies with the **Executive Team** and accountability lies with the lead committee.

Likelihood score and descriptor					
	Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
<b>Frequency</b> How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
<b>Probability</b> Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

Key to lead committee assurance ratings:



**Substantial Assurance**

The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.



**Reasonable Assurance**

The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.



**Limited Assurance**

The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.



**Unsatisfactory Assurance**

The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High

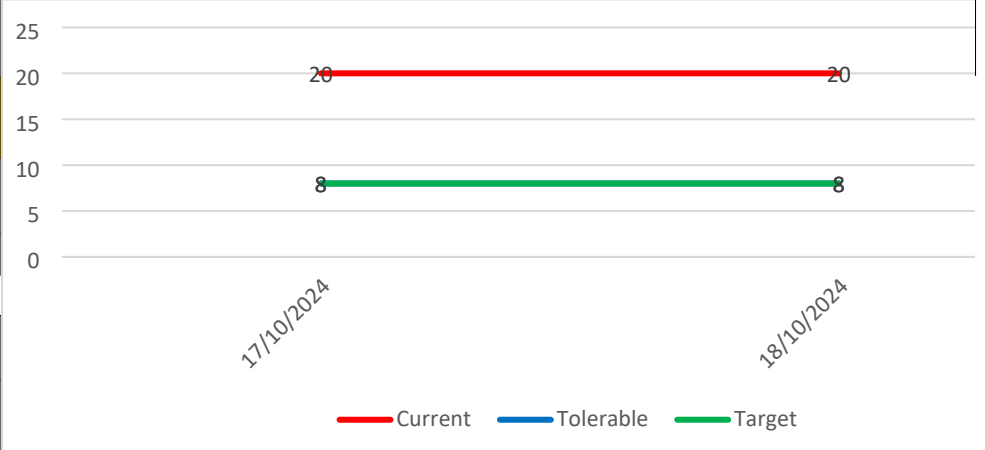
This BAF includes the following Risks to the HBs strategic priorities:

Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive Team	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance and Executive Team oversight	Performance, Finance and Information Governance	20/10/2024	19/03/2025	4x 3= 12	<b>4x 3= 12</b>	2x 2= 4
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	<b>Planning, Population Health &amp; Partnership</b>	20/10/2024	19/03/2025	5x 4= 20	5x 4= 20	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainable	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	19/03/2025	5x 4= 20	<b>5x 4= 20</b>	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Deputy Director of People Services	People & Culture	20/10/2024	19/03/2025	4x 4= 16	<b>4x 4= 16</b>	3x 3= 9
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships/Communications and Engagement	<b>Planning, Population Health &amp; Partnership</b>	20/10/2024	19/03/2025	2x 3= 6	<b>2x 3= 6</b>	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience  <b>Planning, Population Health &amp; Partnership</b>	20/10/2024	19/03/2025	5x 4= 20	<b>5x 4= 20</b>	5x 2= 10
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	19/03/2025	4x 4= 16	<b>4x 4= 16</b>	4x 2= 8
BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Medical Director & Chief Digital & Information Officer	<b>Planning, Population Health &amp; Partnership</b>	20/10/2024	19/03/2025	4x 3= 12	<b>4x 3= 12</b>	3x 2= 6


## 2: Developing strategy and long-lasting change


Objective area 2 draws upon the need for the Health Board to be clear about population needs in North Wales and that services are configured in a way to get the highest value from the resources available to us. In this way the Health Board can provide services that are reliable, more cost-effective, and that make the best use of healthcare professionals.

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-02: Not Delivering Strategic Development and Digital Transformation</b>			<b>Strategic objective</b>	1. Developing strategy and long-lasting change (2A 10-year Strategy & 2H Strengthening Planning; 2E Digital, Data, and Technology;)
	Ineffective strategy development, robust planning processes, and a forward-looking approach to digital technology to ensure long-lasting organisational change.				
<b>Lead Committee</b>	Planning, Population Health & Partnership Committee		<b>Risk type</b>	Quality	
<b>Risk Lead</b>	Executive Director Transformation and Strategic Planning / Chief Digital & Information Officer		<b>Risk appetite</b>	Open 15-19	
<b>Related Corporate Risks:</b>	CRR24-07 Fragmented Patient Care Record/CRR24-17 ICT Failure and Cyber				
<b>Risk rating</b>				<b>Review Dates</b>	
	<b>Current exposure</b>	<b>Tolerable</b>	<b>Target</b>		
<b>Consequence</b>	5. Catastrophic	4. Major	4. Major	<b>Initial date of assessment</b>	20/10/2024
<b>Likelihood</b>	4. Somewhat likely	2. Unlikely	2. Unlikely	<b>Last reviewed by Committee:</b>	10/12/2024 (Private)
<b>Risk rating</b>	20. High	8. Medium	8. Medium	<b>Last updated by Executive:</b>	07/04/2025

**N.B. Tolerable and Target score lines stacked as both are 8.**

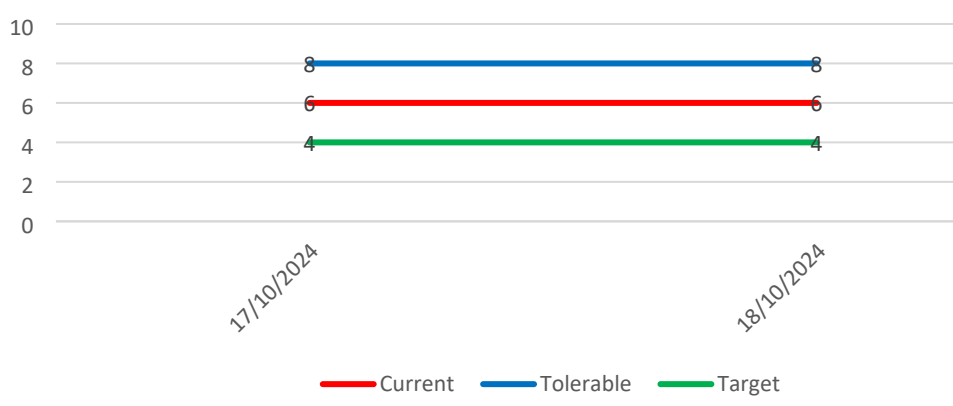
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) ( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Assistant Director of Compliance and Business Management	Accountable:		Chief Digital & Information Officer
<p><b>Threat:</b> the organisation may struggle to keep pace with the rapid evolution of digital, data, and technology innovations and have outdated systems, inefficiencies, and an inability to fully harness data for informed decision-making and personalised patient care by lack of investment in DDaT infrastructure due to competing priorities</p>	<ul style="list-style-type: none"> <li>• Cyber Security Plan (and evidenced of reasonable assurance through recent internal audit)</li> <li>• Plans to recruit key skills and capabilities gaps</li> <li>• Business case developed for Mental Health and Acute and Community EHR</li> <li>• Clear benchmarking with Gartner IT Score to assess and guide us on what we need to do.</li> <li>• Skills and capabilities augmentation contracts in place with third party companies to support the internal teams in delivering what is required</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of recurrent funding and support the recruitment of critical roles</li> <li>• Lack of support to procure flexible augmentation contracts</li> </ul>	<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>• Quarterly reviews of digital objectives including projects at service level to Senior Leadership Team</li> <li>• Performance and accountability meetings for Annual Plan objectives</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>• Annual audit of data governance and cyber security measures</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>• Internal and external audits of data governance and technology</li> <li>• Information Commissioners office</li> <li>• Audit Committee Reporting and Corporate Risk in place</li> <li>• Continual Benchmarking from Gartner Group and Service Desk Institute against best practice</li> </ul>		<p><b>Limited Assurance</b></p>
	<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)		<b>Action Handler</b>	<b>Status of Actions</b>	<b>Date when action will be completed</b>
	Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31 <sup>st</sup> March 2025 will be completed.		Sion Jones	Delayed	31/03/2025
	Roll-out of key priority digital transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. Activity which is required by 31 <sup>st</sup> March 2025 will be completed.		Andrea Williams	Delayed	31/03/2025
	System integration – This action needs removing as there is limited system integration work being carried out due to the complexities of the technologies and the lack of integration skills.		Justine Parry	Delayed	31/03/2025
	Transformation of the DDaT Operating Model. Lack of available recurrent funding has hampered this piece of work.		Justine Parry	Delayed	31/03/2025
	Proposals, (repeated from previous years) for 2025/26 onwards are being progressed for consideration.		Justine Parry	Delayed	31/03/2025

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) ( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating	
Responsible:		Assistant Director of Health Strategy & Planning	Accountable:		Executive Director of Strategy and Transformation	
<b>Threat:</b> Lack of Long-Term Strategic development and implementation of the 10-year strategy and alignment with short term plans	<ul style="list-style-type: none"> <li>Strategic alignment with population needs assessments</li> <li>Comprehensive stakeholder engagement framework</li> <li>Integrated planning framework with multi-year objectives</li> <li>Regular planning reviews aligned with financial and performance data</li> <li>Collaboration and coproduction with external stakeholders to inform planning decisions</li> </ul>	<ul style="list-style-type: none"> <li>Limited public consultation and stakeholder input at early stages.</li> <li>Unclear prioritisation of strategic initiatives.</li> <li>Delayed integration of planning with performance data.</li> </ul> <p>Gaps in external stakeholder engagement in the planning process also includes diverse and inclusive stakeholders</p>	<b>Management:</b> <ul style="list-style-type: none"> <li>Annual planning reviews</li> <li>Progress reports on strategy development milestones</li> <li>Annual planning reviews by the Executive Team</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>External benchmarking of planning effectiveness</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>Annual external audit of strategic alignment with population needs</li> <li>External validation of strategic priorities by key stakeholders</li> <li>Independent review apart of special measures</li> </ul>	<ul style="list-style-type: none"> <li>Public consultation and external engagement</li> </ul>	<b>Limited Assurance</b>	
	<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)			<b>Action Handler</b>	<b>Status of Actions</b>	<b>Date when action will be completed</b>
	Strategic intent for North Wales to be developed with Partners in order to develop and deliver the 10-Year Strategy which aligns to strategic intent for North Wales. A review of capacity in the planning team in order to deliver effectively once the IMPT is submitted to Board and WG.			Dylan Williams	Regressing	30/12/2026
	Implement phase 1 of Clinical Services Plans in relation to the Challenged Services			Dylan Williams	Progressing	30/03/2026
	Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales			Dylan Williams	Not started	30/03/2027

### 3: Creating compassionate culture, leadership and engagement

Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-05: Not Engaging with Citizens, Partners and Communities</b> Risk of ineffective engagement with citizens, partners and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.			<b>Strategic objective</b>	3: To have a compassionate culture, leadership & engagement encompassing 3B: Citizen Engagement & 3C: Being a Good Partner
<b>Lead Committee</b>	Planning, Population Health & Partnership Committee		<b>Risk type</b>	Reputation	
<b>Risk Lead</b>	Director of Partnerships/Communications and Engagement		<b>Risk appetite</b>	Seek 20-25	
<b>Related Corporate Risks:</b>					
<b>Risk rating</b>				<b>Review Dates</b>	
	<b>Current exposure</b>	<b>Tolerable</b>	<b>Target</b>		
<b>Consequence</b>	2. Minor	2. Minor	2. Minor	<b>Initial date of assessment</b>	20/10/2024
<b>Likelihood</b>	3. Possible	4. Possible	2. Unlikely	<b>Last reviewed by Committee:</b>	10/12/2024 (Private)
<b>Risk rating</b>	6. Low	8. Medium	4. Low	<b>Last updated by Executive:</b>	01/04/2025

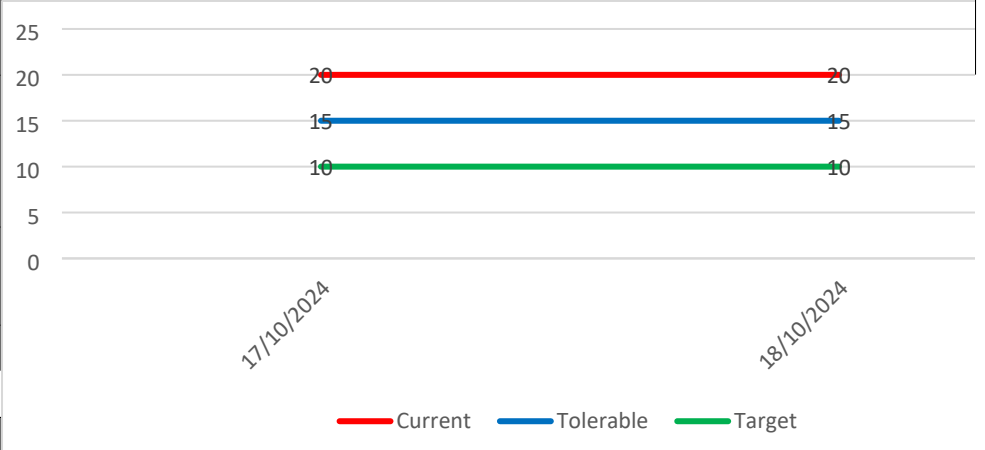



<b>Strategic threat</b> (what might cause this to happen)	<b>Primary risk controls</b> (what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	<b>Gaps in control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Sources of assurance (and date)</b> ( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)	<b>Gaps in assurance / actions to address gaps and issues</b>	<b>Assurance rating</b>
Responsible:	Director Of Partnerships/communications And Engagement		Accountable:	Director Of Partnerships/communications And Engagement	
<b>Threat:</b> of ineffective engagement with citizens and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.	<ul style="list-style-type: none"> <li>• Collaboration with key stakeholders</li> <li>• Strategic partnerships with local authorities and community organisations</li> <li>• Partnership governance frameworks</li> <li>• Comprehensive inclusive and diverse citizen engagement strategy</li> <li>• Accessible feedback mechanisms such as surveys and public engagement activity</li> <li>• Regular updates to the public on strategic priorities</li> <li>• Survey of engagement across the Health Board</li> <li>• Collaboration on complaint's process</li> </ul>	<ul style="list-style-type: none"> <li>• Communication back to the public on their influence from feedback</li> <li>• Lack of structured feedback from key partners</li> <li>• Limited cross-sector collaboration in specific service areas</li> <li>• Anchor Institute Framework</li> </ul>	<b>Management:</b> <ul style="list-style-type: none"> <li>• Citizen experience reports to Board</li> <li>• Feedback from engagement and where required public consultations.</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>• Partnership feedback sessions</li> <li>• Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health &amp; Partnership Committee</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>• Perception survey with partners</li> <li>• Independent Advisor for external perspective on engagement approach</li> </ul>	Risk Register for Partnerships/Communications and Engagement.	<b>Limited Assurance</b>

↑	<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Action Handler</b>	<b>Status of Actions</b>	<b>Date when action will be completed</b>
	Perception Survey completed, Survey findings to now go to Executive Committee and PPHP Committee	Helen Stevens-Jones	Complete	31/03/2025
	Developing Anchor Institute Framework – ongoing, with paper to Executives by 31/05/25 outlining approach and next steps	Helen Stevens-Jones	Progressing	31/03/2026
	Citizen Engagement Plan being reviewed – the draft principles and framework developed - now with the engagement group for comments	Helen Stevens-Jones	Progressing	30/06/2026
	Improve the feedback loop to ensure timely action on public input – ongoing, with review of Board actions against key themes by 31/01/25. January Citizen's Engagement report as evidence	Helen Stevens-Jones	Complete	31/01/2025

## 4: Improving quality, outcomes and experience

Objective area 4 covers a large thematic area where improvements are required to improve clinical performance across a number of key areas. The Health Board wishes to build further upon good work commenced that takes a pathway focused approach to this.

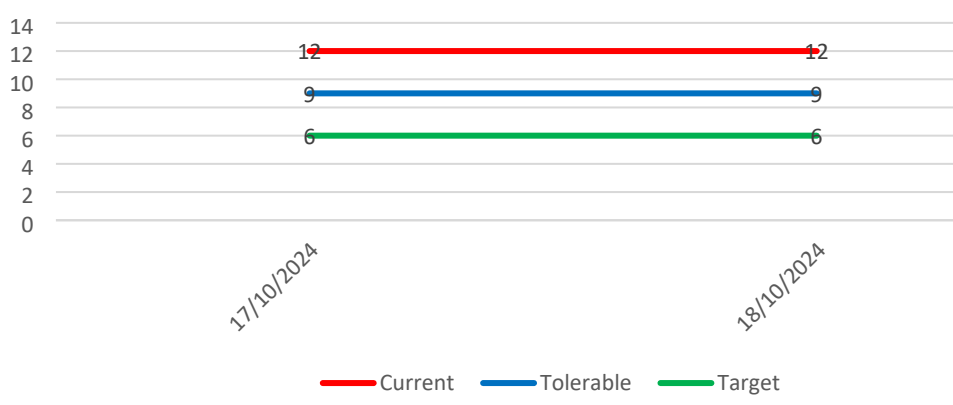
<b>Principal risk</b> <small>(what could prevent us achieving this strategic objective)</small>	<b>BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes</b>			<b>Strategic objective</b>	4. To Improve Quality, Outcomes and Experience (4A Patient Experience; 4B Prevention; 4I Adult Mental Health, Learning Disability)
	Risk of ineffectively delivering consistent high quality of patient care across the HB resulting in incidents of avoidable harm and poor clinical unmet patient needs, regulatory non-compliance, and reputational harm.				
<b>Lead Committee</b>	Quality, Safety and Experience Committee / Planning, Population Health & Partnership Committee		<b>Risk type</b>	Quality	 <p>25 20 15 10 5 0</p> <p>17/10/2024 18/10/2024</p> <p>— Current — Tolerable — Target</p>
<b>Risk Lead</b>	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science		<b>Risk appetite</b>	Open 15-19	
<b>Related Corporate Risks:</b>	CRR24-02 Patient Safety / CRR24-04 Failure to Embed Learning/ CRR24-08 Delivering a population health approach to health and wellbeing/ CRR24-18 Managing Outbreaks				
<b>Risk rating</b>					
	<b>Current exposure</b>	<b>Tolerable</b>	<b>Target</b>	<b>Review Dates</b>	
<b>Consequence</b>	5. Catastrophic	5. Catastrophic	5. Catastrophic	<b>Initial date of assessment</b>	20/10/2024
<b>Likelihood</b>	4. Somewhat likely	3. Possible	2. Unlikely	<b>Last reviewed by Committee:</b>	17/12/2024 (Private)
<b>Risk rating</b>	20. High	15. High	10. Medium	<b>Last updated by Executive:</b>	04/04/2025

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Head Of Public Health Assurance & Development	Accountable:	Executive Director of Public Health	Responsible Committee	Population Health & Partnership Committee
<b>Threat:</b> A widespread loss of organisational focus on investment and support to improve integrated prevention to better population health and wellbeing	<ul style="list-style-type: none"> <li>Public Health team and other teams across the HB, working on evidenced based programmes of work which link to National and local priorities</li> <li>Integrated prevention strategies focused on population health and wellbeing to reduce health inequalities</li> <li>Continuation of Grant funding confirmed 25/26</li> <li>Ministerial Priorities include Prevention and Population Health</li> </ul>	<ul style="list-style-type: none"> <li>Limited access to timely integrated data supporting prevention activity.</li> <li>Insufficient integration between prevention and clinical services</li> <li>Services fail to prioritise prevention as part of the delivery of effective services and outcomes.</li> <li>Large proportion of budget is non-recurrent grant funding</li> <li>Diabetes Pathway Programme delivery plans (service level) - dependent on options for change agreement</li> </ul>	<b>Management:</b> <ul style="list-style-type: none"> <li>Regular reports against a range of outcomes from the public health outcomes framework to Planning, Population Health &amp; Partnership Committee</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>CRR24-08 Delivering a population health approach to health and wellbeing and CRR24-18 Outbreak Management reported to Planning, Population Health &amp; Partnership Committee.</li> <li>Operational Risk Register maintained.</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>Regular reports against a range of outcomes from the public health outcomes framework to Regional Partnership Board Public Service Boards &amp; Welsh Government</li> </ul>	<ul style="list-style-type: none"> <li>Limited assurance of effective models - based on availability of data, intelligence, evidence and evaluation of impact of current prevention approaches within the Health Board and wider partner networks.</li> </ul>	<b>Limited Assurance</b>
	<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)		<b>Action Handler</b>	<b>Status of Actions</b>	<b>Date when action will be completed</b>
	Increase collaboration with community partners		Brian Laing	Complete	31/03/2025
	Strengthen the integration of prevention into service and Health Board planning.		Gwyneth Page	Complete	31/03/2025
	DDAT/Public Health Integrated approach to population health and clinical data and intelligence		Kathryn Lang / Rob Atenstaedt	Progressing	30/09/2025
	Diabetes Pathway Programme – options for change approval		Jane Moore	Progressing	30/07/2025
	Service delivery plans to respond to Diabetes pathway changes		Service Leads	Progressing	30/10/2025
Grant funded Programme plans approved by Welsh Government and Public Health Wales		Gwyneth Page	Progressing	30/04/2025	


## 5: Establishing an effective environment for Learning

Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-08: Not Implementing Evidenced Based Improvement and Innovation</b>			<b>Strategic objective</b>	5: Effective Environment for Learning 5A: University Partnership; 5B: Research, Development and Innovation & 5C: Academic Careers)
	Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care				
<b>Lead Committee</b>	Planning, Population Health & Partnership Committee		<b>Risk type</b>	Quality	
<b>Risk Lead</b>	Executive Medical Director /Chief Digital & Information Officer		<b>Risk appetite</b>	Open 15-19	
<b>Related Corporate Risks:</b>	CRR24-04 Failure to Embed Learning				
<b>Risk rating</b>				<b>Review Dates</b>	
	<b>Current exposure</b>	<b>Tolerable</b>	<b>Target</b>		
<b>Consequence</b>	<b>4. Major</b>	3. Moderate	3. Moderate	<b>Initial date of assessment</b>	20/10/2024
<b>Likelihood</b>	<b>3. Possible</b>	3. Possible	2. Unlikely	<b>Last reviewed by Committee:</b>	10/12/2024 (Private)
<b>Risk rating</b>	<b>12. Medium</b>	<b>9. Medium</b>	<b>6. Low</b>	<b>Last updated by Executive:</b>	07/04/2025



<b>Strategic threat</b> (what might cause this to happen)	<b>Primary risk controls</b> (what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	<b>Gaps in control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)	<b>Sources of assurance (and date)</b> ( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)	<b>Gaps in assurance / actions to address gaps and issues</b>	<b>Assurance rating</b>
Responsible:	Assistant Director Data, Intelligence & Insight		Accountable:	Chief Digital & Information Officer	
<b>Threat:</b> Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients	<ul style="list-style-type: none"> <li>Data collated and available through various systems and software (IRIS/RTT Hub)</li> <li>Information account Managers to ensure data is interpreted correctly</li> <li>Some Integrated data analytics and reporting in place</li> <li>Integrated Leadership Framework &amp; Performance Appraisal and Development Review (PADR) policy, staff development toolkit.</li> <li>Continuous professional development opportunities for staff</li> </ul>	<ul style="list-style-type: none"> <li>Regular data analytics reviews and intelligence reports for further assurances</li> <li>More Assurance on evidence of being intelligence-led</li> <li>Insufficient integration of data analytics consistently across all service areas</li> <li>Data driven decision-making framework for services</li> <li>Limited use of real-time data in clinical decision-making</li> <li>Inconsistent access to learning opportunities across different service areas</li> <li>Limited evaluation of the impact of training on service delivery</li> <li>Limited collaboration on research projects</li> </ul>	<b>Management:</b> <ul style="list-style-type: none"> <li>Monthly data governance reviews</li> <li>Progress against annual plan to committees</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>Annual reviews of the effectiveness of learning initiatives</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>Clinical body reporting on external evaluations of learning and development programmes</li> </ul>		<b>Limited Assurance</b>
<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)			<b>Action Handler</b>	<b>Status of Actions</b>	<b>Date when action will be completed</b>
	Develop BCU's data warehouse, broadening the range of datasets available. This was a milestone in the Annual Plan 2024/25. Evidence provided on additional datasets created. This now forms business as usual activity as and when new datasets are required.		Kathryn Lang	Complete	31/03/2025

Standardise access to learning opportunities for recipient of intelligence products as well as in house team. Additional training provided, with Training Needs Analysis being completed. Once results are returned, a further training programme will be developed.		Kathryn Lang	Complete	31/03/2025		
Exploring the links with universities on opportunities to work together on data analytics		Kathryn Lang	Progressing	30/09/2025		
Responsible:		Associate Director Research & Development & Programme Director – North Wales Medical School		Accountable:		
				Executive Director Nursing		
<p><b>Threat:</b> Ineffective university partnerships, inadequate joint investment in research, and supporting academic career development to sustain a joint effective environment for learning.</p>	<ul style="list-style-type: none"> <li>Some strategic partnerships with academic institutions</li> <li>Memorandum of Understanding in place with Bangor University</li> <li>Dedicated governance structure for North Wales Medical School and related projects</li> <li>Research governance structure</li> <li>Collaboration with external research bodies and innovation hubs</li> <li>All Wales Innovation Pathway deployed</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistent engagement with academic partners across all healthcare services</li> <li>Lack of investment in healthcare innovation projects</li> <li>Limited career progression opportunities in academia for clinical and non-clinical staff</li> <li>No Memorandum of Understanding in place with Wrexham University at present</li> </ul>	<p><b>Timescale:</b> 2025/26 (next update provided will be quarterly milestones based off annual plan)</p>	<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>Clinical Effectiveness Group reporting</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>Regular joint project reviews and risk register for projects maintained</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>External evaluations of projects</li> <li>Welsh Government Annual review of university designation criteria</li> </ul>	<ul style="list-style-type: none"> <li>Strategic partnership with Wrexham University to be established with a supporting Memorandum of Understanding</li> <li>Internal governance arrangements and reporting to Clinical Effectiveness Group to be strengthened.</li> <li>Reporting and monitoring of academic career pathways, assessments of joint academic roles and impact on healthcare delivery</li> <li>Commitment to joint investment in research and innovation</li> <li>Partnership reviews with universities.</li> <li>Further review of independent assurance requirements</li> </ul>	<p><b>Limited Assurance</b></p>
	<b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)			<b>Action Handler</b>	<b>Status of Actions</b>	<b>Date when action will be completed</b>
	Strengthen collaborative research projects with university partners.			Lynne Grundy & Lea Marsden	Progressing	31/03/2026
	Strengthen academic career pathways with universities			Lynne Grundy & Lea Marsden	Progressing	31/03/2026
	Increase R&D collaboration with industry and academic institutions			Lynne Grundy & Lea Marsden	Progressing	31/03/2026
	Secure additional funding for healthcare innovation projects			Lynne Grundy & Lea Marsden	Progressing	31/03/2026
	Increase the number of joint appointments between the Health Board and academic institutions			Lynne Grundy & Lea Marsden	Progressing	31/03/2026



**GIG**  
CYMRU  
**NHS**  
WALES

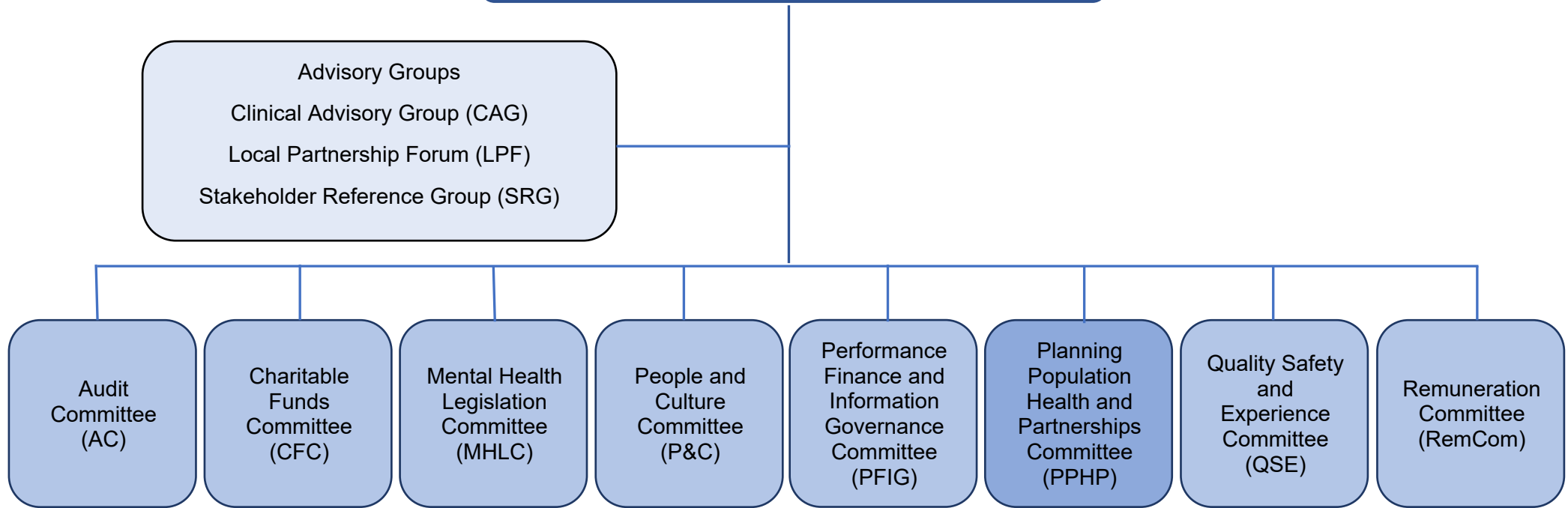
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# **PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE**

**Terms of Reference & Operating Arrangements**  
**(Schedule 3.5 of the Standing Orders)**

**Date approved by Health Board :**

# Betsi Cadwaladr University Health Board



## Version Control

Version	Issued to	Date	Comments
V0.01	Executive Committee		

## TERMS OF REFERENCE

### 1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Planning, Population health and Partnerships Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.
- 1.3 Due to the nature of the business being considered at the RC these meetings will be held in private and papers/minutes will not be made publically available. A summary highlight report will be received at the Public Board meeting that follows.

### 2 PURPOSE

- 2.1 The purpose of the Committee is to act on behalf of the Board to:
- 2.1 Provide advice and assurance to the Board with regard to the development and oversight of the Health Board’s long term planning, Integrated Medium Term Plan and Annual Operating Plan ensuring that enabling strategies are aligned to these plans.
  - 2.2 Ensure effective partnership arrangements are in place to improve Population Health (i.e primary care, public health and the social determinants of health) and reduce health inequalities.
  - 2.3 Provide oversight, delivery and monitoring (by exception) of Population Health improvement and health inequalities strategies, policies and performance informed through Population Need’s Assessment.
  - 2.4 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

### 3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Planning, Population health and Partnerships Committee will comment specifically upon:

- 3.1 Providing advice, assurance and support to the Board on compliance with legislation, guidance and best practice relevant to the Planning, Population Health and Partnerships agenda, learning from work undertaken nationally and internationally, ensuring the Health Board can continually improve the quality of healthcare for the population.
- 3.2 Providing advice and insight to the Board on the implementation of the strategies related to the Committee's remit and assurance that it is consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
- 3.3 Providing advice, assurance and insight to the Board on the organisation's ability to create and manage strong planning, population health and partnership arrangements, including through a robust data strategy.
- 3.4 Providing the Board with advice and insight on the development of the Health Board's Integrated Medium Term Plan (IMTP), and long term planning based on robust business intelligence and modelling, and assuring the development of delivery plans within the scope of the Committee including their alignment to the Population Health Needs assessment.
- 3.5 Seeking assurances on all outstanding plans in relation to the National Networks and Joint Committees including commitments agreed with partner organisations.
- 3.6 Receiving assurance through any update reports (that may be in existence or developed) and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 3.7 Receiving assurance on the development of plans for Digital and Information Management, noting that operational assurance of Information Governance requirements is under the remit of the Health Board's Performance, Finance and Information Governance Committee.
- 3.8 Seeking insights and relevant information from Committee Advisory Groups where relevant to the remit of this agenda.
- 3.9 Assuring the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards, Quality Management and the Civil Contingencies Act ensuring the Board is supported to make strategic decisions from a quality perspective.

## 4 AUTHORITY

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
  - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

## 5 SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

## 6 MEMBERSHIP

- 6.1 Formal membership of the Committee shall comprise of the following:

<b>MEMBERS</b>
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

- 6.2 The following should attend Committee meetings:

<b>IN ATTENDANCE</b>
Executive Director of Transformation, Strategic Planning and Commissioning (Executive Lead)
Executive Director of Public Health
Director of Partnerships, Engagement and Communications
Chief Digital and Information Officer

- 6.3 The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

## **5. COMMITTEE MEETINGS**

### **5.1 Quorum**

- A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

### **5.2 Frequency of meetings**

- The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.
- Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

### **5.2 Withdrawal of individuals in attendance**

- The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### **5.3 Meeting arrangements**

- The agenda and papers will be distributed/published seven days in advance of the meeting.
- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director Transformation, Strategic Planning and Commissioning at least six weeks before the meeting date.
- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

## **6. REPORTING AND ASSURANCE ARRANGEMENTS**

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

### **6.1 The Committee Chair, supported by the Committee Secretary, shall:**

- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
- Bring to the Board's specific attention any significant matter under consideration by the Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant

Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 6.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

## **7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS**

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

- 7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.
- 7.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 7.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.
- 7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## **9. REVIEW**

These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

## 10. CHAIR'S ACTION ON URGENT MATTERS

- 10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with **all** Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



<b>Teitl adroddiad:</b>	Eye Health Needs Assessment
<b>Report title:</b>	
<b>Adrodd i:</b>	PPHP Committee
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 01 May 2025
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>The Health Board has a statutory responsibility to publish and keep up-to-date an eye health needs assessment relating to Welsh General Ophthalmic Services (WGOS). This includes the needs for primary care ophthalmic services for the population of North Wales, including the provision and demand for WGOS 1-5 services. In addition to legislative directions, this requirement has also been embedded in the Eye Care Wales Committee Standing Orders.</p> <p>It describes need in relation to eye health problems using estimates of the incidence, prevalence, and other related surrogates of health impact for specific eye health risk groups and draws on existing data. Where possible, information is presented at cluster footprint geography. It is anticipated that this will enable comparative analysis, within and between clusters, and will assist with the identification of variation in both population needs and commissioned service pathways.</p> <p>The eye health needs assessment includes the following —</p> <ul style="list-style-type: none"><li>(a) an assessment and summary of the provision of WGOS 1–5;</li><li>(b) an assessment and summary of the demand for WGOS 1–5;</li><li>(c) proposals for further ophthalmic services that may be needed to meet demand for those services;</li><li>(d) an outline of the prevalence and impact of sight loss in the Local Health Board’s area, including the aetiology, risk factors, demographics and public health and other consequences of sight loss;</li><li>(e) an analysis of the information provided by all data sources;</li><li>(f) a map that identifies the premises at which any or all of WGOS 1–5 are provided in the Local Health Board’s area.</li></ul> <p>The Eye Health Needs Assessment is a statutory requirement and the Health Board must publish its first assessment document by 31<sup>st</sup> March 2025. The Health Board must also thereafter publish revised statements (i.e., subsequent Eye Health Needs Assessments), on a three-yearly basis, which comply with the regulatory requirements.</p> <p>This BCU edit will be incorporated into the All Wales Eye Health Needs Assessment which will then be published by Welsh Government.</p>
<b>Argymhellion:</b> <b>Recommendations:</b>	Receive Assurance on the Eye Health Needs Assessment and compliance with Ministerial Directions

<b>Arweinydd Gweithredol:</b>	Tehmeena Ajmal, Chief Operating Officer			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Sarah Lloyd-Hughes, Primary Care Programme Manager (East)			
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>High level of confidence/evidence in delivery of existing mechanisms/objectives</small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>General confidence / evidence in delivery of existing mechanisms / objectives</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>Some confidence / evidence in delivery of existing mechanisms / objectives</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>  <small>No confidence / evidence in delivery</small>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	BCU Eye Care Plan			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b>	The National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024 (Welsh Government) (2024)			
<b>Regulatory and legal implications:</b>				
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	<p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>WP7 Procedure for Equality Impact Assessments</u></p>			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	<p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	Non-compliance with statutory regulations			

<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p><i>There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by the Eye Care Collaborative Network Meeting</i></p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>Not applicable</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>East IHC Finance and Performance Committee (in lieu of Eye Care Collaborative Network Meeting)</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>Not applicable</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Not applicable</p>
<p><b>Next Steps:</b> <b>Implementation of recommendations</b></p> <p>The EHNA will be presented to the Eye Care Wales Joint Committee on 27<sup>th</sup> April 2024.</p> <p>The Joint Committee must then produce a report for the Cabinet Secretary taking into account all of the Health Board reports no later than 4 weeks after receiving the individual Health Board reports.</p>	
<p><b>Rhestr o Atodiadau:</b> un</p> <p><b>List of Appendices:</b> one</p>	

**Guidance:**

**CYFARFOD CYHOEDDUS BWRDD Y CYFARWYDDWYR  
RHOWCH Y DYDDIAD  
TEITL YR ADRODDIAD**

**BOARD OF DIRECTORS MEETING IN PUBLIC  
INSERT DATE  
REPORT TITLE**

**1. Cyflwyniad / Cefndir**

Y cyd-destun sy'n esbonio pam fod yr adroddiad yn cael ei gyflwyno i'r Bwrdd/Pwyllgor, unrhyw gamau ymgynghori blaenorol, a'r pwrpas o'i gyflwyno i'r Bwrdd

**Introduction/Background**

Set the scene on why the report is submitted to the Board/committee, where it has been previously in terms of consultation, and the aim for its submission to Board

**2. Corff yr adroddiad / Body of report**

**3. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications**

3.1 Nid oes goblygiadau cyllidebol yn deillio o'r papur hwn. Mae'r adnoddau ar gyfer cynnal cydymffurfiaeth yn cael eu goruchwyllo gan ...

*There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by ...*

3.2 NEU Mae'r goblygiadau cyllidebol yn cael eu lliniaru'n llawn/rhannol drwy ...

*OR Budgetary implications are and fully/partially mitigated via....*

**4. Rheoli Risg / Risk Management**

Mae un risg ar Datix sy'n gysylltiedig â'r maes hwn, sef risg ID xxxx. Mae hon yn risg rannol

*There is one risk on Datix linked to this area which is risk ID xxxx. This risk is partially*

**5. Goblygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications**

5.1 Os yw'r adroddiad hwn yn ymwneud â 'phenderfyniad strategol', h.y. bydd y canlyniad yn effeithio ar sut mae'r Bwrdd lechyd yn cyflawni ei bwrpas statudol dros gyfnod sylweddol o amser ac ni ystyrir iddo fod yn benderfyniad 'o ddydd i ddydd', mae'n rhaid i chi gynnwys Dyletswydd Economaidd-gymdeithasol (SED), Asesiad o Effaith Cydraddoldeb (SEIA) yn ogystal ag asesiad Effaith Cydraddoldeb (EqIA) fel atodiad.

*If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include a Socio-economic Duty (SED) Impact Assessment (SEIA) as well as a completed Equality Impact (EqIA) as an appendix.*

5.2 Mae angen cydymffurfiaeth EqIA yn unol â Gweithdrefn WP7 er mwyn sicrhau bod cydraddoldeb a hawliau dynol yn cael eu hymgorffori i brosesau penderfynu a datblygu polisi'r sefydliad.

*EqIA compliance is required in accordance to Procedure WP7 to ensure equality and human rights are embedded into organisational decision-making and policy development processes.*



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Planning, Population Health & Partnerships Committee					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Summary of business considered in private session to be reported in public					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Pam Wenger, Director of Corporate Governance					
<b>Awdur yr Adroddiad Report Author:</b>	Philippa Peake-Jones, Head of Corporate Affairs					
<b>Craffu blaenorol: Prior Scrutiny:</b>	None					
<b>Atodiadau Appendices:</b>	None					
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
<b>Argymhelliad / Recommendation:</b>						
The Committee is asked to note the report.						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b> ✓
<b>Sefyllfa / Situation:</b>						
To report in public session on matters previously considered in private session.						
<b>Cefndir / Background:</b>						
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.						
<b>Asesiad / Assessment</b>						
The Committee considered the following matters in private session:						
<b>18 February 2025</b>						
<ul style="list-style-type: none"> <li>• Becoming an Intelligence Led Organisation</li> <li>• Corporate Risk Register Report</li> </ul>						

**Planning, Population Health & Partnerships Committee – Non-Routine Committee Business Workplan**

(1 April 2024 – 31 March 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
12.03.25	Discussed with DR 12.03.25  Email from DR (following DR discussion with CB)	Dylan Roberts	DDaT Workstreams Update	To include: Transforming the DDaT Operating Model & Essential Services Programme Digital Roadmap	Dylan Roberts	Dylan Roberts	03.07.25	On Track
18.11.24	Email from Gwyneth Page 12.03.25  Action from Board 24/191	Health Board	Well North Wales  Put forward to July as team are currently reviewing 24/25 and formalising the activity and governance for 25/26. The WNW paper needs to go SRG in June and RPB in July.	Consider role of SRG and PPHP Committee in relation to the Well North Wales work (Scoping work still taking place to help frame the role of PPHP in relation to WNW)	Gwyneth Page	Jane Moore	03.07.25	On Track
13.01.25	Email from Gwyneth Page 12.03.25  Email from Pam Wenger and PPJ 13.01.25	Pam Wenger	Arts in Health & Wellbeing  Put forward to July - AiH will be aligned as part of WNW Programme.	Arts in Health & Wellbeing – Three Year Strategic Framework (This was approved by Board in Sept 24, PPHP to consider progress)	Gwyneth Page	Jane Moore	03.07.25	On Track
10.12.24	Email from Gwyneth Page 12.03.25  Discussion at PPHP and action from Dec meeting PP24/94.1	PPHP Committee	Embedding Opportunities to be Active with the BCUHB Workplace  Following discussion at the Dec 24 meeting, this should come back to the Committee to monitor the adoption and implementation of the programme.	A brief update included in Q4 Delivery Report to May meeting and a paper to go to July PPHP (Team in the process of evaluating the programme to date and this will allow more detailed content / greater insight to share with the Committee)	Faye Sheldon Gwyneth Page	Jane Moore	03.07.25	On Track
08.04.25	Email from PW confirming EPRR Annual Report go in July not May	Sharon Scott Joanne Gauntlett	EPRR Annual Report	EPRR Annual Report to go to PPHP and Board in July ahead of submission to NHS Wales.	Sharon Scott Joanne Gauntlett	Jane Moore	03.07.25	On Track
01.04.25	Email from HSJ 01.04.25	Helen Stevens-Jones	Partnerships Survey	This will go to PPHP on 01.05.25 as part of the Partnerships Arrangements item in Private and will go to the July meeting for information.	Helen Stevens-Jones	Helen Stevens-Jones	03.07.25	On Track
15.04.25	Action from PPHP Committee PP24/11.3	PPHP Committee	Third Sector	Action states that a strategic approach to working with the Third Sector should be discussed further with the Executive Team and come back to the Committee. Steve Powell leading on Third Sector Commissioning Arrangements.	Helen Stevens-Jones Steve Powell	Helen Stevens-Jones Steve Powell	03.07.25	On Track

14.05.24	Actions from April & August Meetings PP24/11.3 & PP24/49.7	PPHP Committee	Partnership Working (strategic approach to working with the third sector)	HSJ confirmed that an update and discussion on next steps will go to ET and come to PPHP in July 25 (see email from HSJ 03.12.24)	Helen Stevens-Jones	Helen Stevens-Jones	03.07.25	On Track
20.08.214	Action from August Meeting PP24/55.1	PPHP Committee	Health Protection Service	Update on the progress made within the Health Protection Service.	Sam Lauder	Jane Moore	04.09.25	On Track
07.04.25	Email from Clare Budden 07.04.25	Clare Budden	Substance Misuse	Kirsty Brooke to present a item on substance misuse (Kirsty to join PPHP on 1 <sup>st</sup> May)	Kirsty Brooke	Clare Budden	04.09.25	On Track
12.03.25	Email from Gwyneth Page	Public Health Team	Health Inequalities Paper on Vulnerable Groups / Deprivation	A paper focused on vulnerable groups/deprivation as we progress the Health Inequalities Programme.	Gwyneth Page	Jane Moore	04.09.25	On Track
12.03.25	Discussed with DR 12.03.25  Email from DR (following DR discussion with CB)	Dylan Roberts	DDaT Portfolio of Projects	Update and prioritisation of Digital, Data and Technology Enabled Portfolio of Projects and Programmes	Dylan Roberts	Dylan Roberts	06.11.25	On Track
12.03.25	Discussed with DR 12.03.25	Dylan Roberts	Intelligence Led May be covered in a Board Development Session – PW to confirm	Progress on Intelligence Led Organisation	Dylan Roberts	Dylan Roberts	06.11.25 (TBC)	On Track
21.11.24	Action from Oct Meeting PP24/74.1	PPHP Committee	Llais Annual Report / Experience Paper	Llais Annual Report / Experience Paper to be reported to PPHP (and QSE) annually Annual Report shared at Feb meeting – Experience paper to follow	Geoff Ryall-Harvey	Helen Stevens-Jones	May 2025	On Track
20.08.24	Action from August Meeting PP24/52.2	PPHP Committee	Review of Well Being Objectives (See email from WH 07.11.24)  Agreed at agenda setting 13.01.25 to move forward to April meeting.	Revised paper once work has progressed further including a timetable for the implementation plan. (The Fair Work Element of the well-being objectives is being presented to the P&C Committee)	Chris Stockport	Chris Stockport	01.05.25	<b>CLOSED</b> Went to Comm 01.05.25
15.01.25	Discussion with Natalie Morrice-Evans	CoB	Decarbonisation	The CoB includes NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 and the Committee received the Decarbonisation Action plan in Aug, new Director of Environment to confirm what's required to come to Committee?	Director of Environment	Russell Caldicott	01.05.25	<b>CLOSED</b> Went to Comm 01.05.25
04.11.24	Email from Gwyneth Page re: PH Forward Plan	Public Health Team	Population Health (Q4) Quarterly Delivery Report	For Assurance	Gwyneth Page	Jane Moore	01.05.25	<b>CLOSED</b> Went to Comm 01.05.25
20.08.24	Action from August Meeting PP24/50.3	PPHP Committee	Progress on becoming an intelligence led organisation	DR and team to provide an update on progress on Becoming an intelligence led organisation. This will take place on a bi-annual basis	Kathryn Lang Stephen Powell	Dylan Roberts	18.02.25	<b>CLOSED</b> Went to Comm 18.02.25

				making reference to progress in relation to the spider diagram and progress on the link to the cultural change programme.				
04.11.24	Email from Gwyneth Page re: PH Forward Plan	Public Health Team	Population Health (Q3) Quarterly Delivery Report	For Assurance	Gwyneth Page	Jane Moore	18.02.25	<b>CLOSED</b> Went to Comm 18.02.25
10.12.24	Discussion at PPHP	PPHP Committee	Draft BCU Annual Plan	As not going to Private Board in Jan, this will be a position paper and update since presented to PPHP in private in Dec.	Chris Stockport	Chris Stockport	18.02.25	<b>CLOSED</b> Went to Comm 18.02.25
25.11.24	Discussion at PPHP	PPHP Committee	Feedback from SRG	An update on the progress of SRG against the key priorities agreed by the Board - Mike Parry to join the meeting (see email from HSJ 25.11.24)	Helen Stevens-Jones	Helen Stevens-Jones	18.02.25	<b>CLOSED</b> Went to Comm 18.02.25
21.11.24	Action PP24/78.1 and discussion with Pam Also links to action AC24/127.2 from AC	PPHP Committee	EPRR Risks  This will form part of the CRR item	Include a substantive item on the agenda for the February meeting focussing on the EPRR Risks.	Sharon Scott	Jane Moore	18.02.25	<b>CLOSED</b> Went to Comm 18.02.25
25.10.24	Email from Hannah Lloyd, Public Health	Pam Wenger	Active Workplace Bundle	Item going to ET in Oct / Nov, Hannah Lloyd linking with Glesni re: the process on policy development, Board being asked to sign up to the NW Healthy Travel Charter.	Pam Wenger	Pam Wenger	20.12.24	<b>CLOSED</b> Went to Comm 10.12.24
08.10.24	Item from PPHP CoB	Chris Stockport	Primary Care and Community Care & Clusters	Paper not ready for October meeting so being put forward for December meeting.	Ffion Johnstone	Chris Stockport	10.12.24	<b>CLOSED</b> Went to Comm 10.12.24
09.08.24	Corporate Planning Update paper to PPHP 20.08.24	Chris Stockport Paper	Draft BCU Plan	Shaping and testing of draft BCU Plan with PPHP (see presentation in paper PP24/58)	Chris Stockport	Chris Stockport	10.12.24	<b>CLOSED</b> Went to Comm 10.12.24 in private
14.05.24	Original PPHP CoB (Links to 5A in ADP)	Laura Jones via Nick Lyons	North Wales Medical School Update	High level update on progress on the development of the school & main risks	Lea Marsden	Jim / McGuigan Nick Lyons	22.10.24	<b>CLOSED</b> Went to Comm 22.10.24
18.06.24	Action from June Meeting PP24/33.8	PPHP Committee	Progress against the Weight Management Programme	A delivery plan to be presented to the Committee to provide assurance. Also a review of risks that relate to the programme. A delivery and risk plan will form part of the Public Health Report	Lydia Orford Hannah Lloyd	Jane Moore	22.10.24 / 10.12.24	<b>CLOSED</b> Covered in Public Health Delivery Report to Comm 22.10.24
05.08.24	Request from Helen Stevens-Jones	Helen Stevens-Jones	Partnerships, engagement and communications update	Request from HS-J for discussion.	Helen Stevens-Jones	Helen Stevens-Jones	22.10.24	<b>CLOSED</b> Went to Comm 22.10.24
20.08.24	Action from August Meeting PP24/54.2	PPHP Committee	Flu Vaccinations	Include an update in the report to next meeting in October in relation to the low level of uptake from staff for the flu vaccine and how to	Jane Moore	Jane Moore	22.10.24	<b>CLOSED</b> Went to Comm 22.10.24

				maximise the use of GPs to encourage flu vaccine uptake.				
08.08.24	Request from Rob Atenstaedt via Rhian Baker	Rob Atenstaedt	Health & Wellbeing	Health & Wellbeing Profile of the North Wales Population	Rob Atenstaedt	Jane Moore	22.10.24	<b>CLOSED</b> Went to Comm 22.10.24
23.04.24	Action from April Meeting PP24/12.2	PPHP Committee	Emergency Preparedness, Resilience and Response (EPRR)	An interim report to the Committee in October highlighting the findings from the initial review, the testing that has been completed and the plans that have been put in place.	Sharon Scott	Jane Moore	22.10.24	<b>CLOSED</b> Went to Comm 22.10.24
23.04.24	Action from April Meeting PP24/10.4	PPHP Committee	Deep dive into data issues and opportunities	Deep dive to take place after a Board Development session on "Being an Intelligence Led Organisation"	Dylan Roberts	Dylan Roberts	20.08.24	<b>CLOSED</b> Went to Comm 20.08.24
23.04.24	Action from April Meeting PP24/10.2	PPHP Committee	The role of DHCW	Discussion around whether we are able to influence DHCW in terms of our priorities as a HB	Dylan Roberts	Dylan Roberts	20.08.24	<b>CLOSED</b> Went to Comm 20.08.24
08.05.24	Email from Natalie Morris-Evans	Natalie Morris-Evans	NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030	Decarbonisation Programme Board to feed into PPHP (Action from AC for PPHP to consider – reference to Internal Audit Report – email 18.03.24 from CB)	Russell Caldicott	Russell Caldicott	20.08.24	<b>CLOSED</b> Went to Comm 20.08.24
15.05.24	Original PPHP CoB	Laura Jones via Suzanne Didcote	Well Being of Future Generations Act (Audit Wales)	This came from the original PPHP CoB and has also been queried by Pam W	Kamala Williams / Wendy Hooson	Chris Stockport	20.08.24	<b>CLOSED</b> Went to Comm 20.08.24