

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Confirmed Minutes of the Planning, Population Health and Partnerships**  
**Committee held in Public on 15 January 2026**  
**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)
Billy Nichols	Independent Member
Caroline Turner	Independent Member
<b>In Attendance</b>	
Tehmeena Ajmal	Chief Operating Officer
Nesta Collingridge	Head of Risk Management ( <i>part meeting</i> )
Clara Day	Executive Medical Director ( <i>part meeting</i> )
Jody Evans	Assistant Head of Risk Management ( <i>part meeting</i> )
Dave Harries	Head of Internal Audit (via Teams)
Kathryn Lang	Assistant Director - Data, Intelligence and Insight ( <i>part meeting</i> )
Jane Moore	Executive Director of Public Health
Geraint Parry	Assistant Director of Transformation and Improvement ( <i>part meeting</i> )
Justine Parry	Acting Director of Digital, Data and Technology (via Teams)
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Paolo Tardivel	Interim Executive Director of Transformation & Strategic Planning
Pam Wenger	Director of Corporate Governance
Kamala Williams	Head of Health Strategy and Planning ( <i>part meeting</i> )
<b>Committee Support</b>	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

<b>OPENING BUSINESS</b>
<p><b>PP26.01 Welcome and Apologies</b></p> <p>The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Gareth Williams and Dylan Roberts.</p>
<p><b>PP26.02 Declarations of Interest</b></p> <p>No declarations of interest were raised.</p>
<p><b>PP26.03 Unconfirmed Minutes of Meeting held on 28.10.25</b></p> <p>It was agreed that the minutes of the meetings held on 28.10.25 were a true and accurate record.</p>
<p><b>PP26.04 Matters Arising &amp; Action Log</b></p>

The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

## STRATEGIC PRIORITIES

### PP26.05 Health Board Strategic Intentions

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

- The Strategic Intent for North Wales is one of the core products in the Health Board's wider strategy programme and will underpin the development of the Ten-Year Strategy, the Clinical Services Plan and the Integrated Medium Term Plan.
- The feedback received will help to structure the Integrated Medium Term Plan around the four strategic intent products.
- The draft vision statement and four strategic intent objectives have been developed to outline the journey required by the Health Board.
- The report provides an overview of the engagement that has taken place and the testing and refinement of the draft Strategic Intentions that has been completed as a result of the feedback received to date.
- Feedback has been received from the Executive Committee and any further comments will be incorporated prior to being presented to the Board in January 2026.

In discussing the item, the Committee:

- Recognised the iterative process that has been completed noting the importance of reflecting on the journey.
- Suggested the need for clarity in relation to the language and wording used, particularly in developing a vision statement that actively shapes and creates the future, encouraging boldness in its approach by using more active wording.
- Referred to the concept of giving people a fair chance suggesting a move beyond fairness, as there are significant levels of health inequality and there is a need to deliver equitable outcomes for all. It was confirmed that the intention was around equity therefore the wording may need to be revised to provide clarity.
- Noted that the vision statement should focus on the people of North Wales as well as referring to staff suggesting the need to be more ambitious.
- Confirmed that this will form part of the overall Ten-Year Strategy and the direction of travel for the Health Board therefore wider Board discussion is required before the documentation is finalised.
- Agreed that the paper to the Board would confirm that feedback from the Executive Committee and the Planning, Population Health and Partnerships Committee has been incorporated.
- Reflected on the feedback provided suggesting clearer and bolder wording and language is used and reference is made to staff within the vision statement.

#### Action:

- **PP26.05.1** Interim Executive Director of Transformation and Strategic Planning and Head of Health Strategy and Planning to revise the Strategic Intentions based on the feedback received and circulate outside of the meeting for any final comments ahead of the paper being submitted to the Board in January 2026.

It was resolved that the Committee:

- **COMMENTED** on the four revised draft Strategic Intentions, which have been updated to reflect stakeholder feedback.
- **SUPPORTED** the submission of the Strategic Intentions, subject to any final amendments suggested by Planning, Population Health and Partnerships Committee to Board for approval in January 2026.

### PP26.06 Key Programmes Report

Members received the report and the Assistant Director of Transformation and Improvement highlighted:

- There have been a range of issues encountered across the Key Programmes including National challenges in relation to the Laboratory Information Management System (LIMS) noting that the team continue to support the work being completed.
- Work on the Integrated Health and Well-being Hubs continues to progress, the Chief Operating Officer has been appointed as the Executive Sponsor and discussions are taking place around implementing the necessary infrastructure to provide support.
- The Health Board have now received planning approval for the North Denbighshire Hub at the Royal Alexandra site in Rhyl and the team are mobilising plans for construction to commence once funding approval is received from Welsh Government.
- Issues relating to the Electronic Prescribing and Medicines Administration (ePMA) system have now been addressed and the system is in the process of being fully rolled out across the organisation.
- The Radiology Information System Programme (RISP) went live in September 2025 and is now transitioning to business as usual, with a post-implementation review planned.
- The Llandudno Orthopaedic Hub continues to face challenges with no confirmed opening date and possible completion in the next financial year, work is required to realise the full-year benefits and identify the lessons to be learnt.
- There is a reliance on partners for many projects which presents inherent challenges in relation to projects including the Ablett Mental Health Unit and Digital Maternity System.
- A recent paper has been developed on the Health and Well-being Hub: Bangor which proposes a more affordable, reduced scope, therefore there may be an opportunity to revisit the prioritisation exercise to progress this work.
- The overall position of the Key Programmes has improved since the report was first presented to the Board in May 2025 and this report is due to go back to the Board in January 2026.

In discussing the item, the Committee:

- Raised concerns in relation to the delays encountered with the Mental Health Electronic Health Record programme. It was confirmed that resource delays are limiting progress, and additional work is required to coordinate the implementation.
- Acknowledged the delays in relation to the Llandudno Orthopaedic Hub and queried the implications for waiting lists and staff. It was confirmed that there is a need to ensure the building is completed appropriately to provide a safe clinical space. The

activity can then transfer from Abergele Hospital therefore impact on waiting lists is minimum. Staff are aware of the changes and are being supported however the delay does impact the reputation of the organisation.

- Noted that future reports should be provided for assurance and that the Board should be alerted to the concerns raised via the Chair's Assurance Report.

**Action:**

- **PP26.06.1** Future Key Programmes Reports to the Committee to provide assurance rather than to be noted.

It was resolved that the Committee:

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

**PP26.07 Director of Planning Report**

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

- The report provides an update on the key strategic, planning and transformation activities taking place within the Planning Directorate.
- Progress has been made in developing the strategic direction, advancing the discovery phase of the Ten Year Strategy and preparing for the Clinical Services Plan taking into consideration the Foundation for the Future programme.
- The internal service change programmes for Tywyn and Penley Community Hospitals are progressing. Tywyn Community Hospital was reported to the Board in November 2025 noting that the timeline has been revised based on advice from Llais to implement a formal consultation post the election period. A report on Penley Community Hospital will be presented to the Board in January 2026.
- A Joint Planning, Population Health and Partnerships Committee and Performance, Finance and Information Governance Committee is taking place on 20 January 2026 focused on the Integrated Medium Term Plan with a more comprehensive report being presented to the Board in January 2026.
- Feedback from last year's Integrated Medium Term Plan is being incorporated by developing more focussed priorities and service level plans.
- An assessment has been completed in relation to the performance trajectories and delivery expectations aligned to Special Measures de-escalation and the Planning Framework which will allow informed decisions to be made around what can be achieved.
- Work continues to provide a more unified approach to the Plan taking into account areas such as demand, skill mix and performance to improve triangulation.
- Amendments are being made to the prioritisation and investment approach by adjusting the prioritisation exercise to address cost pressures and assess delivery capability.
- In relation to the financial position, it was noted that if this is not going to be achieved, the Chief Executive as the Accountable Officer will need to provide a letter to Welsh Government by 13 February 2026 to confirm the Health Board's position.
- A written statement has been received from Welsh Government in relation to Special Measures to confirm the Health Board will not be de-escalated from level 5 status at

this point in time however questions are being raised in relation to de-escalation of two Challenged Services.

- An additional letter has been received from Welsh Government dated 6 January 2026 noting positive progress, Board cohesion and the need for focussed attention on specific areas.

As part of the discussion, the Committee:

- Expressed disappointment in remaining at level 5 escalation due to the progress made in a number of areas suggesting that de-escalation where evidence supports this could increase confidence in the organisation.
- Referred to the delivery confidence across the priority areas highlighted in the report and queried whether there are plans in place to make improvements where required. It was confirmed that delivery confidence has been reviewed against the milestones and the potential to achieve the targets by the end of quarter four. There have been some improved positions but not consistent delivery against the targets.
- Confirmed that the focus for the Joint Committee meeting needs to be around the future aims, current position and required resources. There is a need to establish a realistic timeframe for progress by identifying short, medium, and long-term steps and identify how resources can be aligned to priorities to provide clarity ahead of the Board meeting in January 2026. There is also a need to consider the Cabinet Secretary's letter to set achievable objectives.

It was resolved that the Committee:

- **COMMENTED** on the content of the report.

## PP26.08 Citizen Experience and Engagement Report

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

- The paper provides a strategic overview of the citizen feedback received and will inform the report that is presented to the Board in January 2026.
- The information focuses on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence and the work of Llais.
- The dominant themes being highlighted remain consistent and relate to Urgent and Emergency Care, delays in Planned Care, access to NHS Dentistry, Neurodevelopmental assessments, access to GP appointments and Mental Health services.
- Assurance was provided to the Committee that citizen feedback is being captured systematically and shared continuously to help shape improvements across the Health Board.

As part of the discussion, the Committee:

- Highlighted that the report provides a useful, evolving perspective from the population noting that a limited number of opinions are represented and queried how insights from less vocal groups can be captured moving forward. It was confirmed that focus is based on areas where a high volume of feedback is received however an amendment can be made to address the less vocal communities.

- Noted that the paper should focus on areas of improvement whilst also recognising achievements and lasting change however social media often highlights negatives therefore how can the Health Board balance the need to be open and honest about the current challenges and also systematically showcase sustained improvements. It was confirmed that although patients often face lengthy waits in Emergency Departments, their experience of the care and treatment received is generally positive. The team routinely share good practice across all communication channels, pre-election discussions are taking place and a plan is being developed to ensure balanced information is provided. Efforts are ongoing to correct inaccurate stories online.
- Stated that the organisation lack clear insight into the citizens providing feedback and require more balanced input across all communities. There is a need to build trust through community dialogue and gather broader feedback. It was confirmed that work is taking place to enable staff to mature in this space and work is taking place to co-produce a consultation toolkit.

It was resolved that the Committee:

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

#### PP26.09 Community Co-Production Report

Members received the report and the Executive Director of Public Health highlighted:

- The report highlights the beginning of a collaborative journey, working at Public Service Board level involving a wide range of partners.
- The focus will be on improving engagement with vulnerable communities; noting that these communities possess significant strengths and valuable perspectives.
- Funding has been received from the Bevan Commission to support joint working using an asset-based approach, enabling communities and individuals to assemble the building blocks necessary for improved health.
- There will be an emphasis on empowering people to take greater responsibility for their health and to support them in this process.
- Initial work will be conducted with a small number of areas which will then inform broader engagement and transformation in relation to the prevention and inequality agenda across the Health Board in conjunction with regional partners.
- The intention is to develop an approach that recognise and builds upon community strengths, fostering meaningful conversations.

As part of the discussion, the Committee:

- Acknowledged the importance of reflecting on the 'Community by Design' work to understand its current messages as it may offer fresh insights and new perspectives that could be integrated into the ongoing work.
- Confirmed that there is a sense of renewed willingness and enthusiasm among partners, which is considered essential to drive this work forward and identify key areas for further development.

- Emphasised the benefits of co-production noting the need to focus on effective engagement with the population to broaden participation and gain a positive outcomes perspective.
- Noted the need for clarity regarding the purpose of the process, identifying where people can proactively contribute to improvements suggesting a need to reach out to all communities including parents and children.
- Referred to a possible change in environment following the elections in May 2026 noting the need to collaborate with partners to ensure all communities are represented.
- Agreed that this work aligns with the Citizen Experience and Engagement Report particularly in relation to engagement, service change and co-production. Communication efforts must focus on what matters to people locally, ensuring their views and perspectives are valued and considered and the benefits are recognised by communities following their contribution.
- Recognised that support needs to be provided to people within communities to enable and enhance quality of life and health and wellbeing outcomes.

It was resolved that the Committee:

- **ACKNOWLEDGED** that this is very much a long-game and that we must invest time and effort into building relationships and re-establishing trust with local stakeholders which will be of mutual benefit to the Health Board and our communities in the longer-term.
- **SUPPORTED** the commitment to work across the Health Board Strategy, Transformation, Partnerships and Public Health Directorates to embed these ways of working into our programmes.

## PP26.10 Population Health Delivery Report

Members received the report and the Executive Director of Public Health highlighted:

- The report provides data for quarter two noting the challenges around access to current data and confirming a change in indicators initiated by Welsh Government.
- Work continues on the Health Outcomes Framework which will provide an overview of the delivery of core Public Health programmes across the Health Board.
- Performance remains strong in areas including vaccinations for over 65s and childhood immunisations which is currently at 94% against the National target of 95%.
- Efforts to maintain smoking cessation rates are ongoing and Welsh Government have recently released guidance on obesity and weight management, noting that weight is influenced by more than just behaviours.
- Public Health Wales has been commissioned to review current services to identify where improvement can be made.

As part of the discussion, the Committee:

- Recognised areas where performance is not meeting expectations and suggested going forward these areas are highlighted and the report identifies what action is required to address these challenges within local communities. It was confirmed that work is being conducted around place-based weight management initiatives and suggested deep dives could be completed in specific areas to provide more detailed information.

- Referred to the input and output data in relation to Public Health screening and how this information can be balanced in terms of the elements provided and the improvements required. It was confirmed that the alignment between uptake and provision of screening is being discussed in further detail with the Executive Medical Director and the Chief Operating Officer to identify the improvements required.
- Acknowledged the statistics relating to teenagers which highlight increased pressures faced by this generation. It was confirmed that there is a need to gain an understanding of evolving trends amongst young people and identify the support required in the short, medium and long term.

**Action:**

- **PP26.10.1** Conduct deep dive exercises into specific areas to identify and address challenges where performance is not meeting expectations and report the outcomes via the Committee.

It was resolved that the Committee:

- **NOTED** the content of the report.
- **AGREED** the proposed items for the Q3 report.

**GOVERNANCE, RISK AND ASSURANCE**

**PP26.11 Referral to Treatment Data Governance and Accuracy Review**

Members received the report and the Assistant Director of Data, Intelligence and Insight highlighted:

- In November 2025, an issue was identified in relation to Referral to Treatment (RTT) data and as a result, National reporting of Health Board waiting lists was suspended whilst an investigation was conducted.
- Referral to Treatment data for all patient pathways in medical and surgical specialties is available daily to operational teams and reported on a monthly basis, at month end to Welsh Government in line with National standards.
- All patients are tracked daily and weekly therefore no patients were “lost” or missed as a result of this issue.
- The issue arose following the September month end report where it was identified that a generic code for cohorts of patients seen by outsourcing providers was found to be omitted in error from the monthly report, affecting around 45,000 patient records.
- The error was rectified ahead of the October month end report, which led to apparent fluctuations in the waiting list figures.
- The issue was escalated for external review, and the team responded to questions regarding technical issues, processes and data sign-off.
- A technical data review confirmed the ‘ConsG’ code was the sole issue with no additional issues identified. As a result, advice and guidance were issued and additional checks were implemented to prevent recurrence.
- Additional internal and external checks were also conducted which verified this was an isolated error that has now been rectified.
- A Standard Operating Procedure has been developed to provide detailed information and demand trends are being monitored and discussed with Executive colleagues to agree and sign off data before being submitted to Digital Health and Care Wales (DHCW) for onward reporting.

- Work is ongoing to improve patient identification methods, including implementing dual identification processes and additional validation prompts to strengthen the process.
- Given the complexity of Referral to Treatment data, a review of reporting has been recommended to take place in the new financial year to reflect service changes.
- Reconciliation and sign-off processes have been enhanced, with error tracking built into data quality dashboards and direct engagement has been taking place with users.
- Data audits are ongoing and lessons will be shared across the organisation and externally with the Heads of Information National Group to promote shared learning across Health Boards.

As part of the discussion, the Committee:

- Acknowledge the team's prompt and effective response to address and rectify the issue.
- Highlighted that referring to the actual figures alongside the percentages within the report would have been beneficial to identify the number of patients affected. It was confirmed that the team process the full waiting lists however only publish data for the Welsh element therefore to avoid discrepancy with the press reports the figures were not identified.
- Noted that the key issue highlighted is that no patients were harmed as a consequence of this issue, the matter was strictly related to reporting. The review of reporting mechanisms completed has been beneficial and the lessons learned will inform future practice.
- Agreed that this would be reported in the Chair's Assurance Report to the Board to provide assurance that this matter has been reviewed and the Committee were assured that the matter has been fully and transparently investigated.
- Referred to the Board Assurance Framework noting that monthly data governance reviews are in place and this is now documented.
- Queried how assurance will be provided to the public. It was confirmed that the report clearly states the issue encountered, the steps taken to resolve the matter and the measures in place for the future. There is a need to emphasise that no patients were harmed as result of this issue, work is taking place to disseminate key messages and the external review report is due to be published next week, aiming to provide the Board with assurance regarding its findings.
- Agreed that the recommendations should highlight that the Committee provide assurance to the Board that this issue has been addressed.

It was resolved that the Committee:

- **NOTED** the reporting error and the immediate corrective action taken.
- **PROVIDE ASSURANCE** to the Board that the issue in relation to the data accuracy had been reviewed.

## PP26.12 Board Assurance Framework

Members received the report and the Head of Risk Management highlighted:

- The Board Assurance Framework was last reviewed in April 2025 and all risks, excluding those aligned to the Executive Medical Director have been considered by Risk Scrutiny Group.

- The Digital risk includes delayed actions, these will be reviewed and updated to ensure alignment.
- The Planning risk has been reviewed by Risk Scrutiny Group, updates have been completed and assurance has been provided.
- The Citizen Engagement risk has also been reviewed by the Risk Scrutiny Group, the score has been challenged however it was agreed that the risk should remain open due to the upcoming Elections noting assurance and progress in this area.
- The Population Health risk has two delayed actions as well as external risks therefore this is being reviewed by the Executive Committee.
- The Improvement and Innovation risk is progressing well however further assurance is required going forward.
- There is a need to realign the Board Assurance Framework with the Integrated Medium Term Plan going forward and identify smart objectives.

As part of the discussion, the Committee:

- Noted that ownership of certain areas could be stronger, particularly in relation to those risks with longer timescales. It was confirmed that this has been identified as an area that needs to be strengthened in terms of ease of use for Executives to enable increased ownership of the process.
- Referred to the introduction of a dynamic quality concerns register which is reported to the Executive Committee and covers clinical and operational issues. It was confirmed that discussions are taking place around providing deep dives in specific areas to address service issues.
- Highlighted that discussions are ongoing in relation to resetting the Board Assurance Framework and aligning to the Integrated Medium Term Plan noting the need to integrate with service plans to improve management and mitigate risks.

It was resolved that the Committee:

- **RECEIVED** the report and assurance rating of the Board Assurance Framework noting the progress in the areas that fell within the responsibility of the committee

### PP26.13 Corporate Governance Report

Members received the report from the Director of Corporate Governance and it was resolved that the Committee:

- **NOTED** the summary of business considered in private session to be reported in public.
- **NOTED** the forward workplan.

### CLOSING BUSINESS

#### PP26.14 Agree Items for Referral to Board / Other Committees

It was agreed that the Chair's Assurance Report would alert the Board on the Community Co-Production and Key Programmes Report items. The report would also provide assurance that the Referral to Treatment Data and Governance and Accuracy report was reviewed and the Committee were assured that the matter had been fully and transparently investigated and resolved.

### **PP26.15 Review of Meeting Effectiveness**

It was confirmed that following a previous action it has been agreed to nominate an Independent Member and Executive Director at the start of each meeting to provide feedback on the tone and approach to values during the meeting. The Independent Member noted the openness and transparency of officers and the Executive Director noted the positive tone and open discussions conducted with Board members.

### **PP26.16 Date of Next Meeting**

Thursday 5 March 2026, 9.15am

### **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'*