Bundle BCU Planning, Population Health and Partnerships Committee 2 July 2026

1 09:15 - PRELIMINARY MATTERS

1.1 09:15 - PP26.67 Welcome and Apologies
Clare Budden, Chair

1.2 09:16 - PP26.68 Declarations of Interest
Clare Budden, Chair

1.3 09:17 - PP26.69 Unconfirmed Minutes of Meeting held on 07.05.26
Clare Budden, Chair
PP26.69 Minutes from PPHP Committee 07.05.26 V0.2 (Public)

1.4 09:20 - PP26.70 Matters Arising & Action Log
Clare Budden, Chair
PP26.70 Summary Action Log PPHP Committee (Updated 24.06.26) Public

2 09:25 - STRATEGIC PRIORITIES

2.1 09:25 - PP26.71 Director of Planning Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
PP26.71 Director of Planning Report
PP26.71.1 Clinical Services Plan Engagement Output Report

2.2 09:40 - PP26.72 Integrated Medium Term Plan 2026-2029 Reflection and Learning Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
PP26.72 IMTP 2026-2029 Reflection and Learning Report

2.3 10:00 - PP26.73 Proposal - Format for Population Health Delivery Reporting 2026-2027
Jane Moore, Executive Director of Public Health
PP26.73 Proposal - Format for Population Health Delivery Reporting 2026-27

2.4 10:10 - PP26.74 Year End Report: Use of Grant Funding 2025-2026
Jane Moore, Executive Director of Public Health
PP26.74 Year End Report Use of Grant Funding 2025-2026

2.5 10:25 - BREAK

2.6 10:35 - PP26.75 Estates Strategy Review 2023-2033
Stuart Keen, Director of Environment & Estates
Presentation to follow

2.7 10:55 - PP26.76 Climate Adaptation and Decarbonisation Strategy Review
Stuart Keen, Director of Environment & Estates
PP26.76 Climate Adaptation and Decarbonation Strategy Review - Final

3 11:15 - GOVERNANCE, RISK AND ASSURANCE

3.1 11:15 - PP26.77 Corporate Risk Register Report
Pam Wenger, Director of Corporate Governance
PP26.77 Corporate Risk Register Report July 2026 Public
PP26.77.1 CRR PPHP - Public

3.2 11:25 - PP26.78 Corporate Governance Report
Pam Wenger, Director of Corporate Governance

PP26.78 Corporate Governance Report
PP26.78.1 Draft Cycle of Business for the PPHP Committee 2026-27 V0.3
PP26.78.2 Workplan for PPHP Committee (Live Version as at 24.06.26)

4 11:35 - CLOSING BUSINESS

4.1 11:35 - PP26.79 Agree Items for Referral to Board / Other Committees
Clare Budden, Chair

4.2 11:37 - PP26.80 Review of Meeting Effectiveness
Clare Budden, Chair

4.3 11:39 - PP26.81 Date of Next Meeting - 03.09.26

4.4 11:40 - PP26.82 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 7 May 2026
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Clare Budden	Independent Member (Chair of PPHP Committee)
Billy Nichols	Independent Member
Caroline Turner	Independent Member
Gareth Williams	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer (via Teams)
Dyfed Edwards	Chair of the Health Board (part meeting)
Jody Evans	Assistant Head of Risk Management (part meeting)
Jane Moore	Executive Director of Public Health
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 (via Teams)
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS

PP26.44 Welcome and Apologies

The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Stuart Keen.

PP26.45 Declarations of Interest

No declarations of interest were raised.

PP26.46 Unconfirmed Minutes of Meeting held on 5 March 2026

It was resolved that the Committee:

- **AGREED** that the minutes of the Planning, Population Health and Partnerships Committee meeting held on 5 March 2026 were a true and accurate record.

PP26.47 Matters Arising & Action Log

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

It was noted that the Estates Plan 2025/2028 and Climate Resilience and Decarbonisation Strategy items had been withdrawn from the agenda.

STRATEGIC PRIORITIES

PP26.48 Key Programmes Report

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

- The purpose of the report is to provide the Committee with an overview of current progress and assurance regarding scrutiny that has already taken place at the Strategic Planning and Service Change Group.
- The Value and Sustainability and Foundations for the Future programmes have transitioned from Major Change Programmes to Key Programmes noting that Community by Design has now become a Major Change Programme.
- Progress has been made across several programmes including the Radiology Informatics System Project (RISP) which has now reached the closure stage and Electronic Prescribing and Medicines Administration (ePMA) and the Digital Maternity System which were both implemented during March 2026.
- A number of programmes, including the Electronic Health Record (EHR), the Laboratory Information Management System (LIMS), and the Llandudno Planned Care Hub continue to experience significant challenges and require enhanced oversight.
- The Health and Wellbeing Hubs will require acceleration in 2026/27 with an agreed overarching programme approach in conjunction with the Director of Environment and Estates and the Chief Operating Officer.
- This will be the final Key Programmes Report in its current format, to streamline reporting future assurance in this space will be embedded through the reporting of the Annual Delivery Plan.

In discussing the item, the Committee:

- Raised concerns in relation to progress of the Electronic Healthcare Records system noting that National constraints are impacting local delivery and the main area of risk relates to the timescale for development of the All Wales plan. It was confirmed that work is taking place Nationally to review all digital and data requirements across Wales, an All Wales Digital Conference is taking place on 21 May 2026 and the team are continuing to prepare for implementation despite national approval delays. It was noted that this area of work is important in transforming and delivering services across the Health Board as we move forward.
- Referred to the Mental Health Electronic Healthcare Records system noting that this has been to tender and approved by the Board, Ministerial approval is now being sought and contact is being made with procurement to clarify the next steps once a contract has been awarded. The Chief Executive is involved in this process and correspondence is taking place with Welsh Government to understand any further delays. It was agreed that the Acting Director of Digital, Data and Technology and Director of Corporate Governance would review progress and circulate an update outside of the meeting to confirm how to move this area of work forward.
- Highlighted the Ablett Mental Health Unit in relation to the reorientation of the Mental Health policy and the potential need to restructure the Mental Health estate across Wales. It was suggested that models of care will transform in line with the Mental Health Act therefore there is a need to balance service provision in the interim period and move forward with the new models of care.

- Recognised the current position in relation to the Llandudno Orthopaedic Hub questioning the capacity and confidence for delivering future Major Change Programmes and suggested the need to review the issues and understand the learning to improve future programme delivery. It was confirmed that the Chief Executive commissioned a Capital review to understand the issues and address how projects can be managed going forward suggesting the draft review is shared for sightedness.
- Reflected on the delivery of programmes noting the work that will be required to deliver the health and wellbeing hubs and the current lack of infrastructure in this area. There are some points of learning that can be taken forward along with the need for increased transparency with external partners.
- Queried the ongoing issues with the Laboratory Information Management System (LIMS) and how this can be progressed. It was confirmed that the Health Board have offered to help with testing and the teams are ready to move forward with the system however there is a reliance on Digital Health and Care Wales. It was agreed that the Acting Director of Digital, Data and Technology would provide a briefing paper for the Committee Chair ahead of the All Wales Digital Conference taking place on 21 May 2026.
- Agreed to receive the update but noted that there are low levels of assurance in a number of areas therefore suggested the recommendation was amended.

Actions:

- **PP26.48.1** Acting Director of Digital, Data and Technology and Director of Corporate Governance to review progress and current status of the Mental Health Electronic Healthcare Records system and circulate an update outside of the meeting.
- **PP26.48.2** Director of Corporate Governance to share the draft Capital review commissioned by the Chief Executive relating to Llandudno Orthopaedic Hub and future project delivery.
- **PP26.48.3** Acting Director of Digital, Data and Technology to provide a briefing paper for the Committee Chair on the current position relating to the Laboratory Information Management System (LIMS).

It was resolved that the Committee:

- **RECEIVED** the report.

PP26.49 Annual Delivery Plan (Q4)

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

- Further refinement of the report is required due to feedback from the Strategic Planning and Service Change Group ahead of submission to the Board in May 2026.
- The year-end position reflected some optimism bias which will be addressed noting that comparison against the Quarter 3 report has been reflected.
- Progress has been made in a number of areas, but there is a significant difference in high and low confidence levels therefore this will be reviewed in further detail to address how the information is captured and tested.
- Strong progress has been made in enabling functions, Governance, Planning and specific Clinical Services such as Mental Health, Plastics and Oncology.

- There has been under delivery in some high-impact areas, including Commissioning, Foundations for the Future, Urgent and Emergency Care, Community Care ad Diagnostics including some Challenged Services.
- Some areas such as Neuro Development show as being delivered but further improvements are required and Planned Care didn't achieve the actions set but there has been an improvement in the statistics.
- All the outcomes are included in the Integrated Medium Term Plan which will address some of the actions and outcomes.
- The overall year end position is balanced showing progress in enabling areas but highlighting where further work is required in areas of importance.

In discussing the item, the Committee:

- Recognised the need to understand the learning and set achievable objectives and targets noting that the Integrated Medium Term Plan includes a level of balance with stretch targets and clarity on what the organisation want to achieve.
- Noted that not all of the deliverables were achieved, the current year's plan will focus on core business and compliance priorities with Board reporting emphasising regulatory compliance and providing clear assurance. Reporting should be candid and reflect the progress made ensuring Directors retain ownership of actions within their areas to ensure accountability for delivery.
- Suggested that counting of deliverables alone can provide a misleading picture without consideration of impact and outcomes within a complex environment.
- Referred to progress made in specific areas such as delivery against Public Health targets noting that work is required as part of the Community by Design Programme to address areas such as Diabetes.
- Acknowledged the work that has been completed by the Partnerships, Engagement and Communications team to put foundations in place to embed and deliver.
- Referred to the Major Change Programmes noting that continued recovery pressures limit the ability to embed longer-term improvement. Work is taking place to align the work of the Major Change Programmes however these are challenging areas where teams continue to focus on patient safety and quality.
- Highlighted the staff affected by the re-structure linked to the Foundations for the Future Programme and the frustrations being shared. It was confirmed that this is being addressed by the People and Culture Committee, and the Chief Executive and Chair acknowledged these concerns during the last Board Development session.
- Agreed that further work is required ahead of the report being presented to the Board in May 2026 suggesting that clarity is required around the progress that has been achieved and the current position but to also be clear on the challenges limiting progress and the major areas that will provide impact for staff and communities.

It was resolved that the Committee:

- **RECEIVE ASSURANCED** on the progress made during 2025/26 and noted the end of year position of delivery against the 2025-2026 Annual Delivery Plan.
- **NOTED** that where the full sub-objective has not been achieved in year, outstanding actions have been carried forward into the 2026-2029 Integrated Medium Term Plan as appropriate.

PP26.50 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 key strategic, planning, and transformation activities across the Health Board.
- Work on the Ten Year Strategy has commenced, the Strategic Intentions have been approved and the focus in Quarter 1 will be on completing the Discovery Phase.
- There has been some initial, positive engagement with senior clinicians across all areas on the Clinical Services Plan noting that the focus will now be on the methodology, governance and agreement of the initial priority service areas supported by targeted engagement and noting the importance of sustaining momentum.
- A review of the original Challenged Services has taken place with Welsh Government, Gastroenterology (including Endoscopy) has been formally recognised as a Challenged Service and a Rapid Quality Review is being undertaken in order to identify and review any quality concerns and this will be reported via the Strategic Planning and Service Change Group.
- Inpatient services at Tywyn and Penley Community Hospitals continue to be the main internal service change areas of focus noting that public consultations will commence post the Senedd elections.
- There have been improvements in relation to the development of the Integrated Medium Term Plan, the iterative process will continue, the maturity matrices will be utilised and continuous planning will commence early.
- The Major Change Programmes have evolved, work is taking place to review the resource implications noting the improved synergy between programmes.
- A draft Well-being Statement has been produced in accordance with the Well-being of Future Generations (Wales) Act 2015 and has been included in the private supporting papers as further refinement is required. The Statement will be included as a section in the Health Board Annual Report and will form part of the Ten Year Strategy.

In discussing the item, the Committee:

- Recognised the timeline for delivering the Clinical Services Plan and the need to ensure this is achieved along with conducting key engagement with clinicians.
- Noted the need for Challenged Services to be developed in line with the Clinical Services Plan and demonstrate improvements confirming that a paper relating to Gastroenterology becoming a Challenged Service is being shared with the Quality, Safety and Experience Committee this afternoon.
- Suggested interdependency is required between the Clinical Services Plan, Challenged Services and Foundations for the Future. It was agreed that there is a need for balance to ensure progress. It is unlikely that all elements will align in a timely manner.
- Agreed that the focus needs to be on creating sustainable solutions and services for the population of North Wales ensuring space is created to allow clinicians to lead areas of change and this was reflected at the session held with clinicians.
- Reflected on the draft Well-being Statement suggested further work and clarity is required, the Director of Corporate Governance and Interim Executive Director of

Transformation & Strategic Planning agreed to discuss this further outside of the meeting.

Action:

- **PP26.50.1** Director of Corporate Governance and Interim Executive Director of Transformation & Strategic Planning to discuss the draft Well-being Statement outside of the meeting for inclusion in the Annual Report.

It was resolved that the Committee:

- **NOTED** and **GAINED ASSURANCE** on the content of the report.

PP26.51 Citizen Experience and Engagement Report

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

- The report was being shared with the Committee before being presented to the Board meeting in May 2026.
- The report has evolved over the past 18 months and provides a high level overview of the feedback received from citizens utilising a vast array of engagement tools.
- The feedback highlights an increased awareness of system flow which may be a result of the continued promotion of campaigns to help people choose the right service and understand what to expect when accessing care.
- The report demonstrates the progress made balanced with the current challenges.
- The period has seen increased influence from social media in relation to the upcoming elections and additional Artificial Intelligence information. The team are reviewing what tactics can be used to stop misinformation being shared and factual inaccuracies continue to be corrected.

As part of the discussion, the Committee:

- Noted that prevention is being included in manifestos, further work is required to fully engage with the population to balance public relationships with the health services and these discussions are commencing.
- Highlighted that the report refers to survey responses and suggested some further detail could be shared with the Committee. It was agreed to share the report based on the Emergency Department patient experience.
- Confirmed the importance of demonstrating how feedback informs action as Welsh Government hold the data for National reporting around patient satisfaction and suggested future reports refer to official figures.
- Queried how to redress the balance between social media and misinformation, it was confirmed that a strategic approach is required which may result in a broader conversation with other Health Board and agreed that this area of work will evolve.
- Suggested that sharing more information externally is important in becoming a more transparent organisation. It was confirmed that work is taking place to publish more data on the website however there is a need to ensure the data is validated prior to sharing.
- Referred to the information based on Emergency Departments and queried whether this is informing the work being completed to improve access to services. It was

agreed that there is a need to move toward following feedback through the system to identify the action and evidence the outcomes.

Action:

- **PP26.51.1** Director of Partnerships, Engagement and Communications to share the report based on the Emergency Department patient experience with the Committee.

It was resolved that the Committee:

- **NOTED** the key themes from citizen feedback.
- **ASSURED** itself that the citizen voice is shaping organisational objectives and decision-making, as well as operational improvements.

PP26.52 Emergency Preparedness, Resilience and Response Annual Report

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

- There is a statutory requirement for the Health Board to prepare, plan and mitigate against disruptive incidents due to being classed as a Category 1 responder.
- The report sets out the progress made, the key activities being undertaken and the issues that need to be addressed moving forward.
- The Emergency Preparedness, Resilience and Response Lead has made significant progress across the organisation to ensure clear business continuity plans are in place and are being thoroughly reviewed, tested and exercised on a regular basis.
- There has been improved partnership working through the Local Resilience Forum and positive feedback was received from Exercise Pegasus where all four Nations were tested.
- 80% of staff have now completed the required training and as part of the Foundations for the Future Programme, all those staff who are required to undertake On-call duties will be fully trained and this will be included in the relevant job descriptions.
- Further work is required around major incidents, response to Chemical, Biological, Radioactive Nuclear and Explosive threats has been tested across all three Integrated Health Communities which highlighted issues which need to be addressed.
- An Internal Audit has been completed in this area, significant progress has been made since the previous audit in 2024 however the outcome has provided limited assurance therefore further action is being taken.

As part of the discussion, the Committee:

- Agreed that the report provides further assurance than previous reports and suggested the Internal Audit report, actions and next steps are referenced in the report being shared with the Board in May 2026.
- Highlighted the potential risks around the plans for the Nuclear Power Station in Anglesey.
- Recognised the significant amount of work completed in this area by the Emergency Preparedness, Resilience and Response Lead and the team.

Action:

- **PP26.52.1** Include an additional recommendation to state that the report has been endorsed for Board approval.
- **PP26.52.2** Executive Director of Public Health to ensure the Internal Audit report, actions and next steps are referenced in the report being shared with the Board in May 2026.

It was resolved that the Committee:

- **ENDORSED** the report for Board approval.
- **NOTED** the key activities and response to incidents and emergencies during 2025/26;
- **RECEIVED ASSURANCE** that BCUHB is prepared to respond to an emergency and has resilience to the continued provision of safe patient care; and
- **RECEIVED ASSURANCE** that where gaps in resilience have been identified, the key actions and milestones have been incorporated into the annual work plan.

PP26.53 Population Health Delivery Report

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

- The format of the report is being revised and will be in the new format for the next Committee in July 2026.
- The report is being aligned to the new strategic intentions and the areas included in the Integrated Medium Term Plan which has highlighted a ranged of deliverables and work is taking place to ensure progress is reviewed and measured.
- Work is also taking place to ensure data is clear and actions are being used to address areas of limited delivery.
- The final figures for some areas of reporting will not be received until the year end figures have been calculated and have therefore not been included in the report. It was requested that the report is re-circulated outside of the meeting with the final revised figures.
- Strong progress has been made in vaccination uptake, with the Health Board performing well compared to other Health Boards. Parents not consenting to children receiving vaccinations will be a focus area this year.

As part of the discussion, the Committee:

- Stated that some areas have National targets but require local delivery and queried whether the Health Board have any influence in this area. It was confirmed that UK vaccination targets are set Nationally and the Health Board determine the coverage needed for population impact. Local work focuses on influencing delivery, school immunisation services and collaboration with primary care to improve immunisation and screening uptake.
- Confirmed that the challenge is to sustain improvements over time and queried whether there could be a focus on specific areas to identify whether this has impacted Public Health in North Wales. It was confirmed that the report focuses on primary, secondary and tertiary prevention noting the importance of partnership-led, community-based approaches within the context of the Integrated Medium Term Plan and Community by Design programme as a key element.

- Suggested the new template is framed within the primary, secondary and tertiary elements aligned to the Integrated Medium Term Plan to ensure prevention is built into all areas of work to enable progress to be embedded.
- Agreed to alert the Board to the health inequality evidence highlighted in the report.

Action:

- **PP26.53.1** Executive Director of Public Health to recirculate the report outside of the meeting once the final year end figures have been calculated.
- **PP26.53.2** Chairs Assurance Report to alert the Board to the health inequality evidence highlighted in the report.

It was resolved that the Committee:

- **AGREED** the proposed scheduled for 2026/27.
- **NOTED** the proposed schedule for reporting quarterly progress during 2026/27 allowing for lead in time for papers to be reviewed appropriately and published.

PP26.54 Estates Plan 2025/2028

This item was withdrawn for the agenda.

PP26.55 Climate Resilience and Decarbonisation Strategy

This item was withdrawn from the agenda.

GOVERNANCE, RISK AND ASSURANCE

PP26.56 Board Assurance Framework

Members received the report and the Assistant Head of Risk Management and Director of Corporate Governance highlighted:

- The risks within the remit of the Committee have a current total of 52 actions noting that the completed actions reflect improvements within governance assurance and data maturity however due to the continued presence of overdue and delayed actions, there is a limited level of assurance at this time.

As part of the discussion, the Committee:

- Queried the difference between overdue and delayed actions. It was confirmed that overdue actions are past the date and waiting for clarity from Executive Directors. Delayed actions won't meet the timeline and therefore require an extension.
- Requested clarity on the implementation of phase one of the challenged services. It was confirmed that work has been taking place to address some of the issues ahead of development of the Clinical Services Plan and a segway is being placed to signal the move from phase one into phase two to align with the work on the Clinical Services Plan.
- Recognised that risk is a fundamental part of addressing issues and queried how this can be owned more fully across the organisation. It was confirmed that a provider is being sought to work with the Board around the process for becoming a high performing Board. There will also be a move towards strengthening ownership

and accountability to enable Directors to monitor progress against risks and drive forward accountability mechanisms.
- Referred to the need for clarity in terms of where risks sit within the wider context. It was confirmed that the biggest risks need to align to the Integrated Medium Term Plan and the refresh on the work around risks will feed into this.

It was resolved that the Committee:
- **NOTED** the current position of the BAF risks aligned to this Committee, including the impact of overdue and delayed actions on the level of assurance available.
- **NOTED** the key constraints affecting delivery.
- **SUPPORTED** the continued oversight and prioritisation of outstanding actions to improve assurance and support risk reduction.
- **NOTED** that outstanding actions will be realigned to the four Strategic Intents as part of the 2026–2029 Board Assurance Framework refresh, with progress reported through established governance routes.

PP26.57 Corporate Governance Report

Members received the report and the Head of Corporate Governance highlighted:
- Following discussion at Informal Board it has been agreed that future reports will include justification around why items have been discussed within the private session to provide an element of transparency.
- Work is taking place to align the products from the Integrated Medium Term Plan with the requirements of the Committees and include on the cycles of business to enable a more coordinated approach.
- The Committee Workshop is taking place on 14 May 2026 to discuss how Primary Care and Community by Design will report into the Committee.

It was resolved that the Committee:
- **NOTED** the matters considered in private at the meeting held on 5 March 2026.
- **NOTED** the Committee forward workplan.

CLOSING BUSINESS

PP26.58 Agree Items for Referral to Board / Other Committees

It was agreed that the Chair's Assurance Report would alert the Board on the discussions around the delivery risks highlighted in the Key Programmes Report, the concerns raised in relation to the Annual Delivery Plan and the health inequality evidence highlighted in the Population Health Delivery Report.

PP26.59 Review of Meeting Effectiveness

It was confirmed that the meeting had been well chaired with a good level of communication and debate. It was also noted that the Health Board values had been instilled throughout the meeting and reference had been made to the impact of the work on the population and the value of what the Committee are trying to achieve.

PP26.60 Date of Next Meeting

Thursday 2 July 2026, 9.15am

PP26.61 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 (Public)

Updated 24.06.26

Open Actions						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
1	**PP26.48.1**	07.05.26	**Key Programmes Report** Acting Director of Digital, Data and Technology and Director of Corporate Governance to review progress and current status of the Mental Health Electronic Healthcare Records system and circulate an update outside of the meeting.	Justine Parry Pam Wenger	Sept 26	**Remain Open** **22.06.26** The Chairs of BCU and CTM along with the CEOs have formally written to the Cabinet Minister for Health and Social Care this week in relation to the Mental Health Electronic Healthcare Records system and are awaiting a response. This has been shared with members of the PPHP Committee via email.
2	**PP26.48.2**	07.05.26	**Key Programmes Report** Director of Corporate Governance to share the draft Capital review commissioned by the Chief Executive relating to Llandudno Orthopaedic Hub and future project delivery.	Pam Wenger	Sept 26	**Remain Open** **22.06.26** The Capital Report is currently with the CEO for sign off and will be shared with members of the PPHP Committee once approved.
3	**PP26.53.1**	07.05.26	**Population Health Delivery Report** Executive Director of Public Health to recirculate the report outside of the meeting once the final year end figures have been calculated.	Jane Moore	Sept 26	**Remain Open** **24.06.26** Data is still being collated and the information will be circulated outside of the meeting once available.

			ACTIONS PROPOSED FOR CLOSURE			
1	**PP26.48.3**	07.05.26	**Key Programmes Report** Acting Director of Digital, Data and Technology to provide a briefing paper for the Committee Chair on the current position relating to the Laboratory Information Management System (LIMS).	Justine Parry	July 26	**Action proposed for closure** A Briefing Paper relating to the LIMS 2.0 Programme was shared with the Chair of the PPHP Committee.
2	**PP26.50.1**	07.05.26	**Director of Planning Report** Director of Corporate Governance and Interim Executive Director of Transformation & Strategic Planning to discuss the draft Well-being Statement outside of the meeting for inclusion in the Annual Report.	Pam Wenger Paolo Tardivel	July 26	**Action proposed for closure** **19.06.26** This has been discussed in detail and actioned.
3	**PP26.51.1**	07.05.26	**Citizen Experience and Engagement Report** Director of Partnerships, Engagement and Communications to share the report based on the Emergency Department patient experience with the Committee.	Helen Stevens-Jones	July 26	**Action proposed for closure** **23.06.26** The People's Experience ED Civica Survey Analysis 2025-26 has been circulated via email outside of the meeting for information.
4	**PP26.52.1**	07.05.26	**Emergency Preparedness, Resilience and Response Annual Report** Include an additional recommendation to state that the report has been endorsed for Board approval.	Pam Wenger	July 26	**Action proposed for closure** **18.06.26** A recommendation has been included in the minutes from the May 2026 meeting to state: It was resolved that the Committee ENDORSED the report for Board approval.
5	**PP26.52.2**	07.05.26	**Emergency Preparedness, Resilience and Response Annual Report** Executive Director of Public Health to ensure the Internal Audit report, actions and next steps are referenced in the report being	Jane Moore	July 26	**Action proposed for closure** **18.06.26** This information was included in the report that was submitted to the Board meeting in May 2026.

			shared with the Board in May 2026.			
Closed Actions (as agreed at meeting on 07.05.26)						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
1	**PP26.30.1**	05.03.26	**BCUHB Homelessness Reduction Insights Work** Interim Executive Director of Transformation & Strategic Planning and Executive Director of Public Health to discuss outside of the meeting how to integrate homelessness more fully into the Integrated Medium Term Plan.	Paolo Tardivel Jane Moore	May 26	**28.04.26** This has been addressed in the IMTP and is reference under 1C Health Inequalities.
2	**PP26.10.1**	15.01.26	**Population Health Delivery Report** 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.	Jane Moore	May 26	**21.04.26** The Q4 Report being presented to the May meeting includes RAG performance against key measures along with a table under section 7.0 which highlights the proposed reporting schedule for quarterly performance and delivery updates to the Committee. This will be supported by a series of deep dives focusing on priority areas of work as detailed in the Health Board Plan and also reporting against areas of under / off track performance. The outcome and progress of this work will report

						back to the Committee on a regular basis as part of the Population Health Delivery Report. **26.02.26** The Q3 Population Health Delivery Report being presented to the March 26 meeting will highlight areas of underperformance and associated actions to get back on track. It has been proposed that the team will bring a new suggested format to the May 26 meeting as part of the Q4 Delivery Report for approval, this will then be established from the Q1 Population Health Delivery Report 2026/27.
3	**PP25.97.2**	28.10.25	**Matters Arising and Action Log** Director of Corporate Governance to escalate concerns in relation to the Third Sector engagement and commissioning to the Chief Executive and refer this to the Executive Committee for further discussion.	Russell Caldicott	May 26	**28.04.26** A co-development Workshop has been arranged for 21st May 26 to take forward the work with the Third Sector. There is a Q1 deliverable within the IMTP - 4B.4 under Strategy and Planning “Co-create a Third Sector Partnership Working Framework with Third Sector Partners to move to more proactive and strategic collaborative approach”. Updates and proposals will be

						shared with the Executive Team in due course. **24.02.26** This area of work has been discussed with the Chief Executive and is being taken forward by the Interim Executive Director of Transformation and Strategic Planning, Executive Director of Public Health and Director of Partnerships, Engagement a Communications. A meeting took place on 12.02.26 with the Reaffirming Our Commitment to Third Sector Steering Group where work is taking place to co-develop a framework on strategic partnership.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

DIRECTOR OF PLANNING REPORT

Date of Meeting	02 July 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)
Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)

Report Purpose	For Assurance

Executive Summary
This report provides the Planning, Population Health and Prevention (PPHP) Committee with an update on key strategic, planning, and transformation activities across the Health Board.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
N/A		

Acronyms / Glossary of Terms	
PPHP	Planning, Population Health & Partnerships Committee
QSE	Quality, Safety & Experience Committee
PFIG	Performance, Finance & Information Governance Committee
IMTP	Integrated Medium-Term Plan
ADP	Annual Delivery Plan
CSP	Clinical Services Plan
UEC	Urgent and Emergency Care
SRO	Senior Responsible Officer

DIRECTOR OF PLANNING REPORT

1. SITUATION

1.1. The purpose of this report is to provide Committee(s) with an update on a range of strategy and planning matters. This is a regular report to PPHP with any key updates provided directly to the Board, it may also be used in other Committees when required.

2. BACKGROUND

2.1. The first Director of Planning Report to PPHP in July 2025 went into more detail around the background to each area to ensure the reader was orientated around the context. This and subsequent reports are not intending on covering this detail and will therefore be shorter in length.

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1. 10-YEAR STRATEGY

3.1.1. Progress has been made in advancing the development of the Health Board's refreshed 10-year strategy, which will provide a long-term framework to respond to population health needs, service sustainability challenges, and financial pressures. Work is currently focused on the Discovery Phase, with structured evidence gathering and stakeholder engagement underway, alongside initial mapping of existing strategies and identification of key gaps. This includes early integration of population health, prevention and inequalities into the emerging strategic approach, and closer alignment between strategy development and organisational planning processes to ensure future priorities are evidence-based, deliverable and financially grounded.

3.1.2. Over the coming months, the focus will be on completing the Discovery Phase, including synthesising findings from the diagnostic work into a clear case for change and producing a final Discovery Report to inform the next stage. This will support transition into the Design Phase, where the strategic framework, priorities and delivery approach will be developed and validated with stakeholders. In parallel, work will continue to strengthen governance, engagement and alignment with IMTP cycles, ensuring that the emerging strategy can be translated into phased, realistic delivery through future

planning cycles and supporting strategic plans such as the Clinical Services Plan.

3.1.3. The Diagnostics report is a key part of the Discovery phase work and has been drafted but is undergoing further changes following feedback from the Executive Strategic Planning and Service Change Group. Once those amendments have been made and signed off by owning Senior Responsible Officers the report will be shared with Committee members.

3.1.4. Capacity to progress this work alongside the Clinical Services Plan work is proving challenging. No deviation from the plans committed in the IMTP at this stage, but the situation will be monitored and any proposed changes to phasing of the work brought back to the Committee should that be necessary.

3.2. CLINICAL SERVICES PLAN

3.2.1. Good progress has been made in mobilising the Clinical Services Plan (CSP), which is a critical component of the Health Board's approach to recovery and long-term service transformation. Programme foundations are developing and initial clinical leadership engagement has been undertaken. A major clinical engagement event in May has successfully established a shared understanding of the current system challenges and future ambition, with follow-up clinical focus group engagement sessions continuing to build momentum and support co-designed service change. The draft output report from the event can be found in the supporting papers.

3.2.2. Over the coming period, the focus will be on moving the programme from mobilisation into structured delivery. This includes finalising the Clinical Services Plan methodology, confirming priority (Tranche 1) service areas, and progressing detailed assessment and option development for these areas. Work will also prioritise strengthening analytical capability, maintaining clinical engagement, and ensuring alignment with the IMTP and wider strategic programmes. This next phase will be critical in translating early engagement into clear, evidence-based service models and implementation plans, while balancing pace with the need for robust, clinically led decision-making.

3.3. INTERNAL SERVICE CHANGE

3.3.1. Inpatient services at Tywyn and Penley Community Hospitals continue to be the main internal service change areas of focus. All 'balanced room' engagement events have now been completed for both service changes that supported co-designing and appraising options. The final session was in Tywyn on 4th June.

3.3.2. A paper on Penley went to Board in May, presenting the proposed options to be taken into consultation. This was approved and consultation materials developed to support a consultation planned to commence in mid July for a period of 6 weeks, extended by 6 weeks due to the summer holidays, therefore totalling 12 weeks. Following this the consultation feedback and insight will be analysed and a report be created for Board Members to consider during a period of 'conscientious consideration'. A final decision is being targeted for the January Board meeting.

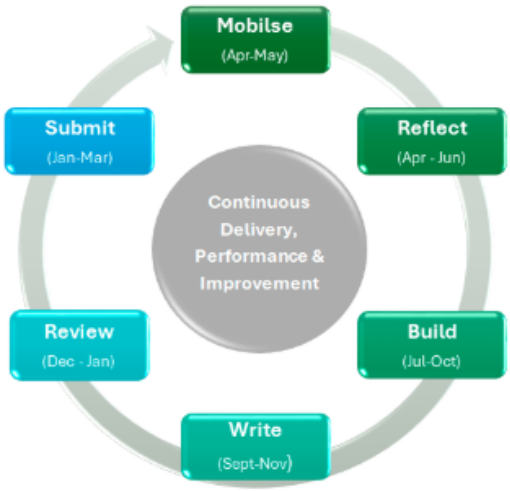
3.3.3. A paper on Tywyn will be taken to Board in July presenting the proposed options to be taken into consultation. Subject to approval, consultation materials will be developed to support a 12 week consultation period commencing after the school holidays in September. Followed by consultation feedback and analysis, Board Member conscientious consideration, with a final decision targeting the March Board meeting. Further engagement will continue throughout, including the seasonal residents over the summer period.

3.4. IMTP DEVELOPMENT – 2026-29

3.4.1. The Health Board has made good progress in embedding a more structured and continuous approach to planning following Board approval of the IMTP 2026–29. The Annual Delivery Plan has been successfully mobilised and cascaded across the organisation, with regular performance reporting now established and engagement undertaken through key internal and external forums, including Committees and partnership groups.

3.4.2. Initial feedback from Welsh Government has highlighted improvements in the structure and integration of the plan, including the introduction of aligned delivery plans and Strategic Intent statements, while also identifying areas requiring further strengthening, particularly in relation to performance trajectories and the financial position.

3.4.3. The continuous planning cycle aims to strengthen and formalise the existing planning cycle, by structuring a continuous cycle around 6 phases: Mobilise, Reflect, Build, Write, Review and Submit.



3.4.4. The team are near the end of the Reflection and Learning phase, including a dedicated feedback event, stakeholder engagement across various forums, and the use of structured feedback mechanisms to capture learning and inform improvements to future planning cycles. This is incorporating Welsh Government's Planning Maturity Matrix self-assessment, which was required for completion by November last year, but that the team have decided to use much earlier in the process to inform improvements into the cycle for this year. The current draft of the Reflection and Learning to date can be found in the supporting papers and will be updated with any contributions from PPHP Committee Members today or outside of the meeting.

3.4.5. The next phase will focus on transitioning into the 'Build' phase of the continuous planning cycle, including launching the next planning round for 2027–30 with clear expectations, timelines and supporting tools. This will be underpinned by a refreshed Integrated Planning Framework, informed by learning from the current cycle, and continued development of a more unified organisational modelling approach to support prioritisation and decision-making. A key priority will be ensuring that planning becomes increasingly proactive, integrated and aligned to delivery, with strengthened governance and clearer links between strategy, operational performance and financial

planning, supporting improved planning maturity and more deliverable plans in future cycles.

3.5. ANNUAL DELIVERY PLAN REPORTING 2026/27

3.5.1. Following a lower than anticipated delivery against the 2025/26 Annual Delivery Plan, the Planning Team have been producing monthly reporting on progress and delivery confidence in relation to the 2026/27 plan. Whilst these monthly reports necessarily represent a lighter touch assurance and reporting mechanism, they are proving useful in identifying early warning signs of areas of challenge whilst there is still time for the Executive leads to intervene and mitigate.

3.5.2. The standard quarterly reporting will continue after the close of each quarter, but this has now incorporated executive summary sections for the key areas of the change portfolio across Major Change Programmes, Key Programmes and Fragile Services. It will also include a stronger focus on delivery of performance metrics, which were incorporated directly into the IMTP this year for the first time.

3.6. SPECIAL MEASURES

3.6.1. Special Measures de-escalation criteria has been incorporated into the IMTP priority actions and made more identifiable than in previous years through a mapping mechanism into the appendices.

3.6.2. Board members received a full report on progress against the de-escalation criteria in March and a monthly executive summary report is in the final stages of development. This will be useful for Health Board oversight of delivery and improvement but also as part of the Welsh Government Escalation Board preparations and evidence submissions.

3.7. ORGANISATIONAL CAPABILITY

3.7.1. Progress has been made in developing the Health Board's organisational capability to support delivery of change, with a particular focus on strengthening capability across planning, programme management and improvement disciplines. Early work has centred on stakeholder engagement and scoping to understand current organisational needs, alongside development of a draft prospectus and initial design of learning

pathways to support capability building. Engagement with key stakeholders has helped to define the core challenges these pathways are intended to address, with initial content areas identified and a structured approach beginning to emerge. These developments represent important early steps in establishing a more consistent and accessible offer to support staff in delivering change effectively across the organisation.

3.7.2. Over the coming period, the focus will shift towards finalising and implementing the learning pathway offer, including refinement of content and delivery methods, wider stakeholder consultation, and development and launch of the Change Hub as a central access point for capability support. This will include testing delivery approaches with initial cohorts and ensuring alignment with existing training provision across the organisation.

3.7.3. A key priority will be translating these early foundations into targeted, tangible, organisation-wide uptake and embedding, ensuring that capability development drives real improvements in how change is delivered and sustained.

3.8. ORGANISATIONAL APPROACH TO CHANGE

3.8.1. Work is underway to develop an organisational approach to change framework that strengthens how the Health Board delivers change at scale. Initial discovery activity has been undertaken with Transformation and Improvement, People Services and Digital functions and clinical and operational teams, with structured engagement identifying key challenges in how change is currently experienced and embedded across the organisation.

3.8.2. This has informed the development of early principles for a more consistent, people-centred approach to change, with a focus on creating the right conditions for staff to lead and sustain improvement in their areas.

3.8.3. Early findings highlight the need to move beyond fragmented, programme-led change towards a more integrated organisational approach that connects strategic intent with frontline delivery and supports a stronger culture of continuous improvement.

3.8.4. Over the coming period, the focus will be on progressing this work from discovery into a more defined organisational framework for change. This will

include further engagement with staff and partners, refinement of the emerging principles, and development of a structured approach to support consistent delivery and embedding of change across the organisation. This next phase will also prioritise alignment with major change programmes and planning processes, ensuring that the approach to change supports delivery of strategic priorities and supports sustainable improvement in outcomes, capability and organisational culture.

3.9. THIRD SECTOR PARTNERSHIP UPDATE

3.9.1. Initial work has commenced to strengthen the Health Board's approach to partnership working with the third sector through the development of a North Wales Third Sector Partnership Framework. Early engagement with the six County Voluntary Councils (CVCs) has provided valuable insight into how the framework should be shaped, with partners emphasising the importance of genuine co-production, broader involvement of organisations and communities, and sufficient time to develop a shared understanding of purpose and outcomes. As a result, the original workshop approach planned during May was stood down and reset to ensure that the framework is developed in a way that reflects the expertise and priorities of the third sector and supports a more collaborative and strategic relationship.

3.9.2. The next phase will focus on working closely with CVC Chief Officers and Health and Wellbeing Facilitators to agree the purpose, ambition and key questions for the framework, alongside defining a shared approach to engagement across North Wales. This will enable wider conversations with third sector organisations and communities, with feedback used to develop a draft framework for further discussion and refinement.

3.9.3. The framework is expected to support stronger strategic partnership working, earlier involvement of the third sector in service planning and transformation, and a more preventative and community-focused model of care.

3.10. Alongside the framework, and building on the strengthened joint working approach, the sector will be engaged on the development of a proposal for creating an investment fund for community groups and third sector organisations to work with the Health Board on community based solutions to some of the largest challenges facing the system (IMTP reference 2B.4).

4. KEY RISKS / MATTERS FOR ESCALATION

4.1. As this report demonstrates, there is a large number of important pieces of work being orchestrated through this portfolio, all requiring concurrent focused development and delivery work. This does generate capacity challenges across the team, which are difficult to mitigate leading up to organisational structural changes and in the current and future financial climate.

4.2. A number of challenges exist within the Service Change, Key Programmes and Major Change Programmes, which are being managed and mitigated through their own individual governance and reporting.

4.3. Meeting the full set of Ministerial expectations within the IMTP given the challenging financial landscape.

5. RECOMMENDATIONS

5.1. The Committee is asked to:

- **COMMENT** on the content of the report

ASSESSMENT	
Link to Strategic Intentions	4.Create a Modern, People Centred Healthcare System
	If more than one applies, please list below:
Design Principles	Simplify, Standardise, and Adopt Best Practices If more than one applies, please list below:
Corporate Risks and Board Assurance Framework	▪ BAF24-01 - Not Fully Building an Effective and Accountable Organisation ▪ BAF24-02 - Not Delivering Strategic Development and Digital Transformation ▪ BAF24-03 - Not Achieving Long Term Financial Sustainability ▪ BAF24-04 - Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability ▪ BAF24-05 - Not Engaging with Citizens, Partners and Communities ▪ BAF24-06 - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes ▪ BAF24-07 - Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk ▪ BAF24-08 - Not Implementing Evidenced Based Improvement and Innovation
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
	Yes: ☐	No: ☒

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Outcome:	
	If no, please include rationale:	
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Planning, Population Health & Partnerships Committee

CLINICAL SERVICES PLAN ENGAGEMENT OUTPUT REPORT

Dyddiad y Cyfarfod Date of Meeting	02 July 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Sophie Stevens-Jones, Strategy Programme Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Dr Clara Day, Executive Medical Director Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning

Pwrpas yr Adroddiad Report Purpose	For Noting

**Crynodeb Gweithredol
Executive Summary**

This report summarises the outputs from Phase One clinical engagement activity undertaken to support development of the Clinical Services Plan for North Wales.

The engagement has combined a face-to-face workshop (involving 76 clinical leaders) and subsequent virtual focus groups. The initial event explored current experiences, characteristics of a sustainable healthcare system, design principles for future service planning, and barriers and enablers to change. The follow-up focus groups tested thinking and feedback and supported the continuation of the clinical involvement at every stage.

The findings demonstrate strong alignment around patient-centred care, clinical leadership, quality and safety, prevention, partnership working and the need for sustainable service models.

The report sets out the key themes, draft vision and design principles that will inform the next phase of Clinical Services Plan development

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
Clinical Services Plan Clinical Engagement Event	5 May 2026	76 clinical leaders participated in facilitated workshops, plenary discussions and gallery walk exercises. Outputs informed draft clinical vision, design principles and priorities for future engagement
Clinical Focus Groups	June 2026	Follow-up engagement undertaken to test and refine themes emerging from the main event and inform Clinical Services Plan development.
Strategic Planning and Service Change Group	24 June 2026	Approved for onwards circulation.

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
CSP	Clinical Services Plan
BCUHB	Betsi Cadwaladr University Health Board
IMTP	Integrated Medium Term Plan
IHC	Integrated Health Community
MDT	Multi-Disciplinary Team
AI	Artificial Intelligence

Shaping the future of sustainable healthcare services in North Wales

Clinical Services Plan Engagement Output Report – Phase One

1. Executive Summary

This report captures the outputs from an organisation-wide clinical engagement event focused on shaping the future of sustainable healthcare services in North Wales as part of the development of Clinical Services Plan for Betsi Cadwaladr University Health Board.

The event brought together clinical leaders to:

- Reflect on past and current experience
- Define what "good" looks like for a sustainable system
- Start to develop the principles that should guide future decisions
- Identify the key barriers and enablers to meaningful change

76 attendees gave their time on the day with a strong, consistent desire of being a patient-centred, collaborative and empowered healthcare system.

Event leads and facilitators welcomed open discussions of current experience which described a sense of frustration and fragility with inconsistent approaches alongside a sense of complex decision-making limiting progress at a local or service levels.

There was a strong call for strengthened trust and improved clinical involvement in shaping services with a sense of desire to improve the experience of people accessing services in North Wales and of those working in them.

There was clear recognition that the system is operating within significant financial and workforce constraints, requiring a more explicit and disciplined approach to prioritisation, with a clear need to ensure quality and safety is always placed first.

While there is broad agreement on what 'good' looks like, a recurring theme is the gap between ambition and delivery, with a need to move from high-level vision to practical implementation.

The event was one of the first steps in developing a Clinical Services Plan for North Wales. Further feedback has been sought at a series of follow-up focus groups and feedback will help to shape:

- A collective vision of what a sustainable North Wales system should look like
- A set of design principles

As well as identifying further opportunities and suggestions for improving clinical engagement in the development of the plan and subsequent services.

2. Event background

The event was designed as a structured, interactive workshop combining:

- Facilitated table discussions
- Plenary feedback
- A multi-round "gallery walk" exercise
- Prioritisation and synthesis activities

Organisers and facilitators sought honest reflection, active involvement and aimed to provide co-creation opportunities to what is a clinically-led, strategically supported programme.

The event was led by:

- Dr Clara Day, Executive Medical Director
- Paolo Tardivel, Interim Executive Director of Strategic Planning and Transformation
- Kamala Williams, Assistant Director – Health Strategy (Interim)

With support and facilitation from:

- Christopher Scrase, Clinical Oncologist
- Jane Moore, Executive Director of Public Health
- Jane Wild, Consultant Clinical Scientist and Head of Adult Audiology
- Liz Mckinney, Designated Education Clinical Lead Officer
- Naomi Holder, Director of Nursing – Central IHC
- Nesta McCluskey, East IHC AHP Director
- Sarah Dyer, Consultant in Respiratory Medicine and Clinical Director, East IHC
- Sarah Kingman, Head of Pharmacy for Primary Care and Community Service, West IHC
- Jim McGuigan, Deputy Executive Medical Director

- Karen Mottart, Integrated Health Community Medical Director, West

The event formed part of the development of the Clinical Services Plan with a focus on bringing people together to shape direction and prioritisation and support a sense of shared ownership for the future of the programme.

3. Learning from experience – at our worst and best

With a view to honestly describe peoples lived reality with no immediate fixing or defending, the activities opened with inviting the participants to describe what we as a Health Board, services and teams within them are like at our worst. Using Mentimeter to capture immediate reflections, feedback was consistent within the room; at our worst, the organisation is experienced not only as slow and fragmented, but as frustrating, exhausting and in danger of being harmful - for both staff and patients.

Some key themes of an organisation operating at its worst included:

- Poor culture, poor behaviours and a lack of psychological safety.
- Decision making that is disconnected from frontline reality.
- Bureaucratic with complex processes negatively impacting service and care delivery.
- Decisions led by financial constraints resulting in harm to care.
- Workforce fatigue impacting morale and engagement.
- Lack of transparency in decision-making processes.
- Unacceptable impacts on patient care – delayed pathways, delays and risk of harm.

Acknowledging concerns that people's current reality may be underrepresented when summarised, there was clear strength of feeling around operational pressures, financial constraints and workforce challenges.

Conversely, when asked to describe what we are like at our best, participants described strong performance emerging when culture, structures and behaviours align around trust, clarity, and shared purpose.

Again, a Mentimeter was used to capture initial thoughts ahead of a more detailed discussion within the room and on tables.

At our best, people described having genuine psychological safety. Individuals feel able to speak truth to power, challenge constructively, and admit uncertainty without fear. This creates an environment where openness, honesty, and learning are normal, and where staff feel respected, valued and proud of the work they do.

Leadership is experienced as enabling; setting clear direction and trusting teams to act. Leaders in the room expressed a desire for delegated authority and autonomy within roles.

In summary, from the two angles emerged the themes of values, systems and behaviours; at our best these are aligned, at our worst, they are not.

4. Developing sustainable healthcare in North Wales

Through a "gallery walk" exercise split into key areas participants developed a vision of what a sustainable system would look like in practice, working together to challenge and build on each other's thinking. Across all groups, there was strong consistency in themes.

Theme	What a Sustainable System Looks Like
People and Communities	Timely, accessible care close to home where appropriate; right care first time through simplified pathways and one-stop models; clear, honest communication and shared decision-making; safe, compassionate, patient-centred care; equitable access and outcomes; co-production with patients; single bilingual record; consistent standards with flexibility; strong leadership and community resilience.
Digital and Innovation	Digital as a clinical enabler with a single shared record; improved communication and reduced duplication; self-service tools (booking, triage) and AI to improve efficiency; virtual care and remote monitoring; patient access to data and feedback. Requires inclusive design, workforce support, and mitigation of digital exclusion risks. In a broader sense, embedding research and innovation as a core part of routine care delivery was highlighted as essential to improving outcomes and sustaining high quality services.
Workforce and Everyday Practice	Clear roles and purpose at all levels; psychologically safe, values-based culture; reduced bureaucracy with empowered, accountable teams; strong team identity and resilience; opportunities for learning, leadership and innovation; ability to deliver high-quality care without chronic overload.
Place, Geography and Rurality	Clear strategy for local vs central services; hub-and-spoke models balancing sustainability and access; local autonomy within consistent standards; effective use of virtual and physical infrastructure; outreach and mobile solutions; culturally and linguistically appropriate care; strong understanding of capacity and assets.
Future Models of Care	Clinically led, evidence-based, agile service models; prevention, primary and public health at the core; integrated pathways across sectors; sustainable workforce pipelines; use of data and technology for demand and capacity planning; balance of standardisation and personalisation; patient empowerment and innovation-led future-proofing.
Prevention and Population Health	Prevention embedded as core business; focus on high-impact interventions; realistic expectations of healthcare's role; strong partnerships across sectors to take into account the impact of employment, housing education and social factors; targeted action on

	inequalities; education and social prescribing; holistic, community-based models supported by sustainable investment.
Clinical Quality and Safety	Safe, timely, person-centred care with seamless pathways; clear communication of risks; consistent delivery of high standards ("getting the basics right"); continuous improvement culture; reliable data and outcomes; well-supported workforce; leadership at all levels; systems designed for safety by default.
Integration and Partnership	Shared system purpose and long-term strategy; genuine multi-agency collaboration; embedded patient and community voice; integrated digital records; reduced duplication through trusted assessor models; coordinated care, pooled resources and effective communication across partners.

There was a strong emphasis on being able to understand and respond to variation in population need across North Wales, as well as future service modelling.

Initial analysis has been carried out to develop the thinking further into the start of a clinical vision for healthcare in North Wales. This is overleaf and will be tested further.

DRAFT FOR FURTHER ENGAGEMENT

"To deliver high-quality, person-centred care that is safe, timely and accessible, ensuring every person in North Wales receives the right care, in the right place, at the right time — with a strong focus on prevention, equity and outcomes."

We will achieve this by:

- **Designing care around people and communities**, with services that are easy to access, close to home where appropriate, and shaped through genuine co-production and shared decision-making.
- **Delivering consistently high standards of clinical quality and safety**, where doing the basics well is the norm, care is evidence-based and seamless, and systems are designed so the "default" is the right thing to do.
- **Shifting from reactive care to prevention and population health**, embedding prevention across pathways, targeting inequalities, and working with partners to improve long-term health.
- **Empowering and valuing our workforce**, creating a culture of trust, psychological safety and clinical leadership, where staff are supported to innovate, improve and deliver compassionate care.
- **Working as one integrated system**, with strong partnerships across health, social care, third sector and communities, sharing responsibility for outcomes and reducing duplication.
- **Using digital and data as enablers of better care**, supporting access, coordination, quality and efficiency, while ensuring inclusion and reducing inequalities.
- **Adapting services to the needs of North Wales**, balancing local access with sustainable specialist care through hub-and-spoke models, innovation and flexible delivery approaches.

5. Key outputs: Designing the principles for sustainable healthcare

When asked the question, "What principles must guide decisions about service change?" conversations largely focused on patient and population outcomes, quality of care and experience, the development of clinical leadership and system collaboration.

"We need to design around real patient pathways, not structures"

"Equity has to mean something in practice"

"We need to listen properly to patients and staff"

"Safety and quality are non-negotiable"

"We need to measure what actually matters, not just activity"

"Value is about outcomes, not just cost"

System working has to be real, not just talked about"

"Boundaries get in the way of good care"
"We need data we can trust and actually use"

"We should expect to test, learn, and adapt — not get everything right first time"

"Prevention has to be real, not just a statement"

"We need to think long-term, even when under pressure"

Based on the discussions and feedback, one of the key outputs are the following design principles which have been developed for further testing. (See next page).

DRAFT FOR FURTHER ENGAGEMENT

Clinical Services Plan Design Principles

1. Improve patient outcomes and experience whilst reducing inequalities

- Care designed around patient need, experience, and outcomes
- Active co-production with patients, carers, and communities
- Reducing inequalities and unwarranted variation
- Clear communication and compassionate care

2. Quality, safety and value

- Safe, high-quality, evidence-based care as a baseline
- Focus on outcomes that matter to patients
- Value-based use of resources
- Reducing waste, duplication, and variation
- Clear prioritisation to deliver fewer priorities well

3. Integrated, whole-system care

- Services designed around whole pathways, not silos
- Joined-up working across organisations and teams
- Care delivered in the right place, at the right time
- Strong MDT and partnership approach

4. Clinically led, evidence-based decision-making

- Decisions led by clinicians with clear accountability
- Use of data, evidence, and population insight
- Transparency in how and why decisions are made and communicated
- Balancing clinical, population, and financial considerations

5. Builds sustainable services through workforce capability, culture and continuous improvement

- Supporting and valuing the workforce; allowing for protected time and capacity for clinical leadership
- Strong, positive, and accountable culture
- Continuous improvement as part of everyday practice
- Encouraging innovation, research, learning, and development

6. Build prevention and earlier intervention into service models wherever possible.

- Shift toward prevention and early intervention
- Focus on long-term outcomes, not just short-term pressures
- Sustainable use of workforce and resources
- Addressing wider determinants of health, including social, economic and environmental factors through partnership working.

6. From ambition to action: barriers and enablers

The group were asked two questions:

1. When we are developing plans for sustainable healthcare services in North Wales, what most often limits meaningful clinical input, involvement and ownership? (Barriers).
2. What small, realistic change would most improve clinical involvement in developing sustainable healthcare services? (Enablers).

Responses to each have been collated and mapped to form the following:

Theme	Barriers	Enablers	Required Shift
Leadership, Authority and **Decision Making**	Limited delegated authority; centralised or unclear decision-making; slow approvals; disconnect between executive and frontline	Clear delegation and ownership; defined decision frameworks; visible leadership; embedded clinical leadership; aligned accountability	From control and escalation to empowered, trust-based leadership
Culture, Trust and **Behaviour**	Risk aversion; blame and reputational fear; micromanagement; resistance and change fatigue	Compassionate, values-based leadership; psychological safety; learning culture; trust and autonomy; stopping low-value activity	From fear and compliance to learning and improvement
Capacity, Time and **Workforce**	Lack of time for change; operational pressures; limited resilience; gaps in leadership and improvement capability, low morale, fatigue and burnout.	Protected time; investment in capability; working at top of licence; resilient teams; clear prioritisation	From adding workload to creating space and reducing inefficiency

Strategy, Priorities and **Focus**	Competing or unclear priorities; ambition exceeding delivery; shifting goals; weak population planning	Clear shared direction; agreed priorities and trade-offs; focus on fewer priorities; population-based planning; system alignment	From competing priorities to clear, disciplined focus
Finance, Incentives and **Value**	Short-term financial focus; misaligned targets; historic funding models; finance driving decisions limiting flexibility and causing priorities based on funds.	Value-based decision-making; alignment of finance with outcomes; incentives for prevention/integration; long-term investment	From cost focus to value and outcomes focus
Governance, Processes and **Bureaucracy**	Complex governance; excessive meetings/reporting; slow approvals; inconsistent processes, lack of transparency in decision-making.	Simplified governance; consistent principles; proportionate assurance; delegated authority; focus on pace and delivery	From process-heavy assurance to enabling governance
Systems, Integration and **Digital**	Fragmented services; poor pathway integration; weak digital infrastructure; inconsistent use of data	Integrated pathways; strong partnerships; improved digital/data sharing; routine use of data for decisions	From silos to whole-system working
From Ambition to Action	Lack of clear first steps; weak delivery discipline; unclear	Clear sequencing and early actions; defined ownership; delivery	From ambition to delivery and

	ownership; loss of momentum	discipline; regular review and learning loops	continuous learning
Service definition and prioritisation	Lack of clarity on core services vs discretionary activity	Clear definition of essential services and priorities	From implicit assumptions to explicit prioritisation.

Across all themes, feedback highlights that improving clinical involvement requires both removing structural barriers and enabling a fundamental shift in leadership, culture and delivery discipline.

Emerging priorities:

- Ensuring clinicians are involved at the earliest stages of planning and decision-making.
- Clearer decision-making and reduced bureaucracy
- Simplifying governance and clarifying accountability to enable pace and ownership
- Protected time and support for clinical leadership.

Across all conversations, there was strong consensus that improving how clinicians are involved is critical to delivering sustainable change for the healthcare of North Wales.

7. Key Insights

The event was an important first step in the development of a Clinical Services Plan for North Wales. Engagement on the day demonstrated a high degree of alignment across clinical leaders on both the challenges facing services and the characteristics of a sustainable future system. A core barrier is not a lack of vision, but a persistent gap between ambition and delivery. Participants consistently articulated a clear understanding of what "good" looks like; however, felt that current organisational complexity, unclear accountability and limited pace of decision-making continue to hinder delivery. As such, the Clinical Services Plan must prioritise how change is implemented, not just what change is required.

There is also a clear need to more explicitly acknowledge the financial and workforce context in which services are being delivered. Participants highlighted that meaningful change must

be grounded in the reality of constrained resources, requiring clear prioritisation and being clear about potentially difficult decisions.

A consistent theme throughout all discussions was the critical role of culture and leadership in enabling improvement. Psychological safety, trust and empowered leadership were identified as the conditions under which teams perform at their best. Conversely, blame culture, risk aversion and micromanagement were seen as barriers to progress. This indicates that sustainable transformation depends as much on cultural and behavioural change as on structural redesign.

There is also a clear call to move clinical engagement to genuine co-ownership. While there is strong willingness among clinicians to contribute to service design, frustration exists around previously-felt tokenistic involvement and lack of authority to influence decisions. It is felt that embedding clinical and professional leadership within governance structures, with clear delegated authority, will be essential to unlocking both pace and ownership of change. It is felt that clinicians need protected time to lead service change where necessary as well as being involved from the earliest stages, as well as being directly involved in decision-making.

Complexity across systems, processes and pathways emerged as a constraint on both staff experience and patient care. Fragmentation, duplication and bureaucratic burden were widely reported, often leading to delays and inefficiencies. Simplification of governance, pathways and digital systems was repeatedly raised as enabling staff to focus on delivering high-quality care.

The need for a whole-system approach was another core theme. Organisational boundaries and siloed working were seen as significant barriers to integrated care. Participants highlighted the importance of shared purpose, aligned incentives and genuine partnership working across health, social care and the third sector. The Clinical Services Plan must therefore operate at a system level, with integrated pathways and collective accountability.

Workforce pressures are currently limiting the ability to engage in and sustain change. High operational demand, combined with limited time and capacity for improvement work, means that transformation is often perceived as additional rather than integral. Creating space through prioritisation, reducing low-value activity and investing in leadership and improvement capability will be critical enablers.

Finally, there is strong consensus that the system must shift towards prevention and population health, supported by long-term thinking, partnership working and aligned incentives. There is a concern that there is an imbalance in system focus, with secondary care often felt to dominate organisational attention when there is a need to strengthen the role of primary, community and preventative services in both planning and delivery.

A recurring theme was the need for a more explicit and disciplined approach to prioritisation. Participants consistently highlighted that the organisation cannot deliver everything and must focus on a smaller number of priorities aligned to population need and outcomes.

Overall, there is a strong foundation of shared intent, clarity and engagement to build upon.

8. Next steps

The outputs from this event and the subsequent focus groups will:

- Inform the development of the Clinical Services Plan (CSP)
- Be refined and tested through further engagement
- Shape targeted workstreams and analysis
- Contribute to a shared clinical vision for North Wales.

There has been some uncertainty regarding how the Clinical Services Plan aligns with existing planning frameworks, including the Integrated Medium-Term Plan (IMTP). Greater clarity is required on the role of the CSP as a strategic framework for clinical services and how it will translate into delivery. This will be addressed as well as broader clinical engagement being sought as future forums and opportunities are identified.

By the end of June 2026, a programme structure and approach to governance and delivery must be established that supports clinical engagement in the identification of priority areas of focus; culminating in the production of the Clinical Services Plan.

RECOMMENDATIONS

1.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:

- **NOTE** the engagement and activity taken place, the feedback received and the next steps as part of the wider Clinical Services Plan programme of work.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	Choose an item. If more than one applies, please list below: ALL
Yr Egwyddorion Dylunio Design Principles	Choose an item. ALL
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	The development of a sustainable Clinical Services Plan supports mitigation of risks associated with service sustainability, workforce capacity, quality and safety, service resilience, financial sustainability and delivery of strategic objectives. Specific risk alignment will be confirmed through subsequent programme governance arrangements.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Will be conducted at relevant stage of CSP development
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As above
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: NO
	Os naddo, dylech gynnwys y rheswm:	As above

	If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As above
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As above
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:	As above

	If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Choose an item. ALL	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As above
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As above
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Planning, Population Health & Partnerships Committee

Draft Report for PPHP Contribution and Comment
02 July 2026

INTEGRATED MEDIUM-TERM PLAN (IMTP) 2026-2029 REFLECTION AND LEARNING REPORT

Dyddiad y Cyfarfod **Date of Meeting**	02 July 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Emma Lea, Assistant Director Corporate Planning (Interim) - Transformation and Improvement
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Paolo Tardivel, Executive Director of Transformation and Strategic Planning (Interim)

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

This report is a draft working document and should be considered a point-in-time summary of findings from the IMTP 2026-29 Reflection and Learning Review. It is presented to PPHP for contribution and comment prior to finalisation. The report will continue to be refined following completion of the Planning Maturity Matrix (PMM) Self-Assessment workshops, consideration of additional stakeholder feedback and review through SPSCG. A final version will be presented to SPSCG in July 2026 and will inform the refresh of the Integrated Planning Framework and development of the 2027-30 IMTP planning cycle.

Integrated Medium-Term Plan (IMTP) 2026-29
Reflection & Learning Event Report

Contents

Report Author: Janerose Buyiekha, Corporate Planning Team

Report Date: 19th June 2026

Executive Summary

This draft report summarises learning from the IMTP 2026-29 planning cycle and is presented to PPHP for contribution ahead of finalisation. It is a point-in-time report and does not yet include all feedback received or planned through ongoing engagement.

The review identified positive progress in relation to planning huddles, improved accessibility of the Planning Team, stronger collaboration and the quality and readability of the final IMTP. However, feedback also highlighted recurring challenges around compressed planning timescales, duplication, fragmented planning processes, unclear roles and responsibilities, limited integration between finance, workforce, performance and service planning, and the need to strengthen executive and service ownership.

The strongest overall message is that planning should move from a reactive annual sprint to a continuous, integrated and evidence-led organisational process. Paolo Tardivel's reflections reinforce this direction, particularly the need for greater executive ownership, stronger linkage between actions, metrics, finance and modelling, earlier budget setting, clearer prioritisation, improved business case governance and stronger use of data and digital planning tools.

1. Purpose and Context

The purpose of this review was to capture learning from the IMTP 2026-29 planning cycle, identify areas of good practice and opportunities for improvement, and inform the development of the 2027-30 planning cycle. The findings will also support the ongoing refresh of the Planning Maturity Matrix (PMM) Self-Assessment, the review of the Integrated Planning Framework (IPF), and the development of a broader planning improvement programme.

The IMTP remains the Health Board's primary mechanism for aligning strategic priorities, service delivery, workforce, finance, performance, quality, digital and capital planning, whilst ensuring compliance with Welsh Government planning requirements. The 2026-29 planning cycle was delivered during a period of significant financial, operational and policy uncertainty, and this context should be considered when considering the findings and opportunities for future improvement

2. Approach and Engagement

Feedback was gathered through a dedicated Reflection and Learning Event, existing governance and engagement forums, an online questionnaire/Forms link, and further discussion through planning and professional groups. The engagement was designed to capture both what worked well and what should change to strengthen future planning arrangements.

Table 1: Summary of Contributors by Service / Professional Area

Service / Professional Area	Nature of Contribution
Public Health	Reflections on prevention, population health, wider determinants and alignment with strategic priorities.
Mental Health and Learning Disabilities	Feedback on service planning, prioritisation, operational deliverability and the need for clearer links to service-level plans.
Equality, Diversity and Inclusion / EQIA	Feedback on earlier engagement, accessibility of planning language and embedding equality considerations throughout the planning cycle.
Integrated Health Communities and Operational Services	Input on local delivery, operational pressures, planning timelines, service ownership and the need for clearer connection to organisational priorities.
Workforce	Feedback on workforce modelling, capacity, recruitment risks and the need to align workforce planning earlier with finance, activity and service plans.
Palliative Care and Specialist Services	Service-level reflections on visibility of priorities, operational planning requirements and the relationship between local plans and the IMTP.
Corporate Planning / Transformation and Improvement	Feedback on templates, process management, huddles, governance, document production and future continuous planning arrangements.
Finance, Performance, Quality, Digital and Enabling Functions	Feedback on integration, assumptions, trajectories, data quality, metrics, digital infrastructure and business case alignment.
Planning Leads and Programme Leads	Feedback on coordination, planning huddles, role clarity, duplication, support needs and the importance of year-round planning.

Whilst the review benefited from broad representation across planning, finance, workforce, performance, public health, operational and enabling functions, clinical representation was more limited. This was recognised through stakeholder feedback and highlights an important opportunity to strengthen clinical engagement and co-production within future planning cycles.

Table 2: Engagement Route and Dates

Group / Forum	Date	Purpose / Feedback Route
East IHC PFIG	29 April 2026	Initial reflection and feedback on planning experience and improvement opportunities.
Local Partnership Forum (LPF)	5 May 2026	Feedback on workforce, staff engagement and partnership considerations.
Regional Partnership Board (RPB)	8 May 2026	Partner reflections on system planning, engagement and alignment.
Dedicated IMTP Reflection and Learning Event	15 May 2026	Main group discussion, thematic feedback and voting exercise.
Online questionnaire / MS Forms	May to June 2026	Additional feedback route for colleagues unable to attend the event and for further reflections.
Stakeholder Reference Group (SRG)	1 June 2026	Further stakeholder reflections on planning process and future development.

Healthcare Professionals Forum (HPF)	5 June 2026	Professional feedback on planning, clinical engagement and delivery implications.
Strategic Planning and Service Change Group (SPSCG)	June 2026	Review of emerging themes and direction of improvement.
Service Planning and Oversight Group (SPOG)	19 June 2026	Discussion on PPHP deadlines and further requirements for the draft report.
PPHP	2 July 2026	Draft report presented for contribution ahead of finalisation.

3. What Worked Well

Feedback was positive about the continuation of planning huddles and the support provided by the Planning Team. Participants described the huddles as helpful, accessible and supportive, particularly for colleagues less familiar with the planning process. They enabled questions to be addressed quickly, supported peer learning and created a stronger sense of shared problem-solving.

There was also recognition that engagement across teams improved compared with previous cycles. The collaboration between corporate planning, operational services, IHCs and enabling functions was highlighted as a positive development. Participants valued the professionalism and responsiveness of the Planning Team and recognised the considerable effort required to produce the final IMTP within challenging timescales.

The final IMTP document was also viewed more positively than in previous cycles. Participants highlighted improved readability, better use of visuals, stronger narrative flow and a more realistic tone. These improvements provide a platform on which to build the 2027-30 planning cycle.

> *"I personally learned a great deal from colleagues on weekly calls and received great support, as I am new in post and had no previous experience."*

4. Key Learning Themes

Theme	Summary of Learning
Continuous planning rather than annual sprint	Planning activity was still experienced as compressed, particularly in Quarter 4. Participants described late guidance, changing requirements and limited time for meaningful engagement or quality assurance. Future planning needs to begin earlier and operate as a year-round process.
Simplification and reduced duplication	Participants described duplication across templates, repeated iterations and the need to shoehorn existing service plans into additional formats. Simplifying templates, reducing duplication and standardising requirements were seen as critical improvements.
Integration across functions	There was strong consensus that planning, finance, workforce, performance, quality, capital, digital and operational planning need to be better aligned. Participants described the current process as fragmented, with insufficient connection between strategy, actions, metrics and delivery.

Clarity of purpose, roles and expectations	Feedback highlighted uncertainty about whether the IMTP is primarily an external Welsh Government requirement or an internal organisational delivery tool. Clearer governance, accountabilities, communication and expectations are required from the outset.
Accessible planning language and tools	Participants requested clearer guidance, consistent terminology, simplified templates and a single source of planning materials. The proposed planning portal or BetsiNet planning library received positive support.
Staff, service and frontline ownership	Feedback reinforced the need to move planning closer to services and frontline teams, ensuring that staff can see how their contribution links to organisational priorities and delivery.
Digital as a Critical Enabler	Stakeholders highlighted digital capability as a critical enabler of integrated planning, service transformation and organisational improvement. Feedback emphasised both the opportunities created through digital solutions and the frustrations associated with fragmented systems, information access and interoperability. Digital maturity was considered essential to supporting more integrated organisational and system planning.

"The whole process was seen as a work sprint rather than an organised annual process."

"This isn't planning - it's reacting."

"We need a golden thread through the plan from staff upwards."

5. Executive Reflections

Executive reflections and feedback received through the review process have been incorporated throughout the learning themes and improvement opportunities presented within this report. Collectively, these reflections emphasise the need to move from a planning approach that is perceived as centrally coordinated and document-focused towards one that is more distributed, executive-led, service-owned and evidence-informed. They also emphasise the importance of strengthening organisational ownership, improving integration across planning domains, and embedding continuous planning as a core component of organisational governance and decision-making. The key executive reflections are summarised below.

Executive Reflection Theme	Implication for Future Planning
Executive ownership and plan construction	Shift from a Planning Team product to executive-owned sections. Executives should own the quality, completeness and presentation of their areas, with the Planning Team facilitating, integrating and assuring content.
Actions, metrics, finance and modelling	Actions should be linked to clear outcomes, baselines, demand, activity, trajectories and financial assumptions. Each area should identify the purpose, the metrics expected to shift and the impact actions are intended to achieve.
Performance trajectories and analytical capability	Planning should start earlier using known or anticipated targets. A year-round modelling capability is needed to build trajectories, test assumptions and support Board-level trade-off discussions.

Strategic shifts and resource allocation	Financial planning should support strategic redesign, prevention and community-based models, including clear articulation of trade-offs and opportunity costs.
Budget setting, savings and business case governance	Budget setting should begin earlier, ideally from Q2, with clearer resource envelopes, cost pressures, earmarked funding and transparent business case governance. Savings plans need earlier development and underwriting.
Workforce planning integration	Workforce planning should be embedded earlier within activity and financial modelling, with greater visibility of the overall workforce position and service-level implications.
Prioritisation and focus	The plan should focus on a smaller number of strategic priorities, clearly distinguishing between high-level IMTP priorities and detailed service-level delivery actions.
Governance, Board engagement and decision-making	Future Board sessions should focus more strongly on financial trade-offs, strategic choices and priority setting. Roles and responsibilities should be clear from the outset.
Capital, digital, data and document production	Capital and digital planning should be part of a single integrated planning timeline. The process should move away from heavy reliance on Word towards structured datasets and modular content that can feed multiple outputs.
External and partner engagement	Engagement with Welsh Government, NHS Executive, partners, third sector and commissioning routes should be earlier, more transparent and more co-productive.
Planning Team operating model and mobilisation readiness	The process should reduce dependence on late-stage intensive work by key individuals and support an Annual Delivery Plan that is ready for mobilisation by 1 April.

Stakeholders also emphasised the importance of undertaking an honest and evidence-based Planning Maturity Matrix Self-Assessment. The PMM was viewed as a key mechanism for understanding organisational strengths, identifying areas requiring development and ensuring that future planning improvements are grounded in a realistic assessment of organisational capability and maturity.

Summary of Key Learning and Improvement Opportunities

Key Learning Theme	Improvement Opportunity
Planning remains concentrated in Quarter 4	Establish year-round continuous planning
Planning processes remain fragmented	Strengthen integration across planning domains
Roles and responsibilities are not always clear	Strengthen executive and service ownership
Duplication and complexity persist	Simplify templates and standardise requirements
Digital systems remain fragmented	Develop digital planning infrastructure
Business case processes are not consistently linked to priorities	Strengthen business case governance
Staff engagement remains variable	Improve partner, frontline and clinical engagement

6. Priority Areas for Improvement

The review identifies a clear set of priorities for strengthening the 2027-30 planning cycle. These should be developed through the Planning Maturity Matrix refresh, the Integrated Planning Framework update and the planning improvement programme.

No.	Priority Improvement Area
1	Establish year-round continuous planning with earlier engagement, clearer milestones and ongoing review.
2	Strengthen executive and service ownership, with executives leading development and presentation of their areas.
3	Simplify templates, reduce duplication and standardise core planning requirements.
4	Integrate finance, workforce, activity, performance, quality, capital and digital assumptions into a coherent planning model.
5	Develop transparent business case governance arrangements linked to IMTP priorities, funding envelopes, strategic objectives and expected outcomes, ensuring a clear line of sight between organisational priorities, investment decisions and delivery expectations.
6	Improve modelling, data and analytical capability to support trajectories, assumptions and Board-level trade-off discussions.
7	Develop a central planning portal or digital planning library to improve access, version control and transparency.
8	Strengthen partner, frontline and staff engagement so planning is co-produced and visible across the organisation.

7. Future Planning Model: What Good Looks Like

The collective feedback describes a future planning model that is continuous, integrated,

evidence-led and owned across the organisation. Planning should begin earlier, be supported by clear governance and executive ownership, and connect strategy, service plans, workforce, finance, performance and quality through a visible golden thread.

A mature planning process should enable earlier decisions on priorities, transparent trade-offs, clearer linkage between actions and outcomes, stronger data and modelling, and an Annual Delivery Plan that can be mobilised from 1 April. The IMTP should remain the central strategic planning document, but it should be supported by structured service-level plans, clear business case governance and a digital infrastructure that reduces duplication and improves usability.

> *"Planning needs to become continuous, not static."*

8. Next Steps

Next Step	Description
Consolidate feedback	Update the draft report to include further PPHP, professional group and online feedback before finalisation.
Planning Maturity Matrix	Use the findings to inform the refresh of the Planning Maturity Matrix Self-Assessment and identify maturity actions.
Integrated Planning Framework	Reflect the learning within the refresh of the Integrated Planning Framework, including clearer governance and continuous planning expectations.
2027-30 planning cycle	Translate findings into a practical planning improvement programme for the 2027-30 cycle.
Digital planning infrastructure	Progress options for a planning portal, planning library and structured datasets to support future document production and reporting.
Executive review	Seek further executive review and agreement on ownership, priority setting, trade-offs and governance requirements.
PMM Self-Assessment and SPSCG Review	Complete the Planning Maturity Matrix workshops and use findings alongside this review to identify priority improvement actions and inform refresh of the Integrated Planning Framework.

9. Conclusion

The findings should not be considered in isolation. Together with the Planning Maturity Matrix Self-Assessment and refresh of the Integrated Planning Framework, they provide a comprehensive evidence base for strengthening organisational planning maturity. Collectively, these activities will inform development of a planning improvement programme and support a more integrated, continuous and delivery-focused approach to the 2027-30 IMTP planning cycle.

The draft findings provide a clear basis for PPHP contribution ahead of finalisation. They will inform the Planning Maturity Matrix refresh, Integrated Planning Framework update and the development of a practical planning improvement programme for the 2027-30 IMTP cycle.

Acknowledgements

The Health Board would like to thank colleagues who contributed to the Reflection and Learning Event, online questionnaire and wider engagement discussions. The openness and

professionalism shown throughout the review reflect a strong shared commitment to organisational learning and improvement.

Acronyms

Acronym	Full Meaning
ADP	Annual Delivery Plan
BC	Business Case
EDI	Equality, Diversity and Inclusion
EQIA	Equality Impact Assessment
HPF	Healthcare Professionals Forum
IHC	Integrated Health Community
IMTP	Integrated Medium-Term Plan
IPF	Integrated Planning Framework
LPF	Local Partnership Forum
PFIG	Planning and Finance Improvement Group
PPHP	Partnership, People and Healthier Population Committee
RPB	Regional Partnership Board
SPOG	Senior Planning and Operational Group
SPSCG	Strategic Planning Steering and Co-ordination Group
SRG	Stakeholder Reference Group
WG	Welsh Government

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Intentions**	Choose an item.
	All
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: All
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS

Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*N/A*
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*N/A*
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd Enablers of Quality** Choose an item.	**Meysydd Ansawdd Domains of Quality** Choose an item.
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

PROPOSAL – FORMAT FOR POPULATION HEALTH DELIVERY REPORTING 2026-2027

Dyddiad y Cyfarfod **Date of Meeting**	02 July 2026
Statws Cyhoeddi **Publication Status**	Open/ Public Business Sensitive
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Gwyneth Page, Head of Public Health Assurance and Development
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol

Executive Summary

This paper provides a proposed reporting format for 26/27 which will replace the former Population Health Delivery quarterly report.

1. The proposed format adopts a 'scorecard' approach against key indicators including those directly linked to the Health Board three year plan, the Health Board Annual Delivery Plan and national key performance indicators.
2. Additionally, it provides further detail where indicators are 'off track'.
3. The paper makes recommendations for presenting assurance, 'update' items and additional papers.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Strategic Planning and Service Change Group	4/6/26	Amendments to proposed format for reporting

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
PDG	Prevention, Population Health & Early Intervention Executive Delivery Group
PHOF	Public Health Outcomes Framework
ADP	Annual Delivery Plan
IPEDG	Integrated Performance Executive Delivery Group
SPSCG	Strategic Planning and Service Change Group

PROPOSAL – FORMAT FOR POPULATION HEALTH DELIVERY REPORTING 26/27

1. Y SEFYLLFA
SITUATION

Prevention and improving population health form an integral part of the Health Board duties and function. Whilst Strategic Priority 1 – *Focus on Health and Wellbeing through every stage of life* provides clear commitment at organisational level, the delivery of this priority (and significant elements across all four Strategic priorities) must be integrated into Directorate, Service level plans and associated frameworks in order to demonstrate progress and system wide change.

1.1 The Public Health Directorate provides a detailed quarterly report on delivery against population health deliverables, performance measures and programmes of work.

1.2 There is a Health Board Corporate Risk in relation to Population Health above the tolerable level.

1.3 The PPHP Committee have communicated a desire for specific reporting in relation to items 'off-track' in relation to performance with corrective actions and reporting by exception. A suggested new format is proposed for implementation from September PPHP (to provide Q1 information).

The proposed reporting format will support PPHP to expedite its purpose specifically:

"….advice and assurance to the Board with regard to the development and oversight of the Health Board's Integrated Medium Term Plan / Annual Operating Plan and enabling strategies.

….oversight, delivery and monitoring of Population Health improvement and inequality strategies, policies and performance.

And, in the discharge of its duties:

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.

2 Y CEFNDIR
BACKGROUND

2.1 Over the last two years the Population Health Quarterly Delivery Report has provided standard items predominantly in narrative form:

- Quarterly progress (inc items such as input to planning)
- Performance indicators (inc ministerial priorities, quadruple aim, national performance indicators, Public Health Outcomes Framework)

Additionally, items of note from Public Health Programmes of work have provided updates within the report from key areas of work such as Health Protection, Flu vaccinations, Healthy Travel Charter, Well North Wales, Healthy Weight, Diabetes programme.

2.2 The current report is lengthy, with figures and narrative intertwined throughout. Key information may be lost within the extensive content.

2.3 In addition to the Delivery Report, there are focus papers submitted to PPHP by the Public Health Directorate linked to strategy and delivery. These form part of the cycle of business or may be submitted at the request of the Committee, Executive Director of Public Health or for review ahead of Board.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

3.1 The Integrated Performance Executive Delivery Group (IPEDG) provides internal scrutiny and accountability environment for escalation in relation to performance. The format and source for presenting performance metrics and indicators relevant to prevention and population health to PPHP Committee should be consistent and avoid duplication or mixed sources of data and information.

3.2 Delivery and Performance of metrics associated with Prevention, population health and early intervention should form part of the integrated performance report to ensure there is scrutiny by the health board and deliverables are subject to collective discussion.

3.3 We anticipate a dedicated section for reporting on Prevention, population health and early intervention as part of Integrated Planning, Quality & Delivery (IQPD) meetings given government priorities and focus.

3.4 The existing agreed cycle of business for PPHP should continue in terms of anticipated papers.

3.5 The Strategic Planning and Service Change Group (SPSCG) should also be considered in relation to supporting and assuring the PPHP Committee :
"To provide the whole system co-ordination, leadership and oversight of Health Board strategic planning, including service change, in order to deliver the Health Board's strategic priorities, as described in the Annual Delivery Plan (ADP), Integrated Medium Term Plan (IMTP), Clinical Services Plan

(CSP) and emerging 10-year strategy." Prevention should be a focus as part of strategic priorities, plans and proposals and documents from sources within the Health Board other than Public Health Directorate should be anticipated.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1 Delivery against ADP and associated metrics forms a significant element in reducing the risk score for Corporate Risk (CRR25-03) – Population Health, currently above tolerance (16).

4.2 The Board Assurance Framework review via the Risk Management Group reviewed the associated Population Health risk during March 26. It was noted that there are significant challenges in delivering large scale change to support population health improvement.

5. ARGYMHELLION
RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:

The Committee is asked to:

- **REVIEW** the proposed new format for the Quarterly Performance Scorecard Report delivery report which provides a scorecard approach to the performance metrics (see appendix) plus brief narrative for items 'off-track' - included as Appendix A.
- **APPROVE** the new reports – Quarterly Performance Scorecard Report and Executive Director of Public Health Report for use, commencing September PPHP Committee.
- **APPROVE** the schedule for proposed papers - Appendix C
- **AGREE** that items requiring more detailed narrative/discussion identified through the course of review of the Quarterly Performance Scorecard Report and the EDoPH Report, which do not form part of the cycle of business will be requested by the PPHP and/or Executive Director of Public Health – this may require preparation by operational/Directorate teams across the health board.

APPENDIX A – Proposed Quarterly Performance Delivery Scorecard Report *Format*

Page 1 – Title page: Reporting period / quarter

Page 2 – Content

Page 3 – Executive Director of Public Health review of progress (relating to overall position)

Page 4(+) – Performance Scorecard *(example data only):*

Quadruple Aim 1

Quarterly Measures	WG Target	BCU Trajectory	Q2 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Welsh Benchmark	Portfolio	Variance / Assurance	Ministerial Priority?
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	7.03%	3.59%	5.17%	7.03%	2.26%	**6.45%**	**12.50%**	2nd of 7 (at Dec 24)	Public Health		
Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	TBC	19.88%	19.41%	19.81%	19.88%	24.75%	24.79%	**23.95%**	3rd of 8 (at Dec 24)	Public Health		
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR	95%	TBC	89.5%	90.2%	90.4%	89.5%	88.8%	90.5%	**89.7%**	3rd of 7 (at Mar 25)	Public Health		Yes
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	95%	70.8%	78.2%	69.5%	70.8%	71.7%	72.3%	**70.3%**	5th of 7 (at Mar 25)	Public Health		Yes

Monthly Measures	WG Target	BCU Trajectory	Mar 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Welsh Benchmark	Portfolio
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	84.0%	92.9%	90.1%	100.0%	95.0%	**97.2%**		5th of 7 (at Mar 25)	MH&LD
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	0.7%	25.0%	30.0%	25.0%	**16.4%**			6th of 7 (at Mar 25)	Public Health
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	99.5%	97.5%	97.3%	**95.2%**	**98.0%**			2nd of 7 (at Mar 25)	Public Health
Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	96.0%	97.2%	96.8%	96.5%	96.9%	**95.3%**		5th of 7 (at Apr 25)	Public Health

Seasonal Measures	WG Target	BCU Trajectory	Mar 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Welsh Benchmark	Portfolio	
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	75%	73.0%	47.8%	68.2%	73.4%	73.8%	74.5%	**75.3%**	1st of 7 (at Mar 25)	Public Health	Yes
Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster: All eligible people	75%	75%		40.4%	52.8%	59.1%	59.7%	**60.5%**		5th of 7 (at Apr 25)	Public Health	Yes

*** Where possible SPC information will be included (this may require accumulation of data over time) in order to provide PPHP with assurance of delivery and where items are materially off-track****

Page 5(+) – Reporting by exception – brief narrative where items are off track in set format *(example data only):*

Performance Indicator	*Staff Flu uptake*
Risks and constraints to delivery	• *Current availability of vaccinators on site* • *Vaccine hesitancy*
Current Forecast year end position (impact under current conditions)	• 60-65%
Corrective actions required and by when	• *New schedule of additional dates at key locations commencing October* • *Local comms campaign established on Social media channels*

Delivery confidence – to meet actual target in year	RAG

Performance Indicator	*% Patients receiving all 8 Care processes - Diabetes*
Risks and constraints to delivery	• *Availability of GP Practice Data*
Current Forecast year end position (impact under current conditions)	• *Remains high – we will demonstrate an improvement but the level of improvement may be impacted due to unavailable data from some sites*
Corrective actions required and by when	• *We are already implementing targeted actions with specific practices*
Delivery confidence – to meet actual target in year	RAG

Page 6(+) / Appendices – Periodic performance activity/update e.g. PHOF, Director of Public Health - Annual Report actions

Page 7(+) – Areas of concern / note for Committee and requested actions

APPENDIX B – Template – Executive Director of Public Health Report

Planning, Population Health & Partnerships Committee

EXECUTIVE DIRECTOR OF PUBLIC HEALTH REPORT

Date of Meeting	05 March 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	
Lead Executive Team Member name and title	Executive Director of Public Health
Report Purpose	For Noting

Executive Summary
This report provides the Planning, Population Health and Prevention (PPHP) Committee with an update on key prevention, population health and early intervention activities across the Health Board.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**

Acronyms / Glossary of Terms	

Executive Director of Public Health - REPORT

1 SITUATION

A. The purpose of this report is to provide Committee(s) with an update on a range of strategy and delivery matters. This is a regular report to

PPHP with any key updates, it may also be used in other Committees when required.

2 BACKGROUND

2.1 This report replaces the former Population Health Quarterly Delivery Report (introduced in 2025). The former report provided details across a range of delivery alongside additional detailed papers which provided organisational and regional context. This and subsequent reports are not intending on covering this detail and will therefore be shorter in length and focused on providing assurance or matters of interest to the Committee.

3 SPECIFIC MATTERS FOR CONSIDERATION

3.1 STRATEGIC PRIORITY 1 – FOCUS ON HEALTH AND WELLBEING THROUGH EVERY STAGE OF LIFE

Add here any overarching matters

3.2 The four principal areas of focus for 2026/27 are:

- 1A – Preventative Approaches to Health & Wellbeing.
- 1B – Proactive strategies for disease prevention, falls & frailty
- 1C – Health Inequalities
- 1D – Health Protection

It should be noted that prevention is an integrated theme across each of the priorities within the Strategic Intent which form the strategic framework for the IMTP.

3.1 Add matters for 1A

3.2 Add matters for 1B

3.3 Add matters for 1C

3.4 Add matters for 1D

4. Add matters for other sections (i.e. 2, 3, 4)

5. Additional headings for specific updates

6. KEY RISKS / MATTERS FOR ESCALATION

6.1 Identify key risks / matters for escalation

7. RECOMMENDATIONS

7.1 The Committee is asked to:

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

APPENDIX C - Proposed Schedule of papers:

	PPHP	EDoPH Report	Quarterly Performance Delivery Score card Report	Planned Papers
2026	**2nd July** *Papers due 18/06/26*	x	x	• Proposal – Format for Population Health Delivery reporting 26/27 • Grants delivery 25/26 • Well North Wales / Regional Wellbeing, Prevention and Anchor Framework
	3rd September *Papers due 20/08/26*	To include updates: • Arts in Health 3 Year strategic Framework • Health Protection Service • Marmot – Denbighshire	**Q1** (Apr-Jun) *which will include the PHOF update*	• **Health Improvement Framework**
	5th November *Papers due 22/10/26*	To include updates: • Active Workplace • Inclusion Health Offer • Weight Management Service Review	**Q2** (Jul-Sept) *Which will include DPH 2025 Annual report delivery actions update*	• **DPH 2026 Annual Report**
2027	**14th January** *Paper due 31/12/26*	To include updates: • Equity plans (Vaccine, Screening) • Population Health Management • MECC	x	• **Diabetes Programme tbc** • **Population Needs Assessment**
	4th March *Papers due 18/02/27*	To include update: • Vaccination & immunisation	**Q3** (Oct-Dec) *Which will include PHOF Updates*	
	Tbc May	To include update: • Grants delivery 26/27	**Q4** (Jan-Mar)	

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	2. Developing strategy and long-lasting change Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: Strategic Objective 1 – Building and effective organisation, Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience. Health Board Wellbeing Objectives: • to improve physical, emotional and mental health and well-being for all. • to target our resources to those with the greatest needs and reduce inequalities. • to support children to have the best start in life. • to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. • to listen to people and learn from their experiences. Strategic Priority 1 – Focus on Health & Wellbeing through every stage of life. Prevention and Population Health are Ministerial priorities for 26/27 with specific deliverables.
Yr Egwyddorion Dylunio **Design Principles**	Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: Consistency with organisational values

	Inclusive Design Equity & Accessibility Wise Spending Simplify, standardise and adopt good practice
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	CRR25-03 – Population Health *There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population.* BAF24-06 - *There is a risk of not delivering the required improvements to transform care and enhance outcomes*
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This paper is a proposal regarding presentation of Performance and Delivery Information pertinent to supporting the PPHP Committee.
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	This paper is a proposal regarding presentation of Performance and Delivery Information pertinent to

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	If no, please include rationale:	supporting the PPHP Committee.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** Whole-systems Perspective	**Meysydd Ansawdd** **Domains of Quality** Person Centred
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
	Data to knowledge	Efficient Safe
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This paper is a proposal regarding presentation of Performance and Delivery Information pertinent to

A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?		supporting the PPHP Committee.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This paper is a proposal regarding presentation of Performance and Delivery Information pertinent to supporting the PPHP Committee.
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This paper is a proposal regarding presentation of Performance and Delivery Information pertinent to supporting the PPHP Committee.
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact**	Yes (Include further detail below)	
	The proposed new format for quarterly reporting in relation to Population Health delivery may reduce duplication, resource allocation (time / attendance preparing reports) and ensure performance data is	

(People / Financial)	robust, reflecting other Health Board performance reports.

Planning, Population Health & Partnerships Committee

YEAR END REPORT: USE OF GRANT FUNDING 2025-2026

Dyddiad y Cyfarfod **Date of Meeting**	02 July 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Draft Status - Final Version will be Published
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Delyth Jones – Principal Public Health Practitioner Kathy Williams – Senior Public Health Practitioner Carol Hughes – Personal Assistant Louise Woodfine – Consultant Lead
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Jane Moore – Executive Director of Public Health

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

The Population Health Service (Health Improvement Programme) undertook a comprehensive review of four non-recurrent grant funding streams, totalling more than £1.5 million, between April 2025 and March 2026 to strengthen governance, maximise delivery, and improve population outcomes. The grants included:

- Prevention and Early Years (PEY) £1,237,757 provided by Welsh Government
- Gwynedd Welsh Network Health and wellbeing promoting schools (WNHWPS) £126,764 provided by Public Health Wales (PHW)
- Gwynedd Healthy and Sustainable Pre-schools (HSPSS) £32,979 provided by PHW
- North Wales Whole School Approach (WSA) £110,519 provided by PHW

1. *Prevention & Early Years Grant*

During 2025/26 financial year, the Health Improvement Programme undertook two desk top reviews of the PEY grant and it was subject to an internal audit. In response to the first review undertaken by the Principal Public Health Practitioner significant improvements to grant management processes were developed; including Memorandum of Understanding, standardised finance management systems, enhanced quarterly performance and finance meetings, and a new in-year reallocation process. These changes have significantly improved oversight, alignment with Health Board procedures, and the ability to repurpose PEY underspend to priority areas ensuring full maximisation of the grants, and actions in place for continual improvement to processes and outcomes.

Internal Audit provided reasonable assurance regarding the use of PEY funding and substantial assurance in relation to effective oversight and robust monitoring arrangements, confirming that the expenditure aligned with objectives. Risks identified during audit were in relation to non-recurrent nature of the funding which may affect the workforce associated with delivery of services supported by PEY non-recurrent funds.

A subsequent desktop review undertaken by a Speciality Registrar in Public Health recommended strengthened scrutiny of funding allocations, the need to develop SMART KPIs, and supported a shift towards clearer, outcome-focused delivery. These recommendations have been taken forward in the planning and preparatory work for 26/27.

Grant deliverables were aligned to the agreed delivery plans supporting the delivery of the Healthy Weight Healthy Wales delivery plan 2025-27 and the Tobacco Control strategy for Wales. During 25/26 deliverables achieved through the PEY grant allocation have:

- contributed to achieving the Tier 1 smoking cessation target of 8.05%
- supported Health Board compliance with Smoke Free regulations
- supported healthy weight through delivery of improved breastfeeding rates
- provided additional capacity within Weight Management Level 2 & 3 Services
- provided support to early years settings to comply with nutritional requirements
- supported development of ICAN physical activity pathway
- supported a whole system approach to Healthy Weight through completing a system analysis which has contributed to the development of the Anchor Framework with Regional Partnership Board.

At year end 93.18% of the PEY grant was spent, with an underspend of £84,401.34 (6.82%). This was largely due to recruitment delays linked to heightened financial controls within the Health Board and delays in confirmation of the grant allocation at the start of the year by the providers. This represents an improvement in over-all expenditure and delivery compared to previous years.

During the year, tighter governance enabled £193,152.34 to be reallocated to approved priority projects.

2. *Grants aimed at improving Children's health and wellbeing (WNHWPS; HSPSS; WSA)*

During 25/26 two reviews were undertaken of the WNHWPS and the HSPSS. The first review identified benefits to the grant management processes in line with the PEY funding, whilst the second review identified the benefits of aligning the current Gwynedd delivery model and management of these grants in line with other local authorities in North Wales. Grant deliverables were aligned to agreed delivery plans, and schools in Gwynedd were supported to develop WSA emotional health and wellbeing action plans. All grants aimed at improving Children's health and wellbeing achieved 100% spend.

The approach to the maximisation of the grants has delivered a more consistent, transparent, and outcome-driven method of grant management. It has strengthened collaboration with both Health Board colleagues/services and Local Authorities, improved alignment with national priorities such as Healthy Weight Healthy Wales. This has enhanced the Directorate's assurance that funding is used effectively to benefit the population of North Wales.

PPHP Committee is asked to note:

the progress made to maximise grants received and the actions in place for continual improvement to both processes and outcomes.

- the risk identified during the recent audit, specifically to Dietetics, Weight Management, Infant Feeding and Help Me Quit Services to delivery and staff should PEY grant not be received for 27/28 and the impact on delivery of prevention services to the population.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Not applicable for this report		

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	

PREVENTION AND EARLY YEARS AND CHILDREN'S GRANT REPORT 25-26

1. SITUATION

The Population Health Service is the recipient of Prevention and Early Years (PEY) grant £1,237,757 provided by Welsh Government and three children's grants; Gwynedd Welsh Network Health and wellbeing promoting schools (WNHWPS) £126,764, Gwynedd Healthy and Sustainable Pre-schools (HSPSS) £32,979 and the North Wales Whole School Approach (WSA) £110,519 provided by Public Health Wales. The Population Health Service is accountable for these grants providing in year reports showing agreed delivery, progress and spend.

The Health Improvement Programme's aim is to deliver improved health and wellbeing outcomes, and reduce health inequalities for the population of North Wales and it also supports the delivery of local and national health improvement activity. As part of the programme, it was identified that there was a potential to strengthen grant management processes and maximise opportunities through implementing enhanced controls and systems. A project was established to review non-recurrent grants with the aim of delivering improved processes for more effective budgetary and performance management systems thus maximisation of the grants.

This paper provides an overview of the project's outputs and learning between April 2025 and March 2026 to deliver a more efficient use of grant funding to deliver improved population outcomes.

2. BACKGROUND

The Population Health Service has been the recipient of the Prevention and Early Years grant funding since 2019/20 from Welsh Government with the focus on delivering actions to address healthy weight and smoking cessation. In addition, the WNHWPS & HSPSS has been received since 2011/12, and WSA since 2020/21 from Public Health Wales. All four grants are non-recurrent subject to annual review and allocation. Delivery plans are agreed annually with grant providers, with reports provided in line with grant terms and conditions.

2.1 Grant reviews

A series of reviews undertaken during 25/26 identified several required improvements to maximise delivery of all grant funded projects as outlined below in table 1.

Table 1: Grant reviews findings and improvements

Findings	Improvement
Desk top review (May 2025)	
Prevention and Early Years Grant	
• Opportunity to improve grant allocation and performance management processes • Opportunity to maximise grant funding through re-allocation based on vacancies that exist and savings made to invest in new work ensuring best value for money • Service delivery is impacted by significant vacancies owing to sickness, maternity leave and vacancies identified in-year due to short term nature of the funding. • No process in place to manage reallocation of PEY funding between projects to maximise the use of the grant where vacancies exist. • Services have funded staff permanently with non-recurrent funding with no exit strategies in place.	• Standard Operating Procedures developed • Development of Memorandum of Understanding (MoUs) internal and external – to include outcomes and KPIs • Financial grant monitoring template embedded in the Portal. • Quarterly progress and finance meetings with grant Service Leads with requirement for quarterly performance reports. • Re-allocation of funds process developed in year. • Exit strategies requested from Service Leads.
Grants aimed at improving Children's health and wellbeing (WNHWPS; HSPSS; WSA)	
• No formalised working arrangements in place between the Directorate and Gwynedd Education Services to discuss WNHWPS & HSPSS grants. • No formalised mechanism in place to hold Local Authorities to account for local delivery of WSA. • No regular meetings with LA WSA Service Leads to monitor	• Joint planning meetings established with Gwynedd Education Services • WSA Memorandum of Understanding developed for all Local Authority's • Established quarterly performance meetings with WSA Service Leads

delivery, financial performance and implementation issues.	
Internal Audit (July 2025)	
Prevention and Early Years Grant	
• An overall assurance of 'reasonable' was given in the internal Audit report re: use and monitoring of PEY grant. • Reasonable assurance was given that funds allocated to service areas were used appropriately and supported the objectives and expected outcomes outlined for agreed funding. • Substantial assurance was given for effective oversight and monitoring on the use of these funds and outcomes to ensure they are utilised appropriately.	• The management actions focussed on future funding risk; with a requirement for services to note the risk and identify mitigations, in response to this an action plan was submitted in January 2026. • The need for Services to identify and report on their risks of utilisation of non-recurrent grant funding has been incorporated within the revised MoUs for 26/27.
Allocation of WG PEY Grant review (October 2025)	
Prevention and Early Years Grant	
• Funding predominantly used to support delivery of core services (dietetics, infant feeding, weight management services). • Revision required of PEY grant reporting template to ensure clarity on delivery of measure outcomes. • There is a need for the MoU for each project to detail clear expectations of delivery and reporting to include the need to develop business case for core funding.	• Increased funding allocated to support implementation of Weight Management Service Review recommendations, delivery of Healthy Weight Healthy Wales Whole System Approach and the Ministerial priority children of a healthy weight. • Development of SMART objectives and KPIs for inclusion in MoUs. • MoUs updated and agreed with Contracts and Finance colleagues, with communication to Service Leads from Finance colleagues. • PEY funding allocated on salary scale point as opposed to top of band.
Review of WNHWPS & HSPSS (November 2025)	
Grants aimed at improving Children's health and wellbeing	

• Gwynedd service model of provision of WNHWPS and HSPSS not in line with other service provision across North Wales • Gwynedd schools and pre-schools would benefit from integration of WNHWPS and HSPSS grant funded staff with Education and Early Years services	• Transfer both grants to Gwynedd in line with other Local Authorities in North Wales. • Management and delivery approach will move to a delivery model in line with other local authorities in North Wales.

2.2 Finance expenditure and deliverables

The overall expenditure and delivery of the PEY grant has improved compared to previous years with 93.18% of the budget spent against a budget of £1,237.757. An underspend of £84,401.34 was reported (6.82% of overall PEY budget), this was owing to vacancies/delays in recruitment because of heightened financial controls within the Health Board and delay in confirming grant allocation at the start of the year (inability to recruit amidst financial uncertainty/instability). The introduction of Health Board measures in Q3 to find savings meant that the plans to utilise underspend did not come to fruition. In agreement with the Chief Finance Officer, it has been agreed that Services will only draw down actual expenditure monthly going forward. In year the

For WNHWPS, HSPSS and WSA grants the total budget of £270,262 was spent in line with agreed delivery plans, in line with previous years.

Table 2 below highlights achieved deliverables for all grants.

Table 2: Grant deliverables 25/26

Prevention and Early Years Grant	
Service delivery	**Deliverables**
Public Health Dietetics Service	• 32 early years settings achieved Tiny Tums accreditation & 89 settings achieved the snack awards • 195 staff trained in healthy eating
Infant Feeding Service	• Leadership for UNICEF BFI delivering consistent high-quality woman-centred care • Improved breastfeeding rates at discharge and improvement in data quality

Weight Management Services	• Expanded access and capacity across adult L2 & L3 and achieved strong CYP L3 outcomes • Launch of CITO digital referral form and improved data quality and
Help Me Quit Service	• Contributed to the achievement of 8.05% treated smoking cessation rate and improvement in CO validation • Delivered Hospital and Smoking in Pregnancy national programmes
Smoke Free Environment Officers	• Supported implementation of Smoke free Hospital sites
Tobacco Control and smoking cessations communications	• Targeted local smoking cessation campaigns contributed to the achievement of 8.05% treated smoking cessation rate
Public Health	• Administrative support • Whole System Approach system mapping for Anchor Framework and event • Breastfeeding resources • Development of ICAN physical activity pathways
Children's Grants 2025/26	
Gwynedd WNHWPS	• 100% of schools have an emotional and mental wellbeing action plan in place • Emotionally safe schools pilot launched in 14 schools • Relationships and sex education audit completed and Brook training delivered to all schools • Healthy schools and pre-schools website launched
Gwynedd HSPSS	• 34 pre-school settings supported; including 10 new settings, 53 certificates of achievement awarded • 8 settings completed the full scheme to include childminders • Multi-agency toileting policy and best practice guidance resource developed and launched • Healthy weight and nutrition review undertaken and action plan developed

WSA	• 95% of schools across North Wales have an emotional and mental wellbeing action plan in place

3. SPECIFIC MATTERS FOR CONSIDERATION

In summary, the review of non-recurrent grants has scrutinised all elements of grant management. The reviews that have taken place throughout 25/26 have enabled the Population Health Service to significantly improve grant management and performance management processes and strengthen alignment to health board policies and procedures. This improved management has enabled the health board to be assured that the grant funds are accounted for, and opportunities are maximised to improve population health and wellbeing in North Wales

4. KEY RISKS / MATTERS FOR ESCALATION

PPHP Committee is asked to note the risk outlined during the audit which relates to non-recurrent nature of grant funding and the requirement for services to plan accordingly. This risk is managed at local level within the relevant service structure.

5. RECOMMENDATIONS

The PPHP Committee is asked to:

- **NOTE** the progress made to maximise grants received and the actions in place for continual improvement to both processes and outcomes
- **NOTE** the risk identified during the recent audit, specifically to Dietetics, Weight Management, Infant Feeding and Help Me Quit Services to delivery and staff should PEY grant not be received for 27/28 and the impact on delivery of prevention services to the population.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	1. Focus on Health and Wellbeing
	2.Improve access, outcomes, and experience
	Annual Delivery Plan 26/27 1A.3 Deliver approved Grant funded programmes of work **National Performance Framework and Local priority performance indicators:** Percentage of adult smokers who make a quit attempt via smoking cessation services. Target 7.5% Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. Target: 40% each quarter 1% Improvement in Breastfeeding rates at birth 1% Improvement in Breastfeeding rates at 10 days Reduction in childhood obesity (4- to 5-year-old) in lowest two quintiles, year on year decrease Level 2 Adult weight service – increase activity rates by 10% **Ministerial priority:** Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. Health Board Wellbeing Objectives: • to improve physical, emotional and mental health and well being for all. • To target our resources to those with the greatest needs and reduce inequalities. • to support children to have the best start in life. • to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. • to listen to people and learn from their experiences.
Yr Egwyddorion Dylunio Design Principles	Wise Spending People First Simplify, standardise and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd	CRR25-03 – Population Health There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population. BAF24-06 - There is a risk of not delivering the required improvements to transform care and enhance outcomes.

Corporate Risks and Board Assurance Framework	

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	All grant funding has been received with terms and conditions and population groups for targeting; however, all grant funded work gives due regard to the 3 overarching aims of the Act.
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of their Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	All grant funding has been received with terms and conditions and population groups for targeting; however, all grant funded work gives due regard to the Act and delivers services that supports provision of better outcomes for those who experience socio-economic disadvantage while driving change in the way the grants are utilised to achieve this.
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: ☒
	Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity through the utilisation of grants awarded to the Health

		Board. Specific projects and programmes of work are subject to EQIA in accordance with health board policy. All grant funding has been received with terms and conditions and population groups for targeting. This will be completed for 26/27 onwards to ensure complete compliance.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity through the utilisation of grants awarded to the Health Board. Specific projects and programmes of work are subject to EQIA in accordance with health board policy. All grant funding has been received with terms and conditions and population groups for targeting. This will be completed for 26/27 onwards to ensure complete compliance.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity through the utilisation of grants awarded to the Health Board. Specific projects and programmes of work are subject to EQIA in accordance with health board policy. All grant funding has been received with terms and

		conditions and population groups for targeting. This will be completed for 26/27 onwards to ensure complete compliance.
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity through the utilisation of grants awarded to the Health Board. Specific projects and programmes of work are subject to EQIA in accordance with health board policy. All grant funding has been received with terms and conditions and population groups for targeting. This will be completed for 26/27 onwards to ensure complete compliance.
Quality *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity through the utilisation of grants awarded to the Health Board. Specific projects and programmes of work are subject to EQIA in accordance with health board policy. All grant funding has been received with terms and conditions and population groups for targeting. This will be completed for 26/27 onwards to ensure complete compliance.
	Galluogwyr Ansawdd **Enablers of Quality**	

	All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity through the utilisation of grants awarded to the Health Board. Specific projects and programmes of work are subject to EQIA in accordance with health board policy. All grant funding has been received with terms and conditions and population groups for targeting. This will be completed for 26/27 onwards to ensure complete compliance.
Counter Fraud Impact *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Processes described as a result of audit and reviews to strengthen the governance associated with management and regulation of grant funding.

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	Financial impact: Several Health Board staff are employed on permanent contracts with non-recurrent PEY grant funding resulting in risk to individuals and financial risk to the Service and Health Board.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

CLIMATE ADAPTATION AND DECARBONISATION STRATEGY REVIEW

Date of Meeting	02 July 2026
Publication Status	Open/ Public
	Not Applicable
Report Author(s) name and title	Denise Roberts, Head of Capital, Compliance and Business Improvement Marie Lewis-Smith, Programme Manager – Service Transformation Stuart Keen, Director of Environment and Estates
Lead Executive Team Member name and title	Stuart Keen, Director of Environment and Estates

Report Purpose	For Noting

Executive Summary

Purpose:

To provide assurance to the Partnerships, People and Public Health Committee on the Health Board's current position in relation to decarbonisation and climate adaptation, including preparedness to meet Welsh Government expectations and the actions underway to strengthen programme delivery and oversight.

Headline Summary:

Whilst the Health Board continues to progress a broad range of activities, delivery remains fragmented and characterised by variable levels of maturity. The programme therefore needs to enter into a formal reset phase, focused on consolidation, alignment, and the strengthening of delivery arrangements, governance, and coordination to meet evolving national expectations.

This includes bringing together decarbonisation and climate adaptation activity to ensure greater alignment, alongside consistent reporting and assurance arrangements.

The most recent decarbonisation return reflects a similarly mixed maturity profile across initiatives, with more established progress in estates-related areas, contrasted with comparatively earlier-stage development in areas such as clinical integration, workforce engagement, and travel. This includes the development of a climate adaptation project plan, recognising that a comprehensive climate resilience plan is not yet in place.

Looking ahead, the programme will focus on:

- Resetting the decarbonisation programme to ensure clear alignment and coordination;
- Clarifying roles and delivery ownership, including the appointment of a Senior Responsible Officer (SRO) and defined workstream leads as well as ensuring satisfactory resourcing;
- Maturing delivery across all elements of the Welsh Government framework, ensuring that decarbonisation and climate adaptation are embedded within service planning and delivery rather than treated as standalone programmes;
- Preparing for forthcoming reporting milestones in 2026, including reporting against each action in the NHS Wales Decarbonisation Strategic Delivery Plan and our Climate Resilience Plan;
- Identifying a lead to develop a Climate Resilience Plan; and
- Bringing these elements together into a formal Decarbonisation and Climate Adaptation Strategy.

This paper sets out the current position, key considerations, and actions underway to support the continued development of the programme.

However, it should be recognised that existing resource impacts the extent of delivery.

Engagement (internal/external) undertaken to date (including receipt/ consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**

Acronyms / Glossary of Terms *N/A*	

Climate Adaptation and Decarbonisation Strategy Review

1. SITUATION

1.1 This paper provides an update on the Health Board's approach to decarbonisation and climate adaptation, set within the context of evolving Welsh Government policy and delivery expectations.

1.2 The refreshed NHS Wales Decarbonisation Strategic Delivery Plan (2025–2030) sets out an expanded and integrated approach to reducing emissions across healthcare, including estates, workforce, clinical practice, travel, and procurement. In parallel, the Welsh Government Climate Adaptation Strategy (2024) establishes a national framework for building resilience to the impacts of climate change across public services, including health and social care.

1.3 Collectively, these frameworks require NHS organisations to adopt a whole-system approach, embedding climate considerations into service planning, infrastructure, workforce, and operational delivery.

1.4 These requirements form part of the wider national commitment to a net zero public sector by 2030, underpinned by the Well-being of Future Generations (Wales) Act and a long-term, sustainable approach to resilience.

1.5 The next phase of national reporting includes key milestones in 2026:

- Full reporting against all decarbonisation actions by September 2026; and
- Full reporting against a BCUHB Climate Adaptation Plan by October 2026.

1.6 In this context, the Health Board should devise a formal programme to enable the key milestone to be achieved. This will require resource, alignment and strengthening of delivery, ensuring that existing activity is brought together within a coordinated framework that reflects the scale, scope, and level of integration required by the national approach.

2. BACKGROUND

2.1 BCUHB previously established a Decarbonisation Action Plan and supporting governance structure, endorsed in 2024, to underpin delivery. However, national expectations have since broadened, with increased emphasis on integration across clinical, operational, and system-wide activity.

2.2 To support the route to net zero, Health Boards are expected to:

- Implement a coordinated delivery programme aligned to the NHS Wales Decarbonisation Strategic Delivery Plan (2025–2030), with clear governance, accountability, and reporting arrangements;
- Actively reduce emissions from estates and infrastructure, including improving energy efficiency, progressing renewable energy solutions, and delivering low-carbon capital and asset plans;
- Embed sustainable practice across clinical services, including changes to care pathways, waste reduction, and the integration of environmental considerations into routine healthcare delivery;
- Develop a climate-aware workforce, promoting behaviours and practices that support sustainability and enabling staff to contribute to delivery of the climate agenda;
- Reduce emissions associated with travel and fleet, including promoting sustainable travel, improving fleet efficiency, and transitioning to zero-emission vehicles where feasible;
- Work with suppliers and partners to reduce supply chain emissions, recognising this as a significant contributor to the overall NHS Wales carbon footprint;
- Strengthen programme governance and delivery capability, ensuring sustainability is embedded within organisational planning, performance management, and decision-making processes;
- Undertake regular monitoring and reporting, including submission against national actions and demonstration of progress against targets; and
- Contribute to the wider public sector net zero ambition, supporting the Welsh Government target for a net zero public sector by 2030.

2.3 In relation to climate adaptation, NHS organisations are expected to:

- Undertake climate risk and vulnerability assessments;
- Develop and implement adaptation and resilience plans;
- Embed climate risk within governance, planning, and decision-making processes; and
- Strengthen preparedness for climate-related impacts, including heat, flooding, and service disruption.

2.4 Reflecting the expanding scope and increased expectations, the programme is now moving into a phase focused on integration, alignment, and the strengthening of delivery arrangements to ensure readiness for forthcoming national requirements.

3. SPECIFIC MATTERS FOR CONSIDERATION

Overall Delivery Position

3.1 The current delivery position reflects a programme that is progressing with differing levels of maturity across a range of areas.

3.2 Estates-led activity continues to provide a strong foundation, including energy management processes, infrastructure improvements and ongoing investment in building management systems. These areas represent some of the most developed aspects of the programme at present and continue to contribute to emission reduction objectives.

3.3 Across other areas, delivery is developing, with increased focus on strengthening activity in workforce, travel, and clinical sustainability. These domains are recognised nationally as more complex to deliver and will form a key focus for the next phase of programme development.

3.4 Overall, the programme needs to transition from an ad-hoc activity-based delivery position to a more structured and coordinated model, supported by good governance, clearer roles and responsibilities, and improved alignment to Welsh Government frameworks.

Clinically Driven Sustainability Activity

3.5 A key feature of the current position is the increasing level of clinically driven sustainability activity.

3.6 Across a range of services, teams are progressing initiatives that support sustainability objectives while also improving quality and efficiency. This includes work relating to waste reduction, optimisation of clinical practice, and improvements in patient pathways. These developments reflect early integration of sustainability within clinical care and align with value-based healthcare principles.

3.8 The next phase will focus on:

- Strengthening the visibility of this activity;
- Ensuring alignment with national and local priorities;
- Supporting wider roll-out and scalability;
- Embedding reporting and governance arrangements; and
- Establishing baselines and measuring impact and outcomes.

3.9 This represents a significant opportunity to build on existing engagement and embed sustainability more fully within service delivery.

Climate Adaptation Programme

3.10 An initial climate adaptation project plan has been developed; however, a climate adaptation strategic plan is not yet in place. The next phase will need to focus on developing a Climate Adaptation and Resilience Plan in line with Welsh Government expectations.

3.11 This will include:

- Establishing governance arrangements;

- Undertaking risk and vulnerability assessments;
- Engaging clinical services to identify risks and plan mitigation actions; and
- Developing the BCUHB Climate Resilience Plan

3.12 Progression of this work will require mobilisation of governance arrangements and alignment with wider organisational planning processes, supported by national guidance and collaboration with partners across Wales.

Governance and Assurance

3.13 As programme scope and expectations have evolved, there is a recognised need to strengthen governance and assurance arrangements.

3.14 Work should focus on:

- Refreshing programme governance structures;
- Ensuring clear alignment with organisational reporting routes; and
- Strengthening internal assurance processes to support external reporting requirements.

3.15 These developments will improve visibility of progress and provide greater assurance to the Committee and Welsh Government.

Capacity and Resource

3.16 Delivery of the expanded decarbonisation and climate adaptation agenda requires enhanced coordination and programme support, reflecting its cross-organisational scope.

3.17 Key areas for consideration include:

- Assessing programme capacity requirements;
- Identifying options for programme coordination and support; and
- Aligning delivery with existing organisational programmes and resources.

3.18 This will help ensure the programme is appropriately supported to deliver against national expectations.

Strategic Alignment

3.19 The decarbonisation and climate adaptation agenda aligns closely with key organisational priorities, including:

- The Value and Sustainability Programme, particularly in reducing waste and improving productivity;
- Development of the Health Board's long-term clinical strategy;
- Public health priorities relating to prevention and population health; and

- System-wide working with partners through Regional Partnership Boards and Public Services Boards.

3.20 Further work will strengthen these links to ensure sustainability is consistently embedded within strategic planning and delivery.

Leadership and Programme Ownership

3.21 The current leadership arrangements have supported the development of the programme to date, particularly in relation to estates-led delivery.

3.22 As the programme evolves, consideration will be given to strengthening leadership and ownership arrangements to reflect its broader scope, including clinical, strategic, and system dimensions.

Future Strategy

3.23 The programme needs to move into a phase focused on strengthening delivery arrangements and ensuring readiness for future requirements.

3.24 This should include:

- Refreshing and reinforcing governance arrangements;
- Integrating decarbonisation and adaptation into a single coordinated programme and a consideration in business cases and future budgeting;
- Progressing the development of a Climate Adaptation Strategy;
- Strengthening alignment with organisational strategies; and
- Establishing a clearer approach to programme coordination and support.
- Defining timescales and deliverables by quarter.
- Considering a advisory internal audit to inform structure.

3.25 This approach will provide a more structured framework for delivery over the coming period.

4. KEY RISKS / MATTERS FOR ESCALATION

4.1 The programme is operating within a context of increasing national expectations and emerging requirements, alongside limited staffing capacity.

4.2 Forthcoming Welsh Government reporting milestones in 2026 represent significant delivery points and will require additional resource and organisational prioritisation to ensure a coordinated and credible position.

4.3 Subject to improved capacity and alignment with strategic priorities, programme maturity is expected to continue to develop, particularly in areas such as clinical integration and climate adaptation planning. This reflects the wider position across NHS Wales and the inherent complexity of embedding these elements within existing systems.

5. RECOMMENDATIONS

5.1 The Committee is asked to:

- **NOTE** the current programme position and trajectory of development:
- **SUPPORT** the continued strengthening of programme governance and delivery arrangements;
- **SUPPORT** the development of programme capacity and coordination;
- **SUPPORT** the continued alignment of sustainability activity with organisational and system priorities.

ASSESSMENT	
Link to Strategic Priorities	3. Improve Access, Outcomes and Experience 4.Create a Modern, People Centred Healthcare System
Design Principles	Wise Spending Simplify, Standardise, and Adopt Best Practices
Corporate Risks and Board Assurance Framework	**BAF24-03** - Not Achieving Long Term Financial Sustainability **CRR24-06** - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes **BAF24-08** - Not Implementing Evidenced Based Improvement and Innovation *To be updated….*
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales
	A Globally Responsible Wales A Prosperous Wales A Healthier Wales

IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** Public Sector Equality Duty [HTML] | GOV.WALES	Yes: ☐	No: ☒
	Outcome:	N/A
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Yes: ☐	No: ☒
	Outcome:	N/A
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
	Canlyniad/Outcome: Do/Yes:	Naddo/No:

Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply
	A Resilient Wales	

Wellbeing of Future Generations Act – Wellbeing Goals	A Globally Responsible Wales A Prosperous Wales A Healthier Wales	
Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	All apply	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only.
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	
	There is a reputational risk that the current level of programme coordination and visibility may not fully reflect the expectations set out in Welsh Government policy, particularly in terms of national reporting against progress.	
Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	Delivery of the expanded decarbonisation and climate adaptation agenda will require additional dedicated programme capacity and targeted investment to support coordination, reporting and the development of system-wide initiatives.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

CORPORATE RISK REGISTER

Dyddiad y Cyfarfod **Date of Meeting**	02 July 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Anthony Hughes, Risk Assurance Manager Jody Evans, Assistant Head of Risk Management
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	Endorse for Board Approval

Crynodeb Gweithredol
Executive Summary

The Committee is asked to **receive assurance** of the two updated Corporate Risks and will fall under the remit and oversight of the Planning, Population Health and Partnership Committee (see appendix 3):

- CRR25-03 'Population Needs'
- CRR25-05 'Strategic Change – Impacting Care and Staff Delivery'

No proposed changes in risk scoring. CRR25-03 'Population Needs' risk has a current risk score which sits outside the risk tolerance level set within the risk appetite.

Significant updates have been made to **CRR25-03** – **Population Needs** to reflect the current position, and updated to reflect the current 2026–27 position and the strategic direction set out in the Integrated Medium Term Plan (IMTP). Further work to progress narrative gaps relating to controls is underway.

CRR25-05 – Strategic Change – Impacting Care and Staff Delivery;
There is a proposed revision to the overall target risk score date from 31/03/2026 to 26/11/2026, to align with updated action completion timelines.

Furthermore, a programme of risk-specific meetings with Executive Leads is being established to further refine individual risks, ensure actions are sufficiently targeted, and support delivery of measurable reductions in risk scores within the agreed risk appetite.

Action Progress

A total of 25 actions have been developed across the two corporate risks.

- 9 actions are complete
- 16 actions are progressing

The Committee is asked to:

- Review the current risks and level of assurance provided.
- Provide feedback to support further refinement ahead of submission to the Board.

N.B Two risks which fall under the remit of the Planning, Population Health & Partnership Committee have been removed from this report to be presented to the Private session.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Committee (EC)	20/05/2026	Full CRR presented to the Executive Committee.
Risk Scrutiny Group (RSG)	12/05/2026	Following review by the Risk Scrutiny Group (RSG) on the 12th May 2026, minor further amendments to the template were agreed, alongside the need to present action details in a more succinct and consistent manner in future iterations of the cycle.
CRR25-03 Population Needs	01/04/2026	Deep Dive undertaken at Informal Executives Meeting.
CRR25-05 Strategic Change – Impacting Care and Staff Delivery	13/05/2026	Deep Dive due to be undertaken - date to be confirmed.

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
CRR	Corporate Risk Register
RSG	Risk Scrutiny Group
BAF	Board Assurance Framework

CORPORATE RISK REGISTER

1. Y SEFYLLFA / SITUATION

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.

Two consolidated Corporate Risks will fall under the remit and oversight of the Planning, Population Health and Partnership Committee:

- CRR25-03 'Population Needs'
- CRR25-05 'Strategic Change – Impacting - Care and Staff Delivery'

2. Y CEFNDIR / BACKGROUND

The Committee is asked to scrutinise and endorse two Corporate Risks within its remit prior to submission to the Board:

Both risks have been mapped over to the newly approved Corporate Risk Register template. This provides improved clarity and consistency in the articulation of risk position, and strengthens the alignment between identified control gaps, mitigating actions and intended outcomes.

The Committee is invited to review the risks in their current form and provide feedback to support further refinement ahead of Board consideration.

3. MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

Overdue/Delayed Actions

None

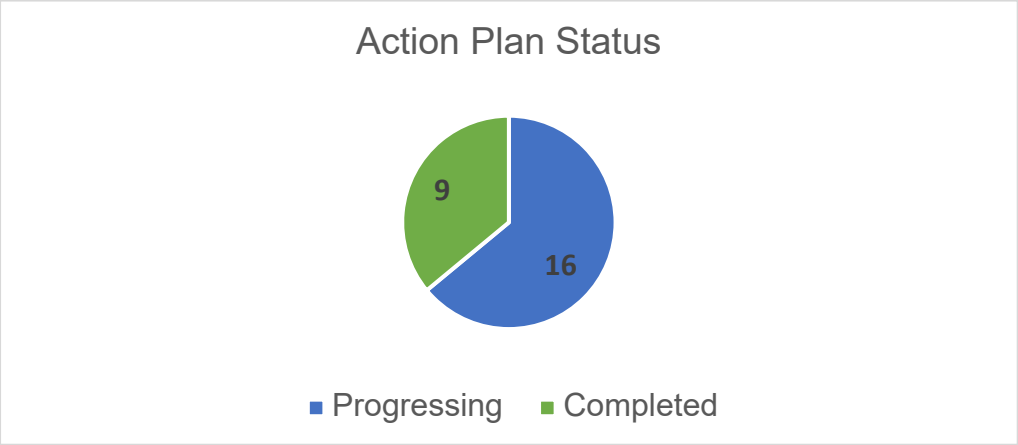
Risks above Health Board 25/26 appetite

One risk reported to committee scores outside the tolerance range set in the risk appetite – CRR25-03 Population Needs.

One risk CRR25-05 - Strategic Change – Impacting Care and Staff Delivery remains within tolerance with a current risk score of 12.

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR25-03	Population Needs	Executive Director of Public Health	**16**	Quality <15

Action Plan status of Corporate Risks



Out of the 2 corporate risks, 25 actions have been developed to mitigate the risks, with 16 open actions progressing and on track. 9 actions have been completed.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

- All risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring. One risk has a current risk score, which sits outside the risk tolerance level set within the risk appetite.

- **CRR25-03 – Population Health**

Corporate Risk CRR25-03 has been updated to reflect the current 2026–27 position and the strategic direction set out in the Integrated Medium-Term Plan (IMTP) moving forward. The revisions ensure that the risk narrative, controls, and actions are aligned with planned priorities, anticipated challenges, and delivery expectations for the 2026–27

period. This update provides a clearer and more current representation of population health risks, supporting effective oversight and assurance as the IMTP is progressed. The new actions proposed to address further controls relate directly to deliverables within the IMTP 26-29 and reflect where activity needs to progress across the Health Board in order to demonstrate progress against the risk.

By presenting the actions directly linked to the strategic priorities and Health Board plan, there is identification of service, directorate and IHC roles in delivery of controls and also should minimise reporting. Further work is underway to ensure that the gaps in controls are adequately documented.

- **CRR25-05 – Strategic Change – Impacting Care and Staff Delivery**

There is a proposed revision to the overall target risk score date from 31/03/2026 to 26/11/2026, to align with updated action completion timelines in particular; *Action Item - G2 – Develop and implement an organisational approach to change management*. Further work has been scheduled into 2026/27 as part of the service level plan to ensure comprehensive engagement across the organisation.

Successful engagement sessions have already been held with the Executive Team and the Stakeholder Reference Group.

A discovery phase report is currently being finalised for presentation to the Strategic Planning and Service Change Group. In parallel, a time-limited group of key stakeholders is being established to support the design phase. This work will inform the development of an organisational change framework, which is scheduled for completion in Q3.

5. ARGYMHELLION / RECOMMENDATIONS

Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee is asked to:

- **REVIEW AND SCRUTINISE** the corporate risks set out in the report, including consideration of the current risk position, existing controls, and identified gaps.
- **ENDORSE** the risks for submission to the Board, noting that one risk remains above the Health Board's risk appetite and therefore represent a continued exposure.
- **NOTE** that a programme of risk-specific meetings with Executive Leads is being established to further refine individual risks, ensure actions are sufficiently targeted, and support delivery of measurable reductions in risk scores within the agreed risk appetite.

6. CAMAU NESAF
NEXT STEPS

1. Approved Corporate Risks to be monitored as business as usual by senior risk leads, Executives, the Risk Scrutiny Group and the Executive Committee
2. Submission of Corporate Risks to Board.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Corporate Risk Register and Board Assurance Framework - Betsi Cadwaladr University Health Board

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report

	Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	No impacts identified – administrative report
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	No impacts identified – administrative report
	Galluogwyr Ansawdd **Enablers of Quality** Whole-systems Perspective Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

Environmental /Sustainability Impact (5Rs)	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	As per detail relating to resources within risk and actions.	

Corporate Risk Register

Planning, Population Health and Partnership Committee – July 2026

GIG CYMRU NHS WALES

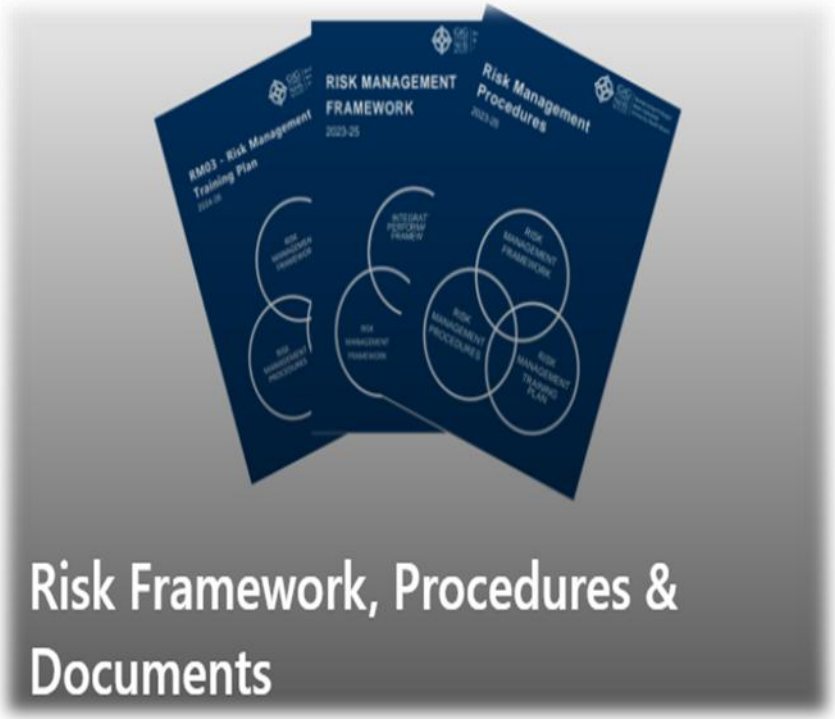
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Corporate Risk Register

This report provides the Planning, Population Health and Partnership Committee (PPHP) Committee with an update on the Corporate Risk Register (CRR) risks within its remit, specifically:

- CRR25-03 ‘Population Needs’
- CRR25-05 ‘Strategic Change – Impacting - Care and Staff Delivery’

Each risk sets out the current position, including progress against the delivery of associated mitigating actions.



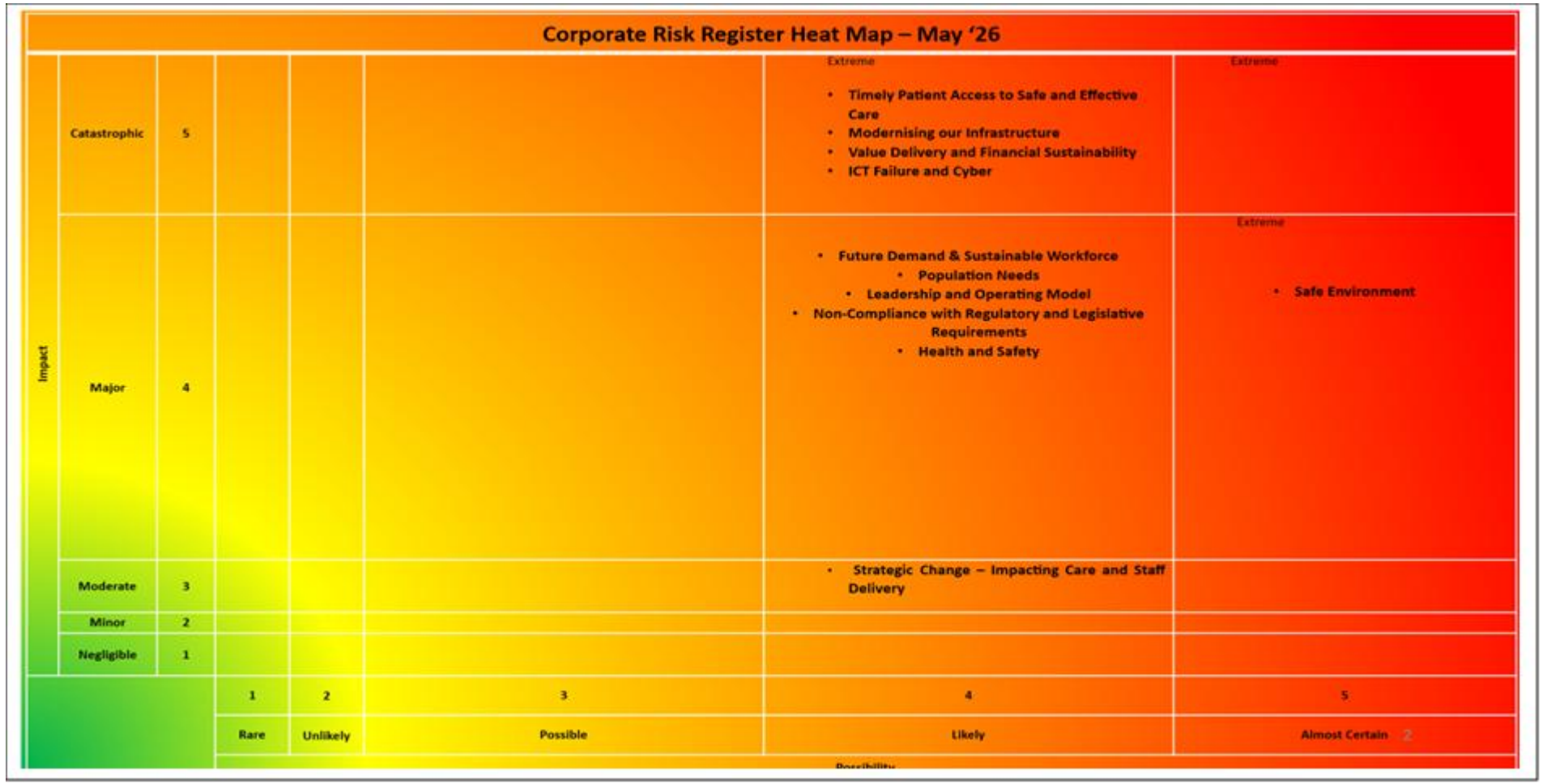
Appendix 1 - Dashboard

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type Appetite Level	Lead Board Committee	Action Progression Total	Completed	Delayed or Overdue	Risk Management Commentary
EDoPH	CRR24-03	Population Needs	4x4 16	12	Quality (<15) Above Tolerance	Planning, Population Health and Partnerships Committee	19	6	0	19 actions with 13 progressing, risk updated to reflect the current 2026–27 position and the strategic direction set out in the Integrated Medium Term Plan (IMTP). Further refinement to Gaps in controls to be progressed. Deep Dive at Informal Executives Meeting has taken place.
EDoTSP	CRR24-05	Strategic Change – Impacting Care and Staff Delivery	4x3 12	8	Quality (<15) In Tolerance	Planning, Population Health and Partnerships Committee	6	3	0	Additional actions to be identified to reduce the risk to achieve the target risk score Deep Dive at Informal Executives Meeting to take place.

Key:

Executive	
Executive Director of Public Health	*EDoPH*
Executive Director of Transformation and Strategic Planning	*EDoTSP*

Appendix 2 - Heatmap



CRR REF: 25-03 - Risk Title: Population Needs		
Director Lead: Executive Director of Public Health		**Date Opened:** 21/08/2025 *(version 2 refined from 2023)*
Assuring Committee: Planning, Population Health & Partnership Committee		**Date Last Committee Review:** 05/03/2026
Date Last Reviewed: 27/04/2026	**Link to BAF**: BAF24-06/07	**Target Risk Date:** 31/03/2028

Risk Detail:

There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population.

This may be caused by a failure to embed appropriate health prevention responses including areas such as immunisation, outbreak management and screening, failure to deliver interventions that improve people's health, increasing pressures in primary care, rising demand for chronic condition management, and insufficient capacity in children's, dental, and mental health services.

This may lead to unmet health needs, preventable and communicable diseases, poorer health outcomes and widening inequalities for the North Wales population.

Mitigations/Controls in place

1. Recurrent funding secured for Healthy Weight / Healthy Wales programmes
2. Diabetes Programme established
3. Healthcare Public Health programmes support the integration of population health approaches within patient pathways
4. Approved Communicable Disease Plan in place with supporting procedures in place for some communicable diseases.
5. Primary Care Board and subgroups (dental, community pharmacy, optometry, GMS) provide cluster-level governance.
6. CHC (Community Health Council) teams and community escalation frameworks in place
7. Welsh Government Neurodevelopment transformation programme funding to support longest waiters
8. National referral pathways in orthodontics and Dentist with Enhanced Skills / Tier 2 provision.
9. Prevention, Population Health & Early Intervention Executive Delivery Group provides oversight of delivery.
10. The IMTP and National Planning Guidance 26/27 outline the requirement for health board focus on the development of population health intelligence and the submitted health board plan responds to this – Strategic Intent 1

11. Development of the Health Board Strategy, Clinical Services Plan and major programmes such as Community by Design and Foundations for the Future provide opportunity to integrate Prevention and Population Health into plans and are informed by identified population heath priorities.
12. Regional Wellbeing, Prevention and Anchor Framework agreed by Health Board and Partners
13. Improvement on uptake against National Immunisation Framework achieved 25/26.
14. Health Needs Assessment and a scoping/insight review completed to understand the health needs and experiences of inclusion health groups (including Homelessness, Sex Workers and Asylum Seekers and Refuges).
15. Homelessness Insights paper prepared with recommendations to the Health Board for the upcoming duty to Ask, Act, and Cooperate within the Homelessness and Social Housing Bill (Welsh Government, 2026)
16. A community outreach offer designed to improve access to prevention and early intervention services for inclusion health groups.
17. Evaluation framework designed to measure the impact of the primary care continuity of care pathway for prison leavers.
18. Identification of unauthorised Encampments across North Wales and their proximity to GP practices, to increase access to primary care provision for Gypsy, Roma and Traveller people.
19. Health Equity Checklist to support the Health Board's strategic planning by ensuring that services are deigned and delivered in ways that address health inequalities.
20. Inclusion of Prevention and population health priorities are implicit in Strategic intent priorities 2,3 and 4.

Gaps in Controls 25/26	Actions	Action Owner	Due Date	Progression Analysis
	Identify population health focused priorities for Health Board delivery **Outcome:** Improved organisational oversight of prevention priorities, and strengthened governance in relation to delivery. **Metric:** Delivery reports via PPHP Committed, PDG oversight and direct links to Health Board plans.	Head of Public Health Assurance & Development, Public Health	31/03/2026	Complete

	Expected Impact on Risk Score Reduction: Strengthened controls and embedded prioritisation of prevention across the organisation. **Action Update:** Data to support the Strategic Intent has been provided alongside a number of evidence reviews. Programme plans within the Public Health Directorate include identification of need across a range of services, programmes and within the population. 27/4/26 - The IMTP has been approved for submission by the Health Board. Action complete and identified as control number 11 above.			
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
	Development of Population Health Management data and intelligence to ensure that Health Board is intelligence-led **Outcome:** Improved organisational oversight of prevention priorities, Informed decision making linked to improvement of population health and clinical data.	Head Of Public Health Assurance & Development , Public Health	30/04/2026	Complete

	Metric: Population and clinical data is linked, providing clearer direction and anticipated forecasts/ outcomes. **Expected Impact on Risk Score Reduction:** Strengthened data and intelligence provides evidence of clearly informed population and prevention based decision making. **Action Update:** 27/04/2026 - The new Public Health Intelligence and Research intranet pages were launched in April offering a wide range of intelligence and research to support teams. In addition, job descriptions are finalised and will be advertised for 3 new data and intelligence posts specifically for Population Health. The IMTP identifies specific deliverables and commitment to developing this area. Action complete and identified as control number 11 above			
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
	Weight Management Steering Group to develop a plan which addresses recommendations from the BCUHB Weight Management Service review **Outcome:** Improved organisational oversight of	IHC Director – Weight Management Services	31/03/2026	Progressing

	provision to support weight management and improvement of population healthy weight priorities **Metric:** Access to services and success rates **Expected Impact on Risk Score Reduction:** Services reflect the needs of the population with a prevention and health improvement focus. **Action Update:** Report received outlining recommendations, which will inform 26/27-28/29 IMTP plans. next steps in terms of the plan have been incorporated into the Draft delivery plan which supports the IMTP 26.27. Identify variation across North Wales in service delivery.			
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
	Contribute to co-design of the Wellbeing, Prevention & Anchor Framework for North Wales and commit to delivery of key actions, both individually as a Health Board and as part of the Regional Partnership Board **Outcome:** Development of a regional Framework that	Lead Consultant in Public Health, Public Health	31/03/2026	Complete

	outlines our system approach to improving life expectancy and healthy life expectancy, and reducing the gap between the most and least deprived, by addressing the root causes of poor health and working with our communities as equal partners. **Metric:** Stakeholders agree a set of proposed indicators that will reflect the Missions outlined in the Framework Early implementation of the Anchor Charter. Early implementation of the Wellbeing and Prevention Framework (e.g. organisations and collaborations committing to actions). Measures will contribute to the overall aim identified above (improving life expectancy and healthy life expectancy, and reducing the gap between the most and least deprived through collaborative action with partners and communities). **Expected Impact on Risk Score Reduction:** Development of the Framework provides evidence of how we will implement a consistent whole system approach to prioritising prevention, early intervention, and reducing inequalities with North Wales partners and communities.			

	Action Update: 27/04/2026 - Event with partners held in March with excellent attendance and commitment made by partners. Forms part of IMTP deliverables for 26.27. Action complete and identified as control number 12 above			
Gaps in Controls	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
	Achieve the ministerial priority BCUHB Integrated Vaccination & Immunisation Service – Increase vaccination rates against targets **Outcome:** Protection against vaccine preventable communicable disease Herd immunity where applicable e.g measles **Metric:** Key performance indicators and targets as part of the annual delivery plan / IMTP National Immunisation Framework **Expected Impact on Risk Score Reduction:** Evidence-based approach to protecting the health of population. The Integrated Vaccination Service (IVS) and commissioned primary care providers (GP's and Community Pharmacies) works towards the attainment of ministerial priority targets	Deputy Director of Vaccination & immunisation , Public Health	31/03/2026	Complete

	through implementation of the National Immunisation Framework (NIF) Achieving the ministerial targets supports the health boards wider population health strategy in particular protection against vaccine preventable communicable disease. **Action Update:** 27/04/2026 - Ministerial priorities for 26/27 have a different focus – with reducing variation being the target. There are also vaccine specific targets for 26/27 so a new action will be established which reflect this which support next steps and form part of action 4 in 26/27actions.			
Gaps in Controls	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
	Develop plan to target resources for the most vulnerable groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveller communities) which will contribute to reducing inequalities in healthy life expectancy **Outcome:** Reduce inequalities in access, interventions, outcomes, and experience for inclusion health groups (including, people at risk of or experiencing homelessness, sex workers, Gypsy, Roma and Travellers, people in the criminal justice system and asylum seekers ad refugees) who experience	Lead Consultant in Public Health	31/03/2026	Complete

	significant inequalities in life expectancy and healthy life expectancy compared to the general population. **Metric:** A regional Inclusion Health Offer is developed for the Health Board aimed at improving access, outcomes and experiences for inclusion health groups **Expected Impact on Risk Score Reduction:** The development of a regional evidence based Inclusion Health offer aims to provide equitable and inclusive health care to meet the needs of inclusion health groups. **Action Update:** 27/04/2026 - actions have been completed as per the 25/26 Delivery Plan. Further targeted work is included in the 26/27 Health Board plan which will also focus on the Ministerial Priorities to reduce inequality and variation of access in vaccination, Screening and diabetes care. Identified in control number 14-19 above and further actions to support appear under new actions for 26/27 number 3 below.			
Gaps in Controls	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
The plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB requires testing	Health Board can demonstrate robust plans are in place and tested for Communicable	Assistant Director of Health	30/09/2026	Progressing

/ simulation and socialising to ensure effectiveness	disease outbreak management across its services and functions. **Outcome:** Improved preparedness for the identification and management of communicable disease threats. **Metric:** The Health Board response to communicable disease threats, the existence of plans and pathways for the management of communicable disease threats, the numbers of staff trained in preparedness measures (including HCID PPE training, and FFP3 face fit testing), the existence and delivery of health board simulation exercises. The evaluation of data on disease incidence and infection rates within BCUHB settings. **Expected Impact on Risk Score Reduction:** Strengthened preparedness within the Health Board for the identification and management of communicable disease threats. **Action Update:** 29/04/2026 - The Strategic Communicable Disease Preparedness Group continues to meet with an agreed ToR however attendance is poor and the group remains un-quorate despite being in existence for 12 months. No response following submission of a paper to QSE in March 2026.	Protection, Public Health		

	HCID PPE trolleys are available in each of the 3 IHC hospitals but training in the use of the HCID PPE ensemble remains low with 22 staff trained across the Health Board (including 2 trainers). There is only 1 staff member trained in the West IHC where engagement appears particularly poor. Independent GP practices continue to lack fit testing for FFP3 masks, continuing the additional risk that GP practices will refer patients with suspected communicable diseases to secondary care. The revised pathway for Rabies Post-Exposure Prophylaxis remains un-approved despite being submitted for approval in Dec/Jan. There has been no progress on a national level to review GP contracts to include health protection medicines. BCUHB areas of weakness identified by recent cases and incidents include the ability (or lack of) to provide post-exposure vaccination to the contacts of Hepatitis A cases, or Invasive Meningococcal Disease cases. These were brought to the attention of the Chief Executive during a corporate directorate review on the 24th April 2026 where is was agreed that further executive level discussion was required.			

	A successful HCID/pandemic preparedness exercise took place on the 15th April and was represented by a number of services from across the Health Board and Welsh Government and Public Health Wales. The findings from the event will help develop the Health Boards pandemic plan and encourage IHCs to re-instate their HCID preparedness meetings (IHC East met on 28th April 2026).			
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Diabetes Programme support to establish cross cutting delivery plan	Establish Diabetes Change Programme providing programme management, milestones and delivery plan – in order to meet the Ministerial priorities (increasing the % receiving all 8 NICE Care processes) **Outcome:** Reduction in variation and overall improvement in Diabetes patients receiving all 8 care processes. **Metric:** Continuing upward trajectory against 8 Care Processes Diabetes. **Expected Impact on Risk Score:** Early identification, prevention of ill health through timely processes.	Lead Consultant in Public Health, Public Health	30/09/26	Complete

	Action Update: 28/04/2026 - Suggest closure of this action and new action(s) added to reflect the Diabetes, action 2 in 26/27 actions below, programme delivery plan and the IMTP 26/27 - to be reflected in next CRR update.			
Gaps in Controls	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Inconsistent commissioning approach across community and primary care services.	Develop a Community and CHC Strategic Plan with Local Authorities.	Acting Assistant Director Care Homes Support & CHC Commissioning	31/03/2026	Progressing
	Implement surge and escalation plans with Local Authority partners for community flow	Acting Assistant Director Care Homes Support & CHC Commissioning	31/03/2026	Progressing
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Fragility of Neurodevelopment workforce and reliance on temporary funding	Management of CYP (Children and Young People) needs, ND workforce business case submitted to the Executive Team, decision on	CAMHS Programme Management	31/03/2026	Progressing (revised date

	the case deferred pending a broader review of funding priorities No approval received in relation to business case submitted, focus for this financial year is on utilising additional non-recurrent funding received from WG to reduce longest waiters Two private providers commissioned for ND assessments over 3 years, one provider delivering as per contract, the other provider is in breach of contract in relation to the assessments completed, as such there will be approximately 700 over 3-year waiters at the end of March. Awaiting communication from WG re 26-27 ND funding for assessments, plan is to continue use of one provider, all procurement and contract arrangements are in place. A briefing update has been shared with WG colleagues.	Business Lead, Child & Adolescent Health		from 31/12/2025)
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Lack of restorative dentistry service and workforce pipeline	Undertake a dental diagnostic deep dive to inform strategy In 2025 a review of the primary care dental service was undertaken to look at the current challenges in both General Dental Services (GDS) and the Community Dental Service (CDS). Key issues were identified in areas including leadership, performance, process,	Assistant Director Of Primary Care (Dental)	31/03/2026	Progressing

	finance and people management. Progress within the service is now being monitored at a senior level via the IPEDG group, and a senior clinical review of the service is being planned for earlier 2026.			
Gaps in controls 26/27	**New Actions 26/27**			
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on health improvement	1) Progress Strategic Intent Priority 1 deliverables 'Focus on Health and Wellbeing' Workstream 1A – **Preventative Approaches to health & wellbeing** **Outcome:** Healthier communities with fewer people smoking, more people with healthy weight and in better physical and mental health. Greater preventative focus across the life course. **Metric:** Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. % Improvement in Breastfeeding rates at birth and at 10 days Increase the proportion of children in Wales who are a healthy weight by halting the rise,	Consutant in Public Health (Health Improvement Programme)	31/03/2027	Progressing

	and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. Level 2 Adult weight service – increase activity rates Tiny Tums – increase number of settings who achieve Tiny Tums award Increase family programmes via schools – Come and Cook **Expected Impact on Risk Score:** Most care delivery in the NHS now relates to long-term conditions the majority of which have significant preventable factors. Preventable health measures should consider all stages across the life course – from pre-conception and into older age. This can reduce the likelihood and severity of chronic illness, reducing flow towards acute settings			
Gaps in Controls	2) **Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on Healthcare Public Health including disease prevention and managing health outcomes	2) Progress Strategic Intent Priority 1 'Focus on Health and Wellbeing' Workstream 1B – **Proactive strategies for disease prevention, frailty & falls**	Consutant in Public Health (Health Care Public Health & Population Health	31/03/2027	Progressing

	Outcome: More proactive care of frail people, reducing falls and the need for healthcare services. Increased screening services for cancer improving early identification and management. Fewer complications linked to diabetes due to improved monitoring and management. Health Board can demonstrate a clear prevention and health inequalities focus in its major strategic plans and services. **Metric:** Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes. Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months. Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months. National screening targets. **Expected Impact on Risk Score:**	Management Programmes)		

	Falls and frailty are a significant driver of demand across primary and acute NHS Services and is expected to increase. Applying data and evidence through population health management will allow the organisation to target action within identified population groups towards where there is a strong likelihood of a health risk occurring, develop tailored interventions to prevent or reduce the impact of health risks which would contribute to preventing further deterioration, and optimise how the early stages of disease is detected. Intervening in the early stages of disease can prevent the disease from progressing, allows people to self-manage their health, improves health outcomes, prevents the individual developing other health conditions and ensures that people can continue to live their lives fully within their families and communities.			
Gaps in Controls	3) **Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on reducing health inequalities	4) Progress the Strategic Intent Priority 1 'Focus on Health and Wellbeing' Workstream 1C – **Health Inequalities** **Outcome:**	Consultant in Pubic Health (Health Inequalties Programme)	31/03/2027	Progressing

	Reduced risk factors linked to the wider determinants of health such as environmental, social and economic factors. Improved equity of access between most and least deprived areas in relation to vaccinations, screening and diabetes care. All services and strategic plans should have metrics that enable them to assess the potential health inequalities in delivery. **Metric:** Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and Diabetes prevention and care. National screening uptake targets - reduction in variation, increase in uptake from inclusion groups Vaccination targets - reduction in variation, increase in uptake from inclusion groups Diabetes 8 Care Processes – reduction in variation, increase in uptake from inclusion groups **Expected Impact on Risk Score:** Inequalities will continue to widen if we do not embed population health approaches in pathways and service plans that can enable the organisation to target resources			

	proportionate to need. Through understanding the needs of communities, the Health Board can better enable provision of care in the right way, in the right place, and at the right time. The Health Board cannot reduce health inequalities alone. Many factors which impact on health and wellbeing require commitment and coordinated action across public sector organisations, enabled through the organisation's role and opportunity as an Anchor institute. Together, the right social, economic and environmental conditions can be created that allow health and wellbeing to flourish.			
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on health protection	5) Progress the Strategic Intent Priority 1 'Focus on Health and Wellbeing' Workstream 1D – **Health Protection** **Outcome:** More people in the population are protected from increased uptake of vaccinations with a particular focus on vulnerable groups. People are protected against existing, new and emerging health hazards.	Assistant Director Health Protection / Deputy Director Vaccs & Imms	31/03/2027	Progressing

	Communicable outbreak plan developed and tested, providing assurance to the Health Board and partners. **Metric:** *Percentage uptake of the following targeted measures:* Children who are up to date with all routine scheduled vaccinations by age 5. Children receiving the Human Papillomavirus (HPV) vaccination by the age of 15. Influenza vaccination amongst adults aged 65 years and over Applicable during: 01.09.2026 - 31.03.2027. Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old. Influenza <65 at risk Influenza - Staff MenACWY Cml (Y10) **Expected Impact on Risk Score:** Health Protection focuses on preventing harm before it happens and keeps communities safe from communicable and other notifiable illness that could affect large numbers of the population at scale. Risk of infectious			

	diseases include Flu, Measles, and M-Pox, with disease outbreaks having a significant impact on closed settings such as care homes and schools. Health Protection includes the management of vaccine preventable disease risks such as measles, outbreak control planning, and training and education in settings to support Infection Prevention Control (IPC).			
Gaps in Controls	6) **Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on Primary and Community Care	7) Progress against the Strategic Intent Priority 2 - **Enhanced Co-ordination of Care** deliverables which will directly contribute to improving population health and keeping people well for longer. This includes focused deliverables: - *Development of Health and Wellbeing Hubs* - *Primary Care contracting inc Dental* - *Progression of Community by Design* - *Delivery of Frailty and falls prevention models* - *Delivery of Weight Management and smoking cessation services* - *Diabetes management* - *Health and wellbeing of Children & Young People*	AD Primary & Community Care	31/03/2027	Progressing

	Outcome: More co-ordinated care in the community for people with long term conditions. Better access to community based preventative care. **Metrics:** Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS) Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS) Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes. Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months. Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months. Percentage of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans. Number of staff undertaking MECC			

	Expected impact on Risk Score: A well-functioning Primary Care system is essential to improving population health outcomes, supporting the shift towards prevention and early intervention, and delivering a more sustainable, prudent healthcare model for the future. Community-based services are essential to improving outcomes through prevention, early intervention, and supported self-management. Providing care within local communities makes services more accessible, improves user experience, and helps reduce inequity by removing practical, geographical, and socioeconomic barriers to care-based services which is essential to improving outcomes through prevention, early intervention, and supported self-management. Health and Wellbeing Hubs bring together physical health, mental health, social care and community wellbeing services in one accessible location, creating a “no wrong door” approach that enables earlier intervention, smoother referrals and more holistic care. By embedding prevention and public health activity within local communities, they help address the wider determinants of health, promote independence and reduce avoidable demand on acute services.			

Gaps in Controls/	Action	Action Owner	Due Date	Progression Analysis
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on secondary care, clinical pathways and specialist services	8) Progress against the Strategic Intent Priority 3 - **Improve Access, outcomes and experience for all** deliverables which will directly contribute to improving population health and keeping people well for longer. This includes deliverables which focus on: – *BCU community falls response resource* – *Providing falls prevention training across Care Homes* – *BCU MHLD physical health policy in line with national developments.* – *Reducing inequality and variation in access to services and pathways* – *Digitally delivered specialist All-Wales gambling harm and treatment service* – *CAMHS Early Help systems and processes* – *Healthy Child Wales 2 Programme* – *Childhood diabetes – prevention and management* – *Women's Health - prevention and early intervention, including preconception health and earlier identification of women's health conditions*	ADs / Programme Leads – UEC, Planned Care, C&YP CAMHS, MH & LD, Womens	31/03/2027	Progressing

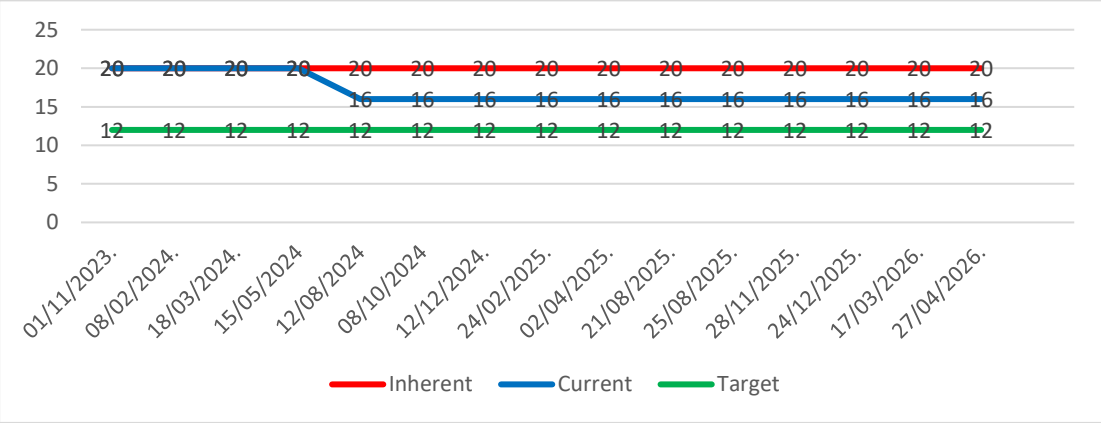
	– *Support the National Lung Screening Programme and other National screening programmes including reducing of variation* – *Support staff to complete MECC training* **Outcomes:** People who fall in the community are treated outside of acute hospitals where they are more likely to de-condition. Patients are directed to the most appropriate service, freeing up resources such as ambulances and emergency departments. . A modern, people-centred healthcare system A clear long-term vision and strategy for our clinical services across North Wales, and an organisational structure that enables its delivery. Improved quality of maternity services including reduced perinatal mortality rates. Improved waiting times for people of all ages with Mental Health, Learning Disabilities and Neurodevelopment. More people supported with substance misuse. **Metrics:**			

	Reduce avoidable ambulance conveyances and ED admissions from Care Homes through providing falls lifting equipment and level one falls prevention training to be delivered to 30 Care Homes across North Wales. Reduce avoidable ambulance conveyances and ED admissions from the community by developing a proposal to use Six Goals Programme funding to increase Community Resource Teams (CRT) capacity, focused on mobilising Band 3 therapy support staff as a dedicated pan BCU community falls response resource. Reduce Health Inequalities for people with learning disabilities by increasing the uptake of the annual health checks and public health screening initiatives across services. Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol) Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment National screening targets			

	Childhood Measurement Programme participants Percentage of C&YP waiting less than 26 weeks to start neurodevelopment assessment Number of staff undertaking MECC **Expected impact on risk score:** Earlier diagnosis leading to better health outcomes. Prevention of deterioration and ill health or worsening conditions which impact on health and wellbeing. Reducing the gap in health outcomes for people with mental health and learning disabilities, supported by a focus on prevention, early intervention and reducing health inequalities. An integrated, responsive system where people receive the right care, in the right place, at the right time. Reduction in health inequalities and variation within clinical pathways of care.			
Gaps in Controls	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on system-wide	10) Progress against the Strategic Intent Priority 4 - **Create a modern people centred healthcare system**	AD Planning / DDAT, Transformati	31/03/2027	Progressing

approaches, Enabling services, strategy and pan BCU delivery	deliverables which will directly contribute to improving population health and keeping people well for longer. This includes deliverables which focus on: - *Population health management* - *Development of key plans and strategies* - *Embedding prevention as a core component and enabler of major programmes* - *Develop organisational understanding of population health needs and priorities* - *Develop collaborative partnership working which tackles wider factors which impact on population health and wellbeing such as employment and environment.* - *Funding models which support movement of services towards primary and community settings* **Outcomes:** Improved and more resilient systems, data and insights to support better day to day delivery of safe services and their improvement. More research and innovation projects and collaboration with education partners to provide improved health care for the future.	on, Estates, Finance, VBH		

	Improved value for money services ensuring that precious resources are spent to deliver maximum benefit to the population. Better experience and outcomes for the population. **Metrics:** Develop the measures of success in relation to both population and patient outcomes as well as the strategy development process. Planning maturity matrix self-assessment scores (Prevention is part of this) Develop the measures of success in relation to both population and patient outcomes as well as the CSP process for those areas selected in the first tranche of the CSP. High Value High Impact pathway analysis Increase proportionate spend on Primary and Community Services **Expected Impact on risk score:** The Health Board can evidence informed decision making based on population health management data and intelligence. The Health Board can demonstrate response to population need and the impact on service delivery and resourcing.			



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality <15		Not in Tolerance

Position & Intended Outcome for Risk

Life expectancy / healthy life expectancy is declining, and there are worsening health inequalities. This 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. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board's ability and capacity to deliver excellent healthcare services, meaning the Health Board's purpose must retain clear focus on prevention and early intervention to improve the health and wellbeing of the population

CRR REF: 25-05 - Risk Title: Strategic Change – Impacting Care and Staff Delivery		
Director Lead: Executive Director of Transformation and Strategic Planning		**Date Opened:** 21/08/2025 *(version 2 refined from 2023)*
Assuring Committee: Planning, Population Health & Partnership Committee		**Date Last Committee Review:** 05/03/2026
Date Last Reviewed: 05/05/2026	**Link to BAF**: BAF24-02	**Target Risk Date:** 26/11/2026

Risk Detail:

There is a risk that patients may not benefit from planned improvements in care, access, and outcomes if the HB does not effectively implement or develop its strategic change programmes.

This may be caused by a lack of momentum in delivering change, unclear or underdeveloped clinical strategy, competing ministerial priorities, and inconsistent transformation efforts across clinical services.

This may lead to inefficiencies, missed opportunities to modernise care, continued misalignment between service delivery and patient needs, patient harm from long waiting times, delays, and backlog reviews, and increased frustration or disengagement among staff tasked with delivering change.

Mitigations/Controls in place

1. Scrutiny and oversight of strategy development work by the Strategic Planning and Service Change Group (SP&SC Group a sub-group of the Executive Committee), Planning Population Health and Partnerships (PPHP) Board Committee and the Health Board to ensure robust governance arrangements and timely escalation; which are important for enabling foundations for successful delivery of strategic change and co-production of the 1) Strategic Intent for North Wales with partners, 2) 10 Year Strategy for the Health Board, 3) Clinical Services Plan
2. Priority change programmes in place for the organisation 1) Major Change Programmes (Planned Care; Urgent and Emergency Care; Value and Sustainability; and Foundations For The Future), 2) Key Programmes (grouped into: Mental Health; Llandudno Planned Care hub; Improving safety, efficiency and effectiveness through digitisation; Diagnostics improvement; and Health and Well-being Hubs), 3) Challenged Services (Dermatology, Ophthalmology, Vascular, Urology, Oncology, Plastics, Orthopaedics, Orthodontics).
3. Change programmes controls in place and monitored by the Transformation and Improvement team to ensure they are run consistently and best practice project, programme and portfolio management is applied. As well as providing an objective and independent assessment of progress and areas of risk.

4. Oversight and scrutiny of the Major Change Programmes tracking progress, risks, and dependencies by the Executive Committee, relevant Board Committee and Health Board. The Key Programmes reports into SP&SC Group, PPHP and Health Board.
5. The Challenged Services report into SP&SC Group for review and oversight, Quality, Safety and Experience Committee (QSE) and Health Board.
6. External oversight and scrutiny is provided by Welsh Government via IQPD and JET as well as quarterly Challenged Services review meetings.
7. Terms of References for all groups with clear routes to escalation.
8. Legal and policy compliance including adherence to Welsh Government (WG) service change guidance.
9. Continued development of the portfolio management and reporting approach for all priority change programmes, including monthly monitoring of high risks across all priority programmes.
10. Mobilisation of the Challenged Services oversight group that will report into the SP&SC Group.

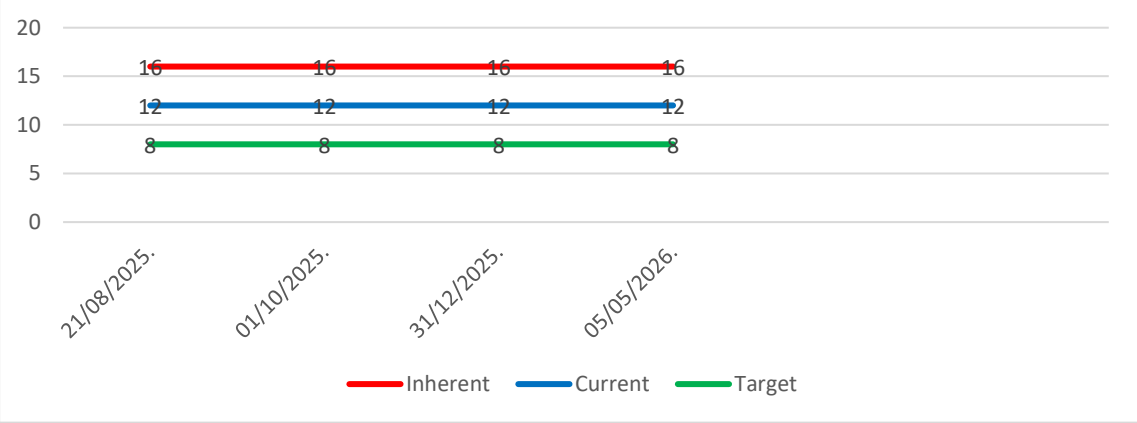
Gaps in Controls	Actions	Action Owner	Due Date	Progression Analysis
G1 Completion of the strategy development work, moving into the execution phase.	Complete Strategic Intent for North Wales with partners, presenting to Health Board for approval **Expected Impact on Risk Score Reduction:** Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update: COMPLETED.** Four Strategic Intent Statements were co-created, tested and refined with key partners. They were reviewed by PPHP on the 14th of January and subsequently approved by the Board on the 29th of January. Following Board approval, the Statements were used to provide the strategic planning framework for the 2026/29 three-year plan replacing the previous five Strategic Priorities.	Head of Health Strategy and Planning, Transformation & Strategic Planning	31/01/2026	Completed

Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G2 Organisational approach to change management to be developed and implemented.	Organisational approach to change developed as one of the enabling products within Foundations for The Future programme **Expected Impact on Risk Score Reduction:** Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update:** Further work has been scheduled into 26/27 as part of the service level plan, to ensure full engagement in this work. Successful sessions have been held with the Executive team and the Stakeholder Reference Group. A discovery phase report is being finalised for presentation to the Strategic Planning and Service Change group on the 4th June, and a time-limited group of key stakeholders is forming around the design elements. This will lead to an organisational change framework which is scheduled for completion in Q3.	Assistant Director of Transformation and Improvement (Interim), Transformation & Strategic Planning	26/11/2026	Progressing (revised date from 31/03/2026
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
G3	Complete the diagnosis phased of the Health Board's 10 Year Strategy, including an implementation plan for the remaining programme of work	Head of Health Strategy and Planning, Transformation	30/06/2026	Progressing (revised date from 31/03/2026

	Expected Impact on Risk Score Reduction: Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update:** Due to competing pressures with the strategic intent and capacity constraints this work has rolled into 26/27 and will complete before the end of Q1. This will include endorsement through governance and be supplemented by a detailed and time-bound implementation plan for the delivery phase of the 10yr Strategy.	& Strategic Planning		
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
G4	Complete preparations for phase 2 of the Clinical Services Planning (CSP) work, including an implementation plan **Expected Impact on Risk Score Reduction:** Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update:** A CSP engagement event with senior clinical leaders is taking place on the 5th May. Preparatory work underway, with initial CSP engagement event scheduled for 5th May. This event is one of the final	Head of Health Strategy and Planning, Transformation & Strategic Planning	30/06/2026	Progressing (revised date from 31/03/2026

	steps in the preparation phase which is now expected to complete by the end of Q1. The day is designed to build a shared purpose and initiate the development of a new CSP for BCUHB. The CSP has now been adopted as a major change programme during 26/27 and a fully programme plan will be put in place.			
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
G5	Implement changes to portfolio management and reporting based on feedback on early iterations of reporting across all the priority programme areas, including monthly monitoring of high risks across all priority programmes. Work is now complete and will continue to evolve as part of business as usual. Iterative changes have been made and the reporting has been very well received by Board Members for both Key Programmes and Challenged Services, with Board members stating that they feel more assured. Highlight reports in place for each programme/service in scope with summarised reporting through the Strategic Planning and Service Change Group and onwards to PPHP and Board. **Expected Impact on Risk Score Reduction:** Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update:** No further update in this period as now complete.	Assistant Director of Transformation and Improvement (Interim), Transformation & Strategic Planning	31/12/2025	Complete

Gaps in Controls/	Action	Action Owner	Due Date	Progression Analysis
G6	Mobilise the Challenged Services oversight group that will report into the SP&SC Group. This is complete. The first meeting was held on the 28th November with the next meeting scheduled for the 26th January, with the group developing plans for the regionalisation of services and transitioning into broader Clinical Services Plan work. **Expected Impact on Risk Score Reduction:** Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update:** No further update in this period as now complete.	Assistant Director of Transformation and Improvement (Interim), Transformation & Strategic Planning	31/12/2025	Complete



	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	3	12
Target Risk Score	4	2	8
Risk Appetite	Quality <15		In Tolerance

	Position & Intended Outcome for Risk

Planning, Population Health & Partnerships Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	02 July 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary
Members are asked to: • **NOTE** the matters considered in Private at the 7 May 2026 meeting • **NOTE** the draft Cycle of Business for comment prior to approval • **NOTE** The Committee forward workplan

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
Not applicable for this report		

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	

CORPORATE GOVERNANCE REPORT

1. **Y SEFYLLFA**
SITUATION

1 The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.

2 It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.

3 **Y CEFNDIR**
BACKGROUND

3.1 The purpose of this report is to provide the Committee with an update on key corporate governance matters.

4 **MATERION PENODOL I'W HYSTYRIED**
SPECIFIC MATTERS FOR CONSIDERATION

4.1 **Summary of Business Considered in Private**

4.1.1 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.

4.1.2 The below items were considered in private at the meeting held on 7 May 2026:

Agenda Item	Subject (including narrative)	Committee Resolution	Rationale for item in Private
PP26.66	Penley Community Hospital – Case For Change	It was resolved that the Committee: • **ENDORSED** the proposed options being taken forward for Board approval ahead of full public consultation.	Draft Status - Final Version will be Published

4.2 **Committee Forward Work Plan**

4.2.1 The Forward Work Plan sets out the Committee's priorities and scheduled business outside of the normal Cycle of Business, helping ensure a structured, timely, and transparent approach to decision-making and oversight. It collates suggested referral items from other Committees and the Board.

5 **RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO**
KEY RISKS / MATTERS FOR ESCALATION

5.1 There are no matters for escalation.

6 **ARGYMHELLION**
RECOMMENDATIONS

6.1 Gofynnir i'r Pwyllgor:
The Committee is asked to:

- **NOTE** the matters considered in Private at the 7 May 2026 meeting.
- **NOTE** the draft Cycle of Business for comment prior to approval.
- **NOTE** The Committee forward workplan.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
	No - Not Applicable

	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

DRAFT

Betsi Cadwaladr University Health Board

Planning, Population Health and Partnerships Committee

Cycle of Business

(1 April 2026 – 31 March 2027)

Betsi Cadwaladr University Health Board should, on an annual basis, receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Health Board is effectively carrying out its role.

The Committee Cycle of Business cover the period 1 April 2026 to 31 March 2027.

The Committee Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a “Non-Routine Board Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the Planning, Population Health & Partnerships Committee is set out in the Terms of Reference which is available here: [Insert here]

Committee Chair	**Independent Members**	**Executive Members**	**In Attendance**
Clare Budden **Committee Vice Chair** Gareth Williams	Caroline Turner William Nichols	Paolo Tardivel (Interim Executive Director of Transformation & Strategic Planning) – Executive Lead Tehmeena Ajmal (Chief Operating Officer) Jane Moore (Executive Director of Public Health) Helen Stevens-Jones (Director of Partnerships, Engagement and Communications) TBC (Chief Digital and Information Officer)	Pam Wenger (Director Corporate Governance) Stuart Keen (Director of Environment and Estates)

PLANNING, POPULATION HEALTH & PARTNERSHIPS COMMITTEE CYCLE OF BUSINESS 2026-27

Item of Business	Executive Lead	Reporting period	Q1			Q2			Q3			Q4			2027-28	
			April 2026	May 2026	June 2026	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
PRELIMINARY MATTERS																
Minutes of the Previous Meeting	Director of Corporate Governance	All Regular Meetings		⚑		⚑		⚑		⚑		⚑		⚑		⚑
Matters Arising and Action Log	Director of Corporate Governance	All Regular Meetings		⚑		⚑		⚑		⚑		⚑		⚑		⚑
STRATEGIC ITEMS																
Major Change Programme: Community by Design	Chief Operating Officer	As Required		⚑												
Enhancing Care through Digital Developments: DDaT Programme Delivery and Compliance Progress Report	Chief Digital and Information Officer	Bi-annually *(For onward submission to Board)*						⚑						⚑		
Estates Strategy Review 2023-2033	Director of Environment & Estates	Annually				⚑										
Climate Adaptation and Decarbonisation Strategy Review	Director of Environment & Estates	Annually				⚑										
STRATEGIC PLANNING																
Director of Planning Report	Executive Director of Transformation & Strategic Planning	All Regular Meetings		⚑		⚑		⚑		⚑		⚑		⚑		⚑
Key Programmes Report	Executive Director of Transformation & Strategic Planning	Every Other Meeting *(For onward submission to Board)*		⚑				⚑				⚑				⚑
Ten Year Strategy	Executive Director of Transformation & Strategic Planning	As Required *(For onward submission to Board)*										⚑				
Integrated Medium Term Plan Development Report	Executive Director of Transformation & Strategic Planning	As Required *(For onward submission to Board)*				⚑		⚑		⚑		⚑		⚑		
Annual Delivery Plan / Three Year Plan: In Year Progress	Executive Director of Transformation & Strategic Planning	As Required *(For onward submission to Board)*		⚑				⚑				⚑		⚑		
Integrated Planning Framework	Executive Director of Transformation & Strategic Planning	Annually *(For onward submission to Board)*								⚑						
Service Change: Tywyn and Penley	Executive Director of Transformation & Strategic Planning	As Required		⚑		⚑						⚑		⚑		

Item of Business	Executive Lead	Reporting period	Q1			Q2			Q3			Q4			2027-28	
			April 2026	May 2026	June 2026	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
Deprioritisation and Decommissioning	Executive Director of Transformation & Strategic Planning	Annually												⚑		
Capital Programme	Director of Environment & Estates	Annually *(For onward submission to Board)*												⚑		
Estates Strategy	Director of Environment & Estates	Annually *(For onward submission to Board)*		⚑												
Third Sector Review	Director of Performance & Commissioning	TBC												⚑		
PARTNERSHIPS, ENGAGEMENT AND COMMUNICATION																
Citizen Experience and Engagement Report	Director of Partnerships, Engagement and Communications	Every Other Meeting *(For onward submission to Board)*		⚑				⚑				⚑				⚑
Progress Report: Partnerships, Engagement and Communications Delivery Plan 2025/26	Director of Partnerships, Engagement and Communications	Bi-Annually						⚑						⚑		
POPULATION HEALTH																
Population Health Delivery Report (to include Population Health Outcomes Framework (Wales)	Executive Director of Public Health	Quarterly		⚑		⚑		⚑		⚑		⚑				⚑
Year-end Report: Use of Grant Funding 2025/26	Executive Director of Public Health	Annually				⚑										
Well North Wales / Regional Wellbeing, Prevention and Anchor Framework	Executive Director of Public Health	Annually						⚑								
Diabetes Programme Update	Executive Director of Public Health	Annually						⚑						⚑		
Arts in Health & Wellbeing Three Year Strategic Framework Progress Report	Executive Director of Public Health	Annually						⚑								
Health Protection Service Update	Executive Director of Public Health	Annually						⚑								
Denbighshire County and Marmot	Executive Director of Public Health	Annually						⚑								
BCUHB Active Workplace Update	Executive Director of Public Health	Annually								⚑						
Inclusion Health Offer Update	Executive Director of Public Health	Annually								⚑						
Weight Management Service Review Progress Update	Executive Director of Public Health	Annually								⚑						
Equity Plan Update: Vaccinations / Screening	Executive Director of Public Health	Annually										⚑				

Item of Business	Executive Lead	Reporting period	Q1			Q2			Q3			Q4			2027-28	
			April 2026	May 2026	June 2026	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
Population Health Management Progress Update	Executive Director of Public Health	Annually										⚑				
Making Every Contact Count Report	Executive Director of Public Health	Annually										⚑				
Gambling Service Update: Substance Misuse Team	Executive Director of Public Health	Annually										⚑				
Health Improvement Offer Progress Update	Executive Director of Public Health	Annually										⚑				
Welsh General Ophthalmic Services (WGOS) Annual Report / Eye Health Needs Assessment	Chief Operating Officer	Annually						⚑								
ANNUAL REPORTING																
Emergency Preparedness, Resilience and Response Annual Report	Executive Director of Public Health	Annually *(For onward submission to Board)*		⚑												⚑
Winter Plan	Chief Operating Officer	Annually *(For onward submission to Board)*						⚑								
Pharmaceutical Needs Assessment	Adam Mackridge	Annually						⚑								
Director of Public Health Annual Report	Executive Director of Public Health	Annually *(For onward submission to Board)*								⚑						
Adoption of Corporate Policies (TBC)	Director of Corporate Governance	As Required														
GOVERNANCE, RISK AND ASSURANCE																
Corporate Governance Report *(Including summary of business to be reported from private and forward workplan)*	Director of Corporate Governance	All Regular Meetings		⚑		⚑		⚑		⚑		⚑		⚑		⚑
Committee Cycle of Business	Director of Corporate Governance	Annually				⚑										
Committee Terms of Reference	Director of Corporate Governance	Annually				⚑										
Committee Self-Assessment	Director of Corporate Governance	Annually				⚑										
Committee Annual Report	Director of Corporate Governance	Annually				⚑										
Corporate Risk Register Report	Director of Corporate Governance	Quarterly				⚑				⚑				⚑		
Board Assurance Framework Report	Director of Corporate Governance	Quarterly		⚑				⚑				⚑				
CLOSING BUSINESS																
Agree Items for Referral to Board / Other Committees	Chair	All Regular Meetings		⚑		⚑		⚑		⚑		⚑		⚑		⚑
Review of Meeting Effectiveness	Chair	All Regular Meetings		⚑		⚑		⚑		⚑		⚑		⚑		⚑

Item of Business	Executive Lead	Reporting period	Q1			Q2			Q3			Q4			2027-28	
			April 2026	May 2026	June 2026	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	April 2027	May 2027
Date of Next Meeting	Chair	All Regular Meetings		⚑		⚑		⚑		⚑		⚑		⚑		⚑
Resolution to Exclude the Press and Public	Chair	All Regular Meetings		⚑		⚑		⚑		⚑		⚑		⚑		⚑
PRIVATE AGENDA																
Corporate Risk Register (Private)	Director of Corporate Governance	Quarterly				⚑				⚑				⚑		
Cyber Security Assurance Report	Chief Digital and Information Officer	Bi-Annually				⚑						⚑				

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

(1 April 2026 – 31 March 2027)

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
27.11.25	Action 25.209.1 from Board	Board and email from Philippa	Healthy Travel Charter	Update to PPHP Committee following sign up by the Board. Links to action 25.209.1 from the Board: Healthy Travel Charter: Progress against the Healthy Travel Charter to report back to the Board in May 2026.	Jane Moore	Stuart Keen	September 26	This is being taken forward by Stuart and will report to the Sept PPHP Committee.
16.03.26	Email trail from Pam and Lois Lloyd	Lois Lloyd and Pharmacy Team	Pharmaceutical Needs Assessment	Paper setting out the oversight arrangements	Adam Mackridge Lois Lloyd	Tehmeena Ajmal	September 26	
08.04.26	Email request from Clare Budden	Clare Budden following visit to Pharmacy	Pharmacy Service (aligned with the Pharmaceutical Needs Assessment)	Presentation or Report describing current service offerings / plans for the future. Opportunities and any risks / challenges to achieving BCU's longer term strategic intention. Where we focus much more on well-being / maintaining good health and more community based models of delivery.	Adam Mackridge Lois Lloyd	Tehmeena Ajmal	September 26	
18.03.26	Email request from Clare Budden	Clare Budden (with agreement from Jane Moore)	Denbighshire County and Marmot	Report to focus on what role BCU will have and how partnership working is developing to support this. How it will be measured and what success will look like. How does it tie in with Community By Design and the Wellbeing, Prevention and Anchor framework work. Provide assurance on how everything fits together and contributes to the Ten-Year Strategic plan and Strategic Intent statements. Including a focus on how they deliver change building on the work already done to test ways of moving from plans and strategies to delivery.	Jane Moore	Jane Moore	September 26	
05.03.26	Action PP26.42.1 from Committee	Action from Private PPHP Committee	Third Sector Contracts and Grants	Third Sector Contracts and Grants to report back to the Committee in November 2026 to provide an update on progress in this area (confirm whether this need to report back in private session).	Russell Caldicott	Russell Caldicott	November 26	