

## **Bundle BCU Planning, Population Health and Partnerships Committee 4** **September 2025**

- 1 09:15 - PRELIMINARY MATTERS
- 1.1 09:15 - PP25/68 Welcome and Apologies - Verbal (Chair)
- 1.2 09:16 - PP25/69 Declarations of Interest - Verbal (Chair)
- 1.3 09:17 - PP25/70 Unconfirmed Minutes of Meeting held on 03.07.25 - Attached (Chair)  
PP25.70 Minutes from PPHP Committee 03.07.25 V0.02 (Public)
- 1.4 09:20 - PP25/71 Matters Arising & Action Log - Attached (Chair)  
PP25.71 Summary Action Log PPHP Committee (Updated 28.08.25) Public
- 2 09:25 - STRATEGIC PRIORITIES
- 2.1 09:25 - PP25/72 Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap - Paper (Acting Assistant Director of Digital Delivery)  
*Erica Roberts, Sion Jones and Lauren Harkin to join the meeting to present their relevant sections of the paper*  
PP25.72 PPHP digital paper 20250821  
PP25.72.1 BCUHB Digital Transformation Review - Final Project Brief v2
- 2.2 09:45 - PP25/73 Partnerships - Analysis and Strategic Direction (Director of Partnerships, Engagement and Communications)  
PP25.73 Partnerships – Analysis and Strategic Direction (IMTP Context)
- 2.3 10:00 - PP25/74 Director of Planning Report - Paper (Interim Executive Director of Transformation and Strategic Planning)  
PP25.74 FINAL - PPHP - Director of Planning Report - 2025-09-04
- 2.4 10:10 - PP25/75 Key Programmes Report - Paper (Interim Executive Director of Transformation and Strategic Planning)  
PP25.75 FINAL Revised - 20250904 PPHP Key Programmes Report
- 2.5 10:25 - PP25/76 Annual Delivery Plan Q1 Report - Paper (Interim Executive Director of Transformation and Strategic Planning)  
FINAL - PPHP Q1 ADP Report 2025-09-04
- 2.6 10:35 - BREAK
- 2.7 10:45 - PP25/77 Winter Resilience Planning 2025/26 - Presentation (Chief Operating Officer)  
*Paul Andrew to join the meeting for this item*  
PP25.77 Winter Planning Approach 2025 2026 PPHP Cover September 2025  
PP25.77.1 Winter Planning Approach 2025 2026 Board September 2025 V3 PA
- 2.8 11:00 - PP25/78 Health Protection Service - Service Overview and Update on Activities - Paper (Executive Director of Public Health)  
*Sam Lauder to join the meeting for this item*  
PP25.78 PPHP Health Protection Service report - 2024 2025 EC 060825 final
- 2.9 11:10 - PP25/79 Active Workplace Update - Paper (Executive Director of Public Health)  
PP25.79 Actif Workplace Update PPHP 040925 final
- 2.10 11:20 - PP25/80 Progress Update on Year One of the Arts in Health & Wellbeing Three Year Strategic Framework - Paper (Executive Director of Public Health)  
PP25.80 AiH Strategic Framework year 1 progress report PPHP 040925 final
- 2.11 11:30 - PP25/81 BCUHB Welsh General Ophthalmic Services (WGOS) Annual Report 2024/25 - Paper (Chief Operating Officer)  
*Representative for COO to join for this item*  
PP25.81 Coversheet WGOS Annual Report 2024-25  
PP25.81.1 WGOS Annual Report Template 2024-25 (final)
- 2.12 11:35 - PP25/82 Discussion on Primary Care (Director of Corporate Governance)

*Representative for COO to join for this item*  
*Discussion on the remit of the Committee in terms of taking forward Primary Care*

- 3 11:45 - GOVERNANCE AND ASSURANCE
- 3.1 11:45 - PP25/83 Board Assurance Framework - Paper (Director of Corporate Governance)  
PP25.83 PPHP Board Assurance Framework September 25 v3
- 4 11:50 - FOR INFORMATION
- 4.1 11:50 - PP25/84 Summary of Business to be Reported from Private - Paper (Head of Corporate Governance)  
PP25.84 PPHP Private Session Items Reported in Public
- 4.2 11:51 - PP25/85 Committee Forward Workplan - Paper (Head of Corporate Governance)  
PP25.85 Workplan for PPHP Committee (Live Version as at 28.08.25)
- 5 11:52 - CLOSING BUSINESS
- 5.1 11:52 - PP25/86 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 5.2 11:53 - PP25/87 Review of Meeting Effectiveness - Verbal (Chair)
- 5.3 11:55 - PP25/88 Date of Next Meeting - 06.11.25
- 5.4 11:55 - 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 3 July 2025  
in the Boardroom, Carlton Court, St Asaph and via Teams**

| <b>Committee Members Present</b> |   |
|----------------------------------|---|
| <b>Name</b>                      | <b>Title</b>  |
| Clare Budden                     | Independent Member (Chair of PPHP Committee)                          |
| Gareth Williams                  | Independent Member (Vice Chair of PPHP Committee)                     |
| Billy Nichols                    | Independent Member  |
| Caroline Turner                  | Independent Member  |
| <b>In Attendance</b>             |   |
| Nesta Collingridge               | Head of Risk Management ( <i>part meeting</i> )                       |
| Dyfed Edwards                    | Chair of the Health Board   |
| Nicola Jones                     | Deputy Head of Internal Audit ( <i>via Teams</i> )                    |
| Stuart Keen                      | Director of Environment & Estates ( <i>via Teams</i> )                |
| Brian Laing                      | Strategic Partnerships Manager, Public Health ( <i>part meeting</i> ) |
| Jane Moore                       | Executive Director of Public Health                                   |
| Charlotte Smith                  | Consultant in Public Health ( <i>part meeting</i> )                   |
| Helen Stevens-Jones              | Director of Partnerships, Engagement and Communications               |
| Paolo Tardivel                   | Interim Executive Director of Transformation & Strategic Planning     |
| <b>Committee Support</b>         |   |
| Laura Jones                      | Acting Corporate Governance Manager                                   |
| Philippa Peake-Jones             | Head of Corporate Governance  |

| <b>OPENING BUSINESS</b>   |
|---|
| <p><b>PP25/45 Welcome and Apologies</b></p> <p>The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Dylan Roberts, Pam Wenger and Dave Harries.</p> |
| <p><b>PP25/46 Declarations of Interest</b></p> <p>No declarations of interest were raised. The Chair noted reference to Clwyd Alyn in the Population Health Delivery Report.</p>        |
| <p><b>PP25/47 Unconfirmed Minutes of Meeting held on 01.05.25</b></p> <p>It was agreed that the minutes of the meetings held on 01.05.25 were a true and accurate record.</p>           |
| <p><b>PP25/48 Matters Arising &amp; Action Log</b></p> <p>The Committee reviewed the action log and agreed to close the actions that were proposed for closure.</p>                     |

## STRATEGIC PRIORITIES

### PP25/49 Item Withdrawn

### PP25/50 Diabetes Transformation Programme Case for Change Update

Members received the presentation and the Executive Director of Public Health and Consultant in Public Health highlighted:

- The presentation emphasises the outcome of the first stage of the work which focussed on collating information from stakeholders, identifying the major issues in relation to patients with diabetes and developing a clear framework to provide the right model of care for the people of North Wales.
- The presentation provided the background to the Diabetes Transformation Programme noting that improving services for the prevention of diabetes and early intervention was included within the BCU Major Change programme in March 2024.
- Reference was made to the methodology used in terms of gaining a wide range of views on how diabetes should be delivered within North Wales taking into account the data, intelligence and modelling.
- The prevalence of diabetes is increasing, there has been an increase of 43% between 2009/10 and 2021/22 and this figure is due to increase further.
- Obesity accounts for 80-85% of the risk of developing Type 2 diabetes and diabetes is also associated with a range of complications including increased risk of stroke and heart attack.
- A range of service pressures associated with diabetes were highlighted and these include an increase in secondary care attendance due to complications of diabetes, increase in bed days for patients with diabetes and the need for specialist care for certain patients. The information was based on the current modelling however if changes are made to the model of care, these issues and attendances will see a reduction.
- A model of care has been developed which focuses on Population Based Prevention, Integrated Primary Care and Early Intervention, Secondary and Specialist Care and System-Wide Enablers and if developed this would ensure all layers of care work together as part of a larger system. Detail of each of the elements was discussed with the Committee.
- The next steps were highlighted which include improving the current services provided within Primary Care which is also part of the Cabinet Secretary priorities, developing an overarching North Wales Diabetes Plan as a Health Board and increased partnership working and transforming the pathways of care.

As part of the discussion, the Committee:

- Noted the number of acronyms used in the presentation and suggested simple terms rather than medical terms are used in future.
- Acknowledged that increased weight is the main risk of people developing diabetes and the importance of getting messages out to the population of North Wales. It was noted that there are other contributing factors as well as weight and there is a need to ensure people have access to a wide range of preventative services and learning in this area.

- Highlighted the findings in relation to Primary Care noting the low percentage of people with diabetes who had received the eight annual checks which have been recommended by NICE guidance and queried how this can be addressed?
- Suggested the need to ensure Primary Care have the capacity and skills to deliver.
- Stated that this should inform all stages of the Health Board planning process to address prevention and early intervention as this will have a strong impact on services and future provision.
- Recognised broader work is also required in terms of poverty, access to healthy food and how to ensure key partners work with the Health Board to make the required improvements.
- Agreed that there is a need to promote health from childhood and build healthy communities to ensure people are empowered to manage their health and also have access to what is required to do this. This needs to be part of the Ten-Year Strategy and work needs to take place with the Regional Partnership Board in this area.
- Noted that access to data from GPs is limited therefore further work is required as this data is vital to ensure the right model of care is developed.
- Confirmed that going forward further discussions will take place around how this is built into the Ten-Year Strategy as well as whether this should form part of the Clinical Services Plan. Further work is required in terms of how to address prevention as part of the Primary Care model which includes cluster work across GP practices.

It was resolved that the Committee:

- **NOTED** the presentation and discussed the case for change for Diabetes to inform the next steps.

### PP25/51 Well North Wales: Task and Finish Scoping Study

Members received the presentation and the Strategic Partnerships Manager, Public Health highlighted:

- The presentation includes a recap of the need to change and refers back to the Well North Wales report that was presented to the Health Board in October 2024.
- A Task and Finish Group has been commissioned to scope a regional place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems. This was a regional piece of work and progress has been reported via a range of stakeholder groups including this Committee and the Board.
- The scope and approach were shared and this highlighted that work is being delivered across the region, the team have identified gaps in the system and where focus is required in terms of prevention and improving population health outcomes.
- Facilitated workshops have taken place to discuss how to influence a whole system shift as a collaborative piece of work across the region. There are signs of early progress but there is a need to amplify the work, gain the funding required and work to sustain and embed the progress made.
- It was recognised that the approach requires a fundamental societal shift and an ongoing learning process to scale and spread across the region to allow people to learn together, reflect and provide shared accountability for the outcomes.

- The recommendations for change were highlighted which the Regional Partnership Board are being asked to endorse. The presentation also highlighted the co-produced set of draft design principles and indicative timeline for delivery.

As part of the discussion, the Committee:

- Recognised the work completed to date and the engagement from those involved noting that not all Local Authorities have been present during discussions.
- Agreed that there is a need to ensure ownership from partners and confirm everyone is signed up to the principles for change for the population of North Wales.
- Referred to the Diabetes Case for Changes suggesting this could be used as an example to address prevention of other conditions and how we manage future demand on services. It was agreed that working collaboratively in some areas to start making change and then working up and out would allow demonstration of progress.
- Acknowledged the difficulties moving forward with partnership working and the need to be clear on the outcomes we are seeking.
- Highlighted the need for this to be endorsed by the Regional Partnership Board stating that long term change needs to come from the community up noting that the housing associations and other partners play a critical role in this area.
- Agreed that this provides an early reflection and is not definitive however there is a need to develop a starting point for a long-term approach.

It was resolved that the Committee:

- **ACCEPTED** the five recommendations from the Task and Finish Group for onward endorsement by the Regional Partnership Board.
- **AGREED** the Well North Wales Study for submission to the Health Board in July 2025.

### PP25/52 Population Health Delivery Reports Q1 2025/26

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

- The paper provides detail of Quarter 1 2025/26 Population Health activity.
- The Health Board are the top performing organisation in Wales against the targets for smoking as well as performing well in relation to immunisations including flu, covid and childhood immunisations.
- GPs continue to deliver vaccinations against the Respiratory Syncytial Virus for the under 1s and over 65s, work is taking place to ensure uptake remains as data shows a decrease in admissions from those who have received the vaccine.
- The model of Weight Management Services is due to be reviewed to identify how the Health Board can provide a better offer in this area. Public Health Wales are due to complete the review by the end of Quarter 2.
- Screening services and screening data are provided via Public Health Wales, work is taking place to review how improved data can be collated.
- Cancer screening rates remain positive however cervical screening rates remain low, it was noted that further work is required in this area.

As part of the discussion, the Committee:

- Queried the data relating to immunisations, it was confirmed that the data will show as red until the target is met.
- Recognised the smoking pilot linked to text messages, it was confirmed that this will continue and there is potential to incentivise stopping smoking in pregnancy which has previously had an impact in this area.
- Referred to a point of care testing model that is being used in community centres in Berkshire for those who have not been to the GP for twelve months and suggested this is replicated in North Wales. It was confirmed that a similar model is being used in Anglesey to review uptake in specific areas.
- Acknowledged screening and the link to health inequality querying what approach can be taken to increase uptake. It was confirmed that the Team are working on social inequality and this will be discussed in further detail at the Committee Development Session.
- Highlighted the need to review the outcomes received from the drivers, for example stopping smoking is the driver but what is the outcome. It was confirmed that the population health management approach needs to be agreed to ensure the organisation are providing improved outcomes for the population of North Wales.

It was resolved that the Committee:

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

## GOVERNANCE AND ASSURANCE

### PP25/53 Corporate Risk Register

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

- All three risks are within tolerance and there have been no changes to the scores.
- There is potential to reduce the score for risk CRR24-07 – Availability and Integrity of Patient Information.
- In relation to risk CRR24-08 – Delivering a Population Health Approach to Health and Wellbeing, a high volume of actions have been closed however this is long term risk that requires monitoring.
- Risk CRR24-18 – Operational Planning for Transmittable Diseases and Outbreaks has some external dependencies therefore this impacts the timescales; the risk needs to be managed going forward in terms of business continuity.

As part of the discussion, the Committee:

- Queried whether the timescales are realistic, it was confirmed that progress is required in those areas where dates are being revised and this will be discussed by the Executive Committee.
- Highlighted that risk CRR24-18 – Operational Planning for Transmittable Diseases and Outbreaks is a UK wide risk. An exercise will be taking place to test the plans in place for an epidemic and this provides an area of continuous learning.

It was resolved that the Committee:

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

### PP25/54 Committee Governance Report

Members received the report and the Head of Corporate Governance highlighted:

- The Cycle of Business, draft Committee Annual Report and Committee Self-Assessment are being shared for noting and approval.
- The Committee queried the dates in the Cycle of Business relating to the Population Health Delivery Reports and it was agreed that this would be discussed outside of the meeting.

**Action:**

- **PP25/54.1** Confirm correct dates for the Population Health Delivery Reports to report to the Committee via the Cycle of Business.

It was resolved that the Committee:

- **APPROVED** the Planning, Population Health and Partnerships Committee Cycle of Business 2025-2026 (subject to any required amendments to the dates for the Population Health Delivery Report).
- **APPROVED** the Committee Annual Report.
- **NOTED** and **DISCUSSED** the Committee Self-Assessment.

**PP25/55 Director of Planning Report**

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

- This is the first time this report has been shared with the Committee and feedback was welcomed.
- The report sets the context for each of the sections and covers the current strategic and planning matters being addressed.
- An Informal Board Development session took place on 26 June 25 to formally mobilise work within the strategy space with Board Members.
- In relation to Service Change, it was confirmed that there is currently a focus on the Hywel Dda Clinical Services Plan consultation noting that the deadline for contributions is 31 August 25.
- In relation to Corporate Planning, a session has taken place with Board members to collate feedback on the Integrated Medium-Term Plan and this will be incorporated into an updated Integrated Planning Framework.
- The report also highlights the key progress in relation to Special Measures, Key Programmes and Major Change Programme.
- In relation to Organisational Capability the section focuses on developing methods to help the organisation measure areas of progress and identify the outcomes.

As part of the discussion, the Committee:

- Noted the monthly meetings taking place with Welsh Government to review the Challenged Services plans and queried whether the meetings have been put in place due to concerns in relation to progress. It was confirmed that the meetings commenced in February following a request from the Chief Executive to bring individual meetings into one space. The aim of the meeting is for Welsh Government to highlight areas of concern and these meetings have now moved from monthly to

quarterly. It was agreed that this would be discussed with Caroline Turner as Chair of the Quality, Safety and Experience Committee outside of the meeting.

- Confirmed the importance of the organisation responding to the Hywel Dda Clinical Services Plan as service change within Powys may impact the Health Board. It was confirmed that engagement is currently taking place.
- Highlighted the lack of movement in relation to Urgent and Emergency Care noting that this has been discussed at the Performance, Finance and Information Governance Committee.
- Agreed that the report is a good standing item to provide assurance to the Committee.

**Action:**

- **PP25/55.1** Welsh Government meetings to review Challenged Services Plan to be discussed outside of the meeting with the Chair of the Quality, Safety and Experience Committee.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the content of the report.

**FOR INFORMATION**

**PP25/56 Summary of Business to be Reported from Private**

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

**PP25/57 Committee Forward Workplan**

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

**PP25/58 Monthly Partnership, Engagement and Communications Report**

It was resolved that the Committee **NOTED** the report for information and agreed it was useful for the report to be shared with the Committee due to the strong alignment with communications and engagement.

**CLOSING BUSINESS**

**PP25/59 Agree Items for Referral to Board / Other Committees**

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

- The Committee considered and supported the Well North Wales approach and agreed this for submission to the Health Board in July 2025.
- Performance in relation to immunisations and vaccinations.
- The Population Health Delivery Report.
- Movement in dates relating to risks.

**PP25/60 Review of Meeting Effectiveness**

It was agreed that:

- The presentations relating to Diabetes and Well North Wales had been well timed to inform discussion.
- There had been some overlap of information between different Committee and the Committee would like clarity on which Committee has oversight of Primary and Community Care.

**Action:**

- **PP25/60.1** Director of Corporate Governance to provide clarity on which Committee has oversight of Primary and Community Care.

**PP25/61 Date of next meeting**

Thursday 4 September 2025, 9.00-12.00pm

**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 28.08.25

| Open Actions |             |          |   |                              |           |  |
|--------------|-------------|----------|---|------------------------------|-----------|--|
| Action No.   | Minute Ref. | Date     | Agreed Action   | Lead                         | Timescale | Status   |
| 1            | 25/86.3     | 29.05.25 | <b>(Action from Board for PPHP Committee) Citizen Experience Report</b><br>Planning, Population Health and Partnerships Committee to support a review of opportunities and areas for transformation within Community services and Primary Care and report back to the Board.  | Tehmeena Ajmal               | Nov 25    | <b>Remain Open</b><br>26.08.25 This will be discussed as part of the PPHP Development Session taking place on 24 September 25.   |
| 2            | 25/53.1     | 27.03.25 | <b>(Action from Board for PPHP Committee) Integrated Medium Term Plan (IMTP)</b><br>Planning, Population Health & Partnerships Committee to monitor how the Health Board could engage more effectively with the third sector in terms of prevention and early intervention and re-examine how the organisation work with community groups. Planning, Population Health & Partnerships Committee to also focus on the work with partners to develop partnership working further and provide evidence that our partners have influenced our planning and join outcomes. | Pam Wenger<br>Jane Moore     | Nov 25    | <b>Remain Open</b><br>26.08.25 This will be discussed as part of the PPHP Development Session taking place on 24 September 25 and will also consider the role of SRG in third sector engagement. |
| 3            | 25/53.2     | 27.03.25 | <b>(Action from Board for PPHP Committee) Integrated Medium Term Plan (IMTP)</b>  | Pam Wenger<br>Paolo Tardivel | Nov 25    | <b>Remain Open</b><br>26.08.25 An informal Board   |



|   |           |          |  |                                       |   |   |
|---|-----------|----------|--|---------------------------------------|---|---|
|   |           |          | Planning, Population Health & Partnerships Committee to discuss how continuous planning in relation to the IMTP and focus for the next ten to fifteen years can be facilitated and monitored going forward.  |                                       |   | session has taken place in relation to the IMTP focussed on reflections and forward look. Committee to confirm whether any further action is required.  |
| 4 | PP24/11.3 | 23.04.24 | <p><b>Partnerships, Engagement and Communications Update</b></p> <p>The Committee agreed that a strategic approach to working with the Third Sector should be discussed further with the Executive Team and that this item would come back to the Committee once further work has been completed with proposals on next steps and future strategy to capture themes.</p> | Stephen Powell<br>Helen Stevens-Jones | <p><del>October</del> 2024<br/>Dec-2024</p> <p>Revised timescale<br/>Nov 2025</p> | <p><b>Remain Open</b></p> <p><b>28.08.25</b> The Director of Corporate Governance has escalated this to the Chief Executive, to note the paper on the Annual Delivery Plan Q1 report on the agenda for the September meeting refers to the capacity issues.</p> <p><b>23.06.25</b> It was agreed at agenda setting to put this forward for the next meeting in September 25.</p> <p><b>15.04.25</b> Steve Powell to provide an update on the current position in relation to Third Sector commissioning arrangements.</p> <p><b>18.02.25</b> It was agreed to merge this action with action PP24/49.7</p> <p><b>05.02.25</b> Further work is required therefore the timescale has been revised to reflect this.</p> <p><b>02.12.24</b> Further work is required; an update will be presented to the Executive</p> |



|                                     |           |          |   |                              |  |   |
|-------------------------------------|-----------|----------|---|------------------------------|--|---|
|                                     |           |          |   |                              |  | <p>Team and will come back to the Committee in the next six months.</p> <p><b>04.10.24</b> Work is ongoing and a paper to the Committee will follow.</p> <p><b>20.08.24</b> HSJ is progressing this action and it will be included as an item for the October meeting. Update in Meeting: have been joined by new colleagues and seen a shift in portfolios – opportunity to bring everyone round the table is opportune.</p> |
| <b>ACTIONS PROPOSED FOR CLOSURE</b> |           |          |   |                              |  |   |
| 1                                   | PP25/27.1 | 01.05.25 | <p><b>Reflections on the Plan</b><br/>Arrange a Board session to allow Board members to opportunity to provide feedback on the IMTP.</p>  | Paolo Tardivel<br>Pam Wenger |  | <p><b>Action proposed for closure</b><br/><b>23.06.25</b> This was discussed during the Informal Board Session on 28.05.25 and is also included on the agenda for the Board Development Session on 26.06.25.</p>  |
| 2                                   | PP25/29.1 | 01.05.25 | <p><b>Population Health Delivery Report</b><br/>Plan a Committee Workshop / Development Session to discuss areas including prevention, deprivation, health inequality and social prescribing.</p> | Jane Moore<br>Pam Wenger     |  | <p><b>Action proposed for closure</b><br/><b>26.08.25</b> This will form part of the discussion at the PPHP Committee Development Session on 24.09.25.<br/><b>23.06.25</b> A Development Session is being arranged to take place during August / September 25.</p>  |



|   |           |          |   |                           |                                     |   |
|---|-----------|----------|---|---------------------------|-------------------------------------|---|
| 3 | PP25/30.1 | 01.05.25 | <b>Decarbonisation Progress Report</b><br>Ensure Decarbonisation is built into the Committee plan to provide assurance.                                       | Stuart Keen<br>Pam Wenger |                                     | <b>Action proposed for closure</b><br><b>23.06.25</b> The Decarbonisation Action Plan is included on the cycle of business for the PPHP Committee.  |
| 4 | PP25/09.1 | 18.02.25 | <b>Public Health – Delivery Report</b><br>Bring back a focus on the work in the most deprived areas.  | Jane Moore                | Sept 25                             | <b>Action proposed for closure</b><br><b>26.08.25</b> This will form part of the discussion at the PPHP Committee Development Session on 24.09.25.<br><b>23.06.25</b> This will be covered as part of the Development Session that is being arranged to take place during August / September 25.<br><b>12.03.25</b> We will include reference to activity in relation to vulnerable groups within the Quarterly Delivery Reports. In terms of detail, we will propose a paper focused on vulnerable groups/deprivation is put forward for the PPHP meeting in September as we progress the Health Inequalities Programme. |
| 5 | PP24/94.1 | 10.12.24 | <b>Embedding Opportunities to be Active with the BCUHB Workplace</b><br>Item to come back to a future Committee to monitor the adoption and implementation of | Jane Moore                | April 2025<br><br>Revised timescale | <b>Action proposed for closure</b><br><b>26.08.25</b> This has been included on the agenda for the September 25 meeting.  |



|  |  |  |                |  |         |   |
|--|--|--|----------------|--|---------|---|
|  |  |  | the programme. |  | Sept 25 | <p><b>23.06.25</b> A detailed report on the Active Workplace programme will be provided to the Committee in September following the launch of the programme.</p> <p><b>12.03.25</b> We will provide a brief update as part of the Q4 Delivery Report and bring a paper to the meeting in July 25 as we are in the process of evaluating the programme to date and this will allow more detailed content / greater insight to share with the Committee.</p> <p><b>20.01.25</b> This has been included on the forward workplan to come back to the Committee in April 25.</p> |
|--|--|--|----------------|--|---------|---|

**Closed Actions (as agreed at meeting on 03.07.25)**

| Action No. | Minute Ref. | Date     | Agreed Action   | Lead           | Timescale | Status   |
|------------|-------------|----------|---|----------------|-----------|--|
| 1          | PP25/05.1   | 18/02/25 | <p><b>SRG Update</b><br/>Check whether the Volunteering Strategy should be monitored by the QSE Committee or P&amp;C Committee.</p> | Pam Wenger     | May 2025  | <p><b>14.04.25</b> Pam and Angela have agreed this should sit with the P&amp;C Committee and this has been included on the forward workplan for the P&amp;C Committee.</p> |
| 2          | PP25/06.1   | 18.02.25 | <p><b>Partnerships, Engagement &amp;</b></p>  | Helen Stevens- | May 2025  | <p><b>13.03.25</b> A copy of the</p>   |

|   |           |          |   |   |   |   |
|---|-----------|----------|---|---|---|---|
|   |           |          | <b>Communication Update</b><br>Name the representatives who represent the Health Board at each of the public bodies.  | Jones   |   | Partnership Governance – RPBs, PSBs and Leadership Group paper has been circulated to the Committee via email.  |
| 3 | PP25/08.1 | 18.02.25 | <b>Three Year Plan</b><br>Board Members to be invited to join the PFIG Committee on 18 March 25 to provide final input into the Three-Year Plan.  | Philippa Peake-Jones                              | May 2025  | <b>11.03.25</b> Email circulated to Board members on behalf of Dyfed Edwards with an invitation to join the PFIG Committee on 18.03.25 to contribute to the Plan.   |
| 4 | PP24/49.7 | 20.08.24 | <b>Developing our Partnerships</b><br>Director of Corporate Governance, Director of Partnerships, Engagement and Communications to work together on a document to capture the key themes, next steps and strategic approach to working with the Third Sector with oversight from the Chair. | Pam Wenger<br>Helen Stevens-Jones<br>Clare Budden | <del>October 24</del><br>Revised timescale<br>June 2025 | <b>18.02.25</b> It was agreed to merge this action with action PP24/11.3 and close this action down.<br><b>05.02.25</b> Further work is required therefore the timescale has been revised to reflect this.<br><b>02.12.24</b> Further work is required; an update will be presented to the Executive Team and will come back to the Committee in the next six months.<br><b>02.10.24</b> This action is in progress. A meeting has been arranged to take place and an update will be provided at the October meeting. |



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| <b>Teitl adroddiad:</b><br><i>Report title:</i>  | Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap  |   |  |   |
| <b>Adrodd i:</b><br><i>Report to:</i>  | Planning, Population Health and Partnerships Committee  |   |  |   |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>  | 4 <sup>th</sup> September 2025  |   |  |   |
| <b>Crynodeb Gweithredol:</b><br><i>Executive Summary:</i>  | <p>Digital project papers are provided to this Committee bi-annually.</p> <p>This report provides an update on strategic and digital programme initiatives within the Integrated Medium-Term Plan (IMTP). These include:</p> <ul style="list-style-type: none"> <li>• The Digital Programmes in the IMTP and those that have previously been reported as having a RED RAG status to the Committee;</li> <li>• The Essential Services Programme; and</li> <li>• The Digital and Data Roadmap</li> </ul> <p>Where partial or no assurance can be provided against a programme, the steps to achieve 'Acceptable' assurance level or above are included.</p> |   |  |   |
| <b>Argymhellion:</b><br><i>Recommendations:</i>  | <p><i>The Committee is asked to:</i></p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the updates and steps to achieve an assurance level of 'Acceptable' or above.</li> </ul>  |   |  |   |
| <b>Arweinydd Gweithredol:</b><br><i>Executive Lead:</i>  | Dylan Roberts, Chief Digital and Information Officer  |   |  |   |
| <b>Awdur yr Adroddiad:</b><br><i>Report Author:</i>  | Erica Roberts, Assistant Director for Digital Delivery<br>Lauren Harkins, Associate Director of Strategy<br>Sion Jones, Chief Technology Officer  |   |  |   |
| <b>Pwrpas yr adroddiad:</b><br><i>Purpose of report:</i>   | I'w Nodi<br><i>For Noting</i><br><input checked="" type="checkbox"/>  | I Benderfynu arno<br><i>For Decision</i><br><input type="checkbox"/>  | Am sicrwydd<br><i>For Assurance</i><br><input type="checkbox"/>  |   |
| <b>Lefel sicrwydd:</b><br><i>Assurance level:</i>  | <b>Arwyddocaol Significant</b><br><input type="checkbox"/><br>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>  | <b>Derbyniol Acceptable</b><br><input type="checkbox"/><br>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Rhannol Partial</b><br><input checked="" type="checkbox"/><br>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Dim Sicrwydd No Assurance</b><br><input type="checkbox"/><br>Dim hyder/tystiolaeth o ran y ddarpariaeth<br><br><i>No confidence / evidence in delivery</i> |
| <b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b> |   |   |  |   |

**Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:**

Partial or no assurance is provided for the following digital programmes:

- LIMS
- Community Dental Service
- Electronic Prescribing and Medicines Administration (ePMA)
- Therapies
- Acute and Community Hospital electronic health record (EHR)
- All Ages Mental Health and Learning Disabilities electronic health record
- Essential Services Programme

Further detail on this assurance rating is provided within the body of the report.

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| <p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>  | <ol style="list-style-type: none"> <li>1. Developing strategy and long-lasting change</li> <li>2. Improving quality, outcomes and experience</li> </ol>  |
| <p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>   | <p>Not applicable</p>  |
| <p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>  | <p>Not applicable to this report. An EqlA is undertaken at Project level where required.</p>   |
| <p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>   | <p>Not applicable to this report. An SEIA is undertaken at project level where required.</p>   |
| <p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p> | <p><b>CRR 24-07:</b> There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling under a single patient identifier, which could lead to deaths and harm.</p> <p><b>CRR 24-13:</b> There is a risk of delay in diagnostics, service failure, poor performance or disruption to radiology, pathology and other diagnostic services across BCU. This could be caused by shortages of specialist staff, aging or inadequate IT systems and infrastructure, and insufficient governance structures.</p> <p>The paper details specific risks associated with the RISP programme.</p> <p><b>CRR 24-17:</b> IT and cyber.</p> |

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| <p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>  | <p>If programmes are not delivered to timescales or require additional resources, additional funding may be required. This is highlighted on an individual programme basis where applicable.</p>  |
| <p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>  | <p>If the prioritisation of projects is changed, this could have an impact on the resources required to deliver the agreed portfolio.</p>   |
| <p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>  | <p>Not applicable</p>   |
| <p><b>Cysylltiadau â risgiau BAF:</b><br/>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i><br/>(or links to the Corporate Risk Register)</p>   | <p><b>BAF24-02: Risk of Ineffective Strategic Development and Digital Transformation -</b> Ineffective strategy development, robust planning processes, and a forward-looking approach to digital technology to ensure long-lasting organisational change.</p> <p><b>BAF24-08: Inability to initiate and implement evidence-based improvement and innovation -</b> Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care.</p> |
| <p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>  | <p>Not applicable</p>   |
| <p><b>Camau Nesaf:</b><br/><b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> We will continue to undertake steps to achieve assurance and will continue to report on progress bi-annually to this committee</p>   |   |
| <p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <ul style="list-style-type: none"> <li>• Appendix 1: Project Brief</li> <li>• Appendix 2: Essential Services Programme Successes To Date</li> <li>• Appendix 3: Digital and Data Roadmap domains and key enablers</li> </ul> |   |

## Introduction/Background

1. This report provides an update on strategic and digital programmes within the Integrated Medium-Term Plan (IMTP).

Section 1: Digital programme in the IMTP and those previously reported as red RAG status (February 2025);

Section 2: The Essential Services Programme; and

Section 3: The Digital and Data Roadmap.

2. The DDaT service is also currently preparing for a review of Digital Transformation undertaken by Audit Wales. The objective of this audit is to understand and assess whether health bodies in Wales have the necessary arrangements in place to use and embed digital to improve the effectiveness and efficiency of their services. This will allow Audit Wales to better understand the factors that enable and / or impede digital transformation within each health body in Wales. **The project brief is attached.**
3. **Self-Assessment** The Health Board is required to complete and return a self-assessment that reflects the Board's agreed position on the audit questions and criteria. The Board had a discussion on the questions at the Informal Board on 28<sup>th</sup> August 2025 and it was been that this will now been finalised by the Chief Executive, Director of Corporate Governance and the Chair of PPHP.

## Section 1: Digital programmes in the IMTP and those previous reported as RED RAG status

4. Section 1 provides an update on digital programmes previously reported as having a red RAG status.

## RISP (Radiology Informatics System Procurement)

5. Due to a number of supplier delays and operational issues, go-live was delayed from 21st July, to 8<sup>th</sup> September with the transition to the new Radiology System beginning on Friday 5th September. The slippage from 21st July has allowed additional time for User Acceptance Testing (UAT) on Primary and Secondary systems, and time for the service to review the end to end workflow. The supplier have also arranged for additional servers to be installed locally to accommodate the PACS concurrent users, to mitigate the risk of load-related system performance issues.
6. The End User Training Programme has well attended, with positive feedback from staff regarding the functionality of the PACS and RIS (Radiology Information System).
7. Cyber Security assurances and the National DPIA sign off are currently progressing.
8. Secondary (back-up) system testing completed on 23rd July. The supplier moved BCU RISP services back to the Primary system on 30th July and testing was able to commence on 31st July. Issues were noted during this testing and BCU have therefore requested that this exercise is repeated, with an indicative date being 26th August. The aim of this is to provide Radiology with reassurances that the BCUHB RISP system will work as expected on both Primary and Secondary systems. A number of issues are outstanding which are detailed in the RISP Issue Log and are currently being addressed.
9. All Wide Area Network (WAN) upgrades have now fully completed, Wrexham Maelor being the final site to be completed. This means that all three District General Hospitals and all Community Sites (including HMP Berwyn) have been upgraded to improve the performance and resilience of the WAN to support RISP.

10. The Radiology Teams are finalising the operational impact and are preparing a series of communications for various staff groups across the Health Board to outline go-live plans for accessing radiology images and reports.
11. As a result of delays with recruiting RISP resources and with the project timelines, project costs during 2024/25 reduced by £395,141. However, the overall impact is an additional £483,865 of funding for 2025/26, to extend the RISP resources to February 2026.

*Assurance level:* Acceptable  
*RAG status:* Amber

### **LIMS (Laboratory Information Management System)**

12. There a number of key issues nationally that have caused delays to the programme, causing significant concern. In the main these relate to the system build and interfaces, configuration and defect resolution taking longer than planned by DHCW. Planned timelines have been revised on a number of occasions, which is consequently impacting on local resources. Originally due to close in September 2025, the programme is currently time bound to finish by the middle of December, due to the expiry of Citrix licensing and Microsoft support of legacy systems. Blood Transfusion is now de-coupled from the main project timeline, with this element is due to finish March 2026, giving an overall six month delay to the national programme.
13. A different approach to implementation, based on discipline by discipline rather than Health Board by Health Board implementation, has been under consideration for some time, and had been previously discounted due to the level of operational risk. This new approach, along with extended timescales, increases the cost pan Wales by £1.6m and Health Boards have been asked by DHCW to secure this funding internally. These matters are currently with the CEO's of all Health Boards for consideration.
14. Locally we are currently assessing the latest national programme plans from DHCW in terms of risk and potential mitigations, the earliest potential deployment dates, and what is required to facilitate those deployment dates. DHCW have indicated that they would be supportive of BCUHB now being the first Health Board to adopt the LIMS system given how proactive the team have been to date. Significant severity one and two defects remain outstanding which would currently prevent go live and our Pathology service continues to work closely with DHCW to monitor progress on their resolution.
15. Additional BCU costs include project staff, pathology staff, and an extension to the Telepath contract, totalling £415,335 to March 2026 to complete all activities.
16. If the implementation exceeds the middle of December (excluding blood transfusion) and goes beyond the expiry of Citrix licensing and Microsoft support of legacy systems, additional cost across all Health Boards have been suggested to be between **£2m and £10m**.

*Assurance level:* No Assurance  
*RAG status:* Red

*Steps to achieve 'Acceptable' assurance level or above:* A joint, and achievable plan, including critical defect resolution, needs to be agreed with DHCW and all Health Boards. No assurance can be provided without this.

### **Community Dental Service (CDS) Replacement Patient Management System**

17. Funding for a replacement system remains unapproved, with the current system unsupported. The Business Case was presented to Executives in October 2024 but not

considered. The new Senior Responsible Officer (Assistant Director of Community) is due to submit a second briefing paper to Executives.

*Assurance level:* No Assurance

*RAG status:* Red

*Steps to achieve 'Acceptable' assurance level or above:* We await the outcome of the briefing to Executives; without approval of the Business Case work cannot progress.

### **Digital Maternity Cymru (DMC)**

18. As the national procurement was unsuccessful, this has led to a direct Ministerial expectation that all Health Boards adopt a unified maternity electronic health record and patient facing app. The timescales set by Welsh Government are challenging, requiring implementation by March 2026.
19. The Business Case was approved by the Board on 30<sup>th</sup> January 2025. The Maternity Service's level of readiness for the change, including standardisation is good and learnings are being taken from Health Boards that have already deployed the product.
20. Locally, weekly project team and clinical team meetings with the supplier are now well established. On an All-Wales Health Board basis, an Information Governance and an Interfacing workshop have taken place with others to follow.
21. The pace of progress with the All-Wales Health Board collaborative is slower than anticipated, and the internal project team has made a recommendation that BCU work directly with the system supplier, which has been approved. We will continue to work with the collaborative where appropriate.

*Assurance level:* Acceptable

*RAG status:* Amber

*Steps to achieve 'Acceptable' assurance level or above:* We continue to support the national agenda and are working towards and achievable plan with the supplier.

### **ePMA (electronic Prescribing and Medicines Administration)**

22. The programme has overcome challenges relating to integration which is now in testing. This included complexities related to integration to NHS Wales national systems including Welsh Patient Administration System (WPAS) and locally to Symphony.
23. Other challenges relating to testing, training and the overall timelines remain significant which is being hampered by recruitment challenges related to the fixed term nature of funding and the challenges with recruiting temporary staffing.
24. Go live is delayed to Autumn 2025, and we are prioritising internal resources to support achieving the revised Go live date. Progress is being made however, there is no contingency in the timeline.

*Assurance level:* Partial

*RAG status:* Amber

*Steps to achieve 'Acceptable' assurance level or above:* We are prioritising resources to support achieving the Go live date. This may impact progress in other areas where DDaT is providing support, the impact of which is being assessed.

### **Therapies System Redevelopment**

25. Due to the ongoing financial and contractual discussions taking place, DDaT and Therapy Service project teams are awaiting the outcome of these before proceeding with any further sprints. The project has been paused as a consequence. We have been advised not to correspond with the supplier, and they continue to work at risk.

*Assurance level:* No Assurance

*RAG status:* Red

*Steps to achieve 'Acceptable' assurance level or above:* Further clarity on the supplier contractual position is required from the Executive.

### **Acute and Community Hospital electronic health record**

26. A draft Outline Business Case (OBC) for Acute and Community Hospitals has been developed. Comprehensive evaluation exercises have been completed with Finance, Procurement, Digital Delivery, Strategy, and Engagement teams. Based on these deep dives, a set of recommendations has been compiled to amend the OBC, which have been approved by Board. An Engagement and Assurance Plan has also been developed and all key engagements have taken place.

27. Welsh Government has issued a directive through their response to recommendation 25 of the NHS Wales Performance and Productivity: independent review<sup>1</sup> requesting all Health Boards to pause progress on their EHR initiatives while work is undertaken to develop an all-Wales strategy and roadmap, expected at the end of the financial year. The Chief Executive continues to lead on discussions with Welsh Government regarding next steps.

*Assurance level:* Partial

*RAG status:* Red

*Steps to achieve 'Acceptable' assurance level or above:* We await further guidance from Welsh Government.

### **All Ages Mental Health and Learning Disabilities electronic health record**

28. The Mental Health project is the first, exemplar delivery within the wider Electronic Health Record (EHR) programme. The project is currently in the procurement phase, with supplier responses being evaluated. A plan is in place to progress to approval of tender outcome during September and contract award in November, subject to Board approval.

29. In parallel, the Transformation & Adoption, Technical, and Data teams have been engaging with services to understand both current working practices and future requirements. This work will inform the next phase of the project and provide essential input to the supplier for system design and development.

30. Ongoing challenges relate to recruitment and a shortfall in the cash-releasing benefits needed vs system costs to achieve cost neutrality, and as such affordability. Efforts are continuing to address these issues.

31. Leadership is also a challenge in the absence of the SRO, the Chief Digital Information Officer, and the departure of the Programme Director.

*Assurance level:* Partial

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<sup>1</sup> [gov.wales/sites/default/files/publications/2025-04/nhs-wales-performance-and-productivity-government-response.pdf](https://gov.wales/sites/default/files/publications/2025-04/nhs-wales-performance-and-productivity-government-response.pdf)

*RAG status: Red*

*Steps to achieve 'Acceptable' assurance level or above:* We continue to drive forward recruitment, evaluate resources required to support the system, and consider achievable benefits which will be reflected in the full business case.

32. The Committee is asked to **NOTE** the updates and steps to achieve 'Acceptable' assurance level or above.

## **Section 2: Essential Services Programme (ESP)**

33. The ICT infrastructure is arguably the Health Boards biggest 'hidden asset'. A robust and modern technology infrastructure, comprising up-to-date hardware, software, and network systems is essential for the safe and reliable delivery of both clinical and corporate services. The ongoing safety, security, and functionality of those critical services are directly dependent on regular technology refresh cycles and proactive upgrades.

34. These foundational digital capabilities, resilient networks, modern devices, secure platforms, and responsive support are all "IT hygiene factors", critical to patient safety, staff productivity, and system reliability. A single vulnerability can disrupt entire services and result in regulatory fines of up to £17 million per incident for a material contravention of The Network and Information Systems Regulations 2018.

35. As an Operator of Essential Services (OES), the Health Board must therefore maintain a continuous programme of maintenance, surveillance, replacement and upgrade of digital infrastructure and devices to mitigate the risk of major IT failures and to defend against an increasingly sophisticated cyber threat landscape. This includes responding to the requirements from UK Cyber Security (Information Sharing and Regulation) Bill, which increases the requirements for transparency and accountability.

36. The IMTP recognises that the Health Board has made a lot of progress over the last two years but some large-scale challenges remain, including addressing long term underinvestment in infrastructure. Key infrastructure areas requiring urgent and sustained investment include:

- Telephony systems
- Firewalls and cybersecurity infrastructure at District General Hospitals
- Secure connectivity with HMP Berwyn Health Unit
- Expansion of wireless networks across District General and Community Hospitals
- Public and patient internet access via Wi-Fi Spark
- Replacement of the existing paging system
- Expansion of PSBA Wide Area Network bandwidth
- Core network infrastructure

37. Planned programmes to address these needs within the ESP include:

- Core Cisco network replacement in DGH's
- Cisco network upgrades to Community Hospitals
- Continued expansion of core data storage
- Expansion and refresh of virtual server estate
- A five-year desktop device replacement programme (*currently unfunded due to capital constraints and prioritised investment in areas noted above*)

38. Significant progress has been made to date and highlights are included at Appendix 1, however there are two constraints impacting the ESP programme assurance level and ability to progress effectively.

39. Firstly, there is insufficient staffing including specialist roles within Digital and Infrastructure to support both the ongoing management of existing systems and the scale of work required to deliver the Essential Services Programme.
40. Secondly, the financial resources that are currently allocated are not sufficient. The funding requirement to deliver the ESP remains close to £10 million per annum, (excluding digital inflation which continues to be high and put increasing pressure on budgets). This does not include actions we will be required to take resulting from the UK Cyber Security (Information Sharing and Regulation) Bill. Currently, only £3.04m has been allocated this financial year and this short fall poses a material risk. Without appropriate and sustained levels of investment, there is an increasing likelihood of unplanned outages, system failures, and cybersecurity breaches, all of which could directly compromise patient safety and operational resilience.

*Assurance level: Partial*

*Steps to achieve 'Acceptable' assurance level or above:* Thus far risk-based prioritisation has taken place to maximise the available physical and financial resources however this is not a sustainable approach, recognising that all elements of the ESP have already been prioritised to only those that are necessary. Additional funding and critically identified people resources are required to ensure that acceptable assurance can be given.

41. The Committee is asked to **NOTE** the status of the ESP steps to achieve 'Acceptable' assurance level or above.

### **Section 3: Digital and Data Roadmap**

42. The Health Board's "*Our Digital Future- Digital Roadmap for Health in North Wales 2021 – 2024*" has now expired. A new Digital and Data Roadmap, "*From vision to action – Great care, every time*" has been developed and was presented at the new Strategic Planning and Service Change Group on 7th August.
43. In the meeting, it was recognised that the digital roadmap is currently ahead of the forthcoming 10 Year Strategy. As it is a requirement of the 2025 - 2028 Planning Guidance to have a digital strategy in place, a milestone for completion was agreed as part of the 2025 Integrated Medium Term Plan. This will not be approved by the Board within this period, however the roadmap document has been completed, subject to change, pending the 10 Year Strategy.
44. The roadmap is grounded in McKinsey's three horizon model, a proven framework used to manage transformation over time. This model ensures that our efforts are sequenced, prioritised, and resourced in a way that allows each horizon to overlap, reinforce, and build on the one before, providing a clear understanding of what we must do *now* to enable what comes *next*.
45. A high-level summary of each horizon is provided below:

**Horizon 1: Readiness** –Establishing the foundations (2025 – 2028)

**Horizon 2: EHR deployment** - Deploying a modern electronic health record across acute and community hospitals (2027 – 2030)

**Horizon 3: Optimisation** - Unlocking intelligence, innovation and proactive care models (2029 – 2033)

46. Points of note on the roadmap are:

- (i) The roadmap is intended to be organisational, not departmental, and interlinked with other organisational strategies and plans including Foundations for the Future, the IMTP and the forthcoming ten-year strategy;
- (ii) It serves a dual purpose, being:
  - o To articulate our digital and data strategic goals as required within the NHS Wales Planning Guidance 2025–2028;
  - o To provide a tangible, phased plan of action, highlighting the six priority domains and key cross cutting initiatives, which together are where we need to place our focus and investment;
- (iii) It directly addresses the known patient safety and productivity challenges due to lack of digitisation, the ‘pain points’ extensively reported by our workforce through the Electronic Health Records (EHR) business cases, and current levels of digital maturity;
- (iv) It seeks to demonstrate how digital and data are critical to the Health Board achieving its future strategic and policy objectives, including care in lower acuity settings;
- (v) It incorporated international best practice and learning from those that have before us including the USA, Germany and Denmark, in recognition of the fact that we are not seeking to do anything different that other healthcare organisations globally in this arena;
- (vi) It is framed around six domains and cross cutting initiatives shared at Appendix 2;
- (vii) It seeks to balance ambition with achievability, taking forward the essential things that we must do to achieve a greater digital maturity;
- (viii) It has been subject to digital and data peer review and by Gartner and was received well.

47. Further work is required to meet the Welsh Government mandate, set through the NHS Wales Technical Planning Guidance 2025 - 2028, which requires the Health Board to have sustainable financial plans in place to fund the digital and data strategy<sup>2</sup>.

*Assurance level:* Acceptable

48. The Committee is asked to **NOTE** the progress on the Digital and Data Roadmap.

## **Budgetary / Financial Implications**

### **RISP**

- 49. As a result of delays with recruiting RISP resources and delays with the project timelines, project costs during 2024/25 reduced to a spend of £667,597 against the original forecast of £1.06m. A reduction totalling £395,141.
- 50. The overall impact during 2025/26 increases the original amount of £686,506 for resources to £1.17m. This requires an additional **£483,865** of funding, to extend the RISP resources to February 2026.

### **LIMS**

- 51. The national delays to LIMS have increased the cost pan Wales by £1.6m and Health Boards have been asked by DHCW to secure this funding internally. Additional BCU costs include project staff, pathology staff, and an extension to the Telepath contract, totalling £415,335 to March 2026 to complete all activities.
- 52. If the implementation exceeds the middle of December and goes beyond the expiry of Citrix licensing and Microsoft support of legacy systems, additional cost across all Health Boards have been suggested to be between **£2m and £10m**.

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<sup>2</sup> [NHS Wales Technical Planning Guidance 2025 - 2028](#)

## ESP

53. The Essential Services Programme has a funding gap of circa £7m, excluding digital inflation, required staffing and additional expenditure that will be required as a result of the UK Cyber Security (Information Sharing and Regulation) Bill.

## Digital and Data Roadmap

54. As per point 44, the Digital and Data roadmap remains largely unfunded and therefore further work is required on the financial element.

## Risk Management

55. There are three overarching corporate risks linked to this area which are:

**CRR 24-07:** There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling under a single patient identifier, which could lead to deaths and harm.

**CRR 24-13:** There is a risk of delay in diagnostics, service failure, poor performance or disruption to radiology, pathology and other diagnostic services across BCU. This could be caused by shortages of specialist staff, aging or inadequate IT systems and infrastructure, and insufficient governance structures.

**CRR 24-17:** IT and cyber.

56. There are two overarching BAF risks on Datix linked to this area which are:

**BAF24-02: Risk of Ineffective Strategic Development and Digital Transformation -** Ineffective strategy development, robust planning processes, and a forward-looking approach to digital technology to ensure long-lasting organisational change.

**BAF24-08: Inability to initiate and implement evidence-based improvement and innovation -** Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care.

57. Individual risks associated with specific projects are managed at a programme level.

58. Of note however is the potential operational impact of RISP and LIMS. The implementation of any Radiology or Pathology system, key to the infrastructure of a healthcare setting, is not without operational risk, which includes, but is not limited to: data integrity and loss, system downtime or failure, workflow disruption, interoperability challenges, compliance failures and the inability to run services. There remains a tight watching brief on the next steps in the national programme to ensure that any impact on operational services is minimised.

## Equality and Diversity Implications

59. There are no known Equality and Diversity implications.

## Appendix 2 – Essential Services Programme: Successes To Date

- **Network Replacement Programme Update** As part of the Health Board's efforts to modernise and secure its digital infrastructure, significant progress has been made under the Network Replacement Programme, which is central to the wider Essential Services Programme (ESP). These advancements reflect both the urgency and the scale of investment required to ensure safe, resilient, and future-proofed technology systems across the organisation. However, the continuation and expansion of these initiatives remain heavily dependent on sustained funding and adequate staffing resource.
- **Legacy Telephony Decommissioning** - Over 120 legacy and obsolete PBX telephony systems have been decommissioned, and more than 12,000 fixed handsets have been replaced across approximately 120 Health Board sites with Cisco IP telephony handsets. The deployment of the Cisco Call Manager and Contact Centre platforms has significantly improved flexibility in the way telephony and communication services are delivered across the Health Board. In addition, integration options with Microsoft Teams have been developed to support soft telephony capabilities, and a cost-effective, reliable Voice over Wi-Fi solution has been implemented to support peripatetic staff working across multiple locations.
- **Wireless Network Enhancements** - At Ysbyty Gwynedd (YG), Bangor, the wireless infrastructure has been upgraded to a clinical-grade standard across all wards and a wide range of clinical areas. This enhanced wireless capability has enabled the successful deployment of a wireless Patient Monitoring system, providing vital digital support to Cardiology services and laying the foundation for further wireless-dependent clinical innovations.
- **Paging System Replacement** -The outdated Stanley Blick paging system has been replaced with the resilient Multitone platform at YG, Bangor. This upgrade brings the Health Board's critical paging infrastructure onto a unified, secure, and modern system—improving reliability and interoperability across urgent communication pathways.
- **Local Area Network (LAN) Upgrades** -More than 150 new LAN switches have been installed across the Health Board's estate during the past year. This major infrastructure refresh has significantly enhanced local network performance and bandwidth, ensuring adequate capacity to support current and future digital service demands, including clinical systems, communications platforms, and cloud-based applications.
- **Comms Room Upgrades – Ysbyty Gwynedd** -The main communications room at Ysbyty Gwynedd has undergone critical upgrades to meet the environmental and resilience standards necessary for housing essential digital infrastructure. Enhancements include the installation of a new Uninterruptible Power Supply (UPS), dedicated air conditioning systems, and a full fire suppression system, ensuring continued operational integrity and reducing the risk of infrastructure loss due to environmental failure.
- **Firewall Replacements** - Next-generation firewall hardware has been deployed at all three District General Hospital (DGH) sites, replacing outdated systems. These new firewalls offer advanced cyber defence capabilities and enhanced capacity, strengthening the Health Board's protection against evolving cyber threats and ensuring performance at the network perimeter remains resilient and future ready.
- **Cloud Infrastructure Refresh Programme** - As part of the wider Essential Services Programme (ESP), the Health Board has embarked on a multi-faceted refresh of its virtualisation and cloud infrastructure to address growing demands for digital services, ensure operational resilience, and mitigate risks associated with legacy systems. These developments are essential to modernise core digital platforms, improve system performance, and support the secure, scalable delivery of clinical and corporate

applications. However, continued progress is dependent on sufficient and sustained investment, as well as adequate staffing resource to manage and support the complexity and scale of these critical systems.

- **Primary SAN Storage Expansion – Wrexham and YGC** - The deployment of new IBM FS9500 SAN storage at the Wrexham and YGC data centres is currently underway. This expansion will provide the high-capacity, high-performance storage environment required for virtualisation and cloud-hosted services. During the implementation, technical reviews identified that the originally specified Catalyst 9300 switches do not support the required RoCE/RDMA capabilities. As a result, Nexus 9300 switches will need to be procured to meet both performance and data replication requirements, highlighting the evolving complexity and cost profile of infrastructure projects of this scale.
- **VMware v8 Platform Migration** - The migration of all virtual machines from legacy centre platforms is nearing completion, with the exception of Unified Communications. Existing R840 and R860 hosts are in the process of being upgraded to VMware v8, while older R6-series hosts are being decommissioned and replaced. This ensures a modernised, supportable, and more efficient virtual environment, aligning with current best practices and industry standards.
- **Server and Storage Refresh – Bangor Site** - At the Bangor data centre, new high-performance blade servers and SAN arrays have been deployed and validated for VMware v8 cluster hosting. The infrastructure has been designed with flash-accelerated storage, RAID-10 configurations, and built-in replication to support performance, resilience, and data protection. Network and fibre uplinks have been fully configured to meet data centre segmentation and security standards.
- **YGC Server Hardware Upgrade** - High-performance servers and updated storage platforms have been procured to support increasing virtualisation demands at YGC. Installation is in the planning phase, with compatibility and performance testing confirming seamless integration with the existing virtual environment. These upgrades will improve service resilience through redundancy and failover and enable greater virtual machine density and workload scalability.
- **Wrexham Server Hardware Upgrade** - At the Wrexham site, high-performance servers and modernised storage systems have been procured. Initial validation confirms full compatibility with the current virtual infrastructure. The new environment is designed to support increased workload capacity, higher system resilience, and greater operational efficiency—meeting the Health Board’s growing service delivery needs.
- **Community File Server Migrations** - Formerly referred to as the File Server Infrastructure Review / Migration, this programme is progressing, with the Royal Alexandra Hospital migration nearing completion following a six-month effort complicated by complex user mapping and legacy data structures. Migrations have now commenced at Preswylfa and Bryn y Neuadd, both of which present significant technical and governance challenges. These include inherited, disorganised file structures and unclear permissions, which must be rectified through careful restructuring. A review is underway to identify opportunities to streamline the migration approach for remaining sites.
- **SQL Infrastructure Review** - A comprehensive review of the Health Board’s SQL environment has been conducted, identifying critical opportunities to improve performance, scalability, and redundancy. A modernisation strategy is being developed to transition from ageing systems to a more robust and efficient platform. This includes hardware upgrades, optimised migration pathways, and planning to minimise service disruption during implementation.

- **Legacy Server Migrations** - The review and risk assessment phase of the Legacy Server Migration programme has been completed. This work has identified critical vulnerabilities tied to outdated and unsupported hardware, as well as significant performance and security limitations. A prioritised migration plan is in place, focusing on the most business-critical systems. This will improve operational security, system availability, and long-term maintainability.
- **Unified Communications (UC) Platform Upgrade** -The Health Board has concluded its vendor selection process for a new Unified Communications (UC) platform, with contract negotiations nearing completion. The selected platform will provide integrated voice, video, chat, and collaboration tools. A detailed assessment identified fragmentation, poor user experience, and cybersecurity concerns across existing tools. The new UC platform will address these challenges, improve communication efficiency, and support secure, seamless collaboration across the organisation.
- **SQL Server Optimisation** - In addition to the broader SQL infrastructure review, active work is underway to optimise licensing, server utilisation, and configuration across the SQL estate. Focus areas include performance tuning, capacity planning, and ongoing health monitoring, with adjustments being made to system thresholds to improve stability and responsiveness.
- **ICT Portal Replacement**- Progress continues on the replacement of the existing ICT portal with enhanced automation features. Automation for mailbox provisioning including adding and removing users has been successfully completed. A new script for automated mailbox creation is currently in testing. Once validated, this functionality will significantly streamline user provisioning workflows and improve efficiency in day-to-day ICT operations.

## Appendix 3 – Digital roadmap domains and key enablers



### **Domain 1: A secure, connected, and scalable foundation**

We will build a modern, open architecture with fewer systems and strong cyber security. By leveraging national services and deploying local applications including electronic health records, we will ensure timely access to information at the point of care, across all care settings.



### **Domain 2: Harnessing data to transform care**

We will build a future where data is ubiquitous, connected, and trusted, and use real-time insights to achieve the ambition of *'better data, better care, better lives'*. We will mature towards an environment where we harness AI and advanced analytics to turn information into action, predicting needs and personalising care and use data to power every decision either clinical, operational and strategic.



### **Domain 3: Equipping our workforce for our digitally enabled future**

From the front line to the boardroom, digital will be part of every role making BCUHB an attractive digitally enabled place to work. Our staff will be empowered with the skills and confidence to embrace new ways of working and have the right kit to do their job. We will embed a strong digital and data profession with clear career paths and access to specialist training.



### **Domain 4: Clinically led. Digitally powered.**

We will transform how we deliver care, not just digitise it. We will realise new models of care that are clinically led, operationally sustainable, and digitally enabled- delivering the right care, by the right professional, in the right place.



### **Domain 5: Digitally enabled citizens**

We will enable people to choose how they engage with our services and actively manage their health through a digital front door, with access to the information and tools they need. No one will be left behind as we tackle digital exclusion and raise health literacy across our communities.



### **Domain 6: Developing an innovation ecosystem**

We will directly contribute to the establishment of a digital innovation ecosystem in Wales and across the UK, that responds to local needs and national priorities underpinned by a structured Innovation Framework. This will provide consistency from horizon scanning to evaluation and ensure that efficacy, value and cost effectiveness are considered.

## Key enablers

These enablers provide the cultural, organisational, and technical foundation for all six domains.

### Leadership and organisational culture



- Culture, behaviours and learning
- Visible and digitally confident leadership
- Driving value through digital investment and portfolio management
- Strategic investment for sustainable transformation

### Engagement, inclusion and co-design



- Design principles
- Patient engagement and co-design
- Welsh language

### Governance and assurance



- Digital governance and clinical assurance
- Modern Information Governance

### Strategic enablers and partnerships



- Strategic partnerships and supplier management
- Local, regional and national collaboration and convergence
- Modern digital procurement

### Workforce, capability and infrastructure



- Modern digital practices
- Supplementing our resources
- Estate's strategy alignment

# Project Brief – Digital Transformation Review – Betsi Cadwaladr University Health Board

Audit year: 2024

Date issued: July 2025

This document has been prepared for the internal use of Betsi Cadwaladr University Health Board as part of work to be performed in accordance with statutory functions designed to support the Auditor General's duties ' under section 61(3) (b) of the Public Audit Wales Act 2004.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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# Project brief

## Background

- 1 Digital transformation in healthcare refers to the strategic and comprehensive use of digital technologies to enhance patient care, improve efficiency, and drive innovation.
- 2 Welsh Government's 2018 long-term plan for health and social care - A Healthier Wales - highlights the importance of digital technologies and data as key enablers of transformational change and sets out the benefits that better use of digital, data, and communications technology will bring to health and social care services in Wales.
- 3 In 2023, Welsh Government published a refreshed Digital and Data Strategy for Health and Social Care as a key enabler for A Healthier Wales. The strategy sets out three core aims:
  - transforming digital skills and partnerships;
  - building digital platforms and meeting the needs of Wales; and
  - focussing on making services digital first.
- 4 However, the strategy has been introduced at a time where health bodies in Wales are facing several challenges, including:
  - pressures associated with the ongoing post-pandemic recovery of services;
  - rising demographics across the population and more complex co-morbidities;
  - financial constraints driven by inflationary pressures and the cost-of-living crisis;
  - rising expectations by patients and service-users for digital services but increased risk of digital exclusion;
  - a competitive market for the digital and data workforce;
  - limited availability of capital funding to invest in digital technologies and solutions; and
  - complexities associated with rolling-out certain national digital programmes, such as the Laboratory Information Network Cymru (LINC), the Radiology Informatics System (RISP), and the Welsh Community Care Information System (WCCIS).
- 5 Notwithstanding these challenges, digital transformation continues to present opportunities for health bodies to embrace and make better use of digital technology to redesign services and service delivery, improve efficiency and productivity, and foster a culture of innovation and continuous improvement.

## Legal basis

- 6 This work is being undertaken under section 61(3) (b) of the Public Audit Wales Act 2004 to satisfy the Auditor General that the organisation has proper arrangements in place to secure the efficient, effective, and economical use of resources.

## Our audit

### Audit objective

- 7 The objective of this audit is to understand the extent to which health bodies in Wales are using digital developments to improve the effectiveness and efficiency of their services. This will include gaining an understanding of the factors that enable and / or impede digital transformation within each health body in Wales.

### Audit question, scope, and criteria

- 8 The audit will seek to answer the overall question: **Does the health body have the necessary arrangements in place to support and embed effective and safe digital transformation?** In doing so, we will assess the extent to which the health body:
- has a well led and appropriately resourced approach to digital transformation;
  - is developing the digital skills, capacity, and capability of its workforce;
  - has a clear plan for managing its cyber security arrangements and digital infrastructure;
  - engages effectively with staff, partners, patients / service users to deliver its digital ambitions and minimise digital exclusion risks; and
  - is actively utilising digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services.
- 9 **Appendix 1** contains our audit questions and the audit criteria that we are using to help determine “what good looks like”.
- 10 We are undertaking this audit at all health bodies in Wales. This will include work at Digital Health and Care Wales (DHCW) which will help examine the wider system leadership arrangements for digital developments in NHS Wales.

### Audit methods

- 11 The audit will use the following methods to gather and assess the evidence for our audit:
- **Self-Assessment** – We will ask the health body to complete and return a self-assessment that reflects the Board’s agreed position on the audit questions and criteria. The health body will be asked to enable all Board members to contribute to the self-assessment to ensure it reflects the views, experiences, and perspectives of the whole Board. We will expect the final self-assessment to be endorsed by the whole Board prior to submission.
  - **Documentation review** – We will review the documentary evidence provided by the organisation in support of its self-assessment. We will liaise with the Board Secretary / Director of Corporate Governance to access additional documents which are not available in the public domain.
  - **Interviews** – We will conduct interviews with key personnel relevant to our audit (e.g. Directors of Digital). We will agree the list of interviewees with the Board Secretary / Director of Corporate Governance and arrange for them to be held on mutually convenient dates and times when we begin the evidence gathering stage. Our default position is that these interviews will be virtual, but we have the option of holding them in person if that is preferred or more appropriate.

- **Meeting observations** – We will observe any relevant meetings that take place during the time of our audit. We will notify the Board Secretary / Director of Corporate Governance of any meetings we intend to observe.
  - **Data analysis** – We will analyse any financial and workforce data we deem relevant to our audit.
- 12 We will conduct our fieldwork in line with the health body’s stated language preference, which will be agreed at the commencement of the audit. We will make every reasonable effort to accommodate language preferences of individuals during the audit if we receive these at the point of setting up fieldwork.
- 13 Our work will be delivered in accordance with INTOSAI<sup>1</sup> audit standards.

## Output

- 14 We will produce and publish a report outlining our findings and making recommendations for improvements where applicable.

## Timetable

- 15 **Exhibit 1** shows the high-level timetable of the main audit stages. The timings shown are indicative and dependent on the timely receipt of information required for the audit, and the availability of key personnel to attend interviews.

### Exhibit 1: Audit timetable

| Stage               | Date          |
|---------------------|---------------|
| Issue project brief | July 2025     |
| Issue draft output  | December 2025 |
| Issue final output  | January 2026  |

<sup>1</sup> International Organisation of Supreme Audit Institutions

## Audit Wales contacts

16 Exhibit 2 sets out the Audit Wales team that will be working on this audit.

### Exhibit 2: Audit Wales contacts

| Name           | Name            | Contact details  |
|----------------|-----------------|--|
| Audit Director | Dave Thomas     | <a href="mailto:dave.thomas@audit.wales">dave.thomas@audit.wales</a>         |
| Audit Manager  | Andrew Doughton | <a href="mailto:andrew.doughton@audit.wales">andrew.doughton@audit.wales</a> |
| Audit Lead     | Nathan Couch    | <a href="mailto:nathan.couch@audit.wales">nathan.couch@audit.wales</a>       |

# Project brief

## Appendix 1 - Audit questions and criteria

**Audit Level 1 question: Does the health body have the necessary arrangements in place to support and embed effective and safe digital transformation?**

| Level 2 questions  | Level 3 questions   | Criteria  |
|--|---|---|
| Does the health body have a well-led and appropriately resourced approach to digital transformation? | Are the health body's digital transformation ambitions clearly set out and resourced in an organisational-wide Digital Strategy and delivery / benefits realisation plan? | <p>The health body has a strong, Board-approved Digital Strategy that:</p> <ul style="list-style-type: none"><li>• Clearly outlines its vision, aims, and priorities for digital transformation.</li><li>• Is based on an understanding of the organisation's current digital maturity.</li><li>• Is integrated with other key strategies and plans, supporting clinical, financial, workforce, estates, and operational goals.</li><li>• Was developed with input from clinicians, staff, patients, and service users.</li><li>• Aligns with national digital transformation priorities, including Welsh Government's Once for Wales ambitions.</li><li>• Considers digital/IT workforce needs.</li><li>• Considers the business benefits expected from digital initiatives.</li></ul> |

| Level 2 questions | Level 3 questions   | Criteria   |
|-------------------|---|--|
|                   |   | <p>The health body has a well-developed implementation and benefits realisation plan to support its Digital Strategy that:</p> <ul style="list-style-type: none"> <li>• Includes SMART milestones and a clear set of actions with assigned responsibilities.</li> <li>• Clearly identifies the resources needed, linking them to the overall resource commitment in the Digital Strategy.</li> </ul> <p>The health body understands the resources needed to deliver its Digital Strategy and the Board is committed to providing these resources:</p> <ul style="list-style-type: none"> <li>• Digital investment requirements are clearly outlined for the short, medium, and long term.</li> <li>• Resources are committed across the entire lifecycle of digital programmes and services (i.e. when they are operationalised and become 'business as usual').</li> <li>• There is strong Board support for these investment plans.</li> <li>• Investment plans highlight the benefits and potential cost efficiencies of digital transformation.</li> </ul> |
|                   | <p>Is the health body's Digital Strategy clearly understood and owned by the Board?</p> | <p>The health body's Digital Strategy is clearly understood and owned by the Board:</p>  |

| Level 2 questions | Level 3 questions | Criteria   |
|-------------------|-------------------|--|
|                   |                   | <ul style="list-style-type: none"> <li>• It has a high profile across the organisation.</li> <li>• The strategy is key to driving digital transformation and enabling wider organisational aims.</li> <li>• Board development activities effectively build awareness and understanding of the opportunities and organisational requirements for delivering and achieving digital transformation.</li> <li>• The strategy has been well communicated to staff throughout the organisation.</li> <li>• There is clear digital leadership at Board level:</li> <li>• The CIO/Director of Digital is a Board member or regularly attends Board meetings to provide digital expertise and / or</li> <li>• An Independent Board Member is nominated to lead digital transformation.</li> </ul> <p>The health body has multi-professional digital health leadership across different healthcare disciplines / business areas, including clinicians (where relevant), IT professionals, and administrators to drive innovation, achieve efficiency, and (where relevant) improve patient care.</p> |

| Level 2 questions | Level 3 questions  | Criteria   |
|-------------------|--|--|
|                   | Does the Board provide effective oversight of delivery, benefits, and risks? | <p>The health body has clear and effective accountability for delivering its digital transformation goals:</p> <ul style="list-style-type: none"> <li>• Clear responsibilities and necessary expertise are in place to inform the Board’s decision-making and oversight.</li> </ul> <p>The health body has effective oversight arrangements for delivering its Digital Strategy and intended benefits:</p> <ul style="list-style-type: none"> <li>• Progress on the Digital Strategy and implementation plans is routinely reported to the Executive Team and Board/relevant committee.</li> <li>• Business benefits are monitored and reported to the Executive Team and Board/relevant committee.</li> <li>• Digital solutions are considered as enablers for operational and strategic decisions, featuring in business cases, service changes, and Board reports.</li> <li>• Clear directions are provided by the Executive Team, Board, and/or relevant committee when digital plans do not meet milestones, targets, or business benefits.</li> <li>• The health body receives independent assurance on its digital arrangements from Internal Audit and other assurance providers.</li> </ul> |

| Level 2 questions | Level 3 questions   | Criteria   |
|-------------------|---|--|
|                   |   | <p>The health body has effective and robust arrangements for managing risks to its Digital Strategy:</p> <ul style="list-style-type: none"> <li>• There is an effective process for identifying, assessing, and recording key strategic and corporate risks related to the Digital Strategy.</li> <li>• Risks are recorded, monitored, and managed by the relevant accountable owners.</li> </ul>  |
|                   | <p>Does the health body have a clear vision for how Artificial Intelligence will be used as part of its wider approach to digital transformation?</p> | <p>The health body's Digital Strategy clearly sets out:</p> <ul style="list-style-type: none"> <li>• The AI vision, showing how it supports long-term service, clinical and operational objectives.</li> <li>• Identifies specific, relevant areas where AI will be applied.</li> <li>• The intended benefits of AI, such as improving patient outcomes, enhanced decision-making, increasing efficiency, or reducing costs.</li> <li>• The financial, technical, and human resources needed to support AI development and deployment, including infrastructure and staffing.</li> </ul> |

| Level 2 questions   | Level 3 questions  | Criteria  |
|---|--|---|
|   | <p>Has the health body considered the risks associated with the use of AI and has the necessary policies and procedures in place to help manage those risks?</p> | <ul style="list-style-type: none"> <li>• The health body has identified the potential clinical, operational, ethical, legal, and reputational risks associated with AI use and clearly documented them in its BAF and / or Corporate Risk Register (or the Digital Strategy Risk Register, where one has been developed).</li> <li>• The health body has policies in place to ensure its use of AI complies with relevant laws, regulations, and ethical standards.</li> <li>• The health body has policies in place to ensure the quality, integrity, and security of data used in AI systems.</li> <li>• The health body has ensured that roles and responsibilities for AI oversight are clearly defined, including decision-making authority, and escalation procedures.</li> </ul> |
| <p>Is the health body developing the digital skills, capacity, and capability of its workforce?</p> | <p>Does the health body have an effective approach to assessing and addressing the digital skills, capacity, and capability of its workforce?</p>                | <p>The health body has a well-developed understanding of its workforce’s digital skills, capacity, and capability:</p> <ul style="list-style-type: none"> <li>• It has used HEIW’s Digital Capability Framework (or equivalent) to understand skills, behaviours, and attitudes towards digital technology across the organisation.</li> <li>• The assessment has identified gaps in digital skills at a detailed level, allowing for a targeted approach to building skills capabilities.</li> </ul>   |

| Level 2 questions | Level 3 questions   | Criteria  |
|-------------------|---|---|
|                   | <p>Does the health body have an effective approach to address any gaps in digital skills, capacity and capability of its workforce?</p> | <ul style="list-style-type: none"> <li>• The assessment considers both current and future digital skill requirements.</li> </ul> <hr/> <p>The health body has a clear plan to address gaps and enhance the digital skills, capacity, and capability of its workforce:</p> <ul style="list-style-type: none"> <li>• The plan is based on a thorough understanding of current digital skills and what is needed for digital transformation.</li> <li>• Resources are committed to delivering the plan for the short, medium, and long term.</li> <li>• There is a clear vision of what a digitally enabled workforce looks like.</li> <li>• The plan integrates with national digital workforce development programmes, such as: <ul style="list-style-type: none"> <li>- A Heathier Wales: Our Workforce Strategy for Health and Social Care</li> <li>- Digital and data strategy for health and social care in Wales</li> <li>- HEIW Digital Capability Framework</li> <li>- HEIW Digital and Data Strategy</li> </ul> </li> <li>• Sufficient digital resources (online courses, e-learning platforms, webinars, virtual workshops, etc.) are available to enhance workforce skills.</li> <li>• Risks to achieving the plan are well documented, with appropriate controls and mitigations in place.</li> </ul> |

| Level 2 questions   | Level 3 questions   | Criteria  |
|---|---|---|
|   |   | <ul style="list-style-type: none"> <li>There are appropriate arrangements in place to attract, hire, and retain digital and data professionals with the necessary expertise required by the health body.</li> </ul>   |
| <p>Does the health body have a clear plan for managing its cyber security arrangements and digital infrastructure and how they will need to change to support its digital transformation ambitions?</p> | <p>Does the health body understand and effectively manage its current cyber security risks?</p>                                   | <p>The health body has a clear understanding of current and future cyber security risks, with arrangements in place to manage them:</p> <ul style="list-style-type: none"> <li>There is a cyber security/resilience strategy defining current and future risks, threats, and opportunities.</li> <li>The Board understands the cyber security risks and has approved mitigation plans.</li> <li>Cyber security protocols are embedded through regular training and testing.</li> <li>There is a plan to respond to the Cyber Assessment Framework from the Cyber Resilience Unit.</li> <li>Cyber security risks are assessed in the development of new IT systems using risk assessment tools.</li> </ul> |
|   | <p>Does the health body understand how its cyber security arrangements will need to change to deliver digital transformation?</p> | <p>The health body understands how its cyber security arrangements align with its digital transformation goals:</p> <ul style="list-style-type: none"> <li>Cyber security is a key part of the Digital Strategy.</li> </ul>   |

| Level 2 questions | Level 3 questions  | Criteria  |
|-------------------|--|---|
|                   | <p>Is the health body taking appropriate action to update its digital infrastructure to achieve its Digital Strategy and ambitions, including replacing outdated, unsupported, and obsolete software and hardware?</p> | <ul style="list-style-type: none"> <li>• Digital transformation decisions consider cyber security risks and impacts.</li> <li>• Tensions between cyber resilience and digital transformation are shared, understood, and mitigated.</li> <li>• The health body engages with national NHS cyber expertise to manage cyber risks in the context of its digital strategy</li> </ul> <hr/> <p>The health body has a comprehensive understanding of its IT infrastructure gaps, risks, weaknesses, and requirements:</p> <ul style="list-style-type: none"> <li>• These gaps, risks, weaknesses, and requirements have been clearly communicated to the Board.</li> <li>• There is a clear understanding of challenges with system interoperability.</li> <li>• A plan is in place to address interoperability challenges</li> </ul> <p>The health body has effective arrangements in place to oversee and replace outdated, unsupported, and obsolete digital software and hardware:</p> <ul style="list-style-type: none"> <li>• A comprehensive inventory / service catalogue that details all digital software and hardware, including age, support status, condition, and owner / responsible officer.</li> </ul> |

| Level 2 questions   | Level 3 questions  | Criteria   |
|---|--|--|
|   |  | <ul style="list-style-type: none"> <li>• Up-to-date policies and procedures for replacing outdated technology, with evidence of staff awareness and compliance.</li> <li>• Plans and budgets in place for IT upgrades and replacements.</li> <li>• Robust risk assessments of outdated technology with plans to mitigate associated risks.</li> <li>• Performance reports highlight issues caused by outdated technology.</li> </ul> <p>The health body is taking appropriate action to align its IT infrastructure with its Digital Strategy and long-term digital ambitions:</p> <ul style="list-style-type: none"> <li>• There is a clear medium to long-term plan to keep the IT infrastructure up-to-date.</li> <li>• IT infrastructure requirements are integrated with national IT infrastructure developments.</li> <li>• Consideration is given to how new or changed IT infrastructure integrates with partner systems.</li> <li>• There is a clear roadmap for retiring and replacing systems.</li> </ul> |
| <p>Does the health body engage effectively with staff, partners, patients / service users to deliver its digital transformation ambitions and minimise digital exclusion risks?</p> | <p>Does the health body effectively involve staff, patients and other service users in the design and implementation of digital systems and solutions?</p> | <p>The health body has a robust approach to engaging with staff, patients, and service users around digital transformation:</p>  |

| Level 2 questions | Level 3 questions  | Criteria  |
|-------------------|--|---|
|                   |  | <ul style="list-style-type: none"> <li>• There is a documented approach to engagement that is routinely followed.</li> <li>• Clear evidence shows that engagement with staff, patients, and service users is used to shape digital requirements.</li> </ul> <p>The health body demonstrates that user engagement has shaped and improved decision-making for digital transformation:</p> <ul style="list-style-type: none"> <li>• Digital systems, tools, and developments are designed with the end-user in mind.</li> <li>• These systems, tools, and developments meet the needs of both patients and healthcare professionals.</li> <li>• There is positive feedback from staff, patients, and service users regarding their engagement in digital transformation.</li> </ul> |
|                   | <p>Is the health body taking appropriate action to minimise digital exclusion as part of the roll-out and implementation of new digital and data projects and initiatives?</p> | <ul style="list-style-type: none"> <li>• The health body has a designated lead for digital inclusion.</li> <li>• The health body routinely assesses the potential impact of changes to digital systems or new systems on staff, patients, and service users.</li> </ul> <p>The health body has appropriate arrangements in place to minimise digital exclusion. It:</p> <ul style="list-style-type: none"> <li>• Has a good awareness of digital inclusion as a challenge.</li> </ul>   |

| Level 2 questions | Level 3 questions   | Criteria  |
|-------------------|---|---|
|                   |   | <ul style="list-style-type: none"> <li>• Ensures it is meeting the needs of people experiencing digital exclusion while digitising.</li> <li>• Accesses appropriate support from other public bodies or third sector organisations such as Digital Communities Wales, Centre for Digital Public Services or Newid to help address digital exclusion.</li> <li>• Has a good understanding how risks in its external environment i.e. rising cost of living, may impact on those who are disadvantaged and digitally excluded.</li> <li>• Has a good understanding of the opportunities from future advances in digital.</li> </ul> |
|                   | <p>Does the health body engage effectively with its partners to support delivery of its Digital Strategy?</p> | <p>The health body regularly engages with partners and other stakeholders to:</p> <ul style="list-style-type: none"> <li>• Support delivery of its digital strategy.</li> <li>• Maximise innovation opportunities and stay updated on digital industry advancements.</li> </ul> <p>The health body has a clear understanding of the role and responsibilities of other partners in delivering its own digital strategy.</p> <p>The health body has appropriate monitoring and oversight arrangements for the aspects of its digital strategy that are delivered by its partners.</p>  |

| Level 2 questions   | Level 3 questions   | Criteria  |
|---|---|---|
|   |   | <p>The health body proactively engages with key digital and data partners such as DHCW, Welsh Government, and the NHS Executive (Clinical Networks):</p> <ul style="list-style-type: none"> <li>• Relationships with key digital and data partners are proactive and built on trust and openness.</li> <li>• There is a clear understanding of the roles and responsibilities of key digital and data partners, including Welsh Government and DHCW.</li> </ul> <p>Routine dialogue occurs with key partners about national digital programs and products that the health body is expected to deliver, manage, or administer locally.</p> |
| <p>Is the health body actively utilising new digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services?</p> | <p>Does the health body have a clear programme of local / regional digital and data projects to improve the accessibility, quality, efficiency, and productivity of services?</p> | <p>The health body has a clear, coordinated, and resourced programme of local and regional digital and data projects which are:</p> <ul style="list-style-type: none"> <li>• Prioritised based on their impact on service accessibility, quality, efficiency, and productivity.</li> <li>• Coordinated and overseen centrally.</li> <li>• Underpinned by clear milestones and measures in place to show how investments in digital and data projects benefit service users, improve care</li> </ul>   |

| Level 2 questions | Level 3 questions  | Criteria   |
|-------------------|--|--|
|                   |  | <p>pathways, and enhance efficiency and productivity.</p> <p>The health body is exploring or making use of artificial intelligence to improve service accessibility, quality, efficiency, and productivity in a well-managed way.</p>  |
|                   | <p>Is the health body actively adopting and rolling out national digital solutions to improve the accessibility, quality, efficiency, and productivity of services?</p>      | <ul style="list-style-type: none"> <li>• The health body actively adopts and implements national digital solutions that support a 'Once for Wales' approach to enhance service accessibility, quality, efficiency, and productivity.</li> <li>• The health body engages constructively with DHCW and WG to ensure national solutions are fit for purpose.</li> </ul>   |
|                   | <p>Are local, regional and national digital solutions used by the health body, easy to use, support joint working with other NHS partners and staff to work efficiently?</p> | <p>The health body evaluates the effectiveness of its digital solutions to ensure they are:</p> <ul style="list-style-type: none"> <li>• Easy to use, intuitive, and user-friendly.</li> <li>• Accessible to all users, including those with disabilities.</li> <li>• Streamlining workflows and reducing task completion time.</li> <li>• Offering necessary features to support the health body and its partners.</li> </ul> |

| Level 2 questions | Level 3 questions | Criteria  |
|-------------------|-------------------|---|
|                   |                   | <ul style="list-style-type: none"> <li>● Seamlessly integrating with other systems and platforms used by NHS digital partners using national data and technical standards i.e. NHS Wales Data Dictionary, SNOMED CT, Health Level 7, Fast Healthcare Interoperability Resources etc. <ul style="list-style-type: none"> <li>- NHS Wales Data Dictionary - Digital Health and Care Wales</li> <li>- SNOMED CT</li> <li>- Microsoft Word - WELSH HEALTH CIRCULAR - Introduction of HL7 FHIR as a foundational standard in all NHS Wales Bodies - English cleared</li> <li>- FHIR at DHCW - Digital Health and Care Wales</li> </ul> </li> <li>● Facilitating smooth and secure data exchange between different systems.</li> <li>● Providing features that support joint working.</li> <li>● Reliable, with minimal downtime and fast response times.</li> <li>● Handling errors effectively and providing support for troubleshooting.</li> <li>● Improving patient experience.</li> </ul> <p>The health body ensures that digital solutions comply with the Digital Service Standard for Wales.</p> |

# Project brief

## Appendix 2 - Fair processing notice

Date issued: July 2025

This privacy notice tells you about how the Auditor General for Wales (AGW) and staff of the Wales Audit Office (WAO) process personal information collected in connection with our work.

### Who we are and what we do

The AGW's work includes examining how public bodies manage and spend public money, and the WAO provides the staff and resources to enable him to carry out his work. "Audit Wales" is a trademark of the WAO and is the umbrella identity of the AGW and the WAO.

### The purposes of the processing

We will use personal data when exercising our powers and duties, which chiefly concern the audit of public bodies and activities to support such work.

### Data Protection Officer (DPO)

Our DPO can be contacted by telephone on 029 2032 0500 or by email at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

### Relevant laws

We process your personal data in accordance with data protection legislation, including the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR). Our lawful bases for processing are the powers and duties set out in the Public Audit (Wales) Acts 2004 and 2013, the Government of Wales Acts 1998 and 2006, the Local Government (Wales) Measure 2009, the Well-being of Future Generations (Wales) Act 2015, the Local Government & Elections (Wales) Act 2021 and various legislation establishing particular public bodies, such as the Care Standards Act 2000.

Further details are available in our publication, [A guide to Welsh public audit legislation](#), which is available on our website.

Depending on the particular power or function, these statutory bases fall with Article 6(c) and (e) of the UK GDPR—processing necessary for compliance with a legal obligation, for the performance of a task carried out in the public interest or in the exercise of official authority.

Where we process special category data, the additional legal basis for processing this will ordinarily be Article 9(2)(g) of the UK GDPR (together with paragraph 6 Schedule 1 Data Protection Act 2018) relating to the exercise of a statutory function for reasons of substantial public interest.

## How we obtain your personal data

The personal data that we collect and process as part of our work may be obtained from you directly (e.g. if we contact you to ask you specific questions or for further information in connection with our work), or from relevant bodies, including those that we are auditing, through the exercise of the Auditor General's access rights.

## Who will see the data?

The AGW and relevant WAO staff, such as the study team, will have access to the information you provide. Your data may be shared internally within Audit Wales for the purposes described in this notice.

Our published report may include some of your information, but we will contact you before any publication of information that identifies you—see also “your rights” below.

We may share information with:

- a) Senior management at the audited body(ies) as far as this is necessary for exercising our powers and duties;
- b) Certain other public bodies/public service review bodies such as the Office of the Future Generations Commissioner, Care Inspectorate Wales (Welsh Ministers), Health Inspectorate Wales (Welsh Ministers), Estyn and the Public Services Ombudsman for Wales, where the law permits or requires this, such as under section 15 of the Well-being of Future Generations (Wales) Act 2015.

## How long we keep the data

We will generally keep your data for 6 years, though this may increase to 25 years if it supports a published report—we will contact you before any publication of information that identifies you—see also “your rights” below. After 25 years, the records are either transferred to the UK National Archive or securely destroyed. In practice, very little personal information is retained beyond 6 years.

## Our rights

The AGW has rights to information, explanation, and assistance under paragraph 17 of schedule 8 Government of Wales Act 2006, section 52 Public Audit (Wales) Act 2004, section 26 of the Local Government (Wales) Measure 2009 and section 98 of the Local Government & Elections (Wales) Act 2021. Further information can be found in our [Access Rights leaflet](#) available on our website. It may be a criminal offence, punishable by a fine, for a person to fail to provide information that falls within the AGW's access rights, but such an offence does not apply to surveys of the general public, which are not conducted using the statutory access rights above.

## **Your rights**

You have rights to ask for a copy of the current personal information held about you and to object to data processing that causes unwarranted and substantial damage and distress.

To obtain a copy of the personal information we hold about you or discuss any objections or concerns, please write to the Information Officer, Wales Audit Office, 1 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ or email [infoofficer@audit.wales](mailto:infoofficer@audit.wales). You can also contact our Data Protection Officer at this address.

You may also contact the Information Commissioner's Office to obtain further information about data protection law, or to complain about how your personal data is being handled at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, or by email at [casework@ico.gsi.gov.uk](mailto:casework@ico.gsi.gov.uk) or by telephone 01625 545745.



Audit Wales

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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

|  |   |  |   |   |
|--|---|--|---|---|
| <b>Teitl adroddiad:</b><br><i>Report title:</i>  | Partnerships – Analysis and Strategic Direction (IMTP Context)  |  |   |   |
| <b>Adrodd i:</b><br><i>Report to:</i>  | Planning, Population, Health and Partnerships Committee   |  |   |   |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>  | Thursday, 04 September 2025   |  |   |   |
| <b>Crynodeb Gweithredol:</b><br><i>Executive Summary:</i>  | This paper provides a summary of current stakeholder mapping and engagement analysis across the Health Board, following the workshop held in the private session of the Committee in May 2025. It invites the Committee to reflect on whether our current engagement approach is aligned with our strategic ambitions and to identify barriers and opportunities for strengthening partnership working to deliver our Integrated Medium Term Plan (IMTP). |  |   |   |
| <b>Argymhellion:</b><br><i>Recommendations:</i>  | The Committee is asked to discuss the report.   |  |   |   |
| <b>Arweinydd Gweithredol:</b><br><i>Executive Lead:</i>  | Helen Stevens-Jones, Director of Partnerships, Engagement and Communications  |  |   |   |
| <b>Awdur yr Adroddiad:</b><br><i>Report Author:</i>  | Helen Stevens-Jones, Director of Partnerships, Engagement and Communications  |  |   |   |
| <b>Pwrpas yr adroddiad:</b><br><i>Purpose of report:</i>   | I'w Nodi<br><i>For Noting</i><br><input checked="" type="checkbox"/>  | I Benderfynu arno<br><i>For Decision</i><br><input type="checkbox"/>   | Am sicrwydd<br><i>For Assurance</i><br><input type="checkbox"/>   |   |
| <b>Lefel sicrwydd:</b><br><i>Assurance level:</i>  | <b>Arwyddocaol<br/>Significant</b><br><input type="checkbox"/><br>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>  | <b>Derbyniol<br/>Acceptable</b><br><input checked="" type="checkbox"/><br>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Rhannol<br/>Partial</b><br><input type="checkbox"/><br>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Dim Sicrwydd<br/>No Assurance</b><br><input type="checkbox"/><br>Dim hyder/tystiolaeth o ran y ddarpariaeth<br><br><i>No confidence / evidence in delivery</i> |
| <b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b><br><br><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i> |   |  |   |   |
| <b>Cyswllt ag Amcan/Amcanion Strategol:</b><br><br><b>Link to Strategic Objective(s):</b>  |   |  |   |   |

|  |     |
|--|-----|
| <p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>  | N/A |
| <p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>  | N/A |
| <p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>   | N/A |
| <p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p> | N/A |
| <p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>   | N/A |
| <p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>   | N/A |
| <p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>   | N/A |
| <p>Cysylltiadau â risgiau BAF:<br/>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:<br/>(or links to the Corporate Risk Register)</i></p>  | N/A |
| <p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>  | N/A |

|  |  |
|--|--|
| <b>Reason for submission of report to confidential board (where relevant)</b>  |  |
| <b>It is recommended that the committee:</b><br>Receive and discuss the paper. |  |

## **Partnerships – Analysis and Strategic Direction (IMTP Context)**

### **1. Purpose**

This paper provides a summary of current stakeholder mapping and engagement analysis across the Health Board, following the workshop held in the private session of the Committee in April 2025. It invites the Committee to reflect on whether our current engagement approach is aligned with our strategic ambitions and to identify barriers and opportunities for strengthening partnership working to deliver our Integrated Medium Term Plan (IMTP).

### **2. Background and context**

As Betsi Cadwaladr University Health Board continues to progress its IMTP priorities and population health objectives, stakeholder engagement is critical to system-wide delivery and transformation. A workshop held in April 2025 with Committee members examined our current partnerships and identified both areas of strength and gaps.

A structured exercise was undertaken to discuss partnerships using a standard Interest–Influence Grid, assessing the current state of relationships and potential for future engagement. This paper summarises the findings and invites a strategic discussion on direction, priorities and next steps.

### **3. Partnerships engagement grid – summary of current state**

#### **High Influence / High Interest**

#### **Approach: Manage Closely – Critical stakeholders to involve continuously**

- Local Authorities (all 6) – Integral to service delivery, estate development, and public health outcomes.
- Regional Partnership Board (RPB) – Influences joint commissioning and strategic alignment.
- Public Services Boards (3) – Partners in prevention and well-being; overlapping ambitions.
- Primary Care Clusters – Central to IMTP delivery and population health reform.
- Llais Cymru (Regional and National) – Statutory citizen voice; increasing influence in governance.

- Welsh Ambulance Services NHS Trust (WAST) – Operational and strategic partnership; embedded in system structures.
- Stakeholder Reference Group (SRG) – Broad civil society engagement; an established forum.
- Universities / HEIW (Medical and Training Pathways) – Pipeline for workforce and innovation.

### **High Influence / Low Interest**

Approach: Keep Satisfied – Powerful actors not routinely engaged

- Housing Associations – Strong role in prevention and estates but under-leveraged.
- Shared Services Partnership – Operational influence; less strategic engagement.
- Joint Commissioning Committee – Strategic alignment, but distant from local delivery.
- Digital Health and Care Wales – Systemic enabler; needs clearer linkage with Health Board planning.
- HEIW (non-medical elements) – Focused on workforce; limited involvement beyond this.
- Universities (non-clinical faculties) – Untapped partners in social innovation, digital health, and wider well-being.

### **Low Influence / High Interest**

Approach: **Keep Informed – High engagement but low formal power**

- CVCs/Third Sector Councils – Trusted local conveners and delivery partners.
- Third Sector Organisations – Critical insight and reach into communities (see Appendix 1).
- Condition-specific and user-led groups – Source of lived experience, limited influence.
- Further Education Institutions – Relevant to inclusion, skills, and future workforce.

### **Low Influence / Low Interest**

Approach: **Monitor – Not yet significant but may grow in relevance**

- Smaller, niche charities and community agents – May offer local insight or subject expertise.
- Some national organisations without regional footprint – Currently limited impact.

## **4. Analysis and Strategic Questions**

The exercise highlighted several strengths, including a strong foundation of relationships with statutory partners and primary care. However, some gaps are

evident, and several stakeholders could play a more strategic role if they were better engaged.

### **High-Priority Gaps**

- Public Service Boards (PSBs): Should the Committee more actively shape and respond to PSB priorities, or is participation in the Boards sufficient?
- Housing Associations: Currently under-involved in strategic conversations despite their alignment with prevention, well-being, and place-based delivery.
- Digital Health and Care Wales: High relevance to data, integration, and transformation – yet lacks visible engagement at planning level.

### **Potential to Shift "Keep Informed" → "Manage Closely"**

- CVCs and Third Sector Councils: Could play a more central role in shaping population health interventions and engagement approaches.
- Patient/User Forums: Those with established engagement routes (e.g. North Wales Cancer Forum) could inform service transformation more proactively.

### **Monitor → Engage: Thematic Networks Approach**

- Consideration should be given to convening thematic networks of smaller third sector organisations (e.g. mental health, carers, ethnically diverse communities / people / groups, rural access) to streamline engagement while broadening reach.

## **5. Discussion points for the Committee**

### **Strategic Direction:**

- Does this analysis align with the Committee's ambitions for partnership and population health?
- Are there key stakeholders missing or misclassified?

### **Where Do We Want to Be?**

- Which relationships should we prioritise for strategic engagement over the next 12–24 months?
- Are we engaging the right organisations at the right level (e.g. operational vs. strategic)?

### **Barriers and Opportunities:**

- What practical barriers exist to deeper engagement (e.g. capacity, duplication, unclear value)?
- Are there quick wins (e.g. revising terms of reference, co-hosting planning events, thematic forums) that could unlock greater alignment?

## Appendix:

### Low Influence / High Interest

**Approach: Keep Informed – High engagement but low formal power**

- **CVCs/Third Sector Councils** – Trusted local conveners and delivery partners.
- **Third Sector Organisations** – Critical insight and reach into communities (see Appendix 1).
- **Condition-specific and user-led groups** – Source of lived experience, limited influence.
- **Further Education Institutions** – Relevant to inclusion, skills, and future workforce.

### Low Influence / Low Interest

**Approach: Monitor – Not yet significant but may grow in relevance**

- **Smaller, niche charities and community agents** – May offer local insight or subject expertise.
- **Some national organisations without regional footprint** – Currently limited impact.

### High Influence / High Interest

**Approach: Manage Closely – Critical stakeholders to involve continuously**

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- **Digital Health and Care Wales** – Systemic enabler; needs clearer linkage with Health Board planning.
- **HEIW (non-medical elements)** – Focused on workforce; limited involvement beyond this.
- **Universities (non-clinical faculties)** – Untapped partners in social innovation, digital health, and wider well-being.



|   |  |   |   |   |
|---|--|---|---|---|
| <b>Teitl adroddiad:</b><br><i>Report title:</i>   | Director of Planning Report  |   |   |   |
| <b>Adrodd i:</b><br><i>Report to:</i>   | Planning, Population Health and Partnerships Committee   |   |   |   |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>   | 4 <sup>th</sup> September 2025   |   |   |   |
| <b>Crynodeb Gweithredol:</b><br><i>Executive Summary:</i>   | The purpose of this report is to provide the Committee 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.   |   |   |   |
| <b>Argymhellion:</b><br><i>Recommendations:</i>   | The Committee is asked to <b>NOTE</b> the content of the report.   |   |   |   |
| <b>Arweinydd Gweithredol:</b><br><i>Executive Lead:</i>   | Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning  |   |   |   |
| <b>Awdur yr Adroddiad:</b><br><i>Report Author:</i>   | Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning  |   |   |   |
| <b>Pwrpas yr adroddiad:</b><br><i>Purpose of report:</i>  | I'w Nodi<br><i>For Noting</i><br><input checked="" type="checkbox"/>   | I Benderfynu arno<br><i>For Decision</i><br><input type="checkbox"/>  | Am sicrwydd<br><i>For Assurance</i><br><input type="checkbox"/>   |   |
| <b>Lefel sicrwydd:</b><br><i>Assurance level:</i>   | <b>Arwyddocaol</b><br><i>Significant</i><br><input type="checkbox"/><br><br>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i> | <b>Derbyniol</b><br><i>Acceptable</i><br><input type="checkbox"/><br><br>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Rhannol</b><br><i>Partial</i><br><input type="checkbox"/><br><br>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Dim Sicrwydd</b><br><i>No Assurance</i><br><input type="checkbox"/><br><br>Dim hyder/tystiolaeth o ran y ddarpariaeth<br><br><i>No confidence / evidence in delivery</i> |
| <b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b><br><br><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b> |  |   |   |   |
| <b>Cyswllt ag Amcan/Amcanion Strategol:</b><br><i>Link to Strategic Objective(s):</i>   | To deliver against the organisation's key strategic objectives   |   |   |   |
| <b>Goblygiadau rheoleiddio a lleol:</b>   | Not applicable   |   |   |   |

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

## Director of Planning Report

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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. 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.

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### ▪ Strategy

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The three main areas of focus in 25/26 are:

- **Strategic Intent** – Development of a Strategic Intent for Health and Wellbeing in North Wales, jointly agreed with partners.
- **10-Year Strategy** - Compiling insights across a range of key areas to inform the Discovery phase of the new BCUHB 10-year strategy.
- **Clinical Services Plan (CSP) phase 2** – Building on the work undertaken in 2024/25 on a CSP methodology for the Health Board and learning from the experiences of other Health Boards and NHS organisations which have recently developed or are in the process of developing CSPs.

A strategy development session was held with Board Members on the 26<sup>th</sup> June to commence this work with the aim of ensuring that all Board Members have an equal understanding of the history of strategy and clinical services planning work in BCU, along with the lessons learned and contribute to the strategic direction of this work going forward. A further session is taking place 28<sup>th</sup> August as part of Board Development.

On the 11<sup>th</sup> July a Strategic Intent workshop was held with members of the Regional Partnership Board (RPB), whose view were sought on the challenges and opportunities, strengths, weaknesses, opportunities and threats for joint cross sector working in North Wales. A follow up session will be held with RPB members in September and work is underway to finalise the approach required to deliver a published Strategic Intent by the end of 2025/26.

The first 'sprint event' that will feed all three of the strategy products listed above is being planned for 8<sup>th</sup> October in collaboration with the Bevan Commission. This will bring a wide range of stakeholders, staff and the public together to discuss; what the big challenges and opportunities are, what the big things we need to do collectively are, and what will help or hinder us moving to the future.

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## ▪ Challenged Services

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There has been a continuation of the concerted efforts around challenged services. Building on the positive checkpoint with Welsh Government in June, the remaining four specialties (Plastics, Oncology, Orthopaedics and Orthodontics) were reviewed at a meeting on the 15th of August (deferred from July). The meeting was very positive with both Plastics and Oncology now being reviewed as to whether they can be de-escalated from Special Measures. Due to the positive progress made Welsh Government are now stepping these monthly meetings down to quarterly.

The reporting is now reaching a place where it is structured, considered and concise. Furthermore, it provides clarity on the priorities for action and importantly there is real traction on action too. In addition to recognising the individual specialty issues and addressing these with clinical teams, critical to progress to date has been the focus on service planning as a core competency within the organisation. Many of our systematic issues have arisen because of a lack of short, medium and long-term planning and service redesign, and hard wiring this planning into the approach will be key to building on early foundational progress made. This Quality Planning (QP) approach is a key aspect of our overarching Quality Management System (QMS) and strategic alignment with this programme will be crucial to its long-term success. Updates on progress are being presented to QSE and strategic oversight continues via the Strategic Planning Service Change group, chaired by the CEO.

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## ▪ Service Change

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The Service Change work seeks to cover both internal and external service changes to BCU, ensuring that this important work is managed appropriately in terms of its impact to communities and also the Health Board.

### **Internal Service Change - Tywyn and Penley Community Hospitals**

An external Strategic Advisor has been appointed to provide expert guidance and support BCU in designing and assuring the service change process for both Tywyn and Penley Community Hospitals. An open, inclusive engagement approach is taking place with local communities, staff and wider stakeholders as we work to develop sustainable service models.

On the advice of the Strategic Advisor, BCU is progressing with a programme of 'deep engagement' over the coming months. Continuous / deep engagement, anchored by the 'balanced room' method (equal representation of public stakeholders, clinicians, Llais, elected members and operational leaders) provides a proportionate, legally compliant and high-quality route to decision making. At the conclusion of the balanced room and associated engagement activities, the Board will determine the preferred way forward. If the nature of the preferred option or the scale of change, means that the statutory test for formal public consultation is met, the Board will be in a position to initiate such a process at that point. If the Board however, determines that a decision can be made without statutory consultation, the documented evidence from the continuous engagement process will form part of the assurance for that decision.

### **Internal Service Change – Development Session**

The external Strategic Advisor appointed to support the service change process for Tywyn and Penley Community Hospitals led a development session for members of the Health Board's Strategic Planning and Service Change Group (SP&SC) Group on the 7<sup>th</sup> August. The session covered the process and timeline for engagement and consultation for different types of service change as well as the reasons for and consequences of challenge by external stakeholders.

Engagement in the form of a range of online and face to face interactions are underway for both Tywyn and Penley, with the first of two 'balanced rooms' for both being held in September.

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

As set out in the July PPHP Director of Planning report the main focus on external service change currently relates to the Hywel Dda CSP consultation. Hywel Dda are consulting on a series of options for nine services (Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology and Stroke) within scope in response to service fragilities or unsustainability. The options being consulted upon detail changes to the way services are delivered predominantly across their four acute hospital sites (Bronglais, Glangwili, Prince Philip and Withybush). The deadline for contributing to the consultation is 31st August 2025 and the BCU team are in regular contact with the Hywel Dda team, with a particular focus on impacts relating to Bronglais Hospital in Aberystwyth. A paper on the BCU response will be brought to Board Members in advance of the deadline.

The CEO and Executive Director of Planning from Hywel Dda have agreed to lead a development session for members of the Health Board's Strategic Planning and Service Change Group to share learning and experience from the development of their CSP and the resultant consultation process. The session is scheduled for September and the insights gained will help inform the approach to the development of the BCUHB CSP – Phase 2.

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## **▪ Corporate Planning**

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### **IMTP 2025/28 Submission and Planning Cycle Feedback**

The Health Board submitted its first ever financially balanced IMTP this year. This represents a significant achievement and reflects the commitment across the organisation to strengthen financial discipline while maintaining a focus on quality and service improvement. Welsh Government acknowledged the progress made across key planning priority areas which led to the IMTP being approved by the Board in March 2025.

Whilst not approved by Welsh Government; the national planning lead has recognised the significant progress made in BCUHB's IMTP and noted that further strengthening the alignment to national delivery objectives would enhance the plan. This provides a valuable opportunity to build on the Health Board's achievements and ensure even greater coherence with national priorities. Formal feedback is expected later in August and will be incorporated into the revised Planning Guidance for 2025/26. The Corporate Planning Team is collating feedback from internal and external sources and

will ensure that learning is embedded into the revised Integrated Planning Framework that has been deferred to PPHP and Board in November.

### **Planning Maturity Matrix**

On 5<sup>th</sup> August 2025 Welsh Government confirmed that a revised Planning Maturity Matrix and supporting guidance will be issued to Health Boards by the end of August. A new deadline of 28<sup>th</sup> November 2025 has been set for completion of the updated self-assessment and Board approval. This extended timeline provides an opportunity to strengthen the evidence base and demonstrate the progress made in embedding integrated planning. The Corporate Planning Team is preparing to lead this work and ensure the Health Board is well positioned to continue to improve its planning maturity over time.

### **2025/26 IMTP Process and Engagement**

The Corporate Planning Team continues to support a continuous planning approach ensuring planning is dynamic, inclusive and aligned with strategic priorities. Engagement has already commenced with Informal Board in June and the Regional Partnership Board in July where it was agreed to establish task and finish groups to progress the Strategic Intent for North Wales and strengthen partnership working.

Further engagement has focused on prevention and population health including discussions at PPHP (follow on development session planned for September) and a renewed emphasis on Third Sector commissioning through the Reinstating Our Commitment to Third Sector Group. These actions demonstrate the determination to embed prevention, partnership and sustainability at the heart of BCUHB's planning approach.

### **IMTP Resource Allocation**

The process to prioritise the Performance and Transformation funds to focus on the Cabinet Secretary's 2025/26 priorities is well underway and was due to be covered at the September PPHP Committee. Due to difficulties in obtaining sufficiently robust information relating to the 217 schemes whose origins span over the last five years, this exercise has not yet completed. The revised plan is to take the prioritisation in two streams, the first focused on schemes with a direct impact on front line clinical decisions and then second on everything else. Arrangements for bringing this work through Executive Committee to either PPHP or PFIG are still being agreed at the time of writing, but will be expedited as much as possible.

### **Future Generations Report 2025**

The Future Generations Commissioner for Wales has produced a report which is their assessment of progress made in delivering the Well-being of Future Generations (Wales) Act over the last ten years. It sets out the Commissioner's recommendations to public bodies about the priorities for action to delivery on the national well-being goals for the next five years.

Amongst the recommendations the Commissioner is calling for:

- Targets to save nature

- Stronger powers for nature guardians.
- Increased capacity to attract private finance for net zero projects.
- Action to build trust with communities.
- Ringfencing of prevention funding
- Healthy, local food in our schools.
- A national food resilience plan
- More community-owned energy.
- A real living wage commitment.
- A commitment to make culture a statutory requirement.
- The simplification of partnership structures.
- And a review and strengthening of the Future Generations Act.

The Health Board is being asked to consider the report and submit its response to the recommendations by 31<sup>st</sup> October 2025.

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## ▪ **Special Measures**

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The Corporate Planning Team now leads the tracking and monitoring of Special Measures as part of the wider Annual Delivery Plan oversight. The team continues to work closely with Welsh Government, ensuring timely submission of evidence to support Special Measures priorities and Independent Review Action Plans. From September onwards, regular meetings will be held between the Assistant Director of Corporate Planning and the Welsh Government team, complementing ongoing engagement at Executive level.

At the Special Measures Assurance Board meeting on 18<sup>th</sup> July 2025, Welsh Government acknowledged the significant progress made over the past two years in addressing special measures. The submission of our first-ever financially balanced IMTP was commended, although approval was withheld by the Cabinet Secretary, with feedback due in September. Notable progress was highlighted in strengthening leadership, embedding core values, and advancing governance and transparency. The continued maturation of the Health Boards Quality Management Systems was recognised, alongside improvements in patient experience metrics and increased compliance.

Updates on Challenged Services demonstrated tangible progress against agreed improvement plans which was also welcomed by Welsh Government. Plastics and Oncology are now being reviewed for de-escalation from Special Measures based on the progress made.

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## ▪ **Key Programmes**

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As outlined in the report that went to Board in May, the list below forms what are now being referred to as BCU's 'Key Programmes'. These are separate from the four 'Major Change Programmes' of Planned Care, Urgent and Emergency Care, Value and Sustainability, and Foundations for the Future.

- Mental Health Electronic Healthcare Record (EHR)
- Organisation wide Electronic Healthcare Record (EHR)

- Maternity Electronic Healthcare Record
- LIMS and RISP replacement programmes
- Electronic Prescribing and Medicines Administration (ePMA)
- Llandudno Planned Care Hub
- Ablett Mental Health Unit
- Royal Alexandra Hospital
- Well-being hubs: Caledfryn, Conwy West, Holyhead, Bangor, Penygroes

Since the initial update to May Board there has been further advancement of work across these programmes. The Strategic Planning and Service Change Group received a comprehensive update across all programmes at its August meeting, which was well received. This portfolio report enables high level oversight of key issues and escalations along with detailed assessment of programme progress. Further detail will be covered in a separate paper to this September PPHP meeting and next steps include further work around strategic alignment.

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## ▪ Major Change Programmes

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As previously reported the four major change programmes are now hosted in the Transformation and Strategic Planning Directorate, and the transition across has been successfully completed. The deep dives at Board continue, with Planned Care having taken place in July and Urgent and Emergency Care due in September, with similar rotations being developed at Executive Committee level.

Planned Care is beginning to take shape and operating in line with programme expectations, and a successful workshop, chaired by the CEO, was held with operational and clinical teams in July, supported by the Welsh Government Planned Care team. The alignment of this programme with Value and Sustainability is increasingly evident with good work on interdependencies and benefits realisation, with further work planned around Patient Reported Outcome Measures (PROM's).

Within the Foundations for the Future Programme, work is progressing around Product Description Documents across all workstreams with updates expected at the September Programme Board, along with an update on a Benefits Realisation Framework. Work on the Design phase is also continuing with the Programme Director meeting with Multi Professional Teams across the organisation to input, with ahead of a report to the Health Board meeting in September.

The UEC programme is in the process of being reviewed, assessing progress to date, understanding areas of challenge and what needs to be put in place to address them. A detailed review will take place at PFIG in August and Board in September.

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## ▪ Organisational capability

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The work around growing organisational capability continues. Within the discipline of improvement science, the team have now trained circa 650 members of staff across the Health Board. The offer in this area ranges from Betsi Bitesize, a 30 minute online awareness session which is now promoted

via induction processes, through Betsi Basics, a 2-3 hour face to face session that takes students through the 6 steps of the Betsi Way, and then Improvement in Action, a 4-6 month programme consisting of 3 full day sessions supplemented by programme support and coaching.

The team have also developed bespoke versions of the Basics course to provide tailored sessions to service teams that focus on specific problems or development needs. This blended approach is intended to meet the differing needs of the organisation and support the ultimate goal of having 20,000 improvers across the organisation.

As progress has been made the team have recognised the need to continually iterate in terms of approach with the intent of becoming more targeted in the approach into certain areas. This includes growing the network who can go on to train other people within their own areas, ensuring teams can become more self-sufficient and address local improvement needs without needing to ask for more resource. A recent specific request to run a module as part of the Advanced Clinical Leadership Programme (ACLPL) was a pleasing endorsement of the regard of this work and an opportunity to train future clinical leaders.

Progress in this area is now informing the evolution of the offer to include Programme Management training, and increase organisational capability in Planning, ensuring these skills are woven into the fabric of the organisation at service level. The extension of this offer will be key to further addressing the learning identified around service planning within the challenged services programme of work and ensuring the spread and scale of change activity. This approach is currently being developed and will be incorporated into the refresh of the Integrated Planning Framework.

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## ▪ Recommendation

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The Committee is asked to **NOTE** the content of the report.

|   |   |  |  |              |
|---|---|--|--|--------------|
| Teitl adroddiad:<br><i>Report title:</i>              | Key Programmes  |  |  |              |
| Adrodd i:<br><i>Report to:</i>                        | Planning, Population Health and Partnerships Committee  |  |  |              |
| Dyddiad y Cyfarfod:<br><i>Date of Meeting:</i>        | 4 <sup>th</sup> September 2025  |  |  |              |
| Crynodeb<br>Gweithredol:<br><i>Executive Summary:</i> | <p>The purpose of this paper is to provide the committee with an overview of current progress, following the initial paper presented to the full Board in May. As indicated at the time the newly formed Strategic Planning and Service Change Group has taken oversight of these programmes and has commissioned a Portfolio style report to ensure that effective scrutiny can take place.</p> <p>The group received a copy of this report at its August meeting where the reporting format was endorsed, and colleagues examined the key issues highlighted. As part of a cycle of deep dives across the programmes the group also received a report from the Executive Director of Finance around the Planned Care Hub in Llandudno which identified learning which will be applicable across all programmes. A further deep dive on the LIMS (National Digital System for Pathology) programme was agreed for the September meeting, based upon the wide range of challenges that had been identified with the report.</p> <p>The group were also availed of more detailed reporting that each individual Programme Board receives, in order for individuals to inspect issues more closely where required. Issues highlighted and escalated include a national pause on the work around the Electronic Healthcare Record and a national mitigation plan for LIMS which has £1.6m of costs distributed across Health Boards, with the BCU portion just over £200k. Work to ensure operational readiness in Llandudno was also highlighted including confirmation that the Executive Committee had approved an SBAR on the 23<sup>rd</sup> July to move to an enhanced recovery model.</p> <p>A further report with an emphasis on strategic alignment is being prepared for the September Board as part of an agreed cycle of business every other meeting. This will include consideration of relevant matters relating to the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR).</p> |  |  |              |
| Argymhellion:<br><i>Recommendations:</i>              | <p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>▪ <b>RECEIVE ASSURANCE</b> on the oversight mechanisms in place via the Strategic Planning and Service Change Group and that members have reviewed more detailed programme highlight reports.</li> <li>▪ <b>NOTE</b> the challenges and risks that exist which are being addressed by this group and further <b>NOTE</b> the deep dive process in place to augment this reporting.</li> </ul>  |  |  |              |
| Arweinydd<br>Gweithredol:<br><i>Executive Lead:</i>   | Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)   |  |  |              |
| Awdur yr Adroddiad:<br><i>Report Author:</i>          | Geraint Parry, Assistant Director of Transformation (Interim)   |  |  |              |
| Pwrpas yr adroddiad:<br><i>Purpose of report:</i>     | I'w Nodi<br><i>For Noting</i><br><input checked="" type="checkbox"/>  | I Benderfynu arno<br><i>For Decision</i><br><input type="checkbox"/> | Am sicrwydd<br><i>For Assurance</i><br><input checked="" type="checkbox"/> |              |
| Lefel sicrwydd:                                       | Arwyddocaol   | Derbyniol  | Rhannol  | Dim Sicrwydd |

| <i>Assurance level:</i> | <i>Significant</i><br><input type="checkbox"/>   | <i>Acceptable</i><br><input checked="" type="checkbox"/>                                 | <i>Partial</i><br><input type="checkbox"/>  | <i>No Assurance</i><br><input type="checkbox"/> |
|-------------------------|--|--|---|---|
|                         | Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol     | Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol | Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  | Dim hyder/tystiolaeth o ran y ddarpariaeth      |
|                         | <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i> | <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>     | <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | <i>No confidence / evidence in delivery</i>     |

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

*Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:*

|   |   |
|---|---|
| Cyswllt ag Amcan/Amcanion Strategol:<br><i>Link to Strategic Objective(s):</i>  | To support the Integrated Medium Term Plan (IMTP) |
| Goblygiadau rheoleiddio a lleol:<br><i>Regulatory and legal implications:</i>   | Not applicable                                    |
| Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?<br><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>  | Not applicable                                    |
| Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?<br><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>   | Not applicable                                    |
| Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)<br><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i> | Not applicable                                    |
| Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith<br><i>Financial implications as a result of implementing the recommendations</i>   | Not applicable                                    |
| Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith<br><i>Workforce implications as a result of implementing the recommendations</i>   | Not applicable                                    |
| Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  | Not applicable                                    |

|  |                |
|--|----------------|
| <i>Feedback, response, and follow up summary following consultation</i>  |                |
| Cysylltiadau â risgiau BAF:<br>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)<br><i>Links to BAF risks:<br/>(or links to the Corporate Risk Register)</i>    | Not applicable |
| Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol<br>(lle bo'n berthnasol)<br><i>Reason for submission of report to confidential board<br/>(where relevant)</i> | Not applicable |
| Camau Nesaf / <i>Next Steps:</i><br>Implementation of the plans going forward for each programme   |                |
| Rhestr o Atodiadau / <b>List of Appendices:</b><br>N/A   |                |





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Health Board Key Programmes Progress Report July 2025



**Trugaredd**  
Compassion



**Agored**  
Openness



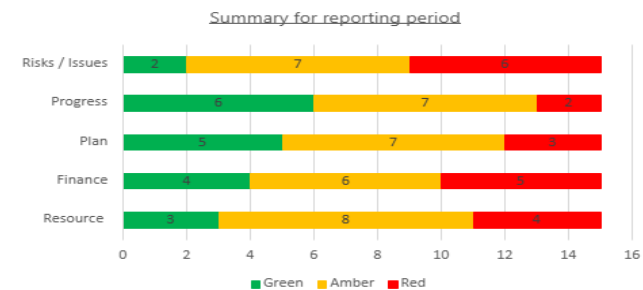
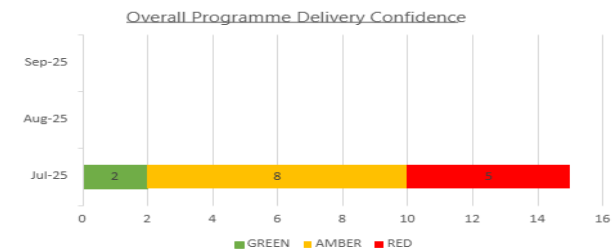
**Parch**  
Respect

# EXECUTIVE SUMMARY

This report represents the first iteration of a new Portfolio style report overview for key programmes. The report has been socialised with a number of colleagues and will be further amended based on feedback. There is a standard format with a high-level summary up front, including any key escalations made, with more detailed highlight reports available for each individual programme. The purpose is to draw out the key service change elements although some limitations remain in terms of organisational maturity, with the focus of updates around the technical elements and less so on the services which will operate as a result of these programmes. This is partly based on some remaining gaps in organisational leads which require decisions.

Of note is that of the 15 programmes identified only 2 are reporting delivery confidence of Green, and 5 are marked as red, therefore a number of challenges evident that require focus. Breakdowns of the particular areas demonstrate unmitigated programme risks, finance and resourcing as particular challenges. Whilst this is a new reporting mechanism, early indications are that a number of issues remain unresolved at Programme Board level and are being carried forward and may require further direction from this group. The nature of these programmes is that benefits will largely be realised upon "go live", however further work is required at this stage to identify and accentuate what those benefits will be as part of routine reporting, in order to ensure they are achieved as intended.

Some good progress is apparent in terms of site purchases and community stakeholder engagement and where funding has been secured programmes are progressing. In terms of challenges, national delays are impacting on local progress, with the Welsh Government directive to pause the Electronic Health Record (EHR) programme being one example causing uncertainty. The LIMS (national digital system within Pathology) programme is of particular concern with all aspects marked as Red, and the national mitigation plan incurring £1.6m in additional costs with a proposal to distribute these across NHS Wales and thus exposing the Health Board to potential additional pressures. The Radiology Informatics System Project (RISP) is also experiencing delays due to external factors with the supplier and challenges across a number of areas, and the Royal Alex being another programme with heightened risks across the board. Overall, this report provides an initial assessment of progress and key constraints across the programmes in scope and provides the foundation of improved oversight strategically, and will evolve in line with the direction of this group.



## KEY PROGRAMME HIGHLIGHT REPORT – RAG STATUS / OVERVIEW

Key Programmes **Self-Assessment** of programme status **as at July 2025**, taken from individual highlight reports.

| Programme   | Overall Delivery Confidence | Resource | Finance | Plan | Progress | Risks / Issues |
|---|-----------------------------|----------|---------|------|----------|----------------|
| <b>Ablett Mental Health Unit</b>  |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>A review of the capital elements of the business case taking place with an aim of reducing costs and closing the gap between the not to be exceeded figure and the forecasted costs.</li> <li>The BCUHB project team continue to progress the production of the in-house elements of the Full Business Case (FBC) with a view to completion in September, current reporting for the project at this stage is via the executive team.</li> <li>Work is being progressed to estimate costs for alternative solutions to support this approach and support discussions with shared services and Welsh Government colleagues.</li> </ul>   |                             |          |         |      |          |                |
| <b>Bangor Well-being Hub</b>  |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The Strategic Outline Case (SOC) was approved by the Health Board in May 2024 and submitted to WG where it has remained under scrutiny for a number of reasons which are being worked through by BCUHB and Cyngor Gwynedd Property Department.</li> <li>Scheme is listed as a priority in the BCUHB/RPB Integration &amp; Rebalancing Capital Fund (IRCF) Capital Programme but starting in 2030/31.</li> <li>Cyngor Gwynedd have been leading the property/lease discussions with the Menai Centre owner over recent weeks. It is likely that a new proposal will be on the table.</li> </ul>   |                             |          |         |      |          |                |
| <b>Caledfryn Well-being Hub</b>   |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The purchase of the identified site has been successfully completed, and a prioritised list of services to be delivered has been agreed.</li> <li>The appointment of the Supply Chain Partner is still pending; however, a meeting with Procurement and Finance is scheduled for late July to progress this.</li> <li>A risk has been identified relating to delays in decanting the Men's Shed group currently occupying Treferian, a BCUHB-owned building. This delay could impact the availability of funding allocated to support the site's refurbishment.</li> <li>Engagement with the local community has commenced, with further engagement activities planned to ensure continued involvement and support.</li> </ul> |                             |          |         |      |          |                |
| <b>Conwy West Well-being Hub</b>  |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The programme is currently experiencing delays due to the ongoing Integration and Rebalancing Capital Fund (IRCF) prioritisation process. This delay presents a risk to both site availability and funding, and is also preventing the appointment of a supply chain partner.</li> <li>In addition, a revenue funding gap has been identified. Potential funding streams are currently being explored to address this shortfall.</li> <li>Progress has been made in site identification with the preferred site being formally supported by Conwy County Borough Council Cabinet.</li> </ul>   |                             |          |         |      |          |                |
| <b>Digital Maternity System</b>   |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The programme has been successfully established, and the team is actively working on documentation to lay the foundations for long-term success. An exception report is currently being developed for review by the Programme Board. This report proposes changes to the implementation roles outlined in the Full Business Case, including the introduction of agency support to strengthen delivery capacity.</li> </ul>   |                             |          |         |      |          |                |

| Programme   | Overall Delivery Confidence | Resource | Finance | Plan | Progress | Risks / Issues |
|---|-----------------------------|----------|---------|------|----------|----------------|
| <ul style="list-style-type: none"> <li>Site visits to Health Boards with prior implementation experience have been conducted to capture lessons learned, this proactive work will ensure insights are directly informing the approach and risk mitigation strategies.</li> <li>Looking ahead, a meeting with the supplier is scheduled for July. This meeting is expected to provide critical clarity on the All-Wales delivery model and inform a more detailed rollout plan, which will be shared in the next reporting cycle.</li> </ul>   |                             |          |         |      |          |                |
| <b>Electronic Healthcare Record</b>   |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The programme team is currently developing the Local Outline Business Case (OBC) in parallel with the Welsh Government’s efforts to define a national roadmap for electronic health record (EHR) implementation. However, the Welsh Government has advised all Health Boards to pause local activity until the national roadmap is finalised. This has resulted in strategic uncertainty for the programme, particularly in terms of planning and resource alignment.</li> <li>This alongside no identified funding for 25/26 have been identified as risks within the Programmes risk register.</li> </ul>  |                             |          |         |      |          |                |
| <b>ePMA</b>   |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The Electronic Prescribing &amp; Medicines Administration (ePMA) Programme Board has approved a condensed implementation timeline, with rollout scheduled to begin in October and continue through to March 2026 across all in-scope areas within BCUHB. This accelerated schedule is driven by the requirement to complete the programme before the cessation of funding at the end of March 2026.</li> <li>Progress has been made on previously identified blockers, notably the integration with Emergency Department (ED) systems. Development work for ED integration commenced on 23/06 and is on track for completion by the end of July.</li> <li>We have received 100% of the Welsh Government funding for the current financial year in advance, providing financial stability for the programme.</li> <li>At present, there are three significant risks associated with the ePMA Programme. These are being actively managed through the established ePMA governance framework. Mitigations are in place, and all risk scores have been reviewed and ratified by the ePMA Project Risks and Issues Group prior to presentation to the Programme Board.</li> </ul> |                             |          |         |      |          |                |
| <b>Holyhead Well-being Hub</b>  |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The SOC was submitted to WG in October 2024 and is currently scrutiny which was unable to progress until BCUHB completed the IRCF prioritisation exercise. BCUHB IRCF capital prioritisation has now been completed which should now unblock the scrutiny of the Strategic Outline Case (SOC).</li> <li>Scheme is listed as a priority in the BCUHB/RPB IRCF Capital Programme but starting in 2026/27.</li> </ul>   |                             |          |         |      |          |                |
| <b>LIMS (Laboratory Information Management System)</b>  |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The implementation of the national programme by Digital Health and Care Wales (DHCW) is presenting significant challenges to the local Programme. These challenges relate to both financial and resources, which are impacting the overall delivery and progress of the Programme.</li> <li>Potential risk to the Pathology service due to the substantial level of resources required to support the implementation. This diversion of resources is likely to affect service delivery and operational efficiency within the department.</li> </ul>  |                             |          |         |      |          |                |
| <b>Llandudno Orthopaedic Hub</b>  |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The capital building project remains on track for completion, with handover currently scheduled for 15/12/25. However, operational readiness cannot yet be confirmed due to identified risks associated with the theatre staffing model and job planning for the second theatre.</li> <li>There are significant capital cost pressures, and cost advisors are actively working with contractors to manage and mitigate these challenges.</li> </ul>  |                             |          |         |      |          |                |

| Programme  | Overall Delivery Confidence | Resource | Finance | Plan | Progress | Risks / Issues |
|--|-----------------------------|----------|---------|------|----------|----------------|
| <ul style="list-style-type: none"> <li>Stakeholder engagement has been strong, with positive involvement from staff across all acute sites. Task and finish groups have been established to address pooled waiting lists and support demand and capacity planning for service development. However, there has been a notable decline in clinical engagement, which may impact future planning and implementation.</li> <li>A report is scheduled for consideration by the Executive Team on 23 July, proposing a transition to an enhanced recovery model.</li> </ul>  |                             |          |         |      |          |                |
| <b>Mental Healthcare Electronic Record</b>   |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>Following the closure of the tender process in early June, the project team has successfully completed the evaluation sessions. The next phase will involve supplier system demonstrations, which are scheduled to begin in mid-July. These will be followed by clarification activities, moderation workshops, and reference site visits, expected to take place in late July and early August.</li> <li>The team has identified some resource challenges that could potentially impact the progress of readiness activities. However, efforts are currently underway to address these gaps and ensure that there are no delays in the project timeline.</li> <li>Funding for the project has been secured from the Welsh Government. In response to potential risks associated with higher-than-anticipated supplier costs and resource shortfalls, the project has reprofiled its spending for the 2025/26 financial year, this has been done within the existing budget.</li> <li>It is important to note that the project is unlikely to achieve a cost-neutral position, as cash-releasing benefits are extremely limited. Additionally, there is an expectation of increased resource requirements for ongoing Business-as-Usual support, which may further widen the cost gap.</li> </ul> |                             |          |         |      |          |                |
| <b>Penygroes Well-being Hub</b>  |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>The original Canolfan Lleo wider 5 partner scheme in Penygroes was approved by WG in May 2023 to progress to OBC. Since then, some partners have withdrawn due to an increase in project costs and challenges. There are now two partners remaining (HB and Grŵp Cynefin – original group scheme lead) and as a result, the overall proposals for the site have required significant review and re-shaping.</li> <li>Following a public meeting (organised by local AM) in April 2025 to discuss the status of the project, work has been undertaken to prepare for a community drop-in event in Penygroes (July 24th) for the Health Board to share information on the proposed plans and services for a new Health centre providing the opportunity for local people to view/feedback on the proposed site and floor layouts.</li> </ul>  |                             |          |         |      |          |                |
| <b>RISP (Radiology Informatics System Project)</b>   |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>Red overall delivery confidence status reflects concerns over July 2025 go-live date due to the urgent infrastructure changes requested by Philips.</li> <li>Philips advised BCU to delay July 2025 go-live due to the risks and issues being discussed. Revised go-live date to be agreed and replanning for pre go-live activities.</li> <li>National RISP Funding &amp; Local Health Board funds (BCUHB Contingency Budget) confirmed by Finance for 25/26</li> <li>Philips to provide the Correction Plan for BCU to review and accept.</li> </ul>  |                             |          |         |      |          |                |
| <b>Royal Alexandra Hospital</b>  |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>Financial risks remain elevated due to unresolved revenue funding and ongoing uncertainty around capital approvals. Mitigation measures are currently in progress.</li> <li>While key milestones are advancing, tight timelines particularly for design and approvals introduce delivery risks that require continuous oversight.</li> <li>The New Build phase is impacted by several high-rated risks, especially in the areas of funding, planning, and design schedules. These risks are being closely monitored and actively mitigated.</li> </ul>  |                             |          |         |      |          |                |

| Programme   | Overall Delivery Confidence | Resource | Finance | Plan | Progress | Risks / Issues |
|---|-----------------------------|----------|---------|------|----------|----------------|
| <b>Waunfawr Health Centre</b>   |                             |          |         |      |          |                |
| <ul style="list-style-type: none"> <li>Business Justification Case (BJC) endorsement received at West IHC Finance &amp; Planning and Capital Investment Group for the business case to progress to the next internal approval (Exec in September, Board in November). Contractor fixed costs only held until Nov 25.</li> </ul> |                             |          |         |      |          |                |



|  |   |  |   |   |
|--|---|--|---|---|
| Teitl adroddiad:<br><i>Report title:</i>   | Annual Delivery Plan 2025/26 - Quarter 1 Progress Report  |  |   |   |
| Adrodd i:<br><i>Report to:</i>   | Planning, Population Health and Partnerships Committee (PPHP)   |  |   |   |
| Dyddiad y Cyfarfod:<br><i>Date of Meeting:</i>   | 4th September 2025  |  |   |   |
| Crynodeb Gweithredol:<br><i>Executive Summary:</i>   | The purpose of this paper is to provide an overview of progress against the Quarter 1 deliverables within the 2025/26 Annual Delivery Plan. The report outlines current progress, and highlights areas for improvement.   |  |   |   |
| Argymhellion:<br><i>Recommendations:</i>   | <p>The PPHP Committee is asked to:</p> <ul style="list-style-type: none"> <li>▪ <b>RECEIVE ASSURANCE</b> on the progress made during Quarter 1 along with the challenges highlighted.</li> <li>▪ <b>APPROVE</b> the change controls outlined within the paper.</li> </ul> |  |   |   |
| Arweinydd Gweithredol:<br><i>Executive Lead:</i>   | Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)   |  |   |   |
| Awdur yr Adroddiad:<br><i>Report Author:</i>   | Dylan Williams, Assistant Director of Corporate Planning  |  |   |   |
| Pwrpas yr adroddiad:<br><i>Purpose of report:</i>  | I'w Nodi<br><i>For Noting</i><br><input type="checkbox"/>   | I Benderfynu arno<br><i>For Decision</i><br><input checked="" type="checkbox"/>  | Am sicrwydd<br><i>For Assurance</i><br><input checked="" type="checkbox"/>  |   |
| Lefel sicrwydd:<br><i>Assurance level:</i>   | <p>Arwyddocaol<br/><i>Significant</i><br/><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>            | <p>Derbyniol<br/><i>Acceptable</i><br/><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p> | <p>Rhannol<br/><i>Partial</i><br/><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p> | <p>Dim Sicrwydd<br/><i>No Assurance</i><br/><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in Delivery</i></p> |
| <p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p> |   |  |   |   |
| Cyswllt ag Amcan/Amcanion Strategol:<br><i>Link to Strategic Objective(s):</i>   |   | To support the Integrated Medium Term Plan (IMTP)  |   |   |
| Goblygiadau rheoleiddio a lleol:<br><i>Regulatory and legal implications:</i>  |   | Not applicable   |   |   |
| Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?   |   | Not applicable   |   |   |

|   |                |
|---|----------------|
| <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>  |                |
| Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?<br><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>   | Not applicable |
| Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)<br><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i> | Not applicable |
| Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith<br><i>Financial implications as a result of implementing the recommendations</i>   | Not applicable |
| Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith<br><i>Workforce implications as a result of implementing the recommendations</i>   | Not applicable |
| Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori<br><i>Feedback, response, and follow up summary following consultation</i>   | Not applicable |
| Cysylltiadau â risgiau BAF:<br>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)<br><i>Links to BAF risks:<br/>(or links to the Corporate Risk Register)</i>   | Not applicable |
| Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)<br><i>Reason for submission of report to confidential board (where relevant)</i>   | Not applicable |
| Camau Nesaf / <i>Next Steps:</i><br>Implementation of recommendations   |                |
| Rhestr o Atodiadau / <b>List of Appendices:</b><br>Appendix 1: Quarter 1 2025/26 ADP Monitoring Report<br>Appendix 2: Change Control – Amendments to the 2025/26 Annual Delivery Plan   |                |

# Quarter 1 2025/26 ADP Monitoring Report

## Introduction

This report provides a revised approach to Annual Delivery Plan reporting and includes a high level summary of **Quarter 1** progress against the commitments set out in the final Annual Delivery Plan (ADP) 2025/26 as presented to the Board on 29th May 2025.

The new reporting approach has been implemented with focus on Quarter 1 sub-objective level performance, highlighting key achievements and reporting on completion rates. The report also identifies challenges encountered during the reporting period.

The Annual Delivery Plan has been developed to ensure full alignment with the organisation's five Key Strategic Objectives. Each action, initiative, and performance measure within the plan directly supports the delivery of these priorities, ensuring that resources, efforts, and outcomes are strategically focused to achieve the desired impact. The plan addresses the priorities as follows:

|  |  |   |  |
|--|--|---|--|
| <b>Objective 1: Building an effective organisation</b>                 |  | <b>Objective 4: Improving quality, outcomes and experience</b>                |  |
| 1A   | Effective systems of governance  | 4A  | Prevention and Early Intervention            |
| 1B   | Establishing the Foundations for the Future                                  | 4B  | Primary Care including Clusters              |
| 1C   | Responding to Legislative Requirements                                       | 4C  | Community Care                               |
| 1D   | Implementing the Quality Management System                                   | 4D  | Planned Care, Cancer & Diagnostics           |
| <b>Objective 2: Developing strategy and long-lasting change</b>        |  | 4E  | Urgent and Emergency Care                    |
| 2A   | Developing and delivering a Health Board Strategy and Clinical Services Plan | 4F  | Adult Mental Health & Learning Disability    |
| 2B   | Strengthening Planning and Commissioning                                     | 4G  | CAMHS  |
| 2C   | Improving the Environment, Estate and Facilities                             | 4H  | Neurodevelopment                             |
| 2D   | Enhancing digital, data and technology approaches                            | 4I  | Dementia                                     |
| 2E   | Developing and delivering value and sustainability                           | 4J  | Currently 'Challenged Services'              |
| 2F   | Improving workforce planning and development                                 | 4K  | Women's services                             |
| 2G   | Working with regional partners   | 4L  | Children & Young People                      |
| <b>Objective 3: Compassionate culture, leadership &amp; engagement</b> |  | 4M  | Pharmaceutical services                      |
| 3A   | Culture Development  | 4N  | Palliative, End of Life and Bereavement Care |
| 3B   | Leadership Development   | 4O  | Dental services                              |
| 3C   | Citizen engagement and partnership working                                   | 4P  | Diabetes                                     |
| 3D   | Welsh language and culture   | <b>Objective 5: Effective environment for learning and skills development</b> |  |
|  |  | 5A  | University & Further Education Partnerships  |
|  |  | 5B  | Research, Development and Innovation         |
|  |  | 5C  | Academic Careers                             |
|  |  | 5D  | Intelligence Led                             |
|  |  | 5E  | Learning Organisation                        |

## Quarter 1 Progress

The Annual Delivery Plan contained 24 deliverables that were due to be completed during Quarter 1, all of these were set within the context of the 5 Strategic Objectives. The revised format of reporting at sub-objective level is intended to provide an higher level view of progress against quarterly commitments over the year. The following summary table provides an overview of progress to date.

| Strategic Priority |   | Completed Priorities | Priorities Expected to Complete within Q2 | Priorities Not Expected to Complete within Q2 | Total     |
|--------------------|---|----------------------|---|---|-----------|
| 1                  | Building an Effective Organisation                        | 2                    | 0   | 0   | 2         |
| 2                  | Developing Strategy and Long-lasting Change               | 1                    | 0   | 1   | 2         |
| 3                  | Creating Compassionate Culture, Leadership and Engagement | 5                    | 0   | 0   | 5         |
| 4                  | Improving Quality, Outcomes and Experience                | 8                    | 3   | 3   | 14        |
| 5                  | Establishing an Effective Environment for Learning        | 1                    | 0   | 0   | 1         |
| <b>Overall</b>     |   | <b>17</b>            | <b>3</b>                                  | <b>4</b>                                      | <b>24</b> |

The table shows a completion rate of 71% against the priorities deliverables due by the end of Q1. This completion rate is higher than the 66% achieved for the same period last year. The organisation will continue to drive improvements in delivery rates as accountability and reporting arrangements are further embedded and mature.

There are 3 deliverables that are off track against the original committed timescale but mitigation plans are in place to conclude by the end of Quarter 2, these are marked as amber. It is anticipated they will be resolved without the need for further intervention.

There are 4 deliverables marked as red, which represent overdue deliverables that do not currently have a mitigation plan to bring them back on track by the end of Quarter 2. Further details on each can be found in Appendix 1, with a brief summary below:

- 2B.6: Review of Commissioning Arrangements** – Capacity constraints within the Performance and Commissioning Team have delayed the final review of insourcing and outsourcing contracting arrangements. The Corporate Planning Team are working closely with the Performance and Commissioning Team to establish next steps.
- 4C.1: Generate Options to increase provision of Enhanced Community Care (ECC)** – In anticipation of National Data Standards being developed for ECC, the Health Board has been working with National leads to define information standards and clarify definition of ECC. Teams from Primary Care and Data Intelligence are continuing to review internal data recoding for core activity and ECC. As national standards are not yet available, this sub-objective has been aligned to Quarter 3.
- 4C.5: Weekend Community Nursing** – This work could not be completed during Quarter 1 as discussions continue at a national level in respect of resource and activity.

- **4C.9: Weekend Specialist Palliative Care** – While work has commenced during the quarter it was not fully completed. The Corporate Planning Team are working closely with the service leads on mitigation plans to complete delivery as soon as possible.

### Quarter 1 Key Delivery Highlights:

- **Governance** – The Health Board has made improvements in its management of governance in relation to Learning From Events Report following a change of process agreed by the Executive Committee in January 2025. The improved governance arrangements in this area have been cited by Welsh Government as an area of best practice in Wales. Robust systems are now in place for tracking and oversight of Learning From Events Reports, resulting in improved claims and redress processes. These improvements strengthen governance, transparency and accountability across the Health Board. The Audit Committee oversees progress against the LFERs.
- **Quality Management System (QMS)** - A comprehensive communications programme has been delivered, including myth-busting bulletins, intranet articles and leadership briefings. The live QMS Hub has been identified as being amongst the best in Wales and is actively used. Continued engagement through roadshows and AGM activities is helping embed QMS principles across the organisation. Challenged Specialties, including Plastics and Oncology, demonstrated tangible progress against agreed improvement plans, which was also welcomed by Welsh Government.
- **Environment & Estates** - In infrastructure and environment, the Health Board successfully completed the NHS All-Wales Capital Prioritisation exercise, securing significant investment for diagnostic and treatment equipment that will enhance capacity, improve patient pathways, and support the sustainability of clinical services. Progress has also been delivered across a number of capital schemes including the Royal Alexandra and a collection of Health and Well Being Hubs.
- **Culture and Leadership** - The discovery phase of the Culture & Leadership Programme has concluded during Q1 where various diagnostic tools have been utilised to examine the current culture of the organisation. The Values & Behaviours embedding plan is progressing to ensure the Values and Behaviours Framework is integrated into systems, policies and ways of working. A toolkit was also launched which provides resources, links, guides and examples of best practice to support teams across the Health Board to live the required behaviours.
- **Engagement and Partnerships** – The Health Board is actively engaged in partnership groups, with structured reporting and refreshed representation now embedded in governance. Senior-level input is improving decision-making and alignment with organisational priorities. Representation at the Regional Partnership Board has been strengthened with active engagement for Strategic and Corporate Planning.
- **Welsh Language** – The Welsh Language Strategic Forum approved the strategic plan. Increased visibility, tailored training and cross-service collaboration are helping integrate Welsh language and culture into daily working life, including planning for the National Eisteddfod and other community events.

- **Primary and Community Care** – The new GMS Contract Assurance Framework has transitioned to business-as-usual and the delivery plan is aligned with national timelines and informed by lessons learned. National Level subject matter expertise has been secured to progress the primary care agenda.
- **Planned Care** - External resources have been commissioned and have been operational since late 2024 (Endoscopy) and early 2025 (Dermatology). These services are maintaining continuity of care while sustainable models are developed. A business case has been submitted to address long Neurodevelopment Service waits. As well as addressing the immediate waiting time issues, the Health Board has also mobilised a Major Change Programme in this area to make sustainable improvements across all Planned Care Specialties, applying some of the organisational design principles to simplify, streamline and standardise best practice.
- **CAMHS Best Practice Sharing** – The Health Board is maintaining its focus on reducing long waits. Collaboration with other Health Boards is helping align service provision with national standards. This supports reduced variation and improved outcomes for children and young people.
- **Intelligence Led Organisation** - Digital transformation has also advanced during this period, highlighted by the launch of the redeveloped IRIS operational portal. This platform provides real-time intelligence to support performance monitoring, planning, resource optimisation and improved management information relating to patient pathways and flow, laying the foundation for more informed, data-driven decision-making across the Health Board.

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## ▪ Integrated Planning and Performance Reporting

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Looking ahead, future reports will provide greater clarity and narrative around the progression of the broader sub-objectives, detailing how activities and outcomes are tracking against year-end delivery milestones. The focus will remain on enhancing the integration of progress tracking for the Annual Delivery Plan with the outcome metrics reported within the Integrated Performance Report (IPR). This is a key part of the Health Board's ongoing efforts to strengthen Planning and Performance Frameworks, ensuring a more consistent and transparent approach to performance management and delivery assurance.

As the approach matures, future reporting will feature more detailed references to relevant data and insights from the IPR, to provide greater visibility of the operational and strategic impact of this work. To support a higher completion rate and more effective monitoring, key areas of the Integrated Planning and Performance approach will continue to evolve. This includes:

- Enhancing Directorate Performance Reviews to enable more dynamic, data-driven discussions and interventions;
- Strengthening links to PADRs to align individual objectives with service priorities;
- Reviewing the plan in the context of Special Measures expectations to ensure progress against the de-escalation criteria; and
- Assessing progress against Integrated Quality, Planning and Delivery (IQPD) metrics and other Welsh Government reporting requirements, ensuring alignment between operational delivery and strategic oversight.



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## ▪ Change Control

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The Health Board has an established change control process for the Annual Delivery Plan ensuring a transparent and auditable approach to managing any requested amendments. A summary of the requests submitted for the Quarter 1 period can be found below, further details are included in appendix two.

| Number of changes | Summary and Rationale for Change                             |
|-------------------|--|
| 4                 | Amendments to delivery timelines from Quarter 1 to Quarter 2 |

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## ▪ Recommendations

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The Executive Committee is asked to:

- **RECEIVE ASSURANCE** on the progress made during Quarter 1 with the challenges highlighted
- **APPROVE** the new reporting format and change control submissions.



# Quarter 1- 2025/26 ADP Monitoring Report

August 2025



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## Annual Delivery Plan Quarter 1 - Overview by Sub-Objective

| KEY:   | Completed  | Off track, but with a plan to course correct and complete in Quarter 2 | Off track and unlikely to complete within Quarter 2 |
|--|--|--|---|
| <b>Sub-Objective</b>   | <b>Executive Lead</b>                              |  | <b>Confidence RAG</b>                               |
| <b>1A Effective Systems of Governance</b>  | <b>Dir. Corporate Governance</b>                   |  |   |
| <p>1A.9. Deliver a recovery plan to eliminate the backlog of overdue Learning from Events Report (LFERs, which are part of the claims and redress process with the Welsh Risk Pool), and embed a new process to ensure future timely submission and also a reduction in the number case LFERs that are 'red deferred' (which necessitate significant review and resubmission)</p> <p>The Director of Corporate Governance has overseen the delivery of all changes included in the delivery plan. This marks continued progress in the strengthening of governance arrangement, ensuring consistency and transparency of the LFER process across the Health Board. Robust redress systems are now embedded, including senior oversight, centralised tracking, and proactive performance monitoring. The delivery plan also fosters deeper learning from legal concerns and ensures sustained, measurable progress in supporting sustained, measurable progress for managing and addressing legal and regulatory challenges.</p>  |  |  |   |
| <b>1D: Implementing the Quality Management System</b>  | <b>Executive Director of Nursing and Midwifery</b> |  |   |
| <p>1D.2. Complete a series of communication exercises and briefing sessions to keep BCUHB workforce informed about QMS utilising an educational and myth busting approach designed to strengthen knowledge and understanding of QMS.</p> <p>Welsh Government have acknowledged the improvements delivered for QMS (Quality Management System) and learning has been shared nationally. A comprehensive programme of communication and engagement activities was delivered during Q1, with continued commitment to raising awareness and understanding of the QMS across the workforce. Structured communications such as the launch of the QMS Hub, myth-busting bulletins, intranet articles, and targeted leadership briefings have been delivered, these actions have enhanced staff engagement, integrated QMS principles into strategic and operational discussions, and laid a strong foundation for ongoing quality improvement. Progress has also been noted in the application of QMS in supporting the Health Boards Challenges Services work, with two of the eight specialist (plastics and oncology) identified for de-escalation, providing an effective platform for the coming year.</p> |  |  |   |
| <b>2B Strengthening Planning and Commissioning</b>   | <b>Director of Performance and Commissioning</b>   |  |   |
| <p>2B.6. A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development</p> <p>A preliminary review of insourcing and outsourcing has been initiated by the Director of Performance and Commissioning. The review is intended to address long standing capacity constraints, while also establishing sustainable future models. The Health Board is committed to supporting commissioning functions and work is underway to establish sustainable ways forward for the Performance and Commissioning Directorate. As part of this effort, the Integrated Performance Framework (IPF) is being</p>   |  |  |   |



reviewed and strengthened to incorporate commissioning elements which will reinforce escalation and de-escalation processes. The revised IPF is on track for presentation to the Executive Team, with the intention of securing formal sign-off at the September Health Board meeting.

## 2C Improving the Environment, Estate and Facilities

Director of Environment and Estate

### 2C.1. Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise

This priority is now complete following the outcome of the NHS All-Wales Capital Prioritisation exercise the Health Board has advanced key strategic capital developments. The Health Board recognises that development of the environment and estate is a key supporting factor in the re-design and transformation of services. Business cases are being actively progressed for submission to Welsh Government including for Adult & Older Persons Mental Health Unit, Ysbyty Glan Clwyd (Full Business Case), Nuclear Medicine Consolidation, Ysbyty Glan Clwyd (Full Business Case) and the Royal Alexandra Hospital (Addendum to Full Business Case - Phase 1). In addition, the approval of capital funding from Welsh Government for the replacement of critical diagnostic and treatment equipment, which will enhance service delivery and patient outcomes including two Linear Accelerators at the North Wales Cancer Centre, Ysbyty Glan Clwyd and a Single-Photon Emission Computed Tomography (SPECT-CT) at Ysbyty Gwynedd.

## 3A Culture Development

Associate Director People Services

### 3A.1. Fully implement and embed the Values & Behaviours Framework into our organisational policies, processes and practices so that staff live the values and behaviours in their day-to-day work.

Following the formal launch of the Values & Behaviours Framework in Board at the end of March the focus has been on integrating the Values & Behaviours Framework into our systems, processes and ways of working across the organisation, 80% of this work is complete with the plan remaining dynamic to support organisational development. The Values & Behaviours toolkit and other resources to support the embedding of the Values has been launched and continues to be actively promoted by Culture Change Leaders to support wider access across the organisation. Welsh Government have also noted significant progress in strengthening leadership and core values as part of Special Measures.

## 3B Leadership Development

Associate Director People Services

### 3B.3. Review and evaluate the first senior level programme – Glyder Fawr (Advanced Clinical Leadership Programme) delivered in 24/25 in readiness for the second cohort of this national HEIW led programme commencing at the end of Q1 25/26.

Data analysis and evaluation of the programme was completed, resulting in recommendations for improvement that will be incorporated into the next phase of the two leadership programmes which include enhancing staff engagement and learning outcomes. Progressing through the year, these improvements will further enrich the Integrated Learning Development Framework (ILDF), supporting staff at all levels in developing leadership skills. The programme will ultimately contribute to better outcomes for both staff and patients across the Health Board.



|   |   |  |
|---|---|--|
| <b>3B Leadership Development</b>  | <b>Associate Director People Services</b>                                   |  |
| <p>3B.5. Evaluate the outcomes from previous cohorts of the Mynydd Mawr – Foundations of Leadership and Management programme (delivered 24/25) to identify learning outcomes and impact in the workplace.</p>   |   |  |
| <p>Similar to the Glyder Fawr approach, data analysis and evaluation of the programme was completed, resulting in recommendations for improvement that will be incorporated into the next phase of the two leadership programmes which include enhancing staff engagement and learning outcomes. Progressing through the year, these improvements will further enrich the Integrated Learning Development Framework (ILDF), supporting staff at all levels in developing leadership skills. The programme will ultimately contribute to better outcomes for both staff and patients across the Health Board.</p>  |   |  |
| <b>3C Citizen engagement and partnership working</b>  | <b>Director Of Partnerships/communications And Engagement</b>               |  |
| <p>3C.6 - Reset the Health Board's representation at the Regional Partnership Board establishing a structured reporting process to improve decision making.</p>   |   |  |
| <p>The Health Board has taken steps to reset and strengthen its strategic role within the Regional Partnership Board (RPB) through a review of representation and the introduction of a structured reporting process. These changes are now embedded within formal governance arrangements, ensuring clear accountability and alignment between RPB activity and organisational priorities. The refreshed representation model provides consistent senior-level input, enabling the Health Board to more effectively influence regional decision-making and support integrated, person-centred care. Enhanced oversight through regular reporting to the Executive Committee ensures that RPB developments are fully considered within the Health Board's planning and performance frameworks. Collectively, these improvements provide assurance that the Health Board is well-positioned to deliver better outcomes for patients and communities through more joined-up, informed, and transparent decision-making.</p> |   |  |
| <b>3D Welsh Language &amp; Culture</b>  | <b>Executive Director of Allied Health Professions &amp; Health Science</b> |  |
| <p>3D.5. Promote the use of Welsh language within the organisation.</p>   |   |  |
| <p>Progress continues in line with Health Board strategic aims with delivery of all milestones for Quarter 1. The Welsh Language Strategic Forum's approval of the detailed implementation plan on 2 June 2025 provided a clear and structured pathway forward, enabling the Welsh Language Team to take focused action to enhance visibility, staff engagement, and cultural awareness across the organisation and externally within communities. The steps outlined including increased Welsh language presence in communications, tailored language training, and cross-service collaboration, will support the integration of the Welsh language and culture into everyday working life. These efforts will foster a more inclusive environment where the Welsh language is both valued and actively used, aligning with our wider organisational values and responsibilities.</p>  |   |  |
| <b>4B Primary Care including clusters</b>   | <b>Chief Operating Officer</b>  |  |
| <p>4B.8. Implement the new GMS Contract Assurance Framework.</p>  |   |  |
| <p>The Contract Assurance Framework has successfully transitioned to a business-as-usual process within the Primary Care Contracting teams and Integrated Healthcare Community (IHC). A clear delivery plan for the year has been agreed aligning fully with national GMS CAF timescales. Lessons learned from 2024'25 have been incorporated</p>   |   |  |

to enhance this year's CAF processes, and an all-Wales Task and Finish Group is being established to prepare for 2026/27. Progress and impact will continue to be reported to the Pan-BCUHB Primary Care Quality and Safety Group and the Primary Care Contracting Group.

**4B Primary Care including clusters** **Chief Operating Officer**

[4B.15. Discussions \(internally and with partners\) will be progressed to a conclusion as to whether the current 14 cluster footprints are optimal or whether a change of focus to pan-cluster footprints would be preferable.](#)

Discussions commenced and a rapid review was conducted by the Health Board in Quarter 1 to assess the size, capability, and potential of cluster footprints across the region. The review incorporated findings from the Accelerated Cluster Development (ACD) evaluation, Cluster Maturity Matrix, and Health Board's direction for Primary Care Mode for Wales (PCMW) in North Wales. Moving forwards the work will be monitored by the Strategic Programme for Primary Care Sub-Group, with final decisions to be consider Regional Partnership Board optimisation and the Health Board's operating model. The report and recommendations will be published by 25th July 2025 and therefore will be completed during Quarter 2 of 2025/26.

**4C Community Care** **Chief Operating Officer**

[4C.1. Enhanced Community Care - Generate options to increase provision of Enhanced Community Care \(ECC\)](#)

In anticipation of the development of National Data Standards for ECC, the Health Board has been collaborating with national leads to establish information standards and clarify the definition of ECC. Teams from Primary Care and Data Intelligence continue to review and refine internal data recording processes for both core services and ECC. As the national standards are not yet finalised, this sub-objective has been rescheduled and is now aligned to Quarter 2.

**4C Community Care** **Chief Operating Officer**

[4C.5. Weekend Community Nursing - Review options to increase District Nursing provision at the weekend including the nature and level of weekend demand.](#)

Clarification on impacts has been requested from the Nurse Programme Lead, and learning from other Health Boards will continue to inform local improvement plans. The Health Board is reviewing associated revenue requirements in order that both target levels and service demand can be delivered safely, and without compromising activity levels. Weekend demand data reporting has commenced with reporting planned for July following roster consolidation. A SharePoint solution has been implemented to ensure accurate calculation in line with WG standards, and clarification. The Health Board has implemented mitigations to enable operational response to weekend District Nursing Provision. Heads of Community Nursing have engaged with Welsh Government colleagues to reprofile rosters, supporting centralised reporting against the target for weekend District Nursing levels (80% of weekday levels). Given the require resource implications and work taking place at National level, this work is expected to continue until Quarter 2.

**4C Community Care** **Chief Operating Officer**

[4C.9. Weekend Specialist Palliative Care - Review opportunities to increase Specialist Palliative care capacity in the East to bring cover up to the same level as other parts of BCU i.e. 2 CNS's on duty at the weekend.](#)

Palliative care services exist across the Health Board and are configured to provide palliative care expertise both in the hospital and community setting. Services are tailored to the needs of the patient regardless of their primary diagnosis with seven day specialist palliative care nursing being available and 24hr specialist medical advice for clinical staff. Work has taken place during Quarter 1, however, further clarity has been requested to ensure alignment with the defined sub-objective requirements.



The Corporate Planning Team are working closely with the service leads to better understand the current position and to make sure the right actions are in place. This will enable clearer reporting and assurance in Quarter 2.

#### 4D.A Planned Care

#### Chief Operating Officer

[4D.a.1. Develop and implement the next stage of the Validation Approach in the Health Board; focusing on delivering high levels of data quality, updated waiting lists and application of waiting list policies.](#)

From a clerical perspective, 1,809 pathways were successfully closed within <104 weeks, while 464 pathways exceeding 104 weeks were reviewed and updated to ensure compliance with current policies. In respect of clinical validation, the e-form registering and reporting approach was introduced and was fully deployed to streamline validation workflows and enhance real-time monitoring. This digital enhancement has improved efficiency, and will facilitate consistent data capture across services. Additionally, a comprehensive draft Policy and Standard Operating Procedure (SOP) has been developed to standardise validation practices. This policy provides clear operational guidance for clinical and administrative teams and will support consistent application of waiting list policies in line with national standards. Work also commenced on analysing pathway trends, evaluating data accuracy, and preparing for the next phase of targeted clinical engagement. The next stage will focus on embedding these processes into business-as-usual operations, expanding clinical validation capacity, and driving further reductions in long-waiting patients.

#### 4D.A Planned Care

#### Chief Executive Officer

[4D.a.2. Implement locally the 8 nationally agreed Interventions Not Normally Undertaken \(INNU\), and the pipeline of INNUs that follow.](#)

The Health Board has progressed implementation of the national approach to Interventions not normally undertaken (INNU). This requires the Health Board to deliver the 8 priority procedures determined for implementation as part of Phase 1. A draft INNU policy has been completed and is currently undergoing engagement with national leads to align with the forthcoming national EBIW (Evidence-Based Interventions Wales) policy and Standard Operating Procedure (SOP), anticipated for finalisation by the end of Q3. In parallel, site-level INNU validation activity is underway and the registration and reporting of INNU validation activity is being integrated into the broader clinical validation framework, which is scheduled for implementation by the end of Q2. Effective INNU governance supports clinical consistency, reduce unwarranted variation in care, and ensures compliance with national guidance and best practice.

#### 4D.A Planned Care

#### Chief Executive Officer

[4D.a.15. Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity.](#)

Progress has been made in establishing a robust approach to follow-up validation across BCUHB including a baseline assessment of the current state, providing a clear foundation for targeted improvement. A structured validation approach is now in place, and work has commenced to identify and remove duplicate pathways within three key specialties: Trauma & Orthopaedics, Gynaecology, and Dermatology. To support the management of 100% breach cases, CIN discharge protocols are being developed. This work is closely aligned with efforts to scale up the use of SOS (Scheduled Outpatient Services) and PIFU (Patient-Initiated Follow-Up). Collectively, these activities will support improved access and flow.



**4D.b Cancer Care****Chief Operating Officer**

4D.b.3. Commission of additional external resource in endoscopy and dermatology whilst seeking to develop and recruit to more sustainable models of care to meet the needs of our population across north Wales.

Cancer care continued to be a key focus point for the Health Board in Quarter 1. To ensure continued access to timely care, additional external resources were commissioned for both endoscopy and dermatology. These additional services have supported service delivery, while the Health Board works to develop and recruit to more sustainable models of care. It is intended that this approach will enable the Health Board to meet the current needs of its population across North Wales and provide stability during the period of transformation.

**4G Adult Mental Health & Learning Disabilities****Executive Director of Allied Health Professionals & Health Science**

4F.1. Work with the NHS Executive to deliver the emerging Mental Health strategic improvement programme including patient centred safety, crisis care and access to community services.

The Health Board continued to work and engage with the NHS Executive in respect of the Emerging Strategy, adapting to the developing strategic Programme for Mental Health, good relationships are developing across the national and local teams. Clinical and Transformation leads were identified for all Patient Safety Programme workstreams with governance for reporting into Divisional Programme Oversight Group and Quality and Safety Delivery Group agreed. Comments on the draft All Wales MH Discharge policy were provided to support continued development. Other work progressing in quarter 1 included the implementation of two action plans covering ligature reduction and training & procedure, these plans were approved by the Health & Safety Executive and reflect the developing Wales standards.

A Crisis Care model was also developed, this is intended to enhance, complement and support existing services to provide face to face interventions based on individual needs and will align to the Strategic Programme for Mental Health. Looking ahead to Quarter 2, data validation and pathway mapping will be undertaken to support both the community redesign and all ages mental health EHR major change programme, with a workshop scheduled to inform options to be developed in line with the national requirements. Patient centred safety planning training has also been agreed with the national team and dates confirmed for Quarter 2.

**4G CAMHS****Chief Operating Officer**

4G.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.

Best practice has been shared and received from other Health Boards, including information regarding the provision of groups and psycho-education, supporting delivery against MHM therapeutic intervention targets. The information gathered is being reviewed through the regional Access group alongside a scoping exercise of local provision. Actions undertaken to date demonstrates a proactive approach to reviewing and developing services ensuring it is appropriate, equitable, and aligned with the national CAMHS service specification, with the aim of reducing unwarranted variation and better meeting the needs of children, young people, and their families across the region.



## 4H Neurodevelopment

Chief Operating Officer

### 4H.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.

With demand higher than available capacity, the Health Board is increasing its capacity to support the reduction of long waits and develop a more sustainable service model. A Needs Led model of care is being pursued, with profiling tool options evaluated and model agreed. Plans have also been developed for training and implementation across services, which will aid early identification and provision of support without the need for diagnosis.

## 4I Dementia

Executive Director of Nursing and Midwifery

### 4I.6. Dementia-appropriate Environments: Facilitate extensive assessment of environments

BCUHB continues to contribute to national dementia care innovation through its role in the Workstream 4 Hospital Charter Steering Group hosted by Improvement Cymru. This collaboration supports shared learning around tools such as PORT and Dementia Care Mapping (DCM) driving improvements in dementia-friendly hospital environments. A key highlight this quarter was BCUHB's hosting of the Innovating Dementia Sandpit Workshop a strategic initiative focused on reducing distress and discomfort associated with long waits and overstimulating environments in A&E. The workshop brought together multiagency stakeholders to co-create inclusive design solutions that promote calm, clarity and comfort for people living with dementia supporting both environmental assessment and preventative care.

Integrated Health Communities (IHCs) are focusing on three elements within their dementia improvement plans: Emergency Departments, Education and Ward Environments. Progress is reported and monitored via the IHC Patient Carer Experience groups and the Strategic Patient Care Experience Group

In progressing Emergency Department Experience, the Health Boards Dementia Improvement Team visited the three Emergency Departments, meeting with staff to explore current practices relating to patients with dementia and their families. The ED leads are meeting regularly to progress and monitor work, supported by the Dementia Improvement Team. A Dementia Pathway for Emergency Departments is being explored, taking account of relevant inspections, action plans and the evidence base. A review of complaints data is being undertaken by the Complaints Team. In the next Quarter, plan to design and deliver a bespoke dementia patient experience review for the Emergency Departments.

Scoping of dementia education, learning and development is underway to enhance the core mandatory module on ESR. Compliance with mandatory training across BCUHB as of July 2025 is 83.87% (permanent) and 74.34%. The national Welsh Government-led Learning & Development group is being asked to commission work to revise the Good Work Framework and to set minimum core standards for dementia education. If not forthcoming BCUHB will propose locally. Within West IHC the Dementia Specialist Nurses are progressing well with Tier 2 training. Online bite-size dementia friendly environment training sessions are being set up in ESR, which will equip staff to understand dementia-appropriate environment principles and provide underpinning knowledge for devising action plans to improve environments.



Dementia environmental assessments are underway within the IHCs. West IHC assessments have been completed with the team progressing required actions. In East IHC 'Morris Ward Tea Rooms' has been established, with all patients with Dementia supported to use. Feedback is positive about the benefits of this area and the activities undertaken here. The gardens next to Morris Ward are also under review, to improve access with patients and their families involved in the consultation. Central IHC are working through learning from areas of excellence in terms of environment for care of patients with Dementia, in consideration of the care delivery that meets this objective on Ward 2 at YGC and Holywell Community Hospital.

**4I Dementia**

**Executive Director of Nursing and Midwifery**

**4I.9. Prevention: Creation/collate/share prevention resources**

In progressing prevention, engagement with Public Health colleagues has identified best 'prevention' resources, with update of an existing Modifiable Risk Factors flyer awaited to include two newly-identified risk factors adding before circulation. Prevention has been added to the Dementia Improvement Team's Communication & Engagement Plan. Discussions occurred with partners e.g., Fire & Rescue have begun to look at how we can resource then promote these materials together (printed, online and via QR codes).

A Dementia Practice Educator (DPE) newly commenced in post, with four care homes in Central area recruited for the Deconditioning Prevention pilot. Deconditioning Steering Group established. Care home residents will be identified by the DPE before admission or early after admission to hospital so that an individualised deconditioning support plan can be tailored and put in place quickly which may prevent admission or help prevent deconditioning after admission. The DPE will support each resident as they prepare to leave hospital and transition back into care home life, to maintain and extend the deconditioning/contracture prevention practices. The DPE will also plan and deliver a range of effective learning opportunities for staff, families and residents (where appropriate) across care home and secondary care and community hospital settings to significantly increase their knowledge of prevention of deconditioning/contractures/effective positioning.

Charitable funding secured for Dementia Care Mapping training, which is currently under discussion with Procurement. Charitable funding also secured for translation of NIHR Dementia Leaflets into Welsh. A Second Dementia Consultant Nurse commenced in post with focus on MHLA

**5D Intelligence Led**

**Chief Digital and Information Officer**

**5D.5 As part of the Operational dashboard (IRIS2) rollout, implement the necessary foundations that will enable use across all types of devices in an intuitive and bespoke manner.**

The milestone activities for the redeveloped IRIS have been completed. The DI&I team will seek user feedback post-launch to guide future improvements. IRIS has made significant technical progress towards becoming an intelligence portal that supports service management, planning, and decision-making to enhance population outcomes. IRIS serves as the core platform for delivering information and intelligence products, facilitating data sharing, managing capacity, and monitoring patient care outcomes. Future developments will expand content and formats, linking hospital activity, quality, and clinical outcomes.



▪ **APPENDIX 2 - Change Control**

| <b>Change Reference</b> | <b>2025/26 Sub-objective</b>  | <b>Proposed</b>   | <b>Justification of change</b>   |
|-------------------------|---|-------------------|--|
| 2526-001                | 2B.6: Review of Commissioning Arrangements                                    | Move to Quarter 2 | Capacity issues within the Performance and Commissioning Team have delayed progress in progressing this sub-objective. |
| 2526-002                | 4C.1: Generate Options to increase provision of Enhanced Community Care (ECC) | Move to Quarter 2 | Actions to date have provided foundations for progressing sub-objective requirements in Quarter 2.                     |
| 2526-003                | 4C.5: Weekend Community Nursing   | Move to Quarter 2 | Actions to date have provided foundations for progressing sub-objective requirements in Quarter 2.                     |
| 2526-004                | 4C.9: Weekend Specialist Palliative Care                                      | Move to Quarter 2 | Actions to date have provided foundations for progressing sub-objective requirements in Quarter 2.                     |





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|---|---|---|--|--|
| <b>Teitl adroddiad:</b><br><i>Report title:</i>           | Winter Resilience Planning 2025 – 2026  |   |  |  |
| <b>Adrodd i:</b><br><i>Report to:</i>                     | BCUHB PPHP  |   |  |  |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>     | Thursday, 04 September 2025   |   |  |  |
| <b>Crynodeb Gweithredol:</b><br><i>Executive Summary:</i> | <p>This paper sets out the key requirements of the Winter Resilience Planning approach that has been undertaken in the Health Board and with partner agencies in relation to preparedness for this coming winter. It provides the strategic context in relation to the responsibilities of the Health Board within the legislative framework, in line with ministerial priorities and national preparedness expectations.</p> <p>This document sets out the core elements of the specific service areas that form the Winter Resilience Plan and include the risks and mitigations that have been considered, including the resource constraints of the health board and Local Authority partners.</p> <p>More detailed operational winter plans have been prepared and continue to be developed further ahead of winter which are available to Board members from which the core elements of this document have been drawn.</p> <p>The system already operates within a very challenged environment and the forthcoming winter could present very significant challenges and risks. It is therefore essential that Board is made aware of the significant challenge this winter period is likely to bring along with quality and poor experience risks for patients and staff. As per previous winters there will continue to be a high degree of Executive oversight and visibility during the winter period.</p> |   |  |  |
| <b>Argymhellion:</b><br><i>Recommendations:</i>           | <p>The PPHP is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Review</b> the Resilience Planning approach for 2025/26; and</li> <li>• <b>Approve</b> the Winter Plan</li> </ul>  |   |  |  |
| <b>Arweinydd Gweithredol:</b><br><i>Executive Lead:</i>   | Tehmeena Ajmal, Interim Chief Operating Officer   |   |  |  |
| <b>Awdur yr Adroddiad:</b><br><i>Report Author:</i>       | Paul Andrew, IHC Director of Operations (West)<br>David Hutton, Programme Director - UEC  |   |  |  |
| <b>Pwrpas yr adroddiad:</b><br><i>Purpose of report:</i>  | <p>I’w Nodi<br/><i>For Noting</i><br/><input checked="" type="checkbox"/></p>   | <p>I Benderfynu arno<br/><i>For Decision</i><br/><input type="checkbox"/></p> | <p>Am sicrwydd<br/><i>For Assurance</i><br/><input type="checkbox"/></p> |  |
| <b>Lefel sicrwydd:</b><br><i>Assurance level:</i>         | <p>Arwyddocaol<br/><i>Significant</i><br/><input type="checkbox"/></p>  | <p>Derbyniol<br/><i>Acceptable</i><br/><input type="checkbox"/></p>           | <p>Rhannol<br/><i>Partial</i><br/><input type="checkbox"/></p>           | <p>Dim Sicrwydd<br/><i>No Assurance</i><br/><input type="checkbox"/></p> |

|  | Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>   | Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | Dim hyder/tystiolaeth o ran y ddarpariaeth<br><br><i>No confidence / evidence in delivery</i> |
|--|--|--|---|---|
| <p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p> |  |  |   |   |
| <p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>  | <ul style="list-style-type: none"> <li>• Prevention and Health Protection</li> <li>• 6 Goals Programme (Urgent &amp; Emergency Care)</li> </ul>  |  |   |   |
| <p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>   | <p>Civil Contingencies Act 2004</p>  |  |   |   |
| <p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>  | <p>Not applicable at this stage</p>  |  |   |   |
| <p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>   | <p>Not applicable at this stage</p>  |  |   |   |
| <p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>   | <p>The issues raised impact across a range of risks</p>  |  |   |   |
| <p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>   | <p>Unknown at the time of this report – there are no specific implications arising from this report</p>  |  |   |   |
| <p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>   | <p>Unknown at the time of this report – there are no specific implications arising from this report</p>  |  |   |   |
| <p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>   | <ul style="list-style-type: none"> <li>• Discussed by Executive Team on Wednesday 20<sup>th</sup> August 2025.</li> <li>• Discussed and approved by Operational Leadership Team on Tuesday 2<sup>nd</sup> September 2025.</li> </ul> |  |   |   |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>Discussed and approved by PPHP on 4<sup>th</sup> September 2025.</li> </ul>   |
| <p><b>Cysylltiadau â risgiau BAF:</b><br/>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b><br/>(or links to the Corporate Risk Register)</p> | <p>BAF 1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users</p> <p>BAF 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience</p> <p>BAF 4.1 Significant risk of avoidable harm to patients and staff, due to a failure by the Health Board provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation</p> |
| <p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>      | Not applicable   |
| <p><b>Camau Nesaf:</b><br/><b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b><br/>Not applicable to this report</p>  |  |
| <p><b>Rhestr o Atodiadau:</b><br/>Dim</p> <p><b>List of Appendices:</b><br/>Winter Resilience Planning Approach 2025/26 – Presentation</p>                                       |  |

# Winter Planning Approach 2025 - 2026

## Health Board September 2025



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



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## PURPOSE

This paper sets out the key requirements of the Winter Resilience Planning approach that has been undertaken in the Health Board and with partner agencies in relation to preparedness for this coming winter. It provides the strategic context in relation to the responsibilities of the Health Board within the legislative framework, in line with ministerial priorities and national preparedness expectations.

This document sets out the core elements of the specific service areas that form the Winter Resilience Plan and include the risks and mitigations that have been considered, including the resource constraints of the health board and Local Authority partners.

More detailed operational winter plans have been prepared and continue to be developed further ahead of winter which are available to Board members from which the core elements of this document have been drawn.

The system already operates within a very challenged environment, and the forthcoming winter could present very significant challenges and risks. It is therefore essential that Board is made aware of the significant challenge this winter period is likely to bring along with quality and poor experience risks for patients and staff. As per previous winters there will continue to be a high degree of Executive oversight and visibility during the winter period.

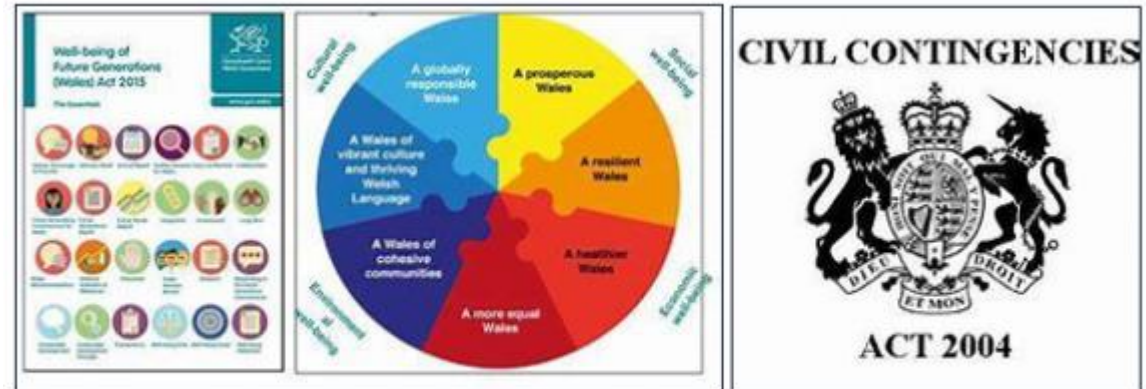
**Recommendation:** The Board is asked to discuss and agree the Winter Resilience Planning Approach for 2025/26 recognising the risks and mitigations that have been identified.



# STRATEGIC CONTEXT

The Health Board has several requirements and duties, under which the Winter Resilience Planning takes place, these include:

- Civil Contingencies Act 2004 – duty to plan to maintain and respond to incidents that constitute as requiring a multi-agency/sector response.
- Social Services and Wellbeing Act – duty to work with partners, including social services within the Regional Partnership Board in safeguarding and improving the wellbeing of people requiring care and support.
- Wellbeing of Future Generations Act – duty to give specific regard to prevention, integrated working, considering the long term.
- WG Ministerial Policy and Priorities – expectations are set out in the ‘Planning Together for Winter 2025/26’ and Planning for Winter Period 2025.



# THE APPROACH TO WINTER PREPAREDNESS - KEY PRINCIPLES, GOVERNANCE & ASSURANCE, FINANCE

## The Approach:

- BCU winter planning proactively commenced in May 2025.
- SRO for Winter is the COO, supported by a winter planning team lead by an IHC Director of Operations.
- A collaborative approach has been taken with all partners across health and social care to support an integrated approach to planning and risk mitigation.
- Strengthen resilience in the system via Regional Partnership Boards.
- Close links with IHCs and Corporate Teams in conjunction with colleagues from WAST/Social care and voluntary services to support an integrated approach to planning and risk mitigation.
- Planning is consistent with the Ministerial Winter requirements.
- Planning is based on a risk assessment, identifying mitigation, gaps, residual risk and any mutual aid requirements.
- Each of the IHCs provide a significant breadth of service which will continue to be delivered through the winter period. Given resource challenges, the approach for Winter this year will be to support and bolster our ability to deliver business as usual services by reviewing how we deliver those services and by moving existing resource to either support or work in a different way.
- IHC winter plans include Cancer and Planned Care activity
- Focus delivery of plans through the Six Goals for UEC Programme

## Finance:

- The cost of operational delivery will be monitored closely as part of the existing financial oversight processes. The COO will work with the Chief Finance Officer and the IHC Directors to ensure additional winter costs are transparent and any overspend highlighted

## The Principles:

- A robust systemwide operational plan capable of upscaling during periods of pressure is in place.
- Information sharing between Health and Social care explored to improve communication and remove delays.
- A clear process is in place at Executive level to support touch base between BCUHB and all 6 Local authorities at pre-determined intervals, to minimise the need for reactive escalation meetings during periods of increased system pressures.
- A focused and consistent approach to reporting unscheduled care pressures is in place across BCUHB.
- Consistent processes are in place across BCUHB to safely and efficiently manage unscheduled care. These processes are monitored, scrutinised on a recurrent basis with clear oversight from the Executive team.
- Escalation protocol refreshed with COO oversight and clinically informed risk-based approach to boarding.
- Protection of Same day emergency care (SDEC) capacity to support unscheduled care flow - COO signoff required to escalate.
- Protection of day of surgery arrivals (DOSAs) capacity to minimise on the day cancellations, and support Planned care delivery through the winter period. - COO signoff required to escalate.
- Protect clinically urgent cases, cancer, long waits (>104 weeks).
- Protect tertiary and regional services.
- Protect Stroke capacity.

## Governance and Assurance:

- Work has commenced to collate and review IHC and Corporate winter plans – monitoring and oversight of delivery will continue throughout Winter
- Confirm and Challenge sessions in September and October
- To support Winter response a review of System Lead arrangements has taken place to enhance Operational and Clinical leadership at times of surge and escalation with a dedicated system lead Mon-Fri 8am to 6pm - this will include the use of Winter data driven intelligence.
- The BCU Winter operating model will be reviewed following release of any further national guidance



# LEARNING AND RISK BASED APPROACH

Feedback and learning has been taken from several sources to inform the plans :

- 50 Day Challenge 2024
- 2024/2025 Winter Feedback and Learning Events
- Ministerial Guidance – Planning Together for Winter 2025
- Welsh Government – Regional Self-Assessment Template
- Welsh Government – Speciality Guidance e.g. Respiratory, Pharmacy, Paediatrics
- First Draft Plans received and check and challenge to take place during September and October to mitigate further
- Winter Planning Director in place to lead on plan development and delivery
- BCU Winter planning team in place to support collaborative development of plans across the IHCs



Some of the risks identified include:

1. Emergency/increase in respiratory illness and communicable diseases eg COVID-19, seasonal influenza, RSV, etc affecting demand for services and availability of staff
2. Increased waiting times to access core urgent and emergency care services, extended ambulance handover times as hospitals impacting long waits for ambulances in the community
3. Workforce pressures in health and social care due to high vacancy rates, staff sickness and social economic pressures
4. Medical staffing constraints – front door model remains unfunded
5. Clinical staff engagement
6. Increased unscheduled care demand due to delay in chronic conditions reviews by all specialities.
7. Increased acuity of patients resulting in increased length of stay and high acuity areas (ITU/CCU) and prolonged recovery periods.
8. SDEC utilised as a bedded escalation area and surging into inappropriate escalation areas
9. Planned activity affected as a result of unscheduled care demand, resulting in cancellation of operations, outpatient and other activity.
10. Stock holding levels and demand and supply of PPE and other vital components and equipment
11. Adverse weather affecting the ability of staff to attend work/access to patients and patients to attend/access health care premises, integrity of buildings.
12. Community, care home and residential home capacity and fragility of services.
13. Industrial action – whilst there is no immediate threat of health-related IA, we should remain cognisant of this risk and any non-direct impact on health care (i.e. transport / rail strikes etc)
14. Poor patient experience



# MINISTERIAL WINTER REQUIREMENTS

**“Planning Together for Winter 2025/26 – Expectations and key actions”** (Source WG letter to RPB Chairs / All NHS Chief Execs / All LA Chief Execs / Directors of Social services dated 14 Jul 2025)

**“Planning for Winter Period 2025”** (Source WG letter to COOs / Directors of Planning / Local Health Boards / Regional Partnership Boards dated 22 August 2025)

## Key Areas of Focus

1. Building community capacity to support care closer to home through:
  - Prevention
  - Proactive / early intervention
  - Urgent response
  - 'Step Up' enhanced community care and multi professional wrap around care
2. Maximise available acute and community hospital capacity  
Ensuring there is sufficient Emergency Department and hospital capacity during peaks in demand to reduce risk of harm for people requiring emergency care.
3. Optimal hospital patient flow and a home first approach  
Strengthen discharge planning and patient flow to reduce delays and promote supported recovery at home.

## Regional Integrated Self-assessment

Utilising Regional Partnership Board's as the coordination mechanism, working together in partnership the health board, NHS Trusts, local authorities, primary care, social care partners, and third sector organisations where appropriate, complete a self-assessment template for submission to Welsh Government on 12 September 2025.

## Operational Delivery Plan

“I am writing regarding operational delivery arrangements for the forthcoming winter period from 1 December 2025 to 31 January 2026. This is an extended period from the **‘Planning Together for Winter’** guidance toolkit – Action 11 based on a review of the demand and activity data of the UEC pathway.

The historical increase in clinical and operational pressures during the winter season, requires a specific operational focus based on historical and forecasted modelling of spikes of demand which impact on the systems cadence to respond. I request the attached template is completed to provide assurance of your organisations and systems actions to meet the statutory requirement of the Duty of Quality.

I ask that you continue to build on the whole system approach you have taken for previous winters and ensure our health and care system can maintain service provision to respond to the increased demands during this period. The strong relationship building and collaborative working should set a strong foundation for this work.”

A winter planning template is to be completed and submitted to Welsh Government by 31 October 2025.



# Pathway of Care Transformation Grant to Local Authorities

## Welsh Government Guidance:

“The Welsh Government has allocated, through a Pathways of Care Transformation Grant, £30m to local authorities to boost investment in community-based social care. The grant should support timely assessment and provide packages of care to ensure people can leave hospital when they are medically fit to do so, helping to reduce the level of delayed hospital discharges. The fund can also be utilised to strengthen community-based care services to support people to stay well at home.

Local authorities should consider how this funding supports service development to meet current and future demands, alongside their wider regional work , integrated care models and build upon progress made under the 50-day challenge. Funding should be directed to where it will provide the best impact to achieve the outcomes indicated below.

To help achieve this, we have identified the top/most prevalent delays that your Authority has experienced over the last 3 months.” (These were specific to each Local Authority)

- Investment plans were returned to Welsh Government by 25 June.
- The agreed plans have been shared with BCUHB by the LAs via the Regional Partnership Board. The breakdown is summarised below.
- The supporting detailed plans have been shared with IHCs to support their winter plan creation.

|                               | Conwy             | Gwynedd           | Denbighshire    | Flintshire        | Wrexham           | Ynys Mon        |
|-------------------------------|-------------------|-------------------|-----------------|-------------------|-------------------|-----------------|
| Assessment                    | £50,000           | £420,000          | £107,000        | £450,132          | £255,000          | £235,335        |
| Reablement & Domiciliary Care | £657,558          | £435,000          | £344,203        | £160,532          | £972,882          | £329,128        |
| Care Homes                    | £117,000          | £146,000          | £159,000        | £554,061          | £50,000           | £100,000        |
| Workforce Support             | £283,000          | £148,449          | £308,000        | £309,020          | -                 | -               |
| <b>Total:</b>                 | <b>£1,107,558</b> | <b>£1,149,449</b> | <b>£918,203</b> | <b>£1,473,745</b> | <b>£1,277,882</b> | <b>£664,463</b> |

# UEC 6 Goals Programme – Key Deliverables in Advance of Winter 2025/26

**UEC Workstream 1**  
**Move to the 'patients front door'**  
**6 goals – PG1 & 2**

**UEC Workstream 2**  
**Emergency Department/Quadrant**  
**6 goals – PG3 & 4**

**UEC Workstream 3**  
**Hospital Flow**  
**6 goals – PG5**

**UEC Workstream 4**  
**Discharge into the community**  
**6 goals – PG6**

## **Improving integrated discharge processes:**

Through consistent approach (just mapping out the pathways across each IHC & LA, better understanding of clinically optimised status of patients, alongside impact of PoCD transformation initiatives through funding allocation.

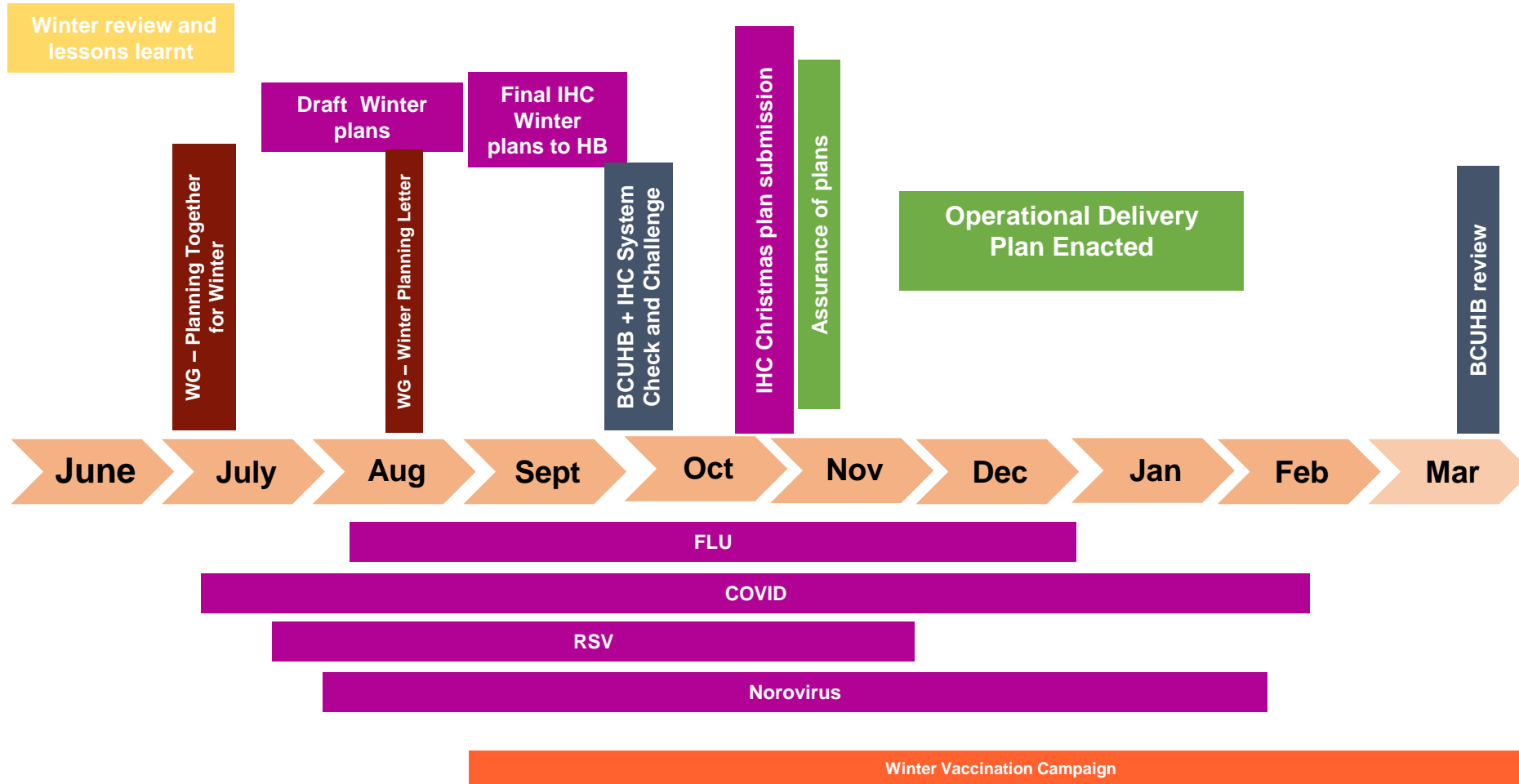
Further reduction in conveyances (focus on fallers & care home residents):

Through strengthening pathways with CRTs delivering enhanced community care (we don't know what we don't know) and referrals to LA SPOAs, earlier referrals to community falls pathway through SPOA (calls pulled from WAST stack, pushed from 111 or direct HCP contact), strengthening urgent care response for fallers by utilising existing CRT services & third sector provision to deliver urgent care response and onward referral.

Better utilisation of SDEC and other front door services:

Through SDEC, AMU, SAU, Hot Clinics, GPOOHs to support SPOA referral as alternative to ED if hospital attendance is required and facilitate consistent approach to ED internal streaming at the front door. For example; currently ED cannot refer to GPOOHs directly, struggle to book into SDEC to allow individuals to go home and return

# WINTER PLANNING & ASSURANCE TIMELINE



# OPERATIONAL DELIVERY PLAN

- COO led safe system coordination
- Forecasting tool being trialled to predict high demand and support workforce modelling.
- System Resilience Hub in place with dedicated System Lead with the capability to increase oversight as required during periods of sustained pressure.
- BCUHB Level Director of the day to support coordinated patient safety
- IHC Level Director of the day in place to support de-escalation and flow
- Ambulance handover escalation policy implemented – zero tolerance to reduce risk in community
- Focus on Escalation Triggers and De-Escalation Plans
- Task finish group established to undertake urgent stocktake of escalation processes to review system wide plans and adopt a share risk approach.
- Review of all rotas and on-call to ensure daily alignment of all services to deliver efficient system flow
- Review of System Resilience Hub operating model to support BAU and relieve pressure on Silver/ Gold
- Development of System Level dashboard to improve visibility and support tactical management of pressures
- Intelligence and Winter Forecasting Cell to feed information through to the System Resilience Hub and across the IHCs to inform shared situational awareness pan BCU
- Roll out of use of Right Patient Right Place to optimise the UEC pathway
- Senior decision makers at the front door
- Alignment of Social care and BCUHB resources to minimise gaps in discharge delays.

## Example of oversight of the system (local level)

|   | 24/12<br>Wed                     | 25/12<br>Thu                     | 26/12<br>Fri                     | 27/12<br>Sat                     | 28/12<br>Sun                     | 29/12<br>Mon                     | 30/12<br>Tue                     | 31/12<br>Wed                     | 01/01<br>Thu                     | 02/01<br>Fri                     | 03/01<br>Sat                     | 04/01<br>Sun                     |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <b>System Lead Rota</b>                 | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   |                                  |                                  | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   |                                  |                                  |
| <b>Silver Rota</b>                      | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   | 08:30<br>17:00                   |
| <b>Calls</b>                            | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 | 10:00<br>11:00<br>16:30<br>21:00 |
| <b>BCU Director of the day</b>          |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>System Lead</b>                      | X                                |                                  |                                  |                                  |                                  | X                                | X                                | X                                |                                  | X                                |                                  |                                  |
| <b>Silver (note hrs change in peak)</b> | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                |
| <b>Gold (no change to hrs)</b>          | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                |
| <b>Mental Health Silver</b>             | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                |
| <b>Womens Bronze</b>                    | X                                | ?                                | ?                                | ?                                | ?                                | X                                | X                                | X                                | ?                                | X                                | X                                | X                                |
| <b>GP OOH</b>                           |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>SICAT</b>                            |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>IP On-Call</b>                       |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>NEPTS</b>                            |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Critical Care</b>                    |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Mental Health Capacity</b>           |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Care Home Admissions (BCU)</b>       |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>EAST IHC</b>                         |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Dedicated Snr Operational Lead</b>   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Bronze On-Call</b>                   | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                | X                                |
| <b>Social Care Access</b>               |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>LA Escalation Meetings</b>           |                                  |                                  |                                  |                                  |                                  | X                                |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Discharge Team</b>                   | X                                | On Call                          | On Call                          | On Call                          | On Call                          | X                                | X                                | X                                |                                  | X                                | On Call                          | On Call                          |
| <b>Equipment Available</b>              |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Transport Available</b>              |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Mental Health Lead</b>               |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>MIU - Mold</b>                       |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>UPCC - Wrexham</b>                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>UTC - VM Hospital</b>                |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>IPC Capability</b>                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>Frailty</b>                          |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
| <b>SDEC</b>                             |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |



## Community and Primary Care

- Promote the use of all available urgent care capacity, to provide as much care in the community as possible
- Work across primary, community and secondary care, with particular focus on our CRTs to optimise the management of chronic conditions, targeting those most at risk of admission to support the delivery of care at home
- Provide additional capacity to support primary care including through Local Enhanced Services (LES) arrangements to help meet increased demand
- Provide IVAS and community IV therapy
- Maximise the use of our MIUs and promote alternatives to ED.

## Community Care including Care Homes

- Education, training and support programmes with Webinars on clinical topics, linked to top reasons for admissions and ED attendances
  - Trusted Assessor work ongoing as part of Workstream 4
  - Adverse discharge meetings to improve discharges and trust aiming for five-day discharging
  - Monthly Care Provider Business Continuity Meetings – purpose of horizon scanning for any potential care home / care provider closures or escalating concerns including quality and financial issues, care home embargo's
  - Palliative care working group
  - Promotion of Advance Care Planning and providing education and training for care home staff and wider MDT to enable residents to be treated in their place of choice.
  - Dementia care – working with consultant dementia care nurse to ensure high dementia care delivery in Care Home
  - Audit across 3 ED sites to understand ED attendances from Care homes
- Care home awareness sessions



# Optimise Hospital Flow

## Front door

- Prioritise ensuring that patients are seen in the right place, right time by improving our pathways including direct transfer from ED to specialty services, including increasing the use of SDEC and ensuring referrals are appropriately made
- Work with our WAST colleagues to improve handover times and support the turnaround of ambulances – continue trolley assessment area on AMU
- Improve the 12-hour emergency department performance through streaming and fully utilising our existing capacity for example SDEC, MIU, SAU etc...
- Work to identify frequent attenders and support alternatives to ED through MDT reviews and planning
- Develop an alert for high-risk patients on ED and community systems linked to agreed care plan
- Frailty services at the front door

## Alternatives to ED

- Increase access to care in the community via our Community Pharmacies via the Common Ailments Service and the Pharmacist Independent Prescriber service
- Inhaler review service across 98 pharmacies
- Working collaboratively with WAST to avoid inappropriate conveyance
- Signposting and utilising Urgent Primary Care Centres, Urgent Treatment Centres and Same Day Emergency Care (SDEC)
- Strengthen clinical streaming to SDEC where clinically appropriate
- Compliance with existing WAST pathways (i.e direct to SDEC, falls, stroke NOF) and ensure consistent model
- Continue to ringfence SDEC capacity

## Flow and Discharge

- Early conversation and identification of D2RA within 24 hours of admission
- Improve the clinical outcome for patients by reducing the number of times a patient is moved.
- Forward waiting process based on a clinically informed risk assessment.
- Check and challenge discharge planning to support decisions to be made at the earliest opportunity.
- Joint assessment project – to reduce the delays that prevent discharge and increase the Social Worker input.
- Work with LA partners to develop Trusted Assessor roles.
- Collaborative work with social care partners to improve communication – locating social services within the discharge hub.
- Continue to implement the SAFER programme.
- Focus on long length of stay reviews to expedite onward discharge to patients' home or community.
- Improve board round processes to ensure that all inpatients have an agreed PDD which is clearly communicated.
- Improve patient flow through discharging earlier in the day and increasing discharges over the weekend period.
- Implement criteria led discharging with strong Clinical leadership.
- Improve ambulance handover delays by focusing on high volume conveyances and offering alternative pathways.
  - Improve advice to care homes to avoid unnecessary conveyance.
  - Provide specific criteria led discharge planning.



# Respiratory and Vaccination Programme

## Community

- The roll out of both the covid and flu winter programmes is in line with the vaccine equity strategy 'leave nobody behind.'
- Working collaboratively with both Public Health and Local Authority, to identify areas of highest deprivation and minority ethnic groups, to support an equitable approach to all vaccination programmes.
- The hub and spoke clinic venues are regularly reviewed to ensure they are embedded and easily accessible to our most vulnerable members of the community with consideration to ease of access and transport links.
- A comprehensive HB service to enable vaccination of 'non-ambulatory' cohorts and work with targeted organisations such as, flying start, to continually ensure the vaccination programme remains in the heart of the community.
- In line with national best practice, prioritising targeted outreach in areas of socio-economic deprivation to increase uptake of vaccines protecting against winter respiratory illnesses.
- This includes leveraging local data to identify low-uptake communities and ensuring our services remain accessible, inclusive and responsive to local needs.
- Collaborative working with the health inequalities team within the health board public health directorate to support the needs of different vulnerable groups in North Wales.
  
- Respiratory escalation plan in place to support additional NIV beds during periods of high demand.

## Staff

- Following the March 2025 conclusion of the Winter Respiratory 2024/25 programme, debrief/ learning sessions were held with key staff groups to identify strategies to improve uptake.
- Key Changes for 2025/26
  - Earlier Start for Staff (Under 65); September (previously Oct 2024)
  - A Prompt start to flu season in line with WG directive and greater capacity for the vaccination team to support the Health at Work Team during Sept.
  - The provision of online bookable appointments for staff at convenient locations and times (early morning and evening).
  - Staff ESR information such as, mobile numbers are reviewed on a six monthly basis, to ensure they are up to date.
  - Vaccination offered on site in key directorate areas with historically low uptake.
  - Use of Peer Vaccinator Teams
- (note staff who are aged 65 years plus will not be vaccinated before 1st October 2025 due to concerns about vaccine waning)



# Health Protection Service and IPC

## Health Protection Service

- PCR diagnostic sampling available 7-days a week for incidents of acute respiratory infection in care homes across North Wales
- Infection prevention control (IPC) advice provided to all care home settings reporting cases of acute respiratory infection in their residents to the Health Protection Service
- Residential care homes supported with proactive, preventative IPC advice in annual on-site review visits. Visits include advice on managing cases of acute respiratory infection within the care home setting
- The delivery of an IPC champions programme for residential care homes including bi-monthly training sessions on key IPC issues for IPC champions
- Chairing and delivery of a 'Closed Settings Intelligence Group' to support multi-agency intelligence sharing in relation to communicable disease incidents in care homes in North Wales
- Preparedness oversight for communicable diseases and their impact on BCUHB through strategic preparedness meetings
- Responding as a peer vaccinator to support the winter staff-flu vaccination programme, with a specific focus on providing access and opportunity to groups of staff who may otherwise struggle to attend regular appointments
- Support to other communicable disease incidents and outbreaks outside of BCUHB settings that are managed by Public Health Wales or Local Authority Environmental Health Teams
- Support to other vaccination programmes across BCUHB as need and demand arises

## Infection Prevention and Control

- Winter IPC page established on Betsinet with useful resources and guidance
- Key IPC actions and supporting tools available to use during outbreak and incidents
- Ongoing promotion of the fundamentals of IPC through the HABITS campaign and National IPC Manual (Standard infection control and Transmission Based Precautions)
- IPT will continue to roll out micro-teaching sessions with a focus on Norovirus and Acute Respiratory Viruses
- Triage and assessment (incl.travel history) for all service users
- Prompt appropriate segregation/patient placement e.g. isolation/cohorting
- Prompt sampling/screening for early detection of infection to inform decision making
- Continuous IPT surveillance monitoring of 6 key performance indicators (AMR/HCAI Improvement Goals) and seasonal infections to ensure early reporting and action
- The IPT will provide regular SITREPs in relation to Acute Respiratory Infections (Flu, Covid-19) and Norovirus
- Maintain deep cleaning programmes to prevent/interrupt clusters/outbreak of infection
- Ongoing audit and monitoring of infection related practices
- Ongoing preparedness relating to other infections e.g. HCID/Mpox
- Share learning from infection related incidents and outbreaks



# Mental Health and Children's Services

## Mental Health

- Leadership structure in place to manage escalation of MHLD pressures and business continuity plans.
- Daily Safety Huddle meetings 7 days per week, with additional meetings in place to support patient flow.
- Robust internal communications plans in place to ensure priorities communicated across shifts between teams
- Review of business continuity plans to support winter pressures.
- Integration with IHC Meetings to ensure timely response to escalations and share plans.
- Planning assumptions consider respiratory and flu viruses and socio-economic factors that impact upon mental health and well-being.
- Clinical pathways winter plan in place with a clear set of under-pinning arrangements in place to safely manage patients and maintain system flow; including:
  - The principle of cohorting
  - Prevention and the Crisis Care Model
  - Use of Tele-Mental Health and the roll-out of Attend Anywhere
  - Continued roll-out of 111 services
  - Wellness, Work and Us to support staff wellbeing
- Ongoing MH&LD Service Design Improvements; namely:
  - Primary Care Mental Health Service
  - Crisis Care Concordat, with partners across the community and the Sanctuary Model
  - Community Services with daily safety and planning huddles
  - Inpatient Provision maximising utilisation of capacity, coordination and escalation support across the units and specialities

## Children's Services

- Participation in the National 111 Paediatric Pilot, placing consultant paediatricians into the Clinical Support Hub to support weekend response across North Wales
- Children's services leads are working in close collaboration with colleagues in Local Authorities and third sector to ensure sustainability of essential children's services during the winter period.
- There is close collaboration with the Northwest paediatric and Neonatal networks as well and information regarding SitReps is shared through this route.
- Paediatric RSV planning is embedded continues along with daily dashboards to support demand and capacity
- Northwest and North Wales Paediatric transport service (NWTS) resilience plan in place for surge capacity
- Capacity escalation SOP in place to manage surge integrated with IHCs to ensure capacity for paediatrics
- Business continuity planning in place to support reduction in staffing and capacity due to Infection Prevention issues
- CAHMs inpatient care provision plan in place to support surge and crisis care
- Leadership structure in place supported by safety huddles and sitreps to manage winter pressures across the system



## WORKFORCE CONSIDERATIONS & WOMENS SERVICES

### Workforce

- Advanced rota planning and compliance check during 1<sup>st</sup> week of December – planning for bank holiday weekends
- Pre-planned capacity of social care leaders through the core seasonal holiday period
- Active bank capacity testing to enable short notice prioritisation of cover
- Wellbeing considerations enhanced – particularly in safety system pinch points eg Emergency Department
- Winter touchpoints with Trade Unions
- On-call support review particularly during December and January.
- Senior leadership prioritisation from 1<sup>st</sup> Dec to end of Jan to include high visibility / high presence
- Workforce risks will be monitored at site and system calls.

### Women's services

- Winter Business Continuity Plan and Winter Resilience Plan covering all aspects of Maternity and Gynaecology Services:
  - Community Maternity Services
  - Acute Maternity Services
  - Gynaecology Services (emergency and routines, theatres, outpatients and oncology)
- Winter planning lead and management/ clinical structure in place to support winter pressures; with an underpinning staffing plan to support pressures/ surges.
- Plans in place to ensure provision of safe services during periods of increased pressure.
- All Gynaecology wards will continue to support sites by accommodating appropriate outliers.



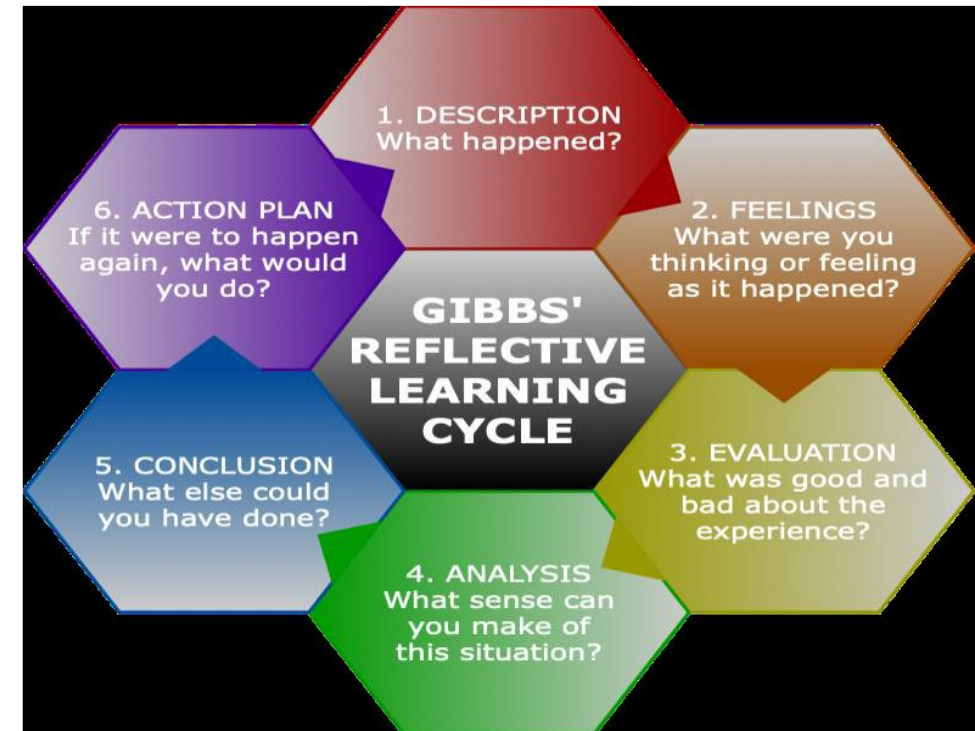
# COMMUNICATION AND ENGAGEMENT; AND LEARNING

## Communication and Engagement

- This winter we will deliver the national “Help Us Help You” campaign, which is aimed at keeping people well and out of crisis, and signposting them to the most appropriate source of care and support when they need it. This campaign is now in its fifth year and will focus on primary care services, in particular pharmacy services and the Common Ailments Scheme. This campaign will be supported through a schedule of television, radio and digital advertising.
- We will amplify the national messaging and advertising campaign locally, with details of specific schemes and services in place to support our communities and NHS services. We will promote NHS111 Wales (and press 2) as the primary point of access for people to help them get the care and support they need in the most appropriate place. We will use case studies to generate media coverage and ensure up-to-date information about local services is available through our channels.
- Our local campaign activity will also aim to encourage the behaviours required to stop further spread and harm from Flu, COVID-19 and other respiratory infections, through the promotion of vaccine programmes and good hygiene advice.
- To increase the reach and impact of our campaign across North Wales we will work closely with our partners (local authorities, police, ambulance, and fire, among others) to deliver our key messages.

## Dynamic Learning Process

- Through enhanced Executive and Senior Leader visibility and oversight – a dynamic learning process to be utilised to share immediate lessons learned – to increase safety levels and effectiveness
- Reflection Learning process to be undertaken in the Spring.



|   |  |  |   |   |
|---|--|--|---|---|
| <b>Teitl adroddiad:</b><br><i>Report title:</i>   | Health Protection Service: Service overview and update on activities   |  |   |   |
| <b>Adrodd i:</b><br><i>Report to:</i>   | Executive Committee  |  |   |   |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>   | Wednesday, 06 August 2025  |  |   |   |
| <b>Crynodeb Gweithredol:</b><br><i>Executive Summary:</i>   | This paper provides an update to the PPHP Committee on the work of the Health Protection Service from April 2024 to March 2025   |  |   |   |
| <b>Argymhellion:</b><br><i>Recommendations:</i>   | The report is to provide assurance to the Committee on the approach that has been taken to deliver against the Welsh Government Health Protection principles in North Wales.   |  |   |   |
| <b>Arweinydd Gweithredol:</b><br><i>Executive Lead:</i>   | Dr Jane Moore, Executive Director of Public Health   |  |   |   |
| <b>Awdur yr Adroddiad:</b><br><i>Report Author:</i>   | Sam Lauder, Assistant Director of Health Protection  |  |   |   |
| <b>Pwrpas yr adroddiad:</b><br><i>Purpose of report:</i>  | I'w Nodi<br><i>For Noting</i><br><input type="checkbox"/>  | I Benderfynu arno<br><i>For Decision</i><br><input type="checkbox"/>   | Am sicrwydd<br><i>For Assurance</i><br><input checked="" type="checkbox"/>  |   |
| <b>Lefel sicrwydd:</b><br><i>Assurance level:</i>   | <b>Arwyddocaol</b><br><i>Significant</i><br><input type="checkbox"/><br>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i> | <b>Derbyniol</b><br><i>Acceptable</i><br><input checked="" type="checkbox"/><br>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Rhannol</b><br><i>Partial</i><br><input type="checkbox"/><br>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Dim Sicrwydd</b><br><i>No Assurance</i><br><input type="checkbox"/><br>Dim hyder/tystiolaeth o ran y ddarpariaeth<br><br><i>No confidence / evidence in delivery</i> |
| <b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b><br><br><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b> |  |  |   |   |
| <b>Cyswllt ag Amcan/Amcanion Strategol:</b><br><br><b><i>Link to Strategic Objective(s):</i></b>  |  | This programme of work will contribute to the following strategic objective:<br><br>Objective 4A: Prevention and Early Intervention  |   |   |

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|   | <p>4A.3. Develop proposals for Health Board to prepare and respond to health protection threats, enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards.</p> <p>Welsh Government - A Healthier Wales: 'Build and strengthen the health protection system to prevent, prepare and respond to existing and future health protection threats, including pandemics, on an 'all hazards' basis.</p>   |
| <p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>   | <p>The Health Protection (Notification) (Wales) Regulations 2010</p>  |
| <p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>  | <p>Yes – an EQiA has been undertaken on the refresh of the strategic delivery plan and will be submitted to the BCUHB Equality team</p>   |
| <p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>   | <p>Yes – an SEIA has been undertaken on the refresh of the strategic delivery plan and will be submitted to the BCUHB Equality team shortly.</p>  |
| <p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p> | <p>The following corporate risk is associated with this work:</p> <p>ID: <b>5193</b> - There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, Monkey Pox, Covid. This may be caused by the unpredictability of when the disease may first occur, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate), the scale of potential outbreaks, the difficulties in protecting specific and vulnerable groups in a timely way. This could lead to exposure of the public to preventable illness, increased cases and spread of disease and in some cases death.</p> |
| <p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>   | <p>There are no financial implications, the Health Protection Service is operating within budget.</p>   |
| <p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p>  | <p>There are no workforce implications.</p>   |

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| <b>Workforce implications as a result of implementing the recommendations</b>  |   |
| <b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b><br><br><b>Feedback, response, and follow up summary following consultation</b>   | The information within this paper will be used to provide updates across a range of Health Board services and also to Welsh Government as part of six-monthly reporting requirements. |
| <b>Cysylltiadau â risgiau BAF:</b><br>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)<br><br><b>Links to BAF risks:</b><br>(or links to the Corporate Risk Register)  | See above Corporate Risk Register.  |
| <b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b><br><br><b>Reason for submission of report to confidential board (where relevant)</b>   | Amherthnasol<br><br>Not applicable  |
| <b>Camau Nesaf:</b><br><b>Gweithredu argymhellion</b><br><br><b>Next Steps:</b> <ul style="list-style-type: none"> <li>• Committee members are asked to continue to support the approach that has been taken in North Wales for the delivery of an integrated Health Protection Service who work on a health board footprint to support health protection measures and respond to future threats.</li> </ul> |   |
| <b>Rhestr o Atodiadau:</b><br>Dim<br><br><b>List of Appendices:</b><br>None  |   |

# Planning, Population Health and Partnerships Committee

## 4<sup>th</sup> September 2025

### Health Protection Service: Service overview and update on activities

#### 1.0 Introduction

As a core discipline of public health work, health protection is defined as:

“The protection of individuals, groups and populations through expert advice and effective collaboration to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats (Ghebrehewet, Stewart and Rufus, 2016)”.

Established on the 1<sup>st</sup> April 2023, the Betsi Cadwaladr University Health Board (BCUHB) Health Protection Service (HPS) has completed its second operational year, and continues to support the wider North Wales health protection system and partner organisations in their response to health protection threats and hazards.

In addition to responding to acute health protection issues, providing much-needed resilience and reducing pressure within the wider health protection system, the HPS supports the delivery of proactive, preventative work streams to strengthen and prepare settings and sectors against current, new and emerging threats.

This report summarises the HPS structure, key activities, outputs, outcomes and impact from the 1<sup>st</sup> April 2024 to the 31<sup>st</sup> March 2025.

#### 2.0 Service background

In March 2022, Welsh Government published its policy document 'Together for a safer future: Wales' long-term COVID-19 transition from pandemic to endemic'. In the document, the Welsh Government outlined its proposals for a move away from emergency response and an integration of COVID-19 activities into national public health responses for communicable diseases.

Returning to a business-as-usual state commenced with the scaling back of the COVID-19 response, which led to the decommissioning of Test Trace Protect (TTP) services across BCUHB. Before the closure of TTP services on the 31<sup>st</sup> March 2023, the response to COVID-19 had been reduced to protecting our most vulnerable citizens and health care workers.

In December 2022, Welsh Government confirmed the provision of transition funding for 2023/24. Whilst TTP was being decommissioned, the Health Board were asked to use the funding to retain some of the TTP infrastructure and develop an agile, effective, local health protection team that works on the health board footprint to support health protection measures and respond to future threats. This approach from Welsh Government built upon the recommendations made following the Independent Review of the Health Protection System in Wales which identified a number of recommendations including, maintenance of local teams and a retention of skills and knowledge gained during the pandemic and a bringing together of local and regional partners as part of any health protection response.

On the 31<sup>st</sup> March 2023 the COVID-19 Test Trace Protect service that had operated across North Wales for a substantial part of the pandemic response concluded, and on the 1<sup>st</sup> April

the HPS commenced. By the end of the transitional year (2023/24) Welsh Government confirmed recurrent funding for health protection within BCUHB.

### 3.0 Guiding principles

Welsh Government developed national guiding principles for local health protection teams which have helped guide the form and function of the HPS in North Wales, and are the basis for 6-monthly monitoring with Welsh Government. The core principles are:

- Responding to COVID waves within a COVID-stable environment and deliver on the national approach for respiratory viruses, and having plans in place to scale-up in the event of a COVID urgent/future pandemic scenario
- Responding to outbreaks and wider threats.
- Delivering on the National Immunisation Framework for Wales
- Undertaking wider health protection work, for example support to those seeking refuge in Wales, supporting messaging in schools, support to care homes and work on TB and Hepatitis elimination agendas etc.
- Working together locally and nationally to support and deliver work to address equity of access and opportunity

In addition, as recommended in the Independent Review of the Health Protection System in Wales, Welsh Government have produced a draft health protection framework for Wales. Whilst yet to be finalised, the draft framework establishes a clear vision for Health Protection in Wales:

“The health protection system in Wales will **prepare, prevent and respond** to existing, emerging and future health protection hazards in order to protect the people of Wales, minimise the risk and harm, promote health and save lives. It will also support communities to **recover**.”

Once finalised, it is anticipated that the framework will formalise several strategic outcomes including governance and accountability, partnership working, digital capabilities, and research and innovation, to support achievement of the vision in Wales.

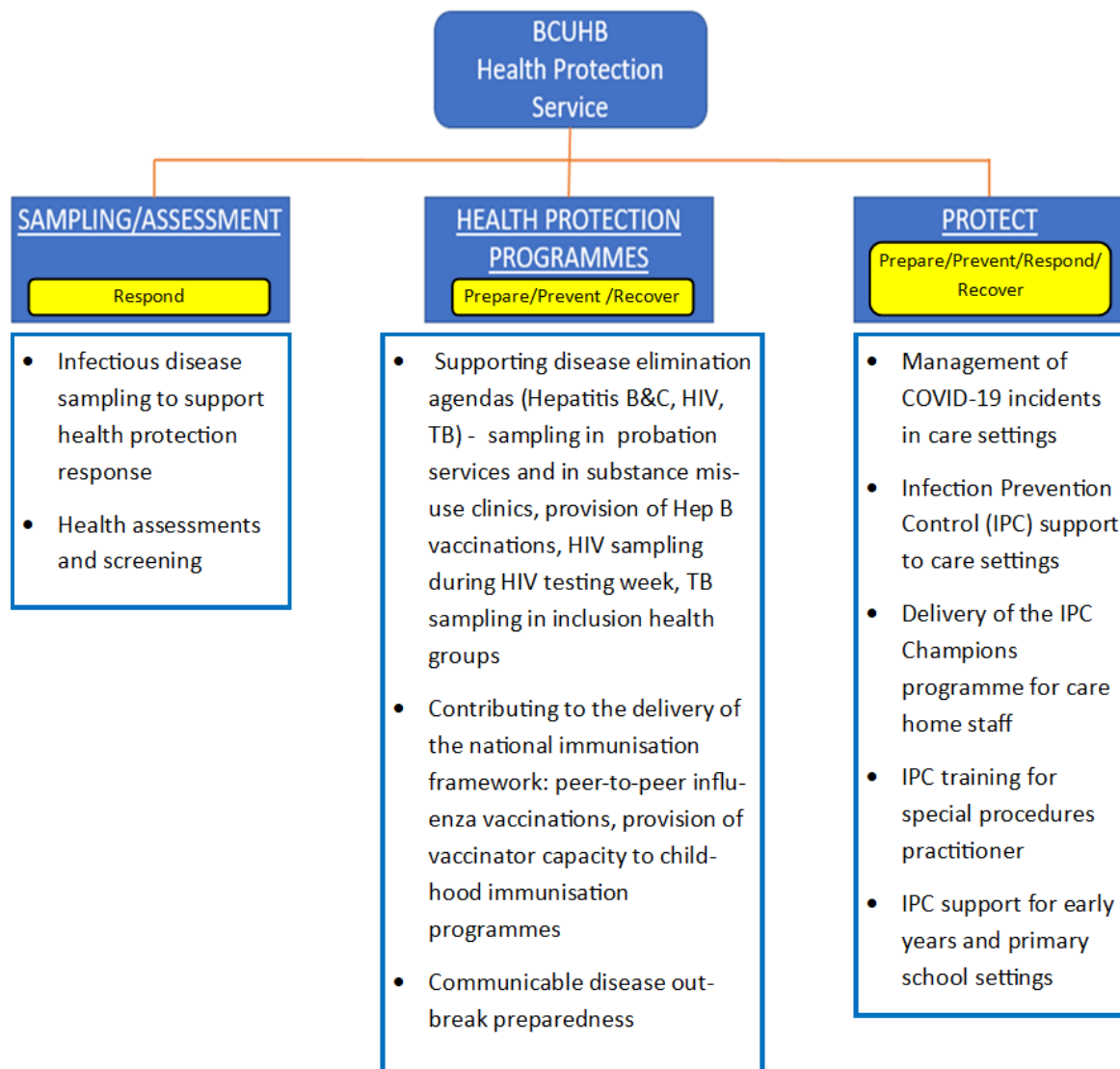
### 4.0 Current operating model

The HPS continues to operate a three ‘pillar’ model:

1. Sampling and Assessment
2. Health Protection Programmes
3. Protect

This model helps define the various proactive/preventative work streams and acute response capabilities/capacities within the HPS, whilst also ensuring appropriate resource allocation across the draft framework priority areas of Prepare, Prevent, Respond and Recover, see Figure 1.

**Figure 1 – Operating model**



#### 4.1 Sampling and assessment

This pillar represents the service’s ability to respond to acute health protection issues and threats, including urgent sampling requests, for example sampling care home residents during an outbreak of Acute Respiratory Illness, or sampling a symptomatic contact of an Avian Influenza case, or the provision of a health protection medicine, for example Mpox vaccine for a contact of a confirmed Mpox case. This pillar also represents the ability to conduct health assessments, including health assessments for individuals seeking sanctuary in North Wales.

#### 4.2 Health protection programmes

This ‘steady state’ pillar focuses on the delivery of wider health protection work in support of other existing services or departments, including supporting the Hepatitis B&C elimination agenda with additional sampling and vaccinator capacity, vaccinator support to immunisation programmes in schools, the community and in the Health Board, and supporting the HIV Fast Track Cities programme with additional testing capacity.

In addition, the communicable disease preparedness activities led or supported by the HPS are captured within this pillar.

#### *4.3 Protect*

This 'steady state' pillar provides health protection support to settings/sectors, including infection prevention control support to residential care homes, nursing homes, domiciliary care providers and early years settings. This pillar also includes the training and guidance activities provided through the infection prevention control champions training programme and the delivery of formal infection prevention qualifications to Special Procedures practitioners. In addition, the management of COVID-19 outbreaks in care home settings is incorporated within the 'protect' pillar.

The HPS operates from three sites across North Wales – Preswylfa, Ysbyty Glan Clwyd and Bryn Tirion (Bryn y Neuadd). The HPS provides 7-day a week cover, with skeleton cover at weekends and bank holidays but with the ability to flex/surge to meet specific needs. A named Clinical Lead is on duty each day to coordinate the response to any acute health protection enquiries.

### **5.0 Partnerships**

Partnership working remains fundamental to the delivery and development of the HPS, with many of the services and workstreams delivered by the HPS existing as primary functions for partner organisations, who often lack the resources or capacity to be able to achieve specified outputs and outcomes. This collaborative working in support of partners within the wider health protection system helps minimise duplication of effort and maximises the benefit to the population of North Wales.

The service organogram in Appendix 1 highlights the relationships that have been established between the HPS and partner organisations/services. The early efforts made within the HPS to create strong partnerships with key stakeholders including Public Health Wales, the six Local Authorities and other Health Board services has enabled the HPS to identify where resources can be placed to add value to and enhance service delivery.

The Health Protection Strategic Partnership Group continues to provide a forum to support appropriate, consistent and well-resourced responses to health protection threats. The group also considers trends, local issues and resource constraints within the wider system to support preparedness, whilst enhancing inter-service working, partnerships and collaboration. The partnership group has representatives from the six Local Authority Environmental Health teams, Infection Prevention Control, Public Health Wales, Microbiology, Emergency Preparedness Resilience and Response and Harm Reduction.

In recognition of the important health protection role played by Local Authority Environmental Health teams, and the challenges experienced by Local Authorities in maintaining health protection capabilities post COVID-19, the HPS is exploring opportunities to support the training and development of new and existing Environmental Health Officers.

### **6.0 Funding**

Recurrent funding for Health Protection has been confirmed by Welsh Government.

For 2024/25, £500,000 of the Health Protection Service budget was re-directed to support the organisational change process and service re-design within the vaccination and immunisation team. This proportion of the budget will be returned to the Health Protection Service for 2025/26.

In addition to staff costs, the HPS are expected to fund the allocation of community lateral flow tests for individuals who are eligible for COVID-19 treatment and for Point of Care Testing within the Health Board. For 2025/26 it is anticipated that a contribution will be made from the HPS budget to fund essential needle and syringe exchange programmes across North Wales.

## **7.0 Outputs, Outcomes and Impact**

In the second year of operation, the HPS has continued to accomplish and deliver significant amounts of work across the three pillars. Notable outputs, outcomes and impact are summarised below:

### *Sampling and Assessment*

- The development of a number of sampling pathways with the ability to deploy community sampling 7-days-a-week for a number of infectious diseases including COVID-19, Influenza, M.pox, Measles, Hepatitis B&C, Avian Influenza, Gastrointestinal illness, Pertussis, Diphtheria etc.
- In year, 65 care homes were assessed and found to meet patient testing criteria resulting in samples from 178 residents submitted for PCR testing. In 24 of the 65 acute respiratory outbreaks, COVID-19 was found to be the causative organism and these outbreaks were managed by the HPS.
- The 7-day nature of the HPS enabled urgent samples to be taken at weekends and on bank holidays, facilitating the provision of timely results and commencement of health protection actions without delay. Furthermore, the 7-day service enables the HPS to provide post-exposure prophylaxis to contacts of confirmed Mpox cases at weekends and bank holidays, this is essential given the short 4-day window (post exposure) for administering vaccine.

### *Health Protection Programmes*

- Working in partnership with BCUHB vaccination, school nursing and occupational health teams on the delivery of national vaccination programmes, the HPS have supported the identification of areas of low uptake and provided opportunities to improve accessibility leading to increased uptake. Contributions made by the HPS include an additional 1,579 school immunisations, 51 hepatitis B vaccinations and 4,545 BCUHB staff influenza vaccinations (63% of all influenza vaccinations provided to BCUHB staff)
- As part of BCUHBs Hepatitis B and C Elimination Plan, the HPS continue to support Harm Reduction Services with blood borne virus testing in the community to enable the detection and treatment of new cases of disease. In year a total of 356 Hepatitis B and C samples were obtained across high-risk settings including within probation services across North Wales.
- Following the publication of the Infected Blood Inquiry report, the HPS supported the process for managing patient enquiries, including providing support for those required to submit additional samples.
- Working in partnership with Public Health Wales, the University College London Hospital, Health Board services and several external agencies, the HPS coordinated the delivery of a TB screening event in the East IHC area targeting individuals at greatest risk of disease – homeless, hostel dwellers and people who inject drugs. 40

individuals were screened for TB and blood borne viruses, with 50% accepting the offer of Hepatitis B vaccinations. This event provided an opportunity for TB screening for individuals facing extreme exclusion who experience significant difficulty in accessing NHS services. Those testing positive for latent TB were referred to the relevant BCUHB respiratory services.

- The HPS has supported the Mpox and High Consequence Infectious Disease preparedness activities within BCUHB following the declaration of the Mpox Clade I outbreak as a public health emergency of international concern. Activities supported by the HPS included the development of action cards for the identification and management of Mpox cases in primary and secondary care, the introduction and provision of an Mpox vaccination pathway for contacts of confirmed cases (7 days a week), and the delivery of training to all GP practices on the Mpox pathways established for primary care.

### *Protect*

- The risk-based residential care home infection prevention control (IPC) review programme continued into 2024/25. As part of the programme, residential care homes are offered an on-site IPC audit which results in a bespoke action plan of improvements and recommendations. Further follow up visits are made to care settings to ensure compliance with key actions. In year, 220 of the 222 residential care homes in North Wales received an IPC review, generating 2,465 IPC actions and recommendations. The service has achieved an access rate of over 99% with a confirmed action implementation rate of 83.6%. As part of the programme, residential care homes are provided with training materials consisting of work books and hand hygiene kits to support in-house professional development. This IPC review programme is contributing to other preventative programmes taking place in care homes in North Wales, all of which are impacting on the number of admissions to secondary care from care homes. An in-depth evaluation of this IPC review programme has highlighted its ability to empower residential care home staff to improve IPC standards and practices.
- In year a pilot IPC Champions programme was established for residential care homes in North Wales. The objective of the programme was to provide care home staff with the opportunity to participate in a monthly programme of online training sessions relating to IPC standards. 12 sessions were delivered in year, with a mean attendance of 41 staff per session with over 50 care homes represented. Feedback from the 'IPC Champions' demonstrated positive examples of changes to IPC practices in residential care homes.
- Recognising how domiciliary care providers are overlooked in terms of IPC (Bertini et al, 2023), a pilot project has been delivered by the HPS to support domiciliary care providers improve IPC standards and practices. Working with six providers, the programme provided IPC support through training sessions and train-the-trainer workshops. Pre and post evaluation demonstrated a 26% increase in IPC knowledge and a 28% increase in confidence in sharing IPC advice with others.
- Before the end of March 2025, the HPS designed, delivered and began the evaluation of a pilot IPC project in primary schools and early years settings. The project aimed to improve IPC standards through the provision of tailored IPC advice and education sessions for foundation phase children. Delivered in collaboration with Local Authority Healthy Schools Coordinators and Public Health Wales, the pilot project identified both a need and appetite for IPC support within these settings.
- Approved by the Royal Society of Public Health as a training centre for delivering Infection Prevention training to Special Procedures Practitioners (Tattooing, Body Piercing, Acupuncture and Electrolysis). The HPS continues to provide IPC training, with 89 delegates trained to date with a pass rate of 91%

- Early in the new year, the HPS supported the response to the water supply outage in the Conwy area by identifying and assessing care home settings affected by the incident. The HPS ensured these settings were recognised as priority settings for the water company, and provided essential IPC advice.

## **8.0 Key learning**

The major activities undertaken in 2024/25 continue to demonstrate the value in providing an operational HPS in BCUHB. Value is shown in the capacity released across other health board services as the HPS assumes responsibility for significant roles that either cannot be fulfilled elsewhere, or will be a significant pressure on other services, for example, developing and delivering an Mpox vaccination pathway for contacts of confirmed Mpox cases, who otherwise may be directed to an Emergency Department or Out of Hours service.

Furthermore, the delivery of 7-day services helps release capacity across other organisations, as clear pathways exist for communicable disease sampling, helping reduce the time taken by partner organisations to access rapid health protection sampling, especially at weekends and bank holidays.

Value is also shown in the strategic positioning of the HPS and its ability to bring partners together and coordinate the delivery of significant health protection projects both within the health board, for example disease preparedness activities, and more widely with a range of partners for example the TB Find and Treat event in Wrexham and Hepatitis B&C sampling in probation services.

The response to health protection threats like measles, Mpox and avian influenza have shown the continued need to improve preparedness measures within BCUHB for the management of communicable disease cases, incidents and outbreaks. It is imperative that this learning continues to be shared within BCUHB to reinforce planning arrangements and the development of pathways and assets to facilitate a health protection response (See section 9.0).

Evaluation of workstreams delivered by the HPS has helped strengthen the supporting evidence-base and contribute to wider learning that will be shared both within the health board and more widely with other health boards in Wales and with Welsh Government.

## **9.0 Risk management**

A tier 1 risk identified by the HPS which is currently on the corporate risk register is:

### Risk: 5193

There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, Monkey Pox, Covid. This may be caused by the unpredictability of when the disease may first occur, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate), the scale of potential outbreaks, the difficulties in protecting specific and vulnerable groups in a timely way. This could lead to exposure of the public to preventable illness, increased cases and spread of disease and in some cases death.

Whilst plans are in place to support the mitigation of this risk through the recently formed strategic communicable disease preparedness group, the risk remains in tier 1 due to the recurring nature of the risk until appropriate plans/pathways/processes exist, and are understood and implemented consistently across the BCUHB.

## 10. Challenges

Key challenges facing the HPS as it develops include:

- Expanding the scope of the service to consider an 'all hazards' approach (which includes environmental, chemical, biological, radiological, nuclear, technological and natural events). The initial and existing focus of the HPS has been on hazards to human health arising from communicable diseases, however the draft Health Protection Framework expects the HPS to incorporate relevant aspects of both 'all hazards' and 'one health' approaches.
- Assessing and developing the surge response capabilities within the HPS, and facilitating wider system preparedness in North Wales with key partners for a response to a major outbreak or pandemic situation from a mass sampling and contact tracing perspective.
- Ensuring an enabling environment exists within the national health protection system to promote consistency of approach, sharing of experiences and lessons learnt, and joint working. With limited guidance provided in 2023, each Health Board in Wales has approached the delivery of core principles differently, and whilst there are strengths in each different approach, the connections between each component part of the national health protection system require strengthening to support achievement of the strategic health protection vision for Wales.
- Ensuring that the impact made by the HPS can be evidenced through evaluation and data collection, so that the value added by the HPS service is clear.

### 11.0 Planning

Three headline objectives to drive projects and key activities over the next three years have been identified for the HPS:

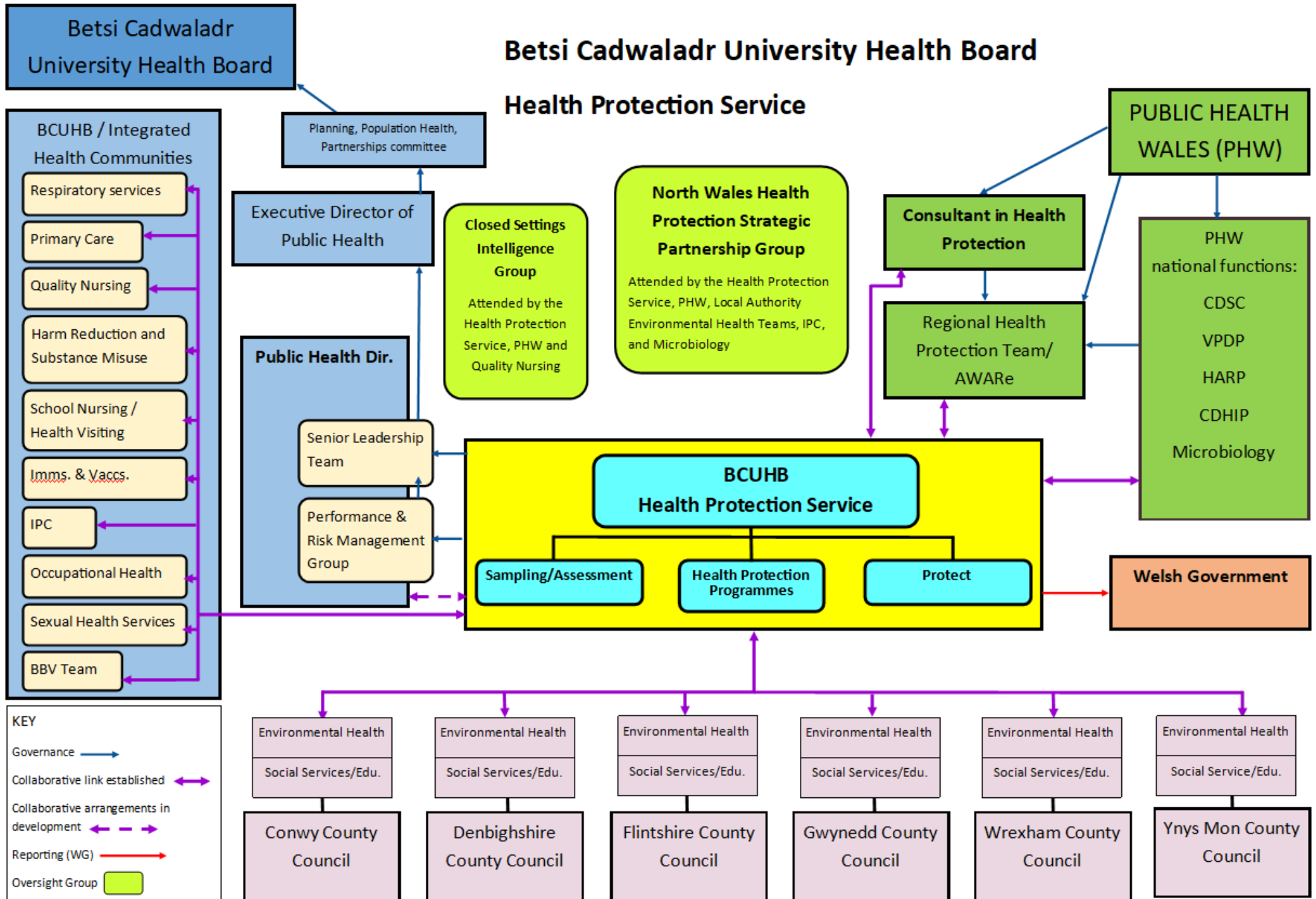
1. Developing capacity within the Health Board to prepare for and respond to health protection threats
2. Enhancing the delivery of Health Board services to protect people in North Wales against new, existing and emerging health protection threats and hazards.
3. Developing collaborative, evidence-based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

### 12.0 References:

Bertini, L., Bogen-Johnston, L., Sadhwani, S., Middleton, J., Sharp, R., Wood, W., Roland, D., Forder, J., Cassell, J. and Martino, T. (2023) 'Care Workers and Managers' Experiences of Implementing Infection Control Guidance in an Epidemic Context: A Qualitative Study in the South East of England, during the COVID-19 Pre-vaccination Era', *Health & social care in the community*, 2023, pp. 1–11. Available at: <https://doi.org/10.1155/2023/4127871>.

Ghebrehewet, S., Stewart, A. and Rufus, I. (2016) *Health Protection: Principles and Practice*. Edited by: S. Ghebrehewet., A. Stewart., D. Baxter., P. Shears., D. Conrad and M, Kilner. Oxford, Oxford University Press. Available at: <https://doi.org/10.1093/med/9780198745471.003.0001> Accessed 31 July 2024.

**Appendix 1 - Service organogram demonstrating the relationships between the HPS and other services, organisations and stakeholders**



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| <b>Teitl adroddiad:</b><br><i>Report title:</i>           | Actif Workplace Update   |
| <b>Adrodd i:</b><br><i>Report to:</i>                     | BCU Planning, Population Health and Partnerships Committee   |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>     | 4 <sup>th</sup> September 2025   |
| <b>Crynodeb Gweithredol:</b><br><b>Executive Summary:</b> | <p>The purpose of this report is to highlight the key developments and next steps in relation to the '<b>Actif Workplace</b>' programme that was presented to BCUHB Executive Team in October 2024 and PPHP in December 2024 by the Public Health Directorate.</p> <p>The work included the development and implementation of Actif Workplace resources and initiatives to support organisations across the region, including the Health Board, to improve the health and wellbeing of employees through embedding a whole-workplace approach to physical activity.</p> <p>In summary, the work has achieved the following objectives:</p> <ul style="list-style-type: none"> <li>• A North Wales Actif Workplace webpage (bi-lingual) developed in partnership with Actif North Wales: <a href="#">Actif Workplace - Actif North Wales</a> and cascaded with key stakeholders and networks across the region.</li> <li>• Ten bi-lingual Actif Workplace Videos successfully commissioned and produced by BCUHB <a href="#">Actif Workplace - Actif North Wales</a></li> <li>• Actif Workplace Resources (Toolkit, Policy Template, Actif Soles and Videos) launched regionally on the 28<sup>th</sup> July 2025 in partnership with Actif North Wales and shared with over 450 stakeholders across North Wales.</li> <li>• Actif Workplace BCUHB Communications and Engagement Plan developed to formally launch across BCUHB in August 2025.</li> <li>• BCUHB physical activity staff survey successfully launched on the 19<sup>th</sup> June 2025 generating 407 responses from employees across the organisation. Over 100 staff volunteered to be involved in the development of physical activity initiatives and further policy design. Further engagement work will take place with staff to review the draft Actif Workplace Policy.</li> <li>• Multi-disciplinary BCUHB Actif Workplace Policy task and finish group established to take forward the development of a BCUHB Actif Workplace Policy. Policy expected to be launched early 2026.</li> <li>• BCUHB Public Health Directorate is working in partnership with BCUHB Environment and Estates to adopt the Healthy Travel Charter with the aim to sign-up and complete the baseline assessment by early 2026 as part of our commitment to the PSBs.</li> </ul> |
| <b>Argymhellion:</b><br><b>Recommendations:</b>           | <ol style="list-style-type: none"> <li>1. Endorse the progress being made with progressing the Actif Workplace Programme.</li> <li>2. Approve and commit to leading by example in modelling healthy and active behaviours in the workplace (e.g., take active breaks, walking meetings, wear active soles in the workplace).</li> </ol>  |

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|  | <ol style="list-style-type: none"> <li>3. Approve the nomination of an Executive Lead to be filmed for the internal campaign launch.</li> <li>4. Support the promotion of the Actif Workplace Resources following the internal launch, encouraging all directorates and teams to be more active in the workplace.</li> <li>5. Endorse the embedding of the Actif Workplace Toolkit and policy across BCUHB, including integration into the Occupational Health Team work.</li> <li>6. Support the promotion and use of Actif Soles within BCUHB to encourage movement and active footwear use during the working day.</li> <li>7. Support BCUHB's commitment to maintain delivery against the North Wales Healthy Travel Charter.</li> <li>8. Support the exploration of funding opportunities through the BCUHB Strategic Staff Health and Wellbeing Group to develop facilities for active travel and access to standing desks.</li> </ol> |  |   |   |
| <b>Arweinydd Gweithredol:</b><br><br><b>Executive Lead:</b>  | Dr Jane Moore – Executive Director of Public Health  |  |   |   |
| <b>Awdur yr Adroddiad:</b><br><br><b>Report Author:</b>  | Hannah Lloyd, Principal Public Health Practitioner, BCUHB Public Health Directorate  |  |   |   |
| <b>Pwrpas yr adroddiad:</b><br><b>Purpose of report:</b>   | <b>I'w Nodi</b><br><i>For Noting</i><br><input type="checkbox"/>   | <b>I Benderfynu arno</b><br><i>For Decision</i><br><input type="checkbox"/>  | <b>Am sicrwydd</b><br><i>For Assurance</i><br><input checked="" type="checkbox"/>   |   |
| <b>Lefel sicrwydd:</b><br><br><b>Assurance level:</b>  | <b>Arwyddocaol</b><br><b>Significant</b><br><input type="checkbox"/><br><br>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>   | <b>Derbyniol</b><br><b>Acceptable</b><br><input checked="" type="checkbox"/><br><br>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Rhannol</b><br><b>Partial</b><br><input type="checkbox"/><br><br>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Dim Sicrwydd</b><br><b>No Assurance</b><br><input type="checkbox"/><br><br>Dim hyder/tystiolaeth o ran y ddarpariaeth<br><br><i>No confidence / evidence in delivery</i> |
| <b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b><br><br><b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b> |  |  |   |   |
| <b>Cyswllt ag Amcan/Amcanion Strategol:</b><br><br><b>Link to Strategic Objective(s):</b>  | BCUHB 3 Year Plan (2025 – 2028):<br><br>Strategic priority 3: Developing compassionate culture, leadership, and engagement<br><br>Strategic priority 4: Improving quality, outcomes, and experience.   |  |   |   |

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|   | BCUHB Culture and Leadership Programme  |
| <p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>  | There are no known regulatory implications for this work.   |
| <p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>   | Yes, an EQIA is being undertaken to inform the development of the BCUHB Actif Workplace Policy.   |
| <p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>  | Yes, an SEIA is being undertaken to support the development of the BCUHB Actif Workplace Policy.  |
| <p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></b></p> | <p>The following Datix risks are associated with physical activity:</p> <p>ID 4200 – Tier 1 - Residents in North Wales are unable to achieve a healthy weight due to multifactorial and complex system wide factors that promote obesity.</p> <p>ID 1638 – Tier 2 – Physical activity and sedentary behaviour.</p> <p>Alongside these explicit physical activity related risks there will be several business continuity risks relating to staff ill health. This work will significantly contribute to reducing these risk scores.</p>   |
| <p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>  | <p>Implementation of the Actif Workplace Toolkit may require some initial investment to support infrastructure costs such as:</p> <ul style="list-style-type: none"> <li>• Standing desks</li> <li>• Cycle storage</li> <li>• Improvements to showering facilities</li> </ul> <p>The initial investment costs however would be offset by a range of health and economic outcomes including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Improved physical and mental health outcomes (reduction in MSK, stress and anxiety)</li> <li>• Reduction in the incidence of chronic diseases such as CHD and Type 2 Diabetes</li> <li>• Reduced absenteeism</li> <li>• Increased productivity</li> <li>• Employee retention and engagement</li> </ul> |

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| <p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p> | <p>Whilst there is a wider programme of work in BCUHB responsible for pay terms and conditions which may incorporate thinking and integration of access to physical activity and the physical environments, there are several recommendations that can be implemented that are not dependent on workforce policy that would support employees to move more -</p> <ul style="list-style-type: none"> <li>• Walking/wheeling or standing meetings</li> <li>• Incorporate short breaks in meetings longer than 1 hour</li> <li>• Set default setting on Microsoft Team's to start meetings 5 minutes later and finish 5 minutes early to encourage movement between meetings</li> <li>• Staff stories/case studies</li> <li>• Internal communications for health campaigns</li> <li>• Promotion of corporate discounted leisure memberships</li> </ul> <p>Evidence of impact will be generated to inform future policy development and conditions for staff.</p> |
| <p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>                 | <p>A staff survey was disseminated on the 19<sup>th</sup> June to inform the development of a BCUHB Active Workplace Policy. The results demonstrate that:</p> <ul style="list-style-type: none"> <li>• 56 percent of staff who completed the survey are not physically active during the working day.</li> <li>• Of the 44 percent who reported they are active during the working day; most staff walk during their lunch break or walk during the working day (in the office/clinical spaces).</li> <li>• 74 percent of staff surveyed said that physical activity is not encouraged in their workplace</li> <li>• When asked how could the Health Board support staff to be more active, the top three suggestions provided by staff were: <ul style="list-style-type: none"> <li>○ Stand up desks</li> <li>○ Time between meetings to move more</li> <li>○ Include health and wellbeing discussions within PADR's</li> </ul> </li> </ul>                 |

| <p><b>Cysylltiadau â risgiau BAF:</b><br/>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b><br/>(or links to the Corporate Risk Register)</p>  | <p>ID 4200 – Tier 1 - Residents in North Wales are unable to achieve a healthy weight due to multifactorial and complex system wide factors that promote obesity.</p> <p>ID 1638 – Tier 2 – Physical activity and sedentary behaviour.</p> |                       |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
|---|--|-----------------------|--------------|-----------------------|--|------------------|-------------|---|------------------|----------------|---|--------------|----------------|---|--------------|--------------|--|-----------------|----------|--|-----|------------|--------------------------------------|--------------|------------|
| <p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>   | <p>Not applicable</p>  |                       |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| <p><b>Camau Nesaf:</b><br/><b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b></p> <table border="1" data-bbox="169 792 1428 1525"> <thead> <tr> <th>Action Required</th> <th>Action Owner</th> <th>Indicative Timescales</th> </tr> </thead> <tbody> <tr> <td>Develop Actif Workplace hub on BetsiNet (Occ Health and Wellbeing pages)</td> <td>James Williamson</td> <td>August 2025</td> </tr> <tr> <td>Launch Actif Workplace Videos and Actif Soles across BCUHB.</td> <td>James Williamson</td> <td>September 2025</td> </tr> <tr> <td>Work with BCUHB Occupational Health to promote and embed the Actif Workplace Programme.</td> <td>Hannah Lloyd</td> <td>September 2025</td> </tr> <tr> <td>Develop a monitoring and evaluation framework to measure impact of the Actif Workplace programme on adherence to physical activity and health and wellbeing outcomes for BCUHB staff.</td> <td>Steve Peters</td> <td>October 2025</td> </tr> <tr> <td>Report updates into the Strategic Staff Health and Wellbeing Group</td> <td>Dr Faye Sheldon</td> <td>On-going</td> </tr> <tr> <td>Complete Healthy Travel Charter baseline assessment and sign up.</td> <td>TBA</td> <td>March 2026</td> </tr> <tr> <td>Launch BCUHB Actif Workplace Policy.</td> <td>Steve Peters</td> <td>March 2026</td> </tr> </tbody> </table> |  | Action Required       | Action Owner | Indicative Timescales | Develop Actif Workplace hub on BetsiNet (Occ Health and Wellbeing pages) | James Williamson | August 2025 | Launch Actif Workplace Videos and Actif Soles across BCUHB. | James Williamson | September 2025 | Work with BCUHB Occupational Health to promote and embed the Actif Workplace Programme. | Hannah Lloyd | September 2025 | Develop a monitoring and evaluation framework to measure impact of the Actif Workplace programme on adherence to physical activity and health and wellbeing outcomes for BCUHB staff. | Steve Peters | October 2025 | Report updates into the Strategic Staff Health and Wellbeing Group | Dr Faye Sheldon | On-going | Complete Healthy Travel Charter baseline assessment and sign up. | TBA | March 2026 | Launch BCUHB Actif Workplace Policy. | Steve Peters | March 2026 |
| Action Required   | Action Owner   | Indicative Timescales |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| Develop Actif Workplace hub on BetsiNet (Occ Health and Wellbeing pages)  | James Williamson   | August 2025           |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| Launch Actif Workplace Videos and Actif Soles across BCUHB.   | James Williamson   | September 2025        |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| Work with BCUHB Occupational Health to promote and embed the Actif Workplace Programme.   | Hannah Lloyd   | September 2025        |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| Develop a monitoring and evaluation framework to measure impact of the Actif Workplace programme on adherence to physical activity and health and wellbeing outcomes for BCUHB staff.   | Steve Peters   | October 2025          |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| Report updates into the Strategic Staff Health and Wellbeing Group  | Dr Faye Sheldon  | On-going              |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| Complete Healthy Travel Charter baseline assessment and sign up.  | TBA  | March 2026            |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| Launch BCUHB Actif Workplace Policy.  | Steve Peters   | March 2026            |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |
| <p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <ol style="list-style-type: none"> <li>Active Workplace Executive Report, October 2024</li> </ol>   |  |                       |              |                       |  |                  |             |   |                  |                |   |              |                |   |              |              |  |                 |          |  |     |            |                                      |              |            |

# Actif Workplace Update

## 1. Introduction

As part of the Health Board's commitment to prevention and population health, and the organisation's role as an Anchor Institute, BCUHB has worked in collaboration with a range of internal and external partners including Actif North Wales, Bangor University and Healthy Working Wales to develop a range of resources to improve the health and wellbeing of employees across the region through a 'whole workplace approach to physical activity'. This work also supports the organisational approach to Culture and Leadership by supporting staff to prioritise their health and wellbeing through self-compassion.

The main approaches developed to enable this work include the development of:

- An Actif Workplace Toolkit
- Actif Workplace Policy Template
- Actif Soles Campaign
- North Wales Healthy Travel Charter

A paper was presented to BCUHB Executive Team in October 2024 (appendix 1) and PPHP Committee in December 2024 seeking approval to progress work outlined within the report. Members of the Executive Team were supportive of the initiatives; however, concerns were raised in relation to Active Soles and the acceptability of amongst clinical staff in terms of infection control and upholding a professional image. The Executive Team were assured that these concerns are being considered as part of the internal communications and engagement plan.

The aim of this report is to provide an update on the key developments and next steps being taken forward by the Public Health Directorate and partners through a multi-disciplinary, collaborative approach.

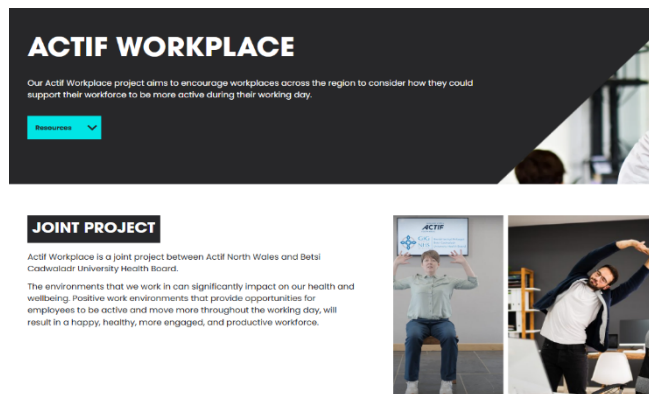
## 2. Key Developments

### 2.1 Actif Workplace Webpage Launch

BCUHB Public Health Directorate and Communications Team have worked in partnership with Actif North Wales to develop a dedicated bi-lingual '[Actif Workplace](#)' webpage. The webpage provides employers and employees from private, public, and voluntary organisations across the region with resources, guidance, and inspiration on how to build a healthy and active workplace culture.

The webpage includes links to the Actif Workplace Toolkit, Policy Template, Actif Soles Campaign and Actif Workplace Videos.





The webpage was officially launched on the 28<sup>th</sup> July 2025. A communications launch email was jointly developed between Actif North Wales and BCUHB and disseminated to over 450 stakeholders across the region including Public Service Board organisations such as Local Authorities, Education, North Wales Police, North Wales Fire and Rescue Service and Voluntary Services. Feedback is already being received from organisations on how they will use the resources to improve staff health and wellbeing.

The launch has received significant interest from national and regional press outlets:

- Manon Rees O'Brien, Regional Director for Actif North Wales was interviewed on BBC Radio Cymru (Rhaglen Frecwast), talking about the resources on the launch day.
- Further interviews were held on Heart & Capital FM news w/c 28<sup>th</sup> July
- Article on S4C news – Dr Sofie Roberts from the University has been interviewed <https://newyddion.s4c.cymru/article/29482>
- Further interest received from ITV Wales & Radio Wales with follow up interviews provisionally scheduled for w/c 18<sup>th</sup> August

As part of the communications and engagement work, the Public Health Directorate presented at the Regional Registered Social Landlords CEO meeting on the 14<sup>th</sup> July to discuss the role of Housing Associations in creating the conditions for staff to be active during the working day. Ongoing engagement will be undertaken through the Actif North Wales partnership, to understand how the resources are being implemented and the impact of this on staff health and wellbeing in the short, medium, and long-term.

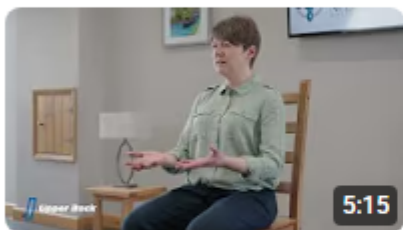
## 2.2 Actif Workplace Videos:

In addition to the Actif Workplace Resources, the Public Health Directorate have commissioned the production of ten bi-lingual [Actif Workplace videos](#). The aim of the videos is to provide employees with safe and accessible movements to complete during the working day at their desk, office, or home environment. The videos are the first of their kind in Wales and are instructed by a local qualified exercise instructor. The videos are designed to encourage staff who are in sedentary job roles to take time away from their desks and complete a range of movements to improve their strength, mobility, and wellbeing. The videos will be monitored to understand how many views they receive and feedback will be sought from organisations and employees about how they are being implemented.



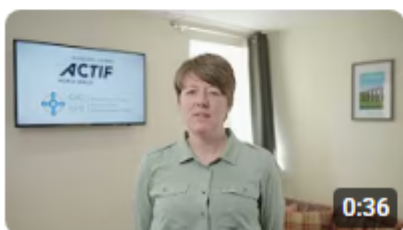
### **Actif Workplace: 2. Desk Exercises - Intermediate**

Gogledd Cymru Actif North Wales • 6 views • 1 month ago



### **Actif Workplace: 1. Desk Exercises - Beginner**

Gogledd Cymru Actif North Wales • 10 views • 1 month ago



### **Actif Workplace: An Introduction**

Gogledd Cymru Actif North Wales • 39 views • 1 month ago

## **2.3 BCUHB Policy Development**

A dedicated working group has been established to guide the development of a BCUHB Actif Workplace Policy. The group is chaired by the Public Health Directorate and attended by representatives from Trade Union, Occupational Health, Equalities Team, Communications Team and Workforce and Organisational Development. The necessary steps are being taken in accordance with the internal 'Policy on Policies' to take this work forward. A draft EQIA has been completed in partnership with the Equalities Team which is due to be shared with members of the group for review in August 2025.

In collaboration with the working group, a staff survey was designed and disseminated on the 19<sup>th</sup> June via BetsiNet to inform the policy development and to assess current physical activity levels and barriers to physical activity in the workplace. The survey received 407 responses. Further engagement work will take place with staff to review the draft policy once developed.

Headline findings from the survey demonstrate that:

- 56 percent of staff who completed the survey are not physically active during the working day.
- Of the 44 percent who reported they are active during the working day; most staff walk during their lunch break or walk during the working day (in the office/clinical spaces).
- 74 percent of staff surveyed said that physical activity is not encouraged in their workplace

- When asked how could the Health Board support staff to be more active, the top three suggestions provided by staff were:
  - Stand up desks
  - Time between meetings to move more
  - Include health and wellbeing discussions within PADR's
  - When asked what could the Health Board do to encourage staff to use more active travel options to get to and from work, staff suggested
  - More information about opportunities to take part in active travel
  - Better cycle storage and route planning

Additional comments and suggestions were included in the comments section of staff survey within BetsiNet:

*"We could have 'staff walking trains ' 2 or 3 throughout the day, you just join the train and go for half an hour walk, there could be 3 speeds, starters, brisk and fast and leave from the front entrance every day at the same times. Get healthy and meet others."*

*"I think live online get up and move sessions morning and late afternoon would be great".*

The survey demonstrated a real appetite from staff for physical activity and movement to be prioritised and supported during the working day. Whilst some interventions require financial investment (stand up desks, cycle storage etc) as noted previously, many interventions such as set times between meetings, PADR discussions and leading by example do not. In accordance with the Health Board's newly launched Culture and Leadership Programme, embedding physical activity through a whole-workplace approach supports and promotes self-compassion, improves staff engagement and results in a healthier and happier workforce. A summary report is currently being produced outlining the key findings from the survey. A high-level summary infographic will be shared with staff via Betsi-net in September 2025.

The Public Health Directorate will continue to work with internal stakeholders to develop the policy and undertake further engagement work with staff in accordance with the BCUHB policy procedure.

## **2.4 BCUHB Actif Workplace Launch**

The Actif Workplace videos and the Actif Soles initiative for health board staff is scheduled to be launched during August 2025. A plan to support this has been developed alongside colleagues in the Health Board's communications team.

This launch activity will be supported by an information hub for staff within the Staff Wellbeing section of the health board's BetsiNet intranet system, to include information about both interventions, resources to support uptake, links to relevant policies, and some frequently asked questions to support staff.

Creation of this resource is currently underway, following the wider launch of Actif Workplace materials by Actif North Wales in July. We propose to launch these resources with the support of a video from a member of the Executive Committee.

The team will continue to consider ways we can engage staff in these interventions following the launch, including through exploring opportunities for role modelling by organisational leaders, line managers and colleagues.

## **2.5 Healthy Travel Charter**

The [North Wales Healthy Travel Charter](#) was endorsed by the North Wales Regional Leadership Board and all three Public Service Boards across North Wales in July 2022. The members of these groups have now committed to taking the charter back to their own organisation to secure commitment through their internal governance procedures. Organisations including (but not limited to) North Wales Fire and Rescue Service, Natural Resource Wales, Gwynedd Council, Anglesey Council and Wrexham County Council have signed up to the North Wales Healthy Travel Charter. As BCUHB Public Health Directorate led the development of this work, it is crucial that the organisation shows its commitment by signing up to the charter.

The Public Health Directorate is working in partnership with the Environment and Estates Directorate to agree on an approach to formally sign-up to and work through the actions within the North Wales Healthy Travel Charter by early 2026. Work is also underway to review and refresh BCU's Green Travel Plans which were last undertaken for YG, YCG, and YWM in 2011, 2012, and 2015 respectively. The Green Travel Plans and Actif Workplace Policy will contribute towards achievement of the Healthy Travel Charter actions.

## **3. Conclusion**

Significant work has taken place in collaboration with partners internally and externally across the region to develop and launch the Actif Workplace resources. Initial delays in launching the resources were overcome through partnership working and the strong working relationship it has with Actif North Wales.

From a BCUHB perspective, the Actif Soles and Actif Workplace Video launch will take place imminently across the organisation with further engagement work to take place with staff to review the draft Actif Workplace Policy.

The work to date has received positive engagement and support from staff that supports BCUHB taking a whole-workplace approach to physical activity. The Public Health Directorate will work with Occupational Health to determine how they can take on ownership of the Actif Workplace programme moving forward as part of the organisation's strategic approach to staff health and wellbeing and the development of a forward workplan to promote on-going physical activity opportunities for staff.

The Public Health Directorate recommends that further engagement work should take place with Active Travel Leads across the region and nationally to identify funding streams to support active travel infrastructure and facilities (for example, cycle storage) for patients, staff, and visitors. The Public Health Directorate also recommends that engagement takes place with the BCUHB Health and Safety Team via the Staff Health and Wellbeing Group to explore possible funding avenues or alternative mechanisms to supply staff with standing desks, reflecting the high level of interest in the recent staff survey. The Health Board will need to consider how to manage these aspirations within the context of limited funding.

#### **4. Recommendations:**

1. Endorse the progress being made with progressing the Actif Workplace Programme.
2. Approve and commit to leading by example in modelling healthy and active behaviours in the workplace (e.g., take active breaks, walking meetings, wear active soles in the workplace).
3. Approve the nomination of an Executive Lead to be filmed for the internal campaign launch.
4. Support the promotion of the Actif Workplace Resources following the internal launch, encouraging all directorates and teams to be more active in the workplace.
5. Endorse the embedding of the Actif Workplace Toolkit and policy across BCUHB, including integration into the Occupational Health Team work.
6. Support the promotion and use of Actif Soles within BCUHB to encourage movement and active footwear use during the working day.
7. Support BCUHB's commitment to maintain delivery against the North Wales Healthy Travel Charter.
8. Support the exploration of funding opportunities through the BCUHB Strategic Staff Health and Wellbeing Group to develop facilities for active travel and access to standing desks.



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| <b>Teitl adroddiad:</b><br><i>Report title:</i>   | Progress update on year one of the Arts in Health and Wellbeing Three Year Strategic Framework   |   |  |  |
| <b>Adrodd i:</b><br><i>Report to:</i>   | BCU Planning, Population Health and Partnerships Committee   |   |  |  |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>   | Thursday, 04 September 2025  |   |  |  |
| <b>Crynodeb Gweithredol:</b><br><b>Executive Summary:</b>   | A report to the PPHP Committee outlining progress against year one objectives in the BCUHB Arts in Health and Wellbeing Three Year Strategic Framework, and seeking support to develop creative wellbeing resources and activities for staff to support the Culture Change Programme.  |   |  |  |
| <b>Argymhellion:</b><br><i>Recommendations:</i>   | <ol style="list-style-type: none"> <li>To note the progress made during the first year of the Arts in Health and Wellbeing 3-year Strategic Framework, and the ongoing challenges of meeting the demand for creative approaches to improving health and wellbeing.</li> <li>To endorse the development of, and staff engagement with, creative wellbeing resources and activities to support the Culture Change Programme, which will contribute to improving the health and wellbeing of staff, preventing long term sickness absence, and increasing retention.</li> <li>To identify opportunities to embed, or further embed, Arts in Health approaches within BCUHB services.</li> </ol> |   |  |  |
| <b>Arweinydd Gweithredol:</b><br><i>Executive Lead:</i>   | Dr Jane Moore – Executive Director of Public Health  |   |  |  |
| <b>Awdur yr Adroddiad:</b><br><i>Report Author:</i>   | Teri Howson-Griffiths – Arts in Health Strategic Lead  |   |  |  |
| <b>Pwrpas yr adroddiad:</b><br><i>Purpose of report:</i>  | <p>I'w Nodi<br/><i>For Noting</i></p> <p><input type="checkbox"/></p>  | <p>I Benderfynu arno<br/><i>For Decision</i></p> <p><input type="checkbox"/></p>  | <p>Am sicrwydd<br/><i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>   |  |
| <b>Lefel sicrwydd:</b><br><i>Assurance level:</i>   | <p>Arwyddocaol<br/><i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>  | <p>Derbyniol<br/><i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p> | <p>Rhannol<br/><i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p> | <p>Dim Sicrwydd<br/><i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p> |
| <p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> |  |   |  |  |

| <b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>  |  |
|---|--|
| <p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>  | <p>This programme of work contributes to the following strategic objectives:</p> <p>Objective 1: Building an effective organisation</p> <p>Objective 3: Creating compassionate culture, leadership, and engagement</p> <p>Objective 4: Improving quality, outcomes and experience</p>  |
| <p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>   | <p>There are no known regulatory implications for this work.</p>   |
| <p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b></p>  | <p>EQIA is undertaken as required for projects, in line with Charitable Funding requirements.</p>  |
| <p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b></p>   | <p>No</p>  |
| <p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p> | <p>There are no risks associated with this work in relation to the BAF and CRR. Programme level risks for Arts in Health are reviewed and managed monthly within the Public Health Directorate's Performance and Risk Management Group, and escalated accordingly should the need arise.</p>   |
| <p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>   | <p>Whilst there are no immediate financial implications associated with the Arts in Health Strategic Framework, it should be noted that:</p> <ul style="list-style-type: none"> <li>• there is no non-pay budget dedicated to facilitate the work</li> <li>• grant funding is limited in scope to meet some of the objectives, and</li> <li>• there is a historical reliance on short term project funding, which require regular applications to key funding groups to maintain delivery</li> </ul> <p>To address these challenges, we have connected with partners to identify alternative ways to provide support and secure project benefits e.g. the Heulwen Unit example described in the report.</p> <p>In addition, the Public Health Directorate has recently appointed to a new substantive post as part of its Health Inequalities Programme,</p> |

|   |   |
|---|---|
|   | <p>namely a full time Health Inequalities Delivery lead role, which will commence in September this year. The role will incorporate the strategic leadership function for arts in health within BCUHB, alongside social prescribing. It will also enable the ongoing delivery of the 3-year Strategic Framework and secure better alignment with other prevention and wellbeing activity across the Health Board.</p> <p>We are also seeking to identify sustainable options to maintain and develop delivery of the Framework in the longer term, including how an arts in health approach can be embedded within core healthcare and prevention services.</p> |
| <p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>   | <p>Implementing the recommendations will contribute to improving staff health and wellbeing, and reducing sickness absence. However, as noted above, consideration will need to be given to longer-term resources required to lead on sustainable delivery of the programme.</p>  |
| <p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>   | <p>The activities covered by this report have been undertaken collaboratively and in partnership with a wide range of stakeholders, including those represented on our Arts in Health Partner Steering Group, as well as BCUHB patients, staff, and members of the North Wales community.</p> <p>A quarterly Arts in Health newsletter was launched in August 2025, in response to feedback on the need to share updates on AiH activities and opportunities with interested stakeholders.</p>  |
| <p><b>Cysylltiadau â risgiau BAF:</b><br/>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i><br/>(or links to the Corporate Risk Register)</p>  | <p>Not applicable</p>   |
| <p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>   | <p>Not applicable</p>   |
| <p><b>Camau Nesaf:</b><br/><b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>Secure progress with delivering year two of the Arts in Health and Wellbeing Strategic Framework, including supporting completion of the evaluation of identified projects and sharing learning to inform future work and funding priorities.</li> </ul> |   |

- Subject to Executive Committee approval, this report will be presented to PPHP on 4<sup>th</sup> September 2025.

**Rhestr o Atodiadau:**

***List of Appendices:***

- The Arts, Health and Wellbeing 3-year Strategic Framework and accompanying appendices document
- Year 2 evaluation report from the Arts and Minds project at Tŷ Llywelyn
- Arts in Health designated capacity within all-Wales Health Boards
- Arts in Health quarterly newsletter (August 2025)

# Arts in Health and Wellbeing Three Year Strategic Framework

## Progress Update on Year One

### 1. Introduction

Creative Well is the public facing name for Arts in Health at Betsi Cadwaladr University Health Board (BCUHB). Since 2013, it has led and supported a range of arts engagement activity across North Wales, building upon a growing body of evidence of the benefits of arts and creativity for health and wellbeing.

The variation of work within Arts, Health and Wellbeing is significant, bridging diverse art forms and settings, and delivered by experienced, trained artists using creativity in different contexts. Examples include cultivating physical as well as mental wellbeing, providing a mechanism for meaningful engagement, raising awareness of specific health challenges, creatively improving environments, fostering social connection, and connecting to nature and the outdoors.

The Arts in Health and Wellbeing Three-Year Strategic Framework was developed in collaboration with patients, communities, staff, and partners with the aim to champion and increase the use of the arts to enhance care, promote preventative measures to support health and wellbeing, and enhance the lives of North Wales citizens.

Our ambition for greater arts, health and wellbeing provision sits within the context of significant challenges facing healthcare provision. It is therefore important that we promote and utilise evidence-based approaches to raise the understanding of the impact and value of arts and creativity in improving health and wellbeing outcomes, and reducing health inequalities.

This report provides an overview of year one progress against the aims and objectives of the Arts in Health and Wellbeing Three-Year Strategic Framework (see appendices).

### 2. Update on Year 1 Progress

To meet the aims and objectives in year 1 we have undertaken a range of projects and initiatives, which are summarised below by category:

#### 2.1 Mobilising the Framework

- Created annual work plans to ensure progress against the Strategic Framework
- Hosted the Arts, Health and Wellbeing Partner Steering Group, that continues to meet regularly to support delivery of the Framework through partnership and collaboration. A Ripple Effect Mapping exercise at the next Steering Group meeting will document the impact to date since the group's establishment
- Created an [Arts in Health webpage](#) to provide a public facing platform for the programme.
- Undertaken a range of stakeholder engagement with partners such as: the HEIW Healthcare Science and the Women's Health conferences (holding short, effective participatory activities), delivered lectures to students on the BSc Mental Health and Wellbeing at Wrexham University, and contributed to the All-Wales Partnership tent at the Eisteddfod.

- Contributed to national programmes of work such as: the All-Wales Cross-Party Group for Arts and Health, the all-Wales Coordinators programme, the Wales Arts Health and Wellbeing Network (partnering for the conference on 8-9<sup>th</sup> September at Wrexham University), and the National Action Plan on Reducing Health Inequalities led by Public Health Wales.
- Acted as all-Wales representatives on the National Arts in Hospitals Network (NAHN), a UK-Wide initiative bringing together staff working across arts and health in the NHS. We contributed to a steering group for the development of [new guidance](#) on setting up and administering arts in health programmes in NHS Trusts and Boards, and led on a case study for Wales that forms part of the guidance.

## 2.2 Delivery of Funded Projects

We have led on several funded projects within BCUHB that have enabled us to trial and learn from a range of innovative approaches to improving health and wellbeing in both hospital and community settings, including targeting our resources at those with the greatest level of need. Examples include:

- **Arts and Minds phase 1:** A 3-year project funded by The Arts Council of Wales (ACW) and The Baring Foundation, with men residing in Tŷ Llywelyn, a medium-secure unit at Ysbyty Bryn y Neuadd. Currently in year 3 of delivery, and being independently evaluated by Millstone Tweed, year 1 and 2 findings have demonstrated benefits to patients as well as to the staff and artists involved (see appendices).
- **Arts and Minds phase 2:** a 3-year project commencing this September in Denbighshire and Flintshire, with a focus on Child and Adolescents Mental Health Services (CAMHS) as part of a national programme of work, funded by The Arts Council of Wales (ACW) and The Baring Foundation. An independent evaluator will be commissioned locally, in addition to national evaluation being undertaken.
- **An Umbrella Against the Rain:** a 1-year project funded by NHS Charities Together focused on improving the mental health and wellbeing of residents in Conwy and Denbighshire, supporting a range of communities and groups experiencing challenges with their mental health, including adults with learning difficulties, people living with cancer, and people who are socially isolated. The project is being independently evaluated by Mantell Gwynedd.

## 2.3 Facilitating partnership delivery

A core component of the Arts in Health Strategic Framework involves supporting our system partners across North Wales to improve population wellbeing through creative approaches. This collaborative approach has the advantage to expand the provision available within the capacity of the Arts in Health team. Examples include:

- Following an approach from the BCUHB Engagement team, we partnered with Pontio, Bangor, to support the *Heulwen Children's Unit* in Ysbyty Gwynedd. Pontio secured Arts Council of Wales funding to lead creative engagement activities with families, patients, and staff. Further funding has seen new murals make the environment more welcoming, and a trial of arts activities in the waiting room, which was a direct outcome of the engagement work.
- We initiated a collaborative PhD with Wrexham University and ACE Hub Wales exploring *trauma informed approaches using creativity for staff wellbeing* in BCUHB. This innovative study will explore how the arts can support staff wellbeing such as increasing retention, reducing long term sickness, fostering positive work culture, and improving morale.

- Promoting freely available resources, such as the Public Health Wales [Hapus](#) programme, creative wellbeing activities and resources, as well [64 Million Artists'](#) January Challenge.
- *Coming to our Senses* project, by Theatr Cynefin, developed from a pilot at Aneurin Bevan University Health Board, and funded by the Arts Council of Wales with a contribution from Public Health. We delivered two hybrid 7-week creative mindfulness courses for BCUHB staff in Conwy and Ruthin. An independent evaluation by Bangor University's Centre for Health Economics and Medicines Evaluation (CHEME) is being conducted, with the final report due October 2025.

### **3. Challenges and opportunities**

Currently, our capacity is comparably below that of most other Health Boards in Wales with an Arts in Health Programme (see appendix), and demand for our input remains high. Consequently, we have found it challenging at times to meet this demand, in particular for unscheduled requests or work out of scope. Where possible, we have connected with partners to identify alternative ways to provide support and secure project benefits e.g. the Heulwen Unit example above.

In addition, the Public Health Directorate has recently appointed to a new substantive post as part of its Health Inequalities Programme, namely a full time Health Inequalities Delivery lead role, which will commence in September this year. The role will incorporate the strategic leadership function for arts in health within BCUHB, alongside social prescribing. It will also enable the ongoing delivery of the 3-year Strategic Framework and secure better alignment with other prevention and wellbeing activity across the Health Board.

We are also seeking to identify sustainable options to maintain and develop delivery of the Framework in the longer term, including how an arts in health approach can be embedded within core healthcare and prevention services.



|  |   |   |   |   |
|--|---|---|---|---|
| <b>Teitl adroddiad:</b><br><i>Report title:</i>  | Betsi Cadwaladr University Health Board's Welsh General Ophthalmic Services (WGOS) Annual Report 2024/25  |   |   |   |
| <b>Adrodd i:</b><br><i>Report to:</i>  | Planning, Population Health & Partnership Committee (PPHP)  |   |   |   |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>  | Thursday, 04 September 2025   |   |   |   |
| <b>Crynodeb Gweithredol:</b><br><i>Executive Summary:</i>  | <p>In line with the ministerial directions the Chief Optometric Advisor advised of the requirement for Health Boards to produce and publish an eye care services annual report for the purpose of monitoring the provision of Welsh General Ophthalmic Services (WGOS) 1-5.</p> <p>In addition to legislative directions, this requirement has been embedded in the Eye Care Wales Committee Standing Orders.</p> |   |   |   |
| <b>Argymhellion:</b><br><i>Recommendations:</i>  | This report is submitted to the PPHP Committee for information and will subsequently be published on BetsiNet. The Committee is therefore requested to note the contents of this report.  |   |   |   |
| <b>Arweinydd Gweithredol:</b><br><i>Executive Lead:</i>  | Tehmeena Ajmal, Chief Operating Officer   |   |   |   |
| <b>Awdur yr Adroddiad:</b><br><i>Report Author:</i>  | Sarah Lloyd-Hughes, Primary Care Programme Manager (East IHC)   |   |   |   |
| <b>Pwrpas yr adroddiad:</b><br><i>Purpose of report:</i>   | I'w Nodi<br><i>For Noting</i><br><input checked="" type="checkbox"/>  | I Benderfynu arno<br><i>For Decision</i><br><input type="checkbox"/>  | Am sicrwydd<br><i>For Assurance</i><br><input type="checkbox"/>   |   |
| <b>Lefel sicrwydd:</b><br><i>Assurance level:</i>  | <b>Arwyddocaol</b><br><i>Significant</i><br><input checked="" type="checkbox"/><br>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>   | <b>Derbyniol</b><br><i>Acceptable</i><br><input type="checkbox"/><br>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Rhannol</b><br><i>Partial</i><br><input type="checkbox"/><br>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | <b>Dim Sicrwydd</b><br><i>No Assurance</i><br><input type="checkbox"/><br>Dim hyder/tystiolaeth o ran y ddarpariaeth<br><br><i>No confidence / evidence in delivery</i> |
| <p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p> |   |   |   |   |
| <b>Cyswllt ag Amcan/Amcanion Strategol:</b><br><i>Link to Strategic Objective(s):</i>  | A Healthier Wales<br>Future Approach for Optometry Services   |   |   |   |
| <b>Goblygiadau rheoleiddio a lleol:</b><br><i>Regulatory and legal implications:</i>   | The National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024   |   |   |   |
| <b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b><br><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>  | Not required, the report is provided for information only.  |   |   |   |

|   |   |
|---|---|
| <p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>   | An SEIA is not required.  |
| <p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p> | Not applicable  |
| <p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>   | Not applicable  |
| <p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>   | Not applicable  |
| <p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>   | <p>The paper was accepted by the East Finance and Performance (F&amp;P) at its meeting held on 26<sup>th</sup> March 2025.</p> <p>The Annual Report was presented to the All Wales Eye Care Committee at its meeting on 28th April 2025 and was formally accepted by the Committee.</p> |
| <p><b>Cysylltiadau â risgiau BAF:</b><br/>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i><br/>(or links to the Corporate Risk Register)</p>  | Not applicable  |
| <p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>   | Not applicable  |
| <p><b>Camau Nesaf:</b><br/><b>Gweithredu argymhellion</b></p> <p><i>Next Steps:</i><br/><i>Implementation of recommendations</i></p>  |   |
| <p><b>Rhestr o Atodiadau:</b><br/>Dim</p> <p><b>List of Appendices:</b><br/>Appendix 1 – Welsh General Ophthalmic Optometric Services (WGOS) Annual Report 2024/25</p>  |   |



GIG  
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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Welsh General Ophthalmic Optometric Services (WGOS)

## Annual Report

2024-25

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## 1. Introduction

The Ministerial Directions require Health Boards to produce and publish an annual eye care report, for the purpose of monitoring the provision of Welsh General Ophthalmic Optometric Services (WGOS) 1-5 across its area.

Wales General Ophthalmic Services were introduced on 20 October 2023, with unification of the service architecture, governance and evaluation across Wales to provide care closer to home and ensure that people only attend hospital eye services when required. WGOS is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices.

WGOS is a tiered service comprising of the following:

- **WGOS 1:** eye examinations and patient management plan
- **WGOS 2:** made up of three bands:
  - Band 1 – Acute eye care and referrals for examination from another healthcare professional
  - Band 2 - Further examinations following WGOS 1 to inform or prevent a referral
  - Band 3 - Follow up examinations to WGOS 2 Band 1 and Cataract Post-operative Assessments
- **WGOS 3:**
  - Assessments for those with low vision and providing low vision aids where appropriate, as well as holistically supporting the patient and providing rehabilitative support
  - Certification of Vision Impairment for patients whose leading cause of vision loss is Dry Age-Related Macular Degeneration
- **WGOS 4:** examinations for patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway for patients:
  - with or with suspected medical retina conditions
  - with or with suspected glaucoma or ocular hypertension; and
  - who are at risk of retinopathy due to taking hydroxychloroquine or chloroquine
- **WGOS 5:** examinations in primary care for acute eye conditions that require management by an independent prescriber optometrist to reduce the need for onward referrals to Hospital Eye Services
- **NHS Optical Vouchers:** financial support for the provision of spectacles or contact lenses to patients in eligible categories determined by Welsh Government

This is Betsi Cadwaladr University Health Board (BCUHB) first WGOS annual report. It includes a breakdown of WGOS 1-5 provided in the previous financial year and contains the following information:

- A summary of the provision of WGOS 1–5
- A summary of the workforce providing those services

- An assessment of the effectiveness of the provision of WGOS 1–5, including any shift of patients from secondary ophthalmology services into primary care, access to optometry pathways, and access times to services.
- Any identified gaps in service provision and the steps taken to try to address and then close those gaps.
- Any identified need and, if applicable, proposals, for service improvement pathways
- Financial forecasts for service delivery.
- A summary of the Local Health Board's communications activity relating to WGOS 1–5 to raise awareness of those services among the public and healthcare professionals and its proposals for future communications activity.

## 2. Wales General Ophthalmic Services in North Wales

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, responsible for the delivery of health care services across the six unitary authorities of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). North Wales has a population of approximately 700,000.

The WGOS 1,2,3 and 5 pathways are fully established in BCUHB. As at March 2025 there were 70 Optometry practices providing WGOS 1 and 2 services across the 14 clusters in North Wales and 7 domiciliary providers.

Between April 2024 and March 2025, a total of 181,956 eye examinations under WGOS 1 were provided across North Wales. During the same period 48,243 eye examinations were carried out under WGOS 2 and 1,100 low vision assessments provided under WGOS 3. Additionally; 2,553 examinations under WGOS 5 were carried out.

The WGOS 4 Hydroxychloroquine pathway commenced in December 2024 and is provided by three practices across North Wales (one in each IHC area).

The WGOS 4 Glaucoma pathway (filtering) is expected to be running by May 1<sup>st</sup>, 2025 and WGOS 4 Diabetic Retinopathy / Medical Retina pathway is expected to commence soon after.

## 3. Summary of the provision of WGOS 1–5

### (a) Providers by Cluster

The Health Board is separated into fourteen Clusters across six counties:

- Anglesey
  - Anglesey
- Gwynedd
  - Arfon
  - Dwyfor and North Meirionydd
  - South Meirionydd
- Conwy
  - Conwy East
  - Conwy West

- Denbighshire
  - Central and South Denbighshire
  - North Denbighshire
  
- Wrexham
  - Central Wrexham
  - North and West Wrexham
  - South Wrexham
  
- Flintshire
  - North East Flintshire
  - North West Flintshire
  - South Flintshire

The table below provides the number of practices by each cluster, and a breakdown of the current WGOS services provided in each cluster:

| Cluster                      | No of Practices | WGOS 1    | WGOS 2    | WGOS 3    | WGOS 4 HCQ | WGOS 4 Glaucoma | WGOS 4 Med Ret | WGOS 5 IPOS |
|------------------------------|-----------------|-----------|-----------|-----------|------------|-----------------|----------------|-------------|
| Anglesey                     | 7               | 7         | 7         | 5         | 1          | 0               | 0              | 0           |
| Arfon                        | 7               | 7         | 7         | 3         | 0          | 0               | 0              | 2           |
| Dwyfor & North Meirionydd    | 5               | 5         | 5         | 3         | 0          | 0               | 0              | 1           |
| South Meirionydd             | 1               | 1         | 1         | 0         | 0          | 0               | 0              | 1           |
| Conwy East                   | 4               | 4         | 4         | 2         | 0          | 0               | 0              | 0           |
| Conwy West                   | 7               | 7         | 7         | 4         | 1          | 0               | 0              | 0           |
| Central & South Denbighshire | 5               | 5         | 5         | 2         | 0          | 0               | 0              | 2           |
| North Denbighshire           | 6               | 6         | 6         | 2         | 0          | 0               | 0              | 2           |
| Central Wrexham              | 10              | 10        | 10        | 4         | 1          | 0               | 0              | 3           |
| North & West Wrexham         | 2               | 2         | 2         | 0         | 0          | 0               | 0              | 0           |
| South Wrexham                | 2               | 2         | 2         | 1         | 0          | 0               | 0              | 0           |
| North East Flintshire        | 6               | 6         | 6         | 0         | 0          | 0               | 0              | 1           |
| North West Flintshire        | 2               | 2         | 2         | 0         | 0          | 0               | 0              | 0           |
| South Flintshire             | 6               | 6         | 6         | 1         | 0          | 0               | 0              | 2           |
| <b>Total</b>                 | <b>70</b>       | <b>70</b> | <b>70</b> | <b>27</b> | <b>3</b>   | <b>0</b>        | <b>0</b>       | <b>14</b>   |

### (b) Domiciliary Providers

In addition to the above there are seven domiciliary providers in North Wales. A breakdown of the WGOS services provided by all domiciliary only contractors across the Health Board is provided below:

| Domiciliary Providers                    | WGOS 1 | WGOS 2 | WGOS 3 | WGOS 4 HCQ | WGOS 4 Glaucoma | WGOS 4 Med Ret | WGOS 5 IPOS |
|--|--------|--------|--------|------------|-----------------|----------------|-------------|
| Home Vision Care Ltd                     | x      | x      |        |            |                 |                |             |
| Avako Ltd                                | x      | x      |        |            |                 |                | x           |
| Eyecare Oncall Ltd                       | x      | x      |        |            |                 |                |             |
| Vision Care at Home North West Ltd       | x      | x      |        |            |                 |                |             |
| Iris Domiciliary Services Ltd            | x      | x      |        |            |                 |                |             |
| Clwyd & Snowdonia Domiciliary Specsavers | x      | x      |        |            |                 |                |             |
| Outside Clinic Services Ltd              | x      | x      |        |            |                 |                |             |

## 4. Summary of the workforce providing WGOS 1-5

### (a) BCUHB Optometry Performance List Workforce Data

|  |                                    |
|--|------------------------------------|
| Number of Primary Care Optometrists listed on the BCUHB Performers List              | 246                                |
| Number of Primary Care Dispensing Optometrists listed on the Administrative List     | 60                                 |
| Number of Primary Care Contact Lens Optometrists listed on the BCUHB Performers List | 4                                  |
| Number of Student Optometrists listed on the BCUHB Performers List                   | 10                                 |
| Number of Primary Care practices offering low vision services for BCUHB              | 29<br>in practice<br>plus 2 mobile |

*Note: Data not split by cluster as some Performers work across a number of practices and/or clusters*

### (b) BCUHB Higher Certificate Opticians by Cluster

In lieu of a workforce reporting tool, as part of WGOS 4 scoping the Health Board has carried out an exercise to determine where there are Optometrists with higher qualifications, as summarised in the table below;

| Cluster                      | Prof Cert Med Retina | Higher Cert Med Retina | Prof Cert Glaucoma | Higher Cert Glaucoma | Diploma Glaucoma | Ind Pxing | Prof Cert Low Vision |
|------------------------------|----------------------|------------------------|--------------------|----------------------|------------------|-----------|----------------------|
| Anglesey                     | 1                    | 0                      | 1                  | 1                    | 0                | 0         | 1                    |
| Arfon                        | 9                    | 0                      | 5                  | 1                    | 0                | 3         | 0                    |
| Dwyfor & North Meirionydd    | 3                    | 0                      | 1                  | 1                    | 0                | 0         | 0                    |
| South Meirionydd             | 1                    | 0                      | 1                  | 0                    | 0                | 1         | 0                    |
| Conwy East                   | 4                    | 0                      | 2                  | 0                    | 0                | 0         | 2                    |
| Conwy West                   | 3                    | 0                      | 1                  | 0                    | 0                | 0         | 1                    |
| Central & South Denbighshire | 3                    | 0                      | 2                  | 0                    | 0                | 1         | 0                    |
| North Denbighshire           | 2                    | 0                      | 1                  | 0                    | 0                | 1         | 1                    |
| North West Wrexham           | 1                    | 0                      | 0                  | 0                    | 0                | 0         | 0                    |
| Central Wrexham              | 6                    | 0                      | 6                  | 1                    | 0                | 3         | 3                    |
| South Wrexham                | 1                    | 0                      | 0                  | 0                    | 0                | 0         | 0                    |
| South Flintshire             | 1                    | 0                      | 1                  | 0                    | 0                | 0         | 0                    |
| North East Flintshire        | 1                    | 0                      | 2                  | 1                    | 0                | 1         | 0                    |
| North West Flintshire        | 1                    | 0                      | 0                  | 0                    | 0                | 0         | 0                    |
| <b>Totals</b>                | <b>37</b>            | <b>0</b>               | <b>23</b>          | <b>5</b>             | <b>0</b>         | <b>10</b> | <b>8</b>             |

In addition to the above, the following table shows the number of Optometrists currently undertaking Professional/Higher Certificate training across BCUHB:

|             | Prof Cert Med Retina | Higher Cert Med Retina | Prof Cert Glaucoma | Higher Cert Glaucoma | Diploma Glaucoma | Ind Pxing | Prof Cert Low Vision |
|-------------|----------------------|------------------------|--------------------|----------------------|------------------|-----------|----------------------|
| In Training | 6                    | 0                      | 8                  | 4                    | 0                | 4         | 3                    |

The scope and range of service provision will continue to increase as more Optometrists undertake additional qualifications. The Health Board plans to repeat its workforce audit at regular intervals to ensure information is up-to-date in terms of Optometrists with the Higher Qualifications and to capture Optometrists who have commenced training.

## 5. Assessment of the effectiveness of the provision of WGOS 1–5

The table below shows the number of patients seen under each WGOS service between April 2024 and March 2025:

| Cluster                      | WGOS 1        | WGOS 2<br>BAND 1 | WGOS 2<br>BAND 2 | WGOS 2<br>BAND 3 | WGOS 3<br>Low<br>Vision | WGOS 3<br>CVI | WGOS 5<br>IPOS<br>Initial<br>Assess | WGOS 5<br>IPOS<br>F/U<br>Assess |
|------------------------------|---------------|------------------|------------------|------------------|-------------------------|---------------|-------------------------------------|---------------------------------|
| Anglesey                     | 5463          | 1309             | 324              | 297              | 19                      | 0             | 0                                   | 0                               |
| Arfon                        | 28986         | 3440             | 2643             | 974              | 82                      | 3             | 59                                  | 81                              |
| Dwyfor & North Meirionydd    | 6779          | 1336             | 867              | 312              | 37                      | 1             | 164                                 | 108                             |
| South Meirionydd             | 1784          | 345              | 173              | 108              | 4                       | 0             | 5                                   | 2                               |
| Conwy East                   | 10885         | 1940             | 907              | 421              | 60                      | 0             | 0                                   | 0                               |
| Conwy West                   | 17273         | 2423             | 1490             | 840              | 67                      | 0             | 0                                   | 0                               |
| Central & South Denbighshire | 7179          | 1446             | 506              | 333              | 51                      | 4             | 47                                  | 55                              |
| North Denbighshire           | 20867         | 2862             | 2179             | 818              | 53                      | 5             | 75                                  | 67                              |
| Central Wrexham              | 28678         | 3555             | 2531             | 991              | 302                     | 7             | 664                                 | 789                             |
| North West Wrexham           | 1778          | 651              | 260              | 224              | 0                       | 0             | 0                                   | 0                               |
| South Wrexham                | 2026          | 270              | 200              | 67               | 20                      | 0             | 0                                   | 0                               |
| North East Flintshire        | 20344         | 2290             | 1011             | 422              | 0                       | 0             | 118                                 | 87                              |
| North West Flintshire        | 5780          | 1007             | 441              | 326              | 0                       | 0             | 0                                   | 0                               |
| South Flintshire             | 16175         | 2962             | 1260             | 776              | 113                     | 2             | 82                                  | 61                              |
| <b>Sub Totals</b>            | <b>173997</b> | <b>25836</b>     | <b>14792</b>     | <b>6909</b>      | <b>808</b>              | <b>22</b>     | <b>1214</b>                         | <b>1250</b>                     |
| Domiciliary                  | 7959          | 118              | 571              | 17               | 292                     | 4             | 58                                  | 31                              |
| <b>Totals</b>                | <b>181956</b> | <b>25954</b>     | <b>15363</b>     | <b>6926</b>      | <b>1100</b>             | <b>26</b>     | <b>1272</b>                         | <b>1281</b>                     |

## 6. Identified gaps in service provision

To enable a successful delivery of WGOS 4 service, a recent workforce audit has been undertaken by the primary care contracting team. This has mapped WGOS service provision and qualifications by cluster in order to be able to identify and address any gaps. This has been formalised through the Eye Health Needs Assessment.

This data is being used as a training needs analysis tool to identify additional support required to enable a pan BCU approach to the WGOS 4 pathway delivery.

The Health Board continues to work collaboratively with key stakeholders to ensure WGOS services are delivered appropriately and are equitable for the population of North Wales.

We are working closely with the primary care academy, cluster leads, HEIW and Teach and Treat centre to promote qualifications where needed. The aim is a minimum of two practices per cluster delivering each modality under WGOS 3, 4 and 5 to meet the ‘care close to home’ message.

Moving forward, information from the Eye Health Needs Assessment, and the workforce toolkit submitted by practices as part the Quality for Optometry practice will inform future planning, with consideration being given to those cluster areas with the greatest needs.

## **7. Identified need and proposals for service improvement pathways (including transition to WGOS 4 & 5 pathways)**

The current BCUHB data capture pathways do not align well with early phase WGOS 4 as the patient cohorts are largely made up of patients undergoing treatment or requiring close virtual oversight i.e., these patients require a medical review. As each pathway is developed further, the complexity of monitoring and communicating to secondary care on higher risk patients will be enhanced.

Rather than 'convert' data capture pathways to WGOS 4 in the early rollout, the BCUHB transition plan looks to create additional capacity across both glaucoma and medical retina services thus releasing capacity within secondary care. The development of advanced pathways under WGOS will be undertaken with medical support.

### **(a) WGOS 4 Glaucoma Pathway**

The current glaucoma data capture pathway is servicing one site. Offering capacity of 60 patients (plus up to an additional 50% with agreement) to one practice out of the IHC area.

The current glaucoma pathway reviews stable patients undergoing treatment or subject to recent changes in treatment, but not high risk or complex. A small number of patients being seen may have ocular hypertension not on treatment, but this is not the primary patient cohort.

Currently, there is a limited glaucoma workforce, both in terms of Higher Certification and the Professional Certificate (with appropriate equipment) to enable significant capacity through WGOS 4.

The initial priority will be to discharge suitable OHT/glaucoma suspects to WGOS 4 (professional certificate) to allow an immediate release of capacity and timely review for these lower risk patients. Risk stratification to identify suitable patients has commenced within the East IHC and will be rolled out across the Health Board. It has been noted that several OHT/glaucoma suspects are some of the longest waiters currently and may not be suitable to discharge to WGOS following case note reviews owing to the length of time since their last HES appointment. As such, the Teach and Treat centre is playing a role as an 'intermediary' in review of these patients before discharging to WGOS 4 where suitable.

The Higher Certification workforce will initially prioritise referral filtering with referrals direct from WGOS 1 and 2.2 episodes. This will include 4 practices and The Teach and Treat centre for a Pan BCU service. There is still a need for further higher certificate glaucoma optometrists to be trained. As the Higher Certification workforce grows over the next year, this will support an 'Optometry first' approach whereby all glaucoma referrals are directed to WGOS 4 in the first instance. It will also enable the suitable discharge of patients for monitoring aligned with the Higher Certificate. The pathway to begin filtering is expected to be running by May 1<sup>st</sup>, 2025.

The above approach will gradually support increased primary care Glaucoma capacity, thus allowing secondary care capacity to focus on patients currently not suitable for discharge.

### **(b) WGOS 4 Diabetic Retinopathy / Medical Retina Pathway**

BCUHB's only medical retina pathway is a diabetic retinopathy data capture service. This operates over 12 practices offering a capacity of 20 patients per month. This pathway has already had its remuneration adjusted to align with WGOS 2.1 and has previously been

approved by the WECS committee. At present this pathway remains in place and is led by secondary care.

The patients seen under this pathway are predominantly those with previously diagnosed diabetic retinopathy/maculopathy, not currently undergoing treatment but requiring medic review. A more recent update to the patient cohort now allows for DESW referrals for ungradable scans to be seen in primary care and this will align with WGOS 4.

For patients with diabetic retinopathy, the plan is to redirect any DESW ungradable referrals to WGOS4 referral filtering by May 1st, 2025.

The remaining patients currently seen under data capture will need to continue under medic review owing to their higher risk and until the monitoring pathway is established.

WGOS 4 offers several opportunities for medical retina filtering and monitoring not currently being offered through primary care in BCUHB. This, in turn, will release medical retina capacity within secondary care allowing the data capture patients to be managed by medics within the HES. The limiting factor remains appropriate workforce and capacity which is modelled below.

The scope of medical retina service within the Teach and Treat centre is still to be agreed with Cardiff University. However, there has been discussions to offer some virtual review for data capture episodes, further releasing capacity from secondary care.

### **(c) WGOS 4 Hydroxychloroquine Pathway**

Hydroxychloroquine screening within primary care Optometry is live on phase one. Working with the medicine management team we have identified all BCUHB patients prescribed HCQ (we have no quinine patients) and RAG rated them at risk level.

Phase 1 of the WGOS 4 Hydroxychloroquine screening within primary care commenced in December 2024, and is live across three practices (Wrexham in the East, Llandudno in the Centre and Llangefni in the West). This first phase focuses on screening existing HCQ prescribed patients. As at the end of March 2025, 20% of the 900 identified patients on the refined patient list have already been seen/or are awaiting an appointment. No evidence of toxicity has been identified in any patient seen to date.

Phase 2 of this pathway will involve the transfer of existing HCQ-prescribed patients to monitoring after primary care screening using WPAS. Phase 3 will focus on the screening of new HCQ prescribed patients. This phased approach aims to ensure comprehensive screening and monitoring of HCQ-prescribed patients within primary care optometry.

BCUHB are currently exploring with Cardiff University the potential to offer a HCQ screening service, aligned with but not funded by WGOS 4, via the Teach and Treat centre. This will look to provide some mitigation against lack of provision, but any qualified practice can opt to provide this additionally.

### **(d) WGOS 5 Independent Prescribing**

Urgent care is being delivered in several practices across the Health Board. Referral numbers to this service are increasing, and we are collaborating with our secondary care colleagues to redirect referrals to this pathway. Monitoring has not yet started. The Ophthalmic Diagnostic and Treatment Centres (ODTCs) located at Holywell Hospital opened in October 2024 and accepts referrals under Independent Prescribing Ophthalmology Services (IPOS).

## 8. Financial forecasts for service delivery

The following tables show the financial forecasts for 2024/25 in relation to WGOS 1-5.

### (a) Full Year Budget Position

The closing position for financial year 24/25 is a £0.540m under-spend against the 2024/25 annual budget of £4.705m.

|              | Closing 2024/25 Position |                               |                            |
|--------------|--------------------------|-------------------------------|----------------------------|
|              | Annual Budget<br>£000    | Full Year Expenditure<br>£000 | Full Year Variance<br>£000 |
| West IHC     | 1,137                    | 960                           | (176)                      |
| Centre IHC   | 1,506                    | 1,239                         | (268)                      |
| East IHC     | 2,062                    | 1,966                         | (96)                       |
| <b>Total</b> | <b>4,705</b>             | <b>4,165</b>                  | <b>(540)</b>               |

\* Please note this financial position is subject to WAO audit before being considered final.

### (b) Year To Date Optometry Payments

Payment breakdown of Cash Ltd payments to Optometrists are summarised below:

| Sum of Amount   | Payment by Month |                |                |                |                |                |                |                |                |                |                |                | Grand Total      |
|---|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
|   | Apr-24           | May-24         | Jun-24         | Jul-24         | Aug-24         | Sep-24         | Oct-24         | Nov-24         | Dec-24         | Jan-25         | Feb-25         | Mar-25         |                  |
| <b>GMS CASH LTD PAYMENTS TO OPTICIANS</b>             |                  |                |                |                |                |                |                |                |                |                |                |                |                  |
| Cluster Total   | 7,000            | 4,000          | 5,500          | 9,000          | 1,000          | 3,500          | 12,750         | 1,250          | 6,250          |                | 12,500         | 12,027         | 74,777           |
| CPD Total   | 21,889           | 5,889          | 0              | 765            | 611            | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 29,133           |
| Quality Total   |                  |                |                |                |                |                |                |                |                |                |                | 162,500        | 162,500          |
| Environment Exemplary Total                           |                  |                |                |                |                |                |                |                |                |                |                | 400            | 400              |
| HEIW Training Total                                   |                  |                |                |                |                |                |                |                |                |                |                | 375            | 375              |
| Consumables Total                                     |                  |                |                |                |                |                |                |                |                |                |                | 74,583         | 74,583           |
| IPOS adjustment                                       | -125             |                | -9,500         |                |                |                |                |                | -125           |                |                |                | -9,750           |
| IPOS Follow Up  | 4,402            | 4,712          | 5,642          | 7,068          | 6,944          | 7,502          | 6,944          | 5,518          | 8,494          | 4,836          | 9,238          | 8,906          | 80,206           |
| IPOS Initial  | 9,250            | 19,500         | 10,875         | 14,500         | 11,875         | 14,500         | 11,750         | 12,500         | 11,250         | 7,875          | 16,875         | 15,940         | 156,690          |
| IPOS Initial Follow Up fee                            |                  |                |                |                | 301            |                | 802            | 301            | 301            | 201            | 301            | 58             | 2,264            |
| IPOS Initial Mobile fee                               |                  |                |                |                | 1,796          | 816            | 1,469          | 980            | 1,143          | 490            | 980            | 1,075          | 8,748            |
| IPOS Mobile fee                                       |                  |                | 77             | 268            |                |                |                |                |                |                |                |                | 344              |
| <b>IPOS Total</b>                                     | <b>13,527</b>    | <b>24,212</b>  | <b>7,094</b>   | <b>21,836</b>  | <b>20,916</b>  | <b>22,818</b>  | <b>20,841</b>  | <b>19,298</b>  | <b>21,188</b>  | <b>13,401</b>  | <b>27,393</b>  | <b>25,978</b>  | <b>238,502</b>   |
| Low Vision Adjustments                                |                  |                |                |                | -10,344        |                |                |                |                |                |                |                | -10,344          |
| Low Vision Annual Review                              | 954              | 1,537          | 1,484          | 1,696          | 3,498          | 1,325          | 795            | 1,855          | 1,802          | 1,855          | 1,431          | 1,272          | 19,504           |
| Low Vision Annual Review & Dom                        |                  |                |                | 91             | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 91               |
| Low Vision Service & Domiciliary                      | 2,181            | 2,181          | 1,668          | 2,565          | 513            | 0              | 257            | 0              | 0              | 0              | 385            | 1,283          | 11,031           |
| Low Vision Service Wales                              | 5,400            | 6,840          | 7,830          | 9,540          | 18,000         | 9,180          | 5,220          | 6,930          | 7,020          | 5,130          | 10,170         | 7,740          | 99,000           |
| Low Vision Service Wales arrears                      |                  |                |                |                |                |                |                |                |                |                |                | 2,825          |                  |
| <b>Low Vision Total</b>                               | <b>8,535</b>     | <b>10,558</b>  | <b>10,982</b>  | <b>13,893</b>  | <b>11,667</b>  | <b>10,505</b>  | <b>6,272</b>   | <b>6,785</b>   | <b>8,622</b>   | <b>6,985</b>   | <b>11,906</b>  | <b>13,120</b>  | <b>122,107</b>   |
| Ophthalmic Optician Wales Eye Care Service            | 222,851          | 232,391        | 256,926        | 235,382        | 253,171        | 223,372        | 233,662        | 263,424        | 234,270        | 188,368        | 265,903        | 222,110        | 2,831,831        |
| Ophthalmic Optician Wales Eye Care Service adjustment | -34              |                |                | 64             | -5,487         |                | -77            | -17            |                |                |                |                | -5,551           |
| Ophthalmic Optician Wales Eye Care Service arrears    |                  |                |                |                |                |                |                |                |                |                |                | 19,944         |                  |
| <b>WECS Total</b>                                     | <b>222,817</b>   | <b>232,391</b> | <b>256,926</b> | <b>235,446</b> | <b>247,684</b> | <b>223,372</b> | <b>233,585</b> | <b>263,407</b> | <b>234,270</b> | <b>188,368</b> | <b>265,903</b> | <b>242,054</b> | <b>2,846,224</b> |
| <b>Grand Total</b>                                    | <b>273,768</b>   | <b>277,030</b> | <b>280,501</b> | <b>280,939</b> | <b>281,877</b> | <b>260,196</b> | <b>273,447</b> | <b>292,741</b> | <b>270,529</b> | <b>208,755</b> | <b>317,783</b> | <b>551,037</b> | <b>3,568,601</b> |

April to March payments amounted to £3.569m (based on shared services payment data) and have been coded and split against the three IHC's Optometry position.

Other payment categories including Sight tests have been coded to Non Cash Limited (NCL). NCL costs budgets are held direct by Welsh Government, BCUHB don't hold any budgets or any financial risk for these prescribing activities.

Occupational Health costs are reported under the 'Corporate function' are excluded under this report.

### (c) Welsh Government Allocation and Funding Risk

The 2024/25 updated Optometry funding details are confirmed on below WG Allocation table:

| Health Board Allocation 2024-25               |          |                           |                          |                              |           |               |  |                                  |                               |
|---|----------|---------------------------|--------------------------|------------------------------|-----------|---------------|--|----------------------------------|-------------------------------|
|   | Activity | Occupational Health Total | Cluster Engagement Total | Training Total (Bronze only) | Total CPD | HB Allocation |  | Finance Cash Limited Total 22-23 | Additional Allocation 2024-25 |
|   | £m       | £m                        | £m                       | £m                           | £m        | £m            |  | £m                               | £m                            |
| Betsi Cadwaladr University Local Health Board | 3.012    | 0.136                     | 0.111                    | 0.395                        | 0.187     | 3.841         |  | 1.876                            | 1.965                         |

Welsh Government previous estimates indicated that spend for 2024/25 in BCUHB could be £1.158m more if Optometry practices take up the new elements of the contract quickly. However, WG have since released the additional funding of £0.784m received in Month 10 and £0.349m in Month 12 which covers in-year forecasted spend levels.

## 9. Summary of the Local Health Board’s communications activity relating to WGOS 1–5

### (a) Communication relating to WGOS Pathways

Discussions and presentations have taken place in relation to WGOS 1-5 at various meetings including GP, Community pharmacy and cluster meetings across all North Wales.

Welsh Government WGOS engagement events were also held in Wrexham and Bangor in March 2025. The purpose of these events was to provide a platform for engagement and discussion with the profession around WGOS services.

WGOS training has also been delivered at each of the three acute sites in January 2025 and training is currently being delivered to GP’s, Pharmacy, OOH, minor injuries and ED as part of the relaunch of WGOS across BCU. The aim of the training is to ensure all modalities of care (where WGOS is relevant) have a full understanding of each level and how they can access the care for patients. In relation to future communications, discussions will take place with the Optometry Collaborative Leads and Optometry Adviser, especially when significant changes take place.

The Health Board continues to engage positively with the Regional NWROC group on a quarterly basis through the Optometry Liaison Group.

The Communications Team continue to update the Betsi Cadwaladr University Health Board (BCUHB) website with information on the availability of primary care services: [Local Health Services - Betsi Cadwaladr University Health Board \(nhs.wales\)](https://www.nhs.uk/healthboards/betsi-cadwaladr-university-health-board/)

Discussions are also taking place with BCUHB Primary Care Cluster Teams on how primary care can promote WGOS services through social media, GP surgeries and pharmacy, press and engagement events. The primary care team also plan to work with corporate colleagues to develop communication and promotional material for WGOS 3-5 services to share with the public via the BCUHB internet and social media platforms where appropriate.

## **(b) Cluster Engagement**

Feedback from Health Board's Cluster Teams provides assurance that collaboratives are running well across North Wales. Networking across all 12 North Wales Optometry Collaboratives has been positive to date and engagement in collaborative meetings continues to improve.

### **➤ Feedback from East IHC (Flintshire and Wrexham)**

Optometry networking across four of the five collaboratives has been positive to date with practices regularly engaging in their collaborative meetings. The east IHC cluster team is currently working closely with the fifth collaborative to increase/improve engagement.

### **➤ Feedback from Central IHC (Conwy and Denbighshire)**

It is encouraging to see a steady upward trend in engagement as more optometric practices are onboarded and actively participating in their collaborative meetings.

The two Conwy professional collaboratives recently held a joint meeting, which featured a guest speaker from Diabetic Eye Screening Wales (DESW). Feedback from attendees was positive, highlighting the value of such sessions. As a result, the Central team aim to identify and create more opportunities to enhance professional collaboration and knowledge sharing in the future.

### **➤ Feedback from West IHC (Gwynedd and Anglesey)**

Practice engagement in all the West collaborative meetings has been excellent. Practices are contributing to discussions and reporting on any issues, which require escalation to the Optometry Advisor/Health Board.

### **➤ Pan North Wales**

A Training Needs Assessment has been developed, which outlines the key skills and knowledge required to undertake the role of Collaborative Lead. Leads have been asked to complete this to assess their current leadership skills and knowledge in relation to their role as a Collaborative lead.

## **(c) Examples of current key priorities/discussions at cluster collaborative meetings**

- Signposting/improving awareness of emergency eye appointments provided by Optometrists
- Utilising IPOS – improving access for prescriptions for patients
- Lack of WGOS 4 services for medical retina or glaucoma across clusters
- Paediatric eyecare/failed school screening tests
- Lack of digital referral system for routine referrals to secondary care

## 10. Conclusion

The Annual Report demonstrates that BCUHB is fully committed and progressing WGOS services in line with the NHS (Ophthalmic Services) (Wales) 2023 Regulations and the supporting WGOS clinical manuals.

We have gathered information on our current workforce and held informal meetings with Optometry colleagues to discuss WGOS 4 pathways. The background work and support from primary and secondary care colleagues has put us in a strong position to now move forward and deliver the WGOS 4 pathways timely, efficiently and effectively.

The recently published Eye Health Needs Assessment alongside the ongoing monitoring of WGOS provision will further embed services and inform future service planning. This, coupled with the continued dedication to work collaboratively with key stakeholders, will ensure WGOS is effective and services are equitable across North Wales.

This approach is fully embedded in our response to ministerial priorities, local Optometry and Professional Collaborative plans, and the Ophthalmology improvement plans.



|   |  |   |   |  |
|---|--|---|---|--|
| <b>Teitl adroddiad:</b><br><i>Report title:</i>           | Board Assurance Framework  |   |   |  |
| <b>Adrodd i:</b><br><i>Report to:</i>                     | Planning, Population Health & Partnership Committee (PPHP)   |   |   |  |
| <b>Dyddiad y Cyfarfod:</b><br><i>Date of Meeting:</i>     | Thursday, 04 September 2025  |   |   |  |
| <b>Crynodeb Gweithredol:</b><br><i>Executive Summary:</i> | <p>The purpose of this paper is to provide assurance to the committee on the progression of the Board Assurance Framework (BAF) risks.</p> <p>Each risk has been reviewed and rated by its respective lead committee, with oversight provided by the Risk Scrutiny Group through monthly deep dives. Recent deep dives focused on:</p> <ul style="list-style-type: none"><li>• <b>BAF24-02:</b> Strategic Development and Digital Transformation. Noting delayed actions in relation to this risk as previously presented to the Committee and Board awaiting further decision on investment.</li><li>• <b>BAF24-06:</b> Transforming Care and Enhancing Outcomes (Patient Safety &amp; Public Health).</li></ul> <p>The Risk Scrutiny Group held a deep dive on the 'Not Delivering Strategic Development and Digital Transformation' risk. Suggested updates on the controls and actions completed.</p> <p>N.B. The Board Assurance Framework will only be submitted to the Board in September 2025 by point of escalation to the Board through the Audit Committee chair's assurance report as per cycle of risk reporting (bi-annually to the Board, next BAF report in full to the Board Jan 2026).</p> |   |   |  |
| <b>Argymhellion:</b><br><i>Recommendations:</i>           | <p>The Committee is asked to:</p> <ul style="list-style-type: none"><li>• To <b>receive</b> and <b>consider</b> the contents and assurance rating of the Board Assurance Framework.</li></ul>  |   |   |  |
| <b>Arweinydd Gweithredol:</b><br><i>Executive Lead:</i>   | Pam Wenger, Director of Corporate Governance   |   |   |  |
| <b>Awdur yr Adroddiad:</b><br><i>Report Author:</i>       | Nesta Collingridge Head of Risk Management   |   |   |  |
| <b>Pwrpas yr adroddiad:</b><br><i>Purpose of report:</i>  | I'w Nodi<br><i>For Noting</i><br><input type="checkbox"/>  | I Benderfynu arno<br><i>For Decision</i><br><input checked="" type="checkbox"/>   | Am sicrwydd<br><i>For Assurance</i><br><input type="checkbox"/>   |  |
| <b>Lefel sicrwydd:</b><br><i>Assurance level:</i>         | Arwyddocaol<br><i>Significant</i><br><input type="checkbox"/><br><small>Lefel uchel o hyder/tystiolaeth o ran</small>  | Derbyniol<br><i>Acceptable</i><br><input checked="" type="checkbox"/><br><small>Lefel gyffredinol o hyder/tystiolaeth o ran</small> | Rhannol<br><i>Partial</i><br><input type="checkbox"/><br><small>Rhywfaint o hyder/tystiolaeth o ran</small> | Dim Sicrwydd<br><i>No Assurance</i><br><input type="checkbox"/><br><small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> |



|  | <p>darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>   | <p>darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p> | <p>darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p> | <p><i>No confidence / evidence in delivery</i></p> |
|--|---|---|--|--|
| <p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i></b></p> |   |   |  |  |
| <p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>  | <p>Detailed in the BAF report and how the CRR aligns to the revised BAF</p>   |   |  |  |
| <p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>   | <p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>   |   |  |  |
| <p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>  | <p>Not applicable for this report</p>   |   |  |  |
| <p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></b></p>  | <p>Not applicable for this report</p>   |   |  |  |
| <p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>   | <p>Board Assurance Framework paper</p>  |   |  |  |
| <p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>   | <p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p> |   |  |  |
| <p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>   | <p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>   |   |  |  |
| <p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>   | <p>Risk Scrutiny Group feedback 09/07/2025</p> <p>The Risk Scrutiny Group held a deep dive on the 'Not Delivering Strategic Development and Digital Transformation' risk. Suggested</p>   |   |  |  |

|  |   |
|--|---|
|  | <p>updates on the controls and actions are yet to be completed.</p> <p>Wider suggestions made by the group around the impact score not being reduced for the target will be feedback when requesting updates.</p> |
| <p><b>Cysylltiadau â risgiau BAF:</b><br/>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b><br/>(or links to the Corporate Risk Register)</p>   | <p>Board Assurance Framework risks linked to corporate risks</p>  |
| <p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>  |   |
| <p><b>Camau Nesaf:</b></p> <p><b>Next Steps:</b></p> <ol style="list-style-type: none"> <li>1. Delayed risk actions to be monitored.</li> <li>2. The actions within the BAF will all be reviewed in line with the final version of the Strategic Plans to ensure full alignment.</li> <li>3. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Committee, monitoring of actions within risks. Reporting to Committee quarterly and Board bi-annually as per Risk Management Framework.</li> </ol> |   |
| <p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b><br/>Appendix 1 – PPHP risks only, Board Assurance Framework</p>  |   |



# Board Assurance Framework





# Board Assurance Framework Report

## Purpose

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

The purpose of this BAF is threefold:

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

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

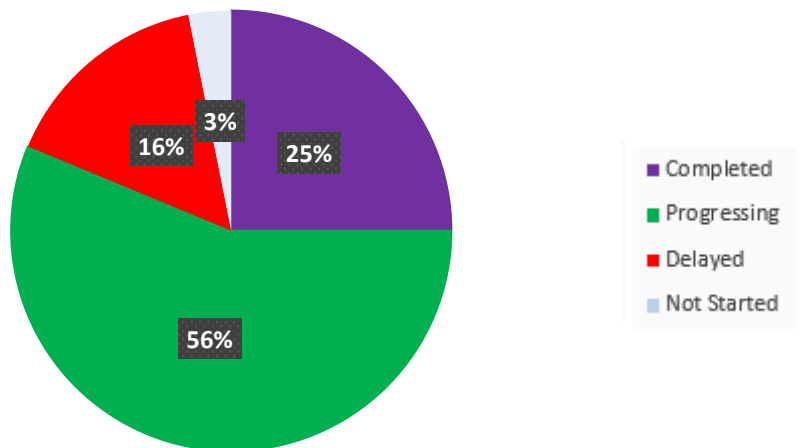
The purpose of this paper is to seek the Board's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, following review by the Committee's responsible for the risks.

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

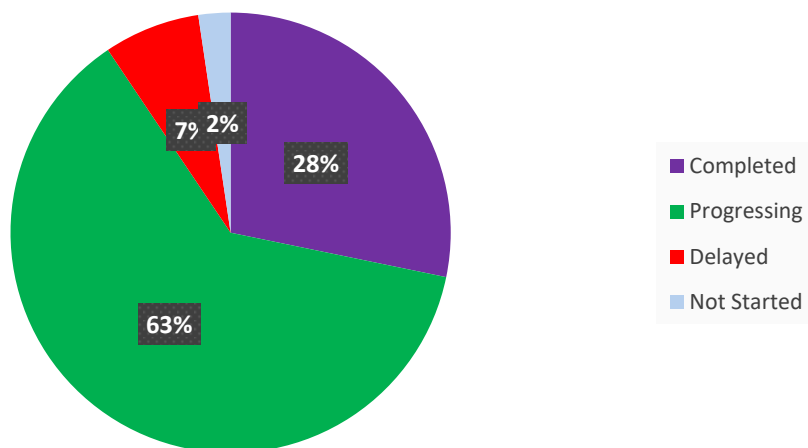
## Key Highlights

Over a quarter of BAF actions have been completed since the last report to the committee, demonstrating good progress. Minimal revised actions. However digital have presented a number of delayed actions within their risk and have since presented this to the Risk Scrutiny Group, Executive Committee and previously to the Committee and Board awaiting further decision on investment.

## Progression of PPHP BAF risk actions



## Progression of BAF risk actions



## Next Steps

- Delayed risk actions to be monitored by the Risk Scrutiny Group and Executive Committee.
- The actions within the BAF will all be reviewed in line with the final version of the Strategic Plans to ensure full alignment.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Committee (bi-monthly) and Committees (quarterly) and Board (bi-annually) as per the Risk Management Framework.

The key elements of the BAF are:

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

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

Key to lead committee assurance ratings:



**Substantial Assurance**

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



**Reasonable Assurance**

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



**Limited Assurance**

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



**Unsatisfactory Assurance**

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

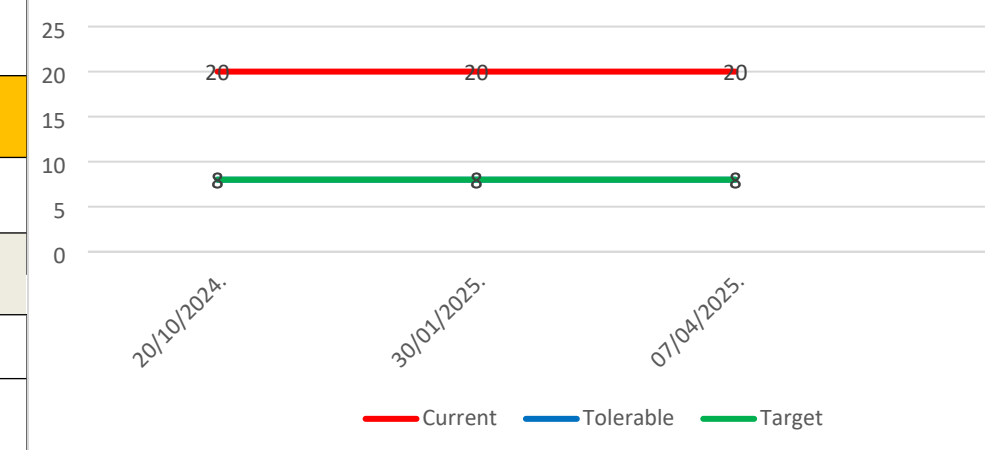
This BAF includes the following Risks to the HBs strategic priorities:

| Reference | Principal risk: There is a risk of...   | Lead Executive   | Lead Committee   | Initial date of assessment | Last reviewed by Executive Team | Previous risk score (at previous review/update) C x L | Current risk score C x L | Target risk score C x L |
|-----------|---|--|--|----------------------------|---------------------------------|---|--------------------------|-------------------------|
| BAF24-01  | Not Fully Building an Effective and Accountable Organisation  | Director of Corporate Governance and Executive Team oversight  | Performance, Finance and Information Governance                                  | 20/10/2024                 | 21/07/2025                      | 4x 3= 12  | <b>4x 3= 12</b>          | 2x 2= 4                 |
| BAF24-02  | Not Delivering Strategic Development and Digital Transformation   | Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer  | Planning, Population Health & Partnership  | 20/10/2024                 | 21/07/2025                      | 5x 4= 20  | <b>5x 4= 20</b>          | 3x 3= 9                 |
| BAF24-03  | Not Achieving Long Term Financial Sustainability  | Executive Director of Finance  | Performance, Finance and Information Governance                                  | 20/10/2024                 | 21/07/2025                      | 5x 4= 20  | <b>5x 4= 20</b>          | 3x 3= 9                 |
| BAF24-04  | Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability                                | Deputy Director of People Services   | People & Culture   | 20/10/2024                 | 21/07/2025                      | 4x 4= 16  | <b>4x 4= 16</b>          | 3x 3= 9                 |
| BAF24-05  | Not Engaging with Citizens, Partners and Communities  | Director of Partnerships/Communications and Engagement   | Planning, Population Health & Partnership  | 20/10/2024                 | 21/07/2025                      | 2x 3= 6   | <b>2x 3= 6</b>           | 2x 2= 4                 |
| BAF24-06  | Not Delivering the Required Improvements to Transform Care and Enhance Outcomes   | Executive Director of Nursing<br>Executive Director of Public Health<br>Executive Medical Director<br>Executive Director of Allied Health Professionals and Health Science | Quality, Safety and Experience<br>/<br>Planning, Population Health & Partnership | 20/10/2024                 | 21/07/2025                      | 5x 4= 20  | <b>5x 4= 20</b>          | 5x 2= 10                |
| BAF24-07  | Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk | Chief Operating Officer  | Performance, Finance and Information Governance                                  | 20/10/2024                 | 21/07/2025                      | 4x 4= 16  | <b>4x 4= 16</b>          | 4x 2= 8                 |
| BAF24-08  | Not Implementing Evidenced Based Improvement and Innovation   | Executive Medical Director & Chief Digital & Information Officer   | Planning, Population Health & Partnership  | 20/10/2024                 | 21/07/2025                      | 4x 3= 12  | <b>4x 3= 12</b>          | 3x 2= 6                 |


## 2: Developing strategy and long-lasting change


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

|   |   |                  |                      |  |   |
|---|---|------------------|----------------------|--|---|
| <b>Principal risk</b><br>(what could prevent us achieving this strategic objective) | <b>BAF24-02: Not Delivering Strategic Development and Digital Transformation</b><br>There is a risk we won't achieve our strategic and operational objectives as a Health Board, caused by having inadequate arrangements and skills for identification, commissioning and delivery of Digital, Data & Technology enabled change.<br>This will lead to an inability to deliver new models of care in line with national and local strategies, which results in a degradation in patient safety, quality of care, public confidence, financial controls and reputation |                  |                      | <b>Strategic objective</b>                                   | 1. Developing strategy and long-lasting change (2A 10-year Strategy & 2H Strengthening Planning; 2E Digital, Data, and Technology;) |
| <b>Lead Committee</b>   | Planning, Population Health & Partnership Committee   |                  | <b>Risk type</b>     | Quality  |   |
| <b>Risk Lead</b>  | Executive Director Transformation and Strategic Planning / Chief Digital & Information Officer  |                  | <b>Risk appetite</b> | Open <16   |   |
| <b>Related Corporate Risks:</b>   | CRR24-07 Fragmented Patient Care Record/CRR24-17 ICT Failure and Cyber  |                  |                      |  |   |
| <b>Risk rating</b>  |   |                  | <b>Review Dates</b>  |  |   |
|   | <b>Current exposure</b>   | <b>Tolerable</b> | <b>Target</b>        | <b>Initial date of assessment</b>                            | 20/10/2024  |
| <b>Consequence</b>  | 5. Catastrophic   | 4. Major         | 5. Major             | <b>Last reviewed by Committee:</b>                           | 01/05/2025  |
| <b>Likelihood</b>   | 4. Somewhat likely  | 2. Unlikely      | 2. Unlikely          | <b>Last updated by Executive:</b>                            | 07/04/2025  |
| <b>Risk rating</b>  | 20. High  | 8. Medium        | 10. Medium           | N.B. Tolerable and Target score lines stacked as both are 8. |   |

| Date       | Current | Tolerable | Target |
|------------|---------|-----------|--------|
| 20/10/2024 | 20      | 8         | 8      |
| 30/01/2025 | 20      | 8         | 8      |
| 07/04/2025 | 20      | 8         | 8      |

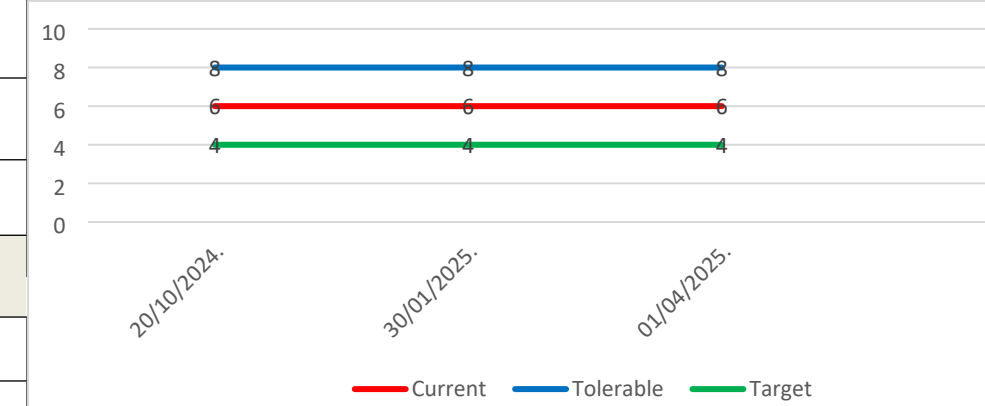
| Strategic threat<br>(what might cause this to happen)  | Primary risk controls<br>(what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)   | Gaps in control<br>(are further controls possible in order to reduce risk exposure within tolerable range?)   | Sources of assurance (and date)<br>(Evidence that the controls/ systems which we are placing reliance on are effective)   | Gaps in assurance / actions to address gaps and issues | Assurance rating                          |
|--|--|---|---|--|---|
| Responsible:   | Assistant Director of Compliance and Business Management   | Accountable:  | Chief Digital & Information Officer   |  |   |
| <p><b>Threat:</b> the organisation may struggle to keep pace with the rapid evolution of digital, data, and technology innovations and have outdated systems, inefficiencies, and an inability to fully harness data for informed decision-making and personalised patient care by lack of investment in DDaT infrastructure due to competing priorities</p> | <ul style="list-style-type: none"> <li>• Cyber Security Plan (and evidenced of reasonable assurance through recent internal audit)</li> <li>• Plans to recruit key skills and capabilities gaps</li> <li>• Business case developed for Mental Health and Acute and Community EHR</li> <li>• Clear benchmarking with Gartner IT Score to assess and guide us on what we need to do.</li> <li>• Skills and capabilities augmentation contracts in place with third party companies to support the internal teams in delivering what is required</li> </ul>   | <ul style="list-style-type: none"> <li>• Lack of recurrent funding and support the recruitment of critical roles</li> <li>• Lack of support to procure flexible augmentation contracts</li> </ul> | <p><b>Management:</b></p> <ul style="list-style-type: none"> <li>• Quarterly reviews of digital objectives including projects at service level to Senior Leadership Team</li> <li>• Performance and accountability meetings for Annual Plan objectives</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>• Annual audit of data governance and cyber security measures</li> <li>• Corporate Risk in place</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>• Internal and external audits of data governance and technology</li> <li>• Information Commissioners office</li> <li>• Continual Benchmarking from Gartner Group and Service Desk Institute against best practice</li> </ul> |  | <b>Limited Assurance</b>                  |
|   | <b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)   |   | <b>Action Handler</b>   | <b>Status of Actions</b>                               | <b>Date when action will be completed</b> |
|  | Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31 <sup>st</sup> March 2025 will be completed.  |   | Sion Jones  | Delayed  | 31/03/2025                                |
|  | Roll-out of key priority digital transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. The Electronic Health Record (EHR) – Acute and Community, Outline Business Case (OBC) first draft was handed over from the external consultants in March 25, the OBC is currently being quality checked internally by legal, finance, procurement and DDaT. In addition, some high level engagement has started with the Integrated Health Communities (IHC) with further engagement planned in May. It is due to go to the Board in July 25. Currently, there is no funding to progress this further. The Mental Health EHR is progressing with the Invitation to Tender going out on the 7 <sup>th</sup> May 25 with a light Full Business Case (FBC) and contract award going for board approval in November 25. |   | Andrea Williams   | Delayed  | 31/03/2025                                |
|  | System integration – This action needs removing as there is limited system integration work being carried out due to the complexities of the technologies and the lack of integration skills.  |   | Justine Parry   | Delayed  | 31/03/2025                                |
|  | Transformation of the DDaT Operating Model. Lack of available recurrent funding has hampered this piece of work. Alternative solutions being explored  |   | Justine Parry   | Delayed  | 31/03/2025                                |
|  | Proposals, (repeated from previous years) for 2025/26 onwards are being progressed for consideration. Cost Pressures and Growth proposals submitted to Executive Team for consideration. Only RIGA 1 additional funding resource received which doesn't take into consideration the required pressures or growth initiatives. Will continue to review funding gaps and available schemes.  |   | Justine Parry   | Delayed  | 31/03/2025                                |

| Strategic threat<br>(what might cause this to happen)   | Primary risk controls<br>(what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)  | Gaps in control<br>(are further controls possible in order to reduce risk exposure within tolerable range?)  | Sources of assurance (and date)<br>( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)   | Gaps in assurance / actions to address gaps and issues                       | Assurance rating  |   |
|---|---|--|---|--|---|---|
| Responsible:  |   | Assistant Director of Health Strategy & Planning   | Accountable:  |  | Executive Director of Transformation and Strategic Planning |   |
| <b>Threat:</b> Lack of a relevant long term 10-Year Strategy and Clinical Services Plan that can be used to strategically guide our short to medium term plans. | <ul style="list-style-type: none"> <li>Ensure strategy development aligns with population needs assessments.</li> <li>Prioritise internal and external stakeholder engagement, collaboration and co-production.</li> <li>Integrated planning framework updated with learning from each planning cycle.</li> <li>Alignment of finances, workforce and performance via the Planning process.</li> </ul> | <ul style="list-style-type: none"> <li>Limited public engagement and stakeholder input at the early formative stages of strategy development and planning.</li> <li>Effective mechanisms to prioritise resources to strategic priorities.</li> <li>Integrated view of impact of plans, demonstrating which outcomes have improved for the population.</li> </ul> | <b>Management:</b> <ul style="list-style-type: none"> <li>Annual review of planning cycle.</li> <li>Annual Delivery Plan progress reports on strategy development milestones.</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>External benchmarking of planning effectiveness through the Planning Maturity Matrix.</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>Independent review as part of special measures.</li> <li>Welsh Government annual assessment of submitted IMTP.</li> </ul> | <ul style="list-style-type: none"> <li>None identified at present</li> </ul> | <b>Limited Assurance</b>                                    |   |
|   | <b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)  |  |   | <b>Action Handler</b>  | <b>Status of Actions</b>                                    | <b>Date when action will be completed</b> |
|   | Strategic intent for North Wales to be developed with Partners in order to develop and deliver the 10-Year Strategy (subject to creating sufficient capacity in the Planning team to take this work forward)...   |  |   | Kamala Williams  | Progressing   | 30/12/2025                                |
|   | Implement phase 1 of Clinical Services Plans in relation to the Challenged Services   |  |   | Geraint Parry  | Progressing   | 30/03/2026                                |
|   | Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales  |  |   | Kamala Williams  | Not started   | 30/03/2027                                |


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

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

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

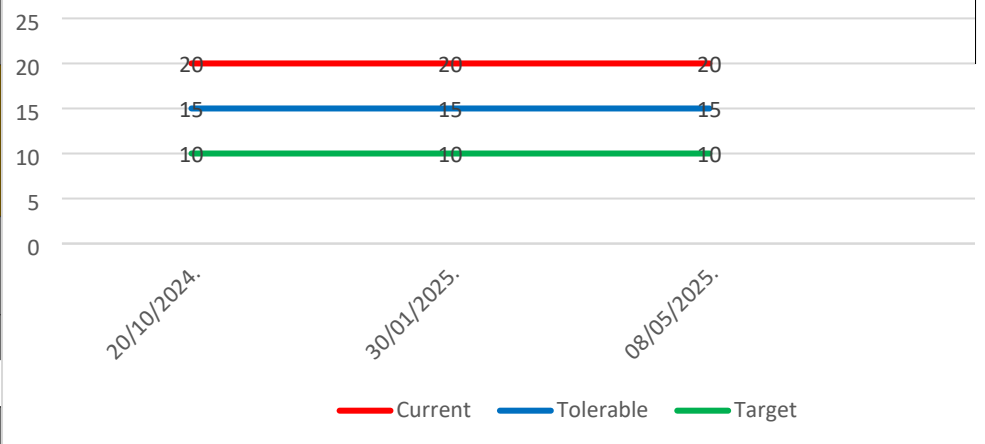
  


| Date       | Current | Tolerable | Target |
|------------|---------|-----------|--------|
| 20/10/2024 | 6       | 8         | 4      |
| 30/01/2025 | 6       | 8         | 4      |
| 01/04/2025 | 6       | 8         | 4      |


| Strategic threat<br>(what might cause this to happen)  | Primary risk controls<br>(what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)   | Gaps in control<br>(are further controls possible in order to reduce risk exposure within tolerable range?)  | Sources of assurance (and date)<br>( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)   | Gaps in assurance / actions to address gaps and issues        | Assurance rating                                       |   |
|--|--|--|---|---|--|---|
| Responsible:   |  | Director Of Partnerships/communications And Engagement   | Accountable:  |   | Director Of Partnerships/communications And Engagement |   |
| <b>Threat:</b> of ineffective engagement with citizens and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population. | <ul style="list-style-type: none"> <li>• Collaboration with key stakeholders</li> <li>• Strategic partnerships with local authorities and community organisations</li> <li>• Partnership governance frameworks</li> <li>• Comprehensive inclusive and diverse citizen engagement strategy</li> <li>• Accessible feedback mechanisms such as surveys and public engagement activity</li> <li>• Regular updates to the public on strategic priorities</li> <li>• Survey of engagement across the Health Board</li> <li>• Collaboration on complaint's process</li> </ul> | <ul style="list-style-type: none"> <li>• Communication back to the public on their influence from feedback</li> <li>• Lack of structured feedback from key partners</li> <li>• Limited cross-sector collaboration in specific service areas</li> <li>• Anchor Institute Framework</li> </ul> | <b>Management:</b> <ul style="list-style-type: none"> <li>• Citizen experience reports to Board</li> <li>• Feedback from engagement and where required public consultations.</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>• Partnership feedback sessions</li> <li>• Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health &amp; Partnership Committee</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>• Perception survey with partners</li> <li>• Independent Advisor for external perspective on engagement approach</li> </ul> | Risk Register for Partnerships/Communications and Engagement. | <b>Limited Assurance</b>                               |   |
|    | <b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)   |  |   | <b>Action Handler</b>   | <b>Status of Actions</b>                               | <b>Date when action will be completed</b> |
|  | Perception Survey completed, Survey findings to now go to Executive Committee and PPHP Committee   |  |   | Helen Stevens-Jones   | Complete   | 31/03/2025                                |
|  | Developing Anchor Institute Framework – ongoing, with paper to Executives by 31/05/25 outlining approach and next steps  |  |   | Helen Stevens-Jones   | Progressing  | 31/03/2026                                |
|  | Citizen Engagement Plan being reviewed – the draft principles and framework developed - now with the engagement group for comments   |  |   | Helen Stevens-Jones   | Progressing  | 30/06/2026                                |
|  | Improve the feedback loop to ensure timely action on public input – ongoing, with review of Board actions against key themes by 31/01/25. January Citizen's Engagement report as evidence  |  |   | Helen Stevens-Jones   | Complete   | 31/01/2025                                |

## 4: Improving quality, outcomes and experience

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

|  |  |                  |                      |                                    |  |
|--|--|------------------|----------------------|------------------------------------|--|
| <b>Principal risk</b><br><small>(what could prevent us achieving this strategic objective)</small> | <b>BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes</b>   |                  |                      | <b>Strategic objective</b>         | 4. To Improve Quality, Outcomes and Experience (4A Patient Experience; 4B Prevention; 4I Adult Mental Health, Learning Disability) |
|  | Risk of ineffectively delivering consistent high quality of patient care across the HB resulting in incidents of avoidable harm and poor clinical unmet patient needs, regulatory non-compliance, and reputational harm. |                  |                      |                                    |  |
| <b>Lead Committee</b>  | Quality, Safety and Experience Committee / Planning, Population Health & Partnership Committee   |                  | <b>Risk type</b>     | Quality                            |    |
| <b>Risk Lead</b>   | Executive Director of Nursing<br>Executive Director of Public Health<br>Executive Medical Director<br>Executive Director of Allied Health Professionals and Health Science   |                  | <b>Risk appetite</b> | Open <16                           |  |
| <b>Related Corporate Risks:</b>  | CRR24-02 Patient Safety /CRR24-04 Failure to Embed Learning/ CRR24-08 Delivering a population health approach to health and wellbeing/ CRR24-18 Managing Outbreaks   |                  |                      |                                    |  |
| <b>Risk rating</b>   |  |                  |                      | <b>Review Dates</b>                |  |
|  | <b>Current exposure</b>  | <b>Tolerable</b> | <b>Target</b>        | <b>Initial date of assessment</b>  |  |
| <b>Consequence</b>   | 5. Catastrophic  | 5. Catastrophic  | 5. Catastrophic      | 20/10/2024                         |  |
| <b>Likelihood</b>  | 4. Somewhat likely   | 3. Possible      | 2. Unlikely          | <b>Last reviewed by Committee:</b> |  |
| <b>Risk rating</b>   | 20. High   | 15. High         | 10. Medium           | <b>Last updated by Executive:</b>  |  |
|  |  |                  |                      | 01/05/2025                         |  |
|  |  |                  |                      | 08/05/2025                         |  |

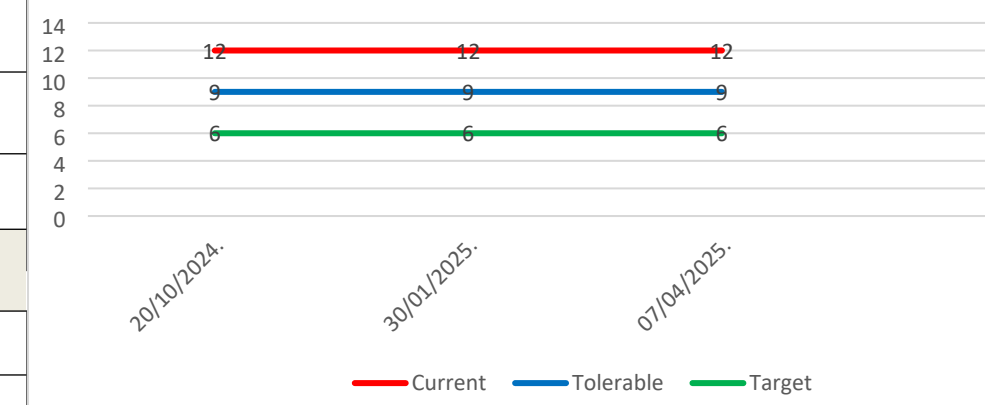
\*QSE related threats removed

| Strategic threat<br>(what might cause this to happen)   | Primary risk controls<br>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)  | Gaps in control<br>(Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)   |                                     | Sources of assurance (and date)<br>(Evidence that the controls/ systems which we are placing reliance on are effective)  | Gaps in assurance / actions to address gaps and issues<br>(Insufficient evidence as to effectiveness of the controls or negative assurance)   | Assurance rating                          |
|---|--|---|-------------------------------------|--|---|---|
| Responsible:  | Head Of Public Health Assurance & Development  | Accountable:  | Executive Director of Public Health | Responsible Committee  | Population Health & Partnership Committee   |   |
| <b>Threat:</b> A widespread loss of organisational focus on investment and support to improve integrated prevention to better population health and wellbeing | <ul style="list-style-type: none"> <li>Public Health team and other teams across the HB, working on evidenced based programmes of work which link to National and local priorities</li> <li>Integrated prevention strategies focused on population health and wellbeing to reduce health inequalities</li> <li>Continuation of Grant funding confirmed 25/26</li> <li>Ministerial Priorities include Prevention and Population Health</li> </ul> | <ul style="list-style-type: none"> <li>Limited access to timely integrated data supporting prevention activity.</li> <li>Insufficient integration between prevention and clinical services</li> <li>Services fail to prioritise prevention as part of the delivery of effective services and outcomes.</li> <li>Large proportion of budget is non-recurrent grant funding</li> <li>Diabetes Pathway Programme delivery plans (service level) - dependent on options for change agreement</li> </ul> |                                     | <b>Management:</b> <ul style="list-style-type: none"> <li>Regular reports against a range of outcomes from the public health outcomes framework to Planning, Population Health &amp; Partnership Committee</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>CRR24-08 Delivering a population health approach to health and wellbeing and CRR24-18 Outbreak Management reported to Planning, Population Health &amp; Partnership Committee.</li> <li>Operational Risk Register maintained.</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>Regular reports against a range of outcomes from the public health outcomes framework to Regional Partnership Board Public Service Boards &amp; Welsh Government</li> </ul> | <ul style="list-style-type: none"> <li>Limited assurance of effective models - based on availability of data, intelligence, evidence and evaluation of impact of current prevention approaches within the Health Board and wider partner networks.</li> </ul> | <b>Limited Assurance</b>                  |
|    | <b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)   |   |                                     | <b>Action Handler</b>  | <b>Status of Actions</b>  | <b>Date when action will be completed</b> |
| Increase collaboration with community partners  |  |   | Brian Laing                         | Complete   | 31/03/2025  |   |
| Strengthen the integration of prevention into service and Health Board planning   |  |   | Gwyneth Page                        | Complete   | 31/03/2025  |   |
| DDAT/Public Health Integrated approach to population health and clinical data and intelligence embedded in Health Board plans                                 |  |   | Kathryn Lang / Rob Atenstaedt       | Complete   | 30/09/2025  |   |
| Diabetes Pathway Programme – completion of case for change and next steps agreed  |  |   | Jane Moore                          | Progressing  | 30/07/2025  |   |
| Deliver Primary Care based approaches to improving the compliance with NICE guidance  |  |   | Service Leads                       | Progressing  | 30/10/2025  |   |
| Grant funded Programme plans approved by Welsh Government and Public Health Wales   |  |   | Gwyneth Page                        | Complete   | 30/04/2025  |   |
| Prevention embedded in Board Major Programmes   |  |   | Programme Leads / SRO               | Progressing  | 31/03/2026  |   |


### 5: Establishing an effective environment for Learning

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

|   |   |                  |                      |                                    |   |
|---|---|------------------|----------------------|------------------------------------|---|
| <b>Principal risk</b><br>(what could prevent us achieving this strategic objective) | <b>BAF24-08: Not Implementing Evidenced Based Improvement and Innovation</b>  |                  |                      | <b>Strategic objective</b>         | 5: Effective Environment for Learning<br>5A: University Partnership; 5B: Research, Development and Innovation & 5C: Academic Careers) |
|   | Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care |                  |                      |                                    |   |
| <b>Lead Committee</b>   | Planning, Population Health & Partnership Committee   |                  | <b>Risk type</b>     | Quality                            |   |
| <b>Risk Lead</b>  | Executive Medical Director /Chief Digital & Information Officer   |                  | <b>Risk appetite</b> | Open <16                           |   |
| <b>Related Corporate Risks:</b>   | CRR24-04 Failure to Embed Learning  |                  |                      |                                    |   |
| <b>Risk rating</b>  |   |                  |                      | <b>Review Dates</b>                |   |
|   | <b>Current exposure</b>   | <b>Tolerable</b> | <b>Target</b>        |                                    |   |
| <b>Consequence</b>  | 4. Major  | 3. Moderate      | 3. Moderate          | <b>Initial date of assessment</b>  | 20/10/2024  |
| <b>Likelihood</b>   | 3. Possible   | 3. Possible      | 2. Unlikely          | <b>Last reviewed by Committee:</b> | 01/05/2025  |
| <b>Risk rating</b>  | 12. Medium  | 9. Medium        | 6. Low               | <b>Last updated by Executive:</b>  | 07/04/2025  |

| Date       | Current | Tolerable | Target |
|------------|---------|-----------|--------|
| 20/10/2024 | 12      | 9         | 6      |
| 30/01/2025 | 12      | 9         | 6      |
| 07/04/2025 | 12      | 9         | 6      |

| Strategic threat<br>(what might cause this to happen)  | Primary risk controls<br>(what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)  | Gaps in control<br>(are further controls possible in order to reduce risk exposure within tolerable range?)   | Sources of assurance (and date)<br>( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)  | Gaps in assurance / actions to address gaps and issues  | Assurance rating                    |
|--|---|---|--|---|-------------------------------------|
| Responsible:   |   | Assistant Director Data, Intelligence & Insight   | Accountable:   |   | Chief Digital & Information Officer |
| <b>Threat:</b> Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients   | <ul style="list-style-type: none"> <li>Data collated and available through various systems and software (IRIS/RTT Hub)</li> <li>Information account Managers to ensure data is interpreted correctly</li> <li>Some Integrated data analytics and reporting in place</li> <li>Integrated Leadership Framework &amp; Performance Appraisal and Development Review (PADR) policy, staff development toolkit.</li> <li>Continuous professional development opportunities for staff</li> </ul> | <ul style="list-style-type: none"> <li>Regular data analytics reviews and intelligence reports for further assurances</li> <li>More Assurance on evidence of being intelligence-led</li> <li>Insufficient integration of data analytics consistently across all service areas</li> <li>Data driven decision-making framework for services</li> <li>Limited use of real-time data in clinical decision-making</li> <li>Inconsistent access to learning opportunities across different service areas</li> <li>Limited evaluation of the impact of training on service delivery</li> <li>Limited collaboration on research projects</li> </ul> | <b>Management:</b> <ul style="list-style-type: none"> <li>Monthly data governance reviews</li> <li>Progress against annual plan to committees</li> <li>Result of internal data maturity assessment</li> <li>Utilisation Statistics in IRIS</li> </ul> <b>Risk and compliance:</b> <ul style="list-style-type: none"> <li>Annual reviews of the effectiveness of learning initiatives (OMD)</li> </ul> <b>Independent assurance:</b> <ul style="list-style-type: none"> <li>Clinical body reporting on external evaluations of learning and development programmes (OMD)</li> </ul> | <ul style="list-style-type: none"> <li>No external evaluation of statistics or use of statistics</li> </ul> | <b>Limited Assurance</b>            |
|   | <b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)  |   | Action Handler   | Status of Actions   | Date when action will be completed  |
| Develop BCU's data warehouse, broadening the range of datasets available. This was a milestone in the Annual Plan 2024/25. Evidence provided on additional datasets created. This now forms business as usual activity as and when new datasets are required.        |   | Kathryn Lang  | Complete   | 31/03/2025  |                                     |
| Standardise access to learning opportunities for recipient of intelligence products as well as in house team. Additional training provided, with Training Needs Analysis being completed. Once results are returned, a further training programme will be developed. |   | Kathryn Lang  | Complete   | 31/03/2025  |                                     |
| Exploring the links with universities on opportunities to work together on data analytics. Meeting held with Bangor Universities with introductory meeting set up with Wrexham and Swansea Universities.   |   | Kathryn Lang  | Progressing  | 30/09/2025  |                                     |
| Launch of IRIS2 to improve accessibility and useability of information products.   |   | Kathryn Lang  | Progressing  | 30/06/2025  |                                     |
| Develop a model for Cancer Referrals and activity for single modality.   |   | Kathryn Lang  | Progressing  | 30/06/2025  |                                     |
| Refresh Urgent and Emergency Care Winter Plan Model.   |   | Kathryn Lang  | Progressing  | 31/07/2025  |                                     |
| Undertake a data maturity assessment for planned and urgent and emergency care to test for improvement from baseline position.   |   | Kathryn Lang  | Progressing  | 30/06/2025  |                                     |
| Development of a Training Needs Analysis and Training Programme for Intelligence Team and also for Planned Care data recipients  |   | Kathryn Lang  | Progressing  | 30/09/2025  |                                     |

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



|   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| <b>Cyfarfod a dyddiad:</b><br><b>Meeting and date:</b>  | Planning, Population Health & Partnerships Committee                       |   |  |  |  |  |
| <b>Cyhoeddus neu Breifat:</b><br><b>Public or Private:</b>  | Public   |   |  |  |  |  |
| <b>Teitl yr Adroddiad</b><br><b>Report Title:</b>   | Summary of business considered in private session to be reported in public |   |  |  |  |  |
| <b>Cyfarwyddwr Cyfrifol:</b><br><b>Responsible Director:</b>  | Pam Wenger, Director of Corporate Governance                               |   |  |  |  |  |
| <b>Awdur yr Adroddiad</b><br><b>Report Author:</b>  | Philippa Peake-Jones, Head of Corporate Affairs                            |   |  |  |  |  |
| <b>Craffu blaenorol:</b><br><b>Prior Scrutiny:</b>  | None   |   |  |  |  |  |
| <b>Atodiadau</b><br><b>Appendices:</b>  | None   |   |  |  |  |  |
| <b>Y/N to indicate whether the Equality/SED duty is applicable</b>  |  |   |  |  |  | <b>N</b>                               |
| <b>Argymhelliad / Recommendation:</b>   |  |   |  |  |  |  |
| The Committee is asked to note the report.  |  |   |  |  |  |  |
| <b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>  |  | <b>Ar gyfer Trafodaeth For Discussion</b> |  | <b>Ar gyfer sicrwydd For Assurance</b> |  | <b>Er gwybodaeth For Information</b> ✓ |
| <b>Sefyllfa / Situation:</b>  |  |   |  |  |  |  |
| To report in public session on matters previously considered in private session.  |  |   |  |  |  |  |
| <b>Cefndir / Background:</b>  |  |   |  |  |  |  |
| Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings. |  |   |  |  |  |  |
| <b>Asesiad / Assessment</b>   |  |   |  |  |  |  |
| The Committee considered the following matters in private session:  |  |   |  |  |  |  |
| <b>3 July 2025</b>  |  |   |  |  |  |  |
| <ul style="list-style-type: none"> <li>Corporate Risk Register Report</li> <li>Draft Emergency Preparedness, Resilience and Response Annual Report</li> </ul>   |  |   |  |  |  |  |

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

(1 April 2024 – 31 March 2025)

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

| Date of Request | Origin of Request   | Requestor          | Item Summary / Title  | Nature of Request  | Lead Officer                        | Executive Lead                      | Intended Meeting Date | Status   |
|-----------------|---|--------------------|---|--|-------------------------------------|-------------------------------------|-----------------------|--|
| 15.04.25        | Action from PPHP Committee PP24/11.3  | PPHP Committee     | Third Sector  | Action states that a strategic approach to working with the Third Sector should be discussed further with the Executive Team and come back to the Committee. Steve Powell leading on Third Sector Commissioning Arrangements.  | Helen Stevens-Jones<br>Steve Powell | Helen Stevens-Jones<br>Steve Powell | TBC                   | This is being escalated by the DoCG to the CEO   |
| 27.03.25        | Action from Board 25/53.2   | Board              | IMTP Continuous Planning<br><br>Committee to confirm whether any further action is required by PPHP | PPHP Committee to discuss how continuous planning in relation to the IMTP and focus for the next ten to fifteen years can be facilitated and monitored going forward.  | Paolo Tardivel                      | Pam Wenger<br>Clare Budden          | TBC                   | This aligns to Strategic Item 2 in the ADP and has been at an Informal Board session   |
| 07.04.25        | Email from Clare Budden 07.04.25  | Clare Budden       | Substance Misuse<br><br>It was agreed at agenda setting on 28.07.25 to put this forward to Nov      | Kirsty Brooke to present a item on substance misuse (Kirsty to join PPHP on 1 <sup>st</sup> May)   | Kirsty Brooke                       | Jane Moore                          | 06.11.25              | This has been requested by the Chair   |
| 12.03.25        | Email from Gwyneth Page   | Public Health Team | Health Inequalities<br>Paper on Vulnerable Groups / Deprivation                                     | A paper focused on vulnerable groups/deprivation as we progress the Health Inequalities Programme.   | Gwyneth Page                        | Jane Moore                          | 06.11.25              | This will be covered as part of the Development Session                                |
| 12.03.25        | Discussed with DR 12.03.25<br><br>Email from DR (following DR discussion with CB) | Dylan Roberts      | DDaT Portfolio of Projects  | Update and prioritisation of Digital, Data and Technology Enabled Portfolio of Projects and Programmes   | Dylan Roberts                       | Dylan Roberts                       | 06.11.25              | This will align with Strategic Item 2D in the ADP                                      |
| 12.03.25        | Discussed with DR 12.03.25<br><br>See action PP25/21.2 on private action log      | Dylan Roberts      | Intelligence Led<br>May be covered in a Board Development Session – PW to confirm                   | Progress on Intelligence Led Organisation  | Dylan Roberts                       | Dylan Roberts                       | 06.11.25 (TBC)        | This will align with Strategic Item 5D in the ADP                                      |
| 21.11.24        | Action from Oct Meeting PP24/74.1   | PPHP Committee     | Llais Annual Report / Experience Paper  | Llais Annual Report / Experience Paper to be reported to PPHP (and QSE) annually<br>Annual Report shared at Feb meeting – Experience paper to follow   | Geoff Ryall-Harvey                  | Helen Stevens-Jones                 | TBC                   | This will align with Strategic Item 3C in the ADP                                      |
| 27.03.25        | Action from Board 25/53.1   | Board              | Engagement with Third Sector and development of Partnership Working                                 | PPHP Committee to monitor how the Health Board could engage more effectively with the third sector in terms of prevention and early intervention and re-examine how the organisation work with community groups. PPHP Committee to also focus on the work with partners to develop partnership working further and provide evidence that our | Jane Moore<br>Helen Stevens-Jones   | Pam Wenger<br>Clare Budden          | 06.11.25              | <b>CLOSED</b><br>This will form part of the discussion at the PPHP Development Session |

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|           |   |                                  |   | partners have influenced our planning and join outcomes.  |                                   |  |          |   |
| 12.03.25  | Discussed with DR 12.03.25<br><br>Email from DR (following DR discussion with CB)                   | Dylan Roberts                    | DDaT Workstreams Update<br><br>Paper on DDaT Enabled Portfolio of Projects and Programmes went to the Committee in Sept 25  | To include:<br>Transforming the DDaT Operating Model & Essential Services Programme<br>Digital Roadmap  | Dylan Roberts                     | Dylan Roberts  | 03.07.25 | <b>CLOSED</b><br>Went to Comm<br>04.09.25 |
| 13.01.25  | Email from Gwyneth Page 12.03.25<br><br>Email from Pam Wenger and PPJ 13.01.25                      | Pam Wenger                       | Arts in Health & Wellbeing<br><br>Put forward to July - AiH will be aligned as part of WNW Programme<br><br>An annual update against progress will be reported to the Committee in Sept.  | Arts in Health & Wellbeing – Three Year Strategic Framework (This was approved by Board in Sept 24, PPHP to consider progress)  | Gwyneth Page                      | Jane Moore   | 04.09.25 | <b>CLOSED</b><br>Went to Comm<br>04.09.25 |
| 01.04.25  | Email from HSJ 01.04.25   | Helen Stevens-Jones              | Partnerships Survey   | This will go to PPHP on 01.05.25 as part of the Partnerships Arrangements item in Private and will go to the July meeting for information.  | Helen Stevens-Jones               | Helen Stevens-Jones  | 04.09.25 | <b>CLOSED</b><br>Went to Comm<br>04.09.25 |
| 14.05.24  | Actions from April & August Meetings<br>PP24/11.3 & PP24/49.7                                       | PPHP Committee                   | Partnership Working (strategic approach to working with the third sector)   | HSJ confirmed that an update and discussion on next steps will go to ET and come to PPHP in July 25 (see email from HSJ 03.12.24)   | Helen Stevens-Jones               | Helen Stevens-Jones  | 04.09.25 | <b>CLOSED</b><br>Went to Comm<br>04.09.25 |
| 10.12.24  | Email from Gwyneth Page 12.03.25<br><br>Discussion at PPHP and action from Dec meeting<br>PP24/94.1 | PPHP Committee                   | Embedding Opportunities to be Active with the BCUHB Workplace<br><br>Following discussion at the Dec 24 meeting, this should come back to the Committee to monitor the adoption and implementation of the programme.<br><br>This will report to the Committee in Sept 25 and will align with Strategic Item 4 in the ADP. | A brief update included in Q4 Delivery Report to May meeting and a paper to go to July PPHP (Team in the process of evaluating the programme to date and this will allow more detailed content / greater insight to share with the Committee) | Faye Sheldon<br>Gwyneth Page      | Jane Moore<br><br>Jane suggested at agenda setting for July meeting to put this forward for Sept meeting | 04.09.25 | <b>CLOSED</b><br>Went to Comm<br>04.09.25 |
| 20.08.214 | Action from August Meeting<br>PP24/55.1   | PPHP Committee                   | Health Protection Service   | Update on the progress made within the Health Protection Service.   | Sam Lauder                        | Jane Moore   | 04.09.25 | <b>CLOSED</b><br>Went to Comm<br>04.09.25 |
| 08.04.25  | Email from PW confirming EPRR Annual Report go in July not May                                      | Sharon Scott<br>Joanne Gauntlett | EPRR Annual Report  | EPRR Annual Report to go to PPHP and Board in July ahead of submission to NHS Wales.  | Sharon Scott<br>Joanne Gauntlett  | Jane Moore   | 03.07.25 | <b>CLOSED</b><br>Went to Comm<br>03.07.25 |
| 28.04.25  | Email trail including Katie Spruce and Jane Moore   | Katie Spruce                     | Winter Debrief Learning Event 2024/25   | Findings and Recommendations for Implementation Winter Plan 2025/26.  | Katie Spruce                      | Jane Moore   | 31.07.25 | <b>CLOSED</b><br>Went to Comm<br>03.07.25 |
| 24.04.25  | Email discussion with Pam Wenger and Jane Moore   | Jane Moore Team                  | Diabetes Case for Change  | Discussion on emerging themes from Diabetes and how the case for change is being developed.   | Charlotte Smith<br>Sarah Lawrence | Jane Moore   | 03.07.25 | <b>CLOSED</b><br>Went to Comm<br>03.07.25 |
| 18.11.24  | Email from Gwyneth Page 12.03.25<br><br>Action from Board 24/191                                    | Health Board                     | Well North Wales<br><br>Put forward to July as team are currently reviewing 24/25 and formalising the activity and governance for 25/26. The WNW  | Consider role of SRG and PPHP Committee in relation to the Well North Wales work (Scoping work still taking place to help frame the role of PPHP in relation to WNW)  | Gwyneth Page                      | Jane Moore   | 03.07.25 | <b>CLOSED</b><br>Went to Comm<br>03.07.25 |

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|          |  |                          | paper needs to go SRG in June and RPB in July.  |  |                                |                     |          |  |
| 20.08.24 | Action from August Meeting PP24/52.2   | PPHP Committee           | Review of Well Being Objectives (See email from WH 07.11.24)<br><br>Agreed at agenda setting 13.01.25 to move forward to April meeting. | Revised paper once work has progressed further including a timetable for the implementation plan. (The Fair Work Element of the well-being objectives is being presented to the P&C Committee)   | Chris Stockport                | Chris Stockport     | 01.05.25 | <b>CLOSED</b><br>Went to Comm<br>01.05.25            |
| 15.01.25 | Discussion with Natalie Morrice-Evans  | CoB                      | Decarbonisation   | The CoB includes NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 and the Committee received the Decarbonisation Action plan in Aug, new Director of Environment to confirm what's required to come to Committee?                                   | Director of Environment        | Russell Caldicott   | 01.05.25 | <b>CLOSED</b><br>Went to Comm<br>01.05.25            |
| 04.11.24 | Email from Gwyneth Page re: PH Forward Plan                                      | Public Health Team       | Population Health (Q4) Quarterly Delivery Report  | For Assurance  | Gwyneth Page                   | Jane Moore          | 01.05.25 | <b>CLOSED</b><br>Went to Comm<br>01.05.25            |
| 20.08.24 | Action from August Meeting PP24/50.3   | PPHP Committee           | Progress on becoming an intelligence led organisation   | DR and team to provide an update on progress on Becoming an intelligence led organisation. This will take place on a bi-annual basis making reference to progress in relation to the spider diagram and progress on the link to the cultural change programme. | Kathryn Lang<br>Stephen Powell | Dylan Roberts       | 18.02.25 | <b>CLOSED</b><br>Went to Comm<br>18.02.25            |
| 04.11.24 | Email from Gwyneth Page re: PH Forward Plan                                      | Public Health Team       | Population Health (Q3) Quarterly Delivery Report  | For Assurance  | Gwyneth Page                   | Jane Moore          | 18.02.25 | <b>CLOSED</b><br>Went to Comm<br>18.02.25            |
| 10.12.24 | Discussion at PPHP   | PPHP Committee           | Draft BCU Annual Plan   | As not going to Private Board in Jan, this will be a position paper and update since presented to PPHP in private in Dec.  | Chris Stockport                | Chris Stockport     | 18.02.25 | <b>CLOSED</b><br>Went to Comm<br>18.02.25            |
| 25.11.24 | Discussion at PPHP   | PPHP Committee           | Feedback from SRG   | An update on the progress of SRG against the key priorities agreed by the Board - Mike Parry to join the meeting (see email from HSJ 25.11.24)   | Helen Stevens-Jones            | Helen Stevens-Jones | 18.02.25 | <b>CLOSED</b><br>Went to Comm<br>18.02.25            |
| 21.11.24 | Action PP24/78.1 and discussion with Pam Also links to action AC24/127.2 from AC | PPHP Committee           | EPRR Risks<br><br>This will form part of the CRR item   | Include a substantive item on the agenda for the February meeting focussing on the EPRR Risks.   | Sharon Scott                   | Jane Moore          | 18.02.25 | <b>CLOSED</b><br>Went to Comm<br>18.02.25            |
| 25.10.24 | Email from Hannah Lloyd, Public Health   | Pam Wenger               | Active Workplace Bundle   | Item going to ET in Oct / Nov, Hannah Lloyd linking with Glesni re: the process on policy development, Board being asked to sign up to the NW Healthy Travel Charter.  | Pam Wenger                     | Pam Wenger          | 20.12.24 | <b>CLOSED</b><br>Went to Comm<br>10.12.24            |
| 08.10.24 | Item from PPHP CoB   | Chris Stockport          | Primary Care and Community Care & Clusters  | Paper not ready for October meeting so being put forward for December meeting.   | Ffion Johnstone                | Chris Stockport     | 10.12.24 | <b>CLOSED</b><br>Went to Comm<br>10.12.24            |
| 09.08.24 | Corporate Planning Update paper to PPHP 20.08.24                                 | Chris Stockport<br>Paper | Draft BCU Plan  | Shaping and testing of draft BCU Plan with PPHP (see presentation in paper PP24/58)  | Chris Stockport                | Chris Stockport     | 10.12.24 | <b>CLOSED</b><br>Went to Comm<br>10.12.24 in private |

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| 14.05.24 | Original PPHP CoB (Links to 5A in ADP)      | Laura Jones via Nick Lyons      | North Wales Medical School Update                           | High level update on progress on the development of the school & main risks  | Lea Marsden                    | Jim / McGuigan Nick Lyons | 22.10.24            | <b>CLOSED</b><br>Went to Comm 22.10.24                                     |
| 18.06.24 | Action from June Meeting PP24/33.8          | PPHP Committee                  | Progress against the Weight Management Programme            | A delivery plan to be presented to the Committee to provide assurance. Also a review of risks that relate to the programme. A delivery and risk plan will form part of the Public Health Report      | Lydia Orford<br>Hannah Lloyd   | Jane Moore                | 22.10.24 / 10.12.24 | <b>CLOSED</b><br>Covered in Public Health Delivery Report to Comm 22.10.24 |
| 05.08.24 | Request from Helen Stevens-Jones            | Helen Stevens-Jones             | Partnerships, engagement and communications update          | Request from HS-J for discussion.  | Helen Stevens-Jones            | Helen Stevens-Jones       | 22.10.24            | <b>CLOSED</b><br>Went to Comm 22.10.24                                     |
| 20.08.24 | Action from August Meeting PP24/54.2        | PPHP Committee                  | Flu Vaccinations  | Include an update in the report to next meeting in October in relation to the low level of uptake from staff for the flu vaccine and how to maximise the use of GPs to encourage flu vaccine uptake. | Jane Moore                     | Jane Moore                | 22.10.24            | <b>CLOSED</b><br>Went to Comm 22.10.24                                     |
| 08.08.24 | Request from Rob Atenstaedt via Rhian Baker | Rob Atenstaedt                  | Health & Wellbeing  | Health & Wellbeing Profile of the North Wales Population   | Rob Atenstaedt                 | Jane Moore                | 22.10.24            | <b>CLOSED</b><br>Went to Comm 22.10.24                                     |
| 23.04.24 | Action from April Meeting PP24/12.2         | PPHP Committee                  | Emergency Preparedness, Resilience and Response (EPRR)      | An interim report to the Committee in October highlighting the findings from the initial review, the testing that has been completed and the plans that have been put in place.                      | Sharon Scott                   | Jane Moore                | 22.10.24            | <b>CLOSED</b><br>Went to Comm 22.10.24                                     |
| 23.04.24 | Action from April Meeting PP24/10.4         | PPHP Committee                  | Deep dive into data issues and opportunities                | Deep dive to take place after a Board Development session on "Being an Intelligence Led Organisation"  | Dylan Roberts                  | Dylan Roberts             | 20.08.24            | <b>CLOSED</b><br>Went to Comm 20.08.24                                     |
| 23.04.24 | Action from April Meeting PP24/10.2         | PPHP Committee                  | The role of DHCW  | Discussion around whether we are able to influence DHCW in terms of our priorities as a HB   | Dylan Roberts                  | Dylan Roberts             | 20.08.24            | <b>CLOSED</b><br>Went to Comm 20.08.24                                     |
| 08.05.24 | Email from Natalie Morris-Evans             | Natalie Morris-Evans            | NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 | Decarbonisation Programme Board to feed into PPHP (Action from AC for PPHP to consider – reference to Internal Audit Report – email 18.03.24 from CB)  | Russell Caldicott              | Russell Caldicott         | 20.08.24            | <b>CLOSED</b><br>Went to Comm 20.08.24                                     |
| 15.05.24 | Original PPHP CoB                           | Laura Jones via Suzanne Didcote | Well Being of Future Generations Act (Audit Wales)          | This came from the original PPHP CoB and has also been queried by Pam W  | Kamala Williams / Wendy Hooson | Chris Stockport           | 20.08.24            | <b>CLOSED</b><br>Went to Comm 20.08.24                                     |