

Bundle BCU Planning, Population Health and Partnerships Committee 7 May 2026

- 1 09:15 - PRELIMINARY MATTERS
 - 1.1 09:15 - PP26.44 Welcome and Apologies
Clare Budden, Chair
 - 1.2 09:16 - PP26.45 Declarations of Interest
Clare Budden, Chair
 - 1.3 09:17 - PP26.46 Unconfirmed Minutes of Meeting held on 05.03.26
Clare Budden, Chair
PP26.46 Minutes from PPHP Committee 05.03.26 V0.2 (Public)
 - 1.4 09:20 - PP26.47 Matters Arising & Action Log
Clare Budden, Chair
PP26.47 Summary Action Log PPHP Committee (Updated 28.04.26) Public
- 2 09:25 - STRATEGIC PRIORITIES
 - 2.1 09:25 - PP26.48 Key Programmes Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
PP26.48 Key Programmes Report
 - 2.2 09:40 - PP26.49 Annual Delivery Plan 2025/26: Quarter 4 Progress Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
PP26.49 ADP 202526 Q4 Progress Report FINAL (Coversheet)
PP26.49.1 ADP 202526 Q4 Progress Report FINAL
 - 2.3 09:55 - PP26.50 Director of Planning Report
Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning
PP26.50 Director of Planning Report V1.0
 - 2.4 10:10 - PP26.51 Citizen Experience and Engagement Report
Helen Stevens-Jones, Director Partnerships, Engagement and Communications
PP26.51 Citizen Experience and Engagement Report FINAL
 - 2.5 10:25 - PP26.52 Emergency Preparedness, Resilience and Response Annual Report 2025/26
Jane Moore, Executive Director of Public Health
PP26.52 BCUHB EPRR Annual Report 25-26 V2 JM
 - 2.6 10:40 - PP26.53 Population Health Delivery Report Q4 2025/26
Jane Moore, Executive Director of Public Health
PP26.53 Population Health Delivery Report Q4 25-26 (Coversheet) JM
PP26.53.1 Population Health Delivery Report Q4 25-26 v1.0
 - 2.7 10:55 - BREAK
 - 2.8 11:05 - PP26.54 Estates Plan 2025/2028
Stuart Keen, Director of Environment & Estates
Item Withdrawn

- 2.9 11:05 - PP26.55 Climate Resilience and Decarbonisation Strategy
Stuart Keen, Director of Environment & Estates
Item Withdrawn
- 3 11:05 - GOVERNANCE, RISK AND ASSURANCE
- 3.1 11:05 - PP26.56 Board Assurance Framework
Pam Wenger, Director of Corporate Governance
PP26.56 BAF Update Report V1
PP26.56.1 BAF Reporting V1.0
- 3.2 11:15 - PP26.57 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
PP26.57 Corporate Governance Report
PP26.57.1 Workplan for PPHP Committee (Live Version as at 28.04.26)
- 4 11:20 - CLOSING BUSINESS
- 4.1 11:20 - PP26.58 Agree Items for Referral to Board / Other Committees
Clare Budden, Chair
- 4.2 11:21 - PP26.59 Review of Meeting Effectiveness
Clare Budden, Chair
- 4.3 11:23 - PP26.60 Date of Next Meeting - 02.07.26
- 4.4 11:25 - PP26.61 Resolution to Exclude the Press and Public
"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the Planning, Population Health and Partnerships
Committee held in Public on 5 March 2026
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Clare Budden	Independent Member (Chair of PPHP Committee)
Billy Nichols	Independent Member
Caroline Turner	Independent Member
In Attendance	
Jody Evans	Assistant Head of Risk Management (via Teams)
Phil Forbes	Development Manager- Clinical Lead Housing (<i>part meeting</i>)
Stuart Keen	Director of Environment and Estates (via Teams)
Hannah Lloyd	Principal Public Health Practitioner (<i>part meeting</i>)
Jane Moore	Executive Director of Public Health
Justine Parry	Acting Director of Digital, Data and Technology (via Teams)
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications (via Teams)
Paolo Tardivel	Interim Executive Director of Transformation & Strategic Planning
Pam Wenger	Director of Corporate Governance (via Teams)
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS
<p>PP26.23 Welcome and Apologies</p> <p>The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Gareth Williams, Tehmeena Ajmal, Dylan Roberts and Dave Harries.</p>
<p>PP26.24 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PP26.25 Unconfirmed Minutes of Meeting held on 15 January 2026</p> <p>It was agreed that the minutes of the meetings held on 15 January 2026 were a true and accurate record.</p>
<p>PP26.26 Matters Arising & Action Log</p> <p>The Committee reviewed the action log and agreed to close the actions that were proposed for closure.</p>



STRATEGIC PRIORITIES

PP26.27 Director of Planning Report

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

- The Strategic Intent was approved by the Board in January 2026 and the Integrated Medium Term Plan is being discussed in the private session of the Committee. This work supports the Health Board's progress beyond Special Measures and sets the term direction of travel.
- The Clinical Services Plan is progressing, and a session is taking place with Board members to discuss this further.
- In relation to Challenged Services, eight services were originally identified by Welsh Government however as we move forward now, it has been agreed that Oncology and Plastics no longer need to be included due to the positive progress made in these areas; but Gastroenterology (including Endoscopy) has been added as this is an area of concern for the Health Board.
- Inpatient services at Tywyn and Penley Community Hospitals continue to be an area of focus, due to the need for substantial service change. Formal public consultation under Welsh Government guidance will take place after the election period.
- The latest Annual Delivery Plan has been reported to the Performance, Finance and Information Governance Committee and Quarter 3 will report to the Board in March 2026.
- Progress in relation to Third Sector arrangements have been discussed by the Executive Committee and this area of work is being taken forward by the Interim Executive Director of Transformation and Strategic Planning, Executive Director of Public Health and Director of Partnerships, Engagement and Communications. A meeting has taken place with the Reaffirming Our Commitment to Third Sector Steering Group where work is taking place to co-develop a framework on strategic partnership. A workshop is taking place in April 2026 with partners to take this forward.

In discussing the item, the Committee:

- Agreed with the decision to include Gastroenterology as a Challenged Service. It was confirmed that Welsh Government took the decision in Quarter 3 not to de-escalate any areas of the organisation but have acknowledged the progress made in relation to Challenged Services.
- Queried whether Urgent and Emergency Care needs to be more prominent in the Integrated Medium Term Plan. It was confirmed that this is one of the major change programmes that sits above the Challenged Services as focus is required in this area.
- Recognised the importance of partnership working with the Third Sector to support patients and reduce pressure on hospitals by keeping people at home and addressing issues within community settings.
- Referred to the current challenging environment of balancing national and local priorities with the need to produce an Integrated Medium Term Plan. It was confirmed that 366 requirements have been received from a range of documentation and the Team have been working to map these and provide clarity on what has been included in the BCU draft plan.

- Suggested the need to connect with other Health Boards such as Hywel Dda to gain any learning in terms of de-escalation in specific areas. It was confirmed that Hywel Dda have been de-escalated in relation to leadership and governance. Hywel Dda have had a focus on operational governance with defined programmes and progress measurements whereas the Health Board have focussed on Board level leadership and governance with operational governance the next area of focus in the overarching plan. Connections with Hywel Dda are in place to share areas of learning.
- Reflected on the second Urgent and Emergency Care sprint and queried whether learning from the first sprint could be embedded into service flow. It was confirmed that the first sprint focussed on discharge out of hospital and the team continue to embed the learning from the sprint. The second sprint is focussed on Planned Care and this is currently ongoing.
- Agreed that future versions of this report should be provided for assurance.

It was resolved that the Committee:

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

PP26.28 Partnerships, Engagement and Communications Delivery Plan: Progress Report

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

- This report provides an update on delivery of the Partnerships, Engagement and Communications (PEC) Delivery Plan for Quarter 3 of 2025/26 and also outlines the priorities and anticipated progress for Quarter 4.
- Progress remains on track and key milestones have been achieved particularly around strengthening the engagement infrastructure. Work continues to improve staff communication, strengthen relationships within communities and build engagement with partners.
- The team recently arranged a session in Ynys Mon to provide an opportunity for local councillors to speak with operational leaders from the Health Board to enable detailed discussions around areas of concern. The session was positively received and similar sessions will now be rolled out across all Local Authorities.
- Development of the Betsi Way Engagement Framework continues and the Engagement and Consultation Toolkit is being co-produced. These products will assist in establishing a consistent, evidence-based model for engagement.
- Improvements are being made in digital engagement and public affairs activity with feedback received being triangulated across all areas of the department.
- The priorities for Quarter 4 will focus on embedding improvements into routine organisational practice to ensure work is consistently applied, well evidenced and fully integrated into decision-making and service improvement.

In discussing the item, the Committee:

- Welcomed the improvements made in engaging with elected representatives noting that this approach supports clear communication, fostering strong and transparent relationships. It was confirmed that interactions and responses have become more consistent and efforts continue to make further improvements.

- Suggested consideration is given to groups that are less vocal such as younger and older adults including those with minority ethnic backgrounds and going forward work to highlight areas of progress and gaps as well as triangulating with the work of the Executive Director of Public Health. It was confirmed that the Public Health Team are currently assessing the needs of inclusion health groups including the best ways to connect and engage in these areas and a co-ordinated approach across the Health Board is taking place.
- Acknowledged the joint working taking place with partners in relation to Third Sector noting opportunities for development and collaboration to share concerns, seek solutions and provide facilities utilising centralised funding sources.

It was resolved that the Committee:

- **NOTED** the progress during Quarter 3 in delivering the Partnerships, Engagement and Communications Delivery Plan.
- **NOTED** the priorities and planned delivery for Quarter 4.
- **RECEIVED ASSURANCE** that delivery remains on track and continues to strengthen organisational capability, governance and partnership working.

PP26.29 Population Health Delivery Report

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

- Work is taking place to redesign the format of the report to align with the Integrated Medium Term Plan.
- A Population Health Delivery Group has been established and will focus on a core set of indicators for the Health Board around the direction of travel and the progress being achieved.
- The report provides a summary of how the organisation is performing including comparative data with other Health Boards.
- The latest data highlights that healthy life expectancy is declining, particularly for women in deprived areas leading to additional support being required from health services.
- Progress has been made in relation to Diabetes, further work is taking place in conjunction with Primary Care to move the agenda forward in terms of care processes and this will align with the Community by Design workstream.
- Performance against vaccinations is positive however there is an issue with some parents opting out of the childhood immunisation programme therefore further work is required in this area.
- Guidance from Welsh Government states that Public Health Wales are developing information on weight management, with a focus on a primary care-based model for obesity across Wales. A dedicated group is being established to review this model, emphasising the need for high-volume, low-intensity interventions.

As part of the discussion, the Committee:

- Referred to the comparative performance across Wales in relation to under performance against the targets. It was confirmed that there are a range of targets, some are UK and Wales wide and others are set by UK screening programmes. The work plan for next year will focus on the vaccination equity plan and the screening equity plan in collaboration with Third Sector to support groups that are less likely to

participate in vaccination and screening programmes and address any challenges in this area.

- Highlighted the need to focus resources towards preventative measures to reduce demand on secondary healthcare services. It was confirmed that an event is due to take place in March 2026 with the Public Service Boards to develop wellbeing needs with a range of partners to move forward in this space across North Wales.
- Suggested new approaches to health such as weight loss vaccinations and vapes could have unintended consequences and there is need to ensure communication is shared widely. It was confirmed that there can be side effects associated with some elements and there is a need to ensure people have access to the relevant information.
- Confirmed that the Public Health Annual Report will highlight how communities are developing asset-based and strength-based approaches with the public sector as well as a focus on building capacity within communities.
- Referenced the key indicators in the report around developing capacity within the Health Board to prepare for and respond to health protection threats noting that this currently has a red status. It was confirmed that a Strategic Preparedness event is due to take place in April 2026, a renewed Communicable Diseases Plan is being developed and the quality aspects are being reported via the Quality, Safety and Experience Committee.

It was resolved that the Committee:

- **AGREED** the proposed items for the Quarter 4 Report.

PP26.30 BCUHB Homelessness Reduction Insights Work

Members received the report and the Executive Director of Public Health, Principal Public Health Practitioner and Development Manager- Clinical Lead Housing highlighted:

- Homelessness is not just a housing issue, it is a major Public Health concern as those at risk of homeless experience low life expectancy and health inequality.
- Welsh Government are introducing Ending Homelessness Legislation which introduces a statutory duty for all Health Board's around proactive prevention and strengthening multi-agency collaboration. The legislation is expected to be agreed towards the end of March 2026.
- The duty will require secondary care staff to identify patients at risk of homelessness, take appropriate preventative action and work collaboratively with partners to prevent and relieve homelessness from an early stage.
- Work is taking place to understand the current position of the Health Board in relation to the duty as well as identifying system barriers and opportunities to strengthen the Health Board's response to homelessness and wider inclusion health needs.
- The key components of this work focus on engaging with Local Authority Housing Teams, gaining staff insights from structured surveys, speaking to those with lived experiences and analysing current data.
- The themes identified include training and awareness gaps as staff have low confidence and limited understanding of homelessness risks, poor communication with Local Authorities where staff are unable to make contact with relevant colleagues, inconsistent pathways and delayed discharges due to housing status

and significant costs for additional bed days due to housing status not being addressed at initial contact with patients.

- Recommendations include organisation-wide training, working nationally with Welsh Government and Health Education and Improvement Wales.
- The report has been shared with the Executive Committee to agree the recommendations, develop a plan and monitor progress in this area of work.

As part of the discussion, the Committee:

- Suggested that a holistic approach is taken to consider areas that align and require partnership working rather than individual initiatives on the approach to each element.
- Confirmed the need to provide advice, guidance and support for Health Board staff as well as the public to ensure staff are aware of what support is available. It was agreed that communication in this area needs to be more prominent noting that a report on homelessness is also being reported to the Stakeholder Reference Group.
- Proposed staff affected directly are given the opportunity to co-create the plan and develop awareness training to increase the understanding of homelessness across the organisation.
- Stated that discussions around housing status need to take place when people are admitted not at the point of discharge.
- Agreed that homelessness does not feature widely in the current Integrated Medium Term Plan and there is a need to review this in relation to the wider determinants of health and integrate into the broader, long term strategy for the Health Board. It was confirmed that this aligns with the work around health inclusion to ensure the organisation are providing a coherent health offer to reduce health inequality. It was agreed that the Interim Executive Director of Transformation & Strategic Planning and Executive Director of Public Health would discuss this further outside of the meeting.
- Queried the timeline for implementation of the duty, it was confirmed that the requirements need to be in place by 2028 therefore work will take place with colleagues to determine when this can be delivered and how it will impact functions across the organisation.
- Highlighted the need to understand the legal obligations for the Board in relation to the duty and suggested the team link in with the Legal team to discuss this element in further detail.
- Referred to the high costs of clinically optimised patients where homeless was recorded and suggested the team link in with the work on value and sustainability to identify where savings can be made in this area.

Action:

- **PP26.30.1** Interim Executive Director of Transformation & Strategic Planning and Executive Director of Public Health to discuss outside of the meeting how to integrate homelessness more fully into the Integrated Medium Term Plan.

It was resolved that the Committee:

- **NOTED** the legislative, policy and strategic requirements to reducing health inequalities.

- **NOTED** the upcoming duty on Health Boards as part of Ending Homelessness Legislation.
- **CONSIDERED** the findings from the Homeless Insights work and supported plans to progress an Inclusion Health Offer for the Health Board, to be presented to Executive Committee at a future date.

GOVERNANCE, RISK AND ASSURANCE

PP26.31 Corporate Risk Register Report

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

- The Committee were asked to receive assurance on the two updated Corporate Risks, one is within the risk appetite and one is outside of the risk appetite noting that actions are being developed to address this.
- Work is taking place with the Executive Committee to review all the risks and realign the gaps in controls and actions.

As part of the discussion, the Committee:

- Referred to action CRR25-05 'Strategic Change – Impacting Care and Staff Delivery noting that progress is being made and additional controls are now in place therefore the score should start to come down in the future.
- Noted the deadline dates in relation to CRR25-03 'Population Needs querying the confidence level of delivery the actions. It was confirmed that some areas will be addressed by the end of March 2026 and going forward there will be a need to assess these areas and start to embed prevention as a critical component.

It was resolved that the Committee:

- **NOTED** the update on the two strategic risks CRR25-03 and CRR25-05 with one risk scoring 16 and remaining above the Health Board's risk tolerance.
- **ENDORSED** both risks for submission to the Board, noting no proposed scoring changes.

PP26.32 Corporate Governance Report

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

- **NOTED** the matters considered in private at the meeting held on 15 January 2026.
- **NOTED** the Committee forward workplan.

CLOSING BUSINESS

PP26.33 Agree Items for Referral to Board / Other Committees

It was agreed that the Chair's Assurance Report would alert the Board on the discussion around homelessness and the need for more prominence in the Integrated Medium Term Plan.

PP26.34 Review of Meeting Effectiveness

It was confirmed that the meeting had adhered to the values of the Health Board and there had been strategic discussion on key issues.



PP26.35 Date of Next Meeting

Thursday 7 May 2026, 9.15am

PP26.36 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'

Unconfirmed

Planning, Population Health & Partnerships Committee Action Log (Public)

Updated 28.04.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
			There are currently no open action			
ACTIONS PROPOSED FOR CLOSURE						
1	PP26.30.1	05.03.26	BCUHB Homelessness Reduction Insights Work Interim Executive Director of Transformation & Strategic Planning and Executive Director of Public Health to discuss outside of the meeting how to integrate homelessness more fully into the Integrated Medium Term Plan.	Paolo Tardivel Jane Moore	May 26	Action proposed for closure 28.04.26 This has been addressed in the IMTP and is reference under 1C Health Inequalities.
2	PP26.10.1	15.01.26	Population Health Delivery Report Conduct deep dive exercises into specific areas to identify and address challenges where performance is not meeting expectations and report the outcomes via the Committee.	Jane Moore	May 26	Action proposed for closure 21.04.26 The Q4 Report being presented to the May meeting includes RAG performance against key measures along with a table under section 7.0 which highlights the proposed reporting schedule for quarterly performance and delivery updates to the Committee. This will be supported by a series of deep dives focusing on priority areas



						<p>of work as detailed in the Health Board Plan and also reporting against areas of under / off track performance. The outcome and progress of this work will report back to the Committee on a regular basis as part of the Population Health Delivery Report.</p> <p>26.02.26 The Q3 Population Health Delivery Report being presented to the March 26 meeting will highlight areas of underperformance and associated actions to get back on track. It has been proposed that the team will bring a new suggested format to the May 26 meeting as part of the Q4 Delivery Report for approval, this will then be established from the Q1 Population Health Delivery Report 2026/27.</p>
3	PP25.97.2	28.10.25	<p>Matters Arising and Action Log Director of Corporate Governance to escalate concerns in relation to the Third Sector engagement and commissioning to the Chief Executive and refer this to the Executive Committee for further discussion.</p>	Russell Caldicott	May 26	<p>Action proposed for closure 28.04.26 A co-development Workshop has been arranged for 21st May 26 to take forward the work with the Third Sector. There is a Q1 deliverable within the IMTP - 4B.4 under Strategy and Planning “Co-create a Third</p>



						<p>Sector Partnership Working Framework with Third Sector Partners to move to more proactive and strategic collaborative approach”. Updates and proposals will be shared with the Executive Team in due course.</p> <p>24.02.26 This area of work has been discussed with the Chief Executive and is being taken forward by the Interim Executive Director of Transformation and Strategic Planning, Executive Director of Public Health and Director of Partnerships, Engagement a Communications. A meeting took place on 12.02.26 with the Reaffirming Our Commitment to Third Sector Steering Group where work is taking place to co-develop a framework on strategic partnership.</p>
Closed Actions (as agreed at meeting on 05.03.26)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP26.05.1	15.01.26	<p>Health Board Strategic Intentions Interim Executive Director of Transformation and Strategic Planning and Head of Health</p>	Paolo Tardivel	March 26	23.02.26 This was completed and the paper was submitted to the Board meeting in January



			Strategy and Planning to revise the Strategic Intentions based on the feedback received and circulate outside of the meeting for any final comments ahead of the paper being submitted to the Board in January 2026.			2026.
2	PP26.06.1	15.01.26	Key Programmes Report Future Key Programmes Reports to the Committee to provide assurance rather than to be noted.	Paolo Tardivel	March 26	23.02.26 The comments have been noted and future reports will provide this assurance.
3	PP25.105.1	28.10.25	Corporate Governance Report Director of Corporate Governance to follow up the actions noted as part of the PPHP Committee Development Session held in September 2025.	Pam Wenger	Jan 26	19.01.26 A meeting took place with the Director of Corporate Governance and the relevant Executive Directors to discuss the actions and agree where further action and discussion was required.
4	PP25/72.1	04.09.25	Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap Director of Corporate Governance to highlight the issues raised around risks, governance arrangements and financial impact to the Executive Strategic Planning Group.	Justine Parry Pam Wenger	Jan 26	03.02.26 Governance arrangements for the whole of DDaT has been reviewed and agreed with the Director of Corporate Governance. The list of all digital projects and programmes is regularly presented to the Executive Committee with support and agreement to re-prioritise depending on safe risk-based approach, with the following governance routes now in place: Major digital projects and



						<p>programmes (national and local) will continue to be reported through to the Strategic Planning and Service Change Group, onwards to Executive Committee and then through to Committees / Board.</p> <p>Information Governance, Patient Records and Cyber will continue to be reported through to the Executive Committee and then through to Committees / Board.</p> <p>Quarterly DDaT wide reports (which will include all national and local projects and programmes) will be reported through to Executive Committee and then through to PPHP (report will focus on other areas of performance / assurance and will make reference to other routes of reporting rather than duplicating reporting mechanisms). This will commence in May 2026/27.</p> <p>16.10.25 Director of Corporate Governance and Interim Executive Director of Transformation & Strategic Planning to discuss how to take this forward.</p>
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5	PP25/82.1	04.09.25	<p>Discussion on Primary Care Discussion to take place outside of the Committee in relation to the assurance required to be provided by the Committee regarding the development of Primary Care.</p>	<p>Pam Wenger Tehmeena Ajmal Paolo Tardival</p>	Jan 26	<p>19.01.26 Discussions have taken place with the Committee Chair and the relevant Executive Directors and a further Development Session will take place focused on Primary Care during March 2026. 16.10.25 Director of Corporate Governance, Chief Operating Officer and Interim Executive Director of Transformation & Strategic Planning to discuss this in further detail and agree how to take this forward.</p>
6	PP24/11.3	23.04.24	<p>Partnerships, Engagement and Communications Update 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>	<p>Russell Caldicott Stephen Powell Helen Stevens-Jones</p>	<p>October 2024 Dec 2024 Revised timescale Jan 26</p>	<p>24.02.26 A paper on Third Sector Commissioning has been included on the private agenda for the March 2026 meeting. 16.10.25 Due to unforeseen circumstances and the retirement of the Director of Performance and Commissioning this work has not progressed. This will be picked up as part of the changes to the Director Portfolios. 28.08.25 The Director of Corporate Governance has escalated this to the Chief Executive, to note the paper on the Annual Delivery Plan Q1</p>



						<p>report on the agenda for the September meeting refers to the capacity issues.</p> <p>23.06.25 It was agreed at agenda setting to put this forward for the next meeting in September 25.</p> <p>15.04.25 Steve Powell to provide an update on the current position in relation to Third Sector commissioning arrangements.</p> <p>18.02.25 It was agreed to merge this action with action PP24/49.7</p> <p>05.02.25 Further work is required therefore the timescale has been revised to reflect this.</p> <p>02.12.24 Further work is required; an update will be presented to the Executive Team and will come back to the Committee in the next six months.</p> <p>04.10.24 Work is ongoing and a paper to the Committee will follow.</p> <p>20.08.24 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</p>
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

						seen a shift in portfolios – opportunity to bring everyone round the table is opportune.
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Planning, Population Health & Partnerships Committee

KEY PROGRAMMES REPORT

Date of Meeting	07 May 2026
Publication Status	Closed / Private
	Not Applicable
Report Author name and title	Geraint Parry, Assistant Director of Transformation (Interim)
Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)
Report Purpose	For Assurance

Executive Summary

The purpose of this paper is to provide the committee with an overview of current progress and assurance regarding scrutiny that has already taken place at the Strategic Planning and Service Change Group.

This paper provides a Portfolio overview of the identified Key Programmes within the Health Board. It offers a high-level summary of progress, key challenges, and escalations, taken from detailed highlight reports produced for each programme board including progress, risks and issues.

This portfolio will evolve this year following changes agreed within the IMTP. Two of the previous major change programmes (Value & Sustainability and Foundations for the Future) will now transition into this portfolio of work and will feature in future iterations of this report based upon 2026/27 progress. A number of other programmes have also reached the closure stage and will undergo post implementation review to identify and share learning. The Radiology Informatics System Project (RISP) has already reached this stage and no longer features in the report, and other programmes such as EPMA (Electronic Prescribing and Medicines Administration) and the Digital Maternity System are being reported for the last time following implementations during March.



Overall, good progress has been made during the last year in what are inherently complex programmes to deliver, often involving external partners. A number of programmes, such as the Electronic Health Record, the Laboratory Information Management System, and the Llandudno Planned Care Hub, do continue to experience significant challenges and require enhanced monitoring, and these along with further acceleration required around Health and Well-Being Hubs featured as the key escalations during the April Strategic Planning and Service Change Group. The group discussed a delay to the opening of the Planned Care Hub, due to an issue with the air handling unit and the need for a fan replacement. There is usually a 6 week lead time for parts and the organisation is currently in dialogue with suppliers regarding shortening this.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
Strategic Planning and Service Change Group	23/04/2026	Approved for onward submission

Acronyms / Glossary of Terms	
BJC	Business Justification Case
DHCW	Digital Health and Care Wales
FBC	Full Business Case
IRCF	Health and Social Care Integration & Rebalancing Capital Fund
LA	Local Authority
LIMS	Laboratory Information Management System
OBC	Outline Business Case
SOC	Strategic Outline Case
SRO	Senior Responsible Officer
UAT	User Acceptance Testing
WG	Welsh Government

Health Board Key Programmes

Progress Report

March 2026



Trugaredd
Compassion



Agored
Openness



Parch
Respect

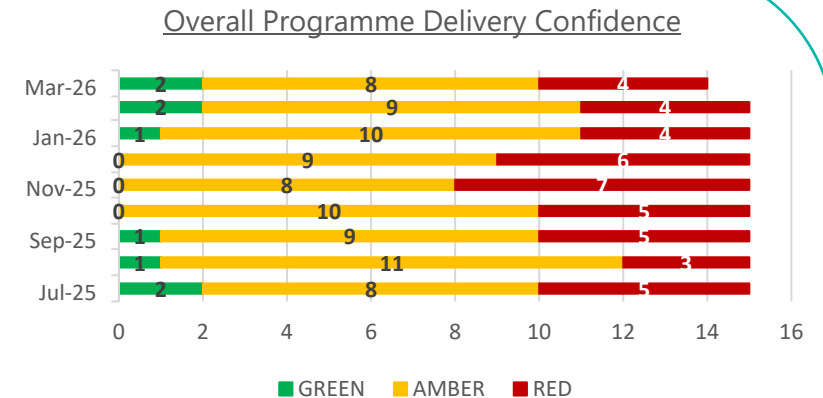
SECTION 1 - EXECUTIVE SUMMARY

The chart to the right demonstrates the delivery confidence across the portfolio which reflects the complexity of the programmes and the range of the challenges being closely managed. Of note is that the only two programmes reporting green delivery confidence (Digital Maternity System and EPMA) are at the latter stage of delivery having already seen key milestones delivered which shifted the delivery confidence. As part of learning reviews across programmes there will be value in determining how increased assurance and confidence can be provided at an earlier stage.

BadgerNet (Digital Maternity System) successfully went live on 10th March with positive feedback on the support model used for both go-live and post go-live using a range of services, including dedicated super-users within the service. Phase 2 (post go-live) planning is now underway which includes integration with various systems for lab results, ultrasound scans, Cardiotocography (CTG) and Electronic Document Transfer (EDT). Phase 2 also consists of deployment of iPads to the Acute sites, a Welsh Birth Notification Service (WBNS) to WPAS 2-way feed, further Anaesthetic training and completion of national Data and Reporting Standards.

All Regional Partnership Board's have been asked to refresh their IRCF Capital Plan Priorities and timescales by the end of April 2026; this will include all Health and Wellbeing Hubs across North Wales. Timelines remain challenging within the LIMS Programme and several national key deliverables remain outstanding which are impacting go-live for Blood Sciences and Blood Transfusion. Discussions are being held locally and nationally to review options to bring forward the Blood Transfusion deployment to ensure business continuity and mitigate the patient safety risk as the current system contract ceases on 15th December 2026.

Significant progress has been achieved during this reporting period for ePMA, with the system successfully deployed in all inpatient areas across acute and community hospitals and achieving the Welsh Government Milestone for implementation roll out by 31st March 2026. However challenges remain within the construction timeline for Llandudno Planned Care Hub; with the need for a replacement part for the air handling unit meaning that the proposed opening in May will be delayed. A new date is yet to be agreed whilst discussions take place with suppliers.



SECTION 2 – PORTFOLIO HIGHLIGHTS

Key Programmes status **as at March 2026**, taken from highlight reports contained within the report at Appendix 1.

Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Ablett Mental Health Unit	Amber	Amber	Amber	Amber	Amber	Red
<ul style="list-style-type: none"> Formal meeting held with the Supply Chain Partners to identify the way forward in respect of achieving the £108.1m capital budget limit. Project Board continues to focus on the Supply Chain Partner process, risk and timescale implications, as well as the latest Revenue affordability position. Revised Full Business Case programme timeline will be produced once the commercial arrangements are agreed through the Executive Committee. No change to confidence rating from last month 						
Digital Maternity System	Green	Green	Amber	Green	Green	Green
<ul style="list-style-type: none"> The system went live as planned on March 10th, 2026 (Phase1) and the support model for go-live and post go-live worked extremely well. There are some residual pieces of clinical work required mainly relating to configuration, processes and training which have been documented and planned. Project Closure activities for Phase 1 are underway, and project is moving into Phase 2 planning. Forecasted overspend for the project currently stands at £9k (as of 25th March). Budgets for BAU 26/27 will be reviewed in April. No change to confidence rating from last month 						
Electronic Healthcare Record	Grey	Grey	Grey	Grey	Grey	Grey
<ul style="list-style-type: none"> No report received due to pause from Welsh Government as they progress work on national strategy document in relation to Electronic Healthcare Records. 						
ePMA (Electronic Prescribing & Medicines Administration)	Green	Green	Green	Amber	Green	Amber
<ul style="list-style-type: none"> Significant progress has been achieved during this reporting period. IHC Central, the last remaining IHC has now been fully completed, with all inpatient areas across acute and community hospitals successfully deployed throughout March. Outpatient Department (OPD) roll out to clinics which use WP10s (Welsh Prescription Pads) commenced in IHC East and West during March with printers distributed to support key services with high WP10 usage. IHC Central scoping work has been completed, and Business as Usual resources will continue to support all areas. Compliance will be monitored and will be tracked through a report via IRIS, the Information Reporting Intelligence System, which will be available from mid-April. The Programme Team will now transition to BAU activities and Programme closure, whilst supporting all sites post go live. There is a change to 'Overall Delivery Confidence', 'Resources' and 'Progress' from Amber to Green and 'Risks/Issues' from Red to Amber since last month due to successful roll out across all sites. 						








Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Health and Well-being Hub: Bangor						
<ul style="list-style-type: none"> Regular meetings now in place lead by Cyngor Gwynedd with BCU and external consultants regarding the updating of the Strategic Outline Case (SOC) and additional plans for the Menai Centre incorporating leisure, this is expected to be completed by the end of April 26 ahead of submission to the Welsh Government for progression to Outline Business Case (OBC). Public Health Wales are completing a Summary Population Health Needs Assessment Profile for Bangor to help inform the revised SOC. No change to confidence rating from last month. 						
Health and Well-being Hub: Cledfryn						
<ul style="list-style-type: none"> Limited progress during this period following request not to proceed with tender process for a construction partner or BJC until assurance is provided from Welsh Government that the project will be funded. Revenue paper to be presented to IHC Directors in April 26. No change to confidence rating from last month. 						
Health and Well-being Hub: Conwy West						
<ul style="list-style-type: none"> The project team are considering options to ensure alignment with BCUHB direction. No report received this reporting period. 						
Health and Well-being Hub: Holyhead						
<ul style="list-style-type: none"> Strategic Outline Case (SOC) scrutiny has been partially undertaken by WG but further work required in order to conclude. Meeting held with WG Head of IRCF on 11th March to discuss next steps for the Holyhead scheme and a number of actions agreed to take forward. WG has emphasised that there are a number of projects with similar projected delivery timescales which needs review by BCU. All Regional Partnership Boards are asked to refresh their IRCF Capital Plan priorities & timescales by end of April for WG. No changes to confidence rating from last month. 						
Health and Well-being Hub: Penygroes						
<ul style="list-style-type: none"> Work finalised on estimated costs and programme for new Health Centre as requested by WG. Project Team composed of BCU and Grŵp Cynefin colleagues is now meeting regularly to maintain momentum. No changes to confidence rating from last month. 						



Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Health and Well-being Hub: Royal Alexandra Hospital <u>Phase 1 (New Build)</u> <ul style="list-style-type: none"> Welsh Government has confirmed £33m funding for Phase 1 (23 February 2026), enabling continued progress across governance, planning and mobilisation activities. Recruitment to Programme Director underway. Interim governance arrangements have been developed for Programme Board approval, and associated project documentation (including work packages, the PID and PDD) is in development. Capital decant and service moves are progressing to plan, with the vacate date of 20 April 2026 expected to be met and construction remaining on track to commence in May 2026. <u>Phase 2 (Existing Building)</u> <ul style="list-style-type: none"> Scope development for Phase 2 has progressed in line with the approved scoping approach. The four component Phase 2 scope—Structural Works, Service/Community by Design, Campus Space Use, and Future Uses—was formally agreed by the RAH Programme Board in February 2026. Foundational governance documents have been drafted, and early data gathering has begun to support upcoming design and workshop activity. 						
Health and Well-being Hub: Waunfawr <ul style="list-style-type: none"> The Business Justification Case (BJC) commercial case and capital costs require revision and uplifting following endorsement of procurement route by the Board. Sign off by the Health Board is required prior to submission to Welsh Government, however there will now be no IRCF panels held until June 26 due to elections. No changes to confidence rating from last month. 						
LIMS (Pathology Digital System) <ul style="list-style-type: none"> Critical issues within the LIMS national programme remain ongoing, Blood Transfusion (BT) remains the highest risk and area of uncertainty due to the amount of work that will be required for data migration and configuration work still outstanding. Options are being discussed locally and nationally to review options to bring forward the BT deployment to ensure business continuity and mitigate the patient safety risk - Telepath (current BT system) contract ceases 15th December 2026. Despite the challenges, BCUHB Pathology Service remain fully engaged and invested with this national programme. No changes to confidence rating from last month. 						



Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Llandudno Orthopaedic Hub						
<ul style="list-style-type: none">Although the build is progressing, delivery confidence remains constrained by several significant outstanding technical items, additional support from Ramboll has been secured by BCUHB to aide completionThe opening date of the 18th May will be delayed whilst replacement fans for the air handling unit are secured – discussions ongoing regarding a revised date.Operational and workforce planning workshops continue to ensure all tasks and task lengths are captured from all key services ahead of the transition from Abergele Hospital to Llandudno once contract handover is complete.A key decision-making meeting was held on 31 March 2026 to agree activity, resource requirements, travel arrangements, single waiting list pooling and other key clinical and operational considerations for the LLGH Orthopaedic Hub. Outcomes are being shared and progressed through the appropriate governance arrangements.Job planning remains a critical gap and cannot be completed until decisions are made regarding travel agreements and service delivery plans, support is in place from the Chief Operating Officer and Executive Medical Director and a paper is being reviewed by Operational Leadership Team (OLT) on 13/04/26 for decision.No changes to confidence rating from last month						
Mental Healthcare Electronic Record						
<ul style="list-style-type: none">Formal approval to progress to contract execution and implementation remains outstanding from Welsh GovernmentBCUHB and CTMUHB representatives provided an update to the Connecting Care Sponsorship Group on 10th March and the request is scheduled for review by the Welsh Government Delivery Board on 15th April.Readiness work continues across key workstreams, although resource delays have limited progress, and a formal deployment plan will be finalised with the chosen supplier.No changes to confidence rating from last month						

ASSESSMENT	
Link to Strategic Priorities	    
	2. Developing strategy and long-lasting change
	If more than one applies, please list below: 4. Improving quality, outcomes and experience
Design Principles	Consistency with Organisational Values If more than one applies, please list below: All design principles applied through the various key programmes.
Corporate Risks and Board Assurance Framework	Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	Not Applicable
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	<i>Individual programmes will complete as appropriate.</i>

Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	<i>Individual programmes will complete as appropriate.</i>
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Enablers of Quality All Apply	Domains of Quality All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	<i>Individual programmes will complete as appropriate.</i>
Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	<i>Individual programmes will complete as appropriate.</i>
	If no, please include rationale:	



Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	<i>Individual programmes will complete as appropriate.</i>
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	<i>Individual programmes will complete as appropriate.</i>
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	



Planning, Population Health & Partnerships Committee

ANNUAL DELIVERY PLAN 2025/2026 QUARTER 4 PROGRESS REPORT

Dyddiad y Cyfarfod Date of Meeting	07 May 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Emma Lea, Assistant Director Corporate Planning (Interim) - Transformation and Improvement
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation and Strategic Planning (Interim)
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This report provides the Board with a comprehensive and transparent overview of performance against the 2025/26 Annual Delivery Plan at year end, set within the context of the organisation's five strategic objectives and the Integrated Medium Term Plan. Overall, the year has been characterised by strong delivery across a broad and complex programme of work, alongside the deliberate establishment of critical foundations to support recovery, transformation and sustained improvement.

Significant progress has been achieved across governance, planning, value and culture, with notable successes including strengthened governance and quality assurance arrangements, delivery of the Value and Sustainability programme exceeding financial targets, meaningful improvements in leadership and organisational culture, and the completion of all Citizen Engagement and Welsh Language deliverables. Measurable improvements have also been delivered in priority service areas, including CAMHS, neurodevelopmental services, cancer performance, orthopaedics, dermatology and mental health, resulting in tangible benefits for patients, staff and communities across North Wales.

In several strategically important areas, such as Foundations for the Future, digital transformation, community-based care and some challenged services, the focus during 2025/26

was necessarily on design, stabilisation and enablement. While this means not all deliverables were completed within the financial year, the work undertaken has significantly strengthened organisational readiness and created clear, credible delivery pathways aligned to the 2026/27 Annual Delivery Plan.

Taken together, the year-end position demonstrates that the Health Board has made sustained progress, learned from challenge, strengthened its core capabilities and governance, and is well positioned to build momentum in 2026/27. The Board is asked to note the assurance provided by this report and the clear line of sight from 2025/26 delivery into the priorities for the year ahead.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Strategic Planning and Service Change Group	23 rd April 2026	Approved for onward submission to PPHP

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

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Annual Delivery Plan 2025/2026 Quarter 4 Progress Report

1. SITUATION

- 1.1. The Annual Delivery Plan 2025/26 sets out the Health Board's annual commitments in support of the three-year Integrated Medium-Term Plan. The report provides a Quarter 4 review against the organisations 2025/26 commitments set out in the 2025-2028 Integrated Medium-Term Plan and detailed in the 2025-26 Annual Delivery Plan (ADP).
- 1.2. The ADP has been developed to ensure full alignment with the organisation's five strategic objectives and 35 sub-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.

2. SPECIFIC MATTERS FOR CONSIDERATION

- 2.1. Overall delivery during 2025/26 has been variable, particularly in relation to the front-line operational objectives, reflecting sustained operational pressure and system constraints. However, the organisation has made material progress in those deliverables relating to key system enablers, such as strengthening its governance, planning discipline, leadership capability and enabling infrastructure, providing a more stable and credible platform for delivery going into 2026/27.
- 2.2. There have been areas within operational deliverables where progress has been strong, including CAMHS and ND, Children's and Young People which have demonstrated tangible improvements, although the IMTP 2026-2029 reflects the continuance of that work. reflective of the further work ahead. Areas requiring continued focus include operational recovery and performance: planned care, diagnostics, UEC, Community Care and some challenged services. Whilst there has been foundational progress in areas such as Digital and workforce transformation, these have been impacted on by capacity challenges, national sequencing and investment decisions etc.
- 2.3. Where delivery has not been achieved in year, clear plans are in place, with outstanding actions reflected within the 2026/27 ADP.
- 2.4. The year-end position provides reasonable assurance that:
 - The organisation has increased its maturity and readiness to deliver.

- There is a credible, aligned and prioritised plan for addressing outstanding objectives in 2026/27.
- Executive focus will be required to convert strengthened enablers into sustained operational and performance improvement, particularly in high-risk and challenged areas.

2.5. Orientation to the section below: Below is a summary of the year end position by Strategic Objective and Sub-Objective set out in more detail in the supporting documents Q4 Progress Report. Each section provides the following information:

- The left-hand box contains the title of the priority, a summary of the focus of the priority and how many deliverables were achieved within that priority against the total number of deliverables.
- The right-hand box starts with an overview of what has been achieved this year and its impact followed by what is left to do (if all deliverables haven't been achieved). The link between those deliverables and the 2026/27 ADP has been expressed at the end of each section.

Strategic Objective - Sub-Objective	Year End Summary
Objective 1: Building an Effective Organisation	
<p>Effective Systems of Governance (1A)</p> <p>The focus of this objective is on improving governance effectiveness, risk management, and organisational accountability to enable consistent, quality-based decision making.</p> <p>6 / 9 deliverables completed.</p>	<p>Work completed and Impact</p> <p>During 2025/26 the Health Board delivered significant progress against the <i>Effective System of Governance</i> sub-objective by establishing and implementing a Governance Improvement Plan, strengthening corporate governance arrangements, expanding governance training and support through the Governance Hub and masterclasses, completing rollout of a three-tier risk management framework, improving oversight of the Corporate Risk Register and Board Assurance Framework, and centralising and strengthening governance for Learning from Events Reports (LFERs). This work has had a positive impact by increasing internal and external confidence in governance, as evidenced by Audit Wales' Structured Assessment 2025, improving organisational understanding and consistency of governance practice, strengthening risk identification and management with "reasonable assurance" from Internal Audit, enhancing accountability and transparency in learning from events, and supporting better-informed, quality-based decision-making that underpins safe and effective care for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include refreshing and realigning the Board Assurance Framework to the finalised 10-year strategy, embedding strengthened risk actions to drive further risk reduction, maintaining high compliance with governance and risk training, completing elimination of any</p>

	<p>residual LFER backlogs, and continuing to mature governance practices to sustain assurance, learning and improvement across the organisation.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section 5 – Effective Systems of Governance.</p>
<p>Foundations for the Future (1B)</p> <p>The focus of this objective is to move the new operating model decisively from design into delivery, securing formal approval and commencing implementation.</p> <p>0 / 3 deliverables completed.</p>	<p>Work completed and Impact</p> <p>During 2025/26 the Health Board progressed the <i>Foundations of the Future</i> programme by completing discovery and delivering the majority of design work across the five interlinked workstreams of Strategy, Culture, People, Processes and Structures, including refinement of proposed structures, remits and organograms informed by extensive pre-consultation feedback, updating governance evidence for committee and Board consideration, resequencing dependent products such as Job Families and the Function Directory, maintaining transparent staff engagement, and advancing implementation planning where not dependent on structural approval. This work has had a strong enabling impact by strengthening organisational readiness, clarifying long-term strategic intent, improving planning maturity through strengthened IMTP and ADP processes, enhancing leadership engagement, progressing culture and values embedding, and delivering early assurance and service impact through CSP Phase 1, with Phase 2 mobilisation underway; while impacts are currently qualitative, the overall direction of travel has been endorsed by the Board and provides a firm foundation for transformation.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include securing Executive approval of the revised timetable, commencing and completing formal consultation on structures, obtaining approval to proceed to the delivery phase, implementing and embedding the new operating model and structural changes, finalising dependent people and organisational design products, and establishing benefits realisation arrangements to track and report quantitative population-level outcomes as implementation progresses.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4A – Foundations for the Future.</p>
<p>Legislative Compliance (1C)</p> <p>The focus of this objective is to strengthen organisational readiness by improving governance, compliance and oversight across key statutory, safety and regulatory requirements through robust, consistent and sustainable systems and processes.</p> <p>2 / 8 deliverables completed.</p>	<p>Work completed and impact</p> <p>Work pro strengthening processes for preparing for and responding to national inquiries, establishing a Discovery and Learning Group with approved terms of reference and referral processes, initiating a review of regulatory assurance arrangements and governance, advancing Health and Safety delivery through the Three-Year Plan aligned to HSG65, developing options for a Health Board wide audit action tracking system, and re-establishing arrangements to capture and disseminate new legislation, while exploring options for a compliant and value-for-money compliance management system. This work has improved regulatory assurance, organisational readiness and visibility of compliance, enhanced the ability to learn from national inquiries, strengthened governance and Health and Safety arrangements, and increased stakeholder and public confidence, supporting safer environments for patients, visitors and</p>

	<p>staff and enabling services to improve health and wellbeing across North Wales. Progress and focus have been reflected in the Structured Assessment received by the Board in March 2026.</p> <p>What is left to do Remaining actions for 2026/27 include completing and embedding the regulatory assurance review, progressing procurement and implementation of an appropriate compliance management system (with interim arrangements as required), completing outstanding Health and Safety actions carried into Q1, finalising and operationalising legislative monitoring processes, and continuing to strengthen audit, risk and compliance oversight to ensure sustained legislative compliance and assurance. Deliverables not completed have been captured within the 2026/27 at: For the incomplete deliverables, they can be found in the 2026/27 ADP in the following section: 4H - Quality</p>
<p>Quality Management System (1D) The focus of this objective is to standardise and embed a Quality Management System across the Health Board, strengthening governance, workforce understanding and assurance by integrating QMS into service planning, performance oversight and quality improvement.</p> <p>4 / 5 deliverables completed.</p>	<p>Work completed and impact During 2025/26 the Health Board progressed implementation of the Quality Management System (QMS) by establishing standardised approaches to QMS maturity assessment, developing governance frameworks, aligning mobilisation and implementation planning across the organisation, embedding QMS within Clinical Service Planning and Challenged Services, and initiating early adopter sites to support learning and data collection, with governance arrangements aligned to the <i>Foundations of the Future</i> programme and transition of QMS activity into business as usual within the Quality Directorate. This work has strengthened organisational understanding of quality management, improved consistency and standardisation of care processes, enhanced governance and Board-level assurance in line with the Duty of Quality (Wales), supported proactive risk management and regulatory readiness, improved staff engagement and culture around quality improvement, and laid the foundations for better use of data to support safer, more reliable and efficient care for the population of North Wales.</p> <p>What is left to do Remaining actions for 2026/27 include managing dependencies and risks arising from the organisational restructure, expanding QMS rollout beyond early adopters as service capacity allows, completing organisational implementation and integration, securing sustainable resources through the appropriate approval processes, and further evaluating and embedding the QMS to deliver measurable quality, safety, regulatory and efficiency benefits at scale. Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services</p>
<p>Objective 2: Developing Strategy and Long-Lasting Change</p>	
<p>Health Board Strategy & CSP (2A) The focus of this objective is to develop a clear, evidence-based Health Board Strategy and Clinical Services Plan with partners, prioritising challenged services and</p>	<p>Work completed and impact During 2025/26 the Health Board progressed delivery of the strategy development sub-objective by completing four of six deliverables, including co-creation and Board approval of four Strategic Intent Statements with partners, development of a draft Strategic Vision for Health and Wellbeing in North Wales, and initial mobilisation of key strategic delivery plans such as the Clinical Services Plan, alongside early work on supporting strategies including</p>

<p>setting a strong long-term direction supported by quality, digital and data foundations.</p> <p>4 / 6 deliverables completed.</p>	<p>digital and estates. Progress on the Diagnosis phase was slowed by capacity constraints, and formal review of Well-being objectives was scheduled for a later phase. This work has established a clear long-term strategic direction for improving health and wellbeing, strengthened alignment with IMTP priorities, Welsh Government expectations and Special Measures requirements, improved shared understanding across clinical, operational and system partners, and laid qualitative foundations for future population-level improvement through clearer priorities, a stronger prevention and community-based focus, and readiness for pathway redesign, although measurable population outcomes are not yet expected at this stage.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include completing the Diagnosis phase, progressing the Discovery phase including formal review and revision of Well-being objectives, reviewing overall programme timelines in light of the 2026–29 IMTP, and advancing detailed strategy delivery and implementation to translate the established strategic direction into measurable improvements in access, outcomes and equity for the population of North Wales. Deliverables not completed have been captured within the 2026/27 ADP at section: 4B – Strategy and Planning</p>
<p>Planning & Commissioning (2B)</p> <p>The focus of this objective is to strengthen planning and commissioning by improving organisational capability, consistency and maturity, ensuring decisions are underpinned by robust processes, reliable capacity assessment and sustainable commissioning arrangements.</p> <p>5 / 6 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board made significant progress in strengthening planning and commissioning by enhancing organisational planning capability in line with the Independent Review of Planning, developing core planning competencies, securing Board approval of the Integrated Planning Framework (IPF) and embedding it within the current planning cycle, completing a National Planning Maturity Matrix self-assessment with resulting actions integrated into forward planning, and progressing key commissioning workstreams including planned care long-wait reductions, an internal review of insourcing and outsourcing, and joint work to review Third Sector contracts, alongside strengthened executive oversight through transfer of commissioning leadership to the Executive Director of Finance. This work has had a positive impact by embedding a stronger planning culture across the organisation, improving consistency, structure and collaboration in service-level and IMTP planning, increasing engagement and shared ownership among clinical and operational teams, and beginning to influence how services prioritise and work together to design more effective and sustainable services for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include further developing and embedding planning capacity and competencies through the Foundations for the Future programme, continuing to mature use of the IPF and planning maturity actions, completing and implementing the Commissioning and Assurance Framework, progressing insourcing/outsourcing and Third Sector commissioning reforms, and ensuring planning and commissioning are fully aligned to future operating models and requirements. Deliverables not completed have been captured within the 2026/27 ADP at sections: 4B – Strategy and Planning, 4K- Finance and Commissioning</p>

<p>Estates & Facilities (2C)</p> <p>The focus of this objective is to improve the quality, resilience and sustainability of the Health Board's environment, estate and facilities through prioritised capital investment, effective estates planning and stronger partnership working.</p> <p>10 / 12 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Improving the Environment, Estate and Facilities</i> sub-objective by advancing a wide range of capital, estates and sustainability priorities, including approval and further development of the North Wales Medical School programme business case, continued delivery of major capital schemes (such as the Orthopaedics Hub in Llandudno, Royal Alexandra Hospital redevelopment, electrical infrastructure upgrades at Glan Clwyd, decarbonisation and anti-ligature works), review of capital prioritisation aligned to the All-Wales process, initiation of future capital prioritisation for 2025/26, progression of business continuity schemes, exploration of estate rationalisation opportunities, integration of renewable energy into capital developments, strengthening strategic external partnerships, and ongoing work on climate change risk assessment and facilities-related reviews within revised governance arrangements. This work has resulted in demonstrable progress across key capital programmes, strengthened governance and oversight through enhanced scrutiny arrangements, improved readiness for future service transformation, early benefits in sustainability and carbon reduction, enhanced business continuity, and the creation of enabling infrastructure to support safe, resilient and modern healthcare environments for the population of North Wales, while acknowledging that delivery has been affected by organisational and governance changes.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include continuing delivery of multi-year and challenged capital schemes, progressing estate rationalisation as clinical strategies and utilisation intelligence mature, completing the climate change risk assessment, advancing renewable energy initiatives, concluding outstanding facilities reviews, addressing unresolved project-specific risks, and ensuring continuity of implementation and benefits realisation within the Health Board's revised governance and operating model. Deliverables not completed have been captured within the 2026/27 ADP at section: 4I – Environment and Estates</p>
<p>Digital & Data (2D)</p> <p>The focus of this objective is to enhance digital data and technology capability by securing investment, delivering core systems, strengthening cyber resilience and skills, enabling safer, efficient service transformation.</p> <p>6 / 14 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board advanced delivery of the <i>Enhancing Digital, Data and Technology</i> sub-objective by implementing several major digital programmes, most notably the successful roll-out of the Digital Maternity EHR (BadgerNet) across all maternity settings, full deployment of electronic prescribing and medicines administration (ePMA) across all inpatient wards, completion and embedding of the Digital Roadmap within strategic planning, strengthened digital portfolio prioritisation and benefits governance, continued modernisation of the digital estate, and progress within the Laboratory Information Management System (LIMS) programme including deployment of Cellular Pathology. This work has delivered clear enabling benefits, including significant improvements in medication safety, clinical workflow efficiency, data quality, system resilience and regulatory assurance, reduced reliance on paper processes, and improved organisational readiness</p>

	<p>for integrated, digital-enabled care, with early patient safety and efficiency gains evident and further benefits to be realised as programmes mature.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include progressing the Mental Health EHR subject to Welsh Government approval, continuing national and local recovery of the EHR Transformation Programme and LIMS workstreams, completing delayed programmes such as WPAS Phase 5 and Mortuary, restarting paused initiatives including the Therapies Manager and Digital Academy when capacity allows, and strengthening formal benefits realisation to demonstrate measurable improvements for patients and services across North Wales.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4D – Digital, Data and Intelligence</p>
<p>Value & Sustainability (2E)</p> <p>The focus of this objective is to improve value and long-term sustainability by reducing unwarranted variation, embedding value principles organisation-wide, and building capability for sustained clinical, workforce and financial improvement.</p> <p>4 / 4 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board delivered a refreshed Value and Sustainability programme across six interrelated workstreams, including medicines management, continuing healthcare, workforce, non-pay and procurement, clinical variation and service reconfiguration, and value-based healthcare, with a primary focus on reducing waste, harm and unwarranted variation while embedding value-led improvement within organisational frameworks. This work has had a significant impact, with the programme forecast at Month 11 to deliver £54.9m savings against a £40m target, supporting delivery of the Health Board’s financial duty to break even, contributing positively toward the conditions for recurrent release of £42m Performance and Transformation Funding, and protecting front-line services through improved long-term financial sustainability; alongside this, value-funded clinical projects have demonstrated clear qualitative benefits, including admission avoidance, reduced complications, improved patient experience and outcomes, and measurable improvements such as reduced bed days, lower readmission and mortality rates, and improved functional and wellbeing scores.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include sustaining delivery of recurrent savings, further mainstreaming value-led improvement across all services, strengthening the consistent capture and reporting of qualitative and outcome-based benefits in line with internal audit recommendations, and embedding value-based healthcare principles more fully within planning, commissioning and service redesign to ensure ongoing financial and clinical sustainability for the population of North Wales.</p>
<p>Workforce Planning (2F)</p> <p>The focus of this objective is to strengthen workforce planning and development by embedding frameworks, building capability, improving governance, reducing costs and risk, and enabling sustainable, high-quality service delivery.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board made steady progress in delivering the <i>Improving Workforce Planning and Development</i> sub-objective by establishing firm foundations, including ratification and initial rollout of a Strategic Workforce Planning Framework, development of aligned planning tools and templates, deployment of digital workforce intelligence dashboards, delivery of extensive training and engagement across priority services, and strengthened alignment with corporate planning through the IMTP process. This work has improved organisational capability and maturity in workforce planning, increased data-driven understanding of population and labour market changes, strengthened cross-departmental working, raised awareness</p>

<p>3 / 10 deliverables completed.</p>	<p>of workforce transformation, and begun to enable better service planning, access and sustainability, supporting the long-term aim of a resilient, skilled and flexible workforce for the population of North Wales, although full patient-level benefits will accrue as implementation matures.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include completing socialisation and embedding of the Workforce Planning Framework, further streamlining and integrating tools and dashboards, expanding workforce and education commissioning analysis, continuing targeted engagement with services, and translating improved planning capability into sustained reductions in agency use, improved job planning and sickness outcomes, and demonstrable improvements in patient access and care delivery.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4J - Workforce</p>
<p>Objective 3: Compassionate Culture, Leadership and Engagement</p>	
<p>Culture Development (3A)</p> <p>The focus of this objective is embedding a compassionate, values-led culture by strengthening leadership, staff engagement, governance and organisational learning, enabling accountability, autonomy and continuous quality improvement sustainably.</p> <p>6 / 7 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Cultural Development</i> sub-objective by embedding the Values and Behaviours Framework across organisational activity, substantially completing the socialisation and embedding plan, delivering the King's Fund Culture and Leadership Programme with HEIW and Professor Michael West, expanding the Culture Change Leaders (CCL) programme to 163 staff across two cohorts, launching new supporting tools and training (including the Ripple Effect and Culture Health Assessment), strengthening leadership engagement across professional groups, and developing a refreshed Three-Year Improvement Plan for Culture, Leadership and Engagement. This work has had a positive and visible impact by improving staff engagement, morale, wellbeing and collaboration; strengthening compassionate and respectful behaviours; increasing leadership visibility and psychological safety; improving teamwork and inter-professional working; and supporting more consistent, patient-centred care experiences, with strong qualitative feedback from staff indicating a more positive, supportive and effective working culture that underpins safer, higher-quality care for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include completing rollout of Cohort 3 of the CCL programme, finalising and implementing the Culture Health Assessment and culture heat-mapping to target priority areas, embedding the revised Three-Year Improvement Plan through Executive leadership, continuing to integrate the Framework across all professions and services, and strengthening governance, feedback loops and benefits evaluation to demonstrate sustained impact on staff experience, quality, safety and patient outcomes.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4A – Foundations for the Future</p>
<p>Leadership Development (3B)</p> <p>The focus of this objective is to develop inclusive, compassionate leadership capability at all levels by</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Leadership Development</i> sub-objective by further developing and embedding the Integrated Leadership Development Framework, reviewing and evaluating existing leadership</p>

<p>strengthening skills, confidence and support through programmes, coaching, evaluation and evidence-led improvement organisation-wide.</p> <p>7 / 7 deliverables completed.</p>	<p>programmes, and delivering leadership development at scale across a wide range of staff groups, achieving strong participation, completion and satisfaction and establishing leadership development as routine business supported by sustainable programmes, workshops and forums. This work has strengthened leadership capability and confidence, improved consistency of people-management and compassionate leadership behaviours, enhanced support for staff wellbeing, and reinforced organisational resilience, providing key enablers for improved staff experience and longer-term improvements in patient safety, quality of care and service sustainability for the population of North Wales, although population-level outcomes are not yet directly measurable.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include piloting and evaluating the mid-level Clinical Leadership Immersive Programme, completing alignment of the Integrated Leadership Development Framework with the HEIW Core Management Competency Framework once launched, and continuing to mature and evaluate leadership development to demonstrate sustained impact on organisational performance and patient outcomes.</p>
<p>Citizen Engagement (3C)</p> <p>This objectives focus is on embedding consistent, evidence-based citizen engagement, expanding reach and partnerships, and ensuring community voices influence decision-making, planning and service improvement across North Wales.</p> <p>9 / 9 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Citizen Engagement and Partnership Working</i> sub-objective by expanding and strengthening engagement activity across North Wales, including targeted digital engagement campaigns, enhanced place-based and rural listening programmes, improved partnership working with local authorities and the Regional Partnership Board, delivery of councillor surgery pilots, progression of Youth Voice work, development of Anchor Institution principles, and implementation of a more systematic approach to capturing, analysing and reporting citizen feedback through emerging frameworks and toolkits. This work has had a positive impact by significantly increasing the reach, inclusivity and transparency of engagement, strengthening trust and relationships with communities and partners, improving the quality and credibility of insight informing planning and service development—particularly in rural areas—and embedding a more consistent, evidence-informed culture of engagement that supports responsive decision-making and reinforces public confidence across North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include completing formal adoption and rollout of the Co-production, Engagement and Consultation Toolkit, scaling up place-based and youth-focused engagement, embedding Anchor Institution principles through delivery plans, extending councillor surgeries across all local authority areas, and further developing organisational capability, governance and reporting to ensure sustained, consistent and demonstrable use of citizen insight in shaping services and improving outcomes.</p>
<p>Welsh Language (3D)</p> <p>The focus of this objective is to embed Welsh language and culture by moving into delivery,</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Welsh Language and Culture</i> sub-objective by moving from planning to early operational delivery of Welsh Language Standards and the <i>More than just words</i> framework, with particular focus on embedding the Active Offer, strengthening workforce capability</p>

<p>strengthening workforce capability, promoting language choice, and improving access for vulnerable patient groups.</p> <p>5 / 5 deliverables completed.</p>	<p>through expanded Welsh language learning pathways, and improving organisational readiness and compliance across acute settings. This work has delivered early and tangible benefits, including increased visibility and consistency of bilingual communication, greater routine provision of Welsh language interactions at first point of contact, improved staff confidence and cultural competence, and a more inclusive, person-centred and safer care experience for Welsh-speaking patients—especially vulnerable groups such as older adults, people with dementia and those experiencing distress.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include progressing from early implementation to full operational embedding across all settings, further expanding and targeting workforce language capability, strengthening assurance and monitoring of compliance with Welsh Language Standards, and ensuring Welsh language considerations are fully integrated into policies, processes and service improvement to deliver sustained improvements in patient experience across North Wales.</p>
<p>Objective 4: Improving Quality, Outcomes and Experience</p>	
<p>Prevention and Early Intervention (4A)</p> <p>The focus of this objective is strengthening prevention and early intervention by targeting vulnerable groups, improving immunisation and health protection resilience, and building capability to demonstrate impact and reduce inequalities.</p> <p>5 / 5 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed its prevention and population wellbeing priorities by delivering a broad public health programme focused on reducing the prevalence and progression of long-term conditions, including near-complete Infection Prevention and Control reviews across care homes, expanded community and targeted sampling supporting disease elimination agendas, timely responses to all health protection enquiries, delivery of vaccination and immunisation programmes, increased uptake of smoking cessation and weight management services, establishment of a Public Health Intelligence, Research and Evaluation Programme, and strengthened partnership working through inclusion health needs assessments, the Wellbeing and Prevention Anchor Framework, and homelessness insight projects. This work has had measurable impact through high vaccination uptake in care homes and staff, exceeded community and targeted sampling targets, improved protection against infectious disease, increased engagement in smoking cessation and weight management programmes, strengthened system intelligence on health inequalities and wider determinants of health, and enhanced readiness to address inclusion health and homelessness, collectively supporting safer, more preventative and equitable health outcomes for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include sustaining and improving vaccination uptake to meet national targets, strengthening validation of smoking cessation outcomes, further expanding healthy lifestyle support, embedding public health intelligence more consistently into planning and commissioning, implementing recommendations arising from inclusion health and homelessness work in line with forthcoming legislation, and continuing partnership-led action to reduce health inequalities and improve population wellbeing over the longer term.</p>
<p>Primary Care (4B)</p>	<p>Work completed and impact</p>

<p>The focus of this objective is strengthening primary care and clusters by improving access, sustainability and workforce capability, reducing avoidable hospital demand, and developing community-based models of care.</p> <p>11 / 16 deliverables completed.</p>	<p>During 2025/26 the Health Board made good progress in delivering the <i>Primary Care</i> sub-objective by strengthening foundations for the national Primary Care Model for Wales and the Community by Design (CbD) approach, establishing a Community by Design Board, embedding primary care priorities within the IMTP, expanding multidisciplinary working, improving access through same-day offers and urgent primary care initiatives, progressing dentistry procurement, supporting contractor sustainability, implementing contractual reforms such as WGOS 4 in optometry, investing in workforce development through the Primary Care Academy, and beginning reviews of cluster footprints and options for primary care at scale through potential federations. This work has had a positive impact by maintaining high levels of access and performance in general practice and out-of-hours services, increasing community-based provision as an alternative to ED attendance, delivering thousands of additional appointments, expanding the primary care workforce skill-mix, improving access to dental, pharmacy and optometry services, and positioning the system to deliver more integrated, accessible and closer-to-home care for over 90% of the population's NHS interactions in North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include completing reviews of cluster footprints, progressing the establishment of primary care federations aligned to the future operating model, finalising the local Transformation Plan, further embedding cluster-based care home support and frailty models, strengthening Health Board managed practice arrangements, and commissioning and scaling integrated neighbourhood and community services in line with CbD ambitions to deliver consistent, high-quality primary and community care at scale.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 2A – Primary Care</p>
<p>Community Care (4C)</p> <p>The focus of this objective is expanding community-based care through Enhanced Community Care, weekend nursing and palliative services, improving access, continuity and outcomes while reducing avoidable hospital admissions.</p> <p>0 / 12 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board made incremental progress in delivering the <i>Community Care</i> sub-objective by increasing weekend community nursing activity, expanding specialist palliative care clinical nurse specialist provision at weekends in West and Central areas, piloting elements of enhanced community care using existing and time-limited funding, and caring for more patients at home through Advanced Nurse Practitioners, GPs and multidisciplinary community teams, although several priorities remain dependent on business case approval and investment. This work has had a positive enabling impact by improving access to specialist palliative advice at weekends, supporting carers and clinicians, enabling more patients to receive complex care closer to home, facilitating earlier discharge from hospital, and freeing inpatient capacity, while recognising that the full benefits of extended weekend provision are constrained by variation across areas and the availability of wider partner services.</p> <p>What is left to do</p>



	<p>Remaining actions for 2026/27 include completing a baseline establishment review of District Nursing teams, improving consistency and reporting of weekend working, securing sustainable investment to increase weekend community and palliative care provision (particularly in the East), agreeing and developing a consistent Health Board-wide model for enhanced community care, progressing business cases where appropriate, and aligning community, primary care, therapy, diagnostic and social care services to maximise the impact of expanded community care delivery.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 2B – Community Care</p>
<p>Planned Care / Cancer / Diagnostics (4D)</p> <p>Planned Care</p> <p>The focus of Planned Care is to improve planned care by strengthening data quality, pathway optimisation and demand-capacity management, reducing unwarranted variation, and increasing productivity and access to treatment.</p> <p>4 / 18 deliverables completed.</p> <p>Cancer Care</p> <p>The focus of the Cancer Care objective is improving care by reducing waiting times, clearing backlogs, optimising pathways and capacity, and developing sustainable models of diagnosis, treatment and support.</p> <p>5 / 10 deliverables completed.</p> <p>Diagnostics</p> <p>The focus of this objective is to strengthen diagnostics through better demand and capacity management, workforce capability, digital systems and estates, ensuring equitable access, quality assurance and sustainable services.</p>	<p>Planned Care</p> <p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed delivery of the <i>Planned Care, Cancer Care and Diagnostics</i> sub-objective by advancing a wide programme of improvement across validation, referral management, booking processes, pathway redesign and digital enablement, despite operational pressures and capacity constraints, including the introduction of automated and clerical waiting list validation, publication of a Clinical Validation Policy, strengthened clinical governance through the Planned Care Clinical Group, expansion of virtual and digital tools (including the NHS Wales App, video consultations and chatbot-enabled validation), rollout of community and advice-and-guidance pathways, and piloting and embedding service redesign models such as POPS clinics and high-volume low-complexity cataract pathways. This work has delivered early measurable impact through cleaner and more accurate waiting lists, faster access for patients who need care, reduced unnecessary secondary care demand, improved referral quality, enhanced patient experience and communication, increased use of digital and virtual care, and more efficient use of clinical capacity, supporting improved pathway flow and sustainability for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include finalising and resourcing a strengthened delivery plan through the IMTP, reaffirming clinical and managerial ownership, completing and embedding remaining pathway redesigns and diagnostic improvements, scaling successful pilots into business as usual, and accelerating delivery once organisational capacity and prioritisation are confirmed to achieve full programme objectives in a sustainable manner.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3B – Planned Care, Cancer & Diagnostics</p> <p>Cancer Care</p> <p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed delivery of the <i>Planned Care, Cancer Care and Diagnostics</i> sub-objective by implementing a focused Suspected Cancer Pathway (SCP) delivery plan, progressing insourcing across key pressured specialties including endoscopy, dermatology and urology,</p>

1 / 11 deliverables completed.

introducing new pathways such as nurse-led triage in colorectal services, and enhancing patient support and referral quality through Community Health Pathways and the opening of the Maggie’s Centre. This work has had a positive impact, with the backlog of patients waiting over 62 days reducing significantly from over 3,000 to 1,660—the lowest level since mid-2023—meaning more patients are receiving treatment sooner, alongside qualitative improvements in patient and family experience and better support for primary care decision-making.

What is left to do

Remaining actions for 2026/27 include delivering the second phase of the agreed SCP delivery plan, continuing to reduce and ultimately eliminate the remaining backlog, addressing capacity pressures in high-impact specialties to improve overall performance against the 62-day target, and embedding pathway and capacity improvements to deliver sustained, timely cancer care for the population of North Wales.

Deliverables not completed have been captured within the 2026/27 ADP at section: 3B – Planned Care, Cancer & Diagnostics

Diagnostics

Work completed and impact

During 2025/26 the Health Board progressed delivery of the diagnostics element of the *Planned Care, Cancer Care and Diagnostics* sub-objective by focusing on nationally funded recovery programmes aligned to ministerial priorities, delivering the 104-week RTT and Outpatient Department diagnostics elements, increasing diagnostic activity levels, implementing key enabling digital infrastructure including Radiology RISP and partial rollout of the Pathology LIMS 2.0 programme, progressing a full business case for PET-CT/Nuclear Medicine, and addressing selected estates issues affecting diagnostic services. This work has enabled higher diagnostic throughput, reduced the longest waits, improved data quality and consistency across sites, strengthened the foundations for future service improvement, and supported safer and more sustainable diagnostics provision for the population of North Wales, although routine diagnostic waiting times and the eight-week backlog remain significant due to increased demand and reliance on non-recurrent, premium-rate capacity.

What is left to do

Remaining actions for 2026/27 include completing the LIMS 2.0 rollout (including mitigation of blood transfusion-related risks), securing approval and progressing delivery of PET-CT/Nuclear Medicine, further scrutiny and progression of outstanding diagnostics business cases such as endoscopy and digital cellular pathology, addressing remaining estates constraints, clarifying and prioritising the future diagnostics hub model, and shifting from short-term recovery activity to a sustainable, recurrent diagnostics service model over the remainder of the 2025–28 period.

	<p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3B – Planned Care, Cancer & Diagnostics</p>
<p>UEC (4E)</p> <p>The focus of this objective is improving urgent and emergency care by strengthening front-door access, hospital flow and discharge, reducing avoidable admissions, delays and emergency department pressure overall.</p> <p>1 / 7 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Urgent and Emergency Care (UEC)</i> sub-objective by establishing refreshed governance and baselines across the programme’s four workstreams, initiating development of a Single Point of Access (SPOA) including early datasets, workforce identification and pilot preparation, advancing community and care-home-based falls response planning with partners, completing baseline assessments for frailty services, reviewing and gap-analysing ambulance handover arrangements against national requirements, and commencing work to improve hospital flow through recruitment of Optimal Hospital Flow facilitators and development of a shared UEC lexicon. This work has strengthened system readiness, clarified variation and gaps across sites, improved alignment with the National Six Goals Programme, and laid the foundations for more consistent front-door management, improved patient flow, reduced avoidable admissions and deconditioning, and better coordination between community and hospital services, supporting timelier access to the right care for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include securing Six Goals funding to enable mobilisation at scale, piloting and implementing SPOA arrangements, rolling out community and care-home falls response training and infrastructure, establishing and delivering the agreed frailty model, standardising ambulance handover and flow processes across acute sites, finalising and embedding the UEC lexicon, and progressing Task and Finish arrangements to deliver sustained improvements in UEC performance, hospital flow and discharge.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3A – Urgent and Emergency Care</p>
<p>Adult Mental Health and Learning Disability (4F)</p> <p>The focus of this objective is improving adult mental health and learning disability services by strengthening quality, safety and access, reducing waits, enhancing crisis care, and progressing improvements.</p> <p>6 / 7 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Adult Mental Health and Learning Disabilities (MHL D)</i> sub-objective by strengthening governance and delivery through the establishment of the Mental Health Oversight and Delivery Group, aligning services to the new national Mental Health and Wellbeing Strategy and the Strategic Programme for Mental Health, implementing RCPsych recommendations, improving crisis care models, advancing procurement of a Mental Health Electronic Health Record, embedding PREMs and initiating PROMs, expanding access to primary and specialist mental health services, reducing out-of-area placements including the opening of the Chester-based Mother and Baby Unit, and enhancing physical health support for people with mental illness and learning disabilities. This work has resulted in demonstrable improvements in access, quality and safety of care, with over 80% of patients seen within 28 days in primary care mental health services, 85% of service users reporting positive experiences, improved crisis responsiveness, better care delivered closer to home, and strengthened oversight, staff enablement and patient involvement,</p>

	<p>contributing to reduced health inequalities and improved outcomes for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include securing Welsh Government approval and implementing the MHL D EHR, further embedding redesigned crisis and community-based care models, continuing ligature risk reduction and safety programmes, completing shared deliverables with partner teams, and sustaining performance improvement through robust governance to deliver a coherent, accessible and resilient MHL D service model across North Wales.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3D – Mental Health and Learning Disabilities</p>
<p>CAMHS (4G)</p> <p>The focus of this objective is to strengthen CAMHS by improving workforce capacity, access and waiting times, embedding best practice, developing alternatives to admission, and supporting children’s emotional wellbeing.</p> <p>5 / 5 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board delivered significant progress against the CAMHS sub-objective by implementing the CAMHS Improvement Programme, achieving compliance with all Mental Health Measure Part 1a and Part 1b targets by year end, transforming the crisis care model through enhanced pathways and extended ED practitioner cover, strengthening early help and open-access approaches, embedding CAMHS provision within schools across all Integrated Health Communities, and developing a comprehensive three-year strategic workforce plan aligned to the wider Improvement Plan. This work has had a clear and measurable impact, including sustained performance against national targets, improved access and quality of care, a 31% reduction in paediatric admissions for young people in crisis, earlier identification and intervention, improved accessibility through school-based provision, and increased service resilience through diversified and innovative workforce roles, supporting better outcomes for children, young people and families across North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include fully embedding the enhanced crisis pathway as a 24/7 model, progressing further towards open-access services, implementing and monitoring delivery of the workforce plan, sustaining performance as long waits are eliminated, and continuing to strengthen early intervention and community-based models to ensure long-term compliance, stability and improved mental health outcomes for the population.</p>
<p>Neurodevelopmental (4H)</p> <p>The focus of this objective is improving neurodevelopmental services by reducing waiting times, introducing prudent assessment, strengthening information sharing, and developing sustainable, needs-led models with partners across systems.</p> <p>5 / 5 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Neurodevelopment</i> sub-objective by significantly increasing assessment throughput, achieving the ministerial efficiency target, working with the Children’s Regional Partnership Board to develop and implement a multi-agency, needs-led model of care, launching a shared needs-led profiling tool, and commencing workforce training across all local authorities to improve joint working with education and social services. This work has delivered measurable impact through a 63% increase in assessment throughput, substantial reduction in three-year waiting times, improved consistency of support for children and young people with ASD and ADHD while awaiting diagnosis and post-diagnosis, and stronger</p>

	<p>whole-system collaboration, improving experience and outcomes for children, young people and families across North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include clearing the residual backlog arising from under-delivery by a private provider, further building internal assessment capacity, completing rollout and embedment of the needs-led model and profiling tool across all partners, and securing anticipated Welsh Government NDIP investment to sustain reduced waiting times and ensure demand can be met on an ongoing basis.</p>
<p>Dementia (4I)</p> <p>The focus of this objective is improving dementia care by enhancing emergency department experience, strengthening education and training, creating dementia-friendly environments, and promoting prevention through collaboration across services.</p> <p>2 / 11 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Dementia</i> sub-objective by strengthening governance and regional partnership working, expanding specialist leadership and practitioner capacity, implementing a Dementia Care Improvement Plan focused on emergency department experience, education, environments and prevention, rolling out multiple training and education initiatives, piloting and expanding preventative and community-based interventions, improving data capture and audit capability, and enhancing collaboration with local authorities, police and third-sector partners. This work has delivered positive and measurable impacts, including improved patient experience for people living with dementia in emergency settings, reductions in memory assessment waiting lists, improved performance against the National Audit for Dementia, increased staff capability through standardised education and training, better identification and support for people with dementia across hospital and community settings, and national recognition for innovative safety and community partnership initiatives, collectively supporting safer, more person-centred and preventative dementia care for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include securing additional pathway practitioner capacity, fully embedding deferred priorities within the revised Annual Delivery Plan, expanding dementia-friendly environment standards into estates and capital planning, completing dementia training needs analysis and scaling delivery, strengthening governance and reporting routes, and further integrating prevention-focused and community-based models to reduce variation, improve outcomes and respond to rising dementia prevalence.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3I – Dementia</p>
<p>Challenged Services (4J)</p>	
<p>Urology</p> <p>The focus of this objective was to strengthen urology services by developing a sustainable workforce model, standardising and improving clinical pathways, and ensuring equitable access to specialist and interventional</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed delivery of this sub-objective by maintaining safe interim arrangements for out-of-hours interventional radiology, securing Executive approval to proceed with vasectomy service commissioning, progressing My Medical Record (MyMR) integration through governance, and stabilising key urology pathways through targeted insourcing of LAMP biopsies and flexible cystoscopy to increase capacity and resilience. This work has delivered clear benefits, including maintained patient safety and service continuity, significant reductions in waiting times (with LAMP biopsy</p>



<p>radiology services across the Health Board. It also aims to expand capacity and enhance patient experience through more efficient diagnostic and treatment pathways, better use of day-case and outpatient models, and improved MDT and on-call arrangements.</p> <p>7 / 11 deliverables completed.</p>	<p>waits reduced from 42 days to 10 days), improved access to diagnostics and cancer pathways, enhanced equity and experience through expanded vasectomy provision, reduced unnecessary outpatient attendances via MyMR follow-up pathways, and improved access to major cancer surgery closer to home through regional pathway agreements.</p> <p>What is left to do Remaining actions for 2026/27 include finalising and implementing a formal out-of-hours interventional radiology service level agreement, continuing interim insourcing until substantive staffing is secured, completing MyMR integration subject to national system processes, and transitioning vasectomy commissioning arrangements into full delivery to secure a sustainable, fully delivered service model.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services</p>
<p>Vascular</p> <p>The focus of this objective was to strengthen vascular services by developing a sustainable, skilled workforce and embedding high-quality, patient-centred pathways that improve safety, outcomes, and consistency of care. It also aims to expand capacity and enhance patient experience through improved models for AAA and CLTI care, better transfer and discharge processes, and the use of digital tools to track patients and support integrated multidisciplinary working.</p> <p>1 / 8 deliverables completed.</p>	<p>Work completed and impact During 2025/26 the Health Board progressed delivery of the Vascular Challenged Services Plan by implementing nationally aligned improvements focused on strengthening multidisciplinary working, expanding nurse-led urgent review clinics, reducing long waits, beginning development of a strategic workforce plan, agreeing and embedding Standard Operating Procedures supported by audit cycles, engaging with the Quality Management System, and progressing pathway reviews and service redesign work, alongside continued delivery of complex vascular surgery through the SLA with University Hospital North Midlands. This work has had a positive impact by improving capacity and access, reducing the number of patients waiting over 104 weeks to five, ensuring patients are seen by the most appropriate clinician, strengthening quality assurance and governance, and laying the foundations for improved outcomes—particularly through development of a compliant, network-wide multidisciplinary diabetic foot service expected to reduce avoidable complications and amputations for the population of North Wales.</p> <p>What is left to do Remaining actions for 2026/27 include completing and implementing the strategic workforce plan, finalising and embedding agreed service design principles, completing pathway audits and delivering targeted improvement actions, formalising and implementing the new multidisciplinary diabetic foot service model, and continuing progression toward a mature, sustainable vascular network aligned to national standards and preventative care objectives.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3C- Fragile Services</p>
<p>Dermatology</p> <p>The focus of this objective was to strengthen dermatology services by improving workforce planning, standardising referral and care</p>	<p>Work completed and impact During 2025/26 the Health Board progressed the <i>Dermatology</i> sub-objective through delivery of an interim network-based service model, strengthened referral management supported by Community Health Pathways, expansion of teledermoscopy and medical photography, delivery of weekend one-stop urgent skin cancer clinics, utilisation of non-acute capacity at Connah’s Quay</p>

<p>pathways, and expanding community-based and technology-enabled models such as Teledermoscopy. It also aims to increase capacity and enhance patient experience through better use of facilities, improved triage and follow-up processes, and closer integration with primary care.</p> <p>5 / 10 deliverables completed.</p>	<p>Health Centre, and continued triage and pathway redesign, alongside equality impact assessment work and ongoing job-planning discussions. This work has had a positive and measurable impact by reducing referral-to-treatment waits (with general dermatology waits now under 36 weeks), significantly reducing cancer first outpatient waits, lowering unnecessary referral upgrades, increasing same-day diagnostics, improving patient experience through care delivered closer to home, and mitigating short-term service fragility despite continued workforce shortages.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include securing sustainable senior medical staffing, embedding the interim service model within the wider Clinical Services Plan and Foundations for the Future programme, progressing substantive recruitment of specialty doctors, finalising job plans to maximise core capacity, and continuing challenged-service recovery actions through the 2026–29 IMTP to achieve a stable, sustainable dermatology service across North Wales.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services</p>
<p>Plastics</p> <p>The focus of this objective was to strengthen skin cancer and dermatology-related surgical pathways by improving commissioning arrangements, clarifying waiting list management, and expanding clinical and operating capacity across North Wales. It also aims to enhance patient experience and efficiency through better use of facilities, digital follow-up tools, and integrated working with primary care to deliver care closer to home.</p> <p>5 / 7 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed recovery of the <i>Plastics</i> service by delivering productivity improvements, reducing waiting lists, increasing minor operating capacity, strengthening partnership working with Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), and identifying and opening Connah’s Quay Medical Centre to support dermatology procedures and pilot plastics activity, despite delays caused by lease-related issues. This work has had a positive impact for the population of North Wales, with sustained elimination of 104-week waits, a marked reduction in patients waiting over 52 weeks, substantial improvement in follow-up backlog, increased local operating capacity, shorter waiting times for new patients, and reduced need for patients to travel out of area for treatment.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include finalising commissioning and contractual arrangements with MWL and the Joint Commissioning Committee to determine repatriated and new activity levels, fully operationalising plastics services at Connah’s Quay with appropriate funding, transferring relevant waiting lists to the provider, and embedding the expanded local service model to secure sustainable capacity and long-term improvement.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services</p>
<p>Oncology</p> <p>The focus of this objective was to strengthen oncology services by addressing critical workforce gaps, modernising treatment capacity, and developing an integrated service strategy that supports</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed delivery of the oncology sub-objective by introducing Stereotactic Ablative Radiotherapy (SABR) for lung cancer locally, advancing consultant and specialist recruitment, establishing a Clinical Strategy Working Group to develop a coherent Oncology Strategy, and delivering key technological improvements including replacement of LINAC radiotherapy machines and progress toward an all-Wales SACT software contract. This work has had a positive impact by</p>



<p>future demand and innovation. It also aims to enhance safety, efficiency, and patient experience through new technologies, improved radiotherapy capability, and better access to care closer to home.</p> <p>8 / 8 deliverables completed.</p>	<p>improving patient experience and equity of access through reduced travel and more local treatment, strengthening service resilience and sustainability through reduced vacancy rates and workforce stabilisation, and enhancing the capability to deliver safer and more advanced cancer treatments for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include progressing Phase 2 SABR expansion to additional tumour sites, finalising and implementing the Oncology Strategy, continuing to address workforce risks arising from national shortages, and building on recent technology investments to further increase local capacity and long-term service resilience.</p>
<p>Ophthalmology</p> <p>The focus of this objective was to strengthen ophthalmology services by addressing workforce gaps, standardising evidence-based pathways, and improving data, estates, and digital processes to support safe, consistent, and efficient care. It also aims to expand capacity and enhance patient experience through pathway efficiencies, integrated community models, demand-and-capacity planning, and improved access to timely treatment.</p> <p>0 / 12 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed recovery of the <i>Ophthalmology</i> service by expanding Glaucoma Teach & Treat capacity, increasing cataract productivity through one-stop POAC and high-volume low-complexity models, delivering significant outsourcing and insourcing activity, improving data quality and referral coding, advancing digital transformation through Open Eyes and national e-Referral, and securing approval for targeted estates improvements including the West IVT clean room, alongside ongoing workforce recruitment and leadership strengthening. This work has had a positive impact by reducing long waits (with over 700 long-waiting glaucoma patients seen and nearly 1,000 cataract first appointments delivered), improving patient safety and access through advanced WGOS pathways, enhancing patient experience, and laying firmer foundations for reliable demand and capacity planning, thereby reducing harm and improving consistency of eye care for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include consolidating workforce resilience and clinical leadership, completing and embedding pathway redesign at scale, progressing digital and data integration to full maturity, delivering estates enhancements, and maintaining targeted outsourcing and insourcing while internal capacity is rebuilt, to achieve full stabilisation of a safe, sustainable and equitable ophthalmology service.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3C - Fragile Services</p>
<p>Orthodontics</p> <p>The focus of this objective was to strengthen Orthodontic and Oral & Maxillofacial Surgery services by consolidating them into a single networked model, addressing workforce gaps, and implementing GIRFT-aligned quality improvements. It also aims to increase capacity and improve patient experience through better theatre utilisation, more effective</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed recovery of the orthodontic service by strengthening clinical leadership through appointment of a restorative dentistry consultant, establishing the North Wales Orthodontic Group to improve regional oversight, undertaking targeted insourcing to address the longest waits, initiating a comprehensive workforce and capacity review, completing risk assessments for long-waiting patients, and developing a detailed improvement plan informed by GIRFT recommendations alongside an inventory of clinical space and equipment. This work has had a positive impact by clearing the most excessive first-appointment waits and placing the service on track to achieve zero Stage 1 waits by March 2026, improving patient safety through identification of urgent clinical need, increasing transparency of follow-up treatment demand to support better planning, and laying</p>

<p>outpatient pathways, and targeted action on waiting lists and access issues.</p> <p>0 / 8 deliverables completed.</p>	<p>foundations for improved equity, access and consistency of care for patients across North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include addressing the significant remaining treatment backlog, recruiting and retaining specialist orthodontic staff, expanding and redesigning treatment capacity supported by improved estates and equipment utilisation, and implementing a standardised and sustainable regional service model to deliver long-term improvements in access, quality and patient experience.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3C - Fragile Services</p>
<p>Trauma & Orthopaedics</p> <p>The focus of this objective was to improve orthopaedic services by reducing unwarranted clinical variation through strengthened workforce planning, standardised pathways, better data quality, and consistent clinical practices. It also aims to increase capacity and enhance patient experience by optimising resources, expanding activity where possible, and ensuring patients receive timely, equitable care closer to home.</p> <p>2 / 10 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed recovery of the Orthopaedics service by reducing long waits, expanding the SOS follow-up backlog initiative, strengthening regional clinical leadership through the Orthopaedics Network and IHC leads, progressing implant rationalisation (with a hip implant decision in principle at Llandudno and knee discussions underway), improving clinical coding and data quality, and advancing standardisation of clinical pathways to reduce unwarranted variation. This work has delivered measurable impact, including a continued reduction in >104-week waits, improved follow-up waiting times, enhanced patient safety through clearing backlog risk, greater consistency of care across sites, better value through reduced variation, and improved data reliability to support planning and efficiency, positively influencing patient experience for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include further reducing follow-up backlogs through full SOS rollout across all IHCs, addressing ongoing capacity constraints, completing implant rationalisation, embedding high-quality coding (including MOPs), sustaining progress against the 104-week target, strengthening cross-site backlog support, and completing pathway standardisation to deliver a more consistent, sustainable orthopaedic service.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3C – Fragile Services</p>
<p>Womens (4K)</p> <p>The focus of this objective was to strengthen women’s, maternity, and perinatal services by progressing key strategic developments such as the Women’s Health Hub, recovery of gynaecology pathways, and implementation of digital and quality-improvement initiatives. It also aims to enhance prevention, workforce planning, and equitable access to specialist support,</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed delivery of the <i>Women’s Services</i> sub-objective by completing the Discovery and Design phases of the Women’s Health Hub programme, securing funding and accommodation at Llandudno General Hospital and commencing implementation, progressing maternity and neonatal quality priorities, introducing the digital maternity system, strengthening engagement and preventative approaches, and delivering targeted action to reduce historically long waits through validation, pathway redesign and capacity management. This work has had a positive impact by improving access and equity of care, reducing excessive waiting times, strengthening patient experience and confidence through better engagement and early use of PREMs, PROMs and national surveys, enhancing workforce capability and cultural competency, and building system readiness for ongoing</p>

<p>ensuring care is safe, modern, and aligned with national priorities.</p> <p>7 / 10 deliverables completed.</p>	<p>quality surveillance, digital enablement and integrated models of care, with early qualitative and quantitative benefits evident for women, babies and families across North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include completing and embedding the Women’s Health Hub implementation, confirming leadership roles for the Women’s Health Plan, expanding use of PREMs and PROMs, progressing public health and preconception priorities, sustaining maternity and neonatal quality improvements, and continuing service recovery and workforce development to realise longer-term population-level benefits despite ongoing workforce and financial challenges.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3G – Women’s Health</p>
<p>Children and Young People (4L)</p> <p>The focus of this objective was to strengthen children’s rights, voice, and experience within the Health Board by implementing the Children’s Charter, establishing a Youth Voice Board, and progressing commitments such as the Wales Corporate Parenting Charter. It also aims to improve outcomes for children and young people through better immunisation uptake, clearer transition pathways, and collaborative approaches to supporting those with complex needs.</p> <p>6 / 6 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board completed key work to strengthen children’s rights and engagement by launching a publicly accessible Children’s Charter, embedding awareness of the Charter and children’s rights within mandatory safeguarding and trauma-informed care training, and strengthening regional partnership working through a more robust and active Regional Partnership Board (RPB) Children’s Group with multi-agency sub-groups focused on priority areas. This work has had a positive impact by improving consistency in how children are communicated with, raising organisational awareness of children’s rights, embedding rights-based and trauma-informed practice across the workforce, and strengthening multi-agency collaboration, enabling earlier identification of children’s needs and more coordinated responses for children and families across North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include further embedding and evaluating use of the Children’s Charter in practice, continuing to strengthen the effectiveness of RPB Children’s Group sub-groups, supporting local teams to translate partnership momentum into tangible service improvements, and developing clearer measures of impact on children’s experience and outcomes.</p>
<p>Pharmaceutical Services (4M)</p> <p>The focus of this objective was to strengthen medicines management and pharmacy services by implementing key recommendations from the Independent Review, improving value-based prescribing, and progressing strategic developments such as centralised Radiopharmacy and community pharmacy models for long-term condition</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Pharmaceutical Services</i> sub-objective by advancing implementation planning for the Independent Review of Hospital Clinical Pharmacy Services through national delivery assurance arrangements, completing and sharing the evaluation of the community pharmacy hypertension pilot, establishing a sustainable MPharm education programme with Bangor University, embedding improved medicines value monitoring in diabetes care, and mobilising the TrAMS Pharmacy Technical Services transformation programme with formal governance and programme management in place. This work has had an enabling but meaningful impact by strengthening consistency and assurance of clinical pharmacy services, demonstrating improved access and patient experience through pharmacy-led long-term condition management, improving</p>



<p>management. It also aims to support future workforce and education needs through delivery of the MPharm programme in partnership with Bangor University.</p> <p>3 / 5 deliverables completed.</p>	<p>transparency and governance of prescribing spend, and addressing long-term workforce resilience through a new local pharmacy education pipeline, thereby laying strong foundations for safer, more equitable and sustainable pharmaceutical care for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include progressing Wales-wide implementation of the Independent Review recommendations, translating diabetes medicines value work into measurable outcome improvements, completing the TrAMS option appraisal and any required business cases for radiopharmacy reconfiguration, embedding programmes into routine practice with clear milestones and benefits tracking, and continuing alignment with national priorities to secure sustained impact.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 3H – Pharmacy and Medicines Management</p>
<p>Palliative Care, End of Life & Bereavement Care (4N)</p> <p>The focus of this objective was to strengthen palliative and end-of-life care by developing a strategic delivery plan, improving bereavement support through the SWAN model, and aligning services with national quality expectations. It also aims to enhance decision-making and service improvement through a dedicated workforce plan, quality improvement strategy, and supporting business cases.</p> <p>2 / 4 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Palliative, End of Life and Bereavement Care</i> sub-objective by re-establishing leadership and operational support following a period of staff vacancy, forming a new strategic group, drafting a Strategic Delivery Plan for Palliative and End of Life Care, maintaining seven-day clinical nurse specialist and medical advice cover, continuing workforce planning activity, and progressing implementation of the SWAN bereavement model despite staffing constraints. This work has had a positive enabling and qualitative impact by ensuring continuity and safety of specialist palliative care services across North Wales, providing patients, families and professionals with consistent access to advice and support, and delivering compassionate, well-received bereavement care through SWAN pilots that have supported relatives and strengthened end-of-life practice on wards.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include finalising and approving the Strategic Delivery Plan, strengthening and formalising strategic group membership, completing recruitment to support full SWAN rollout, improving activity data capture to inform workforce planning, exploring options to enhance specialist cover (particularly in the East), and embedding the agreed operating model to fully align delivery with the Welsh Government Quality Statement for Palliative and End of Life Care.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 2B – Community Care</p>
<p>Dental (4O)</p> <p>The focus of this objective was to strengthen primary care dentistry by expanding access, modernising service models, and improving workforce capability through education, upskilling, and innovative approaches to service</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Dental</i> sub-objective by delivering a wide range of actions to increase general dental service (GDS) provision and strengthen system oversight, including awarding £6m of new dental contracts across North Wales, introducing the Dental Access Portal to streamline patient registration, sustaining major preventative public health programmes, developing a comprehensive dental workforce education and training plan through the Primary and Community Care Academy, and improving Board-level visibility and assurance of dental services through</p>

<p>delivery. It also aims to improve performance, efficiency, and patient experience by enhancing procurement, financial management, waiting list processes, and the visibility of dental performance data.</p> <p>7 / 10 deliverables completed.</p>	<p>integrated performance reporting, while some priorities such as domiciliary pathways and CDS demand and capacity reviews were partially progressed but not completed due to reduced senior capacity. This work has had a positive impact by increasing current and future access to NHS dental care, reducing oral health inequalities through high-volume preventative programmes with demonstrable reductions in dental decay, strengthening workforce sustainability through targeted training and upskilling, and improving governance, transparency and accountability for dental services across North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include full mobilisation of new dental contracts to realise population-level access benefits, completion of the domiciliary dental care pathway, finalisation of CDS demand and capacity reviews and waiting-list improvement actions and continued strengthening of senior leadership capacity to deliver the remaining priorities and sustain long-term improvements in access, prevention and performance.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 2A Primary Care, 2B Community Care</p>
<p>Diabetes (4P)</p> <p>The focus of this objective was to strengthen diabetes care by increasing delivery of the 8 Care Processes, expanding access to new technologies such as Hybrid Closed Loop systems, and enhancing specialist multidisciplinary support. It also aims to develop more comprehensive adult service models to meet national requirements and respond to rising demand.</p> <p>2 / 4 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Diabetes</i> programme by establishing baseline data and commencing active monitoring of the eight diabetes care processes, achieving early improvements against national targets, evaluating aspects of transition from children's to adult services, and developing a detailed business case and prioritisation approach for adoption of Hybrid Closed Loop (HCL) diabetes technology, alongside preparatory work to align diabetes pathways with wider Clinical Services Plan and <i>Foundations for the Future</i> activity. This work has begun to deliver measurable impact, with a moderate increase in the number of people receiving all eight care processes, evidence-based interventions associated with improved outcomes and reduced complications, and clearer system readiness for technology-enabled care, which has the potential to significantly reduce daily treatment burden and improve quality of life for people with Type 1 diabetes and their families across North Wales; however, population-level benefits remain at an early stage.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include scaling up improvement across the eight care processes to deliver benefits at pace and scale, progressing funding and implementation of Hybrid Closed Loop systems, embedding a consistent and sustainable transition pathway to adult services within the Clinical Services Plan, and translating foundational work into sustained improvements in prevention, early intervention and long-term outcomes for the diabetic population.</p>
<p>Objective 5: Effective Environment for Learning and Skills Development</p>	
<p>University Partnerships (5A)</p> <p>The focus of this objective was to strengthen and expand strategic partnerships with higher and</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>University and Further Education Partnership</i> sub-objective by formalising strategic relationships with all major higher and further education partners in North Wales through signed Memoranda of Understanding with Bangor University, Wrexham University and</p>

<p>further education institutions to enhance research, education, training, and innovation, supporting the Health Board's University Designation. It also aims to progress major regional education developments—including the North Wales Medical School, MPharm programme, and dental education strategy—to build a skilled future workforce.</p> <p>6 / 7 deliverables completed.</p>	<p>Group Llandrillo Menai, agreement of an MoU with Coleg Cambria, and establishment of Strategic Steering Groups to oversee delivery and ongoing collaboration in education, training, research and development. This work has had a positive enabling impact by strengthening and coordinating workforce education pipelines, improving system-wide understanding of current and future skills needs, enhancing opportunities for research and innovation, supporting more efficient commissioning and governance arrangements, and reinforcing the Health Board's ambition to sustain its University designation, thereby contributing to long-term service sustainability and patient benefit across North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include fully embedding the regional partnership approach, continuing the work of Strategic Steering Groups to deliver agreed plans, aligning education partners more closely with development of the Clinical Services Plan, and progressing priority programmes such as the Medical School, MPharm development and dental workforce strategy in line with interdependencies and aligned timescales.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4E – Research, Development and Innovation</p>
<p>Research & Innovation (5B)</p> <p>The focus of this objective was to strengthen the Health Board's research and innovation ecosystem by establishing a supportive infrastructure, expert partnerships, and accessible guidance for innovators. It also aims to grow research activity and deepen collaboration with academic partners through increased joint and honorary appointments.</p> <p>2 / 3 deliverables completed.</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Research, Development and Innovation</i> sub-objective by establishing a structured innovation support infrastructure to help staff and partners access expert advice, developing a pipeline of innovation and research projects, strengthening capacity through partnership appointments and research fellows with local academic institutions, and advancing collaborative working with Bangor University to support future growth in research capability. This work has had a positive enabling impact by increasing regional research capacity and capability, enabling the population of North Wales to participate in high-quality commercial and non-commercial studies with access to new technologies and treatments, strengthening staff recruitment and retention, and supporting innovation that has the potential to improve health outcomes and deliver longer-term economic and clinical benefits.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include addressing capacity constraints within support services to enable growth in activity, embedding additional resource to achieve sustained increases in research participation, expanding collaborative academic posts, and further developing the innovation pipeline to translate ideas into scaled research, service improvement and potential commercial opportunities.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4E – Research, Development and Innovation</p>
<p>Academic Careers (5C)</p> <p>The focus of this objective was to define and develop a clear</p>	<p>Work completed and impact</p> <p>During 2025/26 the Health Board progressed the <i>Academic Careers</i> sub-objective by establishing a Community of Interest Working Group with agreed terms of reference, developing an outline local Academic Careers</p>

<p>academic career pathway within the Health Board by engaging staff, agreeing a local working definition, and exploring best-practice models. It aims to establish the foundations for a governance framework that supports and strengthens academic career development.</p> <p>1 / 2 deliverables completed.</p>	<p>Framework, completing a literature review, drafting an engagement workshop programme, and strengthening alignment with national work led by Health and Care Research Wales and internal People and Organisational Development policy, alongside submission of a discussion paper to Executive Committee. This work has had an enabling impact by creating clearer local structures, shared understanding and strategic alignment to support academic career development, strengthening links with research and workforce agendas, and laying the groundwork for enhanced recruitment, retention and capability building that will ultimately support improved care, innovation and outcomes for the population of North Wales.</p> <p>What is left to do Remaining actions for 2026/27 include further development and refinement of the Academic Careers Framework through the Community of Interest, gathering baseline data to enable future monitoring and reporting, aligning with any agreed national academic careers definition, and embedding academic career pathways within wider workforce, research and organisational development plans.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4F – Education Partnership and Projects, Academic Careers and Strategic Alignment of Education</p>
<p>Intelligence-Led (5D)</p> <p>The focus of this objective was to strengthen the Health Board’s intelligence and analytics capability by improving data quality, expanding automation, and modernising the data infrastructure. It aims to ensure that planning and operational decisions are increasingly driven by high-quality insight, predictive analytics, and accessible real-time information.</p> <p>5 / 6 deliverables completed.</p>	<p>Work completed and impact During 2025/26 the Health Board delivered the <i>Intelligence-Led Organisation</i> sub-objective by embedding intelligence-led approaches across six priorities, including completion of a Robotic Process Automation proof of concept, introduction of a data quality kite-mark across priority datasets, strengthened forecasting and demand modelling, deployment of a modernised data infrastructure, and launch of an enhanced IRIS intelligence portal, with all milestones achieved except elements of predictive analytics affected by operational pressures. This work has had a positive enabling impact by improving data quality and assurance, enhancing forecasting and demand planning (including combined cancer outpatient and RTT modelling), strengthening real-time operational insight, and supporting more proactive, informed decision-making across services such as urgent and emergency care, thereby improving organisational responsiveness and planning for the population of North Wales.</p> <p>What is left to do Remaining actions for 2026/27 include completing the remaining predictive analytics development, rolling out the data quality kite-mark more widely, further expanding automation capacity under Clinical Design Authority governance, progressing the roadmap to cloud analytics, and embedding intelligence-led approaches consistently across all clinical and operational pathways to maximise benefit realisation.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4D- Digital, Data and Intelligence</p>
<p>Learning Organisation (5E)</p>	<p>Work completed and impact</p>

<p>The focus of this objective was to strengthen the Health Board’s capability as a Learning Organisation by improving how it captures, evaluates, and shares learning from incidents, complaints, education planning, and national inquiries. It aims to embed more systematic, organisation-wide learning that drives continuous improvement in patient care and organisational performance.</p> <p>3 / 4 deliverables completed.</p>	<p>During 2025/26 the Health Board progressed the <i>Learning Organisation</i> sub-objective by fully establishing and maturing core organisational learning mechanisms, including the Organisational Learning Forum, centralised Learning Repository and thematic review processes, and by strengthening governance and assurance arrangements for learning from incidents, complaints and national inquiries through clearer escalation routes and coordinated oversight groups. This work has had a positive impact by improving the visibility, accessibility and consistency of shared learning, fostering a more open and practical learning culture, strengthening system-wide insight from patient safety and experience intelligence, and enabling more targeted improvement actions, thereby supporting safer, higher-quality patient care for the population of North Wales.</p> <p>What is left to do</p> <p>Remaining actions for 2026/27 include further embedding engagement with learning forums, monitoring and increasing attendance and participation, continuing to reduce incidents and harm through strengthened application of learning, refining thematic review commissioning and evaluation, and demonstrating sustained impact of organisational learning on quality, safety and patient outcomes.</p> <p>Deliverables not completed have been captured within the 2026/27 ADP at section: 4H – Quality</p>
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3 NEXT STEPS

- 3.1 On 26th March the Board approved the submission of the Health Board’s plan for 2026/29, although acknowledged given its inability to submit a financially balanced IMTP, the plan would be an Annual Plan set in a three-year context. Section 4 of that Plan represents the Annual Delivery Plan for 26/27, which builds on the momentum gained during this year with strengthening maturity across all areas.
- 3.2 The Planning Team are in the initial stages of mobilising the 2026/27 Plan: cascading this through the organisation – including incorporating it into objective setting throughout the organisation, sharing with partners, and publishing it formally on its internet pages by way of an ‘everyday’ navigable version. A Welsh translation of the plan is in progress, although due to the size and complexity it is not yet available for sharing. The Annual Delivery Plan element (Section 4) has been built within the Portal and testing is underway.
- 3.4 Continuing that journey of strengthening the planning maturity and capability across the organisation, reflections and feedback is being sought to help inform improvements to planning. Additionally, the Health Board will use the Planning Maturity Matrix Self Assessment to reflect on what has improved and identify areas for further development. The shared reflections and learning, together with a clear understanding of where the

organisation is in terms of planning maturity, will inform the review of the Integrated Planning Framework and subsequent planning guidance and support.






- 3.3 In the meantime work is progressing to support robust monitoring and reporting against the ADP, including revised reporting and frequency to ensure early warning systems are in place and corrective action can be undertaken earlier. Further work is underway to align business and reporting cycles across a number of corporate functions to support consistency and standardisation of reporting, reduce duplication. A forward planning cycle is being finalised and will enable key committees and groups to be fully engaged in the continuous planning cycle and have clear line of sight of where planning it at, at any given point in the year and have opportunity to inform and contribute much earlier, and on an ongoing basis, throughout the year.
- 3.4 Reflective of the need to ensure the plan is able to remain agile and responsive to changing needs and environments, a robust Change Control process is being developed to sit alongside the ADP, ensuring the organisation maintains clear lines of audit and accountability for any changes to the plan.

RECOMMENDATIONS

- 4.1. The Committee is asked to:

RECEIVE ASSURANCE on the progress made during 2025/26 and note the end of year position of delivery against the 2025-2026 ADP.

NOTE that where the full sub-objective has not been achieved in year, outstanding actions have been carried forward into the 2026-2029 IMTP as appropriate.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	Choose an item.
	All
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:



<p>Yr Egwyddorion Dylunio Design Principles</p>	<p>Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>All</p>
<p>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework</p>	<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) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>
<p><u>Deddf Llesiant</u> <u>Cenedlaethau'r Dyfodol -</u> <u>Nodau Llesiant</u> <u>Wellbeing of Future</u> <u>Generations Act – Wellbeing</u> <u>Goals</u></p>	<p>A Healthier Wales</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS

<p>Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
<p>Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> Quality</p>	<p>Galluogwyr Ansawdd Enablers of Quality Choose an item.</p>	<p>Meysydd Ansawdd Domains of Quality Choose an item.</p>



<p><i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Healthier Wales</p>	

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
<p>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
<p>Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>N/A</p>
	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>



Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

APPENDIX 1

Quarter 4- 2025/26 ADP Monitoring Report

March 2026

Annual Delivery Plan Quarter 4 - Overview by Sub-Objective

KEY:

Complete

Not Complete

1A Effective Systems of Governance

Director of Corporate Governance

1A.1. Develop and progress a Governance Improvement Plan to continuously improve governance arrangements, embedding recommendations from the 2024/25 Structured Assessment. The plan will include measurable actions to improve governance arrangements, ensuring that Board and Committee effectiveness is reviewed on an ongoing basis and improved accordingly.	Q4
1A.2. Undertake an annual formal board effectiveness self-assessment in accordance with good practice	Q4
1A.3. Develop a Governance Hub, Governance Toolkit and handbook and ensure that training and support is available for managers to understand the governance arrangements across the Health Board	Q3
1A.4. Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making	Q2
1A.5. Conduct risk maturity audits to measure and strengthen risk management and risk governance to ensure consistency in risk management practices across the Health Board.	Q3
1A.6. Complete the roll out of the three levels of the agreed risk management training.	Q3
1A.7. Deliver the training and support to managers in application of the SOs, SFIs and SoRD, with specific focus on procurement in securing value for money and engagement with the wider market in placement of orders for goods and services.	Q3
1A.8. Enhance the Accountability Agreements Framework with all staff who have responsibility for managing expenditure within the budget issued, for the purposes for which it was provided and adherence to the Health Boards approved SOs, SFIs and SoRD, specifically in regard to recruitment and commissioning of goods and services.	Q3
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)	Q1

Overview

The Effective System of Governance sub objective is based around nine core priorities delivering measurable improvements to existing governance arrangements through the creation of a Governance Improvement Plan, improved governance arrangements with additional training and support, together with strengthening risk management practices and governance across the organisation. Outputs from this work are expected to result in improved governance arrangements, whole system quality-based decision making, improved recruitment and commissioning of goods and services and eliminate the backlog of overdue Learning from Events Reports (LFER).

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Improved internal and external confidence in governance arrangements, supported by Audit Wales’ Structured Assessment 2025, which confirms that a Governance Improvement Plan is now established, reflecting tangible progress in strengthening core governance processes. The Structured Assessment was received by the Board in March 2026.
- Strengthened organisational governance environment, with delivery of 1A.1 supporting more effective corporate functions and contributing to improved assurance and confidence in governance among internal and external stakeholders
- Enhanced organisational understanding and consistency of governance practice, demonstrated by strong engagement with the Governance Hub, toolkit and handbook on BetsiNet, and by attendance of over 150 colleagues at each Corporate Governance Masterclass
- Closer alignment between strategic priorities and risk oversight, with the Board Assurance Framework (BAF) scheduled for refresh and realignment once the 10 year strategy is finalised. The roll out of the three levels of risk management has now been completed resulting in greater access to all levels of staff in Health Board and improved risk management effectiveness throughout the Health Board. The Internal Audit on Risk Management arrangements has been received giving "reasonable assurance" reflecting the work that has progressed.
- Improved quality and effectiveness of risk management, with ongoing review of the Corporate Risk Register (CRR); the January 2026 CRR will incorporate strengthened action clarity to support actual reduction in risk scores.
- Increased organisational capability and confidence in risk governance, reflected in high compliance with all three levels of risk management training, including more than 700 staff completing Level 1 and Level 2 compliance progressing toward the 85% tolerance target
- More consistent, transparent and accountable learning governance, supported by strengthened oversight, centralised tracking, and proactive monitoring of Learning from Events Reports (LFERs), which collectively enhance the organisation’s approach to learning from legal concerns

1B Establishing Foundations for the Future	Chief Executive
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1B.1. Conclude the Design Phase, having been through a process of co-design, testing and consultation, gaining formal approval to proceed to the delivery phase and implementation via the necessary governance.	Q2
1B.2. Implement the first phase of the new operating model, completing the 2025/26 work plan across structures, strategy, people, processes and culture.	Q3
1B.3. Develop the operating model work plan for 2026/27, including implementing the second and third phases and mechanisms to continue to monitor how it is being embedded and sustained across all aspects of structures, strategy, people, culture and processes.	Q4

Overview

The Establishment of the Foundations of the Future sub objective is about building an effective and sustainable organisation for the long term by ensuring the approach to five interlinked workstreams: Strategy, Culture, People, Process and Structures, are all aligned in the development of a new organisational operating model. The focus of the programme within this financial year consists of three priorities focusing on the final design, implementation and future development of the organisation. The programme is focused on making sure the Health Board has the most effective operating model to enable the best possible care for the people of North Wales with a shared ambition to work together to deliver the organisation’s core purpose and strategic objectives with the right support and tools in place, to achieve this.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

The Structures design work is ongoing, and the anticipated consultation start date has shifted to later in April 2026, pending Executive Approval of new schedule. However, significant progress has been made in refining the design, analysing feedback and preparing for formal consultation next year (2026/27).

The following actions have been undertaken:

- Completing review and refinement of structures, remits and organograms based on extensive pre-consultation feedback.
- Updating governance evidence and preparing revised proposals for Committee and Board review early in 2026/27.
- Resequencing dependent products (Job Families, Function Directory) aligned with the revised consultation timeline.
- Maintaining transparent engagement through updated communication materials, leadership cascades, and staff engagement mechanisms.
- Progressing implementation planning across Strategy, Culture, People and Processes workstreams that can move forward independently of structural approval.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Whilst the Discovery work was completed, and most of the Design work has been delivered, providing the foundations for a future operating model across Strategy, Culture, People, Processes and Structures the final element of the deliverable to gain approval to proceed to delivery phase has not been achieved (1B.1) Although discussions with Board in January 2026 endorsed the overall direction of travel.
- A structured pre-consultation period was undertaken with Executive Directors, clinical leaders and corporate teams, generating significant feedback and further refinement of the proposed structures.
- Continued progress across all other Workstreams (Strategy, Culture, People, and Processes): Strategic intentions approved, IMTP/ADP strengthened, Culture and Values embedding is progressing; People and OD products are moving forward within available resources.
- CSP Phase 1 showing improved assurance and early service impact; CSP Phase 2 mobilisation ongoing.

Impacts at this stage are primarily qualitative and enabling. The programme has strengthened organisational readiness, improved planning maturity, clarified strategic intent, and enhanced leadership engagement. Once the operating model is implemented and structural changes begin to embed (during 2026/27), the quantitative population-level benefits will be tracked and reported through a Benefits Realisation Management approach.

1C Responding to Legislative Requirements	Director of Corporate Governance
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1C.1. Complete a review of the current arrangements in relation to Regulatory Assurance to ensure the governance arrangements are robust and demonstrate improvements in compliance.	Q3
1C.2. Re-establish the legislation library, processes to capture new legislation, the dissemination of that legislation to the relevant areas of the Health Board and the development of plans to deliver any necessary changes.	Q3
1C.3. Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries	Q2
1C.4. Implement the Health Board's Three-Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology.	Q4
1C.5. Develop options for the introduction of an organisational wide system for monitoring audit recommendations.	Q2
1C.6. As an Operator of Essential Services, implement any actions required resulting from the forthcoming Cyber Security and Resilience Bill.	Q2
1C.7. Develop a Health and Safety Improvement Plan ensuring improvements are made to the Health Board's current Health and Safety Policy, guidance and practices.	Q3
1C.8. Develop a robust system of audit and action which informs the Health Board's readiness and implementation of the latest Medical Devices and Procurement Regulations.	Q4

Overview

The Responding to Legislative Requirements sub objective is based around eight core priorities delivering measurable improvements to regulatory assurance through the extensive review of current arrangements, improved processes for the preparation, response and implementation of requests from inquiries or new legislation. Outcomes from this work are expected to result demonstrate legislative compliance, and drive improvements to the Health Boards current policies, guidance and practices.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Improvements have been made in processes to prepare for, respond to, and embed learning from national inquiries, including the establishment of a Discovery and Learning Group, with Terms of Reference approved in August 2025, and an approved referral process and effectiveness review (1C.3)
- Options have been developed for a Health Board wide system for monitoring audit actions, ensuring improved tracking and oversight of compliance related activity (1C.5)
- Progress continues in implementing the Health Board's Three-Year Plan aligned to the HSE HSG65 Plan and associated development of Health and Safety policy, guidance and practices (1C.4, 1C.7) work have been carried over into Q1 of 2026/27.
- Legislative compliance is critically important to ensure the Health Board operates legally, ethically and in a way that prioritises patient well-being.
- A review of current arrangements relating to Regulatory Assurance has commenced to strengthen governance and demonstrate improvements in compliance. This includes the review by the Director of Corporate Governance of the Terms of Reference for the Regulatory Assurance Group (1C.1)
- Re-establishing the Legislation Library, introducing processes to capture new legislation, disseminating it across the organisation and developing plans to implement any required changes (1C.2). Further work is required to determine the most appropriate system for capturing and managing legislative requirements; this may continue into Q1 2026/27, and a short-term interim solution may be needed (1C.2). An extended period is required to source and procure a value for money compliance management system that meets a number of Health Board requirements.
- A compliance management system is necessary to meet a number of requirements such as legislative and regulatory compliance, audit, risk and policy management. Welsh Health Board approaches to compliance management systems are being considered in Q4, with a range of options under consideration (1C.8). Updates will continue to be provided during Quarter 1 by Health and Safety colleagues to ensure continued progress and compliance with legislation (1C.4, 1C.7)
- Improved response to legislative requirements strengthens organisational effectiveness and helps enable services to improve the health and well being of the population of North Wales. Progress and focus for this quarter is reflected in the Structured Assessment that was received by Board in March 2026.
- Stakeholder and public confidence is expected to increase as governance arrangements become more robust and compliance becomes more visible
- Enhanced readiness to respond to new legislation and learn from national inquiries ensures the organisation can apply learning to improve care and outcomes
- Continued strengthening of Health and Safety arrangements supports safer environments for patients, visitors and staff

1D.1. Ratify a standardised QMS Maturity Assessment for Health Board services and development of a governance framework to enable operationalisation and agree an associated rollout plan.	Q2
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. ** This objective has already been completed	Q1
1D.3. Integrate a QMS approach into the approach to Clinical Services Planning and early identification of challenged services.	Q3
1D.4. Evaluate the Health Board's design and implementation of the QMS	Q2
1D.5. Improve the quality of estates infrastructure and buildings through (*Linked to 2C.5*)	Q4

Overview

The implementation of the Quality Management System (QMS) sub-objective consists of five priorities delivering standardised QMS maturity assessments across the Health Board, development of governance frameworks, mobilisation and implementation planning across the health board, integration of QMS into Clinical Service Planning and Challenged Services and evaluation of the Health Boards design and implementation of the QMS. Outputs from this work are expected to result in strengthened knowledge and understanding of the QMS across the BCUHB workforce.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- While rollout is progressing, alignment with the organisational restructure under Foundations of the Future presents a potential risk in delayed organisational rollout. There is also a dependency on service engagement and capacity, which may vary across departments.
- QMS project Group remain aligned to the foundation for future Project Group to ensure that any delays can be anticipated and mitigation.
- The strategic Meeting has had very positive support from all corporate services and QMS and corporate services are aligned.
- Early adopters have commenced their QMS journey to allow collection of data to start for parts of the organisation.
- QMS work is now moving into business as usual within the Quality Directorate. Resource SBAR will be progressed through the correct forums to support sustainability
- A QMS ensures that care processes are designed, monitored, and improved systematically. It reduces variability in care, helping prevent errors and adverse events.
- Consistency and Standardisation, Embedding quality planning, control, assurance, and improvement across all services leads to more predictable and reliable care delivery. Standard operating procedures and clear quality metrics reduce ambiguity and duplication.
- Stronger Governance and Accountability - A QMS clarifies roles, responsibilities, and escalation pathways. It supports board-level oversight and aligns with statutory duties like the Duty of Quality (Wales).
- Proactive Risk Management - Quality control and assurance mechanisms help identify risks early and take corrective action. This reduces the likelihood of harm and improves regulatory compliance.
- Enhanced Staff Engagement and Culture - A QMS fosters a culture of learning, openness, and shared responsibility for quality. Staff feel empowered to contribute to improvement and innovation.
- Better Use of Data and Intelligence - Quality systems promote the use of real-time data for decision-making and service redesign. This supports evidence-based improvements and more responsive care.
- Regulatory Readiness and External Confidence -A mature QMS demonstrates to regulators (like HIW) that the organisation is committed to safe, effective care. It builds public trust and strengthens the organisation's reputation.
- Financial and Operational Efficiency - Reducing waste, duplication, and rework leads to cost savings. QMS implementation can improve performance and reduced risk.

2A Developing and delivering a Health Board Strategy and Clinical Services Plan (CSP)

Executive Director of Transformation and Strategic Planning

2A.1. Work with partners to develop a high-level Strategic Intent for North Wales that will provide an outline of the joint priorities and areas of collaboration for the next 10-Years.	Q4
2A.2. Complete the diagnosis phase of the 10-Year Strategy development including agreement on the scope and development of a baseline assessment setting out a summary of the population health needs; performance; drivers for change; outcomes and quality standards.	Q4
2A.3. As part of the broader engagement on strategy development, review the Health Board Well-being objectives, ensuring continued alignment with the requirements of the Well-being of Future Generations (Wales) Act 2015 and Social Partnership and Public Procurement (Wales) Act 2023.	Q4
2A.4. Maintain regular dialogue with partners and stakeholders to inform strategy development via partnership boards and stakeholder groups.	Q4
2A.5. Complete phase 1 of the CSP focusing on services that are currently assessed as most challenged. This will develop well rounded plans based on a Quality Management System (QMS) approach, prioritising service improvements that can be made in the short to medium term in order to stabilise these services.	Q3
2A.6. Develop a Digital and Data Roadmap to underpin the Health Board’s clinical and organisational transformation.	Q2

Overview

The implementation of this sub-objective consists of six inter-related priorities related to strategy development. They centre around the three main strategy development products of 1) Co-creating a Strategic Intent with partners for the population of North Wales, 2) The Health Board’s 10-Year Strategy, 3) Strategic Plans to deliver the 10-Year Strategy e.g. Clinical Services Plan (CSP), Digital Roadmap (2A.6) , Estates Strategy (2C) etc.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Whilst progress has been made, with four of the six deliverables completed, Actions 2A.2 and 2A.3 remain outstanding.
- The Diagnosis phase remains only partially delivered due to limited team capacity and competing priorities, which has impacted on the original timeline (2A.2). Although additional capacity was secured in February and completion is now expected by the end of May 2026.
- The formal review and revision of the WB objectives was also not expected within 2025/26, as this work sits within the Strategy Discovery phase rather than the Diagnosis phase. (2A.3)
- The Discovery phase is currently scheduled for completion in 2026/27, and timelines for the wider Strategy programme will need to be reviewed in light of new commitments in the 2026–29 IMTP.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The key outcomes achieved to date relate to establishing a clear long-term strategic direction for improving health and wellbeing in North Wales. The four Board-approved Strategic Intent Statements, created collaboratively with partners, set out the major ambitions to be delivered for the population over the next decade and provide a strong strategic anchor for the IMTP. The Statements are supported by a draft Strategic Vision for Health and Wellbeing in North Wales, which articulates an ambition for fairer, more compassionate and sustainable care and healthier communities. Although still being refined through engagement, the Vision offers an early, population-focused framework that will guide future planning and service change.

Together, these developments lay the foundations for long-term measurable benefits by strengthening strategic alignment, supporting Special Measures requirements and Welsh Government expectations, and positioning the organisation to deliver improved outcomes for the people of North Wales.

- Work undertaken to develop BCUHB’s draft vision, Strategic Intentions and initial mobilisation of the Clinical Services Plan (CSP) has produced some early benefits, mainly in strengthening shared understanding, improving alignment, and preparing the system for more detailed planning.
- Engagement activity has helped bring teams together around the direction of travel, particularly the shift towards prevention, community-based models and integrated neighbourhood working, as reflected in feedback from the Community by Design (CbD) discussions.
- Qualitatively, the work has contributed to clearer articulation of priorities, better recognition of population health needs and inequalities, and improved awareness of existing examples of good practice across clusters and community services. It has also supported more consistent conversations about the conditions required for change, such as workforce capacity, digital interoperability, culture and governance.
- From a quantitative perspective, measurable population-level outcomes are not expected at this stage. However, the process has engaged a broad range of clinical, operational and strategic stakeholders, helped identify service areas with potential for community-based delivery, and provided a structured foundation for the next phase of pathway redesign through the CSP.

Overall, the work has begun to create the alignment and preparatory groundwork it set out to achieve, with more tangible impacts on access, outcomes and equity expected as redesign and implementation progress.

2B Strengthening Planning and Commissioning

Executive Director of Transformation and Strategic Planning / Director of Performance and Commissioning

2B.1. Develop proposals to enhance capacity and capability for organisational wide planning, building upon the action plan produced following the Independent Review of Planning in 2024/25.	Q2
2B.2. Conduct a review of learning with stakeholders of the most recent planning cycle, updating the Integrated Planning Framework with any associated improvements and implementing them in the next planning cycle.	Q4
2B.3. Complete the National Planning Maturity matrix assessment and incorporate the outputs into the plans to improve the organisation wide planning system and capability	Q4
2B.4. Undertake a review of current and future commissioning commitments, drawing out the capacity required. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed.	Q3
2B.5. Conduct a Third Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards.	Q4
2B.6. A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development	Q1

Overview

The Strengthening Planning and Commissioning sub-objective is about ensuring the organisation has effective planning and commissioning at the heart of service design and delivery, to provide more effective and sustainable services for the population of North Wales. There are several different aspects to the work with the overarching aim of improving the organisational capability in this space. There are two elements to this; one on Planning, informed by the Special Measures independent review of planning, and the other on Commissioning, with some specific reviews of commitments, Third Sector and insourcing / outsourcing contracting.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The organisation has taken significant steps to strengthen its planning capability, building on the improvements made over the last year and aligning planning and commissioning commitments to support more effective and sustainable services for the population of North Wales. (2B.1)
- Further progress has been made to enhance organisational planning capacity and capability, informed by recommendations from the Independent Review of Planning. A set of core planning competencies for staff across the organisation have been developed and will form part of the Foundations for the Future programme into 2026/27 (2B.1)
- Approval of the Integrated Planning Framework (IPF) by the Board in November 2025 represents a key organisational achievement, demonstrating commitment to embedding learning and structured improvement from previous planning cycles (2B.2)
- The IPF has now been incorporated into the current planning cycle, supported by learning from Board Development Sessions, CEO–Executive 1:1s, and broad engagement with internal and external stakeholders (2B.2)
- The National Planning Maturity Matrix Self-Assessment has informed an organisational action plan that is now embedded within forward planning processes and is supporting improvements in planning maturity across the system (2B.3)
- Commissioning activity has been central to the delivery of in year planned care long wait reductions, with further essential components of the commissioning portfolio scheduled for progression across Q3 and Q4 (2B.4)
- **Leadership of the Commissioning portfolio has now transferred to the Executive Director of Finance, providing strengthened strategic oversight and clearer accountability for advancing commissioning workstreams.
- An internal review of insourcing and outsourcing has been undertaken and considered by the Executive Team, and a Commissioning and Assurance Framework is in development. Work will continue to be progressed into 2026/27.
Similarly work has progressed on reviewing Third Sector contracts, with a joint workshop held with a view to co-developing a Third Sector Partnership Framework, which will align with the JCC led review of third sector commissioning. (2B.4 / 2B.5 / 2B.6)
- Collective work to build planning capability has now been incorporated into organisational approach to planning, supporting a strengthened culture of planning throughout the organisation
- Adoption of the IPF and development of service level plans aligned to the IMTP have contributed to a more consistent, structured and collaborative approach to planning across services
- Early impacts are evident in the development of the current IMTP, where engagement and shared ownership across clinical and operational teams have improved the quality and integration of planning outputs
- While there remains work to complete, the shift toward more cohesive organisational planning is progressing and is beginning to influence how services plan, prioritise and collaborate, this will continue to mature and embed within the planning cycles for 26/27 and beyond.

Ongoing work will focus on developing and strengthening planning capacity and capability across the organisation, ensuring alignment with the Foundations for the Future programme, as this defines future operating models and requirements (2B.1 / 2B.2 / 2B.3)

2C.1. Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise	Q1
2C.2. Progress work in relation to major capital schemes including prioritisation of: Orthopaedics Hub in Llandudno, Electrical Infrastructure at Glan Clwyd Hospital, Royal Alexandra Hospital in Rhyl, Ablett Mental Health unit in Glan Clwyd Hospital, Nuclear Medicine consolidation, Health and Well-being hubs, decarbonisation and anti-ligature work.	Q4
2C.3. Align ambitions relating to Health and Wellbeing Hubs to available capital funding. These play an important role in the Health Board's plans relating to primary care, the medical school, partnership working and shift left.	Q2
2C.4. Develop and commence implementation of a fit for purpose estates strategy to include estate rationalisation, decarbonisation and climate resilience, as well as maximising the potential and use of existing estate and opportunities with partners. Acknowledging that the estates strategy will be led by and informed by the Health Board's 10-Year Strategy and Clinical Services Plan.	Q4
2C.5. Maximise the potential of strategic disposals, partnership work and resultant capital receipts to reinvest in a modern and fit for purpose estate and infrastructure.	Q4
2C.6. Support organisational business continuity through the capital process, including the Wrexham Maelor and Ysbyty Gwynedd business continuity cases.	Q4
2C.7. Work with the Bangor University to support the development and growth of the North Wales Medical School.	Q3
2C.8. Provide leadership in the identification, prioritisation and delivery of schemes through the Integration and Rebalancing Capital Fund (IRCF), including participation in the Regional Partnership Board (RPB).	Q2
2C.9. Undertake a comprehensive assessment of facilities standards and performance, informing at improvement and development plan.	Q3
2C.10. Complete the Welsh Government Adaptation Climate Change Risk Assessment, develop an action plan to address the risks identified, utilising the adaptation toolkit and liaising with PSB and other key partners.	Q4
2C.11. Build strategic relationships with partners including Local Authorities and Third Sector organisations to understand the opportunities to collaborate and implementation routes.	Q4
2C.12. Install onsite renewable energy generation facilities where viable to do so	Q4

Overview

The Improving the Environment, Estate and Facilities sub- objective consists of 12 priorities based around multiple areas to; identify, prioritise and deliver schemes through the Integration and Rebalancing Capital Fund (IRCF), review current standards and performance of existing estate, inform future developments whilst maximising potentials from strategic disposals, enhancing efficiencies and opportunities especially around business continuity, whilst minimising contributions too and impacts from climate change.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

It should be noted that some outcomes have been impacted by the organisational structure and changes in the governance approach of the HB. Focus on the continuation into the next period for continuity.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- A business case has been developed for the North Wales Medical School and the approach has been agreed with the WG Capital Team and a Programme Business Case approved by the Health Board. This continues to be progressed with the Welsh Government recently agreeing to fund the fees for ongoing development. (2C.7).
- The major capital schemes continue to be progressed in line with the emerging governance requirements of the Health Board but are subject to various challenges, which are being addressed on a project specific basis. Positive progress has been made as follows: on Orthopaedics Hub in Llandudno – strong on-site progress; Electrical Infrastructure at Glan Clwyd Hospital – commencement of works, ; Royal Alexandra Hospital in Rhyl – approval of FBC and award of contract, ; Nuclear Medicine consolidation – presentation of OBC to WG however ongoing affordability challenges remain ongoing, ; Health and Well-being hubs – Initial prioritisation but now subject to revised governance, ; decarbonisation and anti-ligature work – both on-going works. Challenges relating to the Ablett Mental Health unit in Glan Clwyd Hospital remain to be addressed at Project Board level. (2C.2) and (2C.3) and (2C.8)
- The Health Board continues to explore estate rationalisation opportunities, though there are challenges relating to understanding current space utilisation and the opportunities to release space which are currently held at IHC level. The future development of clinical strategies and integrated approaches, such as, Health and Well-being hubs will support this further however the HB has a current valid Estate Strategy. (2C.4) and (2C.5)
- The business continuity works at YG and WMH continue to be progressed; however, these are phased multi-year schemes (2C.6)
- Onsite renewable energy projects are being integrated into schemes wherever possible, including the Royal Alexandra development and the Orthopaedic Hub in Llandudno. Stand-alone photovoltaic schemes are also being explored and will continue. (2C.12)
- The Health Board has continued to develop strategic relationships, though this remains ongoing. Examples include partnerships with RSLs, contractors and local authorities. (2C.11)
- Work continues on the delivery of the Climate Change Risk Assessment, but progress is affected by internal resource levels and internal skill sets. This will continue to 2026/27. (2C.10)
- A review of capital prioritisation has been completed, reflecting the outcomes of the All-Wales capital prioritisation exercise (2C.1)
- Progress on the review of facilities will be limited, as the delivery of facilities services currently remains within IHCs directly. However, work is underway to coordinate a wider review of car parking delivery and to advocate for improved IPC equipment. The core element will not be delivered. (2C.9)
- Work has commenced to begin the process for capital prioritisation for the next financial year. The scope was reviewed throughout the year and revised to reflect agreed emerging risks. This was completed for the 2025/26 Financial year. (2C.1)
- Demonstrable progress has been made across major capital schemes and Health and Well-being Hubs, with these programmes now embedded within the organisation's key programmes revised governance.
- These Some programmes are subject to formal scrutiny through SPSCG, project specific Boards and the newly convened Mental Health Oversight Board.
- Focus on the continuation into the next period for continuity

2D.14. Develop a clear cyber response plan for the organisation	Q2
2D.1. Secure a multimillion-pound investment from Welsh Government for the EHR Transformation Programme which will reduce paper records and be a key enabler for service transformation.	Q3
2D.2. Develop a Digital and Data Roadmap to underpin the Health Board’s clinical and organisational transformation.	Q2
2D.3 Delivery of a digital maternity EHR and patient facing app, which will eliminate paper records.	Q4
2D.4. Completion of the implementation of the replacement diagnostics systems, RISP and LIMS.	Q4
2D.5. Procurement and delivery of Phase 1 of the Mental Health EHR programme informing the wider EHR transformation agenda.	Q4
2D.6. Complete the Therapies Manager System developments and increase the user satisfaction rating through Floorwalking and Engagement Teams.	Q4
2D.7. Complete the minimum viable recruitment of expertise to deliver basic 2020s DDaT services, appointing to all key funded posts within 25/26	Q4
2D.8. Effectively deliver, through strict prioritisation and effective resource management, the DDaT enabled portfolio of projects and programmes, with particular focus on benefits realisation. This exercise will include pausing or deferring some projects where necessary due to financial pressures.	Q4
2D.9. Complete delivery of phase 5 Welsh Patient Administration System (WPAS) including treatment function codes, cancer tracker, copy correspondence and patient numbering.	Q4
2D.10. Implement electronic Prescribing and Medicines Administration (ePMA) across acute sites	Q4
2D.11. Develop a proposal for Digital Academy training programme and launch a communications campaign so that staff feel empowered to use technologies.	Q4
2D.12. Support the implementation and roll-out of the NHS Wales App for maximum impact and benefit to include the uptake of its use for repeat prescriptions	Q2
2D.13. Eradicate unsupported systems and devices in line with available resources.	Q4

Overview

The Enhancing Digital, Data and Technology approaches sub objective is based around 14 priorities each delivering several technological improvements or advancements into the organisation, the benefits of which will enable service transformation, improve patient safety, and reduce reliance on paper-based processes. The programme includes major projects such as Electronic Health Records (EHR), Mental Health EHR, electronic prescribing (ePMA), maternity systems, and diagnostics platforms, all of which are critical enablers for future integrated care.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The overarching aim for Sub-Objective 2D has not yet been fully delivered due to a combination of national dependencies, revised Welsh Government timescales, and local resource constraints.
- Several key programmes were not deliverable within the year. The EHR Transformation Programme remains paused pending further national direction, with revised timelines now extending to 2027. The Mental Health EHR Programme is awaiting Welsh Government approval following procurement evaluation, with delivery milestones now expected in early 2026/27. The Therapies Manager System also remains paused.

- Progress on the Digital Academy has been limited as available resources have needed to be prioritised toward nationally mandated programmes. In addition, delays in national workstreams have impacted the delivery of WPAS Phase 5, with work now continuing into Q1 2026/27.
- At a national level, the LIMS programme has experienced delays. While progress continues in partnership with DHCW, this has affected the overall delivery profile for laboratory systems, including Blood Sciences and Blood Transfusion.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

Despite these constraints, significant progress has been achieved, with the successful delivery of several major digital programmes and meaningful improvements to the digital estate.

- The Digital Maternity EHR (BadgerNet) was implemented successfully across all acute and community maternity sites. This included integrations with core systems such as WPAS, Cito, and the Welsh Birth Notification Service, delivering anticipated improvements in safety, data quality and midwifery time. Formal benefits realisation tracking is planned for 2026/27.
- The ePMA programme achieved full implementation across all inpatient wards, making BCUHB the first Health Board in Wales to complete full inpatient deployment alongside the Shared Medicines Record. This represents a major improvement in medication safety, efficiency and clinical workflow compliance, with early benefits already identified.
- The Digital Roadmap has been completed and embedded within wider strategic planning, providing clear direction for future digital transformation. The DDaT portfolio is now managed through strengthened prioritisation and benefits governance arrangements, with internal audit providing substantial assurance.
- Further achievements include continued modernisation of the digital estate, reducing unsupported systems and devices, establishing the foundations for future applications rationalisation, and maintaining contribution to the NHS Wales App rollout. These activities collectively strengthen system resilience and readiness for cloud-based developments.
- Within the LIMS scope, Cellular Pathology was successfully deployed in February 2026, with Mortuary planned for April, while collaborative work continues with DHCW on Blood Sciences and Blood Transfusion.

2E Developing and delivering value and sustainability

Executive Director of Finance

2E.1. Design and deliver a refreshed value and sustainability programme for 2025/26, which has clear outcomes based on broader measures of value, to deliver qualitative, performance and financial improvement. This includes delivery of nationally aligned initiatives under the five workstreams of: Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay and Procurement.

Q4

2E.2. Focus on Clinical Variation to take advantage of nationally identified opportunities to expedite reductions in waste, harm and unwarranted variation.

Q4

2E.3. Build on work to embed value principles into the wider organisational frameworks: planning, commissioning, multiprofessional workforce modelling, performance, leadership and quality.

Q2

2E.4. Design a value training programme as part of the journey towards a Value Academy for North Wales and a longer-term commitment to building knowledge and capacity in delivering value-led improvement.

Q4

Overview

The Developing and delivering value and sustainability sub objective is based around four priorities: Delivering a refreshed value and sustainability programme, maximising opportunities to reduce waste, harm and clinical variation ultimately building knowledge and capacity in delivering value-led improvement into the wider organisational frameworks. The programme consists of the following workstreams: 1) Medicines Management 2) Continuing Health Care (CHC) 3) Workforce 4) Non-Pay & Procurement 5) Clinical Variation & Service Reconfiguration 6) Value-Based Health Care

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The primary measure of the programme was to deliver a £40m savings plan, utilising the Value & Sustainability Framework. At M11, the programme is forecast to over deliver against this target by £14.9m, delivering £54.9m savings.
- Through a targeted programme of delivery, V&S helps towards the delivery of long-term financial balance (which in turn will transition non-recurrent funding into recurrent funding) and thus protecting front-line activity and providing more sustainable service delivery.
- Discrete funded projects such as Heart Failure Phase 1, Lymphoedema and Cancer Prehabilitation have delivered tangible qualitative benefits around admission avoidance, mortality, flow/length of stay, functional outcome, patient satisfaction, anxiety/depression scores etc however the challenge for the programme in 26/27 is to mainstream the collation of these wider qualitative benefits to all workstreams within the programme framework, as per the recommendations within the internal audit report.
- From a quantitative perspective, the programme is forecast to over-deliver against its savings target by £4.9m, which supports the Health Board's financial duty to break even and provides a positive contribution towards the conditions set for the recurrent release of the £42m Performance & Transformation Funding.

From a qualitative perspective, the portfolio of value-funded projects evidences significant improvements in clinical quality and outcomes. As a case study example, the introduction of the Cancer Prehabilitation Programme has delivered the following benefits: -

- 1,200 bed days saved
- 560 HDU bed days saved
- 30% Reduction in Post-Operative Complications
- 5% Reduction in readmission Rates
- Reduced Levels of Anxiety & Depression
- Reduced Levels of Mortality
- Improved Functional Scores
- 100% PREMs scores (9+)

2F.1. Fully embed the training programme for workforce planning across the organisation with easy access guides and how to access support for teams to develop their plans.	Q2
2F.2. Detailed workforce plans to be in place for all key services across the organisation.	Q4
2F.3. Develop a suite of workforce planning tools to support teams and services develop and maintain their workforce plans.	Q3
2F.4. Develop an organisational strategic workforce planning framework, including integration into the other relevant organisational frameworks such as Planning and Quality.	Q3
2F.5. Conduct a comprehensive workforce analysis for therapy services in a prioritised manner.	Q2
2F.6. Development of therapy services plan, contributing to new clinical service models to support reductions in waiting times.	Q3
2F.7. Develop a Governance Framework to guide the operationalisation of the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (for HCPC registered professionals)	Q4
2F.8. Fully implement Variable Pay and agency control framework and ensure a 30% reduction in agency expenditure during 2025/26. This will be supplemented by no off-contract expenditure and reductions to zero spend for specific staff groups	Q2
2F.9. Ensure effective implementation of job planning policy to include ensuring that 90% of all Consultants have an agreed job plan in place at all times	Q2
2F.10. Reduce sickness absence levels through adherence to key policies such as Attendance at Work	Q3

Overview

The Improving workforce planning and development sub objective includes 10 priorities delivering a wide range of benefits for the organisation. Outputs from this workstream includes ensuring detailed workforce analysis and plans are in place supported by a suite of framework documents, planning tools, guidance and training. These outputs will be enablers to deliver better outcomes for patients like improved access to services, seeing the right clinician first time etc Resulting in measurable reduction in agency expenditure, effective job planning and reduced sickness levels together with better outcomes for patients, improved access to services and ensuring the right care in the right place at the right place.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

Based on progress to date, we are working towards delivering the overall aims, however, this will be beyond March 2026. The work completed so far has enabled foundations to be set to achieve the full ambition across 2026/27. The overall RAG rating reflects steady progress with a number of areas ongoing and with a continued focus in 2026/27.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

This year, significant progress has been made towards improving Workforce Planning & Development across the organisation. Key achievements include:

- An integrated Strategic Workforce Planning Framework has been ratified by Executive Committee and People & Culture Committee. The Framework is available on Workforce Planning and is undergoing socialisation within the Health Board.
- Workforce planning resources have been expanded, including templates aligned to the Skills for Health Six Step Methodology and IMTP requirements.
- A new Betsinet page Workforce Planning has been prepared to provide accessible guidance and support once the Framework is approved.

- Enhancing Operational Workforce Planning Tools and Support
 - Digital tools such as the Power BI Workforce Planning Intelligence Dashboard, O365 Forms, Teams channels, and Mentimeter have been deployed to support data capture and workforce planning discussions
 - The 6 B's Regeneration Framework Template and accompanying action plan are being used across services, with a review planned for 2026/27 to streamline and integrate tools.
 - Workforce Planning Intelligence Pack and Dashboard Workforce Planning Intelligence Pack - Power BI have been aligned to key services, improving visibility and enabling more data driven planning, with a review planned for 2026/27.
 - Training and support sessions have been delivered to People Services Business Partners and Professionals, Allied Health Professionals (AHP), Healthcare Science Professionals, CAMHS and Community & Specialist Mental Health & Learning Disabilities.
 - Workforce Planning has strengthened its alignment with the Corporate Planning Team through active participation in the IMTP Development Collaborative Planning Group, this will continue to evolve.
 - Engagement with key services has been ongoing, with opportunities provided throughout the year to participate in workforce planning.
 - Initial work has begun with AHP and Health Science leaders on workforce and education commissioning analysis, with further development planned for 2026/27.
 - The original objective was to strengthen Workforce Planning & Development so that the population of the area would benefit from a resilient, healthy and competent workforce that is fit for current demands and future challenges. The work undertaken has delivered measurable improvements that align strongly with these aims.
- Quantitative Impact.
- Services are understanding the population and labour statistics and how in the next few years the balance shifts and creates further challenges with an ageing population, increased ill health and decline in birth rates reducing the workforce and driving the need to think about workforce and service transformation.
 - Engagement with 8 challenged services, Pharmacy, 31 Mental Health service, 4 CAMHS services and Corporate Governance.
 - In excess of 45 training sessions delivered across services.
 - Working relationships between departments have strengthened and will continue to be developed, leading to smoother service delivery and a more coordinated approach to meeting workforce, finance and service needs.
 - Raised organisational awareness of the importance of workforce transformation, encouraging leaders and teams to think more strategically about skills, roles and future workforce models.

3A Culture Development

Executive Director of People Services and Organisational Development

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.	Q1
3A.2. Conclude the Discovery phase of the Culture & Leadership Programme through a Synthesis Report which will guide our future culture and leadership approaches	Q2
3A.3. Co-produce draft Design phase priorities for further development in 2026/27 which shapes our compassionate, diverse and inclusive leadership approaches, identify what is going well and which areas need to be strengthened.	Q3
3A.4. Complete roll out of the Culture Change Leader (CCL) programme. The CCL role has been established to support the Culture & Leadership Programme. Leaders are drawn from a cross section of staff across the organisation who come together to make a difference by looking at the Health Board's current culture and helping to shape culture for the future.	Q3
3A.5. Build staff engagement through implementation of the staff engagement plan (including staff survey actions, staff stories, common PADR objectives (golden thread) and engagement events/activities) hard wiring engagement throughout leadership and management structures to the front line.	Q4
3A.6. Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making. This alongside using the RACI model (Responsible, Accountable, Consulted, Informed) in role profiles to describe individuals roles and responsibilities for activities and deliverables will support creating high autonomy and accountability across all roles.	Q4

Overview

The Cultural Development sub objective covers seven priorities aiming to deliver a number of benefits for the organisation. Outputs from this workstream includes implementation of a new values & behaviours framework into each organisational activity, production of a synthesis report which will guide our future culture and leadership approach and complete roll out of the culture change leadership programme. The Health Board is implementing the Kings Fund, Culture and Leadership Programme, with support from HEIW and the author Professor Michael West. Improved governance arrangements will support and align to the delivery of the organisation's strategic objectives. Anticipated outcomes include improved staff engagement, morale, and well-being leading to better patient care.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Work continues to integrate the Values & Behaviours Framework across our wider culture and leadership programmes. The Framework remains the foundation for all culture development and change activity. Our Socialisation and Embedding Plan is now 95% complete, with new opportunities for embedding being identified and addressed as implementation progresses.
- Teams have highlighted the need for support in reinforcing the impact of everyday behaviours on team morale—particularly around respect and civility. In response, we have developed a short training package, 'The Ripple Effect', which can be delivered locally. This aims to strengthen self-awareness and personal impact. Several teams have already requested sessions.
- Over 100 managers attended the most recent People Managers Forum where awareness of tools available to support the embedding of the Framework were highlighted. Managers completed the Values Selfie reflective activity, which generated positive discussion around personal impact. The Ripple Effect training package was formally launched at this event.
- Meeting held with the Executive Medical Director to explore embedding the Framework across Medical and Dental professions.
- Presented the Framework to student nurse forums across three sites to raise early professional awareness.
- Review underway of BetsiNet content to improve availability and usability of resources.
- Launch of the Culture Health Assessment, a new assessment tool aligned with the Values & Behaviours Framework (final draft complete).
- Continued collation of Culture Change Leaders case studies to showcase local embedding activity.
- Cohort 2 of the Culture Change Leaders Induction Programme is complete with positive feedback received. With the completion of Cohort 2, a further 76 CCLs have been inducted, bringing the total number across both cohorts to 163. Cohort 3 will commence in July with 52 staff already signed up for the programme.
- Arrangements are underway for the first CCL Celebration Event, scheduled for 29th April 2026. The event will highlight the achievements of our CCLs to date, their impact on culture change locally, and will include a keynote address from Professor Michael West.
- Our collaborative work with Professor Michael West and Health Education Improvement Wales (HEIW) to develop a case study of our Culture & Leadership journey continues to attract interest from other NHS organisations. Recent contacts include:
 - The Director of Midwifery from Louth Hospitals, Ireland
 - The Head of the new Centre for Compassionate Leadership at the RCN Foundation
- Our progress is also cited in an article written by Professor Michael West for a Psychology Journal special edition, and we are participating in the national evaluation of Compassionate Leadership commissioned by HEIW.
- The revised Three-Year Improvement Plan for Culture, Leadership & Engagement 2026-29 has been recently discussed at the Executive Team, more detailed actions will be identified by Executive leads prior to submission to People & Culture Committee for noting in June. Following this, the next stages of programme design and delivery will begin.
- The new interactive core module, 'Culture at BCUHB', has now launched. This module introduces the foundations of our Culture & Leadership Programme and supports the development of a Compassionate, Open and Respectful organisational culture.
- Final arrangements for the CCL Celebration Event on 29 April.
- Continued collection of CCL case studies to showcase local cultural improvement work.
- Development of a culture "heat map" using culture dashboard data, patient feedback and staff survey outcomes to identify priority areas for the next cohort and wider interventions.
- Sharing of the near-final case study developed with Professor Michael West and HEIW.

- Attendance at the People Managers Forum to update on CCLs and future programme phases.
- Launch of Cohort 3 CCL Induction dates (Q2 2026/27).
- Correspondence to divisional SLTs outlining how they can work with and support CCLs locally.
- Improved communication across the team.
- Enhanced engagement from team members.
- Increased motivation.
- More positive and open interactions.
- Improved collaboration – staff are more willing to share ideas and work across roles.
- Stronger teamwork.
- Enhanced wellbeing.
- Improved consistency of care approaches across wards.
- Greater visibility and approachability of senior leaders.
- Clearer ownership of quality, safety, and staff wellbeing actions at ward level.
- Improved engagement of students and newly qualified staff in service improvement.
- "Several colleagues have fed back that the atmosphere on the ward feels friendlier and more relaxed. Even in pressured situations, staff have described being better able to support one another and work together effectively".
- "There have been reports of stronger interprofessional collaboration, with greater appreciation of what different professional perspectives contribute and how this improves the experience for our service users".
- "Clarified practical areas for improvement, including the need for clearer structures, better feedback loops, and more protected reflective spaces".
- "The conflict style tool has helped me to recognise behaviours of others, and in myself, to more mindfully consider how I approach situations where conflict may arise."
- "Embedding culture changes within Specialist Commissioning Services allows for a shift in the leadership culture, placing mental health, well-being and psychological safety at the core of our services ensuring both staff and service users feel seen, heard and supported".
- "Culture change has really made coming to work a pleasure".
- "We strive daily to give great patient care, and I know I have found working here a happy place to be".
- "The team focused on creating a supportive, enjoyable, and psychologically safe working environment through a mix of wellbeing activities, consistent communication, and positive team culture. Overall, these actions have created an enjoyable work environment, enhanced motivation, increased staff engagement, as well as overall staff morale. The workplace feels positive, supportive and energising".

3B.1. Design a series of workshops to strengthen key areas of the Integrated Leadership Development Framework (LDF), with a focus on developing leadership skills in specific areas for example, workshops to embed the principles of compassionate leadership to enable leaders and managers to understand the benefits of a compassionate approach and how to apply compassionate behaviours in the workplace and to support to leaders and managers to have conversations with their staff through a compassionate lens, to build confidence and skills in managing difficult or challenging situations.	Q2
3B.2. Develop a core programme/offering for middle managers and leaders across the organisation. To be aligned with the ongoing national strategy building a core management competency framework across NHS Wales working with Health Education and Improvement Wales (HEIW) and a range of academic partners.	Q4
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.	Q1
3B.4. Undertake a review of BCUHBs Coaching and Mentoring Network which will include: - A review of the effectiveness of the coaching network to ensure there are sufficient coaches to meet demand, that coaches on the network are actively coaching, that appropriate resources and support /supervision is in place. - A toolkit will be developed to support mentors across the organisation along with a co-designed mentoring network proposal.	Q4
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.	Q1
3B.6. Launch new programme 'Leadership for All – 'Moel Famau', providing an introduction to leadership for all staff across the organisation irrespective of whether they are in a formal leadership role.	Q2
3B.7. Develop a set of metrics and reports from the Leadership hub, to analyse: user engagement, themes, attrition rates.	Q2

Overview

The Leadership Development sub objective is based around seven priorities delivering a number of benefits for the organisation. Focus is directed around the further development of the Integrated Leadership Development Framework combined with review and evaluation of existing leadership programmes. Outputs from this sub objective include building core management competency frameworks across NHS Wales professionalising operational management and leadership across the organisation.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- During 2025/26, the leadership programme delivered measurable improvements in leadership capability, reach and engagement, embedding leadership development at scale across the organisation. Participation spanned a wide range of staff groups and roles, with strong uptake, completion and satisfaction across leadership pathways and development activity.
- Evaluation evidence indicates improved leadership confidence and greater consistency of people management practice, particularly in relation to compassionate leadership behaviours, team leadership and supporting staff wellbeing. Leadership development is now established as routine business, supported by a sustainable suite of programmes, leadership workshops and forums.
- The mid-level Clinical Leadership Immersive Programme (CLIP) has been developed as part of the Integrated Leadership Development Framework; however, delivery has been deferred to 2026/27, with piloting and evaluation planned in the next financial year to inform future roll-out. In addition, delays in the launch of the HEIW Core Management Competency Framework mean that full alignment of the ILDF to the national framework is expected to move into 2026/27.
- While direct population-level outcomes are not yet quantifiable within the timeframe of delivery, the outcomes achieved in 2025/26 have strengthened the key enablers of improved outcomes for the population of North Wales, including improved staff experience, increased leadership capability, greater consistency of leadership practice and enhanced organisational resilience. These outcomes provide a strong foundation for longer-term improvements in patient experience, safety, quality of care and service sustainability.

3C.1. Complete implementation of the recommendations in the independent review of engagement specifically: - Finalise and implement the 'Betsi Way' engagement framework, ensuring it is evidence-informed, high quality, and co-developed with agreed engagement principles. - Implement a structured reporting system to track and publicly share at least three concrete examples of how community feedback has influenced corporate plans, services and improvements - Establish a community of engagement practice within the Health Board, providing at least two training sessions and developing a toolkit to support staff with best practices and evidence-based approaches.	Q4
3C.2 - Increase engagement reach by 30% through targeted on-line community interactions, including at least four digital campaigns and expanded use of social media platforms	Q4
3C.3 - Expand the engagement programme across at least five North Wales communities, collaborating with key partners to ensure added value for residents, stakeholders and the Health Board.	Q3
3C.4 - Review the strategic approach to engagement with communities, specifically mapping out the next two years	Q3
3C.5 - Conduct at least three community listening events in rural areas, ensuring participation from at least 50 local residents, to gather feedback on healthcare needs and service improvements	Q4
3C.6 - Reset the Health Board's representation at the Regional Partnership Board establishing a structured reporting process to improve decision making	Q1
3C.7 - Trial a surgery-style approach with local councillors in two local authorities to support issue identification, evaluating its effectiveness in improving communication and engagement, with a view to expanding the approach across all local authorities	Q2
3C.8 - Further the Health Board's commitment to children and young people by developing an approach to ensure their voices influence decision making (Youth Voice approach). (*Linked to 4L.2*)	Q2
3C.9 - Co-develop and publish an Anchor Institution Principles and Charter with clearly defined principles ensuring alignment with community needs and organisational priorities	Q4

Overview

The Citizen engagement and partnership working sub objective is based around nine priorities delivering a number of benefits for the organisation focused on full implementation of the recommendations of the independent review of engagement. Outputs from this sub objective include expansion of engagement programmes across North Wales.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Targeted digital engagement and online campaigns have been delivered, supporting increased reach and visibility of engagement activity (3C.2)
- Place based engagement has expanded across at least five North Wales communities, including rural listening events and partnership led engagement, with insight captured through a structured monitoring framework (3C.3 / 3C.5)
- A more systematic approach to capturing, analysing and reporting citizen feedback has been implemented, including a routine monitoring report and the Citizen Experience and Engagement paper demonstrating how feedback influences plans, services and improvements (3C.1)

- A 'Co-Production, Engagement and Consultation Toolkit' has progressed through discussions at the PPHP Committee, Strategic Planning and Service Change Group, the Engagement Practitioners Forum and Llais, and is now entering a formal change management process (3C.1)
- Engagement with the Regional Partnership Board (RPB) has been reset, with improved attendance, contribution and interaction with regional partners (3C.6)
- First local authority councillor drop in pilot delivered in Ynys Môn, with a second pilot in Wrexham taking place shortly after the Senedd elections and dates in diaries are being firmed up for the rest of the Local Authorities (3C.7)
- A draft co-developed Anchor Institution Principles and Charter was presented to members of the Regional Partnership Board in March and work to progress this is embedded in the IMTP for 2026/27 (3C.9)
- Youth Voice work is progressing using a deliberate, co produced approach, paced to reflect the availability and preferences of children and young people (3C.8) This work will progress into 2026/27 following a North Wales wide youth workshop to develop the approach in March 2026.
- Engagement activity has strengthened trust and relationships with communities, partners and local authorities, improved relevance and quality of insight gathered, and increased transparency about how citizen feedback shapes decision making (3C.1–3C.9)
- Engagement reach has increased through expanded digital activity, public engagement events, rural listening sessions and partnership led approaches, evidenced through monitoring and reporting mechanisms (3C.2 / 3C.3 / 3C.5)
- Stronger, more mature relationships with local authorities and partners, demonstrated through the councillor surgery pilot and expanded partnership working, leading to earlier identification of local issues and more responsive system-wide collaboration (3C.7)
- Broader and more inclusive engagement reach, with a measurable increase in participation via digital campaigns, community-based activity, and rural listening events, ensuring a more representative evidence base to inform strategic decisions (3C.2, 3C.3, 3C.5)
- Enhanced place-based insight, particularly in rural communities, enabling more nuanced understanding of local health needs (3C.3, 3C.5)
- A more systematic and credible engagement infrastructure, including the 'Betsi Way' framework and embedded monitoring/reporting mechanisms, improving organisational consistency, accountability, and visibility of how feedback drives change (3C.1)
- Increased organisational capability and culture of engagement, supported by the development of communities of practice, toolkits, and training, contributing to longer-term sustainability of high-quality engagement approaches (3C.1)
- Clear strategic positioning as an Anchor Institution, with co-developed principles strengthening alignment between organisational priorities and community wellbeing outcomes and providing a foundation for future partnership-led impact (3C.9)
- Meaningful progression toward youth-informed decision making, with a co-produced Youth Voice approach establishing the foundations for sustained involvement of children and young people in governance and service design (3C.8)
- Overall shift toward a more integrated, evidence-informed engagement model, enhancing organisational credibility, supporting better service planning, and reinforcing public trust across North Wales (3C.1–3C.9)
- Engagement reach has expanded through digital and community activity, providing a more inclusive and representative evidence base and strengthening place-based insight, particularly in rural communities, to inform planning and service development. Stronger relationships with local authorities and partners, supported by the councillor surgery pilot and wider partnership working, are enabling more responsive collaborations.
- At the same time, a more systematic and credible engagement approach has been embedded through the 'Co-production toolkit' and improved monitoring and reporting, increasing consistency, accountability and transparency. Enhanced organisational capability, alongside clear Anchor Institution positioning and progress on Youth Voice, is supporting a sustainable culture of engagement. Together, this reflects a shift to a more integrated, evidence-informed model, strengthening credibility, improving planning and reinforcing public trust across North Wales.

3D.1 - Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings.	Q3
3D.2 - Adopt the Language Choice Scheme to a specific vulnerable patient group.	Q3
3D.3. Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce.	Q2
3D.4. In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services, which have been identified as a priority workforce group.	Q3
3D.5. Promote the use of Welsh language within the organisation	Q1

Overview

- The Welsh Language and Culture sub objective is based around five priorities delivering a number of benefits for the organisation focused around transition from planning to operational delivery of the Welsh Language Standards within the Welsh Language (Wales) Measure 2011 and the Welsh Governments Strategic Framework for Welsh Language Services in the Health Care sector 'More than just words'.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The transition from planning to operational delivery has begun to generate tangible improvements in how Welsh language services are embedded across acute settings in North Wales. The most significant progress relates to the 'Active Offer', workforce capability, and organisational readiness. These developments are already contributing to a more inclusive, safer, and person centred experience for Welsh speaking patients.
- Early implementation has strengthened the visibility and consistency of bilingual communication, with acute wards increasingly offering Welsh language interactions at first point of contact. This shift supports the overarching aim of treating language as a clinical need, particularly for vulnerable groups such as older adults, people with dementia, and those in distress. Workforce development has also accelerated. With A dedicated Welsh Language Tutor and additional support from the National Centre for Learning Welsh, learning pathways have been expanded and prioritised, with an increase in staff confidence in using Welsh. This is improving communication, strengthening cultural competence, and helping embed bilingual practice as a routine part of care.
- Active Offer becoming routine
 - More patients receiving Welsh language communication without needing to request it
 - Improved bilingual signage, reception interactions, and patient information
- Workforce capability increasing
 - Higher uptake of Welsh language training across acute settings
 - Supporting tailored learning, including for dementia and MHLD
 - Staff reporting greater confidence in using Welsh with patients
- Improved organisational compliance
 - Stronger alignment with Welsh Language Standards
 - Better integration of Welsh language requirements into policies and operational processes
 - Increased public visibility of bilingual health services across North Wales

- Enhanced patient experience and safety
 - Reduced communication barriers for Welsh speaking patients
 - More culturally sensitive and person centred care

4A Prevention and Early Intervention

Executive Director of Public Health

4A.1. Implement plan to target resources for our the most vulnerable groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveller communities) which will contribute to reducing inequalities in healthy life expectancy	Q4
4A.2. Creating the foundations for change, providing the Health Board with the means to demonstrate the impact of current prevention and early intervention activity across identified priority areas and determine where this could be improved.	Q4
4A.4. implement the National Immunisation Framework (NIF) for Wales locally and continue to provide improved resilience and variation.	Q4
4A.3. Develop proposals for Health Board capacity 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.	Q4
4A.5. Refer to 'Section 4P – Diabetes' for the 2025/26 delivery priorities.	Q4

Overview

- The majority of what the NHS sees now is a result of long-term conditions - all of which have modifiable factors, and the majority have significant preventable factors. Our focus must be on reducing the prevalence (the number of people with long term conditions) and reducing the progression of these conditions (reducing the severe complications of long-term conditions) if we are to stop and then reverse the current widening gap between healthy life expectancy and life expectancy.

There are four areas of focus as established in the 25/26-27/28:

- Working with partners to address the wider determinants of health
- Reducing Health Inequalities
- Improving the ability of people to maintain healthy lifestyles
- Improving the wellbeing of the population"

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- 215 out of 220 care homes have received an Infection Prevention Control review (98%), with 75% due for review receiving this
- Ongoing programme of Hepatitis B&C sampling in probation approved premises: Target 200, 235 completed
- Exceeded community sampling target for 25/26
- This work supports disease elimination agendas (Hepatitis B, Hepatitis C, HIV, TB) and strengthens protection against existing, new and emerging health protection threats. 100% of health protection enquiries received by the Health Protection Services responded to within 24 hour (162 received)
- The Vaccination & Immunisation Team has delivered protection against flu, COVID 19 and RSV, alongside ongoing delivery of MMR and HPV programmes

At Q4 Covid-19 Delivery in Care Homes

- West % uptake = 86.34%
Central % uptake = 78.9%
East % uptake = 83.8
- BCUHB are currently second amongst Welsh health boards with a 53.5% uptake in our staff population.
- As of 30th December 2025, BCU achieved 73.4% for flu vaccinations against the '65 Years and Older' flu metric (1.6% below the National target of 75%)
- 3,489 smokers were treated by HMQ Services, achieving a treated target rate of 7.1%, this exceeds the Tier 1 target of 5%. The CO-validated quit rate is 22.7% and the self-reported quit rate is 44.9%. The percentage of CO-validated quit rate remains low against a target rate of 40%, as telephone support remains a popular choice with service users.
- In 2025/26 referrals to the adult weight management service increased by 5%, with 5,903 referrals from April-Feb (inclusive) compared to 5,629 in the same period 2024/25. This includes 1,391 referrals for patients with BMI over 45 compared to 1,244 referrals in this category in the previous year.

In 2025/26 (as of 9/3/26) the Weight Management Service supported the following:

- 1,217 patients started the Kind Eating programme (adult level 2)
- 373 patients accessed Second Nature (digital adult level 2)
- 141 new patients were supported by the pregnancy weight management service
- 101 new patients started the Level 3 weight management programme for children and young people
- The Public Health Intelligence Research and Evaluation Programme has been established and is supporting key areas of Health Board work as we progress Population Health Intelligence. Supporting the Regional Partnership Board, the Wellbeing and Prevention Anchor Framework for North Wales has been launched.
- To inform a more comprehensive Inclusion Health offer for the Health Board, the Public Health Directorate has obtained insights through Health Needs Assessments and evidence reviews across key Inclusion Health Groups. These groups experience poorer access to our services and poorer health outcomes. Their insights reveal outstanding health needs, key barriers in accessing our services, and based on this we propose evidence-based recommendations to overcome these.
- BCUHB Public Health Directorate has collaborated with partners through Homelessness Insights Work, involving Local Authorities, BCUHB staff, people with lived experience, and conducted analysis of clinically optimised bed days. This work has been recognised nationally by Welsh Government for the proactive approach in preparing for legislative change. Key findings from this work are documented with clear recommendations to inform Health Board progress to meet the statutory Ask, Act and Cooperate duty on Health Boards under the forthcoming Ending Homelessness legislation (within the Homelessness and Social Housing Allocation (Wales) Bill expected Spring 2026).

4B.1 Full engagement in the implementation of the national 'Primary Care Model' for Wales and focus on delivering the national Primary Care Programme. This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service (see also Diagnostics 4D.c.11)	Q4
4B.2 Develop the Primary Care 'same day' offer to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units.	Q4
4B.3 A pathways of care approach will be adopted to ensure that primary care professionals have access to the resources they need so that secondary care referrals only occur where they will add value to the patient.	Q2
4B.4 A 'Primary Care Academy' approach will support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability	Q4
4B.5 Access to primary care dentistry is a key priority and a GDS procurement process will be moved forward alongside consideration of new and innovation ideas to increase patient access. (*Linked to 4O.1*)	Q2
4B.6 Sustainability support will be reviewed in order to bolster support to contractors that are in difficulty. Where appropriate discussions will be held with national partners.	Q4
4B.7 Progress the strategic approach to a mixed model of primary care that supports contractors to remain independent contractors and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research.	Q3
4B.8 Implement the new GMS Contract Assurance Framework.	Q1
4B.9 Improve accuracy, visibility and use of primary care performance data.	Q2
4B.10 Develop proposals that address areas of poor primary care estate impacting upon care	Q4
4B.11 Work with Primary Care providers in North Wales to prepare and expand suitable training environments for Medical Students from the North Wales Medical School.	Q3
4B.12 Scope and test a model for commissioned community pharmacy services focused on long term condition management, starting with hypertension. (*Linked to 4M.4*)	Q4
4B.13 Develop proposals to expand the use of cluster-based Care Home support services that can provide timely assessment to minimise otherwise avoidable hospital conveyances and improve outcomes for Care Home Residents, including support to carers.	Q4
4B.14 'One stop' models of care that enhance the delivery of care for people with diabetes and related conditions will continue to be tested and if successful, expanded	Q4
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	Q1
4B.16 Generate a proposal to develop a community collaborative model as an integrated Health and Social Care provision for North Wales, ensuring 'pooled' resources for 7-day provision as a collective through utilising established practices such as Trusted Assessor.	Q3

Overview

The primary Care sub objective is made up of 16 priorities the outcomes of which range from the implementation of the national 'Primary Care Model' for Wales and the national Primary Care Programme, dentistry, training, increased research opportunities, through too maximising opportunities for primary care as an alternative to ED attendance.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The ambitions for this sub objective are considerable and are based upon work undertaken in previous periods. They are also very much about continuing this work, creating solid foundations, spreading good practice and ensuring that P&C care services are developed in innovative ways and supported such that they can continue to deliver for patients and remain the care providers for over 90% of the population's interactions with the NHS.
- The reviews of cluster footprints must align with the both the ambitions to deliver upon the Transformation Plan and where the new operating model lands – this in effect means delivery in 2026/27, to rush to finalise this ahead of such would be foolhardy.
- Discussions are ongoing regarding the initial footprints for Federations if the strategic intent to deliver PC @ Scale as outlined in the All Wales Transformation Plan and also contained in the BCU plans is to be followed through. There will then be further work to do in 2026/27 to set these up and have them “oven ready” for being commissioned for delivery.
- The HB has already established the beginnings of a local Transformation Board and will be developing a local Transformation Plan on the back of work undertaken by the HB this year through the Community by Design Board.
- Further work is also required on supporting Health Board managed practices building on work previously commenced in 2023/2024 and assessing if this is fit for purpose for current organisation status and with full sight on future management arrangements across BCUHB as part of Foundations for the Future.
- Cluster-based Care Home support services have not been fully embedded. The red bag scheme has been rolled out in part of the East IHC however no expansion proposals in the Centre or West IHCs and the existing service and support has continued which will be captured in broader frailty model development in coming years.
- Therefore, whilst the sub objective was not complete in 2025/26, it can be seen that good progress has been made in many areas which will continue in the vast arena of P&C care that is one of the crucial areas to strengthen in order to achieve overall system resilience.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The PCMW was developed to become the vehicle by which A Healthier Wales would be delivered, establishing a whole system approach to sustainable and accessible local health and well being care. It set to deliver this by focussing on place-based care, care closer to home and multi professional working. Multi professional clusters were at the heart of its intended aims. There are 13 component parts of PCMW that are to be addressed ranging from an Informed Public and Empowered Citizens through to well-being and self-care, services that address the needs of the properly assessed needs of the population, services that can be directly accessed and delivery of exemplary multi-disciplinary care in particular for complex citizens.
- Within BCUHB there are already many of those component parts in place such as MDT working at practice and cluster level , a growing suite of directly accessible services , strong community resource teams delivering primary care led complex care in the community and a high level of signposting and care navigation to relevant services for patients. A pathways of care approach has also been adopted through the implementation if the 'Community Health Pathways' which is live and in place
- However, as with many other parts of Wales , there is not consistent development and implementation of these service areas with a wide range of different approaches across North Wales.
- The one of the roots to addressing this has been the establishment of a Primary Care Board, now Community by Design Board, chaired by the COO with very senior representation from Executive Team members and the Primary and Community family (clinical and managerial) from across BCUHB. This board having a mandate to pursue the aims of the PCMW, develop a transformation plan and monitor progress as well as challenging barriers that may become apparent.
- Progress has been made via this Board in setting out the Strategic Intent of the HB in terms of delivering focussed investment in primary and community care for services currently delivered in secondary care that are not necessarily as efficient, innovative, closer to patients and accessible. This work has been used to frame the IMTP for 2026/27 which is important given the potential changes in the Operating Model in 2026/27.
- The PCMW has to a great extent been overtaken at an All-Wales level by the Community by Design Transformation Plan, being led by the CMO, that looks to accelerate the development and delivery of integrated community services. The groundwork undertaken in 20205/26 puts the organisation in a more solid position to take on board the requirements laid out for HBs in that plan and as result deliver exemplary care to patients in the community in a timely manner without the need for access to secondary care service unless absolutely necessary.
- Alongside work on developing the component features that would deliver high quality place-based care, there has commenced a review of the current cluster footprints. There are currently 14 clusters across north Wales and they have stayed main as is for the past 10 years. It is important to consider now whether they are fit for purpose as is, whether they are capable of and have the capacity for delivering the intended aims of cluster work and that they remain relevant as the HB looks to create its 10-year strategy and clinical services plan.
- There remains in BCU, as with many other HBs, a plethora of teams and services in each geography, often opaque in terms of the patient care they can and do provide with multiple referral routes and assessments. In reviewing cluster footprints, it is essential to consider how really integrated streamlined neighbourhood care can be provided that removes this

fragmentation, simplifies the system for the benefit of all and results in high functioning neighbourhood teams that can accelerate the ambitions of the HB and WG resulting a far better services for citizens.

- It is clear that work is needed to consider how best to organise primary and community services to most effectively delivery primary care at scale. Evidence from elsewhere in the UK shows that a leading approach is the development of Federations that can both support individual GP practices as well as delivering services at scale for larger populations. Work has commenced to consider this, reviewing where this is working well and why and beginning to set the groundwork for initialising potential Federations within North Wales in 2026/27. The exact number, configuration and so forth need to be carefully worked through and are highly dependent upon the level of services that the HB would wish to commission in line with the requirements of CbD and the aspiration set out above.
- Cluster working has been in place for 15 years and the PCMW was developed in 2018 some 8 years ago. Over this period there have been multiple projects and programmes of work that have provided very direct benefit to the population of north Wales. There is a more diverse workforce in our GMS practices, including Physios, OTs, Paramedics and Pharmacists, alongside access to Tier 1 MH services where this was not readily available. As such the population of north Wales has had benefit from cluster funding and the HB promoting various aspects of the PCMW both in terms of access to new innovative services such a well-being support for children and young people, breathless hubs, improved access to counselling and so on.
- This funding and work on GMS sustainability, investment in community pharmacy and the Optometry contract have both provided new services and ensured that there remains timely access to our substantial primary care services dealing with over 500k calls to practices a month. As reported last year CAF, The Contract Assurance Framework is now business and a BCUHB GMS Sustainability Plan has been developed in order to support contractors; access to Primary Care dentistry has also been a key priority with A General Dental Service (GDS) procurement process (BCU-OJEU-56712 - Provision of Primary Care Dental Services) completed in early 2025.
- The 'same day offer' in Primary Care has been developed. GMS in hours access has been at 100% and the BCU GP Out of Hours service has been the best performing on clinical queue response times consistently last year. The Building Community Capacity Tier 1 Urgent Primary Care initiative established in the East IHC has also provided 50,364 additional appointments via GP Practices between April 2025 and end Jan 2026. Primary Care has also been key within the development of Workstream 1 within the UEC programme.
- The work that has commenced in regard to the HB being in a solid position to implement the CbD approach and invest in / commission primary and community care to deliver on services best placed closer to home with timely access, will ensure that the population of north Wales is in receipt of high-quality timely services over the coming years.
- Supporting the Primary Care workforce is also key and a programme plan has been established through the Primary Care Academy to support healthcare professionals to develop advanced skills within primary care and it has been confirmed with Bangor University that there are sufficient places available for Medical students here in North Wales. A further example of working with partner organisations includes a memorandum of Understanding for Trusted Assessors supporting Residential Homes has been codesigned with Local Authorities s and care providers and although not complete for 25/26, work is continuing on developing an interorganisational memorandum of understanding for discharge which will include working toward more 7 day provision.
- There has been implementation of the Optometry Contract (WGOS 4) directly benefitting patient care as well as number of the cluster schemes highlight above. One stop models of care have also been supported whereby two GP Practices ran a pilot using Point of Care testing equipment to support one stop annual review clinics for people with Type 2 diabetes. Therefore work under this objective to build the foundations and to further the components of the PCMW / CbD Transformation are equally as important and will deliver qualitative and quantitatively benefits in the years to come.

4C.1. Enhanced Community Care - Generate options to increase provision of Enhanced Community Care (ECC)	Q1
4C.2. Enhanced Community Care - Develop a business case for increased ECC outlining options, costs, benefits, risks and possible funding streams	Q2
4C.3. Enhanced Community Care - Progress business case through Health Board governance to seek support for preferred option.	Q3
4C.4. Enhanced Community Care - Subject to available funding, undertake any necessary staff consultation, commence recruitment for agreed staffing, implement pathway changes, commence delivery of increased provision for ECC.	Q4
4C.5. Weekend Community Nursing - Review options to increase District Nursing provision at the weekend including the nature and level of weekend demand	Q1
4C.6. Weekend Community Nursing - Develop a business case for increased weekend community nursing capacity outlining the options, costs, benefits, risks and possible funding streams.	Q2
4C.7. Weekend Community Nursing - Progress business case through Health Board governance to seek support for preferred option	Q3
4C.8. Weekend Community Nursing - Subject to available funding, successful recruitment and outcome of staff consultation, work to agree implementation plans, commence recruitment and commence increased community nursing for weekends	Q4
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	Q1
4C.10. Weekend Specialist Palliative Care - Seek options to identify and secure funding additional weekend Palliative Care CNS hours	Q2
4C.11. Weekend Specialist Palliative Care - Commence recruitment for agreed SPC CNS hours and undertake consultation with existing staff on changing work patterns; subject to available funding.	Q3
4C.12. Weekend Specialist Palliative Care - Develop implementation plans to commence increased SPC CNS capacity for weekends and bank holidays; dependent on staff consultation, recruitment and prioritisation of resources.	Q4

Overview

The Community Care subobjective consists of 12 priorities, the outcomes of which aim to develop increased provision of Enhanced Community Care, through increasing District Nursing / community nursing and specialist palliative care weekend provision. However, a number of these proposals are subject to business case approval.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- There has been an increase in the reported level of community nursing hours worked at the weekend, as a proportion of weekday staffing, during the 2025/26 financial year. However, there remains significant variation across the three IHCs and our combined performance in is the region of 35%, against a target of 80%. Increased weekend working will require investment. Work is continuing, currently focused on a baseline establishment review across all District Nursing Teams in BCU. We are continuing to link with WG in respect of data definitions and improvements in our reporting. This remains a WG priority for the HB and this is reflected in our Annual Delivery plan.
- The increase in weekend palliative care specialist nursing has been achieved in West and Central, utilising existing resources and some additional "Further Faster" funding (Central IHC). No additional funding to support increased weekend cover in the East has been secured. East are looking again at possible opportunities to achieve some increase within existing resources. This is outlined in the service's Annual Delivery Plan.
- Some increased provision of Enhanced Community Care has been achieved during 2025/26. This has been supported in part using Further Faster funding (Central IHC). A consistent model for the provision of Enhanced Care across the HB has not been agreed. As a result, a business case to secure resources has not been developed. This Ministerial priority was not allocated

to an overarching transformation programme so progress could not be made. This is no longer a Ministerial priority from April 2026, however, the opportunity to develop these services and support the delivery of more complex care outside hospital remains. Such a service would benefit patients and reduce pressure on EDs and inpatient beds.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- There have been some small pilots of increased weekend community nursing provision. Comprehensive evaluation of the impact has not yet been undertaken. It is, however, acknowledged that the full impact of a significant increase in weekend community nursing will not be optimised until other related and partner services are also operational at the weekend (e.g. community therapies, Social care, primary care, routine diagnostics).
- There has been increased access to Palliative Care Clinical Nurse Specialists at weekends in two IHC areas. This has supported patients, their carers and other clinicians working at the weekend and benefitted patient care, with more timely specialist advice.
- Increased numbers of patients have been cared for at home, by Advanced Nurse Practitioners, GPs and community nursing, therapies and support staff. Some have been stepped up to Enhanced Care in their own homes, whilst others have stepped down to Enhanced Care to enable an earlier discharge from hospital. This has enabled their care to be delivered Closer to Home and has also freed up inpatient beds for patients who need hospital care.

4D.a Planned Care	Chief Executive / 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.	Q1
4D.a.2. Implement locally the 8 nationally agreed Interventions Not Normally Undertaken (INNU), and the pipeline of INNUs that follow.	Q1
4D.a.3. Develop and implement best practice standards (GIRFT/Optimisation Framework) for referral advice and guidance (pre-referral) focusing on high volume, high opportunity specialties as a priority and rolling through other specialties thereafter.	Q4
4D.a.4. Assess the opportunities for Referral Triage and Alternative Pathways in high volume specialties as a priority; drawing up and commencing the implementation of service redesign proposals, learning from other organisations	Q2
4D.a.5. Implement the Health Pathways (including Pathway Alliance Programme) in priority specialties	Q3
4D.a.6. Implement specific specialty 'direct listing', specifically focused on ophthalmology as a priority	Q2
4D.a.7. Progress the implementation of the new Booking Service, enabling a consistent approach across the organisation.	Q4
4D.a.8. Review and update outpatient clinic templates, incorporating GIRFT/Optimisation Framework standards, across high priority specialties	Q2
4D.a.9. Implement a revised DNA/CNA approach, including overbooking mechanisms where DNA/CNA rates are above 5%.	Q2
4D.a.10. Develop and implement the revised model for Pre-Operative Assessment	Q3
4D.a.11. Identify specialty by specialty high utilisation opportunities to enable focused and targeted approach to achieve the 85% utilisation threshold.	Q4
4D.a.12. Review each specialty to identify opportunities for increased day case, and minor-ops/procedure room (Right Patient, Right Place-type) approach. Implement priority specialty improvements.	Q3
4D.a.13. Undertake a systematic approach to validating, data cleansing all Follow-up lists.	Q3
4D.a.14. Implement See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) on all priority specialties (linked to Optimisation Frameworks/GIRFT)	Q3

4D.a.15. Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity	Q1
4D.a.16. Introduce an enhanced demand and capacity modelling approach that takes into account all aspects of planned care and cancer pathways.	Q3
4D.a.17. Implement a programme of in-year commissioned capacity to support 2025/26 delivery	Q4
4D.a.18. Develop integrated specialty plans for 2026/27 based on the progress made across specialties in 2025, to include workforce, finance, commissioning aspects.	Q4

Overview

"This subobjective is made up of thirty-nine priorities separated into three categories;

- A. Planned Care
- B. Cancer Care
- C. Diagnostics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The overarching aim for 25/26, has not been fully delivered due to a combination of operational pressures, capacity constraints, and changes in key personnel leading to reduced continuity in programme delivery. In particular, the pace of implementation has been affected by ongoing service pressures across acute and community settings, which have limited the availability of clinical and operational leads required to progress agreed actions. Additionally, refinements to the scope and dependencies with other workstreams have required realignment of timelines to ensure a cohesive and sustainable approach.
- A revised and strengthened delivery plan, moving into 26/27, is now in draft. Full achievement of the aim hinges on securing the necessary resource, time, and prioritisation within the IMTP. Until there is clarity on organisational priorities and the allocation of capacity to support this work, delivery timelines will remain at risk.
- To move forward, the proposed plan includes aligning the remaining deliverables with IMTP decision-making processes, reaffirming clinical and managerial ownership, and ensuring that the programme is appropriately prioritised within the wider portfolio. Once resourcing is confirmed, milestones will be refreshed, delivery confidence strengthened, and progress accelerated in a structured and sustainable way.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Despite the overarching aim not being fully delivered, several meaningful outcomes have already been achieved.
- Across the programme, significant progress has been achieved against the overarching aim, with measurable improvements delivered across 5 of the 6 workstreams. These achievements demonstrate early impact on pathway efficiency, data quality, referral management, and patient experience, contributing positively to service delivery for the population of North Wales. A suite of validation improvements has been implemented to cleanse our waiting lists to ensure those that need to be seen are seen more quickly.
- The EBO chatbot patient validation model launched in Trauma & Orthopaedics in October 2025, enabling virtual conversations with automated WPAS updates; this has since been rolled out to Gastroenterology, with Gynaecology planned next.
- Clerical validation capability has been strengthened, supporting the national requirement to validate >36week pathways and resulting in 23,000 validations completed, including 6,216 pathway closures—20% within the over104week cohort.
- Clinical validation has also been standardised through publication of the BCU Clinical Validation Policy, supporting resources, the launch of the Planned Care Clinical Group, and the commencement of structured validations across Gynaecology, General Surgery, T&O and ENT, linking with referral management and SOS/PIFU pathways.
- Significant steps have been taken to improve referral quality and reduce unnecessary secondary care demand.
- A successful exit strategy for Consultant Connect was delivered, removing a £200k cost pressure.
- WAP Full is now operational across CMATS, Dermatology, Urology, Max Fax, ENT (Central and West), Breast and Respiratory Medicine, with Gastroenterology on track by March and further go lives scheduled.
- Community Health Pathways continues to exceed expectations with 166 pathways live, supported by a prioritisation matrix to guide targeted improvement.

- Booking processes have been strengthened through the approval of the 2025 RTT Quick Guide and development of expanded outsourcing guidance. Stage 1 booking training has been rolled out via a train-the-trainer model.
- The NHS Wales App has been successfully launched for BCU patients, delivering over 51,000 new referral notifications and nearly 70,000 appointment notifications since October 2025.
- Use of video appointments has increased by 80% since March 2025, including a 65% rise in video group clinics, with a successful paramedic-to-ED avoidance pilot being scaled.
- A standardised pan-BCU approach to the Health Screening Questionnaire (HSQ) and POA pathway has been agreed following a successful trial, with outcomes now visible on PTL for high-volume, low-complexity identification.
- The POPS [Peri-Operative Older Persons clinic] trial in the West demonstrated meaningful impact, with 18% of reviewed patients opting for alternative treatment pathways.
- Cataract HVLC trials have transitioned into BAU listings across Centre and East, supported by detailed capacity/demand modelling to inform sustainable service redesign.
- Follow-up pathway validation has removed 2,203 duplicate pathways (33%) from a total of 6,714 validated by the Core Validation Team, with speciality-level improvements in Gynaecology, Dermatology, and T&O.
- Foundations for SOS/PIFU expansion have been strengthened through a refreshed project plan aligned with CIN discharge protocols, clinical validation requirements and the follow-up cleanse, all on track for completion by end of Q4 25/26.

4D.b Cancer Care

Chief Executive / Chief Operating Officer

4D.b.1. Recovery of the Health Boards cancer position and improved performance against the Suspected Cancer Pathway referral to treatment target, aiming to achieve 80% of cancer patients treated within 62 days of suspicion of cancer by March 2026.	Q4
4D.b.2. Clearance of the over 62-day waits is a priority as this is currently a large number of pathways. The Health Board will need to factor in the backlog clearance over the first 6 months towards delivering the 80% treated within 62 days standard by March 2026.	Q4
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.	Q1
4D.b.4. Work to improve referral pathways with the introduction of the Community Health Pathways tool.	Q2
4D.b.5. Introduction of nurse led triage model for patients with suspected colorectal cancer to increase the number of patients referred straight to test and reduce overall waiting times.	Q2
4D.b.6. Optimise the agreed teledermoscopy service and develop the evidence case to expand	Q4
4D.b.7. Investigate the case for new models for the assessment of women with post-menopausal bleeding to reduce time to diagnosis of gynaecological cancers.	Q2
4D.b.8. Develop a proposal for the expansion of robotic assisted cancer surgery.	Q4
4D.b.9. Consider a proposal to repatriate some services from England to north Wales; some plastic surgery and specialist radiotherapy procedures.	Q3
4D.b.10. Work with the charity Maggie's and the Steve Morgan Foundation to open a new Maggie's cancer support centre in the grounds of Ysbyty Glan Clwyd in 2025	Q4

Overview

"This subobjective is made up of thirty-nine priorities separated into three categories;

- A. Planned Care
- B. Cancer Care
- C. Diagnostics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The Health Board has not achieved the Suspected Cancer Pathway target of 75% patients treated within 62 days of suspicion of cancer. This is due to pressures within specialties such as dermatology, gastroenterology, urology and breast surgery in particular. An SCP delivery plan was agreed by the Health Board in September 2025 and part 2 has been agreed for 26/27 and will be delivered during the year in order to improve performance.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Progress has been made with the backlog of patients waiting over 62 days with a suspicion of cancer reducing from over 3,000 to 1,660, the lowest number since mid-2023. This reduction means patients are being treated sooner but the overall percentage of patients treated in target will not improve until the backlog has been removed.
- Progress has been made in reducing waiting times through insourcing - endoscopy, dermatology and urology and through new pathways including the introduction of nurse led triage in colorectal.
- Patient care has been improved through the opening of the Maggie's Centre to support patients and their families on their cancer journey and the development of Community Health Pathways to help primary care in making appropriate referrals

4D.c Diagnostics	Chief Executive / Chief Operating Officer
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4D.c.1. Complete demand and capacity reviews for all diagnostic services, with implementation of identified improvement plans to deliver sustainable services and to deliver against forecast trajectory targets for reportable diagnostic services	Q4
4D.c.2. Ensure service delivery is equitable and high-quality experience for patients	Q4
4D.c.3. Undertake a rapid review of workforce capacity and skill mix to inform recruitment and retention strategy	Q2
4D.c.4. Deliver the major national information technology projects currently underway in Radiology and Pathology; subject to available resource prioritisation	Q3
4D.c.5. Progress the development of the medical illustration service to support the teledermoscopy service.	Q4
4D.c.6. Complete estates reviews for all diagnostic services, with prioritisation and progression of identified improvement projects	Q4
4D.c.7. Progress the Regional Diagnostics Hub project within the Planned Care Programme	Q4
4D.c.8. Progress Endoscopy, Nuclear Medicine/PET-CT and Digital Cellular Pathology business cases.	Q2
4D.c.9. Maintain capacity for a workstream to focus on transformational change, including AI	Q4
4D.c.10. Integrate diagnostics quality assurance approaches with the Health Board QMS.	Q4
4D.c.11. This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service (see also Primary Care 4B.1)	Q4

Overview

"This subobjective is made up of thirty-nine priorities separated into three categories;
A. Planned Care

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Overarching aim is to deliver safe sustainable diagnostics services over a 3 year period 2025-28. year 1 has focussed almost exclusively on national, non-recurrent funded recovery programmes targeted at the ministerial priorities for; 0 patients waiting more than 8 weeks for a specified diagnostic test; 0 patients waiting over 104 weeks (RTT) and the national OPD programme. This has generated significant additional demand on existing diagnostic services, with a number of procured non recurrent, premium rate solutions directed towards this activity. Unlikely to deliver all milestones this year; 8-week backlog circa 14k - plus delivered the 104 week and OPD diagnostic elements. Whilst individual routine diagnostic waits did not significantly reduce over the full year - higher levels of activity achieved and targeted performance improvements support improved access for patients over the full year.
- Progress in supporting elements e.g. radiology successful implementation of RISP IT project, creating a single patient database for BCUHB which will eliminate regional variation between sites and provide significant additional data for service improvement programmes. Similar for Pathology LIMS2.0 programme with partial rollout in 2025-26 and completion in 2026-27. Note high risk regarding blood transfusion component under active management. also progress with business case for PETCT / nuclear medicine - FBC signed off by HB, progressing to WG for approval.
- Some progress with estates issues e.g. RAAC pathology issue; YG audiology
- Limited progress with other business cases i.e. endoscopy / digital cellular pathology - awaiting further scrutiny.
- Unclear direction of travel with respect to diagnostics hub -to be prioritised in 2026-27 through planned care programme and Community by Design / community diagnostics projects.

4E UEC	Chief Operating Officer
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<p>Workstream 1 - Support at the Individual's Front Door 4E.1 - Implementation of the remote clinical assessment services framework - Implement a 'Single Point of Access' (SPOA) hub for urgent and emergency care that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present. The work will include assessing the current pathways, their effectiveness, consistency of usage and implementing alternative pathways that both reduce attendance at ED and provide suitable alternative to admission for ED clinicians to access when patients do present in an emergency. This will include trialling appointments in areas such as Ophthalmology, SDEC, Urgent Primary Care Centre's and Dental.</p>	Q4
<p>Workstream 1 - Support at the Individual's Front Door 4E.2 - Implement Community Based Falls Response Services to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate. This Community Service will be both a stakeholder of the SPOA hub as well as a pathway out of it. Both of these interventions will ensure that high risk patient groups (such as falls and breathlessness that make large contributions to the demand on ED) are supported in the most effective way</p>	Q3
<p>Workstream 1 - Support at the Individual's Front Door 4E.3 Ensure implementation of Primary Care Model, including delivery of national Primary Care Programme, and development of Primary Care Same Day Offer (4B.1 & 4B.2) is fully integrated into this workstream and delivers expected outcomes in terms of attendance at Secondary Care</p>	Q4
<p>Workstream 2 – Hospital Front Door 4E.4. Implement an Acute Front Door Frailty Service at all acute hospitals – integrated with community frailty services - that ensures that older people with frailty dependent on prioritisation of available resources are streamed to the most appropriate services within the hospital when required as quickly as possible and, where possible, discharged home on the same day. This will include an evaluation of the different approaches to acute front door frailty services in place inside and outside the Health Board</p>	Q4

<p>Workstream 2 – Hospital Front Door 4E.5 - Implement the Welsh Health Circular (WHC) - Ambulance Patient Handover Guidance to ensure timely transfer of patients from ambulance crews to Emergency Department (ED) staff.</p>	<p>Q2</p>
<p>Workstream 3 – Hospital Flow 4E.6 - Implement actions described in the Optimal Hospital Flow Framework to ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This will support a reduction in deconditioning, and the early identification within the first 24hrs of admission and communication of any support requirements on discharge which should support a reduction in pathways of care delays once embedded across both acute and community inpatient areas. This will be supported initially by two Optimal Hospital Flow Facilitators who will create and roll out training resources – a national initiative that is being tested in BCU to assess its impact. This work on reducing pathway delays is critical to removing surge capacity from routine use.</p>	<p>Q4</p>
<p>Workstream 4 – Discharge from Hospital 4E.7 - Introduce actions to improve pathways of care delays and discharge planning through: a) a single North Wales approach to validation of delays to support more effective reviews with Local Authorities, b) increasing the number of assessments undertaken by ‘trusted assessors’ including ensuring assessment takes place the right environment, reducing the dependency on contended social care resource, and reducing assessment delays, c) exploring options in relation to right sizing of both step up and step down community capacity, subject to the prioritisation of available resources.</p>	<p>Q4</p>

Overview

"The UEC sub objective consists of seven priorities under four workstreams;

1. Support at the Individuals Front Door
2. Hospital Front Door
3. Hospital Flow
4. Discharge from Hospital

Outputs from which will include implementation of a remote clinical services framework, a ‘Single Point of Access’ Hub, a community-based falls response service supported by an acute front door frailty service and community frailty service. It is anticipated that this work will ensure patients get the right care for their needs quickly reducing demand on acute sites, reducing deconditioning and optimising hospital flow."

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The purpose is to provide the Area Delivery Partnership (ADP) with an update on progress across the Urgent and Emergency Care (UEC) programme, aligned to the National Six Goals Programme and BCUHB’s Integrated Medium Term Plan (IMTP) 2026/27, and to outline key next steps for delivery in 2026/27.
- Single Point of Access (SPOA)
 - Leadership and governance arrangements have been refreshed, with work focused on establishing a clear baseline of current provision, including identification of good practice and system gaps.
 - Early development of datasets and reporting metrics has commenced to support future SPOA performance monitoring.
 - Preparatory activity for pilot delivery is underway, including identification of staff for early transition into SPOA roles, alignment with community pathways, and securing required clinical cover.
- Falls – Care Homes and Community
 - Engagement and capacity mapping across care homes has been completed.
 - St John’s Ambulance has been confirmed as the training provider, with an agreed outline curriculum and a phased delivery schedule developed.
 - A communications package has been prepared to support engagement with care home managers and staff.

- Community-based falls response work has progressed, with a focus on developing the delivery model and securing Six Goals funding to support CRT training and equipment procurement.
- Frailty
 - A baseline assessment has been completed, including detailed site comparison.
 - Initial stakeholder identification for the project group is underway, with continued alignment to national frailty frameworks.
- Ambulance Handover
 - An initial review of the Ambulance Handover Action Plan has been completed, identifying evidence gaps against all 22 national requirements.
 - Key areas for standardisation have been identified, including triage, streaming, “fit to sit” processes, escalation, and specialist pathways.
 - Early engagement has been established with WAST to support pathway alignment and data sharing, alongside development of a structured evidence-gathering plan.
- Optimal Hospital Flow
 - Recruitment has commenced for two Optimal Hospital Flow Framework (OHFF) facilitators.
 - The first draft of the UEC Lexicon (terminology for Board rounds) has been developed and shared for feedback
- Key Risks / Issues
 - Delivery of several workstreams is dependent on securing National Six Goals funding to enable training, equipment procurement, and mobilisation at scale.
 - Variation in existing SOPs and processes (particularly for ambulance handover and flow) presents a risk to standardisation and assurance against national requirements.
 - Workforce capacity remains a critical dependency for SPOA and Frailty mobilisation. (Risk context drawn from programme activity and evidence gaps identified.)
- Next Steps – Next Reporting Period
 - Identify and confirm key staff for deployment during the SPOA establishment and pilot phase and finalise SICAT transition arrangements.
 - Finalise and publish the care home falls training rollout plan and monitor performance against national trajectories.
 - Secure Six Goals funding to support community-based falls response implementation, including CRT training and lifting equipment.
 - Establish the Frailty Project Group, validate baseline findings, agree the BCUHB frailty model, and commence site-level gap analysis and costing.
 - Collect and standardise site-level SOPs for ambulance handover and complete end-to-end process mapping across YG, YGC and WMH.
 - Finalise the UEC Lexicon and establish Board-level and operational Task & Finish Groups to standardise FLOW ways of working

4F Adult Mental Health & Learning Disability

Executive Director of Allied Health Professionals and 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.	Q1
4F.2. Continue to improve quality and safety of care, including full delivery of the Royal College of Psychiatry (RCPsych) Mental Health Invited Service Review.	Q4
4F.3. Continue to improve access to and reduce waiting times for North Wales citizens needing support from Community Mental Health Service.	Q4
4F.4. Develop a coherent overarching model for the delivery of care to people experiencing mental health crisis.	Q4
4F.5.- Deliver phase 1 of the Mental Health Electronic Healthcare Record (EHR) programme as a developing template for the wider transformation above. (*Linked to 2D.5*)	Q4
4F.6. Deliver progress across specialist service improvement projects, including Perinatal and Eating Disorder services.	Q4
4F.7. Deliver, with Capital Estates colleagues the 2025/2026 programme for Anti-Ligature estates work.	Q4

Overview

The Adult MHLD sub objective consists of eight priorities the outcomes of which include continued improvements to quality and safety of care, development of a coherent overarching model for delivery of care improving access and reduced waiting times for care.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- 25/26 has been a progressive year for MHLD division both from a strengthened delivery perspective and an enablement one. It has seen the new national Mental health and wellbeing strategy launch and the emergence of a clear Strategic programme for Mental Health (SPMH), which we are working closely with NHS Performance and Improvement (NHSPI) colleagues to advance. Quality of care continues to be of paramount focus and we continue to work with colleagues to deliver RCPsych recommendations and are engaging fully with the developing national Patient Safety Programme. A Mental Health Oversight and Delivery Group (MHODG) has been established chaired by the Chief Executive and this will ensure that we have an agreed and understood approach to mental health across the organisation.
- Access to and quality of the care provided across MHLD services has demonstrably improved with robust evidence gathering governance structure in place to capture improvements recommended by the RCPsych review and ensure that they are sustainable and continuous. This has involved patient/ carer stakeholders to ensure these improvements can be seen and felt. The division has undertaken a number of engagement opportunities with service users, staff and partners that will inform further improvements and support the redesign of services aligned more closely with community partners.
- Crisis care has been a considerable focus this year with a new model devised to support those in greatest need when they need it. Health inequalities continue to be addressed with the continued development of specialist services, improved access to core services and improved quality of care.
- Key to the improvement work is the enablement of staff through the introduction of an electronic health record. The procurement exercise has been concluded and approval is awaited from WG to award the contract to the preferred provider. The implementation of an EHR will be transformational for staff and service users in MHLD.
- Visible impact is observed and this has been more evident this year than before due to full introduction of Patient Reported Experience Measures (PREMs) across inpatient and community services. High satisfaction levels are observed with 85% of service users rating their overall experience as “good” or “very good.” This has coincided with the initiation of Patient Reported Outcome Measures with establishment of use of the ReQol tool with patients in some of our settings.
- Our work continues to tackle pervasive health inequalities by ensuring our residents are being treated closer to home by reducing out of area placements and with the opening of the Chester based Mother and Baby Unit (MBU) in December. Welsh women are already benefitting from the MBU care with positive outcomes. The division has implemented the physical health policy that address the wider health aspects of mental health and learning disabilities care and is supported by the roll out of EMIS, with staff already providing positive feedback on its introduction and use. Furthermore, in LD services the roll out of the Health Equalities Framework (HEF) and annual health checks ensure this service user group are effectively and holistically supported.
- We have improved access to primary care mental health services with over 80% of patients being seen within 28 days for first assessment and first intervention. We also have improved access to specialist services that provide care and treatment for eating disorders across North Wales and Early Intervention in Psychosis support for patients in the East.
- All key workstreams are supported by a robust project management approach with clear performance management, reporting and escalation that feeds into and through our divisional governance process. Key project deliverables and risks are monitored with opportunities to escalate challenges built into the process along with seeking to accelerate any milestones where possible.
- For shared deliverables such as the implementation of the all-ages Mental Health EHR and ligature reduction works, we continue to work with colleagues across Estates, Health and Safety, CAMHS and DDaT to progress.
- The establishment of the aforementioned MHODG is a critical oversight structure to ensuring delivery and progress at an organisational level advocating that mental health is everyone’s business and that the division is enabled to connect more broadly for greater impact for North Wales citizens.

4G.1. Develop a CAMHS Strategic Workforce Plan and refreshed Training Strategy which will be informed by our Training Needs Analysis undertaken across CAMHS.	Q2
4G.2. Sustain Mental Health Measure Part 1a compliance against target for assessment and deliver the Part 1b target for intervention across all teams	Q3
4G.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.	Q1
4G.4. Develop proposals for Alternatives to Admission with our partners to ensure holistic provision of CAMHS is accessible for all children and young people including those young people who have chaotic lives with no access to safe accommodation.	Q4
4G.5. Evaluate the implementation of Schools In Reach into core CAMHS offer within IHCs to provide sustainable whole school approach to emotional health and well-being at the most accessible and consistent environment in young people's lives within all schools across North Wales.	Q4

Overview

The CAMHS sub objective consists of five priorities the outcomes of which focus around revised workforce planning and training, actions to ensure continued compliance with Mental Health Measure (MHM) Part 1a (targets for assessment) and attainment of Part 1b (targets for intervention across all teams), together with associated actions to sustain service provision as the service eliminates long waits.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The CAMHS Improvement Programme has successfully delivered its key objectives over the past year, demonstrating measurable impact across performance, access, and quality of care. All Mental Health Measure targets for 2026/27 were achieved by year end, reflecting sustained improvements in service delivery and system efficiency.
- Significant progress has been made in transforming the crisis care model. The launch of an enhanced crisis pathway marks a major step towards a 24/7 service, including the introduction of alternatives to hospital admission and extended hours for crisis practitioners working within Emergency Departments across BCUHB. These developments have directly contributed to a 31% reduction in paediatric admissions for young people in crisis, highlighting both improved community-based support and more effective early intervention.
- In parallel, an early help model of care has been developed to support the transition towards open access services, enabling earlier identification and intervention. Integration of CAMHS provision within schools has continued to strengthen, with this work now embedded as a core component of the CAMHS offer across each Integrated Health Community (IHC), improving accessibility and outcomes for children and young people.
- To ensure sustainability, a comprehensive three-year strategic workforce plan has been developed alongside our 3 Year Improvement Plan. This includes targeted action to expand and diversify the workforce, incorporating innovative roles such as peer support and lived experience practitioners. These developments will be critical in increasing capacity, enhancing service resilience, and ensuring that care is responsive to the needs of children, young people, and their families.

4H.1. Complete the waiting list stratification exercise and consider prioritisation criteria.	Q2
4H.2. Launch a prudent assessment process across the teams.	Q2
4H.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.	Q1
4H.4. Gain approval for an Information Sharing Protocol with partners.	Q2
4H.5. Engage fully with the Children’s RPB to develop a needs-led service model.	Q4

Overview

The Neurodevelopment sub objective consists of five priorities focused on improving services for children and young people with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Support for children and young people whilst on the waiting list and post-diagnosis relies on a whole-system approach working closely with partners across education and social services supported by the Children’s Regional Partnership Board (RPB). The priorities relate to reducing waiting lists and the development of a needs-led service model combined with greater information sharing protocols with partners.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- There has been significant progress since the Ministerial Priority was introduced, aiming to reduce waiting lists to under three years and implement a needs-led model of care to manage demand for neurodevelopmental (ND) services. The 30% efficiency target has been achieved, with throughput for access to assessments within BCUHB has increased by 63%.
- Collaboration with the RPB to develop a multi-agency, needs-led model of care has advanced, and a needs-led profiling tool for use by professionals across all sectors has been launched. Training on the use of this tool is currently being rolled out across all six local authority areas.
- Although three-year waiting times have been significantly reduced, the service still needs to address a backlog caused by limited capacity from a private provider that did not meet contracted activity levels in 2026/27. This backlog is expected to be cleared in Quarter 1, alongside a plan to sustain this position and further improve internal capacity throughout 2026/27.
- However, continued progress will depend on the anticipated Welsh Government investment through the NDIP to clear the backlogs and bring the service to a position where we can meet demand.

4I.1. Emergency Department experience: Embed Emergency Department (ED) dementia improvement work in Integrated Health Communities (IHC)	Q4
4I.2. Emergency Department experience: Identify good practices elsewhere	Q3
4I.3. Emergency Department experience: Identify current BCUHB Emergency Department (ED) practices	Q3
4I.4. Education & Training: Enhance range and volume of dementia education and training	Q3
4I.5. Education & Training: Evaluate training	Q4
4I.6. Dementia-appropriate Environments: Facilitate extensive assessment of environments	Q1
4I.7. Dementia-appropriate Environments: Local action plan development and monitoring	Q3
4I.8. Dementia-appropriate Environments: Allocation of improvement resources	Q4
4I.9. Prevention: Creation/collate/share prevention resources	Q1
4I.10. Prevention: Identify opportunities to promote prevention	Q3
4I.11. Prevention: Collaborate with related specialities e.g. stroke	Q4

Overview

Dementia care is complex and requires skilled, person-centred approaches across all health services. Patients with dementia often occupy a significant proportion of hospital beds and present unique challenges that, if unmet, negatively impact outcomes, experience, and resource use. With dementia prevalence rising rapidly, the Health Board must strengthen care standards, reduce variation, and invest in workforce training and service improvements. A regional partnership and the Dementia Improvement Team are driving progress aligned with national policies and guidance, focusing on diagnosis, education, and personalised care. Effective dementia care benefits patients, families, and the wider health system by improving resource utilisation and supporting strategic goals. The Dementia subobjective consists of 11 priorities focused on prevention activities and patient experience improvements through training, best practice and environment improvements.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Bi weekly monitoring of annual delivery plan deliverables to priorities action for Q4 and ensure pace in Q1 2026.
- Close working with Planning team to defer some objectives appropriately into 2026-7 ADP
- Strengthened governance of dementia improvement plan reporting through IHC/Services patient and carer experience groups to strategic patient experience group. Further governance enhancement being explored.
- Secure pathway practitioner resource for a further 0.2 WTE (0.6 WTE total from 1.4.26)
- Re-engagement with the patient experience team and agreed priority actions - dementia now a high priority in the team's workplan for 2026-7

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Pathway practitioner resource remains allocated at 0.4 WTE
- Dementia hospital charter group commenced March 2026
- Strengthened dementia governance through the Strategic Patient Carer Experience Group reporting to Executive Quality Delivery Group. Re-establishment of pan-BCU Dementia Delivery & transformation Group.
- Appointment of 2nd Consultant Dementia Nurse (MHLN)

- Partial cross implementation of improvement initiatives across Emergency Departments.
- Scoping of training offer within BCUHB and Stakeholders undertaken by the regional workforce group for dementia.
- Completion of target ESR training modules including dementia appropriate environment assessment skills and Person-centred Observation Reflection Tool (PORT) training. Steps taken to widen resource for training delivery
- Minimum core educational standards for dementia agreed for MHLD
- Dementia training needs analysis for MHLD completed, report awaited
- Online training via Finding the Light in Dementia implemented (tier 2-3/Intermediate-advanced)
- Toolkit of dementia related 'prevention' resources contents agreed
- Regional Dementia Board re-established. Co-chair with Local Authority.
- Dementia Practice Educator 18-month pilot focused on the prevention of deconditioning and contractures in care home residents living with dementia within the Central area
- BCUHB Dementia Care Improvement Plan - 4 key areas Emergency Department Experience, Education, Environments, Prevention
- Agreement from Estates team to fund training of Estates staff in dementia friendly environments ahead of development of Estates/Capital Planning Dementia specification for BCU refurbishments and new builds
- Memory Support Pathway (MSP) as its contract is managed by BCUHB, part of the service is identifying inpatients to refer to the MSP. The MSP is the single-point of contact for dementia support in NW (beyond GP contact) and will sign-post people to their GP or provide information, advocacy, financial advice, activities etc.
- The BCUHB Dementia Improvement Team undertaken a thorough tour of the three Emergency Departments and met with staff to explore current practices as they relate to patients with dementia and their families.
- Datix changed nationally from July 2025 to have a field to identify if incidents related to a person with suspected/diagnosed dementia following a Request for Change. This is a question in National Audit for Dementia we have been previously been unable to respond to as no routine data due to current Datix design
- Successful pilot and further roll out of Red Bag Scheme
- Pilot of Community pre-diagnosis OT support for people with suspected dementia
- Living Better with Dementia film further promoted at numerous public events/film showings combined with a new North Wales Police partnership to promote living safely and well with dementia. This and the missing persons work led to us being shortlisted at the National Patient Safety Awards UK and received a Highly Commended award for coming second.
- Return Home interviews designed with North Wales Police to better understand/support missing people with dementia
- Various dementia education initiatives – teaching playing cards, activity handbooks, environments training aids commissioned (e.g. video, workshop resources); dementia workbook for Facilities staff
- Libraries providing memory boxes and training 'playing cards' on loan. Funding secured that has enabled creation of cards in Welsh.
- Delirium audits undertaken Central and West
- Re-invigorated Dementia Support Worker Forum with new leadership, now in its fifth year, providing leadership, peer-support and training for key dementia workforce
- Improved Emergency Department reported patient experience for individuals living with dementia (CIVICA)
- MSP performance data: Reductions in Memory Assessment waiting lists; Completion of Memory Assessment Dementia Pathway
- Improvement in several aspects of the National Audit for Dementia 2024 North Wales report published in Spring 2025
- Influence over content of Regional Dementia Strategy in July 2025
- Indirect impact on patient care and outcomes from better educated staff and some dementia environment improvements

4J.a.1 Workforce: In-depth review to scope out non-medical workforce opportunities, ensuring their contribution to service delivery is maximized. Close remaining clinical and managerial lead role gaps supported by effective IHC leadership currently in post	Q2
4J.a.2 Quality / standard / practice / configuration: Establish a sustainable on-call model through a review of the current on call arrangements on a regional level, providing a resilient unscheduled care service to patients.	Q3
4J.a.3 Quality / standard / practice / configuration: Develop plans to deliver specialist services at a regional level aligned to the GIRFT and Royal College of Surgeons recommendations following stakeholder engagement and consultation if required	Q2
4J.a.4 Quality / standard / practice / configuration: Improve patient outcomes, deliver increased service efficiencies and reduced waiting times.	Q3
4J.a.5 Quality / standard / practice / configuration: Deliver equitable Interventional Radiology across the Health Board, including out of hours services (where appropriate). This will reduce the need for staff and patient travel as well as increasing the available treatment options.	Q2
4J.a.6 Quality / standard / practice / configuration: Develop a long-term plan around robotic assisted urology surgery for the patients of North Wales, benefitting the recruitment and retention and whilst building a futureproof service model.	Q2
4J.a.7 Additional Capacity: Improve the pre-investigation of patients via Straight to Test pathways with a focus on suspected cancer pathways. Ensuring nurse-led approaches are optimised to create consultant capacity where able.	Q2
4J.a.8 Additional capacity: Monitor Did Not Attend (DNA) and Could Not Attend (CNA) rates and implement mechanisms to mitigate reduced activity when the combined rate is greater than 5%, minimising the loss of clinical capacity.	Q2
4J.a.9 Additional capacity: Maximise day case and outpatient urology procedures, converting from inpatient where appropriate, to support improved in-patient average length of stay.	Q2
4J.a.10 Additional capacity: Review Multi-Disciplinary Team (MDT) utilisation: complex regional MDT and local MDT with a view to reducing duplication and recovering lost clinical capacity.	Q1
4J.a.11 Patient Experience: Utilise patient experience data to inform service delivery such as care closer to home, commissioning of major surgery, and timelier access to diagnostics and treatment.	Q4

Overview

"This sub objective is made up of fifty-six priorities separated into eight categories;

- A) Urology
- B) Vascular
- C) Dermatology
- D) Plastics
- E) Oncology
- F) Ophthalmology
- G) Orthodontics
- H) Trauma & Orthopaedics"

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Delivery against the overarching aim continues to progress, though several dependencies and system wide constraints have delayed full completion. Notably, the absence of a formalised out of hours Interventional Radiology (IR) Service Level Agreement (SLA) remains the primary limiting factor. While a safe interim escalation pathway is in place, this temporary model continues to generate avoidable delays and operational inefficiencies.
- Out of hours IR interim arrangements: - A temporary escalation process via the BCUHB Silver/Gold on call structure ensures urgent cases are transferred safely to North West providers pending completion of the Diagnostics-led SLA (4J.a.5).
- Vasectomy service commissioning - Executive approval has been secured to proceed with commissioning arrangements, enabling development of a stable and sustainable service model (4J.a.4).
- My Medical Record (MyMR) integration:
 - An integration paper has been submitted to DHCW and is progressing through local governance routes to support implementation and more efficient follow up pathways (4J.a.4).
 - Insourcing to stabilise key pathways
 - LAMP biopsies: Insourced activity commenced in February 2026, providing 16 additional slots per weekend.
 - Flexible cystoscopy: Insourcing also began in February 2026, delivering 64 additional slots per weekend across East and Centre.
- Forward plans include:
 - Continuation of insourced LAMP biopsy provision until substantive staffing is signed off by September 2026, ensuring resilience and sustained performance (4J.a.7).
 - Ongoing MyMR integration work, which remains aligned to expected timelines, subject to DHCW system processes (4J.a.4).
 - Transition of the vasectomy commissioning programme into full delivery following Executive approval (4J.a.4).
 - Expedited development and approval of the out of hours IR SLA, which is critical to securing full delivery of the overarching aim by March 2026 (4J.a.5).

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

Significant progress has been made toward achieving the overarching aim, with measurable service improvements and tangible benefits for the population of North Wales:

- Maintained patient safety and service continuity:
 - The interim out of hours IR escalation process has prevented service failure and ensured patient safety while longer term arrangements are finalised (4J.a.5).
- Enhanced access to major cancer surgery closer to home:
 - Agreement with The Wirral for cystectomy procedures establishes a sustainable pathway within the region and supports a phased approach to repatriating RAS prostatectomies from UCLH (London). This is a key step toward re-establishing major cancer surgery within North Wales (4J.a.6).
- Improved equity and access in vasectomy services:
 - Commissioning developments expand provider options and increase capacity, supporting care closer to home and reducing waiting times (4J.a.4).
- MyMR follow up pathway benefits:
 - Reduction in unnecessary face to face appointments for prostate cancer patients.
 - Improved patient experience through digital access to results.
 - Establishes a foundation for future PSA tracking across pathways, not solely within secondary care (4J.a.4).
- Reduced waiting times through insourcing:
 - LAMP biopsies: Delivery of 16 additional slots per weekend has reduced waiting times from 42 days to 10 days (4J.a.7).
 - Flexible cystoscopy: 64 additional slots per weekend ensured no patient waited beyond 104 weeks and supported management of national contract Stage 1 conversions.These achievements demonstrate clear improvements in access, patient experience, and service resilience, contributing directly to population health outcomes across North Wales.

4J.b.1 Workforce: Agree sustainable clinical workforce model that: (i) ensure patients are seen by the most appropriate professional for their needs, therefore increasing capacity and ensuring consultants are freed up to support the most complex cases. (ii) ensure that all staff are supported to work to the top of their competencies, through active training and learning. (iii) Develop network-wide to support job planning to ensure our workforce are deployed where demand is greatest	Q3
4J.b.2 - Workforce: Develop integrated workforce plan to address recruitment and retention challenges within the service and support implementation of a positive working culture, which fosters inclusion and respect across all staffing levels.	Q4
4J.b.3 Quality / standard / practice / configuration: Establish a sustainable medium-to-long-term model for Abdominal Aortic Aneurysm (AAA) services that ensures optimal patient outcomes.	Q2
4J.b.4 Quality / standard / practice / configuration: Commence work on implementing the revised patient-centric transfer, discharge and repatriation pathways and protocols to improve patient experience, reduced re-admissions and/ or 'failed discharges; and ensure appropriate follow-up arrangements are in place once patients are back in the community	Q3
4J.b.5 Quality / standard / practice / configuration: Progress the quality improvement plan aligned to health board's QMS system to ensure that quality improvement underpins all that the service does, including clearly documenting leadership structures, escalation processes, including processes for managing risk,	Q2
4J.b.6 Additional capacity: Establish an improvement programme for Chronic Limb threatening Treatment Ischemia with the aim of increasing the numbers of people being re-vascularised within five days of admission.	Q2
4J.b.7 Technology: Develop proposal for a patient information system that will enable tracking of vascular patients through their pathway, identify blockages and ensure patient care is expedited where necessary	Q3
4J.b.8 Patient Experience: Work with delivery partners (e.g., Care of the Elderly (COTE), stroke, palliative care, psychology, pain management, microbiology) to strengthen and build opportunities for the development of proposals for a greater, more integrated multi-disciplinary team around the patient approach, in order to ensure the holistic needs of the patient are met.	Q2

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What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Actions taken forward in 2025/26 fall out of the 3-year Vascular Challenged Services Plan, which aims to ensure the delivery of high quality, safe, effective and integrated care and support. Delivery is aligned to nationally agreed standards set out within the Vascular Society's Provision of Vascular Services (2021), and enable the network to work towards achieving the wider

preventative and community health objectives within the subsequent, 2024, Provision of Vascular Services. The objectives and milestones delivered within this year therefore reflect part of the network's journey towards maturity and improvement.

- The particular focus of this year has been upon strengthening how we work together as well as with the wider MDT. Whilst a small number of milestones have been carried forward into 2026/27, we have nonetheless, successfully delivered a number of improvements.
- Nurse-led urgent review clinics continue to support increased capacity within the service and reduced demand on consultants, and have enabled patients to be seen by the most appropriate healthcare practitioner for their presenting need. The number of patients waiting over 104 weeks has been successfully reduced to just 5 people.
- Work to develop a strategic workforce plan has started and aims to help ensure the long-term sustainability of the service, in the face of considerable local and national workforce challenges.
- Standard Operating Procedures (SOPs) continue to be developed, agreed and implemented in order to ensure clear processes are in place to guide behaviour and practice. Audit tool are developed and have been included within the cycle of business of the new Vascular Audit group.
- A successful multi-disciplinary workshop was held to review the provision of multi-disciplinary diabetic foot services across the network. The findings of this workshop are being used to develop a proposed model for MDFS services across North Wales, which will ensure compliance with NICE standards. Once agreed and implemented, this workstream will see significant improvements in the shared management of diabetic foot problems, and a reduction in the number of people requiring higher interventions, including amputation.
- Following a review of the current delivery model has been undertaken, key design principles have been agreed ready for implementation as part of our 2026/27 improvement plan.
- The Network has continued to successfully engage with the Health Board's Quality Management System by introducing mechanisms to ensure quality underpins the work of the network. These improvements have been informed by the Quality Assessment tool. Individual areas of work within this area, which have contributed to our overall aim include:
- Pathway audit tools have been developed and are in the process of being undertaken across all key vascular pathways in order to identify where delays exist, and help develop a targeted programme of improvement in 2026/27
- The SLA with the University Hospital North Midlands has continued to ensure the safe provision of open elective and emergency AAA repairs for the people of North Wales.

4J.c.1 Workforce: Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.	Q3
4J.c.2 Workforce: Job planning to appropriately reflect all duties undertaken to better understand the workforce capacity and match it to patients' needs	Q3
4J.c.3 Quality / standard / practice / configuration: Introduce dermatological Community Health Pathways to support effective referral management processes, reducing secondary referrals through better informed resources within Primary Care to deliver some Dermatological services.	Q2
4J.c.4 Additional capacity: Ensure Minor Operation Procedure (MOP's) capacity is optimised within the available resources, to support expansion of Teledermoscopy i.e. the provision of dermatology services at a distance, using technology.	Q3
4J.c.5 Additional capacity: Increase medical consultant support where resources allow for primary care to support integrated working and extended roles, opening up educational opportunities to enhance knowledge and confidence with skin conditions, which will lead to fewer referrals into secondary care reducing the demand on the service and waiting times for patients	Q2
4J.c.6 Additional capacity: Open Connah's Quay facility to provide increased clinic and operating space including dressing clinics. Subject to available resources Connah's Quay will release 10 Minor Op sessions on a weekly basis, alongside opportunity to run one-stop sessions.	Q2
4J.c.7 Technology: Roll out Teledermoscopy across West IHC to maximise benefits across BCUHB	Q3
4J.c.8. Technology: Optimise referral and triage processes to support e-referral (Welsh Admin Portal) roll out	Q2
4J.c.9 Technology: Develop business cases for technological solutions to reduce follow-up appointments, late cancellations and non-attenders (DNA's).	Q3
4J.c.10 Patient Experience: Act based on the insights gathered from patients within the dermatology service, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care	Q4

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Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The Dermatology service is identified as a challenged service area due to rising demand, workforce shortages, and performance pressures in planned care, diagnostics, and cancer pathways. Skin disease is among the most common reasons for GP consultation, and skin cancer now accounts for approximately half of all cancers in the UK. Over the past decade,

referrals—particularly urgent suspected cancer (USC)—have increased significantly, driven by public awareness and education. While some primary care practices manage non-cancerous lesions locally, secondary care services remain heavily relied upon for urgent, complex, and chronic dermatological conditions.

- Progress to date is meaningful; however, the overall position is Red as the overarching aim of the sub objective has not been fully delivered due to key dependencies, particularly the inability to appoint senior clinical staff preventing full attainment. Continued redesign through Foundations for the Future and the Clinical Service Plan will support long term sustainability but will take time to embed. Interim service model and the recruitment of three specialty doctors remain essential mitigation actions but have not yet translated into the stable staffing capacity. Despite ongoing workforce shortages, interim measures, and referral redesign are delivering tangible service improvements for patients across North Wales. And work will continue as part of the challenged services work programme and the 26-29 IMTP.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Whilst the overarching aim of the sub objective has not been fully delivered Key Progress has been made during 25/26 ADP including;
- Agreement to progress with interim service model (Network approach) ahead of broader Clinical Services Plan work in phase 2
- Progressing an Equality Impact Assessment
- Improvements across referral management supported by Community Health Pathways (CHP) in a number of sub specialities.
- Downward trend in upgrading of referrals through robust triage and availability of images provided by Primary Care.
- Continued improvement in referral to treatment (RTT) > 104 week waiting time position.
- Teledermoscopy expanded supporting a reduction in cancer first-outpatient waits.
- Expansion into routine and urgent appointments to maximise utilisation of medical photography capacity.
- Weekend one stop urgent skin cancer clinics delivered to support significant reduction in urgent cancer backlog.
- Connah's Quay Health Centre live 12/02/2026 for outpatients, live 17/02/2026 for Minor Operative Procedures.
- From 23/02/2026 Connah's Quay fully utilised through agency locum/WLI sessions to reduce treatment targets across North Wales.
- Ongoing job plan discussions to utilise through core activity from April 2026.
- Addresses short-term fragility and provide a clearer understanding of patient and workforce impacts whilst long-term plans develop.
- Ability to return referrals to primary care with supporting approved pathways.
- General dermatology RTT wait <36 weeks. Reduction in wait for first outpatient for cancer from > 2000 to 1189
- Increase number of patients through Teledermoscopy pathway and direct to minor operating procedures
- Improved patient experience through same day diagnostics
- Reduction in waiting times.
- Activity undertaken on a nonacute site contributing to improved patient experience.

4J.d.1 Quality / standard / practice / configuration: Review of commissioning arrangements when they change in 2025 (actual date to be confirmed) - it is important to note providers will continue the outreach service irrespective of the commissioning arrangements.	Q4
4J.d.2 Quality / standard / practice / configuration: Handover of waiting list management to MWL following agreed threshold as limited demand and capacity information is currently held by BCUHB (Central and West waiting lists are still held by BCUHB even though MWL are the service provider).	Q4
4J.d.3 Additional capacity: Develop the proposal to open Connah's Quay as a joint facility with dermatology to provide increased clinic and operating space and capacity including dressing clinics. (duplicate of 4J.c.3)	Q2
4J.d.4 Additional capacity: Consider options for further outreach capacity across North Wales to increase access across the region as the Connah's Quay facility will provide capacity for patients within the East and Central Integrated Health Communities only	Q3
4J.d.5 Additional capacity: Review opportunities for increasing theatre throughput within existing facilities in East and West IHCs	Q3
4J.d.6 Technology: Generate a business case for the expansion of 'My Medical Record' to manage skin cancer follow-up patients; My Medical Record gives access to patients own online health record containing jointly managed information between the patient and the service	Q4
4J.d.7 Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care	Q4

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- Significant improvements have been made in relation to the plastics service in relation to reducing waiting times and increasing productivity. However the overarching aim of opening more physical capacity in north Wales has not yet been achieved. An appropriate site (Connah's Quay Medical Centre) has been identified and the facility has now been opened for dermatology procedures with an initial pilot plastics clinic also held there in Feb 2026. The opening was delayed due to unanticipated issues with the lease that then took longer than expected to resolve. Discussions are now ongoing with the plastics provider (MWL) and the commissioners (JCC) re the level of activity that could be repatriated to Connah's Quay and how much would be new activity and therefore require additional funding. This will be finalised and operationalised in the 26/27 contract and will allow the handover of waiting lists to MWL as the provider

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- We have reduced the waiting times for new patients referred to the plastics service. We have maintained the zero 104 week waits position and reduced the number of patients waiting over 52 weeks from 126 at the end of March 2025 to 43 at the end of December 2025
- We have reduced the backlog of follow-up patients waiting to be seen. At the end of March 2025 65% of the follow-up patients were overdue an appointment with 46% over 100% overdue. We have reduced this to 50% overdue with 21% over 100% overdue at end of December 2025.
- We have increased the minor operating capacity in West by moving from 3 to 4 patients per list and we have secured the capital funding to equip Connah's Quay Medical Centre appropriately in readiness to provide additional minor operating capacity for plastics patients from Central and East.
- We have strengthened working relationships with our plastics providers (Mersey and West Lancashire Teaching Hospitals NHS Trust, MWL) through the continuation of the Plastics Task and Finish Group and progress in implementing the agreed plastics recovery action plan.
- The above work has had a positive impact on the population of North Wales by reducing the time patients wait to be seen (see figures above) and increasing local capacity, reducing the need to travel to Merseyside for treatment.

4J.e Challenged Services: Oncology **Chief Operating Officer**

4J.e.1. Workforce: Increase the number of substantive oncology consultants dependent on levels of available funding; providing greater continuity of care (replacing short term locums)	Q4
4J.e.2. Workforce: Substantive recruitment to multi-professional roles across oncology (nursing, operational and pharmacy) to meet the current demands and improve service provision and patient safety following recurrent funding approval	Q2
4J.e.3. Quality/Standard/Practice/Configuration: Develop a fully integrated service strategy to support future demand and innovation	Q3
4J.e.4. Quality/Standard/Practice/Configuration: Complete business case for 2 linear accelerators to replace machines which are coming to the end of their safe working life. Funding is secured via Welsh Government and replacement will ensure reduced machine downtime which impacts on treatment capacity for patients. This will also give the department the opportunity to purchase machines with the latest developments which could provide greater access and/or more capacity.	Q2
4J.e.5. Quality/Standard/Practice/Configuration: Establish SABR (Stereotactic Ablative Radiotherapy) - a highly targeted form of radiotherapy which targets a tumour with radiation beams from different angles) service in North Wales, commencing with treatment of lung cancers. This type of treatment is delivered in fewer numbers of treatments (with potentially minimal side effects) than conventional radiotherapy	Q2
4J.e.6. Technology: : Engagement with the implementation of the Electronic Health Record (EHR); this is an essential element for Oncology as currently oncology records are stored within dedicated oncology records and are not visible to the wider services through the main patient notes, placing a risk to patient safety when patients are admitted/seen elsewhere across the Board and the clinician does not have access to up-to-date clinical records	Q2
4J.e.7. Technology: Collaborate with the development of a single Welsh contract for Chemocare software to standardise the system across Wales with a view to reduce contract/service costs and ensure data is comparable.	Q3
4J.e.8. Patient Experience: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible	Q4

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What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Introduction of SABR has improved patient experience by allowing lung cancer patients to receive specialised radiotherapy locally rather than travelling to Liverpool, reducing travel burden and improving continuity of care (4J.e.5)
- SABR represents increased equity of access for the population of North Wales and aligns with the aim of delivering more treatment locally and lays foundations for increased capacity as phase 2 tumour sites are introduced (4J.e.5)
- Consultant and Specialist recruitment progress supports longer term sustainability, though risks remain due to national workforce shortages (4J.e.1)
- The Clinical Strategy Working Group has enabled structured progression toward a coherent and sustainable Oncology Strategy, which will support improved planning, measurable outcomes and long term resilience (4J.e.3)
- Technological improvements such as the replacement of the two LINAC radiotherapy machines (4J.e.6) and the development of a joint all-Wales contract for essential SACT software (4J.e.7) has improved resilience with the potential to provide more advanced treatment opportunities in the future.
- Reduced vacancy rates across all professions improves sustainability of all elements within the service to ensure patients have access to the most appropriate person to support them (4J.e.2)

4J.f Challenged Services: Ophthalmology

Chief Operating Officer

4J.f.1 Workforce: Recruit to funded regional clinical (medical and Optometry) and operational business support leadership roles to drive forward service delivery and improvements	Q2
4J.f.2 Workforce: Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.	Q3
4J.f.3 Quality / standard / practice / configuration: Optimise to NICE/GIRFT evidenced based pathways for all ophthalmology sub specialities, delivered through pan BCUHB sub speciality networks. (Linked to 4L.f.4 and 4L.f.1)	Q4
4J.f.4 Quality / standard / practice / configuration: Make best use of available resources to expand locally agreed regional integrated care pathways (glaucoma and retinopathy) with community Optometrists. Develop opportunities for the WGOS (Welsh Government Optometry Services) (extended workforce) to provide equity in care and treatment delivery and reduce demand across the region (Linked to 4L.f.3 and 4L.f.1)	Q2
4J.f.5 Quality / standard / practice / configuration: Deliver cataract pathway efficiencies to improve timely access through: Pre – Operative Assessment Clinic (POAC) process improvement, direct listing, increased theatre utilisation (including High Volume Low Complexity (HVLC) and Minor Operating Procedures (MOPs), and monitoring of Hospital cancelled appointments and Did Not Attend to ensure maximum utilisation of available capacity and resources.	Q4

4J.f.6 Quality / standard / practice / configuration: Undertake an estates review to identify challenges and risks (ageing buildings, fragile infrastructure and access issues) and explore further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home.	Q2
4J.f.7 Quality / standard / practice / configuration: Ensure improvements in data quality	Q2
4J.f.8 Additional Capacity : Develop a business case for a centralised cataract hub and a centralised complex services centre to support regional service delivery (predeterminant of regional delivery would be 'go-live' of the ophthalmology national EPR	Q4
4J.f.9 Additional Capacity: Introduce See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment.	Q2
4J.f.10 Additional Capacity: Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub specialities including the recruitment of Eye Care Validators (Linked to 4J.f.3b and C)	Q3
4J.f.11 Technology: Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment whilst awaiting national systems delivery.	Q2
4J.f.12. Patient Experience: Act based on the insights gathered within existing Harm Review process, delivering improvements in patient experience through direct referrals and expansion of alternative community based pathways	Q4

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Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Despite meaningful progress, the overarching aim has not yet been fully delivered due to longstanding structural challenges within Ophthalmology. These include sustained workforce and leadership gaps, ageing and constrained estates, and historic data-quality issues that have limited reliable demand and capacity planning. While recent improvements in Teach & Treat capacity, cataract pathway efficiency and digital/data work have strengthened the service, the scale of change required means that full system stabilisation is still in progress.
- To secure full delivery, the programme will now focus on consolidating workforce resilience, strengthening clinical leadership, and accelerating pathway redesign—supported by digital transformation through Open Eyes and national e-Referral, and targeted estates improvements such as the approved West IVT clean room. Maintaining outsourcing/insourcing support where necessary will ensure the longest waits continue to reduce while internal capacity is rebuilt.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Despite the outstanding challenges, ophthalmology has already delivered significant benefits for the population of North Wales. These include reductions in waiting times through expanded Glaucoma Teach & Treat (700 long-waiting patients seen), 995 outsourced/insourced cataract first appointments (as of Dec 2025), scaling of One-Stop POAC and HVLC cataract

models to increase productivity, and improved patient safety through advanced WGOS pathways. Data-quality improvements, re-coding work, and progress on digital systems are supporting better referral management, more accurate performance reporting, and safer, more timely treatment.

- Together, these achievements demonstrate clear positive impact—reduced harm, improved access, and enhanced patient experience—while laying the foundations required to fully deliver a safe, sustainable and consistent eye-care service across BCUHB.

4J.g Challenged Services: Orthodontics	Chief Operating Officer
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4J.g.1. Workforce: Consolidate the Orthodontic and Oral Maxillo Facial Surgery (OFMS) services to become a networked single service with one operational manager and budget working across the three IHCs	Q2
4J.g.2. Workforce: Support the recruitment of funded consultant vacancies and implement a strategic and operational Workforce Planning review to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.	Q2
4J.g.3. Quality / Standard / Practice / Configuration: Create and deliver an improvement plan, implement and monitor GIRFT recommendations as supported by the Royal College of Surgeons (Faculty of Dentistry) and the British Orthodontic Society.	Q2
4J.g.4. Additional Capacity: Introduce See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment.	Q3
4J.g.5. Additional Capacity: Deliver improvements in day-case surgery rates and ring fenced beds	Q3
4J.g.6. Additional Capacity: Improve effective utilisation of theatre capacity, optimising the right procedure in the right place to reduce unnecessary theatre utilisation	Q2
4J.g.7. Additional Capacity: Review management of, and validate, waiting list to support prioritisation of new patients, longest waiters and those requiring oral surgery as part of their pathway of care. Monitor DNA/CNA rates.	Q3
4J.g.8. Patient Experience: Review and act prudently on introducing improvements to patient experience based on insights gathered to date, such as access to care and the CHC review of harm to children waiting for appointments and treatments.	Q4

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Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Significant treatment backlog remains across North Wales.
- Shortages of specialist orthodontic staff continue to limit treatment capacity.
- Insourcing reduced first appointment waits, but revealed a substantial number of patients now needing treatment, exceeding current capacity.
- Strengthen leadership and oversight through ongoing development of a clearer regional service model.
- Improve clinical space and equipment planning, guided by current site inventories and utilisation reviews.
- Increase treatment capacity through workforce planning and redesign.
- Improve patient access, safety, and experience by creating a standardised and sustainable regional service model.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Appointment of a restorative dentistry consultant has improved recruitment prospects and strengthened leadership.
- New recruitment adverts, with enhanced incentives and better digital infrastructure, aim to fill remaining workforce gaps.
- Workforce review underway to ensure future capacity aligns with demand.
- Insourcing has cleared the longest waits, putting the service on track to achieve zero Stage 1 (first appointment) waits by March 2026.
- Significant follow up treatment lists now visible to the North Wales Orthodontic Group, improving demand and capacity planning.
- Improved timeliness of first appointments and follow up treatment, supporting better patient safety and experience.
- Full risk assessment completed for long waiting patients, eliminating “unknown risks” and identifying urgent needs.
- Inventory of clinical spaces and equipment underway, identifying constraints and opportunities to improve room utilisation.
- North Wales Orthodontic Group established, uniting operational and clinical leaders to create consistent oversight across the region.
- Comprehensive improvement plan developed, incorporating GIRFT recommendations to address short-, medium-, and long term challenges.
- Progress toward a sustainable, standardised regional model, reducing clinical variation and improving equity of access.

4J.h Challenged Services: Trauma & Orthopaedics Chief Operating Officer

4J.h.1. Workforce: Work with orthopaedic clinical leadership to deliver standardised effective job planning and subspecialty focused North Wales services’, to enable a reduction in unwarranted clinical variation.	Q3
4J.h.2. Workforce: Address workforce shortages through recruitment and upskilling of existing non-medical workforce led by effective pan-BCUHB and IHC clinical leadership.	Q3
4J.h.3. Standard/Quality/Practice/Configuration: Reduce unwarranted clinical variation to increase productivity and improve patient outcomes through implant rationalisation, improved multi-disciplinary team working, job planning, trauma rota and demand/capacity mapping, and increased utilisation of SOS, PIFU and PROMs pathways.	Q3
4J.h.4. Standard/Quality/Practice/Configuration: Development and adherence to BMI guidelines for surgery to increase conversation rates >70%. This will entail some patients partaking in the lifestyle management programme to reduce their BMI in order to increase their appropriateness for surgery and as such improve their post-operative outcomes.	Q3
4J.h.5. Standard/Quality/Practice/Configuration: Improve data quality at a subspecialty level through more effective coding practices, therefore allowing better understanding of the underlying issues and as such where improvements are required.	Q2

4J.h.6. Standard/Quality/Practice/Configuration: Implement condition specific pathways for Carpel Tunnel Syndrome and Hip/Knee arthroplasty through collaboration with the national clinical implementation network and respective sub-specialty groups. This will reduce unwarranted variation in clinical practice and afford patients the same opportunities across the Health Board.	Q3
4J.h.7. Additional Capacity: Review current outsourcing and external commissioning arrangements and through demand and capacity mapping establish whether there is appetite and potential to repatriate activity, providing patients with care closer to home.	Q2
4J.h.8. Additional Capacity: Generate a proposal to increase patient activity in Abergele Hospital through an expansion of current Abergele criteria and / or investment into enhanced recovery on the site. Testing the link between optimising theatre utilisation and improving treat in turn rates.	Q2
4J.h.9. Additional Capacity: Implement consistent application of See On Symptom and Patient Initiated Follow Up pathways across North Wales. This will reduce the need for traditional in-person follow up appointments, creating capacity for patients that need to be seen	Q3
4J.h.10. Patient Experience: Utilise patient experience data to improve patient care with initiatives such as providing care closer to home and timelier access to diagnostics and treatment.	Q2

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Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- Ongoing follow up backlogs across sites, despite improvements.
- Capacity limitations continue to constrain the pace of backlog reduction.
- Ongoing work is being carried out to standardise clinical pathways and reduce unwarranted variation.
- Coding quality improvements (including MOPs coding) are still in progress.
- Continue to reduce follow up backlogs, expanding the SOS initiative across all IHCs
- Progress implant rationalisation—hip implant decision in principle for Llandudno, with knee implant discussions commencing.
- Strengthen clinical coding quality, improving data accuracy for demand and capacity planning.
- Maintain focus on achieving the 104 week target, using a balanced delivery model.
- Enhance cross site backlog support through the Orthopaedics Network and IHC clinical leadership.
- Improve patient experience by standardising clinical pathways, reducing unwarranted variation, and ensuring more consistent care across BCUHB.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Hip implant rationalisation agreed in principle for Llandudno; knee implant discussions underway.
- Medical travel agreement being finalised via the Llandudno project board.

- Reduction in >104 week waits (365 in Dec 2025 → 333 in Jan 2026), demonstrating sustained progress.
- Reduction in unwarranted variation, supporting more consistent, standardised pathways and better value care.
- Improved coding quality, including ongoing MOPs coding work, enabling stronger data reliability and planning.
- Efficiency gains supported by Planned Care teams through enhanced data quality.
- SOS follow up backlog initiative expanded, with West IHC underway and East/Centre scheduled for rollout by March 2026.
- Improved follow up waiting times, enhancing patient safety and experience.
- Increased clinical leadership engagement, with IHC leads supporting BCU wide delivery and strengthening pathway development and ownership

4K Women's

Chief Operating Officer

4K.1. Support the local establishment of a Women's Health Hub by March 2026 as a Ministerial Priority; dependent on the prioritisation of available resources. Principles of which will focus on preventative based women's health initiatives, accessibility to information and services with care as close to home as possible.	Q4
4K.2. Lead on the recovery of Gynaecology Cancer and Planned Care in line with GIRFT recommendations and Ministerial Targets.	Q4
4K.3. Progress business cases to secure Cancer and Planned Care Pathway Trackers and a Single Point of Access System for Gynaecology referrals to support recovery and pathway re-design.	Q4
4K.4. Support the implementation of the Preconception Strategy to include preventative based women's health initiatives.	Q4
4K.5. Develop a measurable plan to enable delivery of the Quality Management for Maternity and Neonatal Services, prioritising the 7 key actions which align to the MatNeo Safety Support Programme.	Q4
4K.6. Progress the business case to implement the Digital Maternity Solution for Services.	Q4
4K.7. Work in partnership with the NHS Executive to develop an implementation plan to deliver the Perinatal Engagement Framework commitments.	Q4
4K.8. Collaborate with HEIW to prioritise year 1 actions to ensure delivery of the Perinatal workforce plan.	Q4
4K.9. Develop a Perinatal Quality Surveillance Dashboard with key standard matrix with both network and national oversight in line with policy direction.	Q4
4K.10. Progress the business case to support the equitable implementation of a specialist infant feeding - lactation support service team in the 3 IHC areas - to improve breastfeeding outcomes in North Wales	Q4

Overview

The Women's services sub objective contains 10 priorities including the establishment of women's health hubs, implementation of prevention-based women's health initiatives, digital infrastructure improvements and prioritisation of seven key actions which align to the MatNeo Safety Support Programme.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

Throughout the year, significant progress has been made in advancing the overarching aims of Women's Services, with clear momentum across the Women's Health Hub programme, maternity transformation, and preventative and engagement focused workstreams.

Within the Women's Health Hub programme, both the Discovery and Design phases have been completed. This has included:

- A full population health assessment

- Demand and activity modelling
- Stakeholder mapping
- Development of a comprehensive engagement strategy
- Completion of the pathfinder model
- Funding and accommodation for the Hub have been formally secured at Llandudno General Hospital, and a dedicated project group is now driving implementation. Services at the Hub currently include Pelvic Health Physiotherapy, Psychology CBT, Post First Miscarriage Health Optimisation Offer and Menopause Support. In view of 26/27 Welsh Government have confirmed funding for the continuation of the Clinical Lead role and have requested Health Board confirmation of both the SRO and Clinical Lead for the Women's Health Plan by the 30th April.
- Preparatory work has also begun on introducing PREMs and PROMs to strengthen the Service's understanding of patient reported experience and outcomes for maternity and gynaecology services.
- Preparation to support Public Health in the refresh of the Preconception Strategy
- Completion of the baseline assessment against the Perinatal Engagement Framework
- Rollout of cultural competency training across community midwifery teams, focus will not progress to acute sites
- Delivery of phases 3–5 of the All Wales Maternity Survey. Survey 1 and 2 will be implemented by the end of June 2026 as per the Welsh Government requirements

Substantial advancement has also been achieved against the seven key actions within the Quality Statement for Maternity and Neonatal Services, including:

- Confirmation of the digital maternity system which went live on the 10th March 2026
- Completion of Perinatal Engagement Framework baseline assessment
- Strengthened engagement with under represented groups
- All three neonatal units signing the Bliss pledge with bronze accreditation achieved at YGC and Wrexham
- Completion of the BAPM FiCare Framework across all neonatal units
- Perinatal workforce planning has progressed, with the baseline assessment against the HEIW workforce plan now complete.
- The national specification is currently out for comment. A Perinatal Quality Surveillance Dashboard has been developed as one of the seven key actions within the Quality Statement.
- Funding has also been confirmed for 26/27 to maintain the specialist infant feeding and lactation service across the three IHCs.
- In addition, the Service has worked proactively to reduce long waiting times for women, with a particular focus on historically prolonged pathways. Through improved waiting list validation, targeted capacity management, pathway redesign and strengthened oversight arrangements, the Service has delivered sustained reductions in excessive waits. This has improved both access and equity of care, reduced patient anxiety associated with prolonged delays, and strengthened confidence in service recovery and resilience.
- Collectively, these achievements demonstrate strong momentum towards improving access, prevention, experience, and system capability across Women's Services, despite ongoing risks associated with workforce availability and financial pressures.
- The work delivered during the year has already contributed to early positive impact across Women's Services, both qualitatively and quantitatively.
- From a qualitative perspective, there has been stronger and more inclusive engagement with women, families, and under represented groups. Improved insight into local need has been achieved through survey activity, engagement mapping, and the design work underpinning the Women's Health Hub. Workforce capability has also been strengthened through leadership development, cultural competency training, and targeted pathway improvements, including bereavement and transitional care. In addition, more integrated models of care are beginning to emerge through the introduction of one stop clinic models and wider pathway redesign.
- Quantitatively, the Service has improved diagnostic and assessment capacity across key pathways, supporting more timely access to care. Readiness for perinatal quality surveillance has been completed, alongside deployment of new digital infrastructure through implementation of the Digital Maternity System. The early introduction of PREMs, PROMs, and the All Wales Maternity Survey has begun to generate actionable intelligence to inform continuous service improvement.
- While many population level benefits will be realised more fully as developments continue to progress, the foundations established this year are substantial. Collectively, they demonstrate clear progress toward improving accessibility, prevention, experience, and equity across Women's Services.

4L Children & Young People

Chief Operating Officer

4L.1. Work on raising awareness and implementing the Children's Charter across the Heath Board.	Q4
4L.2. Work towards the establishment of a Youth Voice Board in the Heath Board to ensure children's rights are upheld and children are consulted and involved in the development and provision of services. (Linked to 3C.8)	Q4
4L.3. Progress the Health Board signing of the Wales Corporate Parenting Charter to support care experienced children to have the same opportunities as all children.	Q2
4L.4. Further improvements in children's Immunisation uptake levels.	Q4
4L.5. Develop transition pathways.	Q4
4L.6. Work with partners on the Right Door approach to support children with complex needs.	Q4

Overview

The Children and Young People sub objective contains six priorities focused around supporting the Children's Charter and the Parenting Charter together with initiatives to increase the 'youth voice' within the organisation, as well as a focus on increasing the uptake levels of Children's immunisation and further support to children with complex needs.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The Health Board now has a Children's Charter in place which is accessible on the public facing Betsi web pages and is sign posted for staff on Betsinet. The Charter is designed for use by multiple age groups and focuses on achievable aspirations, particularly about how children wish to be communicated with.
- The awareness of the Charter and Children's Rights are aligned to all levels safeguarding mandatory training along with Trauma Informed care giving
- There has been improved partnership working across the region as the RPB Children's Group strengthens its presence and impact. This has become a more robust forum in 2025/26 with active multiagency sub-groups working to key priority areas.
- This provides momentum for local teams to move forward with improvements and new approaches, along with greater working together; therefore there is increased opportunity to need children's needs earlier.

4M Pharmaceutical Services

Chief Operating Officer

4M.1. Implement the prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings (including MHL, Cancer, Women's) subject to available resources.	Q4
4M.2. Establish a Medicines Value prevention arm that leverages diabetes prescribing and Value-Based outcomes while optimising cost efficiencies.	Q2
4M.3. Develop a business case to centralise Radiopharmacy services, aligned with the nuclear medicine programme and supported by the national TrAMs programme team.	Q4
4M.4. Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension.	Q4
4M.5. Launch the first Mpharm cohort at Bangor University in 2025, working with General Pharmaceutical Council (GPhC) towards achieving Step 4 accreditation by the 2025/26 academic year	Q3

Overview

Work within the Pharmaceutical Services sub objective is based around five priorities: Implementing prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings, cost efficiencies through Medicines Value prevention (particularly in diabetes care), additional community pharmacy services, and the launch of a general pharmaceutical council approved master in pharmacy qualification with Bangor University.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

Delivery of the overarching aim is partially on track, recognising that progress has varied across the component areas of the sub-objective and that several priorities are dependent on nationally led programmes with delivery timescales extending beyond March 2026.

- Fully embedded engagement in national Delivery Assurance Groups for the Independent Review of Clinical Pharmacy Services, with clear local readiness to implement agreed national standards and outputs as they are finalised.
- Completed the independent evaluation of the community pharmacy hypertension pilot, with findings formally shared into national policy and service development structures to inform future direction.
- Established the MPharm programme at Bangor University as a functioning and sustainable education pipeline, with the first cohort progressing successfully through the academic year.
- Mobilised the TrAMS Pharmacy Technical Services transformation programme, including formal programme governance arrangements, a funded programme manager in post, and an agreed forward plan following joint scoping and estates review work with NWSSP.

However, some elements were not fully deliverable by March 2026, including:

- Full implementation of the Independent Review recommendations for clinical pharmacy services, which are being delivered through Wales-wide programmes and will continue beyond the current financial year.
- Demonstrable population-level outcomes from diabetes medicines optimisation and value-based prescribing, where improved monitoring and foundations for evaluation are in place, but outcome measures require longer-term follow-up.
- Physical reconfiguration or centralisation of radiopharmacy services, which remains subject to completion of the TrAMS option appraisal and subsequent business case development.
- Overall, while not all actions were completed within the 2025/26 financial year, the key programmes have progressed as planned within their agreed national or multi-year timescales. There are no unmitigated risks that would prevent continued delivery, and the Health Board is well positioned to progress the remaining elements through 2026/27. Translating this year's foundational work into clear 2026/27 delivery plans, with defined milestones for embedding new ways of working into routine business.
- Aligning programmes with national priorities and standards to support consistency, sustainability and measurable impact.
- Strengthening governance, reporting and assurance arrangements to track progress against agreed outcomes and benefits.
- Using learning and data generated this year to refine service models, prioritise areas of greatest impact, and support value-based decision-making.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The work delivered over the course of this year has primarily had a foundational and enabling impact, creating the conditions for sustained improvements in pharmaceutical care, patient safety, access, and workforce resilience across North Wales.
- Qualitatively, the transition to nationally coordinated delivery of clinical pharmacy review recommendations has strengthened consistency, professional leadership, and assurance across hospital services during the year. This approach supports clearer standards and more equitable service models, ensuring that patients in North Wales benefit from Wales-wide improvements rather than variable local solutions.
- The successful delivery and completion of the community pharmacy-led hypertension pilot during the year has demonstrated the feasibility and acceptability of pharmacy-led long-term condition management. Patient and provider feedback, alongside operational activity data, provides strong evidence of positive patient experience, improved access to care, and effective utilisation of community pharmacy capacity.
- A significant workforce milestone has also been achieved through the launch of the MPharm programme at Bangor University. By the end of Q4, 31 students have enrolled on the MPharm programme, with a further 10 students commencing via the Preparatory Year route. Qualitatively, this represents the establishment of a new, sustainable education and training pipeline for

the pharmacy workforce in North Wales, addressing long-standing recruitment and retention challenges. While the full population-level benefit will be realised over the medium to long term as graduates enter the workforce, this represents a critical early intervention to support future service capacity and resilience.

- In addition, routine monitoring of prescribing spend and volume for diabetes medicines has been embedded during the year, improving transparency and governance across primary care. Although direct outcome measures, such as reductions in diabetes-related complications, are not yet demonstrable, improved data visibility supports more informed decision-making and provides a strong foundation for future value-based evaluation and improvement activity.
- Overall, while population-level health outcomes will accrue over a longer timeframe, the work completed by the end of Q4 has delivered meaningful early impact and established strong foundations for sustained improvement in years ahead.

4N Palliative, End of Life and Bereavement Care

Executive Director of Nursing and Midwifery

4N.1 Develop a Strategic Delivery Plan for Palliative Care and End of Life Care (PEoLC).

Q4

4N.2. Commence implementation of the SWAN model for bereavement care, to support and guide the care of patients and their loved ones during end-of-life care and afterwards.

Q4

4N.3. Develop a model and workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care

Q4

4N.4. Finalise the Quality Improvement Strategy for End of Life Care Decision making. Develop an options appraisal and business case to improve PEoLC in accordance with the Quality Improvement Strategy for End of Life Care decision making.

Q4

Overview

The Palliative, End of Life and Bereavement Care sub objective contains four priorities all of which are scheduled for delivery within Q4. The outcomes of these priorities include development of a Strategic Delivery Plan for Palliative Care and End of Life Care (PEoLC), supporting patients and their families through implementation of the Sign/Words/Actions/Needs) SWAN model for bereavement care and revision of operating model and supporting workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- In 2025 the previous Head of Nursing retired and the post remained vacant for 7 months delaying the progression of the ADP priorities. There was no interim Head of Nursing in post and prolonged sickness in the Team Leads and work was therefore not progressed. In addition, there was no identified consistent operational support during this time.
- Since mid-August 2025, a new Head of Nursing is in post, operational support has been identified and work is now progressing. The Specialist Palliative Clinical Leads and Head of Nursing meet 6 weekly with the Executive Lead for Palliative Care and a newly formed strategic group has been commenced but is in its infancy as we review the membership to ensure there is appropriate representation to progress the work effectively.
- Staff shortages continue to impact the role out of the Swan Bereavement model of care however; recruitment processes are being followed to identify a suitable staff member. The pace of the implementation will improve once they have started in post. However, in the meantime, the roll out continues but at a slower pace.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The vacant Head of Nursing role was filled; operational support has been identified. This allows the work to progress, the teams to be appropriately supported and further support the delivery of a high-quality Specialist Palliative Care Service.
- A newly formed strategic group has been commenced (despite needing to review the membership) positive steps are being taken to progress the development and approval of a strategic delivery plan for Palliative Care and End of Life Care. This is currently in draft form. Weekend cover for palliative patients is maintained across all areas and whilst East have some work to do

to either identify funding to increase CNS numbers or review if this can be achieved with existing template, patients and health care professionals have access to advice and support 7 days per week. Work is also progressing to ensure the medical 24-hour advice line is maintained whilst staffing levels remain poor. At no time has there been no cover which is a feat considering the medical shortfalls across the teams.

- Workforce planning and how to capture accurate activity to support this work is ongoing.
- The implementation of the Swan model of care despite the staffing shortfall continues to progress well with bereaved relatives being supported and signposted appropriately. This has been well received by the pilot wards who value the expertise, advice and training for end of life care the programme delivers.

40 Dental	Chief Operating Officer
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40.1. Work to increase GDS service provision, this will require consideration of new and innovative solutions alongside existing methods. The Health Board will continue to liaise with partners such as the Chief Dental Officer for Wales and the Local Dental Committee, to support this in addition to working with other Health Boards where primary care dental services are performing well.	Q3
40.2. Re-evaluate areas of need and go back out to procurement for GDS access in 2025, working with the procurement team to improve the framework of the tender in order to expand the pool of potential bidders.	Q4
40.3. Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community based service.	Q4
40.4. Use the 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability. The aim is to expand this work in order to offer development opportunities both within CDS and GDS which will ultimately benefit patient care.	Q3
40.5. Work with Public Health team in continued delivery of national programmes such as 'Designed to Smile' and 'Gwên am Byth'.	Q4
40.6. Review and revise the dental budget to ensure appropriate support is given to services. This work will be revenue neutral and aims to leverage better value from the financial resources currently supporting the provision of dental services.	Q2
40.7. CDS waiting lists to be addressed to ensure patients are not waiting significant lengths of time. Solutions include optimising front line clinical resource, improving the patient appointment booking centre (PABC), and creating key performance indicators (KPIs) to underpin operational management.	Q4
40.8. Undertake a demand and capacity review for CDS services to understand activity patterns to be able to effectively forecast when staffing will be required and to what degree.	Q3
40.9. The formation of a clear domiciliary dental pathway with a robust eligibility criterion. Agreeing the right approach will involve dental officers who are responsible for delivering the activity. As most of the domiciliary activity takes place within care homes, an inclusive approach will be taken to codesign any agreed pathways.	Q4
40.10. Improve Board visibility of primary care dentistry performance data.	Q2

Overview

The Dental sub objective consists of 10 priorities incorporating a wide range of activities, the outcomes of which are designed to increase GDS provision, capacity and performance whilst also leveraging better value from current financial resources. Together with measures to enhance workforce stability and provide upskilling, training and development opportunities whilst supporting a community-based service and reducing waiting times for treatment.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- A significant number of priorities have been delivered as part of this sub-objective including improving Board visibility of primary care dentistry, increasing GDS service provision, progressing Public Health workstreams, and using an Academy approach to support healthcare professionals and create and education plan. Other priorities have been progressed but not completed and will continue into the new financial year in 2026/7. These include the formation of a domiciliary pathway, finalising a demand and capacity review of CDS activity and improving CDS waiting lists. The key reason for non-completion of some priorities is due to a reduced senior structure, with key roles not being in place during 2025.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- In 2025/6 £6m of dental contracts were awarded across North Wales including tier 2 services. Once all services are mobilised this will have a measurable impact on the population of North Wales, with an increase in access for patients. The introduction of the Dental Access Portal has created a streamlined approach allowing patients to register with a local practice.
- The continued delivery of Public Health programme 'Gwen am Byth' and 'Designed to Smile' provide preventative dental services for people in care homes and for children delivered through the community dental service. The programmes deliver high volume primary care prevention directly support reducing oral health inequalities, preventing avoidable dental disease and reducing demand on NHS dental and urgent care services. Recorded positive outcomes include a reduction in dental decay and sustained lower prevalence of dental caries, with a high impact for patients in deprived areas.
- The development of a dental education plan in partnership with the Primary and Community Care Academy, has set out a strategy for dental workforce across North Wales that will provide training, upskilling and development opportunities across the area. This includes bespoke training for roles such as Dental Hygienists and Therapists. The plan focuses on improving access to education and training opportunities, promoting skill-mix development and supporting recruitment and retention. The plan is a positive step towards a sustainable workforce which supports the right care for the population of North Wales.
- Improved visibility of primary care dentistry at a Board level has been achieved in 2025/26 with the dental service now reporting to the BCUHB's Integrated Performance Group. Where historically there has been limited visibility, representation for dental services has been strengthened with improved reporting and data, and has introduced a more rigorous accountability and assurance framework for the service.

4P Diabetes	Executive Director of Public Health
4P.1. The Health Board Diabetes Programme will contribute to increasing the % of those aged 12+ receiving the 8 Care Processes	Q4
Secondary care 4P.2. Implementation of the NICE Technology Appraisal to provide 'artificial pancreas' technology called Hybrid Closed Loop (HCL) systems which offer people who develop this particular auto-immune condition the opportunity to enjoy normal glucose control. There is a significant resource requirement associated with this development, which is planned for implementation over a 5-year period, subject to the agreement of funding.	Q4
4P.3. The Health Board will seek to strengthen the multi-disciplinary specialist diabetes team to support transition to adult services and to respond quickly to the increasing number of new presentations.	Q4
4P.4. In adult diabetes teams a more comprehensive service model will be required to deliver diabetes technology to people with Type 1 diabetes in line with the national directive	Q4

Overview

The Diabetes programme focuses on delivery of the Cabinet Secretary priorities and on improving the outcomes of people with diabetes in our population. It also sets out to respond to wider delivery targets associated with the change pathway for Diabetes treatment, prevention and early intervention.

Why has the overarching aim not yet been fully delivered and what is the proposed plan to secure full delivery moving forward?

- The Diabetes programme focuses on delivery of the Cabinet Secretary priorities and on improving the outcomes of people with diabetes in our population.
- It also sets out to respond to wider delivery targets associated with the change pathway for Diabetes treatment, prevention and early intervention.
- Overall during 25/26 this programme / Sub objective has partially achieved its key deliverables. Areas that have been delayed or carried over into 26/27 plans are namely:
- 8 Care Processes: whilst we have successfully commenced monitoring data and seeing some initial improvement and identified areas for targeted work, we have not yet seen the benefits from this at scale.
- Transition to adult services: This has to form part of the Clinical Services Plan and associated pathways. Building on Foundations to the Future it builds a consistent and sustainable and high quality offer which can support the transition to adult services. Preliminary work has taken place to support this in 25/26 and is carried forward into 26/27 plans.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- Baseline data for the Diabetes 8 Care Processes has been established (4P.1)
- Improvements against targets for the 8 Care Processes have already been achieved during the year (4P.1)
- The case for the Hybrid Closed Loop (HCL) system has been developed with input from senior managers, intended for further refinement ahead of 2026/27 planning and funding allocations. This includes review of service model to support diabetes technology (Hybrid Closed Loop) (4P.2 / 4P.4)
- An evaluation of key elements of transition services has taken place. Findings will inform future plans and align with broader organisational work such as the Clinical Services Plan, Foundations for the Future, and pathway redesign programmes (4P.3)
- Moderate improvement has been seen in the number of people receiving all 8 Care Processes; where all are completed, evidence shows improved outcomes and reduced risk of complications.
- The Hybrid Closed Loop programme is supported by a prioritisation schedule to identify groups for transfer, with the business case demonstrating the expected benefits of HCL technology. Using clinically and cost effective diabetes technology will ease daily burdens for people with Type 1 diabetes and their families.
- Overall impact has been modest to date; however, key foundational work undertaken during 2025/26 will enable greater improvements across the diabetic population of North Wales from 2026/27 onwards

5A University and Further Education Partnership

Executive Medical Director

5A.1. The Health Board will seek to build the relationships with all higher and further education partners to improve the impact across research and development, education and training and innovation thus supporting our continued achievement of University Designation.	Q3
5A.2 . Having maintained and developed relationships, BCU will explore the value in a regional approach to partnership with all stakeholders.	Q4
5A.3. Work with education providers in the development of the Health Board’s Clinical Services Plan to increase their understanding and open up opportunities for transformational and innovative change to be reflected.	Q4
5A.4. Building on the successful establishment of the North Wales Medical School, we will continue to work with and support all partners in achievement of strategic projects.	Q4
5A.5 (4M.5) - Launch the first MPharm cohort at Bangor University in 2025, with General Pharmaceutical Council (GPhC) Step 4 accreditation achieved by 2025/26	Q3
5A.6 (2C.7) - Work with the University of Wales Bangor to support the development and growth of the North Wales Medical School.	Q3

Overview

The University and Further Education Partnership sub objective is based around seven priorities delivering a number of benefits for the organisation focused around further developing relationships with all higher and further education partners in North Wales to improve research and development, education and training, all supporting continued University designation.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- MoUs are now in place with Bangor University, Wrexham University and Group Llandrillo Menai. An MoU with Coleg Cambria has been agreed and is due to be signed on 6th April. Strategic Steering Groups are also in place and will continue to meet throughout 2026/27 to further develop the strategic relationships and develop plans which will support the delivery of the aspirations set out in the MoUs.
- Strengthened and formalised partnerships with all higher and further education institutions will create a more coordinated and sustainable pipeline for the future workforce, improving recruitment, retention and development across clinical and non-clinical roles.
- A clearer, system-wide understanding of education and training needs will support more responsive planning, ensuring the organisation can better align skills, capacity and capability with service requirements.
- Improved collaboration with HE and FE partners will enhance opportunities for research, innovation and knowledge exchange, contributing directly to the Health Board's ambition to sustain its University designation.
- Greater consistency and shared governance across partners will support more efficient commissioning, reduce duplication and enable resources to be targeted where they have greatest impact.
- The establishment of Strategic Steering Groups and a regional partnership approach will strengthen decision-making and enable long-term alignment on key strategic programmes such as the Medical School, MPharm developments and dental workforce strategy.
- Some areas will continue to be delivered into 2026/27, e.g., regional approach to partnerships and engagement of education providers in the development of the Clinical Services Plan. This is due to interdependencies with other areas of work and a requirement to align timescales.

5B Research, Development and Innovation **Executive Medical Director**

5B.1. Completed development of a support infrastructure and expert panel with M-SParc, OpTIC Technology Centre, Bangor University and Wrexham University, supported by Welsh Government. Innovators will be able to access the expert panel for advice and guidance.

Q4

5B.2. Continue to increase research activity, both commercial and non-commercial research.

Q4

5B.3. Increase the number of joint appointments and honorary research appointments with our academic partners.

Q4

Overview

The Research, Development and Innovation sub objective is based around three priorities focused around increasing both commercial and non-commercial research activity and to further develop supporting infrastructure with partners.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- An infrastructure has been developed for innovators to access expert advice, leading to a number of projects being identified and developed, including those highlighted in previous update statements.
- Further appointments have been made in partnership with local academic organisations, which will increase the capacity and capability of research activity in the region.
- Whilst we have not achieved a 10% increase in research activity due to lack of capacity from support departments this is being addressed with additional resource being put into place.
- Research activity has enabled the population of North Wales to participate in high-quality studies, providing access to new technologies and drugs that may improve future care and treatments
- Evidence suggests research-active organisations achieve better outcomes, improved mortality rates and stronger recruitment and retention of high-quality staff
- Appointment of research fellows will support increases in research activity and contribute to developing further collaborative posts with Bangor University
- The innovation support structure enables innovators to bring forward ideas that may improve health outcomes for the population of Wales and contribute to potential product commercialisation

5C Academic Careers

Executive Director of Allied Health Professionals and Health Science

5C.1. Whilst awaiting a national definition, hold a multidisciplinary workshop with those currently working in academic careers, and with those who aspire to this career pathway, to agree a local working definition.

Q2

5C.2. Explore the academic career pathway framework, utilising the outputs from the workshop to inform a paper, which will be built upon with proposals for the supporting governance framework, and supplemented by learning and best practice from other health and academic organisations.

Q4

Overview

The Academic Careers sub objective is based around two priorities delivering a revised academic careers pathway, however pending agreement of a formal national definition of academic careers scope of this sub objective will be limited to provision of a local working definition.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

Progress has been made in developing the foundations upon which academic careers will be taken forward in the Health Board with the following outputs being achieved by a small working group:

- The Community of Interest Working Group was established in November 2025 and has developed Terms of Reference and agreed membership to support delivery of the academic careers agenda (5C.1)
- An outline Academic Careers Framework has been developed as a key deliverable for the Annual Delivery Plan (5C.2)
- An outline programme for the Community of Interest workshop has been drafted, intended to inform the local working definition of academic careers pending national definition (5C.1)
- Links have been established with the national programme led by Health and Care Research Wales, as well as related policy work underway within People and Organisational Development, ensuring alignment and shared learning (5C.2)
- Outline framework for academic careers which will be further developed by the Community of Interest during 2026/27
- Literature Review of UK publications has been undertaken
- Discussion paper provided to Executive Committee for consideration
- Although no formal metrics are associated with the work, baseline information will be gathered in 2025/26 to support monitoring and reporting from 2026/27 onward. This will also inform research and development objectives (5C.2)

5D.1. Build on proof-of-concept work to develop proposals for Robotic Process Automation (RPA) to reduce reliance on manual processes.	Q4
5D.2. Delivery of a Health Board data quality kite-mark to improve data for decision making, supported by the extension of data models written for RTT.	Q4
5D.3. Continued development of forecasting capabilities and proposals for the introduction of predictive analytics that will in turn support improved planning and decision making around planned and urgent and emergency care.	Q4
5D.4. Roadmap for the further development of data warehousing will be documented, incorporating the de-commissioning of the Health Board's legacy warehouse. Commence implementation of Cloud Based Technology through transition to the National Data Analytics Platform for submitting data and establishing arrangements for transition from On-Premise to Cloud, all aligned to the Care Data Resource.	Q4
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.	Q1
5D.6. Building on the progress made with Planned care data, the Health Board will undertake a data maturity assessment of urgent and emergency care and develop a programme of work to develop the use of intelligence and insight in this area.	Q2

Overview

The Intelligence Led organisation sub objective is based around six priorities delivering enhanced automation of processes to reduce reliance on manual intervention, support improved decision making and reduce reliance on legacy systems.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The overarching aim for Sub Objective 5D has been delivered, with substantial progress made in embedding intelligence-led approaches across the Health Board. All milestones have been completed with the exception of elements of predictive analytics development, where operational challenges affected delivery timelines.
- The year saw the successful completion of the Robotic Process Automation proof of concept, which is now operational in improving data quality for oncology outpatient outcomes. Oversight through the Clinical Design Authority provides a framework for future expansion of automation capacity.
- A data quality kite-mark has been implemented across four datasets, supported by a user guide and a planned rollout for 2026/27. This work strengthens assurance in the information used for decision making at all levels.
- Forecasting capability has continued to develop, with refreshed winter modelling used to inform operational delivery for 2025/26 and the introduction of regular forecasting into weekly reporting. New work has brought cancer outpatient demand forecasting together with RTT modelling for the first time, supporting more effective planning for 2026/27. Further progress has been made through the development of diagnostic demand dashboards to inform demand and capacity assessments ahead of next year's trajectories.
- The transition to a more modernised data environment has progressed well. Migration to the second on premise data warehouse is complete, and the roadmap toward cloud analytics is now set out within the Digital Roadmap and Data Strategy. Engagement with the National Data Resource continues, particularly around metadata alignment in preparation for the National Data Analytics Platform.
- The redeveloped IRIS intelligence portal has been launched with improved functionality and usability across devices. This strengthens real time operational intelligence and supports more informed decision making. Alongside this, the completion of the UEC data maturity assessment and associated improvement plan is helping to embed more consistent data use within urgent and emergency care services.

Overall, the intelligence-led programme has delivered meaningful improvements in data quality, forecasting capability, operational insight and analytical infrastructure. These developments support more responsive, informed and proactive planning across the organisation, with clear benefits for services and populations across North Wales.

5E.1. The Health Board will evaluate how the organisation learns from its investigations of serious incidents and complaints following the introduction of the Integrated Concerns and Complaints Policy.	Q4
5E.2. The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care.	Q4
5E.3. Develop a discovery report to inform an Education Strategic Plan for the Health Board.	Q4
5E.4. Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries	Q4

Overview

The Learning Organisation sub objective is based around four priorities delivering improvements to how the organisation learns from its own investigations of serious incidents and complaints together with any requests arising from national inquiries. Combined with improvements to systems and processes used to ensure transfer of learning to improve patient care.

What outcomes have been achieved in relation to the overarching aim, particularly in terms of measurable benefits and the positive impact on the population of North Wales?

- The organisational learning programme continued to strengthen in Quarter 4, with core systems, the Organisational Learning Forum (OLF), Learning Repository, and thematic review processes, now fully operational and maturing. These developments are improving visibility, consistency and transfer of learning to support safer patient care.
- A more mature and accessible organisational learning culture has begun to take shape through the continued development of the Learning Forum and the centralised Learning Repository. These mechanisms have strengthened the visibility and accessibility of shared learning, with staff contributions demonstrating increasing relevance and engagement. Although a rise in attendance has not yet been evidenced, feedback confirms that sessions are valued for their practical insight and opportunities for peer learning.
- The organisation's governance and assurance structures for learning from incidents have been further consolidated. Learning from incidents is now consistently reviewed within local Integrated Concerns Operational Groups, the Executive Integrated Concerns Oversight Panel, the Thematic Review Group, and the Organisational Learning Forum. This coordinated model ensures clearer routes for escalation, shared learning, and system wide action. Concurrent work to reduce incidents, including never events, complaints, and Prevention of Future Deaths reports, is supported through strengthened oversight within the Patient Safety, Patient Experience, and Regulatory Assurance groups. Patient experience intelligence continues to be captured through CIVICA surveys and patient stories, creating a fuller picture of quality and safety.
- The commissioning and governance of thematic reviews have become more structured and strategically aligned. The improved interface and clarity of roles between the Organisational Learning Forum and EICOP have enhanced governance oversight and strengthened the organisation's ability to identify emerging priorities and drive targeted improvement.
- Collectively, these developments indicate a maturing, system wide approach to learning, engagement, governance, and quality improvement, supporting more cohesive organisational insight and better-informed action across the Health Board.

Planning, Population Health & Partnerships Committee

DIRECTOR OF PLANNING REPORT

Date of Meeting	07 May 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)
Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)

Report Purpose	For Noting
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Executive Summary

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

It covers:

- 10-Year Strategy
- Clinical Services Plan
- Challenged (Fragile) Services
- Internal Service Change
- Integrated Medium-Term Plan (IMTP)
- Annual Delivery Plan (ADP) reporting
- Special Measures
- Major Change Programmes
- Key Programmes
- Organisational Capability
- Well-being statement

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome, Evidence and Data
N/A		



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

DIRECTOR OF PLANNING REPORT

1. SITUATION

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

2. BACKGROUND

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

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1. [THE ORGANISATIONAL 10-YEAR STRATEGY](#)

- 3.2. During 2026/27 the Strategy Programme will take forward the next phase of development of the Health Board's new 10-Year Strategy. In Quarter 1, the focus will be on completing the Discovery Phase, drawing together evidence, stakeholder insight and structured engagement with internal teams and partners to inform an agreed Discovery Report. This work will address key NHS Wales Planning Guidance requirements, including a review of Well-being Objectives, greater clarity on the suite and sequencing of underpinning strategic plans (such as the Clinical Services Plan, Estates and Digital strategies), and incorporation of ambitions relating to Advanced Therapies and Genomics.
- 3.3. During Quarter 3, the programme will progress into the Strategy Design Phase, translating discovery outputs into a coherent strategic framework with defined goals, strategic priorities, delivery roadmaps and governance arrangements. This phase will be supported by continued engagement to test and refine emerging proposals and ensure appropriate alignment with national policy direction, including the Marmot principles. By the end of 2026/27, the focus will be on ensuring the Strategy is positioned for delivery, with implementation expected to be taken forward through quality impact

assessed underpinning plans and reflected within the 2027–30 IMTP, subject to Board consideration and approval.

3.4. CLINICAL SERVICES PLAN

- 3.5. During 2026/27 the Clinical Services Plan (CSP) programme will be established and progressed to support clinically led service transformation. In Quarter 1, the CSP methodology, governance and first tranche of priority service areas will be agreed, supported by targeted engagement to build organisational understanding and clinical ownership, this will include an initial clinical engagement event on the 5th May to which over 129 clinical leaders have been invited.
- 3.6. In Quarter 2, preparatory work will be undertaken to operationalise the CSP programme, including finalising delivery plans, establishing reporting and risk management arrangements, and engaging with clinical and operational leads to ensure readiness for assessment.
- 3.7. During Quarter 3, the first tranche of services will be taken through the CSP assessment process, informed by population health intelligence and multidisciplinary engagement, with a focus on Community by Design principles and pathway redesign.
- 3.8. By Quarter 4, service change proposals arising from the first tranche will be finalised and submitted through CSP Programme governance, enabling progression to wider Health Board consideration and implementation planning as appropriate.

3.9. CHALLENGED (FRAGILE) SERVICES

- 3.9.1. A review of the original Challenged Services has taken place with Welsh Government (WG). This assessed progress to date across services and the areas that remain of most concern, whilst also noting that escalation arrangements across Wales are changing during 2026/27. There will no longer be specific quarterly meetings with WG and relevant issues will be reviewed during Escalation Board meetings with the Director General of Health and Social care.
- 3.9.2. Work is progressing on the development of a Fragile Services Framework, outlining an approach for identifying potentially fragile services using an intelligence led approach being developed as part of a Quality Management
-

System (QMS) approach. This will enable early identification of at-risk services and proactive intervention before issues escalate. The framework will also articulate the organisation's response once a service is assessed as fragile.

- 3.9.3. As part of the IMTP, Gastroenterology (including Endoscopy) has been formally recognised as a Challenged Service. A Rapid Quality Review has been undertaken in order to identify and review all quality concerns, form collective judgement and outline required actions. These include the need to progress with speed to a pan BCUHB service, ahead of any wider organisational restructure, with emergency service change if needed. A formal update was provided to the Executive Committee on the 8th April to this effect.
- 3.9.4. Within the IMTP the services specifically called out as being 'fragile' are six of the original list of challenged services (Vascular, Urology, Ophthalmology, Orthopaedics, Orthodontics, Dermatology), Plastics and Oncology are not included as they have seen sufficient improvement and there was a desire to move forward to start including those services that the Health Board has self-identified as fragile. This meant the inclusion of Gastroenterology within the group now referred to as 'Fragile Services' to distinguish them from the original list of WG identified 'Challenged Services'.
- 3.9.5. Internal Audit are currently undertaking an audit reviewing the improvement plans and the oversight and scrutiny arrangements. This is expected to report back during Q1 of 2026/27.
- 3.10. **INTERNAL SERVICE CHANGE**
- 3.10.1. Inpatient services at Tywyn and Penley Community Hospitals continue to be the main internal service change areas of focus. As part of the pre-consultation engagement phase, two sets of 'balanced room' engagement events have been completed for both service changes in order to co-design and appraise options, there has been a lot of work undertaken on consideration of the best way forward to develop options further.
- 3.10.2. Tywyn re-ran it's second 'balanced room' on 20th March 2026 as it was determined whilst conducting a review of the outputs from the original session that the voting for the options was not in fact balanced, in that more

Health Board staff voted than non-Health Board staff. Due to the need for further work related to options being discussed at this session, a third balanced room scheduled for May, is required to conclude the options to put forward to Board for approval to take into consultation.

- 3.10.3. Penley is further ahead, having concluded its balanced rooms with options being put forward to Board for approval to take into consultation at May Board. Tywyn will then follow in July.
- 3.10.4. The public consultations will commence post Senedd election, with Penley starting first early in Q2 and Tywyn later in Q2. Advice from Llais will be taken into consideration on the length of the consultation periods, taking into account the relative sensitivities and summer holiday periods.
- 3.11. **IMTP DEVELOPMENT – 2026-29**
- 3.11.1. On 13th February, the Chief Executive, on behalf of the Health Board, submitted an Accountable officer letter to Welsh Government indicating that it would not be in a position to submit a financially balanced IMTP due to the extremely challenging financial landscape and the substantial gap between available funding and the need to maintain safe and sustainable services.
- 3.11.2. Therefore, the IMTP for 2026-2029 submitted to Welsh Government on 31st March 2026 is technically the organisation's Annual plan, set in a three-year context. It has benefited from being aligned to the new four Strategic Intent Statements, which will be at the core of the new 10-Year Strategy and Clinical Services Plan as they develop during 2026/27.
- 3.11.3. The Health Board's Plan for 2026-29 represents a financially unbalanced but credible plan, demonstrating clear trajectories, realistic delivery assumptions, and transparency regarding financial risks and mitigations. It reflects the maturing approach to embedding continuous planning, moving away from annual episodic planning, towards a year-round cycle of forecasting, engagement, delivery and review.
- 3.11.4. Specialty and service level plans have been strengthened through clearer requirements around:
- Timebound deliverables;
 - Quantified impacts and performance trajectories;
 - Quality, workforce, finance and risk integration;

- Alignment with enabling functions, including digital, estates, commissioning and change management; and
- Application of organisational design principles and QMS requirements.

- 3.11.5. It was a significant challenge to balance the extensive number (366 individual requirements¹) of national and local expectations with the need to produce a Plan focused on a manageable set of organisational priorities. The Plan submitted focuses on addressing the Cabinet Secretary's Delivery Expectations, Enabling Actions and the Special Measures De-escalation Criteria. All deliverables within the plan have been mapped to the requirements identified as well as to performance impacts.
- 3.11.6. Reflective of learning from Board Development and PPHP sessions during 2025, the development of the Plan has supported earlier engagement and stronger ownership of the plan. Regular updates on IMTP development and key milestones have been presented to the Board and its committees throughout the year. The Plan was endorsed by the Board on 26th March 2026 for onward submission to Welsh Government.
- 3.11.7. The Plan submitted represents a significant evolution in the Health Board's approach to planning and will support continued strengthening of its planning maturity. Over the coming year work will continue to embed learning, develop a continuous planning culture, supported by strengthened planning, capability and culture and continue work to evidence based, data driven, unified modelling.
- 3.11.8. The immediate focus for April into Early May is on mobilisation of the plan. Work is underway to convert the Plan into an Annual Delivery Plan we can monitor and report against progress of the delivery of the Plan through 2026/27. The mapping work undertaken will support the organisation's ability to demonstrate the links between the actions undertaken and impacts expected. It will also make it easier to report against any of the specific sets of individual requirements such as Special Measures de-escalation criteria and MAG recommendations.

¹ Spanning: NHS Performance Framework, Technical Planning Guidance, Enabling Actions, Delivery Expectations, Special Measures criteria, MAG recommendations, Cabinet Secretary's *Improving Health Together* letter issued in July 2025.

3.11.9. The rest of Q1 will focus on reflection and learning from this last planning cycle, engaging with internal and external stakeholders on improvements that can be made in this year's approach. The Welsh Government Planning Maturity Matrix self-assessment tool will support this exercise, with any subsequent actions and learning being incorporated into a refreshed Integrated Planning Framework during Q2.

3.11.10. A forward business cycle sets out the full planning cycle and key milestones and governance points throughout the year – so that planning can be owned collectively and progress on a continuous basis, with clear expectations of what committees can expect to be sighted on and contribute to the development of next year's Plan.

3.12. [ANNUAL DELIVERY PLAN REPORTING 2025/26](#)

3.12.1. The end of year (Q4) Annual Delivery Plan (ADP) report for 2025/26 has been produced following the closure of the end of financial year and associated assurance activity. The report will be presented to Board in May and is a separate item on today's agenda and therefore won't be summarised here to avoid duplication.

3.12.2. Going forward it is proposed that given the revised structure of the IMTP for 2026-29, a monthly ADP report will be able to cover the necessary detail previously covered within the Key Programmes and Challenged (now Fragile) Services reports. This will consolidate and streamline both information submission and collection as well as reporting.

3.13. [SPECIAL MEASURES](#)

3.13.1. A comprehensive 'three years on' report was presented to Board Members in March Board, detailing the progress made over the last three years as well as areas that still require further work.

3.13.2. The 2025-28 IMTP has Special Measures de-escalation criteria fully embedded within it, along with those relating to the Welsh Government Planning and Performance Frameworks, Ministerial Advisory Group (MAG) recommendations and Cabinet Secretary's 'Improving Performance Together' requirements. This included incorporation of performance trajectories within the IMTP itself for the first time, with a direct comparison against Special Measures de-escalation and Planning / Performance targets.

- 3.13.3. Following new oversight and interface arrangements being put in place by NHS Wales and Welsh Government, all Special Measures related meetings with Welsh Government have been consolidated into a single monthly Escalation Board meeting chaired by the NHS Wales Chief Executive. This now replaces the Joint Executive Team (JET) and Integrated Quality Performance Delivery (IQPD) meetings as well as those related to Challenged Services. The first one of these meetings was held in Cardiff on 14th April 2026.
- 3.13.4. The new arrangements will assess organisations against four pillar domains — Quality, Workforce, Finance, and Delivery/Performance — with a foundation domain of Leadership (Well-led) that sets the culture, behaviours and governance needed for sustainable improvement. This replaces the legacy set of escalation domains while remaining fully compatible with the Welsh Government’s five escalation levels (routine arrangements to special measures). Escalation may apply to one or more pillars, and decisions will continue to follow the national framework and tripartite intelligence routes.
- 3.13.5. The national framework currently references domains such as finance, strategy and planning; performance and outcomes; quality of care, prevention; fragile services; governance; and leadership, capability and culture. These are now consolidated into the four pillars, with planning and governance embedded within Finance, Delivery/Performance and the Leadership foundation respectively, and fragile services managed through Quality and Delivery/Performance depending on the nature of risk.
- 3.14. Monthly reporting is being put in place against these new domains to report on progress to the new Escalation Board as well as internally to the Health Board.
- 3.15. **MAJOR CHANGE PROGRAMMES**
- 3.15.1. The major change portfolio has evolved as we moved into 2026/27. Value and Sustainability and Foundations for the Future will transition into the Key Programmes portfolio, with Community by Design and the Clinical Services Plan being adopted as Major Change programmes.
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- 3.15.2. A series of deep dives via the Informal Executive meeting are well underway with Planned Care taking place during March and Urgent and Emergency Care (UEC) in April. This provides an opportunity for additional scrutiny from executive colleagues and for the programme to identify key areas where executive support and leadership is required. The Planned Care programme formally closed down the 2025/26 programme at the April Programme Board meeting and is transitioning to new Senior Responsible Officer (SRO) leadership under the Chief Operating Officer for 2026/27.
- 3.15.3. A Development event for the Clinical Services Plan (CSP) is scheduled for the 5th May, where clinical leaders will come together to share insights and experience and begin shaping the future of clinical services across BCUHB. By operating as a designated major change programme it will mean enhanced governance arrangements, with clear milestones, strengthened clinical leadership and assurance reporting.
- 3.15.4. A key challenge during this year will be to ensure strengthened synergy between the different programmes with interdependencies clearly outlined. Whilst Community by Design will operate as a distinct programme in its own right, it will be critical to ensure that there is a strong community focus to the Clinical Services Plan, and equally that Planned Care and UEC continually assess which services can operate within the community and how pathways of can be improved.

3.16. **KEY PROGRAMMES**

- 3.16.1. The key programmes portfolio will also evolve during 2026/27. In addition to Value and Sustainability and Foundations for the Future transitioning in, a number of existing programmes have been implemented. These programmes will now undergo formal closure and post implementation review to ensure learning is gathered and shared.
- 3.16.2. The Digital Maternity System (BadgerNet) went live on the 10th March with positive feedback on the support model used for both go-live and post go-live. Phase 2 planning is also underway which includes integration with various other systems. The rollout of ePMA (Electronic Prescribing and Medicines Administration) has also concluded during March with the implementation in Central Integrated Health Community (IHC), with all inpatient areas across acute and community hospitals successfully deployed.

- 3.16.3. The Foundations for the Future programme will see a strong focus on the structures element during 2026/27. A 6 week consultation is due to commence on the 27th April with the design phase due to conclude during Quarter 2, seeking formal approval from Board for the delivery and implementation phase.
- 3.16.4. The Value and Sustainability programme delivered £56.9m of savings during 2025/26, equating to a £16.9m over-delivery against target. Pipeline schemes for 2026/27 are currently valued at £23.7m and the priority in quarter 1 is to review the detail of these schemes and build delivery confidence. Further priorities include maximising opportunities within clinical variation and undertaking a review of projects funded by ring-fenced Value Based Healthcare funds.
- 3.17. **ORGANISATIONAL CAPABILITY**
- 3.17.1. The Improvement training offer has recently expanded into HMP Berwyn with two improvements basics training sessions delivered to circa 30 staff and support will continue via links with Patient Safety and Governance leads at HMP Berwyn.
- 3.17.2. Cohort 5C within Central have recently completed the Improvement in Action course. All colleagues attending are required to produce a poster which describes how the learning gained has been put into action and these are currently under review. Cohort 6E within the East commences on the 27th April.
- 3.17.3. Work has also expanded into primary care with support to the Quality Improvement (QI) Primary Care Programme. This inaugural collaborative model was in response to the release of national QI projects for completion within the GMS contract. The Transformation team provided expertise enabling practices to work through the methodology of improvement with ongoing support, working alongside the Primary Care Academy and contracting teams, an offer that was described as ‘Gold Standard’ by the national team. This collaborative working is key to spreading organisational capability to all areas of the Health Board, enabling colleagues to make changes within their own area of work, confident they are utilising recognised approaches.
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3.17.4. Further work is ongoing to align the organisational approach to change with the Quality Management System, along with engaging Public Health colleagues who have recognised expertise within Whole System Change.

3.18. WELL-BEING STATEMENT

3.18.1. A draft Well-being Statement has been produced in accordance with Section 8(a) of the Well-being of Future Generations (Wales) Act 2015. The Act places a statutory duty on public bodies to work in a way that seeks to improve the economic, social, environmental, and cultural well-being of Wales. The statement sets out how partnership activity across the health and care system, public services and communities has contributed to the delivery of the Health Board's refreshed well-being objectives, which focus on improving health and well-being, reducing inequalities, preventing ill-health and improving the safety and quality of services.

3.18.2. The statement demonstrates how BCUHB is maximising its contribution to the seven national well-being goals and applying the sustainable development principles. It provides transparency and accountability on progress, demonstrating alignment with BCUHB's well-being objectives, the work that is taking place to shape the long-term strategic direction and the plans of regional and local partners. This joined up, partnership-based approach supports the effective alignment of activity and resources to improve outcomes and to address the wider determinants of health and well-being across north Wales.

3.18.3. The Statement will be included as a section in BCUHB's Annual Report. As it is an early working draft with some gaps and subject to further refinement, the draft Statement has been included in the Private PPHP bundle of papers. Please note that the Statement is not for wider circulation at this stage in its development.

4. KEY RISKS / MATTERS FOR ESCALATION

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


organisational structural changes and in the current and future financial climate.

- 4.2. A number of challenges exist within the Service Change, Key Programmes and Major Change Programmes, which are being managed and mitigated through their own individual governance and reporting.
- 4.3. Meeting the full set of Ministerial expectations within the IMTP given the challenging financial landscape.
- 4.4. De-escalation from any area of Special Measures now looks unlikely until after the election and a new Government has settled in and can make their own assessments.

5. RECOMMENDATIONS

- 5.1. The Committee is asked to:
 - **NOTE** and **GAIN ASSURANCE** on the content of the report.



ASSESSMENT	
Link to Strategic Priorities	    
	2. Developing strategy and long-lasting change If more than one applies, please list below:
Design Principles	Simplify, Standardise, and Adopt Best Practices If more than one applies, please list below:
Corporate Risks and Board Assurance Framework	<ul style="list-style-type: none"> ▪ BAF24-01 - Not Fully Building an Effective and Accountable Organisation ▪ BAF24-02 - Not Delivering Strategic Development and Digital Transformation ▪ BAF24-03 - Not Achieving Long Term Financial Sustainability ▪ BAF24-04 - Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability ▪ BAF24-05 - Not Engaging with Citizens, Partners and Communities ▪ BAF24-06 - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes ▪ BAF24-07 - Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk ▪ BAF24-08 - Not Implementing Evidenced Based Improvement and Innovation
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	



Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Enablers of Quality All Apply	Domains of Quality All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	

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

Planning, Population Health & Partnerships Committee

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

Dyddiad y Cyfarfod Date of Meeting	07 May 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This Citizen Experience and Engagement Report provides the PPHP Committee with a high-level overview of citizen feedback from January to March 2026. It focuses on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais.

Across these engagement and representation routes, the dominant themes are:

- Emergency Department (urgent and emergency care) experience and conditions
- Waiting times and delays across whole pathways (i.e. referral to diagnostics to results to treatment)
- Access to care, particularly primary care and NHS dentistry
- Whole system gaps – discharge, social care, community capacity
- Trust, communication and patient experience
- Prevention and future focus

This report primarily reflects the experiences of those who have raised concerns and does not fully capture the many positive experiences that are less frequently voiced.

**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
A draft version of the Report was discussed at Executive Committee	22.04.26	

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

AI	Artificial Intelligence
GP	General Practitioner
NHS	National Health Service
PEARS	People's Enquiry and Resolution Service

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

1. SITUATION

1.1 PURPOSE

This report provides the PPHP Committee with a strategic overview and assurance on citizen feedback from January to March 2026. It focuses on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais.

The update also demonstrates how current feedback is being used to guide ongoing work, alongside examples of where it has already resulted in meaningful change.

2. BACKGROUND

2.1 What citizens are telling us: Headline themes

Across the engagement and representation routes, the dominant themes from January to March 2026 have been:

- Emergency Department (urgent and emergency care) experience and conditions
- Waiting times and delays across whole pathways (i.e. referral to diagnostics to results to treatment)
- Access to care, particularly primary care and NHS dentistry
- Whole system working – discharge, social care, community capacity
- Trust, communication and patient experience
- Prevention and future focus

Alongside these system issues, citizens continue to recognise outstanding staff kindness, compassionate care and peer support. This is echoed in digital engagement, which highlights positive feedback on services, messages of thanks and recognition for staff and strong emotional connection to local teams.

This report mainly reflects feedback from individuals who have chosen to share concerns or experiences, and as such, it tends to highlight areas where care has fallen short of expectations. While this insight is essential in identifying risks and priorities for improvement, it does not capture the full range of citizen experience. Many people receive good, compassionate care and do not routinely provide feedback when services meet their expectations. The Health Board therefore continues to triangulate this intelligence with wider performance data, surveys and positive feedback to maintain a balanced and proportionate understanding of experience.

The Board recognises that there is significant work underway across all of these areas to drive improvement, supported by clear action plans and system-wide collaboration. While progress is being made, it is acknowledged that performance is not yet consistently where it needs to be, and that further sustained effort is required in a number of areas. The Board remains committed to accelerating improvement and ensuring that the changes being implemented translate into meaningful and consistent improvements in citizen experience.

3. SPECIFIC MATTERS FOR CONSIDERATION

To strengthen assurance that citizen voice leads to tangible change, the Health Board is presented with key themes arising from citizen engagement during this period, alongside actions taken and early indications of impact.

3.1 Urgent and Emergency Care

People said that urgent and emergency care continues to involve long waits, overcrowding and, at times, care being delivered in non-clinical environments such as corridors. Experiences shared highlight concerns about dignity, comfort and communication whilst waiting, particularly where delays extend over prolonged periods.

Feedback across all channels also demonstrates a clear public understanding that these pressures are linked to wider system challenges, including bed availability, delayed discharge and access to community-based care.

Supporting this, detailed patient feedback analysis (across 2025/26, based on over 12,000 survey responses) indicates that experience within Emergency Departments remains below that of the wider Health Board, with key aspects of care - such as feeling cared for, listened to, involved, and having things clearly explained - falling short of expected standards. There is also evidence of a recent decline in patient experience, reinforcing the concerns raised through wider engagement and highlighting the need for continued focus on improvement.

Actions taken:

An Urgent and Emergency Care programme plan is now agreed for 2026/27, focused on improving patient flow, timely discharge and reducing pressure across Emergency Departments. This highlights the following:

Key Delivery Expectations for 2026–27

- Implementation of community and admission-avoidance pathways (Falls, Single Point of Access, Frailty) to reduce avoidable conveyance and admissions.

- Delivery of safe and timely ambulance handovers, aligned to national guidance and Getting It Right First Time (GIRFT) recommendations.
- Restoration of whole-hospital flow, including Pathway of Care Delay (POCD) reduction, Trusted Assessor models and seven-day discharge processes.
- Explicit expectation that funding is phased and managed quarterly, with delivery and spend aligned to agreed milestones.

For 2026/27, BCUHB has developed a comprehensive Six Goals for Urgent and Emergency Care delivery plan aligned to IMTP Priority 3A and national programme requirements. The plan confirms £2.69m of core Six Goals funding and sets out five priority workstreams focused on community-based falls response, Single Point of Access, front door frailty, ambulance handover and optimal hospital flow. Delivery will prioritise admission avoidance, improved front-door decision-making, timely ambulance handovers, and whole-hospital flow, supported by strengthened discharge and Pathway of Care Delay reduction. Each workstream is underpinned by clear governance, named leads, quarterly deliverables and a phased financial plan to ensure funded activity is delivered as intended and provides assurance on the effective use of national funding across 2026/27.

This remains a complex whole system challenge, and whilst some progress has been made, further sustained improvement is required. The UEC progress report at May's Health Board describes the challenges and progress in more detail.

3.2 Waiting times and delays across whole pathways

People said that long waiting times remain a significant concern across the whole patient pathway, including for outpatient appointments, diagnostics, test results and treatment. In addition to the length of waits, people highlighted the uncertainty and anxiety associated with delays, particularly where there is limited communication or clarity about next steps.

Concerns were most frequently raised in relation to orthopaedics, dermatology, ophthalmology and diagnostics, with some patients reporting deterioration in their condition or quality of life whilst waiting.

Actions taken:

The Health Board continues to make progress in reducing the longest waits and increasing overall capacity. Key actions include:

- A 62.8% reduction in patients waiting more than two years for planned treatment over the past 12 months.
- A 93.2% reduction in two-year waits for a first outpatient appointment and a 79.9% reduction in one-year waits.
- A 47% reduction in two-year waits for orthopaedic care.

- Continued use of insourcing and outsourcing arrangements to increase activity and reduce backlogs.
- Development of new facilities, including the orthopaedic surgical hub at Llandudno, to support additional capacity.

Despite this progress, it is recognised that improvements are not yet being experienced consistently by patients, and further work is required to improve both waiting times and communication throughout the pathway.

3.3 Access to care, particularly primary care and NHS Dentistry

People said that accessing primary care remains difficult and inconsistent, with challenges in securing GP appointments, limited continuity of care and reliance on early morning access models. Some people reported avoiding services altogether due to previous negative experiences.

Access to NHS dentistry continues to be a concern, with limited availability leading some people to travel long distances, pay privately, or go without care. More broadly, people highlighted challenges accessing community-based services, including physiotherapy, mental health support and preventative services. These access issues are contributing to increased demand on urgent and emergency care services.

Actions taken:

A range of actions are underway to improve access and provide alternative pathways:

- Continued expansion of community pharmacy services, offering treatment and advice for a wide range of conditions without the need for a GP appointment. The Health Board currently contracts 144 pharmacies across North Wales to deliver NHS pharmaceutical services.
- Ongoing development and expansion of dental provision across North Wales, which saw new NHS contracts mobilised in 2025/6 worth over £4m.
- Increased utilisation of the Dental Access Portal, which in 2025/6 supported 11,000 people to be allocated to NHS practices.
- Work to improve signposting and public awareness of alternative services, including Minor Injury Units and community-based care options.

These actions aim to improve timely access to care, reduce pressure on GP practices and Emergency Departments, and provide more care closer to home.

3.4 Whole system – discharge, social care, community

People said that delays in hospital care are often linked to wider system challenges, particularly access to social care, care packages and community support. There is

increasing awareness among the public of the interdependencies between hospital services, local authorities and community provision.

Feedback highlighted concerns about delayed discharge, availability of community beds and reduced access to local services, particularly in rural areas. Transport and travel distances were also identified as barriers to accessing care.

Actions taken:

The Health Board continues to work closely with local authority partners and the third sector to strengthen whole-system working:

- Joint initiatives to improve discharge pathways and increase availability of community-based care and reablement services.
- Continued focus on maximising community capacity through reablement approaches, service re-design and strengthen community-based support. As part of the Local Authority transformation fund which has seen increases in reablement, community packages of care provision, and an increase in social care staff to reduce delays due to social care assessments / social worker allocation.
- Ongoing collaboration through Regional Partnership Boards to support integrated planning and delivery of health and social care services. Two 'winter' sprints were held which identified system performance, key actions and learning to inform ongoing resilience.
- Continued engagement with communities and partners to inform service development and ensure local needs are reflected.

Key Delivery Expectations for 2026–27

- Reduction in the number of people delayed in hospital, reduction in the number of days delayed and reduction in the number of people delayed due to awaiting assessment
- Focus on rolling out and embedding Trusted Assessor models of care
- Further embedding of care provider awareness and discharge improvement programmes
- Working with partners and patients regarding discharge planning and reluctant discharge guidance
- Implementation of the interorganisational Memorandum of Understanding / Vision for Discharge (Learnings from the Winter Sprints). Workshop to be held on 19th May to operationalise the learning and key actions.

This work is central to improving patient flow, reducing hospital pressures and enabling more care to be delivered closer to home.

3.5 Communication, trust and patient experience

People said that communication and feeling listened to remain key aspects of their experience. Some patients reported feeling dismissed, not fully informed, or unclear about what to expect when accessing services or waiting for care.

At the same time, there is consistent and strong recognition of the professionalism, compassion and dedication of frontline staff, even in the context of significant system pressures.

This period has also seen increased influence of media reporting, targeted campaigns and social media activity, including AI-generated content, shaping public perception and, at times, contributing to misinformation or misunderstanding.

Actions taken:

A number of actions are underway to strengthen communication, trust and patient experience:

- Increased focus on clear, timely and accessible public information, particularly in relation to urgent and emergency care and alternative pathways.
- Continued development of feedback mechanisms, including real-time patient surveys and engagement activity, to ensure patient voice informs service improvement.
- Continued promotion of campaigns to help people choose the right service and understand what to expect when accessing care.
- Ongoing recognition and celebration of staff achievements to support morale and reinforce public confidence.
- Strengthened social media monitoring and engagement to respond to emerging issues, address misinformation and provide accurate information.

These actions aim to improve transparency, build trust and ensure that patient experience remains central to service delivery.

3.6 Prevention and future focus

People said that there is strong support for a greater focus on prevention and helping people to stay well for longer. However, some expressed concern that this should not detract from addressing current pressures and access issues within the system

Feedback highlighted the importance of early intervention, improved access to screening and diagnostics, and stronger partnership working across health, local authorities and the third sector.

Actions taken:

The Health Board is continuing to:

- Work with partners to strengthen prevention and early intervention approaches.
- Promote screening, vaccination and healthy lifestyle initiatives.
- Explore opportunities to improve access to preventative services and community-based support.
- Engage with communities to ensure that prevention strategies are informed by lived experience.

4. ENGAGEMENT ON STRATEGY AND SERVICE DEVELOPMENTS

In parallel with operational improvements, the Health Board has undertaken engagement to shape strategic developments

4.1 Youth Voice and Strategic Engagement Development

As part of strengthening citizen voice and co-production, a Youth Voice workshop was held in March 2026 involving around 40 participants, including young people, youth workers, healthcare professionals and Health Board staff, to inform the development of a Youth Voice Forum. Young people emphasised that engagement must be meaningful, with clear evidence that their views influence decisions, rather than being tokenistic. Success was described as young people being equal partners in decision making, with inclusive opportunities to participate and clear feedback on how their input leads to tangible change.

The Board will hear directly about potential next steps from some of the young people involved at a session due to take place in May.

4.2 Service Change Engagement in Tywyn:

The Health Board continues to undertake targeted engagement with patients, staff, community representatives, and local stakeholders to inform decisions about future service models in Tywyn. This has included structured workshops, community meetings, and facilitated discussions to ensure that a broad range of perspectives is captured. Ongoing feedback from engagement activity in Tywyn indicates strong and sustained public demand for the inpatient ward to be re-opened. This is accompanied by significant concerns regarding access to care, extended travel distances, and the associated risks to patient safety.

4.3 Service Change Engagement in Penley:

Ongoing engagement across the area highlights a strong demand for clearer, more detailed proposals, alongside questions about future intentions, funding security and

the long-term use of the building. Access to local services remains a key concern, particularly in relation to transport barriers, rural isolation and patient safety. There is clear support for a broader, all-age model focused on prevention and practical community services.

Together, these engagement exercises demonstrate the Health Board's commitment to involving citizens, staff and partners at the earliest stages of service and strategy design.






5. ASSURANCE FOR THE COMMITTEE

Citizen feedback is now being gathered and analysed more systematically than ever before. The consistency of themes across PEARS contacts, surveys, community conversations, political correspondence, and Llais reporting demonstrates the reliability of these insights. Local improvements - such as revised ward menus, new appointment systems, and patient support groups - provide evidence that feedback is translating into service change.

6. RECOMMENDATIONS

6.1 The Committee is asked to:

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

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>4. Improving quality, outcomes and experience</p>
	<p>If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>People First</p> <p>If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>Many of the themes highlighted in this paper align directly with existing risks on the Health Board's Board Assurance Framework (BAF) and Corporate Risk Register (CRR). These include risks relating to timely access and waiting times, quality and safety of care, workforce resilience, health inequalities, and reputation/public confidence. The citizen feedback presented here reinforces areas already identified as strategic risks and provides further evidence to inform mitigation and assurance.</p>
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	<p>A Healthier Wales</p>
	<p>If more than one applies, please list below:</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	<p>Do / Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>An Equality Impact Assessment (EqIA) is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes. EqIAs will be undertaken as appropriate to support individual service change proposals.</p>

<p>Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	Do / Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	A Socio-Economic Impact Assessment (EqIA) is not required for this paper, as it provides a strategic summary of citizen feedback rather than proposing or implementing specific service changes. EqIAs will be undertaken as appropriate to support individual service change proposals.
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People	Meysydd Ansawdd Domains of Quality Person Centred
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do / Yes: <input type="checkbox"/>	Naddo / No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do / Yes: <input type="checkbox"/>	Naddo / No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll? Counter Fraud Impact Assessment Have you considered the counter fraud impacts	Do / Yes: <input type="checkbox"/>	Naddo / No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	Yes (Include further detail below)	
	There is a risk to public confidence and reputation in relation to waiting times, bed capacity, staff shortages, corridor care and ambulance delays, underscoring the importance of timely	

	reassurance, clear factual communication and addressing misinformation to maintain public confidence and reduce uncertainty
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i>	There is no direct impact on resources as a result of the activity outlined in this report.
Resource Impact <i>(People / Financial)</i>	

Planning, Population Health & Partnerships Committee

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE ANNUAL REPORT 2025/26

Date of Meeting	07 May 2026
Publication Status	Open/ Public
	Not Applicable
Report Author(s) name and title	Joanne Gauntlett, Deputy Head of Emergency Preparedness, Resilience and Response (EPRR) Sharon Scott, Head of Emergency Preparedness, Resilience and Response (EPRR)
Lead Executive Team Member name and title	Jane Moore Executive Director of Public Health

Report Purpose	Endorse for Board Approval
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Executive Summary

This paper updates the Committee on BCUHB Emergency Preparedness, Resilience and Response (EPRR) statutory requirements placed upon the Health Board by the Civil Contingencies Act (2004) and the NHS Act (2006) as amended by the Health and Social Care Act (2012), as required by the NHS EPRR Framework.

The Committee are asked to:

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



Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
Civil Contingencies Assurance Group	24/03/2026	

Acronyms / Glossary of Terms	
Abbreviation	Full Title
CBRN(e)	Chemical, Biological, Radioactive Nuclear and Explosive
CCA 2004	Civil Contingency Act 2004
CCAG	Civil Contingencies Assurance Group (BCUHB internal meeting)
CCC	Civil Contingencies Committee
CEO	Chief Executive Officer
COBR	Cabinet Office Briefing Room
CONOPS	Concept of Operations
DECC	Department of Energy Climate Change
DEFRA	Department of Environment, Food and Rural Affairs
DPH	Director of Public Health
ECCW	Emergency Coordination Centre Wales
EMRTS	Emergency Medical Retrieval and Transfer Service
EPAG	NHS Wales Emergency Planning Advisory Group
EPRR	Emergency Preparedness, Resilience and Response
HAC	Humanitarian Assistance Centre
HACMG	Humanitarian Assistance Centre Management Group
HAZMAT	Hazardous Material
HCC	Health Command Centre
HECC	Hospital Emergency Control Centre
IMT	Incident Management Team
JESIP	Joint Emergency Services Interoperability Principles
LA	Local Authority
LRF	Local Resilience Forum
METHANE	A structured, standardised format used to share critical incident information M ajor Incident, E xact location, T ype of Incident, H azards, A ccess, N umber of casualties, E mergency services
MIO	Medical Incident Officer
MIP	Major Incident Plan
NBBB	National Burns Bed Bureau
NHS	National Health Service
NRW	Natural Resources Wales
NWLRF	North Wales Local Resilience Forum
NWP	North Wales Police

Acronyms / Glossary of Terms	
Abbreviation	Full Title
NWFRS	North Wales Fire and Rescue Service
OOH	Out of Hours
PHE	Public Health England
PHW	Public Health Wales
RD	Resilience Direct
RDPH	Regional Director of Public Health
REAP	Resource Escalation Action Plan (for WAST)
SAG	Safety Advisory Group
SCC	Strategic Coordination Centre
SCG	Strategic Coordinating Group (multi-agency)
SID	Sharing, Information and Discussion Site
SITREP	Situation Report
STAC	Scientific and Technical Advice Cell
TCC	Tactical Coordination Centre
TCG	Tactical Coordinating Group (multi-agency)
UEC	Urgent and Emergency Care
UKHSA	UK Health Security Agency
WAG	Welsh Assembly Government
WAST	Welsh Ambulance Service Trust
WB	Welsh Blood supplies
WCCC	Welsh Civil Contingencies Committee
WRF	Wales Resilience Forum



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EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE ANNUAL REPORT FROM 1st APRIL 2025 TO 31st MARCH 2026

1. EXECUTIVE SUMMARY

- 1.1 The Health Board must plan for and be able to respond to a wide range of incidents and emergencies which could affect its ability to deliver effective and responsive health or patient care. For example, these could be the effects of severe weather, another pandemic, mass casualty incidents, industrial action or a major transport accident. This report provides oversight and assurance on the Health Board's continued resilience to plan for and recover from a wide range of incidents and emergencies which could affect their ability to deliver effective and responsive health care.

2. INTRODUCTION AND CONTEXTUALISATION

- 2.1 This section of the report outlines the statutory requirements and national considerations that determine or will have future influence on the BCUHB resilience agenda.
- 2.2 **Civil Contingencies Act (CCA) 2004 – Category 1 Responder Duties**
Betsi Cadwaladr University Health Board is a Category 1 responder, as specified by the Civil Contingencies Act (CCA) 2004, with a duty to prepare, plan and mitigate against disruptive incidents that threaten human welfare in the UK, the environment of a place in the UK or war or terrorism which threatens serious damage to the security of the UK. Other Category 1 agencies have a similar responsibility to work in partnership to alleviate disruption and the Health Board works within local, regional and national partnerships to achieve this aim.
- 2.3 The Health Board must retain the flexibility and capability to respond to local emergencies (major incidents) whilst maintaining critical activities. This flexibility must take in to consideration any transitional and future changes within the Health Board.
- 2.4 As a category one responder, the Health Board is subject to the following civil protection duties should an emergency occur and as such is required to:
- Assess the risk of emergencies occurring and use this to inform local contingency planning
 - Put in place emergency plans
 - Put in place business continuity management arrangements
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform, and advise the public in the event of an emergency
 - Share information with other local responders to enhance coordination
 - Cooperate with other local responders to enhance coordination and efficiency.

Note: The CCA is supported by statutory regulations and non-statutory guidance.

- 2.5 The primary blueprint to achieving resilience is the Welsh Government's NHS Wales Emergency Planning Core Guidance, which outlines the requirement incumbent on Boards to prepare, maintain and exercise emergency plans whilst working in partnership. There are several other requirements contained therein, ranging from maintaining a Business Continuity Management system, Chemical, Biological, Radiological, Nuclear and Explosive (CBRNe) capability, to the anti-terrorist Prevent duty.
- 2.6 Under the requirements of the NHS EPRR guidance, the Health Board must:
- Have suitable and up-to-date incident response plans which set out how it would respond to and recover from a major incident / emergency affecting the wider community or the delivery of their services
 - Adopt business continuity plans to enable them to maintain or recover the delivery of its critical services in the event of a significant disruption.
- 2.7 Business Continuity arrangements require ongoing improvement and exercising of completed plans, and this has been incorporated in to the EPRR team's work programme for 2026/27.
- 2.8 CBRNe and Hazmat preparedness and response arrangements for the Health Board requires ongoing improvement and this will be addressed through the 2026/27 workplan to further develop, in line with national planning arrangements, robust measures which includes determining the CBRN response equipment currently available at the three acute hospital sites, any national, local and / or onsite counter measure stocks and development of CBRNe / Hazmat response plans. Following completion of the scoping exercise and the updating of local plans, a table top exercise will be carried out to validate the robustness of plans.
- 2.9 This report documents the achievements from April 2025 to March 2026, together with the expectations for development in the future, including:
- BCUHB current EPRR role and responsibilities
 - Consistent activities through 2025/26
 - New activities during 2025/26
 - Counter Terrorism Strategy (CONTEST)
 - North Wales Resilience Forum
 - Meetings and oversight
 - Performance Management
 - Training, Exercising and Coordinating incident response, and;
 - The way forward over the next 12 months

3. ROLES AND RESPONSIBILITIES

3.1 BCUHB has a number of responsibilities under EPRR including:

- Appoint / nominate an Executive Director who is responsible for health emergency planning. This person should report to the board regularly on local risks with regards to delivering health care, and / or the health of the local population;
- Maintaining a sufficiently resourced and adequately trained health emergency planning team that can manage the day-to-day preparedness work, and support the Executive Director and BCUHB;
- Maintaining a health emergency planning network, through EPAG (NHS Wales Emergency Planning Advisory Group) (and other forums), to agree health resilience issues;
- Undertaking assurance processes via a mapping exercise and where there are capacity gaps, take measures to ensure coverage;
- Maintaining capacity to provide a 24/7 on-call rota through a single point of contact and activation plans. This includes response and incident support being available to staff on the on-call rotas, to IHCs and cross boundary requests for mutual aid;
- Ensuring BCUHB contributes fully to any local multi-agency training and exercising programme, especially, but not limited to, exercises that are of a statutory requirement for local high-risk sites, i.e. chemical plants, Holyhead Port, sports grounds licensing etc., and;

3.2 **BCUHB Chief Executive**

The Chief Executive is given responsibility by the Board for ensuring implementation and compliance of EPRR and is responsible for:

- Identifying leadership to coordinate and manage plans for local populations. These arrangements should build on previous years wherever possible to ensure learning and experience is not lost.
- Ensuring that day-to-day management arrangements between providers and partner organisations are in place to allow the system to cope with any difficulties, and;
- Ensuring all IHCs have in place clear escalation and communication arrangements. These will include assurance that conference calls via Microsoft Teams are arranged with the EPRR team and Incident Response Team, if required.

3.3 **Director of Public Health**

The Executive Director of Public Health has the delegated responsibility for EPRR for the Health Board. The activities highlighted above are delivered by the EPRR Team on behalf of the Executive Director of Public Health.

3.4 **EPRR Team**

The role of the EPRR Team is to maintain the statutory requirements and associated activities of the CCA 2004.

The team utilises a variety of data sources including IRIS, to inform and support decision making at all levels.

The EPRR team's current support to Urgent and Emergency Care provides a bespoke service that is not replicated elsewhere, enabling BCUHB to have a shared operational and resilience footing, pulling together data, analysis and system response either from an NHS operational system perspective or as part of a wider multi-agency response structure.

The EPRR team provides an immediate incident support cell for the Strategic and / or Tactical Commander in situational assessment and whole system command and control.

The current role and responsibilities of the EPRR team can be summarised as follows:

- Assurance and audit processes;
- Coordination of NHS representation at NWLRF activities;
- Coordination and delivery of NHS incident debrief meetings;
- Reviewing and maintaining incident response plans;
- Training and exercising;
- Engagement with stakeholders, including NWLRF, GP Out of Hours, IHCs, Mental Health Services, Women's Services and Primary Care;
- Maintaining and oversight of Strategic, Tactical and Operational on-call rotas;
- Leading or supporting the NHS response to a local emergency (major incident / business continuity), and;
- Coordinating NHS participation during the recovery phase of an incident.

The EPRR team also provides:

- Operational management of urgent and emergency care systems;
- Twice daily system resilience calls / tactical risk huddle reporting of system pressures and risk for informing National calls;
- Engagement with IHCs on alignment of local escalation plans and their effectiveness in relieving pressures;
- Oversight and management of Weekend Planning arrangements identifying key risks and mitigation across the system
- Providing weekly executive escalation reports to the Executive Team covering ED data, Staff / workforce data, vaccination updates and EPRR horizon scanning;
- Assessing urgent and emergency care pressures and supporting sites to resolve patient flow problems where appropriate, and;
- Providing debrief reports to influence and inform future plans of the Health Board.
- Continuing to maintain provision to provide local system management for routine capacity issues, diversion and winter pressures.

- Supporting UEC on the delivery of satisfactory performance and the monitoring of that performance through SITREPs, daily ED performance and coordinated communication systems;
- Coordination of the Bronze (operational), Silver (Tactical) and Gold (Strategic) on-call rotas and ensuring staff are sighted on any potential risks through the weekend planning meetings.

4. **CONSISTENT ACTIVITIES**

4.1 During 2025/26 a number of consistent EPRR activities have been conducted, including:

- Participation in the North Wales Local Resilience Forum (NWLRF) activities locally;
- Participation in NHS Resilience activities locally, regionally and nationally;
- Maintenance and testing of on-call rotas to support the BCUHB command and control function;
- Development and delivery of further training to on-call staff, Clinical Site Managers and loggists;
- Chairing of the NWLRF Mass Fatalities group and development of the Mass Fatalities capabilities day that took place on 18th March 2026;
- Maintenance of the Betsi net site that focuses upon resilience matters;
- Maintenance of the Teams resources for on-call staff, and;
- Coordination of BCUHB participation in multi-agency exercises and All Wales training opportunities.
- Undertaking of all Annual Work Programme workstreams which has included more than 10 workstreams for 2025/26. The annual work programme for 2026/27 has also been created and signed-off for reporting against during the upcoming financial year.

5. **NEW ACTIVITIES**

5.1 Activities conducted within the reported year (2025/26) have increased the overall levels of preparedness and resilience within the Health Board; these include:

- Development of a new loggist handbook;
- Conducting loggist training;
- Development of on-call Teams Channel;
- A review and update of the Business Continuity Management Procedure;
- Formation of a group to specifically look at major incident training provided to ED clinicians;
- A review of the Health Board's Adverse Weather Plan;
- Responding to 24 national and local emergencies (major incidents, business continuity) at either, strategic or tactical levels;
- Development and facilitation of business continuity workshops with services / directorates to raise awareness and improve resilience;
- Design and delivery of UEC Operational Masterclasses;
- Development and facilitation of a BCUHB health economy winter pressures / surge debrief workshop;



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- Creation of a business continuity dashboard for monitoring and compliance;
 - Creation of dashboard for monitoring on-call staff training competencies;
 - Provided support to the Urgent and Emergency Care programme;
 - Mapping of NSRA risks into the BCU Matrix;
 - Managing the daily operational activities associated with urgent and emergency care, and;
 - Participation in the national workshop for the development of the UKHSA Adverse Weather Plan 2026.
- 5.2 The EPRR Team provides comprehensive coordination of the Bronze (Operational), Silver (Tactical), and Gold (Strategic) on-call rotas to ensure robust leadership coverage and effective decision-making across the Health Board at all times. As part of this function, the team leads the weekly weekend planning process, ensuring that senior leaders and on-call officers are fully sighted on emerging risks, operational pressures, and any potential system vulnerabilities ahead of the weekend period. Following each weekend, feedback from sites and services is systematically collated, reviewed, and disseminated to Heads of Sites and Service Leads to support organisational learning and strengthen future preparedness. This structured feedback loop enables themes, risks, and areas for improvement to be identified promptly, ensuring that learning is embedded and that the Health Board maintains a resilient and well-informed on-call system.
6. **CROSS GOVERNMENT COUNTER TERRORISM STRATEGY (CONTEST)**
- 6.1 CONTEST is an integrated cross government approach to counter terrorism and comprises of an approach based on four main work-streams each with a clear objective:
- Pursue - stopping terrorist attacks;
 - Protect - strengthening our protection against attack;
 - Prepare - mitigating the impact of attacks, and;
 - Prevent - stopping people becoming terrorists or supporting violent extremism.
- 6.2 BCUHB continues to contribute actively to the Protect, Prepare, and Prevent objectives of the UK CONTEST Strategy, ensuring a coordinated health-sector role in counter-terrorism preparedness across the organisation.
- 6.3 The EPRR Team works closely with the Safeguarding Team to ensure alignment between Prevent duties, organisational safeguarding responsibilities, and wider resilience arrangements. This includes joint participation in relevant multi-agency forums.
- 6.4 Through 2026/27 the EPRR Team will work closely with the Safeguarding Team to support integrated training that will support the early identification and appropriate escalation of concerns. This will help to improve operational

awareness across clinical and non-clinical services. The overarching aim is for there to be a more structured programme of targeted training and awareness-raising to ensure sustained compliance with statutory duties and increased organisational resilience.

7. **NORTH WALES LOCAL RESILIENCE FORUM (NWLRF)**

7.1 In order to fulfil the duties under the CCA, the BCUHB needs to operate effectively as a collective body in collaboration with its partners in the NWLRF.

7.2 BCUHB attends the NWLRF on behalf of all IHCs and participates in NWLRF activities.

7.3 The mandatory requirements of the NWLRF are:

- Category One responders must be effectively represented;
- It must meet at least once every six months, but meets quarterly;
- It must also deliver government policy by coordinating the local response to government initiatives;
- Plan for the formation of a Strategic Coordinating Group (SCG) or Tactical Coordinating Group (TCG) to coordinate the multi-agency response to an emergency, and;
- Exercise plans, learn and implement lessons from exercises, emergencies and emerging policy.

7.4 The resilience structure within North Wales is centred upon the NWLRF. The NWLRF and several key sub groups focus upon specific elements from the National Capabilities work stream that require local mitigation. All of the sub groups listed below have BCUHB attendance coordinated or provided by the EPRR team:

- Risk Assessment group
- Warning and Informing Group
- Lessons management Group
- Coordination, Training and Exercise Group
- Infrastructure and Logistical Preparedness Group
- Learning and Development / Interoperability Group
- Severe Weather Group
- Health Group
- Community Resilience and Humanitarian Assistance Centre Group
- Mass Fatalities Group
- Environmental Group
- Digital Infrastructure Group

IHCs are appraised of the activities highlighted above through the BCUHB Civil Contingencies Assurance Group.

7.5 Due to the high volume of meetings where BCUHB representation is required, the recurring essential meetings have been tabulated with a lead and deputy identified for each.

8 **RESILIENCE DIRECT**

8.1 The Deputy Heads of EPRR maintain and update the BCUHB pages on the secure online resource Resilience Direct. (Resilience Direct is a fully accredited and secure information-sharing platform for Emergency Responders. It allows for real time information to be shared across all organisational and geographic boundaries). Increasingly this platform is being used as a secure medium for interagency communications, incident management and coordination.

9 **MEETINGS AND OVERSIGHT**

9.1 **Emergency Preparedness Assurance Group (EPAG)**

EPAG is a regional All Wales NHS Emergency Preparedness Leads group consisting of representatives from the seven Health Boards in Wales meeting on a quarterly basis to focus on NHS EPRR related matters, developing assurance programmes and sharing best practice across Wales.

9.2 **Civil Contingencies Assurance Group (CCAG)**

This Executive Led group provides the leadership, coordination and governance of civil contingencies planning and preparedness within Betsi Cadwaladr University Health Board, encompassing emergency response and business continuity planning, across all services, in accordance with the Welsh Government's NHS Wales Emergency Planning Core Guidance.

- To develop, support and promote the civil contingencies / resilience culture throughout the health board
 - To provide oversight and coordination of emergency planning and business continuity planning
 - To ensure that plans for business continuity and emergency response are developed as per national guidance or emerging risks, and reviewed and tested in line with guidance and policy
 - To ensure a suitable command, control and communication infrastructure is established and maintained to support an emergency / major incident response
 - To review, action and disseminate relevant local and national guidance, plans and procedures
 - To identify the impact of new or revised legislation / guidance and reflect it in procedures
 - To manage any action plans resulting from lessons learnt after live activations, or local or national exercises
 - To agree and support an annual training programme for the health board, ensuring that relevant staff have the skills to undertake their identified role during an emergency / major incident
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- To agree and support an annual exercising programme for emergency / major incident response plans and business continuity plans at a specified exercising frequency
- Participate in any audit of resilience arrangements
- Review and escalation of EPRR risks
- Report on an annual basis to Board with a six-monthly update on progress.

9.3 **Safety Advisory Group (SAG)**

The local SAGs are chaired by the Local Authorities. The purpose of the SAG is to deliver to the public a safely planned and organised event; that meets all the statutory obligations under relevant legislation; that meets the standards of safety applied to all public events across North Wales, and to review and agree recommendations made at Joint Agency Planning Meetings

The Deputy Head of EPRR represents the Health Board at the local SAG meetings and cascades event information to the on-call Teams channel when there is, or is potential for, impact upon local health services. This information is readily accessible by staff on the BCUHB operational, tactical and strategic on-call rotas.

10. **PERFORMANCE MANAGEMENT**

10.1 Performance management is conducted through a number of proactive and constructive activities designed to enable BCUHB to achieve the required standards.

10.2 BCUHB has undertaken, a self-assessment against the NHS England Core Standards for EPRR. Following a self-assessment, and in line with the definitions of compliance, the organisation declared itself as demonstrating 'Limited Assurance' against the EPRR Core Standards. This was based on actions taken over the previous twelve months and the CCG commitment to effective EPRR planning and response. The EPRR team has a detailed work plan to address any identified gaps. This was verified following scrutiny by the Internal Audit Team.

Note: Whilst Wales specific EPRR Core Standards are being developed, BCUHB uses the established NHS England EPRR Core Standards as a self-assessment framework as these are directly aligned to the Civil Contingencies Act.

11. **COORDINATING LOCAL EMERGENCY (MAJOR INCIDENT) RESPONSE**

11.1 In order to ensure a cohesive response to any local emergency (major incident) whether NHS related or involving multi-agency partners, BCUHB has arrangements in place to facilitate an appropriate response.

11.2 Dependent upon the scale and nature of the local emergency (major incident) there are arrangements in place to activate a scale able NHS response across the three IHCs.

11.3 The activation procedure was last tested through an activation exercise led by WAST on 26th November 2025.

12. **4x4 RESPONSE WALES**

12.1 During winter 2025/26, BCUHB again utilised the support of 4x4 Response Wales (4x4 RW), a volunteer organisation with registered charity status and affiliation to the National 4x4 Response network operating across the UK.

12.2 4x4 RW maintains regional teams throughout Wales whose members voluntarily provide their time, vehicles, and expertise to assist Emergency Services, Emergency Planning Officers, Resilience Groups, Health Authorities, and other partner organisations during periods of adverse weather or emergency need. In line with the existing agreement between BCUHB and 4x4 RW, this resource is used only in exceptional circumstances to ensure that staff essential to maintaining critical services are able to travel safely to work. Throughout the winter period, there were several instances where severe weather conditions necessitated their deployment to support the continuity of key clinical and operational services. Further work is underway with 4x4 RW in preparation for winter 2026/27 to strengthen and streamline the booking and activation process, ensuring enhanced robustness and clarity for all parties.

13. **BETSI NET PAGE**

13.1 The EPRR intranet pages have continued to be actively maintained and updated throughout the past twelve months, providing a central, accessible source of up-to-date information on resilience, major incident arrangements, business continuity, and statutory duties for all BCUHB staff. To further strengthen accessibility and operational readiness, an on-call Microsoft Teams Channel was established in 2025 for staff undertaking Strategic (Gold), Tactical (Silver), and Operational (Bronze) on-call responsibilities. This dedicated channel houses all relevant on-call rotas, digital copies of the on-call packs, contact directories, operational templates, and supporting reference materials. Access is appropriately controlled and available to the Strategic (Gold) Commander, Tactical (Silver) Commander, Operational (Bronze), administrative support staff, and trained loggists. The introduction of this platform has improved information sharing, ensured consistent access to current documentation, and supported a more efficient and resilient approach to on-call coordination.

14. **TRAINING / EXERCISES / WORKSHOPS / SEMINARS**

14.1 The Welsh Government NHS Emergency Planning Core Guidance 2015 states that as a minimum requirement, NHS organisations are required to

undertake a live exercise every three years, a tabletop exercise and physically setting-up of the control centre every year and a test of communications cascades every six months. To meet these requirements, the EPRR team has coordinated all local NHS attendance (as observers or as participants) at multi-agency exercises, workshops and seminars.

The BCUHB Senior Managers that are part of the On-Call rota, are invited to attend relevant training arranged by the EPRR Team.

All BCUHB staff that are part of the on-call rota are to be asked to complete a training needs analysis document. The results from these will help the EPRR team determine the content and level of training to be provided to on-call staff during the coming year.

The EPRR team has delivered the following training to BCUHB staff:

- **Loggist Training** – a total of 32 staff have completed this training;
- **Director on-call training / Strategic, Tactical and Operational Commanders** – a total of 159 (80%) on-call staff have now completed this training.
- **Clinical site managers** – a total of 27 (69%) of CSMs have completed this training.
- **Operational Masterclasses** – a total of 54 staff have attended these sessions
- **Business Continuity Awareness Session** – a total of 29 staff attended this session
- **Service specific BCP workshops / training** – these have been delivered either via Teams or face to face. The support sessions have to date been delivered to Womens Services, Mental Health and Learning Disabilities, Switchboard, Corporate, Public Health and IHC West.
- Multi-Agency delivered training
- Wales Gold
- Wales Silver (JESIP Tactical)
- JESIP Operational
- GSB Silver / Tactical Command Training
- UK Resilience Academy LRF Risk Training

14.2 Exercises and workshops

BCUHB has participated and coordinated NHS involvement in a number of exercises during 2025/26 including:

- **MHLD IHC West, Ty Llewellyn Business Continuity Exercise 10/04/2025**

This exercise was utilised to exercise a tactical and operational response to a major incident leading to the evacuation of the Ty Llywelyn Mental Health Unit. The exercise provided challenges on a range of issues that would have to be addressed when responding to a major incident that

triggers a major evacuation. The exercise tested and evaluated the immediate and on-going response of the Ty Llywelyn Mental Health Unit to the evacuation, shelter and transfer of a diverse group of patients with a broad range of dependency needs.

- **Exercise Solaris (30/04/2025)**
Exercise Solaris was a table top exercise run over Microsoft Teams to exercise multi-agency pandemic response arrangements and plans at LRF level in preparation for Exercise Pegasus (Exercise Pegasus is detailed later in this section).
- **MHLD IHC East, Heddfan Unit Business Continuity Exercise 30/05/2025**
This exercise was utilised to exercise the immediate and on-going response at a tactical and operational level in the event of a major incident leading to the evacuation of the Heddfan Mental Health Unit. The exercise provided challenges for participants to work through covering a range of issues that would have to be addressed when responding to a major incident that triggers a major evacuation including the evacuation, shelter and transfer of a diverse group of patients with a broad range of dependency needs.
- **Winter 2024/25 learning and debrief event (05/06/2025)**
This event brought together healthcare professionals to reflect on lessons identified from Winter 2024/25 and explored ideas and opportunities to shape the response to the winter ahead (2025/26). The aim of the event was to develop the Winter Planning Framework with clear expectations and to agree key planning milestones for Winter 2025/26 to build “realistic” plans and avoid planning repetition and cross cutting requests.
- **Winter Storm 2025**
This multi-agency workshop took place on 11th June 2025 with the keynote speaker sharing lessons learnt from the response to the devastating Valencia floods, with breakout sessions focussing on the importance of JESIP in a multi-agency response.
- **Public Health Directorate Away Day 17/06/2025**
- **MHLD Ablett Unit (IHC Central) Business Continuity Exercise 10/07/2025 (Exercise Clear Ward)**
Exercise Clear Ward was a table top exercise to test the Ablett Adult Mental Health Unit’s ability to respond to an outbreak requiring evacuation of the unit.
- **Exercise Amber Dragon (WXM FC) 15/07/2025**

Exercise Amber Dragon was a tabletop exercise conducted to test the multi-agency response to a Major Incident at Wrexham Stadium and surrounding areas, including the railway station. This exercise was prompted by a rise in risk due to increased activity and football events in the Wrexham area. The exercise was led by BTP and attended by Transport for Wales, North Wales Police, the NHS and the Fire Service, and aimed to evaluate interoperability and existing response plans.

- **Health Protection Simulation Exercise (17/07/2025)**
To review and assess the capacity, skill, experience and equipment resources within the Health Protection Service for responding to urgent community sampling requests
- **28/07/2025 – IHC East, AHPs BC Exercise (Exercise Disconnected Care)**
Exercise Disconnected Care was a table top exercise to test the resilience and effectiveness of business continuity arrangements across Therapy Services in IHC East in response to a cyber-attack that disables access to clinical records / systems.
- **Welsh Water – Exercise Dyffryn Conwy (13/08/2025)**
The scenario of this multi-agency table top exercise was based on the Bryn Cowlyd water pipe burst that occurred in January 2025. Whilst the scenario was the same, the time of year was changed to the summer which presented additional challenges for agencies to work through.
- **Exercise Pegasus (22-23/09/2025, 13-14/10/2025 & 3-4/11/2025)**
Exercise Pegasus was a tier 1, table top national exercise, led by the Department of Health & Social Care, aimed at rigorously assessing the UK's preparedness, capabilities, and response strategies in the context of a pandemic arising from a novel infectious disease. The Exercise focussed on the initial stages of a pandemic, structured around three pivotal time points.
Phase 1: Emergence – 22nd and 23rd September 2025
Phase 2: Containment – 13th and 14th October 2025
Phase 3: mitigation – 3rd and 4th November 2025.
- **PH Team Away Day (09/10/2025)**
The EPRR team led an interactive training session with the Public Health Directorate to raise awareness.
- **Exercise Bite Back (18/11/2025)**
Exercise Bite Back was a table top exercise run by Public Health Wales over Microsoft Teams. This exercise explored the multi-agency response to invasive mosquitos in Wales

- **WAST MI Communications Cascade (26/11/2025)**

WAST conducted a Major Incident Communications cascade exercise to test the effectiveness of their communication cascade systems. WAST cascaded a fictional METHANE report and send this out as part of the communication test. Following receipt of the major incident exercise communication at switchboard level, each tier of BCUHB on-call on 26/11/2025 were contacted via established command and control processes.
- **North Wales Mass Rescue Maritime Incident Response Framework Exercise**

This table top exercise was based on a Mass Rescue Maritime Incident in North Wales and was an opportunity to test the newly completed Maritime Incident Response Framework.
- **Exercise Annwn (Conwy Tunnel) 19/01/2026**

Exercise Annwn was a live in-tunnel bore exercise that allowed Emergency Services and the North and Mid Wales Trunk Road Agency to practice their response to a major incident occurring in the tunnel.
- **UK Resilience Academy Risk and Consequence Assessment Workshop 28-29/01/2026**

The purpose of this workshop was to equip resilience and emergencies professionals with the knowledge and skills to effectively assess, interpret, and present risk information, ensuring a comprehensive understanding of national, community, and organisational risk registers and their role in resilience and emergency planning.
- **Exercise Mercurius 11/03/2026**

This was a communications-focused exercise attended by the BCUHB internal communications team designed to test and strengthen multi-agency communication capabilities during a large-scale incident attracting international media interest.
- **Mass Fatalities Capabilities Day 18/03/2026**

This event was an opportunity for multi-agency partners to present their response and capabilities to a mass fatalities incident.

14.3 Seminar and additional activities

In order to ensure continual development of the EPRR function, BCUHB has participated in a number of additional activities including:

- **National Workshop to develop the UKHSA Adverse Weather Plan**

The national workshop provided an opportunity for health and social care leads to participate in the development of the UKHSA Adverse Weather Plan for 2026;

- **Prevent Conference Wales 2026**

This online conference took place on 25th February 2026 to introduce and promote Prevent processes and projects delivering in Wales under the UK Government Prevent Strategy Framework. During the conference sessions explored emerging trends in the Prevent space, including: Mis/Dis/Mal Information; Fascination with Mass Violence; Online Radicalisation; The type of content available online; Channel Panel procedures, and; Making effective Prevent referrals.
- **Wales Civil Contingencies Conference 2025 – The Human Aspects of Civil Contingencies**

This event took place on 1st October 2025 and focused on the Human Aspects of Civil Contingencies. Guest speakers from varied backgrounds shared their experiences and personal reflections as a result of their involvement with significant incidents that have occurred across the UK in recent years. These included the Manchester Arena Attack, Hackney Cyber Attack and setting up a Humanitarian Assistance Centre.
- **Health Prepared Wales Conference**

This online conference took place on 20th November 2025 and brought together healthcare professionals, emergency preparedness resilience and response professionals, policymakers, and community partners to reflect on lessons identified from past emergency, explore current challenges, and strengthen multi-agency preparedness, response, and recovery strategies across NHS Wales and the wider system;
- **Strengthening Wales Cyber Resilience**

This online seminar arranged by South Wales Local Resilience Forum took place on 19th January 2026 and brought together representatives from all four Welsh Local Resilience Forum (LRF) Digital Infrastructure Groups (DIGs), providing a valuable opportunity to share insights, strengthen collaboration, and hear from a range of guest speakers on enhancing our collective cyber resilience.
- **Major Accident Hazard Pipelines – EPRR Awareness session**

This session took place on 21st January 2026 and was scheduled to raise awareness and understanding of the statutory duties placed on NWLRF organisations by the Pipeline Safety Regulations 1996 (PSR 1996).
- **Mass Casualty Incident Arrangements for NHS Wales**

A series of awareness sessions regarding the Mass Casualty Incident Arrangements for NHS Wales took place throughout February 2026. The purpose of these awareness sessions was to strengthen confidence and clarity in NHS Wales would respond to the most challenging and high impact emergencies.

14.4 **Responding to Local Incidents**

Between 1st April 2025 and 31st March 2026, BCUHB responded to 25 national and local emergencies, including major incidents and business continuity events, at either the Strategic (Gold) or Tactical (Silver) level. These incidents required coordinated decision-making, multi-agency engagement, and the rapid deployment of established EPRR arrangements to maintain service continuity and safeguard patient care. The breadth and frequency of these responses demonstrate the continued pressure on the system and highlight the critical importance of maintaining robust preparedness across all services. Each incident has generated valuable organisational learning, which has been captured through formal debrief processes and used to strengthen resilience arrangements across the Health Board. A full breakdown of all incidents managed during the reporting period is provided in [Appendix 1](#).

15. **DEBRIEFS**

15.1 Following any major incident or business continuity activation, the EPRR Team undertakes a structured and comprehensive debrief process to ensure organisational learning is actively captured and embedded. This includes an immediate hot debrief with those involved to identify initial observations, followed by a more detailed cold debrief once operational pressures have eased. Insights from both stages are consolidated into a formal debrief report, which outlines clear findings, lessons identified, and an action plan with named leads and defined timescales. These reports ensure accountability, promote continuous improvement, and facilitate the dissemination of lessons learnt across relevant teams and services to strengthen the organisation's overall preparedness and resilience.

16. **GUIDANCE**

16.1 The following guidance has been released during the course of 2025/26:

- UKHSA Adverse Plan – BCUHB reviewed the content of the local plan and ensured actions were taken locally to comply with the guidance.
- NHS England Core Standards for Emergency Preparedness, Resilience and Response –the aim of the core standards is to clearly set out the minimum EPRR standards expected of NHS organisations in England and providers of NHS funded care. Whilst these standards are not mandatory in Wales they are used to inform planning requirements and best practice.
- Wales Resilience Framework 2025 - The Wales Resilience Framework 2025 reaffirms the Welsh Government's commitment to reduce the risk and impact of emergencies and to work in partnership to strengthen Wales' preparedness. The Framework sets out the Welsh Government's vision, expectations and how they will continue to support responders and

Local Resilience Forums. The internal EPRR work programme is fully aligned to the Wales Resilience Framework.

- Public Health Wales – Chemical Decontamination Guidance for Health Boards. This guidance was released in January 2025 and is being incorporated in to internal plans.

17. PROGRESS AGAINST 2025/26 PRIORITIES

17.1 In the 2024/25 EPRR annual report, the priorities to improve overall resilience for 2025/26 were:

- Exercise Pegasus
- Business Continuity
- CBRN Assessment
- Winter 2024/25 debrief
- Pandemic Influenza Plan
- Training and Exercising
- Cyber Security
- Communications Cascade Exercise

17.2 Progress against these priorities is as follows:

- **Exercise Pegasus and Pandemic Influenza Plan**

Exercise Pegasus was a tier 1, table top national exercise, led by the Department of Health & Social Care, aimed at rigorously assessing the UK's preparedness, capabilities, and response strategies in the context of a pandemic arising from a novel infectious disease. This exercise took place throughout September, October and November 2025. This exercise has helped develop the structure for the Health Boards pandemic response plan that is currently in draft format. It is anticipated that further national guidance to support this workstream will soon be released.

- **Business Continuity**

In September 2025, the EPRR Team developed and implemented a comprehensive Business Continuity Dashboard, representing the first formal business continuity governance and compliance reporting mechanism introduced within BCUHB. The dashboard incorporates a RAG-rated system to record and monitor the status of each Business Continuity Plan (BCP), supported by a clear governance audit trail and an associated percentage compliance indicator. This provides a transparent and consistent method for assessing organisational readiness. The primary aim of the dashboard is to ensure that all Health Board BCPs are identified, tracked, measured, and routinely monitored, enabling the EPRR Team to promptly identify services requiring additional support. This enhanced visibility strengthens organisational resilience by ensuring that risks, gaps, and improvement needs are systematically addressed.

- **CBRN Assessment**

The scoping exercise at the three Acute sites has now been completed in conjunction with a training and education gap analysis. The results from this will be used to take forward the work programme in 2026/27.

- **Training and Exercising**

As can be seen from Section 13 of this report, significant training has been delivered to staff and there have been multiple opportunities for relevant staff to participate in internal and external exercises to enhance their knowledge and skills. Internal and external training and exercising opportunities will continue to be offered to key staff to improve compliance. A training dashboard has been developed to log and monitor training compliance with regular reporting to IHCs and CCAG.

- **Cyber Security**

The EPRR team have worked alongside Cyber colleagues to incorporate a cyber specific section in to business continuity templates. Cyber resilience is included withing EPRR internal training sessions and close working between the two teams will continue throughout 26/27.

- **Communications Cascade Exercise**

As detailed in section 13.2, a communications cascade exercise was conducted in November 2025.

18. THE WAY FORWARD OVER THE NEXT 12 MONTHS

- 18.1 The NHS England EPRR Core Standards and the Wales Resilience Framework together with any new national or international risks and threats will again form the basis upon which EPRR activities will be conducted by BCUHB for 2026/27.
- 18.2 The priority during 2026/27 will be for the Health Board to remain able to respond to any incident that may arise as a result of malicious acts, accidents or natural hazards; further strengthen by way of training and exercising its response arrangements; and continue to support services across the Health Board and within the wider Local Resilience Forum to improve its preparedness.
- 18.3 Accountability arrangements should remain clear at all times and BCUHB must continue to test and review its arrangements. In addition to the Health Board, the three IHCs are required to maintain a good standard of preparedness to respond safely and effectively to a full spectrum of threats, hazards and disruptive events, such as pandemic flu, mass casualty, potential terrorist incidents, severe weather, chemical, biological, radiological and nuclear incidents, fuel and supplies disruption, public health incidents and high profile / large scale events.

- 18.4 To ensure compliance with the EPRR Team's work programme, IHC service business continuity plans will start to be put through an audit process conducted by the EPRR team against ISO:22301. Following each audit, a report and appropriate action plan will be developed to address any shortfalls and these will be shared with the service. These reports will be followed up after a period of 6 months to monitor their progress against action plans that have been developed.
- 18.5 A review of CBRN training and education with a gap analysis and action plan is to be further developed in light of updated national guidance and a Health Board plan with site specific appendices will be created. Following completion of the local plan, a table top exercise will be carried out to validate the robustness of plans.
- 18.6 The Health Board will update its Pandemic Response Plan and a table top exercise will be carried out to validate the robustness of the plan.

19. **SUMMARY**

- 19.1 Over the past twelve months, activity has focused on maintaining a robust EPRR function while the newly established EPRR Team has embedded itself within the organisation. This has included the systematic review, adaptation, and maintenance of existing emergency preparedness and business continuity plans to ensure that both the Health Board and the Integrated Health Communities (IHCs) remain equipped to plan for and respond effectively to local emergencies, including major incidents. The organisation's capability has been tested on multiple occasions throughout the reporting period, both in and out of hours, providing valuable operational learning and demonstrating the resilience and responsiveness of arrangements in place.
- 19.2 Looking ahead to 2026/27, organisational priority will remain centred on ensuring the continued ability to respond to any incident that may arise. Malicious acts and pandemic influenza continue to represent significant threats within the national risk landscape, and preparedness for these hazards must remain strong. In addition, the increasing impact of environmental change continues to elevate the likelihood and severity of extreme weather events. Periods of intense heat, prolonged cold, high rainfall, and strong winds all pose risks of disruption to health services and the wider system. Ensuring readiness for these challenges will be a key area of focus in the forthcoming year.
- 19.3 During the next twelve months, the preparedness of NHS services will need to be closely monitored as the Health Board progresses through its organisational restructure under the Foundations for the Future programme. It is essential that the EPRR function remains resilient throughout this period of change and that capability, capacity, and continuity of statutory responsibilities are not adversely affected. Maintaining clear governance,

stable processes, and strong communication pathways will be critical to ensuring ongoing compliance and operational readiness.

- 19.4 The Board can be assured that BCUHB takes its statutory and wider NHS responsibilities for Emergency Preparedness, Resilience and Response, and Business Continuity extremely seriously. The organisation has established the necessary governance infrastructure, plans, and reporting mechanisms to ensure these duties are discharged effectively and professionally. Ongoing development of arrangements, coupled with strengthened oversight and assurance, supports a consistent and resilient approach to emergency preparedness across all services.
- 19.5 The establishment of the centralised EPRR Team has created a single, coherent point of contact for the IHCs, significantly reducing duplication, confusion, and variation in the way planning and incident response activities are coordinated. This streamlined approach has resulted in clearer communication, improved consistency, and more efficient operational support. The change has been positively received by internal colleagues and highly commended by multi-agency partners across North Wales, enhancing partnership working and reinforcing BCUHB's role in regional resilience arrangements.
- 19.6 Joined-up working between the EPRR Team and the Unscheduled and Emergency Care (UEC) function has further strengthened overall operational management, particularly during periods of system pressure. Improved integration has enhanced situational awareness, enabled more coordinated responses to emerging risks, and supported more effective escalation and decision-making across the system. This collaborative approach continues to contribute to safer, more resilient delivery of services during periods of challenge.
20. **KEY RISKS / MATTERS FOR ESCALATION**
- 20.1 There remains an ongoing requirement to strengthen organisational awareness of Emergency Preparedness, Resilience and Response (EPRR) across BCUHB to ensure that all staff understand their individual and collective responsibilities when responding to a service interruption or local emergency, including a major incident. Continued emphasis on communication, training, and clear guidance will be essential to embedding a consistent understanding of roles, escalation expectations, and the actions required to maintain service continuity during periods of pressure. Enhancing staff awareness in this area will further support the Health Board's ability to respond swiftly, safely, and effectively, ensuring that resilience remains central to day-to-day operations.
- 20.2 Ensuring that all on-call staff are fully trained and competent in their Emergency Preparedness, Resilience and Response (EPRR) responsibilities

remains a key organisational priority. During 2025/26, compliance with EPRR training for Strategic (Gold), Tactical (Silver), and Operational (Bronze) commanders increased to 80%, reflecting improved engagement and strengthened training pathways. The focus for 2026/27 will be to achieve 100% compliance across all tiers of the on-call rota, ensuring that every officer required to undertake critical decision-making during major incidents or business continuity events is fully prepared, confident, and equipped to discharge their role effectively. Continued monitoring, targeted follow-up, and enhanced training provision will support the Health Board in meeting this target and further strengthening organisational resilience.

20.3 As outlined in Section 17.2, significant progress has been made in strengthening Business Continuity (BC) governance and compliance across the Health Board. The Business Continuity Dashboard is now fully active and live, providing all services with a transparent mechanism to view, amend, and monitor their Business Continuity Plans (BCPs) in real time. Compliance is now captured through a clear RAG-rated system supported by percentage compliance indicators, enabling services to understand their current position and identify areas requiring further action. Monthly BC compliance reports are produced and circulated to the Civil Contingencies Assurance Group (CCAG) and Directorate BC Leads, ensuring regular oversight, escalation of emerging risks, and continued organisational focus on maintaining robust and tested BC arrangements. These strengthened reporting and assurance processes support ongoing improvement and reinforce the Health Board's commitment to effective business continuity management.

21. **RECOMMENDATIONS**

21.1 The Committee is asked to support the EPRR team:

- To work with IHCs to gain further evidence from IHCs to ensure that business continuity plans and supporting arrangements are being continually reviewed, maintained and embedded to the requirements of the CCA and aligned standard / guidance, and that lessons learnt from incidents and exercises are incorporated in to these plans.
- To continue raising awareness around roles and responsibilities for EPRR across the Health Board and with our partner agencies.
- To maintain coordination of BCUHB representation at NWLRF sub groups.
- To ensure Strategic and Tactical on-call staff attend necessary training and participate in training and exercise events.

APPENDIX 1 – RESPONDING TO LOCAL INCIDENTS

BCUHB has responded to a number of incidents between 1st April 2025 and 31st March 2026 and a full list of these incidents can be found below.

- **Gas Leak (Adjacent to YGC) 11/04/2025**
A tactical coordinating group was established following concerns relating to a gas leak adjacent to YGC. An immediate repair was undertaken and risk mitigated.
- **Road Traffic Collision, Bodfari – 23/04/25**
This incident occurred out of hours and consideration had to be given to opening additional emergency theatres with the associated calling in of additional members of staff. The debrief that occurred highlighted the importance of not using abbreviations and colloquialisms. The incident was managed within existing resources
- **SACT (Systemic Anti-Cancer Treatments) – May 2025**
The EPRR team supported oncology and pharmacy colleagues to maintain safe delivery of cancer services whilst critical equipment was under urgent repair.
- **Heddfan Mental Health Unit Power Loss – 01/06/25**
It was reported to the EPRR team that the Heddfan Unit suffered a full power loss overnight. However, an incident response team was not required to be set up as this was managed on site and no additional resources were required.
- **Conwy Tunnel Fire 19/06/2025**
A tactical coordinating group was established. During this incident BCUHB worked with partner agencies to ensure for example, arrangements were in place should emergency vascular patients have needed to be transferred from YG to YGC. Traffic diversions were shared with staff via the internal communications team.
- **Storm Floris 04/08/2025**
Storm Floris brought some extremely strong and unseasonable winds to parts of Scotland. However, across Wales storm Floris wasn't nearly so strong, but we did see some gusty winds of 50-60 mph, some spells of heavy rain. Following watching briefs, no incidents were reported from any area of BCUHB. Weather updates were shared regularly and business continuity plans were in place but not required.
- **Flintshire Water disruption 08/08/2025**
In the early hours of 8th August 2025, a water pipe in Hawarden, Flintshire burst disrupting reservoir supply across the Deeside and Flintshire area. A Tactical Coordination Group (TCG) was established to coordinate the multi-agency response.

For BCUHB, Deeside Community Hospital remained on constant tanker supply, Mold and Holywell Community Hospitals were on watching briefs (tankers were on standby if required), vulnerable persons known to BCUHB were identified and all Care / Nursing / Residential Homes, GPs and Community Pharmacies were identified and bottled water distributed as necessary. Supply distribution continued daily until the issue was resolved. Bottled water stations were also put in place for the public to access.

- **RTC A55 Holywell 09/08/25**

A Major Incident was declared by North Wales Police (NWP) following a Road Traffic Collision (RTC) on the A55 near Holywell. A tactical coordinating group was established. YGC ED teams were placed on alert to receive casualties, the incident was managed within existing resources.

- **YGC Cath Lab Gas Leak 10/09/2025**

Internal incident response meetings were set up due to a gas leak outside of the cath lab at YGC. The estates team worked with the utility company for a rapid resolution and repair. As the building had emersion heaters attached to the boilers, hot water to the building was maintained. Therefore, business continuity plans were not activated and patients did not have to be relocated to other specialty services.

- **Storm Amy 03/10/2025 and closure of Menai Bridge**

Due to high winds from Storm Amy travel restrictions were put in place on Britannia Bridge coinciding with this and due to urgent engineering works Menai Bridge was closed from 3rd October until 10th October. Communications were shared widely and business continuity plans were enacted to support travel disruption, vulnerable patients in the community and mitigate any urgent transfers off the island.

- **Laundry Supply Disruption 03/10/2025**

Laundry disruptions were reported on 3rd October affecting main sites, immediate work was undertaken to put additional linen into the system to ensure sufficient supply, business continuity plans were in place to manage disruption to services and maintain regular oversight.

- **East Water Burst Pipe Ruthin Road 10/10/2025**

Reports received of a burst water main on Ruthin Road Wrexham which put access to the hospital at risk, access was reopened within 2 hours after initial repair. Traffic light system put in place to enable full repairs to be undertaken. All site management aware and comms distributed to GPs and Pharmacies in the area. No impact on services.

-
- **East Area Switch Board 16/10/2025**
Due to a temporary drop in resources the EPRR team supported Business Continuity management in Wrexham Maelor Hospital to ensure risk reduction and continuity of critical switchboard services.
 - **YGC Incident 04/11/2025**
The EPRR team was asked to facilitate a 'hot debrief' following an incident at Ysbyty Glan Clwyd. Actions and recommendations were identified and services involved agreed to ensure additional training for on-call and front-line staff around the legal process that has to be followed for a patient to be able to be detained or transferred to 136 suites under the Mental Health Act would be made available.
 - **Water Outage in the Buckley area 06/11/2025**
A pharmacy in the Buckley area made the EPRR team aware that they had no water. Welsh water confirmed a temporary outage due to a burst water main and an expected resolution time was provided that was met. As a precaution the dialysis team made contact with patients in the affected area and reminded them of the importance of checking the chlorine level in the water before commencing their next home dialysis session.
 - **Storm Claudia 14/11/2025**
The MET Office placed Yellow warnings for wind and rain in place for most of North Wales Friday 14th to Saturday 15th November. Two TCGs were established to ensure all agencies were prepared and support if required. Internal communications were issued and teams were asked to factor the potential impact of the weather alerts into their weekend plans.
 - **YGC Loss of Steam, Sterile Services – 20/11/2025**
This incident resulted in the Sterile Services department having to implement their Business Continuity Plan and the service was relocated to ensure there was no impact on theatre activities.
 - **Wrexham Maelor Hospital Power Failure 24/11/2025**
The hospital had some dips in power resulting in significant risk to the site, which was rectified within 90 minutes. However, a second dip to power caused further disruption. Operational Estates transferred the electrical load, and the situation was escalated with specialist contractors attending site to complete repairs.
 - **Storm Bram 09/12/2025**
This adverse weather event brought significant high winds and as a consequence of this there was a power loss at YG. Generators were stood up, but power surges resulted in a loss of CT capability. Whilst this was resolved, any patients requiring a CT scan were diverted to YGC.
 - The strong winds from Storm Bram also resulted in two TCGs being established:

- A TCG was established due to the berths at Holyhead being closed and the resultant stacking of lorries and the management of welfare provisions to those stranded.
- A TCG was established due to a Transport for Wales train hitting a tree on the line towards Blaenau. There was also flooding further down the line into Blaenau Ffestiniog. There were no casualties as a result of this incident.
- **Adverse Weather (snow) 04/01/2026**
A TCG was established due to the severe weather (snow fall) in North Wales, especially in parts of Gwynedd and Anglesey. The 4x4 voluntary response service was utilised by the Health Board to enable critical staff to get to their place of work. No agencies declared a major incident and the response was continued with the use of the severe weather plan.
- **Storm Goretti 07/01/2026**
This adverse weather event brought winds, rain, sleet and snow to North Wales. A TCG was established on 7th January 2026 . Further TCG meetings took place on 8th January 2026 and an additional Transport cell was established to support the objectives of the TCG. School closures had an impact on all agencies.
- An internal critical incident was declared on 8th January 2026 as a result of continued and sustained, significant pressure across the health system and the predicted adverse weather associated with Storm Goretti. This decision was made to ensure the Health Board could plan proactively to provide the necessary support to services, staff and patients. All services were asked to ensure their business continuity plans were put in place and to work closely with the IHC and site management teams. An internal incident management team (IMT) was also established to coordinate activity in the run up to, and during the weekend with further details shared directly with services and departments. The internal critical incident was stood down on 9th January 2026. While the Internal Critical Incident was stood down, all actions put in place to reduce pressures and recover remained ongoing over the weekend.
- **Conwy Tunnel Closure 29/01/2026**
A TCG was established following a serious road traffic incident the Health Board was represented at the meeting. Whilst initial preparatory actions were put in place due to the nature of the injuries, casualty transfers took place to trauma centres outside of North Wales.
- **National Bone Cement Shortage 18/02/2026**
An internal incident management group was established to manage the Health Board's response to the National bone cement shortage. This resulted in all cemented orthopaedic procedures (primarily hip and knee replacements) being postponed for a period of time whilst an alternative product was approved for use.

Non-cemented procedures continued and it was accepted that some procedures took place outside of standard time order so that theatre sessions were not wasted.






- **YGC Electrical Failure 28/02/2026**

On Saturday 28th February Ysbyty Glan Clwyd experienced a fault on its High Voltage ring main system which impact on the electrical supply to the Emergency Quadrant Sub-Station. This resulted in an automatic transfer of the electrical supply for the sub-station to an emergency stand-by generator. Full mains power was restored on Tuesday (3rd March) afternoon. During this time, some planned procedures needed to be rearranged, but urgent care, trauma and IT services were maintained throughout.

- **IT Outage 25/03/2026**

On the afternoon of 25th March 2026, a Wales-wide network outage occurred affecting NHS organisations connected via BT Public Services Network / PSBA, as confirmed by national updates. The outage resulted in a loss of internet connectivity and widespread disruption to Cloud hosted systems. At BCUHB, this led to the loss or degradation of multiple clinical and operational systems. Clinical areas reported significant operational pressure, particularly in Emergency Departments and Maternity, necessitating the use of business continuity (paper-based) processes.



ASSESSMENT	
Link to Strategic Priorities	    
	1. Building an effective organisation
Design Principles	Simplify, Standardise, and Adopt Best Practices
Corporate Risks and Board Assurance Framework	The EPRR Work Programme for 2025/26 has 9 live risks on Datix, these are aligned with National and regional Civil Contingencies Risk Registers.
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales

IMPACT ASSESSMENTS		
Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated



		impacts on any of the protected groups).
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Enablers of Quality All Apply	Domains of Quality All Apply
Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales	
Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	



	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Planning, Population Health & Partnerships Committee

POPULATION HEALTH DELIVERY REPORT Q4 2025/26

Dyddiad y Cyfarfod Date of Meeting	07 May 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Business Sensitive
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Gwyneth Page, Head of Public Health Assurance and Development
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Prevention, Population Health and Early Intervention Executive Delivery Group (PDG)	31/03/26	Noted the report and presentation of performance information to PPHP 26.27 is being considered as part of developing core indicators.



Population Health Q4 25/26 Delivery Report

1. Y SEFYLLFA SITUATION

- 1.1 This is an established, routine report produced quarterly which reflects progress in relation to the population health of North Wales, with Committee approved standard format. The current format is being reviewed and revised ahead of Q1 reporting. This will focus on performance and detail in relation to where the health board is not meeting Prevention and Population Health targets and also impact of activity.

This report focuses on 25/26 key performance indicators, population health priorities and key programmes of work which aim to deliver improved population health. It also provides a look ahead in terms of planning work undertaken during Q4 to inform the IMTP development for 26/27-28/29.

2 Y CEFNDIR BACKGROUND

- 2.1 The report has been established since 2023/24. As part of each submission specific items (additional to the standard items) are proposed for the next submission.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

- 3.1 This report provides an update against standard items:

- Key Population Programmes – Performance Indicators
- Population Health updates
- Risk

There are also requested updates in relation to the Public Health Annual Report 2025 and the Healthy Travel Charter. Weight Management Services have also provided an update on progress.

- 3.2 The committee are asked to note the following item:

- Report item 7.0 - noting the proposed schedule for reporting progress during 26/27 allowing for lead in time for papers to be reviewed appropriately and published.

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








-
- 4.1 The report provides assurance in relation to delivery actions associated with the population health Corporate Risk (CRR25-03).
The Board Assurance Framework review via the Risk Management Group reviewed the associated Population Health risk during March 26.

5 **ARGYMHELLION
RECOMMENDATIONS**

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

- **CYTUNO/AGREE the proposed scheduled for 26/27 (Item 7.0):**
- Noting the proposed schedule for reporting quarterly progress during 26/27 allowing for lead in time for papers to be reviewed appropriately and published.
- Agree the proposed report for July PPHP with focus on:
 - Year end report - use of Grant Funds 25/26
 - Proposed new reporting template to be utilised from Q1
 - Diabetes programme update
 - Well North Wales / Regional Wellbeing, Prevention and Anchor Framework

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	<div style="text-align: center; margin-bottom: 10px;">      </div> <p>2. Developing strategy and long-lasting change</p> <hr/> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience.</p> <p>Health Board Wellbeing Objectives:</p> <ul style="list-style-type: none"> • to improve physical, emotional and mental health and well-being for all. • to target our resources to those with the greatest needs and reduce inequalities. • to support children to have the best start in life. • to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. • to listen to people and learn from their experiences. <p>Prevention and Population Health are noted as a Ministerial priority for 25/26. The Population Health quarterly Delivery Report supports governance and reporting associated with the Health Board's commitment and responsibility to improve the health and wellbeing of the North Wales population.</p>
Yr Egwyddorion Dylunio Design Principles	<p>Choose an item.</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>People First Inclusive Design Equity & Accessibility Wise Spending</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd	<p>CRR25-03 – Population Health</p> <p><i>There is a risk that the organisation will fail to meet the health needs of the population and will not</i></p>



<p>Corporate Risks and Board Assurance Framework</p>	<p><i>enable good health and wellbeing of the population.</i></p> <p><i>This may be caused by a failure to take appropriate health prevention responses in areas such as immunisation, outbreak management and screening, failure to deliver interventions that improve people's health, increasing pressures in primary care, rising demand for chronic condition management, and insufficient capacity in children's, dental, and mental health services.</i></p> <p><i>This may lead to unmet health needs, preventable and communicable diseases, poorer health outcomes and widening inequalities for the North Wales population.</i></p> <p>BAF24-06 - <i>There is a risk of not delivering the required improvements to transform care and enhance outcomes</i></p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Healthier Wales</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<p>Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i></p> <p>Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p> <p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to EQIA in accordance with health board policy.</p>
<p>Asesiad o'r Effaith Economaidd-gymdeithasol</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	



<p><i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to SEIA in accordance with health board policy.</p>
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Galluogwyr Ansawdd Enablers of Quality Whole-systems Perspective</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Meysydd Ansawdd Domains of Quality Person Centred</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Healthier Wales</p>	

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>Choose an item.</p>	
<p>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	

<p>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?</p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to impact assessment in accordance with health board policy</p>
<p>Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p> <p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to impact assessment in accordance with health board policy</p>
<p>Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p> <p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to impact assessment in accordance with health board policy</p>
<p>Cyfreithiol Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	

<p>Enw Da Reputational</p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>
<p>Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)</p> <p>There are risks to the preventative programmes of work which are largely funded through grant/non recurrent funds. These are captured as part of the Corporate risk and also within specific tier 1-2 risks managed via the Public Health Performance and Risk Management Group.</p> <p>There are a number of operational service staff who are on fixed term contracts due to the uncertainty of grant funds continuing. CFOs and Service leads remain informed in order to consider in plans and this has been identified as an area of concern in the recent Public Health Grant Audit (details included in the report). Workforce implications are considered as part of wider Programmes of work.</p>

Population Health – Q4 2025/26 Delivery Report

Produced by Public Health Directorate (March 26)

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1.0 Quarterly Progress Update Q4 25/26

The Health Board Plan 25-28 supports the commitment to delivering the shift towards prevention, improving population health and delivering health and wellbeing service which reduce avoidable health inequalities and improve long-term population outcomes. Current work plans are focused on the delivery of key priority programmes and the development of focused, intelligence led approaches.

During Quarter 4 2025/26 focus has been towards completing the remaining in year deliverables whilst setting out the direction for 26/27-28/29 in the new IMTP.

1.1 Governance and Assurance

The Prevention, Population Health and Early Intervention Executive Delivery Group (PDG) met during January and March 2026.

- January Meeting – provided updates on the development of the health board strategic plan, examined the delivery expectations received into the health board to inform the IMTP development – with new focus on areas including Childhood obesity, Frailty and reducing inequality in take up for vaccination and screening. There was also interest in the presentation of key findings and recommendations from the Homelessness Reduction Insights work across North Wales in preparation for the forthcoming statutory duty under the Ending Homelessness Legislation which places statutory duties on health boards to identify, refer, and collaborate in supporting people experiencing or at risk of homelessness. They described in detail the outcomes of engagement with local authority homelessness leads, the staff survey (completed by 133 colleagues), and lived-experience interviews conducted through Shelter Cymru. Findings revealed that Health Board staff often lacked confidence recognising homelessness and understanding referral pathways, while local authorities reported delays and inconsistency in communication. Hidden homelessness such as sofa surfing or short-term accommodation was not consistently identified. The insights confirmed the need for standardised pathways across all sites, strengthened multi-disciplinary working, enhanced training, and potential development of a Single Point of Access.
A programme update was received in relation to Healthcare Public Health highlighting how data, evidence, and service-user insights are being used to improve care pathways and outcomes. Diabetes transformation work was detailed, which has revealed rising prevalence driven by ageing, obesity, and inequalities; widening gaps between service need and primary-care capacity, and increasing secondary-care demand due to avoidable complications. There was explanation of the development of the whole-pathway model for diabetes, which includes prevention and remission support, improved primary-care management (including the 8 care processes and insulin initiation), integrated community support, consistent specialist care, and adoption of new technologies such as hybrid closed loops. The challenges of fragmented Adult type 1 pathways and limitations in data flow between primary and secondary care was noted.
An update was received in relation to developing a set of core indicators and metrics to inform the cycle of business and which could become an established data set for the health board to monitor progress against its prevention and population health improvement goals and objectives. This is now being taken forward as a key development to support the group from 26/27.
- March Meeting – The March meeting will consider updates in relation to Health Protection, Vaccination & Immunisations, Diabetes 8 Care Processes and the end of year performance against national performance indicators. It will also review the planned deliverables for 26/27.

1.2 Delivery 25/26

Quarter 4 has progressed key deliverables associated with the 25/26 components of the current Health Board Plan (2025-20287). Ministerial Priorities in 25/26 - Two have been classed as 'prevention' which have required outline plans:

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

We have also been delivering our grant funded plans which are focused towards healthy weight, smoking cessation, healthy schools and arts in health and wellbeing. A paper outlining the delivery during 25/26 against grant funded activity will be provided as part of the next report to PPHP (May 26). This has been postponed due to completing end of year submissions regarding finance (including funding streams) and delivery reports to the funding bodies at the time of submitting this report to Exec Committee and PPHP Committee.

1.3 Planning 26/27-28/29

Development of the Health Board plan has commenced. Within the Public Health Directorate the existing key programmes of work (Health Improvement, Health Inequalities, Healthcare Public Health, Health Intelligence & research, Health Improvement and Vaccination and Immunisation will continue to work to the established three year plan with the forward look to 28/29. Key milestones for the forthcoming year will be detailed and build on what has been achieved in 25/26 across all programmes.

These programmes of work will help to inform the wider health board plan, where there are opportunities for prevention and population health improvement. A draft Directorate plan has been produced with focus on delivery and impact, building on what is achieved in 25/26. We note the ministerial increased focus on reducing health inequalities between our most and least deprived areas for vaccination, screening and diabetes, improving childhood weight and falls and frailty for 26/27.

The requirement for establishing Population Health Management approaches has been highlighted in all Welsh Government guidance as a key priority and enabler.

2.0 Performance Indicators (Metrics) – Off track

The following 25/26 National indicators have ended the year off target with the following actions to improve the position embedded into the 26/27 plan. (Red = lower than Wales position, Amber = above Wales position, Green = significantly above Wales position).

Indicator	Up to	Current	Target	Wales position	Action
HPV	Sept 25	72.3%	90%	74.9%	<ul style="list-style-type: none">• Exploring low uptake areas and vaccine equity to develop targeted interventions.
Covid 19	30/12/25	53.31%	75%	52.27%	<ul style="list-style-type: none">• Exploring low uptake areas and vaccine equity to develop targeted interventions.• Review lessons learnt from Winter Respiratory Programme

U65Years at risk group Flu	24/02/26	42.6%	75%	42.2%	<ul style="list-style-type: none"> Flu debriefs sessions Exploring low uptake areas and vaccine equity to develop targeted interventions.
Pre-School (2–3-year-olds)	26/02/26	42.6%	75%	46.1%	<ul style="list-style-type: none"> Efforts to increase vaccine literacy for Health Visitors and Practice Nurses through training Flu debriefs sessions Exploring low uptake areas and vaccine equity to develop targeted interventions. Exploring addressing parental vaccine hesitancy through either motivational interviewing or ERI. Use of BCUHB translation service for transfers into BCUHB where there is limited immunisation history
Primary School Children	26/02/26	57.1%	75%	57.6%	<ul style="list-style-type: none"> E-consent form is ready for use for the 2026/27 programme. Development of BCUHB equity strategy Flu debriefs sessions Efforts to increase vaccine literacy for school nurses and school immunisers and through training Working with schools to finalise school visits earlier. Provide and plan more clinics for catch ups. Development of a local uptake data dashboard Exploring addressing parental vaccine hesitancy through either motivational interviewing or ERI. Use of BCUHB translation service for transfers into BCUHB where there is limited immunisation history.
Secondary School	26/02/26	44.6%	75%	46%	<ul style="list-style-type: none"> E-consent form is ready for use for the 2026/27 programme. Development of BCUHB equity strategy Flu debriefs sessions Efforts to increase vaccine literacy for school nurses and school immunisers and through training Working with schools to finalise school visits earlier. Provide and plan more clinics for catch ups. Development of a local uptake data dashboard Exploring addressing parental vaccine hesitancy through either motivational interviewing or ERI. Use of BCUHB translation service for transfers into BCUHB where there is limited immunisation history. Working with PHW with the development of using Gillick consent
HPV Year 8	30/12/25	66.30%	90%	74.2%	<ul style="list-style-type: none"> Development of e-consent

					<ul style="list-style-type: none"> • Development of school nurses offering information to the year groups regarding the importance of vaccination. • Implementation of the ISSAC standards once they are approved by PHW • Working with DHCW as they complete their discovery work, ensuring BCUHB insights are captured. • Implementation of the needle anxiety toolkit.
HPV Year 9	30/12/25	78.80%	90%	75%	<ul style="list-style-type: none"> • Development of e-consent • Development of school nurses offering information to the year groups regarding the importance of vaccination. • Implementation of the ISSAC standards once they are approved by PHW • Working with DHCW as they complete their discovery work, ensuring BCUHB insights are captured. • Implementation of the needle anxiety toolkit. • Offer catch ups in various locations, school, clinic, home, ensuring histories are checked and all outstanding immunisations offered.
Meningitis ACWY (MenACWY) Year 10	30/12/25	69.60%	95%	74.5%	<ul style="list-style-type: none"> • Development of e-consent • Development of school nurses offering information to the year groups regarding the importance of vaccination. • Implementation of the ISSAC standards once they are approved by PHW • Working with DHCW as they complete their discovery work, ensuring BCUHB insights are captured. • Implementation of the needle anxiety toolkit. • Offer catch ups in various locations, school, clinic, home, ensuring histories are checked and all outstanding immunisations offered.
Meningitis ACWY (MenACWY) Year 11	30/12/25	72.40%	95%	72.9%	<ul style="list-style-type: none"> • Development of e-consent • Development of school nurses offering information to the year groups regarding the importance of vaccination. • Implementation of the ISSAC standards once they are approved by PHW • Working with DHCW as they complete their discovery work, ensuring BCUHB insights are captured. • Implementation of the needle anxiety toolkit. • Offer catch ups in various locations, school, clinic, home, ensuring histories are checked and all outstanding immunisations offered.
% patients offered an index colonoscopy	Dec 2025	25%	90%	28.5%	<ul style="list-style-type: none"> • PHW working with BCU Endoscopy Network Manager • Updated performance figures being presented to BCU Cancer Partnership Board • Part of wider BCU planned work in relation to reducing variation in uptake across screening programmes to include bowel screening

procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment					<ul style="list-style-type: none"> Note: these figures are the wait time for index colonoscopy within 4 weeks of booking (tgt to achieve is 90%)
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Further detail can be found in the relevant section below and the Appendix A.

2.1 Ministerial Priorities 25/26 – Achievement of Targets in the National Performance Framework

Vaccinations & Immunisations

Covid-19

The Covid-19 Programme 2025-26 commenced on 1st October 2025 and will conclude on 31st January 2026. A total of 106,543 eligible citizens aged 75 years and over and/or those who are clinically immunosuppressed have been offered a single dose of the Covid-19 vaccine. The target population uptake assigned by Welsh Government is 75%.

A total of 266,099 doses of COVID-19 vaccine had been given in Wales since 1 October 2025, 67,121 have been administered in BCUHB. As a health board we have vaccinated over 62% of the total eligible population. The Welsh government target of 75% was achieved in our care home for older adults providing assurance on our ability to offer protection to some of our most vulnerable citizens.

(Please note that when citizens who have declined or opted out of vaccination are removed from the demographic, the % uptake increases. % uptake against eligible citizens is reported to provide a population health consideration)

Covid-19 Delivery in Care Homes	Number of Vaccines Delivered	% Uptake
West	1169	86.34
Central	1470	78.9
East	1488	83.8

Influenza

A collaborative programme approach between the health board vaccination team and primary care (GP Practices and Community Pharmacists) with a focus on co-administration for citizens eligible for both the flu and Covid -19 vaccines underpins the planning for the winter 2025 -2026 influenza campaign.

The programme will continue to be delivered at multiple locations, including GP surgeries, vaccination centres, mobile clinics and community pharmacies. This model supports a coordinated and efficient approach to service delivery, with a particular emphasis on the co-administration of the Covid-19 and influenza vaccines. This work is integral to the local implementation of the National Immunisation Framework (NIF), ensuring alignment with national priorities and enhancing resilience of the vaccination infrastructure.

The winter 2025-26 influenza programme is running from 1st October 2025 until the end of March 2026. A Welsh Government target of 75% has been set for eligible cohorts.

A permissive early start for certain cohorts including pregnant women and health care staff aged 65 years and under has been encouraged this year to ensure the early protection ahead of peak respiratory illness. The opportunity to vaccinate health care staff early also supports the health boards winter resilience planning.

Staff Uptake

The Staff Influenza 2025/26 Programme commenced on 11th September 2025 with a total of 21,222 staff eligible to receive a single dose of the flu vaccine.

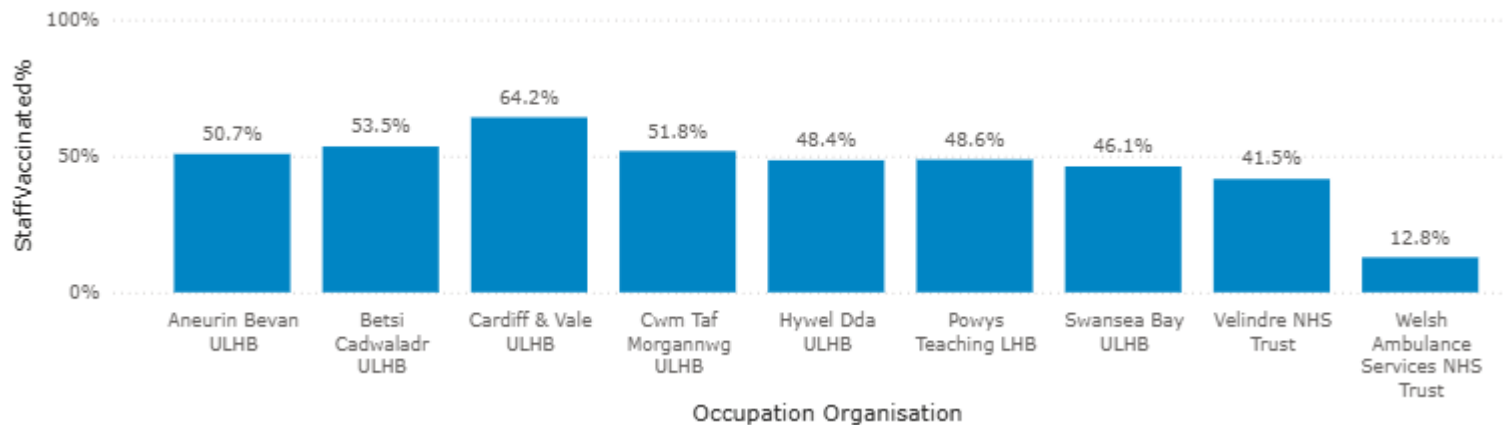
In line with a national directive, there is an emphasis this year on reducing barriers to vaccination and achieving the 75% uptake target set by Welsh Government.

BCUHB are currently second amongst Welsh health boards with a 53.5% uptake in our staff population. A total of 11,453 doses have been administered to staff through an agile and collaborative programme focused on removing any barriers to vaccination offering vaccine at ward level, during shift switch overs and at local vaccination centres on a walk in / no appointment needed basis.

Staff Uptake by Occupation Organisation

Occupation Organisation	Denominator	Vaccinated	StaffVaccinated%
Aneurin Bevan ULHB	15,944	8,090	50.7%
Betsi Cadwaladr ULHB	21,424	11,453	53.5%
Cardiff & Vale ULHB	17,585	11,282	64.2%
Cwm Taf Morgannwg ULHB	13,426	6,954	51.8%
Hywel Dda ULHB	12,190	5,903	48.4%
Powys Teaching LHB	2,656	1,292	48.6%
Swansea Bay ULHB	14,672	6,771	46.1%
Velindre NHS Trust	1,969	818	41.5%
Welsh Ambulance Services NHS Trust	4,480	574	12.8%
Total	104,346	53,137	50.9%

Staff Uptake by Occupation Organisation



HPV

Welsh Government set a 90% target uptake for the school based HPV programme. A directive to increase uptake identified schools with low vaccination rates occurred during July and August 2025.

There is a correlation between low uptake and poor attendance at schools within areas of higher deprivation and individual invites were issued for vaccination at local clinics. Uptake in response to this intervention was low and highlights the requirement to consider strategies to improve uptake in lower demographic areas.

The following schools were escalated in Betsi Cadwaladr where uptake is lower than other schools in Wales: Health Board Local Authority Area School Betsi Cadwaladr Denbighshire Christ the Word Catholic School Betsi Cadwaladr Denbighshire Rhyl High School.

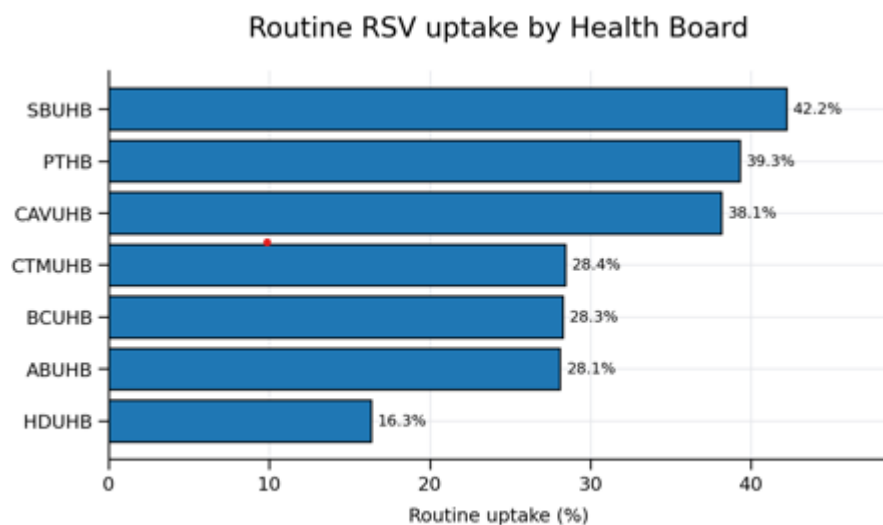
RSV

The Respiratory Syncytial Virus (RSV) vaccine for older adults and pregnant women was introduced in September 2024. In BCUHB, delivery of the older adult programme is primarily managed through General Practitioner (GP) practices, while the maternal programme is administered by the health board's vaccination team in collaboration with midwifery colleagues.

The time sensitive catch-up programme targeting individuals already aged between 75-79 years of age at the start of the programme terminated at the end of August. The IVS supported practices who had not achieved the 65% target by inviting all eligible citizens who had not received a vaccination to a local vaccination centre.

Despite this, routine uptake has decreased and several, large, low uptake practices continue to see a backlog of unvaccinated citizens

BCUHB uptake routine cohort age 75 years – 79 years (Public Health Wales data) (December 2025)



The IVS is working in continued partnership with GP practices to support decreasing the current backlog ahead of the Spring programme. There is also an opportunity for RSV to be administered alongside the Covid-19 Spring programme enabling practices to optimise uptake with an offer of two vaccines during the same appointment.

RSV Maternal Vaccine Delivery

As at 22/12/2025, uptake of RSV vaccination in eligible people in Wales was:

- 49.7% for currently pregnant women • 57.5% for women giving birth during November 2025

BCUH delivery is in line with national average. The IVS is working with midwifery colleagues and 'flying start' initiatives to focus on optimising uptake in areas of higher deprivation

Pre-School Childhood Immunisation Programme

Childhood Immunisation Changes

From 1st July 2025, changes to the UK childhood immunisation schedule were implemented to optimise early-life protection and streamline vaccine delivery. The second meningococcal B (MenB) dose was brought forward from 16 to 12 weeks, providing earlier protection during a period of highest vulnerability. In parallel, the first pneumococcal conjugate vaccine (PCV) dose was moved from 12 to 16 weeks. The Hib/MenC vaccine was phased out, reflecting sustained high herd immunity and the discontinuation of the combined vaccine.

These changes apply to babies born on or after 1 July 2024 and aim to enhance early MenB protection while reducing the number of injections required at early visits.

Implementation across BCUHB has been successful, supported by an intensive programme of communication, training, and clinical guidance. This approach enabled practices to effectively manage the clinical and logistical challenges associated with transitioning to the revised schedule.

On the 1 January 2026, Public Health Wales has introduced a new 18-month vaccination appointment, replacing the previous 3-year 4-month dose. Children born on or after 1 July 2024 will receive their second MMR dose as the combined MMRV (measles, mumps, rubella, and chickenpox) vaccine at this new 18-month appointment, alongside a 6-in-1 Hib-containing booster.

Diabetes & Care Processes

The NICE eight care processes are checked that people with diabetes aged 12 and over should have on an annual basis as part of their clinical management and care. The eight NICE care processes for diabetes are:

- Blood pressure
- Body mass index
- Smoking Status
- Urine albumin
- Serum cholesterol
- Serum creatinine
- HbA1c
- Foot checks

Completion of these checks is associated with a reduction in risk of complications of diabetes developing and provides an opportunity for early intervention around both risk factors and treatment. There is a continued upward trend in the delivery of all eight NICE care processes compared to position at the same month in 2024/25. However, BCUHB continues to rank 7th out of 7 in Wales against this metric, with just over 43% of people with diabetes having all eight care processes recorded in their GP patient record.

Though performance of urine albumin and foot checks have the lowest uptakes of the eight care processes, all checks show continued improvements with completion rates of between 63.7% - 90% across each process in February 2026. This does not demonstrate a systematic issue with particular care elements of the clinical review and is more consistent with a random pattern of variation in completion. Work is currently being undertaken with the BCUHB managed practices to understand any challenges to data quality and performance, and to identify learning from areas of good practice.

These priorities are being taken forward into plans for 2026/27 and delivery of the eight care processes will be reviewed on both a cluster and GP level footprint with a view to identifying unwarranted variation and improving the performance where there are currently challenges in achieving good uptake as part of a wider programme of work around diabetes.

2.2 Quadruple Aim targets – performance updates

Charts can be found in Appendix A. Headline information below:

Colonoscopy Screening

Whilst the performance for index colonoscopy is below target, BCUHB is above the target for both coverage (63.2%) and uptake (65.9%), and in line with other health boards (see Figure 1, Appendix A). BCUHB has slightly higher uptake than the Wales average (65.5%). During 26/27,

BCUHB Public Health Directorate will work collaboratively with partners to develop a Regional Screening Equity Plan to reduce variation in uptake across the national screening programmes. Additional capacity requirements will be discussed as part of implementing the Screening Equity Plan.

Colonoscopy figures have worsened between November and December 2025, from 30% to 25%. BCUHB is lower (25%) than the national average for the percentage of adults offered a colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner appointment (28.5%).

New born Hearing Screening

In December 2025, 95.2% of babies who entered the Newborn Hearing Screening Programme were screened within 4 weeks (see Appendix A, 2.2). This position is 5.2% higher than the national target (90%) and is higher than the all-Wales average of 94%. In July 2025, BCUHB ranked 4 out of 7 Health Boards in Wales.

New born bloodspot screening

In January 2026, 96.9% of babies who entered the bloodspot screening programme received a conclusive blood spot screening result by day 17 of life. This position is 1.9% higher than the national target of 95%. In August 2025, BCU ranked 4th out of 7 Health Boards for performance against this metric, 0.9% lower than the Health Board ranked 1st.

Smoking

To date during Q1-Q4 25/26 (Q4 data is not complete) 3,489 smokers were treated by HMQ Services, achieving a treated target rate of 7.1%, this exceeds the Tier 1 target of 5%. The CO-validated quit rate is 22.7% and the self-reported quit rate is 44.9%. The percentage of CO-validated quit rate remains low against a target rate of 40%, as telephone support remains a popular choice with service users.

There has been a further delay in the implementation of the national Pharmacy Level 2 local enhanced service which will support achievement of the smoking cessation target. BCU HMQ teams are leading a pilot of the new scheme with 9 pharmacies identified to support this pilot. The first pilot site is due to go live on 23/03/2026 in Flintshire. It is expected that the full service will be rolled out to all other pharmacies by Q2 of 26-27. Pharmacies will be offering CO validation to service users upon collection of their stop smoking medications, and this will support the achievement of the 4-week CO validation target of 40%. It should be noted that the Tier 1 treated target for 26/27 has been increased to 7.5%.

The protocol for the Administration of Nicotine replacement Therapy for Adult Inpatients was due to be tabled at the Medicines Policy and Procedures group in February however, owing to the implementation of ePMA in the Health Board further changes are now required to the protocol before taking to the group. This development will support the delivery of the national Smoking in Secondary care programme. HMQ Advisors continue to work in Mental Health Units supporting in-patients and raising awareness with staff and providing training and education.

For all staff funded by PEY non-recurrent grant funding HR conversations around contracts have taken place with several staff accepting extensions to their contracts. These contract extensions are currently being progressed on Establishment Control. There are several vacant posts, and approval will be sought for recruitment into these posts in April. Following discussions with HMT in Ysbyty Glan Clwyd new office space has been identified with the staff set to move by the end of March.

The HMQ Services meet regularly with Women’s Service to deliver the Reducing Smoking in Pregnancy programme. Badgernet went live on 10th March, and it is expected that this new digital system will improve the accuracy, and the consistency of the smoking in pregnancy data collected in North Wales. The HMQ Service are working with the maternity digital lead to automate the referrals from the new system.

During Q4, the health board’s communications team will finalise delivery of a communication programme and engagement activities in support of local Help Me Quit services. During Q4, this has included finalising local radio, online audio and social media advertising campaigns targeted to areas of high prevalence and promoting local Help Me Quit services ahead of and during No Smoking Day (March 11). Direct mail approaches have been explored in some areas. This work dovetails and supports national communications activity delivered by partners at PHW and helps to drive uptake of smoking cessation support here in North Wales.

The HMQ Service has recently achieved the Cultural Competence Certification awarded by Diverse Cymru Cultural Competence Certification Scheme.

2.3 Additional Priority Areas:

Screening

Release of the national data update by Public Health Wales (providing Health Board, Local Authority and GP Cluster data) will be available by end of Q4 2025/26.

Screening is delivered by Public Health Wales. The latest uptake and coverage figures for screening programmes are outlined in the table below.

Screening programme	All Wales target %	BCUHB %	Wales %	Uptake or coverage data available
Cervical (2023/2024)	80	69.5	68.7	Coverage
Bowel (2023/2024)	60	65.9	65.5	Uptake
Breast (2022/2023)	70	72.1	69.5	Uptake

AAA (2023/2024)	80	77.3	77.6	Uptake
Diabetic Retinopathy (2022/2023)	80	83.8	81.9	Coverage (uptake in annual report)

- **Cervical Screening** coverage in North Wales is higher than the national average of 68.7% and lower than all Wales target of 80 %.
- **Bowel Screening** uptake in North Wales is higher than the national average of 65.5% and higher than the national target of 60%.
- **Breast Screening** uptake in North Wales is higher than the national average of 69.5% and national target of 70%.
- **AAA Screening** uptake in North Wales is slightly below the national average of 77.6% and is lower than the all-Wales target of 80%.
- **Diabetic Retinopathy** uptake in North Wales is higher than the national average of 81.9% and the national target of 80%.

Healthy Weight

BCUHB Weight Management Services Review 2025

An invited review of Weight Management Services commissioned by Betsi Cadwaladr University Health Board and delivered by the Public Health Wales was completed in November 2025. The review aimed to identify service gaps, benchmark performance, and provide strategic recommendations for redesign and expansion to meet rising demand and improve equity of access across North Wales.

The review identified that the outcomes and value of existing BCUHB Weight Management Services are at least as good and, in some cases, compare favourably with benchmarks in NHS England and NHS Scotland (there are no benchmarks for Wales). However, the report acknowledged that the scale of need is far beyond what any team or service could reasonably address through continuous quality improvement alone. While the review sets out recommendations for redesign and expansion, implementation is not expected until late 2026. Interim measures (e.g., expanding digital offers) will not close the gap sufficiently to meet NICE compliance or population need in the short term.

The review:

- **Confirms the scale of the risk** and evidences that current capacity cannot meet demand.
- **Highlights systemic challenges** (funding, infrastructure, workforce) that will persist until full implementation.
- **Underscores urgency:** Waiting times for Level 3 services have already reached 57 weeks and are forecast to rise further.

A Weight Management and Healthy Weight Steering Group has been set up to report on all matters relating to the various levels of the All-Wales Weight Management Pathway (2021). It will provide the direction, governance and assurance regarding the development, implementation and delivery of the Health Board's strategies and plans in relation to weight management and healthier weight, thereby improving population health and reducing health inequalities. This includes:

- BCUHB Weight Management Services Review and delivery implementation
- 2026/27 Ministerial Priority on the Child Measurement Programme delivery oversight
- Healthy Weight, Healthy Wales delivery oversight

The Steering Group will support the Health Board contribution to delivery of the seven well-being objectives as part of the Future Generations Act, whilst utilising the Public Health Outcomes Framework

Weight Management Service updates

To date in 2025/26 referrals to the adult weight management service increased by 5%, with 5,903 referrals from April-Feb (inclusive) compared to 5,629 in the same period 2024/25. This includes 1,391 referrals for patients with BMI over 45 compared to 1,244 referrals in this category in the previous year.

In 2025/26 (as of 9/3/26) the Weight Management Service supported the following:

- 1,217 patients started the Kind Eating programme (adult level 2)
- 373 patients accessed Second Nature (digital adult level 2)
- 141 new patients were supported by the pregnancy weight management service
- 101 new patients started the Level 3 weight management programme for children and young people
- 183 new patients were assessed by the Level 3 adult weight management service including 17 patients for post-bariatric surgery follow-up.

Of the 1,217 patients who started the Kind Eating programme in 2025/26, 360 (as of 9/3/26) completed the core 12-week programme and provided data achieving an average weight loss of 3.77kg (3.24%) at 12 weeks. 270 patients completed an evaluation form with 94.4% reporting they would recommend the programme to a friend or relative. Data for 694 patients who have attended a 12-month follow-up appointment since

programme inception demonstrates that patients sustain weight loss following completion of the core KindEating programme, with an average weight loss of 8.39kg (6.94%) at 12 months.

Data for 108 patients who completed the core 12-week Second Nature digital programme (having started during 2025/26 as of 9/3/26) shows patients achieve an average 6.5kg (6.8%) weight loss.

In the Level 3 service for children and young people, 79.4% ($n=124$) of those who completed the 12-month programme since April 2022 maintained or reduced BMI z score.

Adult Level 2 Service

The Help with my Weight team (adult level 2) were shortlisted for an Advancing Healthcare Award for cross boundary working for their work on the creation of easy read weight management resources to empower adults with learning disabilities to manage their weight.

The Level 2 service now have more clear referral process to L3 service. A digital referral form has been developed (CITO) for referrers which is now in use. The pregnancy service has received 225 referrals so for this year compared to 132 showing a significant increase in engagement from midwives.

Over 50% of patients referred to the adult level 2 service did not take up any of the interventions offered. The team contacted by phone a total of 49 patients referred to the service to understand the barriers to engagement. All but one patient reported they had consented to the referral. The survey revealed that the main reason referred patients did not book onto available interventions was because they were not offered weight management medication assisted pathways and they were not interested in alternative support (27%). A further 13% did not book because they were not offered 1:1 support and they did not want to access group or digital support. Most of the remaining patients who didn't book were unsure what they wanted. Work is in progress to refine referral systems and to develop a community health pathway to ensure patients are referred appropriately.

Recruitment and induction of staff on short-term contracts utilising the Prevention and Early Years (PEY) grant include recruitment of a data-coordinator, additional psychology, dietetic and therapy assistants, these roles started in September 2025. Funding has been confirmed for 12 months for 2026/27, however retention of staff recruited to short-term contracts remains a challenge. The data-coordinator has commenced inputting of data and there are ongoing discussions re: dashboard development with further discussions required on performance metrics.

An additional 268 places on the Second Nature digital programme were commissioned with PEY funding underspend, and the eligibility criteria will be widened to allow patients with BMI 30-45 to choose this option.

Adult Level 3 service

Clinic venues have continued to be a challenge for the service with the withdrawal of Colwyn Bay OPD for several months at the end of last year. This continues to be a challenge in view of expansions within the service that require additional venue space.

A dietitian in the team completed the supplementary prescribing course and registered in October and has recently been approved for prescribing in the Health Board.

65 patient satisfaction surveys were sent out this year – the average rating was 4.68/5.

New for 2026, will be the inclusion of 6 funded digital places for patients that meet the criteria to complete a trial of a digital offering for Level 3.

Table 1	Adult level 2			
Capacity April 2025-March 2026 (maximum number of new spaces per annum)	Interventions	New patients started in 2025/26 (Cumulative YTD as of 9/3/26)	Maximum waiting time from referral to treatment 9/3/26	Number of patients waiting to access the service on 9/3/26
1,050 New patients	KindEating face-to-face or remote group programme, 12-week core programme with regular support for 12 months	1217	34 weeks	651*
400 New patients (Procurement of additional 268 places via PEY grant in progress)	Second Nature, procured digital service (app with coaching) 12 weeks with ongoing access to app.	373	<i>(maximum wait across Adult Level 2 waiting lists)</i>	<i>(sum of Adult Level 2 waiting lists)</i>

Table 2	Adult Level 3 (health board criteria restrictions apply)
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Capacity April 2025-March 2026 (maximum number of new spaces per annum)	Interventions	New patients started in 2025/26 (Cumulative YTD to 9/3/26)	Maximum waiting time from referral to assessment 9/3/26	Number of patients waiting to access the service on 9/3/26
120-200@ New patients (Including 45 new patients for medication assisted intervention for patients meeting health board criteria) [£]	Individualised multi-disciplinary weight management intervention according to assessed need. 12-24 months depending on pathway	183	57 weeks	204*
30@ New patients	Post-bariatric surgery follow-up Length of support according to need	17	N/A	0

@Assessed to start treatment

£ Health board has no allocated recurrent funding to cover cost of medications.

*Not all of these patients will book on

Weight Management Services for Children

Table 3		Children and Young People Level 3		
Capacity April 2025-March 2026 (the maximum number of new spaces for treatment)	Please detail all offers/services/interventions	New patients started in 2025/26 (Cumulative YTD as of 9/3/26)	Maximum time from referral to treatment (for example 8 weeks) 9/3/26	Number of patients waiting to access the service 9/3/26
108 New patients*	Level 3 Multi-disciplinary weight management intervention including remote group and individual sessions according to assessed need. Health Board 12 months.	101	19 weeks	49*

* Not all of these patients will book on

*Assessed to start treatment

Key indicators from quarter 4:

No.	Health Protection Service Programme Objective	Project/ Priority Area	Indicator (Annual Target)	Achieved 25/26
1.	Developing collaborative, evidence-based approaches to protecting and preventing ill-health within specific sectors and settings in North Wales	Delivery of infection prevention control (IPC) support to residential care homes in North Wales	95% of residential care homes accepting an IPC review to have received a review by 31 st March 2026	<p>100% of Care Homes accepting an IPC review received a review by 31st March 2026</p> <p>(215 residential care homes out of 220 accepted an IPC review – 98% of all residential care homes).</p>
			75% of Residential Care Homes identified for follow-up to have received a follow-up intervention by 31 st March 2026	100% of all partaking Residential Care Homes have received their IPC follow up.
			40% of Residential Care Homes represented at IPC Champions training sessions by 31 st March 2026	<p>25.11% (54) Care Homes currently have one or more registered champion.</p> <p>Total number of registered champions for 25/26 is 100.</p>
2.	Enhancing the delivery of Health Board services to protect people in North Wales against existing, new	Supporting disease elimination agendas (Hepatitis B and C, HIV and TB)	200 Hepatitis B and C samples obtained in probation services and approved premises in North Wales by 31 st March 2026	235 (+18%)

	and emerging health protection threats and hazards.		60 Hepatitis B and C samples obtained during targeted community sampling projects by 31 st March 2026	150 (+150%)
			30 Hepatitis B vaccinations provided through substance misuse services and related venues/projects by 31 st March 2026	45 (+50%)
		Supporting the delivery of the National Immunisation Framework to ensure a high up-take of vaccinations and equity of access and opportunity	Provision of 5000 influenza vaccinations to BCUHB by 31 st March 2026 (to commence in Q3)	4412 (to date – 12%)
			Provision of 1,000 additional childhood immunisations in support of school nursing services by 31 st March 2026	4196 (+320%)
3.	Developing capacity within the Health Board to prepare for and respond to health protection threats	Establishing a robust Health Board response to communicable disease incidents/outbreaks	Delivery of an approved Health Board plan for the management of communicable disease incidents and outbreaks by 31 st March 2026	This has been completed in year by the Corporate IPC team
		Management of health protection enquiries/incidents received by the Health Protection Service	100% of health protection enquiries received by the Health Protection Services responded to within 24 hours	100% enquiries/incidents received in 25/26 were responded to within 24 hours. (162 received).

Additional Health Protection Data – for information

No.	Health Protection Service – Function	Workstream	Overview	Total Outputs 25/26
1.	Prevent and Respond	Sampling response to outbreaks and wider health protection threats in North Wales	Number of clinical samples obtained to support the health protection response to outbreaks/threats.	Total samples: 192 Care Home Acute Respiratory samples: 163 TB: 24 Other (incl. measles): 5
2.	Protect and Respond	Incident management support	IPC advice provided to care homes in Acute Respiratory Illness incidents.	IPC advice to settings in incident, provided by setting as follows: - 45 = Residential Care Home 19 = Nursing Homes 2 = Other Grand Total = 66
			Number of COVID-19 incidents managed by the Health Protection Service	9 COVID-19 Care Home incidents managed by the Health Protection Service

2.4 Public Health Outcomes Framework (PHOF)

The Public Health Directorate was notified by Public Health Wales (PHW) Observatory in January 2026, that an error has been discovered in the production of indicators within the Public Health Outcomes Framework (PHOF) reporting tool that uses data from the National Survey for Wales (NSW). PHW have removed these indicators from the PHOF reporting tool in their entirety for now.

The PHW Observatory Team advises that the impact will be small when looking at figures for Wales as a whole, but smaller areas such as local authorities may be affected by up to 15 percentage points.

Due to this, and on the advice of PHW Observatory, the decision has been made to remove affected indicators from reports we are currently working on and we will also look to update reports that we have produced over the last year. Each affected report will provide a statement explaining which data has been affected and why data has been removed or replaced within the report. We are also working to find alternative data sources or proxy measures that we can use instead.

This may have affected the full PHOF update which was provided in the Q2 Delivery Report to PPHP. Whilst a full PHOF update was scheduled as part of this Q4 Delivery Report we are advised by Public Health Wales that data issues are unlikely to be resolved until the Summer 2026. A full update will be provided to PPHP Committee once the data issues are resolved.

2.5 Local Area Planning

During 25/26 the Public Health Directorate responded to and influenced 30 planning applications of public health significance and three Local Development Plan Consultations. A case study report has been produced that highlights where public health comments have led to conditions being added to permissions, recommendations from previous refused applications being actioned and public health comments influencing Case Officer decisions leading to a healthier less obesogenic environment.

2025 –2026 Planning applications (quarterly financial year figures)	25/26 Q1	25/26 Q2	25/26 Q3	25/26 Q4	Total
Total	10	6	3	11	30

3.0 Director of Public Health Annual Report Actions

The Q3 report advised PPHP Committee in relation to the ambitions and next steps for North Wales as set out in the 2025 Director of Public Health Annual Report ‘Building Health’.

The 2025 Director of Public Health Annual Report ‘Building Health’ was presented to the Health Board in November 2025. The report focuses on an asset based approach to improving health and wellbeing in North Wales at a societal, community and at an individual level. The Report sets ambitions and next steps for partners in North Wales

<https://bcuhb.nhs.wales/about-us/key-documents/public-health/public-health-reports/director-of-public-health-annual-report-2025/building-health-report/>:

Build strong foundations: enabling babies, children and young people to thrive - We will work with organisations across North Wales to build in the Marmot Principles into ongoing priorities and agendas

Build fairer communities: amplifying voices and unlocking local strengths - We will bring organisations together to identify and share best practice around community engagement approaches that can be used to build in the voice of the community and those who are seldom heard.

Build healthy places: designing environments that support wellbeing - We will work with a wide range of partners, including the arts and culture sector, to find opportunities to address the wider determinants of health, and to look for effective ways to build wellbeing into our communities.

Build health and wellbeing across the system: making wellbeing part of everyday life - We will work with partners across North Wales to identify opportunities for plans and actions that deliver the greatest health and wellbeing benefits for our population, drawing on intelligence and insight from the Regional Population Needs Assessment and the Public Services Boards' Wellbeing Assessments currently in development.

Create a collaborative network for building health - We will develop a network that brings together partners focused on creating the foundations for better health and wellbeing for everyone in North Wales

Progress across the system and within the Health Board against these ambitions are to be taken forward by the Executive Committee and reported back to the Planning, Population Health and Partnerships Committee.

As part of Q4 activity in 25/26, there has been significant focus on embedding the ambitions described in the DPH Annual report into key Health Board plans including the IMTP and 10 year strategy. A Regional Systems Engagement Event (RPB led) is taking place on 19th March to take forward the Wellbeing, Prevention and Anchor Framework which will also inform wider delivery plans.

It is proposed that an update on progress is brought to the PPHP Committee as part of the Q2 Delivery Report 26/27.

4.0 Healthy Travel Charter update

The Healthy Travel Charter (HTC):

- promotes sustainable travel to improve community health and reduce environmental impact.
- fosters collaboration among public service organisations to commit to meaningful travel changes over two years.
- links transportation, public health, and climate resilience as interconnected goals for regional transformation.
- serves as a catalyst for innovation, shared learning, and alignment with national net-zero goals.

Working together with Public Health Wales, The Walk, Wheel and Cycle Trust (previously Sustrans) , North Wales PSB's and local authorities the health board is actively supporting organisations to sign up to the Charter and progress. Local Healthy Travel Charter PSB Groups established, and aim to embed a regional approach which Wrexham CC is leading with health board support.

The Walk, Wheel, Cycle Trust is a major contributor in supporting operationally on a day-to-day basis. BCUHB, National Resources Wales, Fire and Rescue and Wrexham, Flintshire, Anglesey, Gwynedd Councils, plus recently the North Wales Housing Association have now signed up to the Charter. The Probation Service, Conwy and Denbighshire Councils are currently progressing towards sign up.

Other regional progress includes:

Gwynedd and Anglesey - Gwynedd and Anglesey are an established lead with innovative transport projects and youth engagement shaping regional travel planning.

Wrexham and Flintshire - Wrexham and Flintshire prioritize healthy travel charter within workforce and wellbeing sub-group

Regional Collaboration Benefits - Collaboration across regions fosters shared learning, consistent messaging, and aligned strategic priorities.

Overall Upward Trend - Despite varied progress, commitment to sustainable travel is increasing across the North Wales region.

5.0 IMTP 26/27-28/29

Our IMTP responds to the direction given through national and local prioritisation, providing focus on prevention and improving population health through four broad themes which underpin the health Board Strategic Intent to: *Focus on Health and Wellbeing through every stage of life – enabling a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities.*

Each of the following broad themes are linked to programmes of work which have been established in 25/26, underpinned by key deliverables and where appropriate, linked to the key performance indicators.

Preventative approaches to Health and Wellbeing -

Most care delivery in the NHS now relates to long-term conditions the majority of which have significant preventable factors. Preventable health measures should consider all stages across the life course – from pre-conception and into older age. This can reduce the likelihood and severity of chronic illness, reducing flow towards our acute settings.

Encouraging healthy behaviours can prevent illness reducing demand across public services, including hospital services, GP appointments, emergency care, and long-term social care. It can also reduce costs of treatment over long periods and frees up capacity in the health and care system to focus on more complex or urgent care needs. Population health and wellbeing is crucial for North Wales's socioeconomic resilience and the resilience of our communities.

Preventative approaches empower people to take an active role in their own health including improving individual mental wellbeing, maintaining independence which can lead to a better quality of life as people age. Through whole system approaches, we can create conditions for good

health through focused approaches which prevent problems arising in the future, build resilience, reduce the incidence of disease and encourage healthy behaviours. Much of this can be delivered outside of the acute setting and by working collaboratively across sectors.

Proactive strategies for disease prevention, frailty & falls -

Over 60% of NHS activity is linked to chronic long-term conditions which impact significantly on capacity, and demand for services. Most care delivery in the NHS now relates to long-term conditions many of which are preventable or the risks can be modified.

Our North Wales population is ageing and falls and frailty are a significant driver of demand across primary and acute NHS Services and is expected to increase. Preventing falls and frailty is crucial to the NHS because it protects people's health, preserves independence, and reduces avoidable pressure on already stretched services.

If we are to reduce the prevalence and impact of disease, falls and frailty on health services, it is vital to shift focus towards prevention, early intervention and detection, and the prevention of deterioration through greater use of population and clinical intelligence. This includes bringing together available academic evidence, local data and evidence (e.g., patient experience feedback) and stakeholder involvement to improve services and outcomes.

Applying data and evidence through population health management will allow us to target action within identified population groups towards where there is a strong likelihood of a health risk occurring, develop tailored interventions to prevent or reduce the impact of health risks which would contribute to preventing further deterioration, and optimise how we detect early stages of disease.

Intervening in the early stages of disease can prevent the disease from progressing, allows people to self-manage their health, improves health outcomes, prevents the individual developing other health conditions and ensures that people can continue to live their lives fully within their families and communities.

Health inequalities -

Healthy life expectancy is reducing and the gap in healthy life expectancy and life expectancy is widening. We also know that the gap between those in affluent areas and from non-vulnerable groups is widening too, compared to those from the least affluent areas and from inclusion groups. This could drive demand and increase costs for health services.

The Health Board has a key role in reducing health inequalities by delivering equitable access, experience and care, and also to meet the requirements of the Wellbeing of Future Generations (Wales) Act 2015 and Socioeconomic Duty.

Those living in our most deprived areas, and those experiencing extreme disadvantage (e.g. inclusion health groups) need our services the most, however these groups experience poorer access which is driving widening inequalities in health outcomes. Inequalities will continue to widen if we do not embed population health approaches in our pathways and service plans that can enable us to target resources proportionate to need.

Through understanding the needs of our communities, we can better enable provision of care in the right way, in the right place, and at the right time. To drive this change, we must consider the role of health inequalities as a core component of prevention, early intervention and improving population health.

The Health Board cannot reduce health inequalities alone. Many factors which impact on health and wellbeing require commitment and coordinated action across public sector organisations, enabled through our role and opportunity as an Anchor institute. Together, we can create the right social, economic and environmental conditions that allow health and wellbeing to flourish. Working together we can improve our economy, provide better opportunities for accessing environments which promote wellbeing, provide fairer procurement, offer employment and improve housing availability and safety. Improving these factors can delay or prevent the onset of ill health, and help our population to live well for longer in their communities.

Health Protection –

Health Protection is an important element of preventing and responding to the threat of communicable disease, environmental and other health risks. Health Protection focuses on preventing harm before it happens and keeps our communities safe from communicable and other notifiable illness that could affect large numbers of our population at scale. Risk of infectious diseases include Flu, Measles, and M-Pox, with disease outbreaks having a significant impact on closed settings such as care homes and schools. Health Protection includes the management of vaccine preventable disease risks such as measles, outbreak control planning, and training and education in settings to support Infection Prevention Control (IPC). There is also opportunistic screening and testing for disease such as blood borne viruses and sexually transmitted diseases to contribute to the control of further transmission, and support the elimination of diseases like Hepatitis B and C, HIV and TB.

Health Protection considers an 'all hazards' approach and includes environmental public health issues arising, zoonotic infection and vector-borne disease.

Health protection supports the health and wellbeing of the whole population not just individuals and brings together a range of partners including Local Authorities, Environmental Health, Emergency planning, Public Health Wales and Community services to strengthen resilience across the whole system. It is essential for preventing harm, reducing inequalities, maintaining public confidence, and protecting healthcare capacity.

Progress monitoring against delivery will be via IMTP reporting structure and the Prevention, Population Health and Early Intervention Executive Delivery Group (PDG). Headline information will be provided to PPHP quarterly, with deep dives in relation to key items scheduled accordingly.

6.0 Key Risks

During March, a deep dive of the BAF24-06 – *Not Delivering the Required Improvements to Transform Care and Enhance Outcomes* took place. This includes threats relating to population health and prevention. We continue to focus on getting better accountability and assuring that we understand what's happening on prevention, not just within the Public Health Directorate, but across the organisation. This also links directly with embedding delivery into organisational plans and frameworks.

Corporate risks are reviewed as part of the Corporate Risk governance structure and are supported by action plans and programmes of work. A deep dive of Population Health Corporate Risk is scheduled for April 2026 with the Executive Committee.

Prevention and Population Health risks are also reviewed at PDG and via the Public Health Directorate performance and risk management group.

7.0 26/27 Delivery and performance reporting

For July PPHP reporting will focus on:

- Year end report - use of Grant Funds 25/26
- Proposed new reporting template to be utilised from Q1
- An update on the Diabetes Programme
- Well North Wales / Regional Wellbeing, Prevention and Anchor Framework

Accounting for lead in times for preparing performance figures, review and approval processes, the proposed reporting schedule for quarterly performance and delivery updates to PPHP are as the below table indicates.

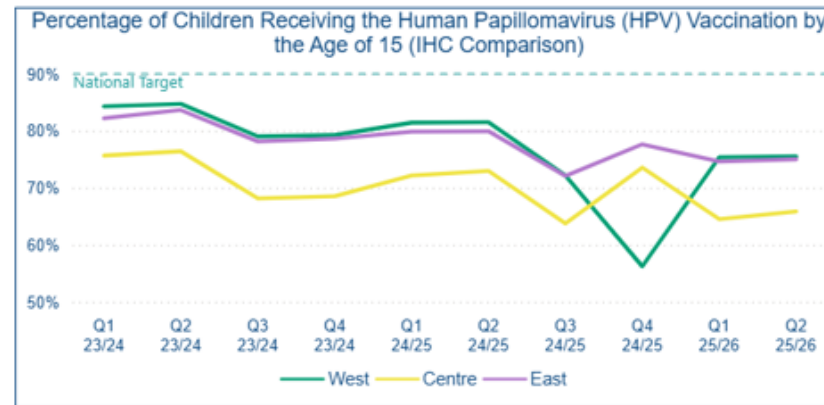
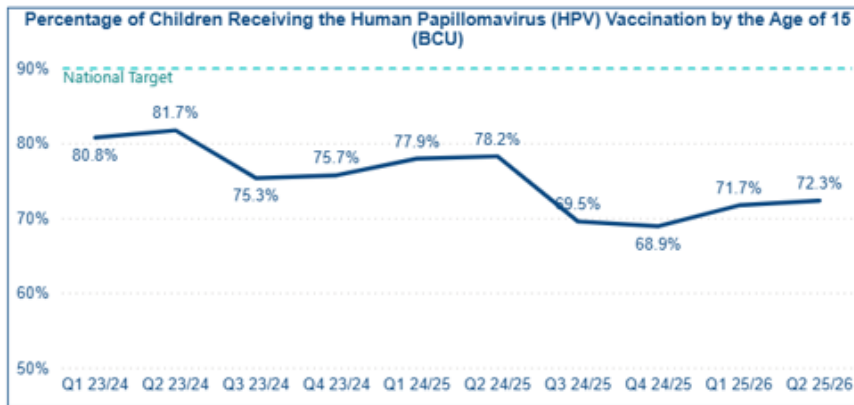
This will be supported by a series of deep dives focusing on priority areas of work as detailed in the Health Board Plan and also reporting against areas of under / off track performance (*proposed report dates are currently tentative*):

	Exec Committee / PDG	PPHP	Performance & Delivery Report	Update / deep dive (<i>further items to be added accordingly</i>)
2026	May-June	2 nd July		<ul style="list-style-type: none"> • Approve new reporting template • Grants delivery 25/26 • Diabetes Programme update • Well North Wales / Regional Wellbeing, Prevention and Anchor Framework

	Jul-August	3 rd September	Q1 (Apr-Jun)	<ul style="list-style-type: none"> • Arts in Health 3 Year strategic Framework update • Health Protection Service update • PHOF update
	Sept-October	5 th November	Q2 (Jul-Sept)	<ul style="list-style-type: none"> • DPH 2025 Annual Report action update • DPH 2026 Annual Report • Active Workplace update • Inclusion Health Offer update • Weight Management Service Review – progress update
2027	November	14 th January		<ul style="list-style-type: none"> • Equity plan updates (Vaccine, Screening) • Population Health Management progress update • MECC progress update • Gambling update • Health Improvement Offer progress update
	Jan-February	4 th March	Q3 (Oct-Dec)	<ul style="list-style-type: none"> • Diabetes Programme update • PHOF Update
	April	Tbc May	Q4 (Jan-Mar)	<ul style="list-style-type: none"> • Grants delivery 26/27

Vaccination & Immunisation:

Ministerial Priorities 25/26: HPV Vaccinations



At Quarter 2 2025/26 the BCU position against this metric was 72.3% (17.7% below the National target of 90%, and 5.9% below the position in 2024/25)

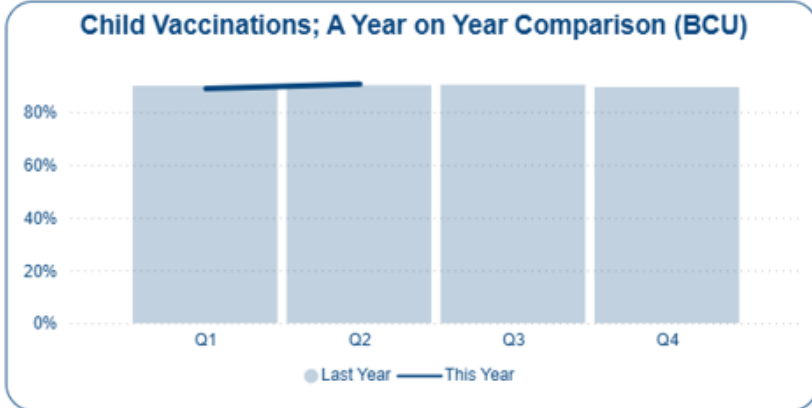
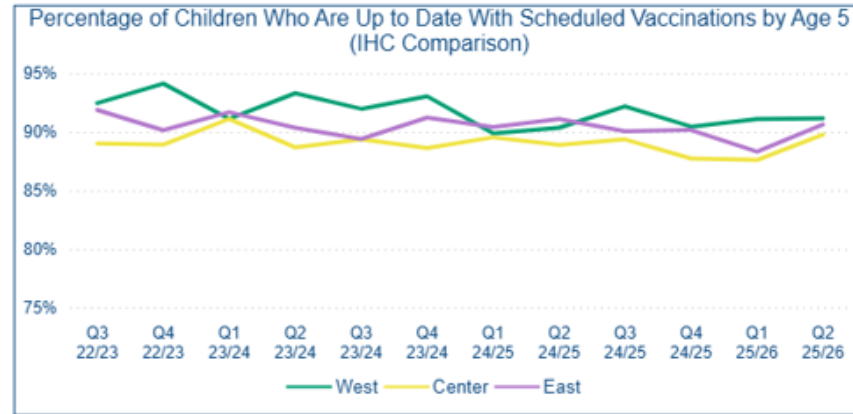
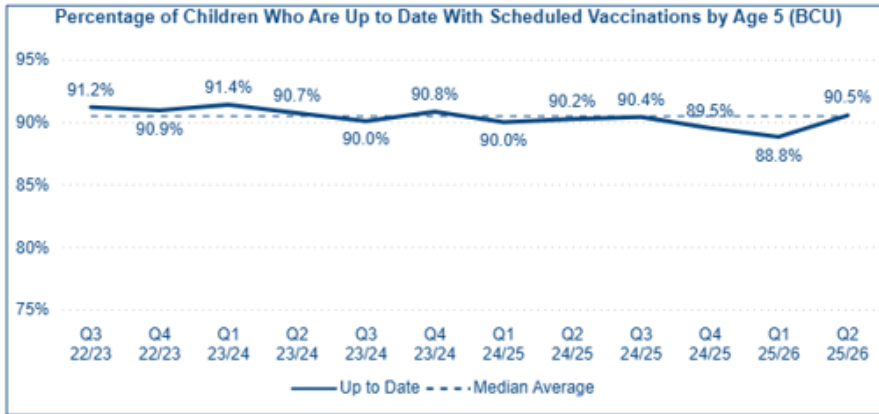
According to the WG Performance Reports, in Q2 2025/26 BCU ranked 6th of 7 Health Boards for performance against this metric, 13.5% lower than the Board ranked 1st.

Rank	Board	Position
1	SB	85.8%
2	CTM	81.6%
3	Powys	78.9%
4	HDda	77.1%
5	C&V	72.6%
6	BCU	72.3%
7	AB	66.7%

74.9%
All Wales Position

Sources: COVER reports (PHW) and WG Organisation Performance Reports

Ministerial Priorities 25/26: Child Vaccinations



In Q2 2025/26 the BCU position against this metric was 90.5% (4.5% below the National target of 95%). Local Authority performance ranged from 89.1% (Conwy) to 93.5% (Anglesey).

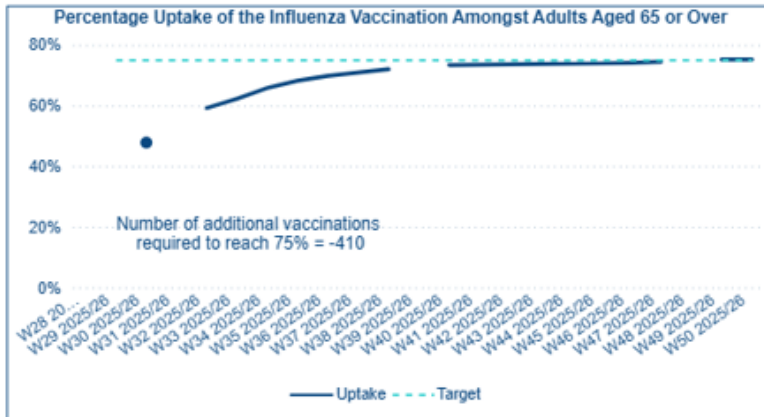
According to the WG Performance Reports, at Q2 2025/26, BCU ranked 2nd of 7 Health Boards for performance against this metric.

Rank	Board	Position
1	CTM	91.9%
2	BCU	90.5%
3	HDda	89.1%
4	SB	88.4%
5	Powys	87.6%
6	AB	85.3%
7	C&V	83.6%

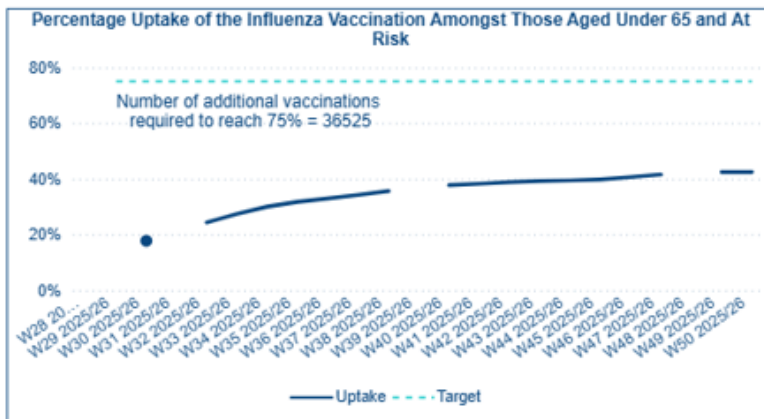
88.0%
All Wales Position

Sources: COVER reports (PHW) and WG Organisation Performance Reports

Ministerial Priorities 25/26: Flu Vaccinations



The week commencing 9th March 2026 the BCU position against the '65 Years and Older' metric was 75.2% (0.2% above the National target of 75%). Local Authority performance ranged from 73.4% (Denbighshire) to 76.8% (Wrexham).

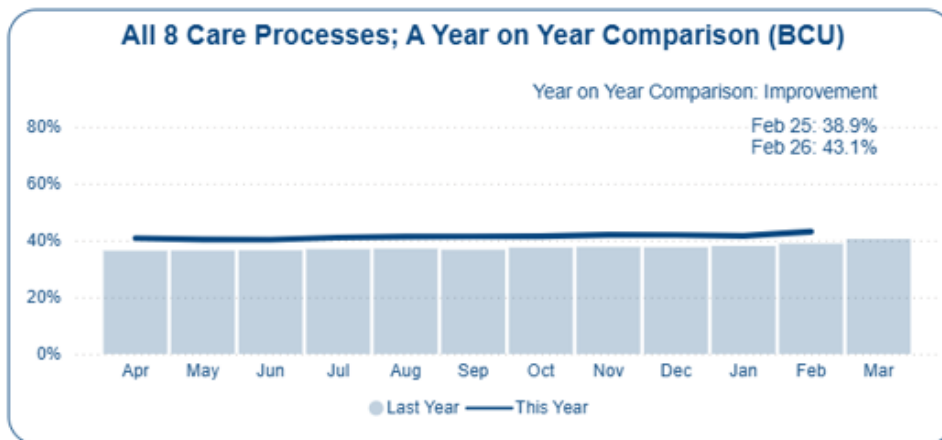


The week commencing 9th March 2026 the BCU position against the 'Under 65 Years and At Risk' metric was 42.4% (32.6% below the National target of 75%). Local Authority performance ranged from 39.2% (Denbighshire) to 46.5% (Anglesey).

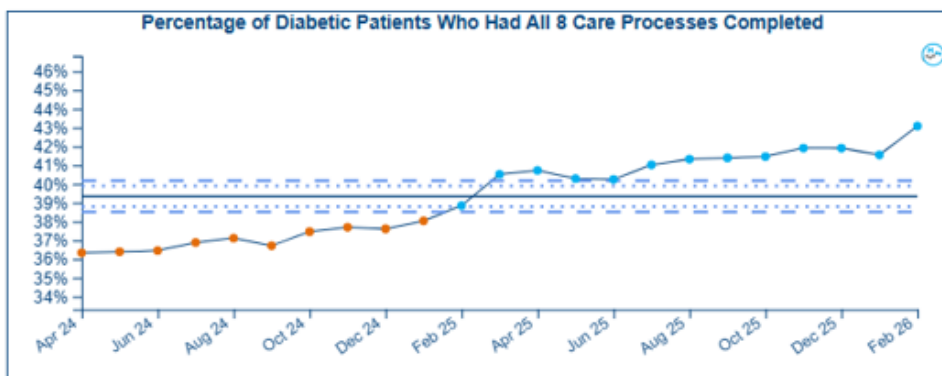
Sources: IVOR report (PHW) and WG Organisation Performance Reports

Diabetes 8 Care Processes

Ministerial Priorities 25/26: Diabetes Care – Completion of All 8 Care Processes



Performance against this metric continues to improve and achieve the National target of 'improvement compared to the same month in the previous year'.



In February 2026, BCU ranked 7th of 7 Health Boards for performance against this metric, 8.7% lower than the Board ranked 1st, and below the Wales average.

Latest Month Available

Feb 26

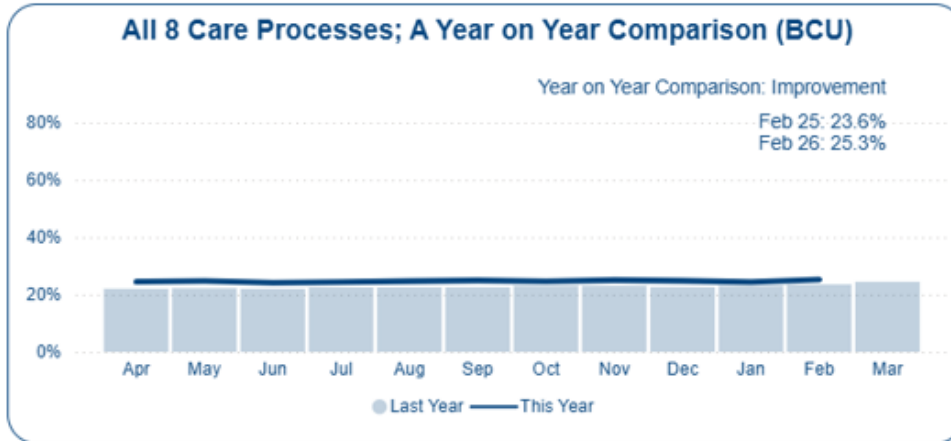
Rank	HB	Position
1	CTM	51.8%
2	Powys	51.8%
3	AB	46.1%
4	HDda	44.6%
5	C&V	44.6%
6	SB	43.4%
7	BCU	43.1%

45.9%

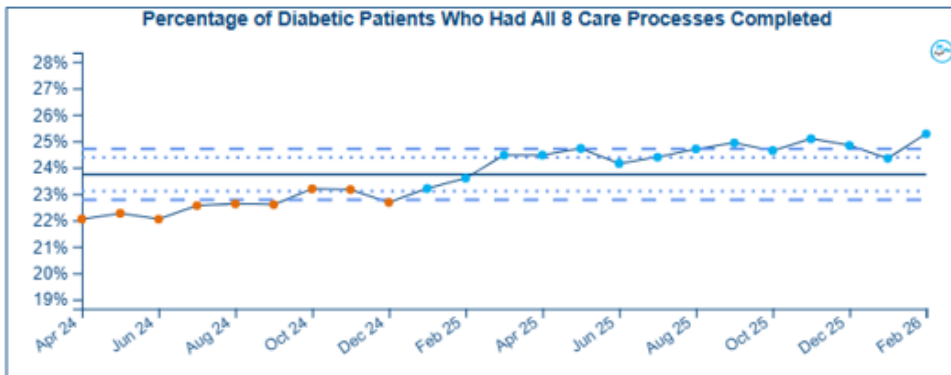
All Wales Position

Produced by the Performance Team
Source: DHCW Primary Care Portal

Ministerial Priorities 25/26: Type 1 Diabetes Care – Completion of All 8 Care Processes



Performance against this metric continues to improve and achieve the National target of 'improvement compared to the same month in the previous year'.



In February 2026, BCU ranked 5th of 7 Health Boards for performance against this metric, 5.8% lower than the Board ranked 1st, but above the Wales average.

Latest Month Available

Feb 26

Rank	HB	Position
1	Powys	31.0%
2	C&V	28.3%
3	CTM	26.4%
4	AB	25.3%
5	BCU	25.3%
6	HDda	16.3%
7	SB	9.4%

23.2%

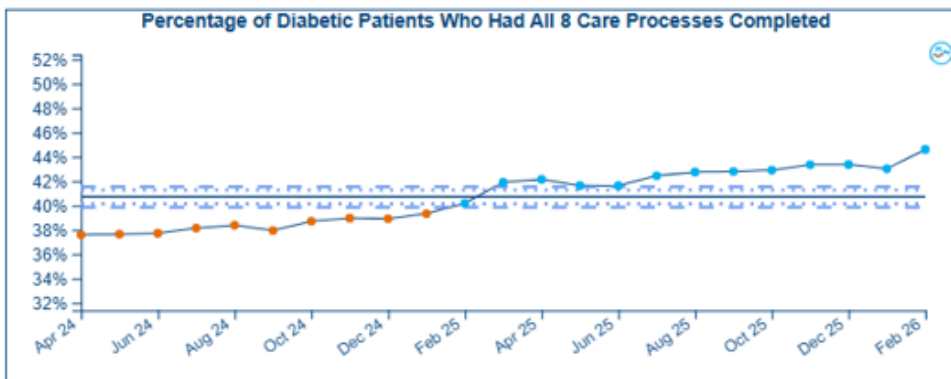
All Wales Position

Produced by the Performance Team
Source: DHCW Primary Care Portal

Ministerial Priorities 25/26: Type 2 Diabetes Care – Completion of All 8 Care Processes



Performance against this metric continues to improve and achieve the National target of 'improvement compared to the same month in the previous year'.



In February 2026, BCU ranked 7th of 7 Health Boards for performance against this metric, 9.1% lower than the Board ranked 1st, and below the Wales average.

Latest Month Available

Feb 26

Rank	HB	Position
1	CTM	53.7%
2	Powys	53.5%
3	AB	47.6%
4	HDda	46.9%
5	SB	46.2%
6	C&V	45.9%
7	BCU	44.6%

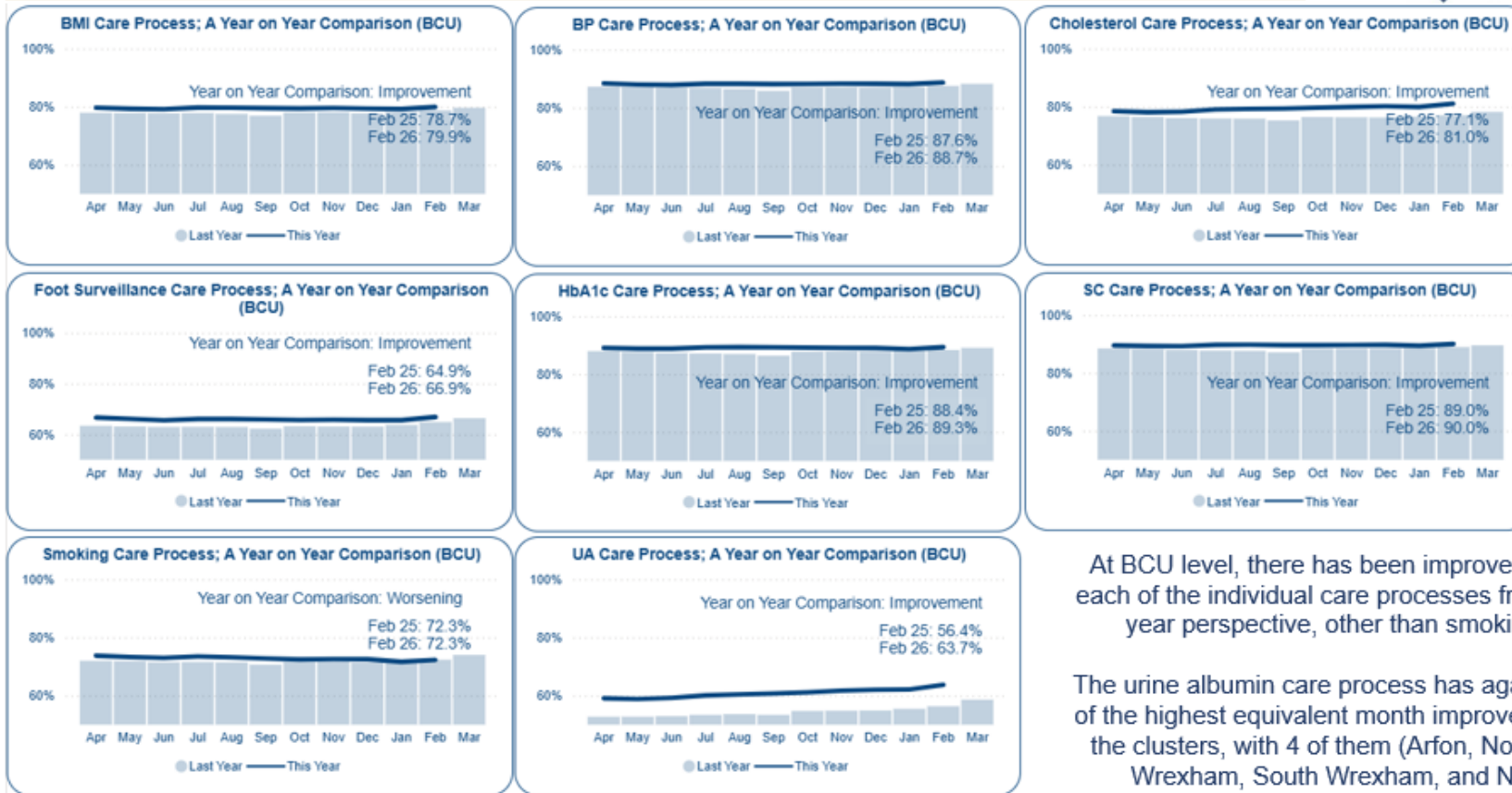
47.7%
All Wales Position

Produced by the Performance Team
Source: DHCW Primary Care Portal

Ministerial Priorities 25/26: Diabetes Care – Completion of All 8 Care Processes



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



At BCU level, there has been improvement against each of the individual care processes from a year-on-year perspective, other than smoking status.

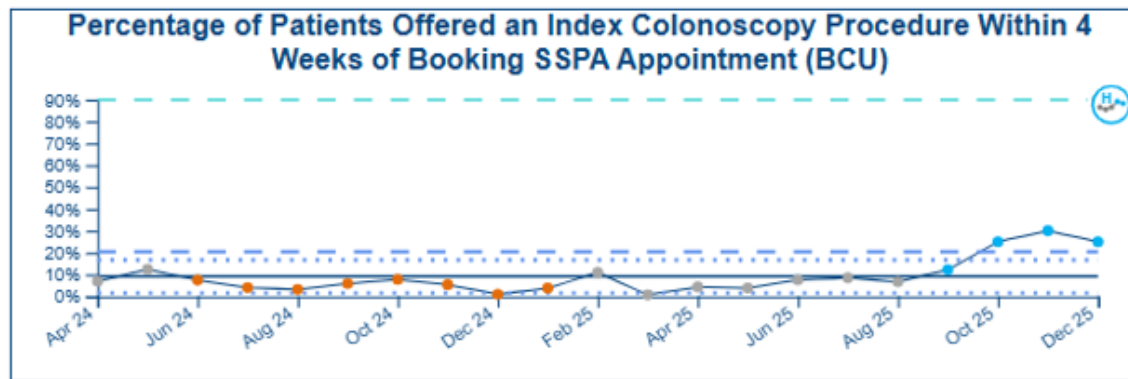
The urine albumin care process has again seen some of the highest equivalent month improvements across the clusters, with 4 of them (Arfon, North and West Wrexham, South Wrexham, and North East Flintshire) increasing by 10% or more.

Produced by the Performance Team
Source: DHCW Primary Care Portal

Quadruple Aim 1: Screening - Colonoscopy



In December 2025, the BCU position against this metric was 25.0%. The position is 65.0% lower than the National target of 90%.



According to the WG Performance Papers, in December 2025 BCU ranked 3rd of 7 Health Boards for performance against this metric, below the All Wales position.

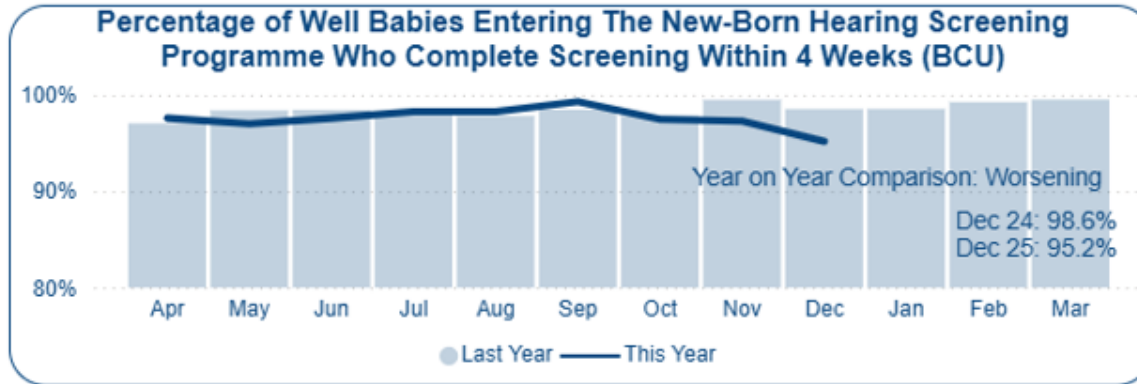
Latest Month Available
Dec 25

Rank	Board	Position
1	HDda	67.2%
2	C&V	44.7%
3	BCU	25.0%
4	SB	17.9%
5	CTM	4.6%
6	Powys	3.4%
7	AB	0.9%

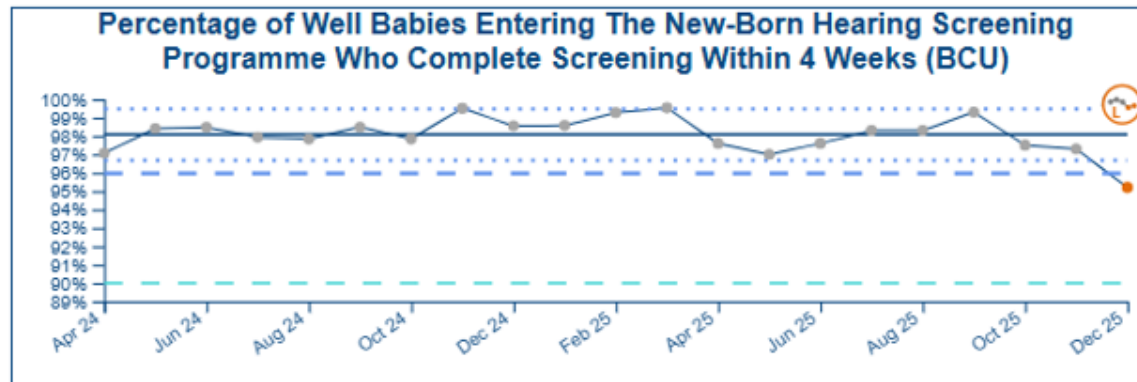
28.5%
All Wales Position

Sources: LTA Monitoring Report (PHW) and WG Organisation Performance Reports

Quadruple Aim 1: Screening – Hearing Screening



In December 2025 the BCU position against this metric was 95.2%. The position is 5.2% higher than the National target of 90%, though it is worsening.



According to the WG Performance Papers, in December 2025, BCU ranked 3rd of 7 Health Boards for performance against this metric, higher than the all-Wales position.

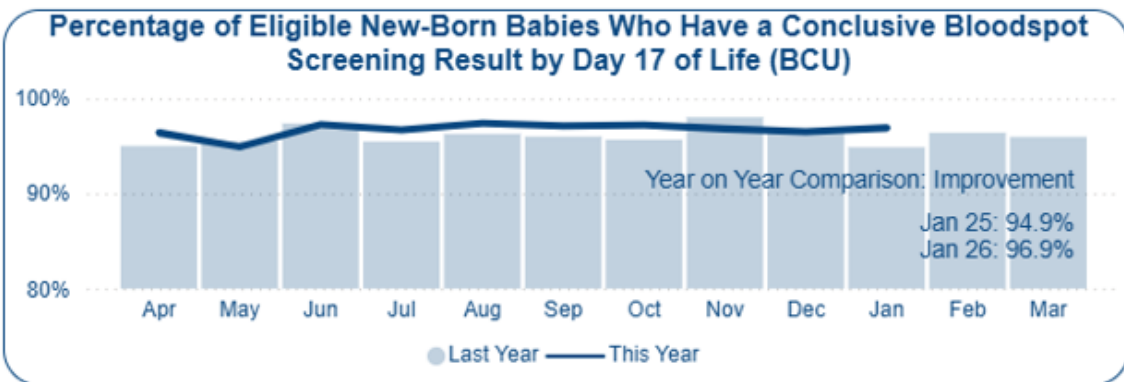
Latest Month Available
Dec 25

Rank	Board	Position
1	SB	96.1%
2	Powys	95.5%
3	BCU	95.2%
4	CTM	94.0%
5	C&V	93.4%
6	AB	93.2%
7	HDda	90.1%

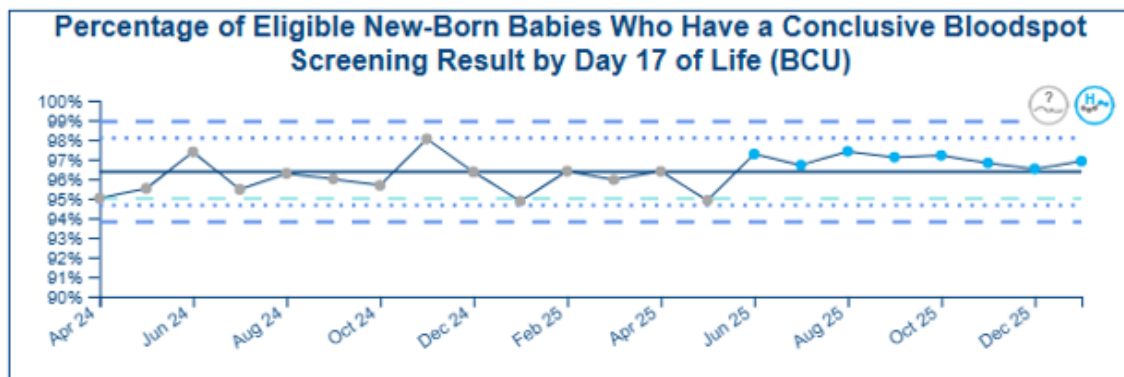
94.0%
All Wales Position

Sources: LTA Monitoring Report (PHW) and WG Organisation Performance Reports

Quadruple Aim 1: Screening – Bloodspot Screening



In January 2026 the BCU position against this metric was 96.9%. The position is 1.9% higher than the National target of 95%.



In January 2026 BCU ranked 4th of 7 Health Boards for performance against this metric, 0.7% lower than the Health Board ranked 1st, and higher than the all-Wales position.

Latest Month Available

Jan 26

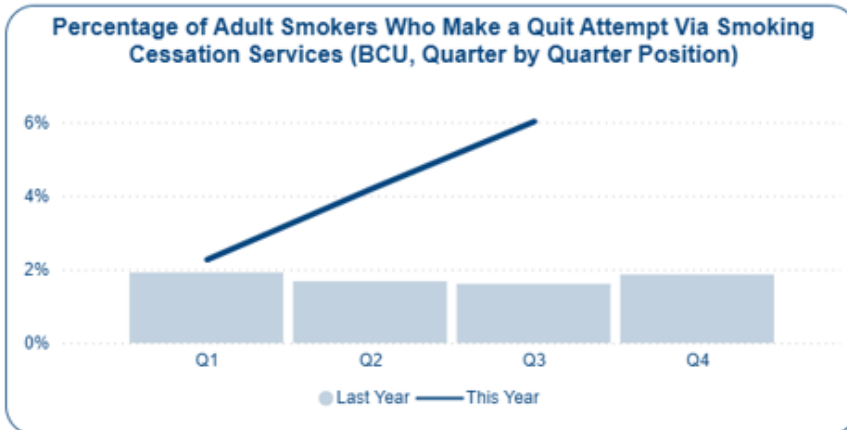
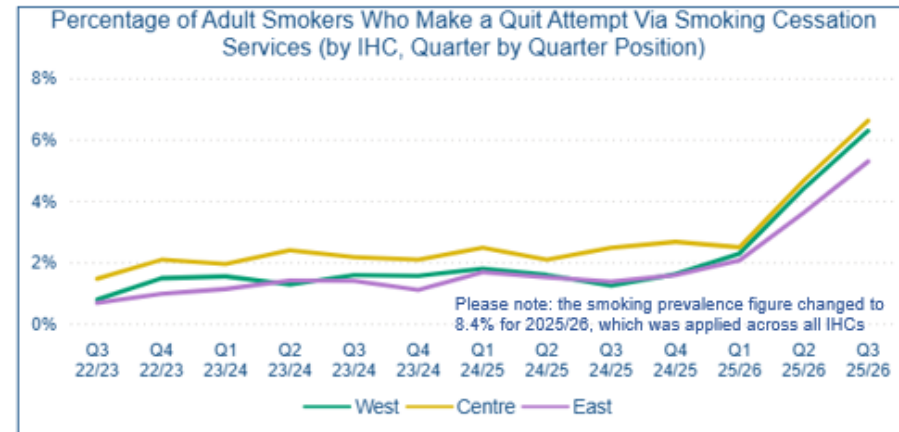
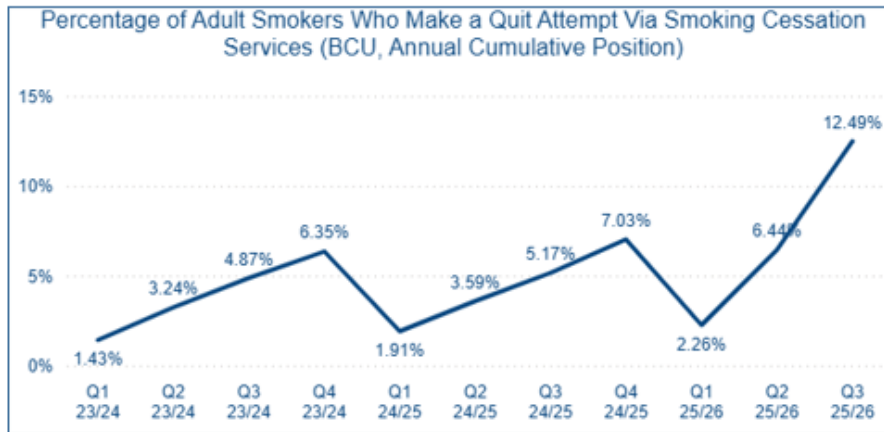
Rank	Board	Position
1	C&V	97.6%
2	AB	97.4%
3	SB	97.1%
4	BCU	96.9%
5	Powys	95.6%
6	HDda	94.6%
7	CTM	94.1%

96.0%

All Wales Position

Sources: LTA Monitoring Report (PHW) and WG Organisation Performance Reports

Quadruple Aim 1: Smoking Quit Attempts



At Quarter 3 2025/26 the BCU position against this metric was 12.5% (6.0% for Q3 alone).

Latest Data Available

Q3 25/26

Rank	Board	Position
1	HDda	7.96%
2	BCU	5.98%
3	Powys	5.89%
4	CTM	4.62%
5	SB	3.35%
6	AB	2.87%
7	C&V	2.51%

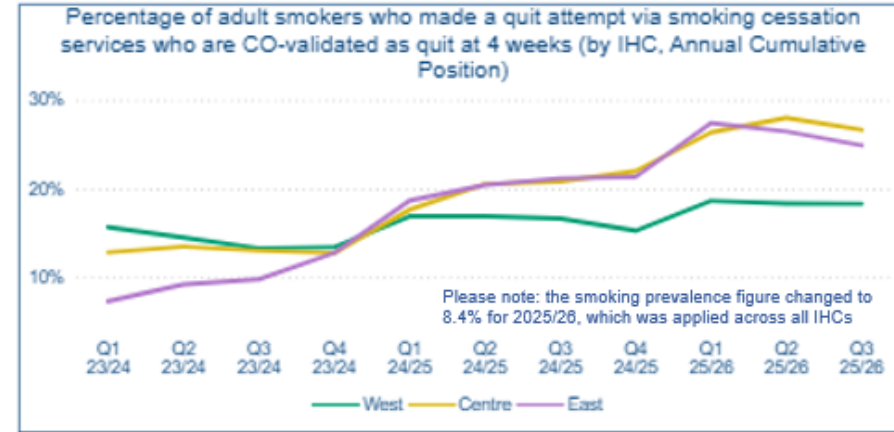
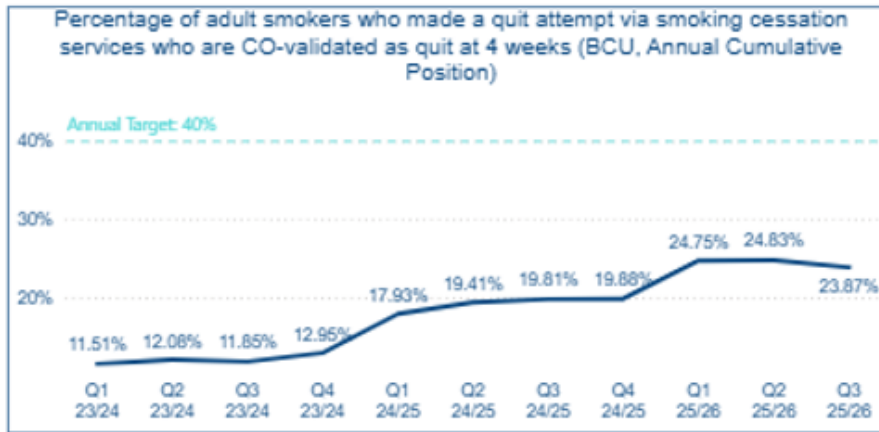
4.35%

All Wales Position

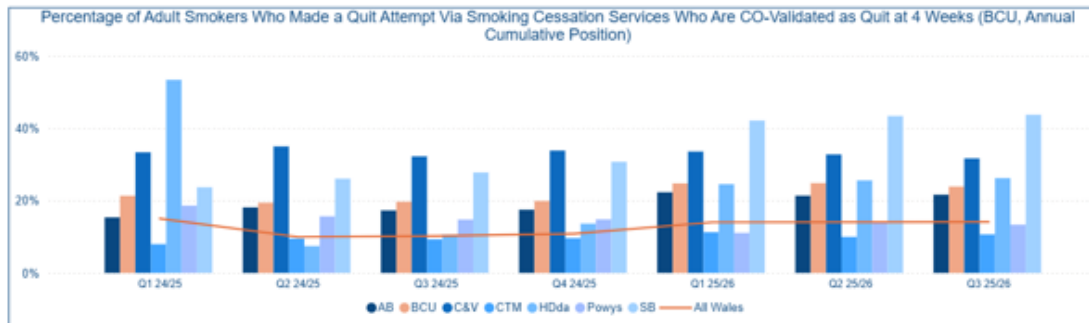
According to the WG Performance Papers, at Q3 2025/26, BCU ranked 2nd of 7 Health Boards for performance against this metric. It was 1.98% lower than the Board ranked 1st, and above the all-Wales average.

Sources: BCUHB Community Information Hub Tobacco Control Dashboard and WG Organisation Performance Reports

Quadruple Aim 1: Smoking (CO Validated)



At Quarter 3 2025/26 the BCU position against this metric was 23.87% (21.7% for Q3 alone).

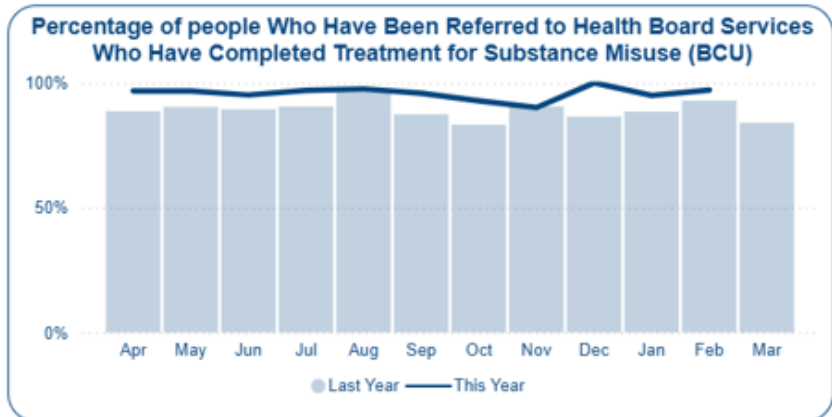
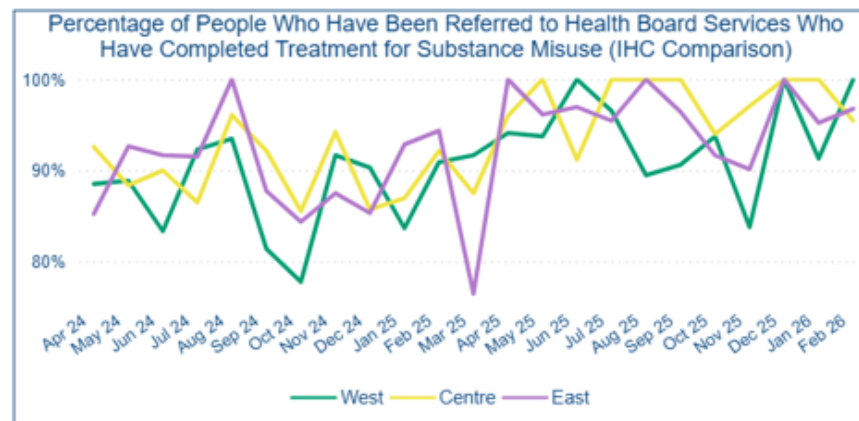
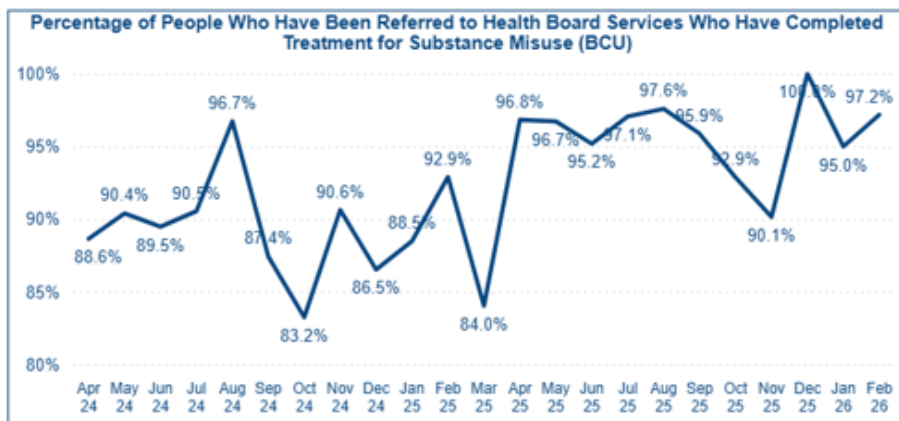


According to the WG Performance Papers, at Q3 2025/26, BCU ranked 4th of 7 Health Boards for performance against this metric. It was 19.8% lower than the Board ranked 1st, and above the all-Wales average (of 23.4%).

Sources: BCUHB Community Information Hub Tobacco Control Dashboard and WG Organisation Performance Reports

Quadruple Aim 1: Substance Misuse Treatment

Target: 4 quarter improvement trend



At February 2026 the BCU position against this metric was 97.2%.

Sources: BCUHB Community Information Hub Tobacco Control Dashboard and WG Organisation Performance Reports

Planning, Population Health & Partnerships Committee

BOARD ASSURANCE FRAMEWORK

Dyddiad y Cyfarfod Date of Meeting	7 th May 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Jody Evans, Assistant Head of Risk Management
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad Report Purpose	Endorse for Board Approval
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Crynodeb Gweithredol **Executive Summary**

This report provides the PPHP Committee with an updated position on Board Assurance Framework (BAF) actions within the Committee's remit, drawing on the most recent BAF update presented through governance routes.

Those BAF risks within the remit of the Committee are:

- BAF24-02: Not Delivering Strategic Development and Digital Transformation
- BAF24-05: Not Engaging with Citizens, Partners and Communities
- BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes
- BAF24-08: Not Implementing Evidenced Based Improvement and Innovation

A total of 52 actions are currently recorded across the relevant principal risks, of which 23 actions are complete, 8 are progressing, 13 are overdue and 8 are delayed.



While a significant proportion of actions across the Board Assurance Framework have been completed, particularly within BAF24-06 and BAF24-08, the continued presence of overdue and delayed actions limits the level of assurance that can be taken at this time. These outstanding actions are largely associated with system-wide dependencies, workforce capacity, digital enablement, and reliance on nationally led programmes or funding decisions, which remain outside the sole control of the Health Board.

Executive oversight remains in place for all outstanding actions, with continued focus on prioritisation, recovery planning and alignment to the four Strategic Intentions approved in March 2026. Further updates will be provided through established governance forums as part of the ongoing BAF refresh.

**Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Executive Committee (EC)	22 nd April	Full BAF Report
Risk Scrutiny Group (RSG)	16 th April 2026	Full BAF Report

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

BAF	Board Assurance Framework
RSG	Risk Scrutiny Group

BOARD ASSURANCE FRAMEWORK

1. Y SEFYLLFA SITUATION

1.1 The Health Board's Board Assurance Framework (BAF) has undergone its latest cycle of updates, and while progress continues across several areas, a significant proportion of mitigating actions remain outstanding, including a concentration of actions that are now overdue

The Board has recently approved four new Strategic Intent, and all existing BAF actions particularly outstanding actions; must now be mapped to these new intents to ensure alignment with the forthcoming 2026–2029 BAF refresh. This mapping work is underway and will be submitted to the Risk Scrutiny Group also for review.

2. Y CEFNDIR BACKGROUND

2.1 The Board Assurance Framework (BAF) is the Health Board's primary mechanism for providing assurance that strategic risks to the delivery of organisational objectives are being effectively identified, managed and mitigated. It aligns principal risks, controls, assurances and mitigating actions and supports the Board, its Committees and the Executive Team in monitoring progress and identifying gaps requiring escalation or intervention.

The extant BAF was approved by the Board in January 2025 and continues to be updated routinely by Executive Leads and action owners and remains the basis for oversight of strategic risks across quality, workforce, finance, digital transformation, and timely access to care.

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

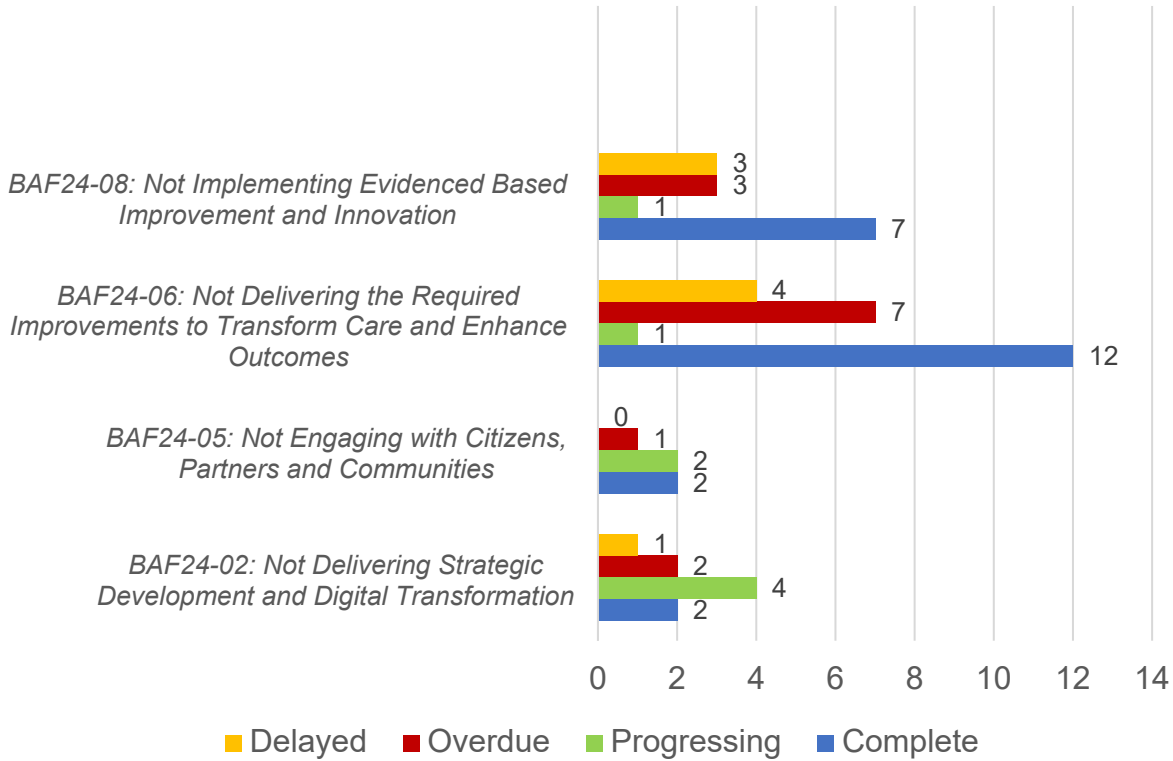
3.1 Overall Action Progress Position

Based on the most recent Board Assurance Framework update, there are 52 actions associated with risks relevant to this Committee. Of these:

- 23 actions are complete,
- 8 actions are progressing,
- 13 actions are overdue, and
- 8 actions are delayed.

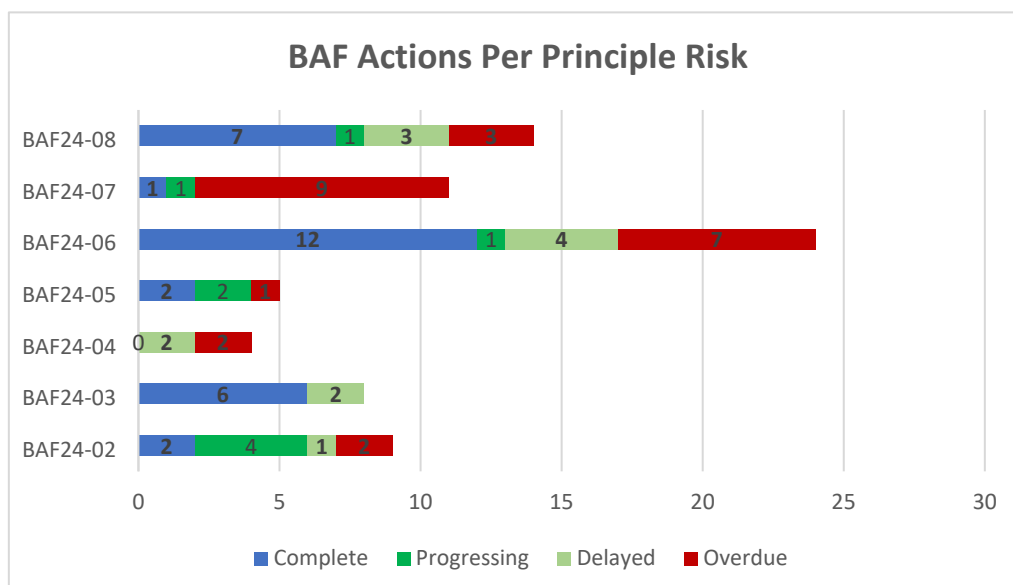


Action Progression Per Principle Risk - as at 09/04/2026



Completed actions largely reflect improvements in governance, assurance arrangements, data maturity and service-level controls. Actions that remain overdue or delayed are mainly associated with more complex and interdependent programmes of work, including workforce capacity, digital enablement, prevention and mental health transformation, and areas reliant on national direction, funding decisions or external approvals.

Across the full BAF, 75 actions are currently recorded, with 52 aligned to the Principal Risks at this Committee. An overview for comparison across the full BAF is noted below:



3.2 Impact on Assurance Levels

The current position of actions across the Board Assurance Framework continues to influence the level of assurance available. While progress is evidenced through a significant number of completed actions across all principal risks, the presence of overdue and delayed actions limits confidence that risk exposure is reducing at the intended pace.

As a result, assurance across the BAF remains constrained, reflecting delivery challenges associated with workforce capacity, digital and data dependencies, prevention and mental health transformation activity, and reliance on nationally led programmes, funding decisions and external approvals. Assurance is expected to strengthen as outstanding actions progress and are realigned through the 2026–2029 Board Assurance Framework refresh.

3.3 Outstanding actions alignment to the new Strategic Intents:

Work is underway to align all outstanding and overdue actions associated with BAF Risks to the four Strategic Intents approved in March 2026. This alignment will support clearer prioritisation, improved coherence between actions and strategic objectives, and more focused assurance reporting.

The outcome of this work will inform the development of the 2026–2029 Board Assurance Framework, with updates reported through established governance routes, including the Risk Scrutiny Group.

Delivery of outstanding actions within this Committee’s remit continues to be constrained by a number of inter-related factors. These include workforce capacity pressures, digital and data enablement dependencies, and the complexity of

system-wide transformation programmes, particularly across prevention, mental health and innovation.

Further constraints arise where delivery is reliant on nationally led programmes, external approvals or funding decisions, which remain outside the Health Board's direct control. These issues are recognised through established governance arrangements and are being factored into recovery planning and the 2026–2029 Board Assurance Framework refresh.

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

TO NOTE:

- A number of actions across the Board Assurance Framework remain overdue or delayed, particularly where delivery is dependent on complex, system-wide programmes.
- These actions are primarily associated with workforce capacity constraints, digital and data enablement, prevention and mental health transformation, and reliance on national programmes, funding decisions or external approvals.
- As a result, the pace at which assurance can be strengthened remains constrained, requiring continued oversight through established governance arrangements.

5. ARGYMHELLION RECOMMENDATIONS

a. Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:

The Committee is asked to:

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

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	1. Building an effective organisation Effective Risk Management
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Consistency with Organisational Values Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	Board Assurance Framework risks linked to corporate risks
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Asesiad o'r Effaith Economaidd-gymdeithasol	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	Not applicable

<p><i>A ydych chi wedi cynnal Aseiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not applicable</p>
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Aseiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Galluogwyr Ansawdd Enablers of Quality All Apply</p>	<p>Meysydd Ansawdd Domains of Quality All Apply</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>Not Applicable</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>Not Applicable</p>	
<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	<p>Not applicable</p>
	<p>Os naddo, dylech gynnwys y rheswm:</p>	<p>Not applicable</p>

<p>Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?</p>	<p>If no, please include rationale:</p>	
<p>Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i></p> <p>Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	<p>Not applicable</p>
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not applicable</p>
<p>Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i></p> <p>Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	<p>Not applicable</p>
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not applicable</p>
<p>Cyfreithiol Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw Da Reputational</p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p>Effaith ar Adnoddau (Pobl / Ariannol) Resource Impact (People / Financial)</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

Board Assurance Framework

Planning, Population Health & Partnerships Committee – 7th May 2026



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Board Assurance Framework

This report provides the Planning, Population Health & Partnerships Committee (PPHP) Committee with an update on the Board Assurance Framework (BAF) risks within its remit, specifically:

- BAF24-02: Not Delivering Strategic Development and Digital Transformation
- BAF24-05: Not Engaging with Citizens, Partners and Communities
- BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes unities
- BAF24-08: Not Implementing Evidenced Based Improvement and Innovation

The report summarises the current position in respect of these risks, including progress against associated mitigating actions.



Risk Framework, Procedures & Documents



BAF24-02: Not Delivering Strategic Development and Digital Transformation

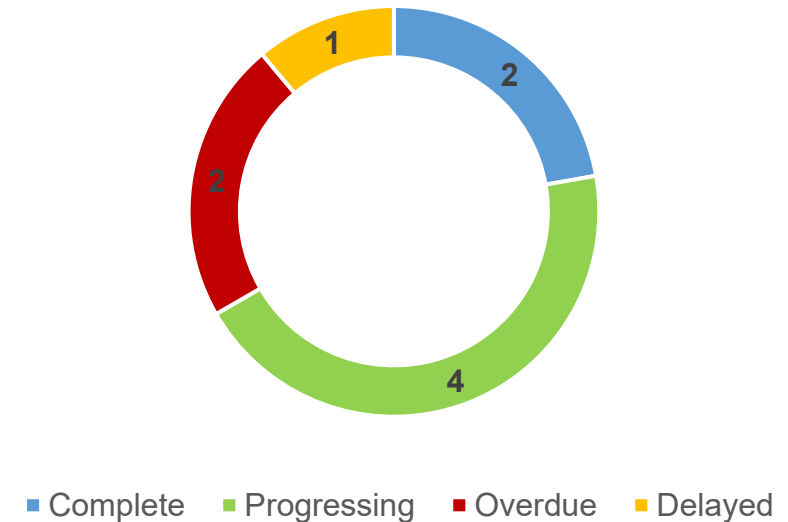
This risk continues to carry a Limited Assurance rating, reflecting persistent challenges in securing sufficient assurance that the current risk treatment strategies are mitigating the risk at the required pace.

While progress is being made across a number of actions, including improvements to governance, prioritisation and digital capability, a number of actions remain progressing, overdue or delayed.

The current risk score of 20 remains unchanged and above tolerance. Delivery remains constrained by dependencies relating to workforce capacity, digital and data enablement, and reliance on wider system and national decision-making.

The risk remains subject to ongoing Executive oversight and is scheduled for further review through established governance routes, including consideration at the forthcoming Executive Committee meeting as part of the wider BAF refresh and alignment to the 2026–2029 Strategic Intents.

Action Progression Status



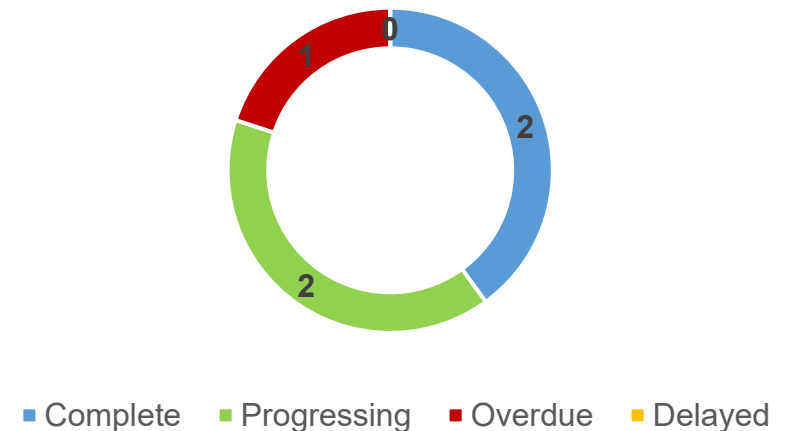
BAF24-05: Not Engaging with Citizens, Partners and Communities

This risk continues to carry a Limited Assurance rating. While progress has been made through the completion of key actions to strengthen engagement and feedback mechanisms, a number of actions remain progressing and one is overdue at the time of writing this update to Committee.

The current risk score of 6 remains unchanged and within tolerance.

Assurance is expected to strengthen as remaining actions, including those relating to citizen engagement frameworks and partnership approaches, are progressed and embedded through the 2026–2029 Board Assurance Framework refresh.

Action Progression Status



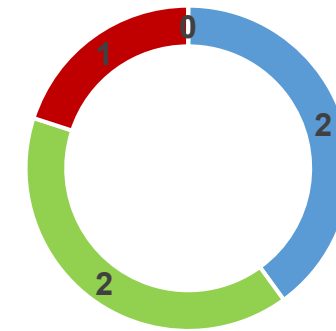
BAF24-06 – Not Delivering the Required Improvements to Transform Care and Enhance Outcomes

The current position of actions aligned to BAF24-06 continues to impact the level of assurance available for this risk. While progress is evidenced through a significant number of completed actions across quality, prevention, patient safety and mental health workstreams, the persistence of overdue and delayed actions limits confidence that risk exposure is reducing at the intended pace.

As a result, the Limited Assurance rating remains appropriate, reflecting the scale and complexity of delivery challenges, including workforce capacity pressures, system-wide transformation dependencies, digital enablement and reliance on nationally led programmes and funding decisions.

Assurance is expected to improve as outstanding actions are progressed and further aligned through the 2026–2029 Board Assurance Framework refresh.

Action Progression Status



■ Complete ■ Progressing ■ Overdue ■ Delayed



BAF24-08 – Not Implementing Evidence-Based Improvement and Innovation

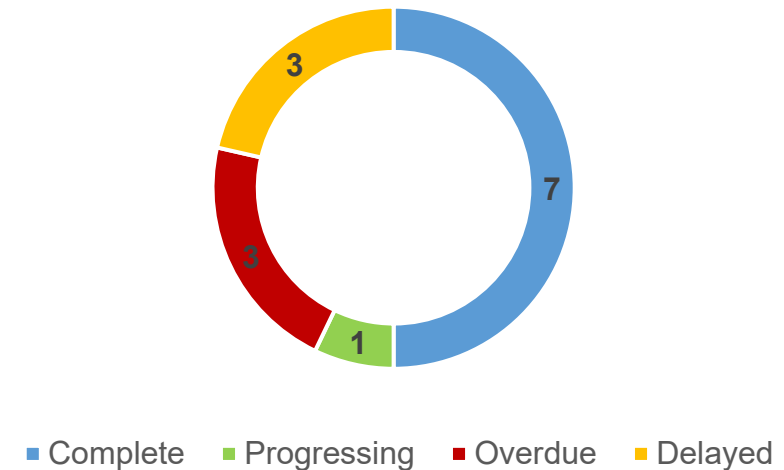
The current position of actions aligned to BAF24-08 continues to influence the level of assurance available for this risk.

While good progress is evidenced through a number of completed actions, particularly in relation to data, intelligence and analytical capability, several actions remain overdue or delayed, limiting confidence that improvement and innovation activity is consistently embedded across the organisation.

As a result, the Limited Assurance rating remains appropriate at this time, reflecting dependencies linked to workforce capacity, research and academic partnership development, and securing external funding.

Assurance is expected to strengthen as outstanding actions progress and are further aligned through the 2026–2029 Board Assurance Framework refresh.

Action Progression Status



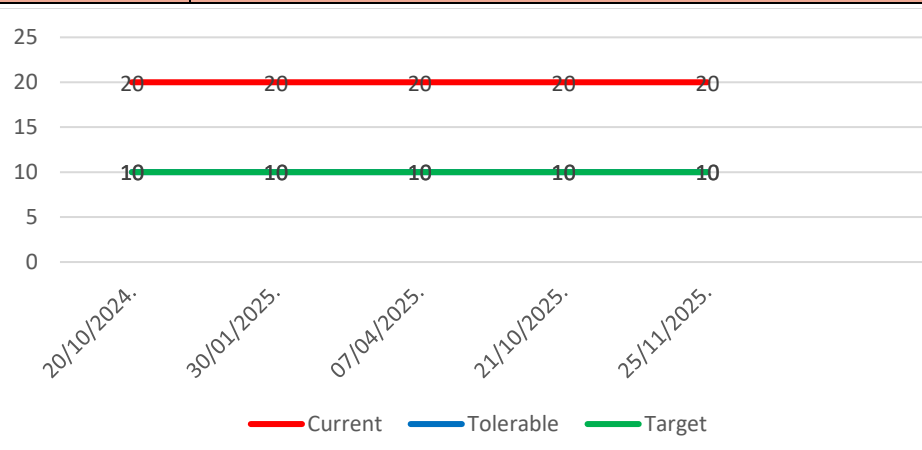
Appendix 1 – Board Assurance Framework

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 Committee	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Interim Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	21/10/2025 To be reviewed at the forthcoming EC Meeting on 22/04/2026	5x 4= 20 Above Tolerance	5x 4= 20	3x 3= 9
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships, Communications and Engagement	Planning, Population Health & Partnerships	20/10/2024	21/10/2025 To be reviewed at the forthcoming EC Meeting on 22/04/2026	2x 3= 6	2x 3= 6	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing and Midwifery Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnerships	20/10/2024	03/11/2025 To be reviewed at the forthcoming EC Meeting on 22/04/2026	5x 4= 20 Above Tolerance	5x 4= 20	5x 2= 10
BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Medical Director & Chief Digital & Information Officer	Planning, Population Health & Partnerships	20/10/2024	29/10/2025 To be reviewed at the forthcoming EC Meeting on 22/04/2026	4x 3= 12	4x 3= 12	4x 2= 8

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.

Principal risk (what could prevent us achieving this strategic objective)	BAF24-02: Not Delivering Strategic Development and Digital Transformation			Strategic objective	1. Developing strategy and long-lasting change (2A 10-year Strategy & 2H Strengthening Planning; 2E Digital, Data, and Technology;)
	<p>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.</p> <p>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</p>				
Lead Committee	Planning, Population Health & Partnership Committee	Risk type	Quality		
Risk Lead	Executive Director Transformation and Strategic Planning Chief Digital & Information Officer	Risk appetite	Open <15 Risk Above Tolerance		
Related Corporate Risks:	CRR25-05, Strategic Change – Impacting Care and Staff Delivery; CRR25-04, Modernising our Infrastructure				
Risk rating	Current exposure	Target	Review Dates		
Consequence	5	5	Initial date of assessment 20/10/2024		
Likelihood	4	2	Last reviewed by Committee: 21/08/2025		
Risk rating	20	10	Last updated by Executive: 25/11/2025		


Appendix 1 – Board Assurance Framework

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:	Assistant Director of Compliance and Business Management	Accountable:	Chief Digital & Information Officer		
<p>Threat: 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"> • Cyber Security Plan (and evidenced of reasonable assurance through recent internal audit) • Plans to recruit key skills and capabilities gaps • Business case developed for Mental Health and Acute and Community Electronic Health Record (EHR) • Clear benchmarking with Gartner IT Score to assess and guide us on what we need to do. • Skills and capabilities augmentation contracts in place with third party companies to support the internal teams in delivering what is required 	<ul style="list-style-type: none"> • Limited recurring funding constrains the recruitment and retention of essential clinical and support roles. • Strategic Implication: Without stable investment in key positions, risks workforce shortages that could impact patient care, service delivery, and the achievement of national health priorities • Insufficient support to secure flexible augmentation contracts reduces the ability to respond rapidly to fluctuating demand across services. • Strategic Implication: Limited access to temporary or flexible expertise may hinder timely service delivery, staff resilience, and the organisation’s ability to respond to emerging health pressures. 	<p>Management:</p> <ul style="list-style-type: none"> • Quarterly reviews of digital objectives including projects at service level to Senior Leadership Team • Performance and accountability meetings for Annual Plan objectives <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Annual audit of data governance and cyber security measures • Corporate Risk in place <p>Independent assurance:</p> <ul style="list-style-type: none"> • Internal and external audits of data governance and technology • Information Commissioners office • Continual Benchmarking from Gartner Group and Service Desk Institute against best practice 	<p>Limited visibility of long-term financial commitments for sustaining critical clinical and support roles</p> <p>Reduced ability to scale workforce rapidly; potential gaps in service delivery</p> <p>Outdated systems increase operational inefficiencies and limit adoption of innovative solutions.</p>	<p>Limited Assurance</p>
<p>↑</p> <p>Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)</p>	Action Handler	Status of Actions	Date when action will be completed		
	<p>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 31st March 2025 will be completed.</p> <p>Senior Architecture posts in place but funded non-recurrently. These are resolving clinical system integration, which will also halt on the 31/03/2026 should recurrent funding not be secured.</p>	Overdue	31/03/2026		
	<p>Roll-out of key priority EHR 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 has been updated following engagement with legal, finance, procurement and DDaT. Currently, there is no funding to progress this further, and Welsh Government have asked all Health Boards to pause while they agree a national</p>	EHR Programme Director (not in post)	Progressing	31/03/2028	

Appendix 1 – Board Assurance Framework

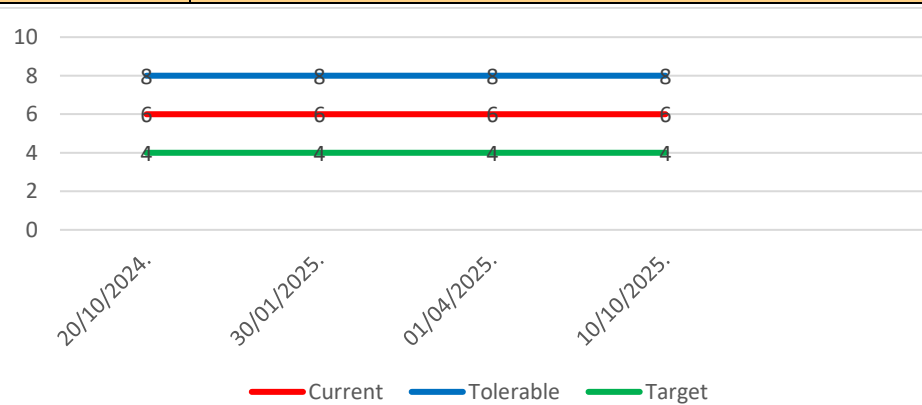
	<p>approach. The Mental Health EHR is progressing with the procurement evaluation complete. Once assurance activities have been completed the next step will be to finalise the Full Business Case (FBC) and award contract following board approval.</p> <p>A strategic outline case for the scanning plan is being prepared, with anticipated submission for formal approval in April 2026 via the appropriate governance board.</p>			
	<ul style="list-style-type: none"> • Transformation of the DDaT Operating Model. Proposals for 2025/26 onwards are being progressed for consideration. <ul style="list-style-type: none"> ○ Due to significant digital inflation, plans have been put forward and are currently being considered in line with other inflationary pressures. ○ Bids for growth are being revised to align with IMTP Planning processes <p>Anticipated position and due date will be 30th April 2026</p>	Assistant Director of Compliance and Business Management	Delayed	30/04/2026
	<p>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 cost pressures or growth initiatives. Will continue to review funding gaps and available schemes.</p>	Assistant Director of Compliance and Business Management	Overdue	31/03/2026
	<p>Expand the implementation of the Digital Training Academy enhancing the skills and understanding of clinical and non-clinical systems and O365 tools.</p>	Chief Technology Officer	Progressing	30/09/2026
	<p>Implement and ensure Executive Decision and oversight of the Digital Prioritisation of projects and programmes in line with IMTP and Funding Arrangements.</p>	Assistant Director of Digital Delivery	Progressing	30/04/2026

Appendix 1 – Board Assurance Framework


Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence) that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating	
Responsible:		Assistant Director of Health Strategy & Planning	Accountable:		Interim Executive Director of Transformation and Strategic Planning	
<p>Threat: 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.</p>	<ul style="list-style-type: none"> Ensure strategy development aligns with population needs assessments. Prioritise internal and external stakeholder engagement, collaboration and co-production. Integrated planning framework updated with learning from each planning cycle. Alignment of finances, workforce and performance via the Planning process. 	<ul style="list-style-type: none"> Limited public engagement and stakeholder input at the early formative stages of strategy development and planning. Effective mechanisms to prioritise resources to strategic priorities. Integrated view of impact of plans, demonstrating which outcomes have improved for the population. 	<p>Management:</p> <ul style="list-style-type: none"> Annual review of planning cycle. Annual Delivery Plan progress reports on strategy development milestones. <p>Risk and compliance:</p> <ul style="list-style-type: none"> External benchmarking of planning effectiveness through the Planning Maturity Matrix. <p>Independent assurance:</p> <ul style="list-style-type: none"> Independent review as part of special measures. Welsh Government annual assessment of submitted IMTP. 	<ul style="list-style-type: none"> Lack of approved Digital Roadmap – Presented and accepted by the Strategic Planning and Change Group, awaiting delivery of the Clinical Services Plan to ensure aligned before onward approval by the Board. 	<p>Limited Assurance</p>	
	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)			Action Handler	Status of Actions	Date when action will be completed
	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).			Head of Health Strategy and Planning	Complete	29/01/2026
	Implement phase 1 of Clinical Services Plans in relation to the Challenged Services. Work in this phase has progressed as intended. Now that the CSP Phase 2 moves into mobilisation mode, operating as a major change programme, any ongoing work from this phase will transition into phase 2 and be monitored accordingly.			Assistant Director of Transformation and Improvement (Interim)	Complete	30/03/2026
	Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales			Head Of Health Strategy and Planning	Progressing	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.

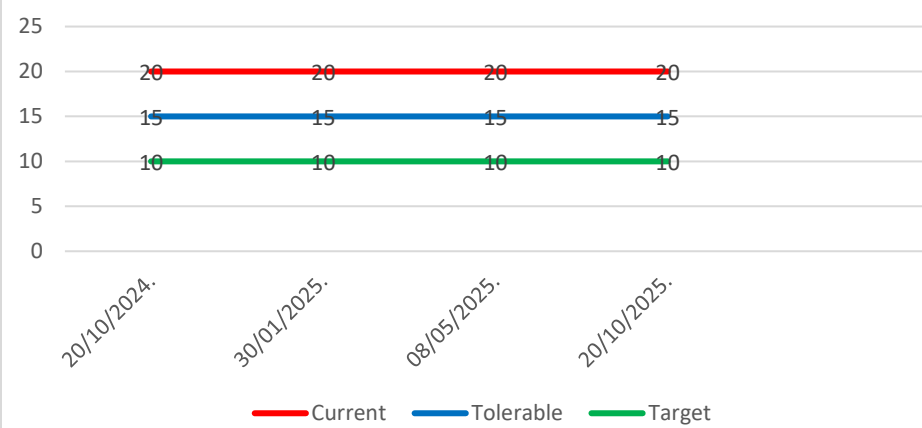
Principal risk (what could prevent us achieving this strategic objective)	BAF24-05: Not Engaging with Citizens, Partners and Communities Risk of ineffective engagement with citizens, partners and communities may result in a lack of public trust, poor service user experience, and a disconnect between the Health Board's services and the needs of the population.			Strategic objective	3: To have a compassionate culture, leadership & engagement encompassing 3B: Citizen Engagement & 3C: Being a Good Partner
Lead Committee	Planning, Population Health & Partnership Committee	Risk type	Reputation	 <p>10 8 6 4 2 0</p> <p>20/10/2024. 30/01/2025. 01/04/2025. 10/10/2025.</p> <p>— Current — Tolerable — Target</p>	
Risk Lead	Director of Partnerships/Communications and Engagement	Risk appetite	Seek <25		
Related Corporate Risks:	CRR25-03 Population Needs				
Risk rating			Review Dates		
	Current exposure	Target	Initial date of assessment	20/10/2024	
Consequence	2	2	Last reviewed by Committee:	21/082025	
Likelihood	3	2	Last updated by Executive:	23/03/2025	
Risk rating	6	4			

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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance actions to address gaps and issues	Assurance rating
Responsible:		Director of Partnerships/communications and Engagement	Accountable:		Director of Partnerships/communications and Engagement
<p>Threat: 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.</p>	<ul style="list-style-type: none"> • Collaboration with key stakeholders • Strategic partnerships with local authorities and community organisations • Partnership governance frameworks • Comprehensive inclusive and diverse citizen engagement strategy • Accessible feedback mechanisms such as surveys and public engagement activity • Regular updates to the public on strategic priorities • Survey of engagement across the Health Board • Collaboration on complaint's process 	<ul style="list-style-type: none"> • Communication back to the public on their influence from feedback • Lack of structured feedback from key partners • Limited cross-sector collaboration in specific service areas • Anchor Institute Framework 	<p>Management:</p> <ul style="list-style-type: none"> • Citizen experience reports to Board • Feedback from engagement and where required public consultations. <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Partnership feedback sessions • Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health & Partnership Committee <p>Independent assurance:</p> <ul style="list-style-type: none"> • Perception survey with partners • Independent Advisor for external perspective on engagement approach 	Risk Register for Partnerships/Communications and Engagement.	Limited Assurance
	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Perception Survey completed. Survey findings to now go to Executive Committee and PPHP Committee.		Director of Partnerships/ Communications and Engagement	Complete	31/03/2025
	Developing Anchor Institute Framework – ongoing, draft Anchor Charter developed with partners and being formally discussed at regional wellbeing and anchor charter event on 19.03.26.		Director of Partnerships/ Communications and Engagement	Overdue	31/03/2026
	Citizen Engagement Plan being reviewed – the draft principles and framework developed – Co-production, Engagement and Consultation Toolkit developed, Principles and Framework to be discussed at Executive Group Meeting before end of April 2026.		Director of Partnerships/ Communications and Engagement	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.		Director of Partnerships/ Communications and Engagement	Complete	31/01/2025
	Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead – plan in development, overseen by the Chief Executive Officer.		Director of Partnerships/ Communications and Engagement	Progressing	31/05/2026

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.

Principal risk (what could prevent us achieving this strategic objective)	BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes			Strategic objective	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.				
Lead Committee	Quality, Safety and Experience Committee / Planning, Population Health & Partnership Committee	Risk type	Quality		
Risk Lead	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Risk appetite	Open <15 Above Tolerance		
Related Corporate Risks:	CRR25-01, Timely Patient Access to Safe and Effective Care; CRR25-03, Population Needs				
Risk rating			Review Dates		
	Current exposure	Target	Initial date of assessment		
Consequence	5	5	Last reviewed by Committee:	20/10/2024	
Likelihood	3	2	Last updated by Executive:	21/08/2025	
Risk rating	20	10		20/10/2025	

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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Deputy Executive Director of Nursing	Accountable:	Executive Director of Nursing	Responsible Committee	Quality, Safety and Experience Committee
<p>Threat: A loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction</p>	<ul style="list-style-type: none"> • Integrated Concerns Policy and daily Hub meetings in place to review all concerns of moderate, grade4/5 and above • Patient incident/feedback systems and policies • Data analysis and learning at service level • Datix Reporting • Patient safety Staff training - Quality governance arrangements at Health Board, IHC/division & service levels including: <ul style="list-style-type: none"> ○ Local ICOG and Exec EICOG Groups ○ BCUHB patient safety, infection prevention, safeguarding and patient experience groups ○ BCUHB SCEG, meetings ○ Local and Exec Quality Delivery Groups ○ Clinical audit programme & monitoring arrangements ○ Ward accreditation/ metrics • Integrated Concerns Policy and Toolkit • Concerns Hub • Rapid review Sign-off process for incidents and Nationally Reported Incidents • Executive Led Oversight Group • Quality assurance visits • Internal Reviews against External National Reports • Getting it Right First Time (GIRFT) • Localised deep dives, reports and action plans • Operational grip on workforce gaps • Patient Advice and Liaison Service Activity • Comprehensive Cultural Competence training and awareness 	<ul style="list-style-type: none"> • Operational oversight of sustainable change, evidence of learning and improvement measures • Harm review process to be approved for the planned care major change programme 	<p>Management:</p> <ul style="list-style-type: none"> • Learning from deaths Report to QC and Board • Quarterly Strategic Priority Report to Board. • Divisional risk reports to SRG bi-annually. • Guardian of Safe Working report to Board • Quality and Governance Reporting Pathway. <p>Quality Safety and Experience Committee reports include:</p> <ul style="list-style-type: none"> ○ Safeguarding Annual Report to QSE ○ Infection Control Annual Report ○ Health and Safety Annual Report ○ Bimonthly Quality Report ○ Deep dive Reports ○ Risk Management Report ○ Integrated Performance Report ○ Duty of Quality annual report <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Quality Dashboard • Duty of Candour • Corporate Risks • Ombudsman Annual Letter <p>Independent assurance:</p> <ul style="list-style-type: none"> • Health Inspectorate Wales Reports • Care Inspectorate Wales Reports • Coroners' reports: • Internal Audit reports. Patient Experience –Reasonable • Quality Directorate – Reasonable 	<p>Limited Assurance Internal Audit report for Limited Assurance: Lessons Learnt, Falls, Deprivation of Liberty</p> <p>All actions on track or closed</p> <ul style="list-style-type: none"> • Nursing & Midwifery Vision Embedding (launched May 2025) • Allied Health Professional Strategy • Clinical services plan • Harms review process to be approved for planned care 	<p>Limited Assurance</p>

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			<ul style="list-style-type: none"> Complaints management – reasonable Royal College Reports Llais Reports Ombudsman <p>Screening Quality Assurance Services assessments and reports of:</p> <ul style="list-style-type: none"> Antenatal and New-born screening Breast Cancer Screening Services Bowel Cancer Screening Services Cervical Screening Services <p>External Accreditation/Regulation annual assessments and reports of;</p> <ul style="list-style-type: none"> Pathology (UKAS) Endoscopy Services (JAG) Medical Equipment and Medical Devices (BSI) Blood Transfusion Annual Compliance Report (MHRA) Ionising Radiation (Medical Exposure) Regulations 		
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↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	Civica mapping of services to improve consistency of levels of feedback.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Expand real-time feedback systems across all services (SMS texting for priority areas e.g. ED).	Deputy Executive Director of Nursing	Complete	31/12/2024
	Quality Management System in development. – pilots in urology and vascular.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Reduced response times for addressing patient complaints.	Deputy Executive Director of Nursing	Complete	31/03/2025
	Learning Repository Development – A Project Group oversees governance, strategic alignment, and accountability for the wider rollout by 31st April 2026. (Delayed from 31/11/2025)	Deputy Executive Director of Nursing	Delayed	31/04/2026
	Harms review process to be approved for planned care activity.	Programme Director Planned Care	Overdue	30/11/2025

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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)			Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:		Head of Public Health Assurance & Development	Accountable:	Executive Director of Public Health	Responsible Committee	Population Health & Partnership Committee	
<p>Threat: A widespread loss of organisational focus on investment and support to improve integrated prevention to better population health and wellbeing</p>	<ul style="list-style-type: none"> Public Health team and other teams across the HB, working on evidenced based programmes of work which link to National and local priorities Integrated prevention strategies focused on population health and wellbeing to reduce health inequalities Continuation of Grant funding confirmed 25/26 Ministerial Priorities include Prevention and Population Health Prevention, Population Health and Early Intervention Exec Delivery Group established July 25 will review Corporate and emerging risks. 	<ul style="list-style-type: none"> Limited access to timely integrated data supporting prevention activity. Insufficient integration between prevention and clinical services Services fail to prioritise prevention as part of the delivery of effective services and outcomes. Large proportion of budget is non-recurrent grant funding Diabetes Pathway Programme delivery plans (service level) - dependent on options for change agreement 			<p>Management:</p> <ul style="list-style-type: none"> Regular reports against a range of outcomes from the public health outcomes framework to Planning, Population Health & Partnership Committee (PPHP). The format for delivery reports is under review for 26/27 to explore more concise approach with all ministerial, local and national performance targets presented alongside the development of a set of core indicators (with associated metrics) under development. The Prevention, Population Health and Early Intervention Delivery Group has been established over the last 6 months, chaired by the Exec Director of Public Health. This group reports to the Exec Committee and the PPHP Committee in relation to delivery. <p>Risk and compliance:</p> <ul style="list-style-type: none"> CRR24-08 Delivering a population health approach to health and wellbeing and CRR24-18 Outbreak Management reported to Planning, Population Health & Partnership Committee. Corporate Risk Review has resulted in refresh and consolidation of these two risks into one. Operational Risk Register maintained. 	<ul style="list-style-type: none"> 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. 	<p>Limited Assurance</p>

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			<p>Independent assurance:</p> <ul style="list-style-type: none"> Regular reports against a range of outcomes from the public health outcomes framework to Regional Partnership Board Public Service Boards & Welsh Government Review held with Welsh Government October 25 –focus on shift to prevention, Health Improvement activity and health inequalities programmes. 		
↑	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed
	Increase collaboration with community partners.		Strategic Partnership Manager	Complete	31/03/2025
	Strengthen the integration of prevention into service and Health Board planning.		Head of Public Health Assurance & Development	Complete	31/03/2025
	DDAT/Public Health Integrated approach to population health and clinical data and intelligence embedded in Health Board plans.		Assistant Director - Data, Intelligence & Insight / Consultant in Public Health Medicine	Complete	30/09/2025
	Diabetes Pathway Programme – completion of case for change and next steps agreed - delay in appointing Clinical Lead however this has now gone out for expressions of interest. There have been some revisions to the plan as a result and also in keeping with wider priority programmes including Primary Care. Completion of the Diabetes Pathway Programme case for change has been completed however the overall implementation of the programme has been delayed in 25.26 due to dependencies, including the appointment of a Clinical Lead. The plan has been revised to align with wider priorities, and the completion date has moved from July 2025 to December 2026.		Executive Director of Public Health	Delayed	31/12/2026
	Deliver Primary Care based approaches to improving the compliance with NICE guidance. Awaiting update and revised date from Primary Care leads.		Service Leads	Overdue	30/10/2025
	Grant funded Programme plans approved by Welsh Government and Public Health Wales.		Head of Public Health Assurance & Development	Complete	30/04/2025
	Prevention embedded in Board Major Programmes.		Programme Leads / SRO	Overdue	31/03/2026
	Development of Clinical Services Plan and Health Board Strategy recognises prevention as component part. Development of the Clinical Services Plan and Health Board Strategy, which incorporates prevention as a key component, has been delayed due to dependencies on preceding work. The completion date has moved from March 2025 to December 2026.		Consultant in Public Health	Delayed	31/12/2026

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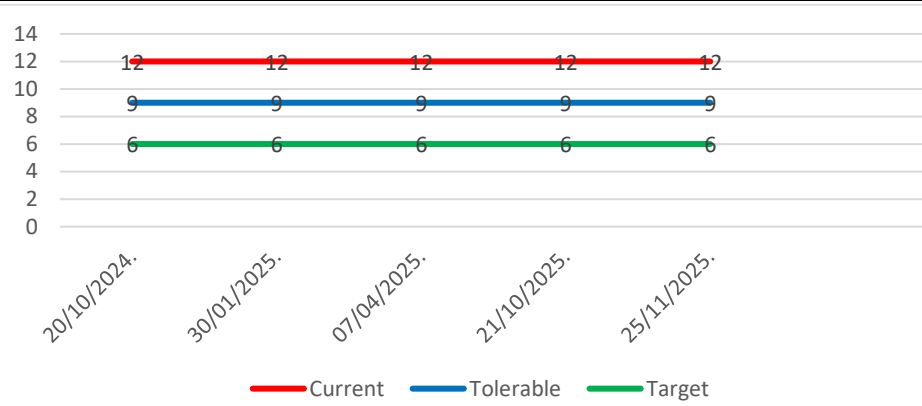
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)			Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Responsible:	Director of Mental Health & Learning Disabilities	Accountable:	Executive Director of Allied Health Professionals and Health Science	Responsible Committee	Quality, Safety and Experience Committee		
<p>Threat: Risk of insufficient focus on Mental Health, wellbeing and Learning Disabilities in the Health Board strategy, planning and operations leading to sub optimal patient outcomes, lack of an holistic approach, regulatory non-compliance and reputational harm.</p>	<ul style="list-style-type: none"> Alignment with Welsh Government National strategies for Mental Health and wellbeing, Learning Disabilities and Substance Misuse Adherence to Royal College and Clinical standards National NHS Executive Mental Health and Learning Disabilities (MHL) Strategic Improvement Programme Established Royal College Psychiatry Improvement programme with Health Board wide reporting and governance Established reporting through existing HB Governance Frameworks, Oversight committees and routine audits to ensure compliance and monitor progress. Inclusion in Health Board Annual Plan and monitoring mechanisms Inclusion in organisational Major change programme, oversight and reporting Clinically led Physical health work stream in MHL Primary care pathways Crisis Care Concordat in place Out of Area bed utilisation biweekly escalation meetings 	<ul style="list-style-type: none"> Recruitment and Retention challenges impacting on workforce including interim posts Engagement and collaboration with physical health services 'Foundations for the Future' programme maturity Insufficient focus on health inequalities Lack of integrated Electronic Health Record and other digital systems Limited visibility of Mental health and Learning disabilities data at Board level Current risk to balanced financial position Waiting lists for care coordination Greater focus on community and earlier intervention services 			<p>Management:</p> <ul style="list-style-type: none"> External reviews in 2023-24, undertaken as part of Special Measures all recommendations completed and managed. Performance Management and reporting e.g. IQPD Civica and patient reporting metrics <p>Risk and compliance:</p> <ul style="list-style-type: none"> Compliance with Royal College Standards Audit Reports <p>Independent assurance:</p> <ul style="list-style-type: none"> Development of co-produced Patient Carer engagement work Expert advisory group External reviews National and Local performance reporting Together 4 Mental Health Partnership Board in place 	<ul style="list-style-type: none"> Lack of integrated patient care records impacting on care, planning and reporting Increasing the scope of performance reviews focusing on patient pathways. Improving our real time patient data Visibility of community mental health activity 	<p>Limited Assurance</p>

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
	<ul style="list-style-type: none"> MHODG - developing ToRs taking an ambidextrous organisational approach to MH across the organisation led by the Chief Executive. 				
Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)		Action Handler	Status of Actions	Date when action will be completed	
Recruitment plans for substantive workforce. Director of Nursing successfully recruited with anticipated start date 17th November 25. Recruitment activity remains business as usual, but progress made across the division and plan now in place. All substantive SLT appointments in place with no interims. Vacancy rate improved - medic recruitment remains a challenge		Director of Operations MHLD	Complete	31/09/2025	
Increased pathways with Primary care. Primary Care Service Transformation Delivery group has progressed with work completed outlining system challenges to inform next steps. On track but will be ongoing.		Consultant Psychiatrist/medical Director	Delayed	31/12/2025 (Ongoing)	
Active engagement with the Foundations for the future programme now completed as MHLD formally engage with aspects of the programme and with be Business as usual until FftF is rolled out.		Director of Operations MHLD	Complete	31/10/2025	
Electronic Health Record programme with MHLD as early adopter. Procurement concluded - assurance activity underway for award of contract. Implementation will be impacted by contract award timescales; this may impact the control completion date, but measures are being into place to mitigate this.		Interim Director MHLD	Overdue	31/03/2026	
Enhanced Savings plans. OOA/ CHC remain the well documented risks here for delivery, but plans are progressing well.		Chief Finance Officer	Overdue	31/03/2026	
Responsive annual plan.		Head of Integrated Strategy and Development	Complete	31/03/2025	
Capping OOA bed utilisation		Divisional Directors	Overdue	31/03/2026	
Continued implementation of waiting list protocol to ensure patients are supported whilst waiting.		Director of Operations	Progressing	Ongoing	
Implementation of Communication strategy, will remain dynamic and developmental. Phase 2 plan progressed and group within division to provide leadership to ensure BAU.		Head of Integrated Strategy and Development	Complete	31/12/2025	
Alignment with Learning Disabilities national programme- Improving Care Improving lives review. The LD transformation programme covers ECRS, Inpatient and Community Services and is fully aligned to the NHS P&I National improvement works. Improvements are project managed through service and divisional governance as well as the national programme. Progress to date includes successful roll out and uptake of Paul Ridd disability awareness training across BCU (not just LD services), introduction of the Health Equalities Framework (HEF) outcomes measure to support identifying health inequalities for people with a learning disability.		Director Of Operations MHLD	Overdue	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.

Principal risk (what could prevent us achieving this strategic objective)	BAF24-08: Not Implementing Evidenced Based Improvement and Innovation			Strategic objective	5: Effective Environment for Learning 5A: University Partnership; 5B: Research, Development and Innovation & 5C: Academic Careers)
	Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care				
Lead Committee	Planning, Population Health & Partnership Committee	Risk type	Quality	 <p>14 12 10 8 6 4 2 0</p> <p>20/10/2024. 30/01/2025. 07/04/2025. 21/10/2025. 25/11/2025.</p> <p>— Current — Tolerable — Target</p>	
Risk Lead	Executive Medical Director /Chief Digital & Information Officer	Risk appetite	Open <16		
Related Corporate Risks:	CRR25-04 Modernising our Infrastructure				
Risk rating			Review Dates		
	Current exposure	Target			
Consequence	4	4	Initial date of assessment	20/10/2024	
Likelihood	3	2	Last reviewed by Committee:	21/08/2025	
Risk rating	12	8	Last updated by Executive:	25/11/2025	

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Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating	
Responsible:		Assistant Director Data, Intelligence & Insight	Accountable:		Chief Digital & Information Officer	
<p>Threat: Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients</p>	<ul style="list-style-type: none"> Data collated and available through various systems and software (IRIS/RTT Hub) Information account Managers to ensure data is interpreted correctly Some Integrated data analytics and reporting in place Integrated Leadership Framework & Performance Appraisal and Development Review (PADR) policy, staff development toolkit. Continuous professional development opportunities for staff 	<ul style="list-style-type: none"> Regular data analytics reviews and intelligence reports for further assurances More Assurance on evidence of being intelligence-led Insufficient integration of data analytics consistently across all service areas Data driven decision-making framework for services Limited use of real-time data in clinical decision-making Inconsistent access to learning opportunities across different service areas Limited evaluation of the impact of training on service delivery Limited collaboration on research projects 	<p>Management:</p> <ul style="list-style-type: none"> Monthly data governance reviews Progress against annual plan to committees Result of internal data maturity assessment Utilisation Statistics in IRIS <p>Risk and compliance:</p> <ul style="list-style-type: none"> Annual reviews of the effectiveness of learning initiatives (OMD) <p>Independent assurance:</p> <ul style="list-style-type: none"> Clinical body reporting on external evaluations of learning and development programmes (OMD) 	<ul style="list-style-type: none"> No external evaluation of statistics or use of statistics 	<p>Limited Assurance</p>	
	<p>Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)</p>			<p>Action Handler</p>	<p>Status of Actions</p>	<p>Date when action will be completed</p>
<p>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.</p>		<p>Assistant Director - Data, Intelligence & Insight</p>	<p>Complete</p>	<p>31/03/2025</p>		
<p>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.</p>		<p>Assistant Director - Data, Intelligence & Insight</p>	<p>Complete</p>	<p>31/03/2025</p>		
<p>Exploring the links with universities on opportunities to work together on data analytics.</p>		<p>Assistant Director - Data,</p>	<p>Complete</p>	<p>30/09/2025</p>		

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Contact secured with Bangor, Wrexham and Swansea Universities. Work ongoing to identify potential collaborative projects. Attendance secured at Bangor University careers event October 2025. This now forms part of business-as-usual activity.	Intelligence & Insight		
Launch of IRIS2 to improve accessibility and useability of information products.	Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025
Develop a model for Cancer Referrals and activity for single modality. Work is continuing with cancer services looking at breast pathways. Stage 1 demand for all tumour sites has been assessed against ringfenced capacity to incorporate into Referral to Treatment demand and capacity work, linked to workstream 6 of the Planned Care Programme. Due to operational challenges and the complexity of cancer pathways and associated data, current focus is on short term operational forecasting and we will with colleagues from NHS Performance & Improvement to develop longer term (annual and beyond) forecasting tools for the cancer pathways. Revised due date 30/06/2026 from 30/11/2025)	Assistant Director - Data, Intelligence & Insight	Delayed	30/06/2026
Refresh Urgent and Emergency Care Winter Plan Model. This work was completed to inform the winter learning debrief event held in August with ongoing forecasting development.	Assistant Director - Data, Intelligence & Insight	Complete	31/07/2025
Undertake a data maturity assessment for planned and urgent and emergency care to test for improvement from baseline position. Initial assessment undertaken to inform a development plan. Improvements underway related to winter planning and resilience.	Assistant Director - Data, Intelligence & Insight	Complete	30/06/2025
Development of a Training Needs Analysis and Training Programme for Intelligence Team and also for Planned Care data recipients. Training plan for Data Intelligence and Insight Team in development based on a team-based training needs assessment. Planned care data needs training met through IRIS2 launch events. Ongoing requirements will be monitored through the Planned Care Programme and lead analyst. Action complete	Assistant Director - Data, Intelligence & Insight	Complete	31/10/2025

Responsible:		Associate Director Research & Development & Programme Director – Education Partnerships & Projects		Accountable:		Executive Medical Director	
<p>Threat: 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"> Strategic partnerships with academic institutions developed during 2025/26 Memorandum of Understanding in place with Bangor University and Group Llandrillo Menai. Dedicated governance structure for North 	<ul style="list-style-type: none"> Inconsistent engagement with academic partners across all healthcare services Lack of investment in healthcare innovation projects Limited career progression opportunities in academia for clinical and non-clinical staff 	<p>Timescale: 2025/26 (next update provided will be quarterly milestones based off annual plan)</p>	<p>Management:</p> <ul style="list-style-type: none"> Clinical Effectiveness Group reporting <p>Risk and compliance:</p> <ul style="list-style-type: none"> Regular joint project reviews and risk register for projects maintained <p>Independent assurance:</p> <ul style="list-style-type: none"> External evaluations of projects 	<ul style="list-style-type: none"> Memorandum of Understanding with Wrexham University due to be signed on 16th March 2026. Memorandum of understanding with Coleg Cambria due to be signed in April/May 2026 Internal governance arrangements and 	<p>Limited Assurance</p>	

Appendix 1 – Board Assurance Framework

	<p>Wales Medical School and related projects</p> <ul style="list-style-type: none"> • Strategic Steering Group in place with Group Llandrillo Menai and Wrexham University • Research governance structure • Collaboration with external research bodies and innovation hubs • All Wales Innovation Pathway deployed • Membership of the Embedding Research in the NHS national group being led by Health and Care Research Wales • Academic Careers Working Group established 	<ul style="list-style-type: none"> • No Memorandum of Understanding in place with Wrexham University at present 		<ul style="list-style-type: none"> • Welsh Government Annual review of university designation criteria 	<p>reporting to Clinical Effectiveness Group to be strengthened.</p> <ul style="list-style-type: none"> • Reporting and monitoring of academic career pathways, assessments of joint academic roles and impact on healthcare delivery • Commitment to joint investment in research and innovation • Partnership reviews with universities. • Further review of independent assurance requirements • Business case for academic careers to be provided to Executive Committee for consideration 	
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	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Action Handler	Status of Actions	Date when action will be completed
	<p>Strengthen collaborative research projects with university partners. Draft 'Research Strategy on a Page' developed with Bangor University for consideration by the BU & BCUHB Strategic Steering Group which is due to meet on 8th May 2026. Action delayed from 31/03/2025 to 31/05/2026</p>	<p>Associate Director R&D & Programme Director - Education Partnerships and Projects</p>	<p>Delayed</p>	<p>31/05/2026</p>
	<p>Strengthen academic career pathways with universities</p> <p>Academic Careers Community of Interest Working Group has been established and draft framework developed. The community of Interest is to be established during 2026/27. The development of this is to be supported by focus groups and workshops approach. A paper for the consideration of Executive Committee was considered on 4th March 2026 and agreement reached regarding support pending a further paper with a business case approach describing anticipated benefits and costs.</p> <p>Delayed from 31/03/2025 to 31/05/2026.</p>	<p>Associate Director R&D & Programme Director - Education Partnerships and Projects</p>	<p>Delayed</p>	<p>31/05/2026</p>

Appendix 1 – Board Assurance Framework

<p>Strengthen collaboration with Higher and Further Education partners across North Wales</p> <p>Memoranda of Understanding have been developed with Bangor and Wrexham Universities as well as Group Llandrillo Menai and College Cambria. Signing is complete apart from CC which is expected to take place in April/May. Strategic Steering Groups are in place with Bangor, Wrexham and GLIM with arrangements to follow with CC in April/May. The collaborative partnerships will progress and mature during the course of 2026/27.</p>	<p>Programme Director - Education Partnerships and Projects</p>	<p>Progressing</p>	<p>31/05/2026</p>
<p>Increase R&D collaboration with industry and academic institutions.</p> <p>MoUs have been developed as described above. Collaborations with industry have resulted in a number of joint bid applications to i4i, Contracts for Innovation and NIHR. BCU staff have presented nationally at events such as BioWales London, Cancer innovation.</p>	<p>Associate Director R&D</p>	<p>Overdue</p>	<p>31/03/2026</p>
<p>Secure additional funding for healthcare innovation projects.</p> <p>A number of grant applications are being developed or are awaiting decision from funders. To date funding has been secured from Welsh Government Innovation and from Contracts for Innovation.</p>	<p>Associate Director R&D</p>	<p>Overdue</p>	<p>31/03/2026</p>
<p>Increase the number of joint appointments between the Health Board and academic institutions.</p> <p>A number of honorary appointments have been awarded, and a joint research fellow post has been appointed to. A joint research fellow post in cardiology is in progress. We are awaiting decision regarding re-advertising the joint post in cancer services.</p>	<p>Associate Director R&D</p>	<p>Overdue</p>	<p>31/03/2026</p>

Planning, Population Health & Partnerships Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	07 May 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary
Members are asked to: <ul style="list-style-type: none"> • NOTE the summary of business considered in private session to be reported in public • NOTE the forward workplan

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

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms

CORPORATE GOVERNANCE REPORT

1. Y SEFYLLFA SITUATION

- 1 The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.
- 2 It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.

3 Y CEFNDIR BACKGROUND

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

4 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

4.1 Summary of Business Considered in Private

4.1.1 Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.

4.1.2 The below item were considered in private at the meeting held on 5 March 2026:

- Corporate Risk Register Report (Private)
- Third Sector Contracts and Grants
- Integrated Medium Term Plan 2026-29

4.2 Committee Forward Work Plan

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






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

5.1 There are no matters for escalation.

6 ARGYMHELLION RECOMMENDATIONS

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

- **NOTE** the matters considered in private at the meeting held on 5 March 2026.
- **NOTE** The Committee forward workplan.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>1. Building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report



Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
<u>Answadd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Answadd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Answadd Enablers of Quality All Apply	Meysydd Answadd Domains of Quality All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report



Have you considered the Armed Forces Covenant Due Regard Duty?		
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/> Canlyniad/Outcome:	Naddo/No: <input checked="" type="checkbox"/>
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/> Canlyniad/Outcome:	Naddo/No: <input checked="" type="checkbox"/>
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

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

(1 April 2026 – 31 March 2027)

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
27.11.25	Action 25.209.1 from Board	Board and email from Philippa	Healthy Travel Charter	Update to PPHP Committee following sign up by the Board. Links to action 25.209.1 from the Board: Healthy Travel Charter: Progress against the Healthy Travel Charter to report back to the Board in May 2026.	Jane Moore	Stuart Keen	July 26	This is being taken forward by Stuart and will report to the July PPHP Committee.
16.03.26	Email trail from Pam and Lois Lloyd	Lois Lloyd and Pharmacy Team	Pharmaceutical Needs Assessment	Paper setting out the oversight arrangements	Adam Mackridge Lois Lloyd	Tehmeena Ajmal	September 26	
08.04.26	Email request from Clare Budden	Clare Budden following visit to Pharmacy	Pharmacy Service (aligned with the Pharmaceutical Needs Assessment)	Presentation or Report describing current service offerings / plans for the future. Opportunities and any risks / challenges to achieving BCU's longer term strategic intention. Where we focus much more on well-being / maintaining good health and more community based models of delivery.	Adam Mackridge Lois Lloyd	Tehmeena Ajmal	September 26	
18.03.26	Email request from Clare Budden	Clare Budden (with agreement from Jane Moore)	Denbighshire County and Marmot	Report to focus on what role BCU will have and how partnership working is developing to support this. How it will be measured and what success will look like. How does it tie in with Community By Design and the Wellbeing, Prevention and Anchor framework work. Provide assurance on how everything fits together and contributes to the Ten-Year Strategic plan and Strategic Intent statements. Including a focus on how they deliver change building on the work already done to test ways of moving from plans and strategies to delivery.	Jane Moore	Jane Moore	September 26	
05.03.26	Action PP26.42.1 from Committee	Action from Private PPHP Committee	Third Sector Contracts and Grants	Third Sector Contracts and Grants to report back to the Committee in November 2026 to provide an update on progress in this area (confirm whether this need to report back in private session).	Russell Caldicott	Russell Caldicott	November 26	
27.11.25	Action 25.208.1 from Board	Board	Director of Public Health Annual Report	Update on progress to PPHP. Links to action 25.208.1 from Board: Director of Public Health Annual Report: Progress against the recommendations included in the Director of Public Health Annual Report to be taken forward by the Executive Committee and reported back to the Planning, Population Health and Partnerships Committee.	Jane Moore	Jane Moore	07.05.26	Progress has been made and going forward this will be reported to the Committee via the Population Health Delivery Report