

Bundle BCU Planning, Population Health and Partnerships Committee 15 January 2026

- 1 09:15 - PRELIMINARY MATTERS
 - 1.1 09:15 - PP26.01 Welcome and Apologies - Verbal (Chair)
 - 1.2 09:16 - PP26.02 Declarations of Interest - Verbal (Chair)
 - 1.3 09:17 - PP26.03 Unconfirmed Minutes of Meeting held on 28.10.25
PP26.03 Minutes from PPHP Committee 28.10.25 V0.3 (Public)
 - 1.3 09:20 - PP26.04 Matters Arising & Action Log - Attached (Chair)
PP26.04 Summary Action Log PPHP Committee (Updated 06.01.26) Public
- 2 09:25 - STRATEGIC PRIORITIES
 - 2.1 09:25 - PP26.05 Health Board Strategic Intentions - Paper (Interim Executive Director of Transformation and Strategic Planning)
PP26.05 Strategic Intentions Paper V1.1
 - 2.2 09:45 - PP26.06 Key Programmes Report - Paper (Interim Executive Director of Transformation and Strategic Planning)
PP26.06 Key Programmes Report
 - 2.3 10:00 - PP26.07 Director of Planning Report - Paper (Interim Executive Director of Transformation and Strategic Planning)
PP26.07 Director of Planning Report
 - 2.4 10:15 - PP26.08 Citizen Experience and Engagement Report - Paper (Director of Partnerships, Engagement and Communications)
PP26.08 Citizen Experience Board Paper PPHP Committee 15 January 2026
 - 2.5 10:30 - PP26.09 Community Co-Production Report - Paper (Executive Director of Public Health)
PP26.09 Community Co-Production
 - 2.6 10:45 - PP26.10 Population Health Delivery Report - Paper (Executive Director of Public Health)
PP26.10 Population Health Delivery Report Q2 25-26 v2
PP26.10a - PPHP 15 01 26 Q2 Delivery Report NOV 25
- 2.7 10:55 - BREAK
- 3 11:05 - GOVERNANCE, RISK AND ASSURANCE
 - 3.1 11:05 - PP26.11 Referral to Treatment Data Governance and Accuracy Review - Paper (Assistant Director - Data, Intelligence and Insight)
PP26.11 Referral to Treatment Data Governance and Accuracy Review
PP26.11a Referral to Treatment Data Governance and Accuracy Review
 - 3.2 11:20 - PP26.12 Board Assurance Framework - Paper (Director of Corporate Governance)
PP26.12 PPHP Board Assurance Framework January 2026
 - 3.3 11:25 - PP26.13 Corporate Governance Report - Paper (Director of Corporate Governance)
PP26.13 Corporate Governance Report
- 4 11:30 - CLOSING BUSINESS
 - 4.1 11:30 - PP26.14 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
 - 4.2 11:31 - PP26.15 Review of Meeting Effectiveness - Verbal (Chair)
 - 4.3 11:33 - PP26.16 Date of Next Meeting - 05.03.26
 - 4.4 11:35 - Resolution to Exclude the Press and Public

Betsi Cadwaladr University Health Board (BCUHB)

**UNCONFIRMED Minutes of the Planning, Population Health and Partnerships
Committee held in Public on 28 October 2025
in the Boardroom, Carlton Court, St Asaph and via Teams**

Committee Members Present	
Name	Title
Clare Budden	Independent Member (Chair of PPHP Committee)
Gareth Williams	Independent Member (Vice Chair of PPHP Committee via Teams)
Billy Nichols	Independent Member
Caroline Turner	Independent Member (via Teams)
In Attendance	
Tehmeena Ajmal	Chief Operating Officer (<i>part meeting</i>)
Paul Andrew	IHC Director of Operations (West) (<i>part meeting</i>)
Nesta Collingridge	Head of Risk Management (<i>part meeting</i>)
Dave Harries	Head of Internal Audit (via Teams)
Jane Moore	Executive Director of Public Health
Geraint Parry	Assistant Director of Transformation and Improvement (<i>part meeting</i>)
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Paolo Tardivel	Interim Executive Director of Transformation & Strategic Planning
Pam Wenger	Director of Corporate Governance
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS
<p>PP25.94 Welcome and Apologies</p> <p>The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Stuart Keen.</p>
<p>PP25.95 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PP25.96 Unconfirmed Minutes of Meeting held on 04.09.25</p> <p>It was agreed that the minutes of the meetings held on 04.09.25 were a true and accurate record.</p>
<p>PP25.97 Matters Arising & Action Log</p> <p>The Committee reviewed the action log and agreed to close the actions that were proposed for closure.</p>

Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap

- Reference was made to the minutes from the last meeting in relation to the work taking place with Digital Health Care Wales (DHCW) to co-design the national architecture and it was queried whether this had been completed within the timescale. It was confirmed that the Committee Chair attended a meeting with the Digital Leads for Wales and, as the Chief Digital and Information Officer is currently absent, concerns were highlighted around internal gaps in relation to Digital, Data and Technology. The Committee Chair agreed to discuss concerns around managing digital internally and externally with the Health Board Chair.

Partnerships, Engagement and Communications Update: Third Sector

- In relation to action PP24/11.3 concerns were raised in around delays relating to the management of Third Sector engagement and commissioning. The Director of Partnerships, Engagement and Communications agreed that this needs to be discussed in further detail with the Interim Executive Director of Transformation & Strategic Planning and Executive Director of Public Health and also with the Executive Committee to agree the strategic intent and how the Third Sector aligns with Primary and Community Care. It was agreed that the Director of Corporate Governance would raise this area of concern with the Chief Executive as a point of escalation and refer further discussion to the Executive Committee.

Actions:

- PP25.97.1** Committee Chair to discuss concerns with the Health Board Chair around managing digital internally and externally during the current absence of the Chief Digital and Information Officer.
- PP25.97.2** 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.

STRATEGIC PRIORITIES

PP25.98 Key Programmes Report

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

- The report provides information in relation to the current progress of the Health Board's key programmes noting that the Portfolio Office maintain a high level overview.
- A number of deep dive sessions have taken place at the Strategic Planning and Service Change Group where services have been invited to present on progress to allow the group to complete a level of detailed scrutiny to provide assurance to the Committee.
- Some challenges have recently been highlighted around being unable to complete programmes within the financial year due to external factors. The group are exploring and advising how these issues could be managed by securing roll out plans for the remainder of the year and escalating issues where required.
- The Electronic Healthcare Records programme is fundamental to the overall transformation programme by providing key changes to ways of working and this is an area of concern.

- Work continues in relation to the Health and Well-being Hubs which collectively provide a strategic package in the population needs space and an overarching paper will be presented to the Board in November 2025.
- In relation to the Digital Maternity System, training sessions will progress during early November to support implementation and work is taking place to ensure the system integrates with existing Health Board systems.
- Significant concerns have been raised in relation to the Laboratory Information Management System (LIMS), a deep dive session has taken place and following the session, the programme has been escalated to the Chief Executive with urgent meetings being held locally and nationally.
- In relation to the Llandudno Orthopaedic Hub, work is taking place to complete the contract by mid-January. Work in relation to the operations of the Hub is being overseen by the Programme Board.
- The Royal Alexandra Hospital Well-being Hub has been approved by the Board, this is due to go to the Welsh Government Infrastructure and Investment Board on 6 November 2025 and the Chief Operating Officer has been formally appointed as the Senior Responsible Officer.

In discussing the item, the Committee:

- Recognised that the Mental Health Electronic Healthcare Records system is a crucial piece of software to assist delivery against the recommendations from the Royal College of Nursing and is crucial to patient safety therefore concerns were raised around the delivery confidence level being noted as red. It was confirmed that there have been some challenges in relation to the plan, this is being monitored closely with Digital, Data and Technology colleagues and increased assurance will be able to be provided in the coming weeks.
- Raised concerns in relation to the Waunfawr Well-being Hub as the service is not currently fit for purpose. It was confirmed that there are issues with procurement which will need to be discussed in further detail with Welsh Government and a paper is due to be presented to the Board in November 2025.
- Acknowledged the delays in relation to the Conwy West Well-being Hub and the implications this may have on funding. It was confirmed that when funding is received via the Welsh Government Integration and Rebalancing Capital Fund (IRCF) any issues need to be raised with Welsh Government as funding may need to be recalled, this issue is being monitored.
- Referred to the operational issues in relation to Llandudno Orthopaedic Hub. It was confirmed that a briefing was shared at the last Audit Committee which would also be shared with Committee members to provide further information, the Chief Executive has requested a review of Major Project Governance and Contractor Management to be undertaken and suggested a separate meeting with Board members may be useful to discuss this in further detail.

Action:

- **PP25.98.1** Director of Corporate Governance to circulate the briefing that was shared with the Audit Committee on the Llandudno Orthopaedic Hub with members and also agree outside of the meeting whether a separate session with Board members would be useful to discuss this in further detail.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the progress being made and the mechanisms in place at Executive level to scrutinise concerns and expedite issues.

PP25.99 Director of Planning Report

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

- A continuous and deep engagement approach is being undertaken in relation to Tywyn and Penley Community Hospitals. Tywyn has now completed both its balanced room sessions and have created a list of scenarios. Penley have completed one balanced room and are due to complete the second one on 29 October 2025. The outcome will then be reported to the Board to identify whether substantial service change is required which will result in a formal consultation.
- The Health Board received the final version of the Planning Maturity Matrix from Welsh Government on 22 September 2025. A self-assessment exercise now needs to be completed, the feedback will be processed and shared for consideration before being approved by the Board and submitted by 28 November 2025.
- The Future Generations Commissioner for Wales has produced a report which is an assessment of the progress made in delivering the Well-being of Future Generations (Wales) Act over the last ten years. It sets out the Commissioner's recommendations in relation to the priorities for action to deliver on the national well-being goals over the next five years. A response is currently being drafted and will align with the work relating to the Integrated Medium Term Plan.

As part of the discussion, the Committee:

- Suggested it would be helpful to share the information in relation to the Planning Maturity Matrix with Committee members ahead of the final report being presented to the Board in November 2025.
- Queried how the public are receiving the discussions being held as part of the Tywyn and Penley Community Hospitals balanced rooms. It was confirmed that in relation to Penley, the public are more open to supporting services redesign. In relation to Tywyn, the public that are sharing their views are clear they do not want to see any change to the current in-patient bed facility therefore deeper conversations are required with a wider proportion of the community.
- Acknowledged the concerns in relation to Tywyn Community Hospital in terms of additional space being removed if beds are re-opened and queried whether this is being driven by the budget. It was confirmed that there is an escalation criteria around delivering services within existing resources however this issue is around the staffing required to maintain all services rather than the space available.

Action:

- **PP25.99.1** Interim Executive Director of Transformation and Strategic Planning to share the information relating to the Planning Maturity Matrix with Committee members ahead of the final report being presented to the Board in November 2025.

It was resolved that the Committee:

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

PP25.100 Partnerships, Engagement and Communications Progress Report

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

- The paper provides a single, integrated update on the progress made in relation to strengthening engagement, communication and partnership working across the Health Board.
- The paper also provides assurance against delivery of the Partnerships, Engagement and Communications (PEC) Delivery Plan and provides progress against development of the draft Betsi Way Engagement Framework and Principles.
- Consideration has been given to the report completed by Independent Advisor, Cath Broderick in terms of the need for stronger leadership, improved governance and a more open and inclusive culture.
- Current progress highlights that the Delivery Plan is on track to deliver and the draft Betsi Way Engagement Framework represents a milestone for the Health Board by providing a clear model for staff and stakeholders.
- The next phase will focus on testing, refining and embedding The Betsi Way via toolkits, governance and evaluation to ensure that engagement becomes an established, organisation-wide way of working.

As part of the discussion, the Committee:

- Highlighted whether further progress is required to ensure co-design and co-development that align with the work taking place in Primary and Community Care. It was confirmed that this has been discussed by the Executive Committee and the document is being presented for comment as further work is required to ensure it contributes to the overall Board level plan.
- Queried what is required to provide assurance in relation to the priorities. It was confirmed that assurance is required in relation to how the Health Board will engage and deliver service transformation and change and how the feedback received from the public will be utilised in relation to co-design. It was also suggested that there is a need to include further detail around prevention and improving the health of the population.

It was resolved that the Committee:

- **NOTED** the progress.
- **RECEIVED** the final Independent Advisor's report.
- **COMMENTED** on the draft Betsi Way Engagement Framework.

PP25.101 Director of Public Health Annual Report

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

- The report provides a focus on building good health, noting the importance of this area of focus for the Health Board and population across North Wales.
- The work aligns with the development of the Health Board Strategic Intent as well as the work being completed by the Regional Partnership Board on the North Wales Well-being Framework.
- It is recognised that health is influenced at a social level and there is a need to provide the population with the ability to make change happen.

- The building blocks represent a wide range of factors starting at a broad society level and shifting down to elements such as actions required to create a healthier population across all age ranges.
- Interaction at community level is an important factor to support people to create healthy communities and reduce social isolation
- The ambition is to build strong foundations, fairer communities and improve health and wellbeing across the system for the people of North Wales.

As part of the discussion, the Committee:

- Queried how the information provided will translate into action. It was confirmed that the paper being produced for the Board will include the next steps, strategic intent and how this work links in with wider partners to develop the Framework. There will be a need to explore models of Primary and Community Care and take an asset-based approach in relation to working with local communities.
- Acknowledged that the organisation is an integrated Health Board but queried how this will have an impact on front line services. It was confirmed that prevention will be built into all services to improve the health offer being provided and will also align to the Integrated Medium Term Plan and the Culture Change Programme.
- Confirmed that the six major health conditions account for around 60% of health board activity; the progress of these conditions can be managed and in certain cases, can be prevented. There is a need to focus on working with partners to maximise the ability for people to stay healthy.
- Supported the themes included in the paper and suggested the paper to the Board makes the connection between the fundamental points raised, the actions required and next steps that will be taken to address prevention.

Action:

- **PP25.101.1** Committee members to provide any additional feedback on the presentation to the Executive Director of Public Health ahead of the report being presented to the Board in November 2025.

It was resolved that the Committee:

- **NOTED** the themes and focus of this year's Director of Public Health Annual Report.
- **SUPPORTED** the themes outlined and the issues the recommendations will cover.

PP25.102 Substance Misuse in North Wales Briefing

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

- The paper provides an update on the current position in relation to substance misuse in North Wales and the work completed by the Health Board.
- This is a collaborative area of work between the Health Board's Substance Misuse Service and the Area Planning Board which includes statutory and voluntary organisations.
- The use of illicit drugs does change over time and there is a difference between use in North Wales compared to South Wales.

As part of the discussion, the Committee:

- Noted the beneficial work that is taking place to try and keep people safe in partnership with broader services.
- Queried what is required by the Committee to ensure strategic oversight suggesting an annual report is provided focussing on the strategic approach linking to Primary and Community Care services.
- Acknowledged that this area of work formed part of the discussion at the Committee Development Session that took place recently and suggested the outcome of the discussion is reported back to the Committee to provide focus and oversight.
- Recognised that the Committee requires a strong focus on the health of the population linking in with partners, and addressing health inequalities, homelessness and access to care.
- Highlighted the need for the Health Board to inform the discussion at the Area Planning Board and develop a shared agenda.
- Suggested this area of work is discussed in further detail with the Chair of the Stakeholder Reference Group to provide clarity on the role of individual Committees to ensure engagement and discussion is taking place with stakeholders in this space.

Action:

- **PP25.102.1** Outcome of the discussion at the recent Committee Development Session to be reported back to the Committee.
- **PP25.102.2** Chair of the Committee to discuss with the Chair of the Stakeholder Reference Group the areas of work that are being covered to ensure clarity of role for both the Committee and the Group.

It was resolved that the Committee:

- **NOTED** the content of the report and the progress made in supporting and addressing substance misuse issues in North Wales, and the links with housing.
- **DISCUSSED** maintaining and maximising opportunities for partnership working: continue to support and enhance coordinated work across health, housing, local authorities, and third-sector partners.
- **REVIEWED** and **CLARIFIED** reporting routes between BCUHB (to include PPHP and QSE Committees) and the North Wales APB to ensure effective collaboration, planning and partnerships on substance misuse issues in North Wales.

PP25.103 Winter Resilience Plan 2025/26

Members received the presentation and the Chief Operating Officer highlighted:

- The presentation sets out the local delivery plan and provides clarity around the stages of intervention that may be required to manage demand.
- The process has recently been amended to ensure work is taking place in collaboration with Local Authority colleagues and aligns to the regional plan developed by the Regional Partnership Board. Good feedback from Local Authorities about the level of meaningful engagement this year.
- Meetings have taken place with all six Local Authorities to work through granular level plans, align services and utilise funding to try and reduce delays in pathway of care.

- The use of data and technology is being applied to provide opportunities for one version of the truth to be utilised across the teams.
- Work is taking place to reach a stable position to allow delivery of additional activity during the Winter period.

As part of the discussion, the Committee:

- Recognised the work that has taken place to improve relationships with the Local Authorities but highlighted the difficulties in delayed transfers of care querying when the impact of this work will be realised. It was confirmed that there are risks associated with reducing timeframes for pathways of care however work is taking place around data sharing to make improvements in this area.
- Noted that locally enhanced services can be used to make improvements in Primary and Community Care. It was confirmed that there are plans in place to develop the range of services that are available outside of the hospital setting over the next twelve months to provide support and build a multidisciplinary approach within communities.
- Highlighted the development of the communication plan and confirmed the need to continue with the approach of signposting people to the right services..
- Queried how the capacity of Minor Injuries Units can be fully utilised to reduce the volume of patients attending Emergency Departments. It was confirmed that discussions are taking place with the Welsh Ambulance Service Trust to discuss opportunities to utilise these services more effectively.
- Agreed that the work completed is starting to build positive relationships with partners however this can take time and the impact of this work may not be fully recognised until next Winter.

It was resolved that the Committee:

- **REVIEWED** the Local health and care system resilience plans for winter (1 December 2025 to 31 January 2026)
- **APPROVED** the Winter Resilience Plan.

GOVERNANCE AND ASSURANCE

PP25.104 Corporate Risk Register

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

- Two Development Sessions have taken place with the Executive Committee to review the Corporate Risk Register and ensure the risks are strategic in nature.
- Recommendations were agreed to consolidate the 26 risks into a more strategic Corporate Risk Register.
- Those risk that are more operational in detail may move to sit under the Chief Operating Officer's Operational Leadership Team and further discussions around risk are due to take place at the Audit Committee Development Session in November 2025.

As part of the discussion, the Committee:

- Noted the need to understand how the operational risks will sit across the Chief Operating Officer's team and the support that will be provided. It was confirmed that

factoring in a middle level will require support from the Risk Team to ensure a clear line of sight.

- Referred to the population needs risk noting that this has been broadened to align with prevention and the target risk date is 2028. It was confirmed that further work is required to strengthen how this risk will be addressed over an extended period of time.
- Highlighted the additional new risks that have been developed noting that two of the digital risks will be discussed within the private session.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** and **ENDORSED** the updated corporate risk register.

PP25.105 Corporate Governance Report

Members received the report for information and the Director of Corporate Governance agreed to follow up the actions noted as part of the Committee Development Session held in September 2025.

Action:

- **PP25.105.1** Director of Corporate Governance to follow up the actions noted as part of the PPHP Committee Development Session held in September 2025.

It was resolved that the Committee:

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

CLOSING BUSINESS

PP25.106 Agree Items for Referral to Board / Other Committees

It was agreed that the Chair's Assurance Report to the Board would alert the Board of the improvements made in engaging and building relationships with Local Authorities in relation to the Winter Plan and suggest improved engagement with the Third Sector is referred to the Executive Committee.

PP25.107 Review of Meeting Effectiveness

It was agreed that there is a need to consider how the Committee operate in line with the Health Board values and suggested an Independent Member or Executive Director are nominated at the start of each meeting to provide feedback on the tone and approach to values during the meeting.

Action:

- **25.107.1** Committee to nominate an Independent Member or Executive Director at the start of each meeting to provide feedback on the tone and approach to values during the meeting.



PP25.108 Date of next meeting

Thursday 15 January 2026, 9.15am

Resolution to Exclude the Press and Public

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

Unconfirmed

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

Updated 06.01.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP25.97.2	28.10.25	Matters Arising and Action Log Director of Corporate Governance to escalate concerns in relation to the Third Sector engagement and commissioning to the Chief Executive and refer this to the Executive Committee for further discussion.	Russell Caldicott Pam Wenger	March 26	Remain Open 06.01.26 Executive Director of Finance to take this forward and report back to the Committee.
2	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	March 26	Remain Open 07.01.26 A meeting has been arranged to take place on 19.01.26 to discuss the actions and how to take these forward.
3	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	March 26	Remain Open 06.01.26 Acting Director of Digital, Data and Technology to take this forward and report back to the Committee. 16.10.25 Director of Corporate Governance and Interim Executive Director of Transformation & Strategic Planning to discuss how to take this forward.



4	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>	<p>March 26</p>	<p>Remain Open 07.01.26 A meeting has been arranged to take place on 19.01.26 to discuss the actions and how to take these forward. 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>
5	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 March 26</p>	<p>Remain Open 06.01.26 Executive Director of Finance to take this forward and report back to the Committee. 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 report on the agenda for the September meeting refers to the</p>



						<p>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 seen a shift in portfolios – opportunity to bring everyone</p>
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						round the table is opportune.
ACTIONS PROPOSED FOR CLOSURE						
1	PP25.97.1	28.10.25	Matters Arising and Action Log Committee Chair to discuss concerns with the Health Board Chair around managing digital internally and externally during the current absence of the Chief Digital and Information Officer.	Clare Budden	Jan 26	Action Proposed for Closure 29.12.25 Justine Parry has been appointed as Acting Director of Digital, Data and Technology.
2	PP25.98.1	28.10.25	Key Programmes Report Director of Corporate Governance to circulate the briefing that was shared with the Audit Committee on the Llandudno Orthopaedic Hub with members and also agree outside of the meeting whether a separate session with Board members would be useful to discuss this in further detail.	Pam Wenger	Jan 26	Action Proposed for Closure 29.12.25 The Board received an update on the Llandudno Orthopaedic Hub at the Board Development Session held on 26.11.25. The presentation from the session along with the briefing shared with the Audit Committee at the meeting held on 21.10.25 have been circulated to members outside of the meeting for information. No further action is required.
3	PP25.99.1	28.10.25	Director of Planning Report Interim Executive Director of Transformation and Strategic Planning to share the information relating to the Planning Maturity Matrix with Committee members ahead of the final report being presented to the Board in November 2025.	Paolo Tardivel	Jan 26	Action Proposed for Closure 31.12.25 The Planning Maturity Matrix Self-Assessment was approved by the Board in November 2025.
4	PP25.101.1	28.10.25	Director of Public Health Annual Report Committee members to provide any additional feedback on the presentation to	Jane Moore	Jan 26	Action Proposed for Closure 31.12.25 The Director of Public Health Annual Report was



			the Executive Director of Public Health ahead of the report being presented to the Board in November 2025.			presented to the Board in November 2025.
5	PP25.102.1	28.10.25	Substance Misuse in North Wales Briefing Outcome of the discussion at the recent Committee Development Session to be reported back to the Committee.	Paolo Tardivel Pam Wenger	Jan 26	Action Proposed for Closure 31.12.25 The outcome of the Committee Development Session held in September 2025 to be reported as an appendix to the Director of Planning Report at the January meeting.
6	PP25.102.2	28.10.25	Substance Misuse in North Wales Briefing Chair of the Committee to discuss with the Chair of the Stakeholder Reference Group the areas of work that are being covered to ensure clarity of role for both the Committee and the Group.	Clare Budden	Jan 26	Action Proposed for Closure 29.12.25 Chair of PPHP and Chair of SRG have met to discuss how joint working can be developed and how to ensure that there is no duplication of work between the two Committees. Draft agendas will be shared and any areas for joint work agreed; alongside the best approach to achieving engagement and stakeholder input.
7	PP25.107.1	28.10.25	Review of Meeting Effectiveness Committee to nominate an Independent Member or Executive Director at the start of each meeting to provide feedback on the tone and approach to values during the meeting.	Pam Wenger	Jan 26	Action Proposed for Closure 06.01.26 A schedule highlighting an Independent Member and Executive Director to provide feedback at each meeting has been developed for use.
8	PP25/72.2	04.09.25	Update on the Digital, Data and	Pam Wenger	Jan 26	Action Proposed for Closure



			<p>Technology Programmes and the Digital and Data Roadmap Director of Corporate Governance and DDaT Team to agree how to provide regular updates to the Committee on National projects from the Digital Health Care Wales (DHCW) Board as well as regular updates from a local perspective.</p>	DDaT Team		<p>09.12.25 The DDaT team have agreed with the Director of Corporate Governance that quarterly reports on all Digital Projects and Programmes (national and local), will be presented to Executive Committee and then reported through the appropriate Committees. This will commence from March 2026 onwards. 16.10.25 Director of Corporate Governance to discuss with the DDaT Team to agree how to take this forward.</p>
9	PP25/72.3	04.09.25	<p>Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap Chair of the Committee and the Chair of the Health Board to discuss how to address some of the digital issues raised from a Board level perspective.</p>	Clare Budden	Nov 25	<p>Action Proposed for Closure 29.12.25 Justine Parry has been appointed as Acting Director of Digital, Data and Technology. 16.10.25 Chair of the Committee and Chair of the Health Board to meet and discuss before the end of November 2025.</p>
<p>Closed Actions (as agreed at meeting on 28.10.25)</p>						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	25/170.2	25.09.25	<p>(Action from Board for PPHP Committee) Urgent and Emergency Care Planning, Population Health and</p>	Tehmeena Ajmal	Oct 25	<p>16.10.25 This has been included on the agenda for the October 25 meeting.</p>



			Partnerships Committee to review the final version of the Winter Resilience Plan 2025/26 at its meeting in October 2025.			
2	PP25/74.1	04.09.25	Director of Planning Report Director of Corporate Governance and Interim Executive Director of Transformation & Strategic Planning to review the advice being provided in relation to Tywyn and Penley Community Hospitals ahead of being signed off by the Board.	Pam Wenger Paolo Tardivel	Oct 25	16.10.25 This has been discussed and agreed that any update will form part of the overarching report to the Board and included in the briefing to the Board.
3	PP25/83.1	04.09.25	Board Assurance Framework Note the concerns raised in relation to BAF24-02 and BAF24-08 in the Chair's Assurance Report to the Board.	Philippa Peake-Jones	Oct 25	15.09.25 This information was included in the Chair's Report that went to the Board in September 2025.
4	25/86.3	29.05.25	(Action from Board for PPHP Committee) Citizen Experience Report Planning, Population Health and Partnerships Committee to support a review of opportunities and areas for transformation within Community services and Primary Care and report back to the Board.	Tehmeena Ajmal	Oct 25	16.10.25 This was discussed at the PPHP Development Session and reported back via the AAA Report to the Board in September 25. 26.08.25 This will be discussed as part of the PPHP Development Session taking place on 24 September 25.
5	25/53.1	27.03.25	(Action from Board for PPHP Committee) Integrated Medium Term Plan (IMTP) Planning, Population Health & Partnerships Committee to monitor how the Health Board could engage more effectively with the third sector in terms of prevention and early intervention and re-examine how the organisation work with community groups.	Pam Wenger Jane Moore	Oct 25	16.10.25 This was discussed at the PPHP Development Session in September 25. 26.08.25 This will be discussed as part of the PPHP Development Session taking place on 24 September 25 and will also consider the role of the



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			Planning, Population Health & Partnerships Committee to also focus on the work with partners to develop partnership working further and provide evidence that our partners have influenced our planning and join outcomes.			SRG in third sector engagement.
6	25/53.2	27.03.25	(Action from Board for PPHP Committee) Integrated Medium Term Plan (IMTP) Planning, Population Health & Partnerships Committee to discuss how continuous planning in relation to the IMTP and focus for the next ten to fifteen years can be facilitated and monitored going forward.	Pam Wenger Paolo Tardivel	Oct 25	16.10.25 Continuous discussion is taking place with the Board and Committee in this area. 26.08.25 An informal Board session has taken place in relation to the IMTP focussed on reflections and forward look. Committee to confirm whether any further action is required.



Planning, Population Health & Partnerships Committee

HEALTH BOARD STRATEGIC INTENTIONS

Date of Meeting	15 January 2025
Publication Status	Open/ Public
Report Author name and title	Kamala Williams, Interim Assistant Director of Health Strategy
Lead Executive Team Member name and title	Paolo Tardivel, Interim Executive Director of Transformation, Strategy and Planning

Report Purpose	Endorse for Board Approval
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Executive Summary

This paper seeks final feedback from PPHP Committee members on the four draft Strategic Intentions (SIs), co-created with partners. Subject to any further amendments, the SIs will be submitted to the Board for approval on the 29th of January.

The SIs articulate the Health Board's key areas of priority and will underpin the development of the new 10-year strategy and Clinical Services Plan (CSP) for the Health Board, establishing a coherent framework for advancing health and wellbeing across North Wales.

Delivery of the SIs depends on the successful development and implementation of the Strategy, CSP and subsequent Integrated Medium-Term Plan (IMTP). This will require strong leadership, clear governance, and organisational capability, supported by adequate resources and robust data. Success will also depend on meaningful stakeholder engagement and a culture that embraces innovation and effective change.

To mitigate delivery risks, a skilled and resourced team will be established to lead and coordinate the Strategy Programme, with work underway to design a programme structure that will support both the Strategy and CSP.

The Committee is asked to:

- **COMMENT** on the four revised draft SIs, which have been updated to reflect stakeholder feedback.
- **SUPPORT** the submission of the SIs, subject to any amendments suggested by PPHP Committee, to Board for approval in January.

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data
Informal Board Development session	26/06/25	Presentation and workshop session on Strategy Programme challenges and opportunities. Feedback collated.
Regional Partnership Board (RPB)	11/07/25	Presentation and workshop session on SI challenges and opportunities. Feedback collated.
RPB	19/09/25	Presentation and discussion of feedback from July RPB session
Strategy Event in partnership with Bevan Commission	08/10/25	Output report produced, setting out the draft vision for the Health Board and the Strategic Intentions
Planning, Population Health and Partnerships (PPHP)	28/10/25	Presentation of feedback from 8 th October event.
RPB	14/11/25	Presentation of draft SIs given and feedback received
Informal Board Development session	26/11/25	Presentation of Strategy Programme progress plus draft SIs given and feedback received
Stakeholder Reference Group (SRG)	02/12/25	Presentation of draft SIs and feedback received
Engagement Practitioners Forum	04/12/25	Presentation on strategy work and feedback received
Local Partnership Forum (LPF)	10/12/25	Presentation of draft SIs and feedback received
Community by Design Event	16/12/25	Workshop sessions feedback collated
Advanced Clinical Leaders – module 6	17/12/25	Workshop session on draft SIs and feedback collated
Engagement period - Output report	25/11/25 - 31/12/25	Surveys analysed and included in feedback report, see appendix 3



Acronyms / Glossary of Terms	
Strategic Intentions (SIs)	High-level statements that define the Health Board's long-term priorities and areas of focus. They set the direction for future planning and decision-making.
Strategy	A comprehensive, long-term plan that articulates the Health Board's overarching goals and priorities. It provides a clear framework for aligning resources and actions to achieve these goals, guiding service development, transformation, and improvement to deliver better health outcomes.
Clinical Services Plan (CSP)	A detailed, operational plan that translates the Health Board's strategic priorities into a practical blueprint for the design, configuration, and delivery of clinical services across North Wales. The CSP ensures services are aligned with the long-term strategy, supporting innovation, transformation, and improved health outcomes across the region.
Discovery Phase (Strategy)	<p>The Discovery Phase is the initial stage of the strategy development process in which an organisation investigates and understands the problems, users, context, and constraints before deciding what direction to take. It focuses on gathering evidence, clarifying needs, and identifying opportunities rather than creating solutions.</p> <p>The Discovery phase provides the foundation for the next two stages of the Strategy development process - Design and Delivery.</p>
Strategy Programme	A structured, organisation-wide programme of work designed to define and deliver the long-term strategic direction of the Health Board. It encompasses the development of key frameworks such as the 10-year strategy and CSP, using SIs as the foundation. The programme ensures alignment of priorities, resources, and transformation activities to meet future population health needs and objectives of the organisation.

HEALTH BOARD STRATEGIC INTENTIONS

1. SITUATION

- 1.1 In 2018, the Health Board adopted its 10-year strategy, *Living Healthier, Staying Well* (LHSW), followed by the Clinical Services Strategy (CSS) in 2021. While both strategies remain in place, neither was fully operationalised, and significant organisational changes since their adoption mean that they no longer reflect the Health Board's current priorities or operational realities.
- 1.2 Entering Special Measures in February 2023 marked a significant turning point for the Health Board, leading to the establishment of a newly constituted Board and a renewed focus on stabilisation, governance, and organisational capability. Although the organisation remains in Special Measures substantial progress has been achieved, as demonstrated by the approval and submission to Welsh Government of a financially balanced three-year plan for the period 2025/28 - the first time the Health Board has been able to do so.
- 1.3 With these foundations firmly established, the Health Board is now well positioned to progress the development of a new 10-year strategy and CSP. The co-creation of both a draft Strategic Vision statement and SIs with partners represents the essential first step in shaping both the Strategy and CSP.

2. BACKGROUND

2.1 What are the Strategic Vision Statement and Strategic Intentions (SIs)?

2.1.1 The Strategic Vision Statement

The draft vision statement is a critical starting point for the strategy programme because it defines the future the Health Board is striving to create and provides a unifying sense of purpose. It seeks to ensure that strategic priorities and clinical service developments are aligned to a shared long-term ambition, reducing ambiguity and prevent fragmented or competing initiatives.

2.1.2 Strategic Intentions (SIs)

These are the high-level statements that articulate the Health Board's long-term priorities and ambitions. They provide a clear sense of direction, setting out what the Health Board aims to achieve over a defined period rather than specific actions and serve as a reference point for decision-making, resource allocation, and engagement with communities and partners.

2.2 **Why has the Health Board decided to develop a draft Strategic Vision statement and SIs now?**

The Health Board is operating within a rapidly evolving health and care landscape, marked by increasing demand, workforce challenges, and widening health inequalities. National policy expectations, emerging population health trends, and recent system pressures all highlight the need for a clear, long-term framework to guide decision-making and investment.

Developing a new Health Board Strategy and CSP will require sufficient time for meaningful engagement and robust evidence gathering. In the meantime, there is an immediate need for a structured framework to steer current priorities and actions. The SIs provide this essential bridge by offering clear direction to support proactive planning and effective resource allocation. They will form the basis for longer-term transformation and help ensure a shared sense of purpose and ambition across the system and with partners.

Introducing a draft vision statement early in the process is intended to give stakeholders a common reference point for shaping decisions, testing emerging strategic intentions, and ensuring alignment with national policy, local population needs, and organisational values

3. **SPECIFIC MATTERS FOR CONSIDERATION**

3.1 **Development of the draft Strategic Vision and SIs – the process**

Between June and December 2025, the Health Board undertook a comprehensive and collaborative process to develop its draft Strategic Vision and SIs. Engagement throughout the development process was inclusive and iterative, involving forums including Informal Board Development sessions, the Regional Partnership Board (RPB), Stakeholder Reference Group (SRG), Local Partnership Forum (LPF), and community workshops. Early engagement between June and September focused on identifying key challenges and opportunities.

The feedback gathered informed a major strategy event delivered in partnership with the Bevan Commission, which brought together more than 70 local leaders from within the service, partner organisations, and community representatives for a structured and interactive development session. The event integrated expert analysis, public health intelligence, and community insight to examine future challenges and opportunities for the organisation. The outputs included a draft Strategic Vision statement and four draft SIs.



3.2 Key themes identified

Strengthen coordination across health, social, and community service

- Promote compassionate care by prioritising “hugs not drugs” and reducing over-medication.
- Ensure seamless care across sectors through integrated, not fragmented, services.
- Recognise and support the vital role of a sustainable third sector in community health.
- Strengthen collaboration across health, social care, and partners through joined-up working.
- Align efforts across the system with shared, system-wide goals for collective impact.

Shift from reactive care to proactive health and wellbeing

- Tackle poverty, health inequalities, and homelessness
- Promote self-care, early intervention, and health education throughout the life course
- Support unpaid carers and empower communities
- Drive culture change and manage expectations around quality of life
- Shift from “firefighting” to “smoke detecting” – proactive vs reactive care

Foster a future-ready environment

- Invest in “digital skills and access” to ensure both staff and communities are equipped to engage confidently with evolving technologies.
- Build trusted relationships through open, consistent communication that empowers communities and fosters shared responsibility.
- Align funding and planning around what matters to people, resources should support co-designed/produced, value-driven change
- Encourage research-informed innovation that delivers measurable value and impact.

Improve hospital care experiences and outcomes

- Quality and value at the heart of service delivery
- Offer of alternatives to meet diverse needs and preferences
- Shared outcomes – collaborative success across sectors
- “No wrong door” approach – seamless signposting and support
- Inclusive experience – especially for vulnerable
- Enhance experience through “you said, we did” feedback loops, co-designed services, and communication that builds trust and transparency

3.3 **Draft Strategic Vision Statement**

The draft vision statement (see below) has been used as a reference point for the development of the SIs and will be refined through continued engagement with Stakeholders. The final approved Strategic Vision will be a key output of the Strategy Discovery Phase and will provide clear direction for the Design and Delivery phases of the Strategy and CSP.

Draft Vision Statement

“We envision a future where everyone has a fair chance to live a healthier, happier life. Over the next decade, we will work with communities and partners to empower people to stay well and to access the care they need, when they need it. Together, we will create high-quality, compassionate, and sustainable care that transforms health and wellbeing across North Wales”

3.4 **The Strategic Intentions (SIs)**

The draft SIs, see section 3.6 page 8, set the overarching direction for transforming health and care services across North Wales over the next decade. They are informed by the Health Board’s statutory duties, national policy drivers, population health needs assessments, and extensive feedback from internal stakeholders, partners, and the public. Collectively, they place a strong emphasis on prevention, reducing health inequalities, and delivering integrated, community-based care closer to service users. They also seek improved access, outcomes and experience to all Health Board services and to create an organisation which is fit for the future.

The SIs aim to improve population health outcomes, strengthen quality and safety, and ensure long-term sustainability through prudent use of resources, digital innovation, and workforce development. They provide a clear framework for partnership working and co-production, aligning local service delivery with national ambitions for a healthier Wales.

3.5 **Testing and refinement of the draft SIs**

The draft SIs were reviewed to check alignment with the available evidence including:

- Key national and local policy documents and legislative frameworks.
- Population health and wellbeing need assessments for North Wales.
- Feedback on current experience of BCUHB services from partners, communities, and individuals gathered through other strategy development and engagement activities

A summary of this evidence is included as Appendix 1.

3.6 Further engagement

An output report containing the draft SIs was circulated to all invitees to the 8th October event (111 emails sent) along with a link to a survey, see Appendix 2, to gather feedback. The survey ran for five weeks, closing on 31 December 2025.

In addition to the survey, presentations on the draft SIs were delivered to key forums, including:

- Informal Board Development
- PPHP
- RPB
- SRG
- LPF
- Engagement Practitioners Forum
- A dedicated workshop with senior clinical leaders from the Advanced Clinical Leadership Programme.

The feedback received can be found in Appendix 3 and was categorised into three groups:

1. Items for ongoing consideration as strategy development continues
2. Issues addressable through implementation of the SIs
3. Underrepresented/missing areas best addressed through amendment of the draft SIs

The initial draft and revised SIs are detailed in 3.6 overleaf.



3.6 Initial draft and revised SIs

Initial draft SIs

Focus on health and wellbeing – enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities.

Enhance the coordination of care for people with long-term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care.

Improve access, outcomes and experience in secondary and specialist services, developing and enhancing high-quality, high-value, and sustainable pathways of care for the region, delivered in partnership.

Create a modern, people-centred healthcare system that is future-focused, maximising opportunities of digital care, research, innovation, and improvement, and investing in workforce development and wellbeing.

Revised SIs

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.

Enhance the coordination of care for people with long-term conditions and improve access to a broader range of community-based services **BY** investing in integrated primary and community care **AND WORKING COLLABORATIVELY WITH PARTNERS**






Improve access, outcomes and experience **ACROSS WHOLE PATHWAYS**, developing and enhancing high-quality, high-value, and sustainable pathways of care for the region, delivered in partnership.

Create a modern, people-centred healthcare system that is future-focused, maximising opportunities of digital care, research, innovation, and improvement **THAT** invests in workforce development and wellbeing **POSITIONING THE HEALTH BOARD AS AN EMPLOYER OF CHOICE.**

4. KEY RISKS / MATTERS FOR ESCALATION

- 4.1 Delivery of the SIs will be driven through the successful development and implementation of the Strategy, CSP and subsequent IMTP. This will require strong leadership, clear governance and organisational capability. Adequate resources will be required to create the capacity to take this work forward along with robust data to inform decisions, and prioritise actions. Success will also depend on meaningful engagement with clinicians, staff, patients, and partners, supported by a culture of innovation and effective change management.
- 4.2 To mitigate against the failure to deliver on the SIs an appropriately skilled and resourced team will be required to lead and co-ordinate the Strategy Programme. Development of a Programme structure that will support the delivery of both the Strategy and CSP is currently underway.



ASSESSMENT	
Link to Strategic Priorities	    
	Choose an item.
	If more than one applies, please list below:
	1. Building an effective organisation If more than one applies, please list below: 2. Developing strategy and long-lasting change 4. Improving quality, outcomes and experience
Design Principles	People First If more than one applies, please list below: Inclusive design Wise spending Simplify, standardise and adopt best practice Digital first Equity and accessibility Consistency with organisational values
Corporate Risks and Board Assurance Framework	BAF 24-02 Not Delivering Strategic Development and Digital Transformation CRR 25-05 - Strategic Change – Impacting Care and Staff Delivery
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales If more than one applies, please list below: A resilient Wales A more equal Wales A Wales of more cohesive communities

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:	An Integrated Equality Impact Assessment (WP8a) has been completed. No significant issues have been identified in relation to the SIs. However, several considerations pertaining to implementation have been noted and logged to



		ensure they are appropriately addressed as the SIs are taken forward.
	If no, please include rationale:	
Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	Undertaken as part of the Integrated Equality Assessment, see section above.
	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 <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	
	If no, please include rationale:	Undertaken as part of the Integrated Equality Assessment, see section above.
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:	A Data Protection Impact Assessment is not required for this paper, as it sets out high-level SIs



		only and does not propose any activity that involves the collection, use, or processing of personal data. The content is conceptual in nature and does not introduce new systems, processes, or data flows that would trigger data protection considerations at this stage.
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:	A Counter Fraud Impact Assessment is not required for this paper, as it outlines high-level SIs rather than proposing any operational changes, processes, or activities that could introduce fraud risks. The paper does not involve financial transactions, system changes, or procedural amendments that would necessitate an assessment of fraud controls. At this stage, there are no fraud-related implications to consider.
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	
	Failure to deliver the SIs could result in significant reputational damage, eroding internal and external stakeholder confidence and making the transformation of services more challenging to achieve	
Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	



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Appendix 1

Evidence Supporting BCUHB Strategic Intentions

Purpose and scope

This appendix consolidates statutory duties, national direction, local frameworks and engagement evidence pertinent to the development of the Betsi Cadwaladr University Health Board's (BCUHB) SIs. It draws on authoritative Welsh Government sources, NHS Wales frameworks, regional/ local plans and recent evaluations.

Section 1 — National Legislative and Policy Frameworks

1.1 Core legislation

- **The well-being of Future Generations (Wales) Act (WBFGA) 2015**
Establishes the duty on Welsh public bodies to pursue the seven national well-being goals via the five ways of working - Long-term, prevention, integration, collaboration and involvement, which frame the SIs focus on prevention, inequalities and partnership.
- **Health and Social Care (Quality and Engagement) (Wales) Act 2020**
Introduced an overarching duty of quality (including effectiveness, safety and experience), a statutory duty of candour, in addition to the creation of Llais to strengthen the citizen voice, shaping quality management, transparency and the engagement approach set out on the SIs.

1.2 National quality and value frameworks

- **Health and Care Quality Standards (2023)**
NHS Wales' STEEP (Safe, Timely, Effective, Efficient, Equitable, Person-centred) standards with six enabling domains (Leadership, Workforce, Culture and Valuing People, Information, Learning/Improvement/Research, Whole-systems).
- **Value-Based Healthcare (VBHC) in Wales**
Systemwide approach (grounded in Prudent Healthcare) to improve outcomes that matter to people while reducing unwarranted variation and waste; the Welsh Value in Health Centre strategy sets delivery priorities to 2024 and beyond.

1.3 National policy and strategic direction

- **A Healthier Wales – Our Plan for Health and Social Care**
Sets the national model: earlier intervention and prevention, integrated seamless care closer to home, quality and value, digital and data. Recent action refreshes (2024–25) reaffirm prevention, equity and value-based approaches.
- **Community by Design (Strategic Programme for Primary Care)**
Planning approach that assumes care can be provided in the community unless proven otherwise; supports pathways redesign (e.g., breathlessness, diabetes, mental health) and cluster-based delivery.
- **Chief Scientific Adviser (CSA) for Health — NHS in 10+ years (2023)**
Evidence reviews on long-term conditions, risk factors, supply and technology—highlighting demographic pressures, multimorbidity, workforce gaps, and the necessity of earlier intervention and innovation
- **Chief Medical Officer (CMO) for Wales — Annual Report 2024–25 (Reflecting on our Health)**
Reiterates the imperative to pivot the system toward prevention, address stalled healthy life expectancy and inequalities, and support a capable, flexible workforce.

Key national messages reinforcing BCUHB’s intentions

- A sustained shift to prevention and early intervention across the life course.
- Integrated, community-based models of care delivered closer to home.
- Quality/Value orientation—reducing unwarranted variation, embedding outcomes.
- Science, data and digital capability as core enablers.
- Workforce flexibility and multidisciplinary practice to meet evolving needs.

Section 2 — Local and Regional Policy Frameworks

2.1 BCUHB core strategic documents

- **Integrated Medium-Term Plan (IMTP) 2025–28**
Statutory plan setting priorities, enabling actions and trajectories; aligns with refreshed A Healthier Wales.
- **Engagement Strategies (Partnerships Engagement & Communication Strategy 2022–25)**
Establishes principles and methods for continuous involvement of citizens, staff and partners in service design and change.

2.2 Regional Partnership Board (RPB) frameworks

- **North Wales Regional Area Plan (2023–2028)**
Statutory plan responding to the Population Needs Assessment (2022) and Market Stability Report (2022); sets integrated priorities across older people, learning disability, mental health, children and carers—framing regional whole-system commitments that the Health Board delivers with local authorities.
- **North Wales Market Stability Report (2022)**
Assesses sufficiency and sustainability of the social care market (care homes, domiciliary care, fostering, adoption, advocacy, carers), informing commissioning decisions and intermediate care models.

2.3 Public Services Board (PSB) and Local Authority frameworks

- **Public Services Boards' (PSBs) Well-being Plans (2023–2028)**
Provide statutory, place-based evidence prioritising prevention, reducing inequalities, and strengthening community resilience. They highlight local needs and wider determinants such as housing, transport, and employment, supporting integrated, community-based care and partnership working, with strong commitments to co-production and sustainability.
- **Local Authority (LA) Plans**
Set priorities for housing, social care, education, economic development, and community well-being. These plans address wider determinants of health—poverty, employment, and transport—aligning with the Health Board's goals for prevention, integrated care, and tackling inequalities, while reinforcing partnership and place-based planning.
- **Local Development Plans (LDPs)**
Identify housing growth, population changes, and infrastructure needs, providing critical evidence for primary care capacity, estates planning, and service accessibility. LDPs also incorporate sustainability and transport considerations, supporting the Health Board's ambitions for integrated, community-based care and environmental responsibility.

2.4 Primary and community care

- **Primary Care Model for Wales / Accelerated Cluster Development (national) and BCUHB cluster plans (local)**
Cluster plans provide evidence of increasing multi-disciplinary working/collaboration with a focus on supporting individuals with chronic diseases—directly supporting delivery closer to home.

2.5 Public health, inequalities and complex needs

- Inverse Care Law (ICL) Programme — Independent evaluation (Urban Foresight, 2024)**

Evidence of a place-based, partnership approach across three innovation clusters (Ynys Môn; Central & South Denbighshire; North-West Flintshire), building capabilities, collective action through inequalities-focused projects—demonstrating the practical impact of BCUHB’s prevention and inequalities agenda.
- Welsh Health Equity Solutions Platform (WHESP) Spotlight — Tackling the Inverse Care Law in Wales (2025)**

Wider national context and case studies (including North Wales ICL Programme and Deep End Cymru) validating the policy case for targeting deprivation through primary care and partnerships.
- North Wales Alcohol Harm Reduction Strategy (APB) 2020–24; refreshed 2025–28**

Regional partnership strategy aligned to the Welsh Government Substance Misuse Delivery Plan; relevant to mental health, urgent care and inequalities intentions.

2.6 Regional economy, transport and place-shaping

- North Wales Growth Deal (Ambition North Wales)**

£1bn investment portfolio to 2036 to drive inclusive, sustainable growth (manufacturing, low carbon energy, digital, sites/premises, agri-food and tourism), supporting workforce, digital and wider determinants aspects of the SIs.
- Regional Transport Plan RTP (2025–30)/ Network North Wales vision**

Seeks improved access to transport, aligned to the SIs in terms of access to care and future focus supporting decarbonisation.

Section 3 — Evidence from Engagement Activity

3.1 Engagement (methods and governance)

- BCUHB Partnerships Engagement & Communication Strategy 2022–25** sets the principles, channels and expectations for continuous involvement and transparency across planning and service change.
- PSB and Local Authority consultations** (e.g., Council Plan, Well-being Plan) capture local priorities and inequalities concerns, informing health board place-based intentions.
- Regional Transport Plan stakeholder plan and consultation** provide voice on connectivity barriers to accessing health and care, particularly for rural and deprived communities.

3.2 Engagement feedback

- **Citizens and communities** via Health Board specific engagement activities as well as PSB Well-being Plan engagement and Council Plan consultation (including protected characteristic groups, youth parliament, warm spaces).
- **Primary care clusters and independent contractors** through Advanced Cluster Development processes and cluster plans; multi-professional MDTs, community pharmacy collaboratives.
- **Regional partners** across social care, public health, housing, transport and the third sector via RPB area planning and RTP stakeholder processes.

3.3 Themes emerging from engagement

- **Access/Timeliness and Care Close to the service user:** consistent support for integrated community-based pathways and cluster-level solutions.
- **Prevention and Early Help:** a strong preference for proactive, targeted support in deprived areas and for families, reflecting ICL learning.
- **Addressing Inequalities:** emphasis on tackling barriers linked to poverty, transport, language and digital inclusion; PSB objectives reflect this.
- **Workforce and Experience:** calls for more multidisciplinary roles, capability and person-centred care aligned to the Duty of Quality standards.
- **Digital and Data:** support for better information sharing and digital access in line with national direction. To include addressing issues relating to digital literacy and exclusion.
- **Transport and Connectivity:** frequent feedback on the need for reliable, affordable travel options to access care.

3.4 How engagement has influenced our strategic intentions

- **Strengthening place-based prevention:** Adoption and scaling of whole-systems approaches (e.g., ICL innovation clusters) inform BCUHB's inequalities programme and partnership models.
 - **Primary/community pathway redesign:** Community by Design and cluster plans have emphasised the need for more integration and collaboration between organisations, communities and individuals working in this space reflecting ICL learning
 - **Anchor-organisation commitments:** Engagement with the RPB and PSBs has influenced all four SIs.
 - **Access to care via transport improvements:** Recognised as an important consideration for all SIs, with particular issues for those living in more rural areas or without access to their own transport.
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Section 4 — Alignment: National Duties and Local Delivery (high-level mapping)

- Prevention & reducing inequalities → WBFGA duties; CMO Report; ICL evaluation → BCUHB inequalities programme, cluster-led initiatives and targeted public health actions
 - Quality, candour & citizen voice → HSC Quality & Engagement Act; HCQS (2023) → BCUHB quality improvement system, involvement and transparency.
 - Integrated care closer to home → *A Healthier Wales*; Community by Design → BCUHB community pathway redesign, ACD/cluster plans
 - Science, data and digital → *CSA NHS in 10+ years*; national digital priorities → IMTP enablers, outcomes and analytics/insight.
 - Workforce capability → CMO Report; HCQS enablers → MDT expansion, learning culture and workforce development plans.
 - Place-shaping & wider determinants → PSB Well-being Plan; LDP; Growth Deal; RTP → Estate's strategy, anchor commitments, access to care and sustainability.
-

Section 5 — References available on request



Appendix 2

Questionnaire (MS Forms) circulated with 8th October Output Report

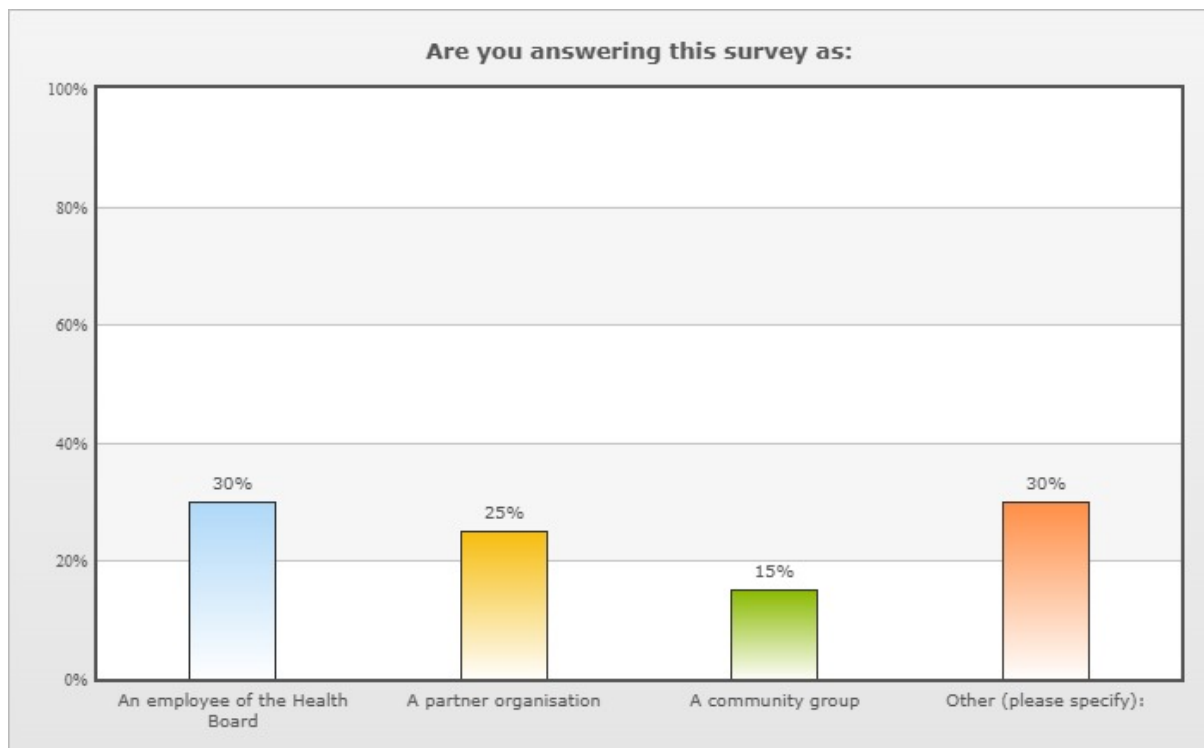
1. Do these four strategic intentions together represent a clear and coherent vision for health and wellbeing in North Wales? **Scale 1- 5**
2. How well do these strategic intentions reflect the health and wellbeing needs and priorities of the communities we serve? **Scale 1-5.**
3. How well do these strategic intentions align with national and local health priorities, strategies and policies? **Scale 1-5.**
4. What areas, if any, do you think are underrepresented or missing from these strategic intentions? **Free text**
5. What do you see as the main challenges and key enablers in implementing these strategic intentions? **Free text**
6. How would you prefer to be kept informed or involved in this work? (e.g., email updates, community meetings, online forums) **Free text**

Appendix 3

Strategic intentions – testing and refinement

Summary of feedback received

Survey - headline findings (21 responses)



- **90%** agree or strongly agree the draft intentions represent a clear and coherent vision.
- **90%** agree they reflect community needs and priorities.
- **84%** agree they align with national and local health priorities.

Strengths Identified

- Strong endorsement of:
 - Early intervention and wellbeing as a priority.
 - Improved coordination of care for long-term conditions.
- Positive support for digital transformation as a future enabler.
- Intentions viewed as aspirational and aligned with policy frameworks.
- Creates opportunities for care closer to home and multi-disciplinary working including co-location of services

Areas for Improvement

- **Clarity and Accessibility:** Simplify language; provide easy-read versions for public engagement.
- **Health Inequalities:** Embed equity considerations across all intentions, and consider in the broadest sense, for example, rural access and digital exclusion.
- **Pathways:** Acknowledge the importance of planning on a pathway basis.
- **Primary Care Inclusion:** Strengthen references to primary care alongside secondary and specialist services.
- **Collaborative Working:** Consider making partnership working a distinct strategic intention.
- **Deliverability:** SI's are hugely ambitious, to maintain credibility while building confidence and trust, it's essential that all commitments are realistic and achievable.

Underrepresented or Missing Elements

- Integration of physical and mental health needs.
- Confirmation that the SI's apply across the whole life course
- Stronger emphasis on public health determinants (housing, environment).
- Explicit commitment to coproduction with communities and third sector.
- Workforce wellbeing to be expanded to position BCUHB as an employer of choice.

Implementation Challenges

- Cultural shift from reactive to preventative care.
- Capacity and resource constraints, particularly in prevention and community care.
- Capacity and organisational readiness for change
- Funding pressures and competing priorities.
- Risk of limited meaningful engagement with primary care and third sector partners.
- Need for SMART measures to track progress.

Key Enablers

- Strong leadership and clear, unrestrictive governance.
- Partnership working with third sector and local authorities.
- Ring-fenced funding for prevention and community services.
- Digital infrastructure and data sharing to support early intervention.
- Ongoing stakeholder engagement and communication.

Planning, Population Health & Partnerships Committee

KEY PROGRAMMES REPORT

Dyddiad y Cyfarfod Date of Meeting	15 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Geraint Parry, Assistant Director of Transformation (Interim)
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

The purpose of this paper is to provide the committee with an overview of current progress and assurance regarding more detailed scrutiny that takes place between Executive colleagues and the services.

Individual Programme Boards are accountable for the delivery of each programme with highlight reports escalating key issues to the Senior Responsible Officer (SRO) for resolution. Where these cannot be resolved at programme level they are reported onwards to the Strategic Planning and Service Change Group (SPSCG).

The group has been receiving regular updates regarding national challenges in relation to the Laboratory Information Management System (LIMS) and confirmation has now been received that the programme will continue into 2026/27 financial year with costings awaited from Digital Health and Care Wales (DHCW).

There is an increasing likelihood that the Full Business Case (FBC) for the Mental Health Electronic Health Record (MH-EHR) will be delayed and subsequently the award of the contract, thus having an overall impact of programme timelines.

Work on the Integrated Health and Well-being Hubs continues to progress following the November Board meeting with the Chief Operating Officer now appointed as the overall SRO for the portfolio. Regular Executive level discussions are taking place around implementing the necessary infrastructure to support the SRO. Following this current reporting period, the Health Board has now received planning approval for the North Denbighshire Hub at the Royal Alexandra site in Rhyl and the team are mobilising plans for construction to commence once funding approval is received from the Welsh Government.

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
Informal Executives	07/01/2026	Approved for onward submission

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

DHCW	Digital Health and Care Wales
DPIA	Data Protection Impact Assessment
DPIF	Digital Priorities Investment Fund
ePMA	Electronic Prescribing and Medicines Administration
FBC	Full Business Case
IRCF	Integration and Rebalancing Capital Fund
LIMS	Laboratory Information Management System
MH-EHR	Mental Health Electronic Health Record
MVP	Minimum Viable Product
OBC	Outline Business Case
RISP	Radiology Information System Programme
SPSCG	Strategic Planning and Service Change Group
SRO	Senior Responsible Officer
UAT	User Acceptance Testing

Health Board Key Programmes

Progress Report

November 2025

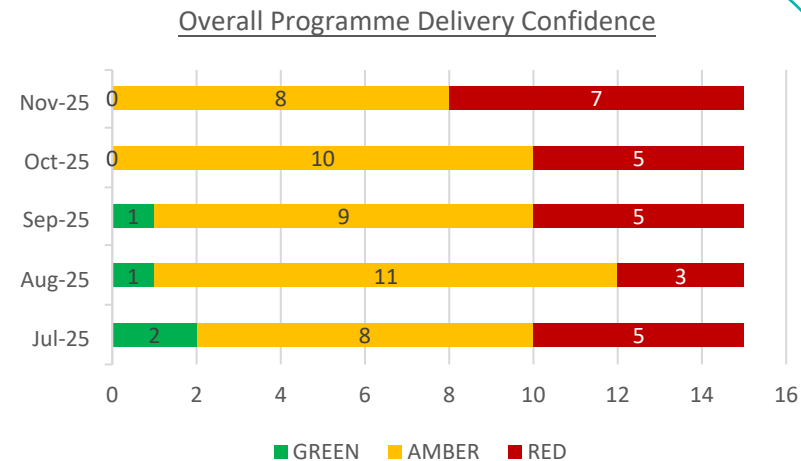
SECTION 1 - EXECUTIVE SUMMARY

This month's report demonstrates a broadly similar picture in relation to overall delivery confidence. Notably however, two programmes have been uprated from an Amber assessment to Red due to concerns around the ability to successfully deliver the programmes in line with the agreed timeline. These are the Digital Maternity System due to concerns around resource to support go-live and ePMA (Electronic Prescribing and Medicines Administration) due to unforeseen issues that arose during testing. The Portfolio Office is undertaking a rapid assessment of each individual programme to critically analyse the challenges in more detail. With none of the programmes reporting a green delivery confidence there is a requirement for intervention during quarter 4 to bring the overall portfolio into a more positive position.

A key milestone during this period is the acceptance by the Radiology Information System Programme (RISP) Project Board to close the project related risks following successful implementation of the system. This is alongside agreement that all operational and clinical risks will be managed by the Radiology team as part of the transition to Business-as-Usual arrangements, and this will formally step down from reporting in due course.

The Planned Care Hub at Llandudno is delayed. Revision 8 of the main works programme has been received, and this confirms that the January date will be missed, and ongoing discussions are taking place between the contractor and Executive colleagues to confirm an opening date. Further work is underway around operational readiness planning for when the building is handed over and this includes aspects such as deep cleaning the hub, testing and installing relevant IT equipment and staff training. There are outstanding decisions required in relation to job planning and single pooling at stage 4 (surgery) to achieve utilisation and balancing of waiting lists.

Overall, whilst progress is evident across all areas and challenges are being expedited and addressed when they arise, there is a concern that delays to timelines is emerging as a theme across all programmes and there is a requirement to consider underlying causes and take action to proactively address.



SECTION 2 – PORTFOLIO HIGHLIGHTS

Key Programmes status **as at November 2025**, taken from individual highlight reports.

Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Ablett Mental Health Unit						
<ul style="list-style-type: none"> The workforce plan and revenue implications have been developed and worked through with senior clinical leads, further work is required to agree on a case to close the gap. The BCUHB Project Team continue to progress the production of the in-house elements of the Full Business Case (FBC) Capital colleagues continue to explore the procurement route which will enable delivery of the scheme within the available Welsh Government budget. No change to confidence rating from last month. 						
Digital Maternity System						
<ul style="list-style-type: none"> Out of a total of 94 process maps, 92% have been completed (13% increase in this reporting period), 6% are in progress and 2% are not required for go live. The draft Training Strategy and Training Plan has been approved by Project Board. The Data Protection Impact Assessment (DPIA) has not been signed off by the National Group due to a number of unknowns and security risks which have been identified. These have been escalated to the system supplier who are working up a remedial action plan for consideration. (<i>*update post reporting period: this is progressing positively - working alongside the supplier, DHCW and the other Health Board's, with a revised date expected in January</i>). A Clinical Safety Hazard Workshop took place on 26/11/25 to review potential clinical risks, validate supplier hazards and identify any local risks specific to BCUHB workflows, and follow up actions being agreed. At the point of go live, only two of the originally planned four system integrations will be in place. Technical challenges arose during readiness and a decision was made to prioritise core functionality at go live and roll out in two phases. The integration with WPAS and e-document transfer will be delivered at go-live, while the remaining integrations with LIMS and Ultrasound will be implemented as part of a phase 2 rollout. Change in 'Overall Delivery Confidence' and 'Risk' confidence rating from Amber to Red since last month due to risks relating to limited resources to support go live. A review of all resources across all projects is taking place in order to redeploy staff and mitigate this risk. 						
Electronic Healthcare Record						
<ul style="list-style-type: none"> Socialisation of the Outline Business Case (OBC) has been completed, with local approvals currently paused pending further national steer, as Welsh Government continues to develop a national EHR roadmap. No clear timeline has been provided despite escalation from the Health Board. The Programme Board has approved changes to the financial case, including addressing errors and conversion of productivity gains into a 1% savings target to all options. These updates will be incorporated into the revised OBC. National direction is expected to shape both the timing and scope of decisions and will be instrumental in determining how the programme aligns with national priorities and funding expectations. 						

Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
<ul style="list-style-type: none"> Actions noted above have seen confidence rating in the Plan element improved from Red to Green since the last reporting period due to the OBC work being completed. However, overall delivery confidence remains Red due to the lack of national EHR roadmap. 						
ePMA (Electronic Prescribing & Medicines Administration)						
<ul style="list-style-type: none"> Timelines were reviewed in November following unforeseen issues identified during live system testing. (<i>*update post reporting period: these were resolved, and a go-live decision was made, with Heddfan successfully implementing as the early adopter on 10/12</i>). E-learning has been sent out to East IHC members with Central and West to follow in line with the training strategy. Face to Face training dates have been proposed, and trained resource from agencies started on 01/12/25 to support this. The full allocation of Digital Priorities Investment Fund (DPIF) capital is expected to be spent alongside additional capital from BCU to meet the demands of the programme. A DPIF revenue submission has been made in October to Welsh Government for financial year 26/27 with an expected response in January 2026. There is a change to 'Overall Delivery Confidence' from Amber to Red due to the aforementioned issues identified during live system testing. 						
Health and Well-being Hub: Bangor						
<ul style="list-style-type: none"> Approval provided at Programme Board to support Gwynedd Council in a review and update of the Bangor Health and Wellbeing Strategic Outline Case (SOC) with the work to be funded by Gwynedd Council. Welsh Government Integration and Rebalancing Capital Fund (IRCF) have requested that the Health Board and Gwynedd Council assess the prioritisation of this scheme as currently prioritised for commencing in 2030/31. A briefing paper is being prepared for the January Strategic Planning and Service Change Group which will summarise the current position and outline next steps. No change to confidence rating from last month. 						
Health and Well-being Hub: Caledfryn						
<ul style="list-style-type: none"> Draft terms for a 3-year lease have been shared with Men's Sheds regarding leasing Treferian. Briefing paper prepared for Welsh Government team to attempt to secure a greater proportion of IRCF funding. Provision has been made for additional patient activity on the first floor for various education groups as part of a wellbeing space, and a request has been made for an extension to the planning permission outcome to ensure this is covered. Meetings ongoing with Public Health and Third Sector partners. 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 agree a revised project plan and timescale. Discussions held with the leader of Conwy Council and further discussions scheduled with the SRO during December to agree next steps. No change to confidence rating from last month. 						






Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Health and Well-being Hub: Holyhead						
<ul style="list-style-type: none"> Strategic Outline Case (SOC) remains with Welsh Government for scrutiny, with request for 100% capital funding from WG and other Local Authority funding. Work on a memorandum of understanding between the Health Board and Isle of Anglesey County Council to be undertaken. No changes to confidence rating from last month. 						
Health and Well-being Hub: Penygroes						
<ul style="list-style-type: none"> Discussions scheduled with Grŵp Cynefin on sign-off of "abortive/transferable costs" accrued during the original scheme with a number of partners. The result of this meeting will be shared with the Welsh Government to review costs alongside any additional funding requirements for the Outline Business Case (OBC) being taken forward by the Health Board. Monthly Project Team meetings being set up which will evolve into a formal Project Board in the future between Health Board and Grŵp Cynefin. Change to 'Progress' from Green to Amber since last month due work required to complete detailed design of the accommodation. 						
Health and Well-being Hub: Royal Alexandra Hospital						
<ul style="list-style-type: none"> Staff engagement sessions held and a Phase 2 Scoping Workshop took place to progress scope development, including prioritisation of user requirements. Plan of action, roles and governance framework to be confirmed ahead of mobilisation by January 2026, with readiness activities underway in relation to construction once a decision is finalised (<i>*update post reporting period: planning permission was received from Denbighshire County Council, however, still awaiting outcome of WG funding</i>) Change to 'Resource' from Amber to Green since last month due to key roles being in place. Change to 'Risk and Issues' confidence from Green to Amber since last month due to a lack of review of existing risks due to key staff absence. 						
Health and Well-being Hub: Waunfawr						
<ul style="list-style-type: none"> Plan to secure WG approval following sign off from the Board, however, there will be no national IRCF panels after February until after the election Information received from landowner/single supplier outlining position regarding sale of land and differing legal and procurement advice. Clarity required on the appropriate procurement route as this is currently delaying the progress. Change to 'Progress' confidence from Red to Amber since last month due to updated business case being agreed to go to Board in January 2026. 						
LIMS (Laboratory Information Management System)						
<ul style="list-style-type: none"> Significant overall issues with the programme escalated to CEO level, with urgent meetings being held locally and nationally. High level of resource is required to keep programme on track. This is potentially impacting on Pathology service delivery. National User Acceptance Testing (UAT) has been re-scoped to deliver a minimum viable product (MVP) to meet current deployment timelines. Delayed delivery of National milestones impacting on critical path deliverables of programme. Awaiting revised UAT and detailed deployment plan from DHCW. 						

Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
<ul style="list-style-type: none"> No changes to confidence rating from last month. 						
Llandudno Orthopaedic Hub						
<ul style="list-style-type: none"> Latest revision of the main works programme was received, indicating that the January date will be missed. Gleeds (Project Managers) have responded with comments, further information is awaited from the contractor to substantiate their proposals. CEO level meeting taking place with the contractor to confirm an opening date. Job planning to be completed once decisions are made on travel and service delivery plans. Activity plans are under development to achieve 1,900 joints within the first 12 months. This will be concluded once decisions on job planning are confirmed. Operational readiness planning is underway with meetings having taken place during November and December, designed to provide a robust plan for deep cleaning the hub, testing and installing the equipment and delivering staff training. No changes to confidence rating from last month. 						
Mental Health Electronic Health Record						
<ul style="list-style-type: none"> The project procurement evaluation has concluded, approval of the procurement outcome is dependent on assurance activity commissioned by the Chief Executive (<i>*update post reporting period: this work was completed in December and will form part of the addendum to the Business Case going to Health Board in January 2026</i>). Resource delays are limiting progress of digital and service activities. The forecast underspend on the budget is linked to delays in procurement and recruitment. Activities around the procurement outcome will be required once the assurance activities are complete, and the Full Business Case can then be completed. Spend for the Financial Year 2025/26 has been reviewed with a forecast underspend requiring further review. Work continues to be undertaken around readiness activities by the Transformation & Adoption and the Technical & Data workstreams against the draft plan. Change to 'Finance' and 'Risks/Issues' from Green to Red since last month due to a forecast underspend within this financial year and a risk that the FBC completion will be outside the agreed timescales. 						
RISP (Radiology Informatics System Project)						
<ul style="list-style-type: none"> System operational across BCUHB for 12 weeks following go-live in September. Issues raised immediately after go-live have now been resolved. Some post-implementation issues are ongoing and outstanding actions related to additional RISP applications scheduled for delivery. Previously raised issue with Radiology reports for both Primary and Secondary failing due to a technical issue has now been addressed. The RISP Project has been delivered, and the Project Board has confirmed acceptance to close project-related risks that previously posed a threat to go-live. Local 'Lessons Learned' sessions held with Radiology and DDaT. These will be collated and shared with other Health Boards across Wales. 						



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     2. Developing strategy and long-lasting change
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First 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	Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Aseiad 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:	<i>Not applicable</i>
Aseiad o'r Effaith Economaidd-gymdeithasol	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	



<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><i>Not applicable</i></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 Choose an item.</p>	<p>Meysydd Ansawdd Domains of Quality 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>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
	<p>Not applicable</p>	<p>Not applicable</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>Not applicable</p>
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Asesiad o Effaith ar Ddiogelu Data</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><i>A ydych chi wedi cynnal prawf Sgrinio o'r Aseiad o Effaith ar Ddiogelu Data?</i></p> <p>Data Protection Impact Assessment</p> <p><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>Not applicable</p>
<p>Asesiad o Effaith ar Atal Twyll</p> <p><i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i></p> <p>Counter Fraud Impact Assessment</p> <p><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>Not applicable</p>
<p>Cyfreithiol</p> <p>Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw Da</p> <p>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</p> <p><i>(Pobl / Ariannol)</i></p> <p>Resource Impact</p> <p><i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	



Planning, Population Health & Partnerships Committee

DIRECTOR OF PLANNING REPORT

Date of Meeting	15 January 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. Progress has been made in developing a coherent long-term strategic direction, with 2025/26 priorities centred on co-creating a Strategic Intent for Health and Wellbeing in North Wales with Partners, advancing the discovery phase of the new 10-year strategy, and preparing for Clinical Services Plan (CSP) Phase 2. Recent Board and partner engagement sessions, including a Strategic Development Event with the Bevan Commission, have strengthened shared understanding of regional priorities, community needs, and the opportunities for innovation. The resulting draft strategic intentions, now refined through further engagement, are presented to PPHP for final comment ahead of Board approval.

Work continues to stabilise challenged services, with early priority actions focused on strengthening clinical leadership and addressing core service risks such as workforce challenges. Internal service change programmes at Tywyn and Penley are progressing through co-design and formal option development, with formal consultation requirements and timelines being clarified.

IMTP development for 2026–29 is well underway, with an emphasis on co-design, developing numerate plans through unified modelling across activity, workforce and finance, and a streamlined approach to prioritisation within a highly constrained financial environment. A joint PPHP–PFIG session on 20th January will consider the strategic choices required to balance meeting ministerial expectations and delivering financial balance.

The major change programmes continue to be overseen by the respective Programme Boards and reporting into the Executive Committee as well as having a rotational deep dive slot at Board. They are each making progress, although UEC did have a pause during December as the focus switched to a national two week sprint to support preparedness during the Christmas period. Key programmes work continues to progress, and work is advancing on the Health and Wellbeing Hubs portfolio, with key planning milestones achieved for Royal Alexandra. Full progress is reported via its own standalone report to PPHP.

Organisational capability work is also accelerating, with new core competencies for programme management, planning and change being developed to support manager training and strengthen delivery across the system.

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

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

Acronyms / Glossary of Terms

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

DIRECTOR OF PLANNING REPORT

1. SITUATION

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

2 BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION

3.1 STRATEGY

- 3.1.1 The three principal areas of focus for 2025/26 are:
- Strategic Intent – Development of a Strategic Intent for Health and Wellbeing in North Wales, co-created with partners.
 - 10-Year Strategy – Collation and synthesis of insights across a range of key domains to inform the Discovery phase of the new BCUHB 10-year strategy.
 - Clinical Services Plan (CSP) Phase 2 – Building on the 2024/25 work to establish a CSP methodology for the Health Board, drawing on learning from other Health Boards and NHS organisations that have recently developed or are developing CSPs.
- 3.1.2 An Informal Board Development Session was held on 28th August. Discussions focused on the need for a clear strategic vision, the imperative to address underlying operational capacity challenges, and the importance of strengthening regional, community and primary care models through improved integration and collaboration with statutory and non-statutory partners. The CSP was emphasised as a critical enabler, requiring ambition, clarity, and alignment with national and regional priorities.

- 3.1.3 Community activation and co-design were identified as essential components of the strategy work, with an emphasis on empowering individuals, promoting shared responsibility for health, and embedding lived experience in planning. The Board also recognised the need for greater public involvement ahead of key decisions, underscoring the importance of continuous, inclusive, and authentic engagement. Opportunities for innovation (including AI-enabled diagnostics and genomic medicine) were discussed, highlighting the need for ongoing insight gathering within the Health Board and through collaboration with partners across Wales and beyond.
- 3.1.4 A follow-up session with the Regional Partnership Board (RPB) was held to reflect on feedback from the July discussion, which focused on opportunities and barriers to joint working. Insights from this engagement informed the programme for the Strategic Development Event, delivered in partnership with the Bevan Commission on 8th October. The event brought together more than 70 participants from statutory and non-statutory organisations, community stakeholders, and Health Board staff.
- 3.1.5 The event explored key themes including the national and regional context for health and wellbeing in North Wales, current and emerging trends, community perspectives, and opportunities for co-creating a shared vision. It also examined barriers to delivering collective ambitions and generated material that will support ongoing strategy development and preparations for CSP Phase 2. The event output report included a draft strategic vision statement for the Health Board and four draft strategic intentions for health and wellbeing in North Wales. These were further refined through engagement during November and December, including a specific Community By Design event on 16th December. The resultant final draft strategic intentions are being presented to the PPHP Committee today for final comment, ahead of submission to the Board for approval in January. Committee members are asked to note that current IMTP planning guidance requires alignment of the 2026–29 plans with the draft strategic intentions and that once approved, the strategic intentions will replace the Health Board’s existing five strategic objectives and will form the framework for future planning until the new 10-year strategy and CSP are in place.

3.2 CHALLENGED SERVICES

- 3.2.1 The recently commissioned Challenged Services Oversight group met for the first time in late November with the second meeting planned for January 2026. Key areas of early focus for the group include consistent establishment of clinical leadership roles across all specialties and agreement of some key projects to be addressed within this phase of work in readiness for broader transformational work within Clinical Services Plan Phase 2. Examples in scope include resolving core stability issues around Urology on-call arrangements across North Wales to provide a sustainable service for the long-term.
- 3.2.2 As part of strengthening multi-professional team arrangements, Orthodontics and Dermatology held workshop events during December which focused on designing short term solutions, with Dermatology considering options for an interim service configuration to address the pressing challenges.
- 3.2.3 Broader co-ordination work is also underway to prepare for an Internal Audit review of Challenged Services which will take place during January, and QSE will also receive its regular assurance update at its January meeting.

3.3 INTERNAL SERVICE CHANGE

- 3.3.1 Inpatient services at Tywyn and Penley Community Hospitals continue to be the main internal service change areas of focus. Having completed two sets of 'balanced room' engagement events 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.
- 3.3.2 A paper on Tywyn went to Board in November outlining the options developed and how they had been scored and the resultant Llais representation on the process so far. Given that the option for reinstating inpatient beds hadn't scored sufficiently highly to be short listed, Llais advised that the change would constitute substantial service change and therefore require formal public consultation under the Welsh Government guidance. Given the pre-election period, the consultation could not start until after the May 2026 elections, but that preparatory work, further engagement, impact assessments and the development of consultation materials could be undertaken in the interim.

3.3.3 A paper on Penley is due to be presented to Board in January. This will cover the options developed to date, the latest representation from Llais and associated timelines.

3.4 **IMTP DEVELOPMENT – 2026-29**

3.4.1 The IMTP development for the three-year period from 2026 to 2029 is in full flow, with lots of internal and external engagement activity taking place to ensure that plans are co-designed.

3.4.2 In order to keep the IMTP focused on a manageable set of key organisational priorities, there are two levels of interconnected plans being developed. Every corporate, clinical and operational service across the organisation has been asked to develop a service level plan, that contains all the key actions for that service. The IMTP then draws the critical priorities from these plans into the IMTP. This ensures that services are able to have a single plan for delivery of their key actions, that remains in lock step with the IMTP, whilst enabling the IMTP to only highlight and track the highest priority work across the Health Board. The first drafts of service plans were submitted prior to Christmas and are now being developed further, alongside the IMTP level plans.

3.4.3 The NHS Wales Planning Guidance and Financial Allocation Letter were received just before Christmas. These set out the Ministerial delivery expectations and mandatory ('adopt or justify') enabling actions. A comparison of the changes in these from last year's has been created and shared with Board Members to illustrate the level of change in expectations. The financial settlement is a challenging one, with pay award being covered centrally, but it is being considered a 'zero investment budget' that will not fully cover inflationary pressures. This will mean that some difficult choices are required in order to reach the statutory requirement of financial balance and meet all performance expectations.

3.4.4 There is a joint PPHP and PFIG Committee meeting on 20th January that all Board Members have been invited to in order to consider the key strategic decisions necessary in relation to this IMTP. This will be an important session that will consider: where we are against the ministerial requirements now; what's required to close the gaps and an assessment of how hard that will be; how resources could be shifted to close the gap; and what are the

implications and potential trade-offs in delivering these compared to other local priorities and being able to achieve financial balance.

- 3.4.5 There is a lot of work on-going in order to develop unified numerate plans that bring together demand, skill mix, productivity, activity, performance, workforce and finance through a single modelling exercise. This will take into account the likely 2025/26 outturn, the latest intelligence on demand for 2026/27, what is feasible with core capacity at today's efficiency levels, what additional capacity could be sourced, what capacity improvements can be included from both operational and change programme improvement plans. This will be a big improvement on previous years where triangulation between activity, performance, workforce and finance has typically taken place at the end of the process.
- 3.4.6 The approach to prioritisation and investments is being streamlined. There are a small number of limited investment funds akin to those from 2025/26 (including Planned Care, Six Goals, Value-Based Healthcare, Further Faster etc). Executive leads have been allocated to each investment fund based on alignment with core budget owners. They are to generate proposals on how to deliver the necessary outcomes utilising the full budget available, both core and investment. This supports a move away from prioritising the relatively small pots of additional funding and looking at the whole resource available. Proposals also need to include how historical 'cost pressures' will be managed and cover all related contracts and commissioned services. Finance and Planning teams will support a consistent approach and ensure appropriate exit strategies are in place in relation to non-recurrent funding. A full list of key projects and programmes is being collated to ensure it is clear where they are being led from, what resources they require and whether there is sufficient capacity and capability to deliver on them all. This may then require prioritisation and agreement on what won't be taken forward next year. The allocations from the £42m Performance and Transformation fund prioritisation exercise held in 2025/26 will continue into 2026/27.
- 3.4.7 It is worth noting that there is a requirement for Chief Executives to submit an Accountable Officer letter to the Director General Health and Social Care and Early Years by 13th February if Health Boards are unable to submit a financially balanced IMTP.

3.4.8 A fuller paper outlining the progress made to date and the key milestones leading up to submission of the IMTP for Board and then Welsh Government consideration by the end of March will be presented to Board in January.

3.4.9 The write up of the PPHP Development session in September focused on prevention and an early example of the 'continuous planning' approach to feed the IMTP development through the year can be found in the supporting papers.

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

3.5.1 Due to the timing of Board meetings in relation to the end of quarter reporting schedule, the quarter 2 Annual Delivery Plan (ADP) report was presented to PFIG in December. This represented a new reporting format, focused on progress of delivery against the priority areas (e.g. Planned Care, Challenged Services, Primary and Community Care etc) and the outcomes they are trying to achieve by the end of the financial year. Further feedback has been collected and will be incorporated into quarter 3 reporting.

3.5.2 The full report can be found in the PFIG papers, but to provide a high-level picture of the delivery confidence across the priority area:

- **High Delivery Confidence:** Effective Governance (1A), Foundations for the Future (1B), Legislative Compliance (1C), Quality Management System (1D), Culture Development (3A), Leadership Development (3B), Welsh Language (3D), Prevention and Early Intervention (4A), Adult Mental Health and Learning Disability (4F), CAMHS (4G), Neurodevelopment (4F), Plastics (4J), Oncology (4J), Womens (4K), Childrens and Young People (4L), University Partnerships (5A), Academic Careers (5C), Learning Organisation (5E).
- **Medium Delivery Confidence:** Strategy & CSP (2A), Planning & Commissioning (2B), Estates & Facilities (2C), Digital & Data (2D), Value & Sustainability (2E), Workforce Planning (2F), Citizen Engagement (3C), Primary Care (4B), Dementia (4I), Vascular (4J), Ophthalmology (4J), Dermatology (4J), Trauma & Orthopaedics (4J), Pharmaceutical Services (4M), Palliative – End of Life & Bereavement Care (4N), Dental (4O), Diabetes (4P), Research and Innovation (5B), Intelligence-Led (5D).

- **Low Delivery Confidence:** Community Care (4C), Planned Care / Cancer / Diagnostics (4D), Urgent & Emergency Care (4E), Urology (4J), Orthodontics (4J)

3.5.3 Similar to quarter 2 the timing of the quarter 3 reporting will mean it will be presented to PFIG in February.

3.6 SPECIAL MEASURES

3.6.1 A [written statement](#) was published by Welsh Government on 16th December containing confirmation of the escalation statuses of all Health Boards following the recent Tripartite meeting. The only changes were for Aneurin Bevan (escalated from Level 3 to 4 on finance/strategy/planning and UEC performance) and Hywel Dda (de-escalated from Level 3 to 1 for Leadership and Governance).

3.6.2 Disappointingly, despite providing lots of evidence and receiving encouraging feedback in a number of areas including Quality, Governance, Planning and two of the Challenged Services (Oncology and Plastics), Betsi Cadwaladr received no de-escalation from Level 5 (Special Measures). A letter was received on 6th January providing further feedback on this, which calls out positive progress in Quality, Governance and cohesion and integration of the Board, citing continued issues in operational delivery meaning further evidence of organisation wide embedding of improvements is required. Specific issues are referenced relating to: Planned Care, UEC, operational structure, Cancer, confidence in achieving financial balance, Clinical Services Plan.

3.6.3 Special Measures de-escalation criteria will be incorporated into the IMTP priority actions but made more identifiable than last year. There will also be more discussion in relation to performance trajectories and the delta between Special Measures de-escalation criteria and the NHS Wales Planning Guidance targets.

3.6.4 A fuller report on progress against the Special Measures de-escalation criteria is being planned for March Board.

3.7 MAJOR CHANGE PROGRAMMES

- 3.7.1 The major change programmes continue to be overseen by the respective Programme Boards and reporting into the Executive Committee. Following the focused session at the November Board meeting the Value and Sustainability programme continues to evolve its approach with a stronger focus on non-financial benefits and the development of an enhanced tracking process.
- 3.7.2 The Urgent and Emergency Care Programme underwent a brief pause during December whilst the focus of key staff switched to the two-week reset and work with multi-professional teams and partners around discharge. January will see a renewed focus for the programme with the new Programme Director commencing on the 5th January and key developments include the Single Point of Access (SPOA) and work around falls.
- 3.7.3 Following presentations at Board Development and the Local Partnership Forum during December the Foundations for the Future programme is pressing on with key activities. Both the Processes and Strategy workstreams will be subject to a deep dive at the Programme Board during January and the Health Board meeting on the 29th January will receive an update on the structures element.
- 3.7.4 The Planned Care programme continues to make solid progress across a range of initiatives and its December Programme Board meeting included a presentation from the Primary Care Clinical Lead on a scoping exercise undertaken on Dermatology referrals which has applicability for other high-volume specialties. The group also received an options paper on follow ups and the programme team is also currently supporting an Internal Audit review of the programme.

3.8 KEY PROGRAMMES

- 3.8.1 Following the strategic update provided to the November Board meeting work continues to strengthen the approach to driving forward the Health and Well-being Hubs. The Chief Operating Officer has now been appointed as SRO across the Health and Wellbeing Hubs mini-portfolio and key executive colleagues are meeting on a regular basis to strengthen the arrangements in support of that.

- 3.8.2 Denbighshire County Council approved the Planning application for the development of the Royal Alexandra Hub during December, based upon the updated design proposals. The programme team is mobilising plans to begin construction early in 2026 should funding be approved by Welsh Government. A paper is also being prepared on Canolfan Menai in Bangor for review at the Strategic Planning and Service Change group during January and the Business Justification Case for Waunfawr is scheduled for review at the January Board.
- 3.8.3 The Planned Care Hub at Llandudno Hospital is delayed with revision 8 of the main works programme confirming that the January date will be missed. CEO level meetings are taking place with the contractor to confirm an opening date.
- 3.8.4 The regular report on Key Programmes is also scheduled for review at this meeting where further information is available.

3.9 ORGANISATIONAL CAPABILITY

- 3.9.1 The recent focus has been around developing a set of core competencies for Planning, Programme Management and Change. This work is aligned with the People workstream of Foundations for the Future and this first phase will outline the capabilities that all colleagues involved in this work at 8b and above will be required to demonstrate. This will develop in the coming months into an important programme of work designed to ensure the organisation is equipped at all levels to implement change in a structured and co-ordinated manner and will be a key element of operationalising the Integrated Planning Framework.
- 3.9.2 Important work also continues around developing the organisation's approach to change, learning from past successes and failures locally and drawing upon key industry evidence. Discovery work is almost complete and has been summarised into a key paper for consideration as part of the Foundations for the Future programme and further design work to test the findings with a broader set of stakeholders is due to take place during quarter 4.








4 KEY RISKS / MATTERS FOR ESCALATION

- 4.1 As this report demonstrates, there is a large number of important pieces of work being orchestrated through this portfolio, all requiring concurrent focused development and delivery work. This does generate capacity challenges across the team, which are difficult to mitigate leading up to organisational structural changes and in the current and future financial climate.
- 4.2 A number of challenges exist within the Service Change, Key Programmes and Major Change Programmes, which are being managed and mitigated through their own individual governance and reporting.
- 4.3 Meeting the full set of Ministerial expectations within the IMTP given the challenging financial landscape.
- 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:
- **COMMENT** on the content of the report

ASSESSMENT	
Link to Strategic Priorities	    
	<p>2. Developing strategy and long-lasting change</p> <p>If more than one applies, please list below:</p>
Design Principles	<p>Simplify, Standardise, and Adopt Best Practices</p> <p>If more than one applies, please list below:</p>
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	15 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Draft Status - Final Version will be Published
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	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
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Crynodeb Gweithredol **Executive Summary**

This Citizen Experience and Engagement Report provides the Planning, Population Health and Partnerships Committee with a high-level overview of citizen feedback from September to December 2025. 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 experience and conditions
- Delays in planned care / diagnostics and test results
- Access to NHS dentistry
- Neurodevelopmental assessment waiting times
- Access to GP appointments / mental health services

These themes have remained consistent and sustained over the last three months.

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 has been discussed at Executive Committee	17.12.25	Comments received have been incorporated into this version.

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	

CITIZEN EXPERIENCE AND ENGAGEMENT REPORT

1. SITUATION

1.1 PURPOSE

This report provides the Executive Committee with a strategic overview and assurance on citizen feedback from September to December 2025. 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 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 are:

- Emergency Department experience and conditions
- Delays in planned care / diagnostics and test results
- Access to NHS dentistry
- Neurodevelopmental assessment waiting times
- Access to GP appointments / mental health services

These themes have remained consistent and sustained over the last three months.

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.

Social media sentiment during this period has been predominantly negative, with comments focused on waiting times, staff shortages, bed capacity, corridor care and ambulance delays. There is concern regarding community hospitals, particularly Tywyn, with fears around ward closures and reduced rural access to care. Conversations frequently reflect mistrust linked to historical issues, including Special Measures, and ongoing concerns about patient safety and service quality. There has been a notable increase in negative sentiment during November and December 2025, reinforcing the importance of timely reassurance, clear factual communication and addressing misinformation to maintain public confidence and reduce uncertainty.

3. SPECIFIC MATTERS FOR CONSIDERATION

To strengthen assurance that citizen voice leads to tangible change, the Board is presented with examples of where feedback has already translated into action and, where evidence is available, its early impact.

3.1 Urgent and Emergency Care

People said that urgent and emergency care involved long waits, overcrowding, poor conditions, and reliance on Emergency Departments due to limited access to primary care, despite staff working under significant pressure.

Actions taken:

A programme of work is underway to improve performance across urgent and emergency care, with a particular focus on improving patient flow through hospitals. This has included action to reduce delays for patients who were clinically ready to leave hospital, in order to improve access and reduce waiting times for those requiring urgent care.

A clinically-led Urgent and Emergency Care Task Team was established to provide focused leadership and to support system-wide improvement. The team is overseeing action in three priority areas:

- Reducing avoidable admissions and ambulance conveyances to Emergency Departments
- Improving flow through hospitals, including discharge processes and weekend working
Strengthening system-wide clinical and operational working.

To support quality and safety, the Executive Medical Director has led a Rapid Quality Review of Emergency Department pathways. This enabled focused clinical review of risks, agreement of actions to improve quality, and strengthened oversight of patient safety within urgent and emergency care.

System-wide tools and processes have been strengthened to support flow and discharge. This included the implementation of *Right Patient Right Place*, providing real-time visibility of patient status to hospital, community and social care teams, and action to protect key clinical areas such as Same Day Emergency Care units so they could continue to operate as intended during periods of high pressure.

Executive walkrounds were also undertaken at each District General Hospital to engage directly with frontline teams, identify improvement opportunities, and demonstrate Board-level commitment to supporting delivery.

Through the Regional Partnership Board, the Health Board and local authority partners agreed a winter planning approach focused specifically on patients experiencing delays along their pathway of care. Using shared, live data, partners worked together to improve communication and take coordinated action to reduce these delays. This work was already planned locally and was brought forward to align with the Welsh Government's national winter focus on hospital discharge between 8 and 22 January. By doing so, partners were able to deliver local priorities while also supporting the national effort. As a result, the number of patients experiencing pathway of care delays reduced by over 20%, and the number of hospital bed days lost due to these delays reduced by almost 14%.

There is also a Resilience Hub in place, providing seven-day senior leadership oversight and coordination across urgent and emergency care to support consistent decision-making and system-wide working during periods of pressure.

Finally, the patient flow approach, *Our Next Patient Please*, is being implemented across sites. This work is strengthening the proactive movement of patients from Emergency Departments to ward areas in a planned and coordinated way, reducing congestion in Emergency Departments and improving their ability to manage new patient presentations safely and effectively.

3.2 Delays in planned care / diagnostics and test results

People said that planned care involved long waits for treatment and appointments, limited communication and certainty, and significant anxiety about delays, particularly where conditions were deteriorating or quality of life was affected.

People said that there were unacceptable delays in accessing diagnostic tests and receiving results, including in cases of suspected cancer or stroke, causing significant anxiety, uncertainty, and disruption to daily life.

Actions taken:

During 2025, a range of actions have been implemented to improve access to care and reduce long waits and progress has been made over the course of the year.

- The number of patients waiting more than 156 weeks from referral to treatment has reduced by 79 per cent, while the number waiting more than 104 weeks has reduced by 52 per cent*. These reductions reflect the cumulative impact of targeted interventions to increase clinical capacity and throughput.
- With support from Welsh Government, the Health Board introduced an insourcing contract across several specialties. This has enabled additional outpatient clinics to be delivered at weekends since the beginning of September 2025, with capacity to invite up to 2,500 patients each weekend for a first outpatient assessment. As a result, more than 25,500 additional patients

awaiting a first appointment have been assessed since September, allowing earlier clinical review and identification of ongoing care needs.

- The Health Board has also commissioned providers outside of North Wales to undertake procedures on its behalf through outsourcing arrangements, further increasing available capacity for planned care.
- Improving access to diagnostics is a national and local priority, and additional financial support has been provided in 2025–26 to accelerate progress. This funding is being used to:
 - eliminate waits of more than eight weeks for a wide range of diagnostic tests;
 - remove very long waits, including patients waiting over 104 weeks for routine treatment; and
 - support a significant reduction in the number of people waiting for a first outpatient appointment.
- Across North Wales, a substantial increase in diagnostic activity is planned between January and March 2026, with the aim of achieving the zero eight-week waiting time target for diagnostic tests.
- Action is focused across key diagnostic services, including radiology, endoscopy, physiological measurement (such as cardiology) and pathology.

While waiting times remain above desired levels in some areas, the reductions achieved during the year represent an improvement in overall performance. Pressures persist in certain specialties, including Dermatology, where demand continues to exceed available capacity. Work is ongoing to prioritise patients with the greatest clinical need and to maximise opportunities to reduce waits as quickly as possible

3.3 Access to NHS Dentistry

People said that access to NHS dentistry was extremely limited, with long waits or no availability, forcing people to travel long distances, pay privately, or go without essential dental care.

Actions taken:

New and expanded dental practices are being developed in several areas, including a new practice in Connaught Quay due to open in early 2026. Since 2025, a number of new NHS dental services have already opened, with more planned over the coming year, including additional practices and expanded surgeries in Flintshire, Conwy, Gwynedd and Denbighshire.

We have also increased orthodontic and oral surgery services and introduced more non-urgent dental appointments in local communities. Alongside this, extra funding has been provided to existing practices to increase the number of NHS patients they can see.

Since the Dental Access Portal launched in February 2025, almost 8,000 people have accepted an offer and been allocated to an NHS dental practice, and further improvements are planned in 2026/27.

Following the decision of some practices to terminate their NHS General Dental Service contracts at the end of the current financial year, we will also explore further commissioning opportunities with new and existing providers.

3.4 Neurodevelopment Assessment and Waiting Times

People said that neurodevelopmental assessment waiting times were excessively long and distressing for individuals and families, particularly children and young people, leaving needs unmet for prolonged periods.

Actions taken:

Using a £2.7m allocation provided by Welsh Government, the Health Board has commissioned an external provider to undertake additional neurodevelopmental assessments on its behalf from January 2025, with the aim of eliminating three year waits by March 2025.

Part of this Welsh Government funding will also be used to enable Cwm Taf Morgannwg Health Board staff to provide additional capacity for our Health Board by undertaking background/developmental history interviews for those awaiting assessment.

The Health Board has also recently introduced a prudent assessment process, which is enabling our ND teams to work in a more efficient manner, speeding up the process of bringing down our assessment waiting lists.

In addition, the Health Board is continuing to work with the Children's Regional Partnership Board on the development of a regional action plan, which involves collaboration with partner organisations from health, education, local authorities, the third sector, and those with lived experience.

3.5 Access to GP Appointments / Mental Health Services

People said that accessing GP appointments was difficult and inconsistent, with – for some - long waits, limited availability, and reliance on early morning calls or online systems, leading some people to seek care elsewhere.

People said that access to mental health services was slow and fragmented, with – for some - long waits for assessment and support, limited crisis help, and poor continuity, leaving people feeling unsupported when they most needed care.

Actions taken:

We are improving access to care by making better use of community pharmacies and expanding alternatives to GP appointments. Almost all community pharmacies in North Wales now offer NHS advice and treatment for a wide range of common conditions, helping people get care quickly without needing to see a GP. Services such as sore throat testing, treatment for urinary tract infections, emergency medicine supplies and contraception are widely available, improving choice and convenience for patients.

The number of pharmacy consultations continues to grow, with thousands of people each month receiving timely support closer to home, reducing pressure on GP practices, urgent care and emergency departments. We are also expanding services where pharmacists can prescribe medicines directly, providing faster access to treatment and supporting continuity of care.

4. ENGAGEMENT ON STRATEGY AND SERVICE DEVELOPMENTS

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

4.1 Draft Strategic Intentions and Vision

The Health Board has begun early engagement with public sector partners, the third sector and community representatives to inform its future vision for health and wellbeing, with feedback to date broadly positive and welcoming the opportunity for early involvement. Consistent messages have emerged around the need for meaningful, inclusive co-production with communities, resourced partnerships - particularly with the third sector - and a clear focus on translating vision into tangible action. Stakeholders have also highlighted organisational capacity given current service pressures, alongside calls for a stronger emphasis on prevention and greater pace and urgency in driving change.

4.2 Women's Health Plan for Wales

The Health Board is developing its approach to Women's Health in response to the Welsh Government's Health Plan for Wales and has been gathering insight across North Wales through established networks including Gynae Voices and Maternity and Neonatal Voices. Feedback highlights concern about the lack of support for patients while on waiting lists, particularly in relation to long-term pain management and access to medication for conditions such as endometriosis and adenomyosis, with some describing this as a distressing and isolating experience.

In maternity services, feedback was mixed. Perinatal care was described very positively, with many patients feeling their wishes were respected and care was

excellent, though some concerns were raised about staff identification, and the consistency of support for skin-to-skin contact following birth, particularly after caesarean section. Patients also expressed a desire for clearer public information, including accessible birth statistics for North Wales.

- 4.3 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. Recent 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.

There remains a level of mistrust in the engagement and decision-making process, with a lack of confidence in the Health Board. Workforce and recruitment issues continue to be a central theme, with stakeholders expressing surprise that viable staffing solutions cannot be identified. Additionally, there is limited confidence in the proposed alternative models of care, particularly the use of care home beds as a replacement for local inpatient provision.

- 4.4 Service Change Engagement in Penley:** 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 EXECUTIVE COMMITTEE

Citizen feedback is now being gathered and analysed more systematically than ever before. The consistency of themes across PALS 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.
- **ENDORSE** the continued strengthening of citizen voice mechanisms, ensuring lived experience is embedded in service planning and transformation.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     4. Improving quality, outcomes and experience
	If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	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.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	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"/>	No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	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>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> 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

COMMUNITY CO-PRODUCTION

Date of Meeting	15 January 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Brian Laing – Strategic Partnerships Manager
Lead Executive Team Member name and title	Jane Moore – Executive Director of Public Health

Report Purpose	For Noting
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Executive Summary

This research conducted through the Bevan Commission (Exemplar Cohort 9) and with the support of Conwy & Denbighshire Public Service Board (PSB) looks at why & how we would aim to put communities (back) at the heart of transforming outcomes and comprises 2 parts:

- i) a comprehensive literature & evidence review which highlights **why** we would aim to do this, drawing upon insight into the impact and value of adopting co-productive approaches (both intrinsic personal outcome measures, and extrinsic socio-economic levels); and
- ii) practical insights at the hyper-local level in Towyn & Kinmel Bay through work conducted through Conwy & Denbighshire PSB with key local stakeholders (BCUHB, Llais, Conwy CBC, Town Council, CVSC, Housing Authorities, Police & Crime Commissioner etc) which are now being used to inform **how** we mobilise the system at local level to inform development of local Place Plans & Area Wellbeing Plans

The research concludes by providing insight & implications in relation to policy and practice which it is hoped can be used to inform and influence a shift towards the Health Board and our partners working together *alongside* communities in order to take shared collective accountability for improving outcomes.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
Conwy & Denbighshire PSB	30.10.25	Research findings to be used to inform development of Area Wellbeing Plans
Towyn & Kinnel Bay Town Council	10.12.25	Research findings to be used to inform development of Local Place Plan
Bay of Colwyn Town Council	11.12.25	Research findings to be used to inform development of Local Place Plan
BCUHB Executive Team	17.12.25	<p>Welcomed the research and its alignment with strategic priorities but emphasised the need to translate theory into practical action.</p> <p>Noted the importance of aligning this work with existing organisational frameworks, including engagement and commissioning strategies, and avoiding duplication.</p> <p>Agreed that future work should focus on testing approaches in high-need communities and ensuring inclusion of voices that are often underrepresented.</p> <p>Recognised the need for coordination with partners to avoid fragmented engagement and ensure communities feel involved rather than “done to.”</p>
BCUHB PPHP Committee	15.01.26	
Senedd – Bevan Commission Exemplar Showcase	22.01.26	



Acronyms / Glossary of Terms

Co-Production	The joint delivery of services by professionals and citizens, sharing power and responsibility throughout the process.
Community Engagement	The process of working collaboratively with groups of people affiliated by geographic proximity, special interests, or similar situations to address issues affecting their wellbeing.

COMMUNITY CO-PRODUCTION: PUTTING COMMUNITIES (BACK) AT THE HEART OF TRANSFORMING OUTCOMES

1. SITUATION

- 1.1 Wicked challenges require radical thinking. Our public services need to adapt and evolve to more relational and outcomes focussed models of planning and care delivery, and we need to do this alongside the communities we serve.
- 1.2 The strategy and policy direction in Wales requires public services to shift away from the traditional paternalistic models of statutory service delivery and into the realms of empowered communities with voice & agency to participate in the design & delivery of services to meet their needs, with shared accountability for outcomes.
- 1.3 The persistent challenge of health inequalities and the growing burden on health and social care systems necessitate a fundamental shift in how services are designed and delivered. Despite the strategic direction and policy commitments there remains a significant implementation gap and there is an evident lack of consistency and clarity regarding what constitutes effective community engagement and co-production. Definitions vary, and in some cases, are absent altogether, leading to fragmented approaches and limited scalability. This ambiguity often hampers the ability of stakeholders to evaluate impact and share learning across systems.
- 1.4 This review is intended to support that transformation by identifying effective community engagement and co-production methods, and evaluating their impact on improving population health and wellbeing. It aims to inform more collaborative, cross-sectoral approaches that empower communities and foster shared accountability for outcomes

2. BACKGROUND

- 2.1 By truly understanding what really matters to the community we can not only mobilise more effectively and collectively to deliver, we can also measure what matters. Performance can then be measured locally against what truly matters to our communities, rather than arbitrary Government targets, and we can begin to take shared accountability for improving outcomes.
- 2.2 The benefits of adopting robust community engagement and co-production methods are increasingly evident, however, the literature and practice reveal a spectrum of interpretations, ranging from tokenistic consultation to genuine power sharing partnerships.

3 SPECIFIC MATTERS FOR CONSIDERATION

3.1 In conclusion; the study notes that relationship building with communities and local partners does not 'just happen', it requires resourcing and long-term commitment. Dedicated staff-time is needed to work out how best to co-ordinate efforts with local partners to make the biggest collective impact on health and wellbeing outcomes and to reduce inequalities. There is an increasingly evident clinical and cost case to be made for skilled community development resources to support building of the connections between people and assets that lead to thriving communities.

3.2 i) **Structural Investment and Systems Integration**

Firstly, a sustained structural investment is required to move beyond short-term, project-based models. Embedding co-production and community participation within commissioning and regulatory frameworks, and allocating core funding to support community infrastructure and leadership development, are all considered essential steps towards embedding and institutionalising these practices.

3.3 ii) **Capacity Building and Workforce Development**

Secondly, capacity-building must be prioritised across both professional and community domains. The health and care workforce requires capacity and support for training in facilitative, relational, and power-sharing practices; while communities, particularly those which have been historically marginalised, must be supported to develop local leadership, organisational capacity, and participatory confidence.

3.4 iii) **Embedding Equity and Inclusion**

Equity must be embedded as a guiding principle across all stages of design, implementation, and evaluation. This includes prioritising engagement and participation in high-need communities, adopting intersectional approaches to understand differential impacts, and ensuring that power is re-balanced and shared meaningfully with those most affected by health inequalities. This shift represents not only a strategic imperative but a moral one: to ensure that health systems are shaped *with*, not merely *for*, the populations they serve.

3.5 iv) **Creating a Lasting Legacy**

Finally, these approaches must be adopted as a means to create a lasting legacy through evaluation, learning & accountability. In order to re-build and maintain trust, shared ownership and accountability, organisations should come together in partnership *alongside* empowered communities.

3.6 In order to achieve this, community partnerships should develop evaluation frameworks that capture long-term and relational outcomes, and can establish

feedback loops to inform iterative development of practice and evidence progress against shared longer-term goals and outcomes.

3.7 Suggestions for how this can be applied are detailed within the full Bevan Exemplar report and a '*Practical Framework for Embedding Principles of Co-Production*'.



4 KEY RISKS / MATTERS FOR ESCALATION

4.1 None identified






5 RECOMMENDATIONS

5.1 The Planning, Population Health and Partnerships Committee is asked to:

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

- Examples of this will be evidenced through development of the Health Board's Strategic Intent and implementation of associated strategies and plans, development of a Regional Prevention, Wellbeing & Anchor Framework, and through the Public Health Annual Report 2026/27 which will focus on Asset Based Community Development
- Explore opportunities to work with Primary and Community Care to consider how the implications of this research can inform development of local health and care services (for example through using co-productive approaches to development and delivery of 'Community by Design' as a major change programme)



ASSESSMENT	
Link to Strategic Priorities	    
	Choose an item.
	This work links to all 5 strategic priorities
Design Principles	Choose an item. People First and Inclusive Design.
Corporate Risks and Board Assurance Framework	None identified
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	Choose an item.
	A Healthier Wales, A Wales of More Cohesive Communities

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>EIA to be conducted in relation to any schemes arising from application of this model</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>SEIA to be conducted in relation to any schemes arising from application of this model</i>
<u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Enablers of Quality All Apply	Domains of Quality Person Centred
	If more than one applies, please list below:	If more than one applies, please list below:
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 <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 (Q2 25/26)

Dyddiad y Cyfarfod Date of Meeting	15 January 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)	28/11/25	Noted and performance information is being considered as part of developing core indicators.

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms	

Population Health Q2 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 report focuses on key performance indicators, use of grant funds which target population health and programmes of work which aim to delivery improved population health.

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
- Proposed items for Q3 report

- 3.2 The committee are asked to note the following items as the Q2 additional specific items:

- Report item 2.5 – Public Health Outcomes Framework full update (supported by Appendix B for detail)
- Report item 3.1 – Grant activity update

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).

5 **ARGYMHELLION RECOMMENDATIONS**

- 5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:

The Committee/Meeting/Group is asked to:

CYTUNO/AGREE the proposed items for Q3 report:

- Updated screening uptake figures (national data update expected Q3 25/26)
- Brief progress updates – Travel Charter and PSBs
- Diabetes Programme update
- An update on the contribution made to the BCUHB staff Influenza vaccination programme by the Health Protection Service



ASESIAD / ASSESSMENT

Cyswllt â'r Blaenoriaethau Strategol
Link to Strategic Priorities



2. Developing strategy and long-lasting change

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:

If more than one applies, please list below:

Strategic Objective 2 - Developing Strategy and long lasting change

Strategic Objective 4 - Improving quality, outcomes and experience.

Health Board Wellbeing Objectives:

- to improve physical, emotional and mental health and well-being for all.
- to target our resources to those with the greatest needs and reduce inequalities.
- to support children to have the best start in life.
- to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being.
- to listen to people and learn from their experiences.

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.

Yr Egwyddorion Dylunio
Design Principles

Choose an item.

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:

If more than one applies, please list below:

Fframwaith Risgiau
Corfforaethol a Sicrwydd y
Bwrdd
Corporate Risks and Board
Assurance Framework

CRR25-03 – Population Health

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

This may be caused by a failure to take appropriate



	<p><i>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 <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i></p> <p>Socio-Economic Impact Assessment</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</p>



<p><i>Have you undertaken a Socio-Economic Impact Assessment</i></p>		<p>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>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>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>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> 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>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</p>



<p>Have you considered the Armed Forces Covenant Due Regard Duty?</p>		<p>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>	



Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) <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 – Q2 2025/26 **Delivery Report**

Produced by the Public Health Directorate (October 2025)

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1.0 Quarterly Progress Update (to October 2025)

The Health Board Plan 25-28 continues to support 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 2 2025/26 there has been significant focus on:

1.1 Governance and Assurance

Establishment of the Prevention, Population Health and Early Intervention Executive Delivery Group (PDG). This group held its inaugural meeting in July and second meeting during September.

- July Meeting – focus on setting the scene, agreeing the Terms of Reference and outlining the schedule of business.
- September Meeting – provided focus on performance updates, Vaccs & Imms and Health Protection as we move into the Autumn/Winter months. Updates in relation to the Health Board Strategy and Health Board Plan development were received. The proposed revision to the Corporate Risk Register entry was also considered.


Future meetings will review a range of activity and reports from across the health board which relate to Ministerial priorities, local targeted programmes of work and performance metrics which will support future Population Health Quarterly Delivery reports to PPHP Committee.


PDG – Setting the Scene

1. Improve the health of the Population
2. Provide quality healthcare services

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graph LR; A[Prevention, Population Health & Early Interventions EDG] --- B[Executive Committee]; A --- C[PPHP Committee]; B --- D[Improve the Health of the Population]; C --- D;
```

- The shift to Prevention is a priority for the Board
- It has been identified throughout the IMTP
- There is an increasing focus on Prevention and Early intervention both Nationally (Ministerial Priorities, WG guidance and delivery requirements), and Locally (activity and resources supporting moves towards prevention)

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1.2 Delivery 25/26

Quarter 2 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

Progress against the two Ministerial Prevention Priorities and national performance measures relating to Prevention activity can be found in section Appendix A.

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.

These programmes of work will help to inform the wider health board plan, where there are opportunities for prevention and population health improvement.

During September, the Public Health Intelligence & Research Programme published Area Health and Wellbeing data packs to support development of plans. The packs include a wide range of information at health board, area and local authority level. The documents included are:

- BCUHB Needs Profile 2025 – the most up to date complete needs profile for BCUHB
- PHOF Tables, August 2025 - this provides a summary of the latest results from The Public (Population) Health Outcomes Framework for Wales
- Population profiles for each IHC area & for all of North Wales as slide sets
- Suggested actions to embed prevention to inform development of plans 2026/27
- Public Health Intelligence Resources – links to key data sources
- a link to the North Wales Regional Partnership Board Statistical Profiles for North Wales which provide data for unitary authority areas and primary care clusters.

2.0 Key Population Programmes - Performance Indicators (Metrics)

Charts can be found in Appendix A, 2.1. Headline Q2 information below:

2.1 Ministerial Priorities

Diabetes 8 Care Processes

The NICE eight care process are check 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 are:

Nine Annual Care Processes for all people with diabetes age 12 and over	
Responsibility of Diabetes Care Providers (included in the NDA 8 Care Processes)	
1 - HbA1c (blood test for glucose control)	5 - Urine Albumin/Creatinine Ratio (urine test for kidney function)
2 - Blood Pressure (measurement for cardiovascular risk)	6 - Foot Risk Surveillance (foot examination for foot ulcer risk)
3 - Serum Cholesterol (blood test for cardiovascular risk)	7 - Body Mass Index (measurement for cardiovascular risk)
4 - Serum Creatinine (blood test for kidney function)	8 - Smoking History (question for cardiovascular risk)
Responsibility of NHS Diabetes Eye Screening (screening register drawn from practices)	
9 - Digital Retinal Screening Photographic eye test for eye risk	

Completion of these checks is associated with a reduction in development 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 at month in 2024. However, BCU HB continues to rank 7th out of 7 in Wales against this metric, with just over 40% of people with diabetes

having all eight care processes recorded in their GP patient record. There has been an improved performance compared to the same month in 2024 within 12 of the 14 cluster areas in BCUHB.

There continues to be no clear pattern in completion of the eight care processes at a BCU or cluster level with each of the eight processes showing at least 80% completion at a BCU level.

Work is underway to access and interpret data at a more granular level, where available, in order to support completion and recording of the eight care processes in the GP patient record.

Integrated Vaccination Service

Covid-19

The Covid-19 Programme 2025-26 will commence on 1st October 2025 and will conclude on 31st January 2026. A total of 102,407 eligible citizens aged 75 years and over and/or those who are clinically immunosuppressed will be offered a single dose of the Covid-19 vaccine.

The target population uptake assigned by Welsh Government is 75%.

All eligible care home residents should be vaccinated by 17th October 2025.

- **By 21st November 2025:** All eligible citizens must be invited to an appointment scheduled on or before 14th December 2025.
- **Post 21st November 2025:** Any citizens not scheduled will be invited to a Health Board vaccination centre. This ensures 100% offer compliance, as required by Welsh Government.
- **From 1st December 2025:** Vaccination centres will accept walk-ins.

Influenza

The Flu Programme will run from 1st October 2025 to 31st March 2026. Eligible groups include:

- Frontline health and social care workers
- The immunocompromised
- Individuals aged 65 years and over

To maximise uptake and ensure timely vaccination ahead of peak flu circulation, vaccination of the following groups commenced September 2025:

- Health and social care staff aged under 65 years
- Pregnant women
- Children aged 2 and 3 years

Flu Vaccination for 2–3 Year Olds

LAIV nasal flu vaccination in primary care commences in September 2025, aiming for 75% uptake and completion by 1st November 2025.

Staff Uptake

The Staff Influenza 2025/26 Programme commenced on 11th September 2025 with a total of 21,300 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.

As of 13th October 2025, 2,592 BCU staff vaccinations (12.2%) have been administered with a total of 3, 771 vaccinations administered in total, which includes 1,179 doses administered to others, students, hospice and WAST. However, the programme is currently under target by 17,451 doses.

Org L4	Number Staff Vaccinated	Total staff in Org level group	Number of staff to vaccinate and hit 75% Target	Percentage staff vaccinated	Staff Group	Number Staff Vaccinated	Total staff in Org level group	Number of staff to vaccinate and hit 75% Target	Percentage staff vaccinated
					Administrative & Clerical	659	4213	2501	15.6%
					M&D Consultants	89	619	375	14.4%
					Estates & Ancillary	246	1718	1043	14.3%
Integrated Clinical Delivery - Primary Care	67	389	225	17.2%	Additional Professional, Scientific & Technical	129	908	552	14.2%
Health Community West	583	4047	2452	14.4%	Healthcare Scientists	46	347	214	13.3%
Integrated Clinical Delivery - Regional Care	208	1527	937	13.6%	Allied Health Professionals	188	1471	915	12.8%
Health Community Centre	634	5029	3138	12.6%	Students	5	40	25	12.5%
Corporate Services	261	2151	1352	12.1%	Additional Clinical Services (Non Nursing)	143	1158	726	12.3%
Health Community East	586	5094	3235	11.5%	M&D Middle Grades	35	309	197	11.3%
Midwifery and Womens Services	67	785	522	8.5%	Nursing & Midwifery	704	6697	4319	10.5%
Mental Health & LDS	186	2200	1464	8.5%	M&D Dental	4	40	26	10.0%
					M&D Resident Doctors	19	196	128	9.7%
					Additional Clinical Services (Nursing)	316	3387	2224	9.3%
					M&D GPs	9	119	80	7.6%

Pre-School Childhood Immunisation Programme

Training and Awareness

Comprehensive training sessions were delivered to Health Visitors, School Nursing and General Practice staff to support phase 1 changes to the childhood immunisation schedule. Key updates included the cessation of the Hib/Men C vaccine from 1st July 2025 and revised administration of Men B and PCV vaccines at the 12- and 16-month appointments.

In-person training was provided to Practice Nurses, Health Visits and School Nursing Teams, focused on improving pre-school booster uptake, addressing vaccine hesitancy, equity and literacy.

Targeted Support

Post implementation, a small number of vaccine errors were identified, primarily related to timing and administration. Targeted training was provided to mitigate recurrence.

Measles Prevention

In response to rising measles cases in Cheshire and Merseyside, proactive measures were initiated. Public Health Wales (PHW) provided local uptake and identified vulnerable populations. GP practices with low MMR coverage were supported by the Integrated Vaccination Service to support first dose uptake.

GP Practices with lower MMR uptake were contacted and encouraged to engage with families. This initiative was supported by the Integrated Vaccination Service, with a particular focus on increasing uptake of the first dose of MMR.

Data Management

Staffing constraints limited data cleansing prior to quarter two reporting, potentially impacting uptake accuracy.

Public Engagement

Practitioners represented the immunisation programme at summer public awareness events held across North Wales, promoting vaccine uptake and addressing public concerns.

School-Age Immunisation Programme

HPV

Catch Up Delivery

Catch up sessions were held across all three geographical areas during the school summer holidays along with mop up visits to families unable to attend scheduled appointments.

School Engagement

School Immunisation Teams began attending parent's evenings to enhance visibility and engagement. Targeted collaboration with schools presenting low uptake is underway, focusing on tailored interventions to improve access.

Data Sharing and Training

HPV uptake data was shared during joint training sessions with School Nursing and Immunisation Teams, enabling targeted planning and improved coverage strategies.

2.2 Quadruple Aim

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

Colonoscopy Screening

Bowel screening coverage and uptake data is summarised in Appendix A, 2.2.

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.

Colonoscopy figures improved by 0.2 % in June 2025, compared to June 2024. BCUHB is 82.4% lower than the national average for the percentage of adults offered a colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner appointment.

Hearing Screening

In June 2025, 98.3 % of babies who entered the Newborn Hearing Screening Programme were screened within 4 weeks (see Appendix A, 2.2). This position is 8.3 % higher than the national target (90%) and is higher than the all-Wales average of 96.8 %. In May 2025, BCUHB ranked 5 out of 7 Health Boards in Wales, 0.9% lower than the Health Board ranked 1st.

Smoking

During Q1& Q2 (Q2 not complete 25/26 1,960 smokers were treated by HMQ Services, which is 2.90% of the treated target rate. This treated rate provides an indication that our Services are on target to achieve 5% target rate by year end. The self-reported quit rate 43.5%, with the CO-validated quit rate at 21.9%. The percentage of CO-validated quit rate remains low at 21.9% (n=852) against a target rate of 40%, this is reflected in other Health Board areas where telephone support remains a popular choice with service users. It is expected that the national Pharmacy Level 2 local enhanced service will support achievement of this target when implemented prior to end of financial year. Pharmacies will be offering CO validation to service users upon collection of their stop smoking medications.

The Homely Remedy policy is near ratification, and this will support the delivery of the HMQ in Hospital work programme. Agreement has been gained to include the Nicotine Replacement

Therapy (NRT) offer within BCU Electronic Prescribing Medicines Administration system (EPMA); this will be the first in Wales. The expectation is that EPMA will be live in the East in Q3. This will support the delivery of the national Smoking in Secondary care programme. Successful recruitment to vacant posts in both secondary care and mental health services utilising Prevention and Early Years (PEY) funding, however, there are ongoing challenges with the non-recurrent nature of this funding and staff retention. The vacancies in these services have resulted in lower numbers of smokers from this setting supported to quit smoking compared to previous year. Given this issue there are discussions with Nurse Directors re: the need for referrals to the service as opposed to HMQ advisors needing to trawl through notes to identify the smokers on the wards.

The smoking in pregnancy incentivisation pilot report has been shared with colleagues at Welsh Government and taken to Women's Board. It should be noted that a decline has been seen in the numbers of women coming forward to verify their four-week quit following pilot end.

Women's and HMQ Services meet regularly to deliver the Reducing Smoking in Pregnancy programme embedded within the Saving Babies Lives (SBL) delivery plan, with a focus on outcomes. However, despite this work smoking in pregnancy rates in BCUHB are higher than in any other Health Board in Wales with 18% of women smoking at initial assessment and 15.8% smoking at birth compared to all Wales rates of 13.1% and 12.2%. 16.3% of women stopped smoking during pregnancy compared to 17.0% in Wales. In view of this it's been agreed that Women's Directorate will lead on the development of a Smoking in Pregnancy improvement plan to address continued high prevalence.

Planning is underway with primary care clusters and GP practices to roll out the Help Me Quit in Primary Care pilot which was delivered in four practices in March '25. This pilot which consisted of sending SMS text messages to smokers resulted in 1.25% of all smokers targeted requesting help to quit smoking on the HMQ website. This conversation rate is considered good against industry standards and cost per text is low. An evaluation report has been shared locally and nationally with Primary Care colleagues, Tobacco Control Leads in Public Health Wales and Welsh Government.

There are ongoing discussions regarding integrating current HMQ Service offer into the Probation Service Health Hubs across North Wales. The offer for Approved Premises is still being discussed with ongoing discussions on appropriate risk assessments. HMQ Service continues to implement the cultural competency framework embedding health inequality values in all its areas of work.

The Communications department continue to deliver a broad programme of communication and engagement activities in support of HMQ Services as outlined in the agreed annual communications plan. During September and October, this includes local radio, online audio, out of home and social media, targeted to areas of high prevalence. A HMQ Service roadshow is also planned across the region providing an opportunity for smokers in workplaces and local communities to engage with the Service. The activity will focus on high prevalence areas and dovetail and support national communications activity delivered by Public Health Wales.

2.3 Weight

In common with weight management services across the UK, demand for BCU weight management services significantly outstrips capacity. Despite significant efforts to increase efficiency, waiting lists continue increase (See tables 1, 2 and 3). In Q1 25/26 referrals to the adult weight management service increased again by 22% to 1,893 compared to 1,549 in Q1

of 24/25. This includes 457 referrals for patients with BMI over 45 compared to 290 referrals in this category in the previous year.

In Q1 25/26 the Weight Management Service supported the following:

- 350 patients started the Kind Eating programme (adult level 2)
- 100 patients accessed Second Nature (digital adult level 2)
- 43 new patients were supported by the pregnancy weight management service
- 31 new patients started the Level 3 weight management programme for children and young people
- 55 new patients were assessed by the Level 3 adult weight management service including 14 patients for post-bariatric surgery follow-up.

Of the 1,066 patients who started the KindEating programme in 2024, 466 completed the core 12-week programme and provided data achieving an average weight loss of 4.2kg (3.6%) at 12 weeks. 321 patients completed an evaluation form with 96% reporting they would recommend the programme to a friend or relative. Data for 508 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 8.45kg (7.03%) at 12 months. Data for 107 patients who completed the core 12-week Second Nature digital programme shows patients achieve an average 5.3kg (5.5%) weight loss. In the Level 3 service for children and young people, 75% of those who completed the 12-month programme since service inception (n=40) maintained or reduced BMI z score.

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 to include recruitment of a data-coordinator, additional psychology, dietetic and therapy assistants, these roles have started in September 2025. 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 will be commissioned with PEY funding underspend, and the eligibility criteria will be widened to allow patients with BMI 30-45 to choose this option.

The Help with my Weight team (adult level 2) have been 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 Public Health Wales Weight Management Services review report has been delayed and expected end of October.

2.4 Health Protection Indicators

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

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

Headline objectives for 2025/26 include:

- Developing capacity within the Health Board to prepare for 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
- Developing collaborative, evidence-based approaches to protecting and preventing ill-health within specific sectors and settings in North Wales

Key indicators from quarter 1 include:

No.	Health Protection Service Programme Objective	Project/ Priority Area	Indicator (Annual Target)	Outputs for Quarter 1 (April – May only)	Outputs for Quarter 2 (July – Sept)
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	41 out of 225 care homes received interventions. 18% complete.	148 out of 222 care homes have received an IPC review 64.2 % complete.
			75% of residential care homes identified for follow-up to have received a follow-up intervention by 31 st March 2026	0% complete	95/222 care homes have received IPC follow up contact 42.79 % complete
			40% of residential care homes represented at IPC Champions training sessions by 31 st March 2026	45 out of 225 residential care homes represented at IPC champions training sessions 20%	50 out of 222 care homes have engaged with IPC champions training sessions 22.52%
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	32	71
			60 Hepatitis B and C samples obtained during targeted community sampling	20	58

	and emerging health protection threats and hazards.		projects by 31 st March 2026		
			30 Hepatitis B vaccinations provided through substance misuse services and related venues/projects by 31 st March 2026	6	13
		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)	Flu not due to start until Q3	Flu not due to start until Q3
			Provision of 1,000 additional childhood immunisations in support of school nursing services by 31 st March 2026	429	578
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	A strategic preparedness group has been established and terms of reference produced. Group are to commence a mapping exercise to consider current resources within the Health Board	Focus of the strategic group has moved from the development of plans to focussing on preparedness activities (there already exists plans within BCUHB for managing communicable diseases, however awareness of, and compliance with these plans requires improvement. Work undertaken to improve preparedness measures for measles cases in North Wales.
		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%	100%

Other Health Protection Data – for information

No	Health Protection Service – Function	Workstream	Overview	Outputs for Quarter 1 (April – May only)	Outputs for Quarter 2 (July – Sept)
1.	Sampling and Assessment	Sampling response to outbreaks and wider health protection threats in North Wales	Number of clinical samples obtained to support the health protection response to outbreaks/threats.	12	16
2.	Protect	Incident management support	IPC advice provided to care homes in Acute Respiratory Illness incidents.	4	13
			Number of COVID-19 incidents managed by the Health Protection Service	1	5

2.5 Public Health Outcomes Framework (PHOF)

The PPHP Committee is updated fully in relation to BCUHB position against the PHOF. The full report can be found in Appendix B.

Of note are the following indicators which are significantly higher or lower compared to Wales:

BCUHB statistically significantly better than Wales	
Overarching Outcomes	Life Expectancy at Birth: Males (Years)
Living conditions that support and contribute to health now for the future	Percentage of people able to afford everyday goods and activities
Ways of living that improve health	NIL
Health throughout the life-course	Deaths from injuries, rate per 100,000 persons Avoidable mortality, rate per 100,000 persons Preventable mortality, rate per 100,000 persons

BCUHB statistically significantly worse than Wales	
Overarching Outcomes	NIL
Living conditions that support and contribute to health now for the future	NIL
Ways of living that improve health	Percentage of 11-16 year olds using alcohol Percentage of 11-16 year olds who smoke Percentage of 11-16 year olds drinking sugary drinks once a day or more Percentage of adults (aged 16 years and over) meeting physical activity guidelines Percentage of adults (aged 16 years and over) eating 5 fruit or vegetable portions a day
Health throughout the life-course	NIL

The following indicators were updated in September, 2025:

- o Life expectancy by WIMD (Wales only)
- o Healthy life expectancy by WIMD (Wales only)
- o The gap in life expectancy by WIMD (Wales only)
- o The gap in healthy life expectancy by WIMD (Wales only)
- o Gap in employment rate for those with a long-term health condition

- o Teenage conceptions
- o Breastfeeding at 10 days
- o Vaccination rates at age 4 years
- o Low birth weight
- o Avoidable, preventable and treatment mortality

2.6 Local Area Planning

During Q1 and 2 25/26 the Public Health Directorate responded to and influenced 15 planning applications of public health significance and one Local Development Plan Consultation.

2025 –2026 Planning applications	24/25 Q4	25/26 Q1	25/26 Q2	25/26 Q3	26/27 Q4	Total
Total	5	10	6			

The process for how the Public Health Directorate respond to planning applications has been updated and rolled out to the whole team to allow sharing the responsibility and to build capacity and capability across the team. This new process was rolled out during quarter one 2025/2026

3.0 Population Health Updates

3.1 Grant Activity

The BCUHB Public Health Directorate is the recipient of several non-recurrent grants from external agencies and is responsible for ensuring local delivery of national priorities. The Health Improvement Programme (HIP) has responsibility for the Prevention and Early Years (PEY) grant and three school grants with activity delivered by commissioned partners and Directorate staff. The HIP defined a project to review these non-recurrent grants with the aim of delivering improved processes for more effective budgetary and performance management systems to include Prevention and Early Years (PEY), Whole School Approach to Emotional Health and Wellbeing (WSAEMWB), Gwynedd Welsh Network Health & Wellbeing promoting schools (HSSPSS) and Gwynedd Healthy and Sustainable pre-schools (HSSPSS) grants.

This project delivered the following for both PEY and WSAEMWB grants:

- o Meetings held with all Service Leads during April/May to discuss project implementation.
- o Desktop review of all grants undertaken and paper taken to PRMG.
- o Grant master spreadsheet developed to include all elements of project details.
- o Development of Memorandum of Understanding (MoUs) with internal and external partners. Internal MoUs were the first of their kind within BCUHB. MoUs were developed in conjunction with the Contracts Department, and input from the Transformation Team. Partners include; Women’s Directorate, Public Health Dietetics, Weight Management Service, Help Me Quit Service, Hospital Management Teams, and Parentships, Engagement and Communications Department and six Local Authorities. MoUs detail the expectations of the grant, including updates on the delivery of the funded project against KPI’s/outcomes and project expenditure.
- o Quarterly meetings held with Service leads and implementation of quarterly reporting to include project delivery and expenditure reports.
- o A PEY grant management Standard Operating Procedure (SOP) developed.

- o Preparatory work for internal review of PEY grants funded activity
- o A further review of all PEY projects is currently being undertaken by Specialist Public Health Registrar to inform commissioning intentions for 25/26 if PEY funding is available.

3.1.1 Audit

Internal auditors conducted a review of Public Health: Prevention and Early Intervention- grant funded activity during August. The scope was to review the use of grant funding for the delivery of Prevention and Early Intervention of Public Health programmes and how this is monitored across the Health Board. Objectives of the area under review:

- Grant funds allocated to service areas across the Health Board via management through the Public Health Directorate are used appropriately and support the objectives and expected outcomes outlined for agreed funding.
- There is effective oversight and monitoring on the use of these funds / outcomes to ensure the accountable Director can provide assurance to report to Welsh Government / Public Health Wales that the agreed funding has been utilised appropriately.

Purpose
To review the use of grant funding for the delivery of Prevention and Early Intervention Public Health programmes, and how this is monitored across the Health Board.

Overview
We have concluded **reasonable assurance** on this area. The matter requiring management attention include:

- Some posts are not permanent and are only offered on a fixed term basis due to their reliance on recurrent grant funding. If staff leave or posts are vacant, expected delivery of outcomes may stall.

Overall, the findings are positive. Oversight and monitoring arrangements for both the Healthy Weight: Healthy Wales Whole System Approach (HWHW WSA) grant and the Prevention and Early Years (PEY) grant reviewed as part of this audit are well established, with regular reporting through the Health Board's governance structure. Progress updates and financial monitoring discussions are documented, with issues such as sustainability of posts and reliance on non-recurrent funding escalated where appropriate.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Grant funds allocated to service areas across the Health Board via management through the Public Health Directorate are used appropriately and support the objectives and expected outcomes outlined for agreed funding	1	Reasonable
2 There is effective oversight and monitoring on the use of these funds / outcomes to ensure the accountable Director can provide assurance to report to Welsh Government / Public Health Wales that the agreed funding has been utilised appropriately.	-	Substantial

Management Actions

1 High Priority - Medium Priority

Themes

1 Resourcing

Risk Types

Quality or Safety Issues

The audit concluded reasonable assurance with the matter requiring management attention as follows:

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Recurrent Funding Not all posts are permanent and are offered on a fixed term basis. Delays in funding allocation from the Welsh Government</p>	<p>There is a risk of non-delivery of key national targets</p>	<p>Agreed Action: Public Health Directorate to request the development of plans from service areas at risk, which prepare for the following:</p>
3		
<p>has posed challenges to filling these positions. The Head of Public Health Assurance & Development informed us that there had been instances of established staff leaving their posts due to the uncertainty around their role caused by funding delays (we have not verified this). If staff leave or posts are vacant, delivery of outcomes would stall, as there are few other budget lines for external commissioning or system delivery.</p>	<p>without the required trained staff, and potential cost pressure on the Health Board.</p>	<ul style="list-style-type: none"> Continuation of non-recurrent grant funding at the same level Reduction of non-recurrent grant funding Discontinuation / withdrawal of non-recurrent grant funding <p>Plans will reference:</p> <ul style="list-style-type: none"> How each scenario will impact on staffing levels and mitigation of the associated risks Options for the continuation of delivery against key national targets <p>This will include confirmation of the position in relation to the HWHW staff within the Public Health Directorate.</p> <p>Public Health to highlight risks to W&OD in relation to fixed term contracts funded via grants.</p> <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> Plans are received from each service area within input from Public Health Directorate. Evidence of risk escalation to W&OD.
<p>Theme: Resourcing</p>	<p>High Priority Control Design</p>	<p>Officer: Executive Director of Public Health Target Implementation Date: 31/1/2026</p>

3.1.2 Prevention & Early Years Grant

The PEY funding supports the delivery of the Tobacco Control Strategy and Healthy Weight Healthy Wales Strategies both of which are due for renewal by Welsh Government. The Directorate commissions internal services to deliver against these two national strategies as follows:

- Help Me Quit Services - Employment of HMQ Secondary care advisors, HMQ Mental Health advisors and Help Me Quit in Primary Care project
- Partnerships, Engagement and Communications Department – HMQ Communications plan to target smokers
- Hospital Management Team – Employment of Smoke Free Environment Officers on three DGH sites supporting compliance with smoke free legislation
- Weight Management Services - Employment of staff to support delivery of Level 2 Children & Young People’s Service, Level 2 Pregnancy Weight Management Service, Level 2 Adult Service
- Public Health Dietetics – Employment of staff to deliver Tiny Tums, Come and Cook programmes and Food and Nutrition skills training
- Women’s Directorate – Funding Infant Feeding Support Worker Teams in three DGH sites

Details on programmes of work delivered by the Help Me Quit Services, Partnerships, Engagement and Communications Department and Weight Management Services are included in section 2 of this report.

The Smoke Free Environment Officers provide information and assistance regarding smoke free law to staff, patients and visitors, as well as ensuring there is no smoking on hospital sites, challenging incidence as required. Highlights from Q1 reports as follows:

- WMH - 247 interactions. Feedback includes refusal to stop smoking when approached and racist comments made towards Officer. Challenges with both staff, patients and visitors reported.

- YGC – no data available at time of reporting. Highlights the challenges with compliance on the hospital site. Staff smoking areas identified and removed.
- YG - 225 interactions. Additional security requirement noted to keep the Officer safe. Highlighted risk of Officer not remaining in post due to negative perception of the role.

Public Health Dietetics have delivered one Community Food and Nutrition Skills course. Several pre-school settings have achieved Tiny Tums status, however, data not available until Q2.

Women's Directorate are funded to deliver breastfeeding support to mothers between birth and ten days. Infant Feeding Support Worker Teams were based on the Maternity Wards in the YGC and WMH, and this year it was agreed to fund a replicate team in YG to ensure equity of provision across BCUHB. Challenges have been faced with recruiting to short term funded posts and the negative impact this has on delivery of the project this highlighting the need to secure core funding to reduce vacancies. A report on the impact of the Infant Feeding Support Team at Ysbyty Glan Clwyd is due shortly.

3.1.3 Healthy Schools

Welsh Network Health and Well-being Promoting Schools

Continued support is provided to all Gwynedd schools to embed whole-school approaches to emotional health and mental well-being. Sixty-three schools have been targeted through one-to-one support and cluster work. There are nine primary schools which need to finalise their action plans to achieved national target of 100% schools having developed an action plan to support whole school approach to mental health and wellbeing.

Alongside this, the team are strengthening the delivery of Relationships and Sexuality Education by encouraging schools to update audits, develop curriculum plans and access new resources. Training has been provided to school staff in three schools and to school nurses on the BROOK Traffic Light tool. In addition, the School Health Research Network (SHRN) data is utilised to support improvement with support provided to primary schools to interpret results and develop action plans. Work also continues to promote SHRN participation across all 14 secondary schools.

Partnership working remains central with regular collaboration with the Gwynedd Education Services, School Nursing Services, CAMHS, Jiysi and Police Liaison. These relationships ensure consistent support for schools and alignment with wider public health priorities. There is ongoing contribution to the development of the new national standards for health and well-being with preparatory work been undertaken for their arrival.

Healthy and Sustainable Pre School Scheme

Thirty-four pre-school settings are supported by the team; 10 of these recruited this year. Progress is supported in all settings with 42 certificates awarded in person to settings that have completed phases of the programme.

Whole School Approach to Emotional and Mental Health and Wellbeing

Good progress has been made in embedding the Whole School Approach to Emotional and Mental Wellbeing across North Wales, with high engagement reported by all local authorities. Schools have been supported through one-to-one work, cluster forums and targeted visits, with particularly strong uptake in Flintshire, Wrexham and Gwynedd. Early foundations have also been laid for the new Relationships and School Connectedness priority, with pilot initiatives launched to shape future activity.

To strengthen accountability and governance of this grant, which is held by the Public Health Directorate, a Memorandum of Understanding have been agreed and signed with all six local authorities. Quarterly meetings are held with authority leads to ensure oversight of delivery and alignment with national priorities.

Regionally, these programmes were presented to the Children's Advisory Group (CAG). Healthy Schools Coordinators have also been invited to join the three Children's Community Groups (West, Central and East), creating a clear operational platform for joint working that links directly into CAG.

3.1.4 Healthy Weight Healthy Wales Whole system approach (HWHW WSA)

Progress against the agreed delivery plan continues:

- Successful delivery of HWHW WSA grant funded programme for quarters 1 and 2
- Next stage of system mapping (Causal Loop) workshops held
- Re-establishment of Priority Sub-system Working Groups
- Ripple Effect Mapping completed for HWHW WSA Strategic Partnership Group
- Co-delivery of HIA Workshop for Conwy Replacement Local Development Plan
- Three Consultations responded to:
 - Healthy Eating in Schools
 - Soft Drinks Industry Levy
 - Brand Advertising Exemptions
- Co-production of a Healthy Food and Active Environments Best Practice Guide and Checklist with Anglesey Council
- Co-production of a Whole School Food and Fitness Policy with Anglesey Council
- Scoping review of Food Partnerships completed
- Presented at PHW School Food Environments to Shape Healthier Futures: Sharing Learning from Evidence to Action re: Eating Well and Being Active in Schools priority sub-system
- Annual update delivered to Gwynedd and Anglesey Public Services Board (PSB)

3.1.5 Arts in Health & Wellbeing

Delivery of Arts, Health and Wellbeing Strategic Framework, working in partnership, raising the profile of arts in health, contributing to national, local, and regional conversations and programmes of work, and developing evidence-based projects and initiatives. Key successes during Q1 and Q2 include:

- Leading on a case study for the National Arts in Hospitals (NAHN) guidance launched July 2025, on the all-Wales Capacity Building programme, working with national partners and Health Boards
- Launch of Creative Well Forum for BCUHB staff to nurture and support engagement with arts and creativity in health settings for the benefit of patients, staff, visitors and citizens of North Wales. Linked to our collaborative PhD project with Wrexham University and ACE Hub Wales on creative approaches to staff wellbeing using a trauma informed lens
- Working collaboratively to deliver a range of funded projects focusing on mental health and wellbeing, vulnerable groups and those experiencing health inequalities, and making connections to nature and green health, and being active, using the 5 Ways to Wellbeing. Highlights include:

- Arts and Minds at Tŷ Llywelyn, men's medium secure unit- independent evaluation demonstrating positive impacts on patients and staff.
- Coming to Our Senses – a creative mindfulness project for BCUHB staff, led by Theatr Cynefin and evaluated by Bangor University with plans to support follow on funding proposal
- Arts, Health and Wellbeing Partner Steering Group continues to meet and delivered a collaborative session at the National Eisteddfod, Wrexham at the Lle Celf
- Secured a further year of Arts Council of Wales Capacity Building funds to extend Senior Project Support Officer role to September 2026. Arts in Health Strategic Lead role successfully embedded within Health Inequalities Delivery Lead post commencing September 2025.

4.0 Key Risks

The Corporate Risk Register has been reviewed and is undergoing refresh. The two Prevention and Population health risks are proposed to be replaced by one over-arching risk.

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

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

5.0 Quarter 3 25/26 Delivery Report


In the next report we will provide:

- Updated screening uptake figures (national data update expected Q3 25/26)
- Brief progress updates – Travel Charter and PSBs
- Diabetes Programme update
- An update on the contribution made to the BCUHB staff Influenza vaccination programme by the Health Protection Service

Appendix A – Performance Metrics

Performance Indicators (Metrics)

2.1 National Measures



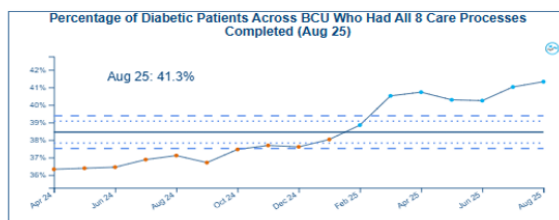
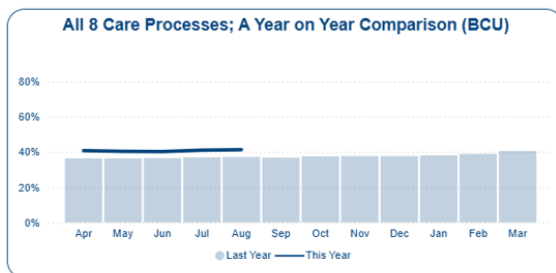
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Performance Measures

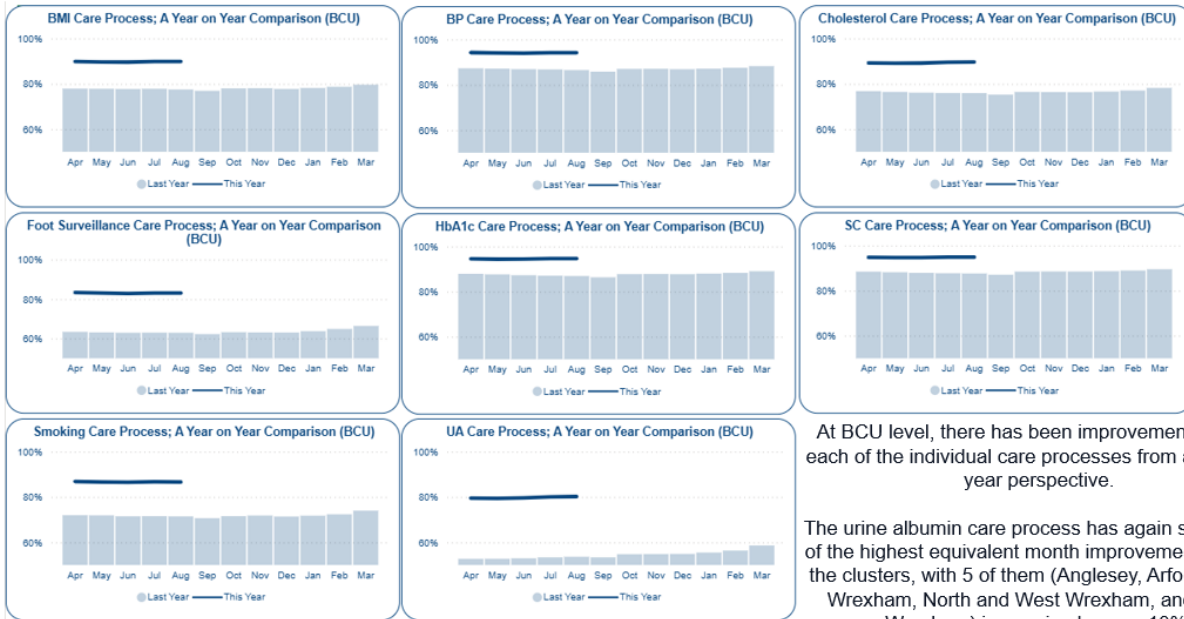
- Ministerial Priorities – Prevention
- National Performance Framework – Quadruple Aim 1 [Quadruple Aim 1 - Performance Measures.docx](#)

Ministerial Priorities 25/26: Diabetes - 8 Care Process Completion



Performance against this metric continues to improve and achieve the National target of 'improvement compared to the same month in the previous year'.

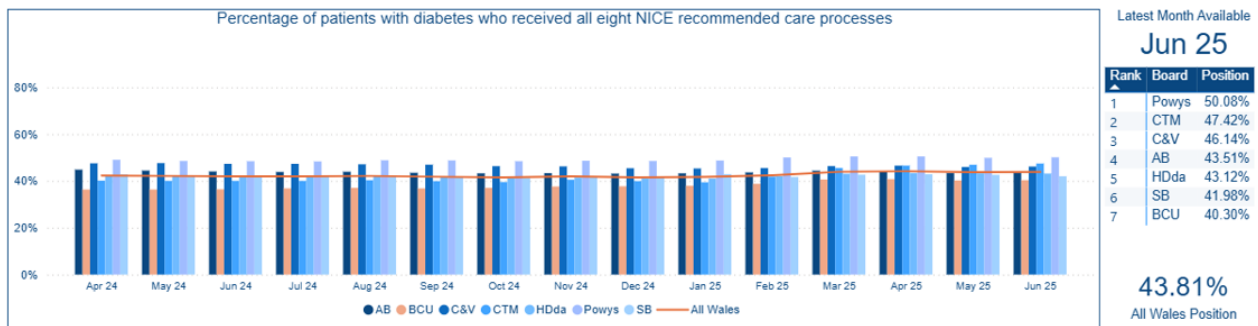
Ministerial Priorities 25/26: Diabetes - 8 Care Process Completion



At BCU level, there has been improvement against each of the individual care processes from a year-on-year perspective.

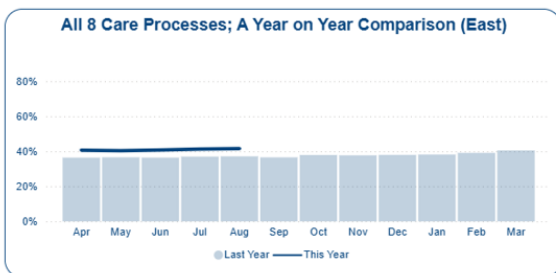
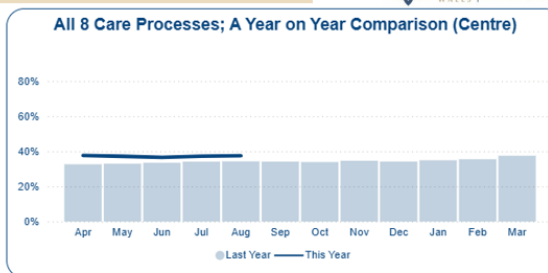
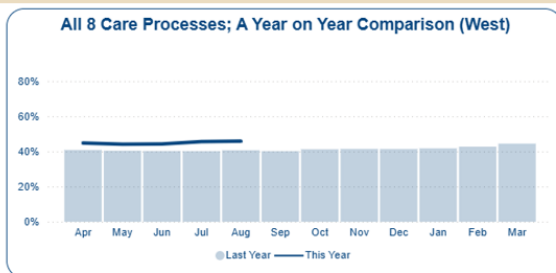
The urine albumin care process has again seen some of the highest equivalent month improvements across the clusters, with 5 of them (Anglesey, Arfon, Central Wrexham, North and West Wrexham, and South Wrexham) increasing by over 10%.

Ministerial Priorities 25/26: Diabetes - 8 Care Process Completion



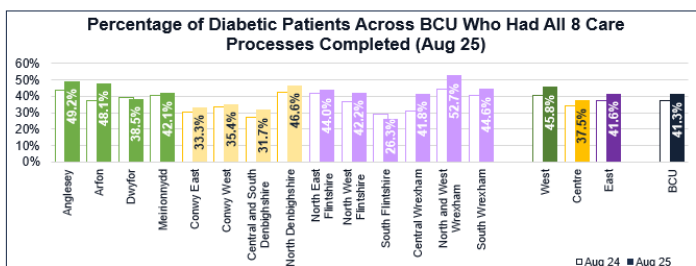
In June 2025 BCUHB ranked 7th of 7 Health Boards for performance against this metric, almost 10% lower than the Board ranked 1st.

Ministerial Priorities 25/26: Diabetes - 8 Care Process Completion



All three IHCs show year on year equivalent month improvement for all 8 of the care processes, both combined and individually.

Ministerial Priorities 25/26: Diabetes - 8 Care Process Completion



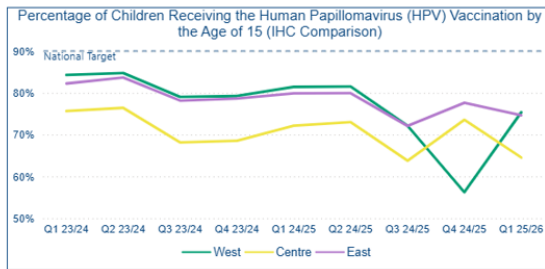
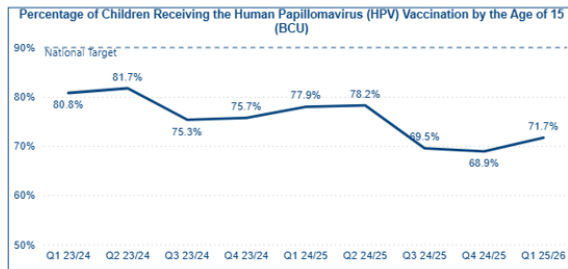
Twelve of fourteen clusters show improved position at August 2025 compared to last year with respect to the completion of all 8 diabetic care processes.

South Flintshire shows equivalent month deterioration in 7 of the 8 individual care processes, with foot surveillance being the only improving position year on year. With regards benchmarking against the other clusters it has moved from rank 14th (of 14) in June 2025 to 13th in August 2025

Dwyfor shows no significant movement either way (common cause variation)

Only Arfon, Central Wrexham, and North & West Wrexham show equivalent month increase across all 8 individual care processes (as they did in June 25).

Ministerial Priorities 25/26: HPV Vaccinations



At Quarter 1 2025/26 the BCU position against this metric was 71.7% (18.3% below the National target of 90%, and 6.2% below the position in 2024/25)

In Q4 2024/25 BCU ranked 5th of 7 Health Boards for performance against this metric, 14.8% lower than the Board ranked 1st.

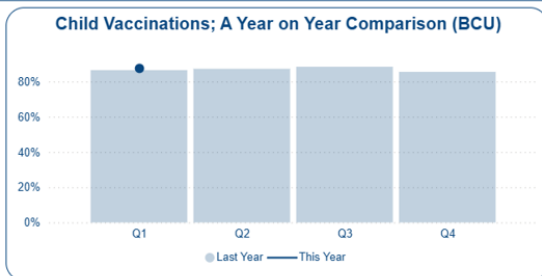
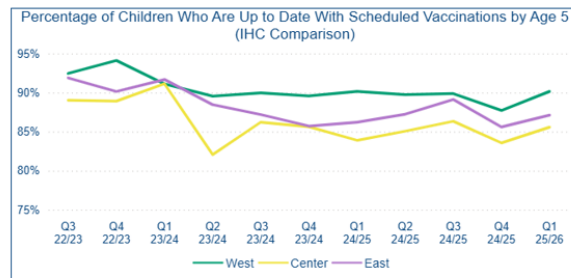
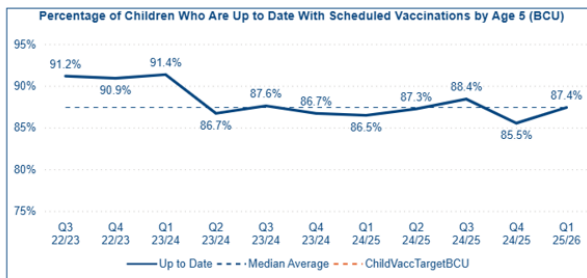
Rank	Board	Position
1	SB	85.60%
2	CTM	79.40%
3	Powys	77.30%
4	HDda	74.10%
5	BCU	70.80%
6	C&V	68.80%
7	AB	66.10%

73.10%
All Wales Position

Sources: COVER reports (PHW) and WG Organisation Performance Reports

12

Ministerial Priorities 25/26: Child Vaccinations



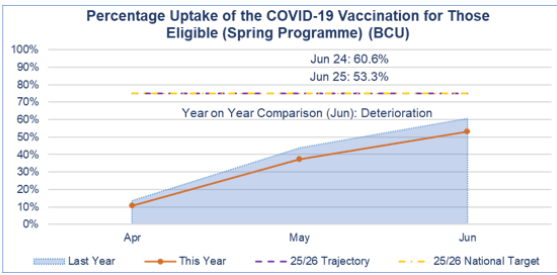
In Q1 2025/26 the BCU position against this metric was 87.4% (7.6% below the National target of 95%). Local Authority performance ranged from 83.6% (Conwy) to 91.3% (Anglesey).

In Q4 2024/25 BCU ranked 3rd of 7 Health Boards for performance against this metric..

Rank	Board	Position
1	CTM	90.30%
2	Powys	89.60%
3	BCU	89.50%
4	SB	88.10%
5	AB	86.50%
6	HDda	85.60%
7	C&V	84.60%

87.50%
All Wales Position

Ministerial Priorities 25/26: Vaccinations

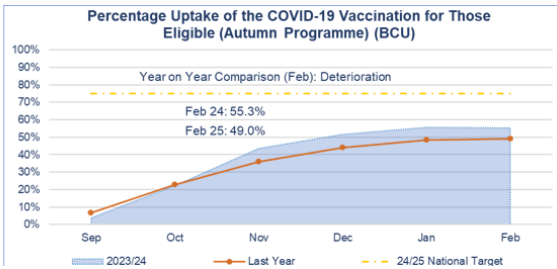


In June 2025 the BCU position against this metric was 53.3%, which is lower than the June 24 position

Rank	Board	Position
1	C&V	55.96%
2	Powys	55.69%
3	AB	55.53%
4	CTM	54.40%
5	BCU	53.31%
6	SB	53.16%
7	HDda	38.97%

In June 2025, BCU ranked 5th of 7 Health Boards for performance against this metric, 2.7% lower than the Board ranked 1st and above the all Wales average.

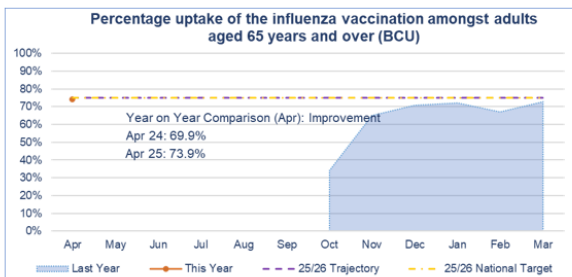
52.27%
All Wales Position



In Feb 2025 the BCU position against this metric was 49.0%, which is lower than the Feb 24 position

In Feb 2025 BCU ranked 2nd of 7 Health Boards for performance against this metric, 1.6% lower than the Board ranked 1st.

Ministerial Priorities 25/26: Vaccinations



In April 2025 the BCU position against this metric was 73.9%, which is higher than the May 24 position, and just 1.1% lower than the National target.

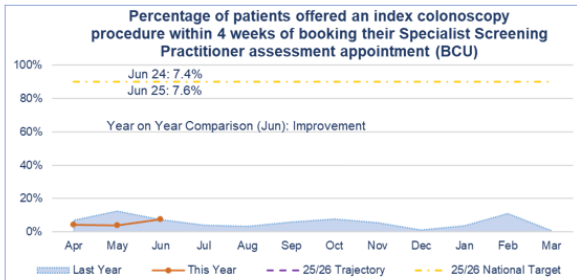
Rank	Board	Position
1	BCU	73.00%
2	AB	72.90%
3	C&V	70.00%
4	CTM	69.40%
5	Powys	69.20%
6	SB	68.50%
7	HDda	65.40%

In March 2025 BCU ranked 1st of 7 Health Boards for performance against this metric

70.30%
All Wales Position

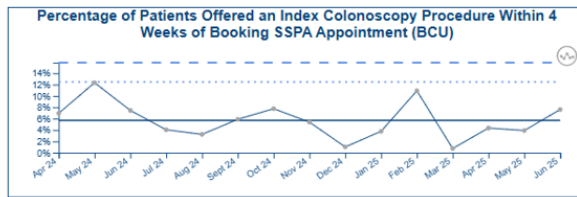
2.2 Quadruple Aim

Quadruple Aim 1: Screening - Colonoscopy



In June 2025 the BCU position against this metric was 7.6%, which is higher than the June 24 position of 7.4%. The position is 82.4% lower than the National target.

In May 2025 BCU ranked 4th of 7 Health Boards for performance against this metric, 7% lower than the Health Board ranked 1st.



Rank	Board	Position
1	AB	10.87%
2	SB	6.90%
3	HDda	3.94%
4	BCU	3.91%
5	CTM	1.05%
6	C&V	0.00%

3.86%
All Wales Position

Table 1 Coverage (2022-23) and Uptake (2023-24) Data for Bowel Screening Programme. Cancer Detection Rate 2022-23. Source: [Bowel Screening Programme Reports](#)

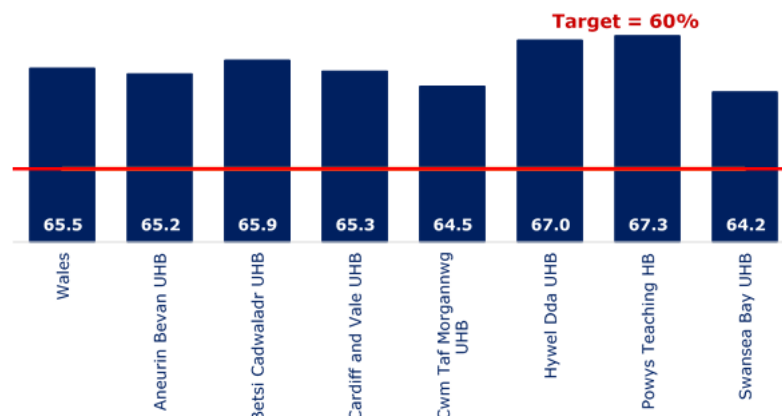
	BCUHB	Wales	Target
Coverage (%)*	63.2	63.1	60
Uptake (%)**	65.9	65.5	60
Cancer Detection rate (%)	-	10.1	-

*Coverage = those that are resident in Wales at the time of reporting, that are not currently ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement out of Wales or death and are between invite age range 55 to 74 years

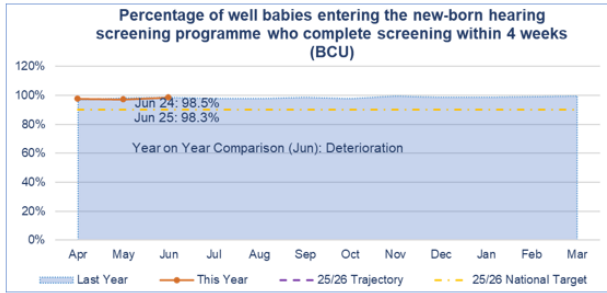
**Uptake = those that were resident in Wales (not deducted on NHAIS in the six months following invitation) and invited for bowel screening during the reporting period date range. Participants that were ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement out of Wales or death, within six months following invitation were excluded, unless they had returned a used test.

Bowel Screening Uptake, 2023-24, Wales and Health Boards

Source: Public Health Wales Screening Division



Quadruple Aim 1: Screening – Hearing Screening

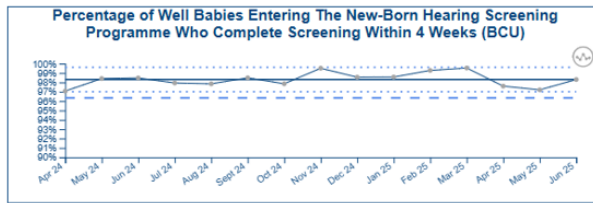


In June 2025 the BCU position against this metric was 98.3%. The position is 8.3% higher than the National target.

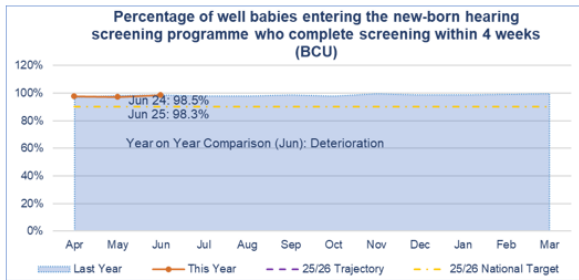
In May 2025 BCU ranked 5th of 7 Health Boards for performance against this metric, 0.9% lower than the Health Board ranked 1st, but higher than the all Wales position.

Rank	Board	Position
1	SB	99.13%
2	HDda	99.12%
3	C&V	98.94%
4	CTM	98.32%
5	BCU	98.25%
6	AB	91.58%
7	Powys	85.71%

96.81%
All Wales Position



Quadruple Aim 1: Screening – Hearing Screening

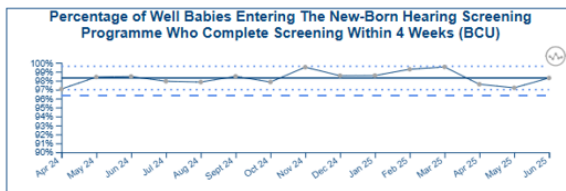


In June 2025 the BCU position against this metric was 98.3%. The position is 8.3% higher than the National target.

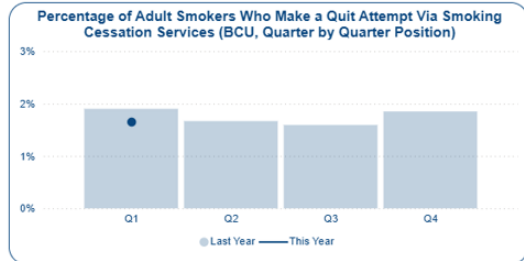
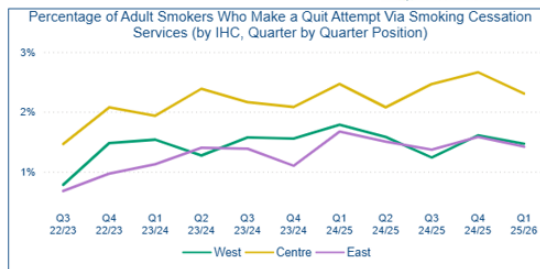
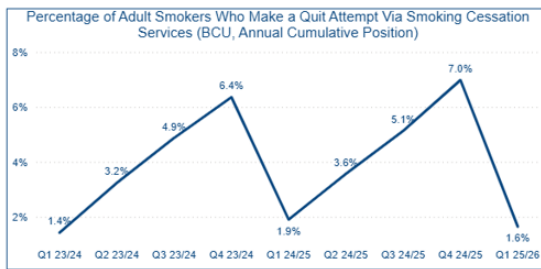
In May 2025 BCU ranked 5th of 7 Health Boards for performance against this metric, 0.9% lower than the Health Board ranked 1st, but higher than the all Wales position.

Rank	Board	Position
1	SB	99.13%
2	HDda	99.12%
3	C&V	98.94%
4	CTM	98.32%
5	BCU	98.25%
6	AB	91.58%
7	Powys	85.71%

96.81%
All Wales Position



Quadruple Aim 1: Smoking



At Quarter 1 2025/26 the annual BCU position against this metric was 1.6%.

In Q4 2024/25 BCU ranked 2nd of 7 Health Boards for performance against this metric, exceeding the National target. It was 1.8% lower than the Board ranked 1st, and above the all Wales average.

Rank	Board	Position
1	HDda	8.82%
2	BCU	7.03%
3	CTM	5.94%
4	Powys	5.45%
5	AB	5.01%
6	SB	3.45%
7	C&V	1.94%

5.30%
All Wales Position

2.3 Weight

Table 1	Adult level 2			
Capacity April 2025-March 2026 (maximum number of new spaces per annum)	Interventions	New patients started in Q1	Maximum waiting time from referral to treatment 18/09/25	Number of patients waiting to access the service on 18/09/25
1,050 ^{&} New patients	KindEating face-to-face or remote group programme, 12-week core programme with regular support for 12 months	350	18 weeks	635*
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.	100	7 weeks	99*

[&] Capacity could increase in year dependant on successful recruitment

*Not all of these patients will book on

Table 2	Adult Level 3 (health board criteria restrictions apply)			
Capacity April 2025-March 2026 (maximum number of new spaces per annum)	Interventions	New patients started in Q1	Maximum waiting time from referral to assessment 18/09/2025	Number of patients waiting to access the service on 18/9/2025
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	41	52 weeks	303*
30 ^{@&} New patients	Post-bariatric surgery follow-up Length of support according to need	14	13 weeks	2*

*Assessed to start treatment

& Capacity could increase in year dependant on successful recruitment

£ 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 Q1	Maximum time from referral to treatment (for example 8 weeks)	Number of patients waiting to access the service
108 New patients* & **	Level 3 Multi-disciplinary weight management intervention including remote group and individual sessions according to assessed need. Health Board 12 months	31	21 weeks	55*

*Assessed to start treatment

** Capacity could increase in year dependant on successful recruitment

* Not all of these patients will book on

Overall summary of weight management service referrals 1 April 2024 – 31 March 2025

Referrals	Type of referral		Deprivation decile				
	Self-referral	Health professional	1 (Most deprived)	2	3	4	5 (Least deprived)
6,153*	1,327	4,826	860 (14.1%)	1,274 (20.7%)	1,486 (24.1%)	1,439 (23.4%)	1,042 (16.9%)

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

Individual assessments – offered to patients with BMI over 45 or other complexities 1 April 2024 – 31 March 2025

Referred	Booked to attend	
	In person	Telephone
1,097	320	484

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

Offered KindEating	Attended	Completed intervention & data available	
2,168	1,066	466 (44%)	
		Achieved ≥3-5% weight loss	123 (26.3%)
		Achieved ≥5% weight loss	133 (29.3%)

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

Offered Second Nature	Engaged with the intervention	Completed intervention & data available	
1,343	439	107 (24%)	
		Achieved ≥3-5% weight loss	24 (22.4%)
		Achieved ≥5% weight loss	53 (50%)



The Public (Population) Health Outcomes Framework for Wales Update

Author: Claire Jones, Senior Public Health Intelligence Specialist, BCUHB Public Health Directorate; Cllr Dr Rob Atenstaedt, Consultant, BCUHB Public Health Directorate; Dr Denise Alexander, Senior Public Health Practitioner, BCUHB Public Health Directorate.

Date: 30th September, 2025

Version: 0c (Working Draft)

Publication/ Distribution: (Delete as applicable)

- Population health EDG
- PPHP Committee

Review Date: n/a

Purpose and Summary of Document: To provide a summary of the latest results from the PHOF.

Work Plan reference: N/A

The Public Health Outcomes Framework (PHOF)

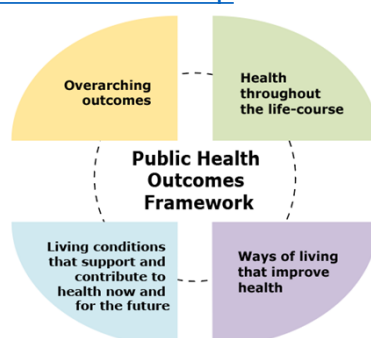
The Public Health Outcomes Framework sets out a shared understanding of the health outcomes that are important to the people of Wales. It was published in March 2016 following 15 months of development, engagement and consultation. It can be used by Government, local communities, public services, private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

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

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

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

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



Indicator Guide

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

1. Public Health Outcomes Framework: September 2025

The following indicators have been updated or added to the PHOF tool:

- Life expectancy by WIMD (Wales only)
- Healthy life expectancy by WIMD (Wales only)
- The gap in life expectancy by WIMD (Wales only)
- The gap in healthy life expectancy by WIMD (Wales only)
- Gap in employment rate for those with a long-term health condition
- Teenage conceptions
- Breastfeeding at 10 days
- Vaccination rates at age 4 years
- Low birth weight
- Avoidable, preventable and treatment mortality

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

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

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

	BCUHB statistically significantly better than Wales
Overarching Outcomes	Life Expectancy at Birth: Males (Years)
Living conditions that support and contribute to health now for the future	Percentage of people able to afford everyday goods and activities
Ways of living that improve health	NIL
Health throughout the life-course	Deaths from injuries, rate per 100,000 persons Avoidable mortality, rate per 100,000 persons Preventable mortality, rate per 100,000 persons

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

	BCUHB statistically significantly worse than Wales
Overarching Outcomes	NIL
Living conditions that support and contribute to health now for the future	NIL
Ways of living that improve health	Percentage of 11-16 year olds using alcohol Percentage of 11-16 year olds who smoke Percentage of 11-16 year olds drinking sugary drinks once a day or more Percentage of adults (aged 16 years and over) meeting physical activity guidelines Percentage of adults (aged 16 years and over) eating 5 fruit or vegetable portions a day
Health throughout the life-course	NIL

1. Overarching outcomes and indicators

BCUHB comparison with Wales

	Significantly higher than Wales
	Similar to Wales
	Significantly lower than Wales

BCUHB comparison with previous data

↑	Increased
↔	Similar
↓	Decreased

Years of life and years of health	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Life Expectancy at Birth: Males (Years)	2021-23	78.0	↔	78.4	78.6	79.3	78.7	77.6	78.7	77.2
Life Expectancy at Birth: Females (Years)	2021-23	82.0	↔	82.2	82.6	83.2	82.4	80.9	82.5	81.6
Healthy Life Expectancy at Birth: Males (Years)	2021-23	60.3	↓	61.5	62.7	63.6	62.2	61.0	59.7	60.7
Healthy Life Expectancy at Birth: Females (Years)	2021-23	59.6	↓	61.0	62.7	63.4	61.8	60.2	59.0	60.3

Source: Public Health Wales Observatory, PHOF Reporting Tool

Mental well-being	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Mental well-being among adults: age-standardised average, Warwick-Edinburgh Mental Well-being Scale. Score from 14 to 70 with a higher score representing better mental well-being*	2022/23	48.1	↓	48.5	45.2	47.9	48.2	49.3	48.7	50.0

Source: Public Health Wales Observatory, PHOF Reporting Tool

*National Indicator for Wales

BCUHB comparison with previous data

- ↑ Increased
- ↔ Similar
- ↓ Decreased

Statistically significant comparisons with Wales are not available for the indicators below.

A fair chance of health	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Gap in life expectancy at birth between most and least deprived: Males (Years)	2020-22	7.8	↔	7.2	6.0	3.0	7.5	9.2	8.0	7.3
Gap in life expectancy at birth between most and least deprived: Females (Years)	2020-22	6.5	↔	5.7	2.8	2.8	5.3	8.9	5.5	7.5
Gap in healthy life expectancy at birth between most and least deprived: Males (Years)	2018-20	13.3	↔	12.2	7.8	4.9	18.8	10.8	9.9	18.8
Gap in healthy life expectancy at birth between most and least deprived: Females (Years)	2018-20	16.9	↓	10.9	7.4	1.7	13.8	5.0	14.4	10.6
Gap in healthy life expectancy at birth between most and least deprived: Males (Years)	2020-22	20.2								
Gap in healthy life expectancy at birth between most and least deprived: Females (Years)	2020-22	16.4								

Source: Public Health Wales Observatory, PHOF Reporting Tool

*Data for 2020-22 only available at Wales level

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

Statistically significant comparisons with Wales and BCUHB trend data are not available for this indicator.

Children have the best opportunity for a healthy start	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Percentage of children (aged 0-15) living in poverty*	2023/24	24.0	N/A	23.3	25.7	24.6	24.6	25.2	20.2	22.5

Source: Public Health Wales Observatory, PHOF Reporting Tool

*National Indicator for Wales

Note:

Children living in poverty: households with an income below 60% of the UK median income before costs are paid, by financial year.

BCUHB comparison with Wales

Significantly higher than Wales
Similar to Wales
Significantly lower than Wales

BCUHB comparison with previous data

↑	Increased
↔	Similar
↓	Decreased

Families and individuals have the resources to live fulfilled, healthy lives	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Percentage of people able to afford everyday goods and activities*	2022/2023	84.5	↓	86.4	86.3	85.1	89.9	85.2	87.4	84.2
Percentage of people in education, employment or training. Persons aged 16-18 years*	2022	86.7	N/A	Wales only						
Percentage of people in education, employment or training. Persons aged 19-24 years*	2022	85.4	N/A	Wales only						
Percentage gap in employment rate for those with long term health conditions	2024	12.0	↔	11.9	16.2	12.0	13.2	13.4	9.2	10.8

Source: Public Health Wales Observatory, PHOF Reporting Tool

*National Indicator for Wales

Resilient, empowered communities	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Percentage reporting a sense of community*	2021/22	63.8	↓	65.4	65.6	71.2	62.9	65.4	61.1	60.9
Percentage adults reporting to volunteer*	2022/2023	29.6	↓	26.6	20.5	25.8	26.7	31.2	24.8	28.8
Percentage adults reporting to feel lonely*	2022/2023	12.7	↔	10.4	9.3	13.2	7.9	13.6	10.7	8.1

Source: Public Health Wales Observatory, PHOF Reporting Tool

*National Indicator for Wales

Note:

Percentage reporting a sense of community: age-standardised percentage of adults (aged 16 or over) agreeing with all three of the following community cohesions questions of: belonging to the area; that people from different backgrounds get on well together; that people treat each other with respect and consideration.

BCUHB comparison with previous data

- ↑ Increased
- ↔ Similar
- ↓ Decreased

Statistically significant comparisons with Wales are not available for the indicators below.

Natural and built environment that supports health and well-being	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Quality of housing: % assessments free from category 1 hazards*	2021/22-2023/24	68.7	↓	78.7	43.6	73.5	92.4	84.3	62.6	59.7
Quality of the air we breathe, average NO ₂ concentration (ug/m ³), residential dwellings*	2022	7.7	↑	5.5	3.2	3.0	4.4	4.7	7.7	7.7

Source: Public Health Wales Observatory, PHOF Reporting Tool

*National Indicator for Wales

Note:

Category 1 hazards: The Housing Health and Safety Rating System (HHSRS) is used to determine whether residential premises are safe to live in. Local authorities use the System to determine whether a hazard exists that may cause harm to the health and safety of a potential occupant. Hazards are divided into two categories. Those which score high on the scale (and therefore the greatest risk) are called Category 1 hazards. Those that fall lower down the scale and pose a lesser risk are called Category 2 hazards. Where a condition is classified as a Category 1 hazard the local authority has a duty to take the appropriate enforcement action. If it poses a Category 2 hazard the local authority may take enforcement action (Public Health Wales, 2025).

3. Ways of living that improve health

BCUHB comparison with Wales

Significantly higher than Wales
Similar to Wales
Significantly lower than Wales

BCUHB comparison with previous data

↑	Increased
↔	Similar
↓	Decreased

Healthy Actions	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Percentage of 11-16 year olds using alcohol	2023	35.6	N/A	36.8	36.6	38.2	36.2	33.7	39.3	34.7
Percentage of 11-16 year olds who smoke	2023	2.6	N/A	3.3	4.5	3.4	2.9	2.5	3.6	3.2
Percentage of 11-16 year olds physically active every day (at least 60 mins) in past week	2023	18.3	N/A	18.2	18.3	18.3	20.2	19.7	17.6	16.1
Percentage of 11-16 year olds drinking sugary drinks once a day or more	2023	17.5	N/A	18.1	21.5	14.3	17.1	16.8	19.4	20.6

Source: Public Health Wales Observatory, PHOF Reporting Tool

Healthy Actions	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Percentage of adults (aged 16 years and over) who smoke	2022/2023	12.8	↓	10.6	13.5	14.9	7.7	11.3	9.2	9.1
Percentage of adults (aged 16 years and over) meeting physical activity guidelines	2022/2023	55.4	↓	45.8	39.5	45.1	39.4	54.9	47.6	50.7
Percentage of adults (aged 16 years and over) drinking alcohol above recommended guidelines	2022/2023	17.2	↔	16.0	10.6	17.2	17.7	9.9	20.4	15.5
Percentage of adults (aged 16 years and over) eating 5 fruit or vegetable portions a day	2022/2023	28.5	↓	21.8	9.2	21.9	26.3	18.2	25.3	21.9

Source: Public Health Wales Observatory, PHOF Reporting Tool

BCUHB comparison with Wales

Significantly higher than Wales
Similar to Wales
Significantly lower than Wales

BCUHB comparison with previous data

↑ Increased
↔ Similar
↓ Decreased

Statistically significant comparisons with Wales are not available for the smoking in pregnancy and vaccination at 4 years indicators.

Healthy Starts	Year	Wales	BCUHB Trend	BCUHB						
				Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham	
Teenage conception rates per 1,000 females aged under 18	2022	15.7	↔	17.6	16.8	14.5	15.1	20.9	19.8	17.7
Percentage females smoking in pregnancy	2023	N/A	N/A	Health Board level only						
Percentage breastfeeding at 10 days	2024	38.0	↔	37.9	38.4	42.4	36.9	37.6	37.2	35.3
Percentage vaccination rate at age 4 years	2024/25	85.3	↔	86.8	91.4	88.0	83.0	86.1	87.3	86.4

Source: Public Health Wales Observatory, PHOF Reporting Tool

4. Health throughout the life-course

BCUHB comparison with Wales

■	Significantly higher than Wales
■	Similar to Wales
■	Significantly lower than Wales

BCUHB comparison with previous data

↑	Increased
↔	Similar
↓	Decreased

Health in the early years and childhood

	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Percentage low birth weight*	2024	6.3	↔	6.4	7.3	6.7	5.2	7.7	5.9	6.4
Percentage 11-16 year olds of healthy weight	2021	65.0	N/A	65.0	61.8	65.8	64.8	66.2	65.5	65.1
Mean number of decayed, missing and filled teeth in 5 year olds	2022-23	1.1	N/A	1.1	1.3	1.2	0.9	1.0	0.8	1.3

Source: Public Health Wales Observatory, PHOF Reporting Tool

*National Indicator for Wales

Good health in working age

	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Percentage of working age adults in good health	2022/23	72.6	↔	75.0	74.5	70.2	82.6	74.3	73.2	75.5
Percentage of working age adults free from limiting long term illness	2022/23	68.7	↓	72.1	75.0	70.6	83.7	66.6	66.9	72.6
Percentage of working age adults satisfied with life	2022/23	79.2	↓	79.2	76.4	77.3	80.8	84.8	76.4	80.3
Percentage of working age adults of healthy weight	2022/23	36.1	↓	37.4	34.5	37.9	33.2	47.6	30.7	42.1

Source: Public Health Wales Observatory, PHOF Reporting Tool

BCUHB comparison with Wales

Significantly higher than Wales
Similar to Wales
Significantly lower than Wales

BCUHB comparison with previous data

↑ Increased
↔ Similar
↓ Decreased

Healthy aging	Year	Wales	BCUHB Trend	BCUHB						
				Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham	
Percentage of older people in good health	2022/23	59.9	↓	61.9	56.3	53.4	62.4	61.6	70.8	65.5
Percentage of older people free from limiting long term illness	2022/23	47.7	↓	52.9	60.4	43.6	49.4	54.5	51.1	61.7
Percentage of older people satisfied with life	2022/23	84.4	↓	84.1	83.1	92.2	80.9	88.3	81.8	78.8
Percentage of older people of healthy weight	2022/23	39.6	↑	40.6	40.9	43.1	33.4	40.2	48.9	37.5
Hip fractures, rate per 100,000 persons aged 65 years and over	2023/24	Only Wrexham available due to coding completeness & data suppression								619.2

Source: Public Health Wales Observatory, PHOF Reporting Tool

Note:

An assessment of the completeness of coding of primary diagnosis has shown correlation between a reduction in admissions for hip fractures and an increase in missing primary diagnosis. Therefore, any area / breakdown which has primary diagnosis missing in 10% or more of the inpatient emergency admissions within the trauma and orthopaedics specialty for people aged 65+ has been suppressed (Public Health Wales, 2025).

Minimising avoidable ill health	Year	Wales	BCUHB Trend	BCUHB	Isle of Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham
Premature deaths from key non communicable diseases, rate per 100,000 aged 30-70 years	2021-2023	310.0	↔	310.9	295.0	290.8	297.7	334.8	307.0	336.5
Deaths from injuries, rate per 100,000 persons	2021-2023	48.9	↑	43.9	33.5	42.2	48.8	43.8	40.1	52.3
Deaths from road traffic injuries, rates per 100,000 persons	2014-2023	3.0	↔	3.4	3.8	3.2	4.4	3.7	2.9	3.1
Suicides, rate per 100,000 persons	2019-2023	12.5	↓	11.9	11.5	13.5	10.4	12.9	9.7	13.6
Avoidable mortality, rate per 100,000 persons	2021-2023	282.6	N/A	242.7	250.0	252.0	262.1	292.6	263.5	310.1
Preventable mortality, rate per 100,000 persons	2021-2023	187.0	N/A	177.0	167.5	163.3	170.0	187.8	171.8	200.3
Treatable mortality, rate per 100,000 persons	2021-2023	95.6	N/A	95.5	82.5	88.6	92.1	104.9	91.7	109.8

Source: Public Health Wales Observatory, PHOF Reporting Tool

Note:

Avoidable mortality refers to deaths that are preventable or treatable.

Preventable mortality refers to deaths that can be mainly avoided through effective public health and primary prevention interventions (before the onset of diseases or injuries, to reduce incidence).

Treatable mortality refers to deaths that can be mainly avoided through timely and effective healthcare interventions, including secondary prevention and treatment (after the onset of disease, to reduce case fatality).
(Public Health Wales, 2025).



Planning, Population Health & Partnerships Committee

RTT DATA GOVERNANCE AND ACCURACY

Dyddiad y Cyfarfod Date of Meeting	15 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Kathryn Lang Assistant Director – Data, Intelligence & Insight
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Justine Parry Interim Director of Digital
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

In November 2025, the decision was taken to suspend the national reporting of Betsi Cadwaladr University Health Board's referral to treatment (RTT) waiting times due to concerns regarding the accuracy of the data.

An error had occurred in relation to the use of a code to identify cohorts of patients, meaning underreporting of open pathways (numbers of patients waiting) in month end data submissions. An internal rapid review was undertaken by the Data, Intelligence and Insight (DI&I) Department in addition to an external review led by Welsh Government.

Following the review, RTT open pathways data for the months of April to October 2025 were resubmitted to Digital Health Care Wales (DHCW) in December along with the November 2025 position. The resubmission included an increase to previously reported waiting list numbers for one specific month (change of circa 7%) and smaller changes to other months.

Whilst affecting reported data, the error did not affect internal waiting list management. All patients were included in internal reports (used to manage pathways and plan activity) and in weekly operational management summary reports shared with NHS Wales Performance and Improvement (P&I) and Welsh Government.

The internal assessment and external review provided assurance in relation to technical aspects of reporting processes and identified areas for improvement in relation to communication and governance.

**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
Chief Executive Officer	05/01/2025	
Informal Executive Committee	07/01/2025	

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

RTT	Referral to Treatment
WPAS	Welsh Patient Administration System
P&I	Performance and Improvement
CONSG	Generic Clinician Code within the WPAS System
DI&I	Data, Intelligence and Insight
DHCW	Digital Health Care Wales

RTT DATA GOVERNANCE AND ACCURACY

1. Y SEFYLLFA SITUATION

- 1.1 In November 2025, the decision was taken to suspend the national reporting of Betsi Cadwaladr University Health Board's referral to treatment (RTT) waiting times due to concerns regarding the accuracy of the data.
- 1.2 An error had occurred in relation to the use of a code to identify cohorts of patients, meaning underreporting of open pathways (numbers of patients waiting) in month end data submissions. An internal rapid review was undertaken by the Data, Intelligence and Insight (DI&I) Department in addition to an external review led by Welsh Government.

2 Y CEFNDIR BACKGROUND

- 2.1 Managing patient pathways and RTT (Referral to Treatment) reporting is complex due to detailed national rules on pathway start/stop points and

inclusion criteria. While Welsh Patient Administration System (WPAS) provides the core structure for managing specialties, additional data fields (e.g., clinician type and subspecialty) are relied upon to determine reporting eligibility. These rules, combined with system constraints, continue to drive operational workarounds and create data quality challenges.

- 2.2 CONSG is a generic clinician code used when the lead clinician for a pathway is not specified, for example when a patient is identified for treatment through an insourcing contract and the name of the clinician that will treat the patient is not yet known. Non consultant led services are excluded from RTT, with identification driven primarily by how clinicians are coded in WPAS. CONSG had been flagged as non-consultant led and as a result was excluded from month end reporting.

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

- 3.1 During the period July to September significant volumes of insourced activity were commissioned with pathways updated with the CONSG code to flag patients to be treated through these additional clinics.
- 3.2 This increase in records with the CONSG indicator meant a higher than usual number of pathways were being excluded from September's month end reporting raising concern around the accuracy of the data.
- 3.3 Rapid Assessment
An initial rapid assessment undertaken by the Data, Intelligence and Insight (DI&I) Department identified that the CONSG code was erroneously excluding pathways from RTT month end reporting due to its classification as 'non-consultant'.
- 3.4 The assessment confirmed the error did not affect internal waiting list management. All patients were included in internal reports (used to manage pathways and plan activity) and in weekly operational management summary reports shared with NHS Wales Performance and Improvement (P&I) and Welsh Government.

The following actions were completed following the initial assessment

- The CONSG code corrected on WPAS to be classified as consultant led and therefore reportable in RTT.
- RTT reporting script amended to include CONSG.
- DI&I management team reviewed the weekly and monthly processes and checked all inclusion and exclusion criteria.
- Review of the use of CONSG to check RTT reporting eligibility.

- Validation exercise of pathways recorded under CONSG to ensure accuracy of reporting and avoid over reporting due to poor data quality and inappropriate inclusion of non-elective pathways.
- Corrections applied to month end datasets for resubmission.
- Further training and guidance issued to WPAS users and standard operating procedures (SOPs) strengthened around the use of the CONSG code.
- Amended month end data processing timescales to time to allow for robust checks and executive sign-off ahead of submission.
- A SOP was developed and approved by the Executive Committee in December 2025, sets out the process for reconciliation and sense checking of the month end position, provision of senior DDaT professional advice and executive approval for the data submission. It also includes arrangements for dealing with and communication of identified anomalies or anticipated delays in reporting.

3.5 External Review

A review panel consisting of representatives from Welsh Government, NHS Performance and Improvement (P&I), the Welsh Government's Chief Statistician's team and a peer expert from another Health Board was established. Three formal meetings were held with the panel underpinned by one technical review meeting with representatives of NHS Wales P&I and Welsh Government.

The Health Board was asked to respond to a series of questions relating to:

- Data accuracy and completeness
- Data governance and accountability
- Compliance with standards
- Systems and technical processes
- Root cause analysis of anomalies
- Improvement and future assurance

3.6 Two streams of the review were identified. Firstly, the governance stream examined the reason for the error, validation processes and recommended a strengthened SOP for the reconciliation and sign off of the month end data. The second stream was technically focussed and undertook a review of the SQL logic and business rules applied to RTT reporting. Assurance was provided on the reporting process and logic applied. It was agreed that exclusions are appropriate and beyond the scope of RTT and in future will be monitored and sense checked with NHS P&I and Welsh Government on a case-by-case basis as service changes occur.

3.7 The review panel was satisfied that the necessary corrective actions had been taken and concluded that BCU's data would be included in the January 2026 statistical release.

- 3.8 The final report of the review panel is expected to be published in January 2026. This will also include recommendations on an all-Wales basis around consistency checks and review of reporting criteria and eligibility.
- 3.9 All Welsh health boards have been asked to answer the same questions as BCU as part of a self-assessment and to inform a wider review of RTT datasets. This will facilitate peer reviews and support the further development of robust and consistent reporting.

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

- 4.1 Following the changes to the CONSG code and subsequent validation, and in line with recommendations of the external review April to October open pathways data were resubmitted to DHCW on 17th and 18th December 2025.
- 4.2 The impact of the error on the 200,000 open pathways reported each month is summarised as follows

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
% Change open pathways	0.6%	0.8%	1%	1.3%	2.5%	7.9%	-0.1%

5 **ARGYMHELLION RECOMMENDATIONS**






- 5.1 Learning and recommendations
Recommendations based on learning from the internal rapid assessment and external review relate to strengthening governance and communication and will be embedded in future ways of working. These include:
- Ongoing review of reporting criteria as part of a data quality checks, linking local and national teams (NHS P&I and Welsh Government) leads to ensure appropriate reporting. This will commence through discussion with Heads of Information and ongoing dialogue with national teams.
 - Strengthened governance and communication between DI&I / DDaT teams in relation to data capture within WPAS and implications for reporting. Changes and anticipated impacts on reporting will be formally discussed, communication cascaded, and escalation routes identified through the DI&I Management meetings.
 - Formalise communication of changes to WPAS and data capture between DI&I and operational teams. This will be managed through existing working groups.
 - As best practice, where possible use more than one data item to identify pathways for reporting for inclusion/exclusion e.g. use a combination of

subspecialty code and clinician. This will be managed through the WPAS system team and DI&I Management Team oversight.

5.2 Next steps

Action	Owner	Timescale
Develop reconciliation report template	Reporting & Standards Lead	January 2026
Known CONSG errors will be included in data quality dashboards for validation and correction	WPAS & Reporting Leads	January 2026
Discussion and peer support through NHS Wales Heads of Information Group	Assistant Director - Data, Intelligence & Insight	January 2026
Programme of data audits to be implemented	DI&I Management Team	March 2026

5.3 The Committee is asked to note the reporting error and immediate corrective action taken.

ASESIAD / ASSESSMENT	
Cyswilt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     5. Establishing an effective environment for Learning
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<ul style="list-style-type: none"> BAF24-08: Not Implementing Evidenced Based Improvement and Innovation CRR25-01 Timely patient access to safe and effective care CRR25-04 Modernising our infrastructure
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:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not applicable. This report does not introduce new services, change patient pathways or alter operational delivery models.</i>
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:	<i>Not applicable. This report does not introduce new services, change patient pathways or alter operational delivery models.</i>
<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>	Galluogwyr Ansawdd Enablers of Quality Choose an item.	Meysydd Ansawdd Domains of Quality Choose an item.
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<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 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:	Not applicable
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:	Not applicable
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:	<i>Not applicable. This report does not introduce new services, change patient pathways or alter operational delivery models.</i>
Cyfreithiol Legal	Yes (Include further detail below)	
	Referral to Treatment (RTT) reporting is mandated in NHS Wales	
Enw Da Reputational	Yes (Include further detail below)	
	Accuracy and timing of reported data have a could negative reputational impact for the Health Board.	
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.	

Data Issue – BCU

Briefing/Reflection for Chief Executive Management Team

6th Jan 2026

Includes a summary of (in layman's terms):

What happened?

What impact did that have?

What is the learning?

What Happened?

A line of code in a database did not get pulled through into the *monthly* RTT submission (called the CONSG code – which is consultant general, i.e. non-named consultant RTT, used mainly for insourcing activity).

Note – the CONSG code activity was correctly included in the weekly returns.

The error on the monthly return resulted in a big drop in the total numbers of patients on the RTT waiting list for the submitted month.

There was an expected significant drop in RTT waiting list as large volumes of insourcing had been instigated approx. 4 weeks before (hence not picked up), hence it did not trigger there was an error (initially)

WG were also anticipating a drop in overall waiting list size (part of 200k reduction work)

Issue picked up and rectified for following month – saw an increase in RTT total waiting list which had not been expected and hence error picked up anomaly.

The issue was not picked up (missed opportunity) by comparing weekly and monthly data at source for the error month – noting the weekly data is deemed ‘management information’ and not therefore fully validated, hence there would have been some differences.

The error was identified by comparing the weekly and monthly data for the ‘correction month’.

What was the Impact?

Data integrity (hence reliability) questioned and as HB reporting is critical for WG this became a Chief Statistician issue (professional standards).

Given the query regarding published data this became a reportable incident/matter by the Welsh Government to the Office for Statistics Regulation (UK wide)

Concerns regarding whether any/all data can be relied upon from BCU in relation to RTT one of the critical measures of WG success in meeting policy objectives

Confidence in data quality/standards at BCU in wider sense and potentially rest of NHS Wales – including political impact

Consideration as to whether there was a data chain issue – data goes from HB to DHCW and then into KAS (Knowledge Advice Service) in WG

Political impact

Rapid Review (external) instigated by WG. Further BCU commissioned review to take place on wider data standards/integrity

No impact on patient care, or on PTL – no delays, postponements or anything related to patients.

What is the learning?

Note – rapid review report is in draft and being commented upon before final learning points are agreed. Due to be published in time for January Board

- - The fundamental SQL logic was sufficient (note – complex with hundreds of lines) when tested. Fundamentally a human error.
- - A data error that results in under or over reporting should be reported to WG determine whether a material threshold has been reached
- The review and sign-off process should incorporate triangulation (service perspective, performance and informatics) and importantly a reconciliation (a record to queries, judgements and amendments) – all within an agreed Standard Operating Procedure. This should help challenges ‘assumptions’ that the numbers will be correct and reflective of actual practice. Note – activity numbers/volumes/patterns have been unusual this year and this precipitated assumptions.
- Non-consultant episodes of care need wider review – incidental learning but prompts Wales wide work
- Understanding of the regulatory environment for WG – on wider UK stage
- A review and resubmission of data from April (whole year to date) has not resulted in any big issues of concern (can be reasonably confident that this is therefore isolated the ‘error’ and ‘correction’ months)
- Learning for DHCW and for KAS in terms of identifying data anomalies. Greater focus on trend comparison checks.
- For BCU – despite having a strategic priority on Intelligence-led organisation and developing a kite-mark system, this was fundamentally a reconciliation issue on a business as usual process. Reflection – the basics need checking!

<p>Teitl adroddiad:</p> <p><i>Report title:</i></p>	<p>Board Assurance Framework</p>
<p>Adrodd i:</p> <p><i>Report to:</i></p>	<p>Planning, Population Health & Partnership Committee (PPHP)</p>
<p>Dyddiad y Cyfarfod:</p> <p><i>Date of Meeting:</i></p>	<p>Thursday, 15 January 2026</p>
<p>Crynodeb Gweithredol:</p> <p><i>Executive Summary:</i></p>	<p>The purpose of this paper is to provide assurance to the committee on the progression of the Board Assurance Framework (BAF) risks.</p> <p>The Board Assurance Risks were developed by the Board in October 2024, aligned to the Health Board's five strategic objectives within the Integrated Medium-Term Plan (IMTP). These risks are recognised as due for review. Once the 10-year strategy has been finalised, the Board Assurance Framework (BAF) will be refreshed and realigned to reflect the longer-term strategic direction.</p> <p>The BAF has been updated bi-monthly by Executive leads and reported to the Executive Committee, with the last formal review by Board Committees in April 2025 and presentation to the full Board in May 2025, in line with the Risk Management Framework.</p> <p>Delayed actions in relation to BAF24-02 Digital Transformation previously escalated to the attention of the Committee and Board were discussed at the Risk Scrutiny Group in November and are to be reviewed by the digital team and risk management team.</p> <p>Each risk has been reviewed and rated by its respective lead committee, with oversight provided by the Risk Scrutiny Group through monthly deep dives.</p> <p>Future deep dives include:</p> <ul style="list-style-type: none"> • BAF24-06 (1) 'A loss of organisational focus on patient safety and quality of care' is scheduled for deep dive at the March 2026 Risk Scrutiny Group. • BAF24-02 'Not Delivering Strategic Development and Digital Transformation' and BAF24-08 'Not Implementing Evidenced Based Improvement and Innovation', having been reviewed in July 2025 and subsequently updated following feedback. <p>The Board Assurance Framework, as per cycle of risk reporting, bi-annually to the Board, next BAF report in full to the Board January 2026.</p>
<p>Argymhellion:</p> <p><i>Recommendations:</i></p>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • To receive and consider the contents and assurance rating of the Board Assurance Framework.
<p>Arweinydd Gweithredol:</p> <p><i>Executive Lead:</i></p>	<p>Pam Wenger, Director of Corporate Governance</p>

Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Detailed in the BAF report and how the CRR aligns to the revised BAF			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable for this report			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	Not applicable for this report			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Board Assurance Framework paper			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk			

	management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Risk Scrutiny Group feedback 11/11/2025.</p> <p>The Risk Scrutiny Group discussed delayed actions in relation to BAF24-02 Digital Transformation, previously escalated to the attention of the Committee and Board, are to be reviewed by the digital team.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	Board Assurance Framework risks linked to corporate risks
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	
<p>Camau Nesaf:</p> <p>Next Steps:</p> <ol style="list-style-type: none"> 1. Delayed risk actions to be monitored. 2. The actions within the BAF will all be reviewed in line with the final version of the Strategic Plans to ensure full alignment. 3. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Committee, monitoring of actions within risks. Reporting to Committee quarterly and Board bi-annually as per Risk Management Framework. 	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>Appendix 1 – PPHP risks only, Board Assurance Framework</p>	

Board Assurance Framework 24-25



Board Assurance Framework Report

Purpose

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

The purpose of this BAF is threefold:

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

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

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

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

1.1 Key Highlights

The full Board Assurance Framework was reviewed and updated by each responsible Executive and presented to the Risk Scrutiny Group during the November 2025 meeting, and following review and approval by the Executive Committee will be reported as usual reporting cycle to Board Committees and presentation to the Board during the January 2026 Board meeting.

The Risk Scrutiny Group reviewed whether the Executive Committee should consider the closure of the lower scoring risk, BAF24-05: Not Engaging with Citizens, Partners and Communities, noting strong progress however recognised there remain to be wider strategic and external factors that may continue to present risk to the Health Board's ability to deliver its objectives such as political changes which could impact uncertainty around strategic priorities, public messaging, and delivery plans. The risk has since been reviewed and updated to reflect the discussion.

The Risk Scrutiny Group discussed the theme of delayed actions related to digital resources and requested the digital team to undertake a review of all delayed actions and present these back to

the group and Executive Committee. The digital team have scheduled a review in the new year with the Risk Management Team.

1.2 Changes in Score

None

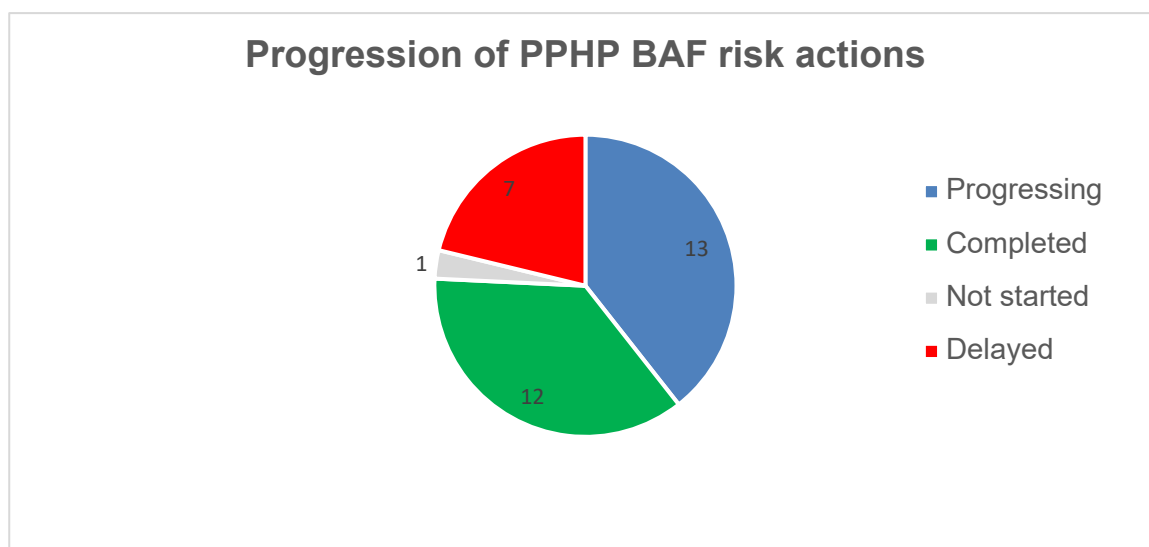
1.3 Risks above Health Board appetite

Two risks for oversight by PPHP committee continues to be above tolerance

Ref	Title	Lead Exec Director	Current Risk Score (and IxL)
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	20
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	20

1.4 Progression of PPHP BAF risk actions

33 actions have been identified, of which 12 have been completed, 7 actions have been delayed with 13 progressing, 1 action is due to start.



Next Steps

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

The key elements of the BAF are:

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

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

Key to lead committee assurance ratings:



Substantial Assurance

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



Reasonable Assurance

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



Limited Assurance

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



Unsatisfactory Assurance

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

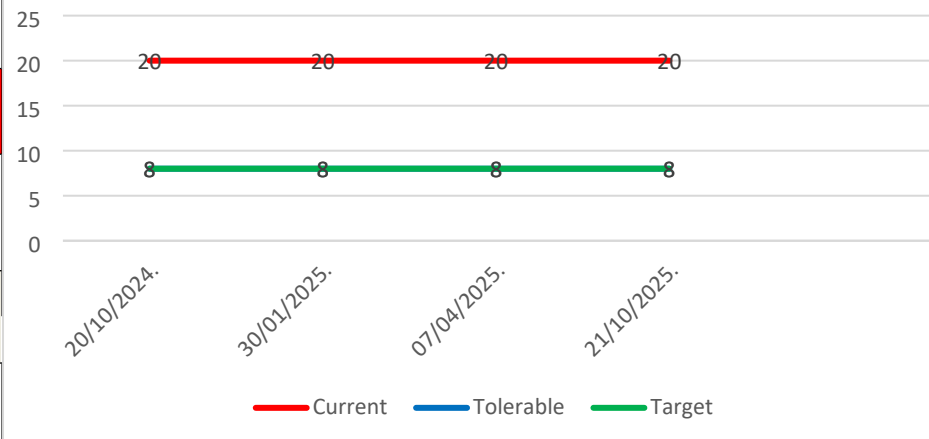
Board Assurance Framework (BAF): November 2025


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

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


2: Developing strategy and long-lasting change

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

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:	21/10/2025	

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (<u>Evidence</u> 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"> • Lack of recurrent funding and support the recruitment of critical roles • Lack of support to procure flexible augmentation contracts 	<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 Assurance</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	
	Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31 st March 2025 will be completed.	Delayed	31/03/2025		
Roll-out of key priority digital transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. The Electronic Health Record (EHR) – Acute and Community, Outline Business Case (OBC) first draft was handed over from the external consultants in March 25, the OBC 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 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.	Delayed	31/03/2028			

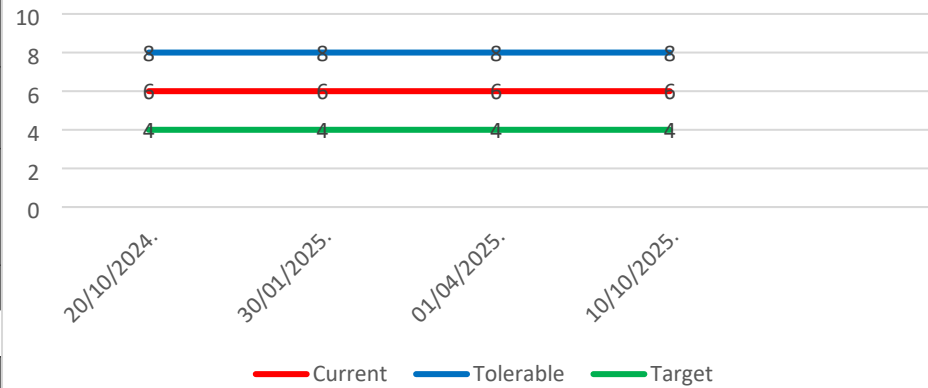
<p>Transformation of the DDaT Operating Model. Lack of available recurrent funding has hampered this piece of work. Alternative solutions being explored using non-recurrent funding mechanisms, however due to significant gaps in current senior leadership and anticipated outcome from Foundations for the Future Programme, progress in this area has halted.</p>	<p>Assistant Director Of Compliance And Business Management</p>	<p>Delayed</p>	<p>31/03/2025</p>
<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>	<p>Assistant Director Of Compliance And Business Management</p>	<p>Delayed</p>	<p>31/03/2025</p>


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"> None identified at present 	<p>Limited Assurance</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>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).</p>		Head Of Health Strategy And Planning	Progressing	30/12/2025	

	Implement phase 1 of Clinical Services Plans in relation to the Challenged Services	Assistant Director of Transformation and Improvement (Interim)	Progressing	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	Not started	30/03/2027

3: Creating compassionate culture, leadership and engagement

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

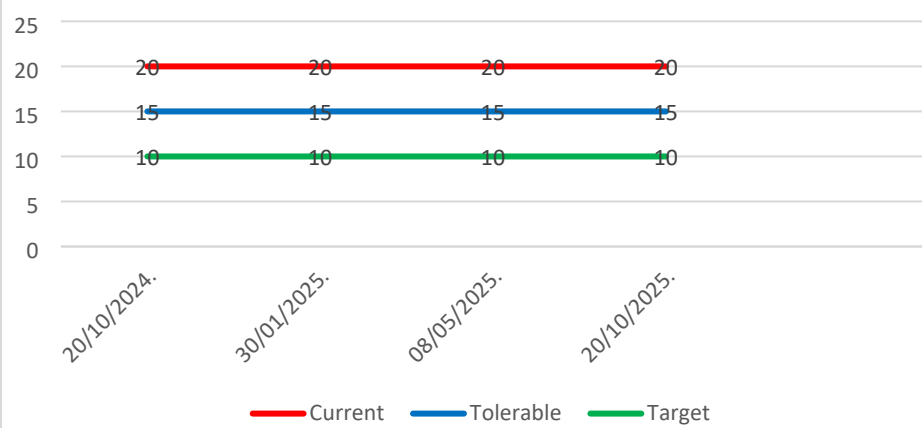
Principal risk (what could prevent us achieving this strategic objective)	BAF24-05: Not Engaging with Citizens, Partners and Communities Risk of ineffective engagement with citizens, partners and communities may result in a lack of public trust, poor service user experience, and a disconnect between 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		
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:	10/10/2025	
Risk rating	6	4			

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
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.	<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 	Management: <ul style="list-style-type: none"> • Citizen experience reports to Board • Feedback from engagement and where required public consultations. Risk and compliance: <ul style="list-style-type: none"> • Partnership feedback sessions • Forward Plan and oversight of Regional Partnership Board by the Planning, Population Health & Partnership Committee Independent assurance: <ul style="list-style-type: none"> • Perception survey with partners • Independent Advisor for external perspective on engagement approach 	Risk Register for Partnerships/Com munications 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, with paper to Executives by 31/05/25 outlining approach and next steps		Director of Partnerships/communications And Engagement	Progressing	31/03/2026
	Citizen Engagement Plan being reviewed – the draft principles and framework developed - now with the engagement group for comments		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					
	Current exposure	Target	Review Dates		
Consequence	5	5	Initial date of assessment	20/10/2024	
Likelihood	3	2	Last reviewed by Committee:	21/08/2025	
Risk rating	20	10	Last updated by Executive:	20/10/2025	



Date	Current	Tolerable	Target
20/10/2024	20	15	10
30/01/2025	20	15	10
08/05/2025	20	15	10
20/10/2025	20	15	10

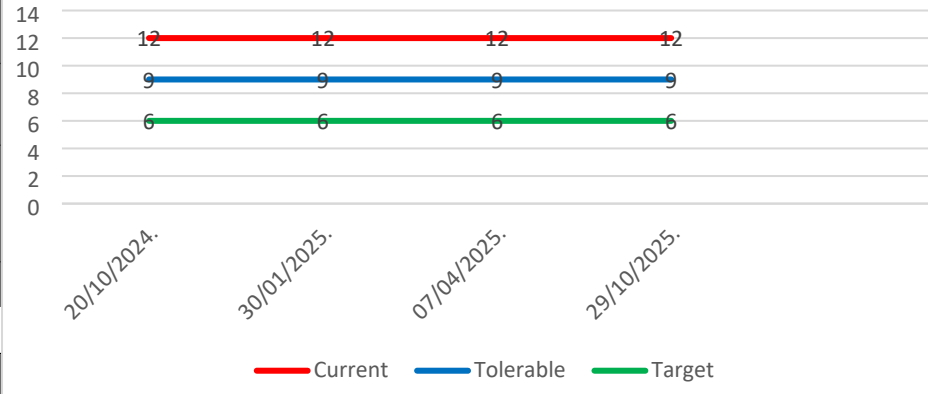
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)			Sources of assurance (and date) (<u>Evidence</u> 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 Completion of Audit (Sept 25) in relation to management of Grant funds and delivery – report to Audit Committee <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. <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 	<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>

			Service Boards & Welsh Government <ul style="list-style-type: none"> Review held with Welsh Government October 25 – focus on shift to prevention, Health Improvement activity and health inequalities programmes. 		
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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
	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.	Executive Director Of Public Health	Delayed	30/07/2025
	Deliver Primary Care based approaches to improving the compliance with NICE guidance	Service Leads	Delayed	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	Progressing	31/03/2026
Development of Clinical Services Plan and Health Board Strategy recognises prevention as component part	Consultant in Public Health	Progressing	31/03/2026	

5: Establishing an effective environment for Learning

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

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		
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: 29/10/2025		

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
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Responsible:	Assistant Director Data, Intelligence & Insight	Accountable:	Chief Digital & Information Officer
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<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>
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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
	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.	Assistant Director - Data, Intelligence & Insight	Complete	31/03/2025
	Standardise access to learning opportunities for recipient of intelligence products as well as in house team. Additional training provided, with Training Needs Analysis being completed. Once results are returned, a further training programme will be developed.	Assistant Director - Data, Intelligence & Insight	Complete	31/03/2025
	Exploring the links with universities on opportunities to work together on data analytics. 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.	Assistant Director - Data, Intelligence & Insight	Complete	30/09/2025
	Launch of IRIS2 to improve accessibility and useability of information products.	Assistant Director - Data,	Complete	30/06/2025

		Intelligence & Insight		
	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. We will be working with colleagues from NHS Performance & Improvement to develop the cancer pathway work due to its complexity. Revised due date 30/11/2025.	Assistant Director - Data, Intelligence & Insight	Progressing	30/11/2025
	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.	Assistant Director - Data, Intelligence & Insight	Delayed	31/10/2025

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
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Responsible:		Associate Director Research & Development & Programme Director – Education Partnerships & Projects	Accountable:		Executive Medical Director	
Threat: Ineffective university partnerships, inadequate joint investment in research, and supporting academic career development to sustain a joint effective environment for learning.	<ul style="list-style-type: none"> Some strategic partnerships with academic institutions Memorandum of Understanding in place with Bangor University and Group Llandrillo Menai. Dedicated governance structure for North Wales Medical School and related projects 	<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 No Memorandum of Understanding in place with 	Timescale: 2025/26 (next update provided will be quarterly milestones based off annual plan)	Management: <ul style="list-style-type: none"> Clinical Effectiveness Group reporting Risk and compliance: <ul style="list-style-type: none"> Regular joint project reviews and risk register for projects maintained Independent assurance: <ul style="list-style-type: none"> External evaluations of projects 	<ul style="list-style-type: none"> Strategic partnership with Wrexham University and Coleg Cambria being established with a supporting Memorandum of Understanding Internal governance arrangements and reporting to Clinical Effectiveness Group to be strengthened. 	Limited Assurance

	<ul style="list-style-type: none"> • Strategic Steering Group in place with Group Llandrillo Menai • Research governance structure • Collaboration with external research bodies and innovation hubs • All Wales Innovation Pathway deployed 	Wrexham University at present		<ul style="list-style-type: none"> • Welsh Government Annual review of university designation criteria 	<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 	
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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
	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	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026
	Strengthen academic career pathways with universities	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026
	Increase R&D collaboration with industry and academic institutions	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026
	Secure additional funding for healthcare innovation projects	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026
	Increase the number of joint appointments between the Health Board and academic institutions	Associate Director R&D & Programme Director - Education Partnerships and Projects	Progressing	31/03/2026



Planning, Population Health & Partnerships Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	15 January 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 was considered in private at the meeting held on 28 October 2025:
 - Corporate Risk Register (Private)
 - IMTP Resource Allocation Report 2025/26
 - Integrated Planning Framework
 - Strategy Development

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 28 October 2025.
- **NOTE** The Committee forward workplan.

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

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <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</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



<i>requirements of the Welsh Language Standards)</i>		
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>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>	Galluogwyr Ansawdd Enablers of Quality All Apply	Meysydd Ansawdd Domains of Quality All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<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	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	



<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>Not necessary for this report</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"/> Canlyniad/Outcome:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></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"/> Canlyniad/Outcome:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></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>There is no direct impact on resources as a result of the activity outlined in this report.</p>	