

Bundle BCU Planning, Population Health and Partnerships Committee 28 **October 2025**

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PP25.94 Welcome and Apologies - Verbal (Chair)
- 1.2 09:31 - PP25.95 Declarations of Interest - Verbal (Chair)
- 1.3 09:32 - PP25.96 Unconfirmed Minutes of Meeting held on 04.09.25 - Attached (Chair)
PP25.96 Minutes from PPHP Committee 04.09.25 V0.3 (Public)
- 1.4 09:35 - PP25.97 Matters Arising & Action Log - Attached (Chair)
PP25.97 Summary Action Log PPHP Committee (Updated 20.10.25) Public
- 2 09:40 - STRATEGIC PRIORITIES
- 2.1 09:40 - PP25.98 Key Programmes Report - Paper (Interim Executive Director of Transformation and Strategic Planning)
Geraint Parry joining the meeting for this item
PP25.98 FINAL - PPHP - Key Programmes Report - 2025-10-28
- 2.2 09:55 - PP25.99 Director of Planning Report - Paper (Interim Executive Director of Transformation and Strategic Planning)
PP25.99 PPHP - Director of Planning Report - Final 2025-10-28
- 2.3 10:05 - PP25.100 Strengthening Engagement and Communications Report - Paper (Director of Partnerships, Communications and Engagement)
PP25.100 Strengthening Engagement and Communications Progress, Framework and Next Steps November 2025
PP25.100.1 Progress, Learning & Impact - Engagement & Communication at BCUHB Observations report Final Oct 2025 Cath Broderick (1)
PP25.100.2 The Betsi Way Engagement Framework and Principles November 2025
PP25.100.3 PEC Deliverables 2025-26 assurance monitoring October 2025
- 2.4 10:25 - PP25.101 Director of Public Health Annual Report - Presentation (Executive Director of Public Health)
PP25.101 PPHP Coversheet PH Annual Report
PP25.101.1 Final PHAR 2025 PPHP 28th October
- 2.5 10:40 - PP25.102 Substance Misuse in North Wales Briefing - Paper (Executive Director of Public Health)
PP25.102 PPHP report SMS APB FINAL
- 2.6 10:50 - PP25.103 Winter Resilience Plan 2025/26 - Paper (Chief Operating Officer)
PP25.103 Winter Planning Assurance 2025 2026 PPHP Cover October 2025
PP25.103.1 Winter Planning Approach 2025 2026 Board September 2025 V3 PA FINAL for HB
- 2.7 11:05 - BREAK
- 3 11:15 - GOVERNANCE AND ASSURANCE
- 3.1 11:15 - PP25.104 Corporate Risk Register - Paper (Director of Corporate Governance)
PP25.104 PPHP Committee CRR Report November 2025 Public
- 3.2 11:25 - PP25.105 Corporate Governance Report - Paper (Director of Corporate Governance)
PP25.105 Corporate Governance Report
PP25.105.1 Workplan for PPHP Committee (Live Version as at 21.10.25)
- 4 11:30 - CLOSING BUSINESS
- 4.1 11:30 - PP25.106 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 4.2 11:31 - PP25.107 Review of Meeting Effectiveness - Verbal (Chair)
- 4.3 11:32 - PP25.108 Date of Next Meeting - 15.01.26

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 4 September 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)
Billy Nichols	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer
Paul Andrew	IHC Director of Operations (West)
Nesta Collingridge	Head of Risk Management (<i>part meeting</i>)
Nathan Couch	Audit Wales
Dyfed Edwards	Chair of the Health Board
Dafydd Gwynne	Strategic Partnership Manager
Fflur Jones	Performance Audit Lead, Audit Wales
Sion Jones	Chief Technology Officer
Lauren Harkins	Associate Director of Strategy
Dave Harries	Head of Internal Audit
Stuart Keen	Director of Environment & Estates (<i>via Teams</i>)
Sam Lauder	Assistant Director of Health Protection
Jane Moore	Executive Director of Public Health
Erica Roberts	Acting Assistant Director of Digital Delivery
Faye Sheldon	Consultant in Public Health, Medicine
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Paolo Tardivel	Interim Executive Director of Transformation & Strategic Planning
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS

PP25/68 Welcome and Apologies

The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Caroline Turner and Dylan Roberts.

PP25/69 Declarations of Interest

No declarations of interest were raised.

PP25/70 Unconfirmed Minutes of Meeting held on 03.07.25

It was agreed that the minutes of the meetings held on 03.07.25 were a true and accurate record.

PP25/71 Matters Arising & Action Log

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

It was highlighted that the National Institute for Health and Care Excellence (NICE) have issued new guidelines on Diabetes focussed around personalised care targeted at individuals. It was confirmed that this will be discussed in further detail when the Committee next receive an update on Diabetes.

STRATEGIC PRIORITIES

PP25/72 Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap

Members received the report and the Chair, Acting Assistant Director of Digital Delivery, Chief Technology Officer and Assistant Director of Strategy highlighted:

- Work is underway by Audit Wales to complete a review of Digital Transformation across Wales. This has been discussed at a Board Development session, and the BCUHB response is in the process of being signed off. There is a need for the Board to have oversight of the assessment.
- A number of programmes are currently in progress and an update was provided on the following:
 - RISP (Radiology Informatics System Procurement) – This is a complex programme that was due to go live in November 2024. Due to a number of supplier delays and operational issues, the new go live date was noted as 8 September 2025. Further testing has been undertaken. The delays resulted in an underspend during 2024/25 which has allowed funding during 2025/26.
 - LIMS (Laboratory Information Management System) - There are a number of key issues nationally that have caused delays to the programme, a national approach has now been identified and plans are being put in place to secure a go live date.
 - Community Dental Service (CDS) Replacement Patient Management System – A business case was developed in October 2024 but was not considered. A new Senior Responsible Officer has been appointed and is due to submit a second briefing paper to the Executive Committee for consideration.
 - Digital Maternity Cymru (DMC) – There has been a ministerial directive that all Health Boards adopt a unified maternity electronic health records programme along with a patient facing app. The timescales set are challenging and require implementation by March 2026.
 - ePMA (electronic Prescribing and Medicines Administration) – The programme has faced issues relating to integration however testing is now taking place and the go live date has been deferred to Autumn 2025.
 - Therapies System Redevelopment – The project has been paused due to ongoing financial and contractual discussions taking place.
 - Acute and Community Hospital Electronic Health Records - A draft Outline Business Case (OBC) has been developed. Welsh Government have issued a directive requesting all Health Boards pause progress on electronic health records initiatives while work is undertaken to develop an all-Wales strategy and roadmap.

- All Ages Mental Health and Learning Disabilities Electronic Health Records – This project is currently in the procurement phase, a plan is in place to progress to approval of tender outcome during September 2025 with a contract award due to be issued in November 2025, subject to Board approval.
- In relation to the Essential Services Programme (ESP) it was noted that this is an ongoing programme of work to maintain the ICT infrastructure. The annual capital allocation does not cover the life cycle replacement costs in full. There has also been an increase in costs for hardware and software. The team are utilising Welsh Government year-end slippage to support investment needs in this area.
- There is a need to recruit staff within the team who have the right skill set. Work is taking place with under graduates.
- In relation to the Digital and Data Roadmap there has been work to refresh the documentation and align this to the strategic direction of the Health Board.
- The roadmap has been developed as a three horizon model with the first horizon building on essential services and establishing the foundations during 2025-28 to ensure core systems are in place for a modern Health Board. Horizons two and three focus on 2027-33.
- The roadmap includes six key domains ranging from the use of data to transform care, clinically led change, empowering patients and a focus on digital inclusion and health literacy. This area of work includes some key enablers to ensure developments are aligned across all strategies including the ten year strategy.

As part of the discussion, the Committee:

- Recognised the amount of work required and queried whether this has been considered as a whole programme of work and suggesting this could be reviewed in further detail by the Executive Committee to provide clarity. It was confirmed that the Executive Committee have completed a prioritisation exercise linking this to the overall strategy and the Integrated Medium-Term Plan however wider discussion is required in this area.
- Acknowledged the issues with access to Capital, it was noted that regular meetings are taking place with the Welsh Government Capital Team which provides an opportunity to facilitate some parallel messaging in this space to maximise the use of digital as an enabler.
- Highlighted that three of the programmes listed have no assurance and four of the programmes have partial assurance. The committees asked for further detail required on how progress is going to be achieved.
- Queried whether the Health Board can move forward with the Electronic Health Records programme or whether this is being driven as a Wales wide programme. It was suggested that clarity is required in terms of those programmes that can be supported internally and those that are national programme which can be supported by lead champions at a national level. It was confirmed that the majority of programme are nationally driven and there is a need to sequence the introduction of systems to utilise staff between projects.
- Referred to the Electronic Health Records programme confirming that Welsh Government are leading a National DDaT Leadership Board which has input from the Minister and All Wales Chief Executives to provide further governance around digital at a National level and provide a focus on the ministerial priorities. This

provides an opportunity to highlight the need for additional resource and capacity to deliver on the portfolios.

- Confirmed that Welsh Government have commissioned a piece of work with Digital Health Care Wales (DHCW) to co-design the national architecture, this is due to be published at the end of September 2025 and will inform the pan Wales plans stating that the BCUHB team are actively involved in this work.
- Provided a level of assurance that issues being highlighted around risks, governance arrangements and financial impact will be fed through via the Executive Strategic Planning Group, and the Director of Corporate Governance agreed to take this forward in the absence of the Chief Digital and Information Officer.
- Suggested the need to receive regular updates on National projects from the Digital Health Care Wales (DHCW) Board to provide assurance to the Committee and also allow the organisation to provide similar updates from a local perspective. The Director of Corporate Governance agreed to link in with the team to identify how this can be taken forward.
- Agreed that the Chair of the Committee and the Chair of the Health Board to discuss how to address some of the issues raised from a Board level perspective.

Actions:

- **PP25/72.1** Director of Corporate Governance to highlight the issues raised around risks, governance arrangements and financial impact to the Executive Strategic Planning and Service Group.
- **PP25/72.2** 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.
- **PP25/72.3** 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.

It was resolved that the Committee:

- **NOTED** the updates and steps to achieve an assurance level of ‘Acceptable’ or above.

PP25/73 Partnerships - Analysis and Strategic Direction

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

- The report is the outcome of a previous discussion held by the Committee in May 2025 around partnership engagement and activity.
- The information summarises the mapping exercise that took place to highlight the current position in terms of the Health Board’s influence, relationships and connections with partner organisation and is aligned to the intention of the Integrated Medium Term Plan.
- The Committee were asked to discuss whether there were any gaps in the analysis, which partnerships should be prioritised and how can the organisation overcome any potential barriers.

As part of the discussion, the Committee:

- Acknowledged the way the Health Board works in conjunction with partners and the wider communities is critical to deliver Health Board strategic priorities. There is a need to build relationships with key partners and to work more collaboratively.
- Suggested further analysis is required in terms of system mapping in addition to developing a strategy for continuous involvement and engagement with the population by potentially utilising existing groups rooted within communities. It was suggested that lead sponsors are identified for each relationship as well as further developing links with the Regional Partnership Board.
- Recognised the work completed in relation to Well North Wales but highlighted the need to ensure workstreams align with the relevant areas such as the partnership and engagement work.
- Emphasised the need to understand where trusted relationships have already been developed with partners as this will be more beneficial than using a top down approach.
- Proposed that the Stakeholder Reference Group is utilised more effectively and for Committee Chairs to gain a greater understanding of how the Group can support specific workstreams. It was confirmed that there is a need to gain the views of stakeholders from an early stage and align with the wider organisational strategic work.
- Confirmed that going forward the report will be refreshed following the discussion and a progress report will come back to a future meeting.
- Noted that the engagement framework is due to be presented to the Committee in November.

It was resolved that the Committee:

- **DISCUSSED** the report.

PP25/74 Director of Planning Report

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

- An informal Board development session has taken place recently to discuss the development of the strategy and the strategic direction of the work going forward.
- Further work is taking place in relation to the Tywyn and Penley Community Hospitals, an external Strategic Advisor has been appointed and the process and timeline for engagement and consultation is currently being discussed.
- In relation to external service change, the Hywel Dda Clinical Services Plan is currently out for consultation and has been discussed at an informal Board session.
- Feedback has been received from Welsh Government in relation to the Integrated Medium Term Plan, this will be reviewed and incorporated into the Integrated Planning Framework which will come back to the Committee in November before being presented to the Board.
- A revised Planning Maturity Matrix was issued to all Health Boards during the summer and the self-assessment is due to be completed by the end of November 2025.
- The Corporate Planning Team continue to support a continuous planning approach in relation to developing the next cycle of the Integrated Medium Term Plan. Sessions have taken place with the Board and the Regional Partnership Board, a

Committee development session is due to take place in September 2025 and further discussions are also taking place with the Executive Team.

- There have been difficulties in obtaining sufficient information to complete the review of projects/programmes. The revised plan is to prioritise the information in two streams, the first focused on schemes with a direct impact on front line clinical decisions and the second focused on the remaining non clinical areas. This will be discussed in further detail by the Executive Committee and the Performance, Finance and Information Governance Committee.
- Progress has been made in relation to the Future Generations Report 2025, the final version of the report will be considered and submitted by the end of October 2025.

As part of the discussion, the Committee:

- Queried the process used in relation to the service change work completed regarding Tywyn and Penley Community Hospitals. It was confirmed that engagement took place with a range of internal and external partners as well as staff and Trade Unions. There is a need for the decision to be considered by the Board.

Action:

- **PP25/74.1** 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 considered by the Board.

It was resolved that the Committee:

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

PP25/75 Key Programmes Report

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

- The report has been reviewed by the Strategic Planning and Service Change Group who have oversight of the programmes and have commissioned a portfolio style report to ensure that effective scrutiny can take place.
- The Group complete a cycle of deep dives across the programmes, the last sessions focussed on the Llandudno Hospital Orthopaedic Hub and the next session will focus on the LIMS (Laboratory Information Management System).
- An executive summary has been provided in the report to highlight the overall service issues and unmitigated risks. Work is taking place to identify the benefits and this will become more apparent once the programmes go live.

As part of the discussion, the Committee:

- Raised concerns in relation to Electronic Healthcare Records noting that the programme has limited cash releasing benefits but should result in significant savings in staff time. It was confirmed that the programme will enable staff to provide safer care which will result in improved patient experience.
- Recognised the need to ensure that the work being commissioned by the Board is aligned to the strategic intent of the organisation. It was suggested there is a need to ensure clear processes are in place and governance approval at the appropriate level.

- Noted the opportunities for the Board to transform services but queried the timescales in relation to the Llandudno Hospital Orthopaedic Hub. It was confirmed that there are a number of deadlines that have not been achieved, the Director of Environment and Estates is closely monitoring progress and has a high level of engagement with the relevant colleagues with completion forecast by mid January 2025.
- Confirmed that the Audit Committee received a report on the Llandudno Hospital Orthopaedic Hub at its meeting in August 2025 as a limited assurance report has been issued.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the oversight mechanisms in place via the Strategic Planning and Service Change Group
- **NOTED** the challenges and risks that exist which are being addressed by this group; **NOTED** the deep dive process in place to augment this reporting.

PP25/76 Annual Delivery Plan Q1 Report

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

- The report has been modified to focus on progress in the context of a full year rather than by individual quarters and this continues to be work in progress.
- A number of deliverables are currently off track and further information has been provided to highlight the areas of concern.
- The broader report being developed will align performance and outcomes with delivery against the milestones to provide a fuller picture in a more strategic context.

As part of the discussion, the Committee:

- Recognised the need to ensure a level of oversight is in place to ensure accurate information is being reported and the revised reporting mechanisms will support this.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the progress made during Quarter 1 along with the challenges highlighted; and
- **APPROVED** the change controls outlined within the paper.

PP25/77 Winter Resilience Planning 2025/26

Members received the report and the Chief Operating Officer and IHC Director of Operations (West) highlighted:

- The report sets out the key requirements of the Winter Resilience Planning approach that has been undertaken in the Health Board and with partner agencies, as recommended by Welsh Government.
- A regional integrated self-assessment relating to the provision of safe care over Winter has been coordinated by the Regional Partnership Board, and a full plan is expected to be completed by 31 October 2025.

As part of the discussion, the Committee:

- Queried what adjustments have been made based on the learning from last year. It was confirmed that there has been alignment of resources with Local Authorities and this will be tested with the Regional Partnership Board later this month. Plans are also in place to share information with Local Authorities and utilise data to provide more accurate information around sharp peaks to allow the teams to adjust resource as required.
- Reflected on the funding provided by Welsh Government to Local Authorities and queried whether the Health Board had an opportunity to discuss how the funding should be utilised. It was confirmed that Welsh Government corresponded directly with Local Authorities noting that a joint self- assessment would have been beneficial.
- Supported the paper for onward submission to the Board in September 2025.

It was resolved that the Committee:

- **REVIEWED** the Resilience Planning approach for 2025/26; and
- **SUPPORTED** the Winter Plan for onward consideration by the Board.

PP25/78 Health Protection Service - Service Overview and Update on Activities

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

- The report provides an update on the Health Protection Service and assures the Committee on the approach that has been taken to deliver against the Welsh Government Health Protection principles.
- Welsh Government have produced a draft health protection framework which establishes the strategic vision for Wales and ensures Health Boards prepare, prevent and respond to health protection.
- A number of key areas of work have been completed in the last three months which included the delivery of a Tuberculosis screening event in the East IHC, the delivery of a national vaccination programmes which was mandated by Welsh Government and the delivery of an infection prevention control (IPC) review programme within residential care homes which resulted in a 50% reduction in admissions to secondary care services.
- Going forward the team will continue to develop an integrated North Wales system to protect the population as well as supporting the strategic vision to deliver the Welsh Government principles.

As part of the discussion, the Committee:

- Emphasised the significant amount of work that has taken place which prevents some significant issues from reaching healthcare settings.
- Noted the figures in relation to influenza vaccinations provided to Health Board staff and queried the low uptake. It was confirmed that there are plans in place to link the data between staff vaccinations and sickness days lost to provide more detailed information in this area.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the approach that has been taken to deliver against the Welsh Government Health Protection principles in North Wales.

PP25/79 Actif Workplace Update

Members received the report and the Executive Director of Public Health and Consultant in Public Health, Medicine highlighted:

- The aim of the initiative is to develop a range of resources to improve the health and wellbeing of employees through a whole workplace approach to physical activity.
- Considerable progress has been made since this was reported to the Committee in December 2024. A bi-lingual webpage has been developed in partnership with the Health Board and Actif North Wales and this includes links to the Actif Workplace Toolkit, Policy Templates, Actif Soles Campaign and Actif Workplace Videos for desk based exercise. The webpage has had recognition locally and nationally in relation to the quality of resources produced.
- A working group has been established to develop a Health Board Actif Workplace Policy and includes a wide range of representatives including Trade Unions. A staff survey has also been disseminated to inform the policy development and to assess current physical activity levels and barriers to physical activity in the workplace.
- The team are also working in partnership with the Environment and Estates Directorate to agree an approach to establish the North Wales Healthy Travel Charter by early 2026.

As part of the discussion, the Committee:

- Referred to stand up desk and queried how access for staff can be managed in the current financial climate. It was suggested this could be raised via the Strategic Health and Wellbeing Group to investigate how this resource could be commissioned adding that this is one component of the programme and there are some cost neutral elements that can be progressed.
- Queried the impact of this work and how it can be measured. It was confirmed that the team are working on this area, views shared via the staff survey will help to develop the policy and it has been suggested to follow the journey of a range of staff members who complete the survey to see the impact of this work.
- Recognised the work taking place but moving forward, suggested the need to identify key outputs to provide more detailed updates as the project progresses. It was confirmed that the benefits are far reaching as behaviours in the workplace ripple to the home.
- Noted the difficulties in establishing the Healthy Travel Charter due to the geography of North Wales however work is taking place to link this to the green plans and future estates strategy to provide opportunities for access.
- Suggested a strategic focus to this reporting in future.

It was resolved that the Committee:

- **ENDORSED** the progress being made with progressing the Actif Workplace Programme.
- **APPROVED** and commit to leading by example in modelling healthy and active behaviours in the workplace (e.g., take active breaks, walking meetings, wear active soles in the workplace).
- **APPROVED** the nomination of an Executive Lead to be filmed for the internal campaign launch.

- **SUPPORTED** the promotion of the Actif Workplace Resources following the internal launch, encouraging all directorates and teams to be more active in the workplace.
- **ENDORSED** the embedding of the Actif Workplace Toolkit and policy across BCUHB, including integration into the Occupational Health Team work.
- **SUPPORTED** the promotion and use of Actif Soles within BCUHB to encourage movement and active footwear use during the working day.
- **SUPPORTED** BCUHB's commitment to maintain delivery against the North Wales Healthy Travel Charter.
- **SUPPORTED** the exploration of funding opportunities through the BCUHB Strategic Staff Health and Wellbeing Group to develop facilities for active travel and access to standing desks.

PP25/80 Progress Update on Year One of the Arts in Health & Wellbeing Three Year Strategic Framework

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

- The report provides an overview of year one progress against the aims and objectives of the Arts in Health and Wellbeing Three-Year Strategic Framework.
- The programme is a core element of the holistic approach of the Health Board; utilising a diverse range of methods and settings to improve the health of the population.
- The work is now starting to align with the performance management structure to enable the team to measure progress as well as provide opportunities to further embed this area of work into the prevention agenda.
- An Arts, Health and Wellbeing Partner Steering Group has been developed to enable collaborative and partnership working to take place and support delivery of the Framework.
- A range of funded projects have taken place across the organisation that have enabled the team to trial and learn from a range of innovative approaches to improving health and wellbeing in both hospital and community settings.
- There are challenges as demand increases and the team have recently appointed a new post to allow work to be embedded and ensure a more sustainable offer can be provided going forward.

As part of the discussion, the Committee:

- Queried how the measurable impact on progress can be demonstrated in the development of key areas. It was confirmed that an evaluation strategy has been produced and there are specific areas that are now able to demonstrate the impact on staff and patients.
- Highlighted the strong links with Ty Llywelyn and the work taking place with the art therapists to provide this service.
- Noted the *Coming to our Senses* project and queried whether this is a health and wellbeing programme for Health Board staff. It was confirmed that this is for staff members and further work is taking place to see where investments can be made to provide support for staff which can be linked up to data to start to build an evidence base.

It was resolved that the Committee:

- **NOTED** the progress made during the first year of the Arts in Health and Wellbeing 3-year Strategic Framework, and the ongoing challenges of meeting the demand for creative approaches to improving health and wellbeing.
- **ENDORSED** the development of, and staff engagement with, creative wellbeing resources and activities to support the Culture Change Programme, which will contribute to improving the health and wellbeing of staff, preventing long term sickness absence, and increasing retention.
- **IDENTIFIED** opportunities to embed, or further embed, Arts in Health approaches within BCUHB services.

PP25/81 BCUHB Welsh General Ophthalmic Services (WGOS) Annual Report 2024/25

Members received the report and the Chief Operating Officer highlighted:

- In line with the ministerial directions, the Health Board are required to produce and publish an eye care services annual report for the purpose of monitoring the provision of Welsh General Ophthalmic Services.
- Progress is being made in this area however there have been challenges with cataract surgery as well as ensuring correct pathways are followed and this is being discussed in further detail with clinical colleagues.

It was resolved that the Committee:

- **NOTED** the contents of this report for information and publication on BetsiNet.

PP25/82 Discussion on Primary Care

Members discussed the item and the Director of Corporate Governance highlighted:

- Primary Care previously sat within the remit of the Quality, Safety and Experience Committee and has now been confirmed under the remit of this Committee.
- There is a need for clarity on the assurance required by the Committee in relation to the development of Primary Care and how this can be developed in the planning space to align with the Integrated Medium Term Plan.

As part of the discussion, the Committee:

- Confirmed that the discussion at the Planning, Population Health and Partnership Committee Development Session taking place on 24 September 2025 will include Primary Care as well as health inequality.

Action:

- **PP25/82.1** 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.

It was resolved that the Committee:

- **NOTED** the discussion.



GOVERNANCE AND ASSURANCE

PP25/83 Board Assurance Framework

Members discussed the item and the Head of Risk Management highlighted:

- The delayed actions in relation to the Strategic Development and Digital Transformation risk have previously been discussed by the Committee and funding delays remain an issue.
- The Planning risk has been discussed by the Risk Scrutiny Group and some recommendations have been updated.
- The additional risks highlighted in the report are progressing.

As part of the discussion, the Committee:

- Queried whether BAF24-06 sits with this Committee or the Quality, Safety and Experience Committee. It was confirmed it is a patient safety risk however it also includes population health so therefore sits across both Committees.
- Raised concern around actions not being smart as it is difficult to determine whether improvements have been made and actions have been completed.
- Noted concerns in relation to the Digital risk BAF24-02 and Assurance risk BAF24-08. It was confirmed that wider development will be taking place in relation to the Corporate Risk Register and suggested these concerns are noted in the Chair's Assurance Report to the Board.

Action

- **PP25/83.1** Note the concerns raised in relation to BAF24-02 and BAF24-08 in the Chair's Assurance Report to the Board.

It was resolved that the Committee:

- **RECEIVED** and **CONSIDERED** the contents and assurance rating of the Board Assurance Framework.

FOR INFORMATION

PP25/84 Summary of Business to be Reported from Private

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

PP25/85 Committee Forward Workplan

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

CLOSING BUSINESS

PP25/86 Agree Items for Referral to Board / Other Committees

It was agreed to alert the Board to the concerns raised in relation to the Board Assurance Framework.

PP25/87 Review of Meeting Effectiveness

This item was not discussed.



PP25/88 Date of next meeting

Tuesday 28 October 2025, 9.30am

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 20.10.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP25/72.1	04.09.25	<p>Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap</p> <p>Director of Corporate Governance to highlight the issues raised around risks, governance arrangements and financial impact to the Executive Strategic Planning Group.</p>	Pam Wenger	Jan 26	<p>Remain Open</p> <p>16.10.25 Director of Corporate Governance and Interim Executive Director of Transformation & Strategic Planning to discuss how to take this forward.</p>
2	PP25/72.2	04.09.25	<p>Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap</p> <p>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>	Pam Wenger DDaT Team	Jan 26	<p>Remain Open</p> <p>16.10.25 Director of Corporate Governance to discuss with the DDaT Team to agree how to take this forward.</p>
3	PP25/72.3	04.09.25	<p>Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap</p> <p>Chair of the Committee and the Chair of the Health Board to discuss how to address some of the digital issues raised from a</p>	Clare Budden	Nov 25	<p>Remain Open</p> <p>16.10.25 Chair of the Committee and Chair of the Health Board to meet and discuss before the end of November 2025.</p>



			Board level perspective.			
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>	Jan 26	<p>Remain Open 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>Stephen Powell Helen Stevens-Jones</p>	<p>October 2024 Dec 2024</p> <p>Revised timescale Jan 26</p>	<p>Remain Open 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 capacity issues. 23.06.25 It was agreed at agenda setting to put this forward for the next meeting in September 25. 15.04.25 Steve Powell to</p>



						<p>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 round the table is opportune.</p>
ACTIONS PROPOSED FOR CLOSURE						
1	25/170.2	25.09.25	(Action from Board for PPHP Committee) Urgent and Emergency Care Planning, Population Health and Partnerships Committee to review the final	Tehmeena Ajmal	Oct 25	Action proposed for closure 16.10.25 This has been included on the agenda for the October 25 meeting.



			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	Action proposed for closure 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	Action proposed for closure 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	Action proposed for closure 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	Pam Wenger Jane Moore	Oct 25	Action proposed for closure 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



			organisation work with community groups. Planning, Population Health & Partnerships Committee to also focus on the work with partners to develop partnership working further and provide evidence that our partners have influenced our planning and join outcomes.			place on 24 September 25 and will also consider the role of the 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	Action proposed for closure 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.

Closed Actions (as agreed at meeting on 04.09.25)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP25/27.1	01.05.25	Reflections on the Plan Arrange a Board session to allow Board members to opportunity to provide feedback on the IMTP.	Paolo Tardivel Pam Wenger		23.06.25 This was discussed during the Informal Board Session on 28.05.25 and is also included on the agenda for the Board Development Session on 26.06.25.
2	PP25/29.1	01.05.25	Population Health Delivery Report Plan a Committee Workshop / Development Session to discuss areas including prevention, deprivation, health inequality	Jane Moore Pam Wenger		26.08.25 This will form part of the discussion at the PPHP Committee Development Session on 24.09.25.



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



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			monitor the adoption and implementation of the programme.		timescale Sept 25	<p>23.06.25 A detailed report on the Active Workplace programme will be provided to the Committee in September following the launch of the programme.</p> <p>12.03.25 We will provide a brief update as part of the Q4 Delivery Report and bring a paper to the meeting in July 25 as we are in the process of evaluating the programme to date and this will allow more detailed content / greater insight to share with the Committee.</p> <p>20.01.25 This has been included on the forward workplan to come back to the Committee in April 25.</p>
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Teitl adroddiad: <i>Report title:</i>	Key Programmes Report			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	28 th October 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide the committee with an overview of current progress and assurance regarding more detailed scrutiny that has already taken place at the Strategic Planning and Service Change Group.</p> <p>The group reviewed progress at its meeting on the 2nd October where in addition to the summaries included in this report it was also availed of more detailed individual highlight report for each programme.</p> <p>The group received a number of escalated items for review. This included an update from the Chief Pharmacist around the EPMA programme, seeking support for proactive contingency steps should the programme not complete within the financial year due to external factors. The group agreed an approach around finances should this occur along with a steer to consider re-ordering the rollout across BCU to mitigate any potential risks to delivery.</p> <p>Concerns were raised regarding the ongoing national pause relating to the Electronic Healthcare Record and reminded colleagues of the criticality of this programme to the Health Board's overall Transformation programme, and it was agreed to escalate concerns nationally. An overarching paper on Health and Well-Being Hubs is being prepared for the November meeting and onwards to November Board and as part of this the need to agree a full set of Senior Responsible Officers (SRO's) was raised. The group also noted a potential decision point for Waunfawr where updated legal advice regarding the land has impacted on plans that were being progressed.</p> <p>The group were also appraised of post go-live issues relating to the Radiology Informatics System Project (RISP), which are not atypical for an implementation of this size. Escalation processes with the supplier had resolved issues in good time and business continuity had been maintained 24/7. As the first large Health Board to go live there is significant learning for BCU to share with colleagues across Wales.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Group is asked to:</p> <ul style="list-style-type: none"> ▪ RECEIVE ASSURANCE on the progress being made and the mechanisms in place at Executive level to scrutinise concerns and expedite issues. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Assistant Director of Transformation (Interim)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd:	Arwyddocaol <i>Significant</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>	Rhannol <i>Partial</i>	Dim Sicrwydd <i>No Assurance</i>

Assurance level:	<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>	<input 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>	<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>	<input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To support the Integrated Medium Term Plan (IMTP)			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Not applicable			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable			
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable			
Cysylltiadau â risgiau BAF:	Not applicable			

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





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Health Board Key Programmes Progress Report September 2025



Trugaredd
Compassion



Agored
Openness



Parch
Respect

SECTION 1 - EXECUTIVE SUMMARY

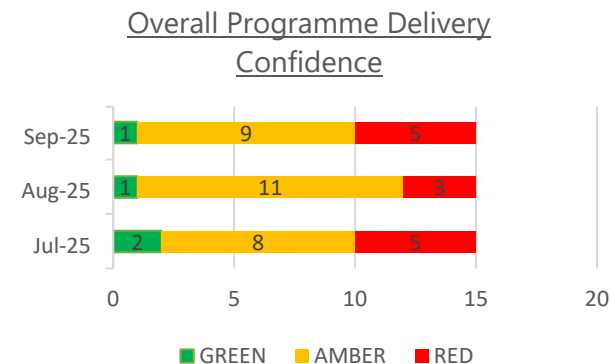
This month's report demonstrates a maintained position of one Programme, Waunfawr Health and Wellbeing Hub reporting as a 'Green' assessment, albeit this programme still has some key approvals required, and updated legal advice is likely to lead to a changed position in next month's report. Now that reporting mechanisms are in place, over the coming weeks the Portfolio Office will be undertaking a rapid assessment of each individual programme to critically analyse the challenges in more detail and support with course correction.

Key milestones achieved during the reporting period include the go-live of the Radiology Informatics System Project (RISP) on 8th September. As expected with any large-scale system deployment there have been challenges with a number of technical issues, however multi-professional teams have worked tirelessly to implement with only two outstanding issues currently being resolved by Philips, the system supplier. Escalation processes are in place if sufficient progress towards stable operations is not achieved, however the Radiology Service maintained 24/7 business continuity throughout this demanding period of transition. BCUHB are the first large Health Board to go live and lessons learnt are being collated for future deployments of RISP as the evaluation stage commences.

Within the Planned Care Hub in Llandudno, staff affected by the transition to the new hub have now completed their second round of one-to-one consultation meetings and a formal 90-day notice period was issued on 15th September by Service Leads to those staff affected by the transition. Delivery of the agreed activity model is critical to realising the benefits of this programme and the Chief Operating Officer is holding weekly meetings with service leads to confirm activity for the latter part of 2025/26 and 2026/27.

A number of risks persist across a number of the programmes including some delays to expected timescales due to procurement. This is currently impacting on the All Ages Mental Health Electronic Record which has been delayed by approximately 5 weeks, however work continues to be undertaken around readiness activities by the relevant workstreams. Other key issues for this group's consideration include clarifying the outcome of the IRCF prioritisation exercise and agreeing a full set of SRO's for the Health and Well-Being Hubs, along with providing broader strategic overview of this work which will be subject to a paper in the November meeting.

Further to last month's deep dive on LIMS a number of internal and external escalation meetings have taken place where the CEO has met with service colleagues locally and CEO counterparts nationally to aid unblocking of issues.



SECTION 2 – PORTFOLIO HIGHLIGHTS

Key Programmes status **as at September 2025**, taken from highlight reports contained within the report at Appendix 1.

Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Ablett Mental Health Unit						
<ul style="list-style-type: none"> A review of the communication plan is underway with a refresh planned once the legal and contract issues are resolved. This will include stakeholder engagement relating to the disposal of Bryn Hesketh First draft of the workforce section for the Full Business Case (FBC) is complete The BCUHB Project Team continue to progress the production of the in-house elements of the Full Business Case (FBC) with the first draft expected by the end of September The scheme has received approval to proceed at a revised budget of £108.1m, retaining the existing design and planning permission. Capital colleagues continue to explore the procurement route which will enable delivery of the scheme within the available WG budget. No change to confidence rating from last month. 						
Digital Maternity System						
<ul style="list-style-type: none"> Train the trainer dates have been scheduled for early November to support implementation and familiarisation for staff utilising the system. The first B6 Clinical Support position has now been filled, and recruitment is commencing for second post. This is supplemented by the appointment of a B6 ICT Product Specialist The local Project Board has agreed with integration options put forward by ICT and a paper has been issued to System C for discussion. There is a potential forecasted revenue overspend of £63,000. This is comprised in the main of estimated data cabling costs should the Service require all CTGs (baby monitors) connecting to the network as part of the project implementation. No current mitigation evident and course correction activities are required in the next month. No changes to confidence rating from last month. 						
Electronic Healthcare Record						
<ul style="list-style-type: none"> Timescales and strategic direction unclear due to unknown national approach however team continue to engage with Welsh Government and national discussions. Change to 'Plan' confidence from Green to Red since last month due to the programme being on hold whilst the Health Board awaits guidance from Welsh Government Requires escalation to resolve 						

Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
ePMA						
<ul style="list-style-type: none"> In-person stakeholder engagement remains active, with ongoing dialogue to maintain momentum and ensure alignment across teams during this interim period Trainers are required to support the delivery plan; however, the preferred route of agency trainers has faced some challenges due to application of a Welsh Government Agency Reduction Framework and additional steps are needed to authorise this approach to ensure sufficient support is in place. The timeline is currently being reviewed and the Programme Board were assessing revisions during September A contingency plan is also being drawn up to confirm the programme's needs for delivery into the next financial year (26/27) should there be any delays. Change to 'Overall Delivery Confidence' and 'Resource' confidence from Amber to Red since last month due to agreement to extend the testing period to allow for a full retest to ensure no risk to patient safety and that assurance can be provided. A revised timescale was presented to the Programme Board during September 						
LIMS						
<ul style="list-style-type: none"> Significant overall issues with the programme escalated to CEO level, with urgent meetings behind held locally and nationally High level of resource is required to keep programme on track. This is potentially impacting on Pathology service delivery. The revised National mitigation plan will incur additional costs of £1.6M and it has now been agreed this will be met by Welsh Government. National User Acceptance Testing (UAT) has been rescoped to deliver a minimum viable product (MVP) to meet current deployment timelines. New national deployment plan is behind schedule with no clear recovery plan in place and no agreement on deployment approach. Contingencies in place which include contract extensions for existing systems until December 2026. No changes to confidence rating from last month. 						
Llandudno Orthopaedic Hub						
<ul style="list-style-type: none"> Executive level support is being provided to manage the risks around delivering the 50 week model and staffing the second theatre. Operational teams are working to ensure Llandudno is at full capacity within the first 12 months. The new Executive Medical Director will be briefed by the SRO to support job planning and single pooling challenges. Weekly meetings led by the Chief Operating Officer are in place to confirm activity for 25/26 and 26/27. Q1 activity for 26.27 has been calculated at: 3 days per week delivering 3 joint replacements per list and 2 days per week of High Volume Low Complexity (HVLC). Staff impacted by the transition to the new hub have completed their second round of one-to-one consultation meetings and a formal 90 day notice period was served on the 15th September. Staff side continue to be updated monthly and minimal issues reported to date. The Latest revision of the Capital build has confirmed a contract completion of 19th January 2026. Ongoing engagement continues with the Contractor for improvement to this date with an updated commissioning programme expected by the end of September. Capital and revenue costs remain within budget, however that is utilising all of the contingency for the capital build. Some contingency remains in the revenue costs. No changes to confidence rating from last month 						

Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Mental Healthcare Electronic Record						
<ul style="list-style-type: none"> Resource profile has been reviewed with additional resource required to implement the system and support Business as Usual. Recruitment for change teams is ongoing. Formal deployment plan will need to be agreed with the successful supplier; therefore, a plan cannot be fully developed until this time. Timescales may be impacted by pre-election period should additional funding be required. Escalation required to ensure cost containment. Benefits work is complete to support the Full Business Case, although cash-releasing benefits will not achieve a cost-neutral target for the organisation there are strong non-financial outcomes like improved quality and staff experience in place. Review of original business case required to ensure consistency in this respect. Change to 'Overall Delivery Confidence' from Amber to Red due to delays in the procurement process, with an overall delay of approximately 5 weeks, there has also been a change to 'Progress' from Green to Amber to reflect the delays. 						
RISP						
<ul style="list-style-type: none"> System went live on the 8th September, with BCU being the first large Health Board to deploy Radiology managed to maintain 24/7 business continuity during this demanding period of transition which has been very challenging for teams on the ground. As expected with any large-scale system deployment there have been challenges with the go-live with a number of technical issues that the team along with Philips, third party partners, Radiology, DHCW and DDaT teams have worked tirelessly to resolve. Supplier resources secured to provide on-site support for beyond week 2 due to the ongoing issues and RISP Helpdesk in place to support all BCUHB users and direct queries to relevant teams. Change to 'Finance' from Amber to Green reflects funding letter for capital and revenue allocation for 25/26. Change from Amber to Red for 'Risks / Issues' is due to a number of post go-live issues which are being closely monitored. 						
Well-being Hub: Bangor						
<ul style="list-style-type: none"> A visit has been arranged by Welsh Government Integration and Rebalancing Capital Fund (IRCF) Team with the Health Board/Cyngor Gwynedd & Welsh Government Regeneration Team to visit similar ex Debenhams scheme in Carmarthen on 2nd October and to discuss the next steps for the Bangor project. A follow-up discussion planned at Carmarthen visit with WG IRCF Team to discuss the recent changes (ownership & lease proposals) with regard to the Bangor Menai Centre scheme and the next steps for the SOC / OBC. No change to confidence rating from last month. 						
Well-being Hub: Caledfryn						
<ul style="list-style-type: none"> Ongoing engagement with service providers and Denbigh community including Design workshop with Children's Centre team in Hyfrydle to deep-dive in to review of proposed designs and continuation of discussions regarding The Men-Sheds group currently accommodated in Trefeirian (BCU building). Local Project Management support in place (Estates and IHC) and Project Director. The Capital team has appointed the design team, cost advisors and CDM advisors and are working through designs. Business Justification Case (BJC) cannot be completed until the Business Case writer has been procured, awaiting on procurement team to commence tender process. No change to confidence rating from last month. 						

Programme	Overall Delivery Confidence	Resource	Finance	Plan	Progress	Risks / Issues
Well-being Hub: Conwy West						
<ul style="list-style-type: none"> Conwy County Borough Council Cabinet have supported the allocation of the identified preferred site for the Hub Development and lease of adjacent land to the Community Garden organisation. Local Project Management support in place (Estates and IHC) and Project Director. Risk that site and / or funding becomes unavailable and presents further delays to programme as funding is in place for OBC within 25/26. Outline Business Case (OBC) cannot be completed until Supply Chain Partner (SCP) appointed. Project Director is reviewing risks associated with delay and formulating mitigation strategies for if the project is to be delayed. No change to confidence rating from last month. 						
Well-being Hub: Holyhead						
<ul style="list-style-type: none"> A workshop (internal) has been organised by BCUHB for 22nd October in Holyhead to review the overall scheme / service provision Scheme is listed as a priority within the BCUHB / IRCF Capital Programme starting in 2026/27. The overall capital ask from WG IRCF is substantial with the potential for only a small contribution from Regeneration / Transforming Towns – this could represent an affordability issue for Welsh Government No changes to confidence rating from last month. 						
Well-being Hub: Penygroes						
<ul style="list-style-type: none"> Team are consolidating feedback from community drop in event held in July to inform future design. The event was very successful with over 80 people attending and overall feedback positive. Continued work ongoing with service leads to work through the detailed design of the accommodation. Further resource likely to be required to complete the business case and further design work. Estimated scheme costs are relatively low (£9.9m) and subject to 100% funding approval from Welsh Government. Proposal for Grŵp Cynefin to transfer the land for the new centre to the Health Board No changes to confidence rating from last month. Health Board and Grŵp Cynefin are in discussion regarding the issue of signing off former scheme “abortive/transferable costs” for submission to WG 						
Well-being Hub: Royal Alexandra Hospital						
<ul style="list-style-type: none"> A workshop is planned to progress work packages and scope after 10th November to align with user requirements of the existing building. Staff engagement is ongoing and key roles confirmed although SRO appointments remains outstanding and requires resolution Phase 1 - The Pre-Application Consultation (PAC) has been completed and planning application submitted on 26 September. Full Business Case (FBC) Addendum approved by BCUHB governance groups and BCUHB Board on 25 September, ahead of Welsh Government submission. Phase 2 – Site management work is progressing during this period, with ‘OccupEye’ report findings due in early October 2025. No changes to confidence rating from last month. 						

Well-being Hub: Waunfawr

- Business Justification Case (BJC) further reviewed by Executives on 17th September however was not supported at this stage and further work has been requested to define the approach.
- Revenue gap currently estimated at £39.7K p.a. (£18.7K for the GP Practice) which they have committed to fund and (£21K for the Health Board) for which the West IHC have agreed to support.
- No changes to confidence rating from last month**
Updated legal advice had led to a change in direction regarding procurement of the land. This is likely to lead to a change in RAG ratings in the next report, however to preserve the integrity of this reporting period they remain as reported to the Strategic Planning Group



Teitl adroddiad: <i>Report title:</i>	Director of Planning Report			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	28 th October 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this report is to provide the Committee with an update on a range of strategy and planning matters. This is a regular report to PPHP with any key updates provided directly to the Board.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE the content of the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>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></small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></small>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To deliver against the organisation's key strategic objectives			
Goblygiadau rheoleiddio a lleol:	Not applicable			

Regulatory and legal implications:	
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
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 been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Next Steps: Implementation of recommendations	
Supporting Papers: <ul style="list-style-type: none"> NHS Wales Strategy and Planning Maturity Matrix 	

- NHS Wales Strategy and Planning Maturity Self-Assessment Guidance
 - Planning Maturity Matrix Self-Assessment Submission Template
-

Director of Planning Report

The purpose of this report is to provide Committee(s) with an update on a range of strategy and planning matters. This is a regular report to PPHP with any key updates provided directly to the Board, it may also be used in other Committees when required. The first Director of Planning Report to PPHP in July 2025 went into more detail around the background to each area to ensure the reader was orientated around the context. This and subsequent reports are not intending on covering this detail and will therefore be shorter in length.

▪ Strategy

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

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

A further Informal Board development session took place on the 28th of August, discussions centred on defining a clear strategic vision; the imperative to address underlying operational capacity challenges, and the need to strengthening regional, community and primary care models through improved integration and increased collaboration with statutory and non-statutory partners. The CSP was highlighted as a critical tool, which will require ambition, clarity, and alignment with national and regional priorities.

Community activation and co-design emerged as essential components of the strategy work, with a focus on empowering individuals, promoting shared responsibility for health, and integrating lived experience into planning. The need for greater public involvement ahead of board decisions was recognised underscoring the importance of continuous inclusive and authentic engagement. Innovation opportunities such as AI-enabled diagnostics and genomic medicine were discussed, which highlighted the need for ongoing insight gathering within the Health Board as well as drawing on the expertise of others in Wales and further afield.

A follow-up session was held with the Regional Partnership Board (RPB) to reflect on feedback from the July discussion which had focussed on joint working opportunities and barriers. Insights from this engagement helped to inform the programme for the Strategic Development Session, held in partnership with the Bevan Commission that took place on the 8th October. The all-day event brought together over 70 participants from a diverse range of backgrounds including statutory and non-statutory partners, community stakeholders as well as Health Board staff.

The session explored key themes such as the national and regional context for health and wellbeing in North Wales considering both current and future trends; heard from voices from the community and discussed the co-creation of a shared vision and opportunities for collaboration. It also examined the barriers to delivering collective ambitions. An output report from the event will be produced by the end of October, which will include a draft strategic vision statement for the Health Board and a draft strategic intent for health and wellbeing in North Wales. These will be refined through further engagement over November and December, with a view to seeking Board approval in January. The event also generated valuable material which will be used to support the ongoing Strategy Development work and preparations for Phase 2 of the CSP. A presentation of the high level insights gathered from the event will be presented at today's PPHP meeting.

▪ **Challenged Services**

The Strategic Planning and Service Change Group recently approved the implementation of an oversight group for Challenged Services ensuring there is a single place in the organisation for detailed review and assurance and triangulation of any clinical risk.

As previously reported, Plastics and Oncology are being considered by Government colleagues for potential de-escalation from Special Measures status. All resulting actions for BCU following the national touchpoint meeting in August have been completed, including submission of plans and relevant waiting times data and a decision is now awaited.

A further meeting with Welsh Government took place on the 17th October to review Vascular, Dermatology, Ophthalmology and Urology, which was positively received. A clinical workshop to review the Dermatology Service model was held in September, attended by the CEO, and marks an important step in shaping future options for a sustainable North Wales model.

Following the referral of four Vascular cases to the senior coroner following concerns, the final one of these inquests was held on the 1st October, which resulted in a narrative conclusion. All Abdominal Aortic Aneurysms continue to be outsourced to the Royal Stoke Hospital whilst the Health Board has been undertaking a review and a great deal of work has been undertaken on a detailed improvement plan.

A more detailed report on Challenged Services will be submitted to the Quality, Safety and Experience (QSE) committee in early November, which will outline progress along the concerns and risks that still exist.

▪ **Service Change**

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

Internal Service Change - Tywyn and Penley Community Hospitals

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

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

Tywyn has now completed both its balanced room sessions; co-creating a long list of scenarios, applying a set of essential criteria to create a medium list of scenarios in Balanced Room 1 on 5th September, and then co-developing a set of weighted desirable criteria and applying them to the medium list to produce a ranked short list of options on 16th October. The next steps are for further engagement on the short-listed scenarios.

Penley has had its first balanced room on 26th September and is due to have the second on the 29th October.

The plan to bring both to a Board decision in January is based on a deep engagement approach. Should it be deemed that either or both of these are 'substantial' service changes, a formal consultation will need to be planned, which will impact timelines.

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

The BCUHB response to the Hywel Dda CSP public consultation was submitted ahead of the 31st August deadline and included in the Corporate Governance Report presented to the September Health Board.

BCUHB has been invited to participate in the Hywel Dda CSP Options Development Group which will appraise the alternative options submitted during the consultation, with meetings arranged in October and November to conclude this exercise.

The CEO and Executive Director of Planning from Hywel Dda have agreed to lead a development session for members of the Health Board's Strategic Planning and Service Change Group to share learning and experience from the development of their CSP and the resultant consultation process. The session has been arranged for November the 20th and the insights gained will help inform the

approach to the development of the BCUHB CSP – Phase 2.

The BCUHB Planning Team will maintain close collaboration with colleagues in Hywel Dda as work progresses towards finalising recommendations for approval by the Hywel Dda University Health Board later this year.

▪ Corporate Planning

IMTP 2025/28 Submission and Planning Cycle Feedback

The Health Board received feedback from Welsh Government on the IMTP 2025/28 submission on 2nd September 2025. The Planning Team have reviewed the feedback in detail and compared it to the findings from internal learning exercises and from reviews of other health board plans. Board Members were taken through the feedback and next steps at an Informal Board Development session on 24th September 2025.

The feedback was divided into 4 categories:

- 1) **General** – Structure of the plan and delivery detail, along with level of financial risk.
- 2) **Strategic Planning** – Lack overarching strategic context including Clinical Services Plan, questions of capacity and insufficient linkage with JCC plans.
- 3) **Delivery, Performance & Enabling Actions** – Trajectories, caveated commitments and minimal reference to Quality Statements.
- 4) **Specific Policy Feedback** – Broader Decarbonisation and Women’s health plans, clarity on health inequalities outcomes, more detail on how social prescribing will be expanded.

There was also a lot of positive feedback recognising the significant progress made and the hard work that had gone into producing a financially balanced plan for the first time ever. The following areas were called out positively: Quality, Challenged Services, Value and Sustainability, Population Health Management, Prevention and Early Intervention.

All the learning outlined above has been incorporated into the refreshed Integrated Planning Framework, a draft of which is on the October PPHP agenda for input, prior to going to Board in November for approval.

Planning Maturity Matrix

The Health Board received an updated Planning Maturity Matrix from Welsh Government on 22nd September, requesting that a self-assessment exercise be completed, approved by Board and submitted by 28th November 2025. A process to gather a broad range of perspectives from across the organisation was put into action quickly and is taking place through October into early November. The output of this work is therefore not available due to the timing of PPHP, but any feedback from Members is welcome following the meeting and will be incorporated prior to review as part of the Executive governance and ultimately Board in November.

This work will result in a planning maturity action plan, that will also pick up any outstanding elements of the Special Measures Independent Review of Planning. The final refreshed Integrated Planning Framework will also benefit from the output of this work.

The Maturity Matrix and associated guidance from Welsh Governance can be found in the supplementary papers for the Committee, but an extract of the six domains and their descriptors can be found below:

Domain	Description
A) Strategy Development/Clarity of Purpose, Vision and Strategy	<ul style="list-style-type: none"> ▪ Evidence of a clear purpose, vision and strategy for the organisation. ▪ Responds to national, regional, local and partnership priorities, and the wider determinants of health. ▪ Translates national policies into local strategy, planning, and delivery.
B) Strategy Alignment and Development of an IMTP	<ul style="list-style-type: none"> ▪ Evidence of alignment of strategy with components of the plan.
C) Dynamic and Engaged Planning	<ul style="list-style-type: none"> ▪ Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes. ▪ Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models e.g. via regional solutions, consolidation of services etc.
D) Operational Planning	<ul style="list-style-type: none"> ▪ Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. ▪ Embedding a culture of reducing unwarranted variation, improved performance and outcomes end evaluation of improvements
E) Best Practice Approach to Improvement	<ul style="list-style-type: none"> ▪ Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.
F) Realistic and Deliverable:	<ul style="list-style-type: none"> ▪ Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.

2025/26 IMTP Process and Engagement

The 2025/26 IMTP process and engagement is well underway following a period of reflection and learning from last year’s process during Q1 and then strategic direction and priority setting with Board members and Partners in Q2.

Since the last PPHP meeting there was a successful PPHP Development session focused on prevention and early intervention in the community on 28th September. This forms part of the ‘continuous planning’ approach and acted as the strategic shaping of these sections of the IMTP. In a new addition to this year’s process, the Chief Executive has also conducted a round of one to ones with each Executive to agree the scope, big issues to tackle and key priorities for each portfolio.

Multi-professional teams are mobilising behind these priorities to create well-rounded and well connected pan BCU plans for each priority area. This includes ensuring that service planning

modelling is at the heart of the planning efforts, to provide a more well numerated plan for 2026-29.

Work has also been undertaken on where the organisation spends the full £2.5bn budget. This is designed to provide a basis on which the Board can take key strategic decisions on spending less in one area in order to spend more in another of more strategic importance. This will also mean that a more mature and holistic prioritisation of resource takes place, rather than solely focusing on comparatively small pots of non-recurrent funding.

IMTP Resource Allocation

The process to prioritise the £42m of Performance and Transformation funds to focus on the Cabinet Secretary's 2025/26 priorities has completed and is being presented during a private session of the Committee today.

Q2 Annual Delivery Plan Reporting

The Q2 Annual Delivery Plan (ADP) reporting process is underway following the closure of Q2 on 30th September. The team are in the process of gathering and testing all the evidence associated with the deliverables due to inform a paper that will go to Board in November. The report seeks to better set the in quarter progress in the context of the full year delivery, including intended impacts. Given the timing of the PPHP Committee and the need to complete the evidence gathering and then take through Executive governance, it won't be possible to bring the report to PPHP prior to Board.

Future Generations Report 2025

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

Amongst the recommendations the Commissioner is calling for:

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

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

An exercise has been conducted to map the required actions in these areas to the existing IMTP priorities and to classify each recommendation into 'in progress' or 'to be strengthened in the next IMTP'. This view was discussed at Executive Committee on 15th October and is being finalised with individual Executives prior to being circulated to Board Members for visibility ahead of the submission date.

The lead responsibility for this sits with the Executive Director of Transformation and Strategic Planning, with PPHP being the committee responsible for oversight on behalf of the Board.

▪ **Special Measures**

Welsh Government are in the process of finalising the latest Special Measures progress report for Q2 due to be published in October. The team have been busy working with Welsh Government officials to provide the latest position on all areas in scope. This will be an important report as it will feed into the Tripartite discussion between Welsh Government, Health Inspectorate Wales (HIW) and Audit Wales on 18th November, where escalation level statuses will be reviewed.

The NHS Wales oversight and escalation framework has been updated adding a domain for Population Health and Prevention but remaining at 6 domains by merging Governance and Leadership domains. This has been reflected in an refreshed BCUHB escalation framework and de-escalation criteria, which doesn't contain any substantial changes other than being streamlined and better aligned to other Health Board escalation documents.

There would have been a Special Measures Assurance Board as part of the Joint Executive Team meeting with Welsh Government in November, but this has been stood down in favour of the new Public Accountability meetings that all Health Boards are taking part in.

▪ **Key Programmes**

The Strategic Planning and Service Change Group (SPSCG) continues to oversee progress of these programmes, and the portfolio report utilised is also submitted to this meeting following scrutiny at the October SPSCG.

Following Board approval in September significant preparatory work continues for the Health and Well-Being Hub at the Royal Alexandra Hospital (RAH) in Rhyl. This includes preparing detailed assurance to the Welsh Government Scrutiny Grid process and readiness work for the implementation phase should approval be given at the Infrastructure and Investment Board meeting on the 10th November. The November meeting of SPSCG is scheduled to receive an overarching strategic update on Health and Well-Being Hubs before onward submission to November Board.

The scrutiny at this meeting is beginning to yield positive outcomes in relation to sighting the Executive Team on key risks across the programmes in relative real-time and enabling course correction. Following a Deep Dive on the LIMS programme in September the Chief Executive was able to intervene and undertake remedial actions with local teams and with CEO counterpart at Digital Health and Care Wales (DHCW).

A number of challenges do remain prevalent across the programmes, as articulated in the portfolio report, and now that the initial reporting mechanisms have matured more critical analysis of the programmes is underway with local teams to ensure that issues are being addressed.

A paper that draws together the on-going work across all of the Health and Well-being Hubs, that seeks to provide a strategic overview of the work, is due to be presented to Health Board in November. Due to the timing of the PPHP Committee and the maturity of the preparatory work, it will not be possible to bring the paper to PPHP beforehand.

▪ Major Change Programmes

The major change programmes continue to be overseen by the respective Programme Boards and reporting into the Executive Committee via AAA reporting (Assure/Advise/Alert). As part of strengthening the overall assurance a full cycle of deep dives for the next 12 months has now been scheduled at the Informal Executive meeting. Programmes will present their plans in detail and executive colleagues will scrutinise progress and undertake course correction where required, also ensuring consistent strategic alignment and identifying interdependencies across programmes.

The Planned Care programme is making solid progress across a range of initiatives including booking, follow ups and clinical validation. The PFIG committee is due to hold a session specifically focused on theatre optimisation and recent weeks have also seen a strong focus on the NHS App at the request of government colleagues. The Programme Director has also been directly involved in supporting Challenged Services work in Dermatology, ensuring synchronicity of activities and managing interdependencies effectively. There has also been strong collaboration with Value and Sustainability (V&S), translating the plan into quantifiable value metrics.

The V&S programme has made further strides and using the national V&S framework have now developed a Savings Plan with identified Green RAG savings of over £40m and a total plan, which includes additional in-year pipeline schemes of £45.2m. This plan is fully mapped against the five core V&S workstreams of Medicines Management; Continuing Health Care; Workforce, Non-Pay & Procurement and Clinical Variation. Work continues with workstream leads and the other major change programmes to quantify the wider, non-financial benefits of the programme, focussing specifically on measures of outcome and experience.

As committee members will be aware following the recent presentation at Board, the Urgent and Emergency Care (UEC) system is under sustained pressure and immediate action is required. The Programme Director and Programme Manager posts have recently been vacated and recruitment is currently being expedited through the system. In the meantime Dr Karen Mottart has been appointed as the Clinical Lead for the Programme and is making early inroads and undertaking work to ensure that the programme is focused on the most impactful 'high value ventures'.

The Foundations for the Future Programme continues through the Design Phase and work is progressing across each of the workstreams. Several elements of the programme will be considered by the Board at its November meeting, including the Culture Synthesis Report, a revised Integrated Planning Framework and proposals for the future structure. New structures are expected to be consulted upon by the end of Q3/early Q4 and the discovery phase of the 10yr Strategy is due to complete by the end of this financial year.

▪ Organisational Capability

There is continued uptake from across the organisation for the improvement science training and a celebration event is being planned for March for all individuals who have been through a cohort within the last 12 months where they can share how they have applied their learning into local improvements.

The offering continues to broaden, and transformation colleagues attended a 'Spread and Scale' event run by the Dragon's Heart institute during October in the capacity of facilitators. This enables the team to build on existing expertise and bring back further skills to North Wales on how to scale change once it has been proven to be successful in one area. This will be supplemented by two colleagues, one from Planning and one from improvement, attending the Bevan Commission's 'System Transformation Lab' during November where they will work with leading experts on how to accelerate thinking and problem-solving and move from concept to actionable plans at an accelerated pace.

Work is also underway around agreeing the organisation's approach to change with colleagues from transformation and digital leading this work with support from multi-professional teams. This will involve identifying a set of common principles for applying change, ensuring a more standardised approach for enacting change in the organisation.

The aforementioned Integrated Planning Framework will also contain a high-level approach on how organisational capability in Planning will be improved. This is informed by the Planning Maturity Matrix Self-Assessment and builds upon the findings of the Independent Review of Planning undertaken by Sally Attwood.

▪ Recommendation

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

,Teitl adroddiad: Report title:	Strengthening Engagement and Communications: Progress, Framework and Next Steps
Adrodd i: Report to:	Population Health, Planning and Partnerships (PHPP) Committee
Dyddiad y Cyfarfod: Date of Meeting:	Tuesday, 28 October 2025
Crynodeb Gweithredol: Executive Summary:	<p>This paper provides the Population Health, Planning and Partnerships (PHPP) Committee with a single, integrated update on the Health Board's progress in strengthening engagement, communication, and partnership working. It combines assurance on delivery of the Partnerships, Engagement and Communications (PEC) Delivery Plan for Quarters 1–2 of 2025/26 with an overview of the wider engagement improvement journey and the development of the draft <i>Betsi Way Engagement Framework and Principles</i>.</p> <p>The independent advisor's final report, <i>Progress, Learning and Impact – Engagement and Communication at Betsi Cadwaladr UHB (October 2025)</i>, confirms progress since 2023, citing stronger leadership, improved governance, and a more open and inclusive culture. The draft, co-designed Betsi Way Framework presented to the Committee for comments and views represents a significant milestone in shaping a clear and consistent model for how the organisation listens to, involves and partners with citizens, staff, and stakeholders.</p> <p>Progress during Quarters 1–2 demonstrates that delivery of the PEC Plan is on track with strengthened systems, improved visibility, and growing cultural ownership of engagement. The next phase will focus on testing, refining and embedding <i>The Betsi Way</i> through toolkits, governance and evaluation – ensuring that engagement becomes an established, organisation-wide way of working that builds trust, transparency and meaningful partnership with the people of North Wales.</p>
Argymhellion: Recommendations :	The PHPP Committee is asked to note progress, receive the final independent advisor's report, and comment on the draft Betsi Way Engagement Framework.
Report presented by:	Helen Stevens Jones, Director Partnerships, Engagement and Communications
Awdur yr Adroddiad:	Helen Stevens Jones, Director Partnerships, Engagement and Communications

Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: Assurance level:	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>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>			<p>This work directly supports the Health Board's strategic objectives by embedding meaningful engagement, transparent communication and effective partnership working as core enablers of safe, high-quality, person-centred care, strengthened collaboration, public confidence, workforce capability and good governance.</p>	

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>This paper supports compliance with the Health Board’s statutory duties for engagement and consultation under the NHS (Wales) Act 2006, the Well-being of Future Generations (Wales) Act 2015, the Equality Act 2010, the Socio-economic Duty (2021), and the Welsh Language (Wales) Measure 2011, ensuring that engagement activity is lawful, inclusive and transparent</p>
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p>	<p>An Equality Impact Assessment (EqlA) will be undertaken as part of the implementation of the Betsi Way Engagement Framework. This will ensure the framework actively promotes equality, removes barriers to participation, and meets the Health Board’s duties under the Equality Act 2010, the Socio-economic Duty, and the Welsh Language (Wales) Measure 2011.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>There are risks associated with the delivery and embedding of the Betsi Way Engagement Framework. These include the potential failure to meet statutory engagement duties, risk to public confidence, inconsistent application of engagement in decision-making, workforce capacity and capability challenges, and failure to capture and act upon feedback.</p> <p>In addition, new risks arise from implementation, including the need to manage expectations, ensure clarity of roles with partners, and avoid short-term inconsistency as the framework is embedded. These risks align with themes already captured in the Board Assurance Framework and Corporate Risk Register, particularly around governance, reputation, workforce, and patient experience. Oversight</p>

	<p>by the PHPP Committee and reporting through the Citizens' Experience Report will provide additional assurance and early escalation.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The implementation of the Betsi Way Engagement Framework has modest financial implications, primarily related to staff training, development of toolkits, and delivery of inclusive engagement activity. These costs will largely be managed within existing budgets, with targeted investment required where necessary to ensure accessibility and compliance with statutory duties. In the longer term, strengthened engagement is expected to generate efficiencies by improving service design, reducing duplication, and mitigating the risk of costly challenges to service changes.</p>
<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>	<p>Implementing the Betsi Way Engagement Framework will require investment in staff skills, confidence, and capacity. Training and development opportunities, supported by a community of practice and practical toolkits, will help staff embed engagement as part of their routine work. While this will initially require time and support, it is expected to strengthen organisational culture, improve morale, and reduce the risks and pressures associated with poorly planned service change.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF:</p>	<p>See above</p>

<p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (Or links to the Corporate Risk Register)</p>	
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>List of Appendices:</p> <ol style="list-style-type: none"> 1. Independent Advisor Report – (October 2025) 2. The draft Betsi Way Engagement Framework and Principles 3. PEC Deliverables 2025–26 Assurance Monitoring Update 	

Population Health, Planning and Partnerships (PHPP) Committee

Strengthening Engagement and Communications: Progress, Framework and Next Steps

1. Purpose of the Paper

This paper provides the Population Health, Planning and Partnerships (PPHP) Committee with a single, integrated update on the Health Board's progress in strengthening engagement, communication and partnership working. It brings together assurance on delivery of the Partnerships, Engagement and Communications (PEC) Delivery Plan for Quarters 1–2 of 2025/26, alongside an overview of the wider engagement improvement journey and the development of the draft Betsi Way Engagement Framework.

The draft Framework, which is presented to the Committee for comments and views, represents an important step in establishing a consistent, co-designed approach to how the Health Board listens to, involves, and partners with citizens, staff, and stakeholders.

The paper also outlines priorities for Quarters 3–4, including next steps for testing, implementation, governance and resourcing. In addition, it summarises the findings of the Independent Advisor's final report, Progress, Learning and Impact – Engagement and Communication at Betsi Cadwaladr UHB, which provides an external perspective on progress and future opportunities.

Overall, the paper provides a unified assurance update on how engagement, communications, and public affairs continue to contribute to the Health Board's strategic priorities and ongoing improvement journey.

2. Background

In 2023, an independent review of engagement and communications identified the need for a more coordinated, evidence-based and sustainable approach to how the Health Board involves citizens, staff, and partners. The review called for clearer systems, stronger governance, and better feedback mechanisms to show how lived experience informs decisions.

Since then, a significant programme of improvement has been delivered through the PEC Directorate - and in partnership with others particularly the Patient Experience Team - which brings together communication, engagement, and public affairs functions under one integrated plan. The PEC Delivery Plan 2025/26 builds on this foundation, ensuring activity is targeted, measurable, and aligned with the organisation's Special Measures improvement framework and Annual Plan.

A major milestone in this journey has been the co-design of the draft Betsi Way Engagement Framework and Principles, developed collaboratively with staff, partners, and the public. The draft Framework, which is presented to the Committee for comments and views, sets out a consistent and practical model for how engagement should be planned, delivered, and evidenced across all services. It aims to embed a

culture of openness, co-production, and continuous feedback throughout the organisation.

Alongside this, the Committee will receive the independent advisor's report, Progress, Learning and Impact – Engagement and Communication at Betsi Cadwaladr UHB (October 2025). This external review acknowledges substantial progress since 2023, highlighting:

- stronger leadership and clearer accountability;
- a more open, inclusive and confident culture; and
- tangible improvements in partnership working and community engagement.

It also identifies areas for continued focus, notably: modernising communication channels, strengthening feedback loops, and ensuring engagement is embedded at the heart of service change and strategic planning.

3. Progress and assurance (Q1–Q2 2025/26)

Communications

- A comprehensive digital channel review has been completed, leading to better use of analytics for content planning, audience reach and performance monitoring.
- Campaign calendars aligned with prevention, service access and population health priorities have been published and delivered.
- Continued communications support has been provided for service transformation programmes.

Engagement

- Over 25 public engagement activities have been delivered across all six counties, supporting public health and service improvement priorities.
- The draft Betsi Way Framework was developed through extensive staff and public input, including surveys, workshops and partnership sessions.
- A Register of Engagement has been established to log and share engagement activity, with examples already reported through the Citizens Experience Report.
- A Community of Engagement Practice has been initiated to build skills and share learning, alongside the development of a staff engagement toolkit.

Public Affairs

- A structured programme of regular meetings with MS and MP offices has been maintained, improving political understanding and visibility.
- A new process for managing correspondence from Llais has been embedded, ensuring coordinated responses and greater transparency.
- Citizen and stakeholder feedback continues to be analysed and reported through the Citizens Experience Report, enhancing organisational learning.

Overall position

Progress against the PEC Delivery Plan is acceptable and on track. The directorate continues to manage capacity pressures through phased delivery and prioritisation of high-impact actions. There is clear evidence of strengthened systems, growing cultural ownership of engagement, and improved assurance mechanisms through regular reporting and independent review.

4. The draft Betsi Way Engagement Framework - overview

The draft Betsi Way Engagement Framework has been developed in direct response to the findings of the 2023 independent review, which called for a clear and consistent approach to how the Health Board listens to, involves, and works with its citizens, staff, and partners. Co-designed throughout 2024 and 2025 through a series of workshops, surveys, and partnership discussions, the draft Framework reflects the collective insight of patients, third-sector organisations, community representatives, and staff from across the organisation.

It sets out a practical model for engagement built around seven guiding principles — transparency and trust, empowerment, meaningfulness, accessibility, continuity, ongoing feedback, and partnership. The draft Framework describes the different levels of engagement (inform, involve, collaborate, and co-produce), the methods best suited to each, and the expectations for feedback and evaluation.

Together, these elements provide a shared foundation for what good engagement should look like across BCUHB. The draft Betsi Way Engagement Framework is included at *Appendix B* for the Committee's comments and views.

5. Next steps

The coming months will focus on testing, refining, and preparing to embed the Betsi Way Engagement Framework as an integral part of how the Health Board plans, designs, and delivers its services. This marks a critical transition from developing the draft Framework to preparing for its implementation as a living, everyday practice across the organisation.

Subject to feedback and refinement, a formal launch is planned for Quarter 4, supported by a targeted communications and engagement programme. This will include a toolkit designed to make engagement straightforward and consistent for staff at all levels. Working with the community of practice, targeted sessions will build understanding of the seven Betsi Principles, supporting colleagues to apply them confidently in planning, service change, and quality improvement activity.

The community of engagement practice will continue to develop, providing a peer network where staff can share ideas, examples, and lessons learned. This community will also act as a testbed for new tools and methods, strengthening capability and reinforcing a culture of openness and shared learning.

Engagement will be further integrated into planning processes, with standard engagement checklists and quality standards (drawn from the toolkit) informing

business cases, service change programmes, and transformation plans. This will help ensure that public and staff voices are systematically considered at every stage of decision-making.

Progress and impact will be tracked through existing reporting mechanisms, including the Citizens Experience Report and the PEC Delivery Plan monitoring tracker. These reports will demonstrate how feedback influences decisions, provide assurance on compliance with statutory duties, and highlight case studies where engagement has directly led to service improvements.

Together, these actions will help ensure that the **Betsi Way** becomes more than a framework on paper — evolving into a consistent, organisation-wide way of working that builds trust, transparency, and meaningful partnership with the people and communities of North Wales.

In addition, there will be continued focus on (Q3–Q4)

- Development and publication of a Standard Operating Procedure for PEC functions (PEC1.1).
- Review of BetsiNet intranet and completion of internal communications improvements (COM1.5, COM3.4).
- Progress reviews of PEC team operating model following ‘Foundations for the Future’ outcomes (COM2.2, PA2.5).
- Continued delivery of engagement on service change (ENG3.4).

6. Recommendation

The Committee is asked to:

1. Note progress in Q1–Q2 against the PEC Delivery Plan.
2. Comment on the draft Betsi Way Engagement Framework and Principles.
3. Note the Independent Advisor final report.
4. Support the embedding plan and actions for Q3–Q4.

Progress, Learning and Impact – Engagement and Communication at Betsi Cadwaladr UHB

Independent advisory programme observations

September 2025

1. Background and scope of this report

On 27th February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of Betsi Cadwaladr University Health Board (BCUHB) to special measures with immediate effect. The Special Measures Framework recognised the importance of engagement and communication, and every element was underpinned by the need to put patients, citizens and staff at the heart of the work of the Health Board.

The organisation was clear that meaningful engagement, strong relationships, partnerships and communication are at the heart of building trust and confidence in the quality of care and services, and intrinsic to their journey of improvement and developing care to meet the needs of its population.

One of the Independent Advisors working to support the Special Measures process was commissioned to provide the review of engagement and communication. Initially the assessment process was designed to undertake a ‘deep dive’ into the specific role and function of the Partnerships, Engagement and Communication (PEC) directorate, in response to the way that a recently formed directorate, was developing its approach, profile, influence and strategy in the organisation. In addition, the review examined the way the functions of engagement, insight and communication worked within the whole organisation.

This report provides independent observations on the progress, improvement and opportunities since the publication of the report in late 2023 and over a period from 2024 – September 2025. It covers:

- Findings and recommendations of the independent review of engagement and communication at BCUHB
- Improvement, progress and opportunities
- Recommendations for further focus

2. Independent Review of Engagement and Communication – Findings

The thread running through all areas of enquiry and informing each section of the independent review report, was the need to build a joined up, sustainable system to listen to patients, carers, families, citizens, communities and partners.

The next link on the chain was to ensure that this valuable feedback from the people who use, value and need the services that Betsi Cadwaladr plans, designs and provides was captured, analysed and triangulated. As a result, the organisation would be informed by meaningful intelligence about the safety, quality and relevance of care and services. The review found that:

- Overall, the organisation benefited from strong skills, experience and commitment to deliver effective **engagement and communication**. Many innovative projects, good practice and pieces of engagement were being designed and delivered within the PEC Directorate, within Patient Experience, and throughout specialities, departments and at service level throughout the organisation.
- There was a need to **define the purpose, raise the profile** and take the significant opportunities to develop engagement and communication within PEC and across the organisation.
- There was real **commitment and expertise in Patient Experience** and significant work has taken place on response times to **complaints**, however more needed to be done in measuring complainants' satisfaction with response and outcomes
- However, there was **no framework or systematic approach** across the organisation for the capture, analysis and impact of the products of engagement and real time patient experience and concerns.
- The **lack of triangulation of this intelligence and insight** meant there was limited influence or impact on the planning, design and delivery of care and services. There was also an impact on the organisational ability to spot triggers and patterns in safety issues, or potential harm to patients and service failures.
- There was a **need for more visibility of the independent lay perspective in the organisation**, and a strong role for Independent Members was identified together with a potential review of way the SRG works
- Clearer structures and responsibilities were needed for **routinely listening to and involving staff in the work** of the organisation to influence the design of care and services.
- **Stronger strategic partnerships and conversations** were needed to build relationships, trust and confidence with the public and stakeholders.

3. Independent review recommendations

Following the publication of the review report and its approval by the Health Board, the Independent Advisor worked with the PEC Directorate to support and advise on implementation of the recommendations throughout 2024 and into 2025.

Some key recommendations were used as a framework for the development of engagement and communications:

3.1 Develop a Task and Finish Group

- Develop a Task and Finish Group to explore a comprehensive organisational approach to patient, carer and family involvement

3.2 Build better strategic partnerships and conversations

- Work to develop the approach for open, honest communication to build public trust and confidence

3.3 Assess the efficacy and impact of patient experience, citizen engagement and coproduction in pan organisational and specialist services

- Develop Standard Operating Procedures which set out the process for engagement in developing new or improved care and services.
- Work with staff, teams and departments to build understanding of the value of embedding engagement and patient experience in cultural change, service improvement, safety and quality.
- In undertaking future experience and engagement activity, there is learning from the listening, learning and acting model being developed in Maternity and Women's Health.
- Develop a central resource and database of all engagement, experience and insight activity and methodology.
- Focus on developing methods to measure complainants' satisfaction with the quality of responses to complaints

3.4 Lay voices and partnerships

- Review the infrastructure for the lay voice in the Health Board's committee and scrutiny systems.

3.5 Governance structure and reporting mechanisms

- Redesign and refresh the reporting mechanisms for the themes and issues emerging from analysis of the products of engagement, experience and insight.
- Ensure that the QSE Committee has sufficient intelligence and insight to act as a governing body to identify risk and safety issues,
- Ensure that Board level knowledge of emerging themes, risk factors and safety issues is regular and robust.
- Undertake an audit of all sources of qualitative data
- Explore the creation of an intelligence function which focuses on the systematic collection and analysis of all data, both soft (qualitative) and hard evidence

4. Improvement, Progress and Opportunities

The period since the publication of the review report has been characterised by a more focused approach to engagement and communication across BCUHB. Health Board members, Planning, Populations, Health and Partnerships committee members and senior leaders will have received regular reports of progress and achievements against the report

recommendations and will have explored, reviewed and refined the approach from key personnel with responsibilities for engagement, experience, insight and communication.

This period has also provided opportunities to observe progress through feedback from those people closely involved in the work of driving improvement in engagement and communication and, also, to listen to their perspectives on a period of change, challenge and improvement.

The following reflections do not assess progress and improvement simply against each recommendation listed in the review report but provide emerging themes from the observation of improvement and progress throughout the organisation and in those specific functions related to engagement and communication. Specific initiatives that demonstrate improvement, innovation and improvement in working practice and cultural change are highlighted.

4.1 Cultural change and leadership

Leaders in the organisation clearly recognise the value of meaningful citizen engagement, patient experience, communication with communities and stakeholders, and building constructive relationships with partners with an interest in health and wellbeing of the people of North Wales.

The Board began reaching out to communities by holding meetings and events in different localities. There has been a change in terms of a more proactive approach to communication and discussion around issues emerging in services rather than responding to media criticism.

Increased learning from families, carers and patients has been evident during 2024.

Learning from the support and engagement with the vascular families provided a blueprint to engaging with all families affected by adverse events, including those impacted by the RPsych review report. The work has been influential in planning and delivery of support and communication with patients, carers and families experiencing serious untoward incidents relating to Mental Health. This has been enhanced by independent advisory support and facilitation from the Mental Health Specialist Advisor, with Llais, and families involved in a coproduction approach

This proactive approach is welcome and demonstrates real commitment to addressing longstanding issues with those most affected and working with families to provide information and involve them in the way that meets their needs. The work remains a focus for the Health Board and can provide the basis for the open, honest conversation, supportive culture and response to families that is key to change and improvement. To deliver this, work needs to continue to ensure that the learning and approach is embedded in current and future practice throughout the organisation.

4.2 Developments in the PEC Directorate

The independent review report highlighted the challenges being faced within the Directorate regarding relationships across teams and within working patterns which limited and affected progress. Feedback highlighted that keeping the work of the directorate moving smoothly at the same time whilst addressing the level of change and tension was difficult.

Staff and teams had to focus on making sure that everyone had the support they needed whilst maintaining work effectively. Staff tensions often *“sucked the energy out of the room”* and made it difficult *“to get on with routine priorities and concentrate on the job in hand”*

There is a sense that this process has *“taken significant effort to get everyone to where they need to be”*. However, senior support within the organisation and at Directorate level have resulted in *“foundations for the future, with slow changes”*. At every level and for each function within engagement and communication those messages are clear: change takes time and is challenging.

Over 2024 a more honest and productive atmosphere and discussion of how to work differently resulted. People reported that there was a visible and greater sense of purpose, a willingness to find different ways to approach issues, a more open working relationship between PEC, departments and colleagues across the organisation. There was hope of *“a fresh start”* and a *“move away from the previous silo working”*.

The team members noted that they have worked together in new ways to build a comprehensive approach to sharing news on Health Board activity and areas of concern with the media. This has been received well and provided a platform for a more positive conversation with patients, citizens, communities, partners and the media.

Communications and partnerships

There is a more cohesive approach across all communications functions and growing use of digital channels with considerably increased engagement as a result.

Partnerships in communications have been a priority through the development of tailored messaging and regular updates. *“Little changes make a big difference”* and innovations have included staged announcements from the Public Affairs team, to ensure that partners including councillors, public, and patient groups know first about changes. The successful approach has been to speak openly about change and explain difficult situations clearly.

Regular overarching meetings to coordinate activity and increase knowledge of agendas, work and current issues have been successful. This more cohesive approach resulted in cutting out duplication and *“improved relationships with politicians and stronger intelligence gathering”*.

4.3 How should the communications and engagement functions develop?

Throughout discussion with those involved in delivering the functions and observing the impact within the organisation and with partners, some key areas for change and development were revealed:

Be more proactive, build a modern, influential communications function

There was consensus from many of those who shared their views about wanting *“to be more proactive and set the agenda rather than always responding to noise and crisis situations”*. The message was *“to take more time, influencing developments, take the friction out of conversations about service change. More opportunities to get involved in planning services.”*

There were opportunities to be seized and recognition that this may mean a shift in resources, doing things differently and demonstrating more flexibility. People were *“So eager to change things. Want this to be a modern engagement and communications team.”*

Change the balance for engagement and communication approaches

To achieve this there may need to be a different balance within communications, and as with views from engagement colleagues, there was questioning of the focus on big events and trying always to engage people face to face. Changing the methods for communication and engagement emerged as a consistent message.

“Is face to face, big event engagement still a priority or a costly exercise that restricts engagement to people who can attend in person?”

“Should the organisation focus more on service change at local level and increase resource on engagement when improvement and change needed within specific areas.”

“Digital communication is seen as the touchstone for the way people communicate now. Need to focus on this as a team. Real opportunities and Comms will be pivotal to this project. Senior leaders need to recognise this and not look at comms in the traditional way.”

If the role was to monitor how the Health Board was perceived, communications and engagement were key to understanding public reaction to the organisation and the way it operates. There was a genuine desire to ensure that the authentic *“own voice”* of the organisation should be heard and *“reach the news”*.

The important role for communications would be to *“try to understand what the impact of care is like. Ask the public, podcasts, home conversations, public feedback, sense check. People are used to two-way conversations, create an open, honest dialogue”*

There is recognition from PEC that reshaping the function and focus is a priority if they are to realise their potential: *“The experience and expertise are there to deliver a new balance of engagement and comms in the directorate.”*

Certainly, there has been a lot of discussion about what a future model could look like. Importantly, once the design phase of Foundations for the Future has been completed the

change can be made in line with the whole organisational structure. The team recognise that a dynamic and strategic approach is required to drive this level of change and balance and are approaching change with enthusiasm.

4.4 The Engagement Working Group – pan-organisational working

The Engagement Working Group was set up in response to the recommendation for a Task and Finish Group that brings together colleagues across the organisation and addresses the need to build a comprehensive organisational approach to patient, carer and family involvement.

The Group brought together expertise and knowledge around engagement, experience and communication and recognised the need to build a joined up sustainable system. The Terms of Reference highlight commitment to building genuine coproduction in engagement and patient experience. The Group provided a supportive environment and platform to share learning, themes and good practice from successful engagement and communication approaches.

It also acted as a sounding board for advice and sharing expertise to resolve challenges in engagement and patient experience activities and facilitated activity to gather insight and build a community of practice.

Influence of the Lay Voice in engagement and communication

Now that the Engagement Group has completed its task, it may be worth considering whether there is a future role for a pan organisational group that also includes a wider membership, potentially from the Third Sector, patient, carer, family and citizen representation. The role could reflect the independent review suggestion for a potential 'Reference' or 'Oversight' Panel for the Health Board to influence, monitor and bring different perspectives to effective engagement.

The **Stakeholder Reference Group** was seen as a group with potential for a wider more influential role and has now been strengthened, incorporating more diverse representation and enhancing its role in decision making processes. Further consideration of an expansion of the SRG to embrace some of the former functions of the Engagement Working Group could be considered.

The voice and visibility of Independent Members have been enhanced through the **Board engagement events** that have provided a platform for open dialogue between people in different communities and Board members to hear firsthand about their experiences, concerns and suggestions. This is a welcome development, and as the number of opportunities for direct engagement and communication grows there will need to be clear, rigorous mechanisms for coordinating activity and to ensure that feedback and emerging issues are recorded, analysed and influential.

4.5 Efficacy and impact – Patient experience, citizen engagement, staff engagement and coproduction

Building engagement partnerships

Reports from the Engagement team highlight the range of engagement opportunities and growing connections with Third Sector and community partners to build understanding of issues within the different communities of interest and place across North Wales.

An annual partner survey aimed to assess the effectiveness of current partnerships, identify areas for improvement, and gather suggestions for future collaboration. The growing and successful connections evidenced in workshops with **Third Sector partners**, including one in Denbighshire and Conwy, are providing a strong basis for further work, enabling connections and outreach with communities that have not always been heard or influential. Getting buy in from staff, partnerships and collaboration has been seen as effective. More energy and resources in this area of work would bring benefits in understanding what works well in engagement with different and diverse communities and utilising the existing connections of Third Sector partners.

Impact of evidence from engagement

The Citizen experience report was produced in response to address the gap in availability of meaningful thematic reports that triangulated both qualitative and quantitative data in a useful, accessible format. The report has been well received and brings together feedback from recent engagement and experience. It has now been streamlined in response to previous Board comments, focusing less on operational detail and more on the key themes emerging from patient interactions, surveys, stories, community conversations, digital engagement, political correspondence, and the work of Llais. The purpose is not only to share what citizens are telling the Health Board, but to address the critical question of “so what?” and how these insights should inform their objectives, priorities, and assurance.

The report ensures that the Board is aware of the range of influential engagement that has been designed and delivered, including the **Mental Health and Learning Disabilities service user and carer engagement and involvement strategy**, informed by face-to-face and online sessions with staff, patients, carers, service users (past and present), and members of the public.

Also highlighted is **The Betsi Way Engagement Framework** developed in response to the independent review of engagement and communications. Co-designed with staff, third sector representatives and informed by public feedback, the framework sets out a consistent, organisation-wide approach to involving citizens, staff, and partners. Preparatory work is underway to develop supporting training, toolkits, and a community of practice.

Increasing the use of Patient Experience feedback

The insight and impact from the **Patient Experience** function within the organisation has also been significant. The use of evidence from retrospective studies of patient experience brings together feedback from CIVICA real time patient/service user feedback, feedback from PALS engagement with patients and service users and from complaints. These reports

set out evidence of satisfaction or gaps and provide indicators for future areas improvement and service change.

Significant work has been undertaken by the Patient Experience team in terms of response time for **complaints and concerns** and target response times are now reaching maturity following the period of recovery. A key shift is the attention on examining the root cause of complaints. Measuring the quality of the response from the complainant's perspective is core to their work and they aim to provide reports with themes and feedback from complainants by April 2026. The impact regarding quality and safety assessed within the governance process and seen by the Board will be significant.

4.6 The role of engagement and communication in service change

The issue of consultation and engagement regarding service change in Tywyn and Penley emerged as a complex, longstanding and divisive issue that was seen as challenging to address effectively with local populations. However, facilitating this consultation in an innovative and positive way provided "*an open door*", a significant opportunity to demonstrate how the Health Board was working differently.

It illustrates an opportunity for the Health Board to listen to local communities, analyse their feedback, and use their priorities, ideas and needs to shape future care and services. This also provided an opportunity for the Health Board to communicate to that population how their feedback had been influential in building a new service and how it matched their needs.

It has taken some time to shape the engagement process, and the methods being trialled currently will provide valuable learning for future service change. The model is now far from the first, more traditional and limited approach. The current approach builds on a first round of listening, which has recently been completed, followed by a deep engagement approach which is now being taken with both communities. This will involve developing the options in 'balanced rooms' with stakeholders then staff.

Findings from the engagement phase 1 will be used to help develop desirable criteria for the second balanced room sessions where the final options will be agreed. Those options will then be taken out to communities for engagement. This is the point at which the Health Board has the opportunity to tell the story of how local people have shaped the options, and then do the same again when the Board makes its decision.

5. Recommendations for further focus

The summary of progress and examples above provide a picture of achievements, excellent skills and experience in engagement and communication, initiatives taking off the ground and demonstration of understanding of what is required for an effective engagement and communications function.

Although a lot of work has taken place, on reflection, the pace of change has been uneven and some of the more difficult or challenging issues identified in the independent review remain to be addressed. There are significant developments and opportunities to build on, and some real opportunities missed.

Some key recommendations for further focus and work within engagement, communications and the organisation more widely are suggested here:

- Managing change and improvement through consultation and engagement should be seen as a golden opportunity for the Health Board to use the skills and experience in engagement and communication.
 - Ensure that all future service change and improvement uses the approach now being taken in Tywyn and Penley by starting work early with people locally and ensure they are part of shaping the future model of care.
 - Future service change can take place through open/transparent conversation, take a new approach on a cultural and structural level,

- Build on the valuable learning from the Tywyn and Penley service change experience and use of innovative, inclusive engagement and involvement, to inform the rigorous organisational model of engagement and communication that is hard wired into the system:
 - Engage in dialogue with patients, carers, families and citizens to identify their health issues and concerns
 - Explore how *“we can improve that”* being both imaginative and realistic about limitations, resources
 - Have more open, honest conversation and design the service with people
 - Feedback – ask people *“is this what you meant?”*
 - Demonstrate the impact of their involvement on change and improvement

- Examples in this report demonstrate some real progress in the collection, analysis and reporting of feedback from the people who use, value and need the services that Betsi Cadwaladr provides. The next step is an organisational development that will need to be taken forward as a Health Board wide strategy in order to embed the reporting processes within the services’ operating model and infrastructure. Key steps will be to:
 - Increase focus to ensure that evidence is routinely captured, analysed and triangulated.
 - Ensure that the Health Board’s priority is to bring together evidence in a systematic way, from a wide range of organisational sources, and to connect this robustly into planning and strategic mechanisms.
 - Identify resource implications

- Focus on shifting energy and resources within the organisation and directorate to create a modern model for communication and engagement that:
 - Uses digital communication and other engagement methods that create meaningful conversations with the population in the way they are comfortable with, about their experiences, needs, priorities and concerns
 - Shift communication towards achievements, how the Health Board has listened and met needs with services and care that works for the population
 - Continue to work with a wide range of partners to explore joint projects, build on their connections in communities and create open, honest conversations

- Explore next steps in lay involvement within the organisation and a potential role for a 'Reference' or 'Oversight' group to influence, monitor and bring different perspectives to effective engagement.
 - Examine development of the role of the Stakeholder Reference Group
 - Look at arguments for wider membership, potentially from the Third Sector, patient, carer, family and citizen representation

Cath Broderick
Specialist Advisor to BCUHB
October 2025

The Betsi Way: Engagement Framework

Foreword

At Betsi Cadwaladr University Health Board, we believe that the people of North Wales must be at the heart of shaping the health services they use. The **Betsi Way** is our shared commitment to building trust, listening with respect, and working alongside our communities to design and deliver high-quality, sustainable healthcare. This framework sets out our approach to engagement — rooted in evidence, co-designed with staff and the public, and aligned with our statutory duties. It will guide how we listen, involve, and partner with the people we serve.

1. Introduction and Context

1.1. Why engagement matters

Engagement is not an optional activity. It is essential to ensuring that services meet the needs of our diverse communities. By involving people in planning, design, and delivery, we:

- Build stronger partnerships and mutual trust.
- Improve the quality, safety, and sustainability of services.
- Foster transparency and accountability.
- Ensure that decisions are made with, not for, the people we serve.

1.2. National and local drivers

We are guided by a strong policy and legislative framework, including:

- **National Health Service (Wales) Act 2006** – duty to involve.
- **Guidance for Engagement and Consultation on Changes to Health Services (2023)**.
- **Equality Act 2010** and the **Socio-economic Duty (2021)**.
- **Well-being of Future Generations (Wales) Act 2015**.
- **Welsh Language (Wales) Measure 2011**.
- **A Healthier Wales: Our Plan for Health and Social Care (2019)**.

These duties reinforce what our communities and staff have told us: engagement must be meaningful, inclusive, and continuous.

1.3. Co-designed principles

Over the past year, we have listened to staff who lead engagement and sought public views through survey feedback. Together, we identified the **Betsi Principles for Engagement** — a shared foundation for the way we work.

2. The Betsi Principles for Engagement

Our engagement approach is guided by seven co-designed principles. Each principle is described in clear terms, with practical guidance on how it can be achieved in day-to-day practice. Together, these form the foundation of the Betsi Way.

1. Transparency and trust

What this means: We are open and honest about what we are doing, why we are doing it, and how decisions are made.

How we achieve this: We explain from the outset why we are engaging and what influence participants will have. We provide clear, accessible information and share evidence used in decision-making. Updates are offered regularly, including when we do not yet have answers or when things change. By being transparent about progress, challenges, and even mistakes, we build credibility and trust.

2. Empowering

What this means: Engagement should enable people to shape services and influence decisions, while also supporting individuals to make informed choices about their own health and wellbeing.

How we achieve this: We listen carefully, treating all voices as valuable regardless of background or expertise. We create safe spaces where people can speak openly and honestly. Where possible, we go beyond consultation to co-design solutions, using participatory approaches such as citizen assemblies and deliberative events. We also work actively to identify people who may be most affected and ensure their voices are included.

3. Meaningful

What this means: Engagement should feel relevant, timely, and respectful. People should feel that their input matters and contributes to real outcomes.

How we achieve this: We design engagement to fit its purpose — for example, using workshops for co-design, surveys for broad feedback, or forums for dialogue. Engagement is undertaken early enough to shape decisions, not after they have been made. We prioritise quality over quantity, recognising that genuine dialogue is more valuable than superficial outreach. Over time, meaningful engagement builds trust and increases people's willingness to take part again.

4. Accessible

What this means: Everyone should have the opportunity to participate, and we take active steps to remove barriers that prevent involvement.

How we achieve this: We reach out to people in ways that are convenient and appropriate for them, rather than expecting them to come to us. We recognise the physical, cultural, social, and digital barriers people may face, and provide alternative formats, bilingual communication, and inclusive methods such as BSL interpretation where needed. We design specific approaches for groups such as children and young people or people with additional needs, often working with specialist partners to ensure engagement is respectful and inclusive.

5. Continuous

What this means: Engagement is not a one-off activity but a sustained, two-way process throughout the lifecycle of a project, policy, or decision.

How we achieve this: We maintain open channels of communication through regular updates, newsletters, community forums, and events. By offering follow-up opportunities after major pieces of work, we sustain momentum and reinforce the idea that people's contributions remain important beyond a single consultation.

6. Ongoing feedback

What this means: People should see clearly how their input has been considered and what impact it has made.

How we achieve this: We close the loop by feeding back promptly and transparently. This includes explaining which ideas were acted upon, what changes resulted, and why some suggestions could not be adopted. Interim updates are provided to keep people informed and to demonstrate that their involvement continues to matter. By showing respect for people's contributions, we encourage further engagement in the future.

7. Effective partnerships

What this means: Strong engagement relies on collaboration with partners who bring networks, expertise, and trusted relationships.

How we achieve this: We work closely with stakeholders to shape engagement plans and make the best use of collective resources. By joining forces with partners, we reduce duplication and extend our reach into communities we might not reach alone. We regularly test ideas, share approaches, and use existing community networks and events to make engagement more effective and inclusive.

3. The Betsi Way Engagement Framework

The **Betsi Way** translates these principles into a practical framework for action.

3.1 Levels of engagement

We adopt a continuum of engagement methods, recognising that different situations require different approaches. This framework is consistent with approaches promoted in NHS Wales and wider UK public sector guidance on engagement and co-production:

Level	Purpose	Example Approaches
Inform	Share information, raise awareness.	Newsletters, social media, briefings, public reports.
Involve	Gather views and feedback.	Surveys, focus groups, workshops.
Collaborate	Work in partnership to shape options.	Stakeholder panels, forums, deliberative events.

Co-produce	Share power and design together.	Citizen assemblies, co-design sessions, service user design groups.
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3.2 Priority audiences

- **Patients, families, and carers** – ensuring services reflect needs and experiences.
- **Staff** – empowering frontline voices and fostering a culture of engagement.
- **Communities and the public** – building trust, especially with under-represented groups.
- **Partners and stakeholders** – local authorities, voluntary sector, education, police, etc.

3.3 Applying the principles at each level

- At Inform stage: ensure Transparency and Accessibility.
- At Involve stage: make engagement Meaningful and provide Ongoing Feedback.
- At Collaborate stage: build Trust and Effective Partnerships.
- At Co-produce stage: focus on Empowerment and shared ownership.

4. Putting engagement into practice

The Betsi Way is about embedding our principles into the everyday reality of how we listen and respond. We will take a flexible approach, using a range of methods to reach people where they are and in the ways that work best for them. This means combining digital platforms — such as social media, online forums, and virtual town halls — with more traditional approaches, including community meetings, drop-ins, and service user groups. For more complex issues, we will adopt deliberative methods, ensuring that different perspectives shape the decisions we make.

Accessibility will be central to everything we do. We will provide bilingual and inclusive engagement, make use of plain language, and offer information in accessible formats. We will work with third-sector partners to ensure we reach those whose voices are often under-represented, and we will tailor our approaches to the needs of specific groups, including children and young people, carers, minority communities, and people with additional needs. Engagement must feel relevant and respectful if we are to build lasting trust.

5. Roles and Responsibilities

Delivering engagement is not the job of one team alone. It is a shared responsibility across the whole Health Board. Every member of staff has a role to play in listening, sharing, and acting on feedback. Engagement specialists will provide advice, training, and tools to make this easier, helping teams to apply the Betsi Principles in a consistent way. Leadership, including Board members and senior managers, has a particular responsibility to champion this approach, ensuring that engagement informs decision-making at every stage.

We will also rely on the expertise and networks of our partners and stakeholders. Organisations such as Llais, local authorities, voluntary sector groups, and community networks will help us reach people we may not otherwise hear from. By working together, we can extend our reach, share resources, and strengthen the credibility of our engagement.

6. Measuring Success

For the Betsi Way to be effective, we must know whether it is making a difference. Success will be measured not just by the number of people we engage with, but by the quality of those interactions and the impact they have on decisions. We will track engagement activity against the Betsi Principles, monitor who we are reaching, and evaluate how input has influenced outcomes. This information will be reported back to the Board and shared openly with staff and the public. Case studies will highlight examples of where engagement has led to change, and we will embed a culture of continuous improvement, learning from both successes and challenges. Ultimately, we will know we are succeeding when communities feel that no decision is taken about them without them.

7. Next Steps

To bring the Betsi Way to life, we will now focus on embedding it across the organisation. This means developing practical toolkits and templates to support staff in their engagement work, alongside training and development opportunities to build skills and confidence. We will ensure that the framework is widely communicated, so that staff, partners, and communities know what to expect and how to take part. Evaluation will be built into our planning cycles from the outset, allowing us to assess impact and refine our approach over time. The Betsi Way will continue to evolve, shaped by the voices of those who use it and those it serves.

Engagement Framework Action Plan

Objective	Actions	Responsibility	Timeline	Measures of Success
1. Embed governance and accountability	<ul style="list-style-type: none"> • Agree Executive Sponsor for Engagement • Establish reporting line to Board/Committee • Develop annual engagement report format 	Engagement Lead, Director of Corporate Governance	Short-term (0–6 months) Medium term (6-12 months)	Sponsor confirmed, reporting cycle agreed, first report produced
2. Develop Co-production, Engagement	<ul style="list-style-type: none"> • Create toolkit • Share with service leads and 	Engagement Team	Medium-term (6–	Toolkit published, >80% of

Objective	Actions	Responsibility	Timeline	Measures of Success
and Consultation Toolkit	engagement task and finish group for comments <ul style="list-style-type: none"> • Publish engagement toolkit for staff 		12 months)	engagement compliant with toolkit standards
3. Integrate engagement into planning and decision-making	<ul style="list-style-type: none"> • Embed engagement in Committee and Board front cover sheet papers • Embed engagement steps in IMTP process • Ensure alignment with service redesign and capital planning governance • Evidence of impact of engagement in committee papers 	Exec Team and Service Leads	Medium-term (6–18 months)	Board papers include summary of engagement undertaken IMTP includes engagement summary All business cases showing evidence of engagement
4. Build staff capacity and culture	<ul style="list-style-type: none"> • Grow the Community of Practice • Share best practice case studies • Recognise engagement champions in annual awards 	Engagement Lead	Ongoing	> 10% increase in the community of practice, pulse survey shows increase in “organisation listens to public”
5. Strengthen feedback loops	<ul style="list-style-type: none"> • Building engagement into project plans 	Engagement and Comms teams	Ongoing	Regular publication of outcomes, pulse survey with the

Objective	Actions	Responsibility	Timeline	Measures of Success
	<ul style="list-style-type: none"> • Publish engagement outcomes on website and intranet • Share case studies at Committee/.Board meetings 			public shows increase in confidence

DRAFT

Betsi Cadwaladr University Health Board

PEC Delivery Plan

2025/26



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Partnerships, Engagement and Communications Deliverables

This Implementation Plan provides more detail on how we will achieve our objectives. We will continually monitor our activity and regularly update the plan to reflect the progress made against each of the actions.

We will update the plan using the following key:

Not started	Ongoing monitoring	Complete	In progress	Overdue
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2025/26 Annual Delivery Plan

Ref	Descriptor	Lead Senior	Qtr1	Qtr2	Qtr3	Qtr4	Benefits/Improvements	What would the evidence be?	Key
Objective 1: Building an effective organisation									
PEC1: Partnership, Engagement and Communication									
PEC1.1	Define the Standard Operating Procedure (SOP) for the role of PEC working with the organisation, staff and partners to build meaningful and timely co-production, engagement and communication.	Director of Partnerships, Engagement and Communications			Q3		<ul style="list-style-type: none"> Ensures clarity and consistency in how the PEC team collaborates with staff and partners on engagement, communication, and co-production. Builds trust and accountability by embedding timely, inclusive engagement from the outset of projects and decisions. Improves planning and delivery by enabling the PEC team to allocate resources efficiently and align with organisational priorities. 	<ul style="list-style-type: none"> The new SOP and supporting information (eg SOPs for detailed aspects of the function) 	
PEC1.2	Review the infrastructure for the lay voice in the Health Board's committee and scrutiny system.	Director of Partnerships, Engagement and Communications				Q4	<ul style="list-style-type: none"> Improves visibility and impact of the lay voice in decision-making and scrutiny processes. Ensures structures are inclusive, representative, and fit for purpose across committees and governance forums. 	<ul style="list-style-type: none"> Paper to Executive Committee 	

							<ul style="list-style-type: none"> Supports transparency and accountability by strengthening how public and patient perspectives inform oversight. 	
COM1: Communication								
COM1.1	<p>Provide an effective press office function to ensure a timely, professional response to media enquiries within deadlines, coverage and challenge public criticism where appropriate.</p> <p>A daily activity report will be shared with senior leaders and Welsh Government.</p>	Head of Corporate Communications				Q4	<ul style="list-style-type: none"> Protection of reputation through effective responses and reduced misinformation Increased awareness of current/ongoing issues 	<ul style="list-style-type: none"> Balanced media coverage Challenge to inaccurate coverage Delivery of activity reports
COM1.2	<p>Monitor social media activity and ensure comments and enquiries through social media channels are answered in a timely and appropriate way, correcting factual inaccuracies through signposting.</p> <p>A monthly activity report will be shared with senior leaders and Welsh Government.</p>	Digital Communications Manager				Q4	<ul style="list-style-type: none"> Protection of reputation and service user experience through effective responses and reduced misinformation Increased awareness of current/ongoing issues 	<ul style="list-style-type: none"> Timely responses to enquiries Challenge to inaccurate comments Delivery of activity reports
COM1.3	<p>Develop new monthly PEC activity report, including fact sheet for senior leaders with key themes and topics for the month.</p>	Head of Corporate Communications	Q1				<ul style="list-style-type: none"> Increased awareness of current activity, issues and opportunities Improved consistency of messaging from senior leaders 	<ul style="list-style-type: none"> Delivery of report
COM1.4	<p>Manage the planning and publication of all content through a shared digital platform to increase the effective coordination of communications activity. This will include the development of new guidance for the creation of proactive content and management of reactive media enquiries.</p>	Head of Corporate Communications		Q2			<ul style="list-style-type: none"> Improved coordination and scheduling of planned content Clear guidance to ensure all content is appropriately approved 	<ul style="list-style-type: none"> Audit of content planner Development of SOPs

COM1.5	<p>Review our use of digital channels and use analytics, themes and feedback for future planning:</p> <ul style="list-style-type: none"> WhatsApp (potential for use as a broadcast channel) X (review current position of use for replying to direct messages only) LinkedIn (review of impact of channel one year on) <p>*NOTE the above is complete for Q2 but new action of reviewing BetsiNet (the intranet) by the end of Q3.</p>	Digital Communications Manager		Q2			<ul style="list-style-type: none"> New opportunities to reach target audiences More effective use of resources 	<ul style="list-style-type: none"> Analytics and feedback from review of digital channels 	
COM1.6	Deliver a quarterly programme of media training for on-call managers, with a focus on crisis and major incidents.	Head of Corporate Communications			Q4		<ul style="list-style-type: none"> Improved out of hours media management Improved communication during a major incident 	<ul style="list-style-type: none"> Delivery of media training Feedback from on call managers 	
PA1: Public Affairs									
PA1.1	Continue to provide a professional and timely approach to dealing with correspondence, increasing the number answered within the 15 working day target from 64% to 70% by Q4.	Assistant Director of Public Affairs				Q4	<ul style="list-style-type: none"> Improved service for elected members. Ability to react swiftly to questions raised by politicians. 	<ul style="list-style-type: none"> Weekly monitoring report. Analysis of arising themes, reported to executives and the Board. 	
PA1.2	Initiate a new process for dealing with Llais correspondence, ensuring it is coordinated and integrated into the overall function of the team.	Assistant Director of Public Affairs	Q1			Q4	<ul style="list-style-type: none"> Improved co-ordination of issues raised by Llais. 	<ul style="list-style-type: none"> Record of issues raised. Analysis of themes. 	
PA1.3	Set out a regular programme of meetings with political office staff, in addition to the regular meetings with MSs and MPs	Public Affairs Managers	Q1				<ul style="list-style-type: none"> Further improve relationship with political staff. Better Flow of Information. 	<ul style="list-style-type: none"> Record of meetings 	

							<ul style="list-style-type: none"> • Increased Influence 	
PA1.4	Manage meetings, events and relevant information shared with politicians and stakeholders through a shared digital platform to increase the effective co-ordination of public affairs activity and to share information with the wider PEC team.	Assistant Director of Public Affairs					<ul style="list-style-type: none"> • Improved co-ordination for sharing information with the wider PEC team. 	<ul style="list-style-type: none"> • Shared platform
ENG1: Engagement								
ENG1.1	Finalise and implement the 'Betsi Way' engagement framework, ensuring it is evidence-informed, high quality, and co-developed with agreed engagement principles. <ol style="list-style-type: none"> 1. Undertake public survey 2. Produce engagement framework document 	Head of Engagement			Q3		<ul style="list-style-type: none"> • Embeds community insights into decision-making through public involvement • Builds stakeholder ownership by co-developing with agreed engagement principles • Ensures consistency and clarity in outreach work via a single, high-quality framework document • Strengthens trust and transparency by showing how evidence informs the work of the health board • Streamlines engagement activities, saving time and reducing duplication of effort 	Framework document published
ENG1.2	Implement a structured reporting system to track and publicly share at least three concrete examples of how community feedback has	Head of Engagement				Q4	<ul style="list-style-type: none"> • Demonstrates accountability by clearly showing how 	Register of engagement created

	<p>influenced corporate plans, services and improvements</p> <ol style="list-style-type: none"> 1. Establish a register of engagement 2. Examples collated and shared in citizens experience report 3. Examples collated and shared in citizens experience report 4. Examples collated and shared in citizens experience report <p>*NOTE: Recognition that there is more work to do to promote the register of engagement and that we also ask service leads as part of the 'structured reporting system'</p>		Q1	Q2		Q3	Q4	<p>community voices lead to real change</p> <ul style="list-style-type: none"> • Builds public trust through transparent sharing of outcomes • Encourages continued engagement by showing feedback is valued and acted upon • Helps track progress and impact of engagement over time • Supports internal learning and improvement by highlighting what works 	Bi monthly citizens engagement reports		
ENG1.3	<p>Support the delivery of public engagement and formal consultation on service changes and transformation as identified in the Three Year Plan and transformation programmes</p> <ol style="list-style-type: none"> 1. Tywyn Hospital engagement 2. Undertake Llandudno Orthopaedics hub survey 3. *NOTE Action no longer required. Evidence exists of discussing with staff, forums and in patient focus groups. 4. Penley Hospital Engagement 5. Review the Corporate Engagement Team operating model to align with the outcome of the Foundations for the Future operating model programme and wider PEC review to ensure effective delivery of service improvements and transformation programmes 6. Establish a Corporate Engagement Team operating model aligned with the 	<p>Head of Engagement</p> <p>*NOTE the Tywyn and Penley engagement will in Q3.</p>		Q2	Q2	Q2		Q3	Q4	<ul style="list-style-type: none"> • Ensures communities are informed and involved in shaping service changes • Meets legal and policy requirements for formal consultation • Builds support for transformation by involving the public early in the process • Helps identify potential issues and solutions before implementation • Increases the relevance and effectiveness of service improvements through local insight 	<p>Production of engagement plans</p> <p>Revised team delivery model</p>

	outcome of the Foundations for the Future operating model programme and wider PEC review to ensure effective delivery of service improvements and transformation programmes									
Objective 2: Developing a strategy and long-lasting change										
COM2: Communication										
COM2.1	Support strategic change, service transformation and capital development programmes with tailored communications: <ul style="list-style-type: none"> Llandudno surgical hub Ablett Unit Tywyn Hospital Penley Hospital Foundations for the future New values and cultural programme Electronic Healthcare Records 	Head of Corporate Communications				Q4	<ul style="list-style-type: none"> Structured and proactive delivery of communications to support service change Improved public/staff understanding of service change Reduced misinformation and negative sentiment 	<ul style="list-style-type: none"> Public and staff feedback / sentiment Delivery of communications plans 		
COM2.2	Ensure the Corporate Communications Team operating model aligns with the outcome of the Foundations for the Future operating model programme and wider PEC review. *NOTE: Foundations for the Future work will highlight any structural changes in Q3 – so this work is delayed.	Head of Corporate Communications		Q2			<ul style="list-style-type: none"> Effective use of resources to meet the needs of the organisational structure 	<ul style="list-style-type: none"> Completed review of team operating model and subsequent recommendation of changes if required 		
COM2.3	Develop proactive communications activity to support key Health Board plans and progress (such as the Annual Plan 2025/26 and Special Measures framework), including a quarterly video providing updates on Health Board developments.	Head of Corporate Communications				Q4	<ul style="list-style-type: none"> Increased public / staff awareness of Health Board plans and activity Increased confidence in the Health Board 	<ul style="list-style-type: none"> Delivery of planned activity Public and staff feedback / sentiment 		
PA2: Public Affairs										

PA2.1	Trial surgery-style meetings/drop-in sessions in two of the six local authorities in North Wales, providing updates on service improvements and new developments. These trial sessions will be evaluated for their effectiveness in identifying and communicating local issues, with a view to expanding the approach across all local authorities if successful. (Delivery priority 3C.7)	Assistant Director of Public Affairs			Q3		<ul style="list-style-type: none"> Improved engagement with local authorities, providing a better understanding of Health services for all councillors 	<ul style="list-style-type: none"> Feedback sought from councillors Notes of meetings
PA2.2	Support the Health Board's presence at the Rural Partnership Board and Public Sector Boards. *RPB action is GREEN. PSB action for PSBs will sit with Strategy and Planning in the future as Partnerships is moving to the directorate.	Assistant Director of Public Affairs	Q1				<ul style="list-style-type: none"> Integrated Care & Collaboration between the Health Board and partners. Improved service delivery. Avoiding duplication & enhancing efficiency 	<ul style="list-style-type: none"> Reports
PA2.3	Work with partners to co-develop and publish an Anchor Institution Principles and Charter with clearly defined principles ensuring alignment with community needs and organisational priorities (Delivery priority 3C.9)	Assistant Director of Public Affairs				Q4	<ul style="list-style-type: none"> Improved working relationship with key organisations 	<ul style="list-style-type: none"> Publication of principles and charter.
PA2.4	Support strategic change, service transformation and capital development programmes with tailored communications to politicians, elected members and voluntary organisations through the bulletin, individual face to face and Teams meetings, correspondence and group briefings. These developments include: <ul style="list-style-type: none"> Llandudno surgical hub Ablett Unit development Royal Alex development Tywyn and Penley Hospitals 	Assistant Director of Public Affairs				Q4	<ul style="list-style-type: none"> Improve knowledge and understanding of the Health Board's ongoing activities and new developments. 	<ul style="list-style-type: none"> Record of meetings Feedback sought during meetings and through the bulletin.

	<ul style="list-style-type: none"> Electronic Healthcare Records Foundations for the Future 							
PA2.5	<p>Ensure the Public Affairs team's operations align with the outcome of the Foundations for the Future operating model and the wider PEC review.</p> <p>*NOTE: Foundations for the Future work will highlight any structural changes in Q3 – so this work is delayed.</p>	Assistant Director of Public Affairs		Q2			<ul style="list-style-type: none"> Increased awareness among key stakeholders of Health Board plans and activities. Increased confidence in the health Board. 	Feedback from key stakeholders.
ENG2: Engagement								
ENG2.1	<p>Review the strategic approach to engagement with communities, specifically mapping out the next two years. Produce a report and recommendations on public facing engagement approaches will be completed, considering issues such as ROI, BCUHB Priorities and engagement methods</p> <ol style="list-style-type: none"> Review engagement approaches and findings from public engagement survey Draft report and recommendations <p>*NOTE: Work is ongoing and will deliver in Q3</p> <ol style="list-style-type: none"> Strategic approach approved by Executive Team 	Head of Engagement	Q1	Q2	Q3		<ul style="list-style-type: none"> Aligns engagement with Health Board priorities to ensure activities support strategic goals and service delivery. Improves resource use and value for money by evaluating return on investment and focusing on what works. Strengthens evidence-based planning using insights from surveys and past engagement to inform future approaches. Ensures consistency and clarity through a structured two-year plan approved at Executive level. Builds public trust by demonstrating meaningful, inclusive 	<ul style="list-style-type: none"> Strategic approach report approved by Exec Team and HB

							engagement and clear follow-through on feedback.		
Objective 3: Creating compassionate culture, leadership and engagement									
COM3: Communication									
COM3.1	Implement new process for supporting nominations for national awards to showcase staff achievements. The process will be trialed with the NHS Wales Awards 2025.	Head of Corporate Communications	Q1				<ul style="list-style-type: none"> Improved quality of nominations for awards Increase opportunities to enter awards 	<ul style="list-style-type: none"> Feedback from staff Success of nomination process 	
COM3.2	Develop partnership working across the Regional Partnership Board through the development of at least two positive updates each quarter.	Head of Corporate Communications				Q4	<ul style="list-style-type: none"> Improved partnership working Improved public / staff understanding of partnership working Increase in delivery of proactive partnership content and coverage 	<ul style="list-style-type: none"> Attendance at PRB communications meetings Delivery of partnership content Coverage of partnership content 	
COM3.3	Increase the number of social media engagements by 10% while maintaining an engagement rate of 4% or higher (based on industry standards) through targeted online community interactions. This will include at least four digital campaigns and expanded use of social media platforms, based on current engagement trends.	Digital Communications Manager				Q4	<ul style="list-style-type: none"> Increased engagement with Health Board campaigns Increased awareness of Health Board activity and campaigns 	<ul style="list-style-type: none"> Delivery of four digital campaigns Digital analytics 	
COM3.4	Develop a calendar of staff-facing campaigns/opportunities to enhance staff engagement and communication, including: <ul style="list-style-type: none"> A review of internal digital channels A review of Team Brief 	Internal Communications Manager				Q4	<ul style="list-style-type: none"> Improve opportunities for staff engagement Increase awareness of the Health Board plans and activity 	<ul style="list-style-type: none"> Completion of reviews Development of calendar Complete review of Team brief and make recommended changes 	
PA3: Public Affairs									
PA3.1	Around 30 per cent of bulletin recipients typically open each edition, which exceeds	Assistant Director of Public Affairs				Q4	<ul style="list-style-type: none"> Increased awareness of 	<ul style="list-style-type: none"> Invite feedback via surveys in the bulletin. 	

<p>industry benchmarks for email campaigns. This is particularly positive given that our audience have been auto-signed up to receive this information, rather than self-subscribing, which naturally leads to higher engagement rates.</p> <p>However, given that our audience should naturally be amongst those most engaged in the work of the Health Board, we are keen to improve on this metric.</p> <p>The Public Affairs Team will continue to seek ways to improve the level of engagement with the Bulletin, including inviting informal feedback from key stakeholders during the course of regular meetings.</p>						<p>Health Board’s work and future developments</p>	<ul style="list-style-type: none"> Feedback also sought during individual meetings with bulletin recipients – eg politicians.
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ENG3: Engagement

<p>ENG3.1</p>	<p>Deliver at least five public engagement events in collaboration with stakeholders by the end of Q3</p> <p>Q1:</p> <ul style="list-style-type: none"> Bite Sized Health on Campus – Rhyl Women’s Health Hub Workshop Engagement Practitioners Forum North Wales Bite Sized Health on Campus – Rhyl Bite Sized Health in the workplace – Llangefni BSH – Clarence House – Patients and Staff Bite sized Health Event – Mon Council BETSI recruitment Event Wrexham Carnival Hawarden School Pride Event 	<p>Head of Engagement</p>	<p>Q1</p>		<p>Q3</p>	<ul style="list-style-type: none"> Strengthens partnerships by working collaboratively with key stakeholders Expands reach and inclusivity by engaging diverse community groups Gathers valuable feedback to inform service development and improvements Raises awareness of ongoing projects and builds public interest Demonstrates commitment to ongoing, face-to-face 	<ul style="list-style-type: none"> Engagement delivery plan monitoring report
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<ul style="list-style-type: none"> • Bite Sized Health Event in the Community – Overton – In collaboration with AVOW • Bite Sized Health in the Workplace – 2 Sisters Food Group • WellFest2025 – Wrexham • Bite Sized Health Event supporting The Menopause Musical • Bite Sized Health Event in the Community – Chirk – In collaboration with AVOW • Bite Sized Health Event in the Community – Little Acton – In collaboration with AVOW <p>Q2:</p> <ul style="list-style-type: none"> • Engagement Practitioners Forum – Joint • BSH Prestatyn lach • Sioe Mon • Eisteddfod Presence • Denbigh & Flint Show – Health Village • Mold Food Festival • Women’s Cardiac – Engagement • Women’s Research Centre – Health Symposium <p>Q3:</p> <ul style="list-style-type: none"> • Engagement Practitioners Forum – Joint • Age Friendly Communities / Older People days – Denbigh / Conwy • Future Nurses Event at YG • Future Nurses Event at YGC • The Baton of Hope Wrexham • Bite Sized Health Dolgellau • Men’s Health Event – Farming Connect / DPJ / Yellow Wellies • Bite Sized Health Bangor <p>Q4:</p>			Q2		Q3	community engagement	
					Q4		

	<ul style="list-style-type: none"> Women's Health / International Women's Week – Event BSH on Campus – Llandrillo Engagement Practitioners Forum – Joint							
ENG3.2	<p>Expand the engagement programme across at least five North Wales communities, collaborating with key partners to ensure added value for residents, stakeholders and the Health Board. Deliver a focused public engagement programme on:</p> <ul style="list-style-type: none"> Planned Care Urgent Care Primary Care <p>At least 6 events, 3 online and 3 face to face Q4</p> <ol style="list-style-type: none"> Prepare and planning of programme Host 3 online and one face to face engagement session <p>*NOTE: not delivered online sessions but have captured feedback for all three areas at events > will report into the Citizen Experience Report</p> <ol style="list-style-type: none"> Denbigh Hub / Caledfryn Engagement (primary Care focus) Host 3 online and one face to face engagement session Host 3 online and one face to face engagement session 	Head of Engagement	Q1	Q2 Q2	Q3	Q4	<ul style="list-style-type: none"> Enhances regional representation by engaging diverse communities across the area Ensures services reflect local needs through focused engagement on key care areas Strengthens collaboration with partners, creating more joined-up and effective engagement Adds value for communities by making engagement relevant to their healthcare experiences Builds stronger relationships between the Health Board and the communities it serves 	<ul style="list-style-type: none"> Monitoring and feedback reports
ENG3.3	<p>Expand the engagement programme across at least five North Wales communities, collaborating with key partners to ensure added value for residents, stakeholders and the Health Board. Create opportunities for people with diverse backgrounds and perspectives to contribute to our work. Including supporting a</p>	Head of Engagement				Q4	<ul style="list-style-type: none"> Promotes inclusivity by creating space for voices from diverse backgrounds and communities Strengthens community trust through culturally 	<ul style="list-style-type: none"> Engagement delivery plan monitoring report

	minimum of 4 health awareness events with communities whose first language isn't Welsh or English					<ul style="list-style-type: none"> sensitive and accessible engagement Improves service relevance by incorporating a wide range of lived experiences and needs Enhances collaboration with partners to reach underrepresented groups more effectively Raises awareness of health services and issues in communities that may face language or access barriers 	
ENG3.4	<p>Conduct at least three community listening events in rural areas, ensuring participation from at least 50 local residents, to gather feedback on healthcare needs and service improvements.</p> <ol style="list-style-type: none"> Undertake public survey exploring access to rural Engage with communities at least 2 rural agricultural/county shows Tywyn engagement exercise exploring rural health services 	Head of Engagement		Q2	Q3	<p>Q4</p> <ul style="list-style-type: none"> Ensures rural voices are heard and considered in healthcare planning Identifies specific local needs and challenges unique to rural communities Builds trust and visibility of the Health Board in less-served areas Encourages resident participation by bringing engagement directly to the community Provides valuable insights to shape more accessible and effective rural services 	<ul style="list-style-type: none"> Engagement feedback and monitoring report

Objective 4: Improving quality, outcomes and experience									
COM4: Communication									
COM4.1	<p>Develop an annual calendar of priority communications campaign activity for 2025/26, including:</p> <ul style="list-style-type: none"> • help to access care and support appropriately • promotion of mental health support services • support for dental services • primary care services • women’s health <p>Input from Campaigns Officer</p>	Head of Corporate Communications	Q1				<ul style="list-style-type: none"> • Ensure resources are effectively targeted at priority campaigns • Increase effectiveness of campaigns to improve public health and wellbeing 	<ul style="list-style-type: none"> • Develop calendar of priority campaigns • Delivery and evaluation of communication plans 	
COM4.2	<p>Work with colleagues in public health and partners to develop an annual calendar of priority communications campaign activity for 2025/26 to help support population health and prevention, including:</p> <ul style="list-style-type: none"> • tackling health inequalities • vaccination programmes • smoking cessation • social prescribing <p>Input from Public Health Team</p>	Campaigns Officer	Q1				<ul style="list-style-type: none"> • Ensure resources are effectively targeted at priority campaigns • Increase effectiveness of campaigns to improve public health and wellbeing • Ensure communications and public health priorities are aligned 	<ul style="list-style-type: none"> • Development of campaign calendar • Delivery and evaluation of communications plans 	
PA4: Public Affairs									
PA4.1	<p>Continue to contribute to the Citizens Experience Report for the Board, informing members of the key themes and emerging concerns raised by politicians through correspondence and in-person meetings.</p>	Assistant Director of Public Affairs	Q1				<ul style="list-style-type: none"> • Enhancing accountability • Trends and themes identified through correspondence and meetings can highlight problems before they 	<ul style="list-style-type: none"> • Reports included in the Citizens Experience Report 	

								escalate, allowing for early solutions	
								<ul style="list-style-type: none"> Strengthening public confidence 	
PA4.2	<p>Review existing processes, to include:</p> <ul style="list-style-type: none"> Providing guidance to services on the need for timely and accurate responses to correspondence; The frequency and effectiveness of meetings with politicians; The reach and engagement of the bulletin. <p>Amend these processes, if found to be necessary</p>	Assistant Director of Public Affairs			Q3		<ul style="list-style-type: none"> Reviewing existing processes ensures efficiency, accuracy, and impact 	<ul style="list-style-type: none"> Adjustments to be made depending on outcome of reviews. 	
PA4.3	Commission an independent survey to gather the views of key stakeholders for their views about Health Board services and their relationship with the organisation. The findings to build on previous annual surveys to map any improvements made during 2025-26.	Assistant Director of Public Affairs				Q4	<ul style="list-style-type: none"> Discover the views of key stakeholders and compare them with the findings of previous years to see if there have been any changes. 	<ul style="list-style-type: none"> Publication of survey and report findings to executives. 	
ENG4: Engagement									
ENG4.1	<ol style="list-style-type: none"> Ensure key engagement programmes are added and updated on the PEC content planner Provide quarterly evidence reports of engagement activities to demonstrate progress against PEC Delivery including contribution to the bi monthly citizens experience report 	Head of Engagement	Q1	Q2	Q3	Q4	<ul style="list-style-type: none"> Improves coordination and visibility of engagement activities through the PEC content planner Supports accountability by tracking progress against PEC delivery objectives Provides clear evidence of community involvement and impact over time 	<ul style="list-style-type: none"> Key activity saved in PEC Content Planner Quarterly evidence report update 	

							<ul style="list-style-type: none"> Enhances reporting quality with regular, structured updates for stakeholders Informs continuous improvement by identifying trends and gaps in engagement 		
Objective 5: Establishing an effective environment for learning									
COM5: Communication									
COM5.1	Use data within GA4 and media monitoring software to contribute to weekly and monthly reports and to monitor the performance of online content, channels and platforms and other digital projects and/or pieces of work. This evaluation will be shared and used to inform future content and campaign planning.	Digital Communications Officer				Q4	<ul style="list-style-type: none"> Improved understanding of content performance Improved awareness of issues, themes and sentiment 	<ul style="list-style-type: none"> Delivery of evaluation reports 	
PA5: Public Affairs									
PA5.1	Work with the IT team to identify a new system to easily capture and analyse correspondence performance and themes for executives and the Board. IT team support	Assistant Director of Public Affairs				Q3	<ul style="list-style-type: none"> Improved system making it easier to capture including themes and trends. 	<ul style="list-style-type: none"> Identify and introduce new system. 	
PA5.2	Information gathered from correspondence, meetings and briefings will provide improved analytics which will help inform what priorities the team should focus on as the year progresses. These analytics will also be reported to the Board for information.	Assistant Director of Public Affairs				Q4	<ul style="list-style-type: none"> Improved analytics will help inform the team's priorities. 		
ENG5: Engagement									

ENG5.1	<p>Establish a community of engagement practice within the Health Board, providing at least two training sessions and developing a toolkit to support staff with best practices and evidence-based approaches</p> <ol style="list-style-type: none"> 1. Hold second staff engagement workshop to affirm community of engagement practice 2. Internal promotion of refreshed engagement toolkits 3. Staff engagement training session <p>*NOTE: the training sessions will be based on the toolkit to support service change – this paper is in development, has been shared at the Strategic Planning and Service Change Group and Engagement Group and is being reviewed based on comments.</p> <ol style="list-style-type: none"> 4. Staff engagement training session 	Head of Engagement	Q1	Q2	Q3	<ul style="list-style-type: none"> • Builds internal capacity by equipping staff with skills and tools for effective engagement • Promotes consistency and quality through shared best practices and a standardised toolkit • Encourages collaboration and learning across teams through a community of practice • Supports evidence-based engagement, leading to more meaningful community input • Increases staff confidence and competence in planning and delivering engagement activities 	<ul style="list-style-type: none"> • Numbers of staff participating in workshops and training • Feedback from staff
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Teitl adroddiad: <i>Report title:</i>	'Building Health' The Director of Public Health's Annual Report 2025			
Adrodd i: <i>Report to:</i>	Planning, Population Health & Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 28 October 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this Report is to update the PPHP Committee on the development and themes of the 2025 Director of Public Health Annual Report.</p> <p>This is an independent report produced annually as part of the statutory functions of the Executive Director of Public Health in BCU HB.</p> <p>This year's report is titled 'Building Health' and focuses on the building blocks of health, an asset-based approach to exploring the wider determinants of health and health inequalities.</p>			
Argymhellion: <i>Recommendations:</i>	<p>Planning, Population Health & Partnerships Committee is asked to: Note the themes and focus of this year's Director of Public Health Annual Report.</p> <p>To support the themes outlined and the issues the recommendations will cover</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jane Moore Executive Director Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Charlotte Smith Consultant in Public Health			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p>				

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:	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>The 2025 Director of Public Health Annual Report aligns with the following Strategic Objectives for 2025/26</p> <p>2G Working with Regional Partners</p> <p>3C Citizen Engagement and Partnership Working</p> <p>4a Prevention and Early Intervention</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>The Public Health Annual Report is a statutory function of the Director of Public Health</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>Do/Naddo Y/N</p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddybletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</p> <p>WP7 Procedure for Equality Impact Assessments</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>Not applicable the report does not impact directly on service delivery.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Not applicable</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>There are no direct financial implications. The costs associated with the production of the report are covered within core Public Health Directorate budgets.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p>	<p>Not applicable</p>

<p>Feedback, response, and follow up summary following consultation</p>	
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Not applicable</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps:</p> <p>The report is due to be finalised in October and the main elements of the report will be set out in a presentation to PPHP. It will be presented to the Board in November.</p> <p>Following this the report will be made available in Welsh and English and in an easy read version. With a communications plan developed alongside the BCU communications team to support dissemination of the report and the key messages.</p> <p>This will include circulation within the Health Board, Regional Partnership Board, Public Services Boards and to Clusters and Pan-Cluster Planning Groups.</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>A short summary of the report is attached, and a presentation will be provided during the Committee.</p>	

Director of Public Health Annual Report 2025 – Building Health

This year's report 'Building Health' aims to explore the determinants of health and wellbeing, looking into what is needed to build a healthy society, healthy thriving communities, and people.

The report is an asset-based approach which takes the view of building health and wellbeing rather than focusing only on preventing disease. This also provides an alternate way to think about health inequalities and how we might work collectively to reduce them.

Wales is set to become the World's first Marmot Nation and the Marmot Principles, which tackle health inequalities through a proportionate universalism and asset-based approaches, are explained alongside case studies demonstrating how the principles might be implemented.

The Report discusses key issues around increasing/enhancing health and wellbeing and aims to align with current work to develop the Health Board's Strategic Intent and 10 Year Strategy, the Regional Partnership Board's work around Well North Wales.

Additionally, the report provides an opportunity to make recommendations to the Health Board and the wider system. The recommendations are focused on aligning parts of the system towards supporting health and wellbeing, for example through strengthened consideration of health inequalities within regional and local development plans, so that planning decisions in local areas consider the impact on health inequalities as part of the planning process.

The Building Health PHAR aims to explain key concepts of health inequalities and wider determinants of health. The report uses the building blocks of health as a metaphor for the foundational elements that determine health and wellbeing. Each block represents a determinant of health - such as education, housing and income. This metaphor supports understanding around the concepts of accumulation of disadvantage, as damaged or missing blocks that are needed to support a building. The use of the building metaphor will be aided by illustration and design that picks this out in the final document.

The report utilises case studies and draws out the evidence around what works. The report contains recommendations that are aimed to guide and inspire a wide breadth of partners, with actions aimed across a range of public sector partners organisations and structures including the Health Board. These ambitions align with the ethos of the emerging Health Board Strategic intent, the Regional Partnership Board's Well North Wales programme, and intends to support discussions at the Public Service Boards as they consider their well-being plans.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Building Health

The North Wales Director of Public Health
Annual Report 2025

Planning, Population Health & Partnerships
Committee 28th October 2025





Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University
Health Board

Director of Public Health
Annual Report 2025

Building Health



Independent annual
report statutory
responsibility of the
Director of Public
Health

Public narrative style,
aims to support
engagement around
asset-based
approaches to health
and wellbeing



Building Health

The report focuses on:



The building blocks of health as a way of conceptualising the wider determinants of health

How health and wellbeing are influenced at a societal, community and individual level



Building Health

The report focuses on:



Adapted from: [Health Inequalities and the social determinants of health – CHEX](#)

The building blocks of health as a way of conceptualising the wider determinants of health

How health and wellbeing are influenced at a societal, community and individual level



What is a building block of health?

Using building blocks of health as a metaphor for foundational elements that determine health and wellbeing. Each block represents a determinant of health - such as education, housing or income.

How do we build a healthy society?

How society contributes to health and wellbeing, and how Marmot principles are being adopted to support a shift towards a healthier society and reducing health inequalities

How do we build healthy communities?

How building healthy communities creates environments that support wellbeing. Focusing on empowering people, and embedding health through collaboration and a whole system approach

How to we build healthy people and families?

Supporting people to maximise their health and wellbeing whilst recognising that choices and behaviours are often shaped by wider factors



Ambitions for North Wales

Build strong foundations: enabling children and young people to thrive

Drawing on the Marmot Principles, we must strengthen and widen the focus on giving children and young people the best start

Build fairer communities: amplifying voices and unlocking local strengths

We must work together to reduce inequalities and ensure that services reflect the needs and strengths of all communities — especially those who are often overlooked

Build healthy places: designing environments that support wellbeing

Ensure the wider determinants of health, including environmental sustainability and health inequalities, are added into plans of all public sector and community partners in North Wales

Build health and wellbeing across the system: making wellbeing part of everyday life

To build a healthier North Wales, we need to embed wellbeing into every part of our system, with clear accountability





Teitl adroddiad: <i>Report title:</i>	Substance Misuse in North Wales Briefing		
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnership Committee (PPHP)		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 28 October 2025		
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This brief has been prepared at the request of the Chair of the Planning, Population Health and Partnership Committee (PPHP), to provide a brief on the collaborative work between BCUHB Substance Misuse Service and the Area Planning Board (APB) in relation to substance misuse provision across North Wales. It also highlights strengthened approaches to partnership working in addressing substance misuse-related issues.</p>		
Argymhellion: <i>Recommendations:</i>	<p>For the Planning, Population Health and Partnership Committee to note this briefing, highlighting the ongoing strategic partnership efforts that support effective, responsive services for individuals experiencing substance misuse in North Wales, and to recognise and support the following;</p> <ul style="list-style-type: none"> • Note the content of the report and the progress made in supporting and addressing substance misuse issues in North Wales, and the links with housing, gambling and other addictive behaviours. • Maintain and maximise the opportunities for partnership working: Continue to support and enhance coordinated work across health, housing, local authorities, and third-sector partners. • Review and clarify 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. 		
Arweinydd Gweithredol: <i>Executive Lead:</i>	<p>Jane Moore, Executive Director of Public Health Teresa Owen, Executive Director of Allied Health Professions & Health Science</p>		
Awdur yr Adroddiad: <i>Report Author:</i>	<ul style="list-style-type: none"> • Louise Woodfine, Consultant in Public Health, BCUHB • Siwan Jones, Principal Public Health Officer, BCUHB • Jodie Morgan Clinical Operational Manager Substance Misuse Service/Harm reduction and helpline services, BCUHB • Sean Gallagher Head of Nursing Regional Specialist Services, BCUHB • Paul Firth, Regional Commissioning and Development Officer (Substance Misuse), APB 		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input checked="" type="checkbox"/>



Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <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 Acceptable <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 Partial <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 No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

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

Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Integrated Medium Term Plan (IMTP) Subheading 2G – 'Working with regional partners Area Planning Board' <ul style="list-style-type: none"> 2G.31 - The integration of the Criminal Justice Substance Misuse Service (previously provided by the Third Sector) into the Health Board Substance Misuse Service (SMS). 2G.32 - Development of Roslin, in Llandudno, into a multi-agency Substance Misuse Hub. 2G.33 - Ongoing delivery of the Hepatitis B and C Elimination Plan.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<ul style="list-style-type: none"> Equality Act 2010 Public Sector Equality Duty Socio-economic Duty Human Rights Act 1998 Quality and Health and Care Quality Standards 2023 Wales Wellbeing of Future Generations (Wales) Act 2015
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N/A WP7 Procedures for an EqIA has been reviewed and is not required.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	This paper is to provide a briefing on work in relation to Substance Misuse Partnerships working in North Wales. WP68 Procedures for Socio-economic Impact Assessment has been reviewed and is not required.



<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR24-08 There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>N/A</p>
<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>	<p>N/A</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Consultation on this paper has taken place with representatives from the following :</p> <p>BCUHB Public Health Directorate BCUHB Substance Misuse Services North Wales Area Planning Board (APB) North Wales Prevention and Harm Reduction Forum (NW PHRF)</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<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>N/A</p>
<p>Camau Nesaf: Gweithredu argymhellion Next Steps: For the Planning, Population Health and Partnership Committee to note and support the recommendations in this paper</p>	
<p>Supporting Papers:</p> <ul style="list-style-type: none"> • Appendix 1: North Wales Alcohol Harm Reduction Strategy – Calling time for Change (2025-28) • Appendix 2: APB Executive report – North Wales SMS reporting period Q4 (24-25) January – March 2025. 	

Planning, Population Health and Partnerships Committee

Substance Misuse in North Wales Briefing

1.0 Background

This brief has been prepared at the request of the Chair of the Planning, Population Health and Partnership Committee (PPHP), to provide a brief on the collaborative work between BCUHB Substance Misuse Service and the Area Planning Board (APB) in relation to substance misuse provision across North Wales. It also highlights strengthened approaches to partnership working in addressing substance misuse-related issues.

2.0 Introduction

Substance misuse remains a significant public health concern, contributing to a range of negative outcomes including increased hospital admissions, premature mortality, social inequalities, and the disruption of families and communities; it has a marked impact on vulnerable groups, including those living in deprived areas. Since the COVID-19 pandemic, new challenges have arisen requiring a renewed effort to reduce harm from drug use and polydrug use (including alcohol) through prevention, early intervention, harm reduction and treatment¹.

In North Wales, the APB is responsible for delivering the current Substance Misuse Strategy which sets the agenda for tackling and reducing the harms associated with substance misuse in Wales. The delivery plan of the Strategy has been updated in response to the COVID-19 pandemic due to changes in drug markets, consumption, treatment patterns and engagement with harm reduction services, as well as impacting on groups with a higher risk for drug use and polydrug use (including alcohol)¹. The Public Health Directorate recently led the process of updating the North Wales Harm Reduction Strategy 2025-28 'Calling time for Change' (Appendix 1) together with member organisations of the APB.

BCUHB is a member of the APB and this is reflected in the BCUHB Integrated Medium Term Plan (IMTP) Delivery Plan; 'working with regional partners. BCUHB is a strategic APB partner/member, but also provides the following functions on the Board: i) a statutory provider of health services; ii) APB commissioned service provider, and iii) Clinical Governance advisor to the APB.

3.0 Data

A summary of key data is provided below:

3.1 Alcohol

Across Wales as a whole, alcohol-attributable hospital admissions have generally shown a downward trend, though with variation between Local Authority areas.

Overall, North Wales mirrors the national trend of declining admissions, but Wrexham's rate remains notably higher than the all-Wales average.

The percentage of the population that reports drinking above recommended guidelines varies across Local Authority areas. Adults living in Flintshire (20.4%), Conwy (17.7%) and Gwynedd (17.2%) drink alcohol above the recommended guidelines, which is higher than the North Wales average of 16.0% and higher or equivalent to the Wales average of 17.2%. The lowest area is Denbighshire at 9.9%².

Alcohol-specific conditions are commonly defined as those conditions such as alcoholic liver disease, which are 100 per cent attributable to the use of alcohol, and have become more frequently reported in the literature evaluating alcohol harms. The European age standardised rate (EASR) for alcohol specific conditions have decreased in previous years. In 2023/4 Wrexham had the highest rate in North Wales (and second highest in Wales) with 367 admissions per 100,000 population experiencing a decrease of 5% since 2022/3, followed by Flintshire with 297 admissions per 100,000 population experiencing a 10% decrease. Both Conwy and Denbighshire have observed a decrease of 27% in 2023/4 when compared with the previous year³.

Hospital admissions are a commonly used measure to assess the harms of alcohol and illicit drugs to individuals. Although likely to be reflective of harms associated with use at the more problematic end of the alcohol and drug use spectrum, figures for hospital admissions can provide a useful and consistent gauge of harms over time. Alcohol attributable admissions have been evaluated as partially, but not completely, caused by alcohol consumption when considered across the whole population. All Local Authorities in North Wales apart from Wrexham have seen a decrease in alcohol attributable admissions. The highest proportionate rate decrease (out of all Local Authority areas across Wales) was observed in Conwy & Denbighshire. Wrexham had the highest rate in North Wales with 1,152 persons, followed by Flintshire with 1,020 persons per 100,000 population which is higher than the Wales average of 1,001 per 100,000 population³.

Where rates in alcohol misuse have shown a decrease, it is important to highlight that continuing to reduce the significant harm caused by alcohol at an individual, population and societal level remains an important priority area that needs addressing from a wide range of partners.

3.2 Drugs

In published statistics³, data are reported at Health Board level rather than by local authority. Betsi Cadwaladr University Health Board (BCUHB) recorded the highest rate of hospital admissions for illicit drugs in Wales in 2023/24, at 169.6 per 100,000 population. Rates for BCUHB have fallen from 257 per 100,000 in 2019/20 to 190.6 per 100,000 in 2022/23. These admissions include cases involving benzodiazepines, cannabinoids, cocaine, opioids, and other stimulants.

3.3 Substance Misuse Service (SMS) assessments

The BCUHB Substance Misuse Service produces a quarterly performance report to the APB on a range of performance data including the number of referrals and assessments by quarter. (A link to the report presented in the APB meeting 15/05/25 is presented in Appendix 2).

Assessments in BCUHB increased by 30% from the previous year and were the highest compared to other health boards in 2023/24 at 3,300 assessments³.

4.0 Harm Reduction Service (BCUHB)

Reducing the harm caused by substance misuse is an evidence based and cost-effective approach when delivered in a targeted way. It works to reduce the harms and risks to an individual and to the community in which they live. Harm reduction does not primarily focus on abstinence but does incorporate recovery as part of a range of goals and outcomes over time¹.

The BCUHB Harm Reduction Service offers a wide range of services which are listed below. This includes needle syringe provision and advice, vaccinations, harm reduction, naloxone supply, blood-borne virus (BBV) testing and information, basic wound care, non-fatal overdose reviews, brief alcohol interventions, and advice on, safer injecting, safer drug use, sexual health and Image and

Performance Enhancing Drugs (IPED) within the Harm Reduction Team (HRT), and the Service continues to work with service users across the North Wales community.

The services below are provided by the Harm Reduction Service led by the BCUHB Substance Misuse Service:

- Outreach services to engage and empower people with the knowledge and tools for safer drug use, and linkage to services including Substance Misuse Treatment, Homelessness/Housing Teams, Mental Health and Physical Health services, which all aims to reducing vulnerability.
- Substance Misuse Treatment services that provide and aim to retain people in opioid substitution treatment.
- Range of services providing overdose awareness to people to ensure knowledge of risk factors and approaches for safer drug use.
- Take Home Naloxone Programmes to provide people at risk of overdose and those likely to witness an overdose with the skills to respond to a suspected opioid overdose and naloxone (antidote to opioid overdose) kits to administer in an emergency.
- WEDINOS (Welsh Emerging Drugs and Identification of Novel Substances) is promoted and utilised to test substances and enables relevant harm reduction advice to be provided.
- Local Drug Information System is in place where the primary aim of a local drug alert is to help inform people who use drugs of an immediate risk.

North Wales Fatal Drug Poisoning Review Group that focuses on reviewing suspected fatal drug poisonings with a focus on learning lessons and making recommendations to prevent and reduce drug related death.

The Needle and Syringe Programme (NSP) in North Wales is delivered through the Community pharmacies, the Harm Reduction Teams and the Substance Misuse Service. The services provide sterile injecting equipment and related paraphernalia, including foil as an alternative to injecting, as well as harm reduction information, advice and referral to specialist treatment services. They represent a vital service in the prevention of infections related to injecting, specifically blood borne viruses: hepatitis B, hepatitis C and HIV; as well as bacterial infections including Staphylococcus aureus and Invasive Group A streptococci, often related to unsterile injection practices. NSPs are the first line service to prevent infections by ensuring the use of sterile injecting equipment at every injecting event in line with best practice guidance.

5.0 Drug misuse deaths

In 2023, the European age standardised rate (EASR) for drug misuse deaths in Wales was 8.8 deaths per 100,000 population. During this period the highest rates were observed in Cwm Taf Morgannwg University Health Board, with a rate of 12.4 deaths per 100,000 population. The lowest rate of deaths was observed in Powys Teaching Health Board with 3.5 deaths per 100,000 population.

A rate of 5.9 drug misuse deaths per 100,000 population was recorded in BCUHB, a slight increase on the previous year (5.4), and lower than the Wales rate of 8.8 deaths per 100,000 population. The two local authorities in this health board area with a rate of deaths higher than the Welsh national average were Conwy and Gwynedd. The EASR three year rolling averages show increasing rates in Conwy and Gwynedd, with all other local authorities in BCUHB generally decreasing.

In BCUHB, opioids other than heroin/morphine were the most common substance in 2023, recorded in 37.8 per cent of drug misuse deaths. Other opioids included methadone, codeine, and tramadol. Including heroin/morphine, opioids were recorded in 54.1 per cent of deaths in the health board. Other substances included cocaine, gabapentinoids, and amphetamines.

Across the UK and other countries synthetic opioids such as nitazenes are being found unexpectedly in the drug market increasing the risk of opioid overdose and death. Nitazenes were originally developed in the 1950s as analgesics. Found to have potent analgesic effects, the clinical development of nitazenes was abandoned due to the increased risks of adverse events. Currently, there are no drugs of this class approved as human or veterinary medicines.

Adulterated heroin is not the only risk, there have also been findings of potent synthetic opioids in fake oxycodone tablets, in fake or 'street' benzodiazepines and less commonly in Synthetic Cannabinoid Receptor Agonists.

The data related to drug misuse deaths is gathered from the Office for National Statistics (ONS) report 'Deaths related to drug poisoning in England and Wales'. The brief does not at this time provide granular detail related to synthetic opioids, as such the team are unable to comment on the number of drug misuse deaths where nitazenes have been present in North Wales.

In response to the risks posed by unexpected substances entering the drug market in North Wales the Harm Reduction Service are utilising the '*Are you getting what you think you're getting?*' approach to highlight the risks to people who use drugs. A key part of the harm reduction team's work involves engaging with individuals to raise awareness of the risks, encourage them to expect the unexpected, recognise the signs and symptoms of opioid overdose, and ensure they always carry naloxone. This is supported by leaflets that have been designed and made specifically for the '*Are you getting what you think you're getting approach?*'. In addition, the BCUHB Harm Reduction Service also developed a short animation that is hosted by DAN24/7 (the Wales Drug and Alcohol Helpline) to provide education and messaging around the changes to the drug market, links to animation:

English - <https://youtu.be/xLAWsOmoJ1Q?si=ub3D7O7hz4YaRFX7>

Welsh - https://youtu.be/Hz1NhT4cVq4?si=mR_5C1zyf-XrsZJV

6.0 Gambling and Gaming

Gambling and gaming are both addictive behaviours that require support from services. Recent changes with the gambling levy include a transition from the voluntary sector levy to the statutory levy, and a priority to build a new pathway from prevention to treatment for people in Wales. Public Health Wales will be carrying out workshops with local teams/services to identify priorities and a strategic plan for Wales. BCUHB SMS are working closely with NHS Performance and Improvement as stakeholders to support the development of a range of services at all tiers for individuals with problem gambling including helplines. SMS are actively supporting, as clinical leads in Addictions, the discussions around the specifications for an NHS specialist national gambling service at tier 3 level for all of Wales delivered digitally/remotely. Health Boards are likely to be asked to tender for this within the next 4-6 weeks as there is a need for the service to be commencing in some form from April 2026.

There is some evidence on the association between gambling harms and gaming, and the specialist clinic for gaming based in London sees many young people experiencing harms brought about from gaming. The research agenda for the gambling levy will include looking at these links and establishing an evidence base on what the links and harms are, and what might be effective in both prevention and treatment. At a national level, Public Health Wales are developing curriculum resources for the Healthy Schools Programme which will look at digital health generally as part of the offer around the prevention of gambling harms.

7.0 Housing and Substance misuse

Socioeconomic factors such as poverty, unemployment, and social deprivation are closely linked to substance misuse and its associated harms. Areas with higher levels of deprivation tend to have higher rates of substance misuse issues¹.

Housing tenure can be linked to socioeconomic status with owning a home generally considered to correlate with greater financial stability and affluence. A clear disparity emerges, with private renters reporting the highest rate of drug use (12.8%), followed by social renters (8.8%) and then owner occupiers (6.7%). This suggests a possible link between housing tenure, likely reflecting socioeconomic status and drug use¹.

The proportion of all patients admitted to hospitals for alcohol-specific conditions who lived in the 10 per cent of most deprived areas was 2.8 times higher than those from the least deprived areas. Amongst those admitted for conditions related to use of illicit drugs, the contrast was even more pronounced with admissions 6.4 times higher amongst those from the most deprived areas compared to least deprived. This may also be reflective of the links between deprivation and criminalisation and the associated impact on health and risk behaviours².

Stakeholder focus groups across Wales which included representation from housing officers were held in November 2024 and January 2025 to inform the development of the Public Health Wales Substance Misuse Needs Assessment (PHW SMNA) which is to be published (date to be confirmed). Key feedback from the groups included a need to focus on prevention, early intervention, rehabilitation, treatment, the health of the individual and harm to others. Housing was referenced in the rehabilitation theme and the following was highlighted: *'Recovery is often poorly planned and under resourced. Many people are discharged from treatment without adequate aftercare, stable, or community support leading to high relapse risk. Peer support, community engagement, and housing-first approaches are recognised as effective but inconsistently available. Young people face particularly limited access to age-appropriate rehab'*¹.

The APB has had representatives from the housing sector as members for almost five years and the Welsh Government's Rapid Rehousing programme is a standing item on the APB agenda.

7.1 Housing and Mental Health and Learning Disability (MHLD)

The Mental Health and Learning Disability (MHLD) Division, in understanding the importance of housing for people experiencing poor mental health, employ a Housing Development Manager within the Division whose aim is to work in partnership to ensure that mental health needs are prioritised and that pathways are developed to reflect the needs of service users with resources planned and developed where possible, to provide access for people with mental health needs to live in their local communities safely. The role operates across North Wales and links in with each of the 6 Local Authorities and key third sector partners. To highlight that the Housing Development Manager has recently been nominated for the Betsi staff awards for his role in partnerships.

8.0 Homelessness

People without homes are more likely to suffer from illnesses, including infections, cardiovascular disease, substance misuse disorder and mental health issue. Homelessness creates a fertile ground for substance misuse, acting as both a consequence and a contributing factor. The instability, trauma, and social isolation inherent in homelessness can drive individuals to use substances as a coping mechanism to manage physical and emotional pain, stress, and despair. Furthermore, the lack of safe housing and structured environments can make it difficult to avoid situations where substance misuse is prevalent, increasing the risk of initiation or relapse¹.

In response to the proposed Welsh Government Ending Homelessness Legislation, a multi-agency regional Homelessness Reduction Implementation Group has been established to 'work in partnership across Betsi Cadwaladr University Health Board, Local Authorities, Housing, Third sector and voluntary organisations and people with lived experiences, to improve the health and wellbeing of people experiencing or at risk of homelessness, reduce stigma and discrimination and ensure people have access to the right support, at the right time'.

The group focusses on understanding the challenges and opportunities with current discharge pathways from acute settings into homelessness teams from a Local Authority, BCUHB and person-centred perspective. To inform this work, local engagement has taken place with local housing teams, regional Housing Support Grants Leads and a survey to all Local Authority Homelessness Teams to identify ways to improve partnership working between services. Partnership Work is currently underway to capture insights from people with lived experience to understand how people can be supported to access support at the right time to improve their health and wellbeing and reduce the risk of homelessness.

The findings from this work will provide insights and recommendations on how BCUHB can contribute to ending homelessness through collaborative, person centred and trauma informed approaches.

9.0 Recommendation

For the Planning, Population Health and Partnership Committee to note this briefing, highlighting the ongoing strategic partnership efforts that support effective, responsive services for individuals experiencing substance misuse in North Wales, and to recognise and support the following;

- Note the content of the report and the progress made in supporting and addressing substance misuse issues in North Wales, and the links with housing, gambling and other addictive behaviours.
- Maintain and maximise the opportunities for partnership working: Continue to support and enhance coordinated work across health, housing, local authorities, and third-sector partners.
- Review and clarify 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.

10.0 Additional information

Free training is available through the following:

- North Wales Substance Misuse Workforce Development programme funded by the APB [Workforce-Development-Programme-Prospectus-Spring-2025 \(1\).pdf](#)
- Free access to the Making Every Contact Count (MECC) training to maximise everyday interactions with individuals to improve health and wellbeing. [MECC // Public Health Network :: Home](#)
- DAN 24/7 for employees and residents. [DAN 247 – Wales Drug and Alcohol Helpline](#)

11.0 Budgetary / Financial Implications

This brief is for information, there are no financial implications.

12.0 Risk Management

This brief is for information, there are no risks associated with the content/ recommendations.

13.0 Equality and Diversity Implications

There are no Equality and Diversity Implications as this paper is for information only.

14.0 References

¹ Public Health Wales. Drug & Alcohol Needs Assessment Version 0.2 [Internet] ; 2025 (cited 2025 June 18).

²Public Health Wales. Public Health Outcomes Framework for Wales reporting tool [Internet]; 2024 [cited 2025 June 18]. Available from: [PHOF Reporting Tool \(shinyapps.io\)](https://shinyapps.io/PHOF-Reporting-Tool/)

³Public Health Wales. Data Mining Wales : The annual profile for Substance Misuse 2023/4 ; [Internet] (cited 2025 June 18) Available from: [Data Mining Annual Profile Template \(nhs.wales\)](https://nhs.wales/data-mining-annual-profile-template)

15.0 Appendices (attached to brief)

Appendix 1 North Wales Alcohol Harm Reduction strategy – Calling time for Change

Appendix 2 APB Executive report – North Wales SMS reporting period Q4 (24-25)
January – March 2025.



Teitl adroddiad:	Winter Resilience and Assurance Planning 2025 – 2026
Report title:	
Adrodd i:	BCUHB PPHP
Report to:	
Dyddiad y Cyfarfod:	Tuesday, 28 October 2025
Date of Meeting:	
Crynodeb Gweithredol:	
Executive Summary:	<p>This paper provides assurance to the PPHP regarding the Health Board's preparedness for the forthcoming winter period (1 December 2025 – 31 January 2026) and outlines the approach, governance, and collaborative actions undertaken with partners across North Wales to maintain system resilience and patient safety.</p> <p>The information contained within this report has been specifically requested by Welsh Government as part of the 2025/26 Winter Resilience Planning Assurance process and must be formally submitted by 31 October 2025.</p> <p>It sets out the key requirements of the Winter Resilience Planning approach undertaken across Betsi Cadwaladr University Health Board (BCUHB) and partner agencies, in line with ministerial priorities and national preparedness expectations. The plan provides the strategic context for the Health Board's legislative responsibilities and details the core service areas, identified risks, mitigations, and resource considerations that underpin system delivery over the winter months.</p> <p>The plan has been developed jointly with Local Authorities, the Welsh Ambulance Services NHS Trust (WAST), primary care, and third sector partners. It has been formally approved through all relevant regional and Health Board governance structures, with joint monitoring arrangements in place to oversee delivery, impact, and escalation throughout the winter period.</p> <p>There are several key differences in approach from previous years, including:</p> <ul style="list-style-type: none">• The use of a forecasting tool to anticipate peaks in demand and inform tactical decision-making.• Enhanced collaboration and information sharing across health and social care providers to ensure alignment during the peak period.• Joint escalation touch points between health and social care executives to enable coordinated, real-time response.• A more proactive approach to de-escalation management, enabling earlier intervention and recovery of system flow. <p>The North Wales health and care system continues to operate within a highly challenged environment, and the forthcoming winter is expected to present significant risks and pressures. As in previous years, there will be a high level of Executive oversight and visibility throughout the</p>

	<p>period, supported by Gold Command arrangements and daily operational monitoring.</p> <p>Through proactive identification of high-risk individuals, strengthened community based capacity, and integrated working with Local Authorities and third sector partners, the Health Board is confident that robust governance and preparedness arrangements are in place to manage surges in demand safely and effectively.</p>			
Argymhellion: Recommendations:	<p>The PPHP is asked to:</p> <ul style="list-style-type: none"> • Review the Local health and care system resilience plans for winter (1 December 2025 to 31 January 2026) 			
Arweinydd Gweithredol: Executive Lead:	Tehmeena Ajmal, Interim Chief Operating Officer			
Awdur yr Adroddiad: Report Author:	Paul Andrew, IHC Director of Operations (West) David Hutton, Programme Director - UEC			
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi <i>For Noting</i></p> <input checked="" type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <input type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	<ul style="list-style-type: none"> • Prevention and Health Protection • 6 Goals Programme (Urgent & Emergency Care) 			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Civil Contingencies Act 2004			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Not applicable at this stage			

<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable at this stage</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The issues raised impact across a range of risks</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Unknown at the time of this report – there are no specific implications arising from this report</p>
<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>	<p>Unknown at the time of this report – there are no specific implications arising from this report</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The Health Board has worked collaboratively with the Regional Partnership Board (RPB), programme leads, and Integrated Health Community (IHC) leads to review feedback and align priorities. Input from partners has informed the final submission, and joint arrangements are in place to monitor delivery and address any issues that arise during the winter period.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>BAF 1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users</p> <p>BAF 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience</p> <p>BAF 4.1 Significant risk of avoidable harm to patients and staff, due to a failure by the Health Board provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation</p>
<p>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>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p>	

Next Steps:

Not applicable to this report

Rhestr o Atodiadau:

Dim

List of Appendices:

1. Local health and care system resilience plans for Winter (1 December 2025 – 31 January 2026)

Winter Planning Approach 2025- 2026

Health Board September 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



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PURPOSE

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

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

It should be noted that there are some key differences in the approach to winter planning and operational response to pressures this year over last. These include:

- Using a forecasting tool to predict peaks in demand to support tactical planning
- Improved collaboration and information sharing to align services across health and social care providers during the peak period
- Joint escalation touch points throughout the peak period between health and social care executives
- A proactive approach to pressures through de-escalation management

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

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

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



STRATEGIC CONTEXT

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

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



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

The Approach:

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

Finance:

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

The Principles:

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

Governance and Assurance:

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



LEARNING AND RISK BASED APPROACH

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

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



Some of the risks identified include:

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



MINISTERIAL WINTER REQUIREMENTS

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

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

Key Areas of Focus

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

Regional Integrated Self-assessment

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

Operational Delivery Plan

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

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

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

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



Pathway of Care Transformation Grant to Local Authorities

Welsh Government Guidance:

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

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

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

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

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

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

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

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

UEC Workstream 3
Hospital Flow
6 goals – PG5

UEC Workstream 4
Discharge into the community
6 goals – PG6

Improving integrated discharge processes:

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

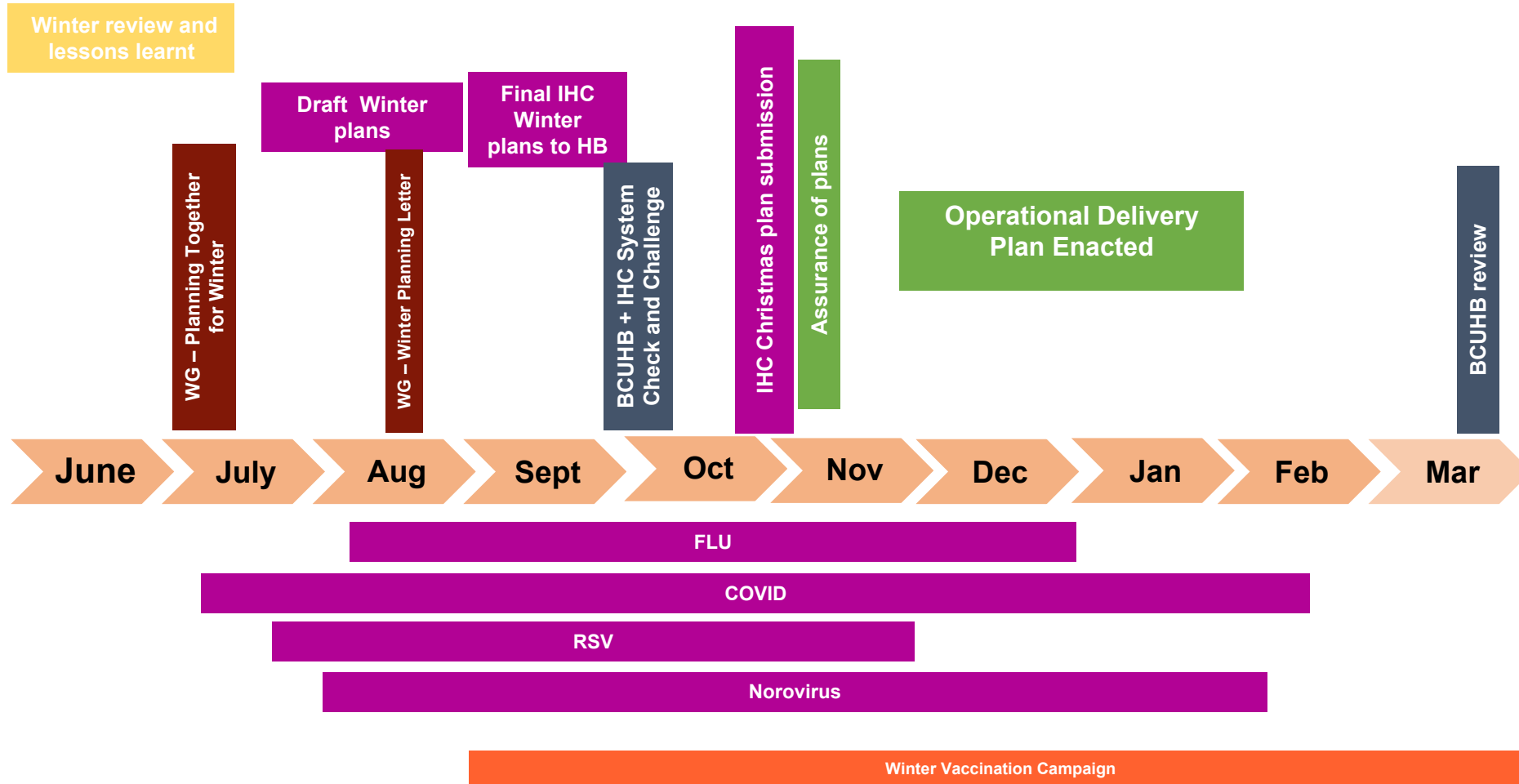
Further reduction in conveyances (focus on fallers & care home residents):

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

Better utilisation of SDEC and other front door services:

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

WINTER PLANNING & ASSURANCE TIMELINE



OPERATIONAL DELIVERY PLAN

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

Example of oversight of the system (local level)

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



Community and Primary Care

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

Community Care including Care Homes

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



Optimise Hospital Flow

Front door

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

Alternatives to ED

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

Flow and Discharge

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



Respiratory and Vaccination Programme

Community

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

Staff

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



Health Protection Service and IPC

Health Protection Service

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

Infection Prevention and Control

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



Mental Health and Children's Services

Mental Health

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

Children's Services

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



WORKFORCE CONSIDERATIONS & WOMENS SERVICES

Workforce

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

Women's services

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



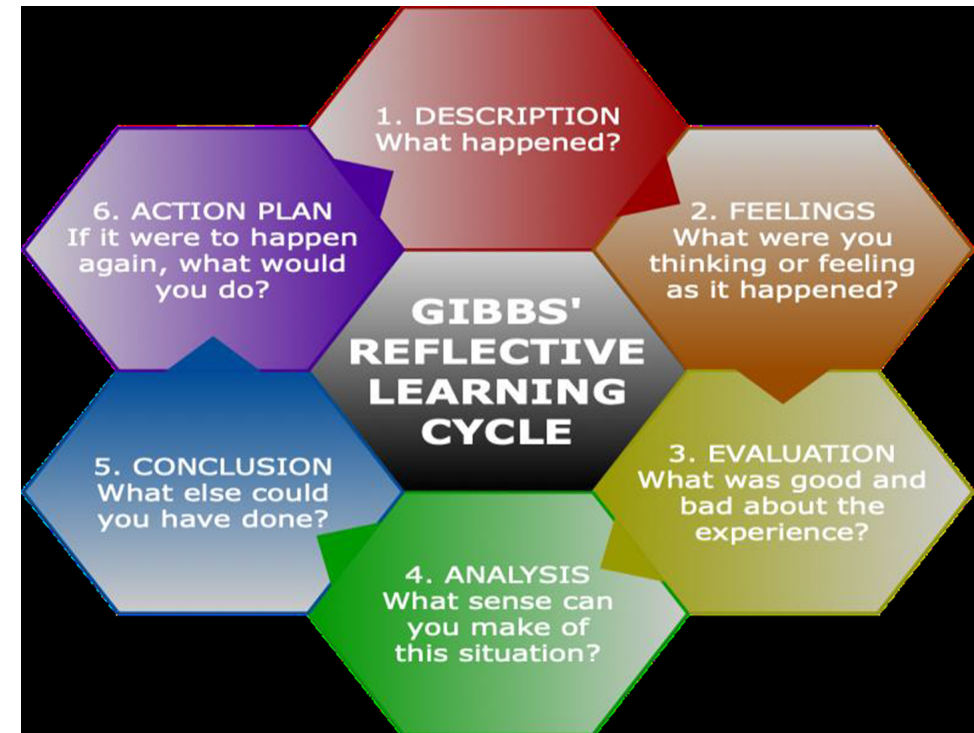
COMMUNICATION AND ENGAGEMENT; AND LEARNING

Communication and Engagement

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

Dynamic Learning Process

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



Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	Planning, Population Health & Partnership Committee (PPHP) (Public)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 06 November 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Committee is asked to receive assurance and endorse the updated corporate risk register:</p> <p>Following two informal Executive Committee Development sessions to review the Corporate Risk Register, held on the 16th July and 20th August, it was decided that the current Corporate Risk Register would benefit from consolidation of the current 26 risks to a more strategic Corporate Risk Register for presentation to the Board and oversight at relevant committees.</p> <p>The proposed revised, draft Corporate Risk Register will comprise of 11 strategic risks with a selection of the more operational Corporate Risks de-escalated to be managed operationally at Director level. Of the 11 Corporate Risks, the Committee have oversight of 4 risks (2 private) (see appendix 2)</p> <p>The Committee is asked to provide any further feedback on each of the Corporate Risks prior to approval by Board for those risks to which the committee has oversight</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Provide any feedback or receive assurance and endorse the updated corporate risk register. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd:	Arwyddocaol <i>Significant</i>	Derbyniol <i>Acceptable</i>	Rhannol <i>Partial</i>	Dim Sicrwydd <i>No Assurance</i>

Assurance level:	<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>	<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>	<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>	<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>'Partial' Escalated to Chief Operating Officer</i>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Detailed in the BAF report and how the CRR aligns to the revised BAF			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	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? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Not applicable for this report			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary ben undertaken?	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) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The Board Assurance Framework has been updated and links of both have been referenced in both strategic risk registers.			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	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.			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	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>Corporate risks descriptions presented informally to the Board during the risk appetite session 27 August 2025. Reviewed on two occasions by Risk Scrutiny Group and Executive Committee Sept and Oct 2025.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i></p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>
<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>Two private risks removed and to be presented in private Committee</p>
<p>Camau Nesaf:</p> <p><i>Next Steps:</i></p> <ol style="list-style-type: none"> 1. Revised draft Corporate Risks presented to Board for approval. 2. Approved Corporate Risks to be monitored as business as usual by the Risk Scrutiny Group and Executive Committee 	
<p>Rhestr o Atodiadau:</p> <p><i>List of Appendices:</i></p> <p>Appendix 1 – Revised Corporate Risk Register Heat Map – September 2025 Appendix 2 – Revised Corporate Risk Register (PPHP) Public – September 2025</p>	

Revised Corporate Risk Register Dashboard – September 2025

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type Appetite Level	Lead Board Committee	Action Progression		Risk Management Commentary	
							Total	Completed		Delayed or Overdue
CDIO	CRR25-04	Modernising our Infrastructure	5x4 20	12	Quality (<15) Above Tolerance	Planning, Population Health & Partnership Committee	9	1	0	
CDIO	CRR25-11	Cyber	5x4 20	15	Quality Above Tolerance	Planning, Population Health & Partnership Committee	9	4	2 (revised dates)	High target score

Corporate Risk Register Report

1.0 Purpose

The purpose of this report is to provide an update to the Committee on the Corporate Risk Register to which the Committee has oversight.

1.1 Key Highlights

All risks have been reviewed and updated by the relevant services and approved by Executives.

The following risk (not under PPHP oversight) was subject to a deep dive at the Risk Scrutiny Group where the group discussed and reviewed, the risks and were presented to the group by the relevant risk lead and service:

- CRR24-06 Value Delivery and Financial Sustainability (September)

The following risks are scheduled to undergo a deep dive at the November 2025 Risk Scrutiny Group following the October Risk Scrutiny Group being stood down as not quorate:

- CRR25-09 (former CRR24-06) Safe Environment
- CRR25-10 (former CRR24-15) Health and Safety

The risks that are overseen by PPHP Committee are scheduled for a deep dive at the Risk Scrutiny Group during:

- February 2026 – CRR25-03 ‘Population Needs’
- April 2026 – CRR25-04 ‘Modernising Infrastructure’ and CRR25-11 ‘ICT Failure & Cyber’
- May 2026 – CRR25-05 ‘Strategic Change Impacting Carer and Staff Delivery’

1.2 Changes in Score

Risk Ref	Reduced Risks	Lead Exec Director	Previous Risk Score	Current Risk Score
	None			

1.3 New Risks

The risk(s) added to the Corporate Risk Register since the last update are:

Risk Ref	New Risks	Lead Exec Director	Current Risk Score (and IxL)
	<i>2025: 4 risks presented to committee refined and consolidated</i>		
CRR25-03	Population Needs	Executive Director of Public Health	16
CRR25-04	Modernising Infrastructure	Chief Digital Information Officer	20

CRR25-05	Strategic Change Impacting Carer and Staff Delivery'	Executive Director of Transformation and Strategic Planning	12
CRR25-11	Cyber	Chief Digital Information Officer	20

1.4 Overdue/Delayed Actions

The corporate risk register was revised during September 2025 which did note 2 actions as 'delayed' however several actions are noted for being due end of December 2025.

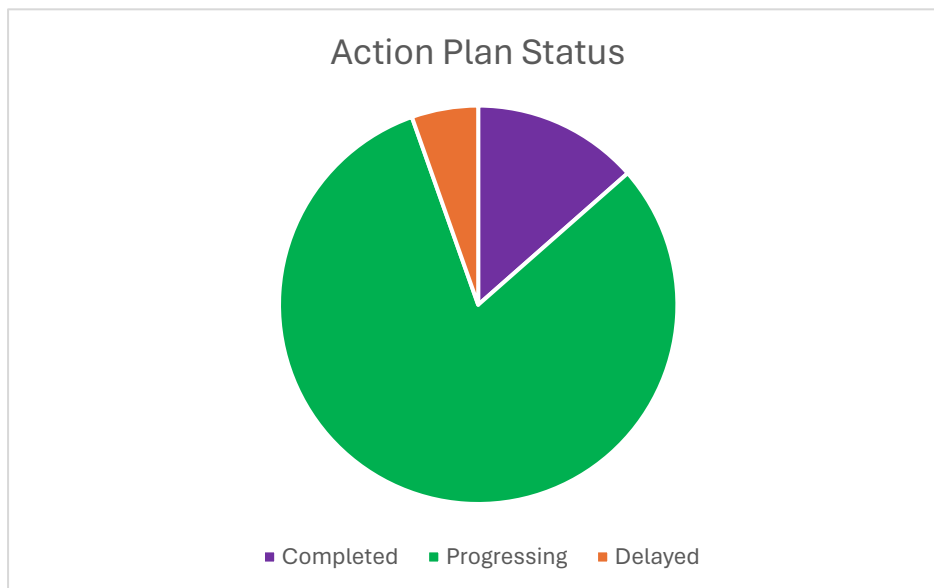
As per the normal cycle of reporting, updates are being sought for current updates on all of these actions. The status of these actions will be included in the next update/iteration of the risk register.

1.5 Risks above Health Board 24/25 appetite

In 2024 the committee had four risks reported to committee score **above** the tolerance range set in the appetite. Although some of these are now being managed operationally and remain above appetite. Three corporate risks above tolerance are for the oversight of the Committee.

Risk Ref	New Risks	Lead Exec Director	Current Risk Score (and IxL)	Risk Tolerance Range in Appetite Score
<i>2025: 4 risks presented to committee refined and consolidated</i>				
CRR25-03	Population Needs	Executive Director of Public Health	16	Quality <15
CRR25-04	Modernising Infrastructure	Chief Digital Information Officer	20	Quality <15
CRR25-11	Cyber	Chief Digital Information Officer	20	Quality <15

1.6 Action Plan status of Corporate Risks

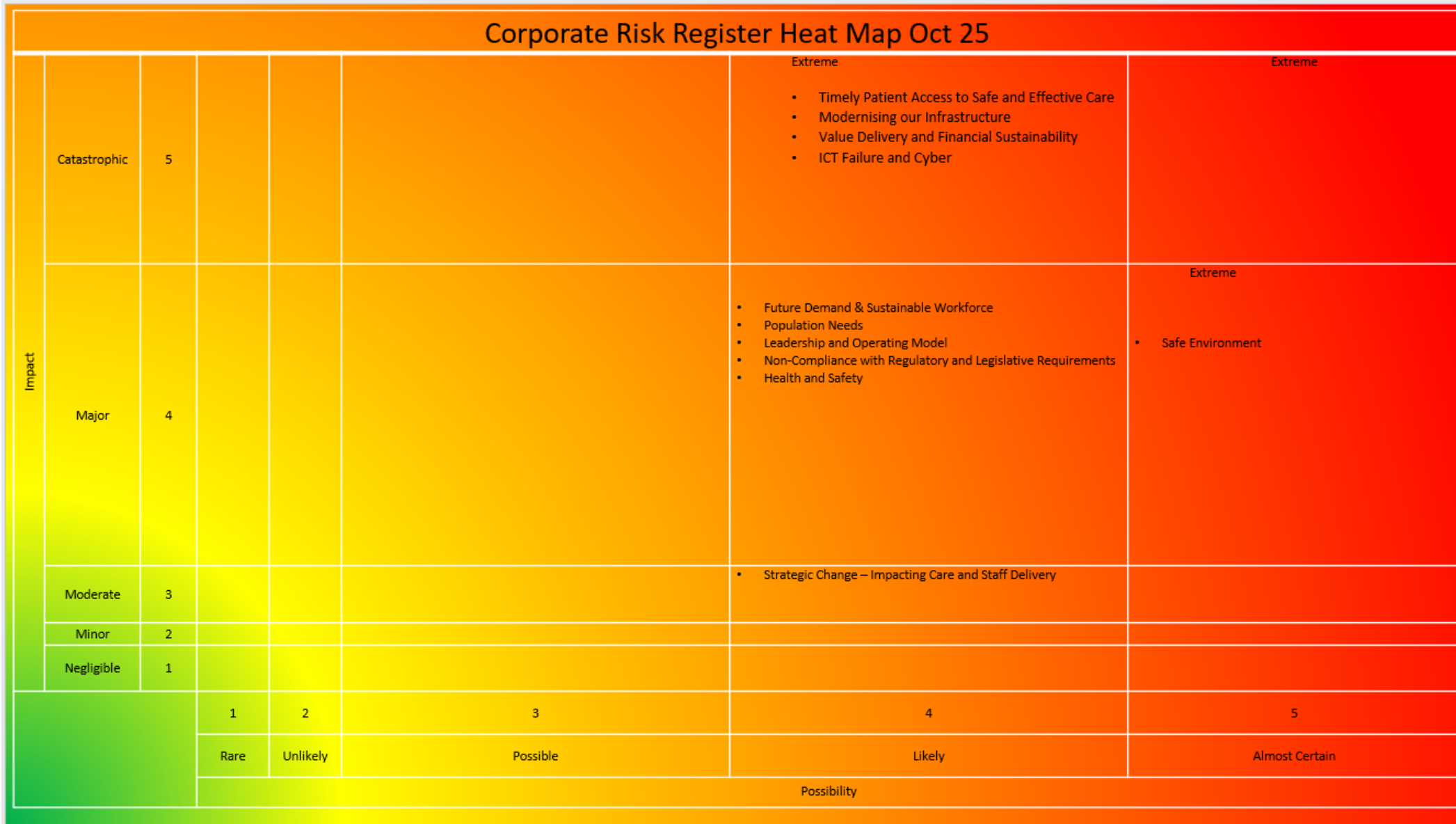


Of the 4 Corporate Risks, 37 actions have been developed to mitigate the risks 5 actions have been completed, 30 actions are progressing and on track, with 2 delayed actions which relate to CRR25-03.

Next steps

1. Submission of Corporate Risks to Board
2. Further scrutiny of all corporate risks by the Risk Scrutiny Group and ongoing monitoring by the Executive Committee as per normal reporting cycle.

Appendix 1 – Revised Corporate Risk Register Heat Map – September 2025

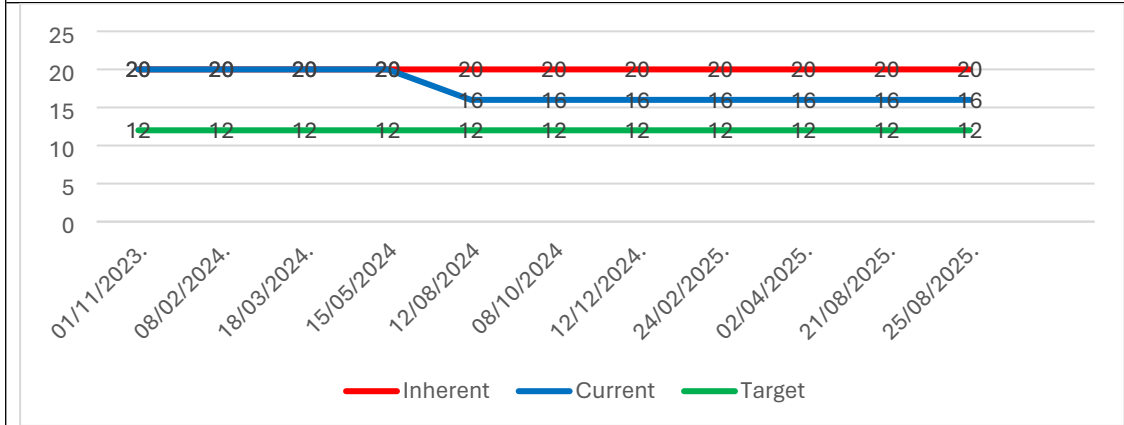


Appendix 2 – Revised Corporate Risks – Planning, Population Health & Partnership Committee (Public) – September 2025.

CRR 25-03	Risk Title: Population Needs		Date Opened: 21/08/2025 <i>(version 2 refined from 2023)</i>
	Assuring Committee: Planning, Population Health & Partnership Committee		Date Last Committee Review: 03/07/2025
Date Last Reviewed: 25/08/2025	Director Lead: Executive Director of Public Health	Link to BAF: BAF24-06/07	Target Risk Date: 31/03/2028
<p>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.</p> <p>This may be caused by a failure to take appropriate health prevention responses in areas such as immunisation, outbreak management and screening, failure to deliver interventions that improve people's health, increasing pressures in primary care, rising demand for chronic condition management, and insufficient capacity in children's, dental, and mental health services.</p> <p>This may lead to unmet health needs, preventable and communicable diseases, poorer health outcomes and widening inequalities for the North Wales population.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Recurrent funding secured for Healthy Weight / Healthy Wales programmes (from CRR24-08, DPH) 2. Diabetes "Case for Change" (from CRR24-08, DPH/MD) 3. Healthcare Public Health programmes support the integration of population health approaches within patient pathways 4. Approved Communicable Disease Plan in place with supporting procedures in place for some communicable diseases. (CRR 18) 5. Primary Care Board and subgroups (dental, community pharmacy, optometry, GMS) provide cluster-level governance (from CRR24-09, COO/DPH) 6. CHC teams and community escalation frameworks in place (from CRR24-19, COO) 7. Welsh Government ND transformation programme funding to support longest waiters (from CRR24-27, COO) 8. National referral pathways in orthodontics and DESI / Tier 2 provision (from CRR24-22, COO/Dental) 		<ol style="list-style-type: none"> a) Limited system-wide prevention leadership and prevention not consistently prioritised (from CRR24-08) b) Inconsistent commissioning approach across community and primary care services (from CRR24-19, CRR24-09) c) The plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB requires testing / simulation and socialising to ensure effectiveness d) Diabetes Programme support to establish cross cutting delivery plan e) Insufficient digital integration for community and ND services (from CRR24-19, CRR24-27) f) Fragility of ND workforce and reliance on temporary funding (from CRR24-27) g) Lack of restorative dentistry service and workforce pipeline (from CRR24-22) h) Evidence to support the Health Inclusion offer 	

Actions	Action Owner	Due Date	Progression Analysis
Complete Population Needs Assessment which informs the development and focus of Health Board Strategy	Gwyneth Page, Public Health	31/03/2026	Progressing
Identify population health focused priorities for Health Board delivery	Gwyneth Page, Public Health	31/03/2026	Progressing
Development of Population Health Management data and intelligence to ensure that Health Board is intelligence-led Delayed due to recruitment controls	Gwyneth Page, Public Health	31/03/2026	Delay
Develop a plan which addresses recommendations from the BCUHB Weight Management Service review	Gwyneth Page, Public Health	31/03/2027	Progressing
Communicable disease outbreak management plan is embedded within services with an agreed schedule of simulation events and schedule of review by the Board	Sam Lauder, Public Health	31/03/2026	Progressing
Contribute to co-design Prevention Framework for North Wales as part of the Regional Partnership Board	Gwyneth Page, Public Health	31/03/2026	Progressing
Achieve the ministerial priority BCUHB Integrated Vaccination & Immunisation Service – Increase vaccination rates against targets	Gwyneth Page, Public Health	31/03/2026	Progressing
Implement plan to target resources for the most vulnerable groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveller communities) which will contribute to reducing inequalities in healthy life expectancy	Gwyneth Page, Public Health	31/03/2026	Progressing
Establish Diabetes Change Programme providing programme management, milestones and delivery plan – in order to meet the Ministerial priorities (increasing the % receiving all 8 NICE Care processes) Delayed as clinical lead cover required and programme development	Gwyneth Page, Public Health	31/03/2026	Delay
Develop a Community and CHC Strategic Plan with Local Authorities (from CRR24-19)	Jane Trowman, CHC	31/03/2026	Progressing

Implement surge and escalation plans with Local Authority partners for community flow (from CRR24-19)	Jane Trowman, CHC	Ongoing	Progressing
Management of CYP needs, ND workforce business case submitted to the Executive Team, decision on the case deferred pending a broader review of funding priorities	Fiona Wright, Child & Adolescent Health	31/12/2025	Progressing
Undertake a dental diagnostic deep dive to inform strategy (from CRR24-09)	Rachael Page (amended from Gareth Evans)	31/03/2026	Progressing



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

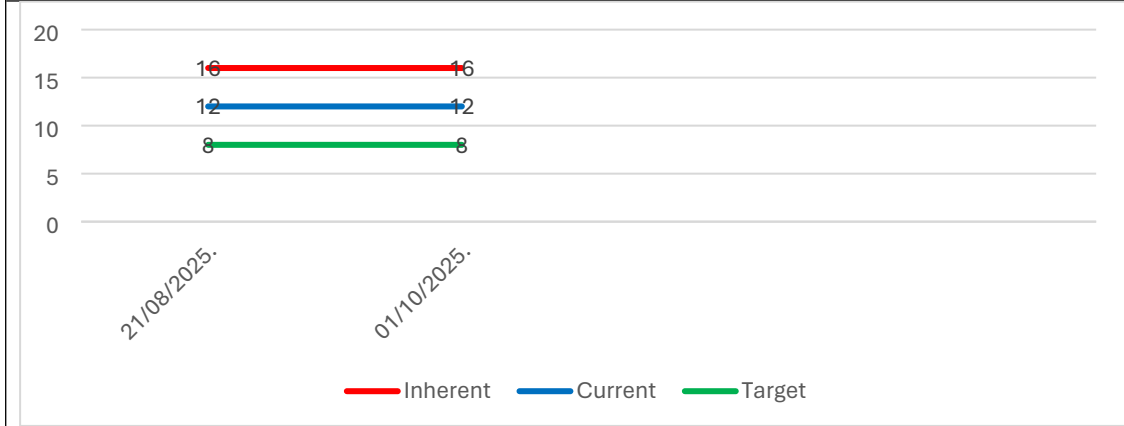
Position & Intended Outcome for Risk

Life expectancy / healthy life expectancy is declining, and there are worsening health inequalities. This has significant impact on demand for services and potentially on the wider community due to the loss of people from the workforce, and through the subsequent economic impacts on our communities. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board's ability and capacity to deliver excellent healthcare services, meaning the Health Board's purpose must retain clear focus on prevention and early intervention to improve the health and wellbeing of the population

CRR 25-05	Risk Title: Strategic Change – Impacting Care and Staff Delivery		Date Opened: 21/08/2025 <i>(version 2 refined from 2023)</i>
	Assuring Committee: Planning, Population Health & Partnership Committee		Date Last Committee Review: 03/07/2025
Date Last Reviewed: 01/10/2025	Director Lead: Executive Director of Transformation and Strategic Planning	Link to BAF: BAF24-02	Target Risk Date: 31/03/2026
<p>There is a risk that patients may not benefit from planned improvements in care, access, and outcomes if the HB does not effectively implement or develop its strategic change programmes.</p> <p>This may be caused by a lack of momentum in delivering change, unclear or underdeveloped clinical strategy, competing ministerial priorities, and inconsistent transformation efforts across clinical services.</p> <p>This may lead to inefficiencies, missed opportunities to modernise care, continued misalignment between service delivery and patient needs, and increased frustration or disengagement among staff tasked with delivering change.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Scrutiny and oversight of strategy development work by the Strategic Planning and Service Change Group (SP&SC Group a sub-group of the Executive Committee), Planning Population Health and Partnerships (PPHP) Board Committee and the Health Board to ensure robust governance arrangements and timely escalation; which are important for enabling foundations for successful delivery of strategic change and co-production of the 1) Strategic Intent for North Wales with partners, 2) 10 Year Strategy for the Health Board, 3) Clinical Services Plan 2. Priority change programmes in place for the organisation 1) Major Change Programmes (Planned Care; Urgent and Emergency Care; Value and Sustainability; and Foundations For The Future), 2) Key Programmes (grouped into: Mental Health; Llandudno Planned Care hub; Improving safety, efficiency and effectiveness through digitisation; Diagnostics improvement; and Health and Well-being Hubs), 3) Challenged Services (Dermatology, Ophthalmology, Vascular, Urology, Oncology, Plastics, Orthopaedics, Orthodontics). 3. Change programmes controls in place and monitored by the Transformation and Improvement team to ensure they are run consistently and best practice project, programme and portfolio 		<ol style="list-style-type: none"> a. Completion of the strategy development work, moving into the execution phase. b. Continued development of the portfolio management and reporting approach for all priority change programmes, including monthly monitoring of high risks across all priority programmes. c. Mobilisation of the Challenged Services oversight group that will report into the SP&SC Group. d. Organisational approach to change management to be developed and implemented. 	

<p>management is applied. As well as providing an objective and independent assessment of progress and areas of risk.</p> <ol style="list-style-type: none"> 4. Oversight and scrutiny of the Major Change Programmes tracking progress, risks, and dependencies by the Executive Committee, relevant Board Committee and Health Board. The Key Programmes reports into SP&SC Group, PPHP and Health Board. 5. The Challenged Services report into SP&SC Group for review and oversight, QSE and Health Board. 6. External oversight and scrutiny is provided by Welsh Government via IQPD and JET as well as quarterly Challenged Services review meetings. 7. Terms of References for all groups with clear routes to escalation. 8. Legal and policy compliance including adherence to WG service change guidance. 	
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Actions	Action Owner	Due Date	Progression Analysis
Complete Strategic Intent for North Wales with partners, presenting to Health Board for approval	Kamala Williams, Transformation & Strategic Planning	31/01/2026	Progressing
Complete the diagnosis phased of the Health Board's 10 Year Strategy, including an implementation plan for the remaining programme of work	Kamala Williams, Transformation & Strategic Planning	31/03/2026	Progressing
Complete preparations for phase 2 of the Clinical Services Planning work, including an implementation plan	Kamala Williams, Transformation & Strategic Planning	31/03/2026	Progressing
Implement changes to portfolio management and reporting based on feedback on early iterations of reporting across all the priority programme areas, including monthly monitoring of high risks across all priority programmes.	Geraint Parry, Transformation & Strategic Planning	31/12/2025	Progressing
Mobilise the Challenged Services oversight group that will report into the SP&SC Group	Geraint Parry, Transformation	31/12/2025	Progressing

	& Strategic Planning																																							
Organisational approach to change developed as one of the enabling products within Foundations For The Future programme	Geraint Parry, Transformation & Strategic Planning	31/03/2026	Progressing																																					
 <p> 20 15 10 5 0 </p> <p> 21/08/2025. 01/10/2025. </p> <p> — Inherent — Current — Target </p> <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Rating Type</th> <th>21/08/2025</th> <th>01/10/2025</th> </tr> </thead> <tbody> <tr> <td>Inherent</td> <td>16</td> <td>16</td> </tr> <tr> <td>Current</td> <td>12</td> <td>12</td> </tr> <tr> <td>Target</td> <td>8</td> <td>8</td> </tr> </tbody> </table>	Rating Type	21/08/2025	01/10/2025	Inherent	16	16	Current	12	12	Target	8	8		<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>2</td> <td>8</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Quality <15</td> <td>In Tolerance</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	4	4	16	Current Risk Rating	4	3	12	Target Risk Score	4	2	8	Risk Appetite	Quality <15		In Tolerance	<table border="1"> <thead> <tr> <th>Score</th> </tr> </thead> <tbody> <tr> <td>16</td> </tr> <tr> <td>12</td> </tr> <tr> <td>8</td> </tr> <tr> <td>In Tolerance</td> </tr> </tbody> </table>	Score	16	12	8	In Tolerance
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Teitl adroddiad: <i>Report title:</i>	CORPORATE GOVERNANCE REPORT			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 28 October 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The objective of this report is to provide the Committee with an update on a range of key Corporate Governance matters as well as providing assurance.			
Argymhellion: <i>Recommendations:</i>	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 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Governance			
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</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</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

	<i>mechanisms / objectives</i>	<i>mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>		
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.</p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>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.</p> <p>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.</p>	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This is not applicable for this report.</p>	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>		
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective management of Governance 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 and less waste</p>	

<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>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>BAF24-01 Building an Effective and Accountable Organisation</p> <p>CRR-16 – Leadership/Special Measures</p>
<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>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
<p>List of Appendices:</p> <p>Appendix 1: Planning, Population Health and Partnerships Committee forward workplan</p>	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

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

2. SUMMARY OF BUSINESS CONSIDERED IN PRIVATE

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.

The below item was considered in private at the meeting held on 4 September 2025:

- Citizen Experience Report

3. COMMITTEE FORWARD WORK PLAN

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.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the matters considered in Private at the 4 September 2025 meeting.
- **NOTE** The Committee forward workplan.

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

(1 April 2024 – 31 March 2025)

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
15.04.25	Action from PPHP Committee PP24/11.3	PPHP Committee	Third Sector	Action states that a strategic approach to working with the Third Sector should be discussed further with the Executive Team and come back to the Committee. Steve Powell leading on Third Sector Commissioning Arrangements.	Helen Stevens-Jones Steve Powell	Helen Stevens-Jones Steve Powell	TBC	This is being escalated by the DoCG to the CEO
12.03.25	Discussed with DR 12.03.25 See action PP25/21.2 on private action log	Dylan Roberts	Intelligence Led May be covered in a Board Development Session – PW to confirm	Progress on Intelligence Led Organisation	Dylan Roberts	Dylan Roberts	28.10.25	This is being discussed with the DDaT Team
07.04.25	Email from Clare Budden 07.04.25	Clare Budden	Substance Misuse It was agreed at agenda setting on 28.07.25 to put this forward to Nov	Kirsty Brooke to present a item on substance misuse (Kirsty to join PPHP on 1 st May)	Kirsty Brooke	Jane Moore	28.10.25	CLOSED This is included on the agenda for the Oct meeting
27.03.25	Action from Board 25/53.2	Board	IMTP Continuous Planning Committee to confirm whether any further action is required by PPHP	PPHP Committee to discuss how continuous planning in relation to the IMTP and focus for the next ten to fifteen years can be facilitated and monitored going forward.	Paolo Tardivel	Pam Wenger Clare Budden	TBC	CLOSED Continuous discussion is taking place with the Board & Committee
12.03.25	Email from Gwyneth Page	Public Health Team	Health Inequalities Paper on Vulnerable Groups / Deprivation	A paper focused on vulnerable groups/deprivation as we progress the Health Inequalities Programme.	Gwyneth Page	Jane Moore	28.10.25	CLOSED This was covered at the Development Session
27.03.25	Action from Board 25/53.1	Board	Engagement with Third Sector and development of Partnership Working	PPHP Committee to monitor how the Health Board could engage more effectively with the third sector in terms of prevention and early intervention and re-examine how the organisation work with community groups. PPHP Committee to also focus on the work with partners to develop partnership working further and provide evidence that our partners have influenced our planning and join outcomes.	Jane Moore Helen Stevens-Jones	Pam Wenger Clare Budden	06.11.25	CLOSED This will form part of the discussion at the PPHP Development Session
12.03.25	Discussed with DR 12.03.25 Email from DR (following DR discussion with CB)	Dylan Roberts	DDaT Workstreams Update Update on the Digital, Data and Technology Programmes and the Digital and Data Roadmap went to the Committee in Sept 25	To include: Transforming the DDaT Operating Model & Essential Services Programme Digital Roadmap	Dylan Roberts	Dylan Roberts	03.07.25	CLOSED Went to Comm 04.09.25

12.03.25	Discussed with DR 12.03.25 Email from DR (following DR discussion with CB)	Dylan Roberts	DDaT Portfolio of Projects	Update and prioritisation of Digital, Data and Technology Enabled Portfolio of Projects and Programmes	Dylan Roberts	Dylan Roberts	28.10.25	CLOSED Went to Comm 04.09.25 as part of the item above
13.01.25	Email from Gwyneth Page 12.03.25 Email from Pam Wenger and PPJ 13.01.25	Pam Wenger	Arts in Health & Wellbeing Put forward to July - AiH will be aligned as part of WNW Programme An annual update against progress will be reported to the Committee in Sept.	Arts in Health & Wellbeing – Three Year Strategic Framework (This was approved by Board in Sept 24, PPHP to consider progress)	Gwyneth Page	Jane Moore	04.09.25	CLOSED Went to Comm 04.09.25
01.04.25	Email from HSJ 01.04.25	Helen Stevens-Jones	Partnerships Survey	This will go to PPHP on 01.05.25 as part of the Partnerships Arrangements item in Private and will go to the July meeting for information.	Helen Stevens-Jones	Helen Stevens-Jones	04.09.25	CLOSED Went to Comm 04.09.25
08.04.25	Email from PW confirming EPRR Annual Report go in July not May	Sharon Scott Joanne Gauntlett	EPRR Annual Report	EPRR Annual Report to go to PPHP and Board in July ahead of submission to NHS Wales.	Sharon Scott Joanne Gauntlett	Jane Moore	03.07.25	CLOSED Went to Comm 03.07.25
28.04.25	Email trail including Katie Spruce and Jane Moore	Katie Spruce	Winter Debrief Learning Event 2024/25	Findings and Recommendations for Implementation Winter Plan 2025/26.	Katie Spruce	Jane Moore	31.07.25	CLOSED Went to Comm 03.07.25
24.04.25	Email discussion with Pam Wenger and Jane Moore	Jane Moore Team	Diabetes Case for Change	Discussion on emerging themes from Diabetes and how the case for change is being developed.	Charlotte Smith Sarah Lawrence	Jane Moore	03.07.25	CLOSED Went to Comm 03.07.25
15.01.25	Discussion with Natalie Morrice-Evans	CoB	Decarbonisation	The CoB includes NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 and the Committee received the Decarbonisation Action plan in Aug, new Director of Environment to confirm what's required to come to Committee?	Director of Environment	Russell Caldicott	01.05.25	CLOSED Went to Comm 01.05.25