

Bundle Stakeholder Reference Group 1 September 2025

- 1 PRELIMINARY MATTERS
 - 1.1 13:00 - S25/32 Welcome and apologies
Peter Lewis, Chair
 - 1.2 S25/33 Declarations of Interest
Peter Lewis, Chair
 - 1.3 13:05 - S25/34 Draft Minutes from previous meeting, held on 2 June 2025
Peter Lewis, Chair
S25.34 DRAFT Minutes from previous meeting held on 2 June 2025
 - 1.4 13:10 - S25/35 Summary Action Log
Peter Lewis, Chair
S25.35 Summary Action Log
 - 1.5 13:12 - S25/36 Introduction and Overview - verbal update
Peter Lewis, Chair
 - 1.6 13:42 - S25/37 Update on appointment of Chair and Vice Chair - verbal update
Pam Wenger, Director of Corporate Governance - Paper to follow
S25.37a Update on appointment of Chair - P Lewis SRG - Letter from the Cabinet Secretary to Chair of Betsi Cadwaladr University Health Board
S25.37b Update on appointment of Chair and Vice Chair V2
- 2 STRATEGIC PRIORITIES
 - 2.1 13:47 - S25/38 Estates Strategy Update - Presentation
Stuart Keen, Director of Commissioning & Estates
S25.38 Estates Strategy Update - Presentation
 - 2.3 14:07 - S25/39 Special Measures Update
Dylan Williams, Assistant Director - Health Strategy
Paper to follow
- 3 FOR ASSURANCE
 - 3.1 14:27 - S25/40 Director's Report
Helen Stevens-Jones, Director of Partnership, Engagement and Communications
S25.40.1 SRG Directors Report September 2025 Eng
S25.40.2 SRG Directors Report September 2025 Cym
- 4 CLOSING BUSINESS
 - 4.1 14:42 - S25/43 Review of Meeting's Effectiveness
Peter Lewis, Chair
 - 4.2 Date of Next Meeting
1 December 2025



DRAFT MINUTES
Betsi Cadwaladr University Health Board (BCUHB)
Stakeholder Reference Group (SRG)

Notes of the meeting held on 02.06.2025

Present:	Representative of:
Mike Parry	One Voice Wales (Chair)
Peter Lewis	Director of Finance, Cartrefi Conwy (Vice-Chair)
Linda Kinani	Carer's Outreach Service
Thea Brain	Policy Advisor, Care Forum Wales
Cllr. Penny Andow	Conwy Borough Council
Bethan Russell-Williams	Mantell Gwynedd Voluntary Services Council
Sherry Weedall	Denbighshire Voluntary Services Council
Roger Seddon	Llais Cymru
Steve Williams	Service Manager, Welsh Ambulance Service Trust
Helen Stevens Jones	Director of Partnerships, Engagement and Communications, BCUHB
John Pritchard	Wrexham Local Authority
In Attendance:	
Dyfed Edwards	Health Board Chair
Dafydd Gwynne	Strategic Partnerships Manager, Public Health
Nia Harris	Senior Organisational Development Manager - Culture
Brian Laing	Strategic Partnership Manager, Public Health
Nia Thomas	Head of Organisational Development
Llinos Roberts	Executive Business Manager (Chair's Office)
Pam Wenger	Director of Corporate Governance (part meeting)
Kamala Williams	Head Of Health Strategy And Planning
Committee Support	
Fiona Lewis	Corporate Governance Officer, BCUHB. Minute taker.

Agenda item
PRELIMINARY MATTERS
SRG25/14 Welcome and apologies
The Chair of the Committee welcomed all to his last meeting as Chair.
Apologies were received from Alan Bewley and Dilwyn Morgan.
S25/15 Declarations of Interest
No declarations of interest were raised.

S25/16 Draft minutes from previous meeting held on 3 March 25 and Summary Action Log

It was agreed that the minutes of the meeting held on 03.03.25 were a true and accurate record.

The Committee reviewed the action log and agreed to close the actions that were proposed for closure. It was noted that for Action No. 5, Kirsty Thomson no longer works for the Health Board. Helen Stevens-Jones to look into an alternative until KT's replacement is in place..

SRG25.16.1 HS-J to investigate who could action item 5 on Action Log

SRG25/17 Review of SRG Membership

Pam Wenger confirmed:

- That the Terms of Reference (ToR) had been reflected upon, updated and approved by the Board in May.
- In line with the new SRG ToR and the Health Board's clear priority set out in its Integrated Plan, Members are asked annually to ensure the Health Board engages appropriately with the homeless, the Gypsy Roman Travellers (GRT) and other vulnerable groups, which will require Membership to expand.
- That although the ToR does not set a limit to the number of SRG Members, a balance must be struck to ensure the Membership remains proportionate to allow appropriate discussion and engagement.
- Where there were gaps in representation, particularly from the Homeless and other vulnerable groups, Pam Wenger recommended that the SRG considered its approach of how best to seek nominations.

Members discussed the following:

- It was agreed that without direct input from a homeless person, a great deal of valuable input, lived experience, to the Group would be lost.
- Ways of facilitating attendance by a homeless person.
- Noting the logistics problems involved in getting a homeless person to attend meetings, Bethan Russell-Williams suggested approaching the 3rd sector groups that support the homeless, such as Gisda and Shelter. BR-W to provide a list of Homeless representatives.
- How to hear the voices of homeless people ensuring they understand they are being taken seriously
- How does the SRG take the position to influence the work of the Health Board
- Thea Brain advised that in a previous line of work she had worked closely with the GRT community and would be able to provide links with them.
- Penny Andow advised that she would be able to provide links through Conwy Council with Conwy Housing in their dealings with the homeless, food banks, etc.
- Pam Wenger suggested talking outside of the meeting with Helen Stevens-Jones, to discuss and work through some of these issues.

Actions:

- **SRG25/17.1 BR-W** to provide a list of Homeless representatives.

- **SRG25/17.2 TB** to provide links with the GRT community.
- **SRG25/17.3 PA** to provide contacts within Conwy Housing.
- **SRG25/17.4 PW and HS-J** to discuss and work through some of the issues relating to homeless representation.

The Group **NOTED** the verbal update.

SRG/18 Chair Selection Process Update – verbal.

Pam Wenger provided her verbal update regarding the selection process and advised Members that Peter Lewis had been nominated, as had been circulated to Members and also supported by the Board.

PW confirmed that the process had required that in line with standing orders, a formal request had been made to the Cabinet Secretary to request their approval.

Llinos Roberts confirmed that both Arnold Woolley (Social Care Committee, Flintshire County Council) and Haydn Jones (North Wales Cancer Patient Forum) were no longer in post and had therefore tendered their resignations from the SRG and that representation from these organisations had been sought.

The Group

- **considered** the current membership of the SRG and **agreed** to approve / amend to ensure that representation is appropriate to the remit of the Group.

The Group **NOTED** the verbal update.

[Pam Wenger left the meeting]

SG25/19 Member's Presentation – Linda Kinani, Carer's Outreach Service

The Chair welcomed Linda Kinani, representing the Carer's Outreach Service, Bangor, for her presentation, in which she drew attention to the work the Organisation does:

- The Organisation originated in 1991 in Holyhead and through its offices in Bangor and Conwy, which are open normal office hours, it supports unpaid adult carers and can signpost children carers to appropriate support. It provides support for the Anglesey, Gwynedd and Conwy area.
- Carers, through the last Social Services and Wellbeing Act are able to request an assessment of their needs by the Local Authority and their needs must be taken into consideration before a patient is discharged into their care.
- The Carers Outreach Service is a small, independent organisation which is affiliated to Carers Trust UK and where all frontline staff are bilingual.
- Three times a year, it provides a newsletter to all carers by both email and hard copy, leaflets, its website and through social media such as Facebook and Instagram.
- An officer is based in all acute and community hospitals in the areas covered to provide immediate financial and emotional support on a 1:1 basis
- Originally the organisations support was via face to face meetings and it had found that more recently it offers support and advice over the phone.

- It provides adult carers and patient carers a number of peer-support groups
- Most of its funding comes from external sources
- It offers support to carers with of people living with dementia, mental health and learning disabilities
- For more than 10 years, it has joint contracts with North-East Wales Carers Information Service (NEWCIS) with the Health Board
- It supports carers by providing advocacy, signposting, referrals, financial, grants and benefits advice and food vouchers.
- It can provide 6 weeks of free counselling where required
- It has two caravans where it provides holiday respite to patients and their carers.
- It has 24 staff – a mixture of full-time and part-time.
- In the Gwynedd area it has provided a 'Carers Card', which carers carry which explains that they are carers, who they look after and details of who should be contacted in an emergency.

Members discussed the following:

- The massive issue of the lack of paid carers
- Helen Stevens-Jones advised the Group that the situation regarding 3rd sector organisations and the problems encountered regarding ongoing contracts with the Health Board was being addressed and under review.
- The issues that affect patients that move to Wales from England and who require support and advice to enable access to services.
- BCU offers a respite service for carers requiring mammograms

The Group **NOTED** the verbal presentation.

STRATEGIC PRIORITIES

SRG25/20 Corporate and Strategic Planning Update

Dylan Williams presented the update, highlighting the following three areas:

- **Intermediate MediumTerm Plan (IMTP)**, which was broken down into four parts:
 - the current 2025-28 IMTP was supported by Board in March and the first balanced IMTP to be presented by the Health Board to Welsh Government (WG), from whom they await feedback.
 - Ministerial targets, for which detailed plans have been submitted to WG. It was noted that delivery of these plans would be tracked through the year.
 - The Annual Delivery Plan, developed alongside the IMTP, provided a lot of emphasis on delivery and making things happen in the Organisation. Again, delivery would be tracked and escalated where necessary
 - Planning for the next IMTP 2026-29. Moving into a continuous planning timeline of planning following engagement with stakeholders
- **Special Measures**, which was broken down into two areas:
 - Organisational development – to maintain the momentum of the work that had resulted in the de-escalation from Level 5 to Level 4.
 - Requirements set against organisational planning. Following a great deal of effort, most of these objectives have been met but for the few that have not, these will be carried over into the next Improvement Plan.
- **Strategy**. It was noted that the organisation had set aside individuals to oversee the strategic programme being undertaken, which consists of

- developing the new Ten Year Strategy, which will set the tone for the Organisation
- The Clinical Plan – phases 1 & 2.

Some Members were pleased to note the increased engagements with stakeholders, in particular the 3rd sector, however Bethan Russell Williams noted that more than half of the meaningful meetings with 3rd sector partners that she was aware of had been cancelled. Dylan Williams assured Members that the Board is keen to have a culture change and reaffirmed the commitment to the 3rd sector. Helen Stevens-Jones agreed to contact Stephen Powell, the new Director of Commissioning and Performance to ensure that he attends the September meeting to discuss the ongoing delays to contract renewal.

Action:

- SRG20.1 **HS-J** agreed to contact Stephen Powell to ensure that he attends the September meeting to discuss the ongoing delays to contract renewal.

The Group **NOTED** the updates provided along with the next steps going forward.

SRG25/21 Our Values and Behaviour Framework update.

Nia Harris and Nia Thomas talked Members through their presentation and how the Values and Behaviour Framework links to the NHS Culture and Leadership Programme - providing the background to how and why the Organisation endeavours to improve the culture, leadership and engagement within the Organisation, with co-design and collaboration at its heart; with descriptions of how it intended to develop cultures to enable and sustain continuously improving safe, high-quality, compassionate and inclusive care. They highlighted the following:

- The final design for the new Values and Behaviour Framework
- The deployment plan, through launch events, Board and Senior Leadership, visible reinforcements, staff recognition and consistent communication
- Embedding elements in recruitment, staff development and staff engagement, Workforce policies and procedures, quality and governance and evidence of deployment.
- Additional elements to support embedding the framework – the Compassionate Leadership Pledge, the Compassion video developed in conjunction with HEIW and the values and behaviour framework toolkit.

Members discussed:

- the past successes of Professor Michael West, who helped create the framework.
 - what measurement tools there were to measure the impact of the framework.
- Members were assured that work was well underway with Internal Audit

The Group **NOTED** the updates provided.

SG25/22 Update on Penley and Tywyn

Kamala Williams provided progress updates on the proposed approach to developing longer term service solutions relating to services provided at Penley and Tywyn Community hospitals, with the following highlights:

- both community hospitals had been subject to service change, specifically the temporary closure of inpatient beds, due to a combination of workforce challenges and sustainability concerns.
- **TOWYN.**
 - In April 2023, Dyfi Ward at Tywyn was temporarily closed due to a shortage of trained nursing staff following repeated attempts to recruit and heavy reliance on agency staff. The mitigations were listed in the report.
 - Various engagements had taken place and were noted – a public meeting, regular updates to local MS & MP, a recruitment campaign supported by the local community and a Health Board-led workshop and Llais public forum.
 - Through these engagements, six priorities were identified as noted in the report.
- **PENLEY**
 - In December 2024, Penley's inpatients beds were temporarily closed. Key issues behind the decision included sustainability of the care model, due to the very limited number of patients suitable for care in the setting as well as staff vacancies and the expense of reliance on temporary staff.
 - Various engagements had taken place including regular staff meetings and a stakeholder mapping workshop session had been arranged along with a Llais drop-in session in June.
- **DELIVERING SUSTAINABLE SOLUTIONS FOR TYWYN AND PENLEY**
 - It was proposed that a formal service review and options appraisal will be undertaken for both services.

Members discussed:

- The very strong local feelings surrounding Penley, with the locals being promised almost two years previously that it was a temporary closure, and it was noted that the public transport links to Dolgellau were poor.
- The excellent facilities at Penley, which were noted as being far superior to those at larger, acute sites.
- The difficulties around staff recruitment
- It was noted that the decision of the Board was to continue local engagements regarding both hospitals, to address the challenges and see what must be achieved to maintain services.
- The importance of the Board to listen to local voices.

The Group **NOTED** the proposed process and timeline for developing sustainable solutions for Tywyn and Penley Community Hospitals and to advise any issues, concerns or general comments.

[Dafydd Gwynne joined the meeting]

SG25/23 Well North Wales Update – Task & Finish Report

Brian Laing provided his update and highlighted the following:

- The mission-based approach
- Methods of sharing learning and scale across the organisation
- Advancing equity across all levels

- The need to create conditions for learning – BCU should empower people to work this way

The Group **RECEIVED** the presentation.

FOR ASSURANCE

SG25/25 Director’s Report

Helen Stevens-Jones, The Director of Partnerships, Engagement and Communications, presented her overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the SRG. It covers the period March 2025 to the end of May 2025. This included:

- Special Measures Progress Report, which included a series of new developments in North Wales.
- Integrated Medium Term Plan (IMTP) 2025-28
- The new organisational values
- Citizen’s Experience Report
- Strategic Direction and Service Development Update
- Youth Voice Approach
- Celebrating the work of colleagues at BCUHB
- Key themes from feedback from patients, carers and families in the last quarter

It was resolved that the Committee:
NOTED the report

FOR INFORMATION

S25/26 Stakeholder’s Survey, January 2025

It was resolved that the Committee:
NOTED the report.

CLOSING BUSINESS

S25/11 Agree items for referral to Board or other Committees

There were none.

S25/12 Review of Meeting’s Effectiveness

Mike Parry noted his thanks to Linda Kinani, Carer’s Outreach Service for her Partner Update, along with others for their papers and presentations.

Dyfed Edwards offered his thanks to Mike Parry for his full commitment to the SRG as Chair, during which time he had helped to increase the attendance; Mike Parry thanked Dyfed for his praise.

S25/13 Date of next meeting.

Monday, 1st September 2025

Attendance Register

Name	Organisation Represented	2.9.24	2.12.24	3.3.25	2.6.25
Mike Parry (Cllr)	One Voice Wales (Chair)	✓	✓	✓	✓
Alan Morris	Assistant Director of Partnerships & Public Affairs	x	x	x	x
Allen Bewley	Flintshire Local Voluntary Council	x	✓	✓	Apols
Alun Roberts (Cllr)	Anglesey County Council	x	x	x	x
Bethan Russell Williams	Mantell Gwynedd	✓	✓	✓	✓
Christine Marston (Cllr)	Denbighshire County Council	x	x	x	x
Clive Nadin	Care Forum Wales	x	x	x	x
Dilwyn Morgan (Cllr)	Gwynedd County Council	✓	x	✓	Apols
Fiona Evans	Conwy Voluntary Services Council	x	x	x	x
Frank Bradfield (Cllr)	Conwy County Council	✓ Cllr Penny Andow	x	x	x
Helen Stevens-Jones	Director of Partnerships, Communications & Engagement – BCU Lead Executive	✓	✓	✓	✓
Arnold Woolley (Cllr) – from Jan 2024	Flintshire County Council	✓	x	✓	x
Jackie Allen	AVOW Wrexham Third Sector	x	x	x	x
Jackie Allen / Adrian Drake-Lee	NWCHC Chair / NWCHC Vice Chair	x	x	x	x
Jenny Murphy	Mind Cymru	✓	✓	✓	x
Michelle Collard	CEO, Mind – North East Wales			✓	x
John Pritchard (Cllr)	Wrexham County Council	x	x	x	✓
Linda Kinani	Carers Outreach Service	✓	x	✓	✓

Unconfirmed SRG minutes 02.06.2025 v0.1

Margaret Hollings	North Wales Hospices		✓ Anne-Marie Street & Elinor Thomas	X	X
Peter Lewis	Housing Associations	X	✓	✓	✓
Roger Seddon	Llais Cymru		✓	✓	
Sherry Weedall	Denbighshire Voluntary Services Council	✓ Tom Barham	✓	X	✓
Sian Purcell / Lyndsey Campbell-Williams	Medrwn Mon Voluntary Srvcs Council	Sheree Ellingworth	X	X	X
Steve Sheldon / Steve Williams	Welsh Ambulance Services Trust	✓ SW	X	X	✓ SW
Thea Brain	Care Forum Wales			X	X
Haydn Jones	North Wales Cancer Patients Forum	✓	✓	X	X

Stakeholder Reference Group

Actions Log

Ref. No.	Lead Executive / Member	Minute Reference and Action Agreed	Original timescale agreed	Update	Revised Timescale / Action status (O/C)
Actions from meeting held on 4.12.23					
1	Dylan Williams	<p>S23/45 Planning Verbal Update</p> <p>S23/45.2 DW to ensure that knowledge will be shared on a weekly/monthly basis and not purely for the meetings alone.</p>	4.3.24	<p>A programme of work being developed which will extend throughout the financial year, for the 2025/26 planning cycle. There will be regular updates and workshop engagement with SRG, a live teams channel will be created which will ensure that SRG (and other sub committees) have access to planning information throughout the planning cycle.</p> <p>18.04.24 – DW to consider options which will ensure all SRG members are kept updated by both quarterly updates and real time updates. Real time being the preferred as they would have more value.</p>	
Actions from Workshop held on 2.9.24					
2	Julie Ward-Jones / Helen	<p>2.9.24 Workshop – Urgent and Emergency Care.</p> <p>To look at providing a forum / a suggestion box where patients</p>	3.12.24	<p>Suggest close</p> <p>26.11.24 We have an inventory for the improvement work happening across the HB. The QI Register,</p>	3.3.25

Stevens-Jones	/ third sector can put forward and share suggestions for improvements and look at creating an inventory of all good pieces of work taking place across the Health Board.		<p>currently awaiting Paolo Tardivel's approval. Aims to launch w/c 2.12.24</p> <p>15.1.25 The Improvement team have been investigating what is currently happening across the Health Board as well as reaching out to colleagues in the NHS Executive to understand if work in this area is happening nationally. Below is a summary of the conversations:</p> <p>Internal - Engagement team Currently hold engagement events with staff public/ patients and collate feedback but don't take idea suggestions or have a process for handling them. Reports are written up from the feedback collected, but do not specifically target improvement ideas.</p> <p>Internal - Patient & Carer Experience team Suggestions (ideas) received are added to Datix (All Wales Reporting and Learning IT system) and are sent through to the service area to take forward – this is a non-transactional process, so no feedback loop. Although each Integrated Health Community (IHC) does produce reports on improvements made from feedback received, which are presented to the Patient and Carer Experience Group meetings. The Patient & Carer Experience Team are proposing an initiative called '<i>The Hive</i>' which is about gaining ideas from staff</p> <p>External - NHS Executive Cwm Taf, Bro Morgannwg University Health Board have a process whereby staff can submit improvement ideas via a form, these are discussed at a monthly meeting where representatives from those areas are invited to attend with NHS Executive and local improvement members. A plan is then put in place for the ideas that have been approved. This</p>	
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				<p>process runs using the Simply Do initiative. At this point in time this is not open for patients/ carers or members of the public to submit ideas but it is felt that some ideas that have been received may have come from an initial discussion with these groups.</p> <p>Those spoken to were all keen to develop solutions as to how we can involve patients, carers and public in improvement idea generation and would want to explore what this would look like i.e. what resources, governance arrangements, and feedback mechanisms are needed to develop them.</p> <p>The Improvement Team has connected the local work with the national team and will continue to link in with the Patient and Carer Experience Team as 'The Hive' develops, as there maybe potential for this to progress towards patient, carer and public idea submission.</p>	
3	Paolo Tardivel / Julie Ward-Jones / Angela Wood (Exec lead) / Fiona Lewis	<p>2.9.24 Workshop – Health Board Strategy & Clinical Services.</p> <p>Bring QMS update to December meeting, assuring Members examples of good practice would be incorporated into the emerging QMS approach. Add to forward planner.</p>	3.12.24	<p>Suggest Close.</p> <p>26.11.24 In relation to the suggestions from the public, early exploration in relation to how this could work (and what other HBs are doing) has taken place. Work ongoing.</p> <p>2.12.24 QMS Framework Operationalisation presentation provided.</p>	
Actions from meeting held on 2.12.24					
4	Helen Stevens-Jones / Dylan Williams	<p>S24/27 Planning for 2025-28</p> <p>S24/27.1 To arrange an online opportunity for Members to discuss Integrated Planning Process.</p>	16.12.24	<p>Suggest Close.</p> <p>2.11.24 HS-J in discussions with Chris Stockport to arrange an online session.</p> <p>9.1.25 Online session arranged for 16.1.25</p>	

5	Kirsty Thomson Helen Stevens-Jones to decide who best to pick this up	S24/29 Partner Update. S24/29.1 KT to contact Anne-Marie Street and Elinor Thomas from St David's Hospice outside of meeting, with a view to discussing strategic possibilities within our hospitals, and to discuss their perspective of recent possible end of life care law changes.	9.12.24	4.12.24 KT has been in contact with Anne-Marie Street and Elinor Thomas and will provide update when available. 2.6.25 It was noted that Kirsty Thomson had left the Health Board. HS-J to look into who would pick this item up.	
7	Gareth Evans	S24/30 Update on Royal Alexander Hospital, Llandudno Hub Business case. S24/30.2 Regarding the Hub, GE to investigate a) how many current staff have shown willingness to move their place of work to Llandudno, b) How many new roles are envisaged will be created at Llandudno, c) is staffing on the Risk Register, d) what mitigations have been put in place regarding staffing?	Jan 2025	Suggest close 23.12.24 This work is currently in progress under the Organisational Change Policy for those staff directly affected by the move from Abergele to Llandudno b) The business case creates 30.43 full time equivalent new roles across a wide range of different professions. c) Yes staffing issues are recognised by the project risk register. These will become more dynamic once a recruitment process is instigated. d) We have a WOD post specifically attached to the project team to assist with all aspects of workforce issues. BCU can manage the recruitment, the timing and the impact on other sites as a single issue to ensure no one site is destabilised.	
8	Pam Wenger	S24/32 Process of Appointments to SRG. SR24/32.1 To clarify wording on paper, Pg5 <i>Role and Purpose – What the SRG is here to do – ‘scrutinise the Health Board’s arrangements relating to patient experience’</i>	Jan 2025	Suggest close 23.01.25 Wording amended “ <i>The Stakeholder Reference Group provides a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the HB’s decision making</i> ”	

				24.2.25 Process of Appointment of SRG Members added to 3.3.25 agenda, under For Information.	
9	Pam Wenger	S24/32 Process of Appointments to SRG. S24/32.2 To circulate the ToR in Word format for comment.	Mar 2025	Suggest close 3.12.24 Circulated ToR to Members for comment.	
10	Helen Stevens-Jones	S24/33 Update on Culture Change Programme – Values and Behaviour. S24/33.1 To add ‘How best to embed new culture’ onto the next workshop agenda. Add to Forward Workplan.	9.12.24	Suggest close Actioned.	
11	Nia Harris / Fiona Lewis	S24/33 Update on Culture Change Programme – Values and Behaviour. S24/33.2 To provide Bethan R-W Welsh translation of 3 rd iteration of Values & Behaviours Framework	9.12.24	Suggest close. 3.12.24 Emailed V&B Framework to Bethan Russell Williams.	
Closed Actions					
12	Mike Parry / Helen Stevens-Jones	S24/07.3 SRG Cycle of Business Members requested to consider items for discussion at future meetings	3.6.24 and on-going	Suggest close 18.04.24 Update email sent SRG members from MP. 18.04.24 requesting feedback from the Board re areas for SRG to prioritise to feed into 10 year planning cycle. Query whether this would form basis of Autumn SRG Workshop Board task SRG with areas of work, ie, priorities for 10 year cycle ? (Autumn Workshop) 03.06.24 HSJ confirmed that discussions were ongoing with Chief Executive. Suggested possible area to look into being Urgent and Emergency Care. HSJ will report back.	

				09.09.24 Confirmed UEC is an area of focus, along with strategy and values and behaviours (As per SRG workshop agenda September 2024).	
13	Dylan Roberts	S24/15 Organisational Design Principles. DR agreed to provide Members with the final ODP paper becomes available	2.9.24	Suggest close 09.09.24 Shared draft final version with SRG for any final comments before the principles are discussed at Board in September.	
14	Helen Stevens-Jones	S24/15 Organisational Design Principles. HS-J to formally meet with Dylan Roberts and other members of the ODG to support work and provide evidence that the organisation has listened.	2.9.24	Suggest close 09.09.24 HSJ and DR met and engagement work has taken place to involve staff and partners in shaping the principles before creating final draft. To close?	
13	Helen Stevens-Jones	S24/17 Director's Report To provide an progress update regarding Phase 2 of the Llandudno Improvement project .	2.9.24	Suggest close 09.09.24 Report on progress and opportunity for involvement at the December 2024 meeting	
14	Helen Stevens-Jones	S24/17 Director's Report When summary version of ITYP available to be shared with public, to circulate to Members.	2.9.24	Suggest close 09.09.24 Defer to December meeting. Request for Kirsty Thomson to join to give the update. Placed on Dec. agenda.	
15	Helen Stevens-Jones	S24/19 Stakeholder Reference Group Annual Report to the Board. To provide an update regarding Volunteering to next meeting	2.9.24	Suggest close. 09.09.24 Report on progress and opportunity for involvement at the December 2024 meeting.	

16	Helen Stevens-Jones	S24/19 Stakeholder Reference Group Annual Report to the Board. Propositions regarding anticipated Llandudno Phase 2 project should be added to the next meeting's agenda for Members' input and early engagement	3.12.24	Suggest close. 25.11.24 Following discussions with stakeholders, it is felt that the 'Reaffirming Our Commitment' meeting is an established forum which is best suited to these discussions. There is an organisational commitment to improving relationships and contracting arrangements.	
17	Fiona Lewis	2.9.24 Workshop To circulate all presentations to Members	2.9.24	Suggest close. 09.09.24. Actioned.	
18	Fiona Lewis	S24/19 Stakeholder Reference Group Annual Report to the Board. To circulate a copy of the Draft SRG Annual Report to Members	4.6.24	Suggest close. 4.6.24. Draft Report circulated to Members	

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Ein cyf/ MA/JMHSC/1808/25

Dyfed Edwards
Chair
Betsi Cadwaladr University Health Board
Dyfed.Edwards3@wales.nhs.uk

30 July 2025

Dear Dyfed,

Thank you for your letter regarding the proposed appointment of Peter Lewis as Associate Board Member in his capacity of Chair of the Stakeholder Reference Group for Betsi Cadwaladr University Health Board.

I am happy to agree this appointment for a period of two years, as established in the Standing Order Model for Welsh Local Health Boards.

In confirming the appointment of Mr Lewis, could you ensure that you draw his attention to the need to recognise and adhere to the expected standards of the Seven Principles of Public Life as reflected in the organisation's Standards of Conduct / Expressions of Interest policies and procedures.

Yours sincerely,

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

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Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Teitl adroddiad: <i>Report title:</i>	Appointment of the Chair and Vice			
Adrodd i: <i>Report to:</i>	Stakeholder Reference Group			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 01 September 2025	Rhif eitem agenda: <i>Agenda Item number:</i>		
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report confirms appointment of Peter Lewis as Chair of the Stakeholder Reference Group for two years and clarifies the process to seek expressions of interest for the Vice Chair role from existing Members.			
Argymhellion: <i>Recommendations:</i>	<p>The Stakeholder Reference Group is asked to</p> <ul style="list-style-type: none"> • NOTE the appointment of the Chair of the Stakeholder Reference Group • AGREE that the Chair will write to the Members seeking expressions of interest of the Vice Chair role 			
Arweinydd Gweithredol: <i>BCUHB Lead:</i>	Pam Wenger Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Philippa Peake-Jones Head of Corporate Governance			
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 checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	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>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			
Goblygiadau rheoleiddio a lleol:	There are no specific implications arising from this report			



Regulatory and legal implications:	
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 at this stage.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	Not applicable at this stage.
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>	There are no specific implications arising from this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	There are no specific implications arising from this report.
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:</i> (or links to the Corporate Risk Register)	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	

THE CHAIR

The Chair appointment process commenced in March with expressions of interest sought and Members of the Stakeholder Reference Group supported the appointment of Peter Lewis as Chair. Attached as Appendix 1 is the letter from the Cabinet Secretary to the Chair of Betsi Cadwaladr University Health Board confirming Peter's appointment.

THE VICE CHAIR

The Vice Chair will be selected by the Stakeholder Reference Group as above, and will require consideration of the Board. The Vice Chair will deputise in the Chair's absence as an Associate Member of the Board. The term of office as Vice Chair will be for up to two years, with the ability to stand for a further year, in line with the member's term of office as a member of the SRG. The individual can remain in office for the remainder of their term as a member of the SRG after the term of appointment as Chair has ended.

RECOMMENDATIONS

The Stakeholder Reference Group is asked to

- **NOTE** the appointment of the Chair of the Stakeholder Reference Group
- **AGREE** that the Chair will write to the Members seeking expressions of interest of the Vice Chair role



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Estates Rationalisation and Estate Strategy Update

Stuart Keen

Cyfarwyddwr yr Amgylchedd ac Ystadau
Director of Environment and Estates

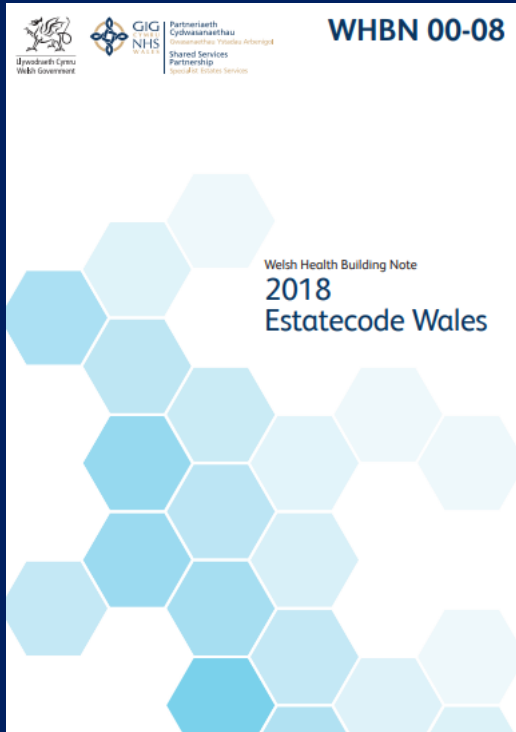


Estate Strategy Update

- What is an Estate Strategy
- Our Current Estate Strategy
- Review and Update Criteria
- Timeline
- Estate Strategy Deliverables 2025 – 2026
- Questions



What is an Estate Strategy



WHBN 00-08 – 2018 Estatecode Wales says,

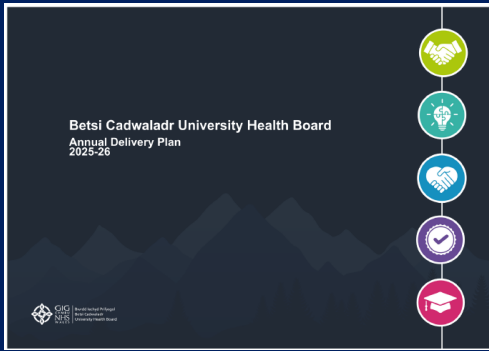
“An estate strategy should represent the vision for the future of the NHS organisation’s estate across all of its freehold and leasehold property in order to deliver and satisfy the current and perceived business plans, the expected operational service requirements, aligned with objectives of contributors to health and social care delivery. This may often involve partnerships with local authorities, charities, universities and research.”
(para 2.16)



What is an Estate Strategy

Health Board Annual Delivery Plan says,

“Develop and commence implementation of a fit for purpose estates strategy to include estate rationalisation, decarbonisation and climate resilience, as well as maximising the potential and use of existing estate and opportunities with partners. Acknowledging that the estates strategy will be led by and informed by the Health Board’s 10-Year Strategy and Clinical Services Plan.” (para 2C.4)



Our Current Estate Strategy

- Estate Strategy prepared 2023.
- Valid until 2033.
- Requirement to Review to ensure alignment with IMTP.
- Addresses:
 - Where we are.
 - Where we want to be.
 - How do we get there.
- Identified Opportunities and Prioritisation Criteria.
- Identified Success Criteria.



Indicator	Definition	Target
Revenue cost	Reduction in estate revenue cost	3% per IMTP cycle
Property portfolio	Planned reduction in property portfolio	5% per IMTP cycle
Statutory Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements	Meet national target within 10 years
Fire Safety Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements	Meet national target within 10 years
Energy Performance	The estate should consume no more than 410 kWh/m ²	Meet national target within 10 years
Backlog maintenance (BLM)	<ul style="list-style-type: none"> • 90% reduction in high risk BLM • 75% reduction in significant risk BLM • 70% reduction in risk adjusted BLM 	Meet target within 10 years
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	Meet national target within 10 years
Functional Suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes needed	Meet national target within 10 years
Space Utilisation	A minimum of 90% of the estate should be fully used	Meet national target within 10 years



Review and Update Criteria



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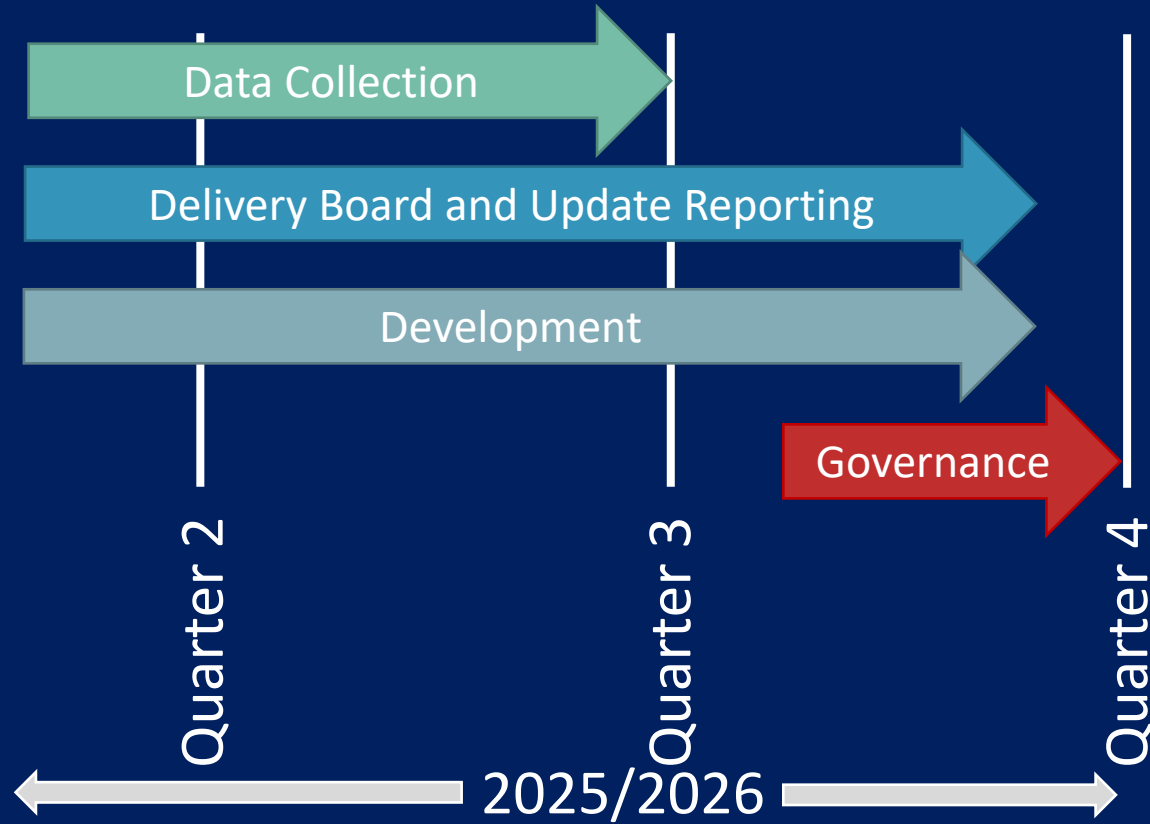
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Considerations:

- Clinical Strategies and any New Care Models
- Corporate Risk Register
- Workforce Strategies
- Digital Strategy
- Estate Condition
- Integrated Medium Term Plan
- Decarbonisation Strategy
- Climate Resilience
- Estate Rationalisation
- Capital Plans
- Partnership Working with Local Authorities, Housing Providers
- Maximising Opportunities Through Regeneration And Major Developments
- Other Enablers Such As IRCF, s.106



Timeline



MARCH 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3 <small>Full moon</small>	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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Estate Strategy Deliverables 2025 – 2026



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- Robust and Valid ***Enabling*** Strategy aligned to the IMTP
- Strategic Plan for Estate Management
- Progress to a Sustainable Future
- Business Case Development Framework
- Support for Partnership and Collaborative Working
- Foundation for Future Capital Planning
- Effective Enabling Tool to Support Health Board Objectives





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Diolch – Sylwadau a Chwestiynau

Thank you – Comments and Questions



Teitl adroddiad: <i>Report title:</i>	Director's Report			
Adrodd i: <i>Report to:</i>	Stakeholder Reference Group			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 01 September 2025	Rhif eitem agenda: <i>Agenda Item number:</i>		
Crynodeb Gweithredol: <i>Executive Summary:</i>	The Director's Report provides an overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the SRG. It covers the period June 2025 to the end of August 2025.			
Argymhellion: <i>Recommendations:</i>	The Stakeholder Reference Group is asked to note the report.			
Arweinydd Gweithredol: <i>BCUHB Lead:</i>	Helen Stevens-Jones Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: <i>Report Author:</i>	Helen Stevens-Jones Director of Partnerships, Engagement and Communications			
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: <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 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 checked="" 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>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	There are no specific implications arising from this report			



<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	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 ben undertaken?</i></p>	Not applicable at this stage.
<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>	The issues raised impact across a range of risks.
<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>	There are no specific implications arising from this report.
<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>	There are no specific implications arising from this report.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<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>	The issues raised impact across a range of risks.
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Next Steps: <i>Implementation of recommendations</i></p> <p>Not applicable to this report</p>	

1. Introduction

This report provides an overview of key activity, progress and issues by the Senior Responsible Officer for the Stakeholder Reference Group. It covers the period June 2025 to the end of August 2025.

2. Annual General Meeting 2025

The Health Board Annual General Meeting took place on 17 July 2025 and was an opportunity to reflect of the performance of the Health Board during 2024/25.

An overview was given as to the overarching progress the health board continues to make as well as the key priorities and challenges it is taking forward. Russell Caldicott, Executive Director of Finance presented the financial performance and governance elements signalled a strong performance across a range of indicators. Teresa Owen, Executive Director of Allied Health Professions and Health Science presented the development in improving quality, outcomes and experience and this led into a series of presentations from colleagues across different areas of the health board, often working in partnership with University and other partners including:

- The Intravenous Access service, improving the way in which vascular access is provided for patients, improving experience and effectiveness of care. This has been shortlisted for an NHS Wales Award.
- Focusing on marginal gains – improving value and effectiveness. A presentation provided by a senior Orthopaedic Consultant sharing the work on improving the effectiveness, efficiency and value of care as a core element of service provision.
- An innovative research project examining the potential of a medicine dispenser unit in rural community; a joint endeavour between Bangor University and the health board. The test of acceptance and utilisation from the public would be key in any potential wider scaling of this initiative.

A copy of the Annual Review for 2024/25 is available on our website.

3. Final Summary Report on Accounting Issues 2021/22

The Betsi Cadwaladr University Health Board discussed a final summary report on the accounting issues which occurred in 2021/22 at its July meeting. This was to provide

transparency and accountability and to ensure learning, with measures in place to safeguard that such matters do not happen in future.

This was clearly a serious and complex matter and a wide range of reviews, investigations and other processes have been undertaken as a result.

No evidence of fraud was found through investigations by Counter Fraud Wales and North Wales Police.

The report demonstrates the learning and actions implemented and there are now strengthened systems, culture, and leadership in place. Audit Wales has issued an unqualified audit opinion (a true and fair view) on the Annual Accounts for the last two financial years.

External bodies, through various reports and assurances, have recognised the progress made by the Health Board. We have, and will continue to learn from this experience as we build a culture of integrity, respect, and transparency across all areas of our organisation.

4. Escalation Status

The Welsh Government wrote to the Health Board on 15 July 2025 confirming there would be no change to the escalation status. The progress report published by Welsh Government is available [here](#) and a high level summary of the report is provided below. In conclusion the Welsh Government report indicates:

- There has been steady and measurable improvement made across key areas including leadership, governance, clinical quality, and financial management over the past two years.
- Significant challenges remain – especially in planned and urgent and emergency care, which will require additional focus during the coming months.
- The priority is to improve operational grip and control, agree and implement a new operating model, improve performance and build the necessary foundations for sustainable, systemwide improvement.

In addition, Welsh Government report draws out the following:

The organisation has made many changes over the last two years. Year one saw improvements in corporate governance, financial governance and performance, and board leadership, while year two has seen a focus on quality and safety, with the board responding to many legacy issues in an open and transparent manner.

The health board has set out ambitious plans for the year ahead – it has submitted a balanced three-year plan for the first time ever and was able to deliver an outturn deficit of £7.6m for 2024 to 2025, which was an improvement on the agreed target control total. Unfortunately, the plan could not be approved by Welsh Ministers because it did not meet

the wider requirements of the NHS Wales Planning Framework 2025 to 2026, mainly those related to performance expectations.

This year, the focus is on reducing the number of long waits and the overall size of the waiting list – bringing it back to pre-pandemic levels – and tackling outpatient appointments in the most challenged specialities, as well as taking action to improve waiting times for urgent and emergency care services. This is a priority for the health board as it has by far the largest proportion, and the longest waits, in Wales

The Cabinet Secretary also announced the revision to the Oversight and Escalation Arrangements

5. All-Wales Assessment of Maternity and Neonatal Services

The Health Board welcomed the Cabinet Secretary's recent announcement of an all-Wales assurance assessment of maternity and neonatal services and fully support this important work and the commitment to shared learning across the NHS in Wales.

As a learning organisation (strategic objective 5), the organisation continues to focus on actions to improve the quality, safety and experience of care for all women, babies and families. Whilst over the past decade, the Health Board has made significant changes to strengthen maternity and neonatal services, it is important that fresh assessments, gathering in the learning from elsewhere, can take place including at its heart listening to women, families and staff.

Our ambition is to be among the best in Wales and the UK. As CEO with a lead in Maternity and Neonates, continued close working with the Network, Welsh Government and other NHS organisations in Wales is key. The detailed timetable and approach to the work is due to be shared shortly and the key route via Executive Committee will be to the Quality, Safety and Experience Committee.

6. Tywyn Hospital Inpatient Services – Update

As Group members are aware, the inpatient ward at Tywyn Hospital has been temporarily closed since April 2023 due to ongoing challenges in maintaining safe staffing levels. While recruitment efforts have seen some progress, the Health Board has not yet been able to secure a sufficient and sustainable workforce with the required skills to safely reopen the ward.

During this time, the Health Board has worked closely with local partners to strengthen alternative services in the area. Developments include the provision of additional inpatient beds at Dolgellau Hospital, the launch of the community-based *Tuag Ahref* service, the reopening of the Minor Injuries Unit, and the creation of a new Treatment Room and Wellbeing Hub at Tywyn Hospital.

Extensive engagement has taken place since the ward's closure, involving patients, residents, staff, and stakeholders. The Health Board is now entering the next phase of engagement with the local community to help shape the future of services in Tywyn. This will involve

reviewing the challenges, listening to what matters most to residents, staff and partners, and exploring options for delivering safe, high-quality and sustainable care.

Initial feedback has already been gathered through a community survey, with hundreds of responses received. This insight is helping to shape ongoing engagement, including meetings with local groups and targeted outreach to individuals with lived experience of Tywyn services.

A range of further engagement activities will continue over the coming months, with a particular focus on ensuring the views of service users, carers, and the wider community are fully reflected in the development of future service options.

The Health Board aims to bring forward a set of proposals for consideration at a public Board meeting in December 2025.

7. Penley Hospital Inpatient Services – Update

Inpatient beds at Penley Hospital were temporarily closed in December 2024 due to concerns around the long-term sustainability of the care model and ongoing staffing challenges. Historically, Penley has supported patients ready to leave acute hospital care but not yet able to return home. However, demand for this type of care has been limited, and persistent difficulties with recruitment and reliance on temporary staff have impacted the safe delivery of services.

The Health Board is now entering the next phase of engagement with the local community to help shape the future of services at Penley. As above, this will involve reviewing the challenges, listening to what matters most to residents, staff and partners, and exploring options for delivering safe, high-quality and sustainable care

Initial feedback from the community survey, which received hundreds of responses, is informing the next phase of engagement. This includes meetings with local groups and targeted outreach to those with lived experience of Penley services.

As with Tywy, engagement activity will continue over the coming months, with a focus on ensuring the voices of service users, carers and the wider community are central to the development of future service options.

The Health Board aims to bring forward a set of proposals for consideration at a public Board meeting in December 2025.

8. Planned Care Improvement: Progress Update

The Health Board is making progress in several areas as part of its ongoing efforts to improve planned care pathways and reduce waiting times.

A new model for pre-operative assessment is currently being tested in East Integrated Health Community (IHC), with plans for refinement and roll-out across North Wales. The introduction of an electronic Pre-Operative Assessment Clinic (e-POAC) system is also being explored to streamline the process and improve accessibility for both patients and

clinicians. Alongside this, the implementation of a Health Screening Questionnaire (HSQ) will support better patient categorisation, enabling quicker assessments and more responsive scheduling.

A revised approach to clerical validation has been developed and will be aligned with a new, consistent model for clinical validation. This combined process will help ensure that waiting lists are accurate and actively managed across the organisation.

In terms of delivery, there has been a 47% reduction in 104-week waits over the past six months, with a trajectory towards zero by the end of December 2025. However, this goal is not without risk. A small number of services continue to face delivery challenges, and delays in diagnostic capacity are affecting progress in some outpatient pathways.

Further workstreams are in development, with priority given to solutions that deliver high impact and can be applied once across the whole region, particularly those with the potential to bring measurable in-year improvements

9. Celebrating the work at BCUHB

- **Faster treatment for patients needing radiotherapy**
The Welsh Government is investing £9.49m in two new linear accelerators at the North Wales Cancer Treatment Centre to replace ageing equipment. The new machines will deliver radiotherapy treatment more precisely and efficiently.
- **Three BCU-led projects have been shortlisted as finalists at the 2025 NHS Wales Awards**
They were recognised for outstanding achievements in efficient care, equitable access, and digital innovation. The shortlisted initiatives include a nurse-led IV Access Service at Glan Clwyd Hospital, a Welsh Language Training Model enhancing inclusive care, and “The LIST,” a digital trauma management tool developed at Ysbyty Gwynedd.
- **Children’s Unit Garden Revamp at Wrexham Maelor**
The play garden at Wrexham Maelor’s children’s unit has been refurbished thanks to fundraising by the Shooting Star Unit. The updated area provides a safe, stimulating space for young patients.
- **REMEDY Machine in Dolgellau Featured on BBC**
The remote medication dispensing machine being trialled in Dolgellau – a collaboration between BCUHB, Bangor University, Oxford University, and manufacturers – featured on BBC Wales Today and BBC Radio Cymru. The project helps patients access urgent medication out of hours.
- **BCUHB Nurse Nominated for RCN Award**
Senior Community Nurse Louise Quinn was shortlisted for a Royal College of Nursing Award for her work improving palliative care and out-of-hours support in Denbighshire.
- **Augmented Reality in Orthopaedics**
ITV Wales Evening News featured how BCUHB is using augmented reality for surgical planning. Consultant Orthopaedic Surgeon Professor Ibrahim Malek and Project Manager Nicola Eatherington were interviewed about the developments at Wrexham Maelor and Llandudno Hospital.

- **Support for Carers Week and Volunteers Week**
BCUHB celebrated unpaid carers and volunteers through events and social media, recognising their crucial roles in patient care and community support.
- **North Wales Celebrates Learning Disability Week with a Hiking and Biking Challenge**
Communities came together to mark Learning Disability Awareness Week (16–22 June) with inclusive outdoor activities across the region. *(3 July 2025)*
- **Over 300 Patients Benefit as Hand Surgery Expands in MOPs Rooms Across Health Board**
More than 300 patients have undergone successful hand surgery in Minor Operating Procedure Rooms, which are now available throughout the Health Board
- **Cancer Survivor Urges Others Not to Delay Cervical Screening Tests**
A 53-year-old woman shares her cervical cancer experience to encourage others not to delay important screening appointments
- **Ysbyty Gwynedd's Robotic Knee Surgery Innovation Attracts Surgeons Across Europe**
The hospital's use of robotic knee replacements has drawn interest from European surgeons eager to observe the pioneering technology.

Teitl yr adroddiad: <i>Report title:</i>	Adroddiad y Cyfarwyddwr			
Adrodd i: <i>Report to:</i>	Grŵp Cyfeirio Rhanddeiliaid			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Dydd Llun, 01 Medi 2025	Rhif eitem agenda: <i>Agenda Item number:</i>		
Crynodeb Gweithredol: <i>Executive Summary:</i>	Mae Adroddiad y Cyfarwyddwr, gan Uwch Swyddog Cyfrifol y Grŵp Cyfeirio Rhanddeiliaid, yn rhoi trosolwg o brif weithgarwch y Bwrdd lechyd, y cynnydd ac unrhyw faterion. Mae'n cwmpasu'r cyfnod rhwng mis Mehefin 2024 a diwedd mis Awst 2025.			
Argymhellion: <i>Recommendations:</i>	Gofynnir i'r Grŵp Cyfeirio Rhanddeiliaid nodi'r adroddiad.			
Arweinydd Gweithredol: <i>Arweinydd BIPBC:</i>	Helen Stevens-Jones Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu			
Awdur yr Adroddiad: <i>Report Author:</i>	Helen Stevens-Jones Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu			
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: <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 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 checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
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: <i>Link to Strategic Objective(s):</i>	Mae'r cyfarfodydd yn ymdrin ag amrywiaeth o flaenoriaethau strategol.			
Goblygiadau rheoleiddio a chyfreithiol: <i>Regulatory and legal implications:</i>	Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn			



<p>Yn unol â WP7, a oedd Asesiad o'r Effaith ar Gydraddoldeb (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>Amherthnasol ar hyn o bryd.</p>
<p>Yn unol â WP68, a oedd Asesiad o'r Effaith Economaidd-gymdeithasol (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>Ddim yn berthnasol ar hyn o bryd.</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>Mae'r materion a godwyd yn effeithio ar amrywiaeth o risgiau.</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>Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn.</p>
<p>Goblygiadau i'r gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Ddim yn berthnasol</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Mae'r materion a godwyd yn effeithio ar amrywiaeth o risgiau.</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>Ddim yn berthnasol</p>
<p>Y Camau Nesaf: Gweithredu'r argymhellion</p> <p>Ddim yn berthnasol i'r adroddiad hwn</p>	

1. Cyflwyniad

Mae'r adroddiad hwn gan Uwch Swyddog Cyfrifol y Grŵp Cyfeirio Rhanddeiliaid yn rhoi trosolwg o'r prif weithgarwch, y cynnydd ac unrhyw faterion. Mae'n cwmpasu'r cyfnod rhwng mis Mehefin 2024 a diwedd mis Awst 2025.

2. Cyfarfod Cyffredinol Blynyddol 2025

Cynhaliwyd Cyfarfod Cyffredinol Blynyddol y Bwrdd Iechyd ar 17 Gorffennaf ac roedd yn gyfle i bwysu a mesur perfformiad y Bwrdd Iechyd yn ystod 2024/25.

Rhodddwyd trosolwg o'r cynnydd cyffredinol y mae'r bwrdd iechyd yn parhau i'w wneud yn ogystal â'r blaenoriaethau a'r heriau allweddol y mae'n bwrw ymlaen â nhw. Cyflwynodd Russell Caldicott, Cyfarwyddwr Cyllid Gweithredol yr elfennau perfformiad ariannol a llywodraethu, berfformiad cryf ar draws amrywiaeth o ddangosyddion. Cyflwynodd Teresa Owen, Cyfarwyddwr Gweithredol Proffesiynau Perthynol i Iechyd a Gwyddor Iechyd, y datblygiad o ran gwella ansawdd, canlyniadau a phrofiad ac arweiniodd hyn at gyfres o gyflwyniadau gan gydweithwyr ar draws gwahanol feysydd y bwrdd iechyd, gan weithio'n aml mewn partneriaeth â'r Brifysgol a phartneriaid eraill gan gynnwys y canlynol:

- Y gwasanaeth Mynediad Mewnwythiennol, sy'n gwella'r ffordd mae mynediad fasgwlaidd yn cael ei ddarparu i gleifion, gan wella profiad ac effeithiolrwydd gofal. Mae hwn wedi cyrraedd y rhestr fer ar gyfer Gwobr Safonau Gofynnol Cenedlaethol (NHS) Cymru.
- Canolbwyntio ar enillion ymylol - gwella gwerth ac effeithiolrwydd. Cyflwyniad a ddarperir gan Uwch Ymgynghorydd Orthopedig sy'n rhannu'r gwaith o wella effeithiolrwydd, effeithlonrwydd a gwerth gofal fel elfen graidd o ddarparu gwasanaethau.
- Prosiect ymchwil arloesol sy'n archwilio potensial uned dosbarthu meddyginiaethau yn y gymuned wledig; ymdrech ar y cyd rhwng Prifysgol Bangor a'r bwrdd iechyd. Byddai'r prawf o dderbyn a defnyddio gan y cyhoedd yn allweddol i unrhyw ehangu ehangach posibl ar y fenter hon.

Mae copi o Adolygiad Blynyddol 2024/25 ar gael ar ein gwefan.

3. Adroddiad Cryno Terfynol ar Faterion Ariannol 2021/22

Trafododd Bwrdd Iechyd Prifysgol Betsi Cadwaladr adroddiad cryno terfynol ar y materion ariannol a gododd yn ystod 2021/22 yn ei gyfarfod ym mis Gorffennaf. Roedd

hyn er mwyn bod yn dryloyw ac yn atebol a sicrhau dysgu, gan gyflwyno mesurau i sicrhau na fydd materion o'r fath yn codi yn y dyfodol.

Roedd yn amlwg yn fater difrifol a chymhleth, a chynhaliwyd amrywiaeth eang o adolygiadau, ymchwiliadau a phrosesau eraill o ganlyniad.

Ni chanfuwyd tystiolaeth o dwyll drwy ymchwiliadau gan Wasanaeth Atal Twyll Cymru a Heddlu Gogledd Cymru.

Mae'r adroddiad yn dangos yr hyn a ddysgwyd a'r camau a gymerwyd, ac erbyn hyn mae systemau, diwylliant ac arweinyddiaeth gryfach ar waith. Mae Archwilio Cymru wedi cyflwyno barn archwilio ddiamod (darlun cywir a theg) ar y Cyfrifon Blyneddol ar gyfer y ddwy flynedd ariannol ddiwethaf.

Drwy amrywiaeth o adroddiadau a phrosesau sicrwydd, mae cyrff allanol wedi cydnabod cynnydd y Bwrdd Iechyd. Rydym wedi dysgu o'r profiad hwn a byddwn yn parhau i wneud hynny wrth i ni feithrin diwylliant o onestrwydd, parch a thryloywder ar draws yr holl feysydd yn ein sefydliad.

4. Statws Uwchgyfeirio

Ysgrifennodd Llywodraeth Cymru at y Bwrdd Iechyd ar 15 Gorffennaf 2025 yn cadarnhau na fyddai unrhyw newid i'r statws uwchgyfeirio. Mae'r adroddiad cynnydd a gyhoeddwyd gan Lywodraeth Cymru ar gael yma a cheir crynodeb lefel uchel o'r adroddiad isod. I gloi, mae adroddiad Llywodraeth Cymru yn nodi:

- Gwnaed gwelliant cyson a mesuradwy ar draws meysydd allweddol gan gynnwys arweinyddiaeth, llywodraethu, ansawdd clinigol, a rheolaeth ariannol dros y ddwy flynedd ddiwethaf.
- Mae heriau sylweddol yn dal i fodoli - yn enwedig mewn gofal wedi'i gynllunio a gofal brys ac mewn argyfwng, a fydd yn galw am ffocws ychwanegol yn ystod y misoedd nesaf.
- Y flaenoriaeth yw gwella gafael a rheolaeth weithredol, cytuno ar fodel gweithredu newydd a'i roi ar waith, gwella perfformiad ac adeiladu'r sylfeini angenrheidiol ar gyfer gwelliant cynaliadwy ar draws y system.

Yn ogystal, mae adroddiad Llywodraeth Cymru yn tynnu sylw at y canlynol:

Mae'r sefydliad wedi gwneud llawer o newidiadau dros y ddwy flynedd diwethaf. Roedd gwelliannau mewn llywodraethu corfforaethol, llywodraethu ariannol a pherfformiad, yn ogystal ag arweinyddiaeth bwrdd yn ystod y flwyddyn gyntaf. Mae'r ail flwyddyn wedi gweld ffocws gwirioneddol ar ansawdd a diogelwch, gyda'r bwrdd yn ymateb i lawer o hen faterion mewn ffordd agored a thryloyw.

Mae'r bwrdd iechyd wedi nodi cynlluniau uchelgeisiol ar gyfer y flwyddyn i ddod - mae wedi cyflwyno cynllun tair blynedd cytbwys am y tro cyntaf erioed ac mae wedi gallu sicrhau diffyg alldro o £7.6m ar gyfer 2024 i 2025, a oedd yn welliant ar y cyfanswm rheoli targed y cytunwyd arno. Yn anffodus, ni allai Gweinidogion Cymru gymeradwyo'r

cynllun oherwydd nad oedd yn bodloni gofynion ehangach Fframwaith Cynllunio GIG Cymru 2025 i 2026, yn bennaf y gofynion sy'n ymwneud â disgwyliadau perfformiad.

Eleni, rydym yn canolbwyntio ar leihau amseroedd aros hir a maint cyffredinol y rhestr aros - gan ddod â hi'n ôl i lefelau cyn y pandemig - a mynd i'r afael ag apwyntiadau cleifion allanol yn yr arbenigeddau sy'n wynebu'r heriau mwyaf, yn ogystal â chymryd camau i wella amseroedd aros gwasanaethau gofal brys ac argyfwng. Mae hyn yn flaenoriaeth i'r bwrdd iechyd gan mai'r bwrdd iechyd hwn sydd â'r gyfran fwyaf o amseroedd aros, a'r amseroedd aros hiraf, yng Nghymru o bell ffordd.

Cyhoeddodd Ysgrifennydd y Cabinet hefyd y byddai'r Trefniadau Goruchwylio ac Uwchgyfeirio yn cael eu diwygio.

5. Asesiad Cymru Gyfan o Wasanaethau Mamolaeth a Newyddenedigol

Roedd y Bwrdd Iechyd yn croesawu cyhoeddiad diweddar Ysgrifennydd y Cabinet am asesiad sicrwydd Cymru gyfan o wasanaethau mamolaeth a newyddenedigol ac mae'n llwyr gefnogi'r gwaith pwysig hwn a'r ymrwymiad i ddysgu ar y cyd ar draws y GIG yng Nghymru.

Fel sefydliad sy'n dysgu (amcan strategol 5), mae'r Bwrdd Iechyd yn ymdrechu'n barhaus i wella ansawdd, diogelwch a phrofiad gofal pob menyw, babi a theulu. Er bod y Bwrdd Iechyd wedi gwneud newidiadau sylweddol dros y degawd diwethaf i gryfhau gwasanaethau mamolaeth a newyddenedigol, mae'n bwysig bod asesiadau newydd, gan gasglu'r hyn a ddysgwyd o fannau eraill, yn gallu cael eu cynnal, gan gynnwys gwrandao ar fenywod, teuluoedd a staff.

Ein huchelgais yw bod ymhlith y gorau yng Nghymru a'r DU. Fel Prif Swyddog Gweithredol sy'n arwain ym maes Mamolaeth a Babanod Newydd-anedig, mae parhau i weithio'n agos gyda'r Rhwydwaith, Llywodraeth Cymru a sefydliadau eraill y GIG yng Nghymru yn allweddol. Bydd yr amserlen fanwl a'r dull gweithredu ar gyfer y gwaith yn cael eu rhannu cyn bo hir a'r llwybr allweddol drwy'r Pwyllgor Gwaith fydd i'r Pwyllgor Ansawdd, Diogelwch a Phrofiad.

6. Gwasanaethau Cleifion Mewnol Ysbyty Tywyn – Diweddariad

Fel y gŵyr aelodau'r Grŵp, mae'r ward cleifion mewnol yn Ysbyty Tywyn wedi bod ar gau dros dro ers mis Ebrill 2023 oherwydd heriau parhaus o ran cynnal lefelau staffio diogel. Er bod ymdrechion recriwtio wedi gweld rhywfaint o gynnydd, nid yw'r Bwrdd Iechyd wedi gallu sicrhau gweithlu digonol a chynaliadwy eto sydd â'r sgiliau angenrheidiol i ailagor y ward yn ddiogel.

Yn ystod y cyfnod hwn, mae'r Bwrdd Iechyd wedi gweithio'n agos gyda phartneriaid lleol i gryfhau gwasanaethau amgen yn yr ardal. Mae'r datblygiadau'n cynnwys darparu gwelyau ychwanegol i gleifion mewnol yn Ysbyty Dolgellau, lansio'r gwasanaeth *Tuag Ahref* yn y gymuned, ailagor yr Uned Mân Anafiadau, a chreu Ystafell Driniaeth a Chanolfan Llesiant newydd yn Ysbyty Tywyn.

Mae ymgysylltu helaeth wedi digwydd ers cau'r ward, gan gynnwys gyda chleifion, preswylwyr, staff a rhanddeiliaid. Mae'r Bwrdd Iechyd nawr yn dechrau ar y cam nesaf o ymgysylltu â'r gymuned leol i helpu i lunio dyfodol gwasanaethau yn Nhywyn. Bydd hyn yn cynnwys adolygu'r heriau, gwrando ar yr hyn sydd bwysicaf i breswylwyr, staff a phartneriaid, ac edrych ar opsiynau i ddarparu gofal diogel, cynaliadwy o ansawdd uchel.

Mae adborth cychwynnol eisoes wedi cael ei gasglu drwy arolwg cymunedol, ac mae cannoedd o ymatebion wedi dod i law. Mae'r ddealltwriaeth hon yn helpu i siapio ymgysylltiad parhaus, gan gynnwys cyfarfodydd â grwpiau lleol ac allgymorth wedi'i dargedu at unigolion sydd â phrofiad uniongyrchol o wasanaethau Tywyn.

Bydd amrywiaeth o weithgareddau ymgysylltu pellach yn parhau dros y misoedd nesaf, gan ganolbwyntio'n benodol ar sicrhau bod safbwyntiau defnyddwyr gwasanaeth, gofawyr a'r gymuned ehangach yn cael eu hadlewyrchu'n llawn wrth ddatblygu opsiynau gwasanaeth yn y dyfodol.

Nod y Bwrdd Iechyd yw cyflwyno cyfres o gynigion i'w hystyried mewn cyfarfod cyhoeddus o'r Bwrdd ym mis Rhagfyr 2025.

7. Gwasanaethau Cleifion Mewnol Ysbyty Llannerch Banna – Diweddariad

Cafodd gwelyau cleifion mewnol yn Ysbyty Llannerch Banna eu cau dros dro ym mis Rhagfyr 2024 oherwydd pryderon am gynaliadwyedd hirdymor y model gofal a heriau staffio parhaus. Yn hanesyddol, mae Ysbyty Llannerch Banna wedi cefnogi cleifion sy'n barod i adael gofal ysbyty aciwt ond nad ydynt yn gallu dychwelyd adref eto. Fodd bynnag, mae'r galw am y math hwn o ofal wedi bod yn gyfyngedig, ac mae'r problemau parhaus o ran recriwtio a dibynnu ar staff dros dro wedi effeithio ar ddarparu gwasanaethau'n ddiogel.

Mae'r Bwrdd Iechyd nawr yn dechrau ar y cam nesaf o ymgysylltu â'r gymuned leol i helpu i lunio dyfodol gwasanaethau yn Llannerch Banna. Fel y nodir uchod, bydd hyn yn cynnwys adolygu'r heriau, gwrando ar yr hyn sydd bwysicaf i breswylwyr, staff a phartneriaid, ac edrych ar opsiynau i ddarparu gofal diogel, cynaliadwy o ansawdd uchel.

Mae'r adborth cychwynnol o'r arolwg cymunedol, a gafodd gannoedd o ymatebion, yn sail i gam nesaf y gwaith ymgysylltu. Mae hyn yn cynnwys cyfarfodydd â grwpiau lleol ac allgymorth wedi'i dargedu at unigolion sydd â phrofiad uniongyrchol o wasanaethau Llannerch Banna.

Fel yn Ysbyty Tywyn, bydd y gweithgareddau ymgysylltu yn parhau dros y misoedd nesaf, gan ganolbwyntio ar sicrhau bod safbwyntiau defnyddwyr gwasanaeth, gofawyr a'r gymuned ehangach yn ganolog i'r gwaith o ddatblygu opsiynau gwasanaeth yn y dyfodol.

Nod y Bwrdd Iechyd yw cyflwyno cyfres o gynigion i'w hystyried mewn cyfarfod cyhoeddus o'r Bwrdd ym mis Rhagfyr 2025.

8. Gwella Gofal wedi'i Gynllunio: Diweddariad ar Gynnydd

Mae'r Bwrdd Iechyd yn gwneud cynnydd mewn sawl maes fel rhan o'i ymdrechion parhaus i wella llwybrau gofal wedi'u cynllunio a lleihau amseroedd aros.

Mae model newydd ar gyfer asesu cyn llawdriniaeth yn cael ei brofi ar hyn o bryd yng Nghymuned Iechyd Integredig y Dwyrain, gyda chynlluniau i'w fireinio a'i gyflwyno ledled Gogledd Cymru. Mae cyflwyno system electronig Clinig Asesu Cyn Llawdriniaeth (e-POAC) hefyd yn cael ei ystyried i symleiddio'r broses a gwella hygyrchedd i gleifion a chlinigwyr. Ochr yn ochr â hyn, bydd gweithredu Holiadur Sgrinio Iechyd yn helpu i gategoreiddio cleifion yn well, gan alluogi asesiadau cyflymach ac amserlennu mwy ymatebol.

Mae dull diwygiedig o ddilysu clericyddol wedi cael ei ddatblygu a bydd yn cyd-fynd â model newydd a chyson ar gyfer dilysu clinigol. Bydd y broses gyfunol hon yn helpu i sicrhau bod rhestrau aros yn gywir ac yn cael eu rheoli'n weithredol ar draws y sefydliad.

O ran cyflawni, bu gostyngiad o 47% mewn amseroedd aros 104 wythnos dros y chwe mis diwethaf, gyda thrywydd at gyrraedd sero erbyn diwedd mis Rhagfyr 2025. Fodd bynnag, mae risg yn gysylltiedig â'r nod hwn. Mae nifer fach o wasanaethau'n parhau i wynebu heriau o ran darparu, ac mae oedi o ran capasiti diagnostig yn effeithio ar welliant mewn rhai llwybrau cleifion allanol.

Mae ffrydiau gwaith eraill yn cael eu datblygu, gyda blaenoriaeth yn cael ei rhoi i atebion sy'n cael effaith fawr ac y gellir eu defnyddio unwaith ar draws y rhanbarth cyfan, yn enwedig y rheini sydd â'r potensial i ddod â gwelliannau mesuradwy yn ystod y flwyddyn.

9. Dathlu gwaith Bwrdd Iechyd Prifysgol Betsi Cadwaladr

- Triniaeth gyflymach i gleifion y mae angen radiotherapi arnyn nhw**
Mae Llywodraeth Cymru yn buddsoddi £9.49m mewn dau gyflymydd llinellol newydd yng Nghanolfan Trin Canser Gogledd Cymru i ddisodli offer sy'n heneiddio. Bydd y peiriannau newydd yn darparu triniaeth radiotherapi yn fwy manwl ac effeithlon.
- Mae tri phrosiect dan arweiniad Prifysgol Betsi Cadwaladr wedi cyrraedd y rhestr fer yng Ngwobrau GIG Cymru 2025**
Cawsant eu cydnabod am lwyddiannau rhagorol ym maes gofal effeithlon, mynediad teg, ac arloesedd digidol. Mae'r mentrau sydd ar y rhestr fer yn cynnwys Gwasanaeth Mynediad Mewnwythiennol dan arweiniad nyrsys yn Ysbyty Glan Clwyd, Model Hyfforddiant Iaith Gymraeg sy'n gwella gofal cynhwysol, ac adnodd digidol i reoli trawma a ddatblygwyd yn Ysbyty Gwynedd.
- Ailwampio Gardd Uned Plant Ysbyty Maelor Wrecsam**
Mae'r ardd chwarae yn yr uned plant yn Ysbyty Maelor Wrecsam wedi cael ei hadnewyddu diolch i waith codi arian gan yr Uned Seren Wib. Mae'r ardal ar ei newydd wedd yn lle diogel ac ysgogol i gleifion ifanc.
- Peiriant REMEDY yn Nolgellau fel y dangoswyd ar y BBC**
Cafodd y peiriant dosbarthu meddyginiaethau o bell sy'n cael ei dreialu yn Nolgellau sylw ar BBC Wales Today a BBC Radio Cymru. Mae'n gydweithrediad rhwng BIPBC, Prifysgol Bangor, Prifysgol Rhydychen, a gweithgynhyrchwyr. Mae'r prosiect yn helpu cleifion i gael gfael ar feddyginiaeth frys y tu allan i oriau.

- **Nyrs BIPBC wedi'i henwebu ar gyfer Gwobr y Coleg Nyrsio Brenhinol**
Cyrhaeddodd Louise Cuinn, yr Uwch Nyrs Gymunedol, restr fer Gwobr y Coleg Nyrsio Brenhinol am ei gwaith yn gwella gofal lliniarol a chymorth y tu allan i oriau yn Sir Ddinbych.
- **Realiti Estynedig mewn Orthopedeg**
Roedd ITV Wales Evening News wedi rhoi sylw i sut mae BIPBC yn defnyddio realiti estynedig i gynllunio llawdriniaethau. Cafodd yr Athro Ibrahim Malek, Llawfeddyg Orthopedig Ymgynghorol, a Nicola Eatherington, Rheolwr Prosiect, eu cyfweld am y datblygiadau yn Ysbyty Maelor Wrecsam ac Ysbyty Llandudno.
- **Wythnos Cymorth i Ofalwyr ac Wythnos y Gwirfoddolwyr**
Dathlodd BIPBC wirfoddolwyr a gofalwyr di-dâl drwy ddigwyddiadau ac ar y cyfryngau cymdeithasol, gan gydnabod eu rolau hanfodol o ran gofal cleifion a chymorth cymunedol.
- **Gogledd Cymru'n Dathlu Wythnos Anabledd Dysgu gyda Her Heicio a Beicio**
Daeth cymunedau at ei gilydd i nodi Wythnos Ymwybyddiaeth o Anabledd Dysgu (16 a 22 Mehefin) gyda gweithgareddau awyr agored cynhwysol ar draws y rhanbarth. (3 Gorffennaf 2025)
- **Dros 300 o gleifion ar eu hennill wrth i lawdriniaethau ehangu mewn ystafelloedd MOPs ar draws y Bwrdd Iechyd**
Mae dros 300 o gleifion wedi cael llawdriniaeth lwyddiannus ar eu dwylo mewn Ystafelloedd Mân Lawdriniaethau, sydd bellach ar gael ledled y Bwrdd Iechyd
- **Goroeswr cancer yn annog eraill i beidio ag oedi apwyntiadau sgrinio serfigol**
Mae menyw 53 oed yn rhannu ei phrofiad o ganser ceg y groth i annog eraill i beidio ag oedi apwyntiadau sgrinio pwysig
- **Arloesi mewn Llawdriniaeth Robotig ar y Pen-glin yn Ysbyty Gwynedd yn denu Llawfeddygon ar draws Ewrop**
Mae defnydd yr ysbyty o lawdriniaethau robotig i roi pengliniau newydd wedi ennyn diddordeb llawfeddygon ledled Ewrop sy'n awyddus i arsylwi'r dechnoleg arloesol.