Bundle Stakeholder Reference Group 7 September 2026

1 PRELIMINARY MATTERS

1.1 13:00 - S26.36 Welcome and apologies
Gareth Jones, Vice Chair

1.2 13:02 - S26.37 Declarations of Interest
Gareth Jones, Vice Chair

1.3 13:03 - S26.38 Approval of Minutes of meeting held 01.06.26
Gareth Jones, Vice Chair
S26.38.1 SRG Unconfirmed Draft Minutes 1.6.26 v0.3 HSJ

1.4 13:06 - S26.39 Review Action Log
Gareth Jones, Vice Chair
S26.39.1 SRG Action Log updated 01.09.26

1.5 13:11 - S26.40 Patient's Story - iCAN's community-based mental health support.
Rachel Wright, Lead Patient Experience and Carers Service, Pan BCU
S26.40.1 iCAN - Patient Story. Stakeholder Reference Group

2 STRATEGIC PRIORITIES

2.1 13:31 - S26.41 Developing a New Strategy for Healthcare in Wales - Presentation
Kamala Williams, Head Of Health Strategy And Planning
S26.41.1 Developing a New Strategy for Healthcare in North Wales

2.2 13:51 - S26.42 Verbal Update on Capital Schemes and Estates Strategy
Stuart Keen, Director of Environment and Estates

2.3 14:11 - S26.43 Planning Update and Intermediate Medium Term Plan Reflection and Learning Report - Presentation
Emma Lea, Assistant Director of Corporate Planning
S26.43.1 FINAL - Stakeholder Reference Group (SRG) 07.09.2026 v0.2
S26.43.2 IMTP - Reflection & Learning Report - July 2026.

3 FOR ASSURANCE

3.1 14:31 - S26.44 Director's Report
Helen Stevens-Jones, Director of Partnerships, Communications and Engagement
S26.45.1 Director Report SRG Sept 2026 v1.2 CY
S26.45.2 Director Report SRG _Sept 2026 V1.2 ENG

3.2 14:41 - S26.45 Welsh Language Services Annual Monitoring Report 2025-26
Item deferred to next meeting.
S26.46.1 Welsh Language Services Annual Monitoring Report 2025-2026 Coversheet

3.3 14:56 - S26.46 Update on Culture and Leadership Programme - Sept 2026
Awaiting paper

4 CLOSING BUSINESS

4.1 15:11 - S26.47 Agree items for Referral to Board or other Committees
Gareth Jones, Vice Chair

4.2 15:12 - S26.48 Agree Items for AAA Report
Gareth Jones, Vice Chair

4.3 15:14 - S26.49 Review of Meeting Effectiveness
Gareth Jones, Vice Chair

4.4 S26.50 Date of Next Meeting
1pm, 7th December 2026

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Stakeholder Reference Group
held virtually, on Zoom
1st June 2026

Committee Members Present	
Name	**Title**
Gareth Jones	Chair
Dyfed Edwards	BCUHB Chair
Allen Bewley	The FDF Centre for Independent Living
Bethan Russell-Williams	Mantell Gwynedd
Dafydd Gwynne	Strategic Partnerships Manager, Public Health
Emma Lea	Head of Business, Planning and Programmes – Central IHC
Faye Sheldon	Consultant in Public Health Medicine
Hannah Lloyd	Principal Public Health Practitioner
Helen Stevens-Jones	Director Of Partnerships, Engagement & Communications
Phil Forbes	Clinical Lead & Development Manager Supporting Housing – Mental Health
Rachel Wright	Lead Patient Experience And Carers Service, Pan Betsi
Rebecca Hughes	Llais
Pam Wenger	Corporate Director of Governance
Sherry Weedall	Denbighshire Voluntary Services Council
Stuart Keen	Director of Environment and Estates
Tehmeena Ajmal	Chief Operating Officer
Committee Support	
Fiona Lewis	Minute Taker

PRELIMINARY MATTERS

S26.20 Welcome and Apologies

The newly appointed SRG Vice Chair introduced himself and chaired the meeting, in Peter Lewis' absence.

Apologies received from: Peter Lewis, Carol Shillabeer, Debbie Eyatayo, Beverley Parry-Jones, Alan Roberts, Dylan Williams, Geoff Ryall-Harvey, Lyndsay Campbell-Williams, Sue Irlam and Megan Hughes.

S26.21 Declarations of Interest

No declarations of interest were received.

S26.22 Unconfirmed Minutes of the Meetings held on 1 December 2025 and 2 March 2026.

Both sets of minutes were approved as accurate records of these meetings.

S26.23 Matters Arising & Action Log

Members received the action log and noted progress against the actions. All actions and proposed closures to remain on Action Log until next meeting.

S26.24 Patient Story – Enhancing Lives

The Patient Care Experience Lead presented the item which described the positive impact the Enhancing Lives Team (ELT) had on their lives, highlighting the following:

- Following two Health Board reviews, it was evident that there was an increasing number of patients presenting with complex needs. In response, Welsh Government launched Complex Needs Funding to strengthen support for these patients, and the ELT was established.
- Based within the Mental Health and Learning Disability Division, the ELT has a Regional Service Manager and Team Manager covering North Wales.
- Three teams cover West, East and Central areas and each team comprises a coordinator, a navigator, a support worker and a drugs and alcohol nurse.
- The ELT makes a collective effort to improve and better coordinate services to support individuals and patients described the differences that this had made to their lives with the holistic support that the range of staff roles within the team provide.

It was resolved that the Committee:
RECEIVED the presentation.

S26.25 Verbal Update on Appointment of Vice Chair

The Director of Governance advised Members that in accordance to the Terms of Reference, Gareth Jones had been appointed as the new SRG Vice Chair.

It was resolved that the Committee:
NOTED the verbal update.

STRATEGIC PRIORITIES

S26.26 IMTP Plan Update

The Assistant Director of Corporate Planning gave a presentation, highlighting the following:

- **3-Year Plan Framework.**
  - The Health Board maintains its 3-year outlook despite the inability to submit a financially balanced IMTP to Welsh Government.
  - More than 360 Welsh Government requirements mapped across the plan sections
  - A strategic shift from treating individual conditions to managing the whole quality of life
  - Continuous planning cycle replaces the old stop-start approach
- **Four Strategic Intent Statements:**
  - Focus on health and wellbeing and sickness prevention

- Co-ordination of care across the Health Board
- Improving access, outcomes and experience
- Modernising services to ensure there is a person-centred approach

ACTIONS:

- **S26.26.1** Emma Lea to circulate planning feedback reflections report to SRG and arrange targeted presentation timing discussion
- **S26.26.2** Emma Lea to link with Sherry Weedall regarding Women's Hub and preparing for planned care service concerns

It was resolved that the Committee:
RECEIVED the presentation

S26.27 Update on Clinical Services Plan and Strategy.

The Head of Health Strategy and Planning provided a presentation, and highlighted:

- Discovery phase diagnostic work identified demand exceeding capacity, fragmented pathways, unwanted variation, workforce fragility, and digital infrastructure gaps.
- 80-page diagnosis report being developed for partner engagement
- May 5th clinical event launched service configuration planning with focus group testing principles locally

It was resolved that the Committee:
NOTED the presentation

S26.28 Anchor Framework and Principles Update.

The principal Public Health Practitioner shared her presentation and highlighted the following:

- **Anchor Charter Components**
  - Five domains covering employers, procurement, land/buildings, environment, and civic engagement
  - Seven missions addressing wider determinants of health with co-produced actions
  - Simplified one-page charter format following healthy travel charter success model
- **Implementation Progress**
  - March 19th engagement event at Conwy Business Centre attracted nearly 100 attendees, including the BCUHB Chief Executive Officer, the NHS Wales Chief Medical Officer and Welsh Government colleagues.
  - Repository of Regional Partnerships Board website, established for sharing practice examples
  - Regional signing event planned for system-wide charter adoption

ACTIONS:

- **FayeSheldon and Dafydd Gwynne** to progress regional signing event for Anchor Charter system-wide adoption
- **FayeSheldon and Dafydd Gwynne** to present at organisational SLT meetings to support governance progression (Wrexham Council already engaged)

It was resolved that the Committee:
NOTED the presentation

S26.29 Public Health Equalities on Homelessness – Presentation

The Principal Public Health Practitioner, assisted by the Clinical Lead and Development Manager of Supported Housing (Mental Health), provided their presentation and highlighting the following:

- **New Legislative Requirements:**
  - Homelessness and Social Housing Allocations Act received Royal Assent on 1st April, requiring Ask, Act and Co-operate duty.
  - Two-year implementation timeline for comprehensive Health Board response.
  - Duty extends beyond street homelessness to all housing need identification at admission point
- **Partnership Review Findings**
  - Engaged six local authority homelessness teams through meetings and surveys
  - 133 Health Board staff responses revealed low awareness of homelessness causes, limited knowledge of legislation and low confidence in housing conversations
- **Data Analysis**
  - 50 unique patients with homelessness coding between March 2024 and March 2025. This resulted in £1.1m additional bed day costs
  - Delays primarily due to late identification and inadequate discharge planning coordination
- **Key recommendations:**
  - Comprehensive training package for health and housing staff
  - Multi-agency pathway strengthening and discharge planning improvements
  - Central referral points and single-point of access exploration
  - Regional screening and admissions tool piloting at Ysbyty Gwynedd
  - Hospital link worker roles expansion following successful Anglesey Housing Support Grant Team model
  - Primary Care cluster engagement despite exclusion from Ask and Act duty

It was resolved that the Committee:
NOTED the presentation

S26.30 Health and Well-being Hubs – Verbal Update

The Chief Operating Officer and the Director of Estates and Environment provided their separate verbal updates regarding the development of well-being hubs and noted:

- **Programme Overview**

  - Eight sites progressing under Integration Rebalancing Capital Fund (IRCF), worth £70m annually over 10 years
  - Projects distilled from 84 initial proposals to 34, then prioritised to current 8
  - Health Board tasked with sustainable cash flow aligned to national programme requirements
- **Most Advanced Projects**
  - **Royal Alexander, Rhyl** – Two-phase £60m scheme with £22m Phase 1 contract signed for health and wellbeing hub; enabling works underway, including demolition and energy centre construction with air source heat pumps.
  - **Cledwyn, Denbigh**: Building purchased; design review underway for decarbonisation options replacing gas-fired heating.
- **Development Stage Projects:**
  - **Holyhead** – Memorandum of Understanding in development with Anglesey Council for shared services facility
  - **Bangor** – Former Debenhams-style site recently sold; strategic outline case being updated following Carmarthen benchmark model including diagnostics, training, dental, council services
  - **Llanbedr:** GP practice replacement with design and construction tender preparation; conditional land purchase pending satisfactory tenders
  - **Porthmadog:** Health and wellbeing facility with GP relocation exploring modern methods of construction/modular approach for 50-60 year building life.
  - **Penmaenmawr:** Scaled back from £50m regeneration; ongoing discussions
  - **Conwy West:** Updated schedule of accommodation in development with Conwy Council; meeting scheduled for further partnership discussions
- **Engagement and Service Updates**
  - **Women's Health Hub –** Conwy Junction hub closed despite substantial Welsh Government seed funding. Concerns raised about service removal representing backward step to pre-2022 provision.
  - **Preparing for Planned Care –** service widely visible in GP surgeries but under review; request made for clarity on service continuation and substance behind strategic commitments
  - **Third Sector Involvement –** Strong track record of engagement attempts over many years with increased Health Board openness noted. Recent effective workshops at Llandudno Junction and Conwy Business Centre strengthening partnerships. Social value measurement improving to demonstrate project impact and secure longer-term core funding beyond short-term grants.
  - **Community Infrastructure –** Thirteen community hubs across Gwynedd identified as pivotal for health planning integration. Grassroot community organisations recognised as sustainable due to local ownership and knowledge.

ACTION:

- **S26.30.1 Stuart Keen** to provide health hub designs at September meeting.

It was resolved that the Committee:

RECEIVED the verbal presentation

FOR ASSURANCE

S26.31 Director's Report

The Director of Partnerships, Engagement & Communications presented the report and provided an overview of key activities, progress and issues within the Health Board, which included:

- Special Measures and public accountability; Foundations for the Future and organisational development; Women's Health; Listening to People statutory guidance; Vaccination Programme; Royal Alexandra Hospital development; the Youth Voice and Strategic Engagement Development as well as celebrating various services across the Health Board.

ACTION:

- **S26.31.1** Helen Stevens-Jones to attend Regional Provider Forum to discuss ways to include lived experience of people who are experiencing homelessness.

It was resolved that the Committee:
NOTED the report.

CLOSING BUSINESS

S26.32 Agree Items for Referral to Board/Other Committees.

There were none.

S26.33 Agree Items for Chair's Assurance/AAA Report

The Chair wished to note the following:

- The theme of the meeting was the importance of establishing better links with local authorities to ensure more participation.
- The reports and presentations demonstrated a clear shift towards prevention, inequalities and population health
- System-wide collaboration and co-production
- Continuous data-informed planning to ensure plans turn into visible action
- Gareth Jones confirmed as Vice Chair.
- Success will depend on sustained genuine partnership working and addressing capacity, workforce and infrastructure constraints
- Community hubs identified as a key solution for local delivery

S26.34 Review of Meeting Effectiveness

Despite the initial technical problems, the meeting went well however it was disappointing that due to the low number of attendees, there was very limited feedback.

ACTION:

S26.34.1 Consider Chair, Vice Chair & Director of Partnerships, Engagement and Communications approach the local authorities and CEOs of 3rd sector organisations individually, to seek more representation at SRG.

S26.35 Date of next meeting

7 September 2026, 1-4pm.

Stakeholder Reference Group

Action 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 2.3.26				
1	Peter Lewis	**S26.07.1 IMTP Progress Update** The Chair to provide Paolo Tardivel with contact names regarding the Breaking the Cycle initiative.	May 2026	**Remain Open** **1.6.26** Peter Lewis on leave **1.9.26** Peter remains on leave	
2	Peter Lewis	**S26.09.1 An Organisational Approach to Change.** Chair to email Members to encourage their feedback	May 2026	**Remain Open** **1.6.26** Peter Lewis on leave **1.9.26** Peter remains on	
	Actions from meeting held on 1.6.26				
3	Emma Lea	**S26.26.2 IMTP Plan Update** Link with Sherry Weedall regarding Women's Hub and preparing for planned care service concerns	June 2026	**Remain Open** **1.9.26** Emma and Sherry have not met yet. Query whether the planned care concerns held have been picked up through the Planned Care Programme and Recovery work led by Michale Kaiser, Recovery Director.	

4	Faye Sheldon and Dafydd Gwynne	**S26.28.1 Anchor Framework and Principles Update** to progress regional signing event for Anchor Charter system-wide adoption	August 2026	**Remain open** **1.9.26** Work progressing with RPB and partners to plan event for Q4. Further details will be shared in due course.	
5	Faye Sheldon and Dafydd Gwynne	**S26.28.2 Anchor Framework and Principles Update** Present at organisational SLT meetings to support governance progression (Wrexham Council already engaged)	August 2026	**Remain open** **1.9.26** Engagement ongoing. Anchor Charter self-assessment completed with Cyngor Gwynedd and presentation of findings planned for their Cabinet meeting. Further self-assessment meetings planned with Medrwn Môn and Wrexham University.	
6	Peter Lewis Gareth Jones Helen Stevens-Jones	**S26.34.1 Review of Meeting Effectiveness** Discuss approaching heads of councils and CEOs of 3rd sector organisations individually, to press for more representation at SRG	July 2026	**Remain open** **1.9.26** Peter on leave	
7	Emma Lea	**S26.26.1 IMTP Plan Update** Circulate planning feedback reflections report to SRG and arrange targeted presentation timing discussion	August 2026	**Remain open** **1.9.26** Planning feedback reflections and IMTP Presentation, which includes a summary of the learning and seeking a better way of engaging moving forward, added to September 2026 agenda.	
		Actions proposed for Closure at 7.9.26			
8	Helen Stevens-Jones	**S26.31.1 Director's Report** attend Regional Provider Forum to find ways to include lived experience	September 2026	**1.9.26** HSJ attended the forum where the advice was to work with established groups and forums that already have a connection with people with lived experience to seek input/advice on matters rather than appointing an individual to the SRG.	Propose close

		rather than second hand from Forum members.			
9	Pam Wenger	**S24/32 Process of Appointments to SRG.** **S24/32.2** To circulate the ToR in Word format for comment.	Mar 2025	**3.12.24** Circulated ToR to Members for comment. **01.12.25** – PL advised further email is to be shared with members in the coming weeks requesting nominations for Vice Chair **09.01.26** – email for expressions of interest for vice chair shared. Deadline 30.01.26	Proposed close Proposed Close Proposed Close
10	Stuart Keen	**S26.30.1 Health and Well-being Hubs – Verbal Update** Provide health hub designs at next meeting.	Sept 2026	**1.9.26** Added to 7.9.26 agenda	Propose close
		Actions proposed for Closure at 1.6.26			
11	Helen Stevens-Jones	**S26.04.02 Matters Arising and Action Log.** Investigate a possible venue to host a Members' site visit.	April 2026	**Proposed close** **Actioned.** Visit arranged to The North Wales Surgical Centre, Llandudno, 13.5.26	May 2026
12	Peter Lewis	**S25.52.2** Explore use of translation facilities available for use in the meeting	March 2026	**Proposed close.** Translator booked for June and all future meetings.	March 2026
13	Fiona Lewis	**S26.16.1 Review Risks Highlighted in the Meeting for Referral to Risk Management Group.** Remove 'Review Risks Highlighted in the Meeting for Referral to Risk Management Group' from COB.	April 2026	**Proposed close.** 22.4.26 Actioned.	April 2026

Choose an item.

iCAN: Straeon go iawn, Effaith go iawn
iCAN: Real Stories, Real Impact

Date of Meeting	####
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Katie Hender – Senior People's Experience Manager
Lead Executive Team Member name and title	Angela Wood, Executive Director of Nursing and Midwifery

Report Purpose	For Noting

Executive Summary

A patient or carer story is presented to the Stakeholder Reference Group to bring the voice of the people we serve directly into the meeting.

The digital story will be played at the meeting. A short summary of the experience and actions undertaken in response to the story is included in the paper.

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

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

Acronyms / Glossary of Terms

iCAN FINAL v1 CYM.mp4

1. Overview of patient story

The story highlights the life-changing impact of iCAN's community-based mental health support. Through lived experience accounts, individuals describe how early intervention, peer support and accessible community services helped them overcome isolation, build confidence, improve wellbeing and find a renewed sense of purpose. The stories demonstrate the value of co-produced, third-sector delivered support as a key component of a whole-system approach to mental health care.

1.1 Key messages

- iCAN demonstrates the importance of a whole-system approach to mental health support, providing a range of community-based interventions that complement statutory services.
- The third sector is a critical partner in delivering accessible mental health and wellbeing support across North Wales.
- Early intervention and open-access support enable people to receive help before reaching crisis, improving outcomes and reducing pressure on wider services.
- Small, person-centred interventions can have a transformative impact on confidence, independence, social connection and overall wellbeing.
- Co-production with people with lived experience is fundamental to the design and delivery of effective services.
- Peer support helps people feel understood, valued and connected, contributing significantly to recovery and wellbeing.
- Community-based support enables people to build sustainable relationships, routines and opportunities for recovery.

2. Summary of learning and improvement

The stories demonstrate the significant value of providing accessible, community-based mental health support at the earliest possible opportunity. Individuals described improvements in confidence, social connection, independence and wellbeing through early engagement with iCAN services, highlighting the importance of prevention and early intervention approaches.

The experiences reinforce the importance of co-production and peer support in mental health services. Participants valued being supported by individuals who understood their experiences and reported feeling listened to, accepted and empowered. These approaches contribute to recovery-focused support and encourage sustained engagement.

The stories highlight the important role that third-sector partners play within the wider mental health system. Through local delivery, open access and strong community connections, iCAN supports people to remain well, develop resilience and access support before problems escalate. Continued partnership working is essential to sustaining these positive outcomes for individuals and communities across North Wales.

3. Recommendations

3.1 The Meeting is asked to note this report.

ASSESSMENT	
Link to Strategic Priorities	
	4. Improving quality, outocmes and experience
	If more than one applies, please list below: • Creating compassionate culture, leadership, and engagement. • Establishing an effective environment for learning.
Design Principles	People First If more than one applies, please list below: • Consistency with organisational values.
Corporate Risks and Board Assurance Framework	Not Applicable
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies, please list below: • A more equal Wales. • A resilient Wales.

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	Not applicable

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	Not applicable.
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	

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

Strategaeth newydd ar gyfer gofal iechyd yng Ngogledd Cymru
A new strategy for healthcare in North Wales

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ein gweledigaeth

Gogledd Cymru iachach gyda gwell iechyd, lles a mynediad at ofal i bawb.

Our vision

A healthier North Wales with improved health, wellbeing and access to care for all.

Beth ydyn ni'n ei wneud?

- Rhannu'r hyn rydyn ni'n ei wybod hyd yma
- Profi ein meddwl
- Dilysu themâu sy'n dod i'r amlwg
- Nodi bylchau, cyfleoedd a risgiau
- Hysbysu'r camau nesaf

What are we doing?

- Sharing what we know so far
- Testing our thinking
- Validating emerging themes
- Identifying gaps, opportunities and risks
- Inform the next steps

Pam fod angen Strategaeth 10 Mlynedd newydd?

Mae BIPBC yn wynebu heriau sylweddol:

- Galw cynyddol am wasanaethau
- Cynyddu amodau hirdymor Anghydraddoldebau iechyd parhaus
- Pwysau'r gweithlu
- Cyfyngiadau ariannol
- Angen gwell mynediad a phrofiad
- Angen modelau gofal mwy cynaliadwy

Why a New 10-Year Strategy?

BCUHB is facing significant challenges:

- Growing demand for services
- Increasing long-term conditions
- Persistent health inequalities
- Workforce pressures
- Financial constraints
- A need for better access and experience
- Need for more sustainable models of care

Beth ydym eisoes yn ei wybod?

Yn ystod Cyfnod Darganfod rydym wedi edrych ar:

- Ymgysylltiadau cyhoeddus blaenorol
- Adborth gan staff
- Profiadau a phryderon cleifion
- Gwybodaeth gan Llais
- Dadansoddiadau iechyd y boblogaeth
- Gwybodaeth am berfformiad ac ansawdd
- Polisi cenedlaethol a chyfeiriad strategol
- Mewnwelediadau gan ein partneriaid

What do we already know?

During a Discovery Phase we have looked at:

- Previous public engagement
- Staff feedback
- Patient experience and concerns
- Llais intelligence
- Population health analysis
- Performance and quality information
- National policy and strategic direction
- Partner insights

Themâu cyson

Poblogaeth • Poblogaeth sy'n heneiddio • Cynnydd yng nghymthlethdod yr anghenion • Anghydraddoldebau iechyd	**Gwasanaethau** • Galw cynyddol • Heriau mynediad • Profiadau a chanlyniadau amrywiol
Sefydliad • Pwysau ar y gweithlu • Heriau cynaliadwyedd ariannol • Anghenion ystadau a seilwaith	**Y dyfodol** • Cyfleoedd digidol • Angen am atal • Gofal sy'n fwy integredig

Consistent themes

Population • Ageing population • Rising complexity of need • Health inequalities	**Services** • Increasing demand • Access challenges • Variable experiences and outcomes
Organisation • Workforce pressures • Financial sustainability challenges • Estate and infrastructure needs	**Future** • Digital opportunities • Need for prevention • More integrated care

O themâu i Fwriadau Strategol
From themes to Strategic Intentions

Ffocws ar iechyd a lles
Focus on health and wellbeing

Gwella'r broses o gydlynu gofal
Enhance the co-ordination of care

Gwella mynediad, canlyniadau a phrofiad i bawb
Improve access, outcomes and experience for all

Creu system gofal iechyd modern, sy'n canolbwyntio ar bobl
Create a modern, people-centred healthcare system

Ffocws ar iechyd a lles

- Newid o drin salwch i hyrwyddo iechyd
- Cryfhau atal ac ymyrraeth gynnar
- Gweithio gyda chymunedau a phartneriaid
- Mynd i'r afael ag anghydraddoldebau
- Grymuso pobl i gadw'n iach ac yn annibynnol

Focus on health and wellbeing

- Shift from treating illness to promoting health
- Strengthen prevention and early intervention
- Work with communities and partners
- Address inequalities
- Empower people to stay healthy and independent

Gwella'r broses o gydlynu gofal

- Gwell cydlynu i bobl â chyflyrau hirdymor
- Mwy o wasanaethau'n agosach at adref
- Gofal sylfaenol a chymunedol cryfach
- Gwell gweithio mewn partneriaeth
- Llywio haws ar draws gwasanaethau iechyd a gofal

Enhance the co-ordination of care

- Better coordination for people with long-term conditions
- More services closer to home
- Stronger primary and community care
- Improved partnership working
- Easier navigation across health and care services

Gwella mynediad, canlyniadau a phrofiad i bawb

- Mynediad amserol at ofal
- Llwybrau cyson o ansawdd uchel
- Gwell profiad cleifion
- Gwell canlyniadau clinigol
- Gwasanaethau gofal eilaidd cynaliadwy

Improve access, outcomes and experience for all

- Timely access to care
- Consistent high-quality pathways
- Improved patient experience
- Better clinical outcomes
- Sustainable secondary care services

Creu system gofal iechyd modern, sy'n canolbwyntio ar bobl

- Trawsnewid digidol
- Arloesi ac ymchwil
- Gwelliant parhaus
- Lles a datblygiad y gweithlu
- Cynaliadwyedd hirdymor

Create a modern, people-centred healthcare system

- Digital transformation
- Innovation and research
- Continuous improvement
- Workforce wellbeing and development
- Long-term sustainability

Tri Chwestiwn Allweddol

1. Ydych chi'n meddwl ein bod wedi nodi'n gywir yr heriau sy'n wynebu gofal iechyd yng Ngogledd Cymru?

2. A oes gennym y blaenoriaethau eang (Bwriadau Strategol) yn iawn i fynd i'r afael â'r heriau hyn?

3. A oes unrhyw beth ar goll a allai helpu i wireddu'r weledigaeth?

Three Key Questions

1. Do you think we have correctly identified the challenges facing healthcare in North Wales?

2. Have we got the broad priorities (Strategic Intentions) right to address these challenges?

3. Is there anything missing that could help make the vision a reality?

Camau nesaf

Bydd eich adborth:

- Profwch yr hyn rydyn ni wedi'i glywed
- Mireinio ein blaenoriaethau
- Nodi bylchau a chyfleoedd
- Hysbysu'r camau nesaf

Byddwn yn eich diweddaru trwy gydol gyda sawl cyfle i gymryd rhan.

Next steps

Your feedback will:

- Test what we've heard
- Refine our priorities
- Identify gaps and opportunities
- Inform the next steps

We will keep you updated throughout with multiple opportunities to get involved.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Stakeholder Reference Group (SRG) PLANNING UPDATE

Shaping how we plan together

Reflection, learning and the 2027-30 planning approach

The purpose today is not simply to update SRG.

It is to agree how planning can engage SRG earlier, more meaningfully and around the issues that matter most to members.

A conversation about the planning relationship we need - not a presentation at SRG.

Emma Lea, Assistant Director of Corporate Planning (Interim)

What we want to explore with SRG

We have engaged SRG at several points in previous planning cycles but we recognise that we have not yet consistently found the right balance.

01 WHAT MATTERS?

Which parts of planning are most relevant to SRG and where can members add most value?

02 WHEN TO ENGAGE?

At what points in the cycle would earlier SRG involvement be most useful and meaningful?

03 HOW TO ENGAGE?

What format would support genuine dialogue, challenge and influence, rather than simply receiving updates?

OUR ASK TODAY

Help us design a more purposeful role for SRG in the 2027-30 planning cycle.

The aim is clearer relevance, earlier influence and better two-way engagement.

What stakeholders told us, and what it means for SRG

The wider Reflection & Learning review shows progress in engagement, but also reinforces that stakeholder involvement must be earlier, clearer and more connected to decisions.

EARLIER

Engage before options are fixed - not when the plan is nearly complete.

RELEVANT

Be specific about the questions where stakeholder insight can shape the answer.

VISIBLE

Show how feedback has influenced priorities, choices or the planning approach.

TWO-WAY

Create space for discussion and challenge, rather than repeated information updates.

THE LEARNING FOR US

Engagement is most valuable when SRG can influence the thinking - not simply hear the outcome.

How the learning is strengthening our planning maturity

The PMM is useful here as an improvement tool: it helps us test whether learning is becoming embedded in practice, not simply whether a process exists.

1 LISTEN → **2 LEARN** → **3 CHANGE** → **4 EMBED**

1 LISTEN
Stakeholder voice

2 LEARN
Identify what needs to change

3 CHANGE
Adapt approach and tools

4 EMBED
Demonstrate impact

What this means for SRG

- v Earlier engagement is part of improving maturity.
- v We will be clearer about where SRG insight can influence decisions.
- v We need to evidence how stakeholder feedback changes practice.

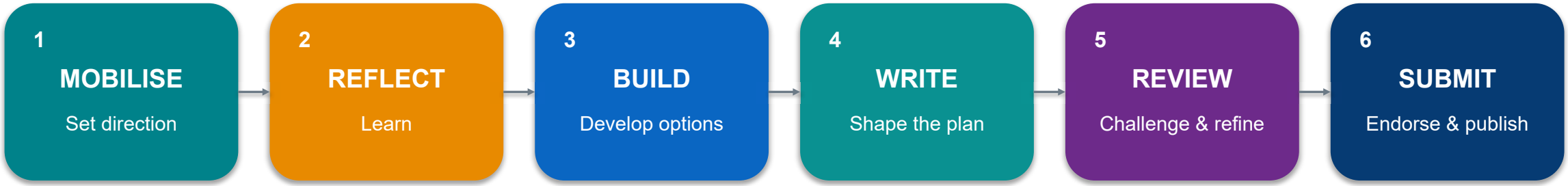
PMM 2026

Headline domain scores are stable, while the evidence base and foundations are stronger.

The next test is sustained impact.

A clearer rhythm - with earlier opportunities for SRG to influence

We are moving from a deadline-led annual exercise to a continuous cycle. The key question for SRG is where engagement would be most useful and influential.



Potential SRG touchpoints for discussion

REFLECT What should we carry forward?

BUILD Where can SRG shape options?

REVIEW Does the emerging plan reflect what matters to stakeholders?

Delivery • Performance • Improvement - continuous throughout the cycle

Help us shape SRG's role in the planning cycle

We would value SRG's view on four practical questions.

1 PRIORITIES

Which planning issues, choices or themes are you most interested in?

2 TIMING

When in the planning cycle would your involvement be most useful?

3 FORMAT

What would make engagement meaningful - workshops, focused questions, short papers, other approaches?

4 FEEDBACK LOOP

How should we show what we heard and what changed as a result?

Success = SRG involvement is timely, relevant and visibly connected to planning decisions.

Thank you - and any questions?

The next step is to turn today's discussion into a clearer approach to SRG engagement for the 2027-30 planning cycle.

Earlier • More relevant • More two-way • Clearer feedback

Listening. Learning. Improving Together.

IMTP 2026-29 Reflection and Learning Report

Final Report - July 2026

Foreword

The completion of each planning cycle provides an important opportunity not only to reflect on what has been achieved, but also to strengthen the way we plan, collaborate and deliver services for the people of North Wales.

This report captures the collective learning from the 2026-29 planning cycle, bringing together the experiences and insights of colleagues, partners and stakeholders from across the Health Board and wider partners. It highlights both the progress we have made and the opportunities to further strengthen our planning arrangements as we look ahead to the next planning cycle.

One of the clearest messages emerging from this review is that effective planning is not defined solely by the production of a plan. It is built on a culture of collaboration, integration and continuous improvement. The commitment shown by colleagues throughout this review reflects a shared ambition to make planning a year-round organisational discipline that supports better decision-making, stronger organisational alignment and improved outcomes for the communities we serve.

Importantly, the learning captured through this review is already informing the refresh of the Planning Maturity Matrix and will be reflected in the updated Integrated Planning Framework. It is important that we demonstrate our commitment to ensure that reflection and learning captured leads to meaningful action and that organisational learning is embedded within the way we plan.

I would like to thank everyone who contributed to this review through workshops, governance discussions, stakeholder engagement and the online questionnaire. Your openness, constructive challenge and willingness to share your experiences have been invaluable in shaping the next phase of our planning journey.

As we begin embark on the 2027-30 planning process, we have a strong foundation on which to build. This report marks an important transition from reflection to action and provides a clear direction for continuing to strengthen planning maturity, continuous organisational learning and integrated planning across the Health Board.

The true measure of effective planning is not the production of a plan, but the organisation's ability to learn, adapt and improve through the planning process.

Emma Lea
Assistant Director of Corporate Planning ***(Interim)***
Betsi Cadwaladr University Health Board

Table of Contents

Report Authors: Emma Lea, Assistant Director Of Corporate Planning
Janerose Buyiekha, Corporate Planning Manager

Report Date: July 2026

List of Abbreviations

Abbreviation	Definition
BCUHB	Betsi Cadwaladr University Health Board
EHRC	Equality and Human Rights Commission
HPF	Healthcare Professional Forum
IHC	Integrated Health Community
IMTP	Integrated Medium-Term Plan
IPF	Integrated Planning Framework
LPF	Local Partnership Forum
PFIG	Performance, Finance and Information Governance Committee
PMM	Planning Maturity Matrix
PPHP	Planning, Population Health and Partnership Committee
RPB	Regional Partnership Board
SPSCG	Strategic Planning and Service Change Group
SRG	Stakeholder Reference Group
WG	Welsh Government

List of Figures

List of Tables

1. Why this Review Matters

Planning is fundamental to the Health Board's ability to deliver safe, sustainable and high-quality healthcare services. More than a statutory requirement, the Integrated Medium-Term Plan (IMTP) provides the mechanism through which national priorities, organisational ambitions and local service delivery are brought together within a single strategic framework. The Health Board was not able to submit an approvable (financially balanced) IMTP, however it did submit a 3 Year Plan (2026-29).

The development of the 3 Year Plan - 2026-29 took place during a period of considerable challenge. Financial pressures, evolving national policy, changing planning guidance and increasing operational demand required services to respond quickly while maintaining focus on long-term strategic priorities. Despite these challenges, colleagues from across the organisation demonstrated a strong commitment to delivering a credible plan that reflected both national expectations and local priorities.

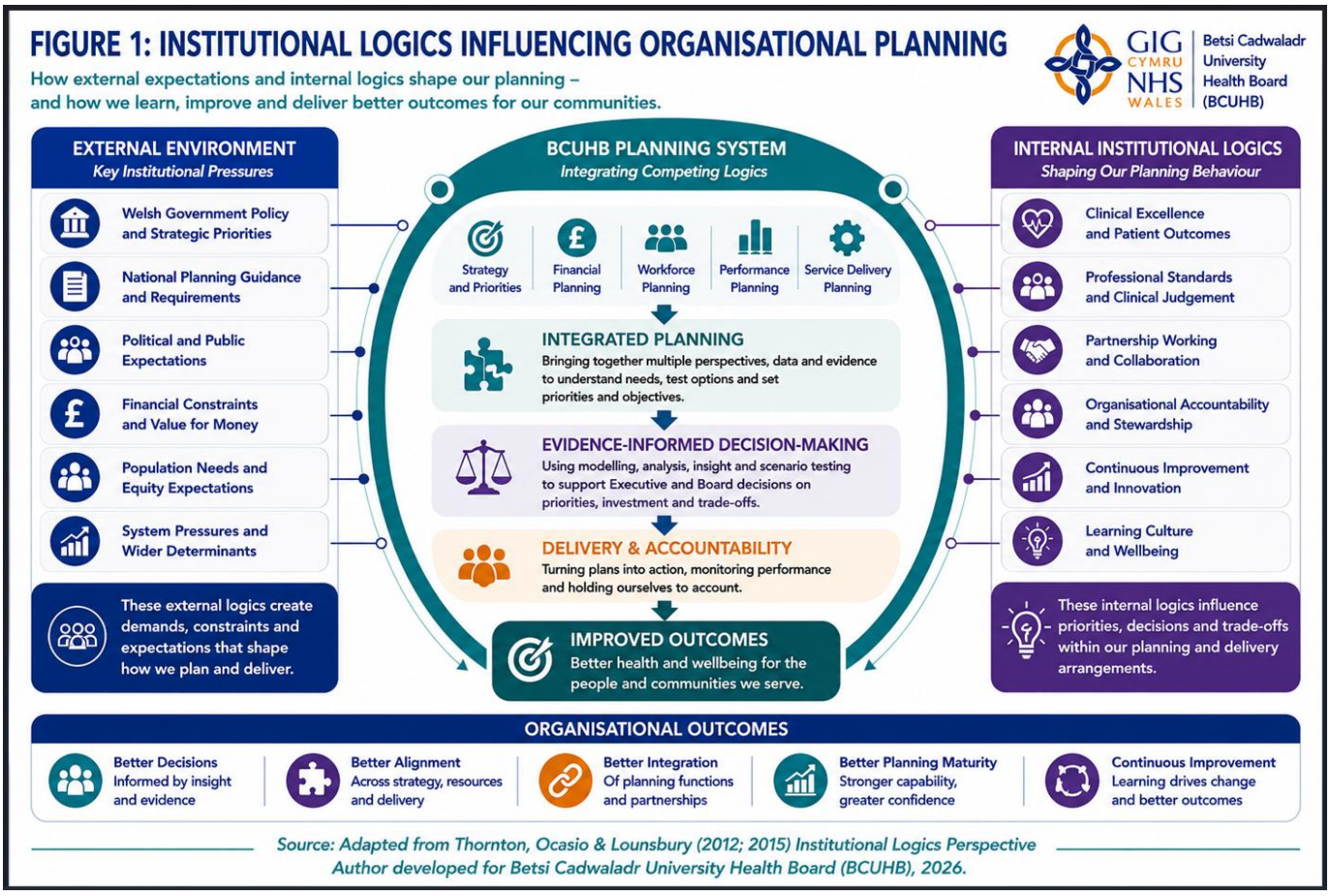
Completion of the planning cycle provided an important opportunity to pause and reflect on the process itself. Rather than simply evaluating the final document, this review sought to understand how planning was experienced across the organisation, what worked well, where challenges were encountered and, most importantly, how learning could be translated into practical improvements for future planning cycles.

This review also forms part of a broader programme of planning improvement. Its findings complement the ongoing refresh of the Planning Maturity Matrix (**PMM**) Self-Assessment and the Integrated Planning Framework (**IPF**), providing a shared evidence base to strengthen planning capability, integration and organisational maturity. Together, these programmes reinforce the Health Board's ambition to embed planning as a continuous organisational discipline rather than an annual exercise driven by statutory deadlines.

Ultimately, this report is not simply about reviewing the planning process leading to the development of the 3 Year Plan 2026-29 (**the Plan**). It is about strengthening how the organisation plans, collaborates and delivers its planning in the future. By capturing learning from colleagues, partners and stakeholders, the report provides a practical foundation for improving the planning process and supporting development of the 2027-30 Plan.

Figure 1 illustrates the organisational context within which planning takes place. It demonstrates how external policy expectations, organisational priorities and professional perspectives shape planning decisions, and how integrated planning provides the mechanism for balancing these competing influences. This context underpins the reflection and learning presented throughout this report and provides the foundation for strengthening future planning arrangements.

Figure 1: Institutional Logics Influencing Organisational Planning ***(the context)***



The findings presented in this report demonstrate how these organisational influences are experienced in practice and how they can be translated into practical improvements that strengthen integrated planning and organisational planning maturity.

2. Our Approach

This review was designed to capture organisational learning from across the Health Board and ensure that the experiences of colleagues, partners and stakeholders informed future planning arrangements. Rather than relying on a single engagement event, the review adopted an iterative approach that combined structured reflection, governance engagement and stakeholder feedback throughout the planning cycle.

The approach was underpinned by four key principles:

- **Inclusive** - seeking feedback from colleagues, partners and governance groups representing a broad range of services and professional perspectives.
- **Evidence-informed** - drawing together multiple sources of qualitative feedback to identify consistent organisational themes.

- **Iterative** - refining findings through ongoing engagement, governance discussion and Executive review.
- **Improvement-focused** - translating organisational learning into practical actions that strengthen planning capability, integration and future IMTP/Plan development.

This approach ensured that the findings presented in this report reflect a broad organisational consensus and provide a robust evidence base for continuous planning improvement.

How We Listened

The Reflection and Learning review was designed to capture learning from across the organisation rather than from a single engagement event. A programme of engagement was undertaken to gather a broad range of perspectives from colleagues involved in developing, supporting and ultimately delivering the Plan.

Feedback was received from representatives across Public Health, Mental Health, Equality, Performance, Workforce, Integrated Health Communities (IHCs), Palliative Care, operational services, corporate functions, planning leads and partner organisations. The review was further informed by Welsh Government Rapid Assessment feedback, Welsh Government feedback on the 2025 Planning Maturity Matrix (PMM) Self-Assessment, and NHS Wales Performance and Improvement assurance. Together, these internal and external perspectives strengthened the review by informing the assessment of organisational planning capability, identifying opportunities for improvement, and ensuring the findings reflected both organisational experience and external assurance.

Learning was gathered through existing governance and partnership arrangements, including, the East IHC Performance, Finance and Investment Group (29 April 2026), Local Partnership Forum (5 May 2026), Regional Partnership Board (8 May 2026), Stakeholder Reference Group (1 June 2026) and Healthcare Professional Forum (5 June 2026). A dedicated Reflection & Learning Event held on 15 May 2026 provided the principal opportunity for structured discussion, supported by an online questionnaire that enabled colleagues unable to attend to contribute their views.

The review continued to evolve beyond the initial engagement activity. Emerging findings informed the Planning Maturity Matrix refresh workshop held on 24 June 2026, where they were tested against the organisation's assessment of planning maturity. The draft report was subsequently considered by the (PPHP) Group on 2 July 2026, where Executive discussion reinforced the emerging themes and highlighted additional strategic considerations. This final report brings together learning from all stages of that engagement process for consideration by SPSCG on 27 July 2026.

This iterative approach ensured that the review reflects a broad organisational consensus rather than the views of a single group or event. By seeking feedback throughout the planning cycle and validating emerging findings through successive governance and stakeholder forums, the Health Board has developed a comprehensive evidence base to inform future planning improvements. This approach also demonstrates the organisation's commitment to embedding continuous learning within its planning arrangements.

Table 1 summarises the programme of engagement undertaken and illustrates how learning was gathered, refined and validated through a range of organisational and partnership forums before informing this final report.

Table 1: Programme of Engagement and Organisational Learning

Date	Engagement Activity	Purpose
29 April 2026	East IHC Performance, and Information Governance (PFIG)	Initial reflections on the planning process and opportunities for improvement.
5 May 2026	Local Partnership Forum (LPF)	Staff-side and organisational feedback on the planning process.
8 May 2026	Regional Partnership Board (RPB)	Partner perspectives on planning, integration and collaboration.
15 May 2026	IMTP Reflection & Learning Event	Organisation-wide facilitated workshop to identify strengths, challenges, priorities and improvement actions.
15 May - July 2026	Online Questionnaire	Captured additional reflections from colleagues unable to attend the workshop and validated emerging themes.
1 June 2026	Stakeholder Reference Group (SRG)	Further stakeholder feedback and refinement of emerging learning.
5 June 2026	Healthcare Professional Forum (HPF)	Clinical and professional perspectives on planning improvements and organisational learning.
24 June 2026	Planning Maturity Matrix (PMM) Refresh Workshop	Tested and validated the findings against the organisation's Planning Maturity Matrix Self-Assessment, confirming strong alignment with planning maturity themes.
2 July 2026	Planning, Population Health and Planning (PPHP) Committee	Reviewed the draft report and confirmed the overall direction of travel, with Executive feedback incorporated into the final report.
27 July 2026	Strategic Planning & Service Change Group (SPSCG)	Consideration of the final report and endorsement of the Planning Improvement Programme.

The breadth and sequence of engagement demonstrate that the findings presented in this report were developed progressively rather than through a single event. Feedback was continually tested, refined and validated through governance groups, stakeholder engagement and Executive discussion, providing confidence that the improvement priorities reflect a broad organisational consensus.

3. What We Heard

The review generated a rich and consistent body of feedback from colleagues across the Health Board and partner organisations. Although experiences varied between services, there was a remarkable level of agreement regarding both the strengths of the 2026-29 planning process and the opportunities for improvement. Similar messages emerged through governance discussions, stakeholder engagement, the Reflection & Learning Event, the online questionnaire and subsequent Executive review, providing confidence that the findings reflect a balanced organisational perspective.

Overall, colleagues recognised the significant progress made in strengthening planning arrangements. The professionalism, responsiveness and accessibility of the Corporate Planning Team were widely acknowledged, alongside the commitment demonstrated by colleagues across

the organisation in developing the Plan despite compressed timescales, competing priorities and a challenging external environment.

One of the most consistently cited successes was the re-introduction and re-framing of regular Planning Huddles. Participants described these sessions as improving communication, increasing visibility of progress and creating valuable opportunities to share learning, resolve issues and support colleagues across services and professional groups. Many also recognised improvements in the quality and presentation of the final Plan, highlighting clearer language, stronger visual presentation and greater involvement of Integrated Health Communities (IHCs) and clinical teams.

Alongside these positive developments, colleagues identified several recurring challenges. The most significant related to the timing of the planning cycle, with activity becoming concentrated towards the latter part of the year following publication of national planning guidance. This compressed timetable reduced opportunities for meaningful engagement, quality assurance and integration across planning functions.

Participants also highlighted the need to simplify planning processes and reduce duplication. Multiple templates, repeated requests for information and parallel reporting arrangements were seen as increasing administrative burden without always adding value. There was strong support for clearer guidance, standardised documentation and greater use of digital solutions to improve efficiency.

A further theme was the need to strengthen integration across planning, finance, workforce, performance and operational delivery. Many colleagues felt that planning continued to operate in organisational silos, limiting opportunities to develop genuinely integrated plans supported by shared evidence, common priorities and aligned delivery arrangements.

The review also identified opportunities to strengthen governance, clarify roles and improve organisational understanding of the planning process. Participants emphasised the importance of establishing clear expectations earlier in the planning cycle, strengthening Executive feedback loops and improving understanding of the purpose of the Plan and its relationship with local operational plans. There was a strong view that planning should become more visible across the organisation, supported by greater education, capability development and shared ownership.

Finally, colleagues drew attention to the growing impact of reporting requirements and capacity pressures, particularly for those coordinating delivery across multiple services and Integrated Health Communities. There was broad agreement that reporting arrangements should be proportionate, supported by digital tools and focused on providing meaningful assurance rather than creating unnecessary administrative burden.

Taken together, the feedback presents an organisation that values collaboration, recognises the progress already made and is committed to continuously improving the way it plans, collaborates and delivers services. While experiences differed across teams, the consistency of the messages demonstrates a shared ambition to strengthen integrated planning, simplify processes and build greater organisational capability.

Figure 2 captures this collective organisational voice, bringing together the experiences, reflections and aspirations shared throughout the review. It illustrates the themes that emerged most consistently across stakeholder engagement, governance discussions, the Reflection & Learning Event and the online questionnaire.

Figure 2: The Voice of Our People (the evidence)

Figure 2 brings together the collective voice of colleagues and partners who contributed to the review. The quotations reflect consistent themes emerging from stakeholder engagement, governance discussions, the Reflection & Learning Event and the online questionnaire, highlighting both the strengths of the current planning process and the opportunities to strengthen future planning arrangements.

What These Voices Tell Us

The collective voice presented in Figure 2 highlights a remarkable level of consistency in the experiences shared throughout the review. While individual perspectives reflected different roles and services, common themes emerged across all engagement activities. These centred on the need for continuous planning, stronger organisational integration, clearer governance, simpler processes and greater shared ownership of planning across the Health Board.

Collectively, these reflections move beyond individual observations to provide a clear evidence base for organisational learning. The recurring themes presented by colleagues and partners form the foundation for the learning identified in the following section and the improvement priorities that will inform future planning arrangements.

4. What We Learnt

The feedback gathered through this review extended beyond individual observations and identified a series of consistent organisational learning themes. These themes reflect the issues most frequently raised across stakeholder engagement, governance discussions, the Reflection & Learning Event, the online questionnaire and Executive review. Together, they provide a clear evidence base for strengthening planning maturity and informing future IMTP/Plan development.

Table 2: Organisational Learning Themes

Organisational Learning	What we heard	What this means for future planning
Continuous Planning	Planning remains concentrated towards the end of the cycle.	Planning should become a continuous organisational process, supported by earlier engagement and iterative review.
Integrated Planning	Greater alignment is required between planning, finance, workforce, performance and operational delivery.	Planning should be coordinated through a single integrated framework that supports organisational decision-making.
Simplification	Colleagues experienced duplication, multiple templates and repeated information requests.	Simplifying documentation, guidance and reporting will improve efficiency and reduce administrative burden.
Capability and understanding	Variable understanding of planning processes, terminology and the purpose of the IMTP.	Investment in planning capability, education and shared ownership will strengthen planning maturity across the organisation.
Digital Enablement	Participants identified opportunities to improve technology, reporting and information management.	Digital solutions should support planning, collaboration and assurance while reducing manual processes.
Leadership and Governance	Clearer ownership, stronger Executive feedback and more consistent governance were requested.	Effective governance, timely decision-making and visible leadership are essential to successful integrated planning.

Collectively, these themes demonstrate that strengthening planning maturity is not solely about producing a stronger plan. It requires continued investment in planning capability, integrated working, effective governance and continuous organisational learning.

Executive Reflection

The emerging learning themes were subsequently considered by the Planning, Population Health and Partnership (PPHP) Committee on 2 July 2026. Executive discussion supported the findings of the review, highlighting the importance of strengthening Executive ownership throughout the planning cycle, improving alignment between planning, finance, workforce and performance, simplifying organisational processes and ensuring that planning is supported by robust delivery plans, proportionate governance and effective feedback mechanisms.

The close alignment between stakeholder feedback and Executive discussion provides confidence that the priorities identified in this report reflect both operational experience and strategic organisational priorities.

5. Turning Learning into Improvement

The purpose of this review was not simply to reflect on the 2026-29 planning cycle, but to ensure that organisational learning is translated into meaningful and sustainable improvement.

Throughout the engagement process, colleagues focused on practical solutions rather than simply identifying challenges, demonstrating a shared commitment to strengthening planning arrangements across the Health Board.

At a broad level, the review reinforces that planning maturity is not achieved through the production of a stronger Plan alone. It depends upon developing the people, processes, governance, technology and organisational culture that enable integrated planning and effective delivery.

By embedding reflection within routine planning practice, continuous organisational learning becomes part of an ongoing cycle of improvement rather than a one-off exercise undertaken at the end of each planning cycle. This supports improvements to the way planning is undertaken across the organisation.

Figure 3 illustrates how the learning captured through this review is being translated into practical improvement. It provides a clear visual representation of the relationship between organisational reflection, the learning that emerged from the review and the continuous improvement activities that will strengthen future planning arrangements.

Many of these improvements are already being progressed, for example the establishment of a Continuous Planning Cycle. The findings from this review have informed the refresh of the Planning Maturity Matrix (PMM), and collectively will lead to the review of the Integrated Planning Framework (IPF), which in turn will inform the Planning Guidance and Tools to support the next planning cycle. Together, these initiatives provide a coordinated approach to strengthening planning capability, integration and governance across the Health Board.

It is important to note that external influences, including the timing of national planning guidance, allocation notices and Remit Letters, are not within our gift to influence and are likely to continue to be received at the end of the planning process, requiring unavoidable realignment work in the late stages of the plan development.

Table 3 summarises the priority themes that will guide improvements to the planning process

Table 3: Planning improvement Priority Themes

Priority Theme	Improvement Focus	Current Status
Planning Capability	Continue developing planning knowledge, capability and collaborative working through Planning Huddles, PMM workshops and targeted engagement.	In Progress
Integrated Planning	Refresh the Integrated Planning Framework to strengthen alignment between strategic, operational, workforce, financial and performance planning.	In Progress
Planning Processes	Simplify planning templates, guidance and reporting arrangements to reduce duplication and improve consistency.	In Progress
Digital Planning	Continue development of the Planning Portal and supporting digital tools to improve collaboration, visibility and reporting.	In Progress
Continuous Learning	Establish a Reflection & Learning Log to capture learning, monitor progress and inform future planning cycles.	**New**

Adopting ‘continuous learning’ as part of our ‘continuous planning cycle’ will enable the organisation to apply real time learning within the planning cycle, supporting planning to remain dynamic and ‘live’.

Linking learning to planning maturity

A key outcome of this review is the strong alignment between the organisational learning themes and the findings emerging from the Planning Maturity Matrix (PMM) refresh. Both identified the need for continuous planning, stronger organisational integration, clearer governance, enhanced capability and greater use of digital solutions.

The refresh of the Integrated Planning Framework (IPF) will provide the mechanism for embedding these improvements within routine planning practice. Together, the PMM and IPF provide a coherent framework for strengthening planning maturity and supporting future IMTP/Plan development.

6. Looking Ahead and Sustaining Continuous Improvement

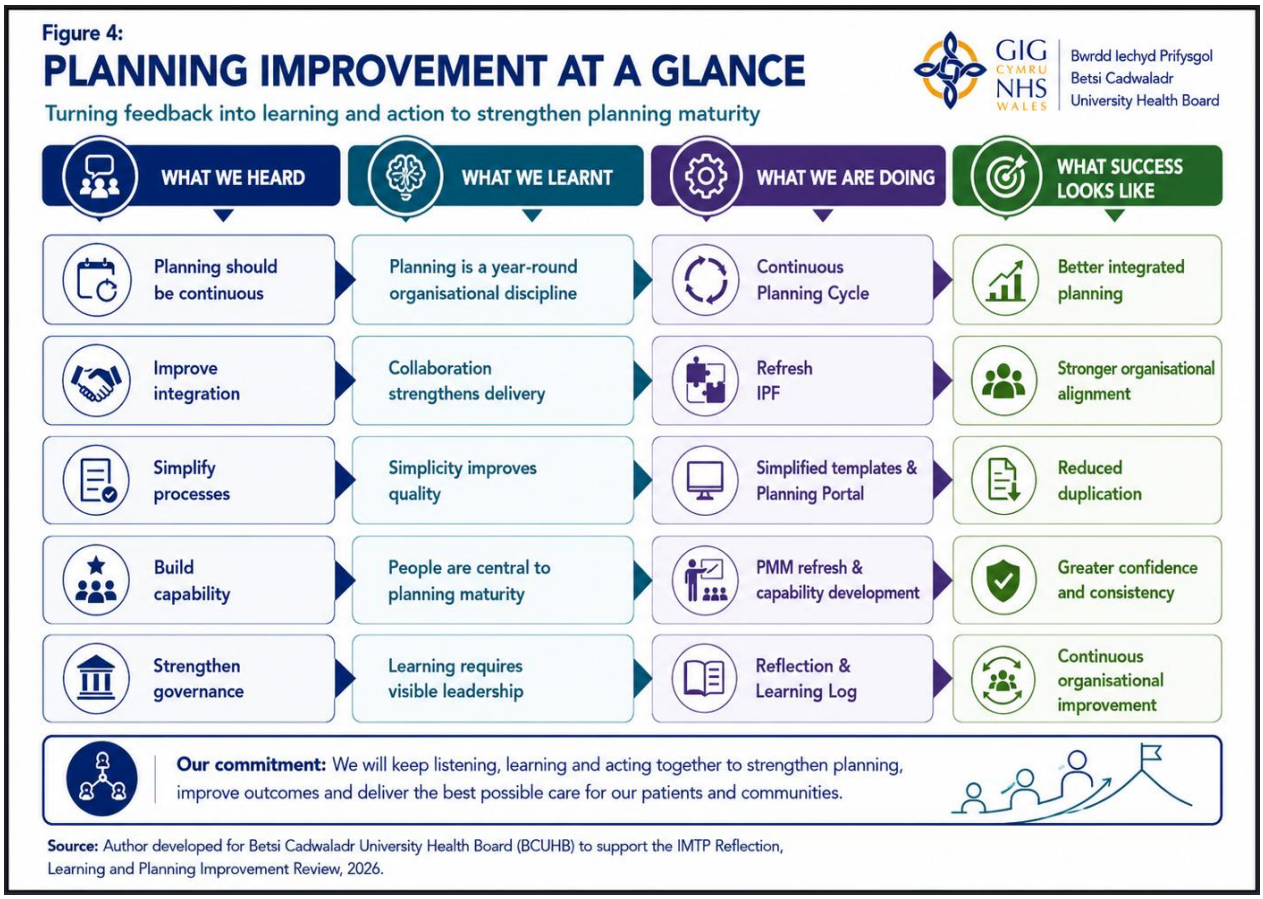
The 2026-29 Reflection & Learning review demonstrates that the Health Board has continued to strengthen its approach to integrated planning. While the review identified opportunities to improve planning processes, governance and organisational alignment, it also recognised the progress achieved through stronger collaboration, improved engagement and greater organisational ownership of planning.

The challenge now is to maintain this momentum. Continued success will depend upon sustained collaboration, visible leadership, proportionate governance and a shared commitment to continuous organisational learning. By embedding reflection within routine planning activity, the

Health Board will continue to strengthen planning maturity and support the delivery of safe, effective and sustainable services.

Figure 4 provides a clear line of sight between organisational feedback, learning and improvement. It illustrates how the Health Board is translating reflection into practical action, strengthening planning maturity and supporting delivery of the 2027-30 plan and future planning cycles.

Figure 4 - From Feedback to Improvement (the roadmap)



7. Closing Statement

This review demonstrates that effective planning is strengthened through collaboration, reflection and a shared commitment to continuous improvement. The experiences and perspectives captured throughout the review have already informed the refresh of the Planning Maturity Matrix and will support a review and update of the Integrated Planning Framework. A Continuous Planning Cycle has been established and implemented and will form the basis of the Planning Guidance supporting the 2027-30 planning cycle.

The review also marks an important transition from reflection to implementation. By embedding continuous organisational learning within routine planning practice, the Health Board is well placed to build on the progress made during the IMTP 2026-29 planning cycle and continue strengthening planning capability, organisational maturity and the delivery of high-quality, sustainable services for the people of North Wales.

8. Taking Learning Foward

The findings of this review will be taken forward through the Health Board's Planning Improvement Programme to strengthen organisational planning capability and support continuous improvement.

The key areas of focus are:

1. **Refresh the Planning Maturity Matrix (PMM)** to reflect organisational learning, Welsh Government feedback and agreed improvement actions.
2. **Review and update the Integrated Planning Framework (IPF)** to strengthen the alignment of strategic planning, governance and delivery.
3. **Embed the Continuous Planning Cycle** as the routine approach to planning, ensuring that learning, engagement and improvement continue throughout the year rather than being concentrated within the annual IMTP process.
4. **Maintain the BCUHB Continuous Planning Learning Log** to capture organisational learning, monitor improvement actions and inform future planning guidance and development.
5. **Continue to develop planning capability** through ongoing engagement, Planning Huddles, collaborative learning and the sharing of good practice across the organisation.

Through these actions, the Health Board will continue to strengthen organisational planning maturity, enhance evidence-informed decision-making and embed continuous learning, ensuring that planning remains responsive to the needs of the organisation and the people of North Wales.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Grŵp Cyfeirio Rhanddeiliaid

ADRODDIAD Y CYFARWYDDWR

Dyddiad y Cyfarfod **Date of Meeting**	01 September 2026
Statws Cyhoeddi **Publication Status**	Agored/ Cyhoeddus Dewiswch eitem.
Enw a theitl Awdur(on) yr Adroddiad **Report Author(s) name and title**	Helen Stevens-Jones, Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Helen Stevens-Jones, Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu

Pwrpas yr Adroddiad **Report Purpose**	I'w Nodi

Crynodeb Gweithredol **Executive Summary**
Mae'r adroddiad hwn gan Uwch Swyddog Cyfrifol y Grŵp Cyfeirio Rhanddeiliaid yn rhoi trosolwg o brif weithgarwch, cynnydd a phroblemau'r Bwrdd Iechyd. Mae'n ymdrin â'r cyfnod rhwng mis Mehefin 2026 a mis Medi 2026.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
BIPBC	Bwrdd Iechyd Prifysgol Betsi Cadwaladr

ADRODDIAD Y CYFARWYDDWR

1. SEFYLLFA

1.1 PWRPAS

Mae'r adroddiad hwn gan Uwch Swyddog Cyfrifol y Grŵp Cyfeirio Rhanddeiliaid yn rhoi trosolwg o brif weithgarwch, cynnydd a phroblemau'r Bwrdd Iechyd. Mae'n cwmpasu'r cyfnod rhwng mis Mawrth 2026 a mis Mehefin 2026.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Adolygiad dan Arweiniad Da

Yn ystod yr haf, cyhoeddodd Llywodraeth Cymru ei bod yn comisiynu adolygiad annibynnol dan arweiniad da o strategaeth, diwylliant, arweinyddiaeth, llywodraethu a threfniadau atebolrwydd y Bwrdd Iechyd. Mae'r adolygiad wedi dechrau bellach a disgwylir adroddiad erbyn diwedd mis Hydref 2026. Mae'r panel yn cynnwys tîm o arweinwyr annibynnol profiadol iawn y GIG, gan gynnwys cyn Gyfarwyddwr Meddygol Cenedlaethol GIG Lloegr a chyn arweinwyr meddygol, gweithlu a gwella cenedlaethol, a chyn brif weithredwyr sefydliadau mawr y GIG:

- Dr Kathy McLean (Cadeirydd)
- Yr Athro Syr Stephen Powis
- Y Fonesig Alwen Williams
- Yr Athro Em Wilkinson-Brice
- Dr Pamela Johnston

Bydd Panel Cyfeirio Arbenigol Cymru yn cefnogi'r panel adolygu, a bydd yn darparu cyngor arbenigol a chyd-destun ar bolisi, llywodraethu a rheoleiddio GIG Cymru.

Ochr yn ochr â hyn, mae Perfformiad a Gwella GIG Cymru yn rhoi cymorth ar unwaith mewn pedwar maes blaenoriaeth; perfformiad gweithredol, ansawdd a diogelwch, cynllunio'r gweithlu ac adferiad ariannol. Y nod yw cryfhau gwasanaethau ymhellach, gwella gofal cleifion a chefnogi taith gynnydd tymor hirach y Bwrdd Iechyd.

2.2 Ymgysylltu ar ddyfodol gwasanaethau yn ysbytai Penley a Thywyn

Mae ymgynghoriad Ysbyty Cymunedol Penley bellach ar y gweill ac mae'n cynnwys sesiynau galw heibio a chyfarfodydd cymunedol i geisio barn ar yr opsiynau sydd wedi cael eu datblygu ar gyfer defnyddio'r safle a'r gwasanaethau yn yr ardal yn y dyfodol. Mae ymgysylltu hefyd yn parhau yn Nhywyn ynghylch dyfodol gwasanaethau yn ysbyty'r dref sydd wedi golygu ceisio casglu barn trigolion drwy gydol y flwyddyn a'r haf.

2.3 Buddsoddi mewn staff Adrannau Achosion Brys

Mae'r Bwrdd wedi cymeradwyo buddsoddiad rheolaidd ychwanegol o hyd at £6.6m ar gyfer meddygon, nyrsys a gweithwyr cymorth gofal iechyd parhaol ar draws ein tair Adran Achosion Brys. Bydd y buddsoddiad sylweddol hwn yn lleihau'r ddibyniaeth ar staff banc, locwm ac asiantaeth, gan sicrhau gweithlu sefydlog, medrus sydd â digon o adnoddau i reoli'r galw'n ddiogel, darparu asesiadau a thriniaethau mwy amserol, a darparu gofal gydag urddas. Bydd y buddsoddiad hanfodol hwn yn helpu i sefydlogi tair Adran Achosion Brys Gogledd Cymru, wrth i'r Bwrdd Iechyd barhau i weithio gyda phartneriaid ar draws y system iechyd a gofal cymdeithasol i fynd i'r afael â heriau sylfaenol y llif cleifion cyfyngedig a'r capasiti cyfyngedig, sy'n parhau i fod yn brif achosion amseroedd aros hir, oedi wrth drosglwyddo ambiwlansys, a gorlenwi mewn Adrannau Achosion Brys.

2.4 Rhaglen frechu Llid yr Ymennydd B

Mae dros 3,000 o bobl ifanc o bob cwr o Ogledd Cymru wedi cynyddu eu hamddiffyniad rhag llid yr ymennydd B ers i ni lansio ein hymgyrch frechu ddiwedd mis Gorffennaf. Mae'r brechlyn yn cael ei gynnig yr haf hwn i bobl ifanc 17 a 18 oed (a anwyd rhwng 1 Medi, 2007 a 31 Awst, 2008) ac unrhyw un dan 25 oed a fydd yn dechrau cwrs prifysgol neu goleg preswyl am y tro cyntaf yn ddiweddarach eleni.

2.5 Datblygiad Ysbyty Brenhinol Alexandra

Mae gwaith paratoi wedi dechrau ar safle Ysbyty Brenhinol Alexandra yn y Rhyl. Mae hyn yn cynnwys gosod cyfleusterau lles a gorffwys ar gyfer contractwyr sy'n gweithio ar y safle. Disgwylir i'r gwaith adeiladu newydd gwerth £33m gael ei gwblhau yn 2027. Dyma gam cyntaf buddsoddiad ehangach o £60m, a disgwylir i'r adeilad newydd gael ei gwblhau yn 2027. Bydd achos busnes ar wahân ar gyfer cam dau, i ailddatblygu a gwella'r ysbyty presennol, yn cael ei gyflwyno gan y Bwrdd Iechyd.

3. Dathlu gwaith BIPBC – uchafbwyntiau ychwanegol

- Mae cleifion sy'n aros am lawdriniaethau ar y geg ledled Gogledd Cymru yn cael mynediad cyflymach at ofal diolch i ddull newydd sy'n helpu i leihau amseroedd aros a gwella profiad cyffredinol cleifion. Mae rhai llawdriniaethau ar y geg sydd angen anesthetig cyffredinol o brif theatrau ysbytai bellach yn cael eu cynnal yn Nhŷ Nerys, cyfleuster pwrpasol i gleifion allanol ar safle Ysbyty Glan Clwyd. Mae'r newid yn galluogi mwy o gleifion i gael eu trin mewn amgylchedd tawelach a mwy hamddenol tra'n lleihau'r risg o ganslo triniaethau a achosir gan bwysau ar wasanaethau ysbyty aciwt.
- Mae'r gwasanaeth Newydd Galwad am Bryder bellach ar waith. Mae'r gwaith o gyflwyno hyn ar draws ein hysbytai aciwt yn manteisio ar lwyddiant y gwasanaeth yn Ysbyty Gwynedd, lle mae Galwad am Bryder wedi bod yn cefnogi cleifion, teuluoedd a staff dros y pum mlynedd diwethaf. Bydd cyflwyno

hyn yn rhoi llwybr uniongyrchol i bobl ofyn am adolygiad clinigol brys os ydynt yn dal i boeni ar ôl siarad â'r tîm clinigol.

- Dathlodd y tîm Meddygaeth Aciwt yn Wrecsam garreg filltir wrth i Dr Munzir Malik, Cofrestrydd Meddygaeth Aciwt, ddod yn oruchwyliwr achrededig cyntaf yng Nghymru i dynnu hylif o'r meingefn gyda chymorth uwchsain. Mae'r cyflawniad hwn yn cryfhau arbenigedd clinigol ac arloesedd sy'n canolbwyntio ar y claf, wedi'i gefnogi gan ddefnyddio uwchsain yn y man lle rhoddir gofal - techneg delweddu wrth ymyl y gwely sy'n arwain gweithdrefnau mewn amser real.
- Cafwyd sylw cadarnhaol yn y cyfryngau am gydweithio effeithiol yn Wrecsam rhwng PBC a staff gofal cymdeithasol i helpu pobl sy'n barod i adael yr ysbyty i wneud hynny heb oedi diangen. Mae llwyddiant Gwasanaeth Ailalluogi Wrecsam yn tynnu sylw at werth gwaith partneriaeth cryf rhwng gofal cymdeithasol i oedolion a gwasanaethau iechyd, gan wella canlyniadau i breswylwyr ar yr un pryd â rhyddhau capasiti ysbytai.
- Penodwyd Dr Geeta Kumar, Obstetregydd a Gynaecolegydd Ymgynghorol, Arbenigwr Menopos ac Arweinydd Gwasanaethau Menywod yng Ngogledd Cymru, yn Swyddog Urdd yr Ymerodraeth Brydeinig yn Anrhydeddau Pen-blwydd Ei Fawrhydi y Brenin 2026, i gydnabod ei gwasanaethau rhagorol i iechyd menywod.
- Mae agwedd arloesol tuag at rowndiau ward yn Ysbyty Abergele yn helpu cleifion orthopedig i gael adolygiadau amserol gan ymgynghorwyr yn dilyn llawdriniaeth, gan eu cefnogi i ddychwelyd adref yn ddiogel ac yn gynharach. Mae tîm orthopedig Ysbyty Abergele wedi bod yn defnyddio technoleg Attend Anywhere i gynnal rowndiau ward rhithwir dros y ddwy flynedd ddiwethaf, gan alluogi ymgynghorwyr i ddefnyddio gliniadur neu iPad ar y ward i siarad yn uniongyrchol â chleifion ac adolygu eu hadferiad. Mae'r dechnoleg, sy'n cael ei defnyddio'n aml i gefnogi ymgynghoriadau rhithwir mewn gofal sylfaenol a chymunedol, yn caniatáu i gleifion weld a siarad â'u hymgynghorydd y bore ar ôl eu llawdriniaeth, gydag uwch nyrs brofiadol yn bresennol i gynnal yr asesiad clinigol.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	 1. Creu sefydliad effeithiol
	Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:
Yr Egwyddorion Dylunio **Design Principles**	Pobl yn Gyntaf Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Mae llawer o'r themâu a amlygir yn y papur hwn yn cyd-fynd yn uniongyrchol â'r risgiau presennol ar Fframwaith Sicrwydd y Bwrdd Iechyd a'r Gofrestr Risgiau Corfforaethol (CRR). Mae'r rhain yn cynnwys risgiau sy'n ymwneud â mynediad amserol ac amseroedd aros, ansawdd a diogelwch gofal, cadernid y gweithlu, anghydraddoldebau iechyd, ac enw da/hyder y cyhoedd. Mae'r adborth gan ddinasyddion a gyflwynir yma yn atgyfnerthu meysydd sydd eisoes wedi'u nodi fel risgiau strategol ac yn darparu rhagor o dystiolaeth i lywio mesurau lliniaru a sicrwydd.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Cymru Iachach
	Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Nid oes angen Asesiad o'r Effaith ar Gydraddoldeb ar gyfer y papur hwn.

Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do / Yes: ☐	Naddo: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Nid oes angen Asesiad o'r Effaith Economaidd-Gymdeithasol ar gyfer y papur hwn.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd Enablers of Quality** Diwylliant a Gwerthfawrogi Pobl	**Meysydd Ansawdd Domains of Quality** Yn Canolbwyntio ar yr Unigolyn
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Cymru Iachach	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list below:	
	Na - Ddim yn berthnasol	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *A ydych chi wedi cynnal Asesiad Sgrinio o'r Effaith ar Ddiogelu Data?*	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	Nid oes goblygiadau cyfreithiol penodol yn gysylltiedig â'r gweithgarwch a amlinellir yn yr adroddiad hwn.	
Enw Da Reputational	Do (Rhowch ragor o fanylion isod)	
	Mae'r materion a amlygwyd o ddiddordeb i'r cyhoedd a rhanddeiliaid ac maent wedi cael eu	

	hadrodd yn gyhoeddus yn flaenorol. Ni ragwelir y bydd unrhyw faterion newydd o ran enw da.
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Nid oes effaith uniongyrchol ar adnoddau o ganlyniad i'r gweithgarwch a amlinellir yn yr adroddiad hwn.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Stakeholder Reference Group

DIRECTOR'S REPORT

Dyddiad y Cyfarfod Date of Meeting	01 September 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Choose an item.
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications

Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary
This report provides an overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the Stakeholder Reference Group. It covers the period June 2026 to September 2026.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
BCUHB	Betsi Cadwaladr University Health Board

DIRECTOR'S REPORT

1. SITUATION

1.1 PURPOSE

This report provides an overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the Stakeholder Reference Group. It covers the period March 2026 to June 2026.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Well-led Review

The During the summer, the Welsh Government announced it was commissioning an independent well-led review of the Health Board's strategy, culture, leadership, governance and accountability arrangements. The review has now begun and is expected to report by the end of October 2026. The panel comprises a team of highly experienced independent NHS leaders, including a former National Medical Director for NHS England and former national medical, workforce and improvement leaders, and former chief executives of major NHS organisations:

- Dr Kathy McLean (Chair)
- Professor Sir Stephen Powis
- Dame Alwen Williams
- Professor Em Wilkinson-Brice
- Dr Pamela Johnston

The review panel will be supported by a Welsh Expert Reference Panel, who will provide expert advice and context on NHS Wales policy, governance and regulation.

Alongside this, NHS Wales Performance and Improvement is providing immediate support in four priority areas; operational performance, quality and safety, workforce planning and financial recovery. The aim is to further strengthen services, improve patient care and support the Health Board's longer-term progress journey.

2.2 Engagement on the future of services at Penley and Tywyn hospitals

The Penley Community Hospital consultation is now underway and includes drop-in sessions and community meetings to seek view on the options that have been developed for the future use of the site and services in the area. There is also continuing engagement in Tywyn about the future of services at the town's hospital that has involved seeking to capture the views of year-round and summer residents.

2.3 Investment in Emergency Department staffing

The Board has approved an additional recurrent investment of up to £6.6m for permanent doctors, nurses, and healthcare support workers across our three Emergency Departments. This significant investment will reduce the reliance on bank, locum and agency staff, ensuring a stable, skilled, and sufficiently resourced workforce in place to safely manage demand, provide more timely assessment and treatment, and deliver dignified care. This essential investment will help to stabilise the three Emergency Departments in North Wales, as the Health Board continues to work with partners across the health and social care system to address the underlying challenges of restricted patient flow and limited capacity, which remain the principal causes of prolonged waiting times, delayed ambulance handovers, and overcrowding within Emergency Departments.

2.4 Meningitis B vaccination programme

More than 3,000 young people from across North Wales have stepped up their protection against meningitis B since we launched our vaccination campaign at the end of July. The vaccine is being offered this summer to 17 and 18 year olds (born between September 1, 2007 and August 31, 2008) and anyone under 25 who will begin a university or residential college course for the first time later this year.

2.5 Royal Alexandra Hospital Development

Preparatory works have begun on the Royal Alexandra Hospital site in Rhyl. This includes the installation and set-up of welfare and rest facilities for contractors working on site. The £33m new-build is due to be completed in 2027. This is the first phase of a wider £60m investment, with the new build due for completion in 2027. A separate business case for phase two, to redevelop and improve the existing hospital, will be submitted by the Health Board.

3. Celebrating the work at BCUHB – additional highlights

- Patients waiting for oral surgery treatment across North Wales are benefiting from faster access to care thanks to a new approach that is helping reduce waiting times and improve the overall patient experience. Selected oral surgery procedures requiring a general anaesthetic from main hospital theatres are now being carried out at Tŷ Nerys, a dedicated outpatient facility located on the Glan Clwyd Hospital site. The change is enabling more patients to be treated in a calmer, more relaxed environment while reducing the risk of cancellations caused by pressures on acute hospital services.
- The New Call for Concern service has now gone live. The rollout across our acute hospitals builds on the successful implementation of the service at Ysbyty Gwynedd, where Call for Concern has been supporting patients, families, and staff for the past five years. The rollout will give people a direct route to request

urgent clinical review if they remain worried after speaking with the clinical team.

- The Acute Medicine team in Wrexham celebrated a milestone as Dr Munzir Malik, Acute Medicine Registrar, becomes the first accredited supervisor in Wales for ultrasound assisted lumbar puncture. This achievement strengthens both clinical expertise and patient centred innovation, supported by the use of point of care ultrasound - a bedside imaging technique that guides procedures in real time.
- There was positive media coverage about BCU and social care staff working together effectively in Wrexham to help people who are ready to leave hospital do so without unnecessary delay. The success of Wrexham's Reablement Service highlights the value of strong partnership working between adult social care and health services, improving outcomes for residents while freeing up hospital capacity.
- Dr Geeta Kumar, Consultant Obstetrician and Gynaecologist, Menopause Specialist and Lead for Women's Services in North Wales, was appointed an Officer of the Order of the British Empire in His Majesty The King's Birthday Honours 2026, in recognition of her outstanding services to women's health.
- An innovative approach to ward rounds at Abergele Hospital is helping orthopaedic patients receive timely consultant reviews following surgery while supporting them to return home safely and sooner. The orthopaedic team at Abergele Hospital has been using Attend Anywhere technology to carry out virtual ward rounds for the past two years, enabling consultants to speak directly to patients and review their recovery using a laptop or iPad on the ward. The technology, which is commonly used to support virtual consultations in primary and community care, allows patients to see and speak to their consultant the morning after their operation, with an experienced senior nurse present to carry out the clinical assessment.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	 1. Building an effective organisation If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	People First If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Many of the themes highlighted in this paper align directly with existing risks on the Health Board's Board Assurance Framework (BAF) and Corporate Risk Register (CRR). These include risks relating to timely access and waiting times, quality and safety of care, workforce resilience, health inequalities, and reputation/public confidence. The citizen feedback presented here reinforces areas already identified as strategic risks and provides further evidence to inform mitigation and assurance.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do / Yes: ☐	No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	An Equality Impact Assessment (EqIA) is not required for this paper.
Asesiad o'r Effaith Economaidd-gymdeithasol	Do / Yes: ☐	No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol? **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	A Socio-Economic Impact Assessment (SEIA) is not required for this paper.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** Culture and Valuing People	**Meysydd Ansawdd** **Domains of Quality** Person Centred
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do / Yes: ☐	Naddo / No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	Yes (Include further detail below)	
	The matters highlighted are of public and stakeholder interest and have previously been reported in the public domain. No new reputational issues are anticipated.	

Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

Stakeholder Reference Group

WELSH LANGUAGE SERVICES ANNUAL MONITORING REPORT 2025-2026

Dyddiad y Cyfarfod **Date of Meeting**	07 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	**Eleri Hughes-Jones,** Head of Welsh Language Services
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	**Teresa Owen** Executive Director of Allied Health Professions and Health Science

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

The Welsh Language Services Annual Monitoring Report 2025-2026 addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards (the Standards) over the reporting year.

The report reflects the requirements and content as stated within Standard 120 of the Standards.

This Annual Monitoring Report provides assurance that Betsi Cadwaladr University Health Board has continued to strengthen its compliance with the Welsh Language Standards and advance the ambitions of the Welsh Government's 'More than just words' framework during 2025–2026. The report fulfils the Health Board's statutory duty under Standard 120 to report annually on:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

Overall, the Health Board has delivered significant progress against its objectives, demonstrating a mature and proactive approach to embedding Welsh language considerations within governance, service delivery, workforce development and organisational culture. Compliance monitoring, strengthened governance arrangements and targeted improvement programmes have contributed to measurable improvements across a range of Welsh Language Standards, while also improving the experiences of Welsh-speaking patients, families and communities.

Key achievements during the reporting period include:

- Strengthened statutory compliance through a comprehensive self-assessment and monitoring programme.
- Continued implementation of the five-year Standard 110 Clinical Consultations Plan, increasing organisational capacity to provide consultations through the medium of Welsh.
- Improved visibility of the Welsh language across Health Board services through enhanced bilingual communications, signage and corporate identity.
- Increased participation in Welsh language training, with over 1,000 staff accessing learning opportunities during the year and all targets associated with the Welsh Government-funded *Work Welsh* programme successfully achieved.
- Expanded engagement with schools, universities and future healthcare professionals to promote Welsh language skills as an essential professional competency within healthcare.
- Successful delivery of cultural, promotional and engagement activities which strengthened awareness of the Welsh language and reinforced its importance in delivering person-centred care.

Governance and accountability arrangements remain robust. The Welsh Language Strategic Forum continues to provide executive oversight, supported by an active risk management framework. All Welsh language-related risks remained within moderate or minor tolerance levels throughout the year and required no escalation.

Monitoring activity has demonstrated substantial improvements in compliance levels across services. Comparative reviews showed a marked movement from mixed compliance towards consistently high performance, with significant improvements in telephony services, recording language preference, meetings and engagement processes, documentation, reception services and the promotion of Welsh language services. Monitoring findings also identified opportunities for further improvement, particularly regarding “Active Offer” visibility and first-point-of-contact interactions within acute clinical settings.

Progress in workforce development remains a significant organisational strength. Welsh language skills are now recorded for 96.34% of the workforce, an improvement on the previous year. Staff uptake of Welsh language training increased to 1,037 participants, and the Health Board continued to work in partnership with the National Centre for Learning Welsh to enhance bilingual capability across services. New initiatives, including the *Building Confidence / Codi Hyder* programme, are supporting the development of a more confident bilingual workforce.

The Translation Team continued to play a critical role in supporting statutory compliance and equitable access to information, translating over 4.6 million words during the year and

providing simultaneous interpretation services for meetings, events and recruitment activity. The team also continued to generate external income through translation service agreements with partner organisations.

Looking ahead, the Health Board will focus on further embedding Welsh language considerations within service design and delivery, increasing the use of Welsh in clinical settings through the Standard 110 programme, expanding targeted workforce development initiatives, and strengthening compliance assurance arrangements. These priorities support the Integrated Medium-Term Plan 2026–2029 and will help ensure that Welsh-speaking patients across North Wales can consistently access safe, high-quality and person-centred care in their language of choice.

An additional report is also presented as part of the Welsh Government's 'More than just words' Five-Year Plan reporting requirements. The 'More than just words' Update Report 2024-2025 provides an overview of actions achieved during the reporting year to address the objectives within the plan.

As the Welsh Government has somewhat aligned the objectives with the Welsh Language Standards, the Health Board's Welsh Language Services annual plan has been updated to incorporate these objectives.

Therefore, the content of both reports is aligned. The reporting formats differ slightly as reporting mechanisms are set by the Welsh Language Commissioner and the Welsh Government respectively.

The reports have been approved by the Executive Committee (11/8/26) and the People and Culture Committee (13/8/26). They will be presented to the Board at its meeting on 28 September 2026 for approval prior to submission to the Welsh Language Commissioner's Office and the Welsh Government.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Committee	11/8/26	Approved
People and Culture Committee	13/8/26	Approved

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

Reports attached.

Appendix 1 – Welsh Language Services Annual Monitoring Report 2025-2026
Atodiad 1 – Adroddiad Monitro Blynyddol Gwasanaethau'r Gymraeg 2025-2026

Appendix 2 – More than just words Progress Report 2025-2026
Atodiad 2 – Adroddiad Cynnydd Mwy na geiriau 2025-2026

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	 3. Improve Access, Outcomes and Experience The report supports strategic priorities by improving equitable access to services, enhancing quality and safety of care through better communication, and strengthening patient experience by enabling individuals to receive care in their preferred language. It also contributes to a positive organisational culture where staff feel supported to deliver person-centred, bilingual services.
Yr Egwyddorion Dylunio **Design Principles**	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	N/A

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A

Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:	

	If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	**A Healthier Wales** Supports better communication between staff and patients, leading to safer, more effective care and improved health outcomes. **A More Equal Wales** Ensures Welsh speakers can access services in their preferred language, reducing inequality and promoting fair access to healthcare. **A Wales of Cohesive Communities** Strengthens community connections by valuing and promoting the Welsh language within local healthcare settings. **A Wales of Vibrant Culture and Thriving Welsh Language** Actively promotes and normalises the use of Welsh in everyday healthcare, supporting its growth and sustainability. **A Prosperous Wales** Develops a skilled and confident bilingual workforce, supporting sustainable public services.	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
	Do/Yes: ☐	Naddo/No: ☒

Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Cyfreithiol **Legal**	Yes (Include further detail below)	
	The Health Board has a legal duty to comply with the Welsh Language (Wales) Measure 2011 and the associated Welsh Language Standards. These standards require the organisation to ensure that the Welsh language is not treated less favourably than English and that services can be delivered in Welsh. This includes: • Providing bilingual services, communications, and signage • Enabling patients to use Welsh without having to request it (Active Offer) • Supporting staff to deliver services in Welsh • Meeting the requirements set out in the organisation's compliance notice issued by the Welsh Language Commissioner	
Enw Da **Reputational**	Yes (Include further detail below)	
	Failure to meet these obligations may result in regulatory action and reputational risk, making compliance a statutory requirement for the Health Board.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	