

Bundle Stakeholder Reference Group 1 December 2025

- 1 PRELIMINARY MATTERS
 - 1.1 13:00 - S25.43 Welcome and Apologies
Peter Lewis, Chair
 - 1.2 S25.44 Declarations of Interest
Peter Lewis, Chair
 - 1.3 13:02 - S25.45 Unconfirmed Minutes from previous meeting held on 1 September 2025
Peter Lewis, Chair
S25.45 Unconfirmed Minutes SRG 1.9.25 v0.1
 - 1.4 13:05 - S25.46 Summary Action Log
Peter Lewis, Chair
S25.46 SRG Action Log 24.11.25
- 2 STRATEGIC PRIORITIES
 - 2.1 13:08 - S25.47 IMTP Progress Update
Emma Lea, Business & Planning Manager - Central Area
S25.47a FINAL - SRG - Corporate Planning Update 2025-12-01 English
S25.47b FINAL - SRG - 2026-29 Coversheet 2025-12-01 Cymraeg
S25.47c FINAL - SRG - 2026-29 IMTP Development Partner Engagement 01.12.25 - Bilingual
 - 2.2 13:28 - S25.48 Strategic Intent Progress Update
Kamala Williams, Head of Health Strategy & Planning
S25.48a SRG Strategic Planning Update ENG
S25.48b SRG Strategic Planning Update CYM
 - 2.3 13:48 - S25.49 Foundations for the Future Progress Update - Verbal Update
Ffion Johnstone, Programme Director - Foundations for the Future
- 3 FOR ASSURANCE
 - 3.1 14:03 - S25.50 Director's Report
Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
S25.50 SRG Directors Report December 2025
 - 3.2 14:13 - S25.51 Governance Arrangements for SRG - verbal
Pam Wenger, Director of Corporate Governance
- 4 FOR INFORMATION
 - 4.1 S25.52 Welsh Language Update
S25.52a SRG 1.12.25 - Welsh Language Services Annual Monitoring Report 2024-2025
S25.52b Appendix 1 - Welsh Language Services Annual Monitoring Report 2024-2025
- 5 CLOSING BUSINESS
 - 5.1 14:23 - S25.53 Review of Meeting's Effectiveness
Peter Lewis, Chair
 - 5.2 S25.54 Date of Next Meeting - 2 March 2026 1-4 pm
Peter Lewis, Chair
Dates for future meetings:
1st June 2026
7th September 2026
7th December 2026
1st March 2027



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

Notes of the meeting held on 01.09.2025

Present:	Representing
Peter Lewis	Chair (Director of Resources+, Cartrefi Conwy)
Thea Brain	Policy Advisor, Care Forum Wales
Sherry Weedall	Denbighshire Voluntary Services Council
Roger Seddon	Llais Cymru
Helen Stevens Jones	Director of Partnerships, Engagement and Communications, BCUHB
John Pritchard	Wrexham Local Authority
In Attendance:	
Dyfed Edwards	Health Board Chair
Stuart Keen	Director of Environment and Estates
Dylan Williams	Assistant Director, Health strategy Planning
Committee Support	
Laura Jones	Acting Corporate Governance Manager

Agenda item
PRELIMINARY MATTERS
SRG25/32 Welcome and apologies
<p>The Chair of the Committee welcomed all to his first meeting as Chair.</p> <p>Apologies were received from Cllr. Penny Andow, Alun Roberts, Elen Heaton, Bethan Russell-Williams, Dilwyn Morgan and Lyndsey Campbell-Williams.</p>
S25/33 Declarations of Interest
<p>No declarations of interest were raised.</p>
S25/34 Draft minutes from previous meeting held on 2 June 2025 and Summary Action Log
<p>It was agreed that the minutes of the meeting, held on 02.06.25, were a true and accurate record.</p> <p>Roger Seddon wished to express his appreciation for the speedy response to his question posed during the previous meeting.</p>

<p>SRG25/35 Summary Action Log</p> <p>The Committee reviewed the action log and agreed to close the actions proposed for closure. Updates were provided.</p> <p>Due to low attendance, the possibility that the meeting was not quorate was raised; it was agreed that any suggestions for closure be noted and agreed at December's meeting.</p>
<p>SRG25/36 Introduction and Overview – verbal update.</p> <p>Peter Lewis introduced himself as the new Chair, describing his background. PL is the Housing Associations' representative to the SRG, in his current position as Director of Resources at Cartrefi Conwy. PL worked as an accountant up to 2007, then joined the Conwy and Denbighshire Trust as Head of Finance for Shared Services, the Health Board and finally joined Cartefi Conwy in 2018.</p> <p>PL talked through his vision for the SRG under his tenure; he will ensure through his place on the Board to provide SRG feedback, and relevant updates from Health Board representatives. This is to ensure that the SRG is an effective group and makes a difference.</p> <p>PL will look at providing a digest following each meeting. This will include information/updates appropriate to share with each Members' organisation.</p> <p>Action:</p> <ul style="list-style-type: none"> • SRG25/36.1 PL and HS-J to agree format of digest to share with Members' organisations post-meeting. <p>The Group</p> <ul style="list-style-type: none"> • NOTED the Introduction.
<p>SRG/37 Update on Appointment of Chair and Vice-Chair – verbal update</p> <p>Laura Jones, deputising for Pam Wenger, shared an update regarding the appointment of Peter Lewis as Chair; also shared the process for seeking expressions of interest for the Vice Chair role from existing members.</p> <p>LJ confirmed that Peter Lewis had been confirmed as Chair of the SRG by Welsh Government and clarified the process to seek expressions of interest for the Vice Chair.</p> <p>The Group</p> <ul style="list-style-type: none"> • NOTED the appointment of the Chair of the Stakeholder Reference Group • AGREED that the Chair will write to the Members seeking expressions of interest of the Vice Chair role.
<p>STRATEGIC PRIORITIES</p>
<p>SRG25/39 Special Measures Update</p>

Dylan Williams presented the update, highlighting the following areas:

- In July, the Special Measures Assurance Board presented measurable progress to Welsh Government, outlining achievements over the previous six months against Special Measures priorities and de-escalation criteria, along with future areas of focus. Significant areas of improvement were acknowledged by Welsh Government, with positive developments noted across planning processes.
- The Health Board submitted its first ever financially balanced IMTP, for 2025-28. Although the plan was not approved, there was acknowledgement of the progress made in planning.
- In 2024/25 the Health Board closed with a deficit of £7.6m (£0.9m less than the control total) Audit Wales praised the Health Board for its openness and strong relationships, noting embedded and improved Standing Orders, financial instructions and conformance reporting.
- Progress was made in the development of Strategic Intent for North Wales with continued engagement with partners via the Regional Partnership Board
- Improvements were also acknowledged for Organisational Planning
- In respect of the Annual Plan, delivery improved to 85% in 2024/25 from 67% the previous year.
- The Health Board maintained focus on delivering improvements in Planned Care Services, overseeing 47% improvement for patients waiting over 104 weeks, in six months.
- Urgent and Emergency Care remains challenging however positive trends were reported across the region
- Major progress was noted for Adult Mental Health & CAMHS. Significant reductions delivered in long waits and CAMHS meeting 2 or the 3 de-escalation criteria, aiming for full compliance this fiscal year.
- Welsh Government acknowledged strengthened leadership structures and clinical engagements within Primary and Community Care services. Innovations include Wales' first IV access services for adults and expanded palliative care access. New Dental contracts are also being awarded.
- Fragile services identified and prioritised with each service having clinically led improvement plans, incorporating external review recommendations
- Significant improvements in Governance arrangements have resulted in strengthened assurance systems with positive finding from both internal and external audits, including Audit Wales.
- All senior roles are currently filled with the Foundations for the Future Programme continuing to drive organisational design, culture change and leadership development.
- With the Health Board's Quality Management System being rolled out across the organisation, areas of improvement, such as
 - Infection Control performance where local targets are now aligned to national reduction goals
 - the Health Board being amongst the best in Wales for resolving complaints in a timely manner, with more than 75% compliance. The Health Board is now receiving approaches from other LHBs in Wales to learn from the Organisation's achievements.
- The Health Board is also planning to launch Wales' first Quality Learning Portal in 2025, to embed learning and drive continuous improvement
- Ongoing challenges and future priorities.

- Next steps including:
 - Establishing what future reporting the SRG would like to receive
 - Incorporating SRG feedback into continuous feedback process
 - Engaging with Stakeholders in the development of the next IMTP/3 Year Plan 2026/29.

Following the presentation, Members discussed what they would like to see in the next report. They requested:

- Direct evidence of improvements
- Consideration of areas not in Special Measures
- Alignment to both the Welsh Government's 10 year Mental Health Plan and the Women's Plan
- How, as Stakeholders, the SRG can support and develop plans

Action:

- **SRG39.1 DW** to provide specific information in next report, including Direct evidence of improvements; consideration of areas not in Special Measures; Alignment to both the Welsh Government's 10-year Mental Health Plan and Women's Plan and ways the SRG can support and develop plans.

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

FOR ASSURANCE

SRG25/40 Director's Report

Helen Stevens-Jones, presented her overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the SRG. It covered the period June 2025 to the end of August 2025. The following were highlighted:

- The 2025 Annual General Meeting, which took place in July, provided updates from clinicians who reflected on their work and improvements, some unique, taking place in the Health Board.
- Planned Care challenges and progresses made during the year
- Celebrating the various good pieces of work taking place at BCUHB.

The Group **NOTED** the report.

15 minutes Break

SG25/38 Estates Rationalisation and Strategy Update

Stuart Keen introduced himself as the new Environment and Estates Director, and provided his presentation, in which he drew attention to the Estate Strategy Update, which highlighted:

- The strategy was drawn from the Health Board's Annual Delivery Plan
- The need to provide more services with fewer assets and where possible work in partnership with other organisations to facilitate projects.
- Due to ongoing financial pressures, the existing Estates Strategy, valid until 2033, is being reviewed. It shows where the Health Board is, where it wants to be and how it will get there, with identified opportunities and prioritisation criteria and identified success criteria.

- Considerations, which included digital strategy, Estate condition, decarbonisation strategy and how it will enable and leverage access to funding.
- Timelines relating to data collection, delivery of Board and Update reporting and Governance
- Estate strategy deliverables, which included support for partnership and collaborative working.

Action:

- **SRG25/38.1 SK and HS-J** agreed to discuss the Welsh Health Impact Assessment.

The Group **NOTED** the presentation.

CLOSING BUSINESS

SRG25/41 Review of Meeting's Effectiveness

Peter Lewis thanked Members for their attendance and others for their papers and presentations.

Dyfed Edwards thanked Peter for his inclusive style of chairing his first meeting.

SRG25/13 Date of next meeting.

Monday, 1st December 2025

Attendance Register

Name	Organisation Represented	2.12.24	3.3.25	2.6.25	1.9.25
Mike Parry (Cllr) Chair	One Voice Wales	✓	✓	✓	Retired
Peter Lewis (Vice Chair, Chair from August 2025))	Housing Associations	✓	✓	✓	✓
Alan Morris	Assistant Director of Partnerships & Public Affairs	x	x	x	x
Allen Bewley	Flintshire Local Voluntary Council	✓	✓	Apols	x
Alun Roberts (Cllr)	Anglesey County Council	x	x	x	x
Bethan Russell Williams	Mantell Gwynedd	✓	✓	✓	Apols
Christine Marston (Cllr)	Denbighshire County Council	x	x	x	x
Clive Nadin	Care Forum Wales	x	x	x	x
Dilwyn Morgan (Cllr)	Gwynedd County Council	x	✓	Apols	x
Fiona Evans	Conwy Voluntary Services Council	x	x	x	x
Frank Bradfield (Cllr)	Conwy County Council	x	x	x	x
Helen Stevens-Jones	Director of Partnerships, Communications & Engagement – BCU Lead Executive	✓	✓	✓	✓
Arnold Woolley (Cllr) – from Jan 2024	Flintshire County Council	x	✓	x	Retired
Jackie Allen	AVOW Wrexham Third Sector	x	x	x	x
Jackie Allen / Adrian Drake-Lee	NWCHC Chair / NWCHC Vice Chair	x	x	x	x
Jenny Murphy	Mind Cymru	✓	✓	x	x
Michelle Collard	CEO, Mind – North East Wales		✓	x	x

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John Pritchard (Cllr)	Wrexham County Council	x	x	✓	✓
Linda Kinani	Carers Outreach Service	x	✓	✓	x
Margaret Hollings	North Wales Hospices	✓ Anne-Marie Street & Elinor Thomas	x	x	x
Roger Seddon	Llais Cymru	✓	✓	✓	✓
Sherry Weedall	Denbighshire Voluntary Services Council	✓	x	✓	✓
Sian Purcell / Lyndsey Campbell-Williams	Medrwn Mon Voluntary Srvcs Council	x	x	x	x
Steve Sheldon / Steve Williams	Welsh Ambulance Services Trust	x	x	✓ sw	x
Thea Brain	Care Forum Wales		x	x	✓
Haydn Jones	North Wales Cancer Patients Forum	✓	x	x	x

Stakeholder Reference Group

Ref. No.	Lead Executive / Member	Minute Reference and Action Agreed	Original timescale agreed	Update	Revised Timescale / Action status (O/C)
Actions from meeting held on 4.12.23					
1	Dylan Williams	<p>S23/45 Planning Verbal Update</p> <p>S23/45.2 DW to ensure that knowledge will be shared on a weekly/monthly basis and not purely for the meetings alone.</p>	4.3.24	<p>Suggest close.</p> <p>A programme of work being developed which will extend throughout the financial year, for the 2025/26 planning cycle. There will be regular updates and workshop engagement with SRG, a live teams channel will be created which will ensure that SRG (and other sub committees) have access to planning information throughout the planning cycle.</p> <p>18.04.24 – DW to consider options which will ensure all SRG members are kept updated by both quarterly updates and real time updates. Real time being the preferred as they would have more value.</p> <p>1.9.25. HS-J advised Members since this action was raised, with a new Director in post, there is a new approach.</p>	
Actions from meeting held on 2.12.24					
2	Kirsty Thomson	<p>S24/29 Partner Update.</p> <p>S24/29.1 KT to contact Anne-Marie Street and</p>	9.12.24	Suggest close.	

	Helen Stevens-Jones to decide who best to pick this up	Elinor Thomas from St David's Hospice outside of meeting, with a view to discussing strategic possibilities within our hospitals, and to discuss their perspective of recent possible end of life care law changes.		<p>4.12.24 KT has been in contact with Anne-Marie Street and Elinor Thomas and will provide update when available.</p> <p>2.6.25 It was noted that Kirsty Thomson had left the Health Board. HS-J to look into who would pick this item up.</p> <p>1.9.25 HS-J advised Members that this commitment was made by KT prior to her leaving the Health Board. HS-J to approach the responsible Exec for their response. Angela Wood, Exec Dir of Nursing and Midwifery?</p> <p>18.9.25 AW confirmed to HS-J that this action had been superceded by events, and that Execs had been in discussions with hospices re strategic possibilities and challenges facing hospices.</p>	
Actions from meeting held on 1.9.25					
3	Peter Lewis / Helen Stevens-Jones	SRG25/36 to agree format of digest to share with Members' organisations post-meeting.	October 2025	17.9.25 HS-J emailed SRG Members to hear their views on the best format.	
4	Dylan Williams	<p>SRG25/39.1 Provide specific information in next report, including</p> <ul style="list-style-type: none"> • Direct evidence of improvements • consideration of areas not in Special Measures • Alignment to both the Welsh Government's 10-year Mental Health Plan and Women's Plan and ways the SRG can support and develop plans. 	December 2025	<p>Suggest Close</p> <p>24.11.25 confirmation received that report include reference to these three areas.</p>	

5	Stuart Keen / Helen Stevens-Jones	SRG25/38.1 Discuss the Welsh Health Impact Assessment.	October 2025		
Closed Actions					
6	Gareth Evans	S24/30 Update on Royal Alexander Hospital, Llandudno Hub Business case. S24/30.2 Regarding the Hub, GE to investigate a) how many current staff have shown willingness to move their place of work to Llandudno, b) How many new roles are envisaged will be created at Llandudno, c) is staffing on the Risk Register, d) what mitigations have been put in place regarding staffing?	Jan 2025	Suggest close 23.12.24 This work is currently in progress under the Organisational Change Policy for those staff directly affected by the move from Abergele to Llandudno b) The business case creates 30.43 full time equivalent new roles across a wide range of different professions. c) Yes staffing issues are recognised by the project risk register. These will become more dynamic once a recruitment process is instigated. d) We have a WOD post specifically attached to the project team to assist with all aspects of workforce issues. BCU can manage the recruitment, the timing and the impact on other sites as a single issue to ensure no one site is destabilised.	
7	Pam Wenger	S24/32 Process of Appointments to SRG. SR24/32.1 To clarify wording on paper, Pg5 <i>Role and Purpose – What the SRG is here to do – ‘scrutinise the Health Board’s arrangements relating to patient experience’</i>	Jan 2025	Suggest close 23.01.25 Wording amended “ <i>The Stakeholder Reference Group provides a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the HB’s decision making</i> ” 24.2.25 Process of Appointment of SRG Members added to 3.3.25 agenda, under For Information.	
8	Pam Wenger	S24/32 Process of Appointments to SRG.	Mar 2025	Suggest close 3.12.24 Circulated ToR to Members for comment.	

		S24/32.2 To circulate the ToR in Word format for comment.			
9	Helen Stevens-Jones	S24/33 Update on Culture Change Programme – Values and Behaviour. S24/33.1 To add ‘How best to embed new culture’ onto the next workshop agenda. Add to Forward Workplan.	9.12.24	Suggest close Actioned.	
10	Nia Harris / Fiona Lewis	S24/33 Update on Culture Change Programme – Values and Behaviour. S24/33.2 To provide Bethan R-W Welsh translation of 3 rd iteration of Values & Behaviours Framework	9.12.24	Suggest close. 3.12.24 Emailed V&B Framework to Bethan Russell Williams.	
11	Paolo Tardivel / Julie Ward-Jones / Angela Wood (Exec lead) / Fiona Lewis	2.9.24 Workshop – Health Board Strategy & Clinical Services. Bring QMS update to December meeting, assuring Members examples of good practice would be incorporated into the emerging QMS approach. Add to forward planner.	3.12.24	Suggest Close. 26.11.24 In relation to the suggestions from the public, early exploration in relation to how this could work (and what other HBs are doing) has taken place. Work ongoing. 2.12.24 QMS Framework Operationalisation presentation provided.	
12	Julie Ward-Jones / Helen Stevens-Jones	2.9.24 Workshop – Urgent and Emergency Care. To look at providing a forum / a suggestion box where	3.12.24	Suggest close 26.11.24 We have an inventory for the improvement work happening across the HB. The QI Register,	3.3.25

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



Teitl adroddiad: <i>Report title:</i>	Integrated Planning Process 2026-29			
Adrodd i: <i>Report to:</i>	Stakeholder Reference Group (SRG)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 01 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper provides an overview of the 2026-29 Integrated Medium-Term Plan (IMTP) development cycle, setting out the approach, key milestones and priorities that will shape the Health Board’s planning over the coming months. The IMTP process is being delivered through a two-step approach; service-level planning and IMTP development supported by the 2026-29 Planning Guidance, which provides clear assumptions, expectations and templates for use across all divisions and services.</p> <p>The purpose of this paper is to keep partners informed and engaged throughout the IMTP cycle and to seek their contribution to areas of the plan where priorities align such as urgent and emergency care, prevention, community-based service developments and population health improvement. This engagement will support ensuring that partner priorities and commitments are accurately reflected in the Health Board’s strategic and operational planning.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Stakeholder Reference Group is asked to:</p> <ol style="list-style-type: none"> NOTE the update on the 2026-29 IMTP development cycle, including the timelines and approach being used across the organisation. CONSIDER areas of the plan where joint working with partners should be undertaken and provide input to ensure these reflect shared system priorities. CONFIRM any emerging partner priorities or programmes that should be captured within the IMTP to strengthen alignment across health and care. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel - Interim Executive Director of Transformation & Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Emma Lea, Head of Business, Planning and Programmes - CIHC			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I’w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran</p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran</p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran</p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p>

	darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in Delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>The development of the 2026-29 is fully aligned to BCUHB's 10-Year Strategy and the current five Strategic Objectives focused on strengthening governance, improving quality and outcomes, supporting workforce development, and delivering sustainable, value-based care. The plan also reflects the four emerging Statements of Intent: <i>Prevention and Wellbeing, Primary and Community Care, Secondary and Tertiary Joined-up Care, and Enablers for Success</i>, ensuring clear line-of-sight between strategic ambition and operational delivery.</p> <p>The Annual Delivery Plan (ADP) provides the mechanism for implementing year one of the IMTP, turning strategic intent into measurable action. Delivery of the IMTP remains central to the Health Board's Special Measures improvement journey, demonstrating maturity in planning, assurance, and system leadership, and reinforcing progress toward sustainable service transformation across North Wales.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	Not applicable			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	No - A full EqlA will be undertaken in Support of the Final Three Year Plan.			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	No - a full SEIA will be undertaken in support of the Final Three Year Plan			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p>	Not applicable			

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices: 2026-29 Integrated Planning Process Update - (Presentation)	



Teitl adroddiad: <i>Report title:</i>	Proses Gynllunio Integredig 2026-29			
Adrodd i: <i>Report to:</i>	Grŵp Cyfeirio Rhanddeiliaid			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Dydd Llun, 01 Rhagfyr 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>Mae'r papur hwn yn rhoi trosolwg o gylch datblygu Cynllun Tymor Canolig Integredig 2026-29, gan nodi'r dulliau, y cerrig milltir allweddol a'r blaenoriaethau fydd yn llywio cynllunio'r Bwrdd Iechyd dros y misoedd nesaf. Mae'r broses Cynllun Tymor Canolig Integredig yn cael ei chyflwyno trwy ddull dau gam; cynllunio lefel gwasanaeth a datblygu Cynllun Tymor Canolig Integredig a gefnogir gan Ganllawiau Cynllunio 2026-29, sy'n cynnig rhagdybiaethau, disgwyliadau a thempledi clir i'w defnyddio ar draws pob adran a gwasanaeth.</p> <p>Pwrpas y papur hwn yw cadw partneriaid yn wybodus ac yn ymgysylltiedig drwy gydol cylch y Cynllun Tymor Canolig Integredig a cheisio eu cyfraniad i feysydd y cynllun lle mae blaenoriaethau'n cydfynd megis gofal brys ac argyfwng, atal, datblygiadau o fewn gwasanaethau cymunedol a gwella iechyd y boblogaeth. Bydd yr ymgysylltiad hwn yn sicrhau bod blaenoriaethau ac ymrwymadau partneriaid yn cael eu hadlewyrchu'n gywir yng nghynlluniau strategol a gweithredol y Bwrdd Iechyd.</p>			
Argymhellion: <i>Recommendations:</i>	<p>Dylid gofyn i'r Grŵp Cyfeirio Rhanddeiliaid:</p> <ol style="list-style-type: none"> NODI'r diweddariad ar gylch datblygu'r Cynllun Tymor Canolig Integredig 2026-29, gan gynnwys yr amserlenni a'r dull a ddefnyddir ar draws y sefydliad YSTYRIED y meysydd lle dylid cydweithio â phartneriaid a rhoi mewnbwn i sicrhau bod y rhain yn adlewyrchu blaenoriaethau system a rennir yn y cynllun CADARNHAU unrhyw flaenoriaethau neu raglenni partneriaid sy'n dod i'r amlwg y dylid eu cynnwys yn y Cynllun Tymor Canolig Integredig i gryfhau aliniad ar draws iechyd a gofal 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel - Cyfarwyddwr Gweithredol Dros Dro Trawsnewid a Chynllunio Strategol			
Awdur yr Adroddiad: <i>Report Author:</i>	Emma Lea, Pennaeth Busnes, Cynllunio a Rhaglenni - CIHC			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran</small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>

	darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in Delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Mae datblygiad 2026-29 wedi'i alinio'n llawn â Strategaeth 10 Mlynedd BIPBC a'r pum Amcan Strategol cyfredol sy'n canolbwyntio ar gryfhau llywodraethiant, gwella ansawdd a chanlyniadau, cefnogi datblygu'r gweithlu, a darparu gofal cynaliadwy, sy'n seiliedig ar werth. Mae'r cynllun hefyd yn adlewyrchu'r pedwar Datganiad o Fwriad sy'n dod i'r amlwg: <i>Atal a Llesiant, Gofal Sylfaenol a Chymunedol, Gofal Cydgysylltiedig Eilaidd a Thrydyddol, a Galluogwyr ar gyfer Llwyddiant</i>, gan sicrhau golwg clir rhwng uchelgais strategol a chyflawniad gweithredol.</p> <p>Mae'r Cynllun Cyflawni Blyneddol yn darparu'r mecanwaith i roi blwyddyn un y Cynllun Tymor Canolig Integredig ar waith, gan droi bwriad strategol yn gamau gweithredu mesuradwy. Mae cyflawni'r Cynllun Tymor Canolig Integredig yn parhau i fod yn ganolog i daith gwella Mesurau Arbennig y Bwrdd lechyd, gan ddangos aeddfedrwydd o ran cynllunio, sicrwydd ac arweinyddiaeth system, ac atgyfnerthu'r cynnydd i drawsnewid gwasanaethau cynaliadwy ledled Gogledd Cymru.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Ddim yn berthnasol</p>			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Na – Bydd Asesiad Effaith Cydraddoldeb llawn yn cael ei gynnal i Gefnogi'r Cynllun Tair Blynedd Terfynol.</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Na – Bydd Asesiad Effaith Amgylcheddol Strategol llawn yn cael ei gynnal i gefnogi'r Cynllun Tair Blynedd Terfynol</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p>	<p>Ddim yn berthnasol</p>			

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	Ddim yn berthnasol
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Ddim yn berthnasol
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Ddim yn berthnasol
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Ddim yn berthnasol
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Ddim yn berthnasol
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: Diweddariad ar y Broses Gynllunio Integredig 2026-29 (Cyflwyniad) List of Appendices:	

Datblygu Cynllun Tymor Canolig Integredig 2026-29 Grŵp Cyfeirio Rhanddeiliaid – SRG

Dyddiad : 01 Rhagfyr 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Pwrpas y sesiwn

- Rhowch wybodaeth i bartneriaid yn gyson a'u cadw'n rhan o gylch datblygu'r Cynllun Tymor Canolig Integredig 2026-29.
- Ceisiwch fewnbwn y partneriaid ar gyfer agweddau'r cynllun lle mae'r ddarpariaeth ar y cyd ar ei chryfaf (e.e. atal, llesiant, Gofal Brys ac mewn Argyfwng, gwasanaethau cymunedol). Sicrhewch fod blaenoriaethau ac ymrwymadau'r partneriaid yn cael eu hamlygu yng nghynllun y Bwrdd Iechyd.

Purpose of the Session

- Keep partners informed and involved in the 2026-29 IMTP development cycle.
- Seek partner input into areas of the plan where joint delivery is strongest (e.g. prevention, wellbeing, UEC, community services). Ensure partner priorities and commitments are reflected in the Health Board's plan.



Trosolwg ac Amserlenni'r Cynllun Tymor Canolig Integredig 2026-29

- Mae'r Cynllun Tymor Canolig Integredig yn cwmpasu cyfnod o dair blynedd (2026-29)
- Cyflwynir drwy ddull dau gam:
 1. Cynllunio lefel gwasanaeth (Tachwedd–Rhagfyr 2025)
 2. Integreiddio a chyflwyno'r Cynllun Tymor Canolig Integredig (Ion – Mawrth 2026) Dyddiadau Allweddol:
 - **28 Tachwedd 2025:** Cyfrifo cynlluniau gwasanaeth
 - **Dechrau Rhagfyr 2025:** Disgwylir Fframwaith Cynllunio a Dyraniadau Ariannol GIG Cymru
 - **15 Rhagfyr 2025:** Cyflwyniadau dangosol terfynol
 - **Ion – Mawrth:** Cymdeithasoli, mireinio, cymeradwyo.
 - **Mawrth 2026:** Cyflwyno'r Cynllun Tymor Canolig Integredig i Lywodraeth Cymru.

2026-29 IMTP Overview and Timelines

- The IMTP covers a **three-year period (2026-29)**.
- Delivered through a **two-step approach**:
 1. Service-level planning (Nov–Dec 2025).
 2. IMTP integration and submission (Jan – Mar 2026). Key Dates:
 - **28 Nov 2025:** Stocktake of service plans.
 - **Early Dec 2025:** NHS Wales Planning Framework and Financial Allocations expected.
 - **15 Dec 2025:** Final indicative submissions.
 - **Jan – Mar:** Socialisation, refinement, approvals.
 - **March 2026:** IMTP submission to Welsh Government.



Ein Dull Cynllunio

- Cynllunio parhaus sy'n seiliedig ar ddata gan ddefnyddio'r Canllawiau Cynllunio newydd ar gyfer 2026-27
- Cynlluniau gwasanaeth wedi'u datblygu gan ddefnyddio model integredig unigol sy'n cysylltu gweithlu, gweithgarwch, perfformiad, ansawdd a chyllid
- Yn annog aliniad rhwng **darpariaeth leol, blaenoriaethau strategol**, a chyfraniadau partneriaid
- Canllawiau wedi'u cynllunio er mwyn aros yn **hyblyg** ac i ymateb i flaenoriaethau Gweinidogol sy'n dod i'r amlwg a Fframwaith Cynllunio GIG Cymru 2026-29 sydd ar ddod

Our Planning Approach

- Continuous data-driven planning using the new 2026-27 Planning Guidance..
- Service plans developed using a single integrated model linking workforce, activity, performance, quality and finance.
- Encourages alignment between **local delivery, strategic priorities**, and partner contributions.
- Guidance designed to remain **flexible** and responsive to emerging Ministerial priorities and the forthcoming NHS Wales Planning Framework 2026-29.



Alinio Strategol

Wedi'i Alinio'n Llawn â:

- Strategaeth 10 Mlynedd
- **Pum Amcan Strategol** - (llywodraethiant, strategaeth, diwylliant, ansawdd, dysgu)

Pedwar Datganiad o Fwriad sydd yn Dod i'r Amlwg

1. **Atal a Llesiant**
2. **Gofal Sylfaenol a Chymunedol**
3. **Gofal Cydgysylltiedig Eilaidd a Thrydyddol**
4. **Galluogwyr ar gyfer Llwyddiant**

Cynllun Cyflawni Blynyddol (Blwyddyn 1 o'r Cynllun Tymor Canolig Integredig)

Yn cefnogi gwelliant a chynaliadwyedd parhaus fel rhan o'r daith **Mesurau Arbennig**.

Strategic Alignment

Fully Aligned to:

- **10-Year Strategy.**
- **Five Strategic Objectives** - (governance, strategy, culture, quality, learning)

Four Emerging Statements of Intent

1. **Prevention & Wellbeing**
2. **Primary & Community Care**
3. **Secondary & Tertiary Joined-up Care**
4. **Enablers for Success**

Annual Delivery Plan (Year 1 of IMTP)

- Supports ongoing improvement and sustainability as part of the **Special Measures** journey.



Cyfleoedd a Rôl Partner

Nodi lle mae blaenoriaethau partneriaid yn cydfynd â meysydd ffocws y Cynllun Tymor Canolig Integredig e.e.:

- ✓ **Gofal Brys ac Achosion Brys**
- ✓ **Atal a Llesiant**
- ✓ **Integreiddio Cymunedol**
- ✓ **Gweithlu, Ystadau, Galluogwyr Digidol**
 - Darparu data, mewnwelediad a thystiolaeth i gryfhau cynllunio ar y cyd
 - Cyfrannu at ddatblygu **llwybrau ac amcanion ar y cyd** ar gyfer cyflawni

Partner Role & Opportunities

- Identify where partner priorities align with IMTP focus areas e.g.:
 - ✓ **Urgent & Emergency Care**
 - ✓ **Prevention and Wellbeing**
 - ✓ **Community Integration**
 - ✓ **Workforce, Estates, Digital Enablers**
- Provide data, insight, and evidence to strengthen shared planning.
- Contribute to development of **joint objectives and trajectories** for delivery.



Pwyntiau Trafod Allweddol

- Pa feysydd Cynllun Tymor Canolig Integredig sy'n dangos blaenoriaethau system a rennir orau? Pa fentrau ar y cyd y dylid eu hamlygu (e.e. atal, mynediad,, anghydraddoldebau)?
- Sut gall partneriaid gryfhau cydweithio a rhannu data i gefnogi cynllunio parhaus?

Key Discussion Points

- Which IMTP areas best reflect shared system priorities? What joint initiatives should be highlighted (e.g. prevention, access, inequalities)?
- How can partners strengthen collaboration and data sharing to support continuous planning?



Unrhyw Gwestiynau?

Any Questions

Diolch

Thank you



Teitl adroddiad: Report title:	Strategic Intent Progress Update
Adrodd i: Report to:	Stakeholder Reference Group
Dyddiad y Cyfarfod: Date of Meeting:	Monday 1 st December 2025
Crynodeb Gweithredol: Executive Summary:	<p>The Health Board is entering a new phase of strategic planning following a period of stabilisation under Special Measures. Earlier strategies, including Living Healthier, Staying Well (2018) and the Clinical Services Strategy (2021), are now being refreshed to better reflect current priorities and operational realities.</p> <p>A new Strategy Programme is being established, built around three key products: a Strategic Intent for health and wellbeing, a new 10-Year Strategy, and a Clinical Services Plan (CSP). These co-created foundational documents will guide future service delivery and planning, utilizing a structured development process and involving wide engagement across staff, partners, stakeholders and communities. This paper provides an overview of strategy work to date</p> <p>On 8th October 2025, Betsi Cadwaladr University Health Board (BCUHB), in partnership with the Bevan Commission, launched a programme to shape the future of health and care in North Wales. Held at Conwy Business Centre, the Strategy Development Event brought together 75 participants, including Health Board leaders, staff, partners, stakeholders and community representatives, to begin co-creating a bold vision and strategic intentions for health and wellbeing in North Wales for the decade ahead.</p> <p>The output report from the event, included as appendix 1, includes a draft Strategic Vision and four draft Strategic Intentions. These will be tested and refined through wider engagement over the next 2 months with the aim of gathering further insights which will also inform the Discovery Phase of the new 10-year Strategy and preparatory work currently underway on the Clinical Services Plan (CSP).</p> <p>Following this engagement, a set of recommended Strategic Intentions will be submitted to the Board in January for approval.</p>

Argymhellion: Recommendations:	Members of Stakeholder Reference Group are asked to: <ul style="list-style-type: none"> • NOTE the update provided. • ADVISE on any comments on the 4 draft strategic intentions 			
Arweinydd Gweithredol: Executive Lead:	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
Awdur yr Adroddiad: Report Author:	Kamala Williams, Interim Assistant Director of Strategy			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in Delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		Strategic Objective 2 – Developing Strategy and long-lasting change. Refreshing the Health Board 10-year strategy, and implementing an interim Clinical Services Plan are both key priorities outlined within the Health Board Integrated Medium Term Plan (IMTP) and Annual Delivery Plan (ADP).		
Goblygiadau rheoleiddio a lleol:		Not applicable		

Regulatory and legal implications:	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Not applicable
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Not applicable
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	Not applicable
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	Not applicable

<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf:</p> <p><i>Next Steps:</i></p> <p>Test and refine the draft Strategic Intentions, stand up the programme structures required to undertake the Discovery Phase of the new 10-year strategy and continue preparatory work on the CSP phase 2</p>	
<p>Rhestr o Atodiadau:</p> <p><i>List of Appendices:</i> Appendix 1 – Output report</p>	

Strategic Intent Progress Update

▪ Background and context

In 2018, the Health Board approved its ten-year strategy, *Living Healthier, Staying Well* (LHSW), followed in 2021 by the *Clinical Services Strategy* (CSS), also aligned to LHSW. Although both documents remain extant, they were developed prior to the organisation entering Special Measures and as a result do not reflect the Health Board's current strategic priorities or operational realities.

The CSS was intended to be operationalised through a *Clinical Services Plan* (CSP) detailing the preferred configuration of clinical services across the region, however this did not occur and consequently the CSS has limited relevance to the current Board and its strategic direction.

The introduction of Special Measures in February 2023 marked a significant turning point for the organisation, bringing with it a newly constituted Board and fresh perspectives. The initial stabilisation phase focused on rebuilding organisational capacity and laying the foundations for long-term effectiveness. During this period, the Health Board developed five Special Measures Outcomes as part of its response plan. These later evolved into five strategic objectives within the organisation's Annual Delivery Plan and more recently Integrated Medium-Term Plan (IMTP). These objectives have guided the organisation through a critical phase, with a strong emphasis on governance, leadership, and organisational capability.

With many foundational elements now firmly in place, the Health Board is now well-positioned to develop the next set of strategic plans, working with partners, staff, stakeholders, public and communities, to co-create plans that reflect the current priorities, operational realities, and the evolving needs of the North Wales population.

▪ The Strategy programme – a new approach

The Programme introduces three interlinked strategic products, which will in turn provide a framework for the development of the Health Board's Integrated Medium-Term Plan (IMTP) and Annual Delivery Plan (ADP). The products are visually represented in diagram 1 overleaf.

Diagram 1 – Strategy Programme

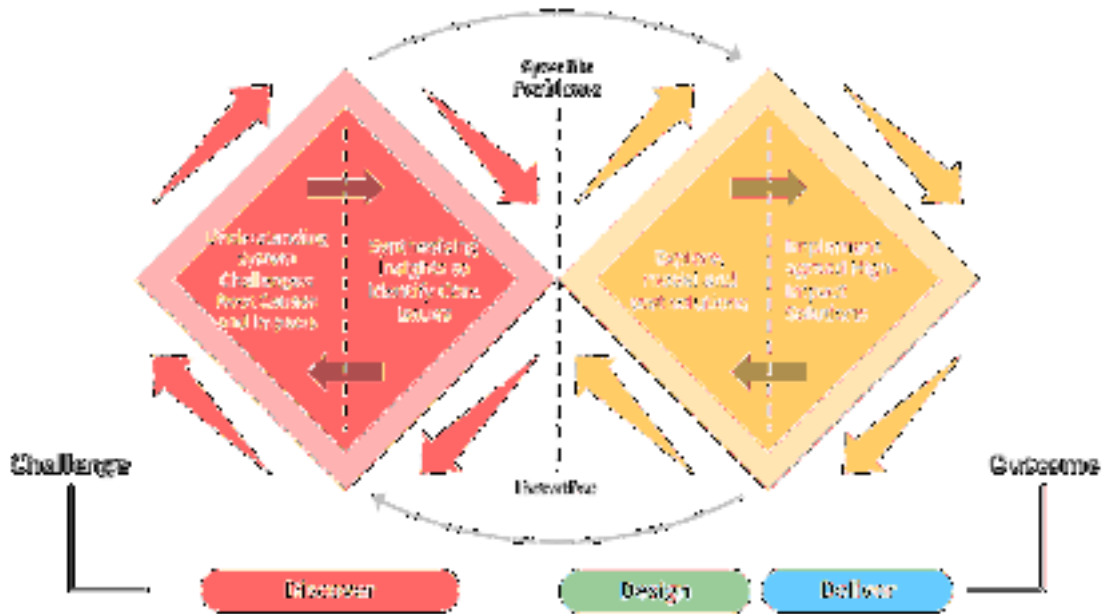


Strategy products

- **Strategic Intent:** The 'big things' (strategic aims) the Health Board will seek to deliver over the next 5 to 10 years; a cornerstone of the Strategy.
By end of January 2026 publish a 'Strategic Intent for health and wellbeing for the population of North Wales co-created with partners.'
- **10 Year Strategy:** The choices and principles that will enable the Health Board to realise its Strategic Intent and fulfil its other obligations.
By the end of March 2026 conclude Discovery phase of the Strategy
- **Clinical Services Plan (CSP):** One of the Health Board's strategic plans which details how clinical services will be configured to maximise quality, performance and value.
By the end of March 2026 agree CSP methodology and establish CSP programme. The strategy products provide the framework for the Health Board's Integrated Medium Plan 3- Year (IMTP) and Annual Delivery Plan (ADP) to deliver against.

The development process for these three products follows a structured methodology comprising three phases: **Discover** → **Design** → **Deliver**, ensuring an effective and iterative planning cycle, see diagram 2 below.

Diagram 2 – Development process Strategic Intent and Strategy



While the refreshed Clinical Services Plan (CSP) will be developed using the same overarching methodology as the other two strategic products, it is recognized that additional more detailed and specific guidance will be necessary to support a more structured and coordinated approach. This will help ensure that related workstreams are brought together rather than progressed in isolation, enabling the development of a coherent and integrated system-wide plan for clinical services. This structured approach is designed to:

- Minimise unintended consequences across service areas
- Ensure alignment with the Health Board’s strategic objectives
- Support the delivery of services that are responsive to the evolving needs of the population

Given the scale and complexity of this undertaking, a dedicated methodology and framework, which is currently being refined, will be applied to guide the process. This will:

- Promote consistency across planning activities
- Enable meaningful clinical engagement throughout development
- Ensure alignment with national priorities and expectations

Each of the three strategic products has defined delivery milestones within the Integrated Medium-Term Plan (IMTP), as illustrated in Diagram 1. These milestones provide a clear framework for accountability and enable effective tracking of progress.

▪ **Work completed to date**

Strategic planning sessions have been held with both the Board and the Regional Partnership Board (RPB), establishing a shared understanding of priorities and direction of travel.

A dedicated development session on prevention was convened with the Planning Population Health and Partnerships Committee (PPHP), contributing to the strategy discovery work, preparatory work on the CSP, and development of the IMTP guidance for 2026/29.

In addition, a major strategy development event took place on 8th October, bringing together a broad spectrum of internal and external stakeholders. Participants included Health Board staff, statutory and non-statutory partners, and representatives of community groups. The purpose of the event was to gather diverse insights to inform the development of all three strategic products, with a particular focus on shaping the Health Board's strategic intent.

Emerging findings from the 8th October event were subsequently presented to the PPHP Committee at its October meeting, where members were invited to provide feedback to further refine the strategic direction.

Collaboration with other Health Boards on their strategic planning work has continued. Hywel Dda's Clinical Services Plan approach has been of particular interest given similar challenges. Hywel Dda CEO and Executive Director of Planning are presenting to the CEO chaired Strategic Planning and Service Change Group in November on the approach and latest lessons learned insights.

▪ **The forward plan**

The Strategy Programme is structured around the three strategic products, with tailored engagement and development activities for each.

Upcoming Events

- RPB Strategic Planning Event – 14th November 2025
- Primary and Community Care Planning Event – January 2026
- Board Strategy Session – January 2026 (focused on the Strategic Intent)

Strategic Intent (including Strategic Vision for the Health Board)

An output report capturing key insights and themes from the October 8th Development Event is included as Appendix 1.

Through mid-November to mid-January, further engagement with stakeholders will be undertaken to seek feedback on the Strategic Vision and to test and refine the four draft Strategic Intentions for health and wellbeing in North Wales, which were co-created at the Strategy Development event. This phase will ensure broad input and alignment across partners and communities.

At the January Health Board meeting, formal approval will be sought for the Strategic Intentions, alongside an implementation plan to support delivery of the Strategic Intent across the region. The Strategic Vision will be subject to further refinement and will be finalized once the Strategy Design Phase commences.

10-year Strategy - Discovery Phase

The Discovery phase of strategy development will continue into Quarter 1 of the next financial year to allow for deeper exploration, refinement, and alignment. This will encompass a series of structured activities designed to strengthen the strategic foundation and ensure an effective and inclusive approach. Key activities will include:

- **Governance:** Establishment of core governance structures, including activation of a Strategy Board, formation of associated workstreams, and implementation of mechanisms for Executive oversight.
- **Scope definition:** Clarification of the strategy's purpose and objectives, including overarching goals, desired outcomes, and coverage. This will support the development of a single, integrated strategy underpinned by aligned strategic plans, for example including but not limited to, Mental Health, the CSP, Estates, Digital and People.
- **Best practice and historical insight:** Incorporation of learning from comparable systems and reflection on relevant past experiences within BCU to inform future direction.
- **Evidence base:** Compilation and synthesis of national and local intelligence, including horizon scanning, using both qualitative and quantitative data sources.

- **Engagement:** Ongoing stakeholder engagement to ensure insights are informed by a broad and representative range of perspectives.
- **Output:** Production of a Discovery Report summarizing key issues and insights to inform the next phase of strategic development.

CSP Preparatory Work

Preparatory work for the CSP is underway, drawing on lessons from the CSP – Phase 1 ‘challenged’ services and emerging examples of service transformation.

Key issues emerging from the preparatory work undertaken to date include:

- **Service Configuration:** Increasing demand and treatment complexity require a different model of care, delivering services locally where possible while consolidating expertise regionally where necessary. Oncology and Vascular surgery are example of services that are already working on this approach, with other specialties (e.g., Dermatology, Ophthalmology, Gastroenterology) engaging in early-stage redesign workshops.
- **Workforce Planning:** Consultant workforce challenges are compounded by recruitment difficulties and over-reliance on locums. Initiatives supporting International Medical Graduates (IMGs) and Certificate of Eligibility for Specialist Registration (CESR) qualification are underway, with joined-up training schemes emerging in collaboration with North West England. Addressing establishment gaps and improving retention are urgent priorities.
- **Pathway Reform:** There is a recognized need to clarify care boundaries between primary and secondary services and improve ‘Advice & Guidance’ mechanisms. While there is progress in some areas e.g., teledermoscopy, broader pathway reform remains an area of opportunity to be pursued. National guidance (e.g., GIRFT) is available to support this work, but primary care engagement and resource transfer will be critical to deliver change. Such pathway reform will also include standardization of care across regional secondary care pathways to support best value.
- **Estate Utilisation:** Optimizing estate usage is essential. The CSP must clearly define the purpose and productivity of physical assets, ensuring alignment with service models and strategic priorities.

To support this transformation, it is recognised that services will need to be supported to:

- Operate cohesively across the North Wales footprint
- Establish, support and empower clinical leadership at Health Board level
- Assess current and future demand over longer time horizons
- Focus on prevention, early intervention, and measurable outcomes
- Address inequities in access, experience, and outcomes

- Prioritise high-value interventions and reduce variation
- Define care pathways across all settings and partners
- Centralize where necessary, localised where possible
- Leverage digital tools to enhance care and patient empowerment
- Build strategic links with external providers for patient and workforce flow
- Strengthen workforce planning and make North Wales an attractive place to work
- Expand local training opportunities
- Promote research and innovation to improve care quality

Timeframe (for the 6 months ahead, programme will be delivered over period 2025/26 to 2027/28)

Product	Activity
Strategic Intent	<ul style="list-style-type: none"> ▪ Strategy Development Event output report – Nov. ▪ Engagement with RPB and PSBs (including RPB Summit 14/11) – Nov to Jan. ▪ Primary and Community Care strategy event – Dec. ▪ Health Board approval – Jan.
10-Year Strategy	<ul style="list-style-type: none"> ▪ Agree scope and process as part of Framing stage – Nov. ▪ Horizon scanning and lessons learnt – Oct to Nov. ▪ Build evidence base e.g., Population health needs – Oct to Feb. ▪ Engagement with Partners, Staff and Communities – Oct to Feb. ▪ Discovery phase report – Mar. ▪ Produce draft strategy – Apr to Jun.
Clinical Services Plan	<ul style="list-style-type: none"> ▪ Engagement with Partners, Staff and Communities – Oct to Feb. ▪ Develop Case for Change – Nov to Mar. ▪ Finalise CSP methodology – Dec to Mar. ▪ Agree scope, process, design principles including engagement – Feb to Jun. ▪ Discovery phase report – Jul.
Governance	<ul style="list-style-type: none"> ▪ Mobilise formal programme governance – Nov. ▪ Establish Partner and Clinical reference groups – Nov. ▪ Continue reporting through Executive sub-group Strategic Planning and Service Change, PPHP and Board.

▪ Summary

The organisation has made significant progress in stabilisation and in establishing the foundations for strategic planning. A clear and structured approach is now in place to guide the development of the next phase of strategic products. While it is essential that this process is approached with care and deliberation, the Board can be assured that momentum is building, and delivery is progressing with confidence and clarity.



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**Comisiwn
Bevan
Commission**

Betsi Cadwaladr University Health Board Strategy Development Event

8th October 2025

in partnership with The Bevan Commission

Output Report



Executive Summary

On 8 October 2025, Betsi Cadwaladr University Health Board (BCUHB), in partnership with the Bevan Commission, launched an ambitious programme to shape the future of health and care in North Wales. At the Strategy Development Event in Conwy Business Centre, 75 participants including Health Board leaders, partners, and community representatives came together to co-create a bold vision for the next decade.

This event marked the beginning of work to develop a new 10-year organisational strategy and Clinical Services Plan (CSP). Together, these will provide a clear roadmap to improve health and wellbeing across North Wales while ensuring the most effective use of Health Board resources. Participants explored future trends, population health insights, and heard powerful stories from local communities about their experiences and aspirations.

Through presentations and collaborative workshops, attendees envisioned what success could look like in 2035: a thriving, healthier North Wales with services designed around people, prevention, and partnership. They identified the major challenges ahead and the transformative changes required to meet them — shifting from reactive care to proactive health promotion, strengthening integration across health, social, and community services, improving hospital experiences, and creating a future-ready environment.

The day concluded with a call to think differently: to turn barriers into opportunities and unlock bold ideas for change. The insights and draft strategic intentions developed during this event, and outlined in this report, will guide the Health Board's long-term strategy and CSP laying the foundations for a healthier future for all.



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The Event - on the day

On 8 October 2025 BCUHB, in partnership with the Bevan Commission, hosted a foundational Strategy Development Event at Conwy Business Centre. This event marked the formal launch of work to develop a new 10-year organisational strategy and Clinical Services Plan (CSP).

The event opened with remarks from the Chief Executive and Chair of the Health Board and the Chief Executive of the Bevan Commission, setting the tone for an ambitious and collaborative day of activity. The morning session featured presentations from the Bevan Commission on future trends in health and social care and from the Health Board's Executive Director of Public Health on the current and future population health challenges facing North Wales. These were followed by a panel discussion titled "Voices from the Community," where representatives from a range of community groups shared their experiences of health and wellbeing and their hopes for the future.

Participants were then invited to reflect on the presentations and panel discussion before engaging in two interactive exercises. The first focused on horizon scanning to identify the major challenges and opportunities likely to shape health and wellbeing in the region over the next decade. The second was a forward-looking exercise to imagine what success could look like in 2035, envisioning a thriving, healthier North Wales and defining the transformative changes needed to achieve it. Feedback from these sessions was analysed after the event and used to develop a draft strategic vision statement for the Health Board.

Feedback from the morning session was collated and four emerging themes were identified:

1. **Shift from reactive care to proactive health and wellbeing**
2. **Strengthen co-ordination across health, social, and community service**
3. **Improve the experience and outcome of healthcare**
4. **Foster a future-ready environment**

Participants explored these themes in greater depth, generating ideas for actionable deliverables and shared priorities to inform the development of draft strategic intentions.

The final session encouraged participants to challenge assumptions and think differently about barriers and opportunities for change. Closing remarks were delivered by the Chief Executive and the Chair of the Planning, Population Health and Partnership Committee, after which participants were invited to share their final reflections.



Co-creating a Strategic Vision for Health and Wellbeing in North Wales

Dialogue

*Integration and
System Thinking*

*Leadership for
change*

*Trust and
Legitimacy*

DRAFT

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

*Best use of
resources*

*Getting the Basics
Right – Strong
Foundations*

*Individuals and
Communities as
assets*

Accessibility for All

*Co-creation,
Co-design and
Co-production*

Building Resilience

Feedback from morning session – Key Themes

Strengthen coordination across health, social, and community service

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

Shift from reactive care to proactive health and wellbeing

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

Foster a future-ready environment

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

Improve hospital care experiences and outcomes

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

Draft Strategic Intentions

Building on the 'big issues' identified during the morning session, in the afternoon session participants were divided into groups to explore how best to deliver the collective ambition within key priority areas. Four themes were selected for in depth discussion:

1. **Shift from reactive care to proactive health and wellbeing**
2. **Strengthen coordination across health, social, and community service**
3. **Improve the experience and outcome of healthcare**
4. **Foster a future-ready environment**

Insights from these group discussions, combined with the morning's reflections, were synthesised through thematic analysis. This process informed the development of draft strategic intent statements, listed below, which capture the shared priorities and collective ambition of all participants.

Focus on health and wellbeing (not only ill-health) – enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities

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

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

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

Final Thoughts

At the end of the day attendees were asked '**Reflecting on today, what should we keep in mind to ensure this work is successful and improves the health and wellbeing of communities across North Wales?**'


Summary of final thoughts

The final reflections from the event underscored a collective commitment to **community engagement, partnership, and meaningful action**. Participants emphasised the importance of valuing communities as equal partners, maintaining open and transparent dialogue, and adopting a clear "you said, we did" approach to build trust and accountability.

There was a resounding call to move beyond discussion and into delivery, focusing on co-creation, citizen involvement, and timely implementation. Success was seen to depend on starting with a small number of well-chosen priorities, delivering them effectively across the region, and ensuring collaboration with the Third Sector and all relevant stakeholders.

The event itself was praised for its energy, diversity, and thought-provoking debate. It reinforced a shared vision for **prevention, wellbeing, and system change**, with investment in early intervention, the use of North Wales' natural assets, and support for community-led initiatives such as "Nifty 60s" identified as vital enablers.

The message was clear: **be bold, act with urgency, and sustain the conversation—turning ambition into action for a healthier future for North Wales.**



"Follow up the day with clear actions"

"...value communities as an asset"

"Brave decisions and strong voices are needed"

"Keep talking, be transparent and reach out to partners for advice"

"Ensure dedicated time to focus and deliver on tomorrow"

Next Steps

Strategic vision and Strategic Intent

- **November and December 2025** – engagement with stakeholders to test and refine Strategic Vision and Strategic Intent for health and wellbeing in North Wales.
- **January Health Board 2025** – approval of Strategic Intent for health and wellbeing in North Wales, alongside an implementation plan for the Strategic Intent.

Strategy programme

- **November 2025 to March 2026** - Discovery Phase for new 10-year strategy. Further engagement and insight and evidence gathering to include further development of the Strategic Vision.



Teitl yr adroddiad: Report title:	Diweddariad Cynnydd Bwriad Strategol
Adrodd i: Report to:	Grŵp Cyfeirio Rhanddeiliaid
Dyddiad y Cyfarfod: Date of Meeting:	Dydd Llun 1 Rhagfyr 2025
Crynodeb Gweithredol: Executive Summary:	<p>Mae'r Bwrdd Iechyd yn dechrau cyfnod newydd o gynllunio strategol yn dilyn cyfnod o sefydlogi o dan y Mesurau Arbennig. Mae strategaethau cynharach, gan gynnwys Byw'n Iach, Aros yn Iach (2018) a'r Strategaeth Gwasanaethau Clinigol (2021), bellach yn cael eu hadnewyddu i gyfleu blaenoriaethau cyfredol a realiti gweithredol yn well.</p> <p>Mae Rhaglen Strategaeth newydd yn cael ei sefydlu, wedi'i hadeiladu o amgylch tri chynnyrch allweddol: Bwriad Strategol ar gyfer Iechyd a Lles, Strategaeth 10 Mlynedd newydd, a Chynllun Gwasanaethau Clinigol (CSP). Bydd y dogfennau sylfaenol hyn, a grëwyd ar y cyd, yn llywio'r broses o ddarparu gwasanaethau a'u cynllunio yn y dyfodol, gan ddefnyddio prosesau datblygu strwythuredig a sicrhau ymgysylltu eang gyda staff, partneriaid, rhanddeiliaid a chymunedau. Mae'r papur hwn yn rhoi trosolwg o'r gwaith strategaeth hyd yma</p> <p>Ar 8 Hydref 2025, trwy bartneriaeth â Chomisiwn Bevan, lansiodd Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) raglen i lunio dyfodol iechyd a gofal yng Ngogledd Cymru. Wedi'i gynnal yng Nghanolfan Fusnes Conwy, daeth y Digwyddiad Datblygu Strategaeth â 75 o gyfranogwyr ynghyd, gan gynnwys arweinwyr y Bwrdd Iechyd, staff, partneriaid, rhanddeiliaid a chynrychiolwyr cymunedol, i ddechrau cyd-greu gweledigaeth feiddgar a bwriadau strategol ar gyfer iechyd a lles yng Ngogledd Cymru ar gyfer y degawd nesaf.</p> <p>Mae adroddiad allbynnau'r digwyddiad, sydd wedi'i gynnwys fel atodiad 1, yn cynnwys Gweledigaeth Strategol drafft a phedwar Bwriad Strategol drafft. Bydd y rhain yn cael eu profi a'u mireinio trwy ymgysylltu ehangach dros y 2 fis nesaf gyda'r nod o gasglu mwy o adborth a fydd hefyd yn llywio Cyfnod Darganfod y Strategaeth 10 mlynedd newydd a'r gwaith paratoi sydd ar y gweill ar hyn o bryd ar gyfer y Cynllun Gwasanaethau Clinigol (CSP).</p> <p>Yn dilyn yr ymgysylltiad hwn, bydd set o Fwriadau Strategol Argymelledig yn cael eu cyflwyno i'r Bwrdd ym mis Ionawr i'w cymeradwyo.</p>

Argymhellion: Recommendations:	Gofynnir i holl Aelodau'r Grŵp Cyfeirio Rhanddeiliaid: <ul style="list-style-type: none"> • NODI'R diweddariad a roddwyd. • CYNGHORI ar unrhyw sylwadau ar y 4 bwriad strategol drafft 			
Arweinydd Gweithredol: Executive Lead:	Paolo Tardivel, Cyfarwyddwr Gweithredol Trawsnewid a Chynllunio Strategol (Dros Dro)			
Awdur yr Adroddiad: Report Author:	Kamala Williams, Cyfarwyddwr Cynorthwyol Dros Dro Strategaeth			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am Sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	<p>Amcan Strategol 2 – Datblygu Strategaeth a newid hirdymor.</p> <p>Mae adnewyddu strategaeth 10 mlynedd y Bwrdd Iechyd, a gweithredu Cynllun Gwasanaethau Clinigol dros dro, ill dau yn flaenoriaethau allweddol a amlinellir yng Nghynllun Tymor Canolig Integredig (IMTP) a Chynllun Cyflawni Blynyddol (ADP) y Bwrdd Iechyd.</p>			
Goblygiadau rheoleiddiol a chyfreithiol:	Nid yw'n berthnasol			

Regulatory and legal implications:	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Nid yw'n berthnasol
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Nid yw'n berthnasol
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	Nid yw'n berthnasol
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Nid yw'n berthnasol
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Nid yw'n berthnasol
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Nid yw'n berthnasol
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	Nid yw'n berthnasol

<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Nid yw'n berthnasol</p>
<p>Camau Nesaf:</p> <p>Next Steps:</p> <p>Profi'r Bwriadau Strategol drafft a'u mireinio, sefydlu'r strwythurau rhaglen sydd eu hangen i ymgymryd â Chyfnod Darganfod y strategaeth 10 mlynedd newydd a pharhau â'r gwaith paratoi ar gam 2 y CSP</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices: Atodiad 1 – Adroddiad Allbynnau</p>	

Diweddariad Cynnydd Bwriad Strategol

▪ Cefndir a Chyd-destun

Yn 2018, cymeradwyodd y Bwrdd Iechyd ei strategaeth deng mlynedd, *Byw'n Iach, Aros yn Iach* (LHSW), ac yna'r *Strategaeth Gwasanaethau Clinigol* (CSS) yn 2021, a oedd hefyd yn cyd-fynd â LHSW. Er bod y ddwy ddogfen yn dal i fodoli, fe'u datblygwyd cyn i'r sefydliad gael ei roi yn y categori Mesurau Arbennig ac o ganlyniad nid ydynt yn cyfleu blaenoriaethau strategol na realiti gweithredol cyfredol y Bwrdd Iechyd.

Bwriadwyd i'r CSS gael ei weithredu drwy *Gynllun Gwasanaethau Clinigol* (CSP) yn manylu ar y ffurfweddiad a ffafrir ar gyfer gwasanaethau clinigol ar draws y rhanbarth, fodd bynnag ni ddigwyddodd hyn ac o ganlyniad mae gan y CSS berthnasedd cyfyngedig i'r Bwrdd presennol a'i gyfeiriad strategol.

Roedd cyflwyno Mesurau Arbennig ym mis Chwefror 2023 yn drobwynt arwyddocaol i'r sefydliad, gan gyflwyno Bwrdd newydd a safbwyntiau ffres. Canolbwyntiodd y cyfnod sefydlogi cychwynnol ar ailadeiladu capasiti sefydliadol a gosod y sylfeini ar gyfer effeithiolrwydd hirdymor. Yn ystod y cyfnod hwn, datblygodd y Bwrdd Iechyd bum Deilliant Mesurau Arbennig fel rhan o'i gynllun ymateb. Yn ddiweddarach, esblygodd y rhain yn bum amcan strategol o fewn Cynllun Cyflawni Blynyddol y sefydliad ac yn fwy diweddar y Cynllun Tymor Canolig Integredig (IMTP). Mae'r amcanion hyn wedi arwain y sefydliad trwy gyfnod hollbwysig, gyda phwyslais cryf ar lywodraethu, arweinyddiaeth a gallu sefydliadol.

Gyda llawer o elfennau sylfaenol bellach yn gadarn yn eu lle, mae'r Bwrdd Iechyd mewn sefyllfa dda i ddatblygu'r set nesaf o gynlluniau strategol, gan weithio gyda phartneriaid, staff, rhanddeiliaid, y cyhoedd a chymunedau, i gyd-greu cynlluniau sy'n cyfleu'r blaenoriaethau cyfredol, realiti gweithredol, ac anghenion esblygol poblogaeth Gogledd Cymru.

▪ Y rhaglen Strategaeth – dull newydd

Mae'r Rhaglen yn cyflwyno tri chynnyrch strategol cydgysylltiedig, a fydd yn eu tro yn darparu fframwaith ar gyfer datblygu Cynllun Tymor Canolig Integredig (IMTP) a Chynllun Cyflawni Blynyddol (ADP) y Bwrdd Iechyd. Mae'r cynhyrchion wedi'u cynrychioli'n weledol yn niagram 1 dros y dudalen.

Diagram 1 – Rhaglen Strategaeth

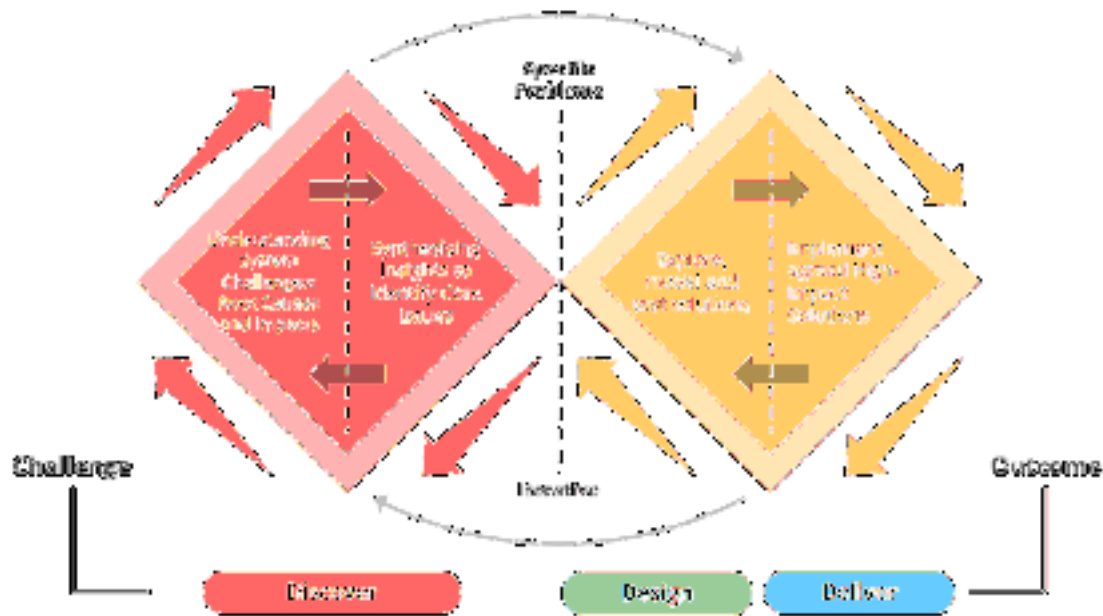


Cynhyrchion strategaeth

- **Bwriad Strategol:** Y 'pethau mawr' (nodau strategol) y bydd y Bwrdd Iechyd yn ceisio eu cyflawni dros y 5 i 10 mlynedd nesaf; conglaen y Strategaeth. *Erbyn diwedd mis Ionawr 2026, cyhoeddi 'Bwriad Strategol ar gyfer Iechyd a Lles Poblogaeth Gogledd Cymru', wedi'i greu ar y cyd â phartneriaid.*
- **Strategaeth 10 Mlynedd:** Y dewisiadau a'r egwyddorion a fydd yn galluogi'r Bwrdd Iechyd i wireddu ei Fwriad Strategol a chyflawni ei rwymedigaethau eraill. *Erbyn diwedd mis Mawrth 2026, cwblhau cyfnod Darganfod y Strategaeth*
- **Cynllun Gwasanaethau Clinigol (CSP):** Un o gynlluniau strategol y Bwrdd Iechyd sy'n manylu ar sut y bydd gwasanaethau clinigol yn cael eu ffurfweddu i sicrhau'r ansawdd, perfformiad a gwerth gorau. *Erbyn diwedd mis Mawrth 2026, cytuno ar fethodoleg y CSP a sefydlu rhaglen y CSP. Mae cynhyrchion y strategaeth yn darparu'r fframwaith ar gyfer Cynllun Canolig Integredig 3 Blynedd (IMTP) a Chynllun Cyflawni Blynyddol (ADP) y Bwrdd Iechyd i gyflawni yn eu herbyn.*

Mae'r broses ddatblygu ar gyfer y tri chynnyrch hyn yn dilyn methodoleg strwythuredig sy'n cynnwys tri chyfnod: **Darganfod** → **Dylunio** → **Cyflwyno**, gan sicrhau cylch cynllunio effeithiol ac ailadroddus, gweler diagram 2 isod.

Diagram 2 – Proses ddatblygu Bwriad Strategol a Strategaeth



Er y bydd y Cynllun Gwasanaethau Clinigol (CSP) wedi'i adnewyddu yn cael ei ddatblygu gan ddefnyddio'r un fethodoleg gyffredinol â'r ddau gynnyrch strategol arall, cydnabyddir y bydd angen canllawiau mwy manwl a phenodol ychwanegol i gefnogi dull mwy strwythuredig a chydlynol. Bydd hyn yn helpu i sicrhau bod ffrydiau gwaith cysylltiedig yn cael eu dwyn ynghyd yn hytrach na'u datblygu ar eu pen eu hunain, gan alluogi datblygu cynllun cydlynol ac integredig ar gyfer y system gyfan ar gyfer gwasanaethau clinigol. Mae'r dull strwythuredig hwn wedi'i gynllunio i:

- Lleihau canlyniadau anfwriadol ar draws meysydd gwasanaeth
- Sicrhau ei fod yn cyd-fynd ag amcanion strategol y Bwrdd Iechyd
- Sicrhau gwasanaethau sy'n ymatebol i anghenion esblygol y boblogaeth

O ystyried maint a chymhlethdod y fenter hon, bydd methodoleg a fframwaith pwrrpasol, sy'n cael ei fireinio ar hyn o bryd, yn cael eu defnyddio i arwain y broses. Bydd hyn yn:

- Hyrwyddo cysondeb ar draws gweithgareddau cynllunio
- Galluogi ymgysylltiad clinigol ystyrlon drwy gydol y datblygiad
- Sicrhau cydymffurfiaeth â blaenoriaethau a disgwyliadau cenedlaethol

Mae gan bob un o'r tri chynnyrch strategol gerrig milltir cyflawni wedi'u diffinio o fewn y Cynllun Tymor Canolig Integredig (IMTP), fel y dangosir yn Niagram 1. Mae'r cerrig milltir hyn yn darparu fframwaith clir ar gyfer atebolrwydd ac yn galluogi olrhain cynnydd yn effeithiol.

▪ Y gwaith sydd wedi'i gwblhau hyd yma

Cynhaliwyd sesiynau cynllunio strategol gyda'r Bwrdd a'r Bwrdd Partneriaeth Rhanbarthol (RPB), gan sefydlu dealltwriaeth gyffredin o'r blaenoriaethau a'r cyfeiriad.

Cynhaliwyd sesiwn ddatblygu bwrpasol ar atal gyda'r Pwyllgor Cynllunio, Iechyd y Boblogaeth a Phartneriaethau (PPHP), gan gyfrannu at y gwaith darganfod strategaeth, y gwaith paratoi ar y CSP, a datblygu canllawiau'r IMTP ar gyfer 2026/29.

Yn ogystal, cynhaliwyd digwyddiad ar ddatblygu strategaeth fawr ar 8 Hydref, gan ddod ag amrywiaeth eang o randdeiliaid mewnol ac allanol ynghyd. Roedd y cyfranogwyr yn cynnwys staff y Bwrdd Iechyd, partneriaid statudol ac anstatudol, a chynrychiolwyr grwpiau cymunedol. Diben y digwyddiad oedd casglu barn amrywiol i lywio datblygiad y tri chynnyrch strategol, gyda ffocws penodol ar lunio bwriad strategol y Bwrdd Iechyd.

Cyflwynwyd y canfyddiadau o'r digwyddiad ar 8 Hydref i Bwyllgor PPHP yn ei gyfarfod ym mis Hydref, lle gwahoddwyd aelodau i roi adborth i fireinio'r cyfeiriad strategol ymhellach.

Mae cydweithio â Byrddau Iechyd eraill ar eu gwaith cynllunio strategol wedi parhau. Mae dull Cynllun Gwasanaethau Clinigol Hywel Dda wedi bod o ddiddordeb arbennig o ystyried ein bod yn wynebu heriau tebyg. Bydd Prif Swyddog Gweithredol a Chyfarwyddwr Gweithredol Cynllunio Hywel Dda yn cyflwyno i'r Grŵp Cynllunio Strategol a Newid Gwasanaethau dan gadeiryddiaeth y Prif Swyddog Gweithredol ym mis Tachwedd ar y dull gweithredu a'r gwersi a ddysgwyd diweddaraf.

▪ Cynllun y Dyfodol

Mae'r Rhaglen Strategaeth wedi'i strwythuro o amgylch y tri chynnyrch strategol, gyda gweithgareddau ymgysylltu a datblygu wedi'u teilwra ar gyfer pob un.

Digwyddiadau i Ddod

- Digwyddiad Cynllunio Strategol RPB – 14 Tachwedd 2025
- Digwyddiad Cynllunio Gofal Sylfaenol a Chymunedol – Ionawr 2026
- Sesiwn Strategaeth y Bwrdd – Ionawr 2026 (yn canolbwyntio ar y Bwriad Strategol)

Bwriad Strategol (gan gynnwys Gweledigaeth Strategol ar gyfer y Bwrdd Iechyd)

Mae adroddiad allbynnau sy'n crynhoi canfyddiadau a themâu allweddol o Ddigwyddiad Datblygu 8 Hydref wedi'i gynnwys fel Atodiad 1.

O ganol mis Tachwedd hyd at ganol mis Ionawr, ceir mwy o ymgysylltu â rhanddeiliaid i geisio adborth ar y Weledigaeth Strategol ac i brofi a mireinio'r pedwar Bwriad Strategol drafft ar gyfer iechyd a lles yng Ngogledd Cymru, a grëwyd ar y cyd yn y digwyddiad Datblygu Strategaeth. Bydd y cam hwn yn sicrhau mewnbwn ac aliniad eang ar draws partneriaid a chymunedau.

Yng nghyfarfod y Bwrdd Iechyd ym mis Ionawr, ceisir cymeradwyaeth ffurfiol ar gyfer y Bwriadau Strategol, ochr yn ochr â chynllun gweithredu i gefnogi cyflawni'r Bwriad Strategol ar draws y rhanbarth. Bydd y Weledigaeth Strategol yn destun mireinio pellach a chaiff ei chwblhau unwaith y bydd Cyfnod Dylunio'r Strategaeth yn cychwyn.

Strategaeth 10 Mlynedd - Cyfnod Darganfod

Bydd cyfnod darganfod datblygu strategaeth yn parhau i Chwarter 1 y flwyddyn ariannol nesaf i ganiatáu archwilio, mireinio ac alinio dyfnach. Bydd hyn yn cwmpasu cyfres o weithgareddau strwythuredig a gynlluniwyd i gryfhau'r sylfaen strategol a sicrhau dull effeithiol a chynhwysol. Bydd gweithgareddau allweddol yn cynnwys:

- **Llywodraethu:** Sefydlu strwythurau llywodraethu craidd, gan gynnwys actifadu Bwrdd Strategaeth, ffurfio ffrydiau gwaith cysylltiedig, a gweithredu mecanweithiau ar gyfer goruchwyliaeth Weithredol.
- **Diffiniad cwmpas:** Eglurhad o bwrpas ac amcanion y strategaeth, gan gynnwys nodau cyffredinol, canlyniadau dymunol, a chwmpas. Bydd hyn yn cefnogi datblygiad strategaeth integredig unigol wedi'i hategu gan gynlluniau strategol wedi'u halinio, gan gynnwys ond heb fod yn gyfyngedig i lechyd Meddwl, y Bartneriaeth Diogelwch Cymunedol, Ystadau, Digidol a Phobl.
- **Arfer gorau a chanfyddiadau hanesyddol:** Ymgorffori dysgu o systemau cymharol a myfyrio ar brofiadau perthnasol yn y gorffennol o fewn PBC i lywio cyfeiriad yn y dyfodol.
- **Sylfaen dystiolaeth:** Casglu a syntheseiddio gwybodaeth genedlaethol a lleol, gan gynnwys sganio'r gorwel, gan ddefnyddio ffynonellau data ansoddol a meintiol.

- **Ymgysylltu:** Ymgysylltu parhaus â rhanddeiliaid i sicrhau bod canfyddiadau'n cael eu llywio gan ystod eang a chynrychioliadol o safbwyntiau.
- **Allbwn:** Cynhyrchu Adroddiad Darganfod yn crynhoi materion a chanfyddiadau allweddol i lywio cam nesaf y datblygiad strategol.

Gwaith Paratoi'r CSP

Mae gwaith paratoi ar gyfer y CSP ar y gweill, gan dynnu ar wersi o'r CSP – gwasanaethau 'a heriwyd' Cyfnod 1 ac enghreifftiau sy'n dod i'r amlwg o drawsnewid gwasanaethau.

Mae'r materion allweddol sy'n codi o'r gwaith paratoi a wnaed hyd yma yn cynnwys:

- **Ffurfweddiad Gwasanaeth:** Mae galw cynyddol a chymhlethdod triniaeth yn gofyn am fodel gofal gwahanol, gan ddarparu gwasanaethau'n lleol lle bo modd wrth gydgrynhoi arbenigedd yn rhanbarthol lle bo angen. Mae Llawfeddygaeth Fasgwlaidd ac Oncoleg yn enghreifftiau o wasanaethau sydd eisoes yn gweithio ar y dull hwn, gydag arbenigeddau eraill (e.e., Dermatoleg, Offthalmoleg, Gastroenteroleg) yn cymryd rhan mewn gweithdai ailddylunio cyfnod cynnar.
- **Cynllunio'r Gweithlu:** Mae heriau i'r gweithlu meddygon ymgynghorol yn gwaethygu o ganlyniad i anawsterau recriwtio a gorddibyniaeth ar staff locwm. Mae mentrau sy'n cefnogi Graddedigion Meddygol Rhyngwladol (IMGs) a chymhwyster Tystysgrif Cymhwysedd ar gyfer Cofrestriad Arbenigwyr (CESR) ar y gweill, gyda chynlluniau hyfforddi cydgysylltiedig yn dod i'r amlwg mewn cydweithrediad â Gogledd Orllewin Lloegr. Mae mynd i'r afael â bylchau yn y sefydliad a gwella lefelau cadw staff yn flaenoriaethau brys.
- **Diwygio Llwybrau:** Mae angen cydnabyddedig i egluro'r ffiniau gofal rhwng gwasanaethau sylfaenol ac eilaidd a gwella mecanweithiau 'Cyngor ac Arweiniad'. Er bod cynnydd mewn rhai meysydd e.e., teledermosgopi, mae diwygio llwybrau gofal ehangach yn dal i fod yn faes lle bod cyfle i fynd i'r afael ag ef. Mae canllawiau cenedlaethol (e.e., GIRFT) ar gael i gefnogi'r gwaith hwn, ond bydd ymgysylltu â gofal sylfaenol a throsglwyddo adnoddau yn hanfodol i gyflawni newid. Bydd diwygio llwybrau o'r fath hefyd yn cynnwys safoni gofal ar draws llwybrau gofal eilaidd rhanbarthol i gefnogi'r gwerth gorau.
- **Defnyddio Ystadau:** Mae gwneud y gorau o ystadau yn hanfodol. Rhaid i'r CSP ddiffinio pwrpas a chynhyrchiant asedau ffisegol yn glir, gan sicrhau eu bod yn cyd-fynd â modelau gwasanaeth a blaenoriaethau strategol.

Er mwyn cefnogi'r trawsnewidiad hwn, cydnabyddir y bydd angen cefnogi gwasanaethau i:

- Gweithredu'n gydlynol ar draws ôl troed Gogledd Cymru
- Sefydlu, cefnogi a grymuso arweinyddiaeth glinigol ar lefel y Bwrdd Iechyd
- Asesu'r galw presennol a galw yn y dyfodol dros gyfnodau hirach
- Canolbwyntio ar atal, ymyrraeth gynnar, a chanlyniadau mesuradwy
- Mynd i'r afael ag anghydraddoldebau o ran mynediad, profiadau a chanlyniadau

- Blaenoriaethu ymyriadau gwerth uchel a lleihau amrywiad
- Diffinio llwybrau gofal ar draws pob lleoliad a phartner
- Canoli lle bo angen, gofal lleol lle bo modd
- Manteisio ar offer digidol i wella gofal a grymuso cleifion
- Meithrin cysylltiadau strategol gyda darparwyr allanol ar gyfer llif cleifion a'r gweithlu
- Cryfhau cynllunio'r gweithlu a gwneud Gogledd Cymru yn lle deniadol i weithio ynddo
- Ehangu cyfleoedd hyfforddi lleol
- Hyrwyddo ymchwil ac arloesedd i wella ansawdd gofal

Amserlen (ar gyfer y 6 mis nesaf, bydd y rhaglen yn cael ei chyflawni dros y cyfnod 2025/26 i 2027/28)

Cynnyrch	Gweithgaredd
Bwriad Strategol	<ul style="list-style-type: none"> ▪ Adroddiad allbynnau Digwyddiad Datblygu Strategaeth – Tachwedd. ▪ Ymgysylltu â RPB a PSBs (gan gynnwys Uwchgynhadledd RPB 14/11) – Tachwedd i Ionawr. ▪ Digwyddiad strategaeth Gofal Sylfaenol a Chymunedol – Rhagfyr. ▪ Cymeradwyaeth y Bwrdd Iechyd – Ionawr
Strategaeth 10 Mlynedd	<ul style="list-style-type: none"> ▪ Cytuno ar y cwmpas a'r broses fel rhan o'r cam Fframio – Tachwedd. ▪ Sganio'r gorwel a gwersi a ddysgwyd – Hydref i Dachwedd. ▪ Adeiladu sylfaen dystiolaeth e.e., anghenion iechyd y boblogaeth – Hydref i Chwefror. ▪ Ymgysylltu â Phartneriaid, Staff a Chymunedau – Hydref i Chwefror. ▪ Adroddiad cyfnod darganfod – Mawrth. ▪ Cynhyrchu strategaeth ddrafft – Ebrill i Fehefin.
Cynllun Gwasanaethau Clinigol	<ul style="list-style-type: none"> ▪ Ymgysylltu â Phartneriaid, Staff a Chymunedau – Hydref i Chwefror. ▪ Datblygu Achos dros Newid – Tachwedd i Fawrth. ▪ Cwblhau methodoleg CSP – Rhagfyr i Fawrth. ▪ Cytuno ar gwmpas, proses, egwyddorion dylunio gan gynnwys ymgysylltu – Chwefror i Fehefin. ▪ Adroddiad cyfnod darganfod – Gorffennaf
Llywodraethu	<ul style="list-style-type: none"> ▪ Gweithredu llywodraethu rhaglenni ffurfiol – Tachwedd. ▪ Sefydlu grwpiau cyfeirio Partner a Chlinigol – Tachwedd. ▪ Parhau i adrodd drwy'r is-grŵp Gweithredol Cynllunio Strategol a Newid Gwasanaeth, PPHP a'r Bwrdd.

▪ Crynodeb

Mae'r sefydliad wedi gwneud cynnydd sylweddol o ran sefydlogi ac o ran gosod y sylfeini ar gyfer cynllunio strategol. Mae dull clir a strwythuredig bellach ar waith i arwain datblygiad y cam nesaf o gynhyrchion strategol. Er ei bod yn hanfodol bod y broses hon yn cael ei thrin yn ofalus ac yn ystyriol, gall y Bwrdd fod yn sicr bod momentwm yn cynyddu, a bod y broses gyflawni'n digwydd yn hyderus a gydag eglurder.



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**Comisiwn
Bevan
Commission**

Betsi Cadwaladr University Health Board Strategy Development Event

8th October 2025

in partnership with The Bevan Commission

Output Report



Executive Summary

On 8 October 2025, Betsi Cadwaladr University Health Board (BCUHB), in partnership with the Bevan Commission, launched an ambitious programme to shape the future of health and care in North Wales. At the Strategy Development Event in Conwy Business Centre, 75 participants including Health Board leaders, partners, and community representatives came together to co-create a bold vision for the next decade.

This event marked the beginning of work to develop a new 10-year organisational strategy and Clinical Services Plan (CSP). Together, these will provide a clear roadmap to improve health and wellbeing across North Wales while ensuring the most effective use of Health Board resources. Participants explored future trends, population health insights, and heard powerful stories from local communities about their experiences and aspirations.

Through presentations and collaborative workshops, attendees envisioned what success could look like in 2035: a thriving, healthier North Wales with services designed around people, prevention, and partnership. They identified the major challenges ahead and the transformative changes required to meet them — shifting from reactive care to proactive health promotion, strengthening integration across health, social, and community services, improving hospital experiences, and creating a future-ready environment.

The day concluded with a call to think differently: to turn barriers into opportunities and unlock bold ideas for change. The insights and draft strategic intentions developed during this event, and outlined in this report, will guide the Health Board's long-term strategy and CSP laying the foundations for a healthier future for all.



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The Event - on the day

On 8 October 2025 BCUHB, in partnership with the Bevan Commission, hosted a foundational Strategy Development Event at Conwy Business Centre. This event marked the formal launch of work to develop a new 10-year organisational strategy and Clinical Services Plan (CSP).

The event opened with remarks from the Chief Executive and Chair of the Health Board and the Chief Executive of the Bevan Commission, setting the tone for an ambitious and collaborative day of activity. The morning session featured presentations from the Bevan Commission on future trends in health and social care and from the Health Board's Executive Director of Public Health on the current and future population health challenges facing North Wales. These were followed by a panel discussion titled "Voices from the Community," where representatives from a range of community groups shared their experiences of health and wellbeing and their hopes for the future.

Participants were then invited to reflect on the presentations and panel discussion before engaging in two interactive exercises. The first focused on horizon scanning to identify the major challenges and opportunities likely to shape health and wellbeing in the region over the next decade. The second was a forward-looking exercise to imagine what success could look like in 2035, envisioning a thriving, healthier North Wales and defining the transformative changes needed to achieve it. Feedback from these sessions was analysed after the event and used to develop a draft strategic vision statement for the Health Board.

Feedback from the morning session was collated and four emerging themes were identified:

1. **Shift from reactive care to proactive health and wellbeing**
2. **Strengthen co-ordination across health, social, and community service**
3. **Improve the experience and outcome of healthcare**
4. **Foster a future-ready environment**

Participants explored these themes in greater depth, generating ideas for actionable deliverables and shared priorities to inform the development of draft strategic intentions.

The final session encouraged participants to challenge assumptions and think differently about barriers and opportunities for change. Closing remarks were delivered by the Chief Executive and the Chair of the Planning, Population Health and Partnership Committee, after which participants were invited to share their final reflections.



Co-creating a Strategic Vision for Health and Wellbeing in North Wales

Dialogue

*Integration and
System Thinking*

*Leadership for
change*

*Trust and
Legitimacy*

DRAFT

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

*Best use of
resources*

*Getting the Basics
Right – Strong
Foundations*

*Individuals and
Communities as
assets*

Accessibility for All

*Co-creation,
Co-design and
Co-production*

Building Resilience

Feedback from morning session – Key Themes

Strengthen coordination across health, social, and community service

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

Shift from reactive care to proactive health and wellbeing

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

Foster a future-ready environment

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

Improve hospital care experiences and outcomes

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

Draft Strategic Intentions

Building on the 'big issues' identified during the morning session, in the afternoon session participants were divided into groups to explore how best to deliver the collective ambition within key priority areas. Four themes were selected for in depth discussion:

1. **Shift from reactive care to proactive health and wellbeing**
2. **Strengthen coordination across health, social, and community service**
3. **Improve the experience and outcome of healthcare**
4. **Foster a future-ready environment**

Insights from these group discussions, combined with the morning's reflections, were synthesised through thematic analysis. This process informed the development of draft strategic intent statements, listed below, which capture the shared priorities and collective ambition of all participants.

Focus on health and wellbeing (not only ill-health) – enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities

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

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

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

Final Thoughts

At the end of the day attendees were asked '**Reflecting on today, what should we keep in mind to ensure this work is successful and improves the health and wellbeing of communities across North Wales?**'


Summary of final thoughts

The final reflections from the event underscored a collective commitment to **community engagement, partnership, and meaningful action**. Participants emphasised the importance of valuing communities as equal partners, maintaining open and transparent dialogue, and adopting a clear "you said, we did" approach to build trust and accountability.

There was a resounding call to move beyond discussion and into delivery, focusing on co-creation, citizen involvement, and timely implementation. Success was seen to depend on starting with a small number of well-chosen priorities, delivering them effectively across the region, and ensuring collaboration with the Third Sector and all relevant stakeholders.

The event itself was praised for its energy, diversity, and thought-provoking debate. It reinforced a shared vision for **prevention, wellbeing, and system change**, with investment in early intervention, the use of North Wales' natural assets, and support for community-led initiatives such as "Nifty 60s" identified as vital enablers.

The message was clear: **be bold, act with urgency, and sustain the conversation—turning ambition into action for a healthier future for North Wales.**



"Follow up the day with clear actions"

"...value communities as an asset"

"Brave decisions and strong voices are needed"

"Keep talking, be transparent and reach out to partners for advice"

"Ensure dedicated time to focus and deliver on tomorrow"

Next Steps

Strategic vision and Strategic Intent

- **November and December 2025** – engagement with stakeholders to test and refine Strategic Vision and Strategic Intent for health and wellbeing in North Wales.
- **January Health Board 2025** – approval of Strategic Intent for health and wellbeing in North Wales, alongside an implementation plan for the Strategic Intent.

Strategy programme

- **November 2025 to March 2026** - Discovery Phase for new 10-year strategy. Further engagement and insight and evidence gathering to include further development of the Strategic Vision.



Teitl adroddiad: <i>Report title:</i>	Director's Report			
Adrodd i: <i>Report to:</i>	Stakeholder Reference Group			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 01 December 2025	Rhif eitem agenda: <i>Agenda Item number:</i>		
Crynodeb Gweithredol: <i>Executive Summary:</i>	The Director's Report provides an overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the SRG. It covers the period September 2025 to the end of November 2025.			
Argymhellion: <i>Recommendations:</i>	The Stakeholder Reference Group is asked to note the report.			
Arweinydd Gweithredol: <i>BCUHB Lead:</i>	Helen Stevens-Jones Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: <i>Report Author:</i>	Helen Stevens-Jones Director of Partnerships, Engagement and Communications			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	There are no specific implications arising from this report			



<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	Not applicable at this stage.
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	Not applicable at this stage.
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	The issues raised impact across a range of risks.
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	There are no specific implications arising from this report.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	There are no specific implications arising from this report.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	The issues raised impact across a range of risks.
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Next Steps: <i>Implementation of recommendations</i></p> <p>Not applicable to this report</p>	

1. Introduction

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

2. Integrated Medium Term Plan (IMTP) 2025-28

The Welsh Government has provided formal feedback on the Health Board's submitted Integrated Medium Term Plan (IMTP) for 2025–28. While the plan was not approved by the Cabinet Secretary, the Welsh Government recognised that the submission marks significant progress in strategic planning and financial alignment and provides a strong foundation for future submissions.

3. New Masters of Pharmacy (MPharm) Programme at Bangor University

A significant milestone in pharmacy education for North Wales has been achieved with the launch of the new Masters of Pharmacy (MPharm) programme at Bangor University. The first cohort of students started on 22 September 2025, with encouraging recruitment figures. Approximately one-third of students are from North Wales, supporting long-term workforce sustainability in the region. The programme has successfully appointed academic and clinical staff, including joint posts with local health services such as Ysbyty Gwynedd and Fferyllwyr Llŷn, and continues to benefit from close collaboration with Betsi Cadwaladr University Health Board. Preparations for teaching are well advanced, with student placements scheduled for March 2026. The programme is progressing towards Step 4 accreditation by the General Pharmaceutical Council in early 2026.

This initiative reflects a strong and strategic partnership between Bangor University and the Health Board, aligning with workforce development priorities and showcasing regional collaboration and innovation in healthcare education.

4. Maggie's Centre

The Maggie's Centre, which provides invaluable support to people living with cancer across North Wales, officially opened in September. The development at Glan Clwyd Hospital, where our North Wales Cancer Treatment Centre was recently re-designated as a Tessa Jowell Centre of Excellence for neuro-oncology, ensures that additional compassionate, expert care is available close to home. We are incredibly grateful to the Steve Morgan Foundation and Maggie's for their generosity and support in making the Maggie's centre a reality in North Wales. This centre will serve as a lifeline for many, offering comfort during some of life's most difficult moments, offering a safe, welcoming environment for individuals and families affected by cancer to access emotional, psychological, and practical support. The impact will be felt across communities in North Wales, complementing the care provided by the health board, making a significant difference to people's experiences and wellbeing.

6. Health and Well-Being Centres/Hubs: Strategic Approach

The Board recently discussed the opportunities that Health and Well-Being Hubs could bring for improving services and supporting local communities. While good progress had been made in some areas, the Board noted that the projects had mostly been developed in isolation, with ongoing issues around funding, timing and how well they link to the wider strategy. It was agreed that better governance and coordination were needed, and that the focus must shift to wider service change — including service models, workforce, communication and engagement, and digital and estates planning. The emerging Community by Design work is considered a possible major programme for the 2026/27 IMTP. Further work is now needed to help shape the Strategic Intent, 10-year Strategy and Clinical Services Plan, including understanding future needs and learning from Community by Design developments across Wales.

7. Urgent and Emergency Care: Progress Update

The Board reviewed Urgent and Emergency Care in detail at its September meeting, recognising the serious risks to patient safety, outcomes and experience, as well as the pressure on staff. It noted that overcrowding in Emergency Departments was a major problem, mainly caused by delays in discharging patients and freeing up beds. The Board discussed the actions taken during October and November, welcomed the strong clinical and operational engagement, and acknowledged the new escalation and accountability measures put in place. Although early progress had been made, a significant amount of work is still required and additional expertise is being brought in to support improvement.

Work planned for the next six weeks includes a focused “Discharge Fortnight,” activating the Resilience Hub for seven-day system leadership, issuing new clinical and operational standards, strengthening patient flow, progressing plans for a Single Point of Access, and improving the emergency care environment. Wider strategic developments are also taking place, aimed at supporting more care in the community and improving hospital models of care. Given the urgency and scale of the challenge, continued review of the work is in place, with the Board again looking to review progress at its January 2026 meeting.

8. Culture and Leadership Programme: Update

There has been some progress in the Culture and Leadership Programme, which aims to develop a more compassionate, inclusive and engaged organisational culture. Discovery work has highlighted key themes including the need for more consistent behaviours, simplified governance, better psychological safety, stronger leadership visibility, and improved support for innovation and wellbeing. Early improvements are evident in training compliance, PADR completion, vacancy levels and grievance cases, though challenges such as silo working and communication barriers remain for some.

A three-year Culture, Leadership and Engagement Improvement Plan has been developed to address the issues, focusing on strengthening values, governance, learning, staff support and teamwork. Implementation will be led through the Foundations for the Future framework with continued involvement from Culture Change

Leaders. Leadership commitment and sustained staff engagement will be essential to embedding cultural change and enhancing staff and patient experience.

9. The 2025 Director of Public Health Annual Report, Building Health

The 2025 Director of Public Health Annual Report – which provides an independent overview of the wider determinants of health and health inequalities in North Wales – has been published (as part of the November Health Board papers). Using an asset-based approach, the report outlines four key ambitions for creating a healthier and fairer region: strengthening support for babies, children and young people; working with communities to reduce inequalities; designing healthier environments; and embedding health and wellbeing considerations across all sectors and system-wide decision making. The Report will be published on the BCUHB website in December.

8. Celebrating the work at BCUHB

- **Royal seal of approval for national award-winning health care support worker**
Senior Health Care Support Worker Jackie Sumner, part of Flintshire's Children's Community Team for 19 years, has won the national 2025 WellChild Outstanding Professional Award and met Prince Harry at a special ceremony in London.
- **£4.4m for new diagnostic equipment in North Wales hospitals**
The Welsh Government investment will replace older x-ray machines with new, easier-to-use digital systems across several North Wales hospitals, improving image quality, reliability and reducing radiation exposure for patients.
- **BCUHB audiology patient one of first in UK to receive 'smart' cochlear implant**
A North Wales audiology patient, Peter Hendrickse, has become one of the first in the UK to receive a new "smart" cochlear implant that stores personalised hearing settings internally, offering added security if the external processor is lost or damaged.
- **New service launches in North Wales to support people with ME/CFS**
A new integrated Living Well Service has been launched in North Wales to provide specialist assessment, diagnosis, treatment and personalised support for people with ME/CFS, expanding the long COVID service and enabling self-referral for the estimated one million people affected in the UK.
- **Betsi Cadwaladr University Health Board leads the way with new Colposcopy system**
A new digital Colposcopy Patient Management System integrated into the Welsh Clinical Portal is improving care across North Wales by giving clinicians faster, more comprehensive access to patient records and images, enabling better MDT decision-making and service planning.
- **Stroke survivor praises "outstanding" hospital teams on her road to recovery**
A 79-year-old Anglesey woman, Alexis Ledingham, has shared her World Stroke Day story of how swift care at Ysbyty Gwynedd and dedicated support on Prysor Ward helped her recover her independence after suffering a stroke.
- **Wrexham Young Adults Diabetes Team wins national award for excellence in care**
The Wrexham Young Adults Diabetes Team has won the Excellence in Care Award at the Wales Care Awards for its long-standing, holistic and person-centred approach

to supporting young people through the unique challenges of managing diabetes in early adulthood.

- **41k referrals milestone for NHS Wales' digital mental health service**
NHS Wales' free SilverCloud® online CBT (Cognitive Behavioural Therapy) service has now received 41,000 referrals since launching seven years ago, offering accessible early mental health support through both self-referral and new direct pathways across all seven health boards.
- **New programme offers more support for parents coping with a crying baby**
North Wales has become the first region in Wales to launch the ICON programme — a national initiative that teaches parents how to cope safely with infant crying (*I Infant crying is normal, C Comforting methods, O It's OK to walk away, N Never shake a baby*) — with new Welsh-language support materials now available.

Teitl adroddiad:	Welsh Language Services Annual Monitoring Report 2024-2025
Report title:	
Adrodd i:	Stakeholder Reference Group
Report to:	
Dyddiad y Cyfarfod:	1 December 2025
Date of Meeting:	
Crynodeb Gweithredol:	This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account on the compliance with the Welsh Language Standards to the Welsh Language Commissioner (the Commissioner).
Executive Summary:	<p>The Health Board became subject to the Welsh Language Standards on 30 May 2019.</p> <p>Standard 120 which deals with Supplementary Matters stipulates that the Health Board must produce an annual report in relation to each financial year, which describes the compliance in the Health Board with the standards.</p> <p>The annual report must include the following information:</p> <ul style="list-style-type: none"> • The number of complaints received in relation to compliance with the standards • The Welsh language skills of employees • The number of new and vacant posts advertised during the year and the level of Welsh required • Training to improve the Welsh language skills of the workforce <p>This report provides both qualitative and quantitative information and data as required by the Commissioner. It also provides an overview of the strategic direction with regard to Welsh language, supported by quantitative information on the actions undertaken to mainstream and further progress Welsh language projects and initiatives.</p> <p>The Health Board's aim is to ensure that the language needs and preferences of patients influence the planning and delivery of services.</p> <p>This is aligned to the Health Board's overall objectives, aimed at creating a favorable environment where patients and the public are assured of the commitment to deliver language-appropriate care.</p> <p>The following areas have been a priority over the reporting year:</p> <ul style="list-style-type: none"> • Building an effective organisation by ensuring we have a robust self-regulatory framework in place to ensure we are operating in line with our statutory requirements • Developing strategy and long-lasting change by implementing our commitment to deliver on our commitment

	<p>within the Health Board's Integrated Medium-Term Plan 2025-2028</p> <ul style="list-style-type: none"> • Creating compassionate culture, leadership and engagement through organisational development through appropriate models of Welsh language training support to improve the language skills of the current workforce • Improving quality, outcomes and experience by ensuring that staff are aware of the 'Active Offer', with a visible commitment in providing care-centered on language need • Establishing an effective environment for learning through university partnerships, establishing the Welsh language as a beneficial skill when applying for posts within the health sector <p>In evaluating the current position against the objectives set during the reporting year, the Health Board has accomplished its goal.</p> <p>Some of these key accomplishments include:</p> <ul style="list-style-type: none"> • Improved statutory compliance within the Integrated Health Communities through an intense and comprehensive self-assessment approach • Improved overall compliance in creating a bilingual corporate identity and language visibility • Increase in the uptake of Welsh language training, in addition to achieving all training targets established as part of the 'Work Welsh' Agreement for 2024-2025 with the National Centre for Learning Welsh to ensure continuation of funding support • Awareness training and workshops delivered at the North Wales Medical School, Wrexham University and numerous second and higher educational settings, demonstrating how the Welsh language is used in the workplace • Conducting a successful staff engagement campaign, 'Use your Welsh', raising awareness of the "Active Offer" sharing positive patient outcomes for improved learning <p>Information detailed within this report expands on how services have significantly advanced during 2024-2025, setting the platform for further involvement over the next reporting year.</p> <p>The report was approved at the Health Board's Board meeting on 25 September 2025, and was then submitted to the Welsh Language Commissioner's Office.</p>
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Group is asked to note the report.</p>
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Teresa Owen, Executive Director of Allied Health Professionals and Health Science</p>
<p>Awdur yr Adroddiad:</p>	<p>Eleri Hughes-Jones, Head of Welsh Language Services</p>



Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol:	All			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<p>The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.</p> <p>This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.</p> <p>The Measure also:</p> <ul style="list-style-type: none"> • created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”) • established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance • gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language 			



Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	<p>The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the risk register. Welsh Language Services actions have been identified to control and mitigate any potential areas of concern.</p> <p>This matter is currently logged on the Welsh Language Services Risk Register and is at its target moderate risk level with a score of six. Actions have been identified to control and mitigate any potential areas of concern.</p> <p>The Risk Register is scrutinised quarterly and any issues of significance or concern are escalated to the Welsh Language Strategic Forum for consideration.</p>
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	There are no immediate financial implications.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	There are no immediate workforce implications.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	N/A



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Reason for submission of report to confidential board (where relevant)	
Next Steps: N/A	
List of Appendices: Appendix 1 – Welsh Language Services Annual Monitoring Report 2024-2025	



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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Welsh Language Services

Annual Monitoring Report
2024-2025



Author: Eleri Hughes-Jones

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Executive Summary

This report 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:

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

This report also addresses compliance with Welsh Government's Five-year plan, 'More than just words'. An overview of progress is provided, including service developments and key achievements from April 2024 to March 2025.

Vision for the Health Board

The Health Board's ambition is to ensure that the language needs and preferences of patients influence the planning and delivery of services.

This is aligned to the Health Board's overall objectives, aimed at creating a favorable environment where patients and the public are assured of the commitment to deliver language-appropriate care.

The following areas have been a priority over the reporting year:

- ***Building an effective organisation*** by ensuring that a robust self-regulatory framework is in place, operating in line with statutory requirements.
- ***Developing strategy and long-lasting change*** by delivering on the commitment within the Health Board's Integrated Medium-Term Plan 2025-2028.
- ***Creating compassionate culture, leadership and engagement*** through organisational development and appropriate models of Welsh language training support to improve the language skills of the current workforce .
- ***Improving quality, outcomes and experience*** by ensuring that staff are aware of the "Active Offer", with a visible commitment in providing care centered on language need.
- ***Establishing an effective environment for learning*** through university partnerships, establishing the Welsh language as a beneficial skill when applying for posts within the health sector.

What has been achieved

In evaluating the current position against the objectives set during the reporting year, the Health Board has accomplished its goals.

Some of these key accomplishments include:

- Improved statutory compliance within the Integrated Health Communities through an intense and comprehensive self-assessment approach.
- Improved overall compliance in creating a bilingual corporate identity and language visibility.
- Increase in the uptake of Welsh language training, in addition to achieving all training targets established as part of the 'Work Welsh' Agreement for 2024-2025 with the National Centre for Learning Welsh to ensure continuation of funding support.
- Awareness training and workshops delivered at the North Wales Medical School, Wrexham University and numerous second and higher educational settings, demonstrating how the Welsh language is used in the workplace.
- Conducting a successful staff engagement campaign, 'Use your Welsh', raising awareness of the "Active Offer" sharing positive patient outcomes for improved learning.

This report will elaborate on what has been achieved and how this has been done.

In addition, these accomplishments have been reflected upon to set the objectives for where the Health Board wants to be this time next year.

Setting the ambition for 2025-2026

The forward vision has been established within the Health Board's Integrated Medium-Term Plan 2025-2028, but the next reporting year will focus on building on the positive infrastructure created by the strategic approach taken to deliver the Welsh Language Standards.

It will also identify which vulnerable groups to support, both from a patient and workforce perspective. Additional work will also be undertaken to promote the use of Welsh within the organisation. This will be delivered on a step-by-step basis, through increased visibility and social presence, staff engagement, and adopting a Language Champions' Programme to demonstrate how the language can be incorporated and normalised within core functions.

Background and Current Position

This report not only reflects the Health Board's progress against the requirements noted in Standard 120, it also demonstrates how the service is designed to address the needs of the population.

The Health Board's Welsh Language Team has been structured to ensure its workstreams provide the necessary support mechanisms required to mainstream language requirements into service planning. It also provides a network of support on an operational level to ensure all written correspondence is provided bilingually, and that there is a structure in place to develop the workforce to improve their language skills.

It consists of four services that support the organisation to both deliver legislative requirements and to address patients' needs.

1. Legislative Compliance
Ensuring that the organisation is supported to deliver its obligations under the Welsh Language (Wales) Measure 2011.
2. Promotion and Engagement

In line with the operational elements of delivering the 'More than just words' Five-year plan, services are actively supported and projects and schemes initiated to increase understanding and awareness of culture, and the impact on patient care.

3. Training Provision

The Welsh Language Training Programme is tailored to address the requirements of various services, along with additional support provided by the 'National Centre for Learning Welsh' with the Welsh Government-funded 'Work Welsh' Agreement.

4. Translation Services

The Translation Team ensures that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Self-Regulation and Governance

Structural accountability is provided through the Welsh Language Strategic Forum (the Strategic Forum), chaired at Executive Director level, with the Health Board's Chairman appointed as Board-level Welsh Language Champion. The Strategic Forum establishes internal governance arrangements. The Terms of Reference steers the strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. There is a scrutiny route for escalating any issues of significance to the People and Culture Committee, as well as annually reporting to the Board on compliance and achievements.

Welsh Language Services Risk Register

It is essential that the Health Board recognises potential areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the "Active Offer" principle in line with 'More than just words', and delivering the 'Bilingual Skills Policy and Procedure'.

All risks have been reviewed during 2024-2025, with all three risk ratings currently at moderate or minor. In assessing current position, no risks required escalation.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Internal Performance Assurance

This report presents a combined analysis of the Bilingual Services Mystery Shopper exercise conducted across Health Board settings over the reporting year, including acute sites, community hospitals, specialist services and managed practices. The assessments focus on front-line services and creating a bilingual environment through the monitoring of:

- Reception Services
- Telephone Services
- Signage

It is pleasing to note that the findings reflect the Health Board’s commitment to providing inclusive, bilingual services to patients and visitors.

The percentage of reception areas providing full Welsh-medium responses demonstrates a steady improvement, reflecting an increase in awareness and capacity amongst front-line staff to deliver services in Welsh. There is consistent effort in greeting patients and visitors, with many sites offering neutral or bilingual greetings.

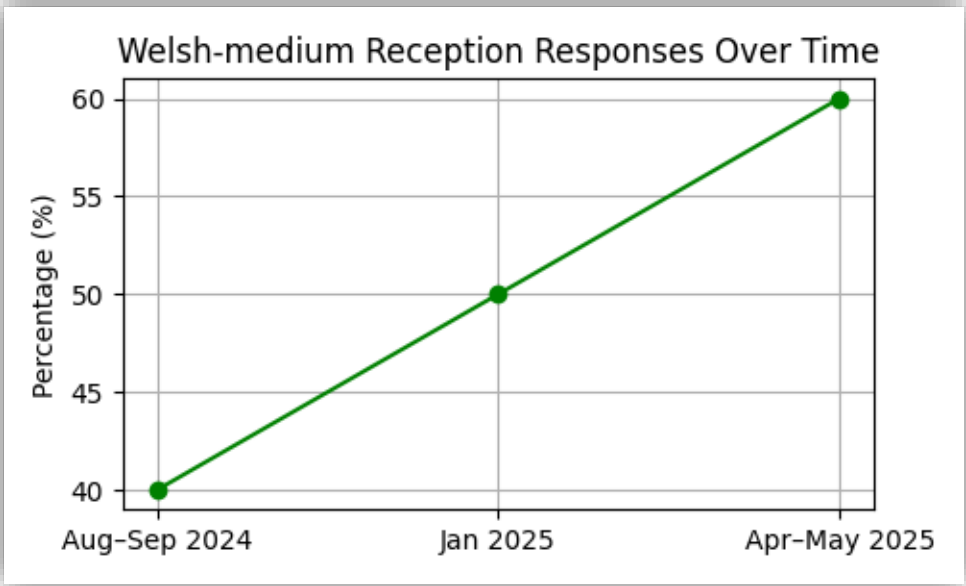


Figure 1: Percentage of reception areas providing full Welsh-medium responses.

There has been a marked increase in telephone services, demonstrating improved compliance and staff training.

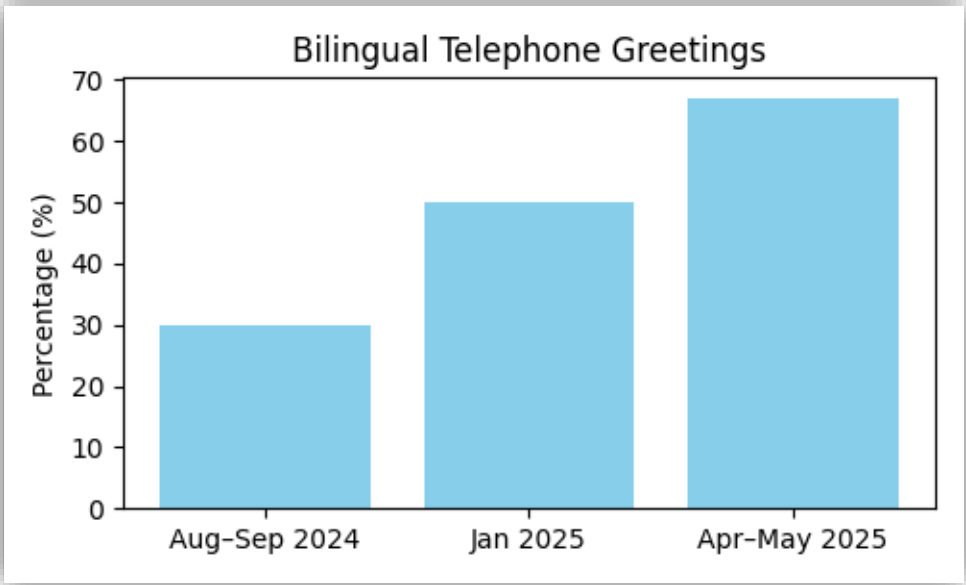


Figure 2: Proportion of telephone calls greeted bilingually.

The ability to deal with calls fully through the medium of Welsh has improved, with more staff either responding directly or transferring to Welsh-speaking colleagues. Bilingual answerphone messages were also apparent, maintaining standards across the organisation.

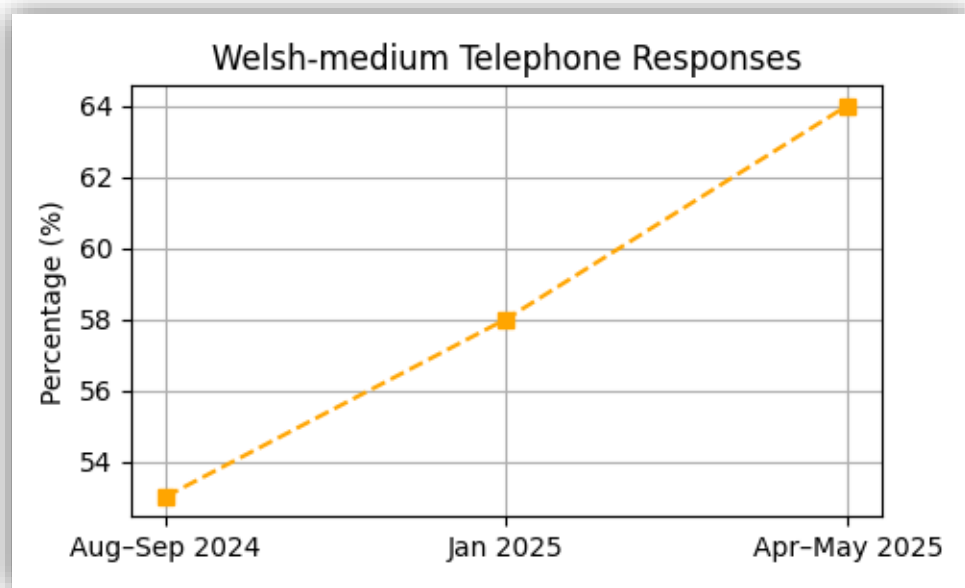


Figure 3: Percentage of telephone enquiries handled in Welsh.

Temporary signage compliance with the Welsh Language Standards has shown positive progress, with several sites achieving full compliance. Permanent signage across nearly all sites were fully bilingual and displayed equal prominence.

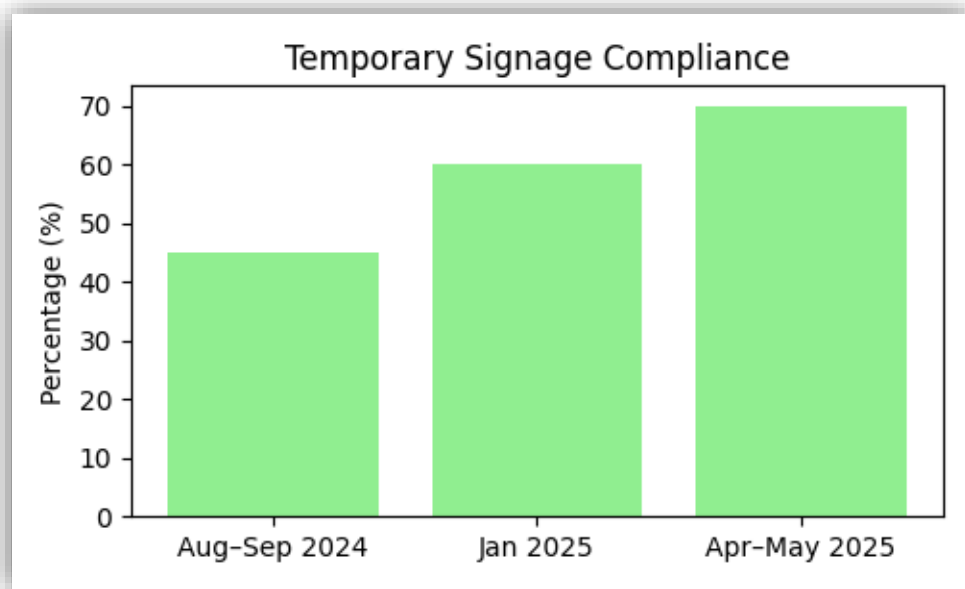


Figure 4: Compliance of temporary signage with Welsh Language Standards.

In conclusion, the combined results from all reporting periods indicate a positive trajectory in the Health Board's bilingual service provision to comply with Welsh Language Standards. Whilst there are still areas for development, the overall picture is one of dedication, demonstrating a growing commitment to embed the Welsh language into everyday healthcare interactions. This ensures that the Health Board aligns with statutory obligations, fostering a more inclusive and culturally respectful environment.

Continued efforts and targeted actions will further enhance the delivery of bilingual services across all sites.

Welsh Language Standards

The Welsh Language Standards (the Standards) have been in operation since the imposition date of 30 May 2019. Significant progress has been made in progressing the implementation of the Standards, monitoring compliance and providing organisation-wide directive.

Intensive Support and Data Analysis

During the last year, work has focused primarily on working with the three Integrated Health Communities (IHCs) across north Wales (East, West and Central) on implementing action plans following a self-assessment of compliance.

To ensure full compliance with the Welsh Language Standards, an extensive evaluation exercise on compliance has been undertaken with all three IHCs across north Wales. The evaluation allows a broader understanding of services' own compliance against each Standard to establish current compliance, providing evidence to support their reviews. Areas of potential non-compliance were addressed through action plans targeting specific areas where additional support was required.

The main focus was compliance against the Service Delivery Standards, i.e., public facing services. This is the areas where the Health Board has seen the most complaints over the last three reporting years, namely:

- Correspondence (Standards 1-7)
- Answering the Phone (8, 9, 10)
- Documents and forms (Standards 36-38)
- Signage (Standards 47-49)
- Reception services (Standards 50 – 53)

The main findings portrayed an overall positive rating, with 'Correspondence' and 'Documents and Forms' seeing the highest level of compliance.

The areas with the highest level of mixed compliance were 'Telephony Services' and 'Reception Services'. In order to address these gaps in services, these have been given priority as they are often the first point of contact for many patients and their families. Actions taken to mitigate these concerns have been outlined within the 'Bilingual Skills Policy and Procedure'. This Policy identifies front line posts where the ability to speak Welsh is an essential criteria when advertising a post. If services have not been successful in appointing Welsh speakers, following a robust approval process, posts can be advertised with Welsh language skills as a desirable criteria, with the proviso that the successful candidate learns Welsh within a specific timeframe. A dedicated

training course for Reception Staff has been developed and is currently being rolled-out in priority areas.

Standard	% of compliance		
	IHC West	IHC Central	IHC East
Correspondence	30%	83.1%	71.4%
Telephony Services	70%	61.1%	50%
Documents and Forms	20%	83.3%	50%
Signage	70%	83.3%	64.3%
Reception Services	40%	50%	28%

This work is currently being rolled-out with pan-North Wales Services and this approach will be adopted on a continuous cycle of improvement basis.

Mainstreaming Language Requirements

Work has progressed in mainstreaming Welsh language requirements into the Health Board’s core business. This included ensuring Welsh language needs were addressed from the outset in the following areas:

- The development of the Royal Alexandra Hospital, Y Rhyl where scope and benefits were mapped against the well-being goals of the Future Generations Act, ensuring ‘A Wales of vibrant culture and thriving Welsh language’;
- The potential procurement of an all-Wales e-rostering system where technical specifications for a fully bilingual system were scrutinised to ensure language preference of patients are recorded;
- The development of an ‘All ages Mental Health System’ whereby Welsh language requirements were secured in the tender specifications, scrutinising deliverability of potential suppliers;
- The development of a service advice and support system within Learning Disability Services where the requirement of Welsh language consultations were highlighted in the health Board’s Integrated Assessment Screening Tool (IAST), addressing preferred languages with care being delivered closer to home.

These examples demonstrate how the Health Board has progressed the normalisation of Welsh language within service developments, and digital infrastructures.

Standard Operating Procedures

Standard Operating Procedures (SOPs) have been produced on specific Standards, providing detailed guidance for staff to ensure accurate understanding and compliance. SOP development prioritised areas of concern that were highlighted either by external concerns or through the self-assessment tool. SOPs have been created for:

- Meetings not open to the public (Standards 21, 22, 22a and 22ch)
- Reception Services Standards (50, 52 and 53)
- Corresponding with the public (Standard 7)

- Answering the telephone (standards 8, 9 and 10)

All SOPs have been published on the Health Board's intranet site, 'BetsiNet'. Work will continue during the next reporting year to create further SOPs to include all Standards.

Increasing the Health Board's capacity to deliver services in Welsh in line with Standard 110

A plan for the next five-year period for Standard 110, which requires the Health Board to increase its ability to offer to carry out clinical consultations in Welsh, was approved by Welsh Language Strategic Forum. The plan focuses on developing bilingual services through recruitment, orientation and training, planning, identifying patients' first language, and engagement and culture. As the plan is scrutinised internally, a pilot has taken place with one vulnerable group identified within 'More than just words', namely dementia services. As part of 'Dementia Action Week' the service focused on the "Active Offer" principle of providing services to patients in Welsh, without them having to ask for it. This has been implemented through the implementation of the 'language Choice scheme' where orange 'Welsh' magnets are placed above a patients' bed.



This work is now expanding to Stroke Services which has also been identified as a priority group within 'More than just words'

Workforce Development Programme

The Health Board's Welsh Language Training Team has successfully delivered a wide range of Welsh language courses tailored to the needs of the organisation, with a 29 per cent increase in the number of staff learning Welsh over the reporting year.

The Team have taken a direct approach in strategically aligning training provision with legislative requirements, and systematically identifying learning gaps across the organisation. Courses have been tailored for front-line services, and priority groups have received direct support to focus efforts on increasing capacity to deliver services in Welsh.

The Welsh Language Training Team renewed a twelve-month contract with the 'National Centre for Learning Welsh' under the Welsh Government-funded 'Work Welsh Scheme'. This followed the success and accomplishments achieved during the 2023-2024 agreement, ensuring the continuation of opportunities and collaborative working as well as employing a Support Officer.



Welsh Language Training Provision Data Analysis



Offered 22 different Welsh language training courses throughout the year.



Increased number of face-to-face sessions tailored for different departments/Teams, including Speech and Language Therapy.



In-house tutor has taught over 200 members of staff.
Mixture of 1:1 and group sessions.
Courses tailored for the health care sector.



96% of the learners were 'very happy' with the provision.
100% of the learners 'enjoyed' attending courses.
71% continued to learn Welsh after completing a course.



Renewed a 12 month contract with the National Centre of Learning Welsh.



An increase of 32% of learners accessed the online 'Work Welsh' courses, with the self-studying courses proving to be very popular.



Nine Board Members have attended 1:1 lessons via Teams.



Three board members passed the Courtesy Welsh language exam.



37 members of staff attended 5-day intense courses at Nant Gwrtheyrn.



The 'Y Gymraeg yn Betsi' Facebook group continues to showcase examples of good practice and success stories, with 483 followers at present, which is a 25% increase since April 2024.



Two members of staff passed the 'Tystysgrif Sgiliau Iaith / Welsh Language Skills Certificate' – an accredited qualification by the Coleg Cymraeg Cenedlaethol.



Dr Darren Cornish won the 'Welsh Language Award' at BCUHB Achievement Awards 2024. He has been studying and learning Welsh with the Health Board's Welsh Language Tutor.

Translation Services

The Translation Team provides support for all Health Board services in the form of written translations and interpretation services. The sustained demand for translation demonstrates the Health Board's commitment to provide a seamless and timely bilingual service to service users in line with the statutory requirements and an increased visibility of the language in the Health Board's operations.

The Team continues to ensure that quality control standards are upheld in all aspects of translation, prioritising time-sensitive information so that staff and patients are able to access information in their preferred language.

In 2024-25, the team entered into a Service Level Agreement (SLA) with Aneurin Bevan University Health Board to provide translation support for written translation requests. This collaborative arrangement has proved to be successful, with both parties aligning to continue with this arrangement for 2025-2026. The value of the SLA was undertaking the translation of 480,000 words for the duration of the agreement, receiving a total value of over £28,000.

Board meetings are also conducted bilingually, with items and papers assessed and translated, and a simultaneous translation service is also provided. As the meetings are streamed live online, separate Welsh and English videos are streamed simultaneously so that the public can follow discussions fully in Welsh or English. Urgent requests for translations have included press releases, patient correspondence, annual reports and information for social media platforms. Public and patient facing requests are prioritised with a turnaround timeframe of same-day or 1-2 working days. An out-of-hours service is also provided for urgent communications.

Overall, the number of words translated during the reporting year was 4,648,140 compared to 3,721,696 during 2023-2024. This is a significant increase and the table below demonstrate the top five services who have requested translations, with Workforce and Organisational Development being the highest service demand. These requests predominantly focus on the translation of job descriptions, ensuring full compliance with Standard 107 which requires all job descriptions to be available bilingually.

Service	Number of Words Translated
Workforce and Organisational Development	1,361,424
Corporate Office	289,626
Mental Health and Learning Disabilities	177,009
Communications Team	160,867
Speech and Language Therapy Services	146,887

The Translation Team continues to offer support in the form of simultaneous translation provided either face-to-face or on the online platforms of 'Zoom' and 'Microsoft Teams'. A total of 45 requests were received with the majority requiring interpretation for stakeholder events, meetings and conferences, and interviews for applicants who wish to have their interviews in Welsh.

Raising Awareness amongst the Current and Future Workforce

Raising Awareness across the Organisation

In January 2023, a new Welsh Language Awareness e-learning package was launched on the Electronic Staff Record system. This is part of the Mandatory Training Programme to be completed by all staff, and repeated every three years. The figures below demonstrate that 92.3 per cent of the workforce have completed this training, which is an increase of 5.16 per cent from last year. This is above the 85 per cent target for Mandatory Training within the Health Board. Three Mandatory Training Days has also been held this year to provide this training face-to-face for those with a low compliance rate, or those who have access issues.

Comp Matrix - Default

Division	Compliant	Non-Compliant	Compliance %
Health Community Centre (HCCX)	4533	537	89.41%
Health Community East (HCEX)	4807	377	92.73%
Health Community West (HCWX)	3855	268	93.50%
Integrated Clinical Delivery - Primary Care (ICDP)	396	13	96.82%
Integrated Clinical Delivery - Regional Care (ICDR)	1368	145	90.42%
Mental Health & LDS (MX00)	2096	103	95.32%
Midwifery and Womens Services (WXXX)	733	93	88.74%
Corporate Services	2043	118	94.54%
Total	19831	1654	92.30%

'Use your Welsh' Campaign

A campaign was held in March with the aim of highlighting the importance of offering services to patients in Welsh, and encouraging them to use whatever level of Welsh they have. A number of events were held during the campaign which included:



Stalls at the three main hospitals where staff came to receive advice and guidance about various topics relating to bilingual service provision; collect resources and find further details about the range of Welsh language training courses that are available.



Positive patient experience story highlighting the excellent service provided in Welsh at Ysbyty an Clwyd's Children's Ward.



1:1 confidence building 'Turbo Charge Your Welsh' course launched for staff.



A special 'take-over' program on Radio Ysbyty Gwynedd to hear about the experiences and journeys of some of the Health Board's Welsh language learners.



Launch of a new 'Welcome Course' for complete beginners.

The distribution of supporting resources, including a vocabulary handout to give staff the confidence to use their Welsh during meetings, as well as sharing YouTube clips to help with the pronunciation of the vocabulary and phrases.



Other key achievements that successfully raised awareness of Welsh language services offered to patients included:

- St David-s Day celebrations, with a focus on the importance of Welsh language when providing services to children. Events were held at the Children's wards in all three main sites, with special visits from popular Welsh cartoon characters 'Dewin' and 'Doti'. In collaboration with 'Cymraeg i Blant / Cymraeg for Kids', story sessions were held for children and they also sang along to nursery rhymes on the wards.
- The Welsh Language Commissioner visited ysbyty Glan Clwyd to learn more about the Health Board's Welsh language achievements across services including actively offering services in Welsh in the Pharmacy Department, Chaplancy Services and the Children's Wards. It was a valuable opportunity to demonstrate how Welsh is increasingly embedded in daily work across the Health Board.
- The Welsh Language Team was shortlisted at the NHS Wales Awards 'in the 'Equitable Care' category for implementing the 'Language Choice Scheme'.



Influencing the Future Workforce

The Health Board has maximised its partnership working with universities, schools and partners to raise awareness of Welsh language being a skill in the workplace. Awareness sessions and workshops have been delivered to:

- Medical students at the North Wales Medical School as part of the new Medicine Programme.
- Health care students across numerous specialities at Wrexham University.
- Secondary school pupils in a number of schools across North Wales.
- Students and pupils as part of 'Careers Wales' events.

Feedback has been extremely positive across all disciplines, with students, partners and providers praising the Health Board for the delivery of sessions, and for its pro-active approach in reaching out to the future workforce.

Sharing Positive Patient Outcomes

A positive patient story was shared widely within the Health Board to share learning as part of the 'Use your Welsh' campaign. Delyth Roberts shared her experience of being able to access Welsh-medium care when her seriously ill six-year old daughter was admitted to the Children's Ward at Ysbyty Glan Clwyd.

Reflecting on this story, it establishes what services strive to achieve:

- An environment where patients and the public are assured that their language choice are taken into consideration.
- A care setting where language choice is actively offered.
- An improved package of care that takes into account the wider context and needs of patients.

What arrangements had the Children's Ward at Ysbyty Glan Clwyd put in place to deliver this:

- Recording language of choice, and acting upon this.
- Placing orange 'Welsh' magnets above the patient's bed to ensure the wider clinical workforce were aware of their language choice when approaching the patient.
- Welsh-speaking staff identified with the orange 'Welsh' logo on their uniforms.
- Creating a bilingual environment with Welsh books, activities and toys.
- Non-fluent members of staff using whatever Welsh they had.

As a result, the outcomes achieved were positive, as was the overall experience:

- Mother and child felt more comfortable in an extremely distressing situation.
- The mother felt their needs were listened to, and implemented.
- Better communication with the staff, with the child able to describe her own symptoms without the mother having to intervene.
- Took the pressure off them of having to ask for any aspect of the care in Welsh.

By sharing positive experiences, it is possible to demonstrate how these steps can be reflected across other areas of the Health Board. Delyth wanted to share her experience to demonstrate her appreciation for the service she and her daughter received. A video has been created detailing Delyth's journey.

[Stori Claf / Patient Story 'Defnyddiwch eich Cymraeg'](#)



Key Performance Indicators

The data included below are in accordance with Standard 120 of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Workforce Planning

- **Number and percentage of the organisation's employees whose Welsh language skills have been assessed across the organization.**

Count of Employee Number	2022/23		2023/24		2024/25	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 - No Skills / Dim Sgiliau	9101	46.9%	9645	46.25%	10217	48.33%
1 - Entry/ Mynediad	2914	15%	2781	13.34%	2739	12.96%
2 - Foundation / Sylfaen	1410	7.3%	1371	6.57%	1394	6.59%
3 - Intermediate / Canolradd	1456	7.5%	1438	6.9%	1472	6.96%
4 - Higher / Uwch	1700	8.7%	1588	7.62%	1600	7.57%
5 - Proficiency / Hyfedredd	2829	14.6%	2743	13.15%	2778	13.14%
Total	19,410	91%	19,566	93.8%	20,200	95.54%
Total number of staff	21,326		20,852		21,142	

2024 / 2025 Data:

95.54 per cent of the entire workforce had recorded their Welsh language skills on ESR

2023 / 2024 Data:

93.8 per cent of the entire workforce had recorded their Welsh language skills on ESR

Training to Improve Welsh Language Skills

- **Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level.**

2024 / 2025 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 995

This total equates to 4.7 per cent of the Health Board's current workforce

2023 / 2024 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 771*

This total equates to 3.6 per cent of the Health Board's current workforce.

Recruitment

- **Number and percentage of new and vacant posts advertised with the requirement that:**

2024 / 2025 Data:

- Welsh language skills are essential	- 301 (6.5 per cent)
- Welsh language skills are desirable	- 4238 (92.2 per cent)
- Welsh language skills to be learnt	- 49 (1.1 per cent)
- Welsh not a required skill	- 8 (0.17 per cent)
- Total number of vacancies advertised	- 4596

2023 / 2024 Data:

- Welsh language skills are essential	- 298 (5.5 per cent)
- Welsh language skills are desirable	- 5048 (93 per cent)
- Welsh language skills to be learnt	- 66 (1.2 per cent)
- Welsh not a required skill	- 14 (0.2 per cent)
- Total number of vacancies advertised	- 5426

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Standards***

The Health Board received six new complaints in relation to compliance with the Welsh Language Standards during the reporting year.

The complaints included:

- Lack of Welsh language reception services.
- Temporary signage.
- Language choice not considered as part of conducting a patient assessment within neurodevelopmental services.

All complaints were fully addressed under the Welsh Language Measure complaints timeframe or under the Putting Things Right Regulations.

None of the complaints were escalated to investigation status by the Welsh Language Commissioner, and all complaints were resolved following the initial communication. Two complaints resulted in receiving Advice Under Section 4 of the Welsh Language (Wales) Measure 2011, whereby the Health Board was requested to provide further clarification to evidence internal findings.

Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

- Improving the quality of care provided through the language of choice.
- Increasing compliance with legal and statutory requirements.
- Identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care.
- Improving organisational development in terms of how the workforce is supported to deliver services through the medium of Welsh.

However, the Health Board is looking forward to the initiatives and opportunities in development for the next reporting year. Further site-based programmes are included within the Welsh Language Services' Annual Delivery Plan, in addition to extending support to primary care colleagues. The main objectives align with a vision to fully embrace the culture of the organisation, and increasing capacity to deliver services bilingually.