

## **Bundle Stakeholder Reference Group 2 March 2026**

- 1 PRELIMINARY MATTERS
  - 1.1 13:00 - SRG26.01 Welcome & Apologies  
*Peter Lewis, Chair*
  - 1.2 13:02 - SRG26.02 Declarations of Interest  
*Peter Lewis, Chair*
  - 1.3 13:03 - SRG26.03 Minutes of the Previous Meeting - 1 December 2025  
*Peter Lewis, Chair*  
SRG26.03 Unconfirmed 01.12.2025 Minutes V2
  - 1.4 13:08 - SRG26.04 Action Log  
*Peter Lewis, Chair*  
SRG26.02 Action Log updated 22.01.26
  - 1.5 13:13 - SRG26.05 Patient Story  
*Provided by Rachel Wright, Lead Patient Experience And Carers Service, Pan Betsi*  
SRG26.05 Patient Story. All Wales Diabetes Prevention Programme
  - 1.6 13:33 - SRG26.06 Update on Vice Chair - Verbal Update  
*Peter Lewis, Chair*
- 2 STRATEGIC PRIORITIES
  - 2.1 13:38 - SRG26.07 Intermediate Medium Term Plan Update  
*Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning*  
SRG26.07a IMTP update 2026-03-02 Cym  
SRG26.07b IMTP Update 2026-03-02 Eng
  - 2.2 13:53 - SRG26.08 Third Sector - Verbal Update  
*Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning*
  - 2.3 14:08 - SRG26.09 An Organisational Approach to Change  
*Geraint Parry, Interim Assistant Director of Transformation and Improvement*  
SRG26.09a Organisational Approach to Change (CYM)  
SRG26.09b Organisational Approach to Change Eng
  - 2.4 14:23 - SRG26.10 Primary Care Update - Presentation  
*Alan Lawrie, Primary Care Associate Director*  
SRG26.10 Primary Care Update
  - 2.5 14:43 - SRG26.11 Welsh Language Update  
*Eleri Hughes-Jones, Head Of Welsh Language Services*  
SRG26.11a Appendix 1 - Adroddiad Monitro Blynyddol Gwasanaethau'r Gymaeg 2024-2025  
SRG26.11b Appendix 2 - Welsh Language Services Annual Monitoring Report 2024-2025
  - 2.6 14:53 - SRG26.12 Welsh Health Impact Assessment  
*Stuart Keen, Director of Environment and Estates*  
*Helen Stevens-Jones, Director Of Partnerships, Communications and Engagement*  
*Jane Moore, Executive Director of Public Health*
- 3 FOR ASSURANCE
  - 3.1 15:08 - SRG26.13 Director's Report  
*Helen Stevens-Jones, Director Of Partnerships, Communications and Engagement*  
SRG26.13a Director's Report March 2026 Cym  
SRG26.13b Director's Report March 2026 Eng
  - 3.2 15:18 - SRG26.14 Review Committee Terms of Reference and Cycle of Business  
*Peter Lewis, Chair*

SRG26.14a Stakeholder Reference Group ToR v1.0

4 CLOSING BUSINESS

4.1 15:18 - SRG26.15 Agree Items for Referral to Board/Other Committees  
*Peter Lewis, Chair*

4.2 15:18 - SRG26.16 Review Risks Highlighted in the Meeting for Referral to Risk Management Group  
*Peter Lewis, Chair*

4.3 15:19 - SRG26.17 Agree Items for Chairs Assurance Report  
*Peter Lewis, Chair*

4.4 15:20 - SRG26.18 Review Meeting Effectiveness  
*Peter Lewis, Chair*

4.5 SRG26.19 Date of the Next Meeting - 1 June 2026

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Unconfirmed Minutes of the Stakeholder Reference Group**  
**held in Public on 1 December 2025**  
**held in the Elsi Room, Conwy Business Centre, Llandudno Junction and via**  
**Microsoft Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Peter Lewis	Independent Member (Chair)
Allen Bewley	Flintshire Local Voluntary Service
Margaret Hollings	St Davids Hospice
Rebecca Hughes	Llais
Ffion Johnstone	Programme Director - Foundations for the Future
Stuart Keen	Executive Director of Environment and Estates
Emma Lea	Head of Business, Planning and Programmes – Central IHC
John Pritchard	Adult Social Services
Helen Stevens-Jones	Director Of Partnerships/communications & Engagement
Sherry Weedall	Denbighshire Voluntary Services Council
Bethan Williams	Gwynedd
Kamala Williams	Head Of Health Strategy & Planning
<b>Committee Support</b>	
Harriet Abbott	Minute Taker

<b>PRELIMINARY MATTERS</b>
<p><b>S25.43 Welcome and Apologies</b></p> <p>Apologies were noted from Dyfed Edwards, Alun Roberts, Linda Kinani, Steve Williams, Dilwyn Morgan, Dylan Williams.</p>
<p><b>S25.44 Declarations of Interest</b></p> <p>No declarations of interest were received.</p>
<p><b>S25.45 Unconfirmed Minutes of the Meeting held on 1 September 2025</b></p> <p>It was agreed that the minutes of the meeting held on 1 September 2025 were a true and accurate record.</p>
<p><b>S25.46 Matters Arising &amp; Action Log</b></p> <p>Members received the action log and noted progress against the actions.</p> <ul style="list-style-type: none"> <li>• <b>Action SRG25.36</b> – advised by the Executive Director of Partnerships, Communications and Engagement that action is being addressed, and can now closed.</li> <li>• <b>Action SRG25.38.1</b> – an update is to be provided at the next meeting.</li> </ul>

- **Action SRG24.32** – a further email will be shared with members following the meeting requesting nominations for Vice-Chair of the group.
- **Action SRG24.27** – item to be discussed in today's meeting. Agreed to close.

It was resolved that the Committee:

- **AGREED** to close the actions that were proposed for closure.

The Executive Director of Environment and Estates updated regarding the current estates strategy, following discussion at the previous meeting. The following points were highlighted:

- The current estates strategy requires updating, and is currently awaiting confirmation of clinical strategies to aid this work.
- It is expected that a proportion of BCU estate could be utilised better.
- Through an example given, it was advised data is being collated on some sites using the Occupy system. It is thought that changes to work setup, e.g. increased use of hybrid working for office working since the COVID19 pandemic, is a large contributor to this.
- An update regarding Mental Health estates developments will be brought to the next meeting.

Following the update, the Group:

- Discussed hybrid working policies, and agreed for an update to be given on the current BCU policy at the next meeting.
- Clarified that as part of due diligence, prior to approval of a business case, room and building utilisation is reviewed, to establish need.

The following actions were agreed:

- **Action S25.46.1:** An update on Mental Health estates developments to be given at the next meeting.
- **Action S25.46.2:** An updated on the BCU hybrid working policy to be given at the next meeting.

## STRATEGIC PRIORITIES

### S25.47 IMTP Progress Update

The Head of Business, Planning and Programmes for CIHC presented the paper and highlighted the following:

- The IMTP is a statutory requirement, currently in BCUHB there is an IMTP 2025-2029.
- Work is currently ongoing to update and refresh the plan, to ensure a continuous planning process, and the importance of service level planning was emphasised.
- The IMTP is being delivered through a two-step approach: 1. Service-Level planning, and 2. IMTP integration and submission.
- The organisation is linked in with a number of partnership forums and mechanisms to enable engagement, to ensure stakeholder's input is reflected in the IMTP, and to ensure service plans are delivered with robust outcome measures.



- Partners are asked to identify where their priorities align with the IMTP focus areas, whilst providing evidence and insight to strength strategic planning and to the development of joint objectives.

In discussing the item, the group:

- Emphasised the importance of engagement at all levels, both strategic high level and operational front line to ensure conversations and information shared through stakeholder organisations.
- Advised that due to organisational structures, at times there can be a lot of “filtering” of information as it passes along a communication chain, and further it gets from the source, which can also provide limited feedback opportunities.
- Were advised that the directorate is working with services to ensure plans are connected and aligned operationally.
- Were advised that the forums and mechanism used for engagement will be pre-existing groups, however if a gap is found, this will be reviewed and explored as appropriate.
- Emphasised the importance of ensuring outcome measures are in place from the outset to monitor impact and enable shared learning. The importance of considering performance data was highlighted, as well as areas such as workforce profiles, digital and estates strategies.
- Agreed for any further questions to be shared via email if required.
- Noted the engagement event through the Bevan Commission that took place on 8<sup>th</sup> October, and how this was beneficial to services. It was felt that the three priority areas shared following the day were reflective of discussions held at the event.

It was resolved that the Group:

- **NOTED** the report.

*[Ffion Johnstone joined the meeting].*

### **S25.48 Strategic Intent Progress Update**

The Head of Health Strategy and Planning presented the paper and highlighted the following:

- The previous strategy has been updated, as the previous strategy “Living Healthier, Staying Well” brought in in 2018 due to developments, was felt to not be reflective of the Health Boards current priorities.
- A Discover, Design and Deliver approach is being adopted, with the organisation currently being in the Discover and Design element.
- An engagement event took place on 8 October 2025, including stakeholders, with a report being shared highlighting the outcomes of the day.
- Feedback is requested on the strategic intentions summarised within the report.
- Public feedback so far indicates that the system can be difficult to navigate at times from a user perspective.

In discussing the item, the group:

- Noted the objectives appeared well focused.

It was resolved that the Committee:

- **NOTED** the report.

### **S25.49 Foundations for the Future Progress Report**

*Ffion Johnstone, Programme Director – Foundation for the Future*

The Programme Director of Foundations for the Future presented the paper and highlighted the following:

- A discover, design and deliver approach is being adopted, with the programme currently in the design phase.
- An evidence-based approach is being taken.
- The new model has “pillars”, each with a lead executive identified.
- The scheme of delegation was approved at the Board in September 2025.
- The programme focuses on aligning services across BCUHB, as well as alignment with the Local Authorities, and streamlining corporate functions.

In discussing the item, the group:

- Highlighted the issues experienced by patients and other stakeholders due to cross boundaries and the requirement to attend different hospital sites depending on the service or care required. It was advised that the new programme is hoping to align services to having one waiting list, rather than three different lists across BCUHB areas.
- Referenced transport issues experienced across the region, and the limitations this can cause.
- Noted the importance of gaining patient perspective for this work.
- Agreed for further feedback and points for noted to be submitted via secretariat for the group.

The following actions were agreed:

- **S25.49.1** Slides presented to be shared with members for feedback.

It was resolved that the Committee:

- **NOTED** the report.

## **FOR ASSURANCE**

### **S25.50 Director’s Report**

The Director of Partnerships, Engagement & Communications presented the report and highlighted the following:

- The Maggie’s Centre opened on the Ysbyty Glan Clwyd site earlier this year.
- The Health & Wellbeing hubs were discussed at the November Board meeting. A strategic approach is being taken to establish the hubs. This links with the work highlighted under items S25.47 and S25.48 discussed previously in the meeting.

An update was provided on BCUHB’s current position with Welsh Government:

- On 24<sup>th</sup> October, the latest quarterly Welsh Government statement on progress was published. This noted improvement within BCUHB in particular areas, such as financial governance, corporate governance, clinical leadership, board leadership,

quality, safety and engagement. However, emphasised that expected improvements in performance, particularly Planned Care and Urgent Care had not yet been seen.

- On 19<sup>th</sup> November, Welsh Government announced additional support for the Health Board through the addition of improvement directors.
- On 27<sup>th</sup> November, a further statement announced suspension of referral to treatment time data from BCUHB. This is to allow an external investigation into the quality and governance of the referral to treatment time data.
- Members were encouraged to review the Public Health Annual Report, shared as part of the Board papers in November.
- Highlighted the community by design approach being adopted across the Health Board.
- Emphasised the importance of stakeholder input, specifically regarding capital developments.

In discussing the item, the group:

- Agreed for a further update regarding the community by design approach to be given at the next meeting, following an internal event scheduled for December.

The following action was agreed:

- **Action S25.50.1:** Update on community by design approach to be given at the next meeting.

It was resolved that the Committee:

- **NOTED** the report.

### **S25.51 Governance Arrangements for SRG**

The Chair advised that requests for Vice Chair of the group would be shared over the coming weeks.

In discussing the item, the following was highlighted:

- The involvement of a representative for homelessness for the group is being explored. The Director of Partnerships, Engagement & Communications is leading this, and is in the process of identifying a member. Once agreed, this decision will be submitted to the Board for approval.

It was resolved that the Committee:

- **NOTED** the report.

### **FOR INFORMATION**

#### **S25.52 Welsh Language Update**

In reviewing the report, the group:

- Requested the option of translation facilities to be explored for use in future meetings to allow utilisation of the Welsh Language if preferred by users.

The following actions were agreed:

- **S25.52.1** Welsh Language verbal update to be received at the next meeting.



## **CLOSING BUSINESS**

### **S25.53 Review of Meeting Effectiveness**

It was agreed that:

- The meeting ran well, and the Chair thanked the group for their updates.

### **S25.54 Date of next meeting**

**2 March 2026.**

Unconfirmed

## Stakeholder Reference Group

Ref. No.	Lead Executive / Member	Minute Reference and Action Agreed	Original timescale agreed	Update	Revised Timescale / Action status (O/C)
<b>Actions from meeting held on 2.12.24</b>					
8	Pam Wenger	<b>S24/32 Process of Appointments to SRG. S24/32.2</b> To circulate the ToR in Word format for comment.	Mar 2025	<b>Remain Open</b> 3.12.24 Circulated ToR to Members for comment.  01.12.25 – PL advised further email is to be shared with members in the coming weeks requesting nominations for Vice Chair  09.01.26 – email for expressions of interest for vice chair shared. Deadline 30.01.26	
<b>Actions from meeting held on 1.12.25</b>					
	Peter Lewis	<b>S25.52.2</b> Explore use of translation facilities available for use in the meeting	March 2026	<b>Remain Open</b>	
<b>Actions Proposed For Closure</b>					
5	Stuart Keen / Helen Stevens-Jones	<b>SRG25/38.1</b> Discuss the Welsh Health Impact Assessment.	October 2025	<b>Proposed close</b> 01.12.25 – work ongoing. Update to be given at the next SRG meeting.  22.01.26 – added to draft agenda for March 26.	March 2026

	Ffion Johnstone	<b>S25.49.1</b> Slides presented to be shared with members for feedback	March 2026	<b>Proposed close</b> <b>02.12.25</b> – presentation shared with attendees for comments.	
	Eleri Hughes-Jones	<b>S25.52.1</b> Welsh Language verbal update to be received at the next meeting.	March 2026	<b>Proposed close</b> <b>22.01.26</b> – added to draft agenda for March meeting	
<b>Actions Closed (at 01.12.2025 meeting)</b>					
6	Gareth Evans	<b>S24/30 Update on Royal Alexander Hospital, Llandudno Hub Business case.</b> <b>S24/30.2</b> 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	<b>Suggest close</b> <b>23.12.24</b> 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. <b>01.12.25</b> – Action closed	
7	Pam Wenger	<b>S24/32 Process of Appointments to SRG.</b> <b>SR24/32.1</b> 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	<b>Suggest close</b> <b>23.01.25</b> 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> ”	

				<b>24.2.25 Process of Appointment of SRG Members</b> added to 3.3.25 agenda, under For Information. <b>01.12.25</b> – Action closed	
9	Helen Stevens-Jones	<b>S24/33 Update on Culture Change Programme – Values and Behaviour.</b> <b>S24/33.1</b> To add ‘How best to embed new culture’ onto the next workshop agenda. Add to Forward Workplan.	9.12.24	<b>Suggest close Actioned.</b> <b>01.12.25</b> – Action closed	
10	Nia Harris / Fiona Lewis	<b>S24/33 Update on Culture Change Programme – Values and Behaviour.</b> <b>S24/33.2</b> To provide Bethan R-W Welsh translation of 3 <sup>rd</sup> iteration of Values & Behaviours Framework	9.12.24	<b>Suggest close.</b> <b>3.12.24</b> Emailed V&B Framework to Bethan Russell Williams. <b>01.12.25</b> – Action closed	
11	Paolo Tardivel / Julie Ward-Jones / Angela Wood (Exec lead) / Fiona Lewis	<b>2.9.24 Workshop – Health Board Strategy &amp; Clinical Services.</b> 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	<b>Suggest Close.</b> <b>26.11.24</b> 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. <b>2.12.24</b> QMS Framework Operationalisation presentation provided. <b>01.12.25</b> – Action closed	
12	Julie Ward-Jones / Helen Stevens-Jones	<b>2.9.24 Workshop – Urgent and Emergency Care.</b> To look at providing a forum / a suggestion box where	3.12.24	<b>Suggest close</b> <b>26.11.24</b> 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><b>15.1.25</b> 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><b>Internal - Engagement team</b> 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><b>Internal - Patient &amp; Carer Experience team</b> 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 &amp; Carer Experience Team are proposing an initiative called '<i>The Hive</i>' which is about gaining ideas from <b>staff</b></p> <p><b>External - NHS Executive</b> <a href="#">Cwm Taf, Bro Morgannwg University Health Board</a> have a process whereby <b>staff</b> 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> <p><b>01.12.25</b> – Action closed</p>	
13	Helen Stevens-Jones / Dylan Williams	<p><b>S24/27 Planning for 2025-28</b></p> <p><b>S24/27.1</b> To arrange an online opportunity for Members to discuss Integrated Planning Process.</p>	16.12.24	<p><b>Suggest Close.</b></p> <p><b>2.11.24</b> HS-J in discussions with Chris Stockport to arrange an online session.</p> <p><b>9.1.25</b> Online session arranged for 16.1.25</p> <p><b>01.12.25</b> – Update received at today' meeting. Action closed</p>	
1	Dylan Williams	<p><b>S23/45 Planning Verbal Update</b></p> <p><b>S23/45.2</b> DW to ensure that knowledge will be shared on a weekly/monthly basis and</p>	4.3.24	<p><b>Suggest Close</b></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</p>	

		not purely for the meetings alone.		sub committees) have access to planning information throughout the planning cycle. <b>18.04.24</b> – 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. <b>1.9.25.</b> HS-J advised Members since this action was raised, with a new Director in post, there is a new approach. <b>01.12.25</b> – agreed action closed.	
2	Kirsty Thomson  Helen Stevens-Jones to decide who best to pick this up	<b>S24/29 Partner Update.</b>  <b>S24/29.1</b> KT to contact Anne-Marie Street and Elinor Thomas from St David's Hospice outside of meeting, with a view to discussing strategic possibilities within our hospitals, and to discuss their perspective of recent possible end of life care law changes.	9.12.24	<b>Suggest Close</b> <b>4.12.24</b> KT has been in contact with Anne-Marie Street and Elinor Thomas and will provide update when available. <b>2.6.25</b> It was noted that Kirsty Thomson had left the Health Board. HS-J to look into who would pick this item up. <b>1.9.25</b> 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? <b>18.9.25</b> 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. <b>01.12.25</b> – agreed action closed.	
3	Peter Lewis / Helen Stevens-Jones	<b>SRG25/36</b> to agree format of digest to share with Members' organisations post-meeting.	October 2025	<b>Suggest Close</b> <b>17.9.25</b> HS-J emailed SRG Members to hear their views on the best format.  <b>01.12.25</b> – HS-J advised that this is being addressed, and action can be closed.	

4	Dylan Williams	<p><b>SRG25/39.1</b> Provide specific information in next report, including</p> <ul style="list-style-type: none"> <li>• Direct evidence of improvements</li> <li>• consideration of areas not in Special Measures</li> <li>• 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.</li> </ul>	December 2025	<p><b>Suggest Close</b>  <b>24.11.25</b> confirmation received that report include reference to these three areas.</p>	
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Choose an item.

**Stori un o Gleifion Rhaglen Atal Diabetes Cymru Gyfan**

**All wales Diabetes Prevention Programme Patient Story**

<b>Date of Meeting</b>	02 March 2026
<b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Report Author name and title</b>	Hannah Hughes – Patient & Carer Experience Manager
	Rachel Wright – Patient & Carer Experience Lead
<b>Lead Executive Team Member name and title</b>	Angela Wood, Executive Director of Nursing and Midwifery

<b>Report Purpose</b>	For Noting
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**Executive Summary**

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

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

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

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

**Acronyms / Glossary of Terms**

[All Wales Diabetes Service Patient Story - WELSH SUBTITLES.mov](#)

[All Wales Diabetes Service Patient Story - UPDATED ENGLISH SUBTITLES.mov](#)

## 1. Overview of Carer Story

The story captures the experience of a patient who was invited to attend a lifestyle intervention appointment with the All Wales Diabetes Prevention Programme (AWDPP) at his GP surgery in Beaumaris following a blood test indicating that he was in a pre-diabetic range.

Following the intervention with the Healthcare Support worker, the storyteller went on to make many lifestyle changes around nutrition and exercise and following his annual review is no longer pre-diabetic and at risk of type 2 diabetes.

The storyteller describes his positive and supportive experience of accessing the AWDPP service and how transformational this has been for his health and wellbeing.

## 2. Summary of Learning and Improvement

This story has been shared with the Service Improvement Manager for Diabetes Prevention and the local AWDPP Team. This experience will be shared across the Health Board to promote good practice and to promote the All Wales Diabetes Prevention Programme.

Following the Welsh Government's funding commitment in March 2021, the AWDPP was established to begin the roll out of a national type 2 diabetes prevention programme.

The aim of the AWDPP is to provide an effective, equitable approach to type 2 diabetes prevention delivered through primary care across Wales.

As of 2020, 8% of the population of Wales aged 17 years and over lives with diabetes, of which 90% have type 2 diabetes. The majority of these are preventable with the most significant modifiable risk factors being overweight and obesity. Managing diabetes and its complications puts a considerable burden on healthcare services.

The AWDPP started in BCUHB in 2021 with funding from the AWDPP National Programme and initially covered GP practices in the Anglesey and South Meirionnydd areas only.

Since January 2025, there has been further funding provided through the Strategic Programme for Primary Care (SPPC) and this has led to the significant expansion of the service across the Health Board.

There now 29 total practices involved in the delivery of the AWDPP and the service is spread evenly across the Health Board, with approximately 10 practices involved in the delivery in each IHC area.

GP practices were approached to see if they would like to be involved in the delivery of the programme through the training and support of Healthcare Support Workers who are already employed within GP practices.

Subsequently, there has been four training cohorts for eligible staff between June and October 2025 and there is now a total of 33 Healthcare Support Workers who have been trained to deliver this programme and to establish the AWDPP model within GP practice.

Each Healthcare Support Worker completes training on the AWDPP, attends a 6-day course in Level 2 Community Food and Nutrition which is accredited by Agored Cymru and a 3-day Motivational Interviewing course to provide training and skills to support the intervention work.

Eligible patients for the AWDPP are identified through searches via the GP practice Emis system to identify patients with a pre-diabetic Hba1c range of between 42-47 mmol/mol. The results data is triaged by the Healthcare Support Worker to remove any patients who may have exclusion factors, for example pregnant women, with the support of a Dietician.

Patients are then contacted by the surgery by letter and invited to take part in the AWDPP lifestyle intervention and patients are invited to opt in by contacting the surgery to book on.

The Healthcare Support Workers arrange clinics and book patients in for a single 30 minute appointment at the surgery. They discuss insulin resistance, blood glucose levels and lifestyle factors including food habits and physical health, using their food and nutrition knowledge and motivational interviewing skills from the training to help patients to understand what pre-diabetes means, understanding the risk of developing diabetes and the implications for their long-term health. They are able to support referrals to the Health Board Weight Management Programme or Exercise on Referral Scheme. The clinics are intended to be a lifestyle intervention at a critical point in time aimed at the prevention of the development of Type 2 diabetes.

Patients are then invited back a year later for an annual review. A further blood test is taken and the Hba1c level is tested again prior to the appointment. Patients then have a further 30 minute appointment to review their blood test figure against their baseline figure and are offered additional help, support and guidance. Patients whose figures drop below pre-diabetic are taken off the programme and those whose figures may have stayed the same or increased are offered additional support and may be referred on to other appropriate services. The Dieticians are available to guide and support that process.

Since January 2025 the BCUHB AWDPP/SPCC roll out has identified 1878 pre-diabetic patients. Of these, 930 patients were eligible for the programme and offered the brief intervention.

Figures for the national programme present a reduction in the number of individuals progressing from pre-diabetes to Type 2 diabetes and the AWDPP national evaluation demonstrates a 23% reduction in progression to diabetic blood glucose levels among participants.

Evidence from BCUHB outcome data is consistent with a 26% reduction in HbA1c levels to within the normal range following engagement with the AWDPP.

The future of the AWDPP service and delivery remains unsure with the confirmed continuation of the funding from the national programme, but with the SPPC funding ending in March 2026.

The Patient and Carer Experience Team extend their gratitude and appreciation to the All Wales Diabetes Prevention Programme Team and the storyteller for sharing their experience.

### **3. Recommendations**

3.1 The Committee is asked to note this report.



ASSESSMENT	
<b>Link to Strategic Priorities</b>	
	<p>4. Improving quality, outcomes and experience</p> <p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> <li>• Creating compassionate culture, leadership, and engagement.</li> <li>• Establishing an effective environment for learning.</li> </ul>
<b>Design Principles</b>	<p>People First</p> <p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> <li>• Consistency with organisational values.</li> </ul>
<b>Corporate Risks and Board Assurance Framework</b>	Not Applicable
<b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b>	A Healthier Wales
	<p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> <li>• A more equal Wales.</li> <li>• A resilient Wales.</li> </ul>

IMPACT ASSESSMENTS		
<b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	Not applicable
<b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	Not applicable.
<b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Enablers of Quality</b> All Apply	<b>Domains of Quality</b> All Apply
	If more than one applies, please list below:	If more than one applies, please list below:

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<a href="#"><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></a>	A Healthier Wales	



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

# Cynllun Tymor Canol Integredig

Grŵp Cyfeirio Rhanddeiliaid

2 Mawrth 2026

## Integrated Medium-Term Plan

Stakeholder Reference Group

2<sup>nd</sup> March 2026



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

- 1** Parhau i ymgysylltu â'n cyd-flaenoriaethau ar gyfer meysydd cydweithio – 'cynllunio parhaus'.
- 2** Rhannu'r cipolwg diweddaraf ar IMTP (Cynllun 3 Blynedd) y Bwrdd Iechyd a'r cyfeiriad teithio.
- 3** Sicrhau bod cynlluniau'n adlewyrchu ein cyd-feddylfryd a'n gwaith ar y cyd.

- 1** To continue engagement on our joint priorities for areas of collaboration – 'continuous planning'.
- 2** To share the latest view of Health Board's IMTP (3-Year Plan) and the direction of travel.
- 3** To make sure plans are reflective of our joint thinking and working.

# Cyd-destun

- Parhau i gael canllawiau a gofynion gan Lywodraeth Cymru trwy fis Ionawr ac ym mis Chwefror – cyfanswm o 366 o ofynion ar wahân.
- Mae'r negeseuon yn awgrymu ei bod yn set o ofynion treigl ar y cyfan, a dylai fod yn bosibl cyflawni pob un ohonynt yng nghyd-destun sero-fuddsoddi.
- Y gyllideb sero-fuddsoddi (1.11% chwyddiant nad yw'n gyflog), sy'n golygu mewn gwirionedd fod llai o gyllid na'r llynedd.
- Mae Llywodraeth Cymru eisoes wedi dweud na chymeradwyr unrhyw IMTP tan ar ôl etholiadau'r Senedd.
- Mae hyn oll yn golygu y bydd yn rhaid gwneud rhywfaint o ddewisiadau anodd yn ymwneud â chyflawni'r set lawn o ddisgwyliadau

# Context

- Continued to receive guidance and requirements from Welsh Government through January into February – 366 separate requirements in total.
- Messaging is that it is largely a roll over set of requirements, all of which should be doable in the context of zero investment.
- The zero-investment budget (1.11% non-pay inflation), meaning in real terms there is less funding than last year.
- Welsh Government have already said that there will be no IMTP approvals until after the Senedd elections.
- All of this means there will be some hard choices related to delivery of the full set of expectations

# Cydweithio â phartneriaid

- Bydd cydweithio â phartneriaid yn fwy hanfodol fyth gan ystyried y dirwedd heriol.
- Dod ag arloeseddau o'r cyfleoedd sy'n bodoli o fewn cydweithio i ddatrys heriau'r system gyfan.
- Mae SRG, RPB a PSBs yn fforymau allweddol i alluogi'r gwaith hwn a'i gadw ar y trywydd iawn.
- Mae'r cydweithredu mewn perthynas â'r 'Bwriadau Strategol ar gyfer Gogledd Cymru' yn deillio o sgwrs yn yr SRG ac mae'n cynnig llwyfan gwych i ni adeiladu arno.
- Bydd y Trydydd Sector yn allweddol yn y dyfodol ac mae gwaith ar y gweill i sefydlu perthynas waith llawer mwy rhagweithiol a strategol yn y cyd-destun hwnnw.
- Y nod o fewn yr IMTP yw integreiddio cydweithio â phartneriaid yn y cynllun drwyddo draw.

# Partner working

- Partner working is going to be even more vital given the challenging landscape.
- Bringing innovations from the opportunities within joint working to solve whole system challenges.
- SRG, RPB and PSBs are key forums to enable this work and to keep it on track.
- The collaboration in relation to the 'Strategic Intentions for North Wales' originated from a conversation at SRG and gives us a great platform to build upon.
- The Third Sector is going to be key going forward and there is work underway to get into a much more proactive and strategic working relationship in that space.
- The aim within the IMTP is to integrate partner working throughout the plan.

# 'Rhediad y naratif' a negeseuon allweddol

# 'Narrative arc' and key messages

- Mae'r Bwrdd Iechyd yn parhau i fod ar daith o **sefydlogi** > **safoni** > **cynaliadwyedd**. Mae llawer o'r sefydlogi wedi'i gwblhau, llawer mwy o waith i'w wneud o ran safoni ac yna ymlaen i gynaliadwyedd.
- Galluogwyr strategol a thrawsnewidiol hanfodol ar y gweill â **FFTF** a **CSP** yn datgloi gweithio effeithiol **ledled Gogledd Cymru** drwy **strwythurau sefydliadol, gweithlu modern, modelau clinigol a gwasanaethau**.
- Mae **cyflenwi gweithredol** yn ffocws allweddol, ac mae'n gyfystyr â **diogelwch cleifion**, nid mynediad yn unig.
- Mae egwyddorion sylfaenol yn ymwneud â gwella **cynhyrchiant, effeithlonrwydd** ac **ansawdd**, lleihau **amrywiadau diangen** a rhyddhau adnoddau i **fuddsoddi mewn gwaith atal ac ymyrraeth gynnar** – gwella **canlyniadau** a phrofiad.
- Newid meddylfryd – yn hytrach na cheisio trin pob salwch unigol yn feddygol, **rheoli ansawdd bywyd** ar draws aml-afiacheddau gan gydweithio â **phartneriaid** ar draws y **system gyfan**.
- Rhaid bod yn **ddeheuig** – mynd i'r afael â heriau'r **presennol** a chreu gwasanaethau cynaliadwy **hirdymor** wedi'u gwreiddio mewn **cymunedau** a mynd i'r afael ag **anhydraddoldebau iechyd**.

- The Health Board remains on a journey of **stabilisation** > **standardisation** > **sustainability**. Much of the stabilisation is complete, lots more work to do in standardisation and then on to sustainability.
- Crucial strategic and transformational enablers underway with **FFTF** and **CSP** unlocking effective **pan North Wales** working through **organisational structures, modern workforce, clinical and service models**.
- **Operational delivery** is a key focus, becoming synonymous with **patient safety** and not just about **access**.
- Fundamental principles are about improving **productivity, efficiency** and **quality**, reducing **unwarranted variation** and freeing up resources to invest into **prevention and early intervention** – improving **outcomes** and **experience**.
- Shift thinking from attempting to medically treat every individual illness to **managing quality of life** across multi-morbidities, working with **partners** across the **whole system**.
- Got to be **ambidextrous** – address the **here and now** challenges and create **long-term** sustainable services embedded in **communities** and addressing **health inequalities**.

# Datganiadau Bwriadau Strategol Strategic Intent Statements

1

Canolbwyntio ar Iechyd a Lles yn holl gamau bywyd – gan alluogi mwy o bwyslais ar strategaethau ataliol a rhagweithiol a'u datblygu a'u cyflawni, gan gydweithio â phartneriaid sydd wedi'u gwreiddio mewn cymunedau.

2

Cydlynu gofal yn well i bobl â chyflyrau hirdymor a gwella mynediad at ystod ehangach o wasanaethau cymunedol trwy fuddsoddi mewn gofal sylfaenol a chymunedol integredig a chydweithio â phartneriaid

3

Gwella mynediad, canlyniadau a phrofiad i bawb, gan ddatblygu a gwella llwybrau gofal o ansawdd uchel, gwerth uchel a chynaliadwy ar gyfer y rhanbarth, a'u cyflawni trwy gydweithio â phartneriaid

4

Creu system gofal iechyd fodern, sy'n canolbwyntio ar y dyfodol, gan fanteisio'n llawn ar gyfleoedd gofal digidol, ymchwil, arloesi a gwella, buddsoddi i ddatblygu a chynnal lles y gweithlu a chryfhau ein rôl fel sefydliad angori ar gyfer Gogledd Cymru

1

Focus on Health and Wellbeing through every stage of life – enabling a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities.

2

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

3

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

4

Create a modern, people-centred healthcare system that is future-focused, maximising opportunities of digital care, research, innovation, and improvement, investing in workforce development and wellbeing and strengthening our role as an anchor institution for North Wales

# Strwythur yr IMTP Drafft

## Adran 1 – Cyflwyniad a Throsolwg

- Rhagair gan Dyfed a Carol, Cynllun ar dudalen, Canlyniadau y bydd y cynllun yn eu cyflawni

## Adran 2 – Cyd-destun a Dull

- Cyd-destun strategol, Cyflawniadau, Dull cynllunio, Galw a chapasiti, Mesurau Arbennig

## Adran 3– Ysgogwyr

- Asesiad o anghenion poblogaeth (gan gynnwys 6 clefyd mawr), Sefydliad angori, Datblygu strategaeth, Disgwyliadau perfformiad, Cyd-destun ariannol, Risgiau sefydliadol allweddol.

## Adran 4 – Blaenoriaethau Strategol

- Blaenoriaethau sy'n canolbwyntio ar y 4 Datganiad Bwriad Strategol (nid y 5 Amcan Strategol cyfredol).

## Adran 5– Ein Dull Gweithredu

- Adrannau naratif byr yn cadarnhau ein hymrwymiad i feysydd megis Llywodraethu, Cynllunio, Ymgysylltu â Dinasyddion, heb gyflawniadau penodol a olrheinir yn yr IMTP.

## Adran 6 – Atodiadau

- Disgwyliadau cyflawni'r Gweinidog, Camau Galluogi, Meini Prawf Dad-ddwysáu Mesurau Arbennig, Datganiadau Ansawdd, Disgwyliadau Perfformiad, Templedi'r Gweinidog, Set Data Lleiaf, Cynlluniau Clwstwr.

# Draft IMTP Structure

## Section 1 – Introduction & Overview

- Foreword from Dyfed and Carol, Plan on a page, Outcomes the plan will deliver.

## Section 2 – Context & Approach

- Strategic context, Achievements, Planning approach, Demand and capacity, Special Measures.

## Section 3 – Drivers

- Population needs assessment (incl 6 major diseases), Anchor institution, Strategy development, Performance expectations, Financial context, Key organisational risks.

## Section 4 – Strategic Priorities

- Priorities orientated around the 4 Strategic Intent Statements (not the current 5 Strategic Objectives).

## Section 5 – The Way We Operate

- Short narrative sections reaffirming commitment to areas such as Governance, Planning, Citizen engagement, without specific IMTP tracked deliverables.

## Section 6 – Appendices

- Ministerial Delivery Expectations, Enabling Actions, Special Measures De-escalation Criteria, Quality Statements, Performance Expectations, Ministerial Templates, Minimum Data Set, Cluster Plans.

# Blaenoriaethau allweddol: Bwriad Strategol 1

1) **Canolbwyntio ar iechyd a lles** (nid salwch yn unig) – galluogi mwy o bwyslais ar strategaethau ataliol a rhagweithiol a'u datblygu a'u cyflawni, gan gydweithio â phartneriaid sydd wedi'u gwreiddio mewn cymunedau.

## Meysydd blaenoriaeth

- **Gwaith atal sylfaenol** - Sefydliad angori, cynorthwyo i gynnal iechyd a lles y gweithlu, monitro pwysedd gwaed yn effeithiol.
- **Gwaith atal eilaidd** - Sicrhau bod pob cyswllt yn cyfrif, rhagsefydlu, gweithredu dull llwybrau wrth ymdrin â CSP.
- **Anghydraddoldebau iechyd** - cynnig iechyd cynhwysol, mwy o bwyslais ar ardaloedd difreintiedig.
- **Diogelu iechyd** - Brechiadau, cynllun ynghylch brigiadau o glefydau trosglwyddadwy.

# Key priorities: Strategic Intent 1

1) **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

## Priority areas

- **Primary prevention** - Anchor institution, supporting health and wellbeing of workforce, effective blood pressure monitoring.
- **Secondary prevention** - Making every contact count, prehabilitation, taking pathways approach to CSP.
- **Health inequalities** - inclusion health offer, biasing towards areas of deprivation.
- **Health Protection** - Vaccinations, communicable disease outbreak plan.

2) **Cydlynu gofal yn well** i bobl â chyflyrau hirdymor a gwella mynediad at ystod ehangach o wasanaethau cymunedol trwy fuddsoddi mewn gofal sylfaenol a chymunedol integredig a chydweithio â phartneriaid

### Meysydd blaenoriaeth

**Gofal Sylfaenol**- gan gynnwys Gwasanaethau Deintyddol, Optometreg, Fferylliaeth Gymunedol, Dermatoleg (trychu canser y croen a amheuir nad yw'n felanoma, technoleg dermatosgopau), Diabetes, adolygiadau llwybrau ar gyfer cyfleoedd Cleifion Allanol, Gwasanaethau Eiddilwch dan Arweiniad Gofal Sylfaenol.

**Gofal Cymunedol**– Rhaglen Cymuned trwy Ddylunio, FOAM ailgynllunio Gwasanaethau Iechyd Meddwl Oedolion yn y gymuned (yn gysylltiedig â'r adran MHL D), Diagnosteg Cymunedol, Hybiau Diffyg Anadl, Diwrnodau Asesu Cymunedol, Hybiau Iechyd Merched, Fasectomïau, Gofal Gwell yn y Gymuned gan gynnwys Ysbyty yn y Cartref, Gofal Lliniarol a Diwedd Oes

**Hybiau Iechyd a Lles**- gan gynnwys cyfeiriad at MHL D, Iechyd y Cyhoedd a Gwaith Atal

2) **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

### Priority areas

- **Primary Care** - incl Dental, Optometry, Community Pharmacy, Dermatology (excision of suspected non-melanoma skin cancer, dermatoscope technology), Diabetes, pathway reviews for Outpatients opportunities, Primary Care Led Frailty Services.
- **Community Care** – Community By Design programme, Adult Mental Health community services redesign FOAM (linked to MH&LD section), Community Diagnostics, Breathlessness Hubs, Community Assessment Days, Women's Health Hubs, Vasectomies, Enhanced Community Care incl Hospital @ Home, Palliative and End of Life Care
- **Health and wellbeing hubs** - incl reference to MHL D, Public Health and Prevention

# Blaenoriaethau allweddol: Bwriad Strategol 3

## Key priorities: Strategic Intent 3

**3) Gwella mynediad, canlyniadau a phrofiad** i bawb mewn gwasanaethau eilaidd ac arbenigol, gan ddatblygu a gwella llwybrau gofal o ansawdd uchel, gwerth uchel a chynaliadwy ar gyfer y rhanbarth, a'u cyflawni trwy gydweithio â phartneriaid

### Meysydd blaenoriaeth

- **UEC** - Cynllun y Rhaglen Newid Mawr.
- **Gofal wedi'i gynllunio, canser a diagnosteg**- Cynllun y Rhaglen Newid Mawr, LINAC newydd, Cam 2 SABR, model amlbroffesiynol SACT a roddir trwy'r geg, Gwasanaethau Diagnosteg yn y Gymuned, Gwelliannau i'r Gwasanaeth Endosgopi
- **MHLD** - Ailgynllunio gwasanaethau cymunedol i oedolion, MH EHR, Ailddatblygu gwasanaethau Uned Ablett, Ymyrraeth Gynnar ynghylch Seicosis Ledled BIPBC, Ail-ddylunio model anhwylderau bwyta, rhaglen ddiogelwch sy'n canolbwyntio ar y claf.
- **CAMHS a Niwroddatblygiad**
- **Dementia**
- **Gwasanaethau i ferched** - yn ehangach na hwb iechyd merched yn unig a dylai gynnwys pethau megis y menopos, endometriosis ac ati.
- **Plant a Phobl Ifanc**
- **Gwasanaethau sy'n peri pryder**- QMS i fapio pob gwasanaeth, dull i nodi a chynorthwyo i gyflawni gwelliannau, blaenoriaeth allweddol ar gyfer pob un o'r gwasanaethau sydd dan sylw (nid 'gwasanaethau sy'n wynebu heriau' yn unig).
- **Gwasanaethau sy'n wynebu heriau**– cynlluniau unigol ar gyfer: Gwasanaethau Fasgwlaidd, Dermatoleg, Llawfeddygaeth Gosmetig Wroleg, Orthodonteg, Orthopaedeg, Offthalmoleg, Oncoleg. Yn ogystal ag unrhyw rai newydd y byddwn ni fel Bwrdd Iechyd yn dymuno canolbwyntio arnynt e.e. Gastroenteroleg
- **Fferylliaeth a rheoli meddyginiaethau**– Gan gynnwys y rhaglen Trawsnewid Mynediad at Feddyginiaethau (TrAMs).

**3) 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

### Priority areas

- **UEC** - Major Change Programme plan.
- **Planned care, cancer & diagnostics** - Major Change Programme plan, LINAC replacement, SABR Phase 2, Oral SACT multi-professional model, Community Diagnostics, Endoscopy improvements
- **MH & LD** - Adult community services redesign, MH EHR, Ablett service redevelopment, Early Intervention Psychosis Pan BCU, Eating disorders model re-design, patient centred safety programme.
- **CAMHS & Neurodevelopment**
- **Dementia**
- **Women's services** - broader than just the women's health hub, to include things like menopause, endometriosis etc.
- **Children and Young People**
- **Services of concern** - QMS to map every service, approach to identify and support improvements, key priority for each of the services in focus (not just 'challenged services').
- **Challenged services** – individual plans for: Vascular, Dermatology, Plastics, Urology, Orthodontics, Orthopaedics, Ophthalmology, Oncology. Plus any new ones we as a HB want to focus on e.g. Gastroenterology
- **Pharmacy and medicines management** – Including the Transforming Access to Medicine (TrAMs) programme.

## Blaenoriaethau allweddol: Bwriad Strategol 4 (Galluogwyr)

4) Creu system gofal iechyd fodern, sy'n **canolbwyntio ar y dyfodol**, gan fanteisio'n llawn ar gyfleoedd gofal digidol, ymchwil, arloesi a gwella, buddsoddi i ddatblygu a chynnal lles y gweithlu a chryfhau ein rôl fel sefydliad angori ar gyfer Gogledd Cymru

### Meysydd blaenoriaeth

- **FFTF** - gan gynnwys diwylliant, strwythurau, prosesau, pobl, strategaeth – Cwblhau a gwerthuso Cam 1 a dechrau Cam 2.
- **Strategaeth** – Strategaeth 10 mlynedd
  - **CSP** - Cam 1 a cham 2 (cysylltiad â'r adran ynghylch gwasanaethau sy'n peri pryder).
  - **Cynllunio** – Meini prawf dad-ddwysáu mesurau arbennig: cynllun blynyddol y gellir ei gymeradwyo, gwelliannau o ran cynllunio a chyflawni integredig, cyflawni lefel 2 ar draws pob maes yn y matrices aeddfedrwydd cynllunio.
  - **Comisiynu** – Fframwaith comisiynu- "Beth ydyn ni'n ei brynu a sut wyddom ni fod hynny'n rhesymol"
  - **Arweinyddiaeth glinigol a chydweithio rhwng y proffesiynau** – Newid mewn canfyddiad fel cyfeiriad gyrfa dymunol, diffinio rolau a chyfrifoldebau, hyfforddiant a chymorth i arweinywyr.
  - **Gwaith yn cael ei lywio gan wybodaeth** - Dull gwybodaeth busnes, rheoli poblogaeth, uniondeb data.
  - **Ymchwil, datblygu ac arloesi** – Canolbwyntio ar ysgogi i gynorthwyo i gyflawni blaenoriaethau strategol, eu hadolygu a'u hailbennu.
  - **Addysg** - Mwy o benodiadau ar y cyd, Blaenoriaethau'r Grŵp Llywio Addysg.
  - **AI** - yn cwmpasu gweinyddol, cloddio data (atal), cyfarpar meddygol (e.e. nodi canser), teclynnau meddygol (cofrestru).
  - **Ansawdd** - QMS, Fframwaith Effeithiolrwydd Clinigol, sefydlu swyddogaeth ansawdd integredig.
  - **Gweithlu** - Galluoedd cynllunio'r gweithlu, arweinyddiaeth a datblygu, cymwyseddau rheolwyr, strategaeth staffio proffesiynau clinigol.
  - **Ystadau** - Cynllun strategol ystadau, adnewyddu ystadau fesul cam, cyflawni cynlluniau adeiladu ar gyfer IRCF, datgarboneiddio.
  - **Digidol** - Rhaglenni allweddol, Seiberddiogelwch.
  - **Gwerth a Chynaliadwyedd**- Dull i newid y ffocws o arbed costau i sicrhau gwerth a chynlluniau rhaglen newid mawr (mae'r blaenoriaethau sy'n dod i'r amlwg yn cynnwys: Diabetes, Orthopaedeg, Gwasanaethau Strôc a Phlatfform PROMS).
  - **Cyllid** - Cynllun cynilo, rhagolygon 3 blynedd, Cyfalaf (Cymru Gyfan ac yn ôl disgrisiwn), risgiau ariannol.

## Key priorities: Strategic Intent 4 (Enablers)

4) 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.

### Priority areas

- **FFTF** - incl culture, structures, processes, people, strategy – Complete and evaluate Phase 1 and commence Phase 2.
- **Strategy** – 10-year strategy
- **CSP** - Phase 1 and phase 2 (link to services of concern section).
- **Planning** – Special measures de-escalation criteria: an approvable annual plan, improvements in integrated planning and delivery, achieving level 2 across all planning maturity matrix domains.
- **Commissioning** – Commissioning framework - "What are we buying and how know it's reasonable"
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- **Value & Sustainability** - Approach to shift focus from cost savings to value and major change programme plans (emerging priorities include: Diabetes, Orthopaedics, Stroke and PROMS Platform).
- **Finance** - Savings plan, 3-year outlook, Capital (All Wales and Discretionary), financial risks.

## Ein dull gweithredu: Adrannau naratif byr

## The way we operate: Short narrative sections

- **Llywodraethu**– Canolbwyntio ar fodel gweithredu newydd.
- **Rheoli Risgiau**
- **Rheoli iechyd y boblogaeth**- Cynhyrchion gan y Tîm Iechyd Cyhoeddus e.e. asesiadau o anghenion y boblogaeth, gan gyfrannu arbenigedd i'r sefydliad.
- **Rheoli Perfformiad**- Gan gynnwys atebolrwydd
- **Ymagwedd sefydliadol at newid**– Dull sefydliadol o ymdrin â'r fframwaith newid, newid gwasanaeth, gallu sefydliadol, swyddfa portffolios
- **Comisiynu a rheoli contractau**
- **Rheoli Arian** - Cyllidebu rhaglenni ac effeithiolrwydd dyraniadau, datblygiadau sefydliadol, elusen Awyr Las, Cynllun Cyfalaf, Risg Ariannol.
- **Gweithlu** – Trosolwg o adran niferoedd y gweithlu
- **Cydweithio â phartneriaid yn y rhanbarth** – ymgorffori blaenoriaethau mewn adrannau eraill, ond dwyn sylw penodol at y canlynol: JCC, WAST, DHCW, HEIW, NWSSP, RPB, PSBs, Awdurdodau Lleol, Y Trydydd Sector, gwaith sefydliad angori.
- **Ymgysylltu â dinasyddion**- canolbwyntio ar strategaeth a gwaith CSP.
- **Y Gymraeg a Diwylliant Cymru** - polisi newydd i orfodi lefel benodol yn y Gymraeg ar gyfer pob uwch reolwr, cydymffurfiaeth â Safon 110, hyrwyddo'r Gymraeg / dwyieithrwydd.
- **Partneriaethau â Phrifysgolion a Sefydliadau Addysg Bellach** - gan gynnwys gyrfaoedd academiaidd
- **Sefydliad sy'n dysgu**
- **Y newid yn yr hinsawdd** - gan gynnwys datgarboneiddio ac addasu i'r hinsawdd.
- **Gwaith timau aml-broffesiynol**- adrannau ar gyfer AHPs, Fferylliaeth, Iechyd Corfforol ac Iechyd Meddwl, Iechyd y Cyhoedd, adrannau corfforaethol ac ati. Hefyd yn cynnwys adroddiadau blynyddol a fframweithiau gyrfaoedd
- **Iechyd a Diogelwch**
- **EPRR** - creu, profi, arfer ac addasu cynlluniau parhad busnes i sicrhau fod y sefydliad yn barod am ddigwyddiadau mawr.

- **Governance** – Focus on new operating model.
- **Risk Management**
- **Population health management** - products from public health team e.g. population needs assessment, contributing expertise to the organisation.
- **Performance Management** - Incl accountability
- **Organisational approach to change** – Organisational approach to change framework, service change, organisational capability, portfolio office
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- **Health and Safety**
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## Parhau â'r drafodaeth

- Pa feysydd IMTP sy'n adlewyrchu'r cyd-flaenoriaethau'r system yn y ffordd orau? (UEC, Atal a Lles, Integreiddio yn y Gymuned)
- Pa flaengareddau ar y cyd y dylid eu hamlygu yn y cynllun?
- Sut allwn ni barhau i gryfhau cydweithredu a chynllunio parhaus?

## Continued discussion

- Which IMTP areas best reflect shared system priorities? (UEC, Prevention & Wellbeing, Community Integration)
- What joint initiatives should be highlighted in the plan?
- How can we continued to strengthen collaboration and continuous planning?

# Integrated Medium-Term Plan

Stakeholder Reference Group

2<sup>nd</sup> March 2026



# Purpose of today's session

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- 1** To continue engagement on our joint priorities for areas of collaboration – 'continuous planning'.
- 2** To share the latest view of Health Board's IMTP (3-Year Plan) and the direction of travel.
- 3** To make sure plans are reflective of our joint thinking and working.

# Context

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- Continued to receive guidance and requirements from Welsh Government through January into February – 366 separate requirements in total.
- Messaging is that it is largely a roll over set of requirements, all of which should be doable in the context of zero investment.
- The zero-investment budget (1.11% non-pay inflation), meaning in real terms there is less funding than last year.
- Welsh Government have already said that there will be no IMTP approvals until after the Senedd elections.
- All of this means there will be some hard choices related to delivery of the full set of expectations

# Partner working

- Partner working is going to be even more vital given the challenging landscape.
- Bringing innovations from the opportunities within joint working to solve whole system challenges.
- SRG, RPB and PSBs are key forums to enable this work and to keep it on track.
- The collaboration in relation to the 'Strategic Intent for North Wales' originated from a conversation at SRG and gives us a great platform to build upon.
- The Third Sector is going to be key going forward and there is work underway to get into a much more proactive and strategic working relationship in that space.
- The aim within the IMTP is to integrate partner working throughout the plan.

# 'Narrative arc' and key messages

- The Health Board remains on a journey of **stabilisation** > **standardisation** > **sustainability**. Much of the stabilisation is complete, lots more work to do in standardisation and then on to sustainability.
- Crucial strategic and transformational enablers underway with **FFTF** and **CSP** unlocking effective **pan North Wales** working through **organisational structures, modern workforce, clinical and service models**.
- **Operational delivery** is a key focus, becoming synonymous with **patient safety** and not just about **access**.
- Fundamental principles are about improving **productivity, efficiency and quality**, reducing **unwarranted variation** and freeing up resources to **invest into prevention and early intervention** – improving **outcomes and experience**.
- Shift thinking from attempting to medically treat every individual illness to **managing quality of life** across multi-morbidities, working with **partners across the whole system**.
- Got to be **ambidextrous** – address the **here and now** challenges and create **long-term** sustainable services embedded in **communities** and addressing **health inequalities**.

# Strategic Intent Statements

1

**Focus on Health and Wellbeing** through every stage of life – enabling a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities.

2

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

3

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

4

**Create a modern, people-centred healthcare system** that is future-focused, maximising opportunities of digital care, research, innovation, and improvement, investing in workforce development and wellbeing and strengthening our role as an anchor institution for North Wales

# Draft IMTP Structure

## Section 1 – Introduction & Overview

- Foreword from Dyfed and Carol, Plan on a page, Outcomes the plan will deliver.

## Section 2 – Context & Approach

- Strategic context, Achievements, Planning approach, Demand and capacity, Special Measures.

## Section 3 – Drivers

- Population needs assessment (incl 6 major diseases), Anchor institution, Strategy development, Performance expectations, Financial context, Key organisational risks.

## Section 4 – Strategic Priorities

- Priorities orientated around the 4 Strategic Intent Statements (not the current 5 Strategic Objectives).

## Section 5 – The Way We Operate

- Short narrative sections reaffirming commitment to areas such as Governance, Planning, Citizen engagement, without specific IMTP tracked deliverables.

## Section 6 – Appendices

- Ministerial Delivery Expectations, Enabling Actions, Special Measures De-escalation Criteria, Quality Statements, Performance Expectations, Ministerial Templates, Minimum Data Set, Cluster Plans.

# Key priorities: Strategic Intent 1

**1) 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

## Priority areas

- **Primary prevention** - Anchor institution, supporting health and wellbeing of workforce, effective blood pressure monitoring.
- **Secondary prevention** - Making every contact count, prehabilitation, taking pathways approach to CSP.
- **Health inequalities** - inclusion health offer, biasing towards areas of deprivation.
- **Health Protection** - Vaccinations, communicable disease outbreak plan.

# Key priorities: Strategic Intent 2

2) **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

## Priority areas

- **Primary Care** - incl Dental, Optometry, Community Pharmacy, Dermatology (excision of suspected non-melanoma skin cancer, dermatoscope technology), Diabetes, pathway reviews for Outpatients opportunities, Primary Care Led Frailty Services.
- **Community Care** – Community By Design programme, Adult Mental Health community services redesign FOAM (linked to MH&LD section), Community Diagnostics, Breathlessness Hubs, Community Assessment Days, Women’s Health Hubs, Vasectomies, Enhanced Community Care incl Hospital @ Home, Palliative and End of Life Care
- **Health and wellbeing hubs** - incl reference to MHL, Public Health and Prevention

# Key priorities: Strategic Intent 3

**3) 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

## Priority areas

- **UEC** - Major Change Programme plan.
- **Planned care, cancer & diagnostics** - Major Change Programme plan, LINAC replacement, SABR Phase 2, Oral SACT multi-professional model, Community Diagnostics, Endoscopy improvements
- **MH & LD** - Adult community services redesign, MH EHR, Ablett service redevelopment, Early Intervention Psychosis Pan BCU, Eating disorders model re-design, patient centred safety programme.
- **CAMHS & Neurodevelopment**
- **Dementia**
- **Women's services** - broader than just the women's health hub, to include things like menopause, endometriosis etc.
- **Children and Young People**
- **Services of concern** - QMS to map every service, approach to identify and support improvements, key priority for each of the services in focus (not just 'challenged services').
- **Challenged services** – individual plans for: Vascular, Dermatology, Plastics, Urology, Orthodontics, Orthopaedics, Ophthalmology, Oncology. Plus any new ones we as a HB want to focus on e.g. Gastroenterology
- **Pharmacy and medicines management** – Including the Transforming Access to Medicine (TrAMs) programme.

## Key priorities: Strategic Intent 4 (Enablers)

4) 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.

### Priority areas

- **FFTF** - incl culture, structures, processes, people, strategy – Complete and evaluate Phase 1 and commence Phase 2.
- **Strategy** – 10-year strategy
- **CSP** - Phase 1 and phase 2 (link to services of concern section).
- **Planning** – Special measures de-escalation criteria: an approvable annual plan, improvements in integrated planning and delivery, achieving level 2 across all planning maturity matrix domains.
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# Continued discussion

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- What joint initiatives should be highlighted in the plan?
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# Dull Sefydliadol ar gyfer Newid: Newid sy'n canolbwyntio ar bobl

Grŵp Cyfeirio Rhanddeiliaid

2 Mawrth 2026



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

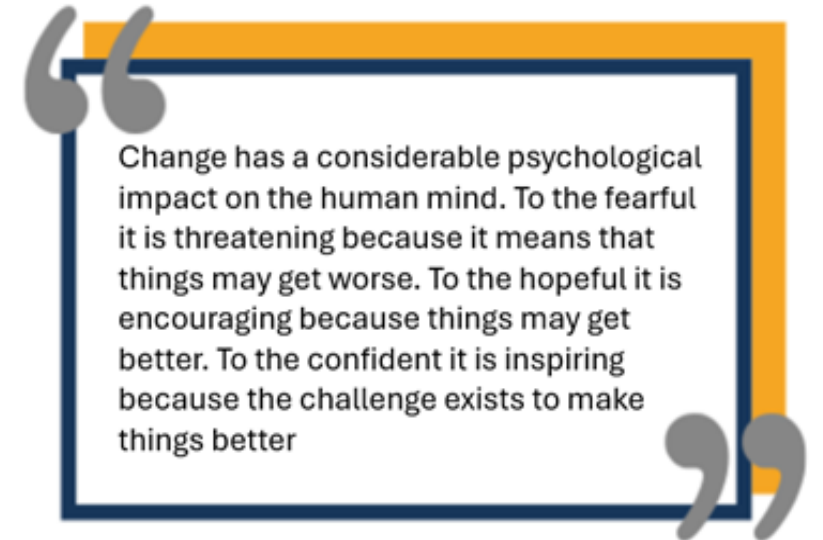
# Cyflwyniad

- Yr Achos dros Newid
- Beth sydd angen bod yn wahanol
- Y tu hwnt i Reoli Newid
- Egwyddorion Newid Effeithiol
- Galluoedd Sefydliadol
- Ymgysylltu â rhanddeiliaid



Your greatest and most powerful business survival strategy is going to be the speed at which you handle the speed of change

Ajero Tony Martins

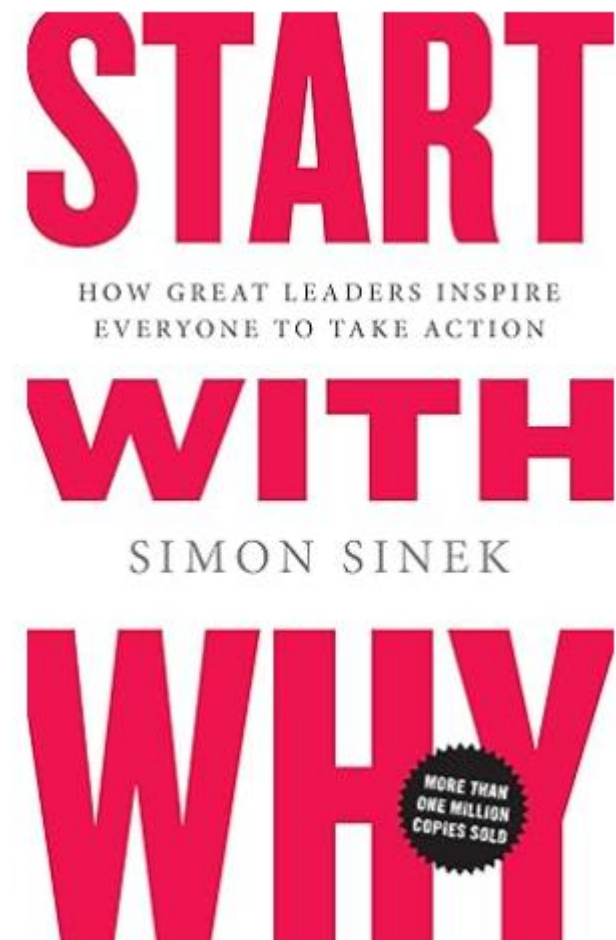


Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better

King Whitney Jr.

# Yr achos dros “newid” ein dull ar gyfer newid

- Pam? Pam mae hyn yn bwysig nawr?
- Rydym ni cydnabod nad oes gennym ni hanes llwyddiannus iawn o gyflawni newid
- Rydym ni’n gwneud llawer o newidiadau – ond nid ydynt yn arwain at welliannau bob tro
- Yn benodol, rydym ni’n ei chael yn anodd ymgorffori newid – rydym ni’n symud ymlaen at y peth nesaf ac nid yw’r newid sydd ei angen yn cydio
- Mae pobl yn teimlo bod newid yn “cael ei wneud drostynt”
- Felly mae angen i ni wneud rhywbeth gwahanol

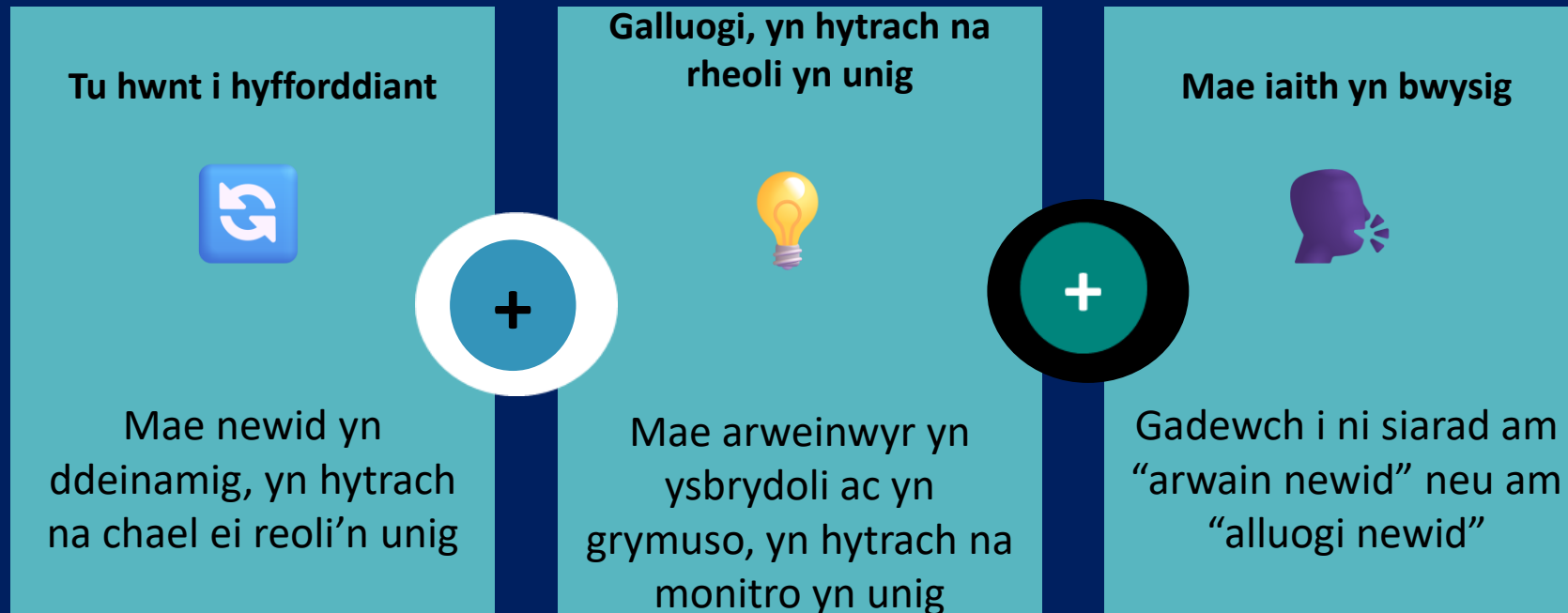
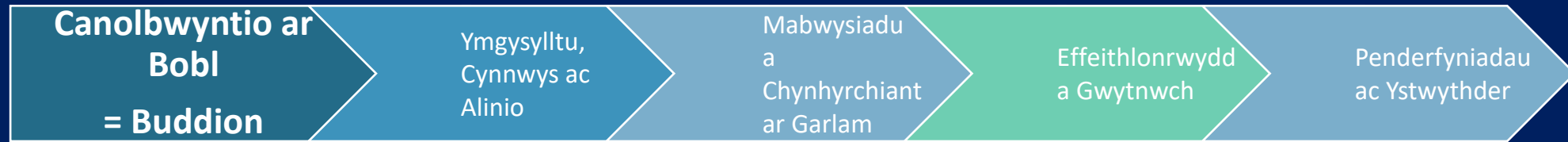


# Beth sydd angen bod yn wahanol, yn ôl yr hyn y mae pobl yn ei ddweud wrthym ni

- Dull sy'n canolbwyntio ar bobl ac sydd wedi'i alinio'n strategol
- Mae ymchwil yn amlygu bod newid llwyddiannus yn gofyn am ymgysylltu dilys a diogelwch seicolegol
- Mae modelau newid yn fuddiol ond maent ond yn llwyddo pan fydd pobl yn teimlo eu bod nhw wedi'u hysbysu, eu bod nhw'n cael eu cynnwys a'u bod yn cael eu cefnogi
- Ni ellir eu gweld fel ychwanegyn ond dylent gael eu cydblethu i ffabrig y sefydliad
- Mae dulliau sy'n parhau i fod â chysylltiad agos â'r bobl y tu ôl i'r newid hyd at saith gwaith yn fwy tebygol o gyflawni eu hamcanion

*"Nid yw bod yn addas ar gyfer y dyfodol yn ymwneud â meddu ar gynllun – mae'n ymwneud â meddu ar gynllun sy'n arwain at ganlyniadau"*

# Tu hwnt i Reoli Newid



# Rhai o'r egwyddorion amlycaf yr ydym ni wedi'u nodi hyd yma.....

**Integreiddio â  
Strategaeth**

**Buddsoddi  
mewn Pobl**

**Ffocws ar  
Athroniaeth  
ac Amodau**

**Alinio â newid  
annibynnol**

**Ehangu'r hyn  
sy'n gweithio**

**Dull y mae  
pobl yn  
ganolog iddo**



# Galluoedd Sefydliadol: Newid Cymwyseddau

**Diffiniad o Newid Cymwyseddau:** Capasiti i ddefnyddio'r sgiliau presennol a galluoedd i greu rhai newydd

**Operates at Four levels:**

Gweithwyr

Gweithgorau

Asiantau / rheolwyr newid

Uwch reolwyr

Addasu a chymhwyso'r sgiliau presennol

Cydgreu ystyr ac alinio deinameg gymdeithasol

Pontio rhwng bwriad gweithredol a strategol

Cynnal cyfeiriad, cyfleu gweledigaeth, a dilysu dysgu

**Cyfnewid dysgu / cymwyseddau ar draws ffiniau – arweinwyr, timau, hyd yn oed ddefnyddwyr**

**Dwy brif thema:**

**Amodau:** Agweddau, ymddygiadau, ac amgylcheddau dysgu sy'n caniatáu newid

**Proses:** sut caiff newid ei arwain a'i roi ar waith

Mae cyfranogiad gweithwyr yn sail i ymrwymiad ond dim ond os yw hynny'n dod ochr yn ochr â dylanwad a dolenni adborth gwirioneddol Mae agweddau positif at newid yn rhagweld mwy o gymwyseddau / arloesi; mae sinigiaeth a hanes gwael o newid yn erydu ymddiriedaeth a dysgu.

Mae arwain newid yn effeithiol yn gofyn am drosi (sichrau bod dealltwriaeth ar draws lefelau), cyfathrebu, a chydbwysedd emosiynol – nid cynllunio na rheoli'n unig.



# Ymgysylltu â Rhanddeiliaid



- Dyma ble y mae arnom ni angen eich cymorth chi wrth i ni gasglu dirnadaethau pellach
- Rydym ni'n awyddus i ddatblygu fframwaith newid sefydliadol – sydd wedi cyrraedd y cam darganfod ar hyn o bryd ac **rydym ni am gael eich cymorth cynnar** o ran helpu i lunio hynny
- Ein ffocws gyda'n staff a'n rhanddeiliaid yw cydlunio'r dull yn hytrach na chyflwyno datrysiad
- Rydym ni'n ymwybodol iawn o bwy yw'r arbenigwyr gwirioneddol yma. Pwy sydd â phrofiad byw? Pwy sy'n gweithio yn y maes hwn?
- Rydym ni'n clywed y pwysigrwydd sydd ynghlwm wrth wrando ar wrthwynebiad – mae'r bobl hyn yn ymroddedig ac mae angen i ni ymgysylltu a deall yn hytrach nag wfftio pryderon – rydym ni'n gwybod y bydd hyn yn arwain at lwyddiant yn ddiweddarach
- Beth yw'ch profiad chi o newid yn PBC? Sut hoffech i ni ymgysylltu â chi wrth i'r broses hon esblygu? Ble ddylem ni ganolbwyntio, yn eich barn chi?

# An Organisational Approach to Change: People-centred Change

Stakeholder Reference Group

2<sup>nd</sup> March 2026



GIG  
CYMRU  
NHS  
WALES

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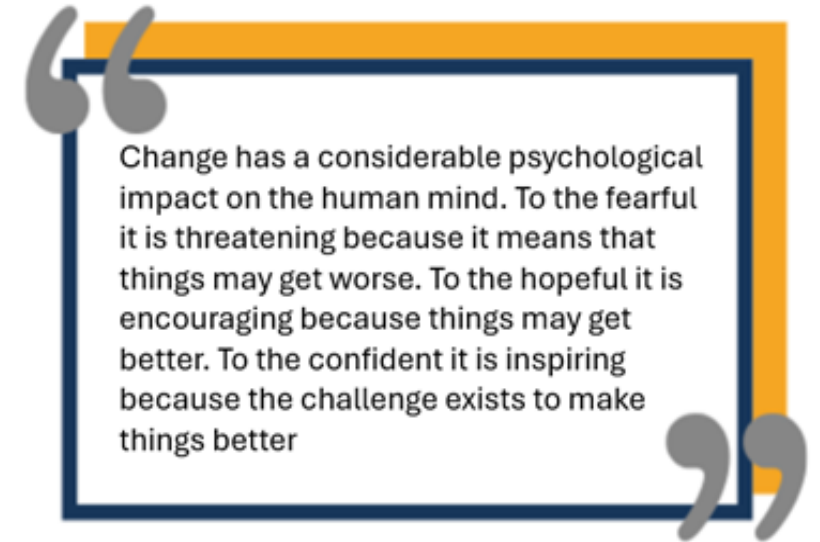
# Introduction

- The Case for Changing
- What needs to be different
- Beyond Change Management
- Principles of Effective Change
- Organisational Capability
- Stakeholder engagement



“Your greatest and most powerful business survival strategy is going to be the speed at which you handle the speed of change”

Ajero Tony Martins

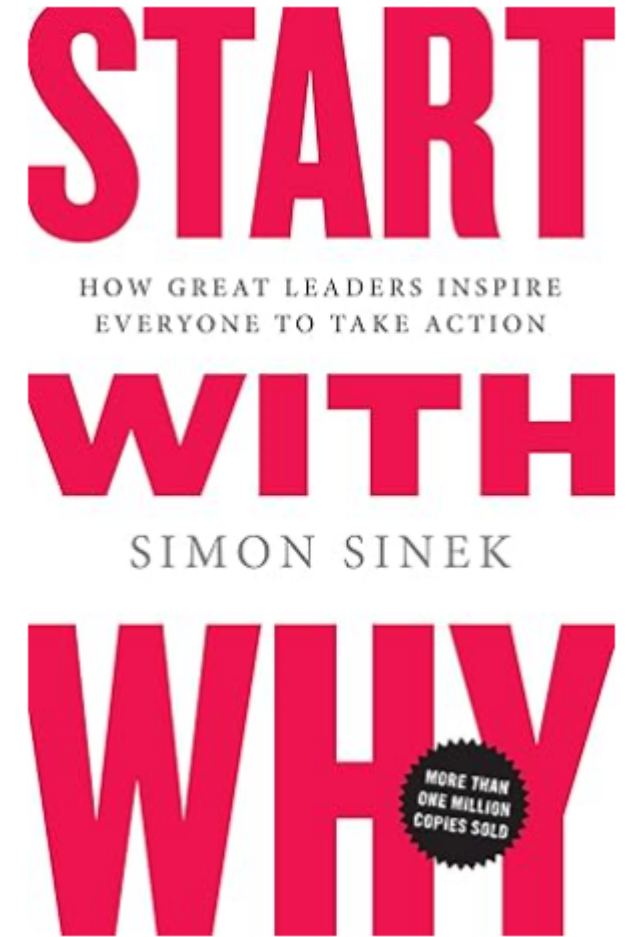


“Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better”

King Whitney Jr.

# The case for “changing” our approach to change

- Why? Why this matters now?
- We recognise that we don't have a great track record with delivering change
- We make lots of changes – but they don't always lead to improvements
- In particular we struggle to embed change – we move on to the next thing and the required change doesn't stick
- People feel change is “done to them”
- So we need to do something different



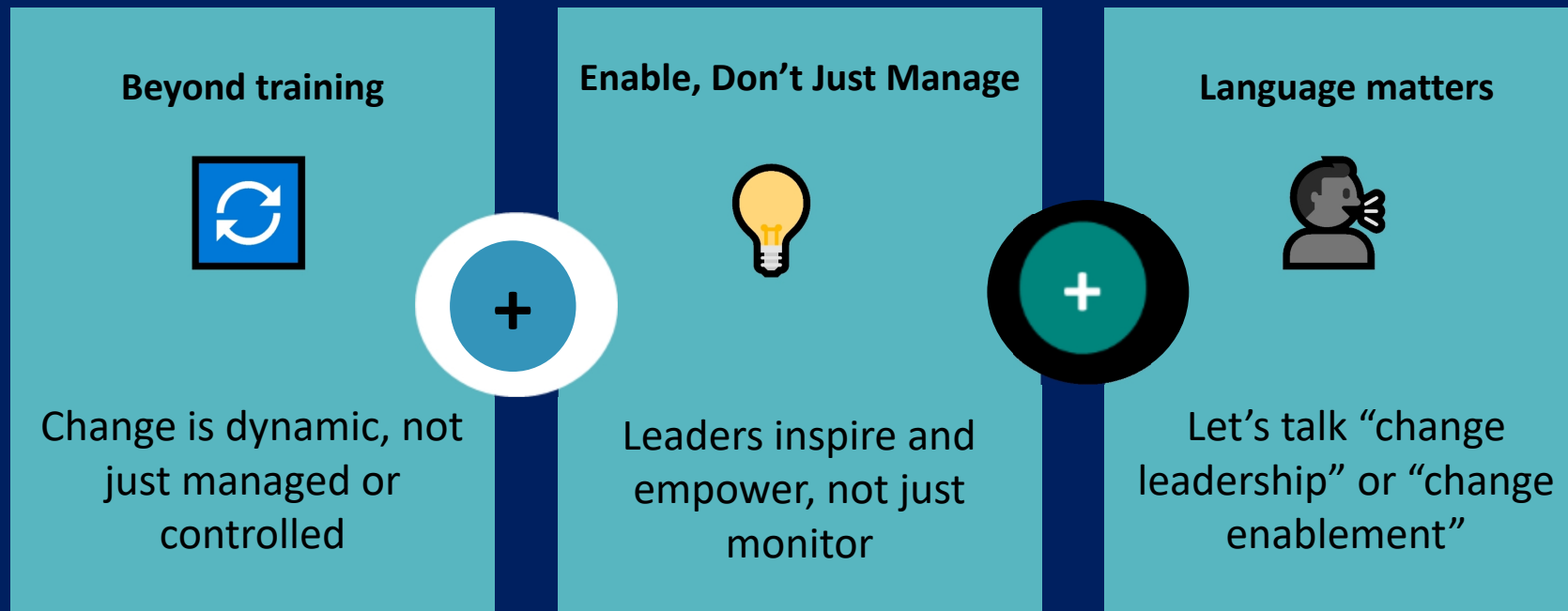
# What people are telling us needs to be different

- A more people-centred and strategically aligned approach
- Research highlights that successful change requires authentic engagement and psychological safety
- Change models are helpful but only succeed when people feel informed, involved and supported
- Cannot be seen as an add-on but woven into the fabric of the organisation
- Approaches which remain closely connected to the people behind the change are up to 7 times more likely to achieve their objectives



*“Being future fit isn’t about having a plan - it’s about having a plan that lands”*

# Beyond Change Management



# Some emerging principles we've identified so far.....

**Integrate with  
Strategy**

**Invest in  
People**

**Focus on  
Philosophy &  
Conditions**

**Align with  
interdependent  
change**

**Amplify What  
Works**

**People-centric  
approach**



# Organisational Capability: Change Competence

**Change Competence Definition:** Capacity to use existing skills and capability to build new ones

**Operates at Four levels:**

Employees

Workgroups

Change agents  
/managers

Senior management

Adapt and apply existing  
skills

Co-create meaning and  
align social dynamics

Bridge operational and  
strategic intent

Sustain direction,  
communicate vision, and  
legitimise learning

**Learning / competence exchange across boundaries - leaders, teams, even users**

**Two main themes:**

**Conditions:** Attitudes, behaviours, and learning  
environments that enable change

**Process:** how change is led and implemented

Employee participation drives commitment but if coupled with real influence and feedback loops

Positive attitudes to change predict higher competence / innovation;  
cynicism & poor change history erodes trust and learning.

Effective change leadership requires translation (sense-making across levels), communication, and emotional balance - not just planning or control.



# Stakeholder Engagement



- This is where we need your help as we gather further insights
- We're looking to develop an organisational change framework – currently in the discovery phase and **we want your early input** into helping shape that
- Our focus with our staff and stakeholders is to co-produce the approach and not present a solution
- We're particularly cognisant of who the real experts are here. Who has got lived experience? Who works in this area?
- We hear the importance of listening to resistance – these people are invested and we need to engage and understand rather than dismissing concerns – we know this will lead to later success
- What is your experience of change in BCU? How would you like to be engaged as this process evolves? Where do you think we should focus?



**Trugaredd  
Compassion**



**Agored  
Openness**



**Parch  
Respect**

# Briefing on Community by Design Delivering Integrated Services

**Alan Lawrie**

**Associate Director Primary Care Transformation**

# BCU Activity Overview (July 2025) 000's

1.07m  
Prescriptions  
issued

487.6k Calls to  
GP Practices

10.2k Common  
Ailments Consultations

67.8k District  
Nurse visits

82.6k clinical staff appointments

77.5k Attended

5.1k DNA

37.5k Referrals to Secondary Care

*National Calls to WAST –  
35k*

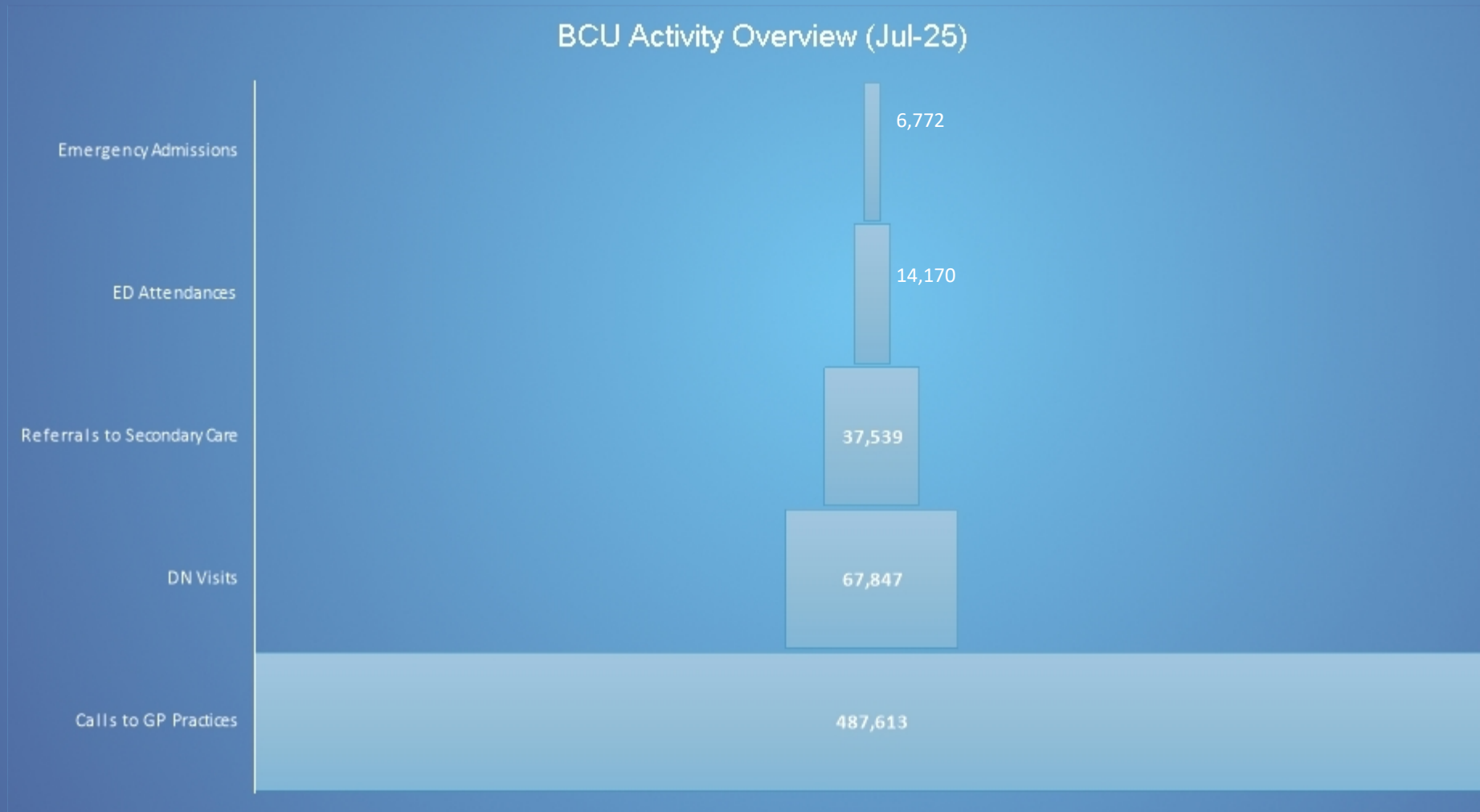
14.2k ED Attendances

9.9k Major

4.3k Minor

6.8k  
Emergency Admissions

# BCU Activity Overview (July 2025)



# Strategic Context - A clear vision & policy direction for primary care in Wales

2010

**Setting the Direction** provided a roadmap for primary care in Wales with a focus on practices working together in Clusters and the delivery of new community models including CRTs

2017

The **Primary Care Model for Wales** .... focus on place-based care, care closer to home and multi-professional team working

2018

**A Healthier Wales** - more care closer to home requiring a strong and effective foundation of primary care services. Strategic Programme for Primary Care established.

2022

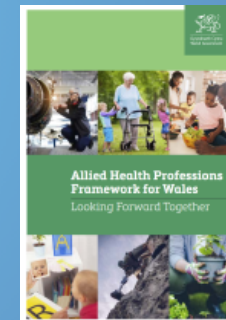
**Accelerated Cluster Development** - place-based approach to delivery and integrating care at a local neighbourhood level, focussing on improving population health outcomes

2023

**NHS in 10+ years**

2024

Refresh of **A Healthier Wales**  
PCMW – challenge



and now we have **Community by Design Delivering Integrated Services**



**Trugaredd  
Compassion**

# BCUHB Strategic Intent re 'Shift Left'

WG asked HBs to declare spend on P&C Care, BCUHB spend circa £821m

HBs asked to outline (costed) their intentions on "Shift Left" [challenging]

BCUHB response

- What are we doing already
- What are we intending to do over next 12 months
- What comes in years 2 and 3

Submitted on 23<sup>rd</sup> October - no feedback so far



**Agored  
Openness**



**Parch  
Respect**



**Trugaredd  
Compassion**

# BCUHB Current Activity

- Primary Care Audiology
- Optometry WGOS4
- Some Dental work
- Pessaries
- IV Antibiotics
- Home Chemotherapy



**Agored  
Openness**



**Parch  
Respect**



**Trugaredd  
Compassion**

# BCUHB Potential Plans for 2026/27

- Community Diagnostics
- Diabetes – Insulin Initiation & Monitoring @ Cluster Level
- Dermatology – low risk BCCs @ Cluster Level
- Women's Health
- Community Assessment Days (Expansion)



**Agored  
Openness**



**Parch  
Respect**



**Trugaredd  
Compassion**

# BCUHB Plans for future years

Primary Care Led Frailty Services

Further Enhanced Community Care Services

Pathway Reviews of the 'ologies'



**Agored  
Openness**



**Parch  
Respect**

# BCUHB: The Enablers



**Trugaredd  
Compassion**

- Population Health Management Systems
- Shared Care Records [ EMIS Community ]
- Vehicles to delivery P&C Care @scale [ Federations]
- Workforce Training and Education
- Estate Capacity
- Secondary Care clinical engagement



**Agored  
Openness**



**Parch  
Respect**



**Trugaredd**  
**Compassion**

# Welsh Government Expectations The Vision

- Patients and Staff navigate care pathways easily
- Appointments are timely and appropriate to need
- Staff well being is dramatically enhanced
- Population Health Management and Prevention are BAU



**Agored**  
**Openness**



**Parch**  
**Respect**



**Trugaredd  
Compassion**



**Agored  
Openness**



**Parch  
Respect**

# Welsh Government Expectations The New CbD Transformation Timeline

- Cab Sec commissioned work to accelerate delivery of integrated service in the community [July 25].
- CMO is the WG Official leading this work.
- Discussions with CEOs & WG EDT [August 25]
- Ministerial Summit [October 25]
- Draft Delivery Plan issued to HBs [December 25]



**Trugaredd  
Compassion**

# Welsh Government Expectations What are the key components (1)

1. Identify the Lead Exec for the Programme
2. Establish a Transformation Board
3. Enhance Primary & Community Interface with Secondary Care
4. Develop a HB Commissioning Strategy for CbD
5. Clear plan for “ shift left “ in the IMTP
6. Develop a clear model for high burden CDM focus on Respiratory, Diabetes and MH
7. Clarify intent on MDT working



**Agored  
Openness**



**Parch  
Respect**



**Trugaredd  
Compassion**

# Welsh Government Expectations

## What are the key components (2)

- 8. Map current urgent and emergency care services across the HB and identify alignments and synergy to ensure a better system response
- 9. Declare how HB will review rising risk populations
- 10. Identify and enact preventative intervention for 9 above
- 11. Work with DHCW on the shared record
- 11. Work with HEIW on the workforce needs and competencies



**Agored  
Openness**



**Parch  
Respect**



**Trugaredd  
Compassion**



**Agored  
Openness**



**Parch  
Respect**

# Review of Cluster Footprints

- Current Footprints in place for 15 years
- Need to assess if now fit for purpose
- Reconfirm the roles of Clusters and Collaboratives
- Consider the impact of Foundations for the Future
- Development of “ Federations” to deliver Primary Care at Scale
- Input from Collabs and Cluster Leads very important

# So Where Next ? [1]



**Trugaredd  
Compassion**



**Agored  
Openness**



**Parch  
Respect**

- The Strategic Context remains consistent – but not consistently implemented across Wales  
New CMO and NHS Wales CEO making a big push – ministerial priority
- Clusters have done good and interesting work but not yet at scale
- ACD should put multi agency / multi professional Clusters into the mainstream with real influence and a real desire to innovate and solve some of the current challenges
- Clusters when supported have delivered agile , efficient and high value services
- There are real opportunities to improve quality and be overall more efficient
- BCUHB Strategic Intent aligns well with WG Expectations
- PCPGs need to be given authority to act across the county based upon local need  
[ Don't let the Governance become a barrier ]

# So Where Next ? [2]



**Trugaredd  
Compassion**

What is the impact going to be of Foundations for the Future



**Agored  
Openness**

What is the impact going to be of the May Senedd Elections

Will the IMTP or ADP being developed now be approved for submission ?



**Parch  
Respect**

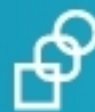
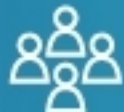
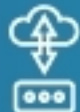
What will the BCUHB position be on implementation of the CbD Transformation Plan

What is the impact going to be of Foundations for the Future

What is the impact going to be of the May Senedd Elections

Will the IMTP or ADP being developed now be approved for submission ?

What will the BCUHB position be on implementation of the CbD Transformation Plan





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Gwasanaethau'r Gymraeg

Adroddiad Monitro Blynnyddol  
2024-2025



*Author: Eleri Hughes-Jones*

<b>Cynnwys</b>	<b>Tudalen</b>
<b>Crynodeb Gweithredol</b>	<b>3</b>
<b>Y Cefndir a'r Sefyllfa Bresennol</b>	<b>4</b>
<b>Hunanreoleiddio a Llywodraethu</b>	<b>5</b>
<b>Safonau'r Gymraeg</b>	<b>8</b>
<b>Rhaglen Datblygu'r Gweithlu</b>	<b>10</b>
<b>Gwasanaethau Cyfieithu</b>	<b>12</b>
<b>Codi Ymwybyddiaeth ymhlith y Gweithlu Nawr ac yn y Dyfodol</b>	<b>13</b>
<b>Rhannu Canlyniadau Cadarnhaol i Gleifion</b>	<b>16</b>
<b>Dangosyddion Perfformiad Allweddol</b>	<b>17</b>
<b>Edrych yn Ôl a Gweledigaeth ar gyfer y Dyfodol</b>	<b>19</b>

## Crynodeb Gweithredol

Mae'r adroddiad hwn yn mynd i'r afael â dyletswydd statudol Bwrdd Iechyd Prifysgol Betsi Cadwaladr (y Bwrdd Iechyd) i ddarparu adroddiad blynyddol i Gomisiynydd y Gymraeg ar gydymffurfio â Safonau'r Gymraeg (y Safonau) yn ystod y flwyddyn adrodd.

Mae'r adroddiad yn adlewyrchu'r gofynion a'r cynnwys fel y'i nodir yn Safon 120 y Safonau:

- Cwynion
- Cynllunio'r Gweithlu
- Recriwtio
- Sgiliau Iaith
- Hyfforddiant i Wella Sgiliau Iaith Gymraeg

Mae'r adroddiad hwn hefyd yn mynd i'r afael â chydymffurfio â chynllun pum mlynedd Llywodraeth Cymru, 'Mwy na geiriau'. Darperir trosolwg o'r cynnydd, gan gynnwys datblygiadau gwasanaeth a'r prif gyflawniadau yn ystod y cyfnod o fis Ebrill 2024 hyd at fis Mawrth 2025.

### Gweledigaeth y Bwrdd Iechyd

Uchelgais y Bwrdd Iechyd yw sicrhau bod anghenion a dewis iaith cleifion yn dylanwadu ar y gwaith o gynllunio a chyflenwi gwasanaethau.

Mae hyn yn cyd-fynd ag amcanion cyffredinol y Bwrdd Iechyd, sydd â'r nod o greu amgylchedd ffafriol lle mae cleifion a'r cyhoedd yn sicr o'r ymrwymiad i ddarparu gofal sy'n briodol o ran iaith.

Bu'r meysydd canlynol yn flaenoriaeth yn ystod y flwyddyn adrodd:

- **Adeiladu sefydliad effeithiol** drwy sicrhau bod fframwaith hunanreoleiddio cadarn ar waith, sy'n gweithredu yn unol â'r gofynion statudol.
- **Datblygu strategaeth a newidiadau hirhoedlog** drwy gyflawni'r ymrwymiad yng Nghynllun Tymor Canolig Integredig y Bwrdd Iechyd 2025-2028.
- **Creu diwylliant, arweinyddiaeth ac ymgysylltiad tosturiol** drwy ddatblygu sefydliadol a modelau priodol o hyfforddiant iaith Gymraeg i wella sgiliau iaith y gweithlu presennol.
- **Gwella ansawdd, canlyniadau a phrofiadau** drwy sicrhau bod staff yn ymwybodol o'r "Cynnig Gweithredol", gydag ymrwymiad gweladwy i ddarparu gofal sy'n canolbwyntio ar anghenion iaith.
- **Sefydlu amgylchedd effeithiol ar gyfer dysgu** drwy bartneriaethau prifysgol, gan wreiddio'r Gymraeg yn sgil gwerthfawr wrth ymgeisio am swyddi yn y sector iechyd.

### Yr hyn sydd wedi'i gyflawni

Wrth werthuso'r sefyllfa bresennol yn erbyn yr amcanion a osodwyd yn ystod y flwyddyn adrodd, mae'r Bwrdd Iechyd wedi cyflawni ei nodau.

Mae rhai o'r cyflawniadau allweddol hyn yn cynnwys:

- Gwell cydymffurfiaeth statudol yn y Cymunedau Iechyd Integredig trwy ddilyn dulliau hunanasesu dwys a chynhwysfawr.

- Gwell cydymffurfiaeth yn gyffredinol wrth greu hunaniaeth gorfforaethol ddwyieithog ac amlygu'r Gymraeg.
- Cynnydd yn nifer y bobl sy'n mynychu hyfforddiant iaith Gymraeg, yn ogystal â bodloni'r holl dargedau hyfforddi a sefydlwyd gyda'r Ganolfan Dysgu Cymraeg Genedlaethol fel rhan o Gytundeb 'Cymraeg Gwaith' 2024-2025 er mwyn sicrhau parhad y gefnogaeth ariannol.
- Hyfforddiant ymwybyddiaeth a gweithdai a gyflwynwyd yn Ysgol Feddygol Gogledd Cymru, Prifysgol Wreccsam a nifer o leoliadau addysg uwchradd ac uwch, gan ddangos sut mae'r Gymraeg yn cael ei defnyddio yn y gweithle.
- Cynnal ymgyrch lwyddiannus 'Defnyddiwch eich Cymraeg' i ymgysylltu â staff, gan godi ymwybyddiaeth am y "Cynnig Gweithredol" a rhannu gwybodaeth am ganlyniadau cadarnhaol i gleifion er mwyn gwella dysgu.

Bydd yr adroddiad yn manylu ar yr hyn a gyflawnwyd a sut yr aethpwyd ati i'w cyflawni.

Rhodddwyd ystyriaeth i'r cyflawniadau hyn wrth osod yr amcanion ar gyfer nodi'r sefyllfa y dymuna'r Bwrdd Iechyd fod ynddi ymhen blwyddyn.

### Gosod uchelgais ar gyfer 2025-2026

Nodir y weledigaeth ar gyfer y dyfodol yng Nghynllun Tymor Canolig Integredig y Bwrdd Iechyd 2025-2028, a bydd y flwyddyn adrodd nesaf yn canolbwyntio ar adeiladu ar y seilwaith cadarn a grëwyd gan y dull strategol a gymerwyd i gyflawni Safonau'r Gymraeg.

Bydd yn nodi pa grwpiau agored i niwed i'w cefnogi, o safbwynt y claf ac o safbwynt y gweithlu. Gwneir gwaith ychwanegol i hyrwyddo defnyddio'r Gymraeg yn y sefydliad. Cyflawnir hyn gam wrth gam, trwy gynyddu gwelededd a phresenoldeb cymdeithasol, ymgysylltu â staff, a mabwysiadu Rhaglen Hyrwyddwyr Iaith i ddangos sut y gellir ymgorffori a normaleiddio'r iaith yn y swyddogaethau craidd.

### Y Cefndir a'r Sefyllfa Bresennol

Yn ogystal ag adlewyrchu cynnydd y Bwrdd Iechyd o ran gofynion Safon 120, mae'r adroddiad hwn yn dangos sut y cynlluniwyd y gwasanaeth i fynd i'r afael ag anghenion y boblogaeth.

Mae Tîm y Gymraeg y Bwrdd Iechyd wedi'i strwythuro i sicrhau bod ei ffrydiau gwaith yn darparu'r mecanweithiau cymorth angenrheidiol sy'n ofynnol i brif ffrydio gofynion iaith wrth gynllunio gwasanaethau. Mae hefyd yn darparu rhwydwaith o gefnogaeth ar lefel weithredol i sicrhau bod yr holl ohebiaeth ysgrifenedig yn cael ei darparu'n ddwyieithog, a bod strwythur ar waith i ddatblygu'r gweithlu i wella eu sgiliau iaith.

Mae'n cynnwys pedwar gwasanaeth sy'n cefnogi'r sefydliad i gyflawni gofynion deddfwriaethol ac i fynd i'r afael ag anghenion cleifion.

1. Cydymffurfio â Deddfwriaeth  
Sicrhau bod y sefydliad yn cael cymorth i gyflawni ei rwymedigaethau o dan Fesur y Gymraeg (Cymru) 2011.
2. Hybu ac Ymgysylltu  
Yn unol ag elfennau gweithredol cyflawni'r cynllun pum mlynedd 'Mwy na geiriau', mae

gwasanaethau'n cael cymorth rhagweithiol, a phrosiectau a chynlluniau'n cael eu lansio i wella dealltwriaeth ac ymwybyddiaeth o ddiwylliant, a'r effaith ar ofal cleifion.

### 3. Darparu Hyfforddiant

Mae Rhaglen Hyfforddiant y Gymraeg wedi'i theilwra i fynd i'r afael â gofynion amrywiol wasanaethau, ynghyd â chefnogaeth ychwanegol a ddarperir gan y Ganolfan Dysgu Cymraeg Genedlaethol gyda'r cytundeb 'Cymraeg Gwaith' a ariennir gan Lywodraeth Cymru.

### 4. Gwasanaethau Cyfieithu

Mae'r Tîm Cyfieithu'n sicrhau bod y sefydliad yn gallu darparu gwybodaeth ar gyfer cleifion yn eu dewis iaith, ac maent hefyd yn cyfieithu ar y pryd er mwyn hwyluso dewis iaith mewn lleoliadau clinigol a chorfforaethol.

## Hunanreoleiddio a Llywodraethu

Ceir atebolrwydd strwythurol drwy Fforwm Strategol y Gymraeg (y Fforwm Strategol), a gadeirir gan Gyfarwyddwyr Gweithredol, ac mae Cadeirydd y Bwrdd Iechyd wedi'i benodi'n Hyrwyddwr y Gymraeg ar lefel y Bwrdd. Y Fforwm Strategol sy'n gosod y trefniadau llywodraethu mewnol. Mae'r Cylch Gorchwyl yn llywio'r dulliau strategol, ac mae'r aelodaeth yn cynnwys uwch arweinwyr ac arweinwyr gweithredol sy'n gallu hybu'r gofynion. Mae llwybr craffu ar gyfer uwchgyfeirio unrhyw faterion o bwys i'r Pwyllgor Pobl a Diwylliant, yn ogystal â rhoi adroddiad blynyddol i'r Bwrdd ar gydymffurfiaeth a chyflawniadau.

### Cofrestr Risg Gwasanaethau'r Gymraeg

Mae'n hanfodol bod y Bwrdd Iechyd yn cydnabod meysydd risg posibl mewn perthynas â'r Gymraeg ac mae Cofrestr Risg bwrpasol ar waith. Mae'r risgiau presennol yn cynnwys bodloni gofynion Mesur y Gymraeg (Cymru) 2011, rhoi egwyddor y "Cynnig Gweithredol" ar waith yn unol â'r cynllun 'Mwy na geiriau', a chyflawni 'Polisi a Gweithdrefn Sgiliau Dwyieithog'.

Adolygwyd yr holl risgiau yn ystod 2024-2025, a graddiwyd pob un o'r tair sgôr risg fel rhai cymedrol neu fach. Wrth asesu'r sefyllfa bresennol, nid oedd angen uwchgyfeirio unrhyw risgiau.

Caiff Cofrestr Risg y Gwasanaethau Cymraeg ei monitro'n chwarterol, ac adroddir arni ddwywaith y flwyddyn i Fforwm Strategol y Gymraeg.

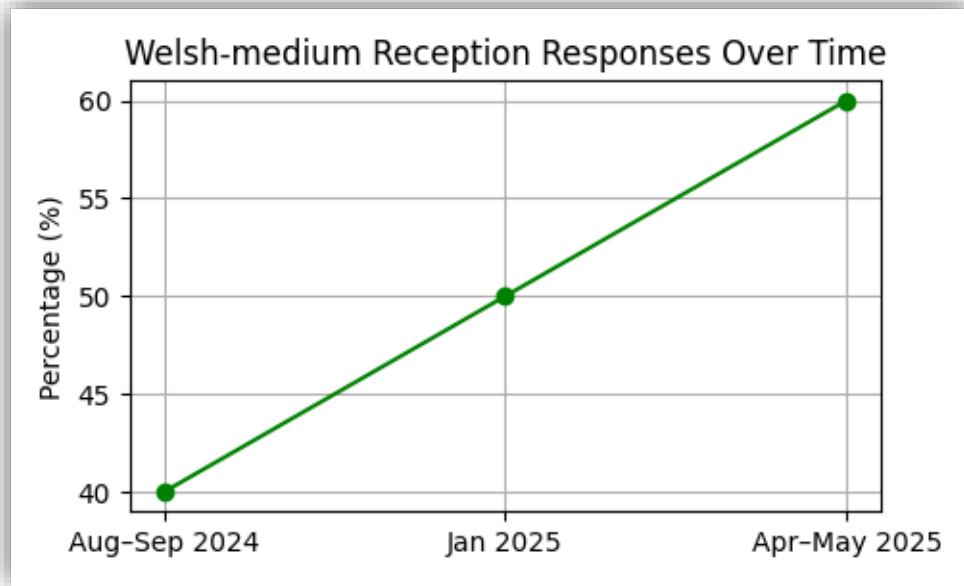
### Sicrwydd Perfformiad Mewnol

Mae'r adroddiad hwn yn cyflwyno dadansoddiad cyfun o arolwg o Wasanaethau Dwyieithog gan Siopwyr Cudd a gynhaliwyd ar draws lleoliadau'r Byrddau Iechyd dros gyfnod y flwyddyn adrodd. Roedd yr arolwg yn cynnwys safleoedd aciwt, ysbytai cymunedol, gwasanaethau arbenigol a phractisau a reolir. Mae'r asesiad yn canolbwyntio ar wasanaethau rheng flaen a chreu amgylchedd dwyieithog drwy fonitro:

- Gwasanaethau Derbynfya
- Gwasanaethau Ffôn
- Arwyddion

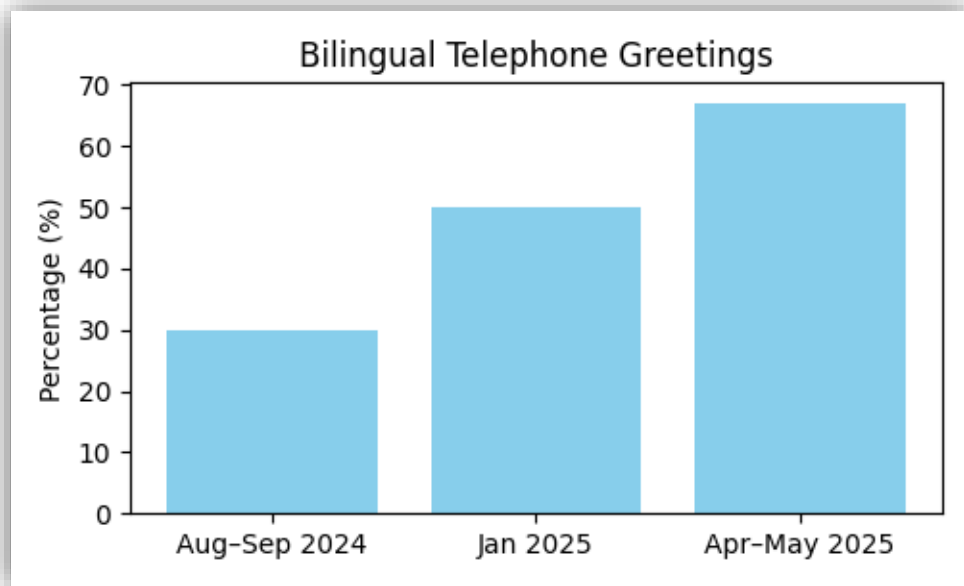
Mae'n bleser nodi bod y canfyddiadau'n adlewyrchu ymrwymiad y Bwrdd Iechyd i ddarparu gwasanaethau cynhwysol, dwyieithog i gleifion ac ymwelwyr.

Mae cynnydd cyson yn y canran o dderbynfeydd sy'n ymateb yn llawn drwy gyfrwng y Gymraeg, sy'n adlewyrchu cynnydd mewn ymwybyddiaeth a chwasiti ymhlith staff rheng flaen i ddarparu gwasanaethau drwy gyfrwng y Gymraeg. Gwneir ymdrech gyson i gyfarch cleifion ac ymwelwyr, gyda llawer o safleoedd yn cynnig cyfarchion niwtral neu ddwyieithog.



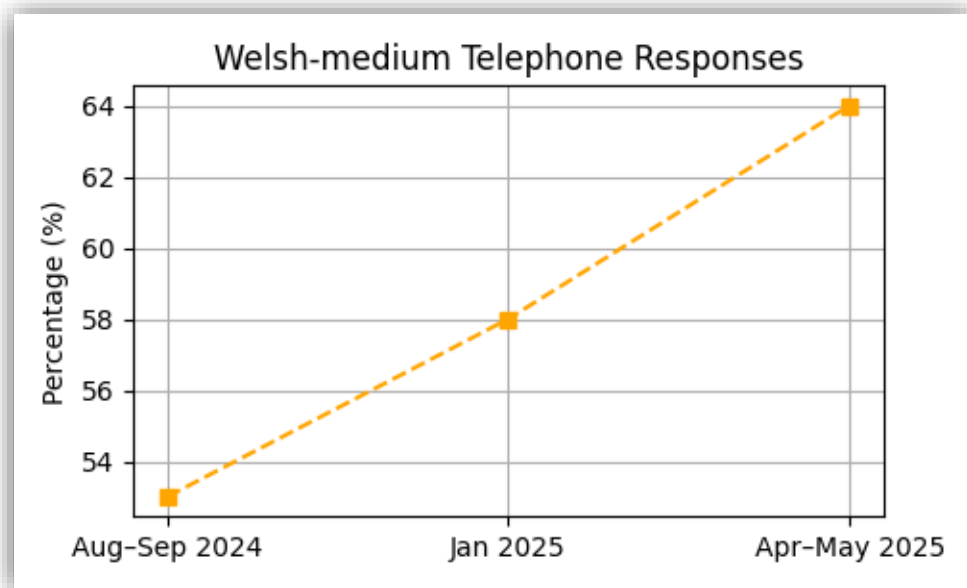
Ffigur 1: Canran y derbynfeydd sy'n ymateb yn llawn drwy gyfrwng y Gymraeg.

Bu cynnydd amlwg mewn gwasanaethau ffôn drwy gyfrwng y Gymraeg, gan ddangos gwell cydymffurfiaeth a hyfforddiant i staff.



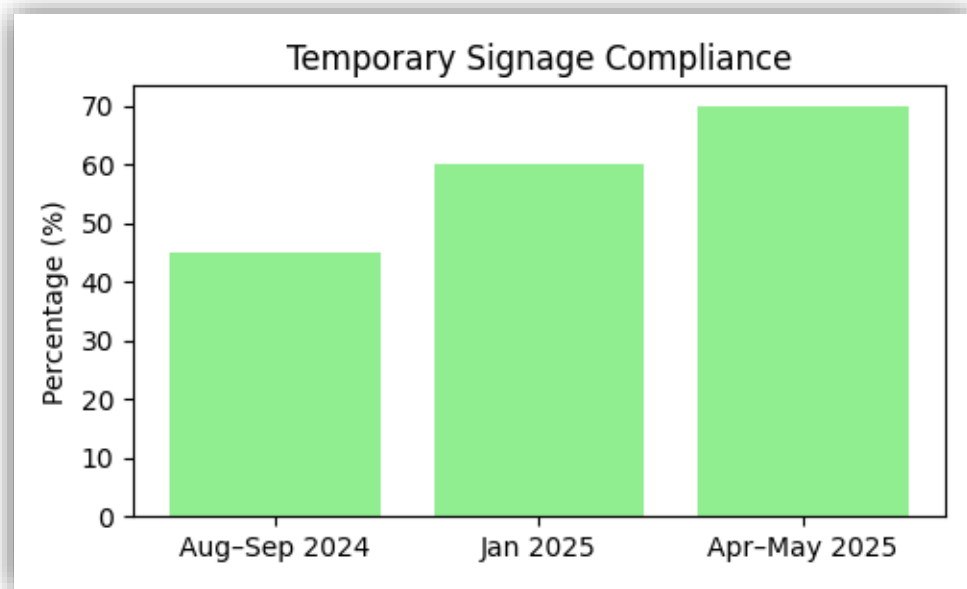
Ffigur 2: Cyfran y galwadau ffôn a gafodd eu cyfarch yn ddwyieithog.

Mae'r gallu i ymdrin â galwadau'n llawn drwy gyfrwng y Gymraeg wedi gwella, gyda mwy o staff naill ai'n ymateb yn uniongyrchol neu'n trosglwyddo i gydweithwyr sy'n siarad Cymraeg. Roedd negeseuon peiriant ateb dwyieithog hefyd yn amlwg, gan gynnal y safonau ar draws y sefydliad.



Figur 3: Canran yr ymholiadau ffôn yr ymdriniwyd â nhw drwy gyfrwng y Gymraeg.

Mae cydymffurfiaeth arwyddion dros dro â Safonau'r Gymraeg wedi dangos cynnydd cadarnhaol, gyda sawl safle yn llwyddo i gydymffurfio'n llwyr. Roedd arwyddion parhaol bron pob safle yn gwbl ddwyieithog ac yn arddangos amlygrwydd cyfartal.



Figur 4: Cydymffurfiaeth arwyddion dros dro â Safonau'r Iaith Gymraeg.

I gloi, mae'r canlyniadau o bob cyfnod adrodd yn dangos llwybr cynnydd cadarnhaol yn narpariaeth gwasanaethau dwyieithog y Bwrdd Iechyd i gydymffurfio â Safonau'r Iaith Gymraeg. Er bod meysydd i'w datblygu o hyd, mae'r darlun cyffredinol yn un o ymroddiad, ac ymrwymiad cynyddol i ymgorffori'r Gymraeg mewn rhyngweithiadau gofal iechyd bob dydd. Mae hyn yn sicrhau bod gwaith y Bwrdd Iechyd yn cyd-fynd â'r rhwymedigaethau statudol, ac yn meithrin amgylchedd sy'n fwy cynhwysol ac yn parchu diwylliant.

Bydd ymdrechion parhaus a thargedu camau gweithredu yn parhau i wella'r ddarpariaeth o wasanaethau dwyieithog ar draws pob safle.

## Safonau'r Gymraeg

Mae Safonau'r Gymraeg (y Safonau) ar waith ers y dyddiad gweithredu, sef 30 Mai 2019. Bu cynnydd sylweddol o ran bwrw ymlaen â gweithredu'r Safonau, monitro cydymffurfiaeth a rhoi cyfarwyddyd ar draws y sefydliad.

### Cymorth Dwys a Dadansoddi Data

Bu'r gwaith yn ystod y flwyddyn ddiwethaf yn canolbwyntio'n bennaf ar weithio gyda'r tair Cymuned Iechyd Integredig (IHC) ledled gogledd Cymru (y Dwyrain, y Canol a'r Gorllewin), ar roi cynlluniau gweithredu ar waith yn dilyn hunanasesiad o gydymffurfiaeth.

Cynhaliwyd ymarfer gwerthuso eang gyda'r tair IHC ledled gogledd Cymru er mwyn sicrhau cydymffurfiaeth lawn â Safonau'r Gymraeg. Mae'r gwerthusiad hwn yn galluogi dealltwriaeth well am gydymffurfiaeth y gwasanaethau yn erbyn pob Safon, er mwyn canfod lefelau cydymffurfio presennol a rhoi tystiolaeth i gefnogi adolygiadau. Aethpwyd i'r afael â meysydd o ddiffyg cydymffurfio posibl drwy gynlluniau gweithredu a oedd yn targedu meysydd penodol lle'r oedd angen cymorth ychwanegol.

Y prif ffocws oedd cydymffurfio â'r Safonau Cyflenwi Gwasanaethau, h.y. y gwasanaethau sy'n wynebu'r cyhoedd. Dyma'r meysydd lle mae'r Bwrdd Iechyd wedi gweld y nifer fwyaf o gwynion dros y tair blynedd adrodd ddiwethaf, sef:

- Gohebiaeth (Safonau 1-7)
- Ateb y ffôn (Safonau 8, 9, 10)
- Dogfennau a ffurflenni (Safonau 36-28)
- Arwyddion (Safonau 47-49)
- Gwasanaethau Derbynfa (Safonau 50-53)

Ar y cyfan, roedd y prif ganfyddiadau'n dangos sgôr gadarnhaol gyffredinol, gyda 'Gohebiaeth' a 'Dogfennau a Ffurflenni' yn arddangos y lefel uchaf o gydymffurfiaeth.

Y meysydd gyda'r lefel uchaf o gydymffurfiaeth gymysg oedd 'Gwasanaethau Ffôn' a 'Gwasanaethau Derbynfa'. Blaenoriaethwyd y gwaith o fynd i'r afael â'r bylchau yn y gwasanaethau hyn gan eu bod yn aml, yn bwynt cyswllt cyntaf i lawer o gleifion a'u teuluoedd. Mae camau a gymerwyd i liniaru'r pryderon hyn wedi'u hamlinellu yn y 'Polisi a Gweithdrefn Sgiliau Dwyieithog'. Mae'r Polisi hwn yn nodi'r swyddi rheng flaen lle mae'r gallu i siarad Gymraeg yn faen prawf hanfodol wrth hysbysebu swydd. Os nad yw gwasanaethau wedi llwyddo i benodi siaradwyr Gymraeg, gellir, ar ôl dilyn proses gymeradwyo gadarn, hysbysebu swyddi gan nodi bod sgiliau iaith Gymraeg yn faen prawf dymunol ar yr amod bod yr ymgeisydd llwyddiannus yn

dysgu Cymraeg o fewn amserlen benodol. Datblygwyd cwrs hyfforddi pwrpasol ar gyfer Staff Derbynfydd ac mae'n cael ei gyflwyno mewn meysydd blaenoriaeth ar hyn o bryd.

Safon	% cydymffurfio		
	IHC y Gorllewin	IHC y Canol	IHC y Dwyrain
Gohebiaeth	30%	83.1%	71.4%
Gwasanaethau Ffôn	70%	61.1%	50%
Dogfennau a Ffurflenni	20%	83.3%	50%
Arwyddion	70%	83.3%	64.3%
Gwasanaethau Derbynfa	40%	50%	28%

Mae'r gwaith hwn yn cael ei gyflwyno i Wasanaethau Gogledd Cymru gyfan ar hyn o bryd a bydd y dull yn cael ei fabwysiadu ar sail cylch parhaus o welliannau.

### Prif Ffrydio Gofynion Iaith

Bu cynnydd yn y gwaith i brif ffrydio gofynion y Gymraeg i fusnes craidd y Bwrdd Iechyd. Roedd hyn yn cynnwys sicrhau bod anghenion y Gymraeg yn cael eu hystyried o'r cychwyn cyntaf yn y meysydd canlynol:

- Datblygiad Ysbyty Brenhinol Alexandra, Y Rhyl lle mapiwyd cwmpas a manteision yn erbyn nodau llesiant Deddf Cenedlaethau'r Dyfodol, er mwyn sicrhau 'Cymru â diwylliant bywiog lle mae'r iaith Gymraeg yn ffynnu';
- Y posibilrwydd o gaffael system e-restru Cymru gyfan, lle byddai manylebau technegol ar gyfer system gwbl ddwyieithog yn cael eu craffu i sicrhau bod dewis iaith cleifion yn cael ei gofnodi;
- Datblygu 'System Iechyd Meddwl i Bob Oedran' lle sicrhawyd gofynion yr iaith Gymraeg ym manylebau'r tendr, gan graffu ar allu cyflenwyr posibl i gyflenwi;
- Datblygu system cyngor a chymorth gwasanaeth i'r Gwasanaethau Anabledd Dysgu lle amlygwyd y gofyniad am gynnwys ymgynghoriadau drwy gyfrwng y Gymraeg yn Offeryn Sgrinio Asesiad Integredig (IAST) y Bwrdd Iechyd, gan fynd i'r afael â dewis iaith a gofal yn cael ei ddarparu yn nes at adref.

Mae'r enghreifftiau hyn yn dangos sut mae'r Bwrdd Iechyd wedi datblygu normaleiddio'r Gymraeg wrth ddatblygu gwasanaethau a seilweithiau digidol.

### Gweithdrefnau Gweithredu Safonol

Cynhyrchwyd Gweithdrefnau Gweithredu Safonol (SOP) i gyd-fynd â Safonau penodol, gan ddarparu canllawiau manwl i staff er mwyn sicrhau dealltwriaeth a chydymffurfiaeth gywir. O ganlyniad, bu'n bosibl blaenoriaethu meysydd o bryder a amlygwyd naill ai gan bryderon allanol neu drwy'r offeryn hunanasesu. Lluniwyd Gweithdrefn Weithredu Safonol ar gyfer y canlynol:

- Cyfarfodydd nad ydynt ar agor i'r cyhoedd (Safonau 21, 22, 22a a 22ch)
- Gwasanaethau derbynfa (Safonau 50, 52 a 53)
- Gohebu â'r cyhoedd (Safon 7)
- Ateb y ffôn (safonau 8, 9 a 10)

Cyhoeddwyd pob gweithdrefn ar 'BetsiNet', safle mewnwyd y Bwrdd lechyd. Bydd gwaith yn parhau yn ystod y flwyddyn adrodd nesaf i greu rhagor o weithdrefnau gweithredu safonol i gynnwys yr holl Safonau.

### **Cynyddu capasiti'r Bwrdd lechyd i ddarparu gwasanaethau yn y Gymraeg yn unol â Safon 110**

Cymeradwywyd cynllun pum mlynedd ar gyfer Safon 110 (sy'n ei gwneud yn ofynnol i'r Bwrdd lechyd gynyddu ei allu i gynnig cynnal ymgynghoriadau clinigol yn y Gymraeg) gan Fforwm Strategol y Gymraeg. Mae'r cynllun yn canolbwyntio ar ddatblygu gwasanaethau dwyieithog drwy recriwtio, cynefino a hyfforddiant, cynllunio, nodi iaith gyntaf cleifion, ymgysylltu, a diwylliant. Wrth i'r gwaith o graffu ar y cynllun fynd rhagddo'n fewnol, cynhaliwyd cynllun peilot gyda'r gwasanaeth dementia, sef un o'r grwpiau agored i niwed a nodwyd yn 'Mwy na geiriau'. Canolbwyntiodd y gwasanaeth ar egwyddor y "Cynnig Gweithredol" o ddarparu gwasanaethau i gleifion yn y Gymraeg, heb iddynt orfod gofyn amdano. Gwnaed hyn fel rhan o 'Wythnos Gweithredu ar Dementia' a chafodd ei weithredu drwy'r cynllun 'Dewis Iaith' lle gosodir magnetau oren 'Cymraeg' ar fwrdd gwybodaeth uwchben gwely'r claf.



Mae'r gwaith hwn bellach yn cael ei ehangu i gynnwys Gwasanaethau Strôc, grŵp blaenoriaeth arall a nodir yn 'Mwy na geiriau'.

### **Rhaglen Datblygu'r Gweithlu**

Mae Tîm Hyfforddiant y Gymraeg y Bwrdd lechyd wedi cyflwyno ystod eang o gyrsiau iaith Gymraeg wedi'u teilwra i anghenion y sefydliad, gyda chynnydd o 29 y cant yn nifer y staff sy'n dysgu Cymraeg yn ystod y flwyddyn adrodd.

Mae'r Tîm wedi mabwysiadu dull uniongyrchol o alinio darpariaeth hyfforddiant yn strategol â gofynion deddfwriaethol, gan nodi bylchau dysgu yn systematig ar draws y sefydliad. Mae cyrsiau wedi'u teilwra ar gyfer gwasanaethau rheng flaen, ac mae grwpiau blaenoriaeth wedi derbyn cymorth uniongyrchol er mwyn canolbwyntio'r ymdrechion ar gynyddu'r capasiti i ddarparu gwasanaethau drwy gyfrwng y Gymraeg.



Adnewyddodd y Tîm Hyfforddiant y Gymraeg contract deuddeg mis gyda'r 'Ganolfan Dysgu Cymraeg Genedlaethol' o dan y cynllun 'Cymraeg Gwaith' a ariennir gan Lywodraeth Cymru. Mae hyn yn dilyn y llwyddiannau a gyflawnwyd yn ystod cytundeb 2023-2024, gan sicrhau parhad mewn cyfleoedd a chydweithio yn ogystal â galluogi cyflogi Swyddog Cymorth.

## Dadansoddiad o Ddata Darpariaeth Hyfforddiant y Gymraeg



Cynigiwyd 22 o gyrsiau hyfforddi iaith Gymraeg gwahanol drwy gydol y flwyddyn.



Cynyddwyd nifer y sesiynau wyneb yn wyneb wedi'u teilwra ar gyfer gwahanol adrannau/Timau, gan gynnwys Therapi Iaith a Lleferydd.



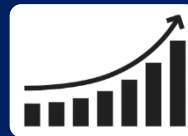
Mae tiwtor mewnol wedi addysgu dros 200 o aelodau o staff. Cymysgedd o sesiynau 1:1 a sesiynau grŵp. Cyrsiau wedi'u teilwra ar gyfer y sector gofal iechyd.



Roedd 96% o'r dysgwyr yn 'hapus iawn' gyda'r ddarpariaeth. Roedd 100% o'r dysgwyr wedi 'mwynhau' mynychu'r cyrsiau. Parhaodd 71% i ddysgu Cymraeg ar ôl cwblhau cwrs.



Adnewyddwyd contract 12 mis gyda'r Ganolfan Dysgu Cymraeg Cenedlaethol. Cafodd 782 o aelodau



Bu cynnydd o 32% yn y dysgwyr ar y cyrsiau 'Cymraeg Gwaith' ar-lein, â'r cyrsiau hunanastudio yn boblogaidd iawn.



Mae naw Aelod o'r Bwrdd wedi mynychu gwersi 1:1 drwy Teams.



Pasiodd tri aelod o'r bwrdd yr arholiad Cymraeg Cwrteisi.



Mynychodd 37 aelod o staff gyrsiau dwys 5 diwrnod yn Nant Gwrtheyrn.



Mae grŵp Facebook 'Y Gymraeg yn Betsi' yn parhau i arddangos enghreifftiau o arfer da a straeon llwyddiant, gyda 483 o ddilynwyr ar hyn o bryd, sy'n gynydd o 25% ers mis Ebrill 2024.



Llwyddodd dau aelod o staff i ennill 'Tystysgrif Sgiliau Iaith' – cymhwyster achrededig gan y Coleg Cymraeg Cenedlaethol.



Enillodd Dr Darren Cornish 'Wobr y Gymraeg' yng Ngwobrau Cyflawniad BIPBC 2024. Mae wedi bod yn astudio a dysgu Cymraeg gyda Thiwtor Iaith Gymraeg y Bwrdd Iechyd.

## Gwasanaethau Cyfieithu

Mae'r Tîm Cyfieithu yn cynorthwyo holl wasanaethau'r Bwrdd lechyd ar ffurf gwasanaethau cyfieithu ysgrifenedig a chyfieithu ar y pryd. Mae'r galw parhaus am gyfieithu yn dangos ymrwymiad y Bwrdd lechyd i ddarparu gwasanaeth dwyieithog di-dor ac amserol i ddefnyddwyr gwasanaeth yn unol â'r gofynion statudol, ac amlygrwydd cynyddol yr iaith yng ngweithrediadau'r Bwrdd lechyd.

Mae'r Tîm yn parhau i sicrhau bod safonau rheoli ansawdd yn cael eu cynnal ym mhob agwedd ar gyfieithu, gan flaenoriaethu gwybodaeth sy'n sensitif i amser fel bod staff a chleifion yn gallu cael mynediad at wybodaeth yn eu dewis iaith.

Yn 2024/25, cytunodd y tîm ar Gytundeb Lefel Gwasanaeth (SLA) gyda Bwrdd lechyd Prifysgol Aneurin Bevan i ddarparu cymorth cyfieithu ar gyfer ceisiadau ysgrifenedig. Bu'r cydweithio hyn yn llwyddiannus, a chytunodd y ddwy ochr i barhau a'r trefniant yn 2025-2026. Gwerth y SLA oedd ymgymryd â chyfieithu 480,000 o eiriau dros gyfnod y cytundeb, gan dderbyn cyfanswm o fwy na £28,000.

Cynhelir cyfarfodydd y bwrdd yn ddwyieithog, gydag eitemau a phapurau'n cael eu hasesu a'u cyfieithu, a darperir gwasanaeth cyfieithu ar y pryd. Gan fod y cyfarfodydd yn cael eu ffrydio'n fyw ar-lein, mae fideos Cymraeg a Saesneg yn cael eu ffrydio ar yr un pryd fel bod y cyhoedd yn gallu dilyn trafodaethau'n llawn yn y Gymraeg neu'r Saesneg. Mae ceisiadau brys am gyfieithiadau wedi cynnwys datganiadau i'r wasg, gohebiaeth i gleifion, adroddiadau blynyddol a gwybodaeth ar gyfer y cyfryngau cymdeithasol. Mae ceisiadau gan y cyhoedd a chleifion yn cael blaenoriaeth gydag amserlen ymateb o fewn yr un diwrnod neu 1-2 ddiwrnod gwaith. Darperir gwasanaeth y tu allan i oriau hefyd ar gyfer cyfathrebiadau brys.

Cyfanswm nifer y geiriau a gyfieithwyd yn ystod y flwyddyn adrodd oedd 4,648,140 o'i gymharu â 3,721,696 yn ystod 2023-2024. Mae hwn yn gynnydd sylweddol ac mae'r tabl isod yn dangos y pum gwasanaeth sydd â'r galw uchaf am gyfieithiadau, gyda'r Gweithlu a Datblygu Sefydliadol yn cynrychioli'r gwasanaeth sydd â'r galw uchaf. Mae'r ceisiadau hyn yn canolbwyntio'n bennaf ar gyfieithu disgrifiadau swydd, gan sicrhau cydymffurfiaeth lawn â Safon 107 sy'n ei gwneud yn ofynnol i bob disgrifiad swydd fod ar gael yn ddwyieithog.

Gwasanaeth	Nifer y geiriau a gyfieithwyd
Y Gweithlu a Datblygu Sefydliadol	1,361,424
Y Swyddfa Gorfforaethol	289,626
lechyd Meddwl ac Anableddau Dysgu	177,009
Y Tîm Cyfathrebu	160,867
Gwasanaethau Therapi Iaith a Lleferydd	146,887

Mae'r Tîm Cyfieithu yn parhau i gynnig gwasanaeth cyfieithu ar y pryd a ddarperir naill ai wyneb yn wyneb neu ar lwyfannau ar-lein 'Zoom' a 'Microsoft Teams'. Derbyniwyd cyfanswm o 45 o geisiadau gyda'r mwyaf yn gofyn am gyfieithu ar y pryd ar gyfer digwyddiadau, cyfarfodydd a chynadleddau rhanddeiliaid, a chyfweliadau ag ymgeiswyr sy'n dymuno cynnal eu cyfweliadau drwy gyfrwng y Gymraeg.

## Codi Ymwybyddiaeth ymhlith y Gweithlu Nawr ac yn y Dyfodol

### Codi Ymwybyddiaeth ledled y Sefydliad

Ym mis Ionawr 2023, lansiodd pecyn e-ddysgu newydd Ymwybyddiaeth Iaith ar system Cofnodion Staff Electronig. Mae'n rhan o'r Rhaglen Hyfforddiant Gorfodol y mae'n rhaid i'r holl staff ei chwblhau, a'i hailadrodd bob tair blynedd. Mae'r ffigurau isod yn dangos bod 92.3 y cant o'r gweithlu wedi cwblhau'r hyfforddiant hwn, sy'n gynydd o 5.16 y cant o'i gymharu â'r llynedd. Mae hyn yn uwch na tharged 85 y cant y Bwrdd Iechyd ar gyfer Hyfforddiant Gorfodol. Cynhaliwyd tri Diwrnod Hyfforddi Gorfodol eleni hefyd i ddarparu'r hyfforddiant hwn wyneb yn wyneb i'r rhai sydd â chyfradd cydymffurfio isel, neu'r rhai sydd â phroblemau mynediad.

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%
<b>Total</b>	<b>19831</b>	<b>1654</b>	<b>92.30%</b>

## Ymgyrch 'Defnyddiwch eich Cymraeg'

Cynhaliwyd yr ymgyrch hwn ym mis Mawrth gyda'r nod o dynnu sylw at bwysigrwydd cynnig gwasanaethau i gleifion yn y Gymraeg, a'u hannog i ddefnyddio pa bynnag lefel o Gymraeg sydd ganddynt. Cynhaliwyd nifer o ddigwyddiadau yn ystod yr ymgyrch, gan gynnwys:



Stondinau yn y tri phrif ysbyty lle daeth staff i dderbyn cyngor ac arweiniad ar wahanol bynciau yn ymwneud â gwasanaethau dwyieithog; casglu adnoddau a dod o hyd i fanylion pellach am yr ystod o gysiau hyfforddi Gymraeg sydd ar gael.



Stori am brofiad cadarnhaol gan glaf i dynnu sylw at y gwasanaeth rhagorol a ddarperir yn y Gymraeg ar Ward y Plant, Ysbyty Glan Clwyd.



Lansio cwrs meithrin hyder 1:1 i staff Turbo Charge Your Welsh'



Rhaglen arbennig ar Radio Ysbyty Gwynedd i glywed am brofiadau a siwrne rhai o ddysgwyr Cymraeg y Bwrdd Iechyd.



Lansio 'Cwrs Croeso' newydd i ddechreuwr llwyr.

Dosbarthu adnoddau ategol, gan gynnwys taflen o eirfa i roi hyder i staff ddefnyddio'u Cymraeg yn ystod cyfarfodydd, yn ogystal â rhannu clipiau YouTube i helpu ag ynganu geirfa ac ymadroddion.



Mae rhai o'r prif lwyddiannau eraill a gododd ymwybyddiaeth o'r gwasanaethau Cymraeg a gynigir i gleifion yn cynnwys:

- Dathliadau Dydd Gŵyl Dewi, gyda ffocws ar bwysigrwydd y Gymraeg wrth ddarparu gwasanaethau i blant. Cynhaliwyd digwyddiadau ar wardiau'r Plant yn y tri phrif safle, gydag ymweliadau arbennig gan y cymeriadau cartŵn poblogaidd 'Dewin' a 'Doti'. Cynhaliwyd sesiynau stori ar y cyd â 'Cymraeg i Blant' ar y wardiau a chafwyd cyfle i ganu hwiangerddi.
- Ymwelodd Comisiynydd y Gymraeg ag Ysbyty Glan Clwyd i ddysgu mwy am gyflawniadau'r Bwrdd lechyd o ran y Gymraeg ar draws gwasanaethau gan gynnwys cynnig gwasanaethau'n weithredol yn y Gymraeg yn yr Adran Fferylliaeth, Gwasanaethau'r Gaplaniaeth a Wardiau'r Plant. Roedd yn gyfle gwych i ddangos sut mae'r Gymraeg yn cael ei chynnwys fwyfwy mewn gwaith bob dydd ledled y Bwrdd lechyd.
- Roedd Tîm y Gymraeg ar y rhestr fer yn y categori 'Gofal Teg' yng Ngwobrau GIG Cymru am ei waith yn gweithredu'r 'Cynllun Dewis Iaith'.



### Dylanwadu ar Weithlu'r Dyfodol

Mae'r Bwrdd lechyd wedi gwneud y mwyaf o'i waith partneriaeth â phrifysgolion, ysgolion a phartneriaid i godi ymwybyddiaeth o'r iaith Gymraeg fel sgil yn y gweithle. Cynhaliwyd sesiynau ymwybyddiaeth a gweithdai i'r canlynol:

- Myfyrwyr meddygaeth yn Ysgol Feddygol Gogledd Cymru fel rhan o'r Rhaglen Feddygaeth newydd.
- Myfyrwyr gofal iechyd nifer o arbenigeddau ym Mhrifysgol Wrecsam.
- Disgyblion mewn nifer o ysgolion uwchradd ledled Gogledd Cymru.
- Myfyrwyr a disgyblion fel rhan o ddigwyddiadau 'Gyrfaoedd Cymru'.

Mae'r adborth wedi bod yn hynod gadarnhaol ym mhob disgyblaeth, gyda myfyrwyr, partneriaid a darparwyr yn canmol y Bwrdd lechyd am gyflwyno sesiynau, ac am ei ddull rhagweithiol o gysylltu â gweithlu'r dyfodol.

## Rhannu Canlyniadau Cadarnhaol i Gleifion

Fel rhan o'r ymgyrch 'Defnyddiwch eich Cymraeg', i rannu dysgu, cafodd stori gadarnhaol gan glaf ei rhannu'n eang yn y Bwrdd Iechyd. Soniodd Delyth Roberts am ei phrofiad o allu cael gofal drwy gyfrwng y Gymraeg pan gafodd ei merch chwech oed a oedd yn ddifrifol wael, ei derbyn i Ward y Plant yn Ysbyty Glan Clwyd.

Drwy fyfyrion ar y stori hon, mae modd cadarnhau'r hyn y mae gwasanaethau'n ymdrechu i'w gyflawni:

- Amgylchedd lle mae cleifion a'r cyhoedd yn cael sicrwydd bod eu dewis iaith yn cael ei ystyried.
- Lleoliad gofal lle mae dewis iaith yn gynnig rhagweithiol.
- Pecyn gofal gwell sy'n ystyried cyd-destun ac anghenion ehangach cleifion.

Pa drefniadau oedd ar waith ar Ward y Plant yn Ysbyty Glan Clwyd i gyflawni hyn:

- Cofnodi dewis iaith, a gweithredu arno.
- Gosod magnetau oren 'Cymraeg' uwchben gwely'r claf i sicrhau bod y gweithlu clinigol ehangach yn ymwybodol o ddewis iaith y claf.
- Y gallu i adnabod staff sy'n siarad Cymraeg oherwydd y logo oren 'Cymraeg' ar eu gwisg.
- Creu amgylchedd dwyieithog gyda llyfrau, gweithgareddau a theganau Cymraeg.
- Aelodau o staff nad ydynt yn rhugl yn y Gymraeg yn defnyddio'r Gymraeg sydd ganddyn nhw.

Felly, roedd y canlyniadau a gyflawnwyd a'r profiad yn gyffredinol yn gadarnhaol:

- Roedd y fam a'r plentyn yn teimlo'n fwy cyfforddus mewn sefyllfa a oedd yn un hynod o ofidus.
- Teimlai'r fam fod rhywun yn gwrandao ar eu hanghenion ac yn gweithredu arnynt.
- Cyfathrebu'n well â'r staff, a'r plentyn yn gallu disgrifio ei symptomau ei hun heb i'r fam orfod ymyrryd.
- Tynnu'r pwysau o orfod gofyn am unrhyw agwedd ar y gofal yn y Gymraeg.

Drwy rannu profiadau cadarnhaol, mae'n bosibl dangos sut y gellir atgynhyrchu'r camau hyn ar draws meysydd eraill y Bwrdd Iechyd. Roedd Delyth eisiau rhannu ei phrofiad i ddangos ei gwerthfawrogiad am y gwasanaeth a gafodd ei merch a hi. Cynhyrchwyd fideo sy'n manylu ar daith Delyth.

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



## Dangosyddion Perfformiad Allweddol

Mae'r data a gynhwysir isod yn unol â Safon 120 o Safonau'r Gymraeg o dan Fesur y Gymraeg (Cymru) 2011.

### Cynllunio'r Gweithlu

- Nifer a chanran gweithwyr y sefydliad y mae eu sgiliau Cymraeg wedi eu hasesu***

Nifer y Gweithwyr	2022/23		2023/24		2024/25	
	Cyfanswm	%	Cyfanswm	%	Cyfanswm	%
Lefel Hyfedredd Unigol						
0 – No Skills / Dim Sgiliau	9101	46.9%	9645	46.25%	10217	48.32%
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%
Cyfanswm	19,410	91%	19,566	93.8%	20,200	95.54%
Cyfanswm staff	21,326		20,852		21,142	

**Data 2024 / 2025:**

**Roedd 95.54 y cant o'r gweithlu cyfan wedi cofnodi eu sgiliau Cymraeg ar ESR**

**Data 2023 / 2024:**

**Roedd 93.8 y cant o'r gweithlu cyfan wedi cofnodi eu sgiliau Cymraeg ar ESR**

## Hyfforddiant i Wella Sgiliau Cymraeg

- ***Nifer a chanran gweithlu'r sefydliad a gafodd hyfforddiant i wella eu sgiliau Cymraeg hyd at gymhwyster penodol***

### Data 2024 / 2025:

Nifer o weithlu'r sefydliad sydd wedi cael mynediad at hyfforddiant i wella eu sgiliau Cymraeg at gymhwyster penodol: 995

Mae'r cyfanswm hwn yn cyfateb i 4.7 y cant o weithlu presennol y Bwrdd Iechyd.

### Data 2023 / 2024:

Nifer o weithlu'r sefydliad sydd wedi cael mynediad at hyfforddiant i wella eu sgiliau Cymraeg at gymhwyster penodol: 771\*

Mae'r cyfanswm hwn yn cyfateb i 3.6 y cant o weithlu presennol y Bwrdd Iechyd.

## Recriwtio

- ***Nifer a chanran y swyddi newydd a gwag a hysbysebwyd gyda'r gofyniad bod:***

### Data 2024 / 2025:

- Sgiliau Cymraeg yn hanfodol - 301 (6.5 y cant)
- Sgiliau Cymraeg yn ddymunol - 4238 (92.2 y cant)
- Sgiliau Cymraeg i'w dysgu - 49 (1.1 y cant)
- Cymraeg ddim yn sgil gofynnol - 8 (0.17 y cant)
  
- Cyfanswm nifer y swyddi gwag a hysbysebwyd - 4596

### Data 2023 / 2024:

- Sgiliau Cymraeg yn hanfodol - 298 (5.5 y cant)
- Sgiliau Cymraeg yn ddymunol - 5048 (93 y cant)
- Sgiliau Cymraeg i'w dysgu - 66 (1.2 y cant)
- Cymraeg ddim yn sgil gofynnol - 14 (0.2 y cant)
- Cyfanswm nifer y swyddi gwag a hysbysebwyd - 5426

## Cwynion

- ***Nifer y cwynion a dderbyniwyd am weithredu Safonau'r Gymraeg***

Derbyniodd y Bwrdd lechyd chwech o gwynion newydd mewn perthynas â chydymffurfiaeth â Safonau'r Gymraeg yn ystod y flwyddyn adrodd.

Roedd y cwynion yn cynnwys:

- Diffyg gwasanaethau derbynfa yn y Gymraeg.
- Arwyddion dros dro.
- Ni ystyriwyd dewis iaith fel rhan o gynnal asesiad y claf yn y gwasanaethau niwroddatblygiadol.

Ymdriniwyd yn llawn â phob cwyn yn unol ag amserlen cwynion Mesur y Gymraeg neu o dan Reoliadau Gweithio i Wella.

Ni chafodd yr un o'r cwynion eu huwchgyfeirio i statws ymchwiliad gan Gomisiynydd y Gymraeg, a chafodd yr holl gwynion eu datrys ar ôl y cyfathrebu cychwynol. Arweiniodd dwy gŵyn at dderbyn Cyngor o dan Adran 4 o Fesur y Gymraeg (Cymru) 2011, lle gofynnwyd i'r Bwrdd lechyd ddarparu eglurhad pellach i ddangos tystiolaeth o ganfyddiadau mewnol.

## Edrych yn Ôl a Gweledigaeth ar gyfer y Dyfodol

Mae'r adroddiad hwn wedi dangos bod cynnydd yn y meysydd canlynol:

- Gwella ansawdd y gofal a ddarperir drwy gyfrwng y dewis iaith
- Cynyddu cydymffurfiaeth â gofynion cyfreithiol a statudol.
- Nodi mentrau sydd wedi'u gweithredu a'u cyflwyno i ymateb i angen iaith fel elfen annatod o ofal.
- Gwella datblygu sefydliadol o ran sut mae'r gweithlu'n cael ei gefnogi i ddarparu gwasanaethau drwy gyfrwng y Gymraeg.

Serch hynny, mae'r Bwrdd lechyd yn edrych ymlaen at weld y mentrau a'r cyfleoedd sy'n cael eu datblygu ar gyfer y flwyddyn adrodd nesaf yn dwyn ffrwyth. Mae rhaglenni pellach ar y safle wedi'u cynnwys yng Nghynllun Cyflenwi Blyneddol Gwasanaethau'r Gymraeg, yn ogystal ag ymestyn cymorth i gydweithwyr gofal sylfaenol. Mae'r prif amcanion yn cyd-fynd â'r weledigaeth i gofleidio diwylliant y sefydliad yn llawn, a chynyddu'r gallu i ddarparu gwasanaethau'n ddwyieithog.



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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.

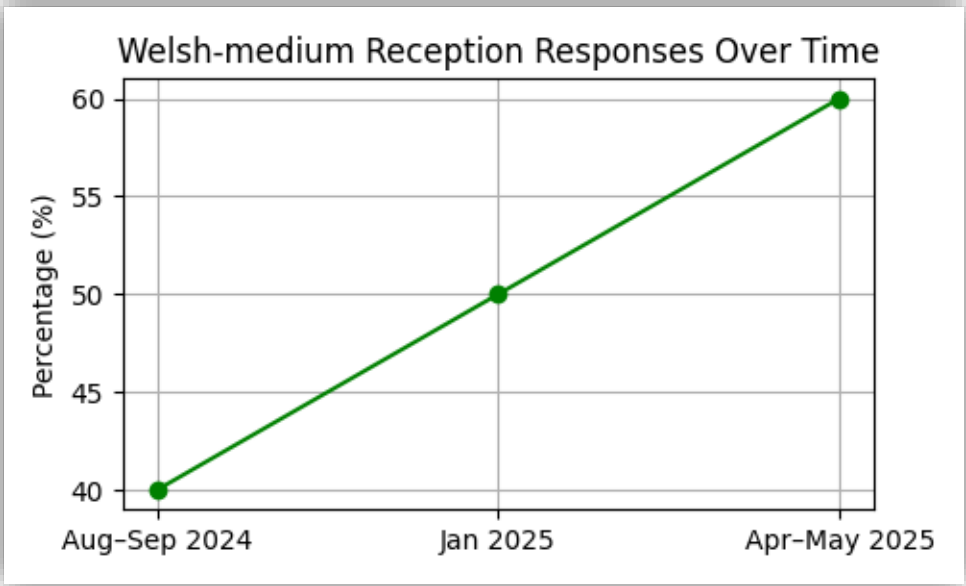


Figure 1: Percentage of reception areas providing full Welsh-medium responses.

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

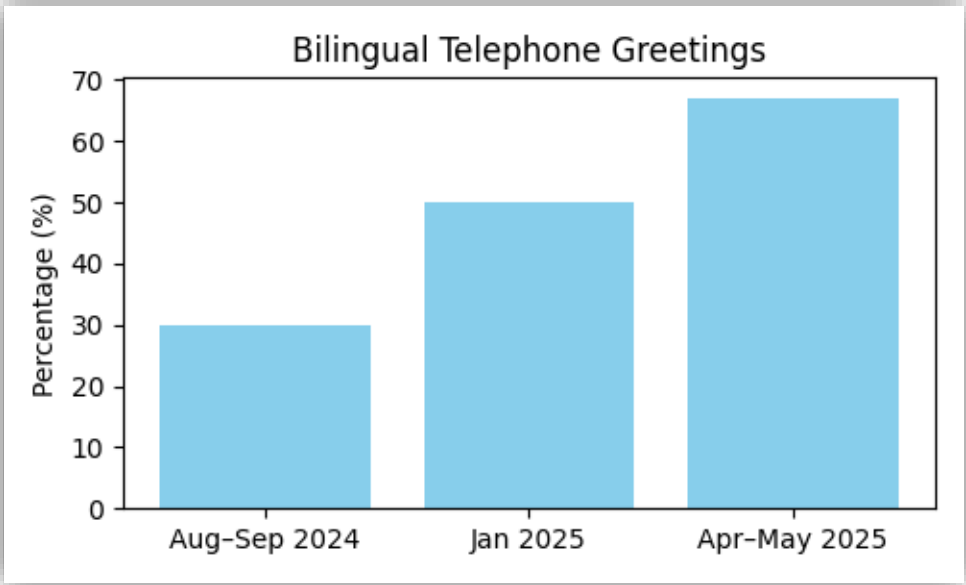


Figure 2: Proportion of telephone calls greeted bilingually.

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.

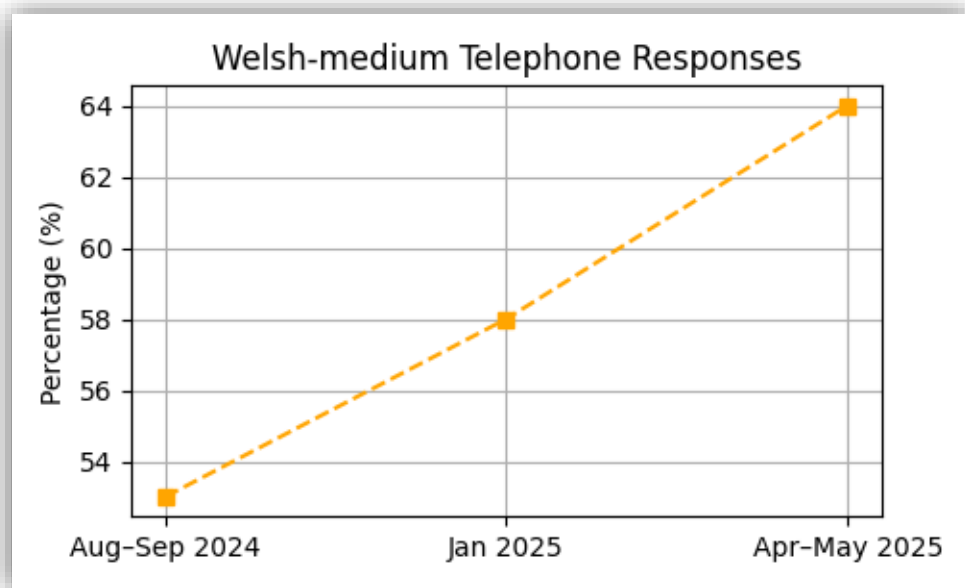


Figure 3: Percentage of telephone enquiries handled in Welsh.

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.

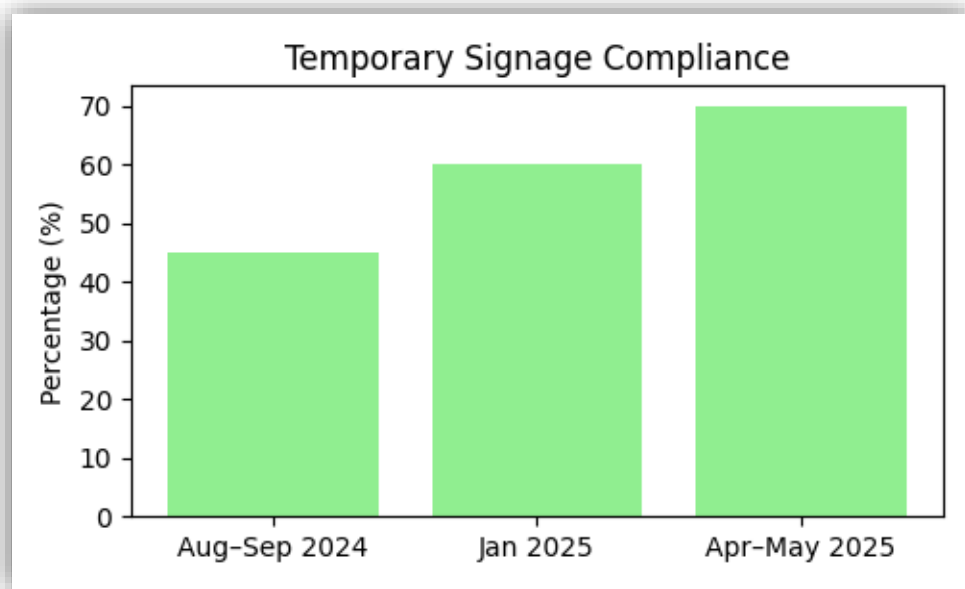


Figure 4: Compliance of temporary signage with Welsh Language Standards.

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.



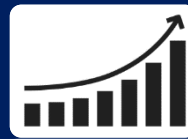
In-house tutor has taught over 200 members of staff.  
Mixture of 1:1 and group sessions.  
Courses tailored for the health care sector.



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%
<b>Total</b>	<b>19831</b>	<b>1654</b>	<b>92.30%</b>

## '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%
<b>Total</b>	<b>19,410</b>	<b>91%</b>	<b>19,566</b>	<b>93.8%</b>	<b>20,200</b>	<b>95.54%</b>
<b>Total number of staff</b>	<b>21,326</b>		<b>20,852</b>		<b>21,142</b>	

#### 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.

## Stakeholder Reference Group

### ADRODDIAD Y CYFARWYDDWR

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	02 Mawrth 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Choose an item.
<b>Enw a theitl Awdur yr Adroddiad</b> <b>Report Author name and title</b>	Helen Stevens-Jones, Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Helen Stevens-Jones, Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu

<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Noting
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<b>Crynodeb Gweithredol</b> <b>Executive Summary</b>
Mae'r adroddiad hwn yn rhoi trosolwg o'r prif weithgarwch, cynnydd a materion yn y Bwrdd Iechyd gan Uwch Swyddog Cyfrifol y Grŵp Cyfeirio Rhanddeiliaid. Mae'n cwmpasu'r cyfnod o fis Rhagfyr 2025 hyd at ddiwedd Chwefror 2026.

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




<b>Acronymau / Rhestr Termau Acronyms / Glossary of Terms</b>	
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BIPBC	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
CAMHS	Gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc
ePMA	Presgripsiynu a Gweinyddu Meddyginiaethau yn Electronig
DDAT	Digidol, Data a Thechnoleg
HSJ	Health Service Journal
IHC	Cymuned Gofal Iechyd Integredig
IV	Mewnwythiennol
MDT	Tîm Amlddisgyblaethol
MPharm	Meistr Fferylliaeth (rhaglen radd)
PERIPrem Cymru	Rhaglen Gwella Cynamseroldeb Amenedigol (Cymru)
SABR	Radiotherapi Abladol Stereotactig



## ADRODDIAD y CYFARWYDDWR

### 1. Y SEFYLLFA

#### 1.1 DIBEN

Mae'r adroddiad hwn yn rhoi trosolwg o'r prif weithgarwch, cynnydd a materion yn y Bwrdd Iechyd gan Uwch Swyddog Cyfrifol y Grŵp Cyfeirio Rhanddeiliaid. Mae'n cwmpasu'r cyfnod o fis Rhagfyr 2025 hyd at ddiwedd Chwefror 2026.

### 2. MATERION PENODOL I'W HYSTYRIED

#### 2.1 Gwelliannau i amseroedd aros ar gyfer apwyntiadau cleifion allanol

Gwnaeth Crynodeb Gweithgarwch a Pherfformiad mis Ionawr ar gyfer GIG Cymru ddangos bod y Bwrdd Iechyd wedi gwneud gwelliannau sylweddol o ran lleihau amseroedd aros ar gyfer yr apwyntiadau cyntaf i gleifion allanol dros y 12 mis diwethaf.

Gyda chefnogaeth Llywodraeth Cymru, mae'r Bwrdd Iechyd wedi ehangu capasiti clinigau gyda'r nos a thros y penwythnos ar draws ystod o arbenigeddau fel rhan o'i raglen adfer a gwella gofal wedi'i gynllunio. Bwriad y gweithgarwch ychwanegol hwn yw gwella trwybwn, gwella mynediad, a lleihau amseroedd aros i gleifion.

Ers 6 Medi 2025, mae mwy na 45,000 o slotiau apwyntiadau ychwanegol dros y penwythnos wedi dod ar gael, ac mae 36,578 o gleifion wedi cael eu gweld trwy'r ddarpariaeth ychwanegol hon. Mae amserlennu a threfnu apwyntiadau wedi cael eu blaenoriaethu ar sail angen clinigol er mwyn sicrhau bod cleifion sydd â'r anghenion mwyaf brys yn cael eu trin mor gynnar â phosibl.

Ochr yn ochr â hyn, mae gwasanaeth cymorth pwrpasol i gleifion wedi cael ei gyflwyno er mwyn helpu unigolion i gadw'n iach ac i baratoi ar gyfer triniaeth tra byddant yn aros, gyda ffocws ar optimeiddio, gwybodaeth, a dulliau ymgysylltu rhagweithiol er mwyn arwain at ganlyniadau gwell ac i leihau'r risg o ddirywio cyn derbyn gofal.

O fis Tachwedd 2025, mae'r Bwrdd Iechyd wedi gweld y gwelliannau canlynol:

- Mae nifer y cleifion sy'n aros am fwy na dwy flynedd ar gyfer eu hapwyntiad cyntaf fel claf allanol wedi lleihau o 88% o gymharu â mis Tachwedd 2024
- Mae cleifion yn symud trwy eu gofal yn gynt, ac mae 42% yn aros am apwyntiad cyntaf (o gymharu â 55% ar yr adeg hon o'r flwyddyn y llynedd), ac mae 38% wedi cyrraedd camau derbyn diagnosis a phenderfyniad (o gymharu â 29% ar yr adeg hon o'r flwyddyn y llynedd)
- Mae bron i 6,000 yn llai o gleifion yn aros am fwy na dwy flynedd, sef lleihad o 58% o gymharu â mis Tachwedd 2024

Er bod data perfformiad diweddaraf y Bwrdd Iechyd yn dangos bod y Bwrdd Iechyd wedi gwneud cynnydd sylweddol, cydnabyddir bod cryn dipyn o waith i'w wneud o hyd.

## 2.2 Cyfarfod Atebolrwydd Cyhoeddus

Yn dilyn y Cyfarfod Atebolrwydd Cyhoeddus ym mis Tachwedd 2025, mae'r Bwrdd Iechyd yn parhau i ganolbwyntio ar atgyfnerthu perfformiad (gweler uchod), ansawdd data, rheolaeth ariannol a capasiti arwain ar draws y sefydliad.

Erys **Perfformiad** gweithredol fel y maes lle bo'r her fwyaf yn gyson, yn enwedig ar draws Gofal wedi'i Gynllunio, Gwasanaethau Canser, Gofal Brys a Gofal mewn Argyfwng. Mae'r pwysau yn parhau i fod yn uchel; ond gwnaed cynnydd mesuradwy mewn nifer o feysydd. Mae hyn yn cynnwys lleihau'r amseroedd aros hiraf, darpariaeth apwyntiadau cyntaf ychwanegol i gleifion allanol dros y pum mis diwethaf, gweithgarwch cynyddol o ran cataractau, gwell mynediad i CAMHS, a rhywfaint o welliant o ran perfformiad gofal brys a gofal mewn argyfwng yn ystod mis Rhagfyr. Mae angen gwelliannau pellach ac mae hyn yn parhau i fod yn flaenoriaeth, ac mae camau gweithredu wedi'u targedu ar waith gan gynnwys gweithio ehangach dros y penwythnos, capasiti ychwanegol o ran mewngolli ac allanol, a threfniadau rhyddhau a llif cleifion wedi'u hatgyfnerthu gyda phartneriaid system.

Cafodd problem gydag **ansawdd data** yn effeithio ar adrodd ar Gyfeirio at Driniaeth ei chanfod a chafodd ei hunioni'n brydlon. Gwnaeth gwaith sicrwydd gadarnhau mai problem arunig oedd hon ac nad oedd yn cael unrhyw effaith ar ofal cleifion. O ganlyniad, mae rheolyddion dilysu a chysoni ychwanegol wedi cael eu cyflwyno, ac mae gwersi a ddysgwyd wedi cael eu rhannu ar draws GIG Cymru i leihau'r risg y bydd achosion yn codi eto.

O safbwynt **ariannol**, er gwaethaf rheolyddion a mesurau lliniaru llymach, ni ddisgwylir i'r Bwrdd Iechyd fod mewn sefyllfa i adennill costau yn 2025/26 ar hyn o bryd. Mae hyn yn adlewyrchu cyfuniad o ddiffygion o ran dyraniadau a phwysau sylweddol yn ystod y flwyddyn, gan gynnwys cost capasiti ychwanegol a lleoliadau iechyd meddwl y tu allan i'r ardal. Mae'r gwaith yn parhau i atgyfnerthu gafael a rheolaeth ariannol gan amddiffyn diogelwch cleifion a gwasanaethau sy'n flaenoriaeth.

Mae'r Bwrdd Iechyd yn parhau i fod yn ddarostyngedig i fesurau uwchgyfeirio **Lefel 5** (Mesurau Arbennig). Mae adolygiadau allanol yn parhau i gydnabod gwelliannau sefydlog o ran arweinyddiaeth, llywodraethu, arolygu ansawdd a dulliau rheoli ariannol. Mae meysydd ffocws parhaus yn cynnwys llywodraethu gweithredol, rheoli rhestrau aros, mynediad at ofal brys a gofal mewn argyfwng a llywodraethu data. Caiff diweddariad cynhwysfawr pellach ar gynnydd gydag isgyfeirio ei drafod yng nghyfarfod y Bwrdd ym mis Mawrth 2026.

## 2.3 Presgripsiynu a Gweinyddu Meddyginiaethau yn Electronig



Mae Ysbyty Maelor Wrecsam wedi rhoi system Presgripsiynu a Gweinyddu Meddyginiaethau yn Electronig (ePMA) ar waith yn llwyddiannus, sy'n cynrychioli carreg filltir arwyddocaol yn rhaglen trawsnewid digidol y Bwrdd Iechyd. Daw hyn yn dilyn cyflwyno mabwysiad ydd cynnar ar Uned Heddfan ym mis Rhagfyr, ac roedd hyn yn sail i'r dull cyflawni ar draws y safle yn ehangach.

Mae'r holl wardiau cleifion mewnol yn Ysbyty Maelor Wrecsam bellach yn gweithredu gyda system bresgripsiynu electronig ar waith. Mae hyn yn cynrychioli carreg filltir ar gyfer y sefydliad ac mae'n darparu sail gadarn ar gyfer optimeiddio digidol, gwella diogelwch a safoni prosesau rheoli meddyginiaethau ymhellach ar draws y Bwrdd Iechyd.

Disgwylir i hyn fynd yn fyw ar safleoedd Ysbyty Glan Clwyd ac Ysbyty Gwynedd ym mis Chwefror a mis Mawrth 2026.

## **2.4 Canolfan Iechyd a Lles - Ysbyty Brenhinol Alexandra**

Mae'r gwaith o ddatblygu Canolfan Iechyd a Lles Ysbyty Brenhinol Alexandra wedi cymryd cam arall ymlaen wrth i Gyngor Sir Ddinbych roi caniatâd cynllunio i fwrw ymlaen â hi. Gwnaeth y Bwrdd Iechyd gymeradwyo'r achos busnes diwygiedig ar gyfer Canolfan Iechyd a Lles yn ystod ail hanner 2025, a deallir bod Llywodraeth Cymru wrthi'n cwblhau'r asesiad ohoni, a disgwylir i'r canlyniad gael ei rannu maes o law.

## **2.5 Asesiad Sicrwydd Cenedlaethol Mamolaeth a'r Newydd-anedig BIPBC**

Gwnaeth Llywodraeth Cymru gomisiynu adolygiad sicrwydd annibynnol, Cymru gyfan o wasanaethau mamolaeth a'r newydd-anedig er mwyn sicrhau eu bod yn ddiogel, o ansawdd uchel, a'u bod yn ymatebol i anghenion menywod, babanod, a theuluoedd. Mae'r gwaith hwn wedi cynnwys pob Bwrdd Iechyd a bydd yn arwain at adroddiadau cenedlaethol ac unigol, gan roi darlun clir o gryfderau a meysydd ar gyfer eu gwella ledled Cymru. Mae holl asesiadau'r Bwrdd Iechyd wedi dod i ben erbyn hyn.

Mae cyfraniad staff sy'n gweithio yn y gwasanaethau a phobl sydd wedi profi'r gwasanaethau wedi bod yn un o brif nodweddion y dull. Cadarnhawyd y bydd adroddiad cenedlaethol cyffredinol ac adroddiadau unigol gan y Bwrdd Iechyd. Disgwylir yr adroddiad cenedlaethol ym mis Chwefror.

## **2.6 Diweddariad Rhaglen - Sylfeini'r Dyfodol**

*Sylfeini'r Dyfodol* yw rhaglen datblygu sefydliadol y Bwrdd Iechyd at ddiben atgyfnerthu sut mae'r sefydliad yn gweithredu er mwyn cynnal gwasanaethau diogel, cynaliadwy ac effeithiol. Yn dilyn cyfnod diagnostig a gwblhawyd ar ddiwedd 2024, mae'r cam dylunio presennol bron â chael ei gwblhau ac mae wedi canolbwyntio ar alinio strategaeth, diwylliant, pobl, prosesau a strwythur sefydliadol, wedi'u llywio gan staff ac ymgysylltu â phartneriaid. Mae'r rhaglen yn mynd i'r afael â sut mae'r sefydliad yn gweithio; bydd penderfyniadau'n ymwneud â ffurfwedd y gwasanaeth yn cael eu datblygu ar wahân trwy'r Cynllun Gwasanaethau Clinigol a fydd yn cael ei gyflwyno'n fuan.

Mae cynigion newydd yn cynnwys atgyfnerthu gofal sylfaenol a chymunedol, mabwysiadu dull mwy rhanbarthol o ran gwasanaethau aciwt ac arbenigol, a symleiddio swyddogaethau cymorth corfforaethol. Disgwylir cynnal ymgynghoriad ffurfiol â staff ar y strwythur sefydliadol arfaethedig ar ddechrau mis Mawrth 2026, ac mae gwaith cynllunio ar y gweill yn ymwneud â chyfathrebu, cymorth i'r gweithlu, ac ystyriaethau ariannol a llywodraethu.

## 2.7 Diweddariad – Gwella Gwasanaethau Iechyd Meddwl

Rhodddwyd diweddariad cadarnhaol ar gynnydd i'r Bwrdd Iechyd ym mis Ionawr yn ymwneud â rhaglen wella Adolygiad Gwasanaeth Gwahoddedig Coleg Brenhinol y Seiciatryddion (RCPsych) ar gyfer Gwasanaethau Iechyd Meddwl. Mae cryn gynnydd wedi'i wneud o ran y naw sail ar gyfer gwella a chafodd 80 o gamau gweithredu cytunedig eu cymeradwyo ym mis Gorffennaf 2024, gan adlewyrchu dull sefydliad cyfan, gyda'r rhan fwyaf o gamau gweithredu ar y trywydd cywir a gyda nifer fach ohonynt yn gofyn am gyflawni penodol pellach. Mae cyfraniad annibynnol gan y Grŵp Cynghori Arbenigol (EAG) a Llais yn tynnu sylw at gynnydd a gyflawnwyd a meysydd lle mae angen sylw parhaus.

Mae fframwaith llywodraethu cryfach bellach ar waith i gynnal gwelliannau, gan gynnwys Grŵp Goruchwylio a Datblygu Iechyd Meddwl er mwyn llywio blaenoriaethau, ymgorffori gwersi i'w dysgu ac i gynnal momentwm. Gwnaeth trafodaethau Bwrdd gydnabod cyfraniad defnyddwyr gwasanaeth, teuluoedd a phartneriaid a gwnaethant atgyfnerthu pwysigrwydd cynnal ffocws cryf ar welliant parhaus ar draws gwasanaethau iechyd meddwl.

## 2.8 Cyfarwyddwr Gweithredol Pobl a Datblygu Sefydliadol

Mae penodi Debbie Eyitayo fel Cyfarwyddwr Gweithredol Pobl a Datblygu Sefydliadol i'w groesawu, a diolchwyd yn gyhoeddus i Georgina Roberts am ei harweinyddiaeth yn ystod y cyfnod interim. Dechreuodd Debbie yn ei swydd ar ddechrau mis Chwefror.






## 3. Dathlu gwaith BIPBC - uchafbwyntiau ychwanegol

- **Rhaglen gymunedol ymarfer corff bywyd ar ôl strôc yn cynorthwyo gydag adferiad hirdymor:** Mae grŵp ymarfer corff adsefydlu arbenigol ar gyfer strôc yng Nghaernarfon, sy'n cael ei gynnis mewn partneriaeth â Byw'n Iach, yn helpu pobl i barhau â'u hymarfer corff ar ôl bod yr ysbyty trwy ymarfer corff teilwredig ac addysg ynghylch atal. Mae'r rhaglen yn cynorthwyo gyda hyder, gweithrediad corfforol a dulliau hunanreoli, gan leihau'r risg o strôc reolaidd trwy adsefydlu parhaus yn y gymuned.
- **Lansio rhaglen Meistr Fferylliaeth (MPharm) newydd gyda Phrifysgol Bangor:** Gwnaeth y Bwrdd Iechyd ymuno â Phrifysgol Bangor a Phrif Swyddog Fferyllol Cymru i lansio'r rhaglen MPharm newydd yn Ysgol Feddygol Gogledd Cymru. Gwnaeth dros 30 o fyfyrwyr gofrestru yn y garfan gyntaf, gan greu llwybr

hyfforddiant rhanbarthol newydd ac yn cryfhau piblinell y gweithlu fferylliaeth yn y tymor hir ar gyfer Gogledd Cymru.

- **Y Gwasanaeth Mynediad Mewnwythiennol yn cyrraedd y rhestr fer am wobwr ddigidol genedlaethol:** Mae'r Gwasanaeth Mynediad Mewnwythiennol, gan weithio gyda chydweithwyr Digidol a DDat, wedi cael eu henwebu am Wobwr Ddigidol HSJ yn dilyn cael cydnabyddiaeth genedlaethol yng Ngwobrau GIG Cymru. Mae ei system cyfeirio ac olrhain mewnol, o'r enw Cito, wedi lleihau oedi wrth gyfeirio o ddiwrnodau i oriau ac mae'n rhyddhau ryw 72 awr o amser clinigol bob wythnos. Mae'r gwasanaeth bellach yn fyw yng Nghymuned Gofal Iechyd Integredig y Canol ac mae cynlluniau ar y gweill i'w gyflwyno ar draws y Bwrdd Iechyd cyfan.
- **Gwobrau cenedlaethol ar gyfer gwaith gwella gwasanaethau'r newydd-anedig:** Mae Uwch Ymarferydd Nyrsio'r Newydd-anedig, sy'n gweithio yn Ysbyty Glan Clwyd, wedi helpu i arwain rhaglen PERIPrem Cymru gyfan, a dderbyniodd ddwy Wobwr GIG Cymru am wella canlyniadau ar gyfer babanod a enir yn gynnar ac am leihau amrywiadau o ran gofal amenedigol.
- **Cymorth cludiant gwirfoddol brys yn ystod tywydd difrifol y gaeaf:** Gwnaeth timau gwirfoddol 4x4 a phartneriaid cludiant lleol gefnogi mwy na 60 o staff y GIG i gyrraedd safleoedd a chleifion yn ddiogel yn ystod amodau difrifol yn cynnwys eira a rhew ar ddechrau mis Ionawr, gan helpu i gynnal gwasanaethau'r rheng flaen a gwasanaethau cymunedol.
- **Partneriaeth cartref gofal integredig newydd yn agor yn Sir y Fflint:** Mae Tŷ Croes Atti, sef cartref gofal newydd â 56 o welyau a ddatblygwyd mewn partneriaeth â Chyngor Sir y Fflint a Llywodraeth Cymru ar safle ysbyty cymunedol blaenorol, bellach ar agor. Mae'r model yn cyflwyno gwasanaethau iechyd a gofal cymdeithasol integredig i bobl hŷn.
- **Y Bwrdd Iechyd yn ymrwmo i Siarter Afiechyd Marwol:** Mewn partneriaeth ag undebau llafur, mae'r Bwrdd Iechyd wedi ymrwmo i'r siarter genedlaethol sy'n cynorthwyo gweithwyr gyda salwch terfynol, gan ymrwmo i ddiogelwch swyddi, urddas, a buddion gwarchoddedig ochr yn ochr â gwella ymwybyddiaeth a chymorth yn y sefydliad.
- **Agor Uned Iechyd Meddwl Arbenigol ar gyfer Mamau a Babanod:** Mae Seren Lodge, sef uned iechyd meddwl arbenigol newydd ar gyfer Mamau a Babanod yn gwasanaethu Gogledd Cymru a rhanbarthau cyfagos, wedi agor yng Nghaer, gan roi gofal pwrpasol i fenywod sy'n gleifion mewnol sy'n profi afiechyd meddwl amenedigol difrifol.
- **Llofnodi Siarter Teithio Llesol ar gyfer Gogledd Cymru:** Mae'r Bwrdd Iechyd wedi llofnodi'r Siarter Teithio Llesol ar lefel ranbarthol, gan ymrwmo i asesu a gwella sut mae staff, cleifion ac ymwelwyr yn gallu cael mynediad i safleoedd trwy opsiynau teithio iachach a mwy cynaliadwy.
- **Gwasanaethau optometreg cymunedol ehangach yn gwella mynediad at ofal llygaid:** Mae mwy o optometryddion o Ogledd Cymru bellach yn Rhagnodwyr Annibynnol cymwysedig, gan ganiatáu canfod a thrin cyflyrau brys sy'n effeithio ar y llygaid yn y gymuned. Mae dros 2,000 o gleifion eisoes wedi derbyn cymorth trwy wasanaeth llygaid ychwanegol gofal sylfaenol.

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- **Partneriaeth sgiliau strategol gyda Grŵp Llandrillo Menai:** Mae Memorandwm Cyd-ddealltwriaeth newydd gyda Grŵp Llandrillo Menai yn atgyfnerthu cydweithio ar sgiliau, hyfforddiant a llwybrau gyrfaol wedi'u halinio ag anghenion y gweithlu gofal iechyd, gan gynnwys y Gymraeg a llwybrau mynediad gwledig.
  - **Radiotherapi blaenllaw canser yr ysgyfaint bellach ar gael yn lleol:** Mae Canolfan Trin Canser Gogledd Cymru yn Ysbyty Glan Clwyd yn un o dair canolfan yng Nghymru yn unig sy'n cynnig radiotherapi SABR wedi'i dargedu at yr ysgyfaint, sy'n caniatáu i gleifion cymwys dderbyn triniaeth uwch yn nes at y cartref.

ASESU / ASSESSMENT	
<b>Cyswllt â'r Blaenoriaethau Strategol</b> <b>Link to Strategic Priorities</b>	     <p>1. building an effective organisation</p>
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
<b>Yr Egwyddorion Dylunio</b> <b>Design Principles</b>	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
<b>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd</b> <b>Corporate Risks and Board Assurance Framework</b>	Mae llawer o'r themâu a amlygir yn y papur hwn yn alinio'n uniongyrchol â'r risgiau presennol ar Fframwaith Sicrwydd Bwrdd (BAF) a Chofrestr Risg Gorfforaethol (CRR) y Bwrdd Iechyd. Mae'r rhain yn cynnwys risgiau'n ymwneud â mynediad prydlon ac amseroedd aros, ansawdd a diogelwch gofal, gwytnwch y gweithlu, anghydraddoldebau iechyd, ac enw da/hyder y cyhoedd. Mae'r adborth gan ddinasyddion a gyflwynwyd yma yn atgyfnerthu meysydd a nodwyd eisoes fel risgiau strategol ac mae'n darparu tystiolaeth bellach i fod yn sail i liniaru a sicrwydd.
<a href="#">Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</a>	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:

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

<b>Asesiad o'r Effaith Gymdeithasol-economaidd</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Gymdeithasol-economaidd?</i> <b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio- Economic Impact Assessment</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Nid oes angen Asesiad o'r Effaith Gymdeithasol-economaidd (SEIA) ar gyfer y papur hwn.
<b><u>Ansawdd</u></b> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Galluogwyr Ansawdd Enablers of Quality</b> Culture and Valuing People	<b>Meysydd Ansawdd Domains of Quality</b> Person Centred
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></b>	<b>A Healthier Wales</b>	

<b>Effaith Amgylcheddol / Cynaliadwyedd (5Rs)</b> <b>Environmental /Sustainability Impact (5Rs)</b>	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod If more than one applies, please list:	
<b>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog</b> A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: <b>Armed Forces Covenant Due Regard Duty</b> Have you considered the Armed Forces Covenant Due Regard Duty?	Do / Yes: <input type="checkbox"/>	Naddo / No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o Effaith ar Ddiogelu Data</b> A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? <b>Data Protection Impact Assessment</b> Have you undertaken a Data Protection Impact Assessment Screening?	Do / Yes: <input type="checkbox"/>	Naddo / No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o Effaith ar Atal Twyll</b> A ydych chi wedi ystyried yr effeithiau ar atal twyll? <b>Counter Fraud Impact Assessment</b> Have you considered the counter fraud impacts	Do / Yes: <input type="checkbox"/>	Naddo / No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Cyfreithiol</b> <b>Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw Da</b> <b>Reputational</b>	Yes (Include further detail below)	
	Mae'r materion y tynnwyd sylw atynt o ddiddordeb i'r cyhoedd ac i randdeiliaid ac adroddwyd arnynt yn flaenorol yn gyhoeddus. Ni ragwelir unrhyw faterion newydd ynghylch enw da.	

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**Effaith ar Adnoddau**

*(Pobl / Ariannol)*

**Resource Impact**

*(People / Financial)*

There is no direct impact on resources as a result of the activity outlined in this report.

## Stakeholder Reference Group

### DIRECTOR'S REPORT

<b>Dyddiad y Cyfarfod Date of Meeting</b>	02 March 2026
<b>Statws Cyhoeddi Publication Status</b>	Open/ Public Choose an item.
<b>Enw a theitl Awdur(on) yr Adroddiad Report Author name and title</b>	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title</b>	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications

<b>Pwrpas yr Adroddiad Report Purpose</b>	For Noting
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<b>Crynodeb Gweithredol Executive Summary</b>
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 December 2025 to the end of February 2026.

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


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

BCUHB	Betsi Cadwaladr University Health Board
CAMHS	Child and Adolescent Mental Health Services
ePMA	Electronic Prescribing and Medicines Administration
DDAT	Digital, Data and Technology
HSJ	Health Service Journal
IHC	Integrated Healthcare Community
IV	Intravenous
MDT	Multi Disciplinary Team
MPharm	Master of Pharmacy (degree programme)
PERIPrem Cymru	Perinatal Prematurity Improvement Programme (Wales)
SABR	Stereotactic Ablative Radiotherapy

## **DIRECTOR'S REPORT**

### **1. SITUATION**

#### **1.1 PURPOSE**

This report provides an overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the Stakeholder Reference Group. It covers the period December 2025 to the end of February 2026.

### **2. SPECIFIC MATTERS FOR CONSIDERATION**

#### **2.1 Improvements in waiting times for outpatient appointments**

The January NHS Wales Activity and Performance Summary showed that the Health Board has made significant improvements in reducing waiting times for the first outpatient appointments over the past 12 months.

With support from Welsh Government, the Health Board has expanded evening and weekend clinic capacity across a range of specialties as part of its planned care recovery and improvement programme. This additional activity is designed to increase throughput, improve access, and reduce waiting times for patients.

Since 6 September 2025, more than 45,000 additional weekend appointment slots have been made available, with 36,578 patients seen through this enhanced provision. Scheduling and booking have been prioritised on the basis of clinical need to ensure patients with the greatest urgency are treated as early as possible.

In parallel, a dedicated patient support service has been introduced to help individuals remain well and prepare for treatment while waiting, with a focus on optimisation, information, and proactive engagement to support better outcomes and reduce the risk of deterioration prior to care.

As of November 2025, the Health Board has seen the following improvements:

- The number of patients waiting more than two years for their first outpatient appointment has reduced by 88% in comparison to November 2024
- Patients are progressing through their care sooner, with 42% waiting for a first appointment (compared to 55% at this time last year), and 38% at the diagnostic and decision stages (compared to 29% at this time last year)
- Almost 6,000 fewer patients are waiting more than two years, a 58% reduction compared to November 2024

Although the latest performance data shows the Health Board has made significant progress, it is recognised that there is still a significant amount of work to do.

## 2.2 Public Accountability Meeting

Following the Public Accountability Meeting in November 2025, the Health Board continues to focus on strengthening performance (see above), data quality, financial control and leadership capacity across the organisation.

Operational **performance** remains the most significant area of challenge, particularly across Planned Care, Cancer Services and Urgent and Emergency Care. Pressures continue to be high; however, there has been measurable progress in a number of areas. This includes reductions in the longest waiting times, delivery of additional first outpatient appointments over the past five months, increased cataract activity, improved access to CAMHS, and some improvement in urgent and emergency care performance during December. Further improvement is required and remains a priority, with targeted actions in place including expanded weekend working, additional insourcing and outsourcing capacity, and strengthened discharge and patient flow arrangements with system partners.

A **data quality** issue affecting Referral to Treatment reporting was identified and corrected promptly. Assurance work confirmed the issue was isolated and had no impact on patient care. As a result, additional validation and reconciliation controls have been introduced, with learning shared across NHS Wales to reduce the risk of recurrence.

From a **financial** perspective, despite tighter controls and mitigation measures, the Health Board is not currently forecast to achieve break-even in 2025/26. This reflects a combination of allocation shortfalls and significant in-year pressures, including the cost of additional capacity and mental health out-of-area placements. Work continues to strengthen financial grip and control while protecting patient safety and priority services.

The Health Board remains in **Level 5** (Special Measures) escalation. External reviews continue to recognise steady improvement in leadership, governance, quality oversight and financial management. Ongoing areas of focus include operational governance, waiting list management, urgent and emergency care access and data governance. A further comprehensive update on de-escalation progress will be discussed at the Board meeting in March 2026.

## 2.3 Electronic Prescribing and Medicines Administration

Wrexham Maelor Hospital has successfully implemented an Electronic Prescribing and Medicines Administration (ePMA) system, representing a significant milestone in the Health Board's digital transformation programme. This follows a successful early adopter deployment within the Heddfan Unit in December, which informed the wider site rollout approach.

All inpatient wards at Wrexham Maelor Hospital are now operating with electronic prescribing in place. This represents a landmark step for the organisation and provides

a strong foundation for further digital optimisation, safety improvement and standardisation of medicines management processes across the Health Board.

The Ysbyty Glan Clwyd and Ysbyty Gwynedd sites are due to go live in February and March 2026.

## **2.4 Royal Alexandra Hospital - Health and Wellbeing Centre**

The development of the Royal Alexandra Hospital Health and Wellbeing Centre has taken a further step forward with the granting of planning permission by Denbighshire County Council. The Health Board approved the revised business case for a Health and Wellbeing Centre during the latter part of 2025, and the Welsh Government is understood to be finalising its assessment of this, with the outcome expected shortly.

## **2.5 BCHUB Maternity and Neonatal National Assurance Assessment**

The Welsh Government commissioned an independent, all Wales assurance review of maternity and neonatal services to ensure they are safe, high-quality, and responsive to the needs of women, babies, and families. This work has involved every Health Board and will result in both national and individual reports, providing a clear picture of strengths and areas for improvement across Wales. All Health Board assessments have now concluded.

The contribution of both staff who work in the services and of people who have experienced the services has been a key feature of the approach. It has been confirmed that there will be an overall national report and individual Health Board reports. The national report is expected in February.

## **2.6 Foundations for the Future – Programme Update**

*Foundations for the Future* is the Health Board's organisational development programme to strengthen how the organisation operates to support safe, sustainable and effective services. Following a diagnostic phase completed in late 2024, the current design phase is nearing completion and has focused on aligning strategy, culture, people, processes and organisational structure, informed by staff and partner engagement. The programme addresses how the organisation works; service configuration decisions will be progressed separately through the forthcoming Clinical Services Plan.

Emerging proposals include strengthening primary and community care, taking a more regional approach to acute and specialist services, and simplifying corporate support functions. A formal consultation with staff on the proposed organisational structure is planned for early March 2026, with implementation planning underway covering communications, workforce support, and financial and governance considerations.

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## 2.7 Mental Health Services Improvement – Update

A positive progress update was provided to the Health Board in January on delivery against the Royal College of Psychiatrists (RCPsych) Invited Service Review improvement programme for Mental Health Services. Significant progress has been made against the nine improvement foundations and 80 agreed actions approved in July 2024, reflecting a whole-organisation approach, with most actions on track and a small number requiring further focused delivery. Independent input from the Expert Advisory Group (EAG) and Llais highlights both progress achieved and areas where continued attention is needed.

A strengthened governance framework is now in place to sustain improvement, including a dedicated Mental Health Oversight and Development Group to drive priorities, embed learning and maintain momentum. Board discussion recognised the contribution of service users, families and partners and reinforced the importance of maintaining a strong focus on continuous improvement across mental health services.






## 2.8 Executive Director of People and Organisational Development

The appointment of Debbie Eyitayo as Executive Director of People and Organisational Development has been welcomed, with thanks recorded to Georgina Roberts for her leadership during the interim period. Debbie started in her post at the beginning of February.

## 3. Celebrating the work at BCUHB – additional highlights

- **Life after stroke community exercise programme supporting long-term recovery:** A specialist stroke rehabilitation exercise group in Caernarfon, delivered in partnership with Byw'n Iach, is helping people continue recovery beyond hospital through tailored exercise and prevention education. The programme supports confidence, physical function and self-management, while reducing the risk of recurrent stroke through sustained community-based rehabilitation.
- **New Master of Pharmacy (MPharm) programme launched with Bangor University:** The Health Board joined Bangor University and the Chief Pharmaceutical Officer for Wales to launch the new MPharm programme at the North Wales Medical School. Over 30 students have enrolled in the first cohort, creating a new regional training pathway and strengthening the long-term pharmacy workforce pipeline for North Wales.
- **IV Access Service shortlisted for national digital award:** The IV Access Service, working with Digital and DDaT colleagues, has been nominated for an HSJ Digital Award following national recognition at the NHS Wales Awards. Its in-house Cito digital referral and tracking system has reduced referral delays from days to hours and releases around 72 hours of clinical time each week. The service is now live in Central Integrated Healthcare Community with plans for Health Board-wide rollout.

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- **National awards for neonatal improvement work:** A Ysbyty Glan Clwyd-based Advanced Neonatal Nurse Practitioner has helped lead the all-Wales PERIPrem Cymru programme, which received two NHS Wales Awards for improving outcomes for premature babies and reducing variation in perinatal care.
  - **Volunteer emergency transport support during severe winter weather:** Volunteer 4x4 teams and local transport partners supported more than 60 NHS staff to reach sites and patients safely during severe snow and ice conditions in early January, helping maintain frontline and community services.
  - **New integrated care home partnership opens in Flintshire:** Tŷ Croes Atti, a new 56-bed care home developed in partnership with Flintshire County Council and Welsh Government on a former community hospital site, is now open. The model delivers integrated health and social care services for older people.
  - **Health Board signs Dying to Work Charter:** In partnership with trade unions, the Health Board has signed the national charter supporting employees with terminal illness, committing to job security, dignity, and protected benefits alongside greater organisational awareness and support.
  - **Specialist Mother and Baby mental health unit opens:** Seren Lodge, a new specialist Mother and Baby mental health unit serving North Wales and neighbouring regions, has opened in Chester, providing dedicated inpatient care for women experiencing severe perinatal mental ill-health.
  - **Healthy Travel Charter signed for North Wales:** The Health Board has signed the regional Healthy Travel Charter, committing to assess and improve how staff, patients and visitors can access sites through healthier and more sustainable travel options.
  - **Expanded community optometry services improving access to eye care:** More North Wales optometrists are now qualified Independent Prescribers, enabling diagnosis and treatment of urgent eye conditions in the community. Over 2,000 patients have already been supported through the enhanced primary care eye service.
  - **Strategic skills partnership with Grŵp Llandrillo Menai:** A new Memorandum of Understanding with Grŵp Llandrillo Menai is strengthening collaboration on skills, training and career pathways aligned to healthcare workforce needs, including Welsh Language medium and rural access routes.
  - **Leading edge lung cancer radiotherapy now available locally:** The North Wales Cancer Treatment Centre at Ysbyty Glan Clwyd is one of only three centres in Wales delivering Lung SABR targeted radiotherapy, allowing eligible patients to receive advanced treatment closer to home.

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

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

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

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

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**Effaith ar Adnoddau**

*(Pobl / Ariannol)*

**Resource Impact**

*(People / Financial)*

There is no direct impact on resources as a result of the activity outlined in this report.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# STAKEHOLDER REFERENCE GROUP

**Terms of Reference & Operating Arrangements**  
**(Schedule 3.5 of the Standing Orders)**

**Date approved by Health Board :**

SRG ToR V10.FINAL Page 1

# Betsi Cadwaladr University Health Board

## Advisory Groups

Healthcare Professionals Forum (HPF)

Local Partnership Forum (LPF)

Stakeholder Reference Group (SRG)

Audit  
Committee  
(AC)

Charitable  
Funds  
Committee  
(CFC)

Mental Health  
Legislation  
Committee  
(MHLC)

People and  
Culture  
Committee  
(P&C)

Performance  
Finance and  
Information  
Governance  
Committee  
(PFIG)

Planning  
Population  
Health and  
Partnerships  
Committee  
(PPHP)

Quality Safety  
and  
Experience  
Committee  
(QSE)

Remuneration  
Committee  
(RemCom)

## Version Control

Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	TOR meeting with Advisory Group Chair & Executive Lead	18/12/23	Developed as a draft for review with Advisory Group Chair and Executive Lead
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V9.00 Approved		25/01/24	Approved by the Health Board
V9.02 Draft	SRG Meeting	25/02/25	Draft for consideration
V10	SRG Meeting	03/03/25	Approved by SRG at its meeting on 03/03/25
V10.0	Board	29.05.25	

## **1 INTRODUCTION**

- 1.1. The Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves. To help discharge this duty the Board has appointed Advisory Groups to provide advice to the Board in the exercise of its functions. The Board Advisory Groups include the Stakeholder Reference Group. The detailed operating arrangements in respect of this Advisory Group are set out below.

## **2 PURPOSE**

- 2.1 The role of the Stakeholder Reference Group is to provide independent advice on any aspect of Health Board business. This may include:
- early engagement and involvement in the determination of the Health Board's overall strategic direction;
  - provision of advice on specific service proposals prior to formal consultation; and
  - feedback on the impact of the Health Board's operations on the communities it serves.

## **3 RESPONSIBILITIES OF THE ADVISORY GROUP AND DELEGATED POWERS**

- 3.1 The Stakeholder Reference Group provides a forum to facilitate full engagement and active 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 Health Board's decision making.
- 3.2 The Stakeholder Reference Group's role is distinctive from that of Llais, which has a statutory role in representing the interests of patients and the public in its areas. The Stakeholder Reference Group shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the Health Board. Membership may include community partners, provider organisations, special interest and other groups operating within the Health Board's area.
- 3.3 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the Health Board, eg, the Healthcare Professionals' Forum and Local Partnership Forum.
- 3.4 In addition to the provisions in 3.2 above the Board must set out the relationships and accountabilities with others, such as the Regional Partnership Board.

## 4 MEMBERSHIP

- 4.1 The membership of the Stakeholder Reference Group, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment (including remuneration and reimbursement) will be determined by the Board, taking account of the views of its stakeholders.
- 4.2 There shall be no minimum or maximum requirement regarding membership size. In determining the number of members, the Board shall take account of the need to ensure the Stakeholder Reference Group's size is optimal to ensure focused and inclusive activity.
- 4.3 Membership must be drawn from within the area served by the Health Board, and shall ensure involvement from a range of bodies and groups operating within the communities served by the Health Board. Where the Board determines it appropriate, it may extend membership of the Group to individuals in order to represent a key stakeholder group where there are no formal bodies or groups established or operating within the area. Such individuals may represent the interests of these stakeholders on the Stakeholder Reference Group
- 4.4 In determining the overall size and composition of the Stakeholder Reference Group, the Board must take account of the:
- demography of the areas served by the Health Board;
  - need to encourage and reflect the diversity of the locality, to incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status. Where appropriate, the Health Board shall support positive action to increase representation;
  - need to ensure balance in both the range of difference stakeholders and the geographical areas covered, taking particular care to avoid domination by any particular stakeholder type or geographical area;
  - design and operation of the partnership/stakeholder fora already influencing the work of the Health Board at local community levels;
  - need to complement, and not duplicate the work of Llais; and
  - need to guard against the over involvement of particular stakeholders through their roles across the range of partnership/stakeholder arrangements in place.
- 4.5 The Board shall keep under review the size and composition of the Stakeholder Reference Group to ensure it continues to reflect an appropriate balance in stakeholder representation.

## **5 MEMBER RESPONSIBILITIES AND ACCOUNTABILITY**

### **5.1 The Chair**

- 5.1.1 The Chair is responsible for the effective operation of the Stakeholder Reference Group:
- chairing Group meetings;
  - establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
  - developing positive and professional relationships amongst the Group's membership and between the Group and the Health Board and its Chair and Chief Executive.
- 5.1.2 The Chair shall work in close harmony with the Chairs of the Health Board and other advisory groups, and, supported by the Director of Corporate Governance, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 5.1.3 The Chair of the Stakeholder Reference Group may also be an Associate Member of the Health Board. The Chair is accountable for the conduct of the role as Associate Member on the Health Board to the Cabinet Secretary, through the Health Board Chair and accountable to the Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

### **5.2 The Vice Chair**

- 5.2.1 The Vice-Chair shall deputise for the Chair in his or her absence for any reason, and will do so until either the existing Chair resumes duties or a new Chair is appointed. This deputisation includes acting in the role of Associate Member of the Health Board.
- 5.2.2 The Vice Chair is accountable, through the Stakeholder Reference Group Chair to the Health Board, for his or her performance as Vice Chair, and to the nominating body or grouping for the way in which its views are represented at the Stakeholder Reference Group.

### **5.3 Members**

- 5.3.1 The Stakeholder Reference Group shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the Stakeholder Reference Group.

5.3.2 All members must:

- be prepared to engage with and contribute fully to the Stakeholder Reference Group’s activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the Stakeholder Reference Group within the communities it represents.

5.3.3 Stakeholder Reference Group members are accountable through the Stakeholder Reference Group Chair to the Health Board for their performance as Group members and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the Stakeholder Reference Group.

5.3.4 The following should attend Advisory Group meetings:

<b>IN ATTENDANCE</b>
Executive Lead - Director of Partnerships, Engagement and Communications
Other Executive Directors as requested by the Chair
The SRG requires engagement from many Health Board colleagues and this will be determined by the Chair and Executive Director lead
Secretariat – As determined by the Director of Corporate Governance

5.3.5 The membership is based upon nominations received from stakeholder bodies / groups and the current sectors represented are shown in **Appendix 1**.

## **6 APPOINTMENT AND TERMS OF OFFICE**

6.1 Appointments to the Stakeholder Advisory Group shall be made by the Board, based upon nominations received from stakeholder bodies / groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area that may represent the interests of these stakeholders on the Stakeholder Reference Group.

6.2 The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Welsh Ministers. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment. The appointments process is attached to these terms of reference as **Appendix 2**.

- 6.3 The Director of Corporate Governance, on behalf of the Chair of the Board, will oversee the process of nomination and appointment to the Stakeholder Reference Group.
- 6.4 Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be reappointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, make interim or short-term appointments to the Stakeholder Reference Group to fulfil a particular purpose or need.
- 6.5 The **Chair** shall be nominated from within the membership of the Stakeholder Reference Group, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the Health Board, which must submit a recommendation on the nomination to the Cabinet Secretary for Health and Social Services. The appointment as Chair shall be made by the Cabinet Secretary, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 6.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the Stakeholder Reference Group. That individual may remain in office for the remainder of his or her term as a member of the Stakeholder Reference Group after the term of appointment as Chair has ended.
- 6.7 The **Vice Chair** shall be nominated from within the membership of the Stakeholder Reference Group, by its members in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the Health Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the Stakeholder Reference Group Chair's absence, the Vice Chair shall also perform the role of Associate Member on the Health Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 6.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the Stakeholder Reference Group. That individual may remain in office for the remainder of his or her term as a member of the Stakeholder Reference Group after the term of appointment as Vice Chair has ended.

- 6.9 **Members'** tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. Members must inform the Stakeholder Reference Group Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Board in writing of any such cases immediately.
- 6.10 The Health Board will require Stakeholder Reference Group members to confirm in writing their continued eligibility on an annual basis.
- 6.11 **Resignation, suspension and removal of members**
- A member of the Group may resign office at any time during the period of appointment by giving notice in writing to the Stakeholder Reference Group Chair and the Board.
  - If the Board, having consulted with the Stakeholder Reference Group Chair and the nominating body or group, considers that:
    - it is not in the interests of the health service in the area covered by the Stakeholder Reference Group that a person should continue to hold office as a member; or
    - it is not conducive to the effective operation of the Stakeholder Reference Group that a person should continue to hold office,it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.
  - A nominating body or group may request the removal of a member appointed to the Stakeholder Reference Group to represent their interests by writing to the Board setting out an explanation and full reasons for removal.
  - If a Stakeholder Reference Group member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:
    - the absence was due to a reasonable cause; and
    - the person will be able to attend such meetings within such period as the Board considers reasonable.
  - Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.
- 6.12 **Relationship with the Board**
- The Stakeholder Reference Group's main link with the Board is through the Stakeholder Reference Group Chair's membership of the Board as an Associate Member.
  - The Board may determine that designated Board members or Health Board officers shall be in attendance at Advisory Group meetings. The Stakeholder Reference Group's Chair may also request the attendance of Board members or Health Board officers, subject to the agreement of the Health Board Chair.

- The Board shall determine the arrangements for any joint meetings between the Health Board and the Stakeholder Reference Group.
- The Board's Chair shall put in place arrangements to meet with the Stakeholder Reference Group Chair on a regular basis to discuss the Stakeholder Reference Group's activities and operation.

**6.13 Relationship between the Stakeholder Reference Group and others.**

- The Board must ensure that the Stakeholder Reference Group's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the Health Board.
- The Stakeholder Reference Group shall:
  - ensure there are effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the Stakeholder Reference Group membership;
  - ensure its role, responsibilities and activities are known and understood by others; and
  - take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

**6.14 Working with Llais**

- The Stakeholder Reference Group shall make arrangements to ensure designated Llais members receive the Stakeholder Reference Group's papers and are invited to attend Stakeholder Reference Group meetings.
- The Stakeholder Reference Group shall work together with Llais within the area covered by the Health Board to engage and involve those within the local communities served whose views may not otherwise be heard.

**7 QUORUM**

- 7.1 The Standing Orders on which these Terms of Reference are based do not specify a quorum for Stakeholder Reference Groups, however it is considered to be good governance that at least one quarter of the agreed membership must be present to ensure the quorum of the Stakeholder Reference Group and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next meeting of the Stakeholder Reference Group.

**8. AGENDA AND PAPERS**

- 8.1 The Advisory Group Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Director of Partnerships, Engagement and Communications) at least six weeks before the meeting date.
- 8.2 The agenda will be based on the Advisory Group's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Advisory Group members. Following approval, the agenda

and timetable for request of papers will be circulated to all Advisory Group members.

- 8.3 All papers must be approved by the Executive lead.
- 8.4 The agenda and papers will be distributed/published seven days in advance of the meeting.
- 8.5 A draft table of actions will be issued within two working days of the meeting. The minutes and table of actions will be circulated to the Advisory Group Chair and Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 8.6 Members must forward amendments to the Advisory Group Secretary within the next seven days. The Advisory Group Secretary will then forward the final version to the Advisory Group Chair for final review.

## **9. MEETINGS**

- 9.1 The Stakeholder Reference Group will meet quarterly, and an annual schedule of meetings will be determined by the corporate calendar.
- 9.2 The Stakeholder Reference Group may be convened at short notice if requested by the Chair.
- 9.3 Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Stakeholder Reference Group in discussion with the Director of Partnerships, Engagement and Communications.
- 9.4 The Stakeholder Reference Group may, subject to the approval of the Health Board, establish Groups to carry out on its behalf specific aspects of Stakeholder Reference Group business.
- 9.5 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board therefore requires the Stakeholder Reference Group to hold meetings in public unless there are specific, valid reasons for not doing so.
- 9.6 The Stakeholder Reference Group secretariat shall be determined by the Director of Corporate Governance.

## **10. PRIVATE SESSION**

- 10.1 The Stakeholder Reference Group can operate with a 'closed' function to receive updates on the management of sensitive and /or confidential information.

## **11. REPORTING AND ASSURANCE ARRANGEMENTS**

- 11.1 The Advisory Group, through its Chair and members, shall work closely with the other Committees and Advisory Groups to provide advice and assurance to the Board through joint planning and co-ordination of Board and Advisory Group business including the sharing of information.
- 11.2 The Advisory Group Chair, supported by the Advisory Group Secretary, shall:
- report formally, regularly and on a timely basis to the Board on the Advisory Group's activities;
  - bring to the Board's specific attention any significant matter under consideration by the Group; and
  - ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 11.3 The Advisory Group will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

## **12. ACCOUNTABILITY, RESPONSIBILITY AND AUTHORITY**

- 12.1 Although the Board has delegated authority to the Stakeholder Reference Group for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 12.2 The Stakeholder Reference Group is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 12.3 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Stakeholder Reference Group.

## **13. REVIEW DATE**

- 13.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Advisory Group for approval by the Board.

## Appendix 1

The membership is made up of representatives from the following sectors:

Third Sector	6 places
Independent Sector	3 places
Town / Community Councils	1 place
Housing Associations	1 place
Carers	1 place
Local Authorities	6 places
Disability / Equality	1 place
North Wales Regional Equality Network	1 place
Hospices	1 place
LGBTQ	1 place
<b>TOTAL</b>	<b>22</b>

This membership will be reviewed by the Chair and Director of Partnerships, Engagement and Communication on an annual basis.



## **Process for the Appointment of Members to the BCU Stakeholder Reference Group**

January 2025

## 1 Role and Purpose – what the SRG is here to do

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

The SRG will provide independent advice and expertise on any aspect of Health Board business. This will be done on behalf of stakeholders who may be affected by the decisions of the Health Board. The SRG will:

- provide early stakeholder engagement and participation for the Health Board when it is shaping its overall strategic direction;
- provide advice and expertise for specific service proposals initially as part of engagement and then prior and after formal consultation;
- scrutinise the Health Board's arrangements relating to patient experience; and
- give feedback on the impact of Health Board plans and decisions on communities and stakeholders

## 2 The Role of SRG Members and the SRG Chair

The conduct of SRG members is at the heart of ensuring a cohesive, balanced stakeholder perspective is provided to the Health Board. It is important that the individuals carrying out these roles know what is expected from them at meetings and when they are working with others.

## 3 Membership of SRG

SRG membership is made up of a range of stakeholders drawn from across the Health Board area. These stakeholders represent a range of bodies and groups including statutory organisations we work in partnership with, communities, provider organisations, and special interest groups which reflect protected characteristics from the Equality Act and other relevant groups. We aim to ensure our membership reflects the diversity, demographics and geography of the community we serve.

**Members:** There will be no minimum or maximum requirement regarding membership size. However, in determining the number of members, the Board will take account of the need to ensure the Stakeholder Reference Group's size is optimal to ensure focused and inclusive activity, and that we complement, and not duplicate, the work of Llais. The term of office for members is a maximum of 5 years (3 + 2 years). The role description and person specification for this role is attached at Appendix 1.

Current membership list is as follows:

Third Sector	6 places
Independent Sector	3 places
One Voice Wales (Town / Community Councils)	1 place
Housing Associations	1 place
Carers	1 place
Local Authorities	6 places
Disability / Equality	1 place
North Wales Regional Equality Network	1 place
Hospices	1 place
LGBTQ	1 place
<b>TOTAL</b>	<b>22</b>

The **Chair** will normally be selected from within the elected members of the Group and agreed nomination will be subject to consideration by the Board. Expressions of Interest will be sought from within the membership and the members of the Group will vote for their preferred candidate. Once approved by the Board, the recommendation will require the approval and agreement of the Cabinet Secretary for Health and Social Services. The Chair will be an Associate Member of the Board. The term of office as Chair will be for up to 2 years, with the ability to stand for a further year, in line with the member's term of office as a member of the SRG. The individual can remain in office for the remainder of their term as a member of the SRG after the term of appointment as Chair has ended. The role description and person specification for this role is attached at Appendix 2.

The **Vice Chair** will be selected by the Group as above, and will require consideration of the Board. The Vice Chair will deputise in the Chair's absence as an Associate Member of the Board. The term of office as Vice Chair will be for up to 2 years, with the ability to stand for a further year, in line with the member's term of office as a member of the SRG. The individual can remain in office for the remainder of their term as a member of the SRG after the term of appointment as Chair has ended.

### **SUGGESTED PROCESS FOR VACANCIES**

1. Where a vacancy arises for a new member of the SRG, the Chair will agree with the members of the SRG the best way to seek expressions of interest from relevant groups
2. A role profile has been developed (Appendix 1) for the members of the SRG to consider and this will be circulated as part of the nomination process.
3. In circumstances whereby separate requests are made to become a member of the SRG, the Chair of the SRG, in discussion with other members, will consider if there is need for representation from the particular group.

4. Following consideration by the Chair, if it is deemed that there is an identified need in terms of the stakeholder group, a process of nomination for that particular group will be initiated, in the same way as when there is a vacancy.
5. The Board may seek independent expressions of interest to represent a key stakeholder group where there is a view that formal bodies or groups are not already established or operating within an area that may represent the interests of these stakeholders on the Stakeholder Reference Group.

## Appendix 1

### Betsi Cadwaladr University Health Board Stakeholder Reference Group (SRG) Member Role Description

#### Aim of role

- To represent a defined stakeholder body or group, who have an interest in, or whose own role and activities may be impacted by the decisions of Betsi Cadwaladr University Health Board (the Health Board).

#### Accountability

- You are accountable, through the SRG Chair, to the Health Board for your performance as a member of the Group.
- You are also accountable to the wider sector who have elected you (\*\*\*\*\*) or your nominating organisation for the way in which you represent the views of your organisation / equality / specialist interest at the SRG.  
*Note your role on the SRG is as an elected individual not the organisation you work for.*
- You have a formal role as an SRG member and the Chair will invite new members as part of their induction to meet with them to discuss this role description.
- It is expected that if you resign, you notify both the Chair and your relevant electing or nominating body.
- Your first term of office ends after an initial period of three years, and can be followed by a further 2 years in office, however you cannot be an elected member for more than 5 years consecutively. It is proposed that the Chair of the SRG will speak directly to the member to agree whether a second term of office will be offered / undertaken.
- All members need to declare if they take on a different role within their nominating organisation which affects their ability to be a member of the SRG, or their ability to represent the views of their organisation / equality / specialist interest group at the SRG. Members will therefore be requested to complete an annual declaration confirming their eligibility to continue as a member of the SRG.

#### Responsible to:

The SRG Chair

#### Time commitment:

Usually no more than 4 meetings per annum, of approximately 3 hours duration.

## **Term of Office**

- No longer than 3 years in any one term. Members can be re-appointed but may not serve a total period of more than 5 years consecutively.

## **Key working relationships**

- To work closely with the SRG Chair.
- Wherever possible SRG members should attend the Third Sector Health and Social Care Network, or other relevant mechanisms, to maintain good working relationships and gather views from stakeholders.
- To maintain good working relationships with the Health Board, local and community partnerships and other key stakeholders who do not form part of the SRG membership.

## **Role**

You will be expected to:

- Regularly commit to the meetings of the SRG.
- Represent your nominating organisation or equality / specialist interest group at SRG meetings.
- Express opinions clearly and allow others to express theirs.
- Share responsibility for the recommendations of the SRG with other members.
- Promote the work of the SRG in the community it represents.
- Undertake appropriate induction and development training identified by the SRG Chair or Health Board.

## **Key tasks**

- Meaningfully engage with the meeting in relation to your special interest group or organisation.
- Suggest ways in which the Health Board could better engage with your special interest group or organisation.
- Engage with and contribute fully in SRG activities, accepting responsibility to share work load with other members where identified and completing tasks to set timescales.
- Encouraged to attend a Health Board to observe the business. Please let the SRG Chair know as they will then ensure introductions and welcome.

## **Remuneration**

SRG members are not paid. However, you are entitled to claim out of pocket expenses, ie, mileage and public transport costs, in accordance with the Health Board policy.

## **Stakeholder Reference Group (SRG) Member Personal Specification**

All SRG members will be required to demonstrate the following qualities:

### **Commitment**

- A commitment to the work of the SRG, believing in its purpose and functions.
- Reliable, punctual and professional in attendance and conduct at meetings.
- Willingness to participate in the continuing development of the SRG.
- Compliant with the terms and conditions of the appointment.

### **Attitude and Approach**

- Respectful and appreciative of the contribution that others make
- Welcoming and encouraging towards people from different backgrounds who may bring with them different opinions and perspectives.
- Sensitive, diplomatic and tactful in dealing with others.
- Flexibility in approaching complex problems and issues.
- Willing to learn new information and contribute to solving problems.

### **Skills and Experience**

- A current connection to the nominating group or body you are representing at the SRG.
- Ability to work as part of a team.
- Experience of dealing with confidential issues.
- Ability to consider reports and other documentation and contribute to discussion and decisions.

**Betsi Cadwaladr University Health Board**

**Stakeholder Reference Group (SRG) Chair**

**Role Description**

**Aim of role**

- To ensure the effective operation of the SRG as a coherent Advisory Body, developing positive and professional relationships between the SRG, the Health Board (HB) and its Chair and Chief Executive.

**Accountability**

- As Chair of the SRG, you will be appointed as an Associate Member of the Health Board. You will be accountable for the conduct of your role as Associate Member to the Cabinet Secretary, through the Health Board Chair.
- You are also accountable to the Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

**Responsible to:**

- Betsi Cadwaladr University Health Board Chair

**Time Commitment**

- Usually no more than six SRG meetings, and eighteen Health Board Meetings / Development Sessions per annum, with other related meetings as required.

**Term of Office**

- The Chair's Term of Office shall normally be for a period of a minimum of two years, with the ability to stand for a further year in line with the member's term of office as a member of the SRG. You may remain in office for the remainder of your term as a member of the SRG after your term of appointment as Chair has ended.

## **Key Working Relationships**

- Health Board Chair, Chief Executive and Director of Corporate Governance.
- Lead Executive for SRG (Director of Partnerships, Engagement and Communications), management support, and secretariat.
- SRG members and Health Board members
- The Health Board's other Advisory Groups and Committees
- Local and community partnerships and other key stakeholders who do not form part of the SRG membership.

## **Role**

You will be expected to:

- Chair SRG meetings
- Attend meetings of the Health Board, providing advice on behalf of the SRG where appropriate.
- Report regularly to the Health Board on SRG activities and submit an annual report on SRG activity.
- Work with the Health Board to maintain a strong SRG membership
- Promote the work of the SRG in the community it represents
- Undertake appropriate induction and development training identified by the Health Board

## **Key tasks**

- Lead the SRG to provide a forum to facilitate full engagement and active debate amongst stakeholders from across the HB area.
- Provide formal feedback to the SRG from the Health Board meetings
- Aim to reach and present a cohesive and balanced stakeholder perspective to inform the Health Board's decision making, this will include the provision of:
  - Advice on specific service proposals prior to formal consultation
  - Feedback on the impact of LHB operations within the community
  - Early stakeholder engagement and involvement for our LHB when it is shaping its overall strategic direction.
  - Casting vote on decisions will remain with the Chair.

## **Remuneration**

**The SRG Chair is not a paid role.** However, you are entitled to claim out of pocket expenses, ie, mileage and public transport costs, in accordance with the Health Board policy.

## **Stakeholder Reference Group (SRG) Chair**

### **Personal Specification**

As SRG Chair, you will be required to demonstrate the following qualities:

#### **Commitment**

- A commitment to the work of the SRG, believing in its purpose and functions.
- Reliable, punctual and professional in attendance and conduct at meetings.
- Willingness to participate in the continuing development of the SRG and the Health Board.
- Compliant with the Terms and Conditions of the appointment.

#### **Attitude and Approach**

- Ready to develop positive working relationships with others.
- Respectful and appreciative of the contribution that SRG members make.
- Welcoming and encouraging towards people from different backgrounds who may bring with them different opinions and perspectives.
- Sensitive, diplomatic and tactful in dealing with others.
- Flexibility in approaching complex problems and issues.
- Willing to learn new information and contribute to solving problems.

#### **Skills and Experience**

- Experience of leading programmes of work and people
- Experience of stakeholder engagement
- Ability to analyse complex information, collate views and develop concise reports.
- Ability to influence and be persuasive.
- Ability to work as part of a team.
- Experience of dealing with confidential issues.

## Confidentiality Declaration

**NB This declaration applies to elected third sector representatives and those representing collective groups. Representatives of statutory organisations are bound by the confidentiality clauses within their employment contracts.**

### Duty of Confidentiality

An essential aspect of good governance is that the Betsi Cadwaladr University Health Board Stakeholder Reference Group (SRG) members maintain confidentiality in respect of all Advisory Group matters and discussions. Other than as required by law, strict confidentiality will be observed and all discussion and records will remain confidential.

Confidentiality forms the basis of trust and encourages an open and honest forum for discussion. SRG members have a right to freely express their views without fear of being named outside the meeting as taking a particular position. Once a decision is made it is a decision of the group as an entity, whether you personally agree with the decision or not.

The Stakeholder Reference Group will hold meetings where participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, should be revealed.

### **Betsi Cadwaladr University Health Board Stakeholder Reference Group Confidentiality Agreement**

I understand that, in performing my duties as an elected member representative of the BCU SRG, I may have access to discussions and / or information and / or records which are confidential. This includes discussions or information related to parties or individuals.

I confirm that I will treat all such information and conversations as confidential.

I undertake not to disclose any such information to any person, who isn't specifically authorised by the SRG to receive the information, nor use it to my own advantage, or that of a third person. I understand that if I don't know or am uncertain if the information

is confidential, I will seek clarification from the Chair of the SRG who may seek advice from the Health Board.

I acknowledge that, if I breach any of my obligations under this Confidentiality Agreement, the SRG may take any action it considers appropriate against me in respect of such breach and may remove me from the Group. Such removal shall be by a majority vote of the Group.

I understand that, even if removed from the Group, these confidentiality obligations still apply.

**I have read, understand, and agree to abide by all of the terms of this agreement as a condition of my service as a Stakeholder Reference Group member.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_