

## **Bundle Stakeholder Reference Group 2 June 2025**

- 1 PRELIMINARY MATTERS
  - 1.1 13:00 - SG25/14 Welcome and apologies  
*Mike Parry*  
*Cadeirydd / Chair*
  - 1.2 13:02 - SG25/15 Declarations of Interest  
*Mike Parry*  
*Cadeirydd / Chair*
  - 1.3 13:03 - SG25/16 Draft minutes from previous meeting, held on 3.3.25 and Summary Action Log  
*Mike Parry*  
*Cadeirydd / Chair*
    - S25 16.1 DRAFT Minutes SRG 3.3.25 V0.3
    - S25 16.2 SRG Action Log 27.5.25
  - 1.4 13:08 - SG25/17 Review of SRG Membership  
*Pam Wenger*  
*Cyfarwyddwr Llywodraethu Corfforaethol / Director of Corporate Governance*
    - S25 17.1 SRG Membership Review
    - S25 17.2 SRG Membership Register Updated 27.05.25
  - 1.5 13:23 - SG25/18 Chair Selection Process Update - verbal  
*Pam Wenger*  
*Cyfarwyddwr Llywodraethu Corfforaethol / Director of Corporate Governance*
  - 1.6 13:33 - SG25/19 Member's Presentation - verbal  
*Linda Kinani*  
*Gwasanaeth Cynnal Gofalwyr / Carers Outreach Service*
- 2 STRATEGIC PRIORITIES
  - 2.1 13:53 - SG25/20 Corporate and Strategic Planning Update  
*Dylan Williams*  
*Cyfarwyddwr Cynorthwyol Dros Dro– Strategaeth a Cynllunio Iechyd*  
*Interim Assistant Director – Health Strategy & Planning*
    - S25 20.1 Corporate & Strategic Planning Update 2.6.25 Eng
    - S25 20.2 Corporate & Strategic Planning Update 2.6.25 Cym
  - 2.2 14:13 - SG25/21 Our Values and Behaviours Framework  
*Nia Thomas*  
*Pennaeth Datblygu Diwylliant / Head of Culture*  
*Nia Harris*  
*Uwch Reolwr Datblygu Sefydliad / Senior Organisational Development Manager*
    - S25 21.1 Our Values and Behaviours Framework
  - 2.3 14:33 - SG25/22 Update on Penley and Tywyn  
*Kamala Williams*  
*Pennaeth Strategaeth a Chynllunio Iechyd / Head of Health Strategy and Planning*
  - 2.4 14:53 - SG25/23 Well North Wales Update - Task and Finish Report  
*Brian Laing*  
*Rheolwr Partneriaeth Strategol, Lechyd Cyhoeddus / Strategic Partnership Manager, Public Health*
    - S25 23.1 Well North Wales Update - Task & Finish Report Overview
  - 2.5 15:13 - SG25/24 Listening to the Voice of the Sectors - verbal  
*Mike Parry*  
*Cadeirydd / Chair*
- 3 FOR ASSURANCE

- 3.1 15:28 - SG25/25 Director's Report  
*Helen Stevens-Jones*  
*Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu / Director of Partnerships, Engagement and Communications*  
S25 25.1 Directors Report June 2025 Eng
- 4 FOR INFORMATION
- 4.1 SG25/26 Stakeholders' Survey, January 2025  
S25 26.1 Stakeholders' Survey January 2025
- 5 CLOSING BUSINESS
- 5.1 15:43 - SG25/29 Agree Items for Chair's Assurance Report  
*Mike Parry*  
*Cadeirydd / Chair*
- 5.2 15:44 - SG25/30 Review of Meeting Effectiveness  
*Mike Parry*  
*Cadeirydd / Chair*
- 5.3 SG25/31 Date of Next Meeting  
*1st September 2025*



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

**Notes of the meeting held on 03.03.2025**

<b>Present:</b>	<b>Representative of:</b>
Mike Parry	One Voice Wales (Chair)
Peter Lewis	Cartrefi Conwy (Vice-Chair)
Linda Kinani	Carer's Outreach Service
Thea Brain	Care Forum Wales
Allen Bewley	Flintshire Local Voluntary Council
Cllr. Arnold Woolley	Flintshire County Council
Haydn Jones	North Wales Cancer Patients' Forum
Jenny Murphy	Mind Cymru
Michelle Collard	CEO, North East Wales Mind
Bethan Russell-Williams	Mantell Gwynedd Voluntary Services Council
Roger Seddon	Llais Cymru
Dilwyn Morgan	Gwynedd Council
<b>In Attendance:</b>	
Dyfed Edwards	Health Board Chair, BCUHB
Helen Stevens Jones	Director of Partnerships, Engagement and Communications, BCUHB
Rob Callow	Head of Engagement, BCUHB
Brian Laing	Strategic Partnership Manager, Public Health, BCUHB
Geraint Parry	Quality Improvement Fellow, BCUHB
Julie Parry	Programme Lead, Organisational Design
Llinos Roberts	Executive Business Manager (Chair's Office), BCUHB
Sophie Stevens-Jones	Communications and Engagement Manager
<b>Committee Support</b>	
Fiona Lewis	Corporate Governance Officer, BCUHB. Minute taker.
Ann Lloyd	Translator

<b>Agenda item</b>
<b>PRELIMINARY MATTERS</b>
<b>S25/01 Welcome and apologies</b>
<p>The Chair of the Committee welcomed all to the meeting.</p> <p>Apologies were received from Haydn Jones, Geoff Ryall-Harvey (Llais Cymru) - Roger Seddon to deputise, Dylan roberts (Julie Parry to deputise), Lyndsey Campbell-Williams, Liz Wedley and Steve Williams (Welsh Ambulance Service Trust).</p>

**S25/02 Declarations of Interest**

No declarations of interest were raised.

**S25/03 Draft minutes from previous meeting held on 20.12.24 and Summary Action Log**

It was agreed that the minutes of the meeting held on 20.12.24 were a true and accurate record.

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

**STRATEGIC PRIORITIES****S25/04 Partner Update**

The Chair thanked Michelle Collard and Jenny Murphy for their presentation, in which they drew particular attention to:

- There are fewer Mind offices in the West than the East within North Wales
- Mind works with adults and children from twelve upwards
- Mind's main objectives were:
  - Campaigning for the rights to improve the nation's mental health, by influencing Welsh Government and stakeholders.
  - To provide national services such as emotional support, legal, welfare rights and information helplines, which during the last fiscal year assisted more than 2,000 people in Wales.
  - Through its 24/7, Side-by-Side peer-support online platform, which has more than 31,000 members, moderated by Mind staff to ensure member safety.
  - Through its website and various health settings, it provides access to evidence-based information
- Nationally, Mind receives funding via individual or corporate fundraising, grants and trust funds.
- Mind does not have a direct link with the Health Board however it was keen to work with the organisation.
- Mind works with adults and children from the age of 12 years and upwards
- As funding dictates the services Mind provides, despite confirmation being received from Welsh Government that they intend to provide 50% of funding required for the 'I Can' service, the Health Board had yet to provide a contract to cover the matched funding.

Michelle Collard and Jenny Murphy were thanked for attending the meeting and providing an insight into the work of Mind across North Wales.

**Actions:**

- **S25/04.1** Mike Parry and Michelle Collard to talk outside of the meeting, regarding matched funding for the I Can service and investigate what can be done to improve communication surrounding the uncertainty of funding.

**WORKSHOPS****S25/05 Well North Wales**

Brian Laing provided his presentation, highlighting:

- The widening health inequalities across North Wales, with Health being the biggest barrier to economic growth in the UK
- How to shift the system more to prevention than cure, by working with stakeholders
- How to continue to build on the achievements and enthusiasm for the Inverse Care Law, Social prescribing, Arts in Health and reducing variation of quality of services.
- Work taking place to build upon examples of good practice, co-production and co-design taking place in some areas is scaled up and spread across North Wales.
- Work continuing with Improvement Cymru to find ways of mobilising partnerships
- A Task & Finish Group had been set up to identify what good will look like and how to identify it.
- Long-term outcomes

Following the presentation, Members discussed:

- The need to find better ways of measuring quality and recording demographic data regarding GP contracts and social prescribing.
- The Task and Finish group will report back in May 2025 with its recommendations.

**Actions:**

- **S25/05.1** Brian Laing to report back to the SRG once the Task & Finish Group has made its recommendations.

It was resolved that the Committee were:

- **ASSURED** by the high-level overview of Well North Wales background & context.
- **NOTED** the progress to date
- **ASSURED** that forward plans for scoping and shaping this longer-term complex whole systems programme of work is being developed collaboratively in participation with regional partners and the active involvement of key local stakeholders.

**S25/06 Progress on Special Measures**

Dyfed Edwards, Health Board Chair, reflected that although The Health Board was the only health board in Special Measures, others were challenged and all in some form of escalation. He noted that the Health Board had come a long way to where the Board had an almost full complement of Members and that the new style of leadership operates in a far more open and transparent manner, placing greater store in being encouraging and considerate to allow staff to flourish.

Geraint Parry provided his update to the meeting, drawing attention to the progress made since the Health Board was put into Special Measures:

- More than two years since the Health Board went into Special Measures
- Positive feedback received from both Healthcare Inspectorate Wales and Audit Wales regarding the progress made, in particular with regards to Governance, which had resulted in the Intervention order around Governance being revoked.
- Progress regarding leadership, capability and culture was also noted, due to the stability created by a fully established Board and Committee governance and the continuing Board Development Programme.
- Important work continued to take place regarding the Health Board's values and behaviours, being led by both the Chair and the Chief Executive.
- The review of all investigations for HM Coroners' office, resulted in focus on responding to and learning from complaints. The Health Board had moved from the worst performing in Wales to the best, with recent figures showing overdue complaints had reduced from 438 to 42.
- The newly established Quality Management System (QMS) developed with the Institute of Healthcare Improvement now being implemented, to help ensure consistency of care
- Every Health Board in Wales is in some form of escalation with regards to finance, strategy and planning
- There were no longer any services deemed to be 'of considerable concern' with improvements in both Vascular services and the Emergency Department at Ysbyty Glan Clwyd being sufficient for both services to be de-escalated by Healthcare Inspectorate Wales
- Clinical and managerial appointments to Dermatology have secured significant improvement capacity
- Mental Health – in response to the Invited Services Review carried out by the Royal College of Psychiatry, Patient and Carer experience work had been strengthened with the Independently-chaired Expert Advisory Group in place, which includes patient and family representatives.
- Improvements in both financial governance and control, with significant staff training for procurement and contract management resulting in savings targets being exceeded
- Focus going forward
  - to achieve an approvable IMTP; 10-year strategy mobilisation; organisation-wide capability in planning; delivery against the full set of ministerial priorities and unlocking financial sustainability by addressing clinical variation.
  - Improvement in performance and outcomes, including fewer patients on extreme waiting lists with shorter waiting lists generally; improved dental services following completion of new multi-million pound contracting exercise; resilience in the Urgent and Emergency care system.
  - Planned Care, Community Care and improvement to Dental access (working with Wales Dental School).
- Looking ahead to 2025/26:
  - Improve frontline services
  - Work with partners to co-develop the Ten-Year Strategy for North Wales
  - Use learning from QMS to inform and improve Clinical Service Plans

- Advancement of the Electronic Healthcare Record Business Case to support longer term transformation
- Make better use of Community and Primary Care to see a focus on prevention and health promotion.
- Conclude design work for Foundations for the Future, and commence implementation

As part of the discussion, Members noted;

- that the model of care is changing, with several managed practices showing a move away from owned practices.
- Value-based healthcare, to refer to ‘value’ in the broader term, not purely the financial value.
- The discrepancy sometimes between what the Health Board believes and what the public perceive. Members were very appreciative of the candour of the Health Board and pleased to hear the progress.

It was resolved that the Committee:

- **RECEIVED** the presentation.

*[Geraint Parry and Sophie Stevens-Jones left the meeting]*

## **FOR ASSURANCE**

### **S25/07 Director’s Report**

Helen Stevens-Jones, The Director of Partnerships, Engagement and Communications, presented her report to the meeting.

- The fourth Citizen’s Experience Report had been presented to the Board in January and had summarised key themes from recent citizen engagement. The themes included delays and waiting times, access to services, communication and positive experiences as well as actions taken by the Health Board and the report noted that the newly commissioned Waiting List Support Service, which now directs people to online advice, support in the Community or helplines, was having a very positive impact.
- Members were assured that work was progressing at the Llandudno Orthopaedic Hub and it is expected that patients will start to be seen there before the end of 2025.
- Members were pleased to be provided with the information contained within the report, which clearly explained what work had been done in response to issues raised at the various engagements.

It was resolved that the Committee:

**NOTED** the report

### **S25/8 Review of Board Engagement**

Rob Callow, Head of Engagement, provided his review of Board engagement with the public, which had taken place over the previous 12 months. At these meetings Board Members and senior leaders had been able to listen and engage with the public, over

a wide range of days, times and locations. At the seven engagement events, Board Members had been able to hear first-hand what worked well and what did not.

Since January, a review of engagements had taken place to investigate:

- The participation and attendance at the events.
  - It was noted that despite a concerted effort to promote attendance, results were varied. Future events to be held on a wider range of days, times and locations
  - Ways of encouraging people from the margins to attend - time allowances for different communities, piggy-backing on third sector/community events
- Whether engagements reached the aims originally set out?
  - There needed to be a two-way conversation
  - Feedback from the events fed into the Citizens Report
- What were the impacts and outcomes?
  - Combine engagements with more health improvement, support and advice opportunities.
  - The need to take account of what is important to people, which might not necessarily be what the Health Board thinks are the priorities.
  - The need to focus on local or regional issues or concerns, such as local service changes.

### **S25/09 Update on the Organisational Design Principles (ODP)**

Julie Parry, Project Lead, provided a presentation which noted:

- That following 10 months of consultation across the Organisation, as well as with Stakeholders including the SRG, the Health Board was in the position where the ODPs had been agreed and were ready to be applied to formal decision making.
- The design principles included putting people first; inclusivity; wise spending; simplifying, standardising and adopting best practices; digital innovation; equity and accessibility and consistency with the Health Board values.
- What the ODP aimed to accomplish: to be embedded across the organisation ensuring decisions are made understanding their relevance and this to be applied consistently; a clear governance framework which would include accountability. resources, training and communication channels were in place to ensure staff know how to apply them and where to seek guidance, if necessary.
- Over time, it was hoped that the principles shape the Organisation's culture, processes and that investments align with its strategic vision.
- To ensure that decision-makers can accurately articulate key design principles and that new starters in leadership roles receive the appropriate training.
- Specific targets will be established by the Implementation/Project group once established. This Group will be responsible for identifying potential solutions to ensure Design Principles are embedded and will decide on the most appropriate change methodology to use.

- To reduce the number of instances where decisions had been challenged or revised due to non-alignment with design principles and to ensure staff feel empowered to challenge decision based on these principles.
- The Design Principles Implementation/Project Group will be an element of the Foundations for the Future Programme, and will formally report into the Executive Team.

Following the presentation, Members were assured that costings for the Foundations for the Future were being assessed during the design phase, which had just been entered.

It was resolved that the Committee:

**NOTED** the report and were **ASSURED** by the next steps for embedding them across the Organisation.

## FOR INFORMATION

### **S25/10 SRG Membership Briefing Paper**

Llinos Roberts, Executive Business Manager, confirmed that comments received by Pam Wenger, Director of Corporate Governance, at the previous meeting regarding appointments to the SRG had been taken into consideration and incorporated into the draft SRG Terms of Reference, which would be put to Board for approval.

Members were advised that:

- a nomination had been received from Denbighshire Council and a formal response was in hand.
- Mike Parry's term of office as Chair was due to end in June 2025 and therefore all Members would be approached with regards to seeking expressions of interest.

A discussion took place regarding the lack of membership representation from margined communities, with particular reference to the homeless sector and children, to ensure that the SRG mirrors the community the Health Board it serves.

**S25/10.1** LR to discuss how best to seek representation for children and the homeless sector with Pam Wenger and Mike Parry.

It was resolved that the Committee:

**NOTED the report.**

## CLOSING BUSINESS

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

**S25/11.1** Following the Partner update from Mind, Mike Parry to discuss at Board the causes surrounding the uncertainty of funding.

**S25/12 Review of Meeting's Effectiveness**

Mike Parry noted his thanks to Jenny Murphy and Michelle Collard for their Partner Update, along with others for their papers and presentations.

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

**S25/13 Date of next meeting.**

Monday, 2<sup>nd</sup> June 2025

**Attendance Register**

Name	Organisation Represented	03.06.24	02.09.24	02.12.24	03.03.25
Mike Parry (Cllr)	One Voice Wales (Chair)	✓	✓	✓	✓
Alan Morris	Assistant Director of Partnerships & Public Affairs	x	x	x	x
Allen Bewley	Flintshire Local Voluntary Council	✓	x	✓	✓
Alun Roberts (Cllr)	Anglesey County Council	x	x	x	x
Bethan Russell Williams	Mantell Gwynedd		✓	✓	✓
Christine Marston (Cllr)	Denbighshire County Council	x	x	x	x
Clive Nadin	Care Forum Wales	x	x	x	x
Thea Brain	Care Forum Wales				✓
Dilwyn Morgan (Cllr)	Gwynedd County Council	✓	✓	x	✓
Fiona Evans	Conwy Voluntary Services Council	x	x	x	x
Frank Bradfield (Cllr)	Conwy County Council	✓ Cllr Penny Andow	✓ Cllr Penny Andow	x	x
Helen Stevens-Jones	Director of Partnerships, Communications & Engagement – BCU Lead Executive	✓	✓	✓	✓
Arnold Woolley (Cllr) – from Jan 2024	Flintshire County Council		✓	x	✓
Jackie Allen	AVOW Wrexham Third Sector	x	x	x	x
Jackie Allen / Adrian Drake-Lee	NWCHC Chair / NWCHC Vice Chair	x	x	x	x
Jenny Murphy	Mind Cymru		✓	✓	✓
Michelle Collard	CEO, Mind – North East Wales				✓
John Pritchard (Cllr)	Wrexham County Council	x	x	x	x
Linda Kinani	Carers Outreach Service	✓	✓	x	✓

Unconfirmed SRG minutes 03.03.2025 v0.2

Margaret Hollings	North Wales Hospices			✓ Anne-Marie Street & Elinor Thomas	X
Peter Lewis	Housing Associations	X	X	✓	✓
Roger Seddon	Llais Cymru			✓	✓
Sherry Weedall	Denbighshire Voluntary Services Council	✓	✓ Tom Barham	✓	X
Sian Purcell / Lyndsey Campbell-Williams	Medrwn Mon Voluntary Services Council	X	Sheree Ellingwort h	X	X
Steve Sheldon / Steve Williams	Welsh Ambulance Services Trust	✓	✓ SW	X	X
Trystan Pritchard	North Wales Hospices	X			
Mfikela Jean Samuel	Equality		X	✓	X
Haydn Jones	North Wales Cancer Patients Forum		✓	✓	X

## Stakeholder Reference Group

### Actions Log

Ref. No.	Lead Executive / Member	Minute Reference and Action Agreed	Original timescale agreed	Update	Revised Timescale / Action status (O/C)
<b>Actions from meeting held on 4.12.23</b>					
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 not purely for the meetings alone.</p>	4.3.24	<p>A programme of work being developed which will extend throughout the financial year, for the 2025/26 planning cycle. There will be regular updates and workshop engagement with SRG, a live teams channel will be created which will ensure that SRG (and other sub committees) have access to planning information throughout the planning cycle.</p> <p><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.</p>	
<b>Actions from Workshop held on 2.9.24</b>					
2	Julie Ward-Jones / Helen Stevens-Jones	<p><b>2.9.24 Workshop – Urgent and Emergency Care.</b></p> <p>To look at providing a forum / a suggestion box where patients / third sector can put forward and share suggestions for</p>	3.12.24	<p><b>Suggest close</b></p> <p><b>26.11.24</b> We have an inventory for the improvement work happening across the HB. The QI Register, currently awaiting Paolo Tardivel's approval. Aims to launch w/c 2.12.24</p>	3.3.25

		<p>improvements and look at creating an inventory of all good pieces of work taking place across the Health Board.</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 'The Hive' 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 process runs using the Simply Do initiative. At this point in time this is not open for patients/ carers or</p>	
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				<p>members of the public to submit ideas but it is felt that some ideas that have been received may have come from an initial discussion with these groups.</p> <p>Those spoken to were all keen to develop solutions as to how we can involve patients, carers and public in improvement idea generation and would want to explore what this would look like i.e. what resources, governance arrangements, and feedback mechanisms are needed to develop them.</p> <p>The Improvement Team has connected the local work with the national team and will continue to link in with the Patient and Carer Experience Team as 'The Hive' develops, as there maybe potential for this to progress towards patient, carer and public idea submission.</p>	
3	Paolo Tardivel / Julie Ward-Jones / Angela Wood (Exec lead) / Fiona Lewis	<p><b>2.9.24 Workshop – Health Board Strategy &amp; Clinical Services.</b></p> <p>Bring QMS update to December meeting, assuring Members examples of good practice would be incorporated into the emerging QMS approach. Add to forward planner.</p>	3.12.24	<p><b>Suggest Close.</b></p> <p><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.</p> <p><b>2.12.24</b> QMS Framework Operationalisation presentation provided.</p>	
<b>Actions from meeting held on 2.12.24</b>					
4	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>	

5	Kirsty Thomson	<p><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.</p>	9.12.24	<p><b>4.12.24</b> KT has been in contact with Anne-Marie Street and Elinor Thomas and will provide update when available.</p>	
7	Gareth Evans	<p><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?</p>	Jan 2025	<p><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.</p>	
8	Pam Wenger	<p><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></p>	Jan 2025	<p><b>Suggest close</b>  <b>23.01.25</b>  Wording amended “<i>The <b>Stakeholder Reference Group</b> provides a forum to facilitate full engagement and activate debate amongst <b>stakeholders</b> from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced <b>stakeholder</b> perspective to inform the HB’s decision making</i>”</p>	

				<b>24.2.25 Process of Appointment of SRG Members</b> added to 3.3.25 agenda, under For Information.	
9	Pam Wenger	<b>S24/32 Process of Appointments to SRG.</b> <b>S24/32.2</b> To circulate the ToR in Word format for comment.	Mar 2025	<b>Suggest close</b> <b>3.12.24</b> Circulated ToR to Members for comment.	
10	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</b> <b>Actioned.</b>	
11	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>Closed Actions</b>					
12	Mike Parry / Helen Stevens-Jones	<b>S24/07.3 SRG Cycle of Business</b> Members requested to consider items for discussion at future meetings	3.6.24 and on-going	<b>Suggest close</b> <b>18.04.24</b> Update email sent SRG members from MP. <b>18.04.24</b> requesting feedback from the Board re areas for SRG to prioritise to feed into 10 year planning cycle. Query whether this would form basis of Autumn SRG Workshop Board task SRG with areas of work, ie, priorities for 10 year cycle ? (Autumn Workshop) <b>03.06.24</b> HSJ confirmed that discussions were ongoing with Chief Executive. Suggested possible area to look into being Urgent and Emergency Care. HSJ will report back.	

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

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



<b>Teitl adroddiad:</b> <i>Report title:</i>	Review of the Stakeholder Reference Group Membership			
<b>Adrodd i:</b> <i>Report to:</i>	Stakeholder Reference Group			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Monday, 02 June 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>In line with the Terms of Reference, membership of the SRG is reviewed on an annual basis.</p> <p>A copy of the current membership list is attached for members to consider. Discussions have been held previously regarding the inclusion of a representative from the homeless sector and this will be considered as part of these discussions.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	Members are requested to consider the current membership of the SRG, and approve / amend to ensure that representation is appropriate to the remit of the Group.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Llinos Roberts, Executive Business Manager (Chair's Office)			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Building and Effective Organisation			

<b>Link to Strategic Objective(s):</b>	
<b>Goblygiadau rheoleiddio a lleol:</b>	
<b>Regulatory and legal implications:</b>	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	N/A
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	None
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol  Not applicable
Camau Nesaf: Gweithredu argymhellion  <i>Next Steps: Implementation of recommendations</i>	

**Rhestr o Atodiadau:**

***List of Appendices:***

- ***Current Membership list of the SRG as at 27<sup>th</sup> May 2025***

**STAKEHOLDER REFERENCE GROUP (SRG)**  
**Membership – updated 27.05.25 (per ToR model SO tenure amendments)**

**ALL TENURES CHECKED AND UPDATED BELOW**

<b>Name</b>	<b>Organisation</b>	<b>Appointment date</b>	<b>Amended end of tenure – subject to approval ToR</b> (1) 1 <sup>st</sup> tenure 3 years (2) 2 <sup>nd</sup> tenure 2years
<b>CHAIR ELECT - TOWN AND COMMUNITY COUNCILS</b>			
Mike Parry (Cllr)	One Voice Wales	June 2019	(1) June 2022 (2) June 2024 (3) 2025 – 1 year extension
<b>VICE CHAIR ELECT - HOUSING ASSOCIATIONS</b>			
Peter Lewis	Housing Associations	May 2023	(1) May 2026 (2) May 2028
<b>THIRD SECTOR</b>			
Fiona Evans (Wendy Jones deputising for Fiona Evans if needed)	Conwy Voluntary Services Council	December 2015	(1) December 2018 (2) December 2020 <i>23.4.24_ emailed CVSC for new nominated member_LR</i>
2.10.23 Bethan Williams approached for nomination of new representative.	Mantell Gwynedd Voluntary Services Council	April 2024	
Jackie Allen	AVOW, Association of Voluntary Organisations in Wrexham	October 2019	(1) October 2022 (2) October 2024
Sherry Weedall	Denbighshire Voluntary Services Council	November 2021	(1) November 2024 (2) November 2026

Lyndsey Campbell-Williams	Medrwn Môn Voluntary Services Council	April 2024	(1) April 2027 (2) April 2029
Allen Bewley (representing the Third Sector in Flintshire replacing Ann Woods)	Flintshire Local Voluntary Council	July 2022	(1) July 2025 (2) July 2027
<b>EQUALITIES</b>			
Mfikela Jean Samuel	North Wales Regional Equality Network	May 2024	(1) May 2027 (2) May 2029
<b>LOCAL AUTHORITIES</b>			
Check replacement to Christine Marston	Denbighshire		(1) November 2020 (2) November 2022  <i>Cllr Elen Heaton previously nominated but clashes with Cabinet meetings. Will notify us of their new representative</i>
Arnold Woolley (Cllr)	Flintshire	August 2023	(1) August 2026 (2) March 2028
Alun Roberts (Cllr) New member	Anglesey	June 2022	(1) June 2025 (2) June 2027
Dilwyn Morgan (Cllr) New member	Gwynedd	November 2022	(1) November 2025 (2) November 2027
Cllr Penny Andow New member	Conwy	January 2024	(1) January 2027 (2) January 2029
John Pritchard (Cllr)	Wrexham	October 2021	(1) October 2024 (2) October 2026

<b>NORTH WALES HOSPICES</b>			
Margaret Hollings	North Wales Hospices	October 2024	(1) October 2027 (2) October 2029
<b>INDEPENDENT SECTOR</b>			
Thea Brain	Care Forum Wales	February 2025	(1) February 2028 (2) February 2030
Jenny Murphy	MIND	March 2024	(1) April 2027 (2) April 2029
Cllr Haydn Jones	North Wales Cancer Patient's Forum	March 2024	(1) April 2027 (2) April 2029
<b>NATIONAL CARERS ASSOCIATION</b>			
Linda Kinani	Carer's Outreach Service	April 2024	(1) April 2027 (2) April 2029
<b>OTHERS IN ATTENDANCE</b>			
<b>WAST (Wales Ambulance Service Trust)</b>			
Steve Sheldon	Interim Operations Manager		
Steve Williams	Locality Manager		
Liz Wedley			
<b>BY INVITATION - Llais Designated Officers</b>			
Geoff Ryall-Harvey Carol Williams	Llais CEO Llais Deputy CEO		
<b>BCUHB</b>			
Helen Stevens-Jones	Director of Partnerships, Communications & Engagement – BCU Lead Director		
Dylan Williams	Assistant Director, Health Strategy		

Alan Morris	Assistant Director of Partnerships & Public Affairs		
Fiona Lewis	Corporate Governance Officer		



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate and Strategic Planning Update			
<b>Adrodd i:</b> <i>Report to:</i>	Stakeholder Reference Group (SRG)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Monday, 02 June 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this paper is to provide SRG with an update on key areas of corporate and strategic planning including:</p> <ol style="list-style-type: none"> <li>1. IMTP Planning.</li> <li>2. Special Measures.</li> <li>3. Strategic Planning.</li> <li>4. Next Steps for developing planning processes.</li> </ol>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Stakeholder Reference Group is asked to <b>NOTE</b> the updates provided, along with the next steps going forward.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Dylan Pierce Williams, Interim Assistant Director of Health Planning			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in Delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				

<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Links to national strategic objectives, including <b>A Healthier Wales</b> and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the Health Board's long-term strategy.</p> <p>The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023.</p> <p>The Plan also reflects shared priorities within the strategic partnerships in North Wales and nationally.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The Health Board must prepare a plan which sets out its strategy for securing financial balance, whilst improving the health of the population and providing healthcare to meet needs.</p> <p>The Health Board has submitted a balanced and approvable IMTP for 2025/28, and has therefore met its statutory duty.</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Not applicable</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>No applicable</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>

<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Not applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> Gweithredu argymhellion <b>Next Steps:</b> Implementation of recommendations	

## Corporate & Strategic Planning Update

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### ▪ Introduction

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The Health Board recognises that the Stakeholder Reference Group (SRG) plays a critical role in supporting corporate planning and strategic responsibilities by bringing together stakeholders to collaborate, share expertise, and align planning goals.

This paper presents a summary of recent developments and current progress across BCUHB's Integrated Medium-Term Plan (IMTP), 10-Year Strategy, Clinical Services Plan, Special Measures, Regional Well-being Plan and Service Change agenda. It also highlights ongoing stakeholder engagement and identifies future opportunities for collaboration and strategic influence.

### ▪ Background

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Each Health Board in Wales is legally required to develop and submit an Integrated Medium-Term Plan (IMTP) to the Welsh Government. The IMTP outlines a strategic approach for addressing population health needs and sets out how the Health Board intends to achieve financial balance. Plans are designed to cover a rolling three-year horizon, aligning strategic service development with financial, workforce, and operational planning.

Local Health Boards in Wales are also required to develop long term strategies, specifically through the requirements of the NHS Wales Planning Framework and the Well-being of Future Generations (Wales) Act 2015. These strategies must align with national objectives and address the needs of the communities they serve, including population projections, service models, and resource allocations.

These strategies serve as a foundation for the statutory three-year IMTP, ensuring alignment with regional and national priorities and the evolving needs of the population.

The Health Board is currently developing its next 10-year strategy, with the aim of improving service quality and sustainability in North Wales. The long-term strategy aims to support the delivery of services that are clinically effective, financially sustainable, and responsive to population health needs.

Over the last two years the Health Board has responded to Special Measure requirements in respect of improving its planning processes and in 2024/25 Special Measures were fully incorporated into an integrated annual plan, enabling the right foundations and starting to standardise. The Board is now entering a critical planning phase for both its corporate and strategic planning commitments, where aligning short- and long-term objectives is essential to meeting the health and well-being needs of the population in North Wales. Stakeholder perspectives continue to be central to shaping a sustainable, person-centred health and care system.

## ■ Corporate Planning

### 1 - IMTP 2025/28

On the 27<sup>th</sup> March 2025 the Health Board approved a financially balanced three-year IMTP which was submitted to Welsh Government (WG) on the 31<sup>st</sup> March 2025. This is the first time that the Health Board has been able to submit a financially balanced 3-year plan, albeit with a quantified level of financial risk associated with delivery. The IMTP builds on the Health Boards' 5 strategic objective areas in the 2024/2025 Annual Plan, with more focussed and targeted priorities as shown in the diagram below.

<b>Objective 1: Building an effective organisation</b>		<b>Objective 4: Improving quality, outcomes and experience</b>	
1A	Effective systems of governance	4A	Prevention and Early Intervention
1B	Establishing the Foundations for the Future	4B	Primary Care including Clusters
1C	Responding to Legislative Requirements	4C	Community Care
1D	Implementing the Quality Management System	4D	Planned Care, Cancer & Diagnostics
<b>Objective 2: Developing strategy and long-lasting change</b>		4E	Urgent and Emergency Care
2A	Developing & delivering a Health Board Strategy & Clinical Services Plan	4F	Adult Mental Health & Learning Disability
2B	Strengthening Planning and Commissioning	4G	CAMHS
2C	Improving the Environment, Estate and Facilities	4H	Neurodevelopment
2D	Enhancing digital, data and technology approaches	4I	Dementia
2E	Developing and delivering value and sustainability	4J	Currently 'Challenged Services'
2F	Improving workforce planning and development	4K	Women's services
2G	Working with regional partners	4L	Children & Young People
<b>Objective 3: Compassionate culture, leadership &amp; engagement</b>		4M	Pharmaceutical services
3A	Culture Development	4N	Palliative, End of Life and Bereavement Care
3B	Leadership Development	4O	Dental services
3C	Citizen engagement and partnership working	4P	Diabetes
3D	Welsh language and culture	<b>Objective 5: Effective environment for Learning and skills development</b>	
		5A	University & Further Education Partnership
		5B	Research, Development and Innovation
		5C	Academic Careers
		5D	Intelligence Led
		5E	Learning Organisation

The IMTP for 2025-28 provides an opportunity to follow a clear, credible trajectory for recovery, service transformation, and system stability. The IMTP provides a better understanding of the fundamental requirement of an effective organisation, with priorities that tackle problems which the organisation is facing, including making progress towards achieving financial balance, developing and testing a Quality Management System, supporting organisational culture change and increasing meaningful engagement with stakeholders and partners.

A response from Welsh Government to the submitted IMTP is expected in late May / early June 2025.

## 2- Ministerial National Priorities

In addition to the IMTP and in line with the 2025-2028 Welsh Government Planning Framework, the Health Board also submitted detailed plans in the form of Ministerial Priority Templates, to deliver the priorities and targets for 2025/2026 as set by the Cabinet Secretary for Health and Social Care, as below:

- 1) Timely access to care
- 2) Population Health and Prevention
- 3) Building Community Capacity
- 4) Mental Health Access
- 5) Women's Health

Arrangements are being developed to closely monitor ministerial priorities, allowing progress to be tracked in parallel to the Annual Delivery Plan (ADP) for 2025/26, which will also inform our continuous planning processes. Delivery expectations for the 5 priority areas have been confirmed in our ADP. Progress across some of the areas will require greater collaboration with partners in order to deliver whole system change. While the delivery expectations are stated for 2025/26, continued progression will be required over the duration of the 3 Year IMTP.

To support the delivery of these expectations, the Welsh Government has outlined a series of enabling actions, reflecting work undertaken by The National Strategic Programmes, Strategic Clinical Networks, and the Value and Sustainability Board. Adopting an evidence based approach, initiatives aimed at improving efficiency and outcomes will be applied across each thematic area and its associated objective. The following thematic areas, and key objectives are identified in the NHS Wales Planning Framework 2025/28 will be pursued by the Health Board:

Thematic area	Objective
<b>Operational Productivity &amp; Efficiency – Urgent and Emergency Care</b>	Improve timely access to care, reducing length of wait from in key areas of the urgent and emergency care stream through addressing variation.
<b>Operational Productivity – Planned Care</b>	Improving timely access to care, reducing unwarranted variation in clinical productivity.
<b>Workforce Productivity</b>	Maximise workforce productivity and efficiency, strengthening value and effective deployment of workforce.
<b>Maximising Value for Money</b>	Continue to optimise value for money and contribution to overall efficiency through non-pay areas, optimising both efficiency and effectiveness
<b>Improving Value, Optimising Outcomes &amp; Minimising Variation</b>	Support improvements in outcomes, effectiveness and value, through optimising how resources are utilised, and focus on improving outcomes.

### **3- Annual Delivery Plan 2025/26**

The Annual Delivery Plan (ADP) for 2025/26 has been developed alongside the Integrated Medium-Term Plan (IMTP), ensuring that its priorities are fully aligned with the overarching three-year time horizon. Following Board approval, final refinements have been made to confirm objective owners and delivery timelines. A more detailed programme of work has also been established beneath each priority, allowing for more effective tracking and assurance.

Building on learning from the past two years, the organisation continues to evolve its monitoring and assurance processes. Insights gained during Special Measures in 2023/24 have contributed to a more mature and robust approach to tracking progress throughout 2024/25. While the completion of agreed objectives remains a key indicator of our ability to deliver, it is only one part of the overall picture. The improved delivery performance in 2024/25 reflects a growing consistency and maturity across the organisation. However, there is now a need to go further, ensuring that activity translates into measurable impact against key outcomes.

The ADP is central to addressing the Health Board's challenges and delivering transformational change. It sets out the priorities required to achieve our long-term goals, structured around five strategic objectives:

- 1) Building an Effective Organisation
- 2) Developing Strategy and Long-lasting Change
- 3) Creating Compassionate Culture, Leadership and Engagement
- 4) Improving Quality, Outcomes and Experience
- 5) Establishing an Effective Environment for Learning

For each strategic objective, the ADP outlines a number of sub-objectives, underpinned by a number of critical milestones, all of which will be monitored through a dedicated tracking portal. It is being developed to include measurable outcomes and key performance indicators that extend beyond financial balance, providing a broader view of organisational performance.

As part of embedding the plan across the organisation, the annual Performance and Appraisal Development Review (PADR) process will be used to align individual objectives with organisational priorities. This approach reinforces the Health Board's commitment to living its values promoting openness, compassion, and respect in everything undertaken across the Health Board.

### **4- IMTP Integrated Planning Process 2026/29**

The Health Board Corporate Planning Team is reviewing lessons learned from the latest planning cycle in collaboration with stakeholders and will incorporate relevant improvements into the Integrated Planning Framework. Feedback from SRG personal experiences of the planning process is vital to shaping and improving future planning processes.

Initial feedback from within the Health Board indicates that the Integrated Planning Processes supported better engagement with the Board and Advisory Groups for the 2025-28 IMTP. This is reflected in the comprehensive contributions from both internal and external stakeholders.

However, it is also acknowledged that more must be done to increase meaningful engagement with services, clinicians, local authority partners, third sector, stakeholders, public and wider community, to enable both timely and collaborative planning for the future. The development of the 2026-29 IMTP will be shaped by learning from previous planning cycles, progressing special measure improvement requirements, aligning objectives to the strategic priorities, while also recognising the changing needs of the population. A series of stakeholder engagement events, planning roadshows and regular briefings will be facilitated during 2025/26, this will include specific updates to SRG.

Three key areas of change will be implemented to support the revised integrated planning processes. These include the following:

#### **4.1 Continuous Integrated Planning**

The planning process will support 'all year round' continuous planning, rather than the previous focus placed at the end of the year. While alignment with the Welsh Government's Annual Planning Framework (issued in autumn) will continue throughout Quarters 3 and 4, the Health Board will transition to a continuous planning cycle. This approach will support earlier identification of planning assumptions, enhanced horizon scanning, and greater integration of digital solutions and planning tools. Close alignment of planning and the integrated performance framework will provide agility and pace when responding to real time changes in the 3-year Plan. This will help ensure that care delivery, service models and organisational strategy remain relevant and focused on quality outcomes within a constantly evolving environment.

#### **4.2 Business Intelligence, Modelling and Prioritisation**

To support a continuous and integrated planning process, there will be a focus on producing a numerate integrated medium-term plan that is fully triangulated across workforce, finance, activity and performance data insights. Rather than relying on the late-stage triangulation of separate data sources, the IMTP will be informed from the outset by high-quality, well-validated modelling data. This approach will enhance resource prioritisation and support more effective decision-making by providing earlier clarity on the information required and the methodologies employed throughout the process.

#### **4.3 Stakeholder Engagement and Co-production**

Stakeholder engagement is a core element across all planning activities. The revised integrated planning process will be co-produced through meaningful engagement with the public, staff, clinicians, partners, and service users. Active participation within the Health Board's corporate planning structures is essential to ensuring that partner voices are heard and reflected in planning and decision-making.

Greater emphasis will be placed on collaboration with other regional partners and sectors such as third sector, social care, education, academic and housing. This will support national moves towards supporting place based planning, with stronger ties to Regional Partnership Board and Cluster Planning.

As a key advocate for partners and stakeholders, the Strategic Reference Group (SRG) has provided valuable insights into partner priorities and planning challenges. Ongoing engagement with the SRG

will be embedded throughout the continuous planning cycle to support a more collaborative and informed approach in particular for fostering co-production approaches.

## ▪ Special Measures

At the March 2025 Board Meeting, members reviewed a Progress Report outlining achievements over the past year against Special Measures priorities and de-escalation criteria, along with future areas of focus. The report outlined progress against all six domains of the escalation and intervention framework with notable progress against governance, including financial governance, and with processes for managing Quality of Care.

### Review of Progress and Forward Focus

Over the past two years, the organisation has undergone significant transformation - rebuilding its Board, governance structures, portfolio, operating model, culture, and strategy. External stakeholders, including the Welsh Government, have recognised the Health Board's stabilisation and key improvements in corporate governance, financial control, and quality of care.

The Health Board has laid the essential groundwork to support a longer-term transition, focused on improving outcomes and patient experience. Progress continued to be tracked across the six domains of the Escalation and Intervention Framework, enabling a successful de-escalation from Level 5 to Level 4. The Board maintains a forward-looking focus on meeting the criteria for further de-escalation to Level 3.

Despite operating in a challenging financial environment, significant improvements have been made in financial control and management. Positive developments have also been seen across planning, governance, and quality management processes. Key Health Board headline areas of improvement across the 6 domain include:

SIX SPECIAL MEASURES DOMAINS : KEY HEADLINES	
<b>Finance Strategy and Planning</b>	Enhanced oversight via specialist groups and Board Committees, updated governance (e.g., Scheme of Reservation and Delegation), and appointment of a Head of Financial Governance.
<b>Performance and Outcomes</b>	Approval of a Three-Year Plan, incorporating the Special Measures Response Plan, and development of a Ten-Year Strategy and Clinical Services Plan.
<b>Fragile Services</b>	Stronger clinical leadership, integrated improvement plans, and mechanisms to understand and address fragile service drivers using triangulated data.
<b>Governance</b>	Consistent Board-level scrutiny and oversight, supported by strengthened risk management arrangements.
<b>Leadership, capability and culture</b>	Strategic workforce planning, succession and development frameworks, and ongoing integration of a new values and behaviours framework.
<b>Quality of Care</b>	Organisation-wide Integrated Quality Management System, with demonstrable progress on the Duty of Candour and Duty of Quality.

The Health Board's progress is also driven by a strong emphasis on engagement. The Board have played a central role not only through strategic oversight but also by directly engaging with patients, carers, and communities. This revised approach fosters meaningful, two-way dialogue and is vital to developing trusted partnerships. Strengthening engagement further remains a priority.

### **Ongoing Challenges and Future Priorities**

Looking ahead to 2025/26, the focus is on building upon the foundational and early delivery work to date and to accelerate delivery of change to front line services, whilst continuing to build a sustainable organisation for the long-term. Critical pieces of work that will be fundamental to achieving this include:

1. Working with Partners in the development of a Ten-Year Strategy for North Wales, that isn't just focused on Health, but the how the whole system can work together to keep the population well.
2. Taking the learning from the early implementors and doing deeper and broader Clinical Services Planning work, using Quality Management System at its heart, to really transform the organisation's challenged services.
3. Progress at pace the plans for an Electronic Healthcare Records (EHR) System for the organisation, ensuring that learning from the Mental Health system is incorporated into organisation wide EHR. This will be a critical enabler for broader service re-design, linking back to the Clinical Services Planning work.
4. Develop and implement the structural enablers to scale up the 'shift left' of resources into prevention and early intervention, making better use of opportunities within the Primary and Community space.
5. Move into the delivery phase of the Foundations for the Future organisational design work, addressing the long-standing issues in the current operating model, focussing not only on the structure, but also the people, systems, processes, culture and strategy.

While solid progress has been made in laying the foundations for long-term success, fully embedding these changes will take time. Like many Health Boards, the organisation has faced challenges in balancing the need to build for the future while managing immediate performance pressures. Although this tension is ongoing, many of the essential building blocks are now in place to support both priorities. This balanced approach is critical to fulfilling the organisation's core mission: to improve health and wellbeing and deliver excellent care for the people of North Wales.

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### **▪ Strategic Planning**

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In order to support and strengthen strategic planning across the Health Board arrangements have been put in place to establish capacity within the Planning Team to focus on strategic planning. Once fully established the Team will support the delivery of the following – the Health Board's Strategic

Intent, a new 10 Year Strategy, and the Clinical Services Plan (CSP). The SRG's input and guidance will be crucial to the success of this important work.

## **Strategic Intent**

The new 10-year strategy for the Health Board will be underpinned by the development of a 'Strategic Intent' for North Wales, which will set out the Health Board's future ambition for the public, our staff and partners. The Strategic Intent will be developed taking account of the following:

- Welsh Government (WG) Strategy: 'A Healthier Wales' (10-year focus)
- WG Planning Framework (3-year focus)
- Cabinet Secretary Health and Social Care Priorities for 25/26 (speech 7<sup>th</sup> April 2025)
- Legislative Framework (Wellbeing of Future Generations Act; NHS Wales Finance Act; Quality and Engagement Act; Social Services and Wellbeing Act)
- Population Needs Assessment(s); Chief Scientific Adviser (WG) Report
- Service provision assessment utilising Quality Management System (Quality Planning).
- Special Measures issues in domains of:
  - Finance, strategy and planning
  - Performance and outcomes
  - Fragile services
  - Governance
  - Leadership, capability and culture
  - Quality of care

Work to date has identified the following key headlines, which will be explored and refined as the Strategic Intent is developed:

- A greater focus on health and wellbeing (not only ill-health).
- Enhancing the coordination of care for people with long term conditions and improving access to a broader range of community-based services.
- Improving access, outcomes, and experience in secondary and specialist services.
- Creating an environment for healthcare that is future focused maximising the opportunities of digital care, research, innovation and improvement.

## **10 Year Strategy**

'Living Healthier, Staying Well' (LHSW – published in 2018) is the Health Board's extant 10-year strategy. Operationalising LHSW has proved challenging, with feedback suggesting it provides insufficient direction to enable the Health Board to plan effectively for the coming years.

Creating an effective 10-year strategy depends on ongoing open and honest discussions about the challenges, pressures, and different approaches needed to deliver services that meet the needs of the population, now and in the future. To do this the Health Board will seek to have meaningful conversations and work with the public, clinical experts, and partners to develop practical solutions together.

Work to map out the process and timescale for the development of the new strategy is underway and will be shared with SRG in due course.

## **Clinical Services Plan**

The Clinical Services Plan (CSP) will provide a clear roadmap for how services are organised and delivered to meet clinical needs. The CSP will be developed in two phases, with phase 1 focusing on supporting 'challenged' services, namely – urology, vascular, dermatology, plastic surgery, oncology, orthodontics, ophthalmology, trauma and orthopaedics. Phase 2 will focus on wider healthcare models of care, providing a framework for redesigning care pathways and addressing wider service fragility.

The CSP directly supports IMTP delivery and is being developed through clinical and multi-agency engagement. Particular emphasis will be placed on incorporating public and stakeholder views on access, safety, and equity of services.

## **Well-being objectives update**

In July 2023, the Minister for Social Justice and Chief Whip wrote to Health Boards confirming changes to the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act) which places social partnership duties on public bodies and substitutes fair work for decent work in the 'A Prosperous Wales' well-being goal within the Well-being of Future Generations (Wales) Act 2015. Health Boards were advised to plan for a general review of their well-being objectives noting that this should consider how their objectives contribute to fair work. The fair work provisions commenced on 1<sup>st</sup> April 2024.

Whilst the primary focus of the review has been on fair work and socially responsible procurement and contracting, consideration has also been given to the broader well-being objectives to ensure they remain fit for purpose and in accordance with an audit of the process for reviewing the Health Board's objectives which formed part of the scope of the Auditor General's review carried out in August 2024.

A Task and Finish Group was established in July 2024 to oversee the work to review the well-being objectives. The review was informed by a structured and proportionate programme of engagement which included a briefing paper shared with SRG members in October 2024 with a link to a public and staff survey provided. Evidence was also gathered from:

- An assessment of current BCUHB 'fair work' practice and socially responsible procurement and contracting;
- Health board and partnership activities that address health inequalities, prevention, the wider determinants of health and decarbonisation;
- A BCU summary of the non-pay part of the 2022 – 2024 Collective Agreement.

This work, along with the engagement feedback, provided the basis upon which the well-being objectives were reviewed and subsequently amended. The proposed well-being objectives were presented to, and endorsed by PPHP Committee on 1<sup>st</sup> May 2025 and will be submitted for approval to Board on 29<sup>th</sup> May 2025.

In terms of next steps:

- As part of the boarder engagement on the development of the Health Board’s long-term strategy – a further review of the well-being objectives will be undertaken with partners and stakeholders that is aligned to timescales for engagement on the strategic intent for North Wales. This will include consideration of the messages contained in the report ‘No time to lose: Lessons from our work under the Well-being of Future Generations Act’ published by Audit Wales in April 2025.
- The development of the Health Board’s long-term strategy (timescales to be confirmed) will bring together the strategic objectives, the well-being objectives and key strategic plans into one place, setting out a framework for the Integrated Medium-Term Plan. This will include measurable improvements against an agreed set of indicators that will be aligned to the strategic vision and set against the well-being objectives and national outcomes frameworks.

### **Service Change and Development - Health Board Responsibilities**

The Health Board has a clear statutory responsibility to ensure that the planning and delivery of services are responsive to the needs of its population, are clinically effective, and financially sustainable. When considering any significant service change, Health Boards must follow national legislation and local processes, while also ensuring inclusive and transparent engagement with stakeholders.

When making changes to how services are delivered, the Health Board will continue to involve patients, communities, and stakeholders through meaningful engagement and, where required, formal consultation, guided by national policy.

Key areas of **service change** currently being considered include

- 1) Tywyn Community Hospital Services
- 2) Penley Community Hospital Services

For further detail please see separate paper ‘Progress update on Tywyn and Penley Community Hospitals’ also on the agenda for today’s SRG meeting.

In addition, other **service developments** are being progressed including:

- 3) The Llandudno Hospital Orthopaedic Surgical Hub
- 4) The Royal Alexandra Hospital Development
- 5) Adult & Older Persons Mental Health Unit Redevelopment (A&OPMHU)
- 6) Nuclear Medicine and PET-CT

The Health Board will work closely with key partners to help ensure transparency and that public views are reflected in decision-making. In addition to the valuable input from the SRG the Health Board will also work with Llais, Local Authorities, the Regional Partnership Board, and Voluntary Organisations.

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### **Discussion**

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Committee members are invited to critically review the information presented in this paper, drawing on both the content provided and their own professional experience, to actively contribute to a

discussion. Members are specifically asked to reflect on the current status of the Health Board's corporate and strategic planning frameworks and to provide focused feedback on key areas of development, including:

- Evaluative comments on the Integrated Medium-Term Plan (IMTP) and the overall planning cycle.
- Insights and suggestions regarding the current guidance underpinning our strategic planning approach.
- What are the key drivers and hindering forces to planning and implementation success?

The feedback gathered during this session will be consolidated with input previously received from this and other stakeholder groups and will inform the ongoing refinement of our planning processes, as summarised in this paper.

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## ▪ **Next steps and recommendations**

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Next Steps:

- 1) Incorporate feedback from SRG discussions into feedback received to date.
- 2) Ensure all key stakeholder groups have had an opportunity to provide feedback.
- 3) Update the Integrated Planning Framework accordingly.
- 4) Implement changes as part of revised strategic planning arrangements.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Diweddariad Cynllunio Corfforaethol a Strategol			
<b>Adrodd i:</b> <i>Report to:</i>	Grŵp Cyfeirio Rhanddeiliaid (SRG)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Dydd Llun, 02 Mehefin 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>Pwrpas y papur hwn yw rhoi diweddariad i'r SRG ynghylch y prif feysydd yn ymwneud â chynllunio corfforaethol a strategol yn cynnwys:</p> <ol style="list-style-type: none"> <li>1. Cynllunio'r IMTP.</li> <li>2. Mesurau Arbennig.</li> <li>3. Cynllunio Strategol.</li> <li>4. Y Camau Nesaf ar gyfer datblygu prosesau cynllunio.</li> </ol>			
<b>Argymhellion:</b> <i>Recommendations:</i>	Gofynnir i'r Grŵp Cyfeirio Rhanddeiliaid <b>NODI'R</b> diweddariadau a roddwyd, ynghyd â'r camau nesaf wrth symud ymlaen.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Paolo Tardivel, Cyfarwyddwr Gweithredol Dros Dro Trawsnewid a Chynllunio Strategol			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Dylan Pierce Williams, Cyfarwyddwr Cynorthwyol Dros Dro Cynllunio Iechyd			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in Delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				

<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Cysylltiadau ag amcanion strategol cenedlaethol, gan gynnwys <b>Cymru Iachach</b> a blaenoriaethau Gweinidogol wedi'u diweddarau, yn ogystal â mynd i'r afael â blaenoriaethau lleol ac amcanion strategol fel y'u disgrifir yn strategaeth hirdymor y Bwrdd Iechyd.</p> <p>Mae gofyn hefyd i'r Cynllun ymateb i'r gofynion yn dilyn uwchgyfeirio i Fesurau Arbennig ym mis Mawrth 2023.</p> <p>Mae'r Cynllun hefyd yn adlewyrchu blaenoriaethau a rennir yn y partneriaethau strategol yng Ngogledd Cymru ac yn genedlaethol.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>Mae dyletswydd statudol i ddatblygu IMTP o dan Ddeddf y GIG (Cymru) 2006, fel y'i diwygiwyd gan Ddeddf Cyllid y GIG (Cymru) 2024. Mae'n rhaid i'r Bwrdd Iechyd baratoi cynllun sy'n amlinellu ei strategaeth ar gyfer sicrhau cydbwysedd ariannol, gan wella iechyd y boblogaeth a chynnig gofal iechyd er mwyn diwallu anghenion.</p> <p>Mae'r Bwrdd Iechyd wedi cyflwyno IMTP cytbwys a chymeradwy ar gyfer 2025/28, ac felly mae wedi cyflawni ei ddyletswydd statudol.</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Nid yw'n berthnasol</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Nid yw'n berthnasol</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Nid yw'n berthnasol</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Nid yw'n berthnasol</p>

<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i>	Nid yw'n berthnasol
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i>	Nid yw'n berthnasol
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Nid yw'n berthnasol
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <i>Reason for submission of report to confidential board (where relevant)</i>	Nid yw'n berthnasol
<b>Camau Nesaf:</b> Gweithredu argymhellion <b>Next Steps:</b> Implementation of recommendations	

## Diweddariad ar Gynllunio Corfforaethol a Strategol

### ▪ Cyflwyniad

Mae'r Bwrdd Iechyd yn cydnabod bod y Grŵp Cyfeirio Rhanddeiliaid (SRG) yn cyflawni rôl hollbwysig o ran cefnogi cyfrifoldebau cynllunio corfforaethol a strategol trwy ddod â rhanddeiliaid at ei gilydd i gydweithio, rhannu arbenigedd, ac alinio nodau cynllunio.

Mae'r papur hwn yn cyflwyno crynodeb o ddatblygiadau diweddar a'r cynnydd presennol ar draws Cynllun Tymor Canolig Integredig (IMTP), Strategaeth Ddeng Mlynedd, Cynllun Gwasanaethau Clinigol, Mesurau Arbennig, Cynllun Llesiant Rhanbarthol ac agenda Newid Gwasanaeth BIPBC. Mae hefyd yn tynnu sylw at ymgysylltu parhaus â rhanddeiliaid ac yn canfod cyfleoedd yn y dyfodol ar gyfer gydweithio a dylanwadu ar lefel strategol.

### ▪ Cefndir

Mae gan bob Bwrdd Iechyd yng Nghymru ofyniad cyfreithiol i ddatblygu a chyflwyno Cynllun Tymor Canolig Integredig (IMTP) i Lywodraeth Cymru. Mae'r IMTP yn amlinellu ymagwedd strategol i fynd i'r afael ag anghenion iechyd y boblogaeth ac yn amlinellu sut mae'r Bwrdd Iechyd yn bwriadu sicrhau

cydbwysedd ariannol. Bwriedir i'r cynlluniau ymdrin â gorwel dreigl o dair blynedd, gan alinio datblygu gwasanaethau strategol â chynllunio ariannol, gweithlu a chynllunio gweithredol.

Mae gofyn hefyd i Fyrddau Iechyd Lleol yng Nghymru ddatblygu strategaethau hirdymor, yn benodol trwy ofynion Fframwaith Cynllunio GIG Cymru a Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Mae'n rhaid i'r strategaethau hyn alinio ag amcanion cenedlaethol a mynd i'r afael ag anghenion y cymunedau y maent yn eu gwasanaethu, gan gynnwys rhagamcaniadau poblogaeth, modelau gwasanaeth, a dyraniadau adnoddau. Mae'r strategaethau hyn yn sail i'r IMTP tair blynedd statudol, gan sicrhau bod modd alinio â blaenoriaethau rhanbarthol a chenedlaethol ac anghenion cyfnewidiol y boblogaeth.

Ar hyn o bryd, mae'r Bwrdd Iechyd yn datblygu ei strategaeth ddeng mlynedd nesaf, sydd â'r nod o wella ansawdd a chynaliadwyedd gwasanaethau yng Ngogledd Cymru. Nod y strategaeth hirdymor yw ategu darparu gwasanaethau sy'n effeithiol ar lefel glinigol, sy'n gynaliadwy ar lefel ariannol, ac sy'n ymatebol i anghenion iechyd y boblogaeth.

Dros y ddwy flynedd diwethaf, mae'r Bwrdd Iechyd wedi ymateb i ofynion Mesurau Arbennig mewn perthynas â gwella ei brosesau cynllunio ac yn 2024/25, cafodd Mesurau Arbennig eu hymgorffori'n llawn i gynllun blynyddol integredig, gan ganiatáu gosod y sylfeini a dechrau safoni. Mae'r Bwrdd bellach ar fin dechrau ar gyfnod cynllunio hollbwysig o ran ei ymrwymadau cynllunio corfforaethol a strategol, lle bo alinio amcanion byrdymor a hirdymor yn hanfodol er mwyn diwallu anghenion iechyd a lles y boblogaeth yng Ngogledd Cymru. Mae safbwyntiau rhanddeiliaid yn parhau i fod wrth wraidd llunio system iechyd a gofal sy'n gynaliadwy ac sy'n canolbwyntio ar unigolion.

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## ▪ Cynllunio Corfforaethol

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### 1 - IMTP 2025/28

Ar 27 Mehefin 2025, gwnaeth y Bwrdd Iechyd gymeradwyo IMTP tair blynedd â chydbwysedd ariannol a gyflwynwyd i Lywodraeth Cymru (LIC) ar 31 Mawrth 2025. Dyma'r tro cyntaf i'r Bwrdd Iechyd allu cyflwyno cynllun tair blynedd â chydbwysedd ariannol, er hynny gyda lefel wedi'i meintioli o risg ariannol sy'n gysylltiedig â chyflawni. Mae'r IMTP yn adeiladu ar bum maes amcan strategol y Bwrdd Iechyd yng Nghynllun Blynyddol 2024/2025, yn cynnwys blaenoriaethau wedi'u ffocysu a'u targedu fwyfwy fel y'i dangosir yn y diagram isod.

Objective 1: Building an effective organisation	
1A	Effective systems of governance
1B	Establishing the Foundations for the Future
1C	Responding to Legislative Requirements
1D	Implementing the Quality Management System
Objective 2: Developing strategy and long-lasting change	
2A	Developing & delivering a Health Board Strategy & Clinical Services Plan
2B	Strengthening Planning and Commissioning
2C	Improving the Environment, Estate and Facilities
2D	Enhancing digital, data and technology approaches
2E	Developing and delivering value and sustainability
2F	Improving workforce planning and development
2G	Working with regional partners
Objective 3: Compassionate culture, leadership & engagement	
3A	Culture Development
3B	Leadership Development
3C	Citizen engagement and partnership working
3D	Welsh language and culture

Objective 4: Improving quality, outcomes and experience	
4A	Prevention and Early Intervention
4B	Primary Care including Clusters
4C	Community Care
4D	Planned Care, Cancer & Diagnostics
4E	Urgent and Emergency Care
4F	Adult Mental Health & Learning Disability
4G	CAMHS
4H	Neurodevelopment
4I	Dementia
4J	Currently 'Challenged Services'
4K	Women's services
4L	Children & Young People
4M	Pharmaceutical services
4N	Palliative, End of Life and Bereavement Care
4O	Dental services
4P	Diabetes
Objective 5: Effective environment for Learning and skills development	
5A	University & Further Education Partnership
5B	Research, Development and Innovation
5C	Academic Careers
5D	Intelligence Led
5E	Learning Organisation

Mae IMTP 2025-28 yn rhoi cyfle i ddilyn trywydd clir a chredadwy ar gyfer adfer, trawsnewid gwasanaethau, a sefydlogrwydd system. Mae'r IMTP yn rhoi gwell dealltwriaeth am ofyniad sylfaenol creu sefydliad effeithiol, ynghyd â blaenoriaethau sy'n mynd i'r afael â phroblemau y mae'r sefydliad yn eu hwynebu, gan gynnwys gwneud cynnydd o ran sicrhau cydbwysedd ariannol, datblygu a phrofi System Rheoli Ansawdd, gan ategu newid diwylliant sefydliadol a gwella ymgysylltu ystyrlon â rhanddeiliaid a phartneriaid.

Disgwylir ymateb gan Lywodraeth Cymru i'r IMTP ddiwedd Mai / dechrau Mehefin 2025.

## 2- Blaenoriaethau Cenedlaethol Gweinidogion

Yn ogystal â'r IMTP ac yn unol â Fframwaith Cynllunio Llywodraeth Cymru 2025-2028, gwnaeth y Bwrdd Iechyd hefyd gyflwyno cynlluniau manwl ar ffurf Templedi Blaenoriaethau Gweinidogion, i gyflawni'r blaenoriaethau a'r targedau ar gyfer 2025/2026 fel y'u pennir gan Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol, fel isod:

- 1) Mynediad amserol at ofal
- 2) Iechyd y Boblogaeth ac Atal
- 3) Gwella Capasiti'r Gymuned
- 4) Mynediad at Iechyd Meddwl
- 5) Iechyd Menywod

Mae trefniadau'n cael eu datblygu i fonitro blaenoriaethau gweinidogion yn agos, gan ganiatáu i gynnydd gael ei olrhain ochr yn ochr â'r Cynllun Cyflawni Blynyddol (CCB) ar gyfer 2025/26, a fydd hefyd yn sail i'n prosesau cynllunio parhaus. Mae disgwyliaid cyflawni ar gyfer y pum maes blaenoriaeth wedi cael eu cadarnhau yn ein CCB. Bydd cynnydd ar draws rhai o'r meysydd yn gofyn am fwy o gydweithio â phartneriaid er mwyn sicrhau newid ar draws y system gyfan. Er bod y disgwyliaid o ran cyflawni wedi'u datgan ar gyfer 2025/26, bydd angen dilyniant parhaus trwy gydol cyfnod tair blynedd yr IMTP.

I ategu cyflawni'r disgwyliadau hyn, mae Llywodraeth Cymru wedi amlinellu cyfres o gamau gweithredu galluogi, gan adlewyrchu gwaith a wnaed gan y Rhaglenni Strategol Cenedlaethol, Rhwydweithiau Clinigol Strategol, a'r Bwrdd Gwerth a Chynaliadwyedd. Bydd mabwysiadu ymagwedd ar sail tystiolaeth, mentrau sydd wedi'u hanelu at wella effeithlonrwydd a chanlyniadau yn cael eu cymhwyso ar draws pob maes thematig a'i amcan cysylltiedig. Mae'r meysydd thematig, a'r amcanion allweddol canlynol yn cael eu nodi yn Fframwaith Cynllunio GIG Cymru 2025/28 a bydd y Bwrdd Iechyd yn mynd ar drywydd y rhain:

Maes thematig	Amcan
<b>Cynhyrchiant ac Effeithlonrwydd Gweithredol – Gofal Brys a Gofal Argyfwng</b>	Gwella mynediad amserol at ofal, gan leihau hyd arhosiad mewn meysydd allweddol o'r ffrwd gofal brys a gofal argyfwng trwy fynd i'r afael ag amrywiadau.
<b>Cynhyrchiant Gweithredol – Gofal wedi'i Gynllunio</b>	Gwella mynediad amserol at ofal, gan leihau amrywiadau direswm o ran cynhyrchiant clinigol.
<b>Cynhyrchiant y Gweithlu</b>	Gwella cynhyrchiant ac effeithlonrwydd y gweithlu, gan atgyfnerthu gwerth a defnyddio'r gweithlu yn effeithiol.
<b>Sicrhau'r Gwerth Gorau Posibl am Arian</b>	Parhau i wella gwerth am arian gymaint â phosibl a chyfrannu at effeithlonrwydd yn gyffredinol trwy feysydd gwariant, gan wella effeithlonrwydd ac effeithiolrwydd
<b>Gwella Gwerth, Optimeiddio Canlyniadau a Lleihau Amrywiadau</b>	Ategu gwelliannau i ganlyniadau, effeithiolrwydd a gwerth, trwy optimeiddio sut y caiff adnoddau eu defnyddio, a chanolbwyntio ar wella canlyniadau.

### 3- Cynllun Cyflawni Blynyddol 2025/26

Mae'r Cynllun Cyflawni Blynyddol (CCB) ar gyfer 2025/26 wedi'i ddatblygu ochr yn ochr â'r Cynllun Tymor Canolig Integredig (IMTP), gan sicrhau bod ei flaenoriaethau yn cyd-fynd yn llawn â'r cyfnod tair blynedd cyffredinol. Yn dilyn cymeradwyaeth gan y Bwrdd, gwnaed gwaith mireinio terfynol i gadarnhau perchnogion yr amcanion ac amserlenni cyflawni. Mae rhaglen waith fanylach hefyd wedi'i sefydlu o dan bob blaenoriaeth, gan ganiatáu olrhain a sicrwydd mwy effeithiol.

Gan adeiladu ar sail yr hyn a ddysgwyd yn ystod y ddwy flynedd ddiwethaf, mae'r sefydliad yn parhau i esblygu ei brosesau monitro a sicrhau. Mae dirnadaeth a sicrhawyd yn ystod y Mesurau Arbennig yn 2023/24 wedi cyfrannu at ddull mwy aeddfed a chadarn o olrhain cynnydd drwy gydol 2024/25. Er bod cwblhau amcanion cytunedig yn dal i fod yn ddangosydd allweddol o'n gallu i gyflawni, dim ond un rhan o'r darlun cyfan yw hynny. Mae'r perfformiad gwell o ran cyflawni yn

2024/25 yn adlewyrchu cysondeb ac aeddfedrwydd cynyddol ledled y sefydliad. Fodd bynnag, mae angen gwneud rhagor nawr, gan sicrhau y gellir troi gweithgarwch yn effaith fesuradwy o ran cyflawni deilliannau allweddol.

Mae'r CCB yn rhan allweddol o'r gwaith i fynd i'r afael â heriau'r Bwrdd Iechyd a chyflawni newid trawsnewidiol. Mae'n nodi'r blaenoriaethau sydd eu hangen i gyflawni ein hamcanion hirdymor, wedi'u strwythuro o amgylch pum amcan strategol:

- 1) Datblygu Sefydliad Effeithiol
- 2) Datblygu Strategaeth a Newid Hirhoedlog
- 3) Creu Diwylliant, Arweinyddiaeth ac Ymgysylltu Tosturiol
- 4) Gwella Ansawdd, Canlyniadau a Phrofiad
- 5) Sefydlu Amgylchedd Effeithiol ar gyfer Dysgu

Ar gyfer pob amcan strategol, mae'r CCB yn amlinellu nifer o is-amcanion, wedi'u hategu gan nifer o gerrig milltir hollbwysig, a bydd pob un ohonynt yn cael eu monitro trwy borth olrhain pwrpasol. Mae'n cael ei ddatblygu i gynnwys canlyniadau mesuradwy a dangosyddion perfformiad allweddol sy'n ymestyn y tu hwnt i gydbwysedd ariannol, gan gynnig darlun ehangach o berfformiad y sefydliad.

Fel rhan o waith i wreiddio'r cynllun ledled y sefydliad, bydd proses flynyddol yr Adolygiad Arfarnu a Datblygu Personol (PADR) yn cael ei defnyddio i sicrhau bod amcanion unigol yn cyd-fynd â blaenoriaethau'r sefydliad. Mae'r dull hwn yn atgyfnerthu ymrwymiad y Bwrdd Iechyd i fyw ei werthoedd gan hyrwyddo didwylledd, tosturi a pharch ym mhopeth a wneir ledled y Bwrdd Iechyd.

#### **4- Proses Cynllunio Integredig IMTP 2026/29**

Mae Tîm Cynllunio Corfforaethol y Bwrdd Iechyd yn adolygu gwersi a ddysgwyd o'r cylch cynllunio diweddaraf gan gydweithredu â rhanddeiliaid, a bydd yn ymgorffori gwelliannau perthnasol yn y Fframwaith Cynllunio Integredig. Mae adborth yn sgil profiadau personol aelodau Grŵp Cyfeirio'r Rhanddeiliaid o'r broses gynllunio yn hanfodol i lunio a gwella prosesau cynllunio yn y dyfodol.

Mae adborth cychwynnol yn y Bwrdd Iechyd yn dangos bod y Prosesau Cynllunio Integredig wedi cynorthwyo i sicrhau ymgysylltu gwell â'r Bwrdd a'r Grwpiau Cynghori ynghylch Cynllun Tymor Canolig Integredig 2025-28. Adlewyrchir hyn yn y cyfraniadau cynhwysfawr gan rhanddeiliaid mewnol ac allanol.

Fodd bynnag, cydnabyddir hefyd fod yn rhaid gwneud rhagor i wella ymgysylltu ystyrllon â gwasanaethau, clinigwyr, partneriaid yn yr awdurdodau lleol, y trydydd sector, rhanddeiliaid, y cyhoedd a'r gymuned ehangach, er mwyn galluogi cynllunio amserol a chydweithredol at y dyfodol. Bydd datblygu'r Cynllun Tymor Canolig Integredig 2026-29 yn cael ei lywio trwy ddysgu gwersi o gylchoedd cynllunio blaenorol, datblygu gofynion gwella y mesurau arbennig, sicrhau bod amcanion yn cyd-fynd â'r blaenoriaethau strategol, ac ar yr un pryd, cydnabod anghenion newidiol y boblogaeth. Bydd cyfres o ddigwyddiadau ymgysylltu â rhanddeiliaid, sioeau teithiol cynllunio a briffiau rheolaidd yn cael eu hwyluso yn ystod 2025/26, a bydd hyn yn cynnwys diweddariadau penodol i Grŵp Cyfeirio'r Rhanddeiliaid.

Bydd tri maes newid allweddol yn cael eu gweithredu i gynorthwyo â'r prosesau cynllunio integredig diwygiedig. Mae'r rhain yn cynnwys y canlynol:

## 4.1 Cynllunio Integredig Parhaus

Bydd y broses gynllunio yn cynorthwyo i sicrhau cynllunio parhaus 'drwy gydol y flwyddyn', yn hytrach na'r ffocws blaenorol ar ddiwedd y flwyddyn. Er y bydd cydymffurfiaeth â Fframwaith Cynllunio Blynyddol Llywodraeth Cymru (a gyhoeddwyd yn yr hydref) yn parhau drwy gydol Chwarter 3 a 4, bydd y Bwrdd Iechyd yn newid i gylch cynllunio parhaus. Bydd y dull hwn yn cynorthwyo i nodi rhagdybiaethau cynllunio yn gynharach, sganio'r gorwelion yn well, ac integreiddio atebion digidol ac offerynnau cynllunio yn well. Bydd cyfatebiaeth agos rhwng cynllunio a'r fframwaith perfformiad integredig yn sicrhau hyblygrwydd a chyflymder wrth ymateb i newidiadau yn y Cynllun 3 blynedd fel y byddant yn digwydd. Bydd hyn yn helpu i sicrhau bod darparu gofal, modelau gwasanaethau a strategaeth y sefydliad yn dal i fod yn berthnasol ac yn canolbwyntio ar ganlyniadau o ansawdd uchel mewn amgylchedd sy'n datblygu'n gyson.

## 4.2 Gwybodaeth Fusnes, Modelu a Blaenoriaethu

Er mwyn cynorthwyo i sicrhau proses gynllunio parhaus ac integredig, bydd ffocws ar lunio cynllun tymor canolig integredig a fydd yn ystyrlon o ran y rhifau a'r cyfrifon ac a fydd wedi'i driongli'n llawn gan gwmpasu dirnadaethau ynghylch data yn ymwneud â'r gweithlu, cyllid, gweithgarwch a pherfformiad. Yn hytrach na dibynnu ar driongli ffynonellau data a geir yn hwyr ar wahân, caiff yr IMTP ei lywio o'r cychwyn cyntaf gan ddata modelu o ansawdd uchel sydd wedi'u dilysu'n dda. Bydd y dull hwn yn gwella blaenoriaethu adnoddau ac yn cynorthwyo i gyflawni penderfyniadau mwy effeithiol drwy sicrhau eglurder cynharach o ran y wybodaeth ofynnol a'r methodolegau a ddefnyddir drwy gydol y broses.

## 4.3 Ymgysylltu â Rhanddeiliaid a Chyd-lunio

Mae ymgysylltu â rhanddeiliaid yn elfen graidd o'r holl weithgarwch cynllunio. Bydd y broses gynllunio integredig ddiwygiedig yn cael ei llunio ar y cyd drwy ymgysylltu ystyrlon â'r cyhoedd, staff, clinigwyr, partneriaid a defnyddwyr gwasanaethau. Mae cyfranogi gweithredol yn strwythurau cynllunio corfforaethol y Bwrdd Iechyd yn hanfodol er mwyn sicrhau y caiff lleisiau partneriaid eu clywed a'u hadlewyrchu mewn cynlluniau a phenderfyniadau.

Rhoddir mwy o bwyslais ar gydweithio â phartneriaid rhanbarthol eraill a sectorau eraill megis y trydydd sector, gofal cymdeithasol, addysg, academia a gwasanaethau tai. Bydd hyn yn cynorthwyo â datblygiadau cenedlaethol tuag at gynnal cynllunio sy'n seiliedig ar le, â chysylltiadau cryfach â'r Bwrdd Partneriaeth Rhanbarthol a gwaith Cynllunio Clystyrau.

Fel eiriolwr allweddol dros bartneriaid a rhanddeiliaid, mae'r Grŵp Cyfeirio Strategol (SRG) wedi cynnig cipolwg gwerthfawr ar flaenoriaethau partneriaid a heriau cynllunio. Bydd ymgysylltu rheolaidd â Grŵp Cyfeirio'r Rhanddeiliaid yn cael ei wreiddio drwy gydol y cylch cynllunio parhaus i gynorthwyo i sicrhau dull mwy cydweithredol a mwy seiliedig ar wybodaeth, yn enwedig ar gyfer meithrin dulliau cyd-lunio.

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### ▪ Mesurau Arbennig

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Yng Nghyfarfod y Bwrdd ym mis Mawrth 2025, adolygodd yr aelodau Adroddiad Cynnydd yn amlinellu cyflawniadau dros y flwyddyn ddiwethaf o ran blaenoriaethau'r Mesurau Arbennig a meini

prawf dad-ddwysáu, ynghyd â meysydd ffocws yn y dyfodol. Amlinellodd yr adroddiad gynnydd tuag at bob un o chwe maes y fframwaith uwchgyfeirio ac ymyrryd â chynnydd nodedig yn ymwneud â llywodraethu, gan gynnwys llywodraethu ariannol, ac o ran prosesau ar gyfer rheoli Ansawdd Gofal.

## Adolygiad o Gynnydd a'r Ffocws o Hyn Ymlaen

Dros y ddwy flynedd diwethaf, mae'r sefydliad wedi cael ei drawsnewid yn sylweddol – ailadeiladu ei Fwrdd, strwythurau llywodraethu, portffolio, model gweithredu, diwylliant a strategaeth. Mae rhanddeiliaid allanol, gan gynnwys Llywodraeth Cymru, wedi cydnabod bod y Bwrdd lechyd wedi sefydlogi a'i fod wedi gwneud gwelliannau allweddol o ran llywodraethu corfforaethol, rheolaeth ariannol, ac ansawdd gofal.

Mae'r Bwrdd lechyd wedi gosod sylfeini hanfodol i gynorthwyo i sicrhau trawsnewid yn y tymor hwy sy'n canolbwyntio ar wella canlyniadau a phrofiad cleifion. Mae cynnydd yn dal i gael ei olrhain ym mhob un o chwe pharth y Fframwaith Uwchgyfeirio ac Ymyrryd, gan alluogi dad-ddwysáu llwyddiannus o Lefel 5 i Lefel 4. Mae'r Bwrdd yn cynnal ffocws arloesol ar fodloni'r meini prawf i sicrhau y gellir dad-ddwysáu ymhellach i Lefel 3.

Er gwaethaf gweithredu mewn amgylchedd ariannol heriol, mae gwelliannau sylweddol ym meysydd rheolaeth a rheolaeth ariannol. Mae datblygiadau cadarnhaol hefyd wedi digwydd yng nghyd-destun prosesau cynllunio, llywodraethu a rheoli ansawdd. Mae prif feysydd gwella'r Bwrdd lechyd ym mhob un o'r 6 maes yn cynnwys:

<b>CHWE MAES MESURAU ARBENNIG: PENAWDAU ALLWEDDOL</b>	
<b>Cyllid, Strategaethau a Chynllunio</b>	Goruchwyliaeth well drwy grwpiau arbenigol a Phwyllgorau'r Bwrdd, dulliau llywodraethu wedi'u diweddarau (e.e., Cynllun Cadw a Dirprwyo Pwerau), a phenodi Pennaeth Llywodraethu Ariannol.
<b>Perfformiad a Deilliannau</b>	Cymeradwyo Cynllun Tair Blynedd, sy'n ymgorffori'r Cynllun i Ymateb i'r Mesurau Arbennig, a datblygu Strategaeth Ddeng Mlynedd a Chynllun Gwasanaethau Clinigol.
<b>Gwasanaethau Bregus</b>	Arweinyddiaeth glinigol gryfach, cynlluniau gwella integredig, a dulliau i ddeall ac ymdrin ag agweddau sy'n achosi gwasanaeth bregus gan ddefnyddio data wedi'u triongli.
<b>Llywodraethu</b>	Craffu a goruchwyliaeth gyson ar lefel y Bwrdd, wedi'u hategu gan drefniadau cryfach i reoli risgiau.
<b>Arweinyddiaeth, gallu a diwylliant</b>	Cynllunio gweithlu strategol, fframweithiau olyniaeth a datblygu, a gwaith sy'n mynd rhagddo i integreiddio fframwaith gwerthoedd ac ymddygiadau newydd.
<b>Ansawdd Gofal</b>	System Rheoli Ansawdd Integredig ledled y sefydliad, gan sicrhau cynnydd amlwg o ran y Ddyletswydd Gonestrwydd a'r Ddyletswydd Ansawdd.

Mae cynnydd y Bwrdd lechyd hefyd yn cael ei lywio gan bwyslais cryf ar ymgysylltu. Mae'r Bwrdd wedi gwneud cyfraniad allweddol, trwy gyfrwng goruchwyliaeth strategol a thrwy ymgysylltu'n uniongyrchol â chleifion, gofalwyr a chymunedau. Mae'r dull diwygiedig hwn yn meithrin trafodaeth ddwyffordd ystyrion ac mae'n hanfodol o ran datblygu partneriaethau dibynadwy. Mae cryfhau ymgysylltu ymhellach yn dal yn flaenoriaeth.

## Heriau Heb eu Datrys a Blaenoriaethau at y Dyfodol

Gan edrych ymlaen at 2025/26, mae'r pwyslais ar adeiladu ar seiliau'r gwaith sylfaenol a'r cyflawni cynnar sydd wedi digwydd hyd yn hyn a chyflymu'r broses o gyflawni newidiadau i wasanaethau rheng flaen, gan barhau i ddatblygu sefydliad a fydd yn gynaliadwy yn y tymor hir. Bydd rhai tasgau hollbwysig yn hanfodol er mwyn cyflawni hyn:

1. Cydweithio â Phartneriaid i ddatblygu Strategaeth Ddeng Mlynedd ar gyfer Gogledd Cymru; ni fydd y strategaeth hon yn canolbwyntio ar lechyd yn unig, bydd hefyd yn ystyried sut y gall y system gyfan gydweithio i gadw'r boblogaeth yn iach.
2. Ystyried y gwersi a ddysgwyd gan y gweithredwyr cynnar ac ymgymryd â gwaith Cynllunio Gwasanaethau Clinigol dyfnach ac ehangach, gan sicrhau bod y System Rheoli Ansawdd yn elfen anhepgor o hynny, er mwyn sicrhau trawsnewid go iawn o ran y gwasanaethau sy'n profi heriau yn y sefydliad.
3. Bwrw ymlaen yn gyflym â'r cynlluniau i sefydlu System Cofnodion Gofal Iechyd Electronig (EHR) ar gyfer y sefydliad, gan sicrhau bod gwersi a ddysgir o'r system Iechyd Meddwl yn cael eu hymgorffori yn yr EHR ledled y sefydliad. Bydd hyn yn alluogwr hollbwysig o ran ailgynllunio gwasanaethau ehangach, gan gysylltu'n ôl â gwaith Cynllunio Gwasanaethau Clinigol.
4. Datblygu a gweithredu'r galluogwyr strwythurol i gynyddu'r 'symudiad i'r chwith' o ran adnoddau i roi pwyslais ar atal ac ymyriadau cynnar, gan sicrhau y gwneir defnydd gwell o gyfleoedd ym meysydd Gofal Sylfaenol a Chymunedol.
5. Cychwyn cyfnod cyflawni gwaith cynllunio sefydliadol y Sylfeini'r Dyfodol, gan fynd i'r afael â'r problemau hirhoedlog yn y model gweithredu presennol, gan ganolbwyntio ar y bobl, y systemau, y prosesau, y diwylliant a'r strategaeth yn ogystal â'r strwythur.

Er bod cynnydd cadarn wedi digwydd o ran gosod y sylfeini i sicrhau llwyddiant hirdymor, bydd angen amser i ymgorffori'r newidiadau hyn yn llawn. Fel llawer o Fyrddau Iechyd, mae'r sefydliad wedi wynebu heriau o ran sicrhau cydbwysedd o ran yr angen i adeiladu at y dyfodol a rheoli pwysau yn ymwneud â pherfformiad sy'n gofyn am sylw di-oed. Er bod y tensiwn hwn yn parhau, mae llawer o'r 'blociau adeiladu' hanfodol bellach yn eu lle i gynorthwyo i gyflawni'r ddwy flaenoriaeth. Mae'r dull cytbwys hwn yn hanfodol i gyflawni cenhadaeth graidd y sefydliad: gwella iechyd a lles a darparu gofal rhagorol i bobl Gogledd Cymru.

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### ▪ Cynllunio Strategol

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Er mwyn cynorthwyo â chynllunio strategol a chryfhau hynny ledled y Bwrdd Iechyd, mae trefniadau ar waith i sicrhau capasiti yn y Tîm Cynllunio i ganolbwyntio ar gynllunio strategol. Ar ôl ei sefydlu'n llawn, bydd y Tîm yn cynorthwyo i gyflawni'r canlynol - Bwriad Strategol y Bwrdd Iechyd, Strategaeth 10 Mlynedd newydd, a'r Cynllun Gwasanaethau Clinigol (CGC). Bydd cyfraniadau ac arweiniad Grŵp Cyfeirio'r Rhanddeiliaid yn hanfodol i sicrhau llwyddiant y gwaith pwysig hwn.

## Bwriad Strategol

Bydd strategaeth 10 mlynedd newydd y Bwrdd Iechyd yn cael ei hategu gan ddatblygiad 'Bwriad Strategol' ar gyfer Gogledd Cymru, a bydd hynny'n nodi uchelgais y Bwrdd Iechyd ar gyfer y cyhoedd, ein staff a'n partneriaid yn y dyfodol. Bydd y Bwriad Strategol yn cael ei ddatblygu gan ystyried y canlynol:

- Strategaethau Llywodraeth Cymru (LIC): 'Cymru Iachach' (ffocws 10 mlynedd)
- Fframwaith Cynllunio LIC (ffocws 3 blynedd)
- Blaenoriaethau Iechyd a Gofal Cymdeithasol Ysgrifennydd y Cabinet ar gyfer 2025/26 (araith ar 7) Ebrill 2025)
- Fframwaith Deddfwriaethol (Deddf Llesiant Cenedlaethau'r Dyfodol; Deddf Cyllid GIG Cymru; Deddf Ansawdd ac Ymgysylltu; Deddf Gwasanaethau Cymdeithasol a Llesiant)
- Aseiad(au) o Anghenion y Boblogaeth; Adroddiad y Prif Gynghorydd Gwyddonol (LIC)
- Aseiad o wasanaethau a ddarperir gan ddefnyddio System Rheoli Ansawdd (Cynllunio Ansawdd).
- Materion Mesurau Arbennig ym meysydd:
  - Cyllid, strategaethau a chynllunio
  - Perfformiad a chanlyniadau
  - Gwasanaethau bregus
  - Llywodraethu
  - Arweinyddiaeth, gallu a diwylliant
  - Ansawdd gofal

Mae'r gwaith hyd yn hyn wedi nodi'r penawdau allweddol canlynol, a chânt eu harchwilio a'u mireinio wrth i'r Bwriad Strategol gael ei ddatblygu:

- Mwy o ffocws ar iechyd a lles (nid salwch yn unig).
- Gwella cydlynu gofal i bobl â chyflyrau hirdymor a gwella mynediad at ystod ehangach o wasanaethau cymunedol.
- Gwella mynediad, canlyniadau a phrofiad mewn gwasanaethau eilaidd ac arbenigol.
- Creu amgylchedd ar gyfer gofal iechyd sy'n canolbwyntio ar y dyfodol gan fanteisio'n llawn ar gyfleoedd gofal digidol, ymchwil, arloesedd a gwella.

## Strategaeth 10 Mlynedd

'Byw'n Iachach, Aros yn Iach' (LHSW – a gyhoeddwyd yn 2018) yw strategaeth 10 mlynedd bresennol y Bwrdd Iechyd. Mae rhoi LHSW ar waith wedi bod yn heriol, ac mae adborth yn awgrymu nad yw'n cyfeiriad digonol i alluogi'r Bwrdd Iechyd i gynllunio'n effeithiol at y dyfodol.

Mae creu strategaeth 10 mlynedd effeithiol yn dibynnu ar drafodaethau didwyll a gonest rheolaidd ynghylch yr heriau, y pwysau, a'r gwahanol ddulliau sydd eu hangen i ddarparu gwasanaethau sy'n diwallu anghenion y boblogaeth, nawr ac yn y dyfodol. I wneud hyn, bydd y Bwrdd Iechyd yn ceisio cael sgwrsiau ystyrlon a gweithio gyda'r cyhoedd, arbenigwyr clinigol, a phartneriaid i ddatblygu atebion ymarferol gyda'i gilydd.

Mae gwaith i fapio'r broses a'r amserlen ar gyfer datblygu'r strategaeth newydd ar y gweill a chaiff y manylion eu rhannu â Grŵp Cyfeirio'r Rhanddeiliaid maes o law.

## **Cynllun Gwasanaethau Clinigol**

Bydd y Cynllun Gwasanaethau Clinigol (CGC) yn darparu map ffordd eglur ynghylch sut ddylai gwasanaethau gael eu trefnu a'u darparu i ddiwallu anghenion clinigol. Bydd y CGC yn cael ei ddatblygu mewn dau gam, a bydd cam 1 yn canolbwyntio ar gynorthwyo gwasanaethau 'sy'n profi heriau', sef - wroleg, fasnwlaid, dermatoleg, llawdriniaethau cosmetig, oncoleg, orthodonteg, offthalmoleg, trawma ac orthopedeg. Bydd Cam 2 yn canolbwyntio ar fodolau gofal iechyd ehangach, gan gynnig fframwaith ar gyfer ailgynllunio llwybrau gofal a mynd i'r afael ag agweddau bregus ehangach ar wasanaethau.

Mae'r CGC yn cynorthwyo'n uniongyrchol i gyflawni'r IMTP ac mae'n cael ei ddatblygu trwy ymgysylltu clinigol ac amlasiantaethol. Rhoddir pwyslais arbennig ar ymgorffori barn y cyhoedd a rhanddeiliaid ynghylch mynediad, diogelwch a chydraddoldeb gwasanaethau.

## **Diweddariad ynghylch amcanion llesiant**

Ym mis Gorffennaf 2023, ysgrifennodd y Gweinidog dros Gyfiawnder Cymdeithasol a'r Prif Chwip at Fyrddau Iechyd yn cadarnhau newidiadau i Ddeddf Partneriaeth Gymdeithasol a Chaffael Cyhoeddus (Cymru) 2023 (Deddf SPPP) sy'n gosod dyletswyddau partneriaeth gymdeithasol ar gyrff cyhoeddus ac yn disodli gwaith teg â gwaith priodol yn nod llesiant 'Cymru Ffyniannus' Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Cynghorwyd Byrddau Iechyd i baratoi at adolygiad cyffredinol o'u hamcanion llesiant gan nodi y dylai hynny ystyried sut mae eu hamcanion yn cyfrannu at waith teg. Dechreuodd y darpariaethau gwaith teg ar 1 Ebrill 2024.

Er bod prif ffocws yr adolygiad wedi bod ar waith teg a chaffael a chontractio sy'n gyfrifol o safbwynt cymdeithasol, aethpwyd ati hefyd i ystyried amcanion llesiant ehangach i sicrhau eu bod yn dal yn addas at y diben ac yn unol ag archwiliad o'r broses ar gyfer adolygu amcanion y Bwrdd Iechyd a oedd yn rhan o gwmpas adolygiad yr Archwilydd Cyffredinol a gynhaliwyd ym mis Awst 2024.

Sefydlwyd Grŵp Gorchwyl a Gorffen ym mis Gorffennaf 2024 i oruchwylio gwaith i adolygu'r amcanion llesiant. Cafodd yr adolygiad ei lywio gan raglen ymgysylltu strwythuredig a chymesur a oedd yn cynnwys papur briffio a rannwyd ag aelodau Grŵp Cyfeirio'r Rhanddeiliaid ym mis Hydref 2024, a darparwyd dolen at arolwg ar gyfer y cyhoedd a staff. Casglwyd tystiolaeth hefyd o'r canlynol:

- Asesiad o arferion 'gwaith teg' cyffredol BIPBC a chaffael a chontractio sy'n gyfrifol o safbwynt cymdeithasol;
- Gweithgareddau byrddau iechyd a phartneriaethau sy'n mynd i'r afael ag anghydraddoldebau iechyd, atal, penderfynyddion ehangach iechyd a datgarboneiddio;
- Crynodeb PBC o'r rhan nad yw'n ymwneud â chyflog o Gytundeb Cyfunol 2022 – 2024.

Y gwaith hwn, ynghyd â'r adborth yn sgil yr ymgysylltu, oedd y sail ar gyfer adolygu'r amcanion llesiant a'u diwygio wedi hynny. Cyflwynwyd yr amcanion llesiant arfaethedig i'r Pwyllgor PPHP a chawsant eu cymeradwyo gan y pwyllgor ar 1 Mai 2025 a chânt eu cyflwyno i'r Bwrdd i'w gymeradwyo ganddo ar 29 Mai 2025.

O ran y camau nesaf:

- Fel rhan o waith ymgysylltu ehangach ynghylch datblygu strategaeth hirdymor y Bwrdd Iechyd, cynhelir adolygiad pellach o'r amcanion llesiant ar y cyd â phartneriaid a rhanddeiliaid, a bydd hynny'n cyd-fynd ag amserlenni gwaith ymgysylltu ynghylch y bwriad strategol ar gyfer Gogledd Cymru. Bydd hyn yn cynnwys ystyried y negeseuon a geir yn adroddiad 'Dim amser i'w golli: Gwersi o'n gwaith dan Ddeddf Llesiant Cenedlaethau'r Dyfodol' a gyhoeddwyd gan Archwilio Cymru ym mis Ebrill 2025.
- Bydd gwaith i ddatblygu strategaeth hirdymor y Bwrdd Iechyd (nid yw'r amserlen wedi'i chadarnhau eto) yn dwyn ynghyd yr amcanion strategol, yr amcanion lles a'r cynlluniau strategol allweddol mewn un man, gan osod fframwaith ar gyfer y Cynllun Tymor Canolig Integredig. Bydd hyn yn cynnwys gwelliannau mesuradwy yn unol â set gytunedig o ddangosyddion a fydd yn cyd-fynd â'r weledigaeth strategol ac wedi'u gosod yng nghydestun amcanion llesiant a'r fframweithiau canlyniadau cenedlaethol.

### **Newid a Datblygu Gwasanaethau - Cyfrifoldebau'r Bwrdd Iechyd**

Mae gan y Bwrdd Iechyd gyfrifoldeb statudol pendant i sicrhau bod cynllunio a darparu gwasanaethau yn digwydd mewn modd sy'n ymateb i anghenion ei boblogaeth, yn effeithiol yn glinigol, ac yn gynaliadwy o safbwynt ariannol. Wrth ystyried unrhyw newid sylweddol i wasanaethau, rhaid i Fyrddau Iechyd gadw at ofynion deddfwriaeth genedlaethol a phrosesau lleol, gan sicrhau ymgysylltu cynhwysol a thryloyw â rhanddeiliaid hefyd.

Wrth weithredu newidiadau o ran sut mae gwasanaethau'n cael eu darparu, bydd y Bwrdd Iechyd yn dal i gynnwys cleifion, cymunedau a rhanddeiliaid drwy ymgysylltu ystyrion, ac os bydd angen, ymgynghori ffurfiol, a bydd polisi cenedlaethol yn llywio hynny.

Mae meysydd allweddol ble ceir **newidiadau i wasanaethau** sy'n cael eu hystyried ar hyn o bryd yn cynnwys:

- 1) Gwasanaethau Ysbyty Cymuned Tywyn
- 2) Gwasanaethau Ysbyty Cymuned Llannerch Banna

I gael rhagor o fanylion, gweler y papur ar wahân sydd hefyd yn rhan o agenda Grŵp Cyfeirio'r Rhanddeiliaid heddiw: 'Diweddariad ynghylch Cynnydd Ysbytai Cymuned Tywyn a Llannerch Banna'.

Yn ychwanegol, mae **datblygiadau eraill yn ymwneud â gwasanaethau** yn cael eu gweithredu, yn cynnwys:

- 3) Canolfan Lawfeddygaeth Orthopedig Ysbyty Llandudno
- 4) Datblygiad Ysbyty Brenhinol Alexandra
- 5) Ailddatblygu'r Uned Iechyd Meddwl Oedolion a Phobl Hŷn (A&OPMHU)
- 6) Meddygaeth Niwclear a PET-CT

Bydd y Bwrdd Iechyd yn cydweithio'n agos â phartneriaid allweddol i helpu i sicrhau tryloywder ac i ofalu y caiff barn y cyhoedd ei hadlewyrchu wrth wneud penderfyniadau. Yn ogystal â'r cyfraniadau gwerthfawr gan Grŵp Cyfeirio'r Rhanddeiliaid, bydd y Bwrdd Iechyd hefyd yn cydweithio â Llais, Awdurdodau Lleol, y Bwrdd Partneriaeth Rhanbarthol, a Sefydliadau Gwirfoddol.

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## ▪ Trafodaeth

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Gwahoddir aelodau'r pwyllgor i adolygu'r wybodaeth a gyflwynir yn y papur hwn yn feirniadol, gan ddefnyddio'r cynnwys a ddarparwyd a'u profiad proffesiynol eu hunain i gyfrannu'n weithredol at drafodaeth. Gofynnir yn benodol i aelodau ystyried statws presennol fframweithiau cynllunio corfforaethol a strategol y Bwrdd Iechyd a chynnig adborth penodol ynghylch meysydd allweddol y dylid eu datblygu, gan gynnwys:

- Sylwadau gwerthusol ynghylch y Cynllun Tymor Canolig Integredig (IMTP) a'r cylch cynllunio cyffredinol.
- Dirnadaethau ac awgrymiadau ynghylch y canllawiau cyfredol sy'n sail i'n dull cynllunio strategol.
- Beth yw prif ysgogwyr llwyddiant o ran cynllunio a gweithredu a'r grymoedd sy'n llesteirio hynny?

Bydd yr adborth a gesglir yn ystod y sesiwn hon yn cael ei gyfuno â chyfraniadau a gafwyd yn flaenorol gan y grŵp hwn a grwpiau rhanddeiliaid eraill a bydd yn llywio'r gwaith sy'n mynd rhagddo i fireinio ein prosesau cynllunio, fel y crynhoir yn y papur hwn.

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## ▪ Camau nesaf ac argymhellion

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Camau Nesaf:

- 1) Ymgorffori adborth o drafodaethau Grŵp Cyfeirio'r Rhanddeiliaid yn yr adborth a gafwyd hyd yn hyn.
- 2) Sicrhau bod pob grŵp rhanddeiliaid allweddol wedi cael cyfle i gynnig adborth.
- 3) Diweddarau'r Fframwaith Cynllunio Integredig yn unol â hynny.
- 4) Gweithredu newidiadau fel rhan o drefniadau cynllunio strategol diwygiedig.



**Trugaredd**  
**Compassion**



**Agored**  
**Openness**



**Parch**  
**Respect**

# Our Values and Behaviours Framework

## Stakeholder Reference Group 2<sup>nd</sup> June 2025



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

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# Background

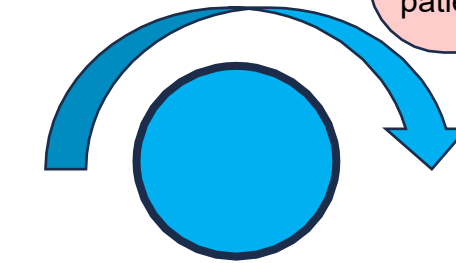
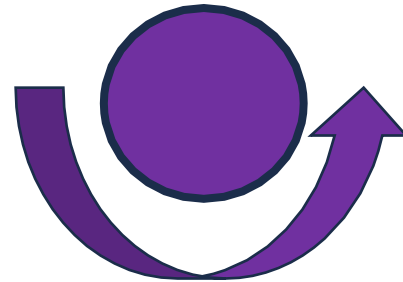
September 2023 Board approved the paper titled **Organisational Development: Culture, Leadership and Engagement.**

**Co-design and collaboration** with staff and external partners and following a robust evidence-based model to improve culture, leadership and engagement for long term sustainability where staff can have improved experiences at work and patients can expect great care every time.

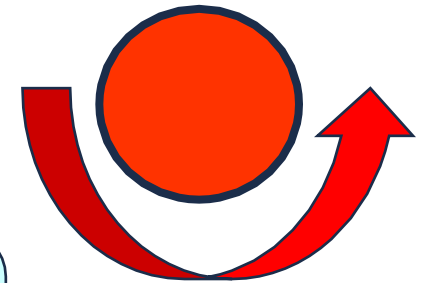
**Our values are the guiding principles** that together define who we are, what we do and what's most important to us. Our behaviours put our values into practice, turning them into everyday actions. They make clear how we do things as individuals, teams and the organisation and set the expectations for how staff conduct themselves and interact with colleagues, patients and partners.



Significant **shift in approach** – Board level leadership, sponsorship and support



First step along the journey was to **examine our current culture and revisit the values** of the organisation along with the development of a behaviour framework.



# The NHS Culture and Leadership Programme

To help NHS organisations develop cultures that enable and sustain continuously improving, safe, high quality, compassionate and inclusive care, Professor Michael West along with NHS England and NHS Improvement developed practical resources with The King's Fund and the Centre for Creative Leadership.

The NHS Culture and Leadership programme is based on the elements and behaviours identified as necessary for high quality, equitable care cultures. They rest on the principle of 'compassionate, diverse and inclusive leadership', which empowers staff at all levels, as individuals and in teams, to take action to improve care.



**Vision and Values**



**Goals and Performance**



**Learning and Innovation**



**Support and Compassion**



**Equity and Inclusion**



**Team Work**



# Board approved the final iteration of our values and behaviour framework in November 2024

Organisational Values	Organisational Behaviours	Behaviours for All	Behaviours for People Managers
<b>Compassion</b>	<ul style="list-style-type: none"> <li>We take care of each other</li> <li>We will provide a good place to work, learn and succeed</li> </ul>	<ul style="list-style-type: none"> <li>I am patient and considerate of others</li> <li>I take time, even if busy, to understand other people's feelings.</li> <li>I listen to understand the needs of others</li> <li>I take care of my own wellbeing and encourage others to do so</li> <li>I am civil and polite</li> </ul>	<ul style="list-style-type: none"> <li>I care for my team and colleagues' wellbeing, showing understanding and compassion.</li> <li>I proactively listen to suggestions and ideas from my team</li> <li>I encourage my team to raise concerns</li> <li>I strive to understand and support my whole teams needs</li> </ul>
<b>Openness</b>	<ul style="list-style-type: none"> <li>We are honest</li> <li>We are accountable</li> <li>We empower each other</li> <li>We are innovative in delivering safe, quality and reliable care</li> </ul>	<ul style="list-style-type: none"> <li>I am aware of my impact on others and act on feedback</li> <li>I am truthful and honest</li> <li>I strive to live the values and behaviours of the organisation every day</li> <li>I share ideas and knowledge for everyone's benefit</li> <li>I am open to being held to account for my performance and behaviour</li> <li>I ask for feedback to improve my work</li> <li>I suggest improvements to the way we do things in a constructive way</li> <li>I seek to learn from any mistakes and make changes</li> </ul>	<ul style="list-style-type: none"> <li>I communicate openly, respectfully, and professionally.</li> <li>I am visible, approachable, and available to my team, colleagues, and service users.</li> <li>I will hold myself and others to account for performance and behaviours</li> <li>I act on feedback to develop my leadership skills and abilities</li> <li>I support my team when mistakes are made and collectively learn as a team</li> </ul>
<b>Respect</b>	<ul style="list-style-type: none"> <li>Everyone counts</li> <li>We work together and appreciate individual differences</li> <li>We say thank you and well done</li> </ul>	<ul style="list-style-type: none"> <li>I recognise that people's needs are different and respect these differences</li> <li>I take into account and respect diverse views for better outcomes</li> <li>I challenge inappropriate behaviours</li> <li>I am approachable and welcoming to everyone, whoever they are.</li> <li>I take responsibility for my own learning and development</li> </ul>	<ul style="list-style-type: none"> <li>I value my team collectively and as individuals</li> <li>I lead by example by demonstrating integrity</li> <li>I develop and support others so that they can bring their best selves to work and realise their potential</li> <li>I ensure everyone's voice is heard and is considered in any change and/or improvement</li> </ul>



# Our values and behaviour framework

## Our staff, our patients, our partners



**Compassion**



**Openness**



**Respect**



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# Our final design for our new values and behaviour framework



Compassion



Openness



Respect

## Introduction

Our values and behaviours shape the way we work, how we interact with each other, our patients/ service users and our partners.

Values are beliefs or principles that are important and meaningful to us - they are what drives us.

Behaviours are what we observe, our actions that bring these values to life. Our behaviours demonstrate our values through what we say and how we say it, how we do things and how we treat others and expect to be treated ourselves.



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Our values and behaviours define how we approach our work and how we treat each other. This framework applies to all staff within BCUHB, our patients, service users, visitors and partners. Through demonstrating these behaviours, we can shape our culture to help us achieve our vision and objectives. This in turn will positively impact our patient, service user and partner experience and outcomes, staff wellbeing and continuous improvement.

### Where did our values and behaviours come from?

From June 2024 to November 2024 we had extensive engagement across the organisation to refresh our existing values and develop behaviours. Staff shared stories about what a good day at work looked like which shaped the first draft of our values. Further engagement and conversations across the organisation led to the creation of our new values of Compassion, Openness and Respect. Each value is as important as the other.

### How is the framework structured?

Each of our three values have key organisational behaviours linked to them that outline how we live each value.

The framework describes the behaviours that you will see, feel and hear within the organisation in every day interactions with each other, our patients, service users, visitors and our partners. When these behaviours are present, we are fostering a compassionate,

inclusive, respectful and healthy workplace. The Behaviours for All are actions, attitudes and ways of

working that we see when we are working at our best. They are relevant to all colleagues. The Behaviours for People Managers are for leaders and people managers to role model and create conditions for others to thrive. However, any colleague can develop and demonstrate these behaviours and be a positive influence.

The purpose of the framework is to clarify and describe the culture we want to see in BCUHB through the actions we take every day.

Please use the framework to help guide:

- Developments to your team practices, policies and processes.
- Your personal and professional development.
- How you perform in different situations.
- How you recruit, select and manage others.
- Your conversations and leadership approaches.
- How you help others to grow and succeed.

# Our final design for our new values and behaviour framework



Our behaviours:

- We take care of each other.
- We will provide a good place to work, learn and succeed.

## Compassion

What this looks like in practice:

Behaviours for all

- ✓ I am patient and considerate of others.
- ✓ I take time, even if busy, to understand other people's feelings.
- ✓ I listen to understand the needs of others.
- ✓ I take care of my own wellbeing and encourage others to do so.
- ✓ I am civil and polite.

Behaviours for people managers

- ✓ I care for my team and colleague's wellbeing, showing understanding and compassion.
- ✓ I proactively listen to suggestions and ideas from my team.
- ✓ I encourage my team to raise concerns.
- ✓ I strive to understand and support my whole teams needs.



Our behaviours:

- We are honest.
- We are accountable.
- We empower each other.
- We are innovative in delivering safe, quality and reliable care.

## Openness

What this looks like in practice:

Behaviours for all

- ✓ I am aware of my impact on others and act on feedback.
- ✓ I am truthful and honest.
- ✓ I strive to live the values and behaviours of the organisation every day.
- ✓ I share ideas and knowledge for everyone's benefit.
- ✓ I am open to being held to account for my performance and behaviour.
- ✓ I ask for feedback to improve my work.
- ✓ I suggest improvements to the way we do things in a constructive way.
- ✓ I seek to learn from any mistakes and make changes.

Behaviours for people managers

- ✓ I communicate openly, respectfully, and professionally.
- ✓ I am visible, approachable, and available to my team, colleagues and service users.
- ✓ I will hold myself and others to account for performance and behaviours.
- ✓ I act on feedback to develop my leadership skills and abilities.
- ✓ I support my team when mistakes are made and collectively learn as a team.



Our behaviours:

- Everyone counts.
- We work together and appreciate individual differences.
- We say thank you and well done.

## Respect

What this looks like in practice:

Behaviours for all

- ✓ I recognise that people's needs are different and respect these differences.
- ✓ I take into account and respect diverse views for better outcomes.
- ✓ I challenge inappropriate behaviours.
- ✓ I am approachable and welcoming to everyone, whoever they are.
- ✓ I take responsibility for my own learning and development.

Behaviours for people managers

- ✓ I value my team collectively and as individuals.
- ✓ I lead by example by demonstrating integrity.
- ✓ I develop and support others so that they can bring their best selves to work and realise their potential.
- ✓ I ensure everyone's voice is heard and is considered in any change and/or improvement.

# Ein fframwaith gwerthoedd ac ymddygiad

*Ein staff, ein cleifion, ein partneriaid*



**Trugaredd**



**Agored**



**Parch**



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# Our final design for our new values and behaviour framework - Cymraeg



## Trugaredd

### Ein Hymddygiadau:

- Rydym yn gofalu am ein gilydd.
- Rydym yn darparu lle da i weithio, dysgu a llwyddo.

### Sut olwg sydd ar hyn yn ymarferol:

#### Ymddygiadau i Bawb

- ✓ Rwy'n amyneddgar ac yn ystyriol o eraill.
- ✓ Rwy'n cymryd amser, hyd yn oed os ydw i'n brysur i ddeall teimladau pobl eraill.
- ✓ Rwy'n gwrandao i ddeall anghenion pobl eraill.
- ✓ Rwy'n gofalu am fy lles fy hun ac yn annog eraill i wneud hynny.
- ✓ Rwy'n sifil and yn gwrtais.

#### Ymddygiadau i Reolwyr Pobl

- ✓ Rwy'n gofalu am les fy nhim a chydweithwyr, gan ddangos dealltwriaeth a thrugaredd.
- ✓ Rwy'n gwrandao'n rhagweithiol ar awgrymiadau a syniadau gan fy nhim.
- ✓ Rwy'n annog fy nhim i godi pryderon.
- ✓ Rwy'n ymdrechu i ddeall a chefnogi anghenion fy nhim cyfan.



## Agored

### Ein Hymddygiadau:

- Rydym yn onest.
- Rydym yn atebol.
- Rydyn ni'n rhoi grym i'n gilydd.
- Rydym yn arloesol wrth ddarparu gofal diogel, o ansawdd a dibynadwy

### Sut olwg sydd ar hyn yn ymarferol:

#### Ymddygiadau i Bawb

- ✓ Rwy'n ymwybodol o'm heffaith ar eraill ac yn gweithredu ar adborth.
- ✓ Yr wyf yn onest.
- ✓ Rwy'n ymdrechu i fyw gwerthoedd ac ymddygiadau y sefydliad bob dydd.
- ✓ Rwy'n rhannu syniadau a gwybodaeth er budd pawb.
- ✓ Rwy'n agored i gael fy nal i gyfrif am fy mherfformiad a'm hymddygiad.
- ✓ Gofynnaf am adborth i wella fy ngwaith.
- ✓ Awgrymaf welliannau i'r ffordd yr ydym yn gwneud pethau mewn ffordd adeiladol.
- ✓ Rwy'n ceisio dysgu o unrhyw gamgymeriadau a gwneud newidiadau

#### Ymddygiadau i Reolwyr Pobl

- ✓ Rwy'n cyfathrebu'n agored, yn barchus ac yn broffesiynol.
- ✓ Rwy'n weladwy, yn hawdd mynd ataf ac ar gael i'm tîm, cydweithwyr a defnyddwyr gwasanaeth.
- ✓ Byddaf yn galw fy hun ac eraill i gyfrif am berfformiad ac ymddygiad.
- ✓ Rwy'n gweithredu ar adborth i ddatblygu fy sgiliau a'm galluoedd arwain.
- ✓ Rwy'n cefnogi fy nhim pan fydd camgymeriadau'n cael eu gwneud ac yn dysgu fel tîm ar y cyd.



## Parch

### Ein Hymddygiadau:

- Mae pawb yn cyfrif.
- Rydym yn gweithio gyda'n gilydd ac yn gwerthfawrogi gwahaniaethau unigol.
- Rydym yn dweud diolch a da iawn.

### Sut olwg sydd ar hyn yn ymarferol:

#### Ymddygiadau i Bawb

- ✓ Rwy'n cydnabod bod anghenion pobl yn wahanol ac yn parchu'r gwahaniaeth hwn.
- ✓ Rwy'n ystyried ac yn parchu safbwyntiau amrywiol ar gyfer canlyniadau gwell.
- ✓ Rwy'n herio ymddygiadau amhriodol
- ✓ Rwy'n groesawgar i bawb pwy bynnag ydyn nhw
- ✓ Rwy'n cymryd cyfrifoldeb am fy nysgu a'm datblygiad fy hun.

#### Ymddygiadau i Reolwyr Pobl

- ✓ Rwy'n gwerthfawrogi fy nhim fel un ac pawb fel unigolion
- ✓ Rwy'n arwain trwy esiampl drwy ddangos uniondeb
- ✓ Rwy'n datblygu ac yn cefnogi eraill fel y gallant ddod â'u gorau i'w gwaith a gwireddu eu potensial.
- ✓ Rwy'n sicrhau bod llais pawb yn cael ei glywed ac yn cael ei ystyried mewn unrhyw newid a/ neu welliant.

# High level Deployment plan – socialisation elements

## Launch events

- Formal Board launch
- Roadshows
- Executive videos
- Targeting specific groups to cascade e.g. Design groups, Champions, Culture Change Leaders, L&M course participants, PM Forum
- Payslips, ESR banner

## Board & Senior Leadership

- Visible modelling
- Ongoing executive videos to constantly reinforce
- Storytelling – acknowledging and sharing best practice
- Agenda item on all local P&CC's

## Visible reinforcements

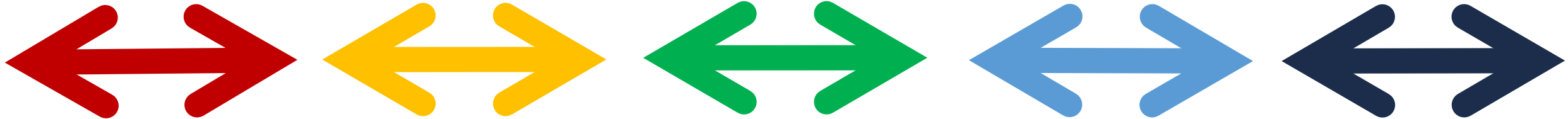
- Visually engaging representation of values; icons; photos; images; signage
- Physically visible around the organisation

## Staff Recognition

- Visible modelling
- Seren Betsi
- Staff Achievement Awards
- Videos – storytelling
- Culture Change Leaders

## Consistent communication

- Corporate templates
- Teams, PP, email sig, desktop visuals
- Board level templates
- External facing communication
- Intranet presence on a consistent basis



# High level Deployment plan – embedding elements



## Recruitment

- Strategic recruitment
- NWSSP recruitment processes
- Values-based recruitment
- Orientation
- Local Induction



## Staff Development

- PADR/ Contribution Conversations
- Conversations with Care
- Compassionate Leadership Modules (HEIW)
- Integrated Leadership Development Framework
- Talent/succession management process
- Values selfie, 360 feedback, cultural health assessment
- Coaching
- All training delivered by internal colleagues and external partners



## Staff Engagement

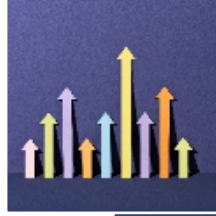
- Staff Achievement Awards
- Seren Betsi
- Great-ix
- Team-based development
- Internal communications

# High level Deployment plan – embedding elements



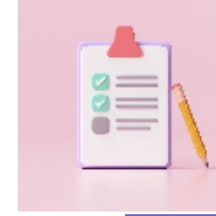
## Workforce Policies & Practices

- Amend ToR for Policies group –values-based lens
- Values based statement within each policy
- Future policy development through a values-based lens with OD support
- Priority list of most impactful policies and associated documents e.g. letters to staff, to be reviewed
- Just and Restorative processes



## Quality & Governance

- Corporate governance processes
- Planning processes
- Programme management & Transformation processes
- Ward accreditation
- Preceptorship and Supervision



## Evidence of Deployment

- Internal audit
- Staff survey results
- Culture dashboard
- Pulse surveys
- Culture Health Assessment

# Additional elements to support embedding the framework

- Compassionate Leadership Pledge has been signed by the Board in September 2024
- Compassion video developed in conjunction with HEIW - [Our Culture and Leadership Programme \(sharepoint.com\)](#)
- Our Values & Behaviour Framework toolkit – shared with our Culture Change Leadership and Design group for feedback until 21 April, final version to be launched beginning of May.
- **What we need from you –**
  - ✓ Provide feedback on any element of the work but in particular the Deployment plan
  - ✓ Model the values and behaviours every day, the standard you walk past is the standard you accept.



**What other ideas do you have on how we collectively embed the Values & Behaviours Framework, to ensure the organisation is not inward looking?**



**Trugaredd  
Compassion**



**Agored  
Openness**



**Parch  
Respect**

# Well North Wales

## Task & Finish Scoping Group – Final Report & Recommendations



May 2025



# Recap: An urgent Need to Change

- The majority of NHS activity is focused on long-term conditions
- The population is aging – and more likely to have long-term conditions, often multiple
- People are living longer but in poorer health for longer - our poorest areas will be most affected
- There are decreasing birth rates, but conversely increasing numbers of children living in poverty
- Health is becoming the biggest barrier to economic growth in the UK resulting in loss of people to the workforce
- The health and wellbeing of communities and individuals is key to improving health outcomes and boosting the economy
- People do not value health as an abstract concept, people describe health as enabling them to live their lives to the maximum or as a barrier in doing so.

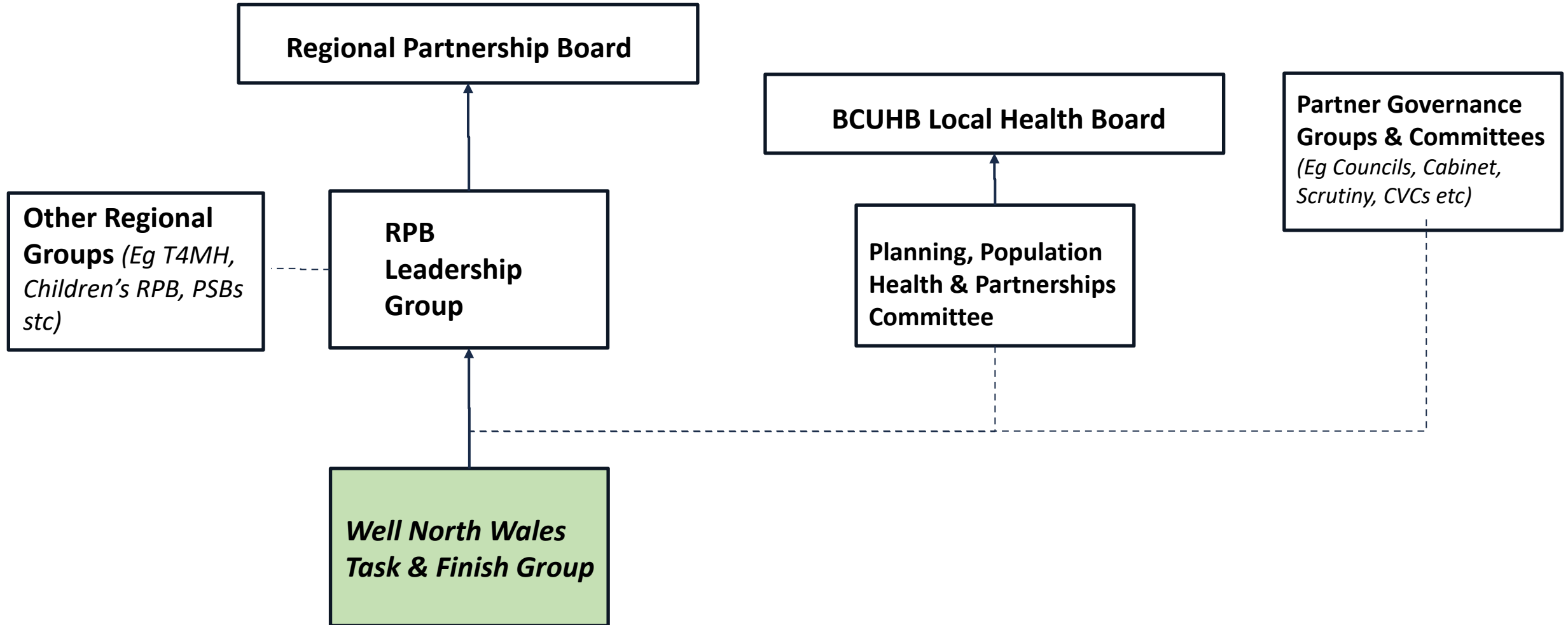


# A Coalition of the Willing

- This report summarises the work of a regional Task & Finish Group which was formed following an RPB workshop '**Building a healthier North Wales together**' (Sept 2024) and a report on '**Well North Wales**' to BCUHB Health Board (Oct 2024)
- Through the Task & Finish Group regional partners have been working with Improvement Cymru who commissioned a Research and Development partner to support our initial scoping of a regional place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems.
- The recommendations outlined in this report summarise the outputs of the Task & Finish Group outlining how to evidence impacts of whole system shifts to prevention, and how partners can work together more effectively to deliver sustainable system-wide health and care services across North Wales.



# Stakeholders & Governance



# Scope & Approach



**“Everyone in North Wales can enjoy good physical health & mental wellbeing”**



**MISSION: Environment** – “people in North Wales live in a healthy & sustainable natural environment”

**MISSION: Communities** – “people in North Wales live in safe, supportive & resilient communities”

**MISSION: Housing** – “people in North Wales live in good quality, secure & affordable housing”

**MISSION: Food** – “people in North Wales are able to access nutritious, affordable food”

**MISSION: Employment** – “people in North Wales have access to valuable and fair paid employment or training & development opportunities”

**MISSION: Lifelong Learning** – “people in North Wales have access to high quality education and lifelong learning opportunities”

**MISSION: Active & Creative Lifestyles** – “people in North Wales are engaged in physical activity and opportunities for creativity”



# A Voyage of Discovery



## A SPACE FOR EXPLORATION

**Dec – Mar:** Getting to know our *'missions'*

Gathered high-level information about strategies & policies guiding our current regional work in relation to preventative shift

**Jan – Mar:** 3 facilitated workshops to explore 'Human Learning Systems' concepts as an example structured methodology in relation to our regional work:

1. Understanding our system
2. Putting people & places at the heart
3. Learning as strategy – continual improvement and development, sharing learning to scale & spread

**Apr – May:** reflection and truly collaborative approach to drafting and finalising a report and recommendations for change



## A LEARNING COMMUNITY



# 1. Understanding Our System

The Group recognised that any shift towards prevention through the lens of wider socio-economic determinants would need to be cogniscent of the wider complex system.

The following three points were identified in relation to whole systems change:

## Equity

Systems change is about advancing equity by shifting the conditions that hold a problem in place

## Changing Thinking

To fully embrace systems change, all stakeholders should be prepared to see how their own thinking must also change as well

## Across all levels

Shifts in system conditions are more likely to be sustained when working at all levels  
(*Eg structural, relational, transformative / organisational, regional, societal*)



## 2. 'Being Human' – Towards Relational & Place-based Co-design

The Group recognised that there was not a 'one size fits all' approach and that this societal shift fundamentally needs to be shaped by communities themselves.

Notable benefits were identified that could be achievable through a more relational and place-based co-design, and these would be seen across all levels of the system:

**Individuals** would be better equipped and empowered for self-management. People would be able to act as change agents and community champions.

**At a societal level** communities would feel more empowered, included and engaged. Communities would be able to participate in design and feel connected to the work they have engaged with.

**At an organisational and regional level** a more common language between organisations. Organisations reporting differently, in ways which speak to people's experiences and aren't solely focused on performance targets and KPIs. By measuring what matters to our communities the whole systems could work better together towards planning & delivery of longer-term outcomes and thinking.



### 3. Creating Conditions for Learning

It is recognised that developing a structure and support for this experimentation and learning, will present a challenge in itself. Rather than attempt to manage and control this as a programme of work, the Group suggests that it would be better enabled to flourish and thrive within a learning culture that encourages curiosity, openness to uncertainty, and shared values that support continuous learning.

This would require conscious effort by all regional partners to create and foster an environment that enables learning and good judgment. The following Learning Capabilities were highlighted for further exploration and development:

- *Becoming comfortable with ambiguity*
- *Sense-making: Interpreting both qualitative and quantitative data within context*
- *Creating safe spaces for open conversations where varied voices could be heard & contribute to decision-making*
- *Continual iterative assessment and adaptation of approaches*



# Conclusions: General Principles for Change

Working in such complexity and uncertainty, it must be acknowledged that it is ok not to have the answers.

There is not a model that can definitively solve this, or methodology that can be followed to achieve the desired outcomes.

Instead the starting point must be to bring the various stakeholders together to define the boundaries of the challenge, and understand the appetite and horizon for delivery.

In reflecting upon this work in the process of compiling this report the Group were made aware of Myron's Maxims:

1. **People own what they help create**
2. **Real change happens in real work - those who do the work, do the change**
3. **Start anywhere, follow everywhere**
4. **Connect the system to more of itself**
5. **The process you use to get to the future is the future you get.**



# Summary: General Principles for Change

A whole systems shift towards prevention across the Regional Partnership space will require the following commitment:

Air cover from senior and strategic leaders to empower those who do the work (our workforce and communities) to define and deliver the change

1. A bottom-up approach
2. Ensuring everyone is in the room
3. An ongoing iterative evolution



# Recommendations for Change

**RECOMMENDATION 1:** The initial outputs of this Task & Finish Group be used to form the basis of an over-arching Prevention Portfolio – A repository of regional activity (place based and whole systems approaches) to be maintained by the RPB which would enable a better shared understanding of notable practice, challenges, and provide assurance of indicative timescales to achieving expected outcomes

**RECOMMENDATION 2:** A regional ‘(Living) Well North Wales Framework’ should be developed and all organisations requested to sign-up to a charter prioritising the shift towards prevention in order to deliver improved population health & wellbeing outcomes. Delivery of a forward virtual ‘programme of work’ to be grafted onto existing regional governance arrangements (through RPB and PSBs)

**RECOMMENDATION 3:** In order to provide the best chance of successfully achieving outcomes - our regional prevention-based work should ensure it adopts each of the following 3 principles:

- Relationally focussed and place-based
- Whole systems approach
- Continuous iterative improvements within a culture of learning



# Recommendations for Change







**RECOMMENDATION 4:** Partners should be empowered and supported to create conditions for learning.

It is recognised that applying the process of learning at each of the system levels provides valuable output and insight demonstrating how we can shift the dial more effectively & efficiently to have a greater impact on meaningful population health & wellbeing outcomes.

**RECOMMENDATION 5:** The further work of developing a Regional Prevention Framework should follow an agreed set of Design Principles. The Group suggest the following outline set of design principles which were developed iteratively throughout the course of the Task & Finish scoping study and should be considered to take this work forward across the wider region.



# A Co-Produced set of draft Design Principles

-  **Put people first** – we will put people at the heart of our thinking
-  **Collaborate for inclusive design** – our work should ensure a wide representation of organisations, sectors and communities to enable effective partnership working and co-production
-  **Inform wise investment decisions** – our work should inform decisions to achieve value for money on public expenditure and other sources of funding which can deliver proven benefits and maximise effectiveness in our communities
-  **Simplify, standardise and adopt best practices** – we will work together to achieve shared learning which can be applied across our organisations, sectors and wider systems
-  **Develop a culture of learning** - we will seek to instil conditions for learning across all levels of the system which encourages curiosity, openness to uncertainty, and a shared appreciation for the value of learning in order to drive continuous iterative improvement & development
-  **Equity and accessibility** – we will strive to reduce avoidable inequalities and ensure our that our work can contribute towards improving equity of access, experience and outcomes for our communities



# A Regional Framework: Indicative Timeline for Delivery

Action Required	Action Owner	Indicative Timescales
Invite expressions of interest from the RPB to form a cross-sector working group to develop the Regional Wellbeing/Prevention Framework	RPB	Q1-2
Commence development of a communications and engagement plan, identifying resources required for delivery	RPB / Public Health	Q2
Completion of Wellbeing/Prevention Framework (incorporating an Anchor Organisation Framework)	All partners	Q3
Seek regional governance approvals for Framework	All partners	Q3
Final outputs delivered as part of a launch process, informed by a communication and engagement plan	RPB / Public Health	
Launch regional framework	RPB	2026/27 Q1



# Scoping Report: Governance Timeline

Apr

4<sup>th</sup> April / 29<sup>th</sup> April  
Collaborative online  
sessions

May

19<sup>th</sup> May  
In person session –  
**finalise report**

June

11<sup>th</sup> June – Execs  
*Papers by 04.06*

July

3<sup>rd</sup> July – PPHP  
*Papers by 19.06*

31<sup>st</sup> July –  
HEALTH BOARD  
*Papers by 17.07*

2<sup>nd</sup> June – SRG



23<sup>rd</sup> May –  
Leadership Group  
presentation

27<sup>th</sup> June –  
Leadership Group  
*FINAL REPORT*

3<sup>rd</sup> July – RPB



<b>Teitl adroddiad:</b> <i>Report title:</i>	Director's Report			
<b>Adrodd i:</b> <i>Report to:</i>	Stakeholder Reference Group			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Monday, 02 June 2025	Rhif eitem agenda: <i>Agenda Item number:</i>		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The Director's Report provides an overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the SRG. It covers the period March 2025 to the end of May 2025.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Stakeholder Reference Group is asked to note the report.			
<b>Arweinydd Gweithredol:</b> <i>BCUHB Lead:</i>	Helen Stevens-Jones Director of Partnerships, Engagement and Communications			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Helen Stevens-Jones Director of Partnerships, Engagement and Communications			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Meetings cover a range of strategic priorities.			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	There are no specific implications arising from this report			



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

## 1. Introduction

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

## 2. Special Measure Progress Report

The Welsh Government Progress Report in March 2025 reflected on two years since Betsi Cadwaladr University Health Board was put into special measures. The report states that the Health Board has stabilised and started to put in place the building blocks to become a sustainable organisation over the course of the last 2 years under the current level 5 (special measures) arrangements.

Progress has been made in relation to corporate governance, financial control and governance, leadership, culture and quality. The report recognises that there are still challenges, especially in relation to planned care performance and timely access to urgent and emergency care, as well as drawing out some encouraging signs of improvement including:

- the number of people waiting more than two years for orthopaedic treatment has fallen by two-thirds since February 2023
- mental health performance for adults and young people has improved
- the health board has the highest number of consultations carried out under the pharmacist independent prescribing service in Wales
- new NHS dental contracts worth more than £5 million have been agreed

A series of new developments in North Wales were highlighted in the report:

- the new North Wales Medical School has opened
- the community audiology van is the first of its kind in Wales
- Ysbyty Glan Clwyd has been chosen as one of eight sites across the UK to take part in a new STEPS II Parkinson's trial
- surgeons in Abergele Hospital trialling augmented reality technology for knee surgery
- Ysbyty Gwynedd's emergency department ranked best place to train in Wales

The Health Board will continue to be assessed at regular intervals within the Escalation and Intervention Arrangements of Welsh Government.

To support the two years of the Special Measures programme, we undertook a series of engagement events in order to share our progress as a Health Board. We held online sessions with the public, Health Board staff and partners from Local Government and the Third Sector. The Chair and Chief Executive also shared a Special Measures progress presentation with Members of the Senedd in Cardiff Bay followed by questions and discussion.

## 3. Integrated Medium-Term Plan (IMTP) 2025–28

Betsi Cadwaladr University Health Board's IMTP 2025–28 was approved at the March Board meeting. Its development was informed through engagement with key forums including the Local Partnership Forum, Health Professionals Forum, Stakeholder Reference Group, and Board Committees and also externally with the Regional Partnership Board. This approach has shaped the priorities and actions within the Plan, aligning with the Health Board's statutory duty under the NHS (Wales) Act 2006.

The Plan sets out a clear commitment to improving population health and delivering effective, high-quality services across North Wales. It addresses both national expectations, including *A Healthier Wales* and the Ministerial priorities, and local strategic aims set out in *Living Healthier, Staying Well*. The Plan also responds to the requirements of Special Measures and reflects shared priorities with regional and national partners. It outlines key actions to improve leadership, governance, quality and performance, and highlights the importance of partnership working, staff engagement, and the responsible use of public resources to drive sustainable improvement.

The Plan will be launched at the end of May, with bi-lingual 'everyday' versions and video to support the full version in the sharing of the information. Other versions are available on request.

#### **4. New organisational values**

Following the approval of a new set of organisational values and behaviours aimed at driving change and improvement, Board Members formally launched them at the March Board meeting.

Compassion, Openness and Respect are the three guiding principles represented by NHS staff and services working across North Wales. The values will underpin a wide range of strategic programmes and projects taking place to improve health services across North Wales.

The development of the new organisational values is a cornerstone of the improvement work taking place to deliver the best possible healthcare to people living across North Wales. A significant amount of work has gone into listening to staff and understanding what working here means to them.

The values are now being embedded into existing Health Board organisational activities, including staff recognition and achievement programmes, recruitment, performance appraisals (PADRs) induction and development programmes, and the organisation's planning and performance measurement.

#### **5. Citizen's Experience Report**

The latest Citizen's Experience Report to the Board in May summarised the key themes from our engagement with citizens over recent months, drawing insights from a range of sources. The key themes are:

- Access to services
- Communication and information
- Waiting times
- Patient experience and environment

The report highlights the feedback received recently and also details some of the actions that are underway to address these issues. The Health Board recognises that despite the progress detailed in this report, there is still some way to go to address the challenges longer term. The actions are listed at Appendix 1 and the full report can be found on the Health Board website.

#### **6. Strategic Direction and Service Development Update**

A Strategic Direction and Planning Report paper, outlining the proposed approach for its future development and use to the Health Board - was discussed by the Board in May. It summarised the ongoing process to refresh the Health Board's Well-being Objectives, presenting the proposed new objectives that will guide future priorities.

An update was also provided on recent service changes at Tywyn and Penley Hospitals, including the proposed process and indicative timeline for identifying and developing sustainable service solutions. These solutions will aim to balance the needs of both affected communities while remaining realistic and deliverable. A verbal update on the Health Board discussion will be provided at the June SRG meeting.

## 7. Youth Voice Approach

A Task and Finish Group has been established to develop a sustainable, system-wide approach to embedding youth voice across the Health Board's work. Building on the Children's Charter and prior youth-led engagement, the group is working with young people to co-design a refreshed youth voice model. This work will identify a structure that supports meaningful, ongoing participation in health planning and decision-making, ensuring alignment with national principles and existing regional participation networks.

The group is chaired by Director of Nursing, Angela Wood and includes representation from the Public Health Directorate, the Engagement Team and the patient experience lead from Child and Adolescent Mental Health Services (CAMHS). It also involves the Board Champion for Children and Young People, with young people participating directly or through co-design processes. Adopting a co-production approach, the group will meet regularly and is due to report later this year with clear recommendations on governance, structure, and resource requirements to support implementation of a long-term model for youth participation in health.

## 8. Celebrating the work of colleagues at BCUHB

- A four-part television documentary (Ysbyty) showcased a number of our services and featured behind the scenes footage and interviews with colleagues and service users. Filming for the series took place across our three acute hospital sites throughout 2024 to provide an insight in to the challenges our services face and how the Board supports them. These can now be watched on S4C Clic or the BBC iPlayer app.
- ITV Wales Evening News featured an item looking at how we are using augmented reality technology within Orthopaedics. The item focused on Consultant Orthopaedic Surgeon, Prof Ibrahim Malek with his patient at Wrexham Maelor Hospital, as well as a short interview with Project Manager, Nicola Eatherington on the progress with the Elective Orthopaedic Hub at Llandudno Hospital.
- There was positive coverage of the ground-breaking technology being trialled in Dolgellau, which allows patients who have a telephone assessment out of hours to pick up their urgent medication at times when local pharmacies are not open. The REMEDY machine is a joint project between BCU and Bangor University, in collaboration with the manufacturer and supplier and Oxford University.
- On May 12, BCU hosted its second Nursing and Midwifery Conference and Awards. More than 150 colleagues from across the Nursing and Midwifery family descended on the Optic Centre in St Asaph to celebrate outstanding nursing achievement over the last 12 months. A key moment of the 2025 Conference was the official launch of the Nursing and Midwifery Vision. The vision sets out our ambitions and aspirations for the future of Nursing and Midwifery within North Wales.
- An innovative Occupational Therapy project in North Wales has cut waiting times by nine weeks through a major overhaul of referral pathways. Supported by the Bevan Commission, the "Realigning Community Occupational Therapy Services" initiative replaced outdated, paper-based systems with electronic referrals and embedded OTs in primary care teams. This transformation has led to faster access to care, a 43% reduction in assessment-to-discharge time, and earlier, more person-centred interventions. The model shows significant potential for wider adoption across Wales.

- Mental health services provided by BCUHB are set for a significant step forward after the Welsh Government approved the business case to fund the move towards fully digitised providing about £12m of funding. The five-year funding package is partly conditional on meeting project targets. The development of digital systems will revolutionise how the administration of patients and their records are managed, making it easier for clinical staff to give continuity of care for patients. It should also speed up referrals for service users, allow more time for clinical practice for staff and help eliminate errors which can occur within paper recording systems.
- The results of a six-month project to prevent people with minor injuries waiting overnight in the Emergency Department (ED) at Wrexham Maelor Hospital has been published in the International Emergency Nursing publication. The project was carried out in Wrexham and aimed to invite people who met a specific criteria to return to the hospital at a specific time the following day rather than wait in the ED overnight. The aim was to reduce long waits for people and pressure on ED staff overnight. During the six-month project a total of 147 overnight patients were given alternatives leading to a reduction in the predicted patient length of stay by about five hours. The patient reported satisfaction was 4.79 out of 5.
- Plans are progressing to develop a North Wales Recovery College — a safe, inclusive space for learning about mental health recovery and wellbeing. Funded through Health Education and Improvement Wales, a business case is being co-produced with input from people with lived experience, carers, professionals, and the public. Engagement sessions and a public survey are being held throughout May 2025 to shape the college's direction.
- Jane Berry, Child and Adolescent Mental Health Services Patient Experience Lead, was invited to the King's Royal Garden Party in recognition of her work promoting children's rights across North Wales. Jane helped lead the development of the Health Board's Children's Charter, shaped by the voices of around 2,400 children and young people, to ensure young people's views influence health services.
- Ysbyty Gwynedd has become the first non-major trauma centre in the UK to host the prestigious European Trauma Course. Expert clinicians from across Europe and UK trauma centres delivered the simulation-based training, enabling North Wales staff to access internationally recognised trauma education locally — a major achievement for the Health Board.
- Supporting the drive to keep people well and improve public health is a priority for the Health Board. Over the past year there has been significant success through targeted public campaigns to ensure a number of key supportive programmes have benefitted from high levels of reach and engagement. Included in this are:
  - Smoking cessation services offered by Help Me Quit, contributing to a further 7% increase in total client episodes year-on-year. This includes innovative approaches now being considered by partners across Wales, including a GP text messaging pilot in partnership with the Public Health Wales Behavioural Science Unit.
  - The uptake of the Flu vaccination by patient-facing staff increased by almost 10% thanks to a successful promotion campaign and BCU was the only health board in Wales to increase staff flu uptake. The winter vaccination campaign activity also helped to support an increase of 3.8% in the number of flu vaccinations given in key eligible groups (o65, clinically vulnerable, children).

## Appendix 1

### Key Themes from feedback from patients, carers and families in the last quarter:

#### 1. Dental care

**What people told us:** Access to NHS dental care needs to improve across North Wales.

**What we are doing:** We have awarded contracts worth over £1.5 million to expand NHS dental provision and are running a further procurement exercise covering General Dental Services, Orthodontics, Oral Surgery, and Non-Urgent Access - totalling over £5 million. The new Dental Access Portal, launched in February 2025, is already helping simplify and centralise access to routine care, ensuring fairer allocation of appointments across Wales.

#### 2. Waiting times and access – Neuro Developmental Services and mental health support for children and young people

- **What people told us:** Families and professionals want faster access, clearer pathways, and more joined-up support for neurodivergent children and young people.

**What we are doing:** We are working with the North Wales Regional Partnership Board to develop a whole-system, integrated model of care. A refreshed governance framework is in place, and over 100 people helped shape priorities at a regional co-production event. Early initiatives have reduced new referrals by 25%, and no child now waits over four years. A new Needs Profiling Tool is being tested, and a regional protocol for better information sharing is under review. Work is also underway to improve transitions to adult services and redesign assessment pathways to increase access and efficiency.

- **What people told us:** Children and young people need better access to timely, joined-up mental health support, with earlier intervention and reduced crisis presentations.

**What we are doing:** We are delivering a Child and Adolescent Mental Health Services (CAMHS) Improvement Programme aligned with national priorities to improve quality and access across all children's mental health pathways. Early models have been redesigned with a focus on prevention, brief interventions, and support through local partnerships. Waiting times have significantly reduced, with across Mental Health Measure standards. A redesigned crisis model has led to a 70% reduction in Section 136 presentations and a 31% reduction in unscheduled admissions to paediatric wards. Since launching in January 2025, the commissioned Crisis Hub/Alternatives to Admission (A2A) service has supported 266 contacts in its first quarter.

#### 3. Dermatology Services

- **What people told us:** Dermatology waiting times, particularly in the West, are too long.

**What we are doing:** We commissioned an external provider to support dermatology services in the west, helping to reduce delays while we work on long-term solutions. Since January 2025, over 2,500 appointments have been delivered through this arrangement, improving access for patients and relieving pressure on the service.

#### 4. Emergency Departments

**What people told us:** Families raised concerns about young people in mental health crisis attending Emergency Departments, particularly around the unsuitability and impact of the busy environment.

**What we are doing:** Following a successful Welsh Government funding bid, an 'Alternatives 2 Admission' (A2A) pilot was developed in Central Integrated Health Community. The A2A Hub, co-produced with young people and families, officially opened on 14th February 2025 to provide a calmer, more appropriate setting for support.

**What people told us:** Patients raised concerns about long waits in Emergency Departments, particularly the impact on frail individuals.

**What we are doing:** A Frailty Service has been introduced through Same Day Emergency Care (SDEC) at Ysbyty Gwynedd to support patients more effectively, reduce waiting times, and help people return home safely. Feedback on the service has been positive.

#### 5. Gynaecology waiting times

**What people told us:** Gynaecology waiting times are too long and need urgent attention.

**What we are doing:** The Women's Service is taking forward key improvement actions including clinical and clerical validation, targeted waiting list initiatives, and making best use of capacity across North Wales. Alongside this, the service is developing sustainable solutions such as virtual and group clinics, expanding nurse-led services, and working with primary care to optimise referral pathways.

#### 6. Cancer Services

**What people told us:** Communication with patients, carers and healthcare professionals outside of standard hours needed improvement.

**What we are doing:** Cancer Services have centralised their out-of-hours triage service to the Alaw Unit, helping improve consistency and responsiveness.

**What people told us:** Patients wanted more information and support when newly diagnosed with cancer.

**What we are doing:** A test of concept has been launched in the Alaw Unit to deliver a pre-treatment information service, supporting patients at the point of diagnosis.

**What people told us:** Families wanted a more supportive and private space on Enfys Ward.

**What we are doing:** The quiet room on Enfys Ward at Ysbyty Glan Clwyd has been refurbished with support from relatives, creating a more comfortable space for reflection and conversation.

**What people told us:** Patients and carers felt there were limited opportunities to be involved in shaping Cancer Services.

**What we are doing:** A co-production workshop with patients from the North Wales Cancer Forum and staff led to the launch of a new engagement structure for Cancer Services on 9 April 2025, ensuring patients have a continuing voice in service development.

## 7. Physiotherapy Musculoskeletal Services

**What people told us:** Physiotherapy musculoskeletal (focusing on the muscles, joints, posture and movement) waiting lists are too long.

**What we are doing:** A pilot Community Appointment Day was held for patients referred to physiotherapy. The event brought together assessment, health advice, rehabilitation, and community support into a single appointment. Feedback was overwhelmingly positive, with around 90% of attendees saying it was a great way to reduce waiting times and should be expanded to other services.

## 8. Bereavement Suite, Ysbyty Gwynedd

**What people told us:** The bereavement suite on the Midwifery Ward at Ysbyty Gwynedd was not fit for purpose.

**What we are doing:** Following feedback and a successful funding process, a newly refurbished bereavement suite was opened on 7th February 2025. Families affected by baby loss, including those who supported fundraising efforts, were invited to attend the opening and help shape the space.



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BETSI CADWALADR UNIVERSITY HEALTH BOARD:  
STAKEHOLDER CONSULTATION  
(2024)

ABSTRACT  
Stakeholder Consultation

January 2025



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## Acknowledgments

We would like to express our sincere thanks to all the stakeholders who have generously shared their views, experiences and insights with openness and candour. Their thoughtful contributions have been invaluable, not only in shaping the findings but emphasising key areas of focus for the Health Board, providing rich and meaningful context on priority areas for improvement in terms of stakeholder relationships and service delivery.

## Executive Summary

This year's consultation identifies four key themes that represent the views of stakeholders in 2024:

- The Art of Speaking Carefully
- Roadblocks on Repeat
- Under Siege: The strain in Frontline Services
- Building Better Together: A United Will for Progress

Each of these themes, however, are bound by a singular issue that continues to be raised and shapes perceptions of the Health Board and its effectiveness: It's size. Identified by many stakeholders as the root cause of many of the fundamental issues and challenges to partnerships, its size is felt to hamper the efficient delivery of services. As such several stakeholders call for it to be broken down into smaller entities that are more manageable and better able to respond quickly to local needs.

While this is considered to be an essential, if unlikely, step, nonetheless stakeholders are committed to working with the Health Board to deliver and improve healthcare services across North Wales. Many have seen and experienced positive changes during the last year but emphasise that there is still a way to go, particularly in terms of developing true partnership working. They continue to describe their relationships as frustrating and highlight the need for greater levels of openness and collaboration from the Health Board. The ability to actively listen to its partners is critical if the Health Board is to improve and strengthen its relationships.

Building effective working partnerships requires individual and deep engagement from the very top. While many stakeholders note increased levels of engagement with BCUHB's Chief Executive and Chair, a minority indicate that they are yet to have a personal meeting which is negatively affecting their current perceptions. Overall, however, stakeholders are positive about their future relationships and keen to deepen collaboration and develop new, innovative ways of working together. To achieve this, the Health Board will need to proactively and systematically engage with stakeholders individually to define clear and strategic visions for their partnerships, exploring and creating new frameworks for collaboration that embed an effective infrastructure for partnership working and streamline the decision-making processes.



The stakeholders emphasise that Health is part of a wider ecosystem, which must balance the needs of all components to work effectively. Many emphasise the need to focus on prevention and early intervention strategies to reduce pressure on acute health services, acknowledging that this will require a significant shift both in ways of working and funding. Stakeholders stress their ability and willingness to bring their expertise to build strong and resilient services but emphasise that to do this they must be able to work as true partners with BCUHB.

#### Conclusions & Recommendations:

Understanding and meeting stakeholders' expectations in terms of their relationships with the Health Board is critical to moving things forward in a positive way. It is clear from the consultation that, aside from the issue of the size and structure of the Health Board, some relatively simple adjustments to communications and ways of engagement, in terms of how and when, could have a significant positive effect on strengthening partnerships:

1. Implement a systematic programme of one-to-one meetings with stakeholders to develop connections, create frameworks for collaboration and develop new ways of working together that promote autonomous decision and successful project delivery.
2. Recognise and work in a way that health sits within a broader ecosystem of public services. Prioritising prevention and early intervention, and working with partners to do so, is essential to relieve pressure on downstream health services and will lead to a more sustainable, cost-effective and efficient overall system.
3. Engaging and actively listening to stakeholders from the outset of strategy development will deepen relationships and foster the creation and implementation of innovative and collaborative solutions to challenges.
4. Communicate with stakeholders in a timely manner, and especially prior to any major announcements. Doing so will build trust in the relationships and allow them to respond appropriately, reducing the risk of negative reactions.

To address the ongoing concerns about the size and structure of the Health Board, this process of consultation leads to the recommendation of a full and critical evaluation of the possible options for health within North Wales. Only by carrying out a rigorous evaluation, in an inclusive and transparent manner will the Health Board be able to silence this issue and move forward, definitively with a clear strategy for the future.



## 1. Introduction

### 1.1. Background & Research Brief

Since 2017, BCUHB has undertaken regular consultation research among its stakeholders and partner organisations. While the initial 3-year programme of research finished in 2020, the Health Board has been keen to continue gathering the views of key stakeholders and monitor developments in perceptions and relationships in subsequent years. This report presents the findings of the stakeholder consultation programme conducted during December 2024.

The main objectives of this year's consultation were defined as being to

- gather the views and opinions on services offered by the Health Board
- understand the effectiveness of the Health Board's engagement with its stakeholders and
- identify ways that engagement could be further developed

### 1.2. Methodology

A programme of in depth, semi-structured telephone interviews was conducted among stakeholders during November / December 2024.

A total of 56 stakeholders, including members of the Senedd, were identified by Betsi Cadwaladr University Health Board and invited to participate. 25 telephone interviews were completed and form the basis of this analysis and report.

The breakdown of responding stakeholders participating is as follows:

Sector	Number of Stakeholders spoken with
Local Authority	11
3 <sup>rd</sup> Sector	4
Housing Association	3
Other	7

The themes identified throughout the research process showed consistency across participants, with discussions raising the same core issues. As a result, both sufficiency and data saturation were achieved. Sufficiency in terms of collecting enough data to draw the necessary conclusions, and saturation indicating that additional interviews would be unlikely to yield new insights. Given the regular programme of consultation with stakeholders and the consistency of the themes identified among participants again this year, the research team deem that the number of interviews is appropriate to meet the needs of this study.



## 2. Full Findings

Four key themes have been identified from across the interviews this year. Repeatedly highlighted by stakeholders across sectors and geographic locations, these themes are distinct, yet deeply connected.

1. The Art of Speaking Carefully
2. Roadblocks on Repeat
3. Under Siege: The strain in Frontline Services
4. Building Better Together: A United Will for Progress

Together, however, they are underpinned by a singular issue that continues to shape perceptions of the Health Board's effectiveness: Its size.

Described again this year as “colossal” and a “monster”, the size of the Health Board is an issue that has been raised by stakeholders during each round of interviews since 2017. There is a profound sense that the challenges being experienced will continue to hamper progress without radical reform. Over the years stakeholder's frustration at the lack of improvement has been growing, and the interviews this year, again emphasise the need for change.

Throughout this research, however, stakeholders reiterated their commitment to working alongside the Health Board and expressed their united goal to improve services for end users. The following section details each of the four key themes raised by stakeholders this year and reveals that, for many of them, there is a belief that issues would be significantly reduced if the Health Board were divided into several smaller entities.

### 2.1. The Art of Speaking Carefully

#### *Public Praise, Private Struggle*

Without exception, the stakeholders are united in their support for the Health Board and committed to working with BCUHB to deliver services that improve the lives of patients across North Wales. As such, all are unanimous in their praise for the staff and those working on the frontline.

Many acknowledge the renewed commitment and focus on partnership working under the new Chief Executive, yet frustrations with logistics, red-tape and bureaucracy persist. Behind closed doors, the reality for the stakeholders often contrasts sharply with the positive front shown publicly.

*There is a lot of good work happening in the Health Board and people acknowledge the huge issues that it is facing, but generally the conversations are negative due to the failings in the structure which frustrates what [we are] trying to do.*

When asked to describe their relationship with the Health Board, stakeholders offer a diverse and often polarized selection of words (see figure 1). There is a clear message that things are somewhat complicated. While “frustrating” and “challenging” are widely used, other more positive words and





and integrated way. But they emphasise that this will only happen if there is total transparency and genuine collaboration between the organisations.

While individual, professional relationships are well respected, the need for the Health Board, as an entity, to communicate in a timely way remains. Several stakeholders highlight occasions where they found out about something relevant to their work with the Health Board indirectly, sometimes hearing it through the news, significantly undermining their feelings of trust and partnership:

*Often it's a case of "I wish we knew"*

To address this, ensuring that stakeholders are fully informed before any major announcements, consultations, policy changes or any other relevant matters are made public is critical. In so doing, BCUHB will

- earn the trust of stakeholders, keeping them in the loop and reducing the risk of negative reactions
- enable them to respond appropriately and in alignment with the Health Board, and
- support BCUHB, amplifying messages and adding credibility and reach to essential communications

#### *Act: Active Listening & Action*

Critical to developing partnerships with the stakeholders is the need to engage deeply with them, listening to their expertise and ideas, and following through with collaborative partnerships that maximise input from all involved parties.

Over the previous rounds of consultation, stakeholders have highlighted, time and time again, BCUHB's unwillingness to listen to them. This year, however, there appears to be a slight shift with several stakeholders proactively stating that the Health Board is starting to listen to them, with a few indicating that this is beginning to result in changes:

*The Board seems to be listening in particular regarding recruitment and not making appointments for the sake of filling gaps....The Chief Executive recognises the importance of language with Health – hopefully this will filter down.*

While there is a sense among some stakeholders that things may be changing, others are yet to see results:

*They are listening and want to learn and understand [our] perspective but nothing has changed.*

The majority of stakeholders, however, continue to identify the lack of active listening as a significant issue, causing frustration and hampering the development of deeper, more productive relationships.

*Listen to suggestions!*

*I think they really need to listen. You don't want to reinvent the wheel, do you? What you need to do is know your weaknesses and improve them.*



Underpinning this, the size and structure of the Health Board is considered by many stakeholders to be hampering its ability act, even where there is a will to do so. They highlight that levels of bureaucracy and red tape restrict swift decision-making and the pace of change:

*[there is] a lot of frustration at the lack of ability to make decision quickly even at a fairly low level e.g. in finance and recruitment. The aim is to work like a team. The need is to allow people to make decision or delegate to enable decision to be made*

*There appears to be a lot of goodwill to establish a partnership and to take on board what is being offered, but the pace at which this is happening is very slow and leads to frustration*

With some also noting that these constraints have worsened since being placed back in special measures, further frustrating progress:

*Since special measures the level of bureaucracy has increased 10-fold*

Overall, stakeholders share how their commitment to service delivery is driving their desire to maintain positive and fruitful relationships with BCUHB. They reveal, however, that they are adjusting their narrative to maintain a positive and supportive outward-facing voice, while voicing concerns and frustrations behind closed-doors. While this is an admirable stance, it is ultimately unsustainable and represents a significant reputational risk to the Health Board. A significant shift is required to enable stakeholders to speak positively regardless of the audience, with openness, active listening and action central to achieving this. These findings therefore emphasise the need for systematic pro-active, individual engagement by the Chief Executive with partner organisations to improve connections, create a clear strategic vision that fosters high level-collaboration and develops new ways of working together that permeate throughout the organisations, allowing teams to operate autonomously to effective and efficient delivery.

## 2.2. Roadblocks on repeat

During this round of consultation, stakeholders raise many of the same issues as have been brought to light in previous years. There is a strong feeling, particularly among those that have been in post for many years, that things simply aren't changing – or at least not fast enough. This is particularly true in relation to collaborative working and the failure to tackle the root causes of the problems. Stakeholders are united in voicing their desire to help find and deliver innovative solutions.

### *Health & Social Care – an Ecosystem*

At the heart of successful healthcare delivery across the region, lies the need to recognise and address that health does not exist in isolation. Social care, housing and other public services are integral to delivery across the region, and as such effective, innovative partnerships are critical to build an effective ecosystem. Stakeholders are keen to stress that the solutions do not sit with one body or organisation, but through partnerships that work together to utilise relevant experience and expertise



*The need to involve more public services is key. Health is not stand-alone issue for one organisation. Recognising that there is an overlap of needs arising from the touch points that people have and then working collaboratively and creatively to find solutions would be a positive step forward.*

*Finding different ways of working collaboratively would be advantageous. The Local Authority can't build a new hospital but with investment can provide social care to support the community.*

As in previous years, many highlight how operationally, working relationships are strong, developed over many years of working together and rooted in a shared sense of purpose to deliver. But, despite this, stakeholders highlight the lack of a clear, integrated strategy that details how different organisations will work together to deliver healthcare to the people of North Wales. As a result, there is a lack of clarity about how the organisations should collaborate and align.

*The Health Board has significant economic impact, therefore being able to consider how it might be comprised in regional economic development structures would certainly be a way of strengthening the relationship for the benefit of all. Although ultimately a political decision, it would be advantageous to consider the creation of a more formal partnership.*

*Our engagement over the past year has been constructive and open. This could be strengthened if we could agree on a collaborative strategy to ensure long term delivery and success.*

### *Power in Partnership*

There are calls for the Health Board to be clear about their priorities, to not over-promise, and to be realistic about what is meant by partnership working. Some stakeholders question what partnership working means to the Health Board, asking whether it is simply about attending meetings or actually about making practical changes together. While there is an appetite from all stakeholders to develop deep partnerships that work proactively and effectively together, there is a sense that it is still very hard to work with the Health Board in this way.

Several stakeholders suggest that the re-introduction of special measures has stalled strategic partnership working over the last year as focus shifted once more to the day-today firefighting. Furthermore, the historic lack of stability and size of the health board are also identified as major factors that continue to hamper progress in partnership working.

*Always getting the feeling that we're starting again - a stop-start situation and [it's] very difficult to build relationships over and over again.*

One of the stakeholders notes that engagement with the Health Board has been challenging because of the number of "interim" appointments, leading to a lack of consistency in projects and a failure to see things through. They note that

*Securing a leadership structure that is going to work is key*



While a number of stakeholders acknowledge the scale of the challenge ahead for the Chief Executive, many do feel that things are beginning to move in the right direction and note (cautiously) that the Health Board appears to be changing with the new leadership:

*The new Chief Executive has stabilised things and there appears to be a willingness to make things work - but [we're] not there yet.*

Similarly, others note that a more systems-oriented approach and consideration of how partners can work within that system is starting to feel more “meaningful”. Where meetings with the Chief Executive and Chair of the Board have been held, these are deemed to have been very positive and a step in the right direction towards effective partnership working.

*...the Health Board I've found, it's just very engaged ...so that for me is pretty refreshing for a public sector body to be, and especially one that's under such operational pressure – and I get that from Carol's leadership and Dyfed, that while they are having to deal with those big macro challenges around resource etc that they are making space for those conversations and looking to take them forward...in my view, it's very positive*

However, there are some stakeholders that have not yet benefitted from the one-to-one level engagement they feel is necessary to align and define new ways of working with the Health Board. For some, engagement and collaboration at the higher managerial and leadership levels is lacking, resulting in the sense that things just aren't moving forward.

*I think they are short of leadership and I think they need drive..... Set up a task and finish group in certain regions, and sit down and really drill down into it to see what the problems are...*

This negatively affects their perceptions and attitudes towards the Health Board, particularly in terms of how they feel their “partnership” is valued:

*... they knock our door when they need help and support which is usually during the Winter months when it gets very difficult, other than that we don't hear a lot of them.*

*Everyone is willing to help, but the environment for collaborative working isn't there at the moment.*

A consistent programme of reaching out to engage stakeholders individually would be a positive way to establish and maintain links, identify opportunities for collaboration and proactively embed innovative, strategic and collaborative partnership working from the top.

#### *Prevention is Always Better than Cure*

The mantra “prevention is better than cure” resonates throughout the interviews, as stakeholders consistently prioritise service users in their efforts. They highlight how early inefficiencies and failures in the system compound problems, culminating in the critical issues being faced by the healthcare frontline. Three fundamental areas are identified as requiring action:

- Atal a Chefnogi: Prevent and Support
- Resourcing & investment
- Planning



A number of stakeholders emphasise the need for prevention and early intervention as an essential area for collaborative strategic thinking and partnership working. Some emphasise that preventative measures and early intervention need to work hand in hand with health, with others calling on the Health Board to allow them to help rather than see everything as a health only issue.

*More attention needs to be given to prevention and support and [there is] a need for everyone to work together creatively – the patient and the family, society, local government, health – the need for everyone to contribute creatively with support from central Government.*

They recognise, however, that achieving this requires a significant shift - not only in ways of working but also in investment and funding – that prioritises building a system designed for long-term success.

*[There is] a need for sustained commitment and funding of resources in terms of people in the community..... allowing social services to do more of the front-end stuff.*

In the third sector, there is a strong sense that significant demands are placed on them to support the Health Board, yet the necessary funding mechanisms to enable this support are notably absent. Similarly, stakeholders across other sectors, identify funding - or lack of it – as a critical challenge which often leads to tension. Areas of specific concern include Mental Health services and the development of new facilities, where funding issues remain a major obstacle.

Stakeholders also identify insufficient planning as a key issue that exacerbates the challenges faced by the healthcare frontline. Seasonal issues, in particular, are highlighted as an area which could be significantly eased with timely planning in partnership with other organisations.

### 2.3. Under Siege: The strain in Frontline Services

While the strain on frontline services is by no means unique to BCUHB, stakeholders across the region are united in their assessment of current service delivery: that it is failing to meet the needs of local people.

Several distinct issues are identified as contributing to the strain:

- Financial & funding pressures
- Recruitment & retention of staff
- Focus on firefighting

#### *Financial Frictions: Barriers to progress*

As noted previously, a lack of financial support for organisations supporting healthcare delivery and tensions around joint funding for projects give cause for concern and are emphasised as a significant issue affecting frontline services.

Although some stakeholders highlight the promise of additional funding from Welsh Government as a huge benefit for the Health Board, some recommend that it should come with constraints. One



stakeholder suggests that such funding should be linked to specific outcomes to ensure it is used effectively.

*I'm pleased the Government has put a lot more money in, but that needs to be with outcomes - are the numbers dropping? Are your patient times improving? Is your A&E not as busy? They also need to do more in social care, primary care.... in doctors' surgeries for appointments.*

They go on to suggest that some sort of staged release of funds might be a reasonable approach so that specific targets are set and met before the next stage of funding is released.

Another describes how funding tends to work in silos, discouraging innovation. They suggest that innovation inherently cuts across these silos making it challenging to demonstrate delivery within individual budgets, disincentivising budget holders. To overcome this, they suggest the need to “unlock” ownership of budgets, emphasising the importance of sharing and using data to support more collaborative and informed decision making.

#### *The Workforce Void: Recruitment and Retention Challenges*

As the biggest employer in North Wales, BCUHB's need for both clinical and non-clinical staff is well documented. Over recent years, the number of interim appointments on the managerial side and high staff turnover operationally, has increased feelings of instability within the Health Board, affecting working relationships and effective project delivery.

*There are lots of areas that could have worked better but what happens is that the ball starts rolling on projects and then everything comes to a stop due to changes in personnel.*

Recruitment and consistency of staffing is highlighted throughout the interviews as a significant issue for the Health Board. There is, however, a general feeling of positivity as things now stand, with several stakeholders indicating that there is now more stability and co-operation between their organisations and the Health Board.

Perhaps most positively, stakeholders within the education sector are confident about their ability to support the Health Board with skills and recruitment. However, despite the current training programmes and work placements tailored towards the Health Board, there is still a sense that this resource is not being fully utilised. Those in the education sector call for innovative approaches that “think outside the box” to maximise engagement with students across a range of disciplines beyond healthcare. They see collaboration across the educational system as critical for the Health Board in developing a long-term approach to skills development, recruitment and retention.

In addition to the skills issues, several stakeholders highlight additional challenges to recruitment for BCUHB. While some note issues around workplace culture and reputation, others suggest that infrastructural issues such as a lack of suitable housing for nurses are negatively impacting the Health Board's ability to recruit and retain staff. The interviews highlight the need to prioritise tackling these types of issues in order to stabilise the workforce and improve service delivery.



### *Stuck in Survival Mode*

There is concern and frustration among many of the stakeholders regarding a focus on short-term fixes and a lack of strategic thinking, problem solving and planning.

*Collaborative working on a strategy on what the model for the Health Sector and the Care Sector should look like has stalled due to the HB's priority in getting out of special measures but needs to be put at the top of the list.*

One stakeholder identifies the political system as a particular challenge for BCUHB in this regard, as shifting political priorities and relatively short terms of office hinder effective long-term strategic planning and implementation. They emphasise that as many of the issues faced by the Health Board are often inherently “*intergenerational*”, requiring genuine long-term thinking, such approaches are often less politically appealing as they are unlikely to be “*solved*” within a single term. Consequently, short-term fixes have been favoured which fail to address the root causes and ultimately amplify the issues:

*Often the challenges are... really stubborn things to move.... What politicians have got are longitudinal issues, intergenerational challenges, which you're not going to be able to move the dial within their administrative tenure.... what you're asking them to do is to take a bold step which may not deliver within their three years....”*

To move beyond this cycle of short-termism, BCUHB requires a strong, data-driven strategy and implementation plan that gains cross-party support, helping to ensure it will be upheld regardless of which political party is in power.

### *From Crisis to Control*

To move into a more controlled and strategic state, a number of stakeholders again emphasise the need to start with prevention and investing in the right services. Specifically, they highlight the current lack of GPs, demand for out-of-hours (non-emergency) services and deficiencies in social care provision as root causes of the challenges being dealt with on a daily basis. They stress that addressing these issues will ease pressures on emergency departments and hospital beds.

With frontline services under constant pressure, stakeholders are united in their desire to partner with the Health Board to find ways to address these issues. For some, there is the perception that the continual firefighting is leading to a lack of strategic and innovative thinking. One stakeholder suggests that “*strategic engagement is letting them down*”, while another states that “*innovation gets drowned out*”. This is not the experience of all, however, with others commending the Health Board's willingness to explore innovative solutions with them:

*Lots of opportunity and they felt like an ambition to you know to have the conversations and to be fair, you know .... I understand the constraints within the public sector, and it was refreshing that even within those constraints, they are willing to be thinking about innovation and how they can deliver it.*



These differences in experience suggest that, while progress is evident for some, the effects of the new leadership are yet to fully permeate all stakeholder relationships. Stakeholders repeatedly speak of their desire to work in partnership with the Health Board but emphasise that truly collaborative partnership working starts right at the beginning of the process, exploring and agreeing solutions together. As such, a systematic programme of individual meetings between the Chief Executive, Chair and each of the stakeholders – prioritising those who have not yet experienced this level of engagement - could help embed a focus on innovative partnership working universally, enabling the Health Board to deepen and strengthen all its stakeholder relationships.

#### 2.4. Building Better Together: A United Will for Progress

Overall, stakeholders appreciate the willingness to change and openness to working together that has begun to filter through since the appointment of the current Chief Executive, with many commending the positive tone now being adopted. There is hope that being open to new ideas, fresh thinking and working to do things differently will bring about meaningful change for Health services across the region, but many still feel that more radical change is still needed.

Reforming the size and structure of the Health Board is identified by many as one area which could radically re-shape healthcare across the region. The sentiment that the Health Board is not fit for purpose is echoed throughout the interviews

*Look at the model - it is not fit for purpose and [it's] too big as it encompasses both Primary and Secondary care*

Many of the issues raised throughout the interviews are linked back to the size of BCUHB and the limitations that this places on the organisation's ability to work effectively and efficiently as a Health Board as well as with its partners. As such there is a strong feeling among many of the stakeholders that BCUHB should be broken down into smaller parts

*They need to reduce the size of it. You know, it's become a monster. They've created a monster. It's too big. They need to break it up and have different regions... I just think there needs to be some more time spent and really look at it politically to make it smaller and just divide it, and then its more manageable*

Overall, there is the feeling that a number of smaller Health Boards might be a better solution. Smaller, more agile organisations would be better able to adapt and respond to the needs of the population, while developing more collaborative and agile local partnerships.

In spite of this, stakeholders remain committed to working with the Health Board to find solutions and improve health and social care for the people of North Wales. The strong relationships between individual personnel, which underpin much of the good work between the organisations, should be leveraged to strengthen and sustain robust connections. This will help ensure that ties between organisations can withstand changes in personnel, minimising disruption to projects and partnerships while providing stability.



### 3. Conclusions

The size of the Health Board is a recurring and fundamental issue, raised repeatedly throughout the discussions with Stakeholders since 2017. In 2023, one of the themes identified was for reform of the size and structure of the Health Board. In 2024, this continues to be a major concern that is thought to cause and exacerbate many of the other problems. As such, a number of the stakeholders call for radical change in order to improve service delivery, with a number urging the Health Board's division into two or more separate entities.

In spite of the difficulties working with such a large organisation, stakeholders remain committed to working with the Health Board to deliver and improve health services across North Wales. They do, however, emphasise the need to be treated as partners, whose knowledge and expertise adds value and support to both the planning and delivery aspects of health and social care.

Positivity and hope accompany the appointment of the current Chief Executive, and this momentum should be utilised to maximise real change. As such, understanding and meeting stakeholders' expectations in terms of their relationships with the Health Board is critical to moving things forward. It is clear from the consultation that, aside from the issue of the size and structure of the Health Board, some relatively simple adjustments to communications and ways of engagement, in terms of how and when, could have a significant positive effect on strengthening partnerships. These are identified as:

1. Implement a systematic programme of one-to-one meetings with stakeholders to develop connections, create frameworks for collaboration and develop new ways of working together that promote autonomous decision and successful project delivery.
2. Recognise and work in a way that health sits within a broader ecosystem of public services. Prioritising prevention and early intervention, and working with partners to do so, is essential to relieve pressure on downstream health services and will lead to a more sustainable, cost-effective and efficient overall system.
3. Engaging and actively listening to stakeholders from the outset of strategy development will deepen relationships and foster the creation and implementation of innovative and collaborative solutions to challenges.
4. Communicate with stakeholders in a timely manner, and especially prior to any major announcements. Doing so will build trust in the relationships and allow them to respond appropriately, reducing the risk of negative reactions.

A more complex issue to address is the size and structure of the Health Board. The consultation process leads us to recommend that a full and critical evaluation of the Health Board size and structure is considered. We highlight however, that for any such assessment, however, to be successful it must consider all potential options, including the status quo. It must be rigorous, inclusive (involving partners and other stakeholders e.g. service users) and transparent to ensure the most appropriate model is selected to ensure the successful delivery of health services across the region. Only by identifying and assessing all options fully for feasibility will the Health Board be able to silence this issue and move forward, definitively with a clear strategy for the future.