

Bundle Stakeholder Reference Group 3 March 2025

Agenda attachments

2025-03-03 Stakeholder Reference Group Agenda

- 1 PRELIMINARY MATTERS
 - 1.1 13:00 - S25/01 Welcome and apologies
Chair
 - 1.2 13:01 - S25/02 Draft notes of previous meeting, held on 2nd December 2024.
Chair
 - S25 02.1 Draft Minutes SRG 02.12.24 v0.2
 - 1.3 13:03 - S25/03 Matters arising and Action Log
Chair
 - S25 03.1 SRG Action Log 24.2.25
- 2 STRATEGIC PRIORITIES
 - 2.1 13:06 - S25/04 Partner Update
Jenny Murphy, Mental Health System Influencing Advisor (Wales), MIND Cymru
- 3 WORKSHOPS
 - 3.1 13:36 - S25/05 Well North Wales
Brian Laing, Strategic Partnership Manager, Public Health
 - S25 05.1 WNW Deep Dive SRG 030325 CYM
 - S25 05.2 WNW Deep Dive SRG 030325 ENG
 - S25 05.3 WNW Deep Dive SRG 030325
 - 3.2 14:06 - S25/06 Progress on Special Measures
Geraint Parry, Special Measures Programme
 - S25 06.1 Special Measures Update 3rd March 2025 Bilingual
- 4 FOR ASSURANCE
 - 4.1 14:36 - S25/07 Director's Report
Helen Stevens-Jones, Director Of Partnerships, Communications and Engagement
 - S25 07.1 SRG Directors Report March 2025 CYM
 - S25 07.2 SRG Directors Report March 2025 ENG
 - 4.3 14:51 - S25/08 Review of Board Engagement
Rob Callow, Head of Engagement
 - S25 08.1 Review of Board Engagement
 - 4.4 15:11 - S25/09 Update on the Organisational Design Principles
Julie Parry, Programme Lead
 - S25 09.1 Design Principles for SRG v1.0 CYM
 - S25 09.2 Design Principles for SRG v1.0 ENG
 - 4.5 15:31 - S25 10 Review SRG Terms of Reference and Cycle of Business 2025-26
Pam Wenger, Director of Corporate Governance
 - S25.10.1 SRG Terms of Reference cover sheet
 - S25.10.2 SRG ToR V9.01 24.2.25
 - S25.10.3 SRG CoB 2025-26-DRAFT v0.02
- 5 FOR INFORMATION
 - 5.1 S25/11 Process for Appointment of SRG Members
S25.10.1 Process for Appointment of SRG Members
- 6 CLOSING BUSINESS
 - 6.1 15:46 - S25/12 Agree items for referral to Board or other Committees
Chair

6.2 15:47 - S25/13 Review of Meeting's Effectiveness
Chair

6.3 Date of Next Meeting
1.00pm, Monday, 2nd June 2025
Dates of future meetings:
1st September 2025
1st December 2025
2nd March 2026



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Agenda Stakeholder Reference Group

Subtitle	Meeting including workshop
Date	03/03/2025
Time	13:00 - 15:37
Location	Conwy Business Centre, Llandudno Junction LL31 9XX
Chair	Mike Parry

1 PRELIMINARY MATTERS

1.1 S25/01 Welcome and apologies

13:00 *Chair*

1.2 S25/02 Draft notes of previous meeting, held on 2nd December 2024.

13:01 *Chair*

1.3 S25/03 Matters arising and Action Log

13:03 *Chair*

2 STRATEGIC PRIORITIES

2.1 S25/04 Partner Update

13:06 *Jenny Murphy, Mental Health System Influencing Advisor (Wales), MIND Cymru*

3 WORKSHOPS

3.1 S25/05 Well North Wales

13:36 *Brian Laing, Strategic Partnership Manager, Public Health*

3.2 S25/06 Progress on Special Measures

14:06 *Geraint Parry, Special Measures Programme*

4 FOR ASSURANCE

4.1 S25/07 Director's Report

14:36 *Helen Stevens-Jones, Director Of Partnerships, Communications and Engagement*

4.3 S25/08 Review of Board Engagement

14:51 *Rob Callow, Head of Engagement*

4.4 **S25/09 Update on the Organisational Design Principles**
15:11 *Dylan Roberts, Chief Digital and Information Officer*

5 **FOR INFORMATION**

5.1 **S25/10 Membership Briefing Paper**

6 **CLOSING BUSINESS**

6.1 **S25/11 Agree items for referral to Board or other Committees**
15:31 *Chair*

6.2 **S25/12 Review of Meeting's Effectiveness**
15:32 *Chair*

6.3 **Date of Next Meeting**
1.00pm, Monday, 2nd June 2025

Dates of future meetings:

1st September 2025

1st December 2025

2nd March 2026



UNCONFIRMED MINUTES

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

Notes of the meeting held on 02.12.24

Present:	Representative of:
Mike Parry	One Voice Wales (Chair)
Peter Lewis	Cartrefi Conwy (Vice-Chair)
Sherry Weedall	Denbighshire Voluntary Services Council
Mfikela Jean Samuel	North Wales Regional Equalities Network
Haydn Jones	North Wales Cancer Patients' Forum
Anne-Marie Street	St David's Hospice
Elinor Thomas	St David's Hospice
Jenny Murphy	Mind Cymru
Allen Bewley	Flintshire Local Voluntary Council
Bethan Russell-Williams	Mantell Gwynedd Voluntary Services Council
Roger Seddon	Llais
In Attendance:	
Fiona Mash	Head of Organisational Portfolio, BCUHB (via Teams)
Helen Stevens Jones	Director of Partnerships, Engagement and Communications, BCUHB
Nia Wyn Harris	Organisational Development Manager, BCUHB
Dewi Owen	Workforce and Organisational Development, BCUHB
Llinos Roberts	Executive Business Manager (Chair's Office), BCUHB (via Teams)
Kirsty Thomson	Head Of Charitable Funds and Charitable Partnerships: Awyr Las
Gareth Evans	Integrated Health Community Director (Central)
Pam Wenger	Director of Corporate Governance, BCUHB (via Teams)
Committee Support	
Fiona Lewis	Corporate Governance Officer, BCUHB. Minute taker.
Ann Lloyd	Translator

Agenda item
PRELIMINARY MATTERS
S24/24 Welcome and apologies
<p>The Chair of the Committee welcomed all to the meeting. Apologies were received from</p> <ul style="list-style-type: none"> • Dyfed Edwards (Health Board Chair) • Margaret Hollings (St David's Hospice) - Anne-Marie Street and Elinor Thomas to deputise

- Paolo Tardivel (Director Of Transformation & Improvement) - Fiona Mash to deputise
- Geraint Parry (Quality Improvement Fellow)
- Geoff Ryall-Harvey (Llais) - Roger Seddon to deputise
- Dylan Williams (Assistant Director - Health Strategy)
- John Pritchard (Wrexham Local Authority)
- Cllr. Arnold Woolley (Flintshire County Council)
- Steve Williams (Welsh Ambulance Service Trust)
- Cllr. Penny Andow (Conwy Council)
- Linda Kinani (Carers' Outreach Service)

S24/25 Declarations of Interest

No declarations of interest were raised.

S24/26 Draft minutes from previous meeting held on 04.03.24 and Summary Action Log

It was agreed that the minutes of the meeting held on 04.03.24 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

24/27 Integrated Planning Process for 2025-28

The Assistant Director of Health Strategy, was unable to attend. It was agreed arrangements would be made at the earliest for an online session regarding the Integrated Planning Process.

Actions:

- **S24/27.1** Director of Partnerships, Engagement and Communications to organise an online session

S24/28 Special Measures Update

The Head of Organisational Portfolio presented her update to the meeting.

In presenting to the Forum, The Head of Organisational Portfolio drew particular attention to:

- the publication of the Board Development Plan
- the recent deployment of the Integrated Performance and Accountability Framework
- the Board's endorsements of both the revised Planning Process and Integrated Concerns Policy.
- reductions in the most extreme waits within planned care
- of the 106 deliverables due to be completed in Q2, 31 were not. A great deal of work continued to take place with services to get mitigating plans in place to

ensure as many of these deliverables will be completed by the end of December.

- the positive feedback received from Welsh Government with regards to the Health Board's Governance.
- the strong focus on compassionate culture and behaviours and Laying the Foundations for the Future (formerly known as the Operating Model).
- the financial governance and control improvements

As part of the discussion, Members:

- were advised that the Vascular Service was to be one of the Quality Management System's Early Adopters.

It was resolved that the Committee:

- **RECEIVED** the presentation.

S24/29 Partner Update

The Chair thanked the former representative of St David's Hospice, Trystan Pritchard, for his dedication and positive contribution to the Stakeholder Reference Group over the many years he was a member.

The Chair thanked Anne-Marie Street and Elinor Thomas from The St David's Hospice. During the presentation, they drew particular attention to:

- The Hospice, based in Conwy, works across Anglesey, Gwynedd and Conwy and has cared for people, their families and carers, for 25 years.
- It has three clinical sites – Llandudno (12 bedded unit plus a day therapy unit), Ysbyty Gwynedd (day therapy unit) and a satellite unit in Ysbyty Stanley, Holyhead (4-bedded hospice) unit within the community hospital.
- The Hospice delivers specialist palliative care across the three counties to adults with life-limiting illnesses. The care is also extended to their families, carers and loved ones.
- With physiotherapy, occupational therapy, a social vicar, counselling, spiritual care, complementary therapy, both nursing and medical teams, they provide an holistic approach to care.
- The challenges in creating a three-year strategy due to the reduction in available funds, brought about by the increase in National Insurance and the raising of the minimum wage. The Hospice expects to continue to run at a loss for in 2024-2025, as it has done in previous years, which is unsustainable.
- The National Commission currently looking into Hospice funding.
- It was noted that Hospice Cymru had requested of Welsh Government £5.9m for emergency funding and as a hospice, it would expect to receive 10% of any extra funds provided. It was also anticipated that emergency funds would be sought for 2025-26, or until a new National Commission Framework comes into force.

As part of the discussion, Members discussed:

- Kirsty Thomson, or a member of her team, to contact Anne-Marie Street outside the meeting to look at new partnerships and ways in which the Health

Board could work more collaboratively with the Hospice, with a view to improving income generation to ensure the continuance of the services they offer.

- The need for improvements in end of life care, and the raised awareness of this need, brought about by the recent debates surrounding the 'Assisted Dying Bill'.
- Reference was made to an FOI request which had been sent to BCUHB regarding costs of beds at hospices in England compared to costs paid to the St David's Hospice. The response revealed that BCUHB were paying £600 a night for beds in hospices in England compared to £150 per night for the equivalent in Wales.

Anne-Marie Street and Elinor Thomas were thanked for attending the meeting and providing an insight into the work of St. David's Hospice and the challenges it faces.

Actions:

- **S24/29.1** Kirsty Thomson, or a member of the Charitable Funds And Charitable Partnerships: Awyr Las team, to contact Anne-Marie Street outside the meeting to look at new ways of using hospital space more strategically and other ways to help improve income generation.

[The Integrated Health Community Director (Central) joined the meeting]

S24/30 Update on Royal Alexandra Hospital and the Llandudno Hub Business Cases.

Members received the report and noted the progress. In presenting the report, the Integrated Health Community Director (Central) highlighted the following regarding the Royal Alexandra Hospital:

- The previous business case for the Royal Alexandra was being reviewed in light of affordability.
- The revised project would still include a new building, though smaller than the original business case, which meant a revision of which clinical services would be accommodated on the site. The new site would include a Minor Injuries Unit, some community beds, the provision of a community dental service and a radiology provision.
- The business case also seeks investment in the existing building, to redevelop accommodation for existing clinical services.
- It was noted that over the next four months the Health Board would be in the design stage and associated costs. Once this information is available, it would then be able to finalise the business case, anticipating taking it for Board approval..
- Should Welsh Government approve the revised business plan, it was anticipated that work would start on the new build at the end of 2025 and take around 12 months to complete, with services being open to the public in October 2026. Work would start on the existing building at a later date, with expected completion in 2028.
- It was confirmed that there had been and continued to be very good community engagement. Meetings had taken place with Denbighshire Voluntary Services

Council (DVSC) concerning their role and contribution to what will be a Health and Wellbeing Centre and not just a traditional community hospital.

As part of the discussion regarding the Royal Alexandra Hospital, Members:

- Received assurance that the need for the building to be fit for purpose, and that practitioners and 'front line staff' have been consulted throughout the process. Following on from the pandemic, revised design standards are being incorporated into the design.
- Noted that there has been a partnership approach with the local voluntary services throughout the process.
- Confirmed that various engagement meetings with Denbighshire Voluntary Services Council were planned for early in the new year. It was noted that engagement had taken place with regards to the Regional Integration Fund Strategy. As the project was being seen as a Health and Wellbeing Centre, it was anticipated that some of the capital to support the scheme would come through a Partnership Capital Funding request.
- It was noted that the new building was anticipated to be a stand-alone building at the rear of the existing building..
- Received assurance that Radiology colleagues have a strong desire to fully utilise the new radiology facility, which would link with the existing facility at Ysbyty Glan Clwyd.

The Integrated Health Community Director (Central) provided a verbal update concerning the ongoing construction work taking place at Llandudno Hospital, highlighting:

- Construction of the new-build part of the project continues, alongside refurbishment work to modify an existing ward within the hospital, to transform it into a 19-bed orthopaedic ward.
- Work has continued to support staff who will be affected by this project, in particular Abergele staff whose facility will be moved in its entirety to Llandudno.
- It was noted that both a Clinical lead, and an Anaesthetics Clinical had been appointed. It is anticipated that the good, safe and effective pathways these two leads will develop will positively influence the experience patients will have at the site.
- It was anticipated that the facilities will open later in 2025.

As part of the discussion regarding the Llandudno Hospital Hub, Members:

- Were assured that the two newly appointed clinical leads had been appointed internally.. The exact number of staff to be recruited would be dependent upon the number of existing staff willing to take on the opportunity to work
- Concern was raised about the impact on the Workforce regarding the transition involved in moving sites and whether this had been added to the Risk Register.

Actions:

- **S24.30.1** The Integrated Health Community Director (Central) to circulate the Llandudno Hospital Orthopaedics Hub business case

- **S24.30.2** The Integrated Health Community Director (Central) agreed to investigate
 - How many current staff have shown willingness to move their place of work to Llandudno
 - How many new roles will be created at Llandudno
 - is staffing on the Risk Register
 - What mitigations have been put in place regarding staffing?

It was resolved that the Committee:

RECEIVED the presentation and verbal update.

[The Integrated Health Community Director (Central) left the meeting]

S24/31 Update regarding Volunteering within the Health Board

Members received the report and noted the progress in relation to Volunteering within the Health Board. In presenting the report, the Head of Fundraising Charitable, Awyr Las highlighted the following:

- In 2023 funding was received from NHS Charities Together to carry out a mapping and gapping, scoping exercise of volunteering within the Health Board, with particular emphasis on BCU volunteers as opposed to volunteers generally across North Wales. The recommendations from the exercise were –
 - Leadership
 - Partnership and relationship
 - Tools and Resources
 - To partner with Welsh Government Help Force for other Health Boards
 - To create a Volunteering Charter
 - Produce an Annual Plan
 - Adoption of Corporate Volunteering Function - creating oversight across the Organisation
 - Consistent governance and support arrangements
 - Creating a Volunteering Contact Centre
 - Active promotion of volunteering
- The Executive Director of Nursing and Midwifery was designated as the lead executive for volunteering across the Health Board
- Team building work has taken place between various volunteering groups
 - The Robins – these volunteers are mostly ward-specific and are managed by Workforce.
 - The Audiology volunteers - a well-established group of volunteers who work with the Audiology team and now go into the Community to provide an improved service.
 - The new Welcome Volunteering Service – managed by the Charitable Funds team, with two volunteering co-ordinators. The plan is to develop the service to incorporate Ysbyty Wrexham Maelor (it is currently operational in Ysbyty Gwynedd and Ysbyty Glan Clwyd).
- In terms of next steps, a volunteering Strategy Planning Document, created in conjunction with the Reaffirming our Commitment with Third Sector Groups, to ensure that when implementing the key recommendation, partners are involved.

As part of the discussion, Members:

- Noted that of the 76 WRVS volunteers that worked across the sites at the time it closed its services, 4 were not able to continue as they were at the University, 3 chose not to continue however the remaining 69 decided to remain as volunteers and had been on-boarded as BCU volunteers.
- Were assured that it is routine within Health Boards that the Executive Director of Nursing and Midwifery is the lead executive for volunteering..

It was resolved that the Committee:

RECEIVED the report

S24/32 Process of Appointments to the SRG

The Chair welcomed the Director of Corporate Governance to the meeting and in presenting her report wished to highlight the following:

- The SRG's Terms of Reference were prescriptive as they were set down by Welsh Government. The paper intended to provide more detail on the suggested process in terms of appointments to the SRG.
- Members were invited to comment on
 - the role profile of SRG members and Chair
 - the suggested process
 - make suggestions in order that this can be developed into a formal process
 - the Expression of Interest form

As part of the discussion, Members:

- wished for more clarity with regards to the commitment required of the Chair and Members.
- Asked for clarification around wording – *Role and Purpose – What the SRG is here to do – ‘scrutinise the Health Board’s arrangements relating to patient experience’*
- *Some believed that the Chair’s tenure was too short.*

Actions:

- Director of Corporate Governance to clarify wording – *Role and Purpose – What the SRG is here to do – ‘scrutinise the Health Board’s arrangements relating to patient experience’*.
- Director of Corporate Governance to check Standing Orders in relation to SRG ToR, and to circulate the ToR in Word format for comment.

It was resolved that the Committee:

RECEIVED the report

S24/33 Update on Culture Change Programme

Members received the report and noted the progress made in relation to the Culture Change Framework (CCF). The Organisational Development Manager noted:

- Since the October meeting, a great deal of progress had been made and how wide-ranging staff and stakeholder engagement had helped to create the third iteration of the CCF, which was taken to Board on 28.11.24.
- Through extensive engagement with teams, the importance of linking with existing networks (where possible) was noted, to ensure there was no duplication and keeping systems simple, where possible.
- Following on from receiving Board approval, the hard work has started to embed the new values and behaviours.

As part of the discussion, Members:

- Noted that whilst the Board as a whole recognised the hard work carried out across the Organisation, some individual Members were concerned that the CCF was inward looking. The Director of Partnerships, Engagement and Communications was keen to ensure that these values and behaviours were embedded in the Organisation's work with Partners and suggested that this be a topic for the next workshop. The Organisational Development Manager was keen to help.

Action:

- **S24/33.1** The Director of Partnerships, Engagement and Communications to add 'How best to embed new culture' onto the next workshop agenda. Add to Forward Workplan.
- **S24/33.2** Secretariat to provide Bethan Russell Williams with translation of 3rd iteration of Values & Behaviours Framework

It was resolved that the Committee:
RECEIVED the report

S24/34 Director's Report

The Director of Partnerships, Engagement and Communications presented her report to the meeting, highlighting:

- That the Well North Wales work was very important and gathering momentum. She felt that it would be another excellent topic for the next Workshop. By ensuring Public Health representation at the workshop, this would provide the perfect space to discuss the work and how to take it forward.
- The need to review the recent Board Engagement which had taken place over the last 12 months. Add as a topic to the next Workshop agenda.

Action:

- **S24/34.1** The Director of Partnerships, Engagement and Communications to add Well North Wales as a topic to the next Workshop agenda and invite Public Health to attend. Add to Forward Workplan.
- **S24/34.2** The Director of Partnerships, Engagement and Communications to add 'To Review Board Engagement' to the next Workshop agenda. Add to Forward Workplan.

It was resolved that the Committee:
RECEIVED the report

S24/23 Date of next meeting.

3rd March 2025 - Workshop

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Attendance Register

Name	Organisation Represented	4.3.24	3.6.24	2.09.24	2.12.24
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
Dilwyn Morgan (Cllr)	Gwynedd County Council	✓	✓	✓	x
Fiona Evans	Conwy Voluntary Services Council	✓	x	x	x
Frank Bradfield (Cllr)	Conwy County Council	✓ Cllr Penny Andow	✓ Cllr Penny Andow	✓ Cllr Penny Andow	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			✓	✓
John Pritchard (Cllr)	Wrexham County Council	✓	x	x	x
Linda Kinani	Carers Outreach Service	✓	✓	✓	x
Margaret Hollings	North Wales Hospices				✓ Anne-Marie Street & Elinor Thomas

Peter Lewis	Housing Associations	✓	x	x	✓
Roger Seddon	Llais				✓
Sherry Weedall	Denbighshire Voluntary Services Council	✓	✓	✓ Tom Barham	✓
Sian Purcell / Lyndsey Campbell-Williams	Medrwn Mon Voluntary Services Council	✓ LCW	x	Sheree Ellingworth	x
Steve Sheldon / Steve Williams	Welsh Ambulance Services Trust	✓ SW	✓	✓ SW	x
Trystan Pritchard	North Wales Hospices	Apols	x		
Mfikela Jean Samuel				x	✓
Haydn Jones	North Wales Cancer Patients Forum			✓	✓

DRAFT

Stakeholder Reference Group

Actions Log

Ref. No.	Lead Executive / Member	Minute Reference and Action Agreed	Original timescale agreed	Update	Revised Timescale / Action status (O/C)
Actions from meeting held on 4.12.23					
1	Dylan Williams	<p>S23/45 Planning Verbal Update</p> <p>S23/45.2 DW to ensure that knowledge will be shared on a weekly/monthly basis and not purely for the meetings alone.</p>	4.3.24	<p>A programme of work being developed which will extend throughout the financial year, for the 2025/26 planning cycle. There will be regular updates and workshop engagement with SRG, a live teams channel will be created which will ensure that SRG (and other sub committees) have access to planning information throughout the planning cycle.</p> <p>18.04.24 – DW to consider options which will ensure all SRG members are kept updated by both quarterly updates and real time updates. Real time being the preferred as they would have more value.</p>	
Actions from Workshop held on 2.9.24					
2	Julie Ward-Jones / Helen Stevens-Jones	<p>2.9.24 Workshop – Urgent and Emergency Care.</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>Suggest close</p> <p>26.11.24 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>15.1.25 The Improvement team have been investigating what is currently happening across the Health Board as well as reaching out to colleagues in the NHS Executive to understand if work in this area is happening nationally. Below is a summary of the conversations:</p> <p>Internal - Engagement team Currently hold engagement events with staff public/ patients and collate feedback but don't take idea suggestions or have a process for handling them. Reports are written up from the feedback collected, but do not specifically target improvement ideas.</p> <p>Internal - Patient & Carer Experience team Suggestions (ideas) received are added to Datix (All Wales Reporting and Learning IT system) and are sent through to the service area to take forward – this is a non-transactional process, so no feedback loop. Although each Integrated Health Community (IHC) does produce reports on improvements made from feedback received, which are presented to the Patient and Carer Experience Group meetings. The Patient & Carer Experience Team are proposing an initiative called '<i>The Hive</i>' which is about gaining ideas from staff</p> <p>External - NHS Executive Cwm Taf, Bro Morgannwg University Health Board have a process whereby staff can submit improvement ideas via a form, these are discussed at a monthly meeting where representatives from those areas are invited to attend with NHS Executive and local improvement members. A plan is then put in place for the ideas that have been approved. This 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>2.9.24 Workshop – Health Board Strategy & Clinical Services.</p> <p>Bring QMS update to December meeting, assuring Members examples of good practice would be incorporated into the emerging QMS approach. Add to forward planner.</p>	3.12.24	<p>Suggest Close.</p> <p>26.11.24 In relation to the suggestions from the public, early exploration in relation to how this could work (and what other HBs are doing) has taken place. Work ongoing.</p> <p>2.12.24 QMS Framework Operationalisation presentation provided.</p>	
Actions from meeting held on 2.12.24					
4	Helen Stevens-Jones / Dylan Williams	<p>S24/27 Planning for 2025-28</p> <p>S24/27.1 To arrange an online opportunity for Members to discuss Integrated Planning Process.</p>	16.12.24	<p>Suggest Close.</p> <p>2.11.24 HS-J in discussions with Chris Stockport to arrange an online session.</p> <p>9.1.25 Online session arranged for 16.1.25</p>	




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



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

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

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



Teitl adroddiad:	Gogledd Cymru Well – Deifio dwfn
Report title:	
Adrodd i:	Grŵp Cyfeirio Rhanddeiliaid
Report to:	
Dyddiad y Cyfarfod:	Dydd Llun, 03 Mawrth 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>'Gogledd Cymru Well' yw'r cyfrwng arfaethedig y gall ein partneriaethau rhanbarthol adeiladu momentwm drwyddo a sbarduno dulliau systemau cymhleth effeithiol o wella iechyd a lles y boblogaeth ar draws ffiniau sefydliadol a sectorol.</p> <p>Nid yw Gogledd Cymru Well wedi'i fwriadu i fod yn rhaglen Bwrdd Iechyd; bydd modd ei chyflawni drwy ddod â phartneriaid rhanbarthol strategol ynghyd a chydweithio â' n cymunedau i ddiffinio a chytuno ar ddulliau amlasiantaethol tymor hwy o newid o drin salwch i ddarparu'r blociau adeiladu o les.</p> <p>Yn dilyn cymeradwyaeth ffurfiol i ddull Gogledd Cymru Well gan y Bwrdd Partneriaeth Rhanbarthol a chyfarfodydd y Bwrdd Iechyd Llawn ym mis Medi 2024, gofynnwyd i Grŵp Cwmpasu Gorchwyl a Gorffen gael ei ffurfio er mwyn i bartneriaid rhanbarthol gydweithio i gwmpasu a siapio'r rhaglen waith hirdymor sydd ei hangen i gyflawni'r newid system gyfan hwn tuag at atal yn effeithiol.</p> <p>Mae'r Grŵp Cwmpasu Gorchwyl a Gorffen yn gweithio gyda'r partneriaid dysgu a datblygu Gwelliant Cymru a 'Collaborate' CIC i helpu ein partneriaid rhanbarthol i gwmpasu, siapio a chamu'r rhaglen gyflenwi tymor hwy y bydd ei hangen i weithredu'r dull systemau seiliedig ar le hwn dros y blynyddoedd i ddod.</p> <p>Drwy fabwysiadu argymhellion y Grŵp hwn, a thrwy gydweithio mewn dull partneriaeth strategol ar draws y system gyfan, y gobaith yw y bydd cyfleoedd gwirioneddol i Gogledd Cymru arwain y ffordd drwy adeiladu a datblygu ymchwil, tystiolaeth a gwerthusiad o effeithiau sifftiau systemau cyfan tuag at atal, a datblygu partneriaethau sy'n seiliedig ar lesiant.</p> <p>Mae set o Egwyddorion Dylunio drafft yn cael eu datblygu gan Grŵp Gorchwyl a Gorffen o bartneriaid rhanbarthol. Er bod hyn yng nghamau cynnar iawn y datblygiad, maent ar hyn o bryd yn cynnwys yr awgrymiadau canlynol:</p> <ul style="list-style-type: none"> Rhoi pobl yn gyntaf – byddwn yn rhoi pobl wrth galon ein meddwl Cydweithio ar gyfer dylunio cynhwysol – dylai ein gwaith sicrhau cynrychiolaeth eang o sefydliadau, sectorau a chymunedau i alluogi gweithio mewn partneriaeth a chyd-gynhyrchu effeithiol Llywio penderfyniadau buddsoddi doeth – dylai ein gwaith llywio penderfyniadau i sicrhau gwerth am arian ar wariant

	<p>cyhoeddus a ffynonellau cyllid eraill a all sicrhau buddion profedig a sicrhau'r effeithiolrwydd mwyaf posibl yn ein cymunedau</p> <p> Symleiddio, safoni a mabwysiadu arferion gorau – byddwn yn gweithio gyda'n gilydd i gyflawni dysgu ar y cyd y gellir ei gymhwyso ar draws ein sefydliadau, ein sectorau a'n systemau ehangach</p> <p> Ecwiti a hygyrchedd – byddwn yn ymdrechu i leihau anghydraddoldebau y gellir eu hosgoi a sicrhau y gall ein gwaith gyfrannu tuag at wella mynediad tegwch, profiad a chanlyniadau i'n cymunedau</p> <p>Hefyd fel rhan o Gam Darganfod parhaus y rhaglen hon mae lechyd Cyhoeddus BIPBC yn cymryd rhan mewn Prosiect Enghreifftiol Comisiwn Bevan sy'n ymchwilio '<i>sut i roi cymunedau wrth wraidd trawsnewid canlyniadau?</i>' sy'n ceisio profi a gwerthuso dull cydweithredol o weithio'n agosach gyda phartneriaid lleol gan ganolbwyntio ar ymgysylltu cymunedol a chyfranogiad er mwyn meithrin gwybodaeth leol a deall beth sy'n wirioneddol bwysig.</p> <p>Fel rhan o'r prosiect ymchwil hwn, rydym yn gweithio gyda Rhwydwaith Cydgyngyrchu fel ein partner dysgu a datblygu i helpu i siapio, profi a gwerthuso dull o weithio gyda'n gilydd yn fwy cydweithredol i ymgysylltu â'n cymunedau. Mae gwaith cychwynnol eisoes ar y gweill gyda rhanddeiliaid lleol a grwpiau cymunedol ar lawr gwlad ar draws BGC Conwy a Sir Ddinbych i ddatblygu dealltwriaeth gyffredin o'r tirlun partneriaeth ac ymgysylltu ar draws yr ardal hon.</p> <p>Trwy'r ymchwil hon a thrwy brofi dulliau newydd gobeithiwn y gellir grymuso ein cymunedau gyda llais ac asiantaeth i gymryd atebolrwydd a rennir ar gyfer cyflawni ac i werthuso canlyniadau a rennir ochr yn ochr â'r gwasanaethau (statudol ac anstatudol) sy'n ofynnol i gefnogi'r anghenion cymunedol a nodwyd.</p>		
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>Bwriad y deifio dwfn hwn yw rhoi trosolwg lefel uchel i SRG o gefndir a chyd-destun Gogledd Cymru.</p> <p>Bwriad yr adroddiad yw rhoi diweddariad i randdeiliaid o'r cynnydd hyd yma a rhoi sicrwydd bod blaengynlluniau ar gyfer cwmpasu a siapio'r rhaglen waith systemau cyfan gymhleth hirdymor hon yn cael eu datblygu ar y cyd wrth gymryd rhan gyda phartneriaid rhanbarthol a chyfranogiad gweithredol rhanddeiliaid lleol allweddol.</p>		
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Dr Jane Moore – Cyfarwyddwr Gweithredol lechyd Cyhoeddus</p>		
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Brian Laing – Rheolwr Partneriaethau Strategol, lechyd y Cyhoedd</p>		
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>

Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:




Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:


<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>Fel rhan o gynllun 3 blynedd BIPBC 2024-2027, mae Rhaglen Gogledd Cymru Well yn cyfrannu at ddarparu 'Atal 4b' blaenoriaethol a lleihau afiechyd y gellir ei osgoi.</p> <p>Cymru Iachach: ein Cynllun Iechyd a Gofal Cymdeithasol (2021) yn galw am 'chwyldro o'r tu mewn' i ysgogi'r newidiadau y mae angen i ni eu gweld yn ein system iechyd a gofal cymdeithasol, fel ei bod yn gallu diwallu anghenion cenedlaethau'r presennol a'r dyfodol yng Nghymru'. Mae ymateb y Bwrdd Iechyd i hyn yn cyd-fynd â chefnogi cyflwyno polisi a deddfwriaeth Llywodraeth Cymru, gan gynnwys:</p> <ul style="list-style-type: none"> • Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 • Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) (2020) • Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 • Deddf y GIG (Cymru) 2006 • Deddf Cydraddoldeb 2010 (Cymru) • Partneriaeth Gymdeithasol a'r Cyhoedd Deddf Caffael (2023) <p>Yn ogystal â'r dyletswyddau statudol a nodir uchod, mae'r darn hwn o waith ar wahân i dreialu ymgysylltu â'r gymuned a chyfranogiad hefyd yn cyd-fynd ag amrywiol strategaethau a chynlluniau cenedlaethol a rhanbarthol eraill, gan gynnwys ond heb fod yn gyfyngedig i: Llundio lleoedd ar gyfer Cymru Iachach, Adeiladu Cymru Iachach, a'r Rhaglen Strategol ar gyfer Gofal Sylfaenol,</p>
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<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Dim un wedi'i adnabod</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Byddwn yn gweithio gyda phartneriaid i gynnal Aseidiadau o'r Effaith ar Iechyd ar gyfer prosiectau'r dyfodol fel rhan o gynllunio, comisiynu a gwerthuso i bennu effeithiau poblogaeth ac unigol ar gyfer prosiectau..</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Na – fel yr uchod</p> <p>Cydnabyddir y bydd angen i BIPBC a phartneriaid gynnal SEIA yn ôl yr angen.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR2408 - Cyflawni dull iechyd y boblogaeth o iechyd a lles</p> <p>Angen camau gweithredu ychwanegol: Nid oes cyllid tymor hir wedi'i sicrhau i gefnogi gweithredu a thwf y dull system gyfan ar draws Gogledd Cymru ar raddfa</p> <p>Risg gynhenid 20 risg darged 12</p> <p>Lliniaru ar y risg hon sy'n cyd-fynd â Gogledd Cymru Well i gwmpasu a llunio rhaglenni gwaith tymor hwy ochr yn ochr â Chydweithredol Rhanbarthol.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Nid oes cyllid ychwanegol ar gael ar gyfer y Cyfnod Darganfod hwn.</p> <p>Mae gwaith cwmpasu yn cael ei gwblhau gan adnoddau lechyd Cyhoeddus BIPBC o dan y Parth Anghydraddoldebau Iechyd.</p> <p>Mae partneriaid yn cymryd rhan yn y gwaith cwmpasu o fewn yr adnoddau sydd ar gael eisoes.</p> <p>Mae Gweithio gyda Gwelliant Cymru wedi'i ariannu gan Weithrediaeth y GIG fel rhan o waith cenedlaethol i werthuso dulliau Systemau Dysgu Dynol (CDL) o ymdrin â gwasanaethau cyhoeddus perthynol.</p> <p>Mae ymchwil Comisiwn Bevan yn cael ei gynnal heb unrhyw gyfraniad ariannu ac fe'i cefnogir gan amser staff BIPBC yn unig.</p> <p>Mae BGC Canolog yn cefnogi darparu ymrwymiad adnoddau Rhwydwaith Cydgynhyrchu presennol a ddyrannwyd i BGCau at ddibenion datblygu Cynlluniau Llesiant.</p> <p>Nodir y bydd angen achos busnes dros unrhyw argymhellion i gynyddu a lledaenu dull</p>

	Gogledd Cymru Well ar gyfer dyraniadau adnoddau pwrpasol ychwanegol – bydd yr ymarfer cost hwn yn rhan o allbynnau y gellir eu cyflawni gan y prosiect.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Dim un wedi'i adnabod
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:</i> <i>(or links to the Corporate Risk Register)</i>	BAF SP1 / CRR2408
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i> Mae ein hamserlenni prosiect Enghreifftiol Bevan yn ei gwneud yn ofynnol i ni brofi a gwerthuso dull ymgysylltu a chyfranogiad cymunedol cydweithredol erbyn diwedd mis Gorffennaf gyda'r bwriad o gwblhau ein hadroddiad i Gomisiwn Bevan ym mis Medi ac adrodd yn ôl i Lywodraeth Cymru yn y Senedd ym mis Tachwedd.	
Rhestr o Atodiadau: <i>List of Appendices:</i>	



Teitl adroddiad:	Well North Wales – Deep Dive
Report title:	
Adrodd i:	Stakeholder Reference Group
Report to:	
Dyddiad y Cyfarfod:	Monday, 03 March 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>'Well North Wales' is the proposed vehicle through which our regional partnerships can build momentum and drive forward effective complex systems approaches to improving population health & wellbeing across organisational and sectoral boundaries.</p> <p>Well North Wales is not intended to be a Health Board programme; it will be deliverable through bringing together strategic regional partners and working together <i>with</i> our communities to define and agree longer-term multi-agency approaches to shift from treating illness to providing the building blocks of wellness.</p> <p>Following formal approval of the Well North Wales approach by the Regional Partnership Board and Full Health Board meetings in September 2024 it was requested that a Task & Finish Scoping Group be formed for regional partners to work collaboratively to scope and shape the longer-term programme of work required to effectively deliver this whole system shift towards prevention.</p> <p>The Task & Finish Scoping Group is working with learning & development partners Improvement Cymru and Collaborate CIC to help our regional partners to scope, shape and phase the longer-term programme of delivery that will be required to implement this place-based systems approach over the coming years.</p> <p>By adopting the recommendations of this Group, and through working together in a strategic partnership approach across the whole system, it is hoped that there can be real opportunities for North Wales to lead the way by further building and developing the research, evidence and evaluation of the impacts of whole systems shifts towards prevention, and developing partnerships built around wellness.</p> <p>A set of draft Design Principles are being developed by a Task & Finish Group of regional partners. Whilst this is in very early stages of development they currently include the following suggestions:</p> <ul style="list-style-type: none"> 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

	<p>proven benefits and maximise effectiveness in our communities</p> <p> 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</p> <p> 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</p> <p>Also as part of the ongoing Discovery Phase of this programme BCUHB Public Health are currently engaged in a Bevan Commission Exemplar Project researching ‘<i>how to put communities truly at the heart of transforming outcomes?</i>’ which is seeking to test & evaluate a collaborative approach to working more closely with local partners focussing on community engagement and participation in order to build local intelligence and to understand what really matters.</p> <p>As part of this research project we are working with Co-Production Network as our learning & development partner to help shape, test & evaluate an approach to working together more collaboratively to engage collectively with our communities. Initial work is already underway with local stakeholders and grassroots community groups across the Conwy & Denbighshire PSB to develop a shared understanding of the partnership & engagement landscape across this area.</p> <p>Through this research and by testing new approaches we hope that our communities can be empowered with voice & agency to take shared accountability for delivery and for evaluating shared outcomes alongside the (statutory & non-statutory) services required to support the identified community needs.</p>		
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>This Deep Dive report is intended to provide SRG with a high-level overview of Well North Wales background & context.</p> <p>The report is intended to provide stakeholders with an update of progress to date and to provide assurance 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.</p>		
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Dr Jane Moore – Executive Director of Public Health</p>		
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Brian Laing – Strategic Partnerships Manager, Public Health</p>		
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I’w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>

Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		<p>As part of the BCUHB 3 year plan 2024-2027 the Well North Wales Programme contributes towards delivery of priority '4b Prevention' and reduction of avoidable ill-health.</p> <p>A Healthier Wales: our Plan for Health and Social Care (2021) called for a "revolution from within" to drive the changes we need to see in our health and social care system, so that is it able to meet the needs of current and future generations in Wales'.</p> <p>The Health Board response to this aligns with supporting delivery of Welsh Government policy and legislation including:</p> <ul style="list-style-type: none"> • The Well-being of Future Generations (Wales) Act 2015 • The Health and Social Care (Quality and Engagement) (Wales) Act (2020) • The Social Services and Wellbeing (Wales) Act 2014 • The NHS (Wales) Act 2006 • The Equality Act 2010 (Wales) • Social Partnership & Public Procurement Act (2023) <p>In addition to statutory duties noted above, this discrete piece of work to pilot community engagement & participation also aligns to various other national and regional strategies and plans, including but not limited to: Shaping Places for a Healthier Wales, Building a Healthier Wales, and Strategic Programme for Primary Care,</p>		
Goblygiadau rheoleiddio a lleol:		None identified		

Regulatory and legal implications:	
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>We will work with partners to conduct Health Impact Assessments for future projects as part of planning, commissioning and evaluation to determine both population and individual impacts for projects.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No – as above</p> <p>It is recognised that an SEIA will need to be conducted by BCUHB and partners as required.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR2408 - Delivering a population health approach to health and wellbeing Additional actions required: There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale Inherent risk 20 target risk 12</p> <p>Mitigation of this risk aligned with Well North Wales to scope & shape longer-term programmes of work alongside Regional Collaborative.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is no additional funding available for this Discovery Phase.</p> <p>Scoping work is being completed by BCUHB Public Health resources under the Health Inequalities Domain.</p> <p>Partners are participating in the scoping work from within existing available resources.</p> <p>Work with Improvement Cymru has been funded by NHS Executive as part of national work to evaluate Human Learning Systems (HLS) approaches to relational public services.</p> <p>Bevan Commission research is being conducted with no funding contribution and is supported by BCUHB staff time alone.</p> <p>Central PSB are supporting provision of existing Co-Production Network resource commitment allocated to PSBs for purposes of developing Wellbeing Plans.</p> <p>It is noted that any recommendations to scale & spread the Well North Wales approach will require a business case for additional dedicated resource allocations – this costing</p>

	exercise will form part of the project deliverable outputs.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	None identified
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:</i> <i>(or links to the Corporate Risk Register)</i>	BAF SP1 / CRR2408
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i> Our Bevan Exemplar project timescales require that we test & evaluate a collaborative community engagement & participation approach by the end of July with a view to finalising our report to the Bevan Commission in September and reporting back to WG in the Senedd in November.	
Rhestr o Atodiadau: <i>List of Appendices:</i>	

Stakeholder Reference Group

Well North Wales Deep Dive



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

BACKGROUND & CONTEXT



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Data ynghylch y Boblogaeth: Negeseuon Allweddol

- Mae'r rhan fwyaf o weithgarwch y GIG yn canolbwyntio ar gyflyrau hirdymor
- Mae'r boblogaeth yn heneiddio - ac yn fwy tebygol o fod â chyflyrau hirdymor, ac yn aml, cyflyrau lluosog
- Mae pobl yn byw'n hirach ac mewn iechyd gwaelach am yn hirach
- Pobl yn yr ardaloedd tlotaf a gaiff eu heffeithio fwyaf gan salwch a marwoldeb
- Mae cyfraddau geni'n gostwng, ond yn groes i hyn, mae mwyfwy o blant yn byw mewn tlodi

Population Data: Key Messages

- 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 and in poorer health for longer
- People in our poorest areas will be most affected by ill health & mortality
- There are decreasing birth rates, but conversely increasing numbers of children living in poverty

A Compelling Case for Change

- We all recognise the need for the shift to prevention – now to implement (*in partnership across all wider-determinants?*)
- If we don't understand our population and its needs, and the needs of different parts of that population we will get poor outcomes
- Provide the right care that allows people to live fulfilled lives
- If we focus on treatment and efficiency models to address supply we will fail to recognise the need to change the demand that is driving services
- 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.

Strategic Context

A Healthier Wales: our Plan for Health and Social Care (2021) called for a *"revolution from within"* to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales'.

The Health Board response to this aligns with supporting delivery of Welsh Government policy and legislation including:

- The Well-being of Future Generations (Wales) Act 2015
- The Health and Social Care (Quality and Engagement) (Wales) Act (2020)
- The Social Services and Wellbeing (Wales) Act 2014
- The NHS (Wales) Act 2006
- The Equality Act 2010 (Wales)
- Social Partnership & Public Procurement Act (2023)

As part of the [BCUHB 3 year plan 2024-2027](#) 'Well North Wales' aims to deliver on priority '4b Prevention' and reduction of avoidable ill-health. This programme of work outlines how the Public Health team and wider Health Board will work more effectively with our partners to shift to preventative models in order to:

- i) reduce avoidable health inequalities, and
- ii) improve long-term population health & wellbeing outcomes.



STAKEHOLDERS & GOVERNANCE



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Enabling a whole systems shift towards prevention: Regional partnerships perspectives

Wider Determinants

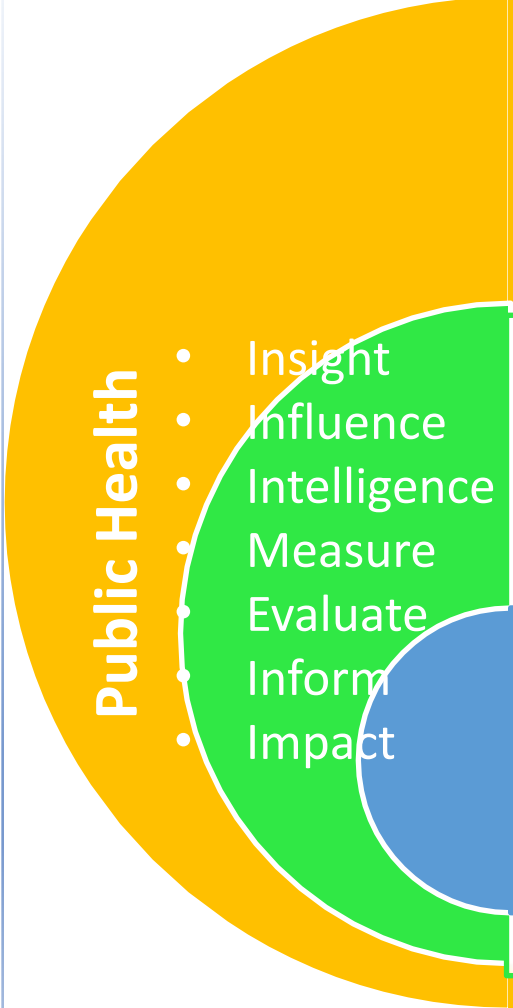
- How does our role as an Anchor Organisation provide us with local opportunities to influence health outcomes?
- How can we influence and contribute through our local partner planning processes and networks?
- How do we best support our partners in developing plans to improve First 1000 days?
- Do we fully understand the needs of different communities on our patch? How do we plan to distribute our resources to meet these?

Partner Organisations

- Do we have examples of the role of the whole system in prevention and are we developing this further?
- Are we collaboratively developing Social interventions and Social Prescribing?
- Are there 'quick wins' for health improvement and prevention by acting together with partners?
- Where can we begin to develop consistent and sustainable models for all?

Health Board

- What and how do we left shift to Primary Care and Community care?
- How do we shift from disease-specific to person-centred approaches across chronic disease pathways?
- How do we develop a holistic approach to how our divisions work with communities and the voluntary, community, faith and social enterprise sector (VCFSE)?



Public Health

- Insight
- Influence
- Intelligence
- Measure
- Evaluate
- Inform
- Impact

Key Stakeholders

Voluntary sector & community groups

Statutory & non-statutory public bodies

Health Board services

Well North Wales

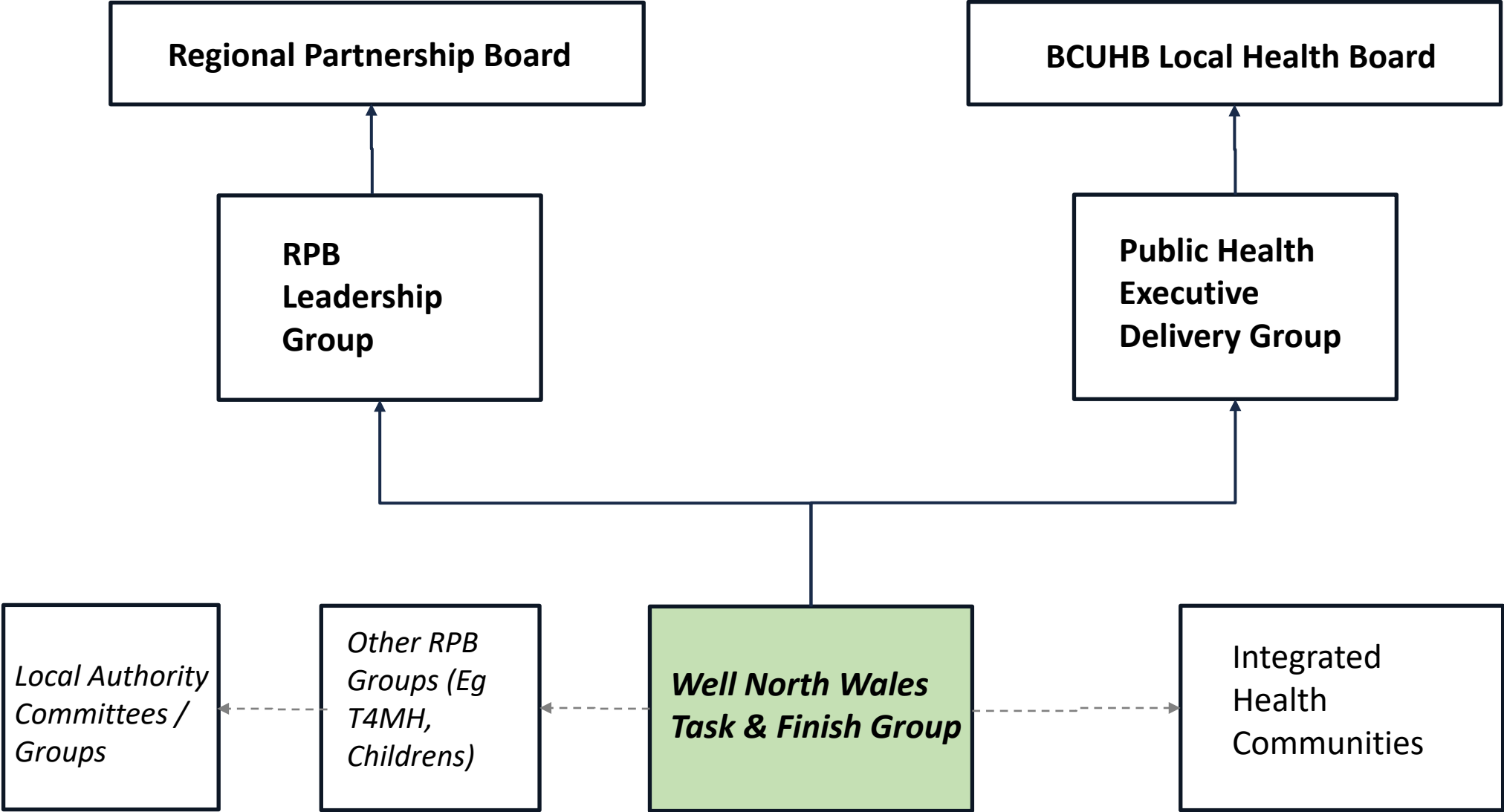
WG Policy Leads & national political interest

Local Elected Members

Town & Community Councils



Governance



ACHIEVEMENTS

Progress to date / High-level
forward planning



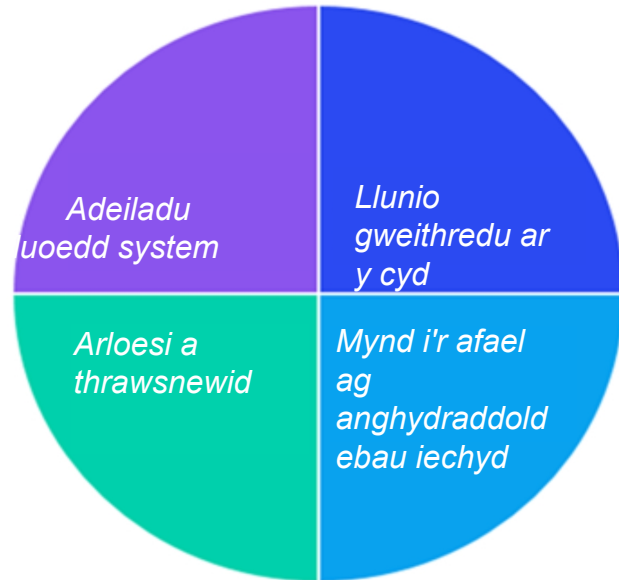
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Ddeddf Gofal Gwrthgyfartal

Gan gydnabod bod penderfynyddion cymdeithasol, economaidd ac amgylcheddol yn cael effaith arwyddocaol ar iechyd, ond eu bod y tu hwnt i gwmpas y GIG i fynd i'r afael â nhw,



Fel rhan o Gyfnod Darganfod rydym yn parhau i adeiladu ar frwdfrydedd o ran ein rhaglen Deddf Gofal Gwrthgyfartal, gan geisio ymgorffori dysgu o'n prosiectau peilot clystyrau arloesol i Ofal Sylfaenol ac ar draws ein systemau iechyd a gofal ehangach.

Inverse Care Law

Recognising that social, economic and environmental determinants have a significant impact on health, but are beyond the scope of the NHS to address.



As part of this Discovery Phase we are continuing to build on the enthusiasm for our ICL programme, seeking to embed learning from our innovator cluster pilot projects into Primary Care and across our wider health and care systems.

What is 'Social Prescribing'?

Social Prescribing is not a new concept. For many years Social Prescribing style interventions have been developed and established in a bottom-up way across communities, with individual contracted providers involving stakeholders in health and care, third sector and statutory organisations all developing different delivery models.

The WG National Framework for Social Prescribing in Wales defines it as:

“a person-centred approach to connecting people to community assets”

Social prescribing is an umbrella term that describes a person-centred approach to linking people to community-based, non-clinical support. It is a way of connecting people, whatever their age or background, with their community to better manage their health and well-being. It aims to empower individuals to recognise their own needs, strengths, and personal assets.



Rhagnodi Cymdeithasol

"Fel y mae'r adroddiad yn ei awgrymu, mae angen brys i flaenoriaethu dulliau atal, mynd i'r afael ag anghydraddoldebau a helpu pobl i aros yn iach am yn hirach.

Byddwn ond yn gallu gwneud hyn os byddwn yn cydgysylltu'r system iechyd â phrosiectau arloesol mewn cymunedau yn fwy effeithiol o lawer, ac yn rhoi cymorth ymarferol ar gyfer pobl y mae eu hiechyd wedi'i effeithio gan ddyled, problemau tai a ffactorau cymdeithasol cymhleth. Mae gan ragnodi cymdeithasol rôl hollbwysig i'w chyflawni yn hyn o beth. Mae'n rhaid iddo fod yn flaenoriaeth dros y blynyddoedd sydd i ddod."

- Yr Academi Genedlaethol dros Ragnodi Cymdeithasol, Medi 2024

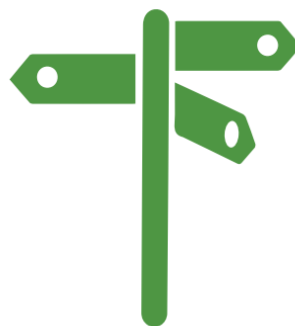


Social Prescribing

"As the report suggests, there is an urgent need to prioritise prevention, tackle inequalities and help people to stay healthy for longer.

We can only do this if we join the health system much more effectively to preventative projects in communities, and provide practical support for people whose health is affected by debt, housing problems and complex social factors. Social prescribing has an absolutely crucial role to play in this. It must be a priority over the coming years."

- National Academy for Social Prescribing, Sept 2024



Celfyddydau mewn Iechyd

Fframwaith Strategol Tair Blynedd ar Celfyddydau, Iechyd a Lles

- Wedi'i ddatblygu ar y cyd, mae'n cefnogi'r galw cynyddol am y celfyddydau, iechyd a lles trwy amrywiaeth o gamau gweithredu sydd wedi'u cynllunio i hysbysu, dylanwadu, hyrwyddo a meithrin gwytnwch a chynaliadwyedd ar gyfer iechyd a lles trwy greadigrwydd yng Ngogledd Cymru
- sefydlu targedau ac ymrwymadau, i roi cyfeiriad clir a momentwm ymlaen gan hyrwyddo gweithio traws-sector, perchnogaeth a chydweithio â phartneriaid
- Meysydd blaenoriaeth allweddol: Iechyd a lles meddwl, natur ac iechyd gwyrdd, grwpiau agored I niwed, a bod yn weithgar, ddefnyddio'r 5 Ffordd at Lles
- **Cyflawni rhaglen Celfyddydau mewn Iechyd llewyrchus, bywiog a gwybodus gan weithio mewn partneriaeth ar draws y rhanbarth i sy'n cyfoethogi bywydau pobl, cleifion, ymwelwyr, staff, gwirfoddolwyr a chymunedau, i ateb heriau iechyd a diwallu anghenion**



Arts in Health

3-year Strategic Framework for Arts, Health and Wellbeing

- Collaboratively developed, supports the growing demand for arts, health and wellbeing through a range of actions designed to inform, influence, promote and build resilience and sustainability for health and wellbeing through creativity within North Wales
- establishes targets and commitments, to give a clear direction and forward momentum promoting cross-sector working, ownership and collaboration with partners
- Key priority areas: mental health and wellbeing, nature and green health, vulnerable groups, and being active, using 5 Ways to Wellbeing
- **Achieve a flourishing, vibrant and well-informed Arts in Health programme working in partnership across the region to enrich the lives of patients, visitors, staff, volunteers, citizens and communities to meet health challenges and need**



Lleihau Amrywiadau

Cydnabyddir bod imiwneiddio a sgrinio yn achub bywydau ac yn atal salwch, ond nid yw pawb yn dewis manteisio ar y gwasanaethau hyn neu nid yw pawb yn gallu gwneud hynny.

Mae'r Tîm Iechyd Cyhoeddus yn datblygu gwaith i leihau amrywiadau o ran mynediad ymysg grwpiau allweddol sy'n agored i niwed gan gynnwys pobl sydd ag anableddau dysgu, Sipsi Roma a Theithwyr a phobl sydd mewn perygl o ddigartrefedd neu sy'n profi digartrefedd.

Trwy waith mewn partneriaeth a chydweithio â phartneriaid lleol, rhanbarthol a chenedlaethol, bydd BIPBC yn gweithio yn y cymunedau hyn i ddatblygu'r gwaith hwn gan sicrhau bod ein grwpiau a'n cymunedau sydd fwyaf agored i niwed yn cael eu hystyried wrth gynllunio a darparu imiwneiddiadau a sgrinio fel modd o atal salwch a lleihau anghydraddoldebau iechyd.

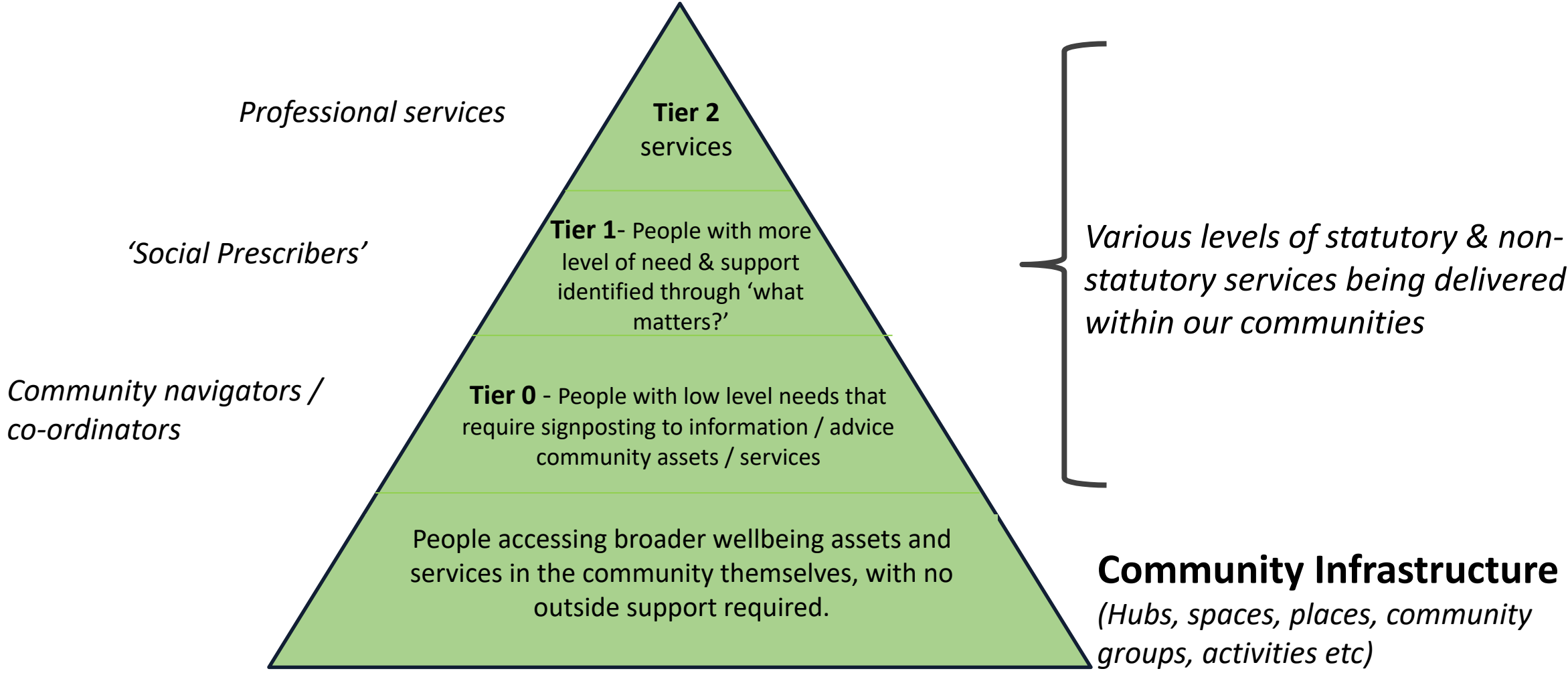
Reducing Variation

It is recognised that both immunisation and screening save lives and prevent illness, however not everyone chooses to or is able to access these services.

The Public Health Team is developing work to reduce variations to access in key vulnerable groups including people with learning disabilities, Gypsy Roma and Travellers and people at risk of, or experiencing homelessness.

Through partnership and collaboration with local, regional and national partners, BCUHB will be working within these communities to develop this work ensuring that our most vulnerable groups and communities are considered in planning and provision of immunisations and screening as a means to preventing ill health and reducing health inequalities.

Mapping community assets & co-designing local services



Well North Wales: Discovery Phase Continuation 2024/25+

What / Why –

A Bevan Exemplar project working with Co-Production Network to consider the question *‘how to truly put communities at the heart of transforming outcomes?’*

How / Who –

Working with Improvement Cymru to understand how our regional partnerships can effectively deliver a true complex whole systems approach to delivery.

MEASURE WHAT MATTERS

A Ydym yn -

- Deall angen?
- Deall yr hyn yr ydym eisoes yn ei gyflawni?
- Deall yr effaith yr ydym yn ei chael?

Do We -

- Understand need?
- Understand what we are already delivering?
- Understand the impact we are having?

Learn by **DOING**.



QUALITY INDICATORS



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Chasing Rainbows

Focussing on socio-economic root causes impacting on wider-determinants of health & wellbeing - as a means of reducing avoidable health inequalities and improving longer-term outcomes



Source: Dahlgren, G. & Whitehead, M. (1991)

A mission driven approach: whole systems shift towards prevention

“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 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
-  **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

Individual / Population Health Outcomes



Long-term Outcomes

1. Improved population mental wellbeing and reduction in overall prevalence and inequalities within mental ill health
2. Improved population physical wellbeing and reduction in overall prevalence and inequalities within physical ill health
3. Improved population social wellbeing and reduction in overall prevalence and inequalities within poor social wellbeing, loneliness and isolation
4. A system impact on the wider determinants of health
5. Improved community wellbeing



CONTINUING AREAS OF CONCERN



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The case for change

- **Crisis! Crisis! Crisis!**
- **Austerity and continuation of sustained funding cuts affecting essential public services and third sector**
- **All statutory & non-statutory services running the system 'hot' for many years**
- **Public trust in all levels of Government and public services very low / broken**
- **Community polarization / disengagement**
- **The tap will not turn off – latent demand is not going away!**



- How do we truly integrate health & care services amidst budget cuts and ever rising demands?
- How do we attempt to shift whole systems *and* radically change priority focus to prevention?
- How do collaborate & co-produce with communities when trust relationships are damaged?

- Wicked challenges will require radical thinking!
- Public Management models will need to adapt & evolve towards more relational & outcomes focussed models of planning & delivery
- Opportunities to iterate, learn and apply lessons cannot be lost if we are to scale & spread at pace required

Learn by **DOING**.



Health Board Progress 2024/25

Progress against Special Measures priorities and the de-escalation framework



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Trem yn ôl

- Mae'r Bwrdd Iechyd wedi gwneud cynnydd o ran y meini prawf isgyfeirio sydd o dan bob maes.
- Bellach, mae gennym un cynllun ar gyfer y sefydliad sy'n cwmpasu'r holl flaenoriaethau, yn cynnwys Mesurau Arbennig.
- Arwyddion o aeddfedrwydd cynyddol â Bwrdd sy'n gweithredu'n dda yn dylanwadu ar uchelgeisiau tymor hwy i ddatblygu sefydliad effeithiol.
- Mae cynnydd mewnol cadarnhaol yn cadarnhau'r asesiad mewnol ynghylch cynnydd a wnaed. Mae hyn yn cynnwys GIC ac Archwilio Cymru yn isgyfeirio gwasanaethau clinigol allweddol, gan gydnabod cynnydd o ran effeithiolrwydd y Bwrdd.
- Mae Fframwaith Datblygu Arweinyddiaeth newydd wedi'i ddatblygu ac mae gwaith ynghylch Gwerthoedd ac Ymddygiadau'r Sefydliad yn cael ei flaenoriaethu, ac mae cynnydd wedi dechrau digwydd.
- Ceir cynnydd penodol ym meysydd prosesau Llywodraethu ac Ansawdd Gofal.
- Y flaenoriaeth erbyn hyn yw gwella ein Gwasanaethau Bregus a Pherfformiad a Deilliannau yn gyffredinol, gan drosi gwaith i osod y sylfeini yn ddeilliannau gwell i gleifion.

Looking back

- The Health Board has made progress against the associated de-escalation criteria that sit beneath each domain.
- We now have a single plan for the organisation that encompasses all priorities, including Special Measures
- Signs of a growing maturity with a well-functioning Board influencing longer-term ambitions to build an effective organisation.
- Positive external feedback endorses internal assessment on progress made. This includes de-escalation of key clinical services by HIW and Audit Wales recognising progress in Board effectiveness.
- A new Leadership Development Framework developed and Organisational Values and Behaviours work being prioritised with early progress made.
- Governance and Quality of Care processes are particular areas of progress.
- Priority now is to improve our Fragile Services and overall Performance and Outcomes, translating foundational work into better outcomes for patients.



Uwchgyfeirio ac Ymyrryd / Escalation and Intervention



	Level 1	Level 2	Level 3	Level 4	Level 5
Betsi Cadwaladr					Bwrdd Iechyd llawn Full Health Board
Hywel Dda				Bwrdd Iechyd llawn Full Health Board	
Aneurin Bevan			Perfformiad a Deilliannau GGB YA y Faenor Performance & Outcomes of UEC at the Grange UH	Cyllid, Strategaeth a Chynllunio Finance, Strategy & Planning	
Cwm Taf Morgannwg			Cyllid, Strategaeth a Chynllunio. Perfformiad a Deilliannu (CAMHS) Finance, Strategy & Planning. Performance & Outcomes (CAMHS)	Perfformiad a Deilliannau GGB, Gwasanaeth Canser a Gofal Wedi'i Gynllunio Performance & Outcomes for UEC, Cancer & Planned Care	
Swansea Bay			Gwasanaeth Mamolaeth a Newyddenedigol Maternity & Neonatal	Cyllid, Strategaeth a Chynllunio. Perfformiad a Deilliannu Finance, Strategy & Planning. Performance & Outcomes	
Cardiff and Vale			Cyllid, Strategaeth a Chynllunio Finance, Strategy & Planning		
Powys				Cyllid, Strategaeth a Chynllunio Finance, Strategy & Planning	



Arweinyddiaeth, Galluogrwydd a Diwylliant

Cynnydd

- Tîm Gweithredol Newydd: llenwyd 7 swydd allweddol ac mae rhagor wrthi'n cael eu recriwtio.
- Mae 9 Ymroddiad Strategol y Bwrdd ynghylch diwylliant, arweinyddiaeth ac ymgysylltu yn cael eu gweithredu – Fframwaith Gwerthoedd ac Ymddygiadau newydd, Egwyddorion Cynllunio'r Sefydliad newydd, Rhaglen Newid Diwylliant
- Dull Arweinyddiaeth Didwyll - yn cael ei lywio gan y Cadeirydd/Prif Weithredwr, Fframwaith Datblygu Arweinyddiaeth newydd, cynadleddau ar gyfer Arweinwyr, Fforwm Rheolwyr Pobl, Briff ar gyfer Arweinwyr

Y Ffocws o Hyn Ymlaen

- Model Gweithredu'r Bwrdd Iechyd— galluogi'r sefydliad i fod yn fwy effeithiol (cwblhawyd Cam 1, mae Cam 2 yn mynd rhagddo)
- Gorffen recriwtio aelodau'r Tîm Gweithredol
- Datblygu cynllunio gweithlu, olyniaeth a galluogrwydd y sefydliad

Leadership, Capability and Culture

Progress

- New Executive Team: 7 key posts appointed, further recruitment underway.
- 9 Board Strategic commitments for culture, leadership and engagement being implemented – new Values and Behaviours Framework, new Organisational Design Principles, Culture Change Programme
- Open Leadership approach - Chair/CEO led, new Leadership Development Framework, Leadership conferences, People Managers Forum, Leaders Brief

Focus Going Forward

- Health Board organisational design (Foundations for the Future) – setting the organisation up to be more effective (Phase 1 complete, Phase 2 underway)
- Complete Executive Team recruitment
- Building workforce planning, succession and organisational capability



Llywodraethu

Cynnydd

- Wedi sefydlu aelodaeth annibynnol y Bwrdd yn llawn ac wedi sefydlu dulliau llywodraethu'r Bwrdd a'r Pwyllgorau; mae Rhaglen Datblygu'r Bwrdd yn mynd rhagddi
- Mae Cyfarwyddwr Llywodraethu Corfforaethol profiadol a mawr ei pharch wedi'i phenodi.
- Datblygwyd a sefydlwyd Fframweithiau Allweddol (Rheoli Risg, Perfformiad)
- Adroddiad calonogol yn sgil Asesiad Strwythuredig gan Archwilio Cymru (Ionawr 2025)

Y Ffocws o Hyn Ymlaen

- Cynllun Hirdymor – i alluogi newidiadau parhaus

Governance

Progress

- Fully established Board IM membership, Board and Committee governance, Board Development Programme underway
- Experienced and well regarded Director of Corporate Governance in post
- Key Frameworks developed and in place (Risk Management, Performance)
- Encouraging Audit Wales Structured Assessment Report (Jan 2025)

Focus Going Forward

- Long Term plan – enabling long lasting change



Ansawdd Gofal

Cynnydd

- Mae System Rheoli Ansawdd newydd wedi'i datblygu ar y cyd â'r Sefydliad Gwella Gofal Iechyd, ac mae'n cael ei gweithredu erbyn hyn.
- Adolygiad o'r holl ymchwiliadau ar gyfer Crwner EF – yn sgil hyn, datblygwyd Dull Integredig o Ymdrin â Phryderon – gan sicrhau y gellir canolbwyntio ar ymateb i gwynion a dysgu gwersi ohonynt - y Bwrdd Iechyd â'r perfformiad salaf ar un adeg ond yn symud tuag at fod yr un sy'n perfformio orau
- Ffocws y Bwrdd ar Brofiadau Dinasyddion- adroddiadau rheolaidd, didwylledd a gonestrwydd yn ogystal â dysgu gwersi a gweithredu

Y Ffocws o Hyn Ymlaen

- Gweithredu a gwreiddio'r QMS (a gwerthuso)
- Sicrhau cysondeb o ran gofal
- Cofnod Iechyd Electronig
- Mynediad at ofal iechyd – y mater unigol mwyaf y dylid ei wella

Quality of Care

Progress

- New Quality Management System developed with the Institute of Healthcare Improvement – now being implemented.
- Review of all investigations for HM Coroner – led to new Integrated Concerns Approach – resulting in focus on responding to and learning from complaints – move from worst performing HB to best
- Board Citizens Experience focus – regular report, openness and transparency as well as learning and action

Focus Going Forward

- Implement and embed the QMS (with evaluation)
- Building consistency into care
- Electronic Healthcare Record
- Access to healthcare – single biggest issue to improve



Gwasanaethau Bregus

Cynnydd

- Gwelliannau yn Adran Achosion Brys Ysbyty Glan Clwyd – digonol i sicrhau isgyfeirio gan AGIC
- Gwelliannau mewn gwasanaethau fasgwlaidd– AGIC wedi isgyfeirio'r gwasanaeth
- Gwasanaethau Dermatoleg– Arweinwyr Clinigol a Phrif Reolwyr newydd wedi'u penodi
- Llawfeddygaeth Blastig – wedi gwella'r cydweithio â gwasanaethau yng Ngogledd Orllewin Cymru
- Iechyd Meddwl – cryfhawyd gwaith ynghylch Profiad Cleifion a Gofalwyr, ac mae grŵp Cyngor gan Arbenigwyr â chadeirydd annibynnol wedi'i sefydlu (yn cynnwys cynrychiolwyr teuluoedd).

Y Ffocws o Hyn Ymlaen

- Cynllun Tymor Canolig ar gyfer pob gwasanaeth bregus – rhywfaint o faterion arwyddocaol gan gynnwys cyflunio gwasanaethau a chydweithredu â sefydliadau eraill.

Fragile Services

Progress

- Improvements in ED at Ysbyty Glan Clwyd – sufficient for de-escalation by HIW
- Improvements in vascular services – de-escalated by HIW
- Dermatology – new Clinical and Managerial Leads in place – significant improvement capacity secured
- Plastics – improved joint working with North West England
- Mental Health – Patient and Carer experience work strengthened, with Independently chaired Expert Advisory group in place, including family representatives.

Focus Going Forward

- Medium term plan for each fragile service – some significant issues including the configuration of services and partnering with other organisations



Cyllid, Strategaeth a Chynllunio

Cynnydd

- Gwelliannau o ran llywodraethu ariannol a rheoli arian
- Rheoli gwaith caffael a chontractau– gwelliant sylweddol; dros 500 aelod o'r staff wedi cael hyfforddiant
- Perfformiad ariannol gwell– rhagorwyd at y targed arbedion
- Bwriadau strategol eglur– 5 nod strategol

Y Ffocws o Hyn Ymlaen

- Sicrhau cynllun sy'n sefydlog o safbwynt ariannol ac IMTP y gellir ei gymeradwyo
- Mynd ati i weithredu'r Strategaeth 10 Mlynedd
- Galluoedd cynllunio ledled y sefydliad
- Cyflawni yn unol â holl flaenoriaethau'r gweinidog
- Sicrhau cynaliadwyedd ariannol trwy ddatrys amrywiant clinigol

Finance, Strategy and Planning

Progress

- Improvements in financial governance and control
- Procurement and contract management – significant improvement, with over 500 staff receiving training
- Improved financial performance – savings target exceeded
- Clear strategic intent – 5 strategic objectives

Focus Going Forward

- Achieving a financially balanced plan and an approvable IMTP
- 10-Year Strategy mobilisation
- Organisation wide capability in planning
- Delivery against the full set of ministerial priorities
- Unlocking financial sustainability by addressing clinical variation



Perfformiad a Deilliannau

Cynnydd

- Gwelliannau o ran nifer y cleifion sy'n disgwyl ers tro— ond mae llawer rhagor o waith i'w gyflawni
- Gwasanaethau deintyddol— mae ymarfer contractio newydd i sicrhau gwasanaethau sy'n werth sawl miliwn o bunnoedd wedi'i gwblhau, ond mae angen gwneud rhagor i wella mynediad
- Amlygwyd cadernid yn y system Gofal Brys a Gofal Mewn Argyfwng yn ystod y gaeaf, ond mae'r pwysau sylweddol ar y system yn parhau.

Y Ffocws o Hyn Ymlaen

- Gofal wedi'i gynllunio— gweithredu arferion gorau er mwyn gwella amseroedd y mae'n rhaid aros cyn cael gwasanaethau
- Gofal yn y gymuned— lleihau nifer y bobl sy'n methu â gadael ysbytai (ac felly, gwella llif cleifion yn yr ysbytai)
- Mynediad at Wasanaethau Deintyddol— mae hyn (a pharatoadau at Ysgol Ddeintyddol bosibl yng Ngogledd Cymru) yn flaenoriaeth

Performance and Outcomes

Progress

- Improvements in numbers of long waiting patients – but much further to go
- Dental services – new multi-million pound contracting exercise complete, however more to do to improve access
- Resilience shown in Urgent and Emergency care system during winter, but pressures remain high

Focus Going Forward

- Planned care – implementing best practice to improve access times
- Community care – to reduce numbers of people delayed in hospital (and thus improve hospital flow)
- Dental access – a priority, as is working on potential North Wales Dental School



Edrych ymlaen at 2025/26

- Cydymdrechu i wella gwasanaethau rheng flaen, gan ymdrin ag ansawdd, deilliannau a phrofiad
- Cydweithio â Phartneriaid i gyd-ddatblygu'r Strategaeth Ddeng Mlynedd ar gyfer Gogledd Cymru
- Defnyddio'r gwersi cynnar a ddysgir yn sgil y System Rheoli Ansawdd i lywio cynlluniau Gwasanaethau Clinigol a thrawsnewid meysydd sy'n wynebu heriau
- Bwrw ymlaen â'r Achos Busnes dros Gofnod Iechyd Electronig i gynorthwyo i sicrhau trawsnewid yn y tymor hwy
- Symud i'r chwith - defnyddio Gofal Sylfaenol a Chymunedol yn well a sicrhau ffocws go iawn ar waith atal a hybu iechyd
- Gorffen gwaith dylunio Sylfeini'r Dyfodol a chychwyn gweithredu hynny

Looking ahead to 2025/26

- A concerted effort to improve frontline services, focusing on quality, outcomes and experience
- Work with Partners to co-develop the Ten Year Strategy for North Wales
- Use early learning from the Quality Management System to inform Clinical Services plans and transform challenged areas
- Advancement of the Electronic Healthcare Record Business Case to support longer term transformation
- Shift left – making better use of Primary and Community care and seeing a real focus on prevention and health promotion
- Conclude design work for Foundations for the Future and commence implementation



Diolch

Thank you



Teitl adroddiad: <i>Report title:</i>	Adroddiad y Cyfarwyddwr			
Adrodd i: <i>Report to:</i>	Grŵp Cyfeirio Rhanddeiliaid			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Dydd Llun, 03 Mawrth 2025	Rhif eitem agenda: <i>Agenda Item number:</i>		
Crynodeb Gweithredol: <i>Executive Summary:</i>	Mae Adroddiad y Cyfarwyddwr yn rhoi trosolwg o'r prif weithgareddau, y cynnydd a materion y Bwrdd Iechyd gan Uwch-swyddog Cyfrifol y Grŵp Cyfeirio Rhanddeiliaid. Mae'n cwmpasu'r cyfnod rhwng mis Rhagfyr 2024 a diwedd mis Chwefror 2025.			
Argymhellion: <i>Argymhellion:</i>	Gofynnir i'r Grŵp Cyfeirio Rhanddeiliaid nodi'r adroddiad.			
Arweinydd Gweithredol: <i>Arweinydd BIPBC:</i>	Helen Stevens-Jones Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu			
Awdur yr Adroddiad: <i>Report Author:</i>	Helen Stevens-Jones Cyfarwyddwr Partneriaethau, Ymgysylltu a Chyfathrebu			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran darparu <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Mae'r cyfarfodydd yn ymdrin ag amrywiaeth o flaenoriaethau strategol.			
Goblygiadau rheoleiddiol a chyfreithiol: <i>Regulatory and legal implications:</i>	Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn			



<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Amherthnasol ar hyn o bryd.
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Amherthnasol ar hyn o bryd.
<p>Manylion y risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	Mae'r materion a godwyd yn effeithio ar amrywiaeth o risgiau.
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn.
<p>Goblygiadau i'r gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Nid oes unrhyw oblygiadau penodol yn codi o'r adroddiad hwn.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Ddim yn berthnasol
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	Mae'r materion a godwyd yn effeithio ar amrywiaeth o risgiau.
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Ddim yn berthnasol
<p>Camau Nesaf: <i>Implementation of recommendations</i></p> <p>Ddim yn berthnasol i'r adroddiad hwn</p>	

1. Cyflwyniad

Mae'r adroddiad hwn yn rhoi trosolwg o'r prif weithgareddau, y cynnydd a'r materion gan Uwchswyddog Cyfrifol y Grŵp Cyfeirio Rhanddeiliaid. Mae'n cwmpasu'r cyfnod rhwng mis Rhagfyr 2024 a mis Mawrth 2025.

2. Diweddariad ar y Mesurau Arbennig

Yn ddiweddar, adolygodd Llywodraeth Cymru y lefelau uwchgyfeirio at ddiben goruchwyllo'r GIG. Mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) yn dal i fod ar lefel 5 (mesurau arbennig). Mae'r prif feysydd yn cynnwys:

- Sicrhau a gwella'r sefyllfa ariannol
- Cynnal gwelliannau o ran ansawdd, diogelwch, gofal wedi'i gynllunio, ac iechyd meddwl
- Mynd i'r afael â pherfformiad sy'n is na'r disgwyl ym maes canser
- Gwella gofal brys ac argyfwng, yn enwedig wrth drosglwyddo o ambiwlansys ac amseroedd aros
- Datrys heriau arweinyddiaeth feddygol a phenodi arweinwyr clinigol

3. Sylfeini ar gyfer Rhaglen y Dyfodol

Mae'r rhaglen i wella model gweithredu'r Bwrdd Iechyd ar waith. Mae tair lefel iddi: Darganfod, Dylunio, a Darparu. Mae'r cam Darganfod wedi'i gwblhau, ac mae'r cam Dylunio ar waith gyda gweithdai i ddatblygu opsiynau ar gyfer y dyfodol. Bydd yr opsiynau hyn yn barod erbyn diwedd chwarter 4, gyda rhagor o ymgysylltu ar y gweill yn gynnwys yn chwarter 1 2025/26.

4. Adroddiad Profiad Dinasyddion

Cyhoeddwyd adroddiad diweddaraf Profiad Dinasyddion ym mis Ionawr. Mae'n crynhoi'r prif themâu o ymgysylltu diweddar â dinasyddion, gan gynnwys:

- Rhyngweithio o ddydd i ddydd â chleifion, gofalwyr, a theuluoedd
- Sgyrsiau gyda'r cyhoedd a phartneriaid mewn digwyddiadau
- Gohebiaeth gan Aelodau Senedd Cymru a Senedd y DU
- Gweithgareddau ymgysylltu gan Llais

Mae'r prif themâu'n cynnwys oedi ac amseroedd aros, mynediad at wasanaethau, cyfathrebu, a phrofiadau cadarnhaol. Mae'r camau a gymerwyd gan y Bwrdd Iechyd i fynd i'r afael â'r materion hyn wedi'u rhestru yn Atodiad 1. Mae'r camau gweithredu hyn yn rhan o Gynllun Tymor Canolig Integredig a'r Cynllun Cyflawni Blyneddol.

5. Rhaglen Cofnod Iechyd Electronig (EHR)

Nod y Rhaglen hon yw gwella ansawdd a diogelwch clinigol, gwella cynhyrchiant, a darparu system Cofnod Iechyd Electronig lle mae modd rhyngweithredu. Mae'r ffocws ar Iechyd Meddwl fel esiampl i eraill. Mae'r Achos Busnes Amlinellol wrthi'n cael ei ddatblygu i'w gyflwyno i Lywodraeth Cymru.

6. Pwysau'r gaeaf

Roedd cyfnod yr ŵyl yn heriol, gyda llawer o alw a phroblemau o ran rheoli heintiau. Rhwng 31 Rhagfyr a 6 Ionawr, rhoddodd y Bwrdd Iechyd drefniadau gorchymyn a rheoli ar waith. Wynebodd Ysbyty Maelor Wrecsam heriau sylweddol, ond rhoddodd cydweithwyr cymunedol gymorth, gan gynnwys gwneud adolygiadau clinigol ac ymweliadau lles. Cafodd y dull hwn ei argymhell i Fyrddau Iechyd eraill.

Yn ystod tywydd eithafol, ymwelodd timau cymunedol â chleifion yn lleol, gan ddangos ysbryd tîm a gofal sy'n canolbwyntio ar y claf.

7. Digwyddiad Mawr – Prif Bibell Ddŵr yn Byrstio

Roedd prif bibell ddŵr wedi byrstio yng Ngwaith Trin Dŵr Bryn Cowlyd ac fe achosodd hyn broblemau sylweddol o ran y cyflenwad dŵr ledled Gogledd Cymru. Rhoddodd y Bwrdd Iechyd ei Gynllun Digwyddiadau Mawr ar waith, gan sicrhau nad oedd y digwyddiad yn tarfu ar wasanaethau. Cafodd tanceri dŵr eu defnyddio, ac fe wnaeth gwasanaethau gofal sylfaenol drefniadau eraill. Er gwaethaf problemau cyflenwad, llwyddodd pob practis meddyg teulu i aros ar agor gyda chynlluniau parhad busnes ar waith.

Cafodd cleifion eu brysbennu, gydag ymgynghoriadau o bell yn cael eu cynnig lle bo'n bosibl, a thriniaethau wyneb yn wyneb yn cael eu cynnal mewn safleoedd eraill. Aeth staff y Bwrdd Iechyd yr ail filltir i sicrhau bod gwasanaethau'n parhau drwy gydol y digwyddiad.

8. Yr Adran Patholeg yn Ysbyty Maelor Wrecsam

Nodwyd bod concrit awyredig awtoclafiedig cyfnerth (RAAC) yn yr Adran Patholeg. Mae mesurau rheoli, gan gynnwys gosod ategion a chyfyngu mynediad i ardal y to, wedi cael eu rhoi ar waith i sicrhau diogelwch. Gyda'r mesurau rheoli hyn, mae'r arbenigwyr a gafodd eu penodi gennym ni wedi datgan bod yr ardal yn ddiogel i wasanaethau barhau ynddi. Mae rhagor o archwiliadau ar y gweill, ac mae'r risg wedi cael ei chofnodi ar y gofrestr gyda sgôr o 20.

9. Ysbyty Cymunedol Tywyn

Roedd Ward Dyfi yn Ysbyty Tywyn ar gau dros dro ym mis Ebrill 2023 oherwydd prinder staff nyrsio sydd wedi'u hyfforddi. Mae'r mesurau i leihau'r effaith yn cynnwys:

- Ymdrechion recriwtio parhaus
- Adleoli staff
- Ystafell driniaeth newydd
- Ailagor yr Uned Mân Anafiadau
- Lansio Canolfan Lles wythnosol

Mae ymgysylltu â'r gymuned leol wedi bod yn flaenoriaeth. Mewn fforwm cyhoeddus ym mis Tachwedd 2024, dan arweiniad Llais, cafodd adborth ei gasglu i lunio cynlluniau ar gyfer y dyfodol. Mae rhagor o weithgareddau ymgysylltu ar y gweill i fynd i'r afael â heriau sy'n codi gyda gofal iechyd ac i archwilio opsiynau gwasanaeth yn y dyfodol.

10. Cysylltiadau â Phrifysgolion

Cynhaliwyd cyfarfodydd gyda Phrifysgol Bangor a Phrifysgol Wrecsam i ddatblygu partneriaethau strategol a Memorandwm Cyd-ddealltwriaeth. Mae'r ffocws ar sicrhau lleoliadau o ansawdd uchel i fyfyrwyr, hyrwyddo'r Bwrdd Iechyd fel cyflogwr, ac edrych ar fentrau ar y cyd fel Ysgol Feddygol Gogledd Cymru ac Ysgol Fferylliaeth Gogledd Cymru.

11. Dathlu ein staff

- **Anrhydeddau'r Flwyddyn Newydd – Trystan Lewis BEM:** Dyfarnwyd Medal yr Ymerodraeth Brydeinig i Trystan Lewis, Uwch Reolwr Cefnogi Busnes yn yr adran Ystadau a Chyfleusterau, am ei wasanaethau i lechyd a Lles Cleifion. Bu'n cydlynu'r gwaith o wella manau gwyrdd ar safleoedd ysbytai, gan gynnwys adnewyddu'r ardd furiog wyllt yn Ysbyty Bryn y Neuadd, gan gynnig sgiliau galwedigaethol a gweithgareddau awyr agored i gleifion.
- **Gwobrau Nyrs y Flwyddyn RCN Cymru:** Enillodd Joanne Davies, Arweinydd Gwasanaeth Iechyd Esgyrn a Chodymau, y Wobr Nyrsio Gofal Sylfaenol a Chymunedol am ei gwaith arloesol yn y gwasanaeth codymau, gan leihau'n sylweddol nifer y bobl sy'n mynd i Adrannau Achosion Brys a chael eu cludo mewn ambiwlansys. Enillodd Katie Moore, Nyrs Gofrestredig, y Wobr Plant am ei gwaith ymroddedig ym maes iechyd meddwl y blynyddoedd cynnar a chefnogi'r berthynas rhwng rhieni a phlant, gan gael effaith sylweddol ar y gymuned.

Atodiad 1

Prif themâu o'r adborth gan gleifion, gofalwyr a theuluoedd yn y flwyddyn ddiwethaf:

1. Oedi ac amseroedd aros

Beth mae pobl wedi'i ddweud wrthym

- **Amseroedd aros:** Pryderon sylweddol am oedi mewn apwyntiadau, triniaethau a llawdriniaethau, yn enwedig mewn meysydd fel orthopedeg, diagnosteg, asesiadau niwroddatblygiadol, ac offthalmoleg.
- **Mynediad at wasanaethau:** Heriau o ran cael gafael ar wasanaethau deintyddol y GIG, gwasanaethau iechyd meddwl, ac adrannau brys, yn ogystal â diffyg cefnogaeth i bobl nad ydynt yn siarad Saesneg/Cymraeg

Adborth sy'n benodol i lawfeddygaeth: Rhwystredigaeth dros ohiriadau dro ar ôl tro, gyda rhai cleifion yn archwilio gofal preifat neu opsiynau rhyngwladol.

Beth rydym wedi'i wneud yn 2024/25

- **Gwasanaeth Cymorth o ran Rhestrau Aros:** Sefydlu'r Gwasanaeth 3 Eifen – Gwasanaeth Hyrwyddo, Atal a Pharatoi i ddarparu gwybodaeth i gleifion sydd ar restr aros am driniaeth a darparu cymorth i gleifion wrth iddyn nhw aros.
- **Orthopedeg:** Mae canolfan newydd ar gyfer gofal wedi'i gynllunio wrthi'n cael ei datblygu yn Ysbyty Llandudno, gyda'r nod o gynnal tua 1,900 o driniaethau bob blwyddyn. Disgwylir i'r cyfleuster hwn leihau amseroedd aros drwy ddarparu gwasanaethau orthopedig pwrpasol fel nad yw materion gofal brys yn tarfu arnyn nhw.
- **Diagnosteg:** Llwybrau diagnostig gwell a chyflwyno cyfleusterau ychwanegol ar gyfer prosesu profion yn gynt.
- **Asesiadau niwroddatblygiadol:** Gosodwyd targedau gwella penodol, gyda mwy o ffocws ar leihau'r asesiadau sydd wedi cronni.

2. Mynediad at Wasanaethau

Beth mae pobl wedi'i ddweud wrthym

- **Gofal Sylfaenol:** Anhawster wrth drefnu apwyntiadau meddyg teulu, ac argaeledd anghyson ar draws meddygfeydd.
- **Gwasanaethau brys:** Mae pryderon am fynediad yn cynnwys amseroedd aros hir yn yr adran achosion brys a diffyg gwasanaethau deintyddol brys.
- **Ymdrechion cynhwysiant:** Mae'r heriau yn parhau i fod yn sylweddol o ran hygyrchedd i gleifion nad ydynt yn siarad Saesneg/Cymraeg a chleifion sydd wedi'u hallgáu'n ddigidol.
- **Byddar a thrwm eu clyw:** Mae adborth gan bobl fyddar a'r gymuned sy'n defnyddio Iaith Arwyddion Prydain (BSL) yn dangos rhwystrau rhag cael gafael ar wasanaethau, gan gynnwys diffyg dehonglwyr a sianeli cyfathrebu addas.
- **Iechyd meddwl:** Mynediad cyfyngedig at gymorth iechyd meddwl amserol, a phryderon ynghylch cyfathrebu annigonol gan dimau iechyd meddwl.
- **Hygyrchedd yng nghefn gwlad:** Heriau teithio i unigolion oedrannus neu lai symudol, yn enwedig i gael brechiadau ac i fynychu apwyntiadau ysbyty. Gofal yn nes at gartref.
- **Atal:** Mae'r cyhoedd o blaid mwy o ffocws ar fesurau ataliol, megis hybu iechyd mewn ysgolion, a mentrau cymunedol fel rhandiroedd.
- **Siopau un stop** - Roedd ceisiadau cyffredin am "siopau un stop" yn cynnig gofal integredig ac oriau gwasanaeth estynedig.
- **Gofalwr di-dâl:** Cais am gydnabyddiaeth a chefnogaeth i fod ar gael i ofalwyr di-dâl.

Beth rydym wedi'i wneud yn 2024/25

- **Meddygon Teulu a Gofal Sylfaenol:** Adroddir am wasanaethau mwy cyson mewn ardaloedd penodol megis Betws-y-Coed, gyda chontractau newydd yn sicrhau parhad gwasanaeth lleol.
- **Adrannau Achosion Brys:** Rydym wedi buddsoddi mewn systemau adborth amser real i fonitro profiadau cleifion a sefydlu timau i fynd i'r afael â materion llif cleifion.
- **Gwasanaeth dehongli gydag Iaith Arwyddion Prydain ar fideos:** Rydym wedi cyflwyno gwasanaethau dehongli 24/7 ar fideos i gefnogi'r gymuned fyddar.
- **Hyfforddiant i staff:** Rydym wedi hyfforddi dros 300 o staff ar gael gafael ar ddehongli digidol a chymorth BSL drwy Wasanaethau Cyfieithu Cymru (WITS).
- **Gwelliannau CAMHS:** Bu gwelliannau o ran perfformiad mewn asesiadau amserol, gan symud yn nes at y lefelau targed, ac mae cynllun tymor hir wrthi'n cael ei ddatblygu.
- **Hygyrchedd yng nghefn gwlad:** Rydym wedi cynyddu'r allgymorth ar gyfer brechiadau a rhai gwasanaethau gofal (er enghraifft, faniau awdioleg a chardioleg) mewn ardaloedd gwledig.

- **Trefniadau mewnol newydd ar gyfer dermatoleg:** Rydym wedi buddsoddi'n ychwanegol mewn cymorth mewnol ar gyfer cleifion dermatoleg yn ystod y flwyddyn.
- **Meysydd parcio:** Mae camau cadarnhaol wedi cael eu cymryd yn YGC, gan gynnwys cael gwared ar ynysoedd gwyrdd mewn meysydd parcio i ryddhau mwy o lefydd parcio ceir, a chynyddu nifer y manau Bathodyn Glas Anabl. Mae parcio yn dal yn broblem yn ein tri phrif ysbyty, a byddwn yn ystyried datrysiadau pellach ar gyfer y tymor hir.
- **NEWCIS ac allgymorth i ofalwyr:** Defnyddio cyllid Llywodraeth Cymru i ddarparu cymorth i ofalwyr di-dâl ar draws ysbytai cymunedol ac aciwt, drwy gydol y broses ryddhau.
- **Gwasanaeth Geni yn y Cartref:** Fe wnaethom ailgychwyn y gwasanaeth ym mis Chwefror 2024 ar ôl iddo gael ei roi ar stop oherwydd Covid 19.
- **Gwasanaeth atgoffa am apwyntiadau ysbyty:** Fe wnaethom gyflwyno gwasanaeth atgoffa drwy neges destun i helpu cleifion i gofio manylion eu hapwyntiadau a lleihau nifer yr apwyntiadau a gollir.

3. Cyfathrebu

Beth mae pobl wedi'i ddweud wrthym

- **Diweddariadau cleifion:** Mae cleifion yn mynegi diffyg cyfathrebu rheolaidd ynghylch eu llwybrau gofal ac oedi, yn benodol o ran canlyniadau diagnostig, prosesau apwyntiadau, a chynlluniau triniaeth.
- **Diweddariadau cleifion:** Roedd perthnasau wedi mynegi anawsterau wrth gysylltu â wardiau i gael yr wybodaeth ddiweddaraf am ofal cleifion.

Beth rydym wedi'i wneud yn 2024/25

- **Cyflwyno systemau adborth Amser Real SMS:** Rydym wedi cyflwyno hyn ar draws adrannau achosion brys, gan ei gwneud yn haws i gleifion ddarparu adborth, galluogi monitro profiad cleifion, a mynd i'r afael â bylchau cyfathrebu.
- **Dysgu o adborth:** Mae mecanweithiau adborth, fel arolygon amser real ac offer SMS, wedi bod yn ganolog i sbarduno gwelliannau sy'n canolbwyntio ar y claf. Adroddwyd cynnydd mewn boddhad cleifion, gyda 82.76% o ymatebwyr yn 'fodlon iawn' gyda'u profiad cyffredinol – y lefel uchaf a gofnodwyd yn ystod y flwyddyn ddiwethaf.
- **Polisi pryderon integredig newydd:** Mae gweithredu'r polisi hwn y llynedd wedi darparu fframwaith i gydnabod, ymateb, dysgu, a gwella o ddigwyddiadau a chwynion.
- **Systemau telefoni gwell:** Mae systemau ffôn newydd wedi cael eu cyflwyno i wella cymorth i gleifion a rheoli apwyntiadau.

- **Adolygiadau parhaus:** Rydym wedi cynyddu ein hymdrechion i gynnwys dinasyddion mewn cylchoedd adborth parhaus drwy ein rhaglen ymgysylltu a thrwy bartneriaethau â grwpiau fel Llais.
- **Gwelliannau i lywodraethu:** Cyflwyno fframwaith llywodraethu wedi'i ailstrwythuro gan sicrhau bod gweithredu amserol yn digwydd ar sail pryderon dinasyddion a hyrwyddo tryloywder.
- **Adrodd i'r cyhoedd:** Rydym yn defnyddio mwy o gyfryngau cymdeithasol a llwyfannau digidol i rannu'r wybodaeth ddiweddaraf am newidiadau i wasanaethau a chael mewnbwn gan gleifion.
- **Ymgyrch PALS a'r Tîm Cwynion:** Fe wnaethom gynnal ymgyrch ar y cyfryngau cymdeithasol i helpu'r cyhoedd i ddeall rôl PALS a'r Tîm Cwynion wrth ddatrys pryderon a sut mae modd iddyn nhw gael mynediad at y gwasanaeth.
- **Menter Ymchwil Busnesau Bach:** Prosiect cyfathrebu digidol â theuluoedd yn Ysbyty Gwynedd ac Ysbyty Glan Clwyd. Er mwyn cyfathrebu'n well, fe wnaeth y cynllun peilot profi dwy system ddigidol drwy anfon negeseuon dyddiol at deuluoedd pan oedd eu perthynas yn glaf mewnol.

4. Profiadau Cadarnhaol a Chydnabod Gwelliannau

Beth mae pobl wedi'i ddweud wrthym

- **Cydnabod staff:** Canmoliaeth gyson i ofal tosturiol gan staff, yn enwedig mewn meysydd fel triniaeth frys a gofal diwedd oes.
- **Cydnabod pobl ifanc:** I blant a phobl ifanc gael eu cynnwys yn llawn mewn penderfyniadau am eu gofal.
- **Storïau o lwyddiant yn lleol:** Ysbytai cymunedol a meddygfeydd sy'n derbyn canmoliaeth am wasanaethau o safon.
- **Profiadau cleifion:** Cleifion/gofalwyr sydd eisiau rhannu eu taith fel claf fel bod hyn yn helpu i lywio'r dysgu.

Beth rydym wedi'i wneud yn 2024/25

- **Dathlu llwyddiant:** Rydym yn cydnabod ein staff a'n hadrannau rhagorol sy'n cael canmoliaeth gyson gan gleifion, mewn prosesau gwobrwyo mewnol, Gwobrau Dydd Gwener Teimlo'n Dda ac ar ein llwyfannau cyfryngau cymdeithasol.
- **Siarter Plant:** Rydym wedi datblygu a chymeradwyo Siarter Plant sy'n nodi addewid y Bwrdd Iechyd i blant a phobl ifanc.
- **Stori Cleifion:** Yn ystod y flwyddyn, fe wnaethom gasglu 13 o storïau i ddysgu o brofiadau cleifion a gofalwyr, gan ddathlu rhagoriaeth a chanfod cyfleoedd ar gyfer gwella.

Teitl adroddiad: <i>Report title:</i>	Director's Report			
Adrodd i: <i>Report to:</i>	Stakeholder Reference Group			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 03 March 2025	Rhif eitem agenda: <i>Agenda Item number:</i>		
Crynodeb Gweithredol: <i>Executive Summary:</i>	The Director's Report provides an overview of key activity, progress and issues of the Health Board by the Senior Responsible Officer for the SRG. It covers the period December 2024 to the end of February 2025.			
Argymhellion: <i>Recommendations:</i>	The Stakeholder Reference Group is asked to note the report.			
Arweinydd Gweithredol: <i>BCUHB Lead:</i>	Helen Stevens-Jones Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: <i>Report Author:</i>	Helen Stevens-Jones Director of Partnerships, Engagement and Communications			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Meetings cover a range of strategic priorities.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	There are no specific implications arising from this report			



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

1. Introduction

This report provides an overview of key activity, progress and issues by the Senior Responsible Officer for the Stakeholder Reference Group. It covers the period December 2024 to March 2025.

2. Special Measures Update

The Welsh Government recently reviewed the escalation levels for NHS oversight. Betsi Cadwaladr University Health Board (BCUHB) remains at level 5 (special measures). Key areas highlighted include:

- Achieving and improving the financial position
- Maintaining improvements in quality, safety, planned care, and mental health
- Addressing below-expected cancer performance
- Improving urgent and emergency care, especially ambulance handovers and waiting times
- Resolving medical leadership challenges and appointing clinical leads

3. Foundations for the Future Programme

The programme to improve the Health Board's operating model is progressing. It has three phases: Discover, Design, and Deliver. The Discover phase is complete, and the Design phase is underway with workshops to develop future options. These options will be ready by the end of quarter 4, with further engagement planned for early quarter 1 of 2025/26.

4. Citizen's Experience Report

The latest Citizen's Experience report was presented in January. It summarises key themes from recent citizen engagement, including:

- Day-to-day interactions with patients, carers, and families
- Conversations with the public and partners at events
- Correspondence from Members of the Senedd and Parliament
- Engagement activities by Llais

Key themes include delays and waiting times, access to services, communication, and positive experiences. Actions taken by the Health Board to address these issues are listed in Appendix 1. These actions are part of the Integrated Medium Term Plan (IMTP) and Annual Delivery Plan.

5. Electronic Health Record (EHR) Programme

The EHR Programme aims to enhance clinical quality and safety, improve productivity, and deliver an interoperable EHR system. The focus is on Mental Health as an example for others. The Outline Business Case (OBC) is being developed for submission to the Welsh Government.

6. Winter Pressures

The festive period was challenging, with high demand and infection control issues. The Health Board implemented command and control arrangements from December 31 to January 6. The Wrexham Maelor Hospital faced significant challenges, but community colleagues provided

support, including clinical reviews and well-being visits. This approach was recommended to other Health Boards.

During extreme weather, community teams visited patients locally, demonstrating team spirit and patient-focused care.

7. Major Incident – Burst Water Main

A burst water main at Bryn Cowlyd Water Treatment Works caused significant water supply issues across North Wales. The Health Board activated its Major Incident Plan, ensuring no disruption to services. Water tankers were deployed, and primary care services made alternative arrangements. Despite supply issues, all GP practices remained open with business continuity plans in place.

Patients were triaged, with remote consultations offered where possible, and in-person treatments conducted at alternative sites. The Health Board staff went above and beyond to ensure the continuation of services throughout the incident.

8. Pathology Department at Wrexham Maelor Hospital

Reinforced autoclaved aerated concrete (RAAC) was identified in the Pathology Department. Control measures, including the installation of props and restricted access to the roof area, have been implemented to ensure safety. With these control measures the area has been passed by our appointed experts as safe for services to continue, with further inspections planned, and the risk has been entered into the register with a score of 20.

9. Tywyn Community Hospital

Dyfi Ward at Tywyn Hospital was temporarily closed in April 2023 due to a shortage of trained nursing staff. Measures to mitigate the impact include:

- Continuous recruitment efforts
- Redeployment of staff
- A new treatment room
- Reopening the Minor Injuries Unit (MIU)
- Launching a weekly Wellbeing Hub

Engagement with the local community has been a priority. A public forum in November 2024, led by Llais, gathered feedback to shape future plans. Further engagement activities are planned to address healthcare challenges and explore future service options.

10. University Links

Meetings with Bangor University and Wrexham University have been held to develop strategic partnerships and a Memorandum of Understanding (MoU). The focus is on ensuring high-quality placements for students, promoting the Health Board as an employer, and exploring joint initiatives like the North Wales Medical School and North Wales Pharmacy School.

11. Celebrating our staff

- **New Year's Honours – Trystan Lewis BEM:** Trystan Lewis, a Senior Business Support Manager for the Estates and Facilities department, was awarded a British Empire Medal for his services to Patient Health and Wellbeing. He coordinated the improvement of green

spaces at hospital sites, including the renovation of a derelict walled garden at Bryn y Neuadd Hospital, offering patients vocational skills and outdoor activities.

- **RCN Wales Nurse of the Year Awards:** Joanne Davies, Falls and Bone Health Service Lead, won the Community and Primary Care Nursing Award for her innovative work in the falls service, significantly reducing Emergency Department attendances and ambulance conveyance. Katie Moore, a Registered Nurse, won the Child Award for her dedicated work in early years mental health and parent-infant relationship support, making a substantial impact on the community

Appendix 1

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

1. Delays and waiting times

What people told us

- **Waiting times:** Significant concerns about delays in appointments, treatments, and surgeries, particularly in areas like orthopaedics, diagnostics, neurodevelopmental assessments, and ophthalmology.
- **Access to services:** Challenges in accessing NHS dentistry, mental health services, and emergency departments, as well as a lack of support for non-English/Welsh speakers
- **Surgery specific feedback:** Frustration over repeated postponements, with some patients exploring private care or international options.

What we have done in 2024/25

- **Waiting List Support Service:** The establishment of the 3 Ps Service – Promote, Prevent and Prepare Service to provide information to patients on a waiting list for treatment and to provide support to patients whilst they wait.
- **Orthopaedics:** A new planned care hub at Llandudno Hospital is under development, aiming to perform approximately 1,900 procedures annually. This facility is expected to alleviate waiting times by initially providing dedicated orthopaedic services separate from emergency care disruptions.
- **Diagnostics:** Improved diagnostic pathways and the introduction of additional facilities for faster test processing.
- **Neurodevelopmental assessments:** Specific improvement targets were set, with increased focus on reducing assessment backlogs.

2. Access to Services

What people told us

- **Primary Care:** Difficulty in scheduling GP appointments and inconsistent availability across practices.
- **Emergency services:** Access concerns include lengthy emergency department wait times and a lack of emergency dentistry.
- **Inclusion efforts:** Accessibility challenges for non-English/Welsh speakers and digitally excluded patients remain significant.
- **Deaf and hard of hearing:** Feedback from the deaf and British Sign Language (BSL) using community indicates barriers in accessing services, including the lack of interpreters and suitable communication channels.

- **Mental health:** Limited access to timely mental health support and concerns over inadequate communication from mental health teams.
- **Rural accessibility:** Travel challenges for elderly or less-mobile individuals, particularly for vaccinations and hospital appointments. More care closer to home.
- **Prevention:** The public advocates for increased focus on preventative measures, such as health promotion in schools and community initiatives like allotments.
- **One-stop shops** - Requests for "one-stop shops" offering integrated care and extended service hours were common.
- **Un-paid carer:** Request for recognition and support to be available for unpaid carers.

What we have done in 2024/25

- **GP and Primary Care:** More consistent services reported in specific areas like Betws-y-Coed, with new contracts ensuring local service continuity.
- **Emergency Departments:** We have made investments in real-time feedback systems to monitor patient experiences and set up teams to address patient flow issues.
- **BSL video interpretation:** We introduced 24/7 video interpretation services to support the deaf community.
- **Staff training:** We have trained over 300 staff on accessing digital interpretation and BSL support through Wales Interpretation Translation Services (WITS).
- **CAMHS Improvements:** There have been performance improvements in timely assessments, moving closer to target levels and a longer term plan is in development.
- **Rural accessibility:** We have increased outreach for vaccinations and some care services (eg audiology and cardiology vans) in rural areas.
- **New insourcing arrangements for dermatology:** We put extra investment into insourcing for dermatology patients in the year.
- **Car parking:** Positive action has taken place at YGC including the removal of green islands in car parks to release more car parking spaces and increasing Disabled Blue Badge spaces. Parking remains an issue on all our three main hospital sites and we will be considering further solutions for the long term.
- **NEWCIS and carers outreach:** Utilising Welsh Government funding to provide support to un-paid carers across community and acute hospitals, throughout the discharge process.
- **Home Birth Service:** We re-started the service in February 2024 after being put on hold due to Covid 19.
- **Hospital appointment reminder service:** We introduced a text reminder service to help patients remember their appointment details and reduce the number of missed appointments.

3. Communication

What people told us

- **Patient updates:** Patients express a lack of regular communication regarding their care pathways and delays, specifically regarding diagnostic results, appointment processes, and treatment plans.
- **Patient updates:** Relatives expressed difficulties contacting wards for updates on a patients care.

What we have done in 2024/25

- **Introduction of SMS Real-time feedback systems:** We have rolled this out across emergency departments, improving accessibility for patients to provide feedback,

- enable the monitoring of patient experience, and addressing communication gaps.
- **Learning from feedback:** Feedback mechanisms like real-time surveys and SMS tools have been pivotal in driving patient-centred improvements. There has been a reported increase in patient satisfaction, with 82.76% of respondents 'very satisfied' with their overall experience – the highest level recorded in the past year.
 - **New integrated concerns policy:** The implementation of this policy last year has provided a framework to recognise, respond, learn, and improve from incidents and complaints.
 - **Enhanced telephony systems:** New phone systems have been introduced to improve patient support and appointment management.
 - **Ongoing reviews:** We have increased our efforts to engage citizens in continuous feedback loops through our engagement programme and through partnerships with groups like Llais.
 - **Governance enhancements:** The introduction of a restructured governance framework ensuring timely action on citizen concerns and promoting transparency.
 - **Public reporting:** We have increased our use of social media and digital platforms to share updates on service changes and seek patient input.
 - **PALS and Complaints Team campaign:** We ran a social media campaign to help the public understand the role of PALS and the Complaints Team in the resolution of concerns and how they can access the service.
 - **Small Business Research Initiative:** Digital family communication project at Ysbyty Gwynedd and Ysbyty Glan Clwyd. To improve communication the pilot tested two digital systems by sending daily messages to families when their relative was an inpatient.

4. Positive Experiences and Recognition of Improvements

What people told us

- **Recognition of staff:** Consistent praise for compassionate care from staff, especially in areas like emergency treatment and end-of-life care.
- **Recognition of young people:** For children and young people to be fully involved in decisions about their care.
- **Local success stories:** Community hospitals and GP practices receiving commendations for quality services.
- **Patient experiences:** Patients/carers wanting to share their patient journey to help inform learning.

What we have done in 2024/25

- **Celebrating success:** We recognise our exceptional staff and departments that receive consistent patient praise, in internal awards processes, Feel Good Friday Awards and on our social and media platforms.
- **Children's Charter:** We have developed and endorsed a Children's Charter setting out the Health Board's promise to children and young people.
- **Patient Stories:** In the year, we captured 13 stories to learn from patient and carer experiences, celebrating excellence and identify opportunities for improvement.

Review of Board Engagement



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cymraeg

- Cymraeg
- Cymraeg
- Cymraeg

Aims

- Increase the visibility of Board Members, Executives and senior leaders to listen and connect with the public,
- Provide opportunities to hear from communities about what they feel works well in health care, what could be better and what the Health Board should prioritise in the coming months and years.
- Discuss and promote good practice and examples of how the Health Board is responding to local health concerns and;
- Be creative and innovative in the Health Board's approach to engaging and involving the public.



Cymraeg

- Cymraeg
- Cymraeg
- Cymraeg

The Approach

Between January 2024 and November 2024 seven engagement events took place across all six counties. Events were held in:

-
- Denbigh
- Wrexham
- Bangor
- Holyhead
- Llandudno
- Mold
- Pwllheli



Cymraeg

- Cymraeg
- Cymraeg

Review

- Participation and attendance
- Meeting its aims
- Impacts and Outcomes



LOCAL HEALTH CONVERSATIONS.

- What works well?
- What could be better?
- What should BCUHB prioritise?

11 MARCH - 1PM - 3PM
COED MAWR COMMUNITY CENTRE, LL57 4TB



Cymraeg

- Cymraeg
- Cymraeg
- Cymraeg

Going Forward

- Hold events on a wide range of days, times, locations
- Opportunities to collaborate with partners
- Combine engagement with more health improvement, support and advice opportunities
- Take account of what's important to people
“Two way conversations”
- Focus on a local or regional issue or concerns e.g., local service changes



Cwestiyna

Questions



Teitl adroddiad:	Egwyddorion Dylunio'r Sefydliad / Canllawiau Penderfynu			
Report title:				
Adrodd i:	Grŵp Cyfeirio Rhanddeiliaid			
Report to:				
Dyddiad y Cyfarfod:	Dydd Llun, 03 Mawrth 2025			
Date of Meeting:				
Crynodeb Gweithredol:	Ar ôl 10 mis o ymgynghori ar draws y sefydliad, gan gynnwys dau ymweliad â'r Grŵp Cyfeirio Rhanddeiliaid, bydd ein Hegwyddorion Dylunio'r Sefydliad nawr yn cael eu defnyddio fel Canllawiau Penderfynu i lywio pob penderfyniad yn y dyfodol.			
Executive Summary:	<p>Bellach rydym wedi creu dau fersiwn ategol o'r Canllawiau Penderfynu i'w defnyddio gan y sefydliad at ddibenion gwahanol; un fersiwn mwy manwl a rhagnodol gyda chwestiynau prawf a'r rhesymeg (Atodiad A) a fersiwn symlach, haws ei ddarllen (Atodiad B).</p> <p>Mae'r Egwyddorion Dylunio yn ategu'r System Rheoli Ansawdd drwy feithrin dull gweithredu sy'n canolbwyntio ar bobl, sy'n gynhwysol ac sy'n seiliedig ar ganlyniadau. Bydd yn sicrhau cysondeb â threfniadau llywodraethu clinigol drwy liniaru risg, sicrhau ansawdd drwy gyd-dylunio gwasanaethau hygrych, a gwella ansawdd drwy hyrwyddo arloesedd digidol ac arferion gorau.</p> <p>Lluniwyd rhestr wirio hefyd i gefnogi'r broses o wneud penderfyniadau wrth ddylunio gwasanaethau, wrth gychwyn prosiectau, mewn cyfnodau adolygu ac wrth gynllunio'n weithredol (Atodiad C).</p> <p>Mae'r Bwrdd Iechyd wedi cytuno ar y Canllawiau Penderfynu hyn ac wedi cytuno i'w hystyried wrth wneud pob penderfyniad yn y dyfodol fel rhan o drefniadau llywodraethu'r sefydliad.</p> <p>Bwriedir i'r Canllawiau Penderfynu gael eu hunan-reoli ar draws y sefydliad, gan roi pwynt cyfeirio cyffredin mewn amgylchedd heriol a chefnogol, lle mae gan bawb y grym i'w defnyddio ac i ddal ei gilydd yn atebol.</p>			
Argymhellion:	Adrodd yn ôl ar gasgliadau'r gwaith hwn ac esbonio'r camau nesaf ar gyfer eu gwreiddio ar draws y sefydliad.			
Recommendations:				
Arweinydd Gweithredol:	Carol Shillabeer			
Executive Lead:				
Awdur yr Adroddiad:	Dylan Roberts, Prif Swyddog Gwybodaeth Julie Parry, Arweinydd Rhaglen (Optimeiddio'r Gweithlu)			
Report Author:				
Pwrpas yr adroddiad:	Purpose of report:	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 type="checkbox"/>
Lefel sicrwydd:	Arwyddocaol <i>Significant</i>	Derbyniol <i>Acceptable</i>	Rhannol <i>Partial</i>	Dim Sicrwydd <i>No Assurance</i>

Assurance level:	<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>	<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>	<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>	<input type="checkbox"/> Dim hyder/tystiolaeth o ran darparu <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Creu sefydliad effeithiol: Cydnabod pwysigrwydd llywodraethu a gweithdrefnau a dulliau gwneud penderfyniadau effeithiol mewn sefydliadau Gofal Iechyd sy'n gweithio'n dda. Bydd hyn yn sicrhau'n well bod penderfyniadau'n cael eu gwneud yn brydlon, gan ddefnyddio gwybodaeth briodol, a bod y bobl iawn wedi cael eu cynnwys i sicrhau bod y penderfyniadau cywir yn cael eu gwneud y tro cyntaf.</p>			
<p>Goblygiadau rheoleiddiol a chyfreithiol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Mae gwneud penderfyniadau effeithiol o ansawdd uchel yn lleihau'r tebygolrwydd o beidio â chydymffurfio â gofynion rheoleiddiol a deddfwriaethol.</p>			
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd un ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>Nid oes angen Asesiad o'r Effaith ar Gydraddoldeb yn unol â dogfen Canllaw Cyflym SEIA EQIA.</p>			
<p>Manylion y risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>Risg BAR24-01 Risg o Beidio â Chreu Sefydliad Effeithiol ac Atebol: Mynd ati'n aneffeithiol i gyflawni heriau llywodraethu, gweithredol, perfformiad a deddfwriaethol cydgysylltiedig a allai amharu ar allu'r Bwrdd Iechyd i ddatblygu sefydliad sy'n gweithredu'n dda, sy'n atebol ac yn gydlynol. (Drafft 2024 BAF)</p>			
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Bydd gwneud penderfyniadau effeithiol o ansawdd uchel yn cynnig gwerth am arian i boblogaeth Gogledd Cymru a bydd yn cefnogi'r gwaith o ddarparu amgylchedd rheolaeth ariannol cadarn.</p>			
<p>Goblygiadau i'r gweithlu o ganlyniad i roi'r argymhellion ar waith</p>	<p>Mae'r Canllawiau Penderfynu yn ystyried a yw'r penderfyniad sy'n cael ei wneud yn cydfynd â gwerthoedd Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Mae glynu wrth y</p>			

<p>Workforce implications as a result of implementing the recommendations</p>	<p>gwerthoedd hyn yn meithrin gweithlu cydlynol ac ymroddedig.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Mae Canllawiau Penderfynu'r Sefydliad wedi cael eu datblygu dros y 10 mis diwethaf mewn ymgynghoriad â staff, grwpiau rhanddeiliaid a'r bwrdd anffurfiol. Mae hyn wedi dod i ben drwy greu dwy fersiwn o'r Canllawiau Penderfynu. Atodiad A, y fersiwn fanwl i arwain pob rheolwr i sicrhau dealltwriaeth lawnach o'u hystyr a sut y cânt eu defnyddio wrth wneud penderfyniadau, ac Atodiad B fel ffordd o gyfathrebu i'r holl randdeiliaid beth yw'r Egwyddorion Dylunio ar lefel symlach.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Risg BAR24-01 Risg o Beidio â Chreu Sefydliad Effeithiol ac Atebol: Mynd ati'n aneffeithiol i gyflawni heriau llywodraethu, gweithredol, perfformiad a deddfwriaethol cydgysylltiedig a allai amharu ar allu'r Bwrdd lechyd i ddatblygu sefydliad sy'n gweithredu'n dda, sy'n atebol ac yn gydlynol.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol.</p>
<p>Y Camau Nesaf: Fel rhan o'u rhaglen waith, bydd Rhaglen Sylfeini ar gyfer y Dyfodol yn sicrhau bod y Canllawiau Penderfynu yn cael eu gwreiddio a'u defnyddio'n effeithiol ar draws y Bwrdd lechyd.</p>	
<p>Rhestr Atodiadau:</p> <p>Atodiad A: Fersiwn fanwl a rhagnodol o Ganllawiau Penderfynu'r Sefydliad gyda chwestiynau prawf a rhesymeg</p> <p>Atodiad B: Fersiwn syml a hawdd ei darllen o Ganllawiau Penderfynu'r Sefydliad</p> <p>Atodiad C: Rhestr wirio i gefnogi'r broses o wneud penderfyniadau wrth ddylunio gwasanaethau, wrth gychwyn prosiectau, mewn cyfnodau adolygu ac wrth gynllunio'n weithredol</p>	

SBAR: Egwyddorion Dylunio / Canllawiau Penderfynu'r Sefydliad

Sefyllfa

Mae'r Egwyddorion Dylunio a'r Canllawiau yn ategu'r System Rheoli Ansawdd drwy feithrin dull gweithredu sy'n canolbwyntio ar bobl, sy'n gynhwysol ac sy'n seiliedig ar ganlyniadau. Bydd yn sicrhau cysondeb â threfniadau llywodraethu clinigol drwy liniaru risg, sicrhau ansawdd drwy gyd-ddylunio gwasanaethau hygyrch, a gwella ansawdd drwy hyrwyddo arloesedd digidol ac arferion gorau.

Bwriedir i'r Egwyddorion Dylunio a'r Canllawiau gael eu hunan-reoli ar draws y sefydliad, gan roi pwynt cyfeirio cyffredin mewn amgylchedd heriol a chefnogol, lle mae gan bawb y grym i'w defnyddio ac i ddal ei gilydd yn atebol.

Mae'r Bwrdd Iechyd wedi cytuno ar yr Egwyddorion Dylunio a'r Canllawiau hyn ac wedi cytuno i'w hystyried wrth wneud pob penderfyniad yn y dyfodol fel rhan o drefniadau llywodraethu'r sefydliad.

Pwrpas y papur hwn yw adrodd yn ôl ar gasgliadau'r gwaith hwn ac esbonio'r camau nesaf ar gyfer eu gwreiddio ar draws y sefydliad.

Cefndir

Ar ôl 10 mis o ymgynghori ar draws y sefydliad, gan gynnwys dau ymweliad â'r Grŵp Cyfeirio Rhanddeiliaid, bydd ein Hegwyddorion Dylunio'r Sefydliad nawr yn cael eu defnyddio fel Canllawiau Penderfynu i lywio pob penderfyniad yn y dyfodol.

Daeth yr ymgynghoriad i ben drwy greu dau fersiwn ategol o'r Canllawiau Penderfynu i'w defnyddio gan y sefydliad at ddibenion gwahanol; un fersiwn mwy manwl a rhagnodol gyda chwestiynau prawf a'r rhesymeg (Atodiad A) a fersiwn symlach, haws ei ddarllen (Atodiad B).

Lluniwyd rhestr wirio hefyd i gefnogi'r broses o wneud penderfyniadau wrth ddylunio gwasanaethau, wrth gychwyn prosiectau, mewn cyfnodau adolygu ac wrth gynllunio'n weithredol (Atodiad C).

Yr Egwyddorion Dylunio:

- rhoi arweiniad i'r rhai sy'n gwneud penderfyniadau ar bob lefel wrth iddynt benderfynu ar y ffordd orau o ddyrannu adnoddau'r Bwrdd Iechyd
- sicrhau meddwl hirdymor
- hyrwyddo cyfathrebu ac ymgysylltu effeithiol â rhanddeiliaid mewnol ac allanol a hwyluso dull mwy cydgysylltiedig o gynllunio
- hwyluso proses gyson a chydlynol o wneud penderfyniadau sy'n cyd-fynd â'n gwerthoedd ac sy'n allweddol i gynllunio a gweithredu strategol
- sicrhau ein bod yn symud ymlaen gyda chyfeiriad a phwrpas cyffredin

Asesu

Y nod yw:

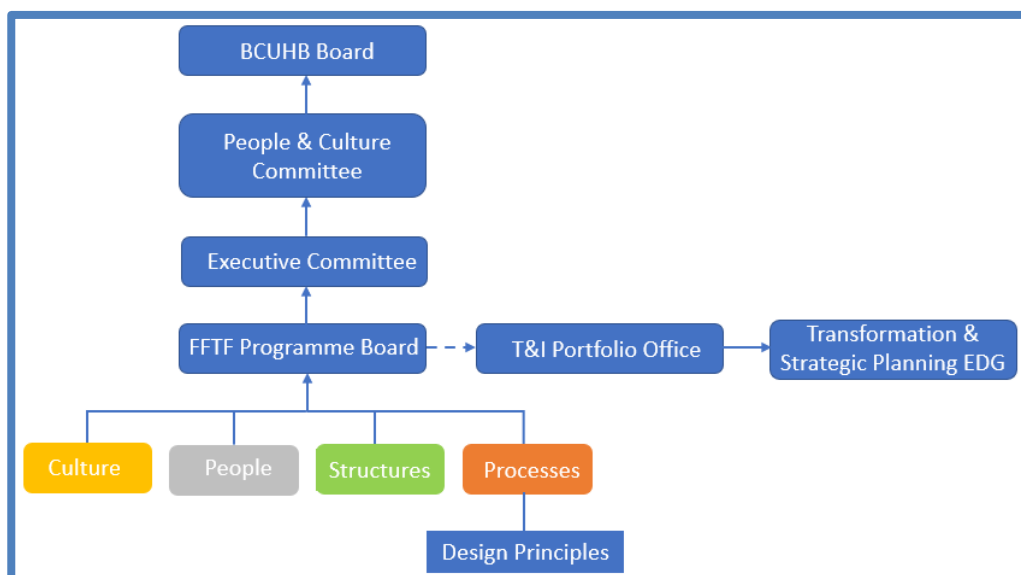
- bod yr **egwyddorion dylunio** i'w gwreiddio'n ddwfn ar draws y sefydliad, gan sicrhau bod pawb sy'n gwneud penderfyniadau yn ymwybodol ohonynt, yn deall eu perthnasedd, ac yn eu cymhwyso'n gyson
- bod y rhai sy'n gwneud penderfyniadau i gyfeirio'n weithredol at yr egwyddorion mewn trafodaethau strategol, gweithredol a thrawsnewid
- Fframwaith llywodraethu clir sy'n cefnogi atebolrwydd, gan alluogi unigolion i herio a dilysu penderfyniadau yn erbyn yr egwyddorion hyn
- Adnoddau, hyfforddiant a sianeli cyfathrebu i fod ar waith fel bod unrhyw un sy'n ansicr ynghylch sut i'w defnyddio yn gwybod ble i geisio arweiniad
- Bydd yr egwyddorion hyn yn dod yn ail natur dros amser, gan siapio diwylliant, prosesau a buddsoddiadau'r sefydliad i gyd-fynd â'i weledigaeth strategol

Mae angen i'r sefydliad sicrhau bod gwreiddio'r Egwyddorion Dylunio nid yn unig yn ymarfer cyfathrebu un-tro ond hefyd yn rhan sylfaenol o'r ffordd y mae'r sefydliad yn gweithredu ac yn dal ei hun yn atebol. Mae angen mesur yr agweddau canlynol i'n galluogi i ddangos a ydym wedi cyflawni ein nod:

- Ymwybyddiaeth a Dealltwriaeth
- Cymhwyso a Mabwysiadu
- Atebolrwydd a Her
- Integreiddio Diwylliannol

Argymhellion

1. Sefydlu grŵp Gweithredu/Prosiect i ganfod atebion posibl ar gyfer gwreiddio'r Egwyddorion Dylunio a'r Canllawiau yn y sefydliad, a sicrhau cydymffurfiad. Bydd y Grŵp Gweithredu'r Egwyddorion Dylunio/Prosiect yn adrodd i Fwrdd Rhaglen Sylfeini ar gyfer y Dyfodol, sy'n adrodd yn ffurfiol i'r Tîm Gweithredol o ran goruchwyllo, uwchgyfeirio ac atebolrwydd.



2. Bydd y Grŵp Gweithredu/Prosiect yn penderfynu ar y fethodoleg newid fwyaf priodol i'w defnyddio i ymgorffori'r Canllawiau a'r Egwyddorion Dylunio gan sicrhau nad yw'n ymarfer cyfathrebu un-tro ond yn rhan sylfaenol o sut mae'r sefydliad yn gweithredu a dwyn ei hun i gyfrif.

3. Y mesurau canlynol i'w defnyddio i brofi a oes newid wedi'i wneud:

Ymwybyddiaeth a Dealltwriaeth

- % y rhai sy'n gwneud penderfyniadau sy'n gallu mynegi egwyddorion dylunio allweddol yn gywir (drwy arolygon neu gyfweiliadau).
- % y staff newydd mewn rolau arwain sy'n cael hyfforddiant ffurfiol ar egwyddorion dylunio.

Cymhwyso a Mabwysiadu

- % yr achosion busnes, prosiectau neu benderfyniadau caffael sy'n cyfeirio'n benodol at egwyddorion dylunio.
- Nifer y cyfarfodydd llywodraethu neu adolygu lle mae egwyddorion dylunio yn cael ystyriaeth fyw.

Atebolrwydd a Her

- Nifer yr achosion lle cafodd penderfyniadau eu **herio** neu eu **diwygio** oherwydd diffyg cysoni ag egwyddorion dylunio.
- Adborth gan staff ynghylch a ydynt yn teimlo eu bod yn cael eu grymuso i herio penderfyniadau ar sail egwyddorion dylunio.

Integreiddio Diwylliannol

- Cynnwys egwyddorion dylunio mewn rhaglenni datblygu arweinyddiaeth, dogfennau polisi a chynlluniau strategol.
- Adborth ansoddol gan randdeiliaid ar sut mae'r egwyddorion yn dylanwadu ar weithrediadau o ddydd i ddydd.

Atodiad A: Fersiwn fanwl a rhagnodol o Ganllawiau Penderfynu'r Sefydliad gyda chwestiynau prawf a rhesymeg

Ein Hegwyddorion

Mae'r egwyddorion hyn yn rhoi arweiniad i'r rhai sy'n gwneud penderfyniadau ar bob lefel wrth iddynt benderfynu ar y ffordd orau o ddyrannu adnoddau'r Bwrdd Iechyd. Mae hyn yn berthnasol i fuddsoddi, dadfuddsoddi a/neu ailddyrrannu adnoddau presennol i wella gwerth a chynaliadwyedd.

P'un a ydych yn datblygu achos busnes, yn caffael, yn sicrhau adnoddau allanol neu'n ailgynllunio gwasanaethau, mae ein hegwyddorion yn cyd-fynd â'n cyfeiriad i'r dyfodol ac â Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru). Maent yn sicrhau meddwl hirdymor, yn hyrwyddo cyfathrebu ac ymgysylltu effeithiol â rhanddeiliaid mewnol ac allanol ac yn hwyluso dull mwy cydgyssylltiedig o gynllunio.

Mae gwneud penderfyniadau cyson a chydlynol sy'n cyd-fynd â'n gwerthoedd yn allweddol i gynllunio a gweithredu strategol, gan sicrhau ein bod yn symud ymlaen gyda chyfeiriad a phwrpas cyffredin.

1. Pobl yn Gyntaf

Byddwn yn rhoi canlyniadau gwell i'r bobl rydym yn eu gwasanaethu yn gyntaf

Cwestiynau prawf i'w gofyn i chi'ch hun:

Ydy hyn yn golygu canlyniadau gwell i rywun?

Bywyd pwy mae hyn yn ei wneud yn well?

A yw hyn yn helpu i sicrhau canlyniadau sy'n bwysig i'r bobl/cleifion dan sylw?

Mae ystyried y person cyfan, gan gynnwys ei lesiant corfforol, meddyliol, emosiynol a chymdeithasol, yn arwain at ofal mwy cynhwysfawr ac effeithiol.

Rhesymeg/Goblygiadau: *Byddwn yn defnyddio dull sy'n canolbwyntio ar bobl wrth ddylunio prosiectau, systemau neu brosesau gwasanaethau ar sail sicrhau canlyniadau gwell, nid gwasanaethau gwell bob amser. Bydd y dull hwn yn helpu ein pobl i gael canlyniadau iechyd a llesiant gwell yn gyffredinol.*

Gall pobl fod yn unigolion, yn boblogaethau, yn bobl sy'n ffurfio cymunedau (o ddiddordeb neu ddaearyddol), yn deuluoedd, yn ofalwyr, yn staff neu'n wirfoddolwyr.

2. Cynhwysol

Byddwn yn gweithio mewn ffordd amlddisgyblaethol ac yn dod â'r bobl iawn at ei gilydd i gydweithio a chyd-ddylunio gwasanaethau a allai gynnwys cleifion, gofalwyr, eu teuluoedd, staff, gwirfoddolwyr a phartneriaid

Cwestiwn prawf i'w ofyn i chi'ch hun:

Ydw i wedi cynnwys y gwahanol bobl sy'n ymwneud â dylunio'r gwasanaeth / cynnyrch neu beth bynnag rwy'n ei wneud ac a yw eu mewnbwn wedi cael ei ystyried?

Rhesymeg/Goblygiadau: *Byddwn yn ceisio dod â'r bobl a'r arbenigedd cywir at ei gilydd a gweithio gyda nhw ar draws gwasanaethau a thimau, i gyd-ddylunio cynnyrch a gwasanaethau, gan ganolbwyntio'n gryf ar gyflawni canlyniadau wedi'u targedu gyda manteision mesuradwy. Rhaid inni ddechrau drwy ddeall y broblem o safbwynt y defnyddwyr. Yn hyn o beth, a chyda phopeth a wnawn, byddwn yn sicrhau bod llinellau cyfrifoldeb ac atebolrwydd clir. Gweithio gyda, nid gwneud i neu ar gyfer. Mae methodolegau dylunio sefydledig sy'n canolbwyntio ar y defnyddiwr i sicrhau bod anghenion defnyddwyr yn cael eu deall gan roi sylw dyladwy i empathi tuag at y defnyddwyr, cyd-greu, hygyrchedd ac amrywiaeth yr angen.*

3. Byddwn yn gwario'r bunt yng Ngogledd Cymru yn ddoeth

Cwestiwn prawf i'w ofyn i chi'ch hun:

Ydw i'n gwario arian yn ddoeth ac ydw i'n hyderus y bydd hyn yn cyfrannu gwerth tuag at ganlyniadau gwell i bobl Gogledd Cymru?

Rhesymeg/Goblygiadau: *Byddwn yn sicrhau'r gwerth gorau am arian ym mhopeth a wnawn gan roi sylw dyledus i bwrs cyffredinol y sector cyhoeddus ar gyfer Gogledd Cymru cyn ystyried ein gwasanaethau unigol neu ein maes cyfrifoldeb ein hunain. Mae hyn yn gofyn am weithio o fewn y cyllidebau a ddyrennir neu geisio gostyngiadau yn y rhain lle bo hynny'n bosibl. Gogledd Cymru yn gyntaf, Betsi'n ail, Gwasanaeth yn drydydd.*

4. Byddwn yn symleiddio, yn safoni ac yn mabwysiadu arferion gorau, gan gymhwyso safonau cydnabyddedig i'r hyn a wnawn.

Bydd prosesau ac arferion nad ydynt yn gwahaniaethu yn cael eu symleiddio er mwyn lleihau cymhlethdod a gorbenion gweithredol. Byddwn yn mabwysiadu gweithdrefnau gweithredu safonol, adnoddau a rennir, a thempledi i hybu cysondeb, lleihau amrywiadau, a lleihau dyblygu ymdrechion. Byddwn yn dylunio atebion sy'n reddfodol, yn hawdd eu defnyddio ac yn ddigon da o ran cyflawni'r canlyniad sydd ei angen arnom a byddwn yn croesawu ac yn mabwysiadu arferion gorau'r diwydiant.

Mae dysgu gan eraill, deall arferion da a symleiddio'r rhain yn allweddol.

Cwestiynau prawf i'w gofyn i chi'ch hun:

A oes safon gydnabyddedig y gallaf feincnodi'r hyn yr ydym yn ei wneud yn ei herbyn?

A ellir safoni'r hyn yr ydym yn ei wneud os bydd yn gwneud pethau'n fwy effeithlon ac effeithiol?

Allwn ni fabwysiadu'r hyn sydd yno'n barod i ddarparu atebion "digon da" sy'n galluogi cysondeb, effeithlonrwydd a'r gallu i dyfu?

Rhesymeg/Goblygiadau: Byddwn yn defnyddio dadansoddi data, mewnbwn gan arbenigwyr allanol, ac adborth gan gymheiriaid i nodi a rhannu arferion gorau ar draws gwahanol arbenigeddau a gwasanaethau, i roi sicrwydd ynghylch ansawdd ac aeddfedrwydd ac i leihau amrywiadau diangen. Byddwn yn Symleiddio, Safoni ac Ailddefnyddio ein galluoedd busnes, ein harferion, ein prosesau a'n canllawiau i leihau cymhlethdod ac amrywiadau diangen. Byddwn yn annog integreiddio, yn osgoi dyblygu, yn gwella effeithlonrwydd, ac, os yw'n berthnasol, yn ailddefnyddio'r hyn sydd wedi'i gyflawni'n llwyddiannus mewn manau eraill. Mae hyn hefyd yn golygu dysgu am ddatblygiadau arloesol y mae eraill wedi'u gwneud a'u cymhwyso i'n cyd-destun ni. Byddwn yn cydnabod yr angen am hyblygrwydd.

e.e. Rydym eisiau rhesymoli'r defnydd o'n systemau TG ar draws y Bwrdd lechyd, gan leihau cymhlethdod, osgoi dyblygu, a gobeithio cynyddu effeithiolrwydd yn gyffredinol.

5. 'Digidol yn gyntaf'

Cwestiwn prawf i'w ofyn i chi'ch hun:

Ydw i'n dylunio'r gwasanaeth hwn gan flaenoriaethu rhyngweithio, technolegau a data digidol ac a ydw i wedi gofyn i'r gwasanaeth Digidol, Data a Thechnoleg am farn?

Rhesymeg/Goblygiadau: Yn yr 21^{ain} Ganrif, byddwn yn mabwysiadu ac yn hyrwyddo ffyrdd Digidol o weithio lle mae'n gwneud synnwyr clinigol a busnes i wneud hynny. Bydd hyn er mwyn trawsnewid ein gwasanaethau a'n symud oddi wrth ein dibyniaeth ar hen adeiladau a ffyrdd o weithio.

6. Tegwch a Hygyrchedd:

Byddwn yn edrych ar y broblem o safbwyntiau gwahanol ac yn Dylunio gwasanaethau mewn ffordd sy'n hygyrch

Cwestiynau prawf i'w gofyn i chi'ch hun:

Pan fyddaf yn ystyried newid neu gyflwyno gwasanaeth neu ateb newydd – ydw i wedi ystyried holl agweddau gwahanol y newid?

Ydw i wedi asesu effeithiau'r penderfyniad rydw i'n ei wneud ar gydraddoldeb?

Rhesymeg/Goblygiadau: *Wrth ystyried sut i ddatrys problem, byddwn bob amser yn ystyried y gwahanol agweddau arni o safbwyntiau gwahanol bobl.*

Bydd hyn yn cynnwys dylunio ac adeiladu gwasanaethau sy'n hyrwyddo ac yn hwyluso defnyddio'r Gymraeg ac yn trin y rhai sy'n ei siarad yn gyfartal â'r rhai sy'n siarad Saesneg.

7. Yn gyson â gwerthoedd ein sefydliad.

Cwestiwn prawf i'w ofyn i chi'ch hun: A yw'r penderfyniad hwn yn cyd-fynd â gwerthoedd ein sefydliad?

Rhesymeg/Goblygiadau: *Gwerthoedd ein sefydliad yw'r egwyddorion craidd sy'n llywio ymddygiad a phenderfyniadau o fewn PBC, gan ffurfio sylfaen ein diwylliant a sicrhau ein bod yn cyd-fynd yn strategol â'n cenhadaeth a'n gweledigaeth. Mae glynu wrth y gwerthoedd hyn yn meithrin gweithlu cydlynol ac ymroddedig, yn gwella ymddiriedaeth a hygredded gyda rhanddeiliaid, ac yn cefnogi ymddygiad moesegol felly mae angen eu hystyried mewn penderfyniadau buddsoddi.*

Atodiad B: Fersiwn syml a hawdd ei darllen o Ganllawiau Penderfynu'r Sefydliad

Canllawiau Penderfynu Arweiniol

Ein hegwyddorion

Mae ein hegwyddorion yn llywio penderfyniadau ynghylch sut rydym yn defnyddio adnoddau'r Bwrdd Iechyd ar bob lefel yn y sefydliad.

1. Pobl yn gyntaf

Blaenoriaethu dull sy'n canolbwyntio ar bobl i gefnogi canlyniadau iechyd a llesiant gwell.

Ystyriwch hyn:

- Ydw i'n gwella canlyniadau i bobl?
- Bywyd pwy ydw i'n ei wneud yn well?
- Amcanion Llesiant y Bwrdd Iechyd ([insert link](#))

2. Cynhwysol

Dod â'r bobl iawn at ei gilydd i gydweithio a chyd-ddylunio gwasanaethau.

Ystyriwch hyn:

- A yw rhanddeiliaid allweddol wedi cael eu cynnwys? Er enghraifft, defnyddwyr gwasanaeth, gofalmwyr, teuluoedd, staff, gwirfoddolwyr, partneriaid eraill a'r rheini sydd ag arbenigedd technegol perthnasol.
- Sut ydyn ni wedi defnyddio adborth rhanddeiliaid i ddylanwadu ar y penderfyniad rydym wedi'i wneud?

3. Gwario doeth

Gwerth gorau ac ansawdd o fewn yr adnoddau ariannol sydd ar gael.

Ystyriwch hyn:

- A fydd y penderfyniad hwn yn cyfrannu at ganlyniadau gwell i'r cymunedau rydyn ni'n eu gwasanaethu?
- A fydd y penderfyniad hwn yn effeithio ar feysydd eraill yn y sector cyhoeddus fel awdurdodau lleol?

4. Symleiddio, safoni a mabwysiadu arferion gorau

Cydnabod cymhlethdod, symleiddio a lleihau amrywiadau amhriodol.

Ystyriwch hyn:

- Dysgu gan eraill a defnyddio arferion gorau
- A oes safon, proses neu bolisi cydnabyddedig i feincodi yn eu herbyn?
- A ystyriwyd gwahanol agweddau newid/canlyniadau newid?
- Cadw pethau'n syml i'r cyhoedd

5. 'Digidol yn gyntaf'

Mabwysiadu a hyrwyddo ffyrdd newydd o weithio, gan harneisio potensial arloesedd digidol.

Ystyriwch hyn:

- Gofyn am gyngor ac arweiniad gan Dîm Digidol, Data a Thechnoleg y Bwrdd Iechyd.

6. Tegwch a Hygyrchedd:

Gwasanaethau teg a hygyrch sy'n ystyried anghenion amrywiol y cymunedau rydym yn eu gwasanaethu.

Ystyriwch hyn:

- Ydy'r penderfyniad hwn yn hyrwyddo tegwch a mynediad cyfartal?
- Gofyn am gyngor ac arweiniad gan Dîm Digidol, Data a Thechnoleg y Bwrdd Iechyd.

7. Cysondeb â Gwerthoedd y Bwrdd Iechyd.

Gwerthoedd y Bwrdd Iechyd ([link to values in website copy](#)), arwain ein hymddygiad a gwneud penderfyniadau.

Ystyriwch hyn:

- Ydy'r penderfyniad hwn yn cyd-fynd â gwerthoedd ein sefydliad?

Atodiad C: Rhestr Wirio Asesu'r Canllawiau Penderfynu i gefnogi'r broses o wneud penderfyniadau wrth ddylunio gwasanaethau, wrth gychwyn prosiectau, mewn cyfnodau adolygu ac wrth gynllunio'n weithredol

RHESTR WIRIO ASESU'R CANLLAWIAU PENDERFYNU (i helpu pobl wrth iddynt feddwl am eu penderfyniadau)

Canllaw Gweithredu

1. Cymhwyso:

Cymhwyswch y rhestr wirio i gefnogi'r broses o ddylunio gwasanaethau, cychwyn prosiectau, mewn cyfnodau adolygu ac wrth gynllunio'n weithredol

2. Sgôr:

Rhowch sgôr i bob maen prawf (e.e. graddfa 1-5) i sicrhau bod yr egwyddorion yn cael sylw cynhwysfawr.

Graddfa	Sgôr Ddisgrifiadol	Disgrifiad Ansoddol
1	Cydymffurfio'n llwyr	Cydymffurfio ym mhob maes
2	Cydymffurfio	Cydymffurfio yn y rhan fwyaf o feysydd
3	Cydymffurfio i Raddau	Cydymffurfio mewn rhai meysydd
4	Ddim yn Cydymffurfio	Ddim yn cydymffurfio yn y rhan fwyaf o feysydd
5	Ddim yn Cydymffurfio o Gwbl	Ddim yn cydymffurfio ym mhob maes

3. Atebolrwydd:

Neilltuo perchnogaeth dros fynd i'r afael â phob maes o fewn timau cyflawni neu strwythurau llywodraethu.

Egwyddor cynllunio	Sgôr
<p>1. Pobl yn Gyntaf</p> <p>Ydy'r cynllun hwn yn gwella canlyniadau i unigolion, teuluoedd neu gymunedau rydym yn eu gwasanaethu?</p> <p>Ydyn ni wedi ystyried y person cyfan (corfforol, meddyliol, emosiynol a chymdeithasol)?</p> <p>Ydy'r newidiadau arfaethedig yn cyd-fynd ag Amcanion Llesiant y Bwrdd Iechyd?</p>	
<p>2. Dylunio Cynhwysol</p> <p>Ydyn ni wedi cynnwys yr holl randdeiliaid perthnasol yn y broses ddylunio (e.e. cleifion, gofalwyr, staff, gwirfoddolwyr, arbenigwyr technegol)?</p> <p>A ystyriwyd safbwyntiau amrywiol, gan sicrhau bod yr ateb yn canolbwyntio ar y defnyddiwr?</p> <p>A yw cydweithio wedi bod yn effeithiol ar draws timau amlddisgyblaethol?</p> <p>Sut ydyn ni wedi defnyddio adborth rhanddeiliaid i ddylanwadu ar y penderfyniad rydym wedi'i wneud?</p>	
<p>3. Gwario doeth</p> <p>Ydy'r buddsoddiad hwn yn darparu gwerth am arian ar yr un pryd â chyfrannu at ganlyniadau gwell i gymunedau Gogledd Cymru?</p> <p>Ydyn ni wedi ystyried yr effaith ehangach ar gyllideb y sector cyhoeddus h.y. a fydd y penderfyniad hwn yn effeithio ar feysydd eraill yn y sector cyhoeddus megis awdurdodau lleol?</p> <p>A yw'r cynllun ariannol yn gynaliadwy o fewn yr adnoddau a ddyrannwyd?</p>	
<p>4. Symleiddio, Safoni a Mabwysiadu Arferion Gorau</p> <p>A oes modd symleiddio prosesau ac arferion er mwyn lleihau cymhlethdod a gorbenion gweithredol?</p> <p>A oes safonau neu feincnodau presennol i gyd-fynd â nhw?</p> <p>Ydyn ni wedi adolygu'r gwersi a ddysgwyd ac arferion gorau gan sefydliadau neu wasanaethau eraill?</p>	

<p>A yw effeithiau posibl y newidiadau wedi cael eu hasesu'n llawn?</p>	
<p>5. Digidol yn Gyntaf</p> <p>Ydyn ni wedi blaenoriaethu atebion digidol lle bo hynny'n briodol, gan ystyried effeithlonrwydd a phrofiad y defnyddiwr?</p> <p>A yw'r tîm Digidol, Data a Thechnoleg wedi darparu mewnbwn neu ddilysiad?</p> <p>A yw hyn yn cyd-fynd â'n nodau trawsnewid digidol ac yn lleihau dibyniaeth ar hen systemau?</p>	
<p>6. Tegwch a Hygyrchedd</p> <p>A yw'r cynllun yn hyrwyddo tegwch a mynediad cyfartal i bob aelod o'r gymuned?</p> <p>A ystyriwyd anghenion amrywiol, gan gynnwys dewisiadau iaith a gofynion diwylliannol?</p> <p>A yw effeithiau posibl ar gydraddoldeb wedi cael eu hasesu a'u lliniaru?</p>	
<p>7. Cysondeb â Gwerthoedd y Sefydliad</p> <p>A yw hyn yn cyd-fynd â gwerthoedd y Bwrdd Iechyd sef Tosturi, Bod yn Agored a Pharch (Gwerthoedd heb eu cadarnhau eto)</p> <p>A yw'r broses o wneud penderfyniadau yn dryloyw ac yn foesegol?</p> <p>A fydd hyn yn gwella ymddiriedaeth a hygyrchedd gyda rhanddeiliaid?</p>	

Teitl adroddiad:	Organisational Design Principles / Decision Guidelines			
Report title:				
Adrodd i:	Stakeholder Reference Group			
Report to:				
Dyddiad y Cyfarfod:	Monday, 03 March 2025			
Date of Meeting:				
Crynodeb Gweithredol:	<p>After 10 months of consultation across the organisation, including two visits to the Stakeholder Reference Group, our Organisational Design Principles will now be applied as Decision Guidelines to inform all future decisions.</p> <p>This has concluded in the creation of two complimentary versions of the Decision Guidelines that are to be used by the organisation for different purposes; a more detailed and prescriptive version with test questions and rationale (Appendix A) and a more simplified, easy read version. (Appendix B).</p> <p>The Design Principles complement the Quality Management System by fostering a people-centered, inclusive, and outcome-driven approach, ensuring alignment with clinical governance through risk mitigation, quality assurance by co-designing accessible services, and quality improvement by promoting digital innovation and best practices.</p> <p>An accompanying checklist has also been developed to support decision making during service design, project initiation, review phases and operational planning. (Appendix C).</p> <p>The Health Board have agreed these Decision Guidelines and agreed to consider them during all future decision making as part of the organisation's governance arrangements.</p> <p>The Decision Guidelines are intended to be self-managed across the organisation, serving as a shared reference in a high challenge, high support environment where everyone is empowered to apply them and hold each other accountable.</p>			
Executive Summary:				
Argymhellion:	To report back the conclusion of this work and explain the next steps for embedding them across the organisation.			
Recommendations:				
Arweinydd Gweithredol:	Carol Shillabeer			
Executive Lead:				
Awdur yr Adroddiad:	Dylan Roberts, Chief Information Officer Julie Parry, Programme Lead (Workforce Optimisation)			
Report Author:				
Pwrpas yr adroddiad:	Purpose of report:	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 type="checkbox"/>
Lefel sicrwydd:	Arwyddocaol <i>Significant</i>	Derbyniol <i>Acceptable</i>	Rhannol <i>Partial</i>	Dim Sicrwydd <i>No Assurance</i>

Assurance level:	<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>	<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>	<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>	<input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Building an effective organisation: Recognising the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>High quality, effective decision making reduces the likelihood of non-compliance with regulatory and legislative requirements.</p>			
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>An EqIA is unnecessary in accordance with the SEIA EQIA Quick Guide document.</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Risk BAR24-01 Risk of Not Fully Building an Effective and Accountable Organisation: Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive organisation. (Draft 2024 BAF)</p>			
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>High quality, effective decision making will offer value for money for the population of North Wales and will support the delivery of a robust financial control environment.</p>			
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The Decision Guidelines take into consideration whether the decision being made is in line with BCUHB's values. Adhering to these values fosters a cohesive and engaged workforce.</p>			

<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The Organisational Decision Guidelines have been developed over the last 10 months in consultation with staff, stakeholder groups and the informal board. This has concluded in the creation of two versions of the Decision Guidelines. Appendix A, the detailed version to guide all managers to ensure a fuller understanding of their meaning and how they are applied to decision making, and Appendix B as a means of communication to all stakeholders what the Design Principles are at a simplified level.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Risk BAR24-01 - Risk of Not Fully Building an Effective and Accountable Organisation: Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive organisation.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable.</p>
<p><i>Next Steps:</i> As part of their programme of work, The Foundations for the Future Programme will ensure that the Decision Guidelines are embedded and effectively used across the Health Board.</p>	
<p><i>List of Appendices:</i></p> <p>Appendix A: Detailed and prescriptive version of the Organisational Decision Guidelines with test questions and rationale</p> <p>Appendix B: Simplified, easy read version of the Organisational Decision Guidelines</p> <p>Appendix C: Accompanying checklist to support decision making during service design, project initiation, review phases or operational planning</p>	

SBAR: Organisational Design Principles / Decision Guidelines

Situation

The Design Principles and Guidelines complement the Quality Management System by fostering a people-centred, inclusive and outcome-driven approach, ensuring alignment with clinical governance through risk mitigation, quality assurance by co-designing accessible services, and quality improvement by promoting digital innovation and best practices.

The Decision Principles and Guidelines are intended to be self-managed across the organisation, serving as a shared reference in a high challenge, high support environment where everyone is empowered to apply them and hold each other accountable.

The Health Board have agreed these Decision Principles and Guidelines and have agreed to consider them during all future decision making as part of the organisation's governance arrangements.

The purpose of this paper is to report back the conclusion of this work, and explain the next steps for embedding them across the organisation.

Background

After 10 months of consultation across the organisation, including two visits to the Stakeholder Reference Group, our Organisational Design Principles will now be applied as Decision Guidelines to inform all future decisions.

The consultation has concluded in the creation of two complimentary versions of the Decision Guidelines that are to be used by the organisation for different purposes; a more detailed and prescriptive version with test questions and rationale (Appendix A) and a more simplified, easy read version. (Appendix B).

An accompanying checklist has also been developed to support decision making during service design, project initiation, review phases and operational planning. (Appendix C).

The Design Principles:

- guide decision makers at all levels in making decisions about how best to allocate Health Board resources
- ensure long-term thinking
- promote effective communication and engagement with internal and external stakeholders and facilitate a more joined-up approach to planning
- facilitate consistent and coordinated decision making which aligns with our values and is key to strategic planning and implementation
- ensures that we move forward with common direction and purpose

Assessment

The aim is for:

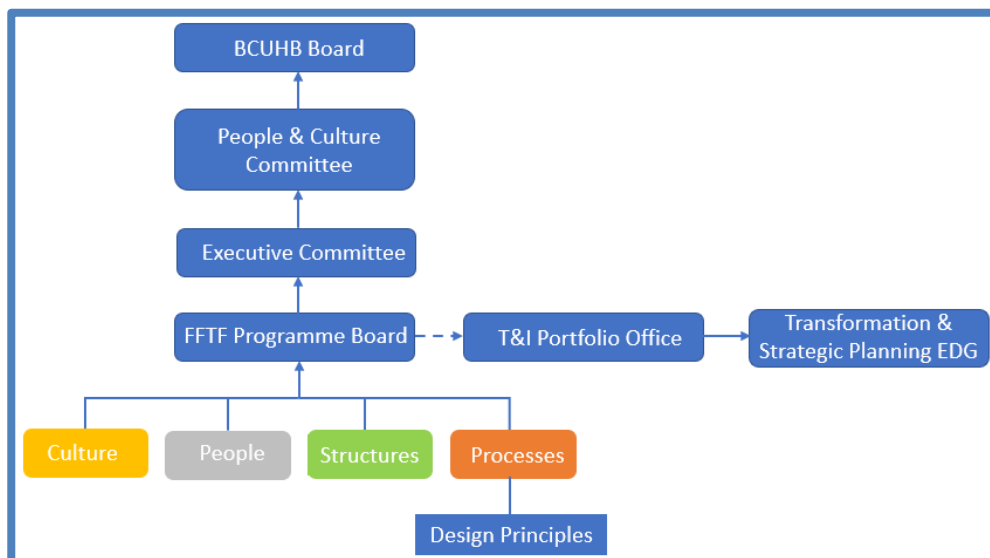
- the design principles to be deeply embedded across the organisation, ensuring that every decision maker is aware of them, understands their relevance, and applies them consistently
- decision makers to actively reference the principles in strategic, operational, and transformation discussions
- a clear governance framework that supports accountability, enabling individuals to challenge and validate decisions against these principles
- resources, training, and communication channels to be in place so that anyone unsure of how to apply them knows where to seek guidance
- these principles to become second nature over time, shaping the organisation's culture, processes, and investments to align with its strategic vision

The organisation needs to ensure that embedding the Design Principles is not just a one-time communication exercise but a fundamental part of how the organisation operates and holds itself accountable. The following aspects need to be measured to enable us to demonstrate whether we have achieved our aim:

- Awareness & Understanding
- Application & Adoption
- Accountability & Challenge
- Cultural Integration

Recommendations

1. An Implementation/Project group to be established to identify potential solutions for embedding the Design Principles and Guidelines into the organisation, and ensuring compliance. The Design Principles Implementation/Project Group will report into the Foundations for the Future Programme Board who formally reports into the Executive Team in terms of oversight, escalation and accountability.



2. The Implementation/Project group to decide on the most appropriate change methodology to use to embed the Design Principles and Guidelines.
3. The following measures to be used to test if a change has been made.

Awareness & Understanding

- % of decision-makers who can accurately articulate key design principles (via surveys or interviews).
- % of new starters in leadership roles who receive formal training on design principles.

Application & Adoption

- % of business cases, projects, or procurement decisions explicitly referencing design principles.
- Number of governance or review meetings where design principles are actively considered.

Accountability & Challenge

- Number of instances where decisions were **challenged** or **revised** due to non-alignment with design principles.
- Feedback from staff on whether they feel empowered to challenge decisions based on design principles.

Cultural Integration

- Inclusion of design principles in leadership development programs, policy documents, and strategic plans.
- Qualitative feedback from stakeholders on how the principles influence day to day operations.

Our Principles

These principles guide decision makers at all levels in making decisions about how best to allocate Health Board resources. This applies to investment, disinvestment and/or the reallocation of existing resources to improve value and sustainability.

Whether developing a business case, undertaking procurement, securing external resources or redesigning services, our principles align with our future direction and with the Well-being of Future Generations (Wales) Act. They ensure long-term thinking, promote effective communication and engagement with internal and external stakeholders and facilitate a more joined-up approach to planning.

Consistent and coordinated decision making which aligns with our values is key to strategic planning and implementation, ensuring that we move forward with common direction and purpose.

1. People First

We will put better outcomes for the people we serve first

Test questions to ask yourself:

Does this mean better outcomes for someone?

Whose life is this making better?

Is this helping deliver outcomes that matter to the people/patients concerned?

Considering the whole person, including their physical, mental, emotional, and social well-being, leads to more comprehensive and effective care.

Rationale/Implications: *We will take a people centred approach when designing services projects, systems or processes based on delivering better outcomes not always better services. This approach will support our people in experiencing better health and wellbeing outcomes overall.*

People can be individuals, populations, people that make up communities (of interest or geographies), families, carers, staff or volunteers.-

2. Inclusive

We will work in a multidisciplinary way and bring together the right people to collaborate and co-design services which could include patients, carers, their families, staff, volunteers and partners

Test question to ask yourself:

Have I included the different people involved in the design of the service / product or whatever I am doing and has their input been considered?

Rationale/Implications: *We will seek to bring the right people and expertise together and work with them across services and teams, to co-design products and services, with a strong focus on delivering targeted outcomes with quantifiable benefits. We must start with understanding the problem from the users centred point of view. In this, and with all that we do, we will ensure that*

there are clear lines of responsibility and accountability. Working with, not doing to or for. There are well established user centred design methodologies to ensure user needs are understood with due regards for empathy for the users, co-creation, accessibility and diversity of need.

3. We will spend the North Wales pound wisely

Test question to ask yourself:

Am I spending money wisely and am I confident that this will contribute value towards better outcomes for the people of North Wales?

Rationale/Implications: We will ensure best value for money in all that we do with due regard to the overall public sector purse for North Wales before considering our own individual services or area of responsibility. This requires working within the budgets that are allocated or looking to reductions in these where possible. North Wales first, Betsi second, Service third.

4. We will simplify, standardise and adopt best practice, applying recognised standards to what we do.

Non-differentiating processes and practices will be streamlined to reduce complexity and operational overheads. We will adopt standard operating procedures, shared tools, and templates to drive consistency, reduce variation, and minimise duplication of effort. We will design solutions that are intuitive, easy to use and good enough in terms of delivering the outcome we need and we will embrace and adopt industry best practices.

Learning from others, understanding good practice and applying simplification around these is key.

Test questions to ask yourself:

Is there a recognised standard that I can benchmark what we are doing against?

Can what we are doing be standardised if it will make things more efficient and effective?

Can we adopt what is already there to deliver “good enough” solutions that enable consistency, efficiency and scalability?

Rationale/Implications: We will use data analysis, external expert input, and peer-to-peer feedback to identify and share best practices across different specialties and services, to give assurance on quality and maturity and to reduce unwarranted variation. We will Simplify, Standardise and Re-use our business capabilities, practice, process, and guidelines to reduce complexity and unwarranted variation. We will encourage integration, avoid duplication, increase efficiency, and if applicable, reuse that which has been successfully delivered elsewhere. This also means learning about innovations others have done and applying it to our context. We will recognise the need for flexibility.

e.g. We want to rationalise the use of our IT systems across the Health Board, reducing complexity, avoiding duplication, and hopefully increasing effectiveness overall.

5. ‘Digital first’

Test question to ask yourself:

Am I designing this service prioritising digital interactions, technologies and data and have I asked the Digital, Data and Technology service for a view?

Rationale/Implications: In the 21st Century we will adopt and promote Digital ways of working where it makes clinical and business sense to do so. This will be to transform our services and move us away from our reliance on legacy buildings and ways of working.

6. Equity and Accessibility:

We will look at the problem from different points of view and Design services in a way that are accessible

Test questions to ask yourself:

When I am considering a change or introduction of new service or solution – have I considered all the different aspects of the change?

Have I assessed impacts on equalities with the decision I am making?

Rationale/Implications: *When considering how to solve a problem we will always consider the different angles to it from the intersectionality of different people.*

This will include design and build services that promote and ease the use of Welsh and treat those who speak it equally with those who speak English.

7. Consistent with our organisational values.

Test question to ask yourself: Is this decision in line with our organisational values?

Rationale/Implications: *Our organisational values are the core principles that guide behaviour and decision-making within BCU, forming the foundation of our culture and ensuring strategic alignment with our mission and vision. Adhering to these values fosters a cohesive and engaged workforce, enhances trust and credibility with stakeholders, and supports ethical behaviour as such they need to be considered in investment decisions.*

Guiding Decision Guidelines

Our principles

Our principles guide decisions about how we use Health Board resources at all levels within the organisation.

1. People first

Prioritise a people centred approach to support better health and well-being outcomes.

Consider this:

- Am I improving outcomes for people?
- Whose life am I making better?
- The Health Board's Wellbeing Objectives (insert link)

2. Inclusive

Bring together the right people to collaborate and co-design services.

Consider this:

- Have key stakeholders' been involved? For example, service users, carers, families, staff, volunteers, other partners and those with relevant technical expertise.
- How have we used stakeholders' feedback to influence the decision we have made?

3. Wise spending

Best value and quality within available financial resources.

Consider this:

- Will this decision contribute to better outcomes for the communities we serve?
- Will this decision impact other areas of the public sector such as local authorities?

4. Simplify, standardise and adopt best practice

Recognise complexity, streamline and reduce inappropriate variation.

Consider this:

- Learn from others and apply best practice
- Is there a recognised standard, process or policy to benchmark against?
- Have the different aspects/consequences of change been considered?
- Keep it simple for the public

5. 'Digital first'

Adopt and promote new ways of working, harnessing the potential of digital innovation.

Consider this:

- Seek advice and guidance from the Health Board's Digital, Data and Technology Team.

6. Equity and accessibility

Equitable and accessible services which take account of the diverse needs of the communities we serve.

Consider this:

- Does this decision promote fairness and equality of access?
- Seek advice and guidance from the Health Board's Equalities Team

7. Consistent with the Health Board's Values.

The Health Board values (link to values in website copy), guide our behaviours and decision-making.

Consider this:

- Does this decision align with our organisational values?

Appendix C: Accompanying Decision Guidelines Assessment Checklist to support decision making during service design, project initiation, review phases or operational planning

DECISION GUIDELINES ASSESSMENT CHECKLIST (To assist people in thinking about their decisions)

Implementation Guide

1. Application:

Apply this checklist during service design, project initiation, review phases, or operational planning.

2. Scoring:

Rate each criterion (e.g., 1-5 scale) to ensure principles are comprehensively addressed.

Scale	Descriptive Rating	Qualitative Description
1	Fully Compliant	Compliant in all areas
2	Compliant	Compliant in most areas
3	Somewhat Compliant	Compliant in some areas
4	Not Compliant	Non-compliant in most areas
5	Fully Not Compliant	Non compliant in all areas

3. Accountability:

Assign ownership for addressing each domain within delivery teams or governance structures.

Design Principle	Score
<p>1. People First</p> <p>Does this plan improve outcomes for individuals, families, or communities we serve?</p> <p>Have we considered the whole person (physical, mental, emotional, and social well-being)?</p> <p>Are the proposed changes aligned with the Health Board's Wellbeing Objectives?</p>	
<p>2. Inclusive Design</p> <p>Have we included all relevant stakeholders in the design process (e.g., patients, carers, staff, volunteers, technical experts)?</p> <p>Were diverse perspectives considered, ensuring the solution is user-centered?</p> <p>Has collaboration been effective across multidisciplinary teams?</p> <p>How have we used stakeholders' feedback to influence the decision we have made?</p>	
<p>3. Wise Spending</p> <p>Does this investment provide value for money while contributing to better outcomes for North Wales communities?</p> <p>Have we considered the wider impact on the public sector budget i.e will this decision impact other areas of the public sector such as local authorities??</p> <p>Is the financial plan sustainable within allocated resources?</p>	
<p>4. Simplify, Standardise, and Adopt Best Practices</p> <p>Can processes or practices be simplified to reduce complexity and operational overhead?</p> <p>Are there existing standards or benchmarks to align with?</p> <p>Have we reviewed lessons learned and best practices from other organisations or services?</p> <p>Are potential impacts of changes fully assessed?</p>	

<p>5. Digital First</p> <p>Have we prioritised digital solutions where appropriate, considering efficiency and user experience?</p> <p>Has the Digital, Data, and Technology team provided input or validation?</p> <p>Does this align with our digital transformation goals and reduce reliance on legacy systems?</p>	
<p>6. Equity and Accessibility</p> <p>Does the plan promote fairness and equality of access for all community members?</p> <p>Have diverse needs, including language preferences and cultural requirements, been considered?</p> <p>Have potential equality impacts been assessed and mitigated?</p>	
<p>7. Consistency with Organisational Values</p> <p>Does this align with the Health Board’s values of Compassion, Openness and Respect (Values not yet finalised)</p> <p>Is the decision-making process transparent and ethical?</p> <p>Will this enhance trust and credibility with stakeholders?</p>	



Teitl adroddiad: <i>Report title:</i>	Review of Committee Terms of Reference and Cycle of Business			
Adrodd i: <i>Report to:</i>	Stakeholder Reference Group			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 03 March 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Terms of Reference for the Stakeholder Reference Group is reviewed on an annual basis, and reflect discussions held over the course of the previous year.</p> <p>With regard to membership of the Group, consideration has been given to expanding membership to ensure that it reflects the demography and diversity of the Health Board area and incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status. Specific consideration has been requested for representation from the homeless sector, and members' views are welcomed on this. Membership of the SRG will be reviewed on an annual basis in line with the Terms of Reference for the Group.</p> <p>The draft Cycle of Business for 2025/26 is presented for comment.</p>			
Argymhellion: <i>Recommendations:</i>	Members are requested to support the SRG Terms of Reference (9.1) and draft Cycle of Business for onward consideration of the Board.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Llinos Roberts, Executive Business Manager (Chair's Office)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <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> <input checked="" type="checkbox"/> <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> <input type="checkbox"/> <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> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Building and Effective Organisation</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>N/A</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>None</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>None</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>Amherthnasol</p>

Reason for submission of report to confidential board (where relevant)	Not applicable
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>None</p>	



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

STAKEHOLDER REFERENCE GROUP

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

Date approved by Health Board :

SRG ToR V9.01 Draft Page 1

Betsi Cadwaladr University Health Board

Advisory Groups

Chair's Advisory Group (CAG)

Healthcare Professionals Forum (HPF)

Local Partnership Forum (LPF)

Stakeholder Reference Group (SRG)

Audit
Committee
(AC)

Charitable
Funds
Committee
(CFC)

Mental Health
Legislation
Committee
(MHLC)

People and
Culture
Committee
(P&C)

Performance
Finance and
Information
Governance
Committee
(PFIG)

Planning
Population
Health and
Partnerships
Committee
(PPHP)

Quality Safety
and
Experience
Committee
(QSE)

Remuneration
Committee
(RemCom)

Version Control

Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	TOR meeting with Advisory Group Chair & Executive Lead	18/12/23	Developed as a draft for review with Advisory Group Chair and Executive Lead
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V9.00 Approved		25/01/24	Approved by the Health Board
V9.01 Draft	SRG	25.02.25	

1 INTRODUCTION

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

2 PURPOSE

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

3 RESPONSIBILITIES OF THE ADVISORY GROUP AND DELEGATED POWERS

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

4 MEMBERSHIP

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

5 MEMBER RESPONSIBILITIES AND ACCOUNTABILITY

5.1 The Chair

- 5.1.1 The Chair is responsible for the effective operation of the Stakeholder Reference Group:
- chairing Group meetings;
 - establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
 - developing positive and professional relationships amongst the Group's membership and between the Group and the Health Board and its Chair and Chief Executive.

5.1.2 The Chair shall work in close harmony with the Chairs of the Health Board and other advisory groups, and, supported by the Director of Corporate Governance, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

5.1.3 The Chair of the Stakeholder Reference Group may also be an Associate Member of the Health Board. The Chair is accountable for the conduct of the role as Associate Member on the Health Board to the Cabinet Secretary, through the Health Board Chair and accountable to the Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

5.2 **The Vice Chair**

5.2.1 The Vice-Chair shall deputise for the Chair in his or her absence for any reason, and will do so until either the existing Chair resumes duties or a new Chair is appointed. This deputisation includes acting in the role of Associate Member of the Health Board.

5.2.2 The Vice Chair is accountable, through the Stakeholder Reference Group Chair to the Health Board, for his or her performance as Vice Chair, and to the nominating body or grouping for the way in which its views are represented at the Stakeholder Reference Group.

5.3 **Members**

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

5.3.2 All members must:

- be prepared to engage with and contribute fully to the Stakeholder Reference Group's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- comply with their terms and conditions of appointment;

- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the Stakeholder Reference Group within the communities it represents.

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

5.3.4 The following should attend Advisory Group meetings:

IN ATTENDANCE

Executive Lead - Director of Partnerships, Engagement and Communications
Other Executive Directors as requested by the Chair

The SRG requires engagement from many Health Board colleagues, and this will be determined by the Chair and Executive Director lead

Secretariat – As determined by the Director of Corporate Governance

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

6 APPOINTMENT AND TERMS OF OFFICE

- 6.1 Appointments to the Stakeholder Advisory Group shall be made by the Board, based upon nominations received from stakeholder bodies / groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area that may represent the interests of these stakeholders on the Stakeholder Reference Group.
- 6.2 The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Welsh Ministers. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment. The appointments process is attached to these terms of reference as **Appendix 2**.
- 6.3 The Director of Corporate Governance, on behalf of the Chair of the Board, will oversee the process of nomination and appointment to the Stakeholder Reference Group.
- 6.4 Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be reappointed

but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, make interim or short-term appointments to the Stakeholder Reference Group to fulfil a particular purpose or need.

- 6.5 The **Chair** shall be nominated from within the membership of the Stakeholder Reference Group, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the Health Board, which must submit a recommendation on the nomination to the Cabinet Secretary for Health and Social Services. The appointment as Chair shall be made by the Cabinet Secretary, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 6.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the Stakeholder Reference Group. That individual may remain in office for the remainder of his or her term as a member of the Stakeholder Reference Group after the term of appointment as Chair has ended.
- 6.7 The **Vice Chair** shall be nominated from within the membership of the Stakeholder Reference Group, by its members in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the Health Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the Stakeholder Reference Group Chair's absence, the Vice Chair shall also perform the role of Associate Member on the Health Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 6.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the Stakeholder Reference Group. That individual may remain in office for the remainder of his or her term as a member of the Stakeholder Reference Group after the term of appointment as Vice Chair has ended.
- 6.9 **Members'** tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. Members must inform the Stakeholder Reference Group Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Board in writing of any such cases immediately.

6.10 The Health Board will require Stakeholder Reference Group members to confirm in writing their continued eligibility on an annual basis.

6.11 Resignation, suspension and removal of members

- A member of the Group may resign office at any time during the period of appointment by giving notice in writing to the Stakeholder Reference Group Chair and the Board.
- If the Board, having consulted with the Stakeholder Reference Group Chair and the nominating body or group, considers that:
 - it is not in the interests of the health service in the area covered by the Stakeholder Reference Group that a person should continue to hold office as a member; or
 - it is not conducive to the effective operation of the Stakeholder Reference Group that a person should continue to hold office,it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.
- A nominating body or group may request the removal of a member appointed to the Stakeholder Reference Group to represent their interests by writing to the Board setting out an explanation and full reasons for removal.
- If a Stakeholder Reference Group member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:
 - the absence was due to a reasonable cause; and
 - the person will be able to attend such meetings within such period as the Board considers reasonable.
- Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

6.12 Relationship with the Board

- The Stakeholder Reference Group's main link with the Board is through the Stakeholder Reference Group Chair's membership of the Board as an Associate Member.
- The Board may determine that designated Board members or Health Board officers shall be in attendance at Advisory Group meetings. The Stakeholder Reference Group's Chair may also request the attendance of Board members or Health Board officers, subject to the agreement of the Health Board Chair.
- The Board shall determine the arrangements for any joint meetings between the Health Board and the Stakeholder Reference Group.
- The Board's Chair shall put in place arrangements to meet with the Stakeholder Reference Group Chair on a regular basis to discuss the Stakeholder Reference Group's activities and operation.

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

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

6.14 **Working with Llais**

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

7 QUORUM

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

8. AGENDA AND PAPERS

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

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

9. MEETINGS

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

10. PRIVATE SESSION

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

11. REPORTING AND ASSURANCE ARRANGEMENTS

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

12. ACCOUNTABILITY, RESPONSIBILITY AND AUTHORITY

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

13. REVIEW DATE

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

Appendix 1

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

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

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



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

January 2025

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

The **Stakeholder Reference Group** provides a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the HB's decision making

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

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

2 The Role of SRG Members and the SRG Chair

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

3 Membership of SRG

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

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

Current membership list is as follows:

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

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

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

SUGGESTED PROCESS FOR VACANCIES

1. Where a vacancy arises for a new member of the SRG, the Chair will agree with the members of the SRG the best way to seek expressions of interest from relevant groups
2. A role profile has been developed (Appendix 1) for the members of the SRG to consider and this will be circulated as part of the nomination process.

3. In circumstances whereby separate requests are made to become a member of the SRG, the Chair of the SRG, in discussion with other members, will consider if there is need for representation from the particular group.
4. Following consideration by the Chair, if it is deemed that there is an identified need in terms of the stakeholder group, a process of nomination for that particular group will be initiated, in the same way as when there is a vacancy.
5. The Board may seek independent expressions of interest to represent a key stakeholder group where there is a view that formal bodies or groups are not already established or operating within an area that may represent the interests of these stakeholders on the Stakeholder Reference Group.

Appendix 1

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

Aim of role

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

Accountability

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

Responsible to:

The SRG Chair

Time commitment:

Usually no more than 6 meetings per annum, of approximately 3 hours duration.

Term of Office

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

Key working relationships

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

Role

You will be expected to:

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

Key tasks

- Meaningfully engage with the meeting in relation to your special interest group or organisation.
- Suggest ways in which the Health Board could better engage with your special interest group or organisation.
- Engage with and contribute fully in SRG activities, accepting responsibility to share work load with other members where identified and completing tasks to set timescales.

- Encouraged to attend a Health Board to observe the business. Please let the SRG Chair know as they will then ensure introductions and welcome.

Remuneration

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

Stakeholder Reference Group (SRG) Member Personal Specification

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

Commitment

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

Attitude and Approach

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

Skills and Experience

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

Betsi Cadwaladr University Health Board

Stakeholder Reference Group (SRG) Chair

Role Description

Aim of role

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

Accountability

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

Responsible to:

- Betsi Cadwaladr University Health Board Chair

Time Commitment

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

Term of Office

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

Key Working Relationships

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

Role

You will be expected to:

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

Key tasks

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

Remuneration

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

Stakeholder Reference Group (SRG) Chair

Personal Specification

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

Commitment

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

Attitude and Approach

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

Skills and Experience

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

Confidentiality Declaration

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

Duty of Confidentiality

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

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

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

Betsi Cadwaladr University Health Board Stakeholder Reference Group Confidentiality Agreement

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

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

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

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

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

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

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

Signed: _____

Date: _____

Stakeholder Reference Group – Annual Cycle of Committee Business

(1st April 2025 to the 31st March 2026)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a “Non-Routine Committee Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during meetings.

The role of the Committee is set out in the Health Board’s standing orders and the Terms of Reference, both of which are available here:

The Stakeholder Reference Group meets quarterly.

<p>Committee Chair:</p> <ul style="list-style-type: none"> • Cllr. Mike Parry <p>Committee Vice Chair</p> <ul style="list-style-type: none"> • Peter Lewis 	<p>Members</p> <ul style="list-style-type: none"> • Sherry Weedall (DVSC) • Lyndsey Campbell-Williams (Medrwn Môn) • Allen Bewley (Representing 3rd sector in Flintshire) • Mfikela Jean Samuel (North Wales Regional Equality Network) • Cllr. Arnold Woolley (Flintshire Council) • Cllr. Alun Roberts (Ynys Môn Council) • Cllr. Dilwyn Morgan (Gwynedd Council) • Cllr. Penny Andow (Conwy Council) • Cllr. John Pritchard (Wrexham) • Margaret Hollings (North Wales Hospices) • Clive Nadin (Care Forum Wales) • Jenny Murphy (Mind Cymru) • Cllr. Haydn Jones (North Wales Cancer Patient’s Forum) • Linda Kinani (Carer’s Outreach Service) • Steve Sheldon (Interim Operations Manager – WAST) • Steve Williams (Locality Manager - WAST) • Geoff Ryall Harvey (Llais) • Carol Williams (Llais Deputy CEO) • 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) 	<p>In Attendance</p> <ul style="list-style-type: none"> • Executive Lead – Director of Partnerships, Engagement and Communications • Other Executive Directors, as requested by Chair • The SRG requires engagements from many Health Board colleagues, and this will be determined by the Chair and Executive Director Lead. • Secretariat – As determined by the Director of Corporate Governance 	<p>Preliminary matters to be included on agenda:</p> <ul style="list-style-type: none"> • Welcome & Apologies • Declarations of Interest • Unconfirmed minutes of meeting held on xxxx • Matters Arising & Action Log • Report of the Chair – Chair’s Action & Feedback from the Board • Notification of Matters referred from other Committees
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AGENDA ITEM	JUNE 2025	SEPTEMBER 2025	DECEMBER 2025	MARCH 2026
PRELIMINARY MATTERS				
PATIENT'S STORY				
STRATEGIC PRIORITIES				
Planning Update(s) - to include updates and seek engagement on the 3 Year Plan	#		#	
Clinical Services Plan	#	#	#	#
Organisational Strategy	#	#	#	#
Foundations for the Future	#	#	#	#
Partnership Strategy	#	#	#	#
Third Sector	#	#	#	#
Transformation Programme	#	#	#	#
Primary Care Update	#	#	#	#
Business Case/Capital Development (ad hoc)	#	#	#	#
Special Measures Update				
Volunteering Scoping Exercise				
FOR ASSURANCE				
Director's Report				
Committee Annual Report to Board				
Review Committee Terms of Reference & Cycle of Business				
Governance Arrangements for SRG, including annual review of membership	#	#	#	#
Annual Report of the Health Board				
Equality & HR Annual Report				
Welsh Language Strategic / Annual Report				
Director of Public Health Annual Report				
CLOSING BUSINESS				
Agree Items for Referral to Board / Other Committees				
Agree items for Chair's Assurance Report				

AGENDA ITEM	JUNE 2025	SEPTEMBER 2025	DECEMBER 2025	MARCH 2026
Summary of Private Business to be reported in Public				
Review of Meeting Effectiveness				
Date of the Next Meeting				

as required

WORKING DRAFT



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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

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

The **Stakeholder Reference** Group provides a forum to facilitate full engagement and activate debate amongst **stakeholders** from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced **stakeholder** perspective to inform the HB's decision making

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

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

2 The Role of SRG Members and the SRG Chair

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

2 Membership of SRG

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

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

Current membership list is as follows:

Third Sector	6 places
Independent Sector	3 places
One Voice Wales (Town / Community Councils)	1 place
Housing Associations	1 place
Carers	1 place

Local Authorities	6 places
Disability / Equality	1 place
North Wales Regional Equality Network	1 place
Hospices	1 place
LGBTQ	1 place
TOTAL	22

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

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

SUGGESTED PROCESS FOR VACANCIES

1. Where a vacancy arises for a new member of the SRG, the Chair will agree with the members of the SRG the best way to seek expressions of interest from relevant groups
2. A role profile has been developed (Appendix 1) for the members of the SRG to consider and this will be circulated as part of the nomination process.
3. In circumstances whereby separate requests are made to become a member of the SRG, the Chair of the SRG, in discussion with other members, will consider if there is need for representation from the particular group.
4. Following consideration by the Chair, if it is deemed that there is an identified need in terms of the stakeholder group, a process of nomination for that particular group will be initiated, in the same way as when there is a vacancy.
5. The Board may seek independent expressions of interest to represent a key stakeholder group where there is a view that formal bodies or groups are not already established or operating within an area that may represent the interests of these stakeholders on the Stakeholder Reference Group.

Appendix 1

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

Aim of role

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

Accountability

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

Responsible to:

The SRG Chair

Time commitment:

Usually no more than 6 meetings per annum, of approximately 3 hours duration.

Term of Office

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

Key working relationships

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

Role

You will be expected to:

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

Key tasks

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

Remuneration

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

Stakeholder Reference Group (SRG) Member Personal Specification

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

Commitment

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

Attitude and Approach

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

Skills and Experience

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

Betsi Cadwaladr University Health Board

Stakeholder Reference Group (SRG) Chair Role Description

Aim of role

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

Accountability

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

Responsible to:

- Betsi Cadwaladr University Health Board Chair

Time Commitment

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

Term of Office

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

Key Working Relationships

- Health Board Chair, Chief Executive and Director of Corporate Governance.
- Lead Executive for SRG (Director of Partnerships, Engagement and Communications), management support, and secretariat.
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You will be expected to:

- Chair SRG meetings
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Key tasks

- Lead the SRG to provide a forum to facilitate full engagement and active debate amongst stakeholders from across the HB area.
- Provide formal feedback to the SRG from the Health Board meetings
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 - Feedback on the impact of LHB operations within the community
 - Early stakeholder engagement and involvement for our LHB when it is shaping its overall strategic direction.
 - Casting vote on decisions will remain with the Chair.

Remuneration

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

Stakeholder Reference Group (SRG) Chair Personal Specification

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

Commitment

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

Attitude and Approach

- Ready to develop positive working relationships with others.
- Respectful and appreciative of the contribution that SRG members make.
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- Willing to learn new information and contribute to solving problems.

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

Confidentiality Declaration

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

Duty of Confidentiality

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

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

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

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

Signed: _____

Date: _____