

Bundle BCU People and Culture Committee 8 October 2026

- 1 09:30 - PRELIMINARY MATTERS
 - 1.1 09:30 - PC26.108 Welcome and Apologies
Dyfed Jones, Chair
 - 1.2 09:31 - PC26.109 Declarations of Interest
Dyfed Jones, Chair
 - 1.3 09:32 - PC26.110 Unconfirmed Minutes of Meeting held on 13.08.26
Dyfed Jones, Chair
PC26.110 Unconfirmed Minutes of P&C Meeting held on 13.08.26 (Public)
 - 1.4 09:35 - PC26.111 Matters Arising & Action Log
Dyfed Jones, Chair
PC26.111 Action Log P&C Committee - Public (Updated 29.09.26)
- 2 09:40 - STAFF STORY
 - 2.1 09:40 - PC26.112 Staff Story
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.112 Staff Story - Staff as Patients Cover Sheet
PC26.112.1 Staff Story- Staff as Patients
- 3 09:55 - STRATEGIC PRIORITIES
 - 3.1 09:55 - PC26.113 People Operations Report
Georgina Roberts, Senior Associate Director, People Service
PC26.113 People Operations Report Coversheet
PC26.113.1 People Operations Report
 - 3.2 10:05 - PC26.114 Employee Experience and Engagement Report (Reward and Recognition)
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.114 Employee Experience and Engagement Report (Reward and Recognition)
 - 3.3 10:20 - PC26.115 Foundations for the Future
Ffion Johnstone, Programme Director, Foundations for the Future
PC26.115 Foundations for the Future Report
 - 3.4 10:35 - PC26.116 Health Inspectorate Wales Emergency Department Report Improvement Plan (People and Culture Element)
Steve Grayston, Director of Allied Health Professions (Centre)
PC26.116 HIW, ED Improvement Plan (P&C Element)
PC26.116.1 Appendix 1 EQ Thematic Report
PC26.116.2 Appendix 2 YGC EQ Culture Report Presentation
- 4 10:50 - ANNUAL REPORTS
 - 4.1 10:50 - PC26.117 Equality Annual Report
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.117 Equality Annual Report
 - 4.2 11:00 - PC26.118 Workforce Equality Standard (WES) Organisational Report

Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.118 Workforce Equality Standard (WES) Organisational Report

- 4.3 11:10 - PC26.119 Gender, Race and Disability Pay Gap Annual Reports
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.119 Gender, Race and Disability Pay Gap Annual Report
- 4.4 11:20 - PC26.120 Strengthening Social Partnership
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.120 Strengthening Social Partnership
- 5 11:30 - GOVERNANCE, RISK AND ASSURANCE
- 5.1 11:30 - PC26.121 Corporate Risk Register Report
Pam Wenger, Director of Corporate Governance
PC26.121 Corporate Risk Register Report
PC26.121.1 Corporate Risk Register Report Appendices 1-3
- 5.2 11:35 - PC26.122 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
PC26.122 Corporate Governance Report
- 5.3 11:40 - PC26.123 Chair's Assurance Report - People and Culture Executive Delivery Group
Debbie Eyitayo, Executive Director of People Services and Organisational Development
PC26.123 Chair's Assurance Report - People and Culture Executive Delivery Group
- 6 11:45 - CLOSING BUSINESS
- 6.1 11:45 - PC26.124 Agree Items for Referral to Board / Other Committees
- 6.2 11:47 - PC26.125 Review of Meeting Effectiveness
- 6.3 11:49 - PC26.126 Date of Next Meeting - 10.12.26
- 6.4 11:50 - PC26.127 Resolution to Exclude the Press and Public
"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the People & Culture Committee
held in Public on 13 August 2026
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Dyfed Jones	Independent Member (Chair of Committee)
Billy Nichols	Independent Member
Clare Budden	Independent Member (<i>via Teams</i>)
Paul Lambert	Independent Member
In Attendance	
Jason Brannan	Deputy Executive Director of People & Organisational Development
Andrew Doughton	Audit Wales
Dyfed Edwards	Health Board Chair
Debbie Eytayo	Executive Director of People and Organisational Development
Steven Grayston	Director of Allied Health Professions (Centre) (<i>part meeting: via Teams</i>)
Dave Harries	Head of Internal Audit (<i>via Teams</i>)
Ceri Harris	Head of Equality, Diversity and Inclusion (<i>part meeting: via Teams</i>)
Nia Wyn Harris	Senior Organisation Development Manager – Culture (<i>part meeting: via Teams</i>)
Eleri Hughes-Jones	Head of Welsh Language Services (<i>part meeting</i>)
Stuart Keen	Director of Environment and Estates
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Georgina Roberts	Senior Associate Director, People Service (<i>via Teams</i>)
Rebecca Testa	Head of Organisational Development (<i>part meeting: via Teams</i>)
Pam Wenger	Director of Corporate Governance
Em Wilkinson–Brice	Well Led Review Panel (Observer)
Committee Support	
Harriet Abbott	Corporate Governance Officer

OPENING BUSINESS
PC26.81 Welcome and Apologies Apologies were noted for Katie Sargent.
PC26.82 Declarations of Interest No declarations were raised.
PC26.83 Unconfirmed Minutes of Meeting held 11 June 2026 It was resolved that the Committee:

- **AGREED** that the minutes of the People and Culture Committee meeting held on 11 June 2026 were a true and accurate record.

PC26.84 Matters Arising & Action Log

The Committee reviewed the action log and noted progress against the actions.

Staff Wellbeing Organisational Position Report

- In relation to action PC26.60.2 it was confirmed that this has been discussed by the Executive Director of People and Organisational Development and the Chair of the Committee to scope out suggestions for an event and the potential for further reporting to the Committee.

It was resolved that the Committee agreed to close the actions that were proposed for closure.

STRATEGIC PRIORITIES

PC26.90 Health Inspectorate Wales Emergency Department Report Improvement Plan (People and Culture Element)

This item was taken out of agenda order to accommodate attendance requirements.

The Committee received the presentation and the Senior Organisation Development Manager, Culture and the Director of Allied Health Professions (Centre) highlighted:

- Following the Health Inspectorate Wales inspection, the Culture and Organisational Development Team undertook two weeks of engagement with staff in the Emergency Department at Ysbyty Glan Clwyd, using drop-in sessions, walkabouts and early-morning engagement.
- The approach focused on staff lived experience, considering both their current experience of working within the department and their desired future experience.
- The themes aligned with the Health Inspectorate Wales findings and included patient flow, staffing pressures, workload, burnout, leadership, psychological safety and team relationships. Additional themes included inconsistent behavioural standards, inequitable treatment and conduct concerns.
- Concerns were raised in relation to leadership, culture, senior management and the need for governance improvements. A number of actions have now been put in place to provide a level of structure and action focus.
- A total of 176 staff engaged and more than 1,000 responses were received, significantly exceeding the response to the national staff survey in the area.
- A thematic report has been developed and the themes closely align with the Speak up Safely responses received.
- The next phase will include providing feedback to teams and identifying the support required as well as focus on training needs analysis, leadership support and alignment with the wider Urgent and Emergency Care improvement programme.
- There is a need for additional focus on system wide improvements including hospital flow and discharge to ensure patient transition safely through the system and Emergency Departments which will align with the 90 Day Plans.

In discussing the report, the Committee:

- Acknowledged that the Emergency Department pressures are strongly connected to wider hospital flow and discharge arrangements and should not be treated as an isolated departmental issue.
- Welcomed the level of engagement but emphasised the importance of providing staff who had spoken openly with a visible response and timely feedback.
- Requested clear targets, milestones, named accountability and measurable outcomes, together with central oversight of locally led delivery.
- Challenged whether leadership and performance concerns were being identified and managed effectively, including the need to consider team functionality and difficult organisational decisions where required.
- Sought clarity on how progress and cultural improvement would be measured, including a proposed repeat assessment after approximately six months. Also sought assurance that the cultural findings and the Health Inspectorate Wales improvement requirements would be brought together into a clear delivery plan.
- Noted that the final Health Inspectorate Wales report was awaited and that a substantive item was planned for the next meeting, with operational, workforce, leadership and governance measures included to enable Committee oversight.

Actions:

- **PC26.90.1** Bring a substantive report to the next meeting with an update on progress against the people and culture elements of the Health Inspectorate Wales improvement plan including actions, proposed timescales, governance arrangements and evidence of staff feedback.

It was resolved that the Committee:

- **NOTED** the verbal update provided

STAFF STORY

PC26.85 Staff Story

The Committee received the staff story and the Executive Director of People and Organisational Development and Head of Equality, Diversity and Inclusion highlighted:

- The story recognises the experience of a colleague in receiving a late diagnosis of autism and how a greater understanding of neurodiversity had supported the staff members wellbeing, communication and working practices.
- The story highlighted the positive support available through the Health Board's Neurodiversity Network and encouraged managers and staff to use the Neurodiversity Managers Toolkit.
- Receiving a diagnosis had enabled the staff member to better understand how they process information, organise their time and respond to different forms of communication.
- The Neurodiversity Network provided valuable peer support and had helped colleagues to understand and communicate their individual workplace needs.
- The Managers Toolkit offers practical guidance to help managers support staff appropriately.

- 13.3% of respondents to the most recent staff survey have identified as neurodivergent, representing almost 700 members of staff, and the Neurodiversity Network had more than 400 members.

In discussing the staff story, the Committee:

- Welcomed the story and thanked the staff member for openly sharing their experience.
- Recognised the additional effort that can be involved when neurodivergent colleagues adapt or mask aspects of themselves to meet perceived workplace expectations.
- Sought assurance that managers have access to appropriate advice, training and practical tools.
- Emphasised that an inclusive culture should enable colleagues to be themselves at work and should recognise the value that different ways of thinking, communicating and working bring to the organisation.
- Highlighted the need to move beyond viewing neurodiversity solely in terms of adjustments and instead recognise the positive contribution neurodivergent colleagues make to teams, services and decision-making.
- Discussed opportunities to make recruitment more inclusive, including providing clearer information about interview arrangements, considering advanced access to interview questions where appropriate, and offering flexible ways for candidates to demonstrate their skills and experience.
- Noted that work was under way to consider how the Neurodiversity Managers Toolkit could be adapted to support neurodivergent patients and contribute to the development of accessible communication standards across Wales.
- Recognised the significant growth of the Neurodiversity Network and the value of continuing to promote the Network, its peer support offer and the Managers Toolkit across the organisation.

It was resolved that the Committee:

- **NOTED** the themes raised.

STRATEGIC PRIORITIES

PC26.86 Strategic Equality Plan 2024-2028

The Committee received the report and the Head of Equality, Diversity and Inclusion highlighted:

- Overall progress remains positive, with 28 out of 32 priorities on track and no high risk milestones identified.
- Welsh Government have independently recognised Level 3 maturity across workforce, access, experience and overall organisational equality maturity, with aspects of the workforce programme approaching Level 4.
- Strengths includes strategic alignment, governance through the Equality and Human Rights Strategic Forum, and understanding of workforce and population inequalities.
- The principal challenge is to move from evidence of activity to measurable impact through stronger outcome measures, improved equality data and clearer evidence that equality impact assessments influence decision making.



- Work is progressing to revise the workforce equality dashboard and incorporate Strategic Equality Plan outcome measures into the Integrated Medium Term Plan delivery and monitoring arrangements.

In discussing the item, the Committee:

- Welcomed the external assurance and positive direction of travel.
- Sought assurance on priorities requiring further improvement and the capacity available to deliver them, including the women's plan and dependencies on Welsh Government policy.
- Discussed data completeness and the need to understand the reasons staff may select "prefer not to say" without making unsupported assumptions.
- Requested clarity on executive-level equality champions within the Anti-racist Wales Action Plan. It was confirmed that actions remain under active oversight and are being aligned to the Integrated Medium Term Plan monitoring arrangements.
- Recognised that work is under way to strengthen equality outcome measures and workforce intelligence.
- Noted the forthcoming accessible communication work and the benefit of a future update combining the local and all-Wales position.

Action:

- **PC26.86.1** Provide a future update to the Committee on the Health Board's readiness for accessible communication standards incorporating the all-Wales work and local position.

It was resolved that the Committee:

- **NOTED** the Year 3 Quarter 1 progress against the Strategic Equality Plan 2024-2028.
- **RECEIVED ASSURANCE** regarding the overall delivery of the Strategic Equality Action Plan.
- **NOTED** Welsh Government's validation of the Health Board's Equality Maturity Matrix assessment and the positive assurance provided regarding governance, planning and engagement arrangements.
- **SUPPORTED** the continued development of the Equality Outcomes Framework and enhanced equality intelligence arrangements.
- **RECEIVED ASSURANCE** that appropriate governance and monitoring arrangements remain in place to support delivery of the Health Board's statutory equality and human rights obligations.

PC26.87 People Operations Report

The Committee received the report and the Senior Associate Director, People Service highlighted:

- Vacancy performance has improved in registered nursing, allied health professionals and additional professional, scientific and technical staff.
- A total of 242 newly qualified practitioners are expected to join the Health Board in September 2026, including 167 adult nurses, 22 children's nurses, three learning disability nurses, 21 mental health nurses, 22 midwives and seven operating department practitioners. Eleven applicants remained to be placed.



- Sickness absence remains around 6% and the Healthy Workforce Group is reviewing and prioritising actions to focus on those most likely to achieve impact.
- A 21% increase had been seen in applications from individuals who did not meet the essential criteria; filtering questions are being introduced to support high-volume recruitment.
- Agency expenditure had reduced by 24% compared with the corresponding period, including a reduction of 48% in nursing and midwifery and 10% in medical and dental expenditure.

In discussing the item, the Committee:

- Expressed concerns that the PADR compliance rate has reduced and emphasised its relationship with leadership, performance and culture.
- Challenged the organisation to benchmark absence beyond NHS Wales and to use service-level intelligence to identify high-performing and challenged teams.
- Supported development of a culture dashboard and balanced scorecard bringing together staff survey, PADR, absence, employee relations and related indicators. The revised appraisal process has been modified following pilot feedback and further testing is underway.
- Noted significantly higher sickness absence and turnover within Estates and Ancillary Services and requested deeper analysis of underlying causes and improvement plans.
- Requested proactive communications to correct the perception that the Health Board is not recruiting newly qualified nurses.

Actions:

- **PC26.87.1** Provide a future deep dive on Estates and Ancillary Services workforce indicators, including absence, turnover, vacancies, culture and an associated improvement plan.
- **PC26.87.2** Strengthen future reporting by triangulating PADR, sickness absence, staff survey, employee relations and culture indicators at service level.

It was resolved that the Committee:

- **NOTED** the content of the report.
-

PC26.88 Integrated Leadership Development Framework

The Committee received the report and the Head of Organisational Development highlighted:

- The 2025-26 leadership development objectives have been substantially achieved noting that the framework has now become well established.
- The offer includes compassionate leadership and coaching workshops, lower-level leadership programmes, the Advanced Clinical Leadership Programme and the People Managers Forum.
- Evaluation indicates positive effects on leadership confidence, self-awareness, communication, compassionate leadership behaviours and team leadership.
- The People Managers Forum has attracted more than 1,600 live attendances and 1,800 recorded views during the year with consistently positive feedback.

- Priorities for 2026-27 included strengthening evaluation through the Kirkpatrick model, improving equity of access, developing performance dashboards and alignment with the NHS Wales leadership and management competency framework.

In discussing the item, the Committee:

- Queried whether completion of appropriate leadership development should be required when staff enter or progress into management roles.
- Noted that the framework is not currently mandatory but national standards are expected to introduce clearer requirements.
- Suggested targeted mandatory participation in areas where performance or cultural concerns are known.
- Supported access for aspiring managers before appointment, recognising that technical expertise alone did not prepare staff for management responsibilities.
- Requested a dashboard linking participation with staff experience, turnover, absence and other outcomes.
- Emphasised that national frameworks must reflect leadership in a bilingual country.
- Noted that the Foundations for the Future Programme includes technical management competencies covering governance, delegation, decision-making and procurement and this will be a requirement.

Actions:

- **PC26.88.1** Consider mandating leadership development in areas where performance or cultural challenges have been identified and report progress to a future meeting.

It was resolved that the Committee:

- **TOOK ASSURANCE** that the Integrated Leadership Development Framework is delivering against the 2025/26 Annual Plan objectives.
- **NOTED** the positive impact of leadership development activity on leadership capability, compassionate leadership and organisational culture.
- **SUPPORTED** the priorities for 2026/27, including further embedding the framework, strengthening evaluation and aligning programmes to the NHS Wales National Leadership and Management Competency Framework.

PC26.89 Speaking Up Safely Quarterly Report

The Committee received the report and the Executive Director of People and Organisational Development highlighted:

- The use of the Speaking Up Safely arrangements has increased and is being considered alongside wider organisational cultural intelligence.
- The report includes progress against the limited-assurance internal audit recommendations.
- Themes include work environment, employee relations, leadership and management, harassment and bullying, and delays in processes.
- The Speaking up Safely Guardian has been increasing visibility through targeted visits and floor-walking, supported by the reporting platform and local champions.



In discussing the item, the Committee:

- Welcomed the increase in reporting in this area while emphasising the need for assurance that concerns raised are being appropriately addressed where anonymous concerns have been raised.
- Emphasised the need to triangulate Speaking Up Safely information with grievances, respect and resolution, staff survey, absence and wider cultural information.
- Queried whether the function was sufficiently resourced and how staff awareness is being maintained.
- Noted use of QR codes, staff recognition boards, BetsiNet, induction arrangements and local champions to raise awareness.
- Sought assurance that audit weaknesses in case coordination, allocation, recording and closure are being addressed through a consistent multidisciplinary process.
- Confirmed that progress against the Internal Audit report is also being reported to the Audit Committee.

Actions:

- **PC26.89.1** Further develop the triangulation of Speaking Up Safely data with wider workforce and culture intelligence to strengthen assurance on the actions being taken and the resulting impact.
- **PC26.89.2** Continue to report progress against the limited-assurance audit actions through the People and Culture Committee and Audit Committee.

It was resolved that the Committee:

- **NOTED** the Quarter 1 Speaking Up Safely activity and the increase in concerns raised by staff.
- **RECEIVED ASSURANCE** from the continued improvement in response and case closure times and progress against the Internal Audit action plan.
- **RECEIVED ASSURANCE** that actions are being taken to address the key themes identified, particularly leadership and management, bullying and harassment, and barriers to speaking up.
- **SUPPORTED** the ongoing development of Speak Up Safely arrangements to strengthen organisational culture, psychological safety and staff confidence in speaking up.

GOVERNANCE, RISK AND ASSURANCE

PC26.91 Welsh Language Annual Report

The Committee received the report and the Head of Welsh Language Services highlighted:

- The reports complies with the annual reporting requirements to the Welsh Language Commissioner and Welsh Government.
- Progress had been made in statutory compliance through the self-assessment programme, targeted improvement actions and standard operating procedures.
- More than 1,000 staff participated in Welsh language learning during the year and partnership arrangements have increased training capacity.
- The Translation Team translated more than 4.6 million words and provided interpretation support for meetings, events and interviews.

- Four Welsh language complaints have been received and addressed within the required timescales.
- A total of 96.34% of staff have recorded their Welsh language skills on ESR and more than 98% of vacancies identified Welsh as essential, desirable or to be learned.
- Priorities for 2026-27 included further embedding Welsh language considerations in assessment, service design and delivery and extending the Active Offer in clinical settings.

In discussing the item, the Committee:

- Emphasised that Welsh language standards were fundamentally about enabling patients to receive care in their language of choice and improving their experience.
- Celebrated the Health Board's continued national recognition through the Welsh Learner of the Year Award.
- Recognised the contribution of the Welsh Language Team and the role of leaders in routinely considering Welsh language implications.
- Noted the importance of ensuring staff can engage with the Well Led Review in their language of choice.
- Assurances sought that statutory monitoring and performance reporting arrangements remained in place as well as the Active Offer and workforce development priorities continuing during 2026-27.
- Discussed opportunities to showcase Welsh language services through National events and partnership activity.

It was resolved that the Committee:

- **APPROVED** the Welsh Language Annual Report.

PC26.92 Health, Safety and Security Annual Report 2025-26

The Committee received the report and the Director of Environment and Estates highlighted:

- The overall assurance position remains partial, with positive progress through strengthened self-assessment, local ownership and central oversight.
- There has been a small reduction in staff accidents and the majority of the actions from the 2024 limited-assurance audit had been completed.
- Physical assaults on staff have increased to approximately two and a half times the previous year's level.
- The Health and Safety Team establishment has been around approximately 46 posts with around 17 vacancies, creating significant operational pressure.
- Priorities for 2026-27 included a digital risk management system, a training needs assessment, strengthening the strategic Health and Safety Group, targeted work on violence and aggression and improving team capacity.

In discussing the item, the Committee:

- Requested analysis of the causes, locations and patterns of violence and aggression, including the influence of mental health needs, alcohol or substance use and service pressures.

- Discussed the implications of Martha's Law and the need to consider security and controlled access across the hospital estate.
- Expressed concern at non-attendance for manual handling training and the current lack of service-level data linking training to risk assessments.
- Requested stronger reporting of learning from RIDDOR incidents, not solely timeliness of reporting.
- Sought assurance on ligature risks following HSE action relating to the Ablett Unit. It was confirmed that the two improvement notices had been closed, while wider Health Board work continued.
- Sought assurance that relationships and regular contact with the Health and Safety Executive had improved.
- Noted the establishment of a Health Board-wide ligature programme board and the need to avoid duplication while ensuring clear accountability.
- Raised concern about increased racist abuse and requested closer alignment with equality and anti-racism work.
- Suggested reviewing the frequency of health and safety assurance reporting to the Committee.

Actions:

- **PC26.92.1** Provide a thematic and trend analysis of violence and aggression incidents, including location, contributory factors and targeted mitigations and report back to a future meeting.
- **PC26.92.2** Provide further assurance on the learning and improvements arising from RIDDOR incidents and the action being taken.
- **PC26.92.3** Review the frequency of Health, Safety and Security reporting to the Committee.

It was resolved that the Committee:

- **NOTED** the Annual Health, Safety and Security Performance Report 2025-2026.
- **TOOK ASSURANCE** from the progress made in health and safety governance, assurance and organisational oversight over the last three years.
- **NOTED** the overall Partial Assurance position but recognise we are on a journey but continue making significant strides.
- **ENDORSED** the strategic priorities identified for 2026-2027.
- **SUPPORTED** continued development of organisational health and safety systems, governance arrangements and workforce capability.

PC26.93 Board Assurance Framework

The Committee received the report and the Director of Corporate Governance highlighted:

- The Board Assurance Framework has been realigned to the Integrated Medium Term Plan strategic objectives and the elements relevant to the Committee have been presented in the report.
- The framework is due to be considered by the Audit Committee before onward reporting to the Board.

In discussing the item, the Committee:

- Welcomed the clearer line of sight between strategic intent, objectives, risks, controls and assurance.
- Noted that limited assurance ratings would remain where there are gaps in controls or assurance even where planned actions have been delivered.
- Recognised that further work is required by the Board on the risk appetite and outcome-based assurance will be supported through the wider Board development programme.

It was resolved that the Committee:

- **NOTED** the progress made in developing the refreshed Board Assurance Framework risks within its remit.
- **REVIEWED** the proposed assurance ratings for 4A Foundations for the Future, 4F Education and 4J Workforce, recognising that the current position remains predominantly one of **Limited Assurance**.
- **RECEIVED ASSURANCE** that appropriate controls and mitigating actions are in place to manage the identified risks, whilst acknowledging the need for stronger outcome-based assurance and benefits realisation evidence.
- **SUPPORTED** continued work to strengthen assurance measures, reporting arrangements and evidence of risk reduction across the framework.

PC26.94 Corporate Governance Report

The Committee received the report and the Director of Corporate Governance highlighted:

- The proposed Terms of Reference are being presented as part of the annual review for onward consideration by the Board in September 2026.
- The Committee Annual Report and self-assessment outcome are included with the papers.

In discussing the item, the Committee:

- Noted that the Annual Report reflected the Committee's work, assurance and risks over the preceding year.
- Welcomed the strengthening of executive leadership for the Committee.
- Agreed that the self-assessment required a fuller discussion and should be used to identify a small number of priority improvements for the next 12 months.

Actions:

- **PC26.94.1** Schedule a focused discussion on the Committee self-assessment and identify the top three improvement priorities for 2026-27.

It was resolved that the Committee:

- **NOTED** the matters considered in private at the meeting held on 11 June 2026. **NOTE** the Committee Forward Work Plan.
- **REVIEWED** and **RECOMMENDED** the revised Committee Terms of Reference to the Board for approval.
- **APPROVED** the Committee Annual Report 2025-2026.
- **NOTED** the outcome of the Committee Self-Assessment and **ENDORSED** the proposed actions to support continuous improvement in the Committee's effectiveness and governance arrangements.



CLOSING BUSINESS

PC26.95 Agree Items for Referral to Board / Other Committees

The Committee agreed to reflect on the Emergency Department improvement work, workforce indicators, Speaking Up Safely and Health, Safety and Security Report.

PC26.96 Review of Meeting Effectiveness

The Committee reflected that the meeting had covered a substantial agenda and benefited from constructive challenge and contributions.

PC26.97 Date of next meeting

Thursday 13 August 2026, 9.30am

PC26.98 Resolution to Exclude the Press and Public

'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

People & Culture Committee Action Log (Public)

Updated 29.09.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
REMAIN OPEN						
1	PC26.86.1	13.08.26	Strategic Equality Plan 2024-2028 Provide a future update to the Committee on the Health Board's readiness for accessible communication standards incorporating the all-Wales work and local position.	Ceri Harris	Feb 27	Remain Open 29.09.26 This will be referenced in the next report that is submitted to the Committee in February 2027 noting that the Equality Matrix submission is due to be submitted to Welsh Government in April 2027.
2	PC26.87.1	13.08.26	People Operations Report Provide a future deep dive on Estates and Ancillary Services workforce indicators, including absence, turnover, vacancies, culture and an associated improvement plan.	Debbie Eyitayo	Dec 26	Remain Open 29.09.26 This will be considered for the next meeting in December 2026.
3	PC26.87.2	13.08.26	People Operations Report Strengthen future reporting by triangulating PADR, sickness absence, staff survey, employee relations and culture indicators at service level.	Debbie Eyitayo	Dec 26	Remain Open 29.09.26 This will be considered for future reports.
4	PC26.88.1	13.08.26	Integrated Leadership Development Framework Consider mandating leadership development in areas where	Rebecca Testa Debbie Eyitayo	Dec 26	Remain Open 29.09.26 Initial scoping to identify challenged services has commenced, with the Culture and



			performance or cultural challenges have been identified and report progress to a future meeting.			Business Intelligence teams working collaboratively to develop the process. In addition, scoping of mandatory leadership training is underway as part of the People Managers Framework.
5	PC26.89.1	13.08.26	Speaking Up Safely Quarterly Report Further develop the triangulation of Speaking Up Safely data with wider workforce and culture intelligence to strengthen assurance on the actions being taken and the resulting impact.	Debbie Eyitayo Tracey Eccles	Dec 26	Remain Open 29.09.26 Work has continued to develop reporting functionality within the Working in Confidence platform to support the triangulation of concerns and identification of organisational themes. Capacity within the Speak Up Safely service remains limited, with a single Guardian resource equivalent to 30 hours per week. Despite these constraints, ongoing engagement with relevant Subject Matter Experts has enabled concerns and emerging risks to be identified, discussed, and escalated where appropriate.
6	PC26.89.2	13.08.26	Speaking Up Safely Quarterly Report Continue to report progress against the limited-assurance audit actions through the People and Culture Committee and Audit Committee.	Debbie Eyitayo Tracey Eccles	Dec 26	Remain Open 29.09.26 Good progress has been made in delivering the audit action plan, with regular quarterly updates reported to the People & Culture Committee. Of the five actions identified through the audit, three have been completed in full and the remaining actions are progressing



						as planned.
7	PC26.92.1	13.08.26	Health, Safety and Security Annual Report 2025-26 Provide a thematic and trend analysis of violence and aggression incidents, including location, contributory factors and targeted mitigations and report back to a future meeting.	Lynne Bushell	Dec 26	Remain Open 29.09.26 This is being taken forward and will report back to a future meeting.
8	PC26.92.2	13.08.26	Health, Safety and Security Annual Report 2025-26 Provide further assurance on the learning and improvements arising from RIDDOR incidents and the actions being taken.	Lynne Bushell	Dec 26	Remain Open 29.09.26 This is being taken forward and will report back to a future meeting.
9	PC26.92.3	13.08.26	Health, Safety and Security Annual Report 2025-26 Review the frequency of Health, Safety and Security reporting to the Committee.	Lynne Bushell Pam Wenger	Dec 26	Remain Open 29.09.26 This is being discussed with the Director of Corporate Governance to agree reporting arrangements.
10	PC26.94.1	13.08.26	Corporate Governance Report Schedule a focused discussion on the Committee self-assessment and identify the top three improvement priorities for 2026-27.	Pam Wenger Philippa Peake-Jones	Dec 26	Remain Open 29.09.26 This is being considered for a future workshop session.
11	PC26.58.2	11.06.26	First Annual Report for Healthcare Sciences Director of Corporate Governance and Executive Director of Allied Health Professionals and Health Science to discuss outside of the meeting what assurance is required in this area for	Teresa Owen Pam Wenger	Dec 26	Remain Open 29.09.26 The First Annual Report for Healthcare Sciences is being shared with the Local Partnership Forum at its next meeting in November 2026 and further discussions will take place in



			which Committee.			relation to reporting arrangements. 05.08.26 A meeting is being arranged to discuss this.
12	PC26.60.2	11.06.26	Staff Wellbeing Organisational Position Report The team to consider creating a practical offer for staff such as protected space for a staff wellbeing day or dedicated wellbeing hours to demonstrate a clear commitment to supporting staff.	Debbie Eyitayo Sarah Blackshaw	Dec 26	Remain Open 29.09.26 This is being considered by the Occupational Health Team to consider what can be provided for staff. 29.07.26 This will be discussed at the Staff Wellbeing Programme Delivery Group meeting in August and feedback will be provided to the Committee via Sarah Blackshaw.
ACTIONS PROPOSED FOR CLOSURE						
1	PC26.90.1	13.08.26	Health Inspectorate Wales Emergency Department Report Improvement Plan Bring a substantive report to the next meeting with an update on progress against the people and culture elements of the Health Inspectorate Wales improvement plan including actions, proposed timescales, governance arrangements and evidence of staff feedback.	Steve Grayston	Oct 26	Action proposed for closure 30.09.26 A report on the Health Inspectorate Wales Emergency Department Improvement Plan (People and Culture Element) has been included on the agenda for the October 2026 meeting.
Closed Actions (as agreed at meeting on 13.08.26)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC26.58.1	11.06.26	First Annual Report for Healthcare Sciences Share the Healthcare Sciences Annual	Teresa Owen	August 26	05.08.26 The report has been included on the agenda for the next meeting of the Local Partnership



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			Report with the Local Partnership Forum.			Forum.
2	PC26.60.1	11.06.26	Staff Wellbeing Organisational Position Report Review and monitor whether staff moving into managerial roles are provided with relevant training and identify whether any data is available to highlight improvements in this area.	Debbie Eyitayo	Oct 26	31.07.26 This action will be picked up as part of the Foundations for the Future implementation and deployment of staff into posts following consultation.

People and Culture Committee

STAFF STORY – NHS STAFF AS PATIENTS

Dyddiad y Cyfarfod Date of Meeting	08 October 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Katie Sargent Head of Employee Experience and Engagement
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People Services and Organisational Development
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

With a workforce of over 22, 000 colleagues, most of our employees live in the Health Board area and are therefore users of our services. Staff members who experience ill health and receive NHS care have a unique perspective as both service users, and as employees returning to work.

Returning to work can be a significant milestone, both professionally and personally. Whether the absence has been short or prolonged, coming back to work after illness often brings a mixture of relief, uncertainty and pressure to “get back to normal.”

Many roles in healthcare are physically and mentally demanding, and returning to work safely requires careful planning, realistic expectations and appropriate support.

Sharon McIntyre, Mental Wellbeing and Counselling Team Leader, has supported a number of colleagues through times of difficulty during and after illness. She is sharing the experiences and feelings of a number of colleagues who have struggled with their return to work.



Collectively, they provide us with an insight into what they have been through, what the struggle with, and what can be done to provide ongoing, meaningful support.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
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N/A		
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Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

N/A	
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ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	If more than one applies, please list below: Creating compassionate culture, leadership and engagement
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	N/A

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty.html Public Sector Equality Duty [HTML] GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No: : ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

	If no, please include rationale:	
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant <i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Staff Story title	Staff story – healthcare staff as patients and their experiences of returning to work after illness
Staff Story format	Written and video
Consent received to share staff story	Yes Consent Level: All levels consented Level 1 – Any health and social care professionals within BCUHB Level 2 – Researchers for service evaluation and improvement beyond BCUHB Level 3 – Meetings and conferences with anyone present including public and journalists Level 4 – Anyone including online Any special considerations: None

Staff Story background

Introduction

With a workforce of over 22, 000 colleagues, most of our employees live in the Health Board area and are therefore users of our services. Staff members who experience ill health and receive NHS care have a unique perspective as both service users, and as employees returning to work.

Impact of poor care

NHS staff as patients are more likely to spot errors, sub-standard clinical practice or safety oversights.

When they receive poor NHS care or feel treated with a lack of compassion, they can experience distress and moral injury that compounds the standard patient grievance. Knowing how the system *should* work makes experiencing failures particularly painful and isolating.

Healthcare workers can struggle to separate their professional identity from their personal care, leading to anxiety about burdening colleagues or awkward power dynamics during consultations.

They face barriers to complaining including worry that raising a formal grievance or flagging a colleague's poor practice could result in professional ostracisation, awkwardness in the workplace, or a negative impact on their career progression.

Furthermore, some 'staff-patients' can over-empathise with the workforce because they recognise the signs of chronic understaffing, burnout, and fatigue in those treating them. As a result, they stay silent about poor care, downplaying their own symptoms or failing to challenge mistakes because they do not want to add to the burden of overstretched colleagues.

Returning to work

Illness or surgery can cause significant physical, emotional, and psychological stress on the human body and mind.

Returning to work can be a significant milestone, both professionally and personally. Whether the absence has been short or prolonged, coming back to work after illness often brings a mixture of relief, uncertainty and pressure to "get back to normal."

How quickly colleagues return to work following illness or surgery depends on a number of things, including how they heal; how they respond to surgery; and the type of job they do.

Many roles in healthcare are physically and mentally demanding, and returning to work safely requires careful planning, realistic expectations and appropriate support.

Many colleagues feel pressure to return quickly due to workforce shortages, waiting lists or professional responsibilities. However, returning too soon can affect recovery, confidence and patient safety.

For some, recovery may also involve coping with the psychological impact of becoming a patient within the healthcare system that employs them. Being treated in the hospital or Health Board where you work can feel particularly difficult and emotionally exposing, and these experiences should not be underestimated.

Sharon McIntyre, Mental Wellbeing and Counselling Team Leader, has supported a number of colleagues through times of difficulty during and after illness. She is sharing the experiences and feelings of a number of colleagues who have struggled with their return to work.

Collectively, they provide us with an insight into what they have been through, what the struggle with, and what can be done to provide ongoing, meaningful support.

Staff Story transcript

Sharon McIntyre, Mental Wellbeing and Counselling Team Leader

I have been in this role for three years and over time, have observed more staff coming forward to seek support.

One issue that is not always considered is that when colleagues return to work after illness – and this can be following serious illness and major surgery like hysterectomies, mastectomies and the removal of tumours – they are changed.

They may look the same as they don their uniform, but they are not. Something one member of staff told me really stayed with me - *“I am not the same person, I am no longer whole.”*

Colleagues can struggle to fit into the workplace they left. The world keeps moving at a fast pace, but they are changed forever.

Staff members have provided the following insights based on their experiences of returning to work following ill health.

Staff member 1

"A double mastectomy changed far more than my physical appearance. It affected my confidence, my identity, and my sense of womanhood in ways I never expected.

"Returning to work brought additional challenges, as I was not only recovering from major surgery but also adjusting to a new version of myself. While I was back at work, I was still processing the emotional and physical impact of what I had been through.

"Learning to rebuild my confidence, manage ongoing effects of treatment, and find my place again in the workplace has been a significant part of my recovery journey."

Staff member 2

"Having a brain tumour removed saved my life, but it didn't give me my old life back.

"Returning to work after surgery has been one of the hardest parts of my recovery. On the outside, I look well. I'm back in my role, doing the same job, and people often assume everything is back to normal. But the reality is very different.

"I struggle to find the right words, I can't move or think at the pace I once could, and the surgery has left me dealing with other ongoing health issues.

"Every day requires more effort than it used to. Tasks that were once second nature now take longer and require greater concentration.

"The biggest challenge is that while my circumstances have changed, the expectations of the role sometimes feel unchanged. I am still committed to my work and proud of what I do, but I am no longer the person I was before surgery.

"Recovery isn't always visible. Returning to work doesn't mean a person is fully recovered. Sometimes it means learning to work differently, adapting to new limitations, and rebuilding confidence one day at a time.

"What has made the greatest difference is understanding, patience, and recognising that although I may work differently now, I still have valuable skills, experience, and dedication to offer. My brain tumour was removed. The effects of it were not."

Staff member 3

"One of the most difficult parts of returning to work was being cared for by colleagues during my treatment and then coming back to work alongside them.

"They had seen me at my most vulnerable, when I needed support and care, and it was hard to adjust to being seen as a colleague again rather than a patient.

"I sometimes worried that people would see my illness before they saw me, or that they would treat me differently because of what I had been through.

"Rebuilding my confidence, re-establishing professional relationships, and finding my identity in the workplace again was a huge challenge but also an important part of my recovery.

"The kindness and understanding of my colleagues made a huge difference, but it was still a challenging transition to navigate."

Others have spoken of feeling that they do not have a voice, and I have heard about scenarios where clinical colleagues have talked over the patient.

Staff member 4

"One of the hardest parts of being unwell was losing my voice in decisions about my own care.

"I understood the system, I knew what support was needed, and I often knew what should happen next, but when you're ill, exhausted, and vulnerable, it's not always possible to advocate for yourself.

"Being on the other side of care gave me a new perspective on how difficult it can be for people to navigate services and have their needs heard."

Organisational reflections

Returning after planned sickness absence, such as elective surgery or pregnancy-related treatment, can feel very different from returning after sudden illness, trauma or emergency hospitalisation. Unexpected or sudden illness often brings:

- greater psychological distress;
- reduced opportunity to prepare colleagues or departments;
- concerns about loss of control;
- anxiety regarding professional identity and capability.

Recognising these differences can help us as an employer provide appropriate support. A phased return to work can help ease the transition back into clinical practice and reduce the risk of burnout or relapse.

Sickness absence and return-to-work policies

WP11 Managing Attendance at Work policy is accessible to all managers to guide them through the management of colleagues who are off sick. The primary responsibility for the management of attendance rests with managers. The rationale for this approach is that our managers should know their employees and be familiar with the issues surrounding the attendance profile and needs of their employees.

Many staff are unfamiliar with the detail of their contractual rights until they become unwell themselves, so it is also important they understand their rights under NHS contract. This may include:

- entitlement to sick pay;
- eligibility for phased return;
- annual leave accrual during sickness absence;
- reasonable adjustments under equality legislation;
- access to occupational health support;
- processes for capability or performance concerns.

A supportive manager can make a substantial difference to both recovery and confidence. Ensuring the following are in place will support staff members with their return to work and continued recovery:

- regular communication during prolonged absence, which allows the manager to keep track of the employee's recovery and provides an important connection for the employee back to the world of work;
- return-to-work meetings before resuming duties;
- honest and clear discussion of expectations and limitations;
- consideration of occupational health recommendations;
- review points during phased return;
- attention to patient safety and workload management;

- respect for confidentiality and professionalism.

Managers are responsible for ensuring that employees are aware of the range of health and wellbeing support that is available to them in and out of the workplace. Accessing psychological support, peer support or counselling can also be an important part of recovery and return-to-work planning.

Returning to work after illness is not simply about resuming a role where you left off. It is about rebuilding confidence, protecting wellbeing and ensuring patient safety.

Everyone's situation is different, and there should be no stigma in seeking support or requesting adjustments during recovery.

With the right planning, communication and professional support, staff members can return to work safely, confidently and sustainably.

People and Culture Committee

PEOPLE OPERATIONS REPORT

Dyddiad y Cyfarfod Date of Meeting	08 October 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Nick Graham, Associate Director of Workforce Optimisation
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eyitayo, Executive Director of People Services and OD
Pwrpas yr Adroddiad Report Purpose	For Assurance

Crynodeb Gweithredol **Executive Summary**

The People Operations Report provides the Committee with an overview of workforce performance across key indicators including vacancies, turnover, sickness absence, recruitment, appraisal compliance, mandatory training and workforce development. Overall, the position remains broadly stable, with positive progress evident in several areas despite continuing workforce challenges.

Vacancy rates have increased slightly over the past year to 9.2%, with notable deterioration across Estates & Ancillary and Additional Clinical Services. Recruitment performance remains strong, with the Health Board continuing to outperform NHS Wales benchmarks and maintaining an average time to recruit that remains below the national target. However, challenges continue in filling specialist and Medical & Dental posts, alongside delays associated with enhanced establishment control processes.

Turnover remains stable at 7.1% and continues to trend positively, whilst sickness absence remains a significant organisational challenge, with the rolling 12-month rate at 6.20%. Targeted interventions, hotspot reviews and management support arrangements remain in place to support improvement in attendance and staff wellbeing.

Mandatory training compliance remains strong, with Level 1 compliance at 90.2%, exceeding the organisational target. PADR compliance remains below the Health Board's ambition at 80.3%, although work continues on the redesign of the PADR process, alongside targeted improvement activity in lower-performing areas.

The report also highlights a number of strategic workforce priorities, including delivery of leadership and management development, workforce culture and engagement initiatives, and actions to support sustainable workforce transformation.

The Committee is asked to scrutinise the report, seek assurance on the actions being taken in relation to identified workforce challenges, and note the progress being made against key workforce priorities and performance indicators.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
N/A		

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

N/A	
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ASESIAD / ASSESSMENT

Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Intentions	4.Create a Modern, People Centred Healthcare System
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	All risks associated with the subject and scope of this paper are already highlighted and managed through the current risk management structures within the organisation.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS

Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty.html Public Sector Equality Duty [HTML] GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	It does not apply at this stage as no formal actions have been agreed as a result of this this report.

Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	N/A
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant <i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Ansawdd <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	It does not apply at this stage as no formal actions have been agreed as a result of this this report.
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: No - Not Applicable	

	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: ☐ Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒ It does not apply at this stage as no formal actions have been agreed as a result of this this report.
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☐ Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒ It does not apply at this stage as no formal actions have been agreed as a result of this this report.
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

People Operations Report September 2026

Debbie Eyitayo

Executive Director of People Services & Organisational Development



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Betsi Cadwaladr
University Health Board



Executive Summary

Vacancy rates currently stand at **9.2%**, an increase of **1.0%** compared with the same period last year. Estates & Ancillary and Additional Clinical Services report the highest staff-group rates at **12.5%** and **11.5%** respectively, with Additional Clinical Services recording the largest annual increase of **3.3%**. At divisional level, IHC East recorded the largest increase, rising by **3.0%** to **9.3%**. Continued focus on workforce planning, recruitment support and application management remains important in addressing recruitment challenges, procedural delays and hard-to-fill roles.

Turnover currently stands at 7.1%, a reduction of **0.6%** compared with the same period last year. Healthcare Scientists report the lowest staff-group turnover rate at **3.8%**, followed by Nursing & Midwifery at **4.9%**, while Estates & Ancillary records the highest at **10.7%**. MHLD recorded the largest divisional improvement, reducing by **2.2%** to **6.3%**, with **129.3** FTE external leavers during the year, **45.0** FTE fewer than in the previous 12-month period. The Staff Retention Lead continues to support work to strengthen retention, including a review of exit interview processes to improve the quantity and quality of workforce intelligence.

Sickness absence reduction remains a key organisational priority. The monthly sickness absence rate increased from **6.00%** in August 2025 to **6.35%** in August 2026, while the rolling 12-month rate increased from **6.05%** to **6.20%**. MHLD reports the highest monthly rate at **7.92%**, while Midwifery & Women's has the highest rolling rate at **7.18%**. Targeted interventions continue within identified hotspot areas, supported by local action plans, regular monitoring and engagement with managers. Progress continues to be monitored through the People & Culture Committee.

Recruitment performance remains strong overall, with BCUHB meeting **5 of the 7** applicable recruitment targets in August 2026 and performing better than the NHS Wales average across **5 of the 8** measures. The overall time from vacancy creation to being ready for a start date was **68.1 days**, remaining below the **71-day** target, although slightly above the NHS Wales average of **67.0 days**. Time to shortlist remains above target at **4.6 days**, compared with the required **3 days**, while time to check references was also above target at **2.4 days**, against a standard of **2 days**. Targeted action continues to focus on improving these areas and addressing the impact of high application volumes and operational pressures on recruiting managers.

PADR compliance currently stands at **80.3%**, a reduction of **1.3%** compared with the same period last year and below the **85%** target. Performance has declined across all areas except MHLD, with the largest reductions recorded within Cancer/Diagnostics and Midwifery & Women's at **4.7%** and **4.5%** respectively. MHLD and Midwifery & Women's exceed the target at **90.9%** and **87.0%**, while IHC East is just below target at **84.9%**. Cancer/Diagnostics remains the lowest-performing area at **64.1%**. Work is underway to introduce a revised PADR process with greater emphasis on staff wellbeing, performance development, organisational values and behaviours, talent management and succession planning.

Mandatory training compliance remains strong, with overall **Level 1 compliance at 90.2%**, exceeding the organisational target of **85%**. All divisions remain above target overall, although individual competencies continue to require improvement in some areas. Medical & Dental is the only staff group below target overall at **74.9%**, with all Level 1 competencies below the required standard and the lowest rates recorded in Infection Prevention & Control at **64.6%** and Information Governance at **66.3%**. Other lower-performing competencies include Infection Prevention & Control within Additional Professional, Scientific & Technical at **79.0%**, and Moving & Handling, Information Governance and Fire Safety within Estates & Ancillary, ranging from **81.1%** to **81.6%**.

People

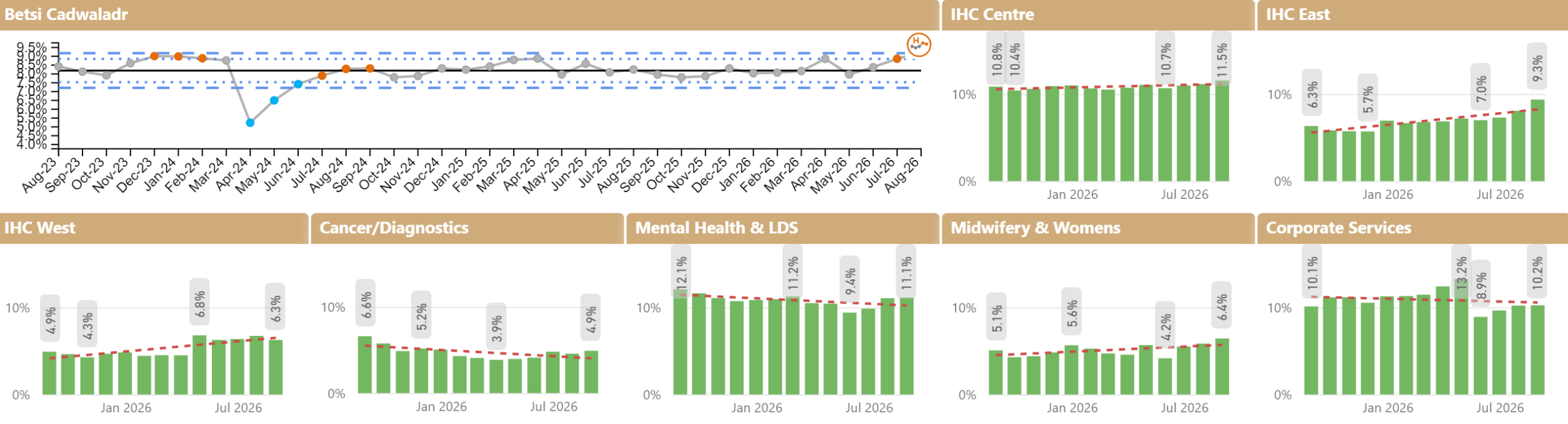


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Vacancy % by IHC

BCU Data as at August 26



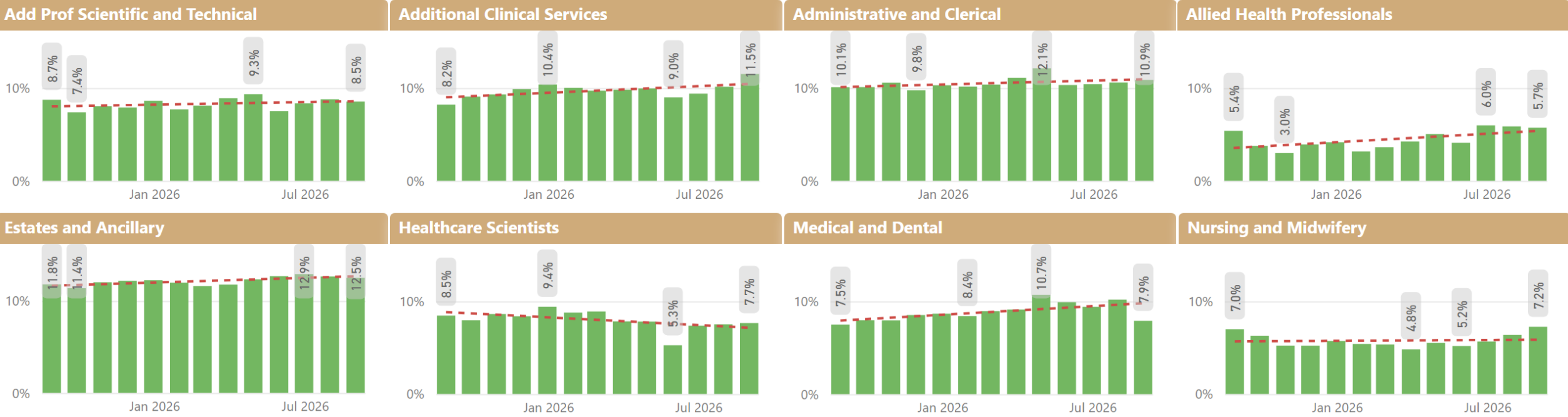
Analysis: The overall BCU vacancy rate for August 2026 stands at **9.2%**, an increase of **1.0%** compared with the same period in the previous year. The largest increase was within IHC East, where the vacancy rate rose by **3.0%**, followed by IHC West at **1.4%**. Rates also increased within IHC Centre, Midwifery & Women’s and Corporate Services, while improvements were recorded within Cancer/Diagnostics and MHL, where rates reduced by **1.7%** and **1.0%** respectively. Cancer/Diagnostics now has the lowest vacancy rate at **4.9%**, followed by IHC West at **6.3%** and Midwifery & Women’s at **6.4%**.

Challenges: Vacancy pressures remain significant across several areas. Enhanced Establishment Control continues to affect the timely recruitment of Administrative & Clerical, Facilities and other posts subject to additional scrutiny, contributing to increasing or persistent vacancy levels. Nursing & Midwifery vacancies have increased within MHL and West, while particularly high vacancy rates remain within CAMHS, Healthcare Professionals and some Corporate Services staff groups. IHC East also continues to experience a substantial vacancy gap, with Facilities among the areas most affected by the enhanced approval process.

Progress: IHC West has reported a small month-on-month improvement in its overall vacancy rate, reducing from 6.7% to 6.3% in August 2026. Medical & Dental vacancies in West have reduced significantly from 11.6% in April to 1.2%, while MHL has also reported improvements in Medical & Dental and Additional Professional, Scientific & Technical vacancies compared with earlier positions. The deployment of student streamliners is expected to support a reduction in Nursing & Midwifery vacancies after September, although the impact will need to be monitored.

Vacancy % by Staff Group

BCU Data as at August 26



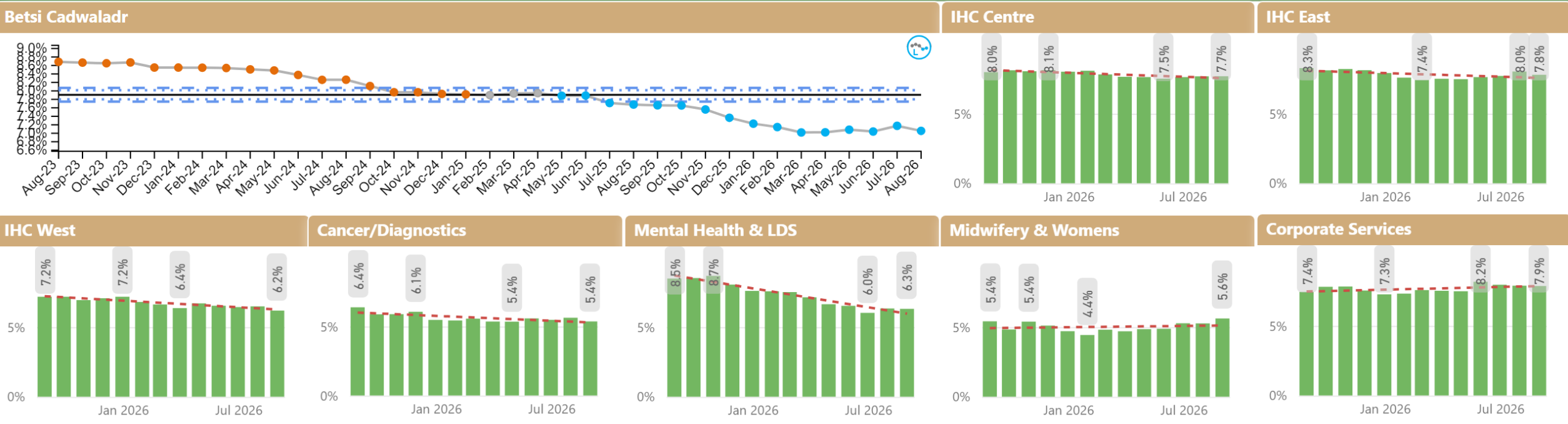
Analysis: Vacancy rates continue to be highest within Estates & Ancillary and Additional Clinical Services, at **12.5%** and **11.5%** respectively. Additional Clinical Services recorded the largest year-on-year increase, rising by **3.3%** since August 2025, while Administrative & Clerical increased by **0.8%** to **10.9%**. Allied Health Professionals report the lowest vacancy rate at **5.7%**. Nursing & Midwifery has shown an increasing trend in recent months, rising from **4.8%** in March 2026 to **7.2%** in August 2026. Medical & Dental has also shown a general upward trend over the period, increasing from **7.5%** in August 2025 to **7.9%** in August 2026, despite reducing from **10.2%** in July.

Challenges: Medical & Dental recruitment continues to be affected by budget and establishment pressures, reliance on locum and fixed-term doctors, and Certificate of Sponsorship and visa requirements. Recruitment activity has also been delayed by discussions regarding fixed-term contracts, employment status and approval processes, affecting shortlisting and the progression of offers during a period of high recruitment activity. Within MHL, Nursing, Additional Clinical Services Non-Nursing, and Administrative & Clerical vacancy rates have increased, while hard-to-fill roles continue to place pressure on service capacity.

Progress: Vacancy rates have reduced slightly within Administrative & Clerical roles in East, although the overall rate remains high. MHL has reported improvements within Allied Health Professionals and Additional Professional, Scientific & Technical staff groups, with vacancy rates reducing to 59.4% and 14.3% respectively. Vacancy levels across staff groups in West have remained broadly stable over the last three months despite the operational pressures associated with the August medical changeover. Work to resolve fixed-term contract and employment-status issues should support the timelier shortlisting and progression of recruitment offers.

Turnover % by IHC

BCU Data as at August 26



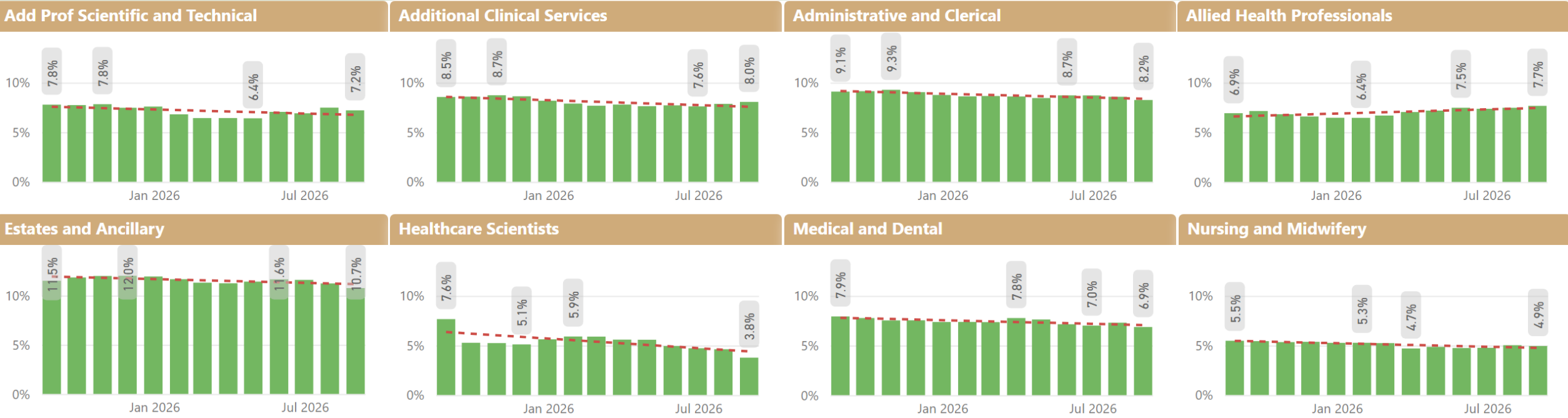
Analysis: The overall BCUHB turnover rate stands at **7.1%** in August 2026, a reduction of **0.6%** compared with the same period last year, with the rate remaining steady in recent months. Most divisions have reported improvements compared with August 2025, with the exceptions of Corporate Services and Midwifery & Women’s. Corporate Services currently has the highest turnover rate at **7.9%**, followed by IHC East at **7.8%** and IHC Centre at **7.7%**. The most significant improvement has been recorded within MHL, where turnover has reduced by **2.2%** over the last 12 months to **6.3%**. This reflects a reduction in external leavers, with **129.5 FTE** employees leaving during the year, **44.7 FTE** fewer than during the previous 12-month period. Cancer/Diagnostics currently has the lowest turnover rate at **5.4%**, followed by Midwifery & Women’s at **5.6%**.

Challenges: Turnover remains high within specific areas, particularly HMP Berwyn, Facilities East, General Medical Services and Medicines Management. IHC East has seen an increase in external leavers alongside fewer external starters, while turnover has also increased within East Area and Ysbyty Wrexham Maelor. Facilities continues to report the highest turnover within IHC West, despite the overall IHC position remaining relatively stable. Within MHL, internal movement between services and medical rotations makes it difficult to distinguish employee turnover from movement retained within the division.

Progress: IHC West has recorded an improving position, with turnover reducing to 6.2%, its lowest rate during 2026. MHL turnover has reduced by 2.2% over the last 12 months, with movement from inpatient to community-based services indicating that many employees are being retained within the division while moving between specialties and geographical areas. Corporate Services has also seen voluntary resignation turnover reduce to 4.0%, while staff retention has increased slightly to 89.1%. Exit interview completion within IHC East has shown a small improvement, although completion remains low and may not capture informal leaving discussions.

Turnover % by Staff Group

BCU Data as at August 26



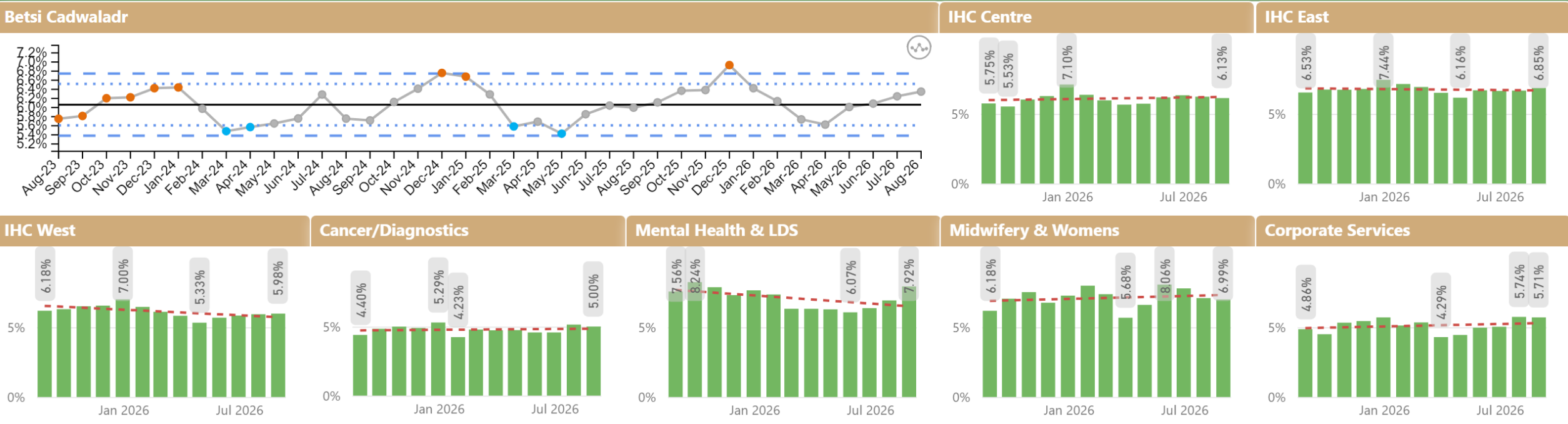
Analysis: Estates & Ancillary staff continue to report the highest turnover rate across staff groups, despite turnover reducing by **0.8%** over the last 12 months to **10.7%**, equating to **142.4 FTE** leavers. Within the Facilities localities, turnover is highest in Facilities East at **13.7%**, with **42.8 FTE** leavers over the last 12 months, followed by Facilities Central at **9.9%**, with **35.8 FTE** leavers, and Facilities West at **9.4%**, with **29.0 FTE** leavers. In contrast, Healthcare Scientists have recorded the greatest improvement over the past year, with turnover reducing from **7.6%** in August 2025 to **3.8%** in August 2026, making this the lowest turnover rate across all staff groups. Nursing & Midwifery has also continued to improve, with turnover reducing by **0.6%** to **4.9%**, representing the second-lowest rate and reflecting continued workforce stability within the staff group.

Challenges: Estates & Ancillary continues to experience high turnover across the IHCs, with the greatest pressure reported within East and West, indicating a persistent workforce stability issue within this staff group. Healthcare Scientists and Additional Clinical Services staff also report high turnover in East, while Medical & Dental turnover has increased in both East and MHL D and remains elevated within West. Additional Professional, Scientific & Technical staff remain another area of concern within MHL D. The IHC narratives therefore show that turnover pressures remain concentrated within a small number of professional and support staff groups.

Progress: Nursing & Midwifery turnover remains low and stable within East and has reduced from 6.4% to 5.0% within MHL D. MHL D has also achieved a substantial reduction in HCA turnover, falling from 8.8% to 5.5% over the last 12 months. Administrative & Clerical turnover has improved in both East and MHL D, including a reduction from 11.5% to 8.5% within MHL D. These improvements indicate greater workforce stability across several of the larger clinical and administrative staff groups.

Monthly Sickness % by IHC

BCU Data as at August 26



The charts above report the monthly sickness rate for BCU.

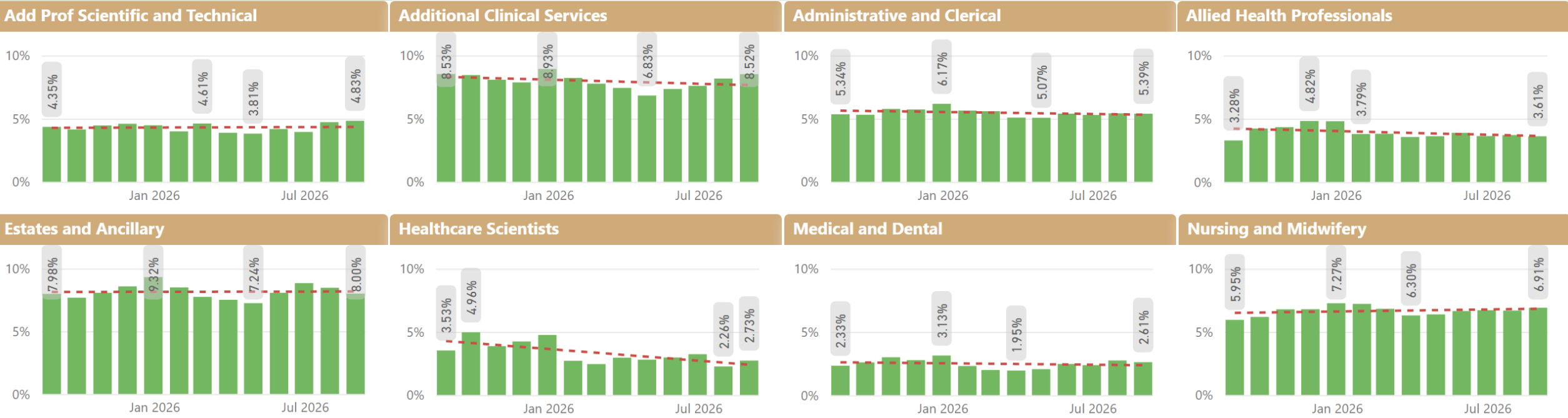
Analysis: The BCUHB monthly sickness absence rate currently stands at **6.35%**, increasing from **6.00%** in August 2025 and continuing to rise in recent months. The rolling 12-month sickness absence rate has also increased from **6.05%** to **6.20%**. Midwifery & Women's has the highest rolling rate at **7.18%**, while Corporate Services recorded the largest year-on-year increase in monthly sickness absence, rising by **0.85%** to **5.71%**. MHL D reports the highest monthly sickness rate at **7.92%** and, while this has increased by **0.36%** since August 2025, its rolling sickness rate has reduced from **7.72%** to **7.06%**. Conversely, IHC West is the only IHC to show an improvement in the monthly rate compared with August 2025, with sickness absence reducing by **0.20%**.

Challenges: Long-term sickness absence continues to rise across BCUHB and currently accounts for 4% of all absence, with cases becoming increasingly complex and taking longer to resolve. High volumes of short-term absence also remain a concern in some areas. Anxiety, stress and depression remains the leading cause of absence and accounts for a significant proportion of days lost within MHL D and Corporate Services, while East continues to report considerable financial and operational impacts. Sickness rates remain persistently high across several services, with MHL D experiencing a recent monthly increase and Corporate Services reporting increases in both monthly and rolling absence. Return-to-work compliance also remains significantly below target in some areas, limiting assurance that employees are receiving timely support and that the underlying causes of absence are being identified and addressed.

Progress: The BCUHB Healthy Workforce Group has completed two reporting cycles, with 26 of the 37 participating services demonstrating improvement against their baseline measures, and a further cohort will be identified in M6. Action plans have been agreed for identified sickness hotspots, supported by sickness absence audits, targeted Managing Attendance at Work and sickness prompt training, and increased management accountability for progressing short-term and long-term cases. Tactical People and Culture delivery groups are sharing effective interventions and good practice across services, including improved return-to-work recording, while People Teams are reviewing sickness prompts with managers and challenging whether appropriate action has been taken. These interventions are beginning to demonstrate progress: West is reporting an improving overall position; all five Quarter 1 hotspot areas within MHL D have been engaged and have agreed action plans, while its rolling sickness absence has reduced by 0.67% since August 2025; Corporate Services has reduced prolonged cases, with no open absences exceeding 39 weeks; and East has improved its average absence length and return-to-work completion, although further improvement remains necessary.

Monthly Sickness % by Staff Group

BCU Data as at August 26



The charts above report the monthly sickness rate for BCU.

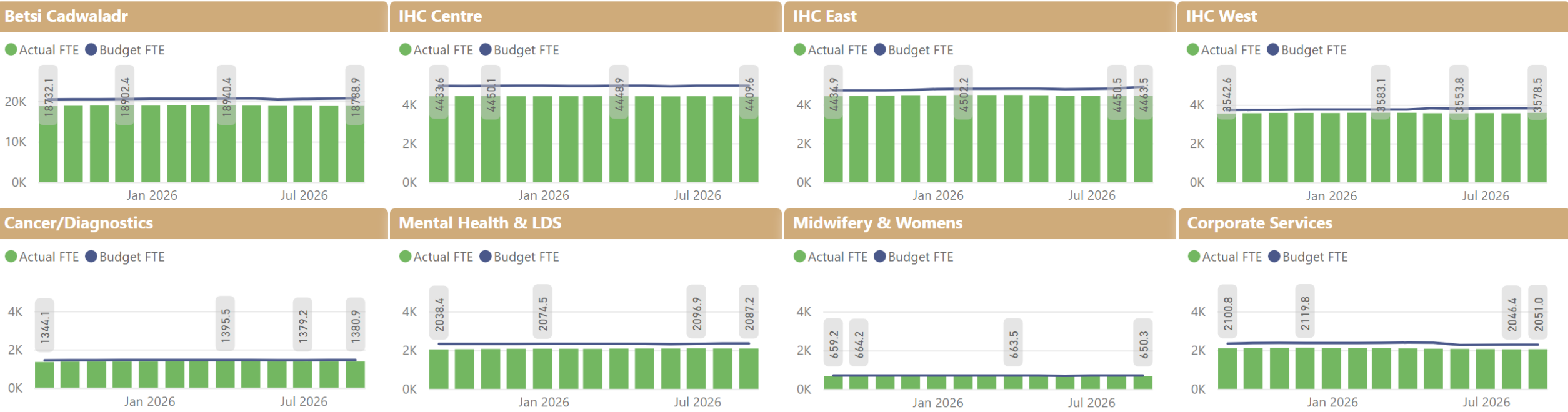
Analysis: Additional Clinical Services continues to report the highest monthly sickness absence rate at **8.52%**, remaining broadly unchanged compared with August 2025. Estates & Ancillary also continues to experience elevated sickness absence, with a monthly rate of **8.00%** and the highest rolling rate across staff groups at **8.17%**. Nursing & Midwifery has recorded the largest year-on-year increase, with the monthly rate rising by **0.96%** to **6.91%**, alongside an upward trend in the rolling rate. In contrast, monthly sickness absence rates for Additional Professional, Scientific & Technical staff, Allied Health Professionals, Healthcare Scientists, and Medical & Dental staff all remain below **5%**, indicating relatively strong attendance levels within these staff groups.

Challenges: Additional Clinical Services, particularly HCSWs, continues to report the highest sickness absence levels, with increasing rates in East, West and MHL D and significant operational and financial impacts within patient-facing services. HCSWs represent a large proportion of the clinical workforce and spend much of their time in direct patient contact, meaning that high absence levels can have an immediate effect on service capacity and the delivery of care. As one of the lowest-paid clinical staff groups, HCSWs may also experience greater socioeconomic pressures than some other clinical groups, which could contribute to the complexity of supporting attendance and wellbeing. Estates & Ancillary remains another area of concern, while Nursing & Midwifery has experienced the largest year-on-year increase across BCUHB; anxiety, stress and depression remains a significant driver of absence, and low return-to-work completion in some HCSW and Nursing services limits assurance that employees are receiving timely and appropriate support.

Progress: Action plans have been agreed with managers in identified sickness hotspot areas, supported by sickness absence audits and targeted Managing Attendance at Work and sickness prompt training. People Services teams are providing coaching and guidance to improve the consistent management of short-term and long-term absence, strengthen return-to-work arrangements and ensure appropriate progression following sickness prompts. Managers are also being supported to engage Occupational Health, consider reasonable adjustments and implement early interventions to prevent absences from becoming long term, with bespoke training and Specialist Organisational Development support available for hotspot areas. All five Quarter 1 hotspot areas within MHL D have been engaged, West is reviewing the relationship between absence, vacancies and service pressures to identify effective interventions, and Nursing absence costs within East have reduced since the previous month, although HCSW absence remains high.

Budget v Actual FTE by IHC

BCU Data as at August 26



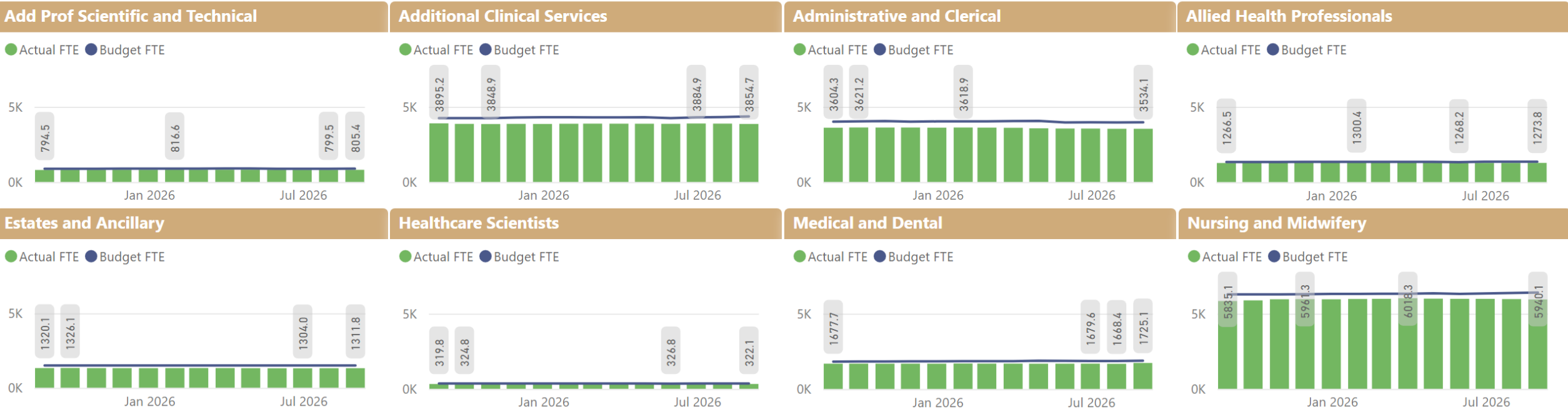
Analysis: Compared with August 2025, budgeted establishment increased by **285.2 FTE**, while actual staffing increased by **56.8 FTE**, resulting in an overall increase of **228.5 FTE** in vacancies. IHC East recorded the largest increase in vacancies at **161.3 FTE**, primarily due to a **190.0 FTE** increase in budgeted establishment. Vacancies also increased in IHC West and IHC Centre by **55.9 FTE** and **36.9 FTE** respectively, driven by an increase in budgeted establishment in IHC West and a reduction in actual staffing in IHC Centre. In contrast, vacancies reduced by **23.7 FTE** in Cancer/Diagnostics and **18.8 FTE** in MHL, supported by increases in actual staffing.

Challenges: Growth in the budgeted establishment has not been matched by equivalent growth in actual staffing, resulting in a widening gap between funded and filled FTE across BCUB. This is particularly evident within East, where additional investment has increased the Registered Nursing establishment while the contracted workforce has reduced, and within West, where actual staffing remains below the budgeted position. Enhanced Establishment Control processes continue to delay recruitment and the filling of vacancies, limiting the speed at which services can translate funded establishment into substantive staffing. Fixed-term contracts also represent a significant element of the workforce within MHL, particularly within clinical psychology training and Medical & Dental roles, requiring continued oversight to ensure that their use remains appropriate and workforce stability is maintained.

Progress: People Services teams are working with divisions to maintain up-to-date workforce plans, improve planning for vacancies and support a more stable alignment between budgeted establishment and actual staffing. East continues to monitor the impact of nurse streamlining on Registered Nursing vacancies and the available budget, with the aim of assessing whether incoming staff reduce the current establishment gap. MHL is promoting the appropriate use of fixed-term contracts and reviewing its fixed-term contract training package ahead of delivery to managers. Participation within East has increased slightly, while increases in actual staffing within MHL and Cancer/Diagnostics have contributed to reductions in their vacancy gaps.

Budget v Actual FTE by Staff Group

BCU Data as at August 26



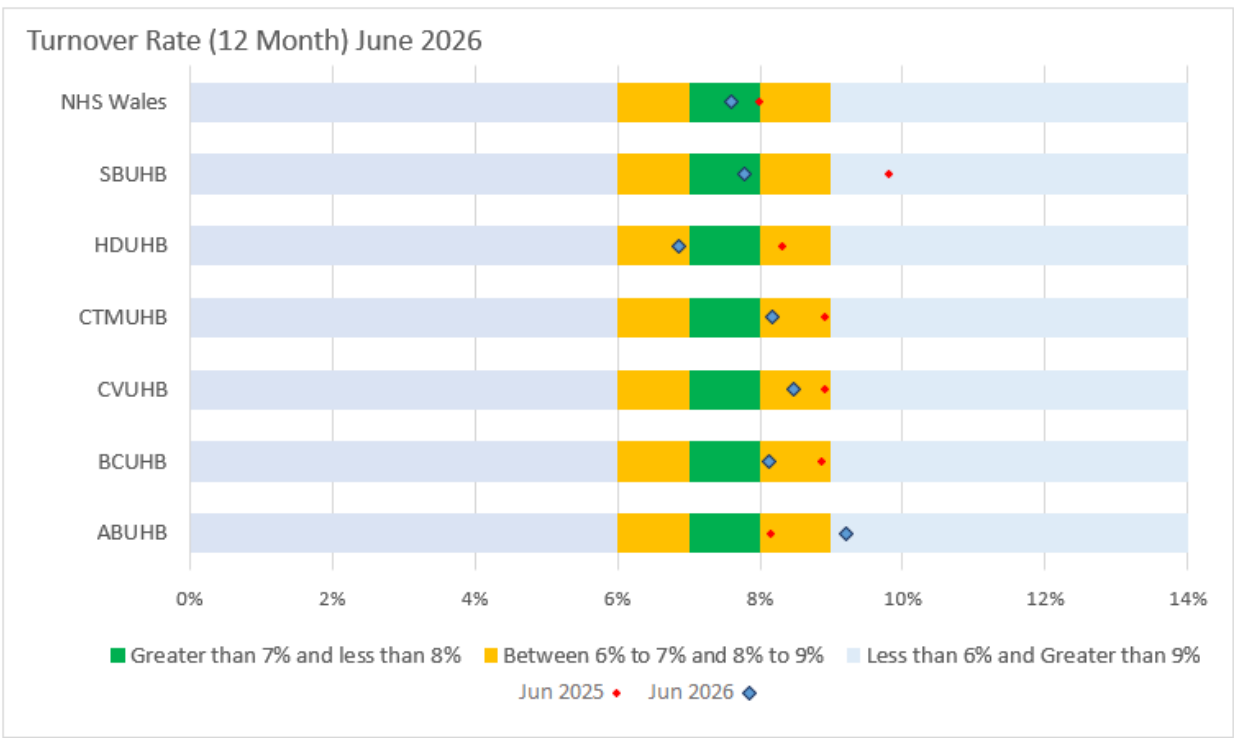
Analysis: Compared with August 2025, Nursing & Midwifery recorded the largest increases in both actual staffing and budgeted establishment, rising by **105.0 FTE** and **130.8 FTE** respectively, resulting in an increase of **25.8 FTE** in vacancies. Additional Clinical Services recorded the largest increase in vacancies at **153.3 FTE**, driven by a **112.8 FTE** increase in budgeted establishment alongside a **40.5 FTE** reduction in actual staffing. Administrative & Clerical recorded reductions in both actual staffing and budgeted establishment of **70.2 FTE** and **44.0 FTE** respectively, resulting in a **26.2 FTE** increase in vacancies. Medical & Dental continued to grow, with budgeted establishment increasing by **59.7 FTE** and actual staffing by **47.4 FTE**, resulting in a smaller increase of **12.3 FTE** in vacancies.

Challenges: Additional Clinical Services has the largest and widening gap between budgeted and actual FTE, with West reporting this as its most significant staff-group pressure. Administrative & Clerical vacancies have also increased, while growth in Nursing & Midwifery staffing has not kept pace with the expanded establishment. Within East, high sickness levels among HCSWs and Registered Nurses are creating additional capacity pressures and may affect the educational support available to newly qualified staff.

Progress: Actual staffing has increased within Nursing & Midwifery and Medical & Dental, although further growth is required to meet the expanded establishment. East continues to work with Corporate Nursing to monitor nurse streamliner deployment and its impact on Registered Nursing capacity. In West, People Services is supporting managers with earlier vacancy planning at the establishment-control stage and strengthening workforce-planning activity to address the growing Additional Clinical Services gap.

Workforce Comparators

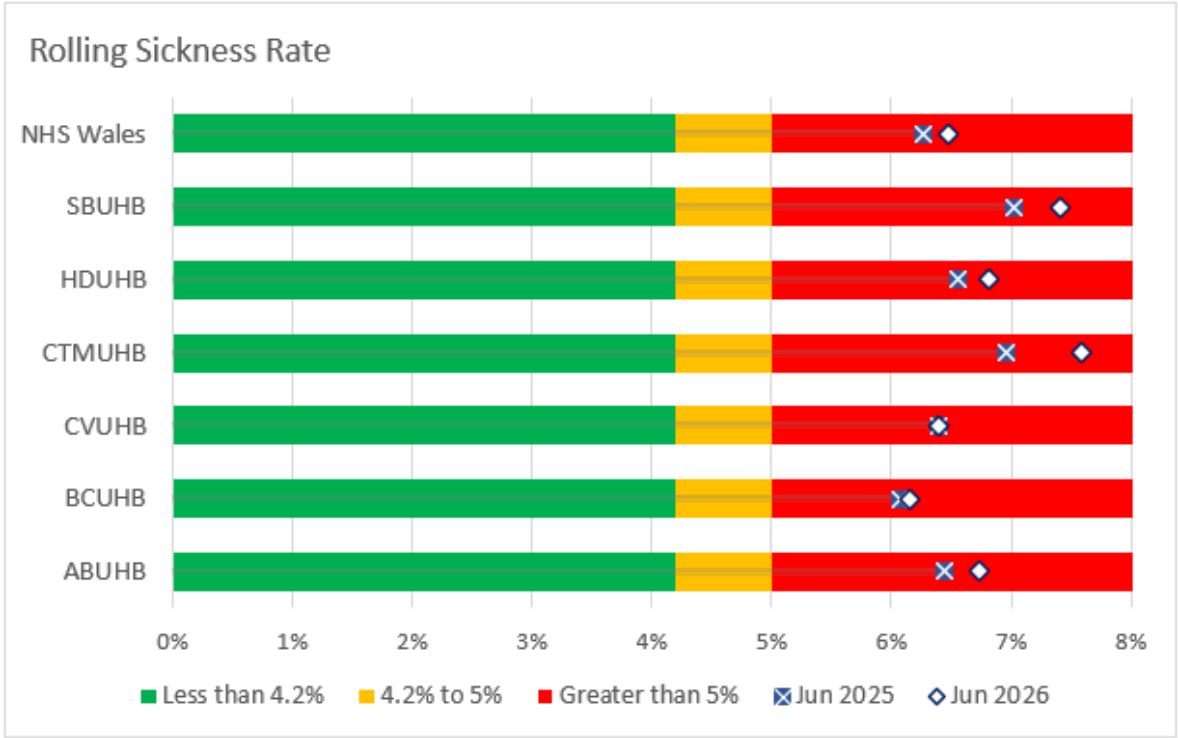
Turnover %



Of the 6 largest Health Boards in Wales, BCU had the third lowest turnover rate in June 2026 at 8.1%.

Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above are calculated in headcount, whilst locally they are calculated in FTE. Data above includes locally employed junior medical grades whereas locally these are excluded.

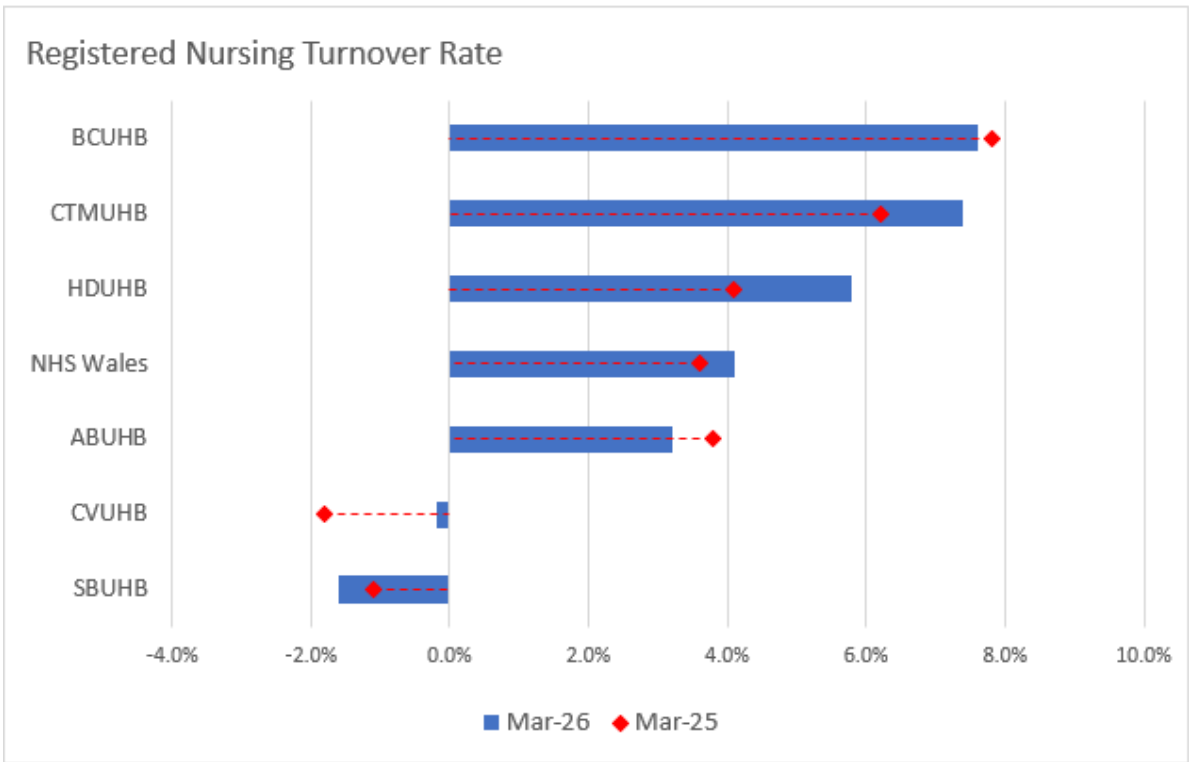
Sickness %



During June 2026, BCU had the lowest rolling sickness rate of the 6 largest health boards at 6.2% which was lower than the NHS Wales overall rate of 6.5%. Cwm Taf Morgannwg had the highest sickness rate at 7.6% followed by Swansea at 7.4%.

Workforce Comparators

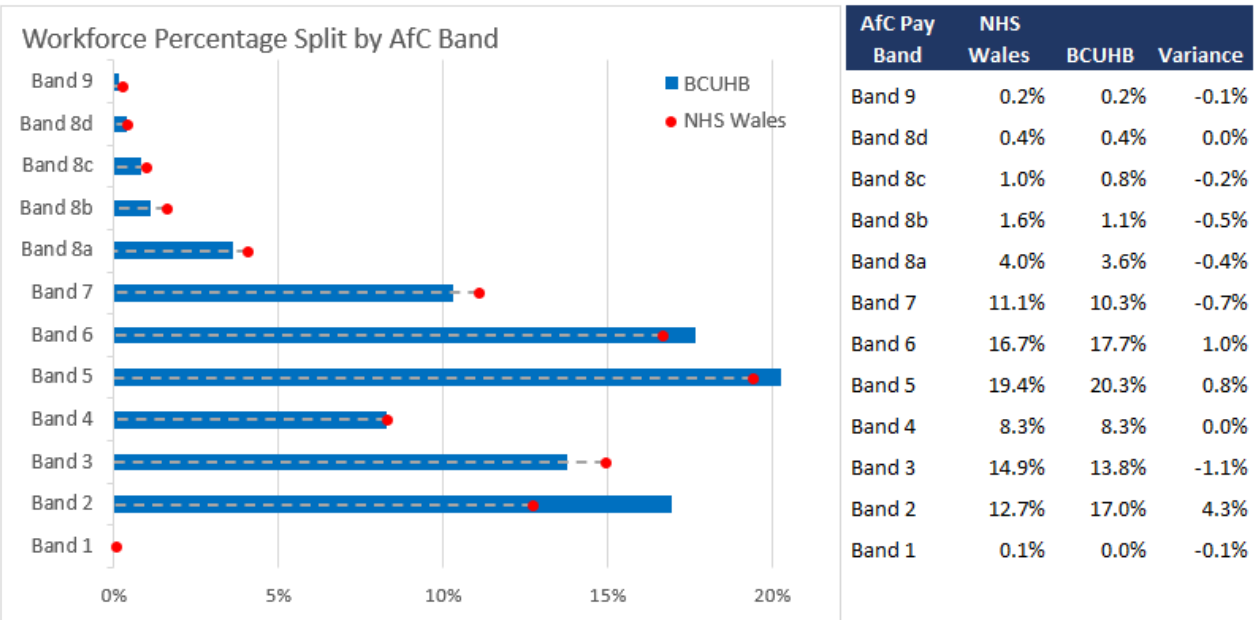
Registered Nursing Vacancy %



The BCU Registered Nursing Vacancy rate was showing as 2.5% above the NHS Wales average in March 2026 and was the highest rate of the 6 largest health boards.

NHS Vacancy data is sourced from Stats Wales. March 2026 is the latest data currently available.

Workforce by Pay Band NHS Wales vs BCUHB



The table above provides the percentage split of the BCU workforce vs the percentage split of the NHS Wales Workforce.

BCU workforce has a greater proportion of bands 2, 5 and 6 than NHS Wales, band 2s account for 17% of the BCU workforce compared with 12.7% of the NHS Wales workforce. Bands 7 to 9 account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.4% vs 18.3%).

Highlighted Areas

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
Childrens East (AX47) L6						
2025-11	489.6	5.4%	6.21%	87.6%	93.9%	7.6%
2026-02	491.5	5.0%	6.90%	87.0%	93.1%	6.5%
2026-05	484.9	6.3%	5.96%	83.6%	92.8%	7.2%
2026-08	478.4	8.0%	6.78%	83.1%	93.4%	7.8%
Emergency Care YG (HX11) L6						
2025-11	227.2	0.3%	7.05%	78.7%	85.2%	4.8%
2026-02	225.3	1.2%	7.67%	70.7%	86.3%	5.0%
2026-05	225.4	2.1%	5.43%	64.2%	88.2%	5.7%
2026-08	230.1	-4.2%	6.78%	63.4%	86.4%	4.3%
Womens East (WX01) L6						
2025-11	230.2	1.1%	5.04%	90.6%	91.2%	4.6%
2026-02	229.6	1.4%	7.20%	85.5%	89.6%	4.1%
2026-05	225.0	3.4%	7.91%	93.3%	92.1%	4.3%
2026-08	218.5	6.3%	5.77%	89.2%	90.9%	6.1%
NW Cancer Radiotherapy (HXQF) L6						
2025-11	44.8	11.1%	5.25%	90.4%	93.8%	5.8%
2026-02	45.3	9.9%	4.85%	86.5%	93.1%	8.7%
2026-05	44.4	12.1%	3.22%	86.3%	92.3%	10.9%
2026-08	42.0	17.7%	5.44%	76.0%	91.1%	13.6%

Analysis:

Children’s East has experienced deterioration across several workforce indicators, with the vacancy rate increasing from **5.4%** to **8.0%** since November 2025. Monthly sickness absence and turnover have also increased to **6.78%** and **7.8%** respectively, while PADR compliance has fallen below target to **83.1%**. Mandatory training remains strong at **93.4%**.

Emergency Care YG continues to report significantly low PADR compliance, declining from **78.7%** to **63.4%** over the reporting period. Monthly sickness absence remains elevated at **6.78%**, although turnover has reduced to **4.3%**. Mandatory training remains above target at **86.4%**.

Women’s East has experienced an increase in its vacancy rate from **1.1%** to **6.3%**, while turnover has also risen from **4.6%** to **6.1%**. However, monthly sickness absence has reduced to **5.77%**, while PADR and mandatory training compliance remain above target at **89.2%** and **90.9%** respectively.

NW Cancer Radiotherapy has shown deterioration across several workforce indicators. The vacancy rate has increased from **11.1%** to **17.7%**, while turnover has more than doubled from **5.8%** to **13.6%**. PADR compliance has also declined substantially from **90.4%** to **76.0%**. Monthly sickness absence has increased slightly to **5.44%**, although mandatory training remains strong at **91.1%**.

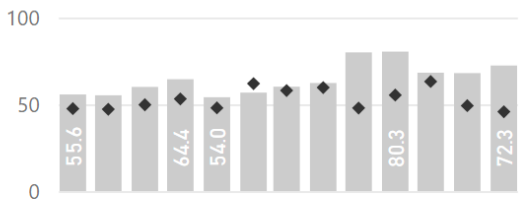
The table above shows the top 4 deteriorating areas, in order, for 5 key metrics. Each quarter that returns a poorer performance when compared to the previous is given a value. The Org L6s above have the most deteriorations within the previous 4 quarters. Where there is a tie between departments, this is sorted by those with the highest Actual FTE.

Recruitment KPIs

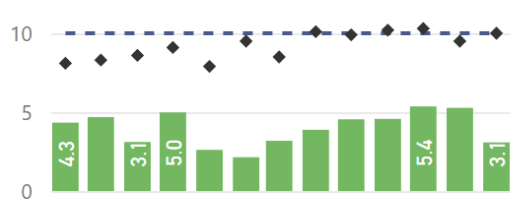
BCU Data as at August 26

● Average of Lapse time ● Measure Target ◆ NHS Wales

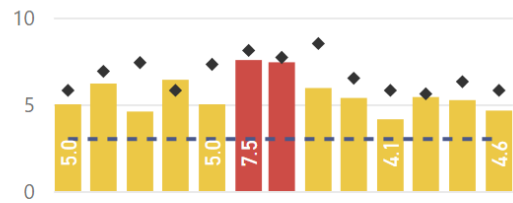
T0a - Notice Date to authorisation start date



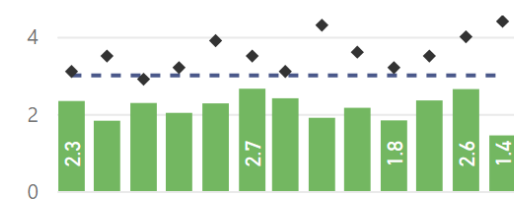
T1a - Time to approve vacancy request



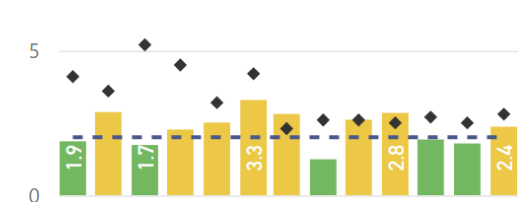
T4 - Time to shortlist



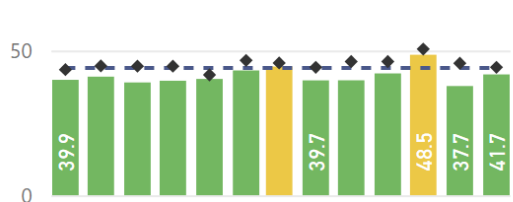
T5b - Time to update interview outcomes



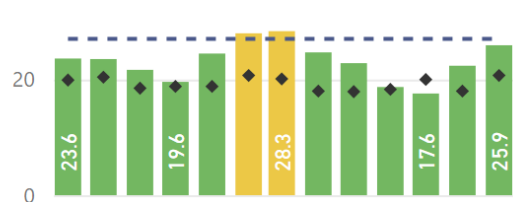
T9b - Time to check references



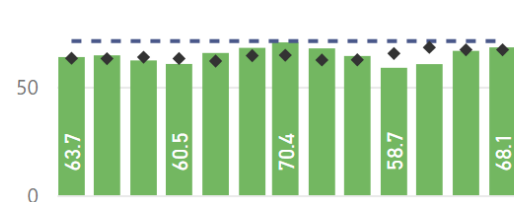
T13 - Vacancy Creation to offer letter issued



T23 - From conditional offer to ready for Start Date wit...



T14 - Vacancy Creation to ready for Start Date



The KPI metrics included above are all specific metrics that are the responsibility of the Health Board and are within our power to effect.

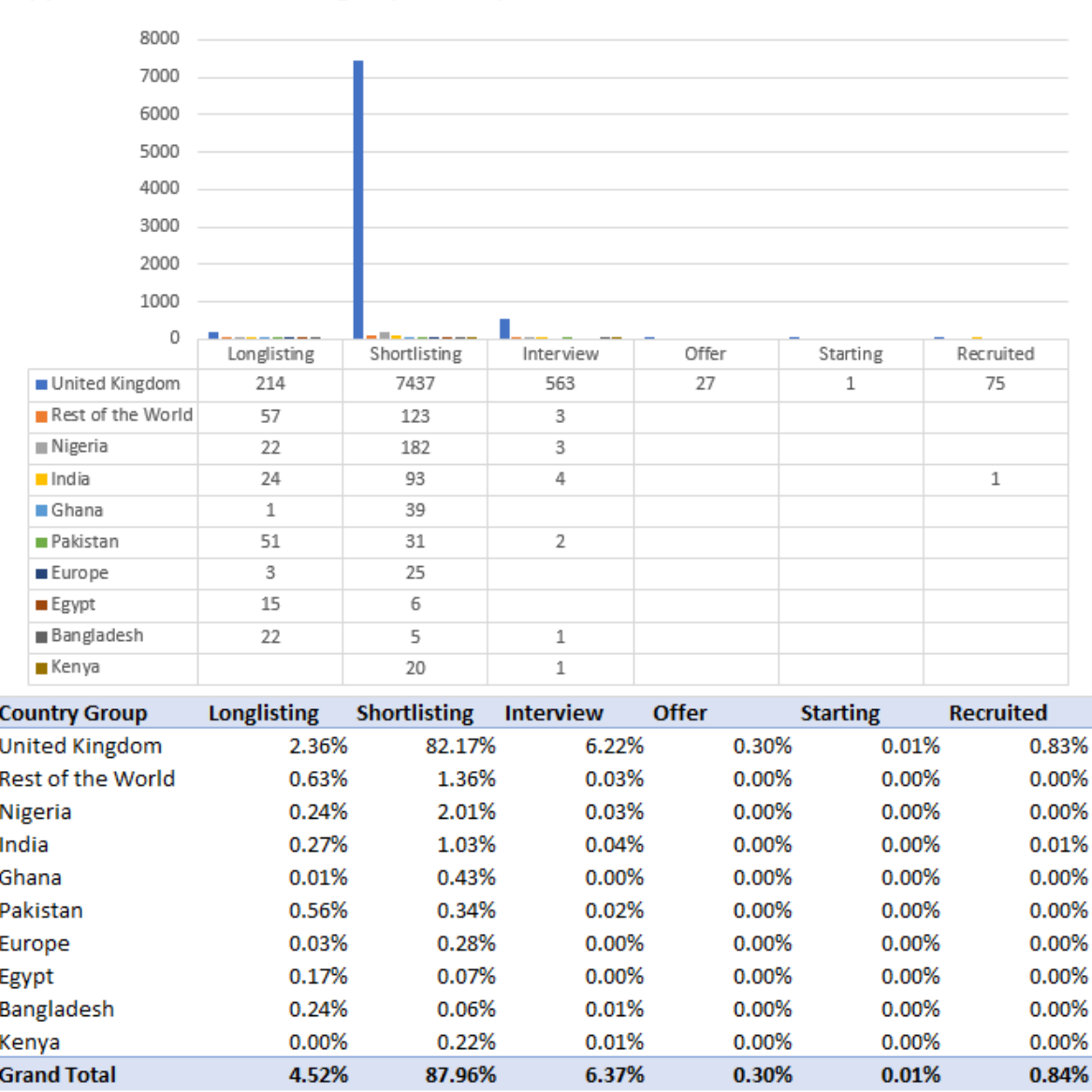
Analysis: BCUHB continues to perform positively against national recruitment measures, outperforming the NHS Wales average in **5 of the 8 metrics**. The organisation is meeting the target in **5 of the 7 measures** with defined performance standards. Time to Shortlist remains above target at **4.6 days**, compared with the **3-day** standard, while Time to Check References is also slightly above target at **2.4 days**, against the **2-day** standard. Vacancy Creation to Offer Letter Issued improved from **48.5 days** in June to **41.7 days** in August 2026, returning within the **44-day** target and performing **2.5 days** faster than the NHS Wales average. Overall Time to Recruit stands at **68.1 days**, remaining within the **71-day** target, although it is **1.1 days** slower than the NHS Wales average.

Challenges: Shortlisting is the main cross-IHC constraint as managers balance workloads and application volumes of 200–300 amid strong labour-market competition. MHL D reports the same pressure for Medical and Agenda for Change roles, while Cancer/Diagnostics continues to face hard-to-fill Medical & Dental posts. In West, vacancy creation-to-start remains comparatively high and changeover contract, pay-protection and salary-assessment work is extending workload; Midwifery & Women’s time to recruit is only just within target.

Progress: Most recruitment KPIs are on target and East has reduced time to shortlist, with managers encouraged to sustain the improvement. Recruitment teams are issuing pre-closure reminders and, in MHL D Medical & Dental recruitment, undertaking initial longlisting to reduce manager burden. West is progressing a clearer fixed-term contract process, Cancer/Diagnostics is within the 41.6-day time-to-hire target, and Midwifery & Women’s reports a 5.5% vacancy rate.

Overseas

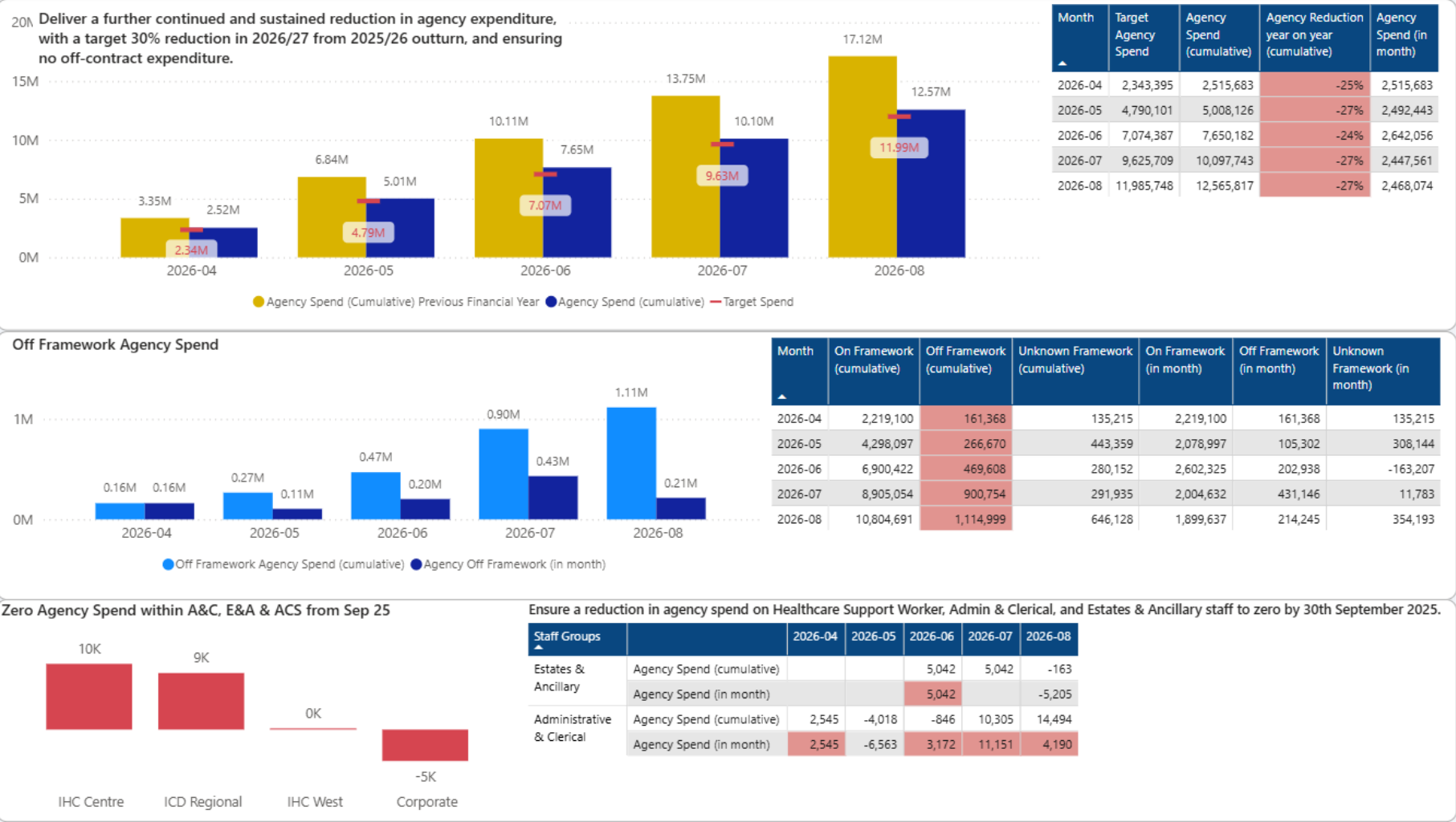
Applicant Recruitment Stage by Country of Residence



The Overseas Recruitment data is sourced from TRAC. The data provides a count of external applicants, and the stage in the vacancy process that they reached, for vacancies that were moved to outcome. Data collection for applicant country of residence at application date commenced at this time.

Analysis: During August 2026, recruitment activity that progressed to outcome attracted a total of **9,051** applications. Of these applicants, **8.1% (734)** were residing outside the UK at the time of application, representing a significant reduction compared with June 2026, where **21%** of applicants were based overseas. While international interest in BCUHB vacancies remains evident, the majority of applications continue to originate from within the UK workforce. Recruitment outcomes also remained heavily UK-focused. Of the **76** successful external candidates recruited during August 2026, **75 (98.7%)** were UK-based when they submitted their application, with only **1** appointment made from an overseas applicant. This is consistent with the position reported in June 2026, where appointments were also predominantly made from within the UK workforce despite higher levels of international interest.

Agency Expenditure Enabling Actions



Analysis: At the end of Quarter 1, agency expenditure had reduced by 27% compared with the same period in 2024/25, demonstrating continued progress in reducing reliance on temporary staffing. Significant improvement has been seen within Nursing & Midwifery, where agency spend has decreased by 45%, while Medical agency expenditure has fallen by 13%. Additional Professional, Scientific & Technical and Allied Health Professional staff groups have achieved reductions in agency spend of 30% and 32% respectively.

However, Healthcare Scientists have seen agency expenditure increase by 83% compared with the previous year.

Although overall agency usage has reduced, some off-framework agency spend remains, with a significant proportion relating to Medical staffing within Gastroenterology services in IHC Centre.

Leadership and Development

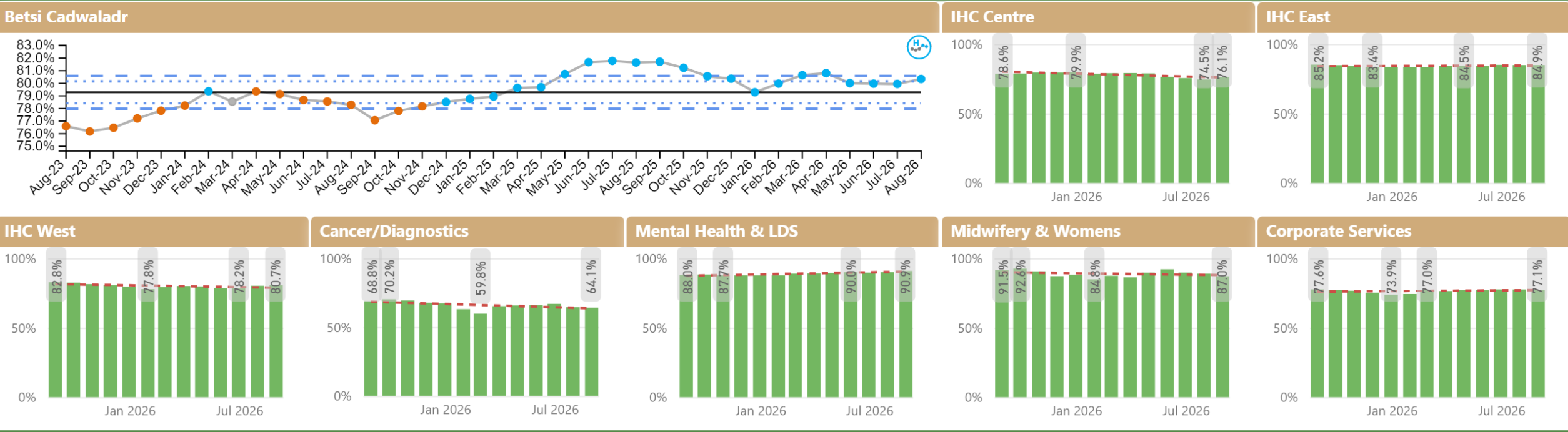


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

PADR % by IHC

BCU Data as at August 26



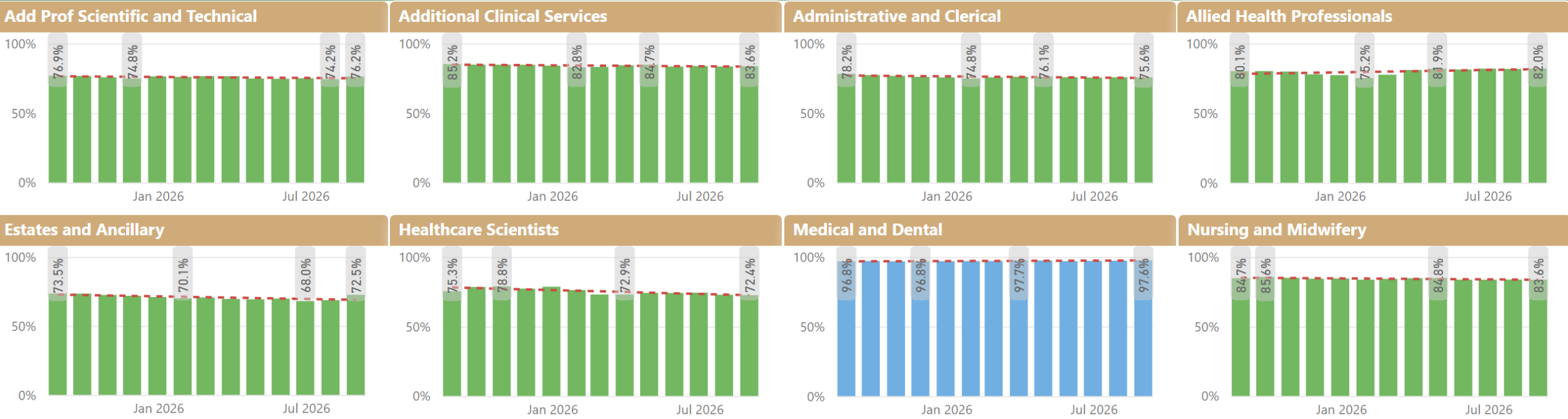
Analysis: Overall BCUHB PADR compliance stands at **80.3%**, a reduction of **1.3%** compared with the same period last year. Performance has declined across all IHCs except MHL, with the largest reductions recorded within Cancer/Diagnostics and Midwifery & Women’s at **4.7%** and **4.5%** respectively. MHL continues to report the highest compliance at **90.9%**, followed by Midwifery & Women’s at **87.0%**, with both exceeding the **85%** target. IHC East is just below target at **84.9%**, while Cancer/Diagnostics remains the lowest-performing area at **64.1%**.

Challenges: Overall PADR compliance remains below the 85% target, with continued areas of lower compliance and overdue reviews impacting progress towards the target.

Progress: PADR compliance continues to be reviewed and discussed through regular meetings with managers, senior leadership teams, and People Services colleagues. Targeted support is being provided to areas of lower compliance, with action plans in place and ongoing monitoring to drive improvement. Monthly compliance reports are routinely circulated and discussed at divisional, SLT, and accountability meetings, ensuring areas of concern receive focused attention. People Services continue to work with managers to support the completion of meaningful and timely PADRs, with early improvements being seen in some areas following targeted interventions and additional support.

PADR/MARS % by Staff Group

BCU Data as at August 26



Analysis: PADR compliance remains below the **85%** target across all staff groups, although the Medical & Dental MARS rate continues to perform strongly at **97.6%**. Additional Clinical Services and Nursing & Midwifery are closest to the PADR target, both reporting compliance of **83.6%**, although each has declined compared with August 2025. Allied Health Professionals recorded the greatest improvement in PADR compliance, increasing by **1.9%** to **82.0%**. Healthcare Scientists currently report the lowest PADR compliance rate at **72.4%**, closely followed by Estates & Ancillary at **72.5%**.

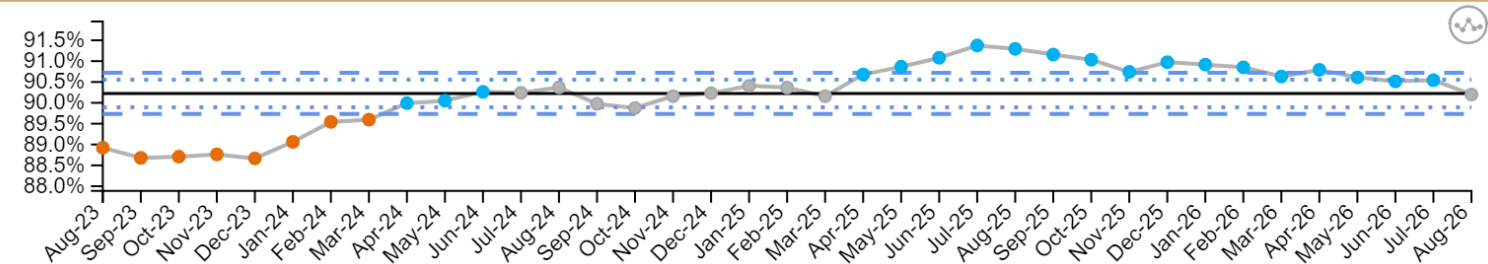
Challenges: PADR compliance remains below the organisational target across a number of staff groups, with particular challenges evident within Healthcare Scientists, Estates & Ancillary, Administrative & Clerical, and Additional Professional, Scientific & Technical staff. Variations in performance across divisions continue to reflect competing operational pressures, workforce capacity constraints, and the need for managers to prioritise and schedule meaningful PADR discussions. While some staff groups are approaching the target, sustaining compliance and preventing reviews from becoming overdue remains a key area of focus.

Progress: Targeted actions are in place across divisions to improve compliance, including regular performance reporting, routine review of PADR completion rates through leadership and accountability meetings, and ongoing support for managers in lower-performing areas. Compliance is being closely monitored through divisional governance arrangements, with action plans implemented where improvement is required. Increased managerial oversight, regular discussion of performance, and focused engagement with teams are helping to drive improvements, with several staff groups and divisions demonstrating positive progress and a reduction in overdue reviews. The strong performance seen in some areas demonstrates the benefit of sustained leadership focus and accountability.

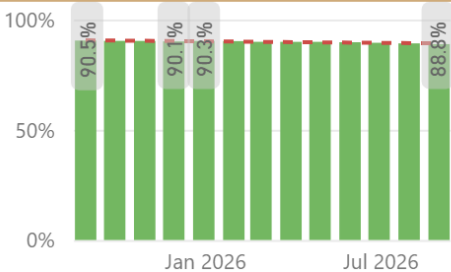
Mandatory Training % by IHC

BCU Data as at August 26

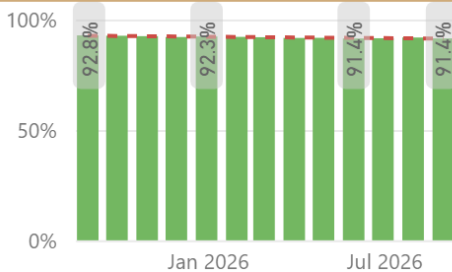
Betsi Cadwaladr



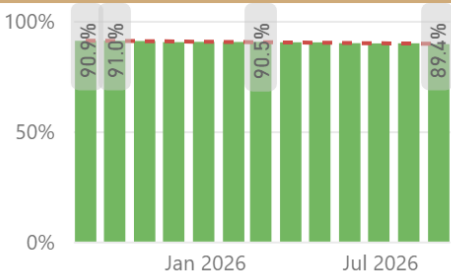
IHC Centre



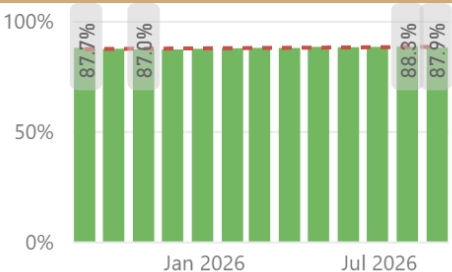
IHC East



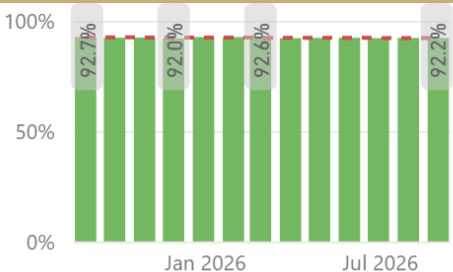
IHC West



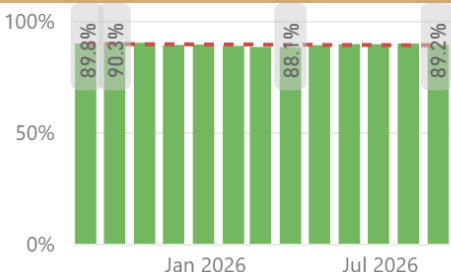
Cancer/Diagnostics



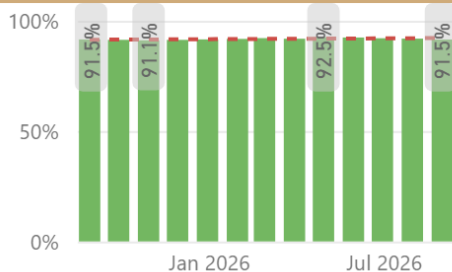
Mental Health & LDS



Midwifery & Womens



Corporate Services



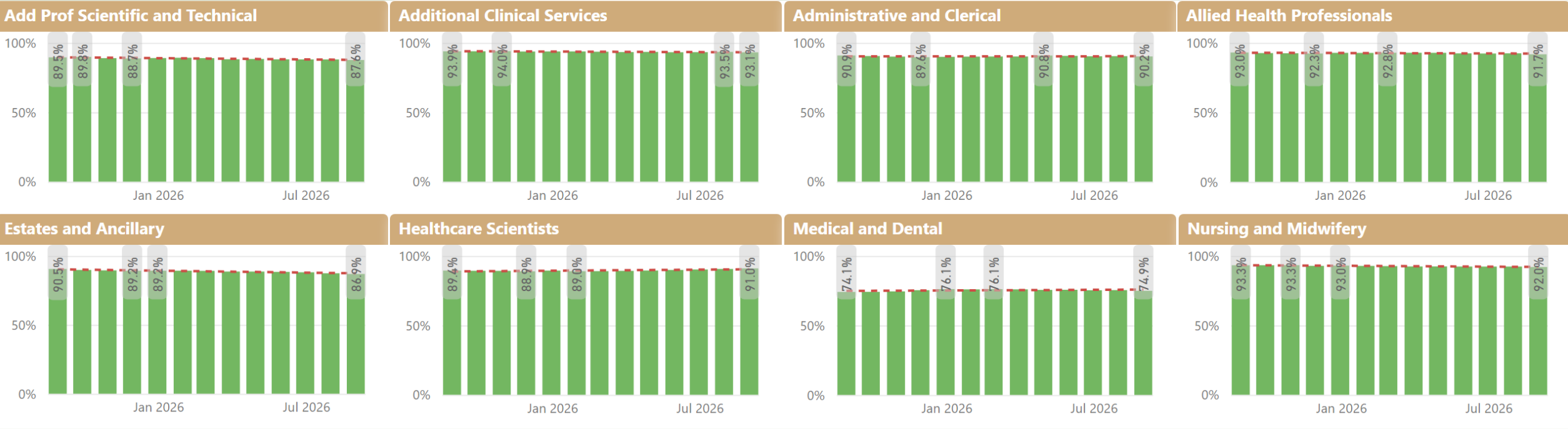
Analysis: BCUHB's mandatory training compliance remains strong, with overall Level 1 compliance at **90.2%**, exceeding the **85%** target across all divisions throughout the past 12 months. MHLTD reports the highest current compliance at **92.2%**, followed by Corporate Services at **91.5%**. However, areas of non-compliance remain, with Midwifery & Women's below target in three Level 1 competencies. Information Governance training is also below the required standard within IHC Centre, IHC West, Cancer/Diagnostics and Midwifery & Women's. Overall Level 2 compliance remains above target at **87.5%**. However, Infection Prevention and Control Level 2 and Moving and Handling Level 2 remain below the required standard at **81.3%** and **80.9%** respectively and continue to require improvement.

Challenges: Mandatory training compliance exceeds the organisational target in most areas, but gaps remain in some specialties, departments and staff groups, particularly for Information Governance, Infection Prevention and Control, Moving and Handling, Resuscitation L2 and Safeguarding L3. Barriers include limited access to training, lower compliance among medical staff, staff absence and return-to-work processes, and a small number of hotspot teams performing well below target. These issues continue to cause variation between divisions despite strong overall performance.

Progress: Regular compliance reviews, targeted support for low-performing areas, and focused engagement with managers and staff continue to drive improvement. Action plans are in place where required, with several hotspot areas showing increased compliance and sustained performance above the organisational target across most divisions.

Mandatory Training % by Staff Group

BCU Data as at August 26



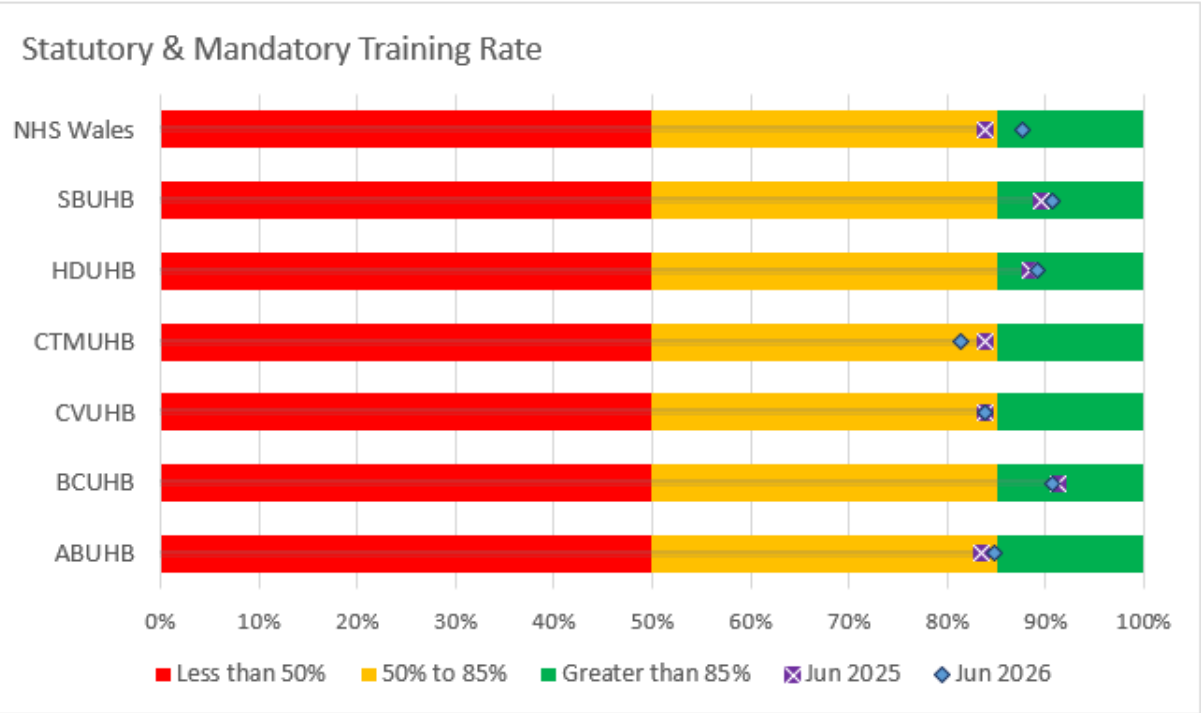
Analysis: Overall mandatory training compliance remains above the **85%** target across all staff groups except Medical & Dental. Although Medical & Dental compliance has increased by **0.8%** since August 2025, it remains at **74.9%**, with all Level 1 competencies below target and the lowest rates recorded in Infection Prevention & Control at **64.6%** and Information Governance at **66.3%**. Other areas requiring improvement include Infection Prevention & Control within Additional Professional, Scientific & Technical at **79.0%**, and Moving & Handling, Information Governance and Fire Safety within Estates & Ancillary, which range from **81.1%** to **81.6%**.

Challenges: Medical & Dental staff continue to report the lowest levels of compliance, particularly within key statutory and mandatory training modules. A number of specialties and departments continue to have gaps of low compliance, highlighting challenges in ensuring completion of both core and role-specific training requirements.

Progress: Regular compliance monitoring and review arrangements are in place across divisions, with performance discussed through regular workforce and governance forums and targeted support provided to areas requiring improvement. Increased oversight of Medical staff compliance, alongside routine reporting and manager engagement, is helping to maintain strong compliance across most staff groups while supporting improvement in lower-performing areas.

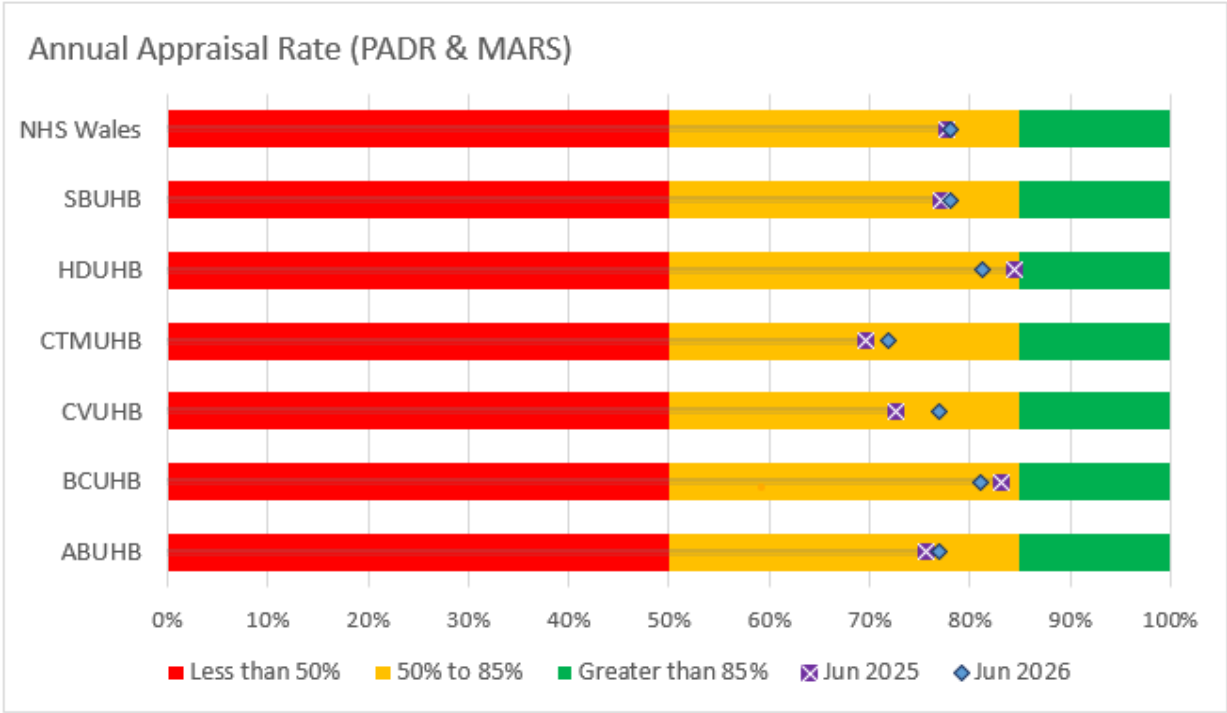
Workforce Comparators

Statutory & Mandatory Training %



BCU had the highest mandatory training Level 1 compliance rate out of the 6 largest health boards in June 2026 and was 3.1% higher than the NHS Wales average of 87.6%.

Appraisals %

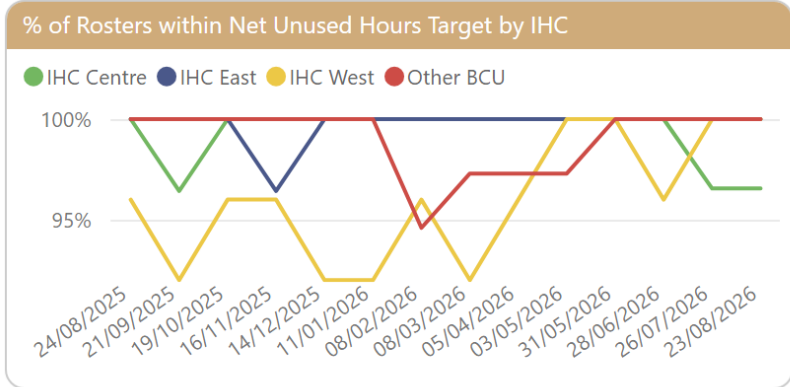
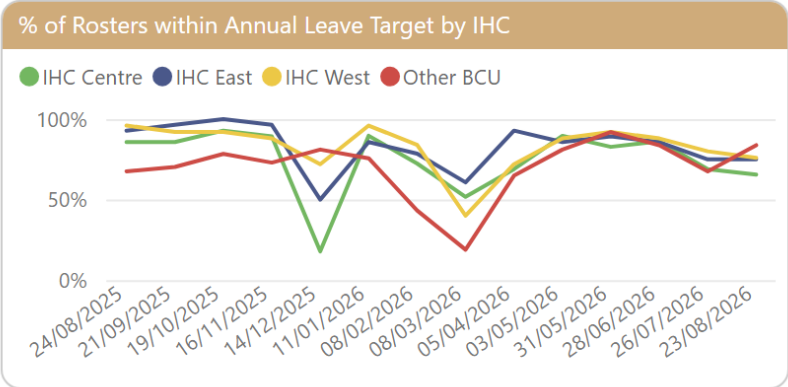
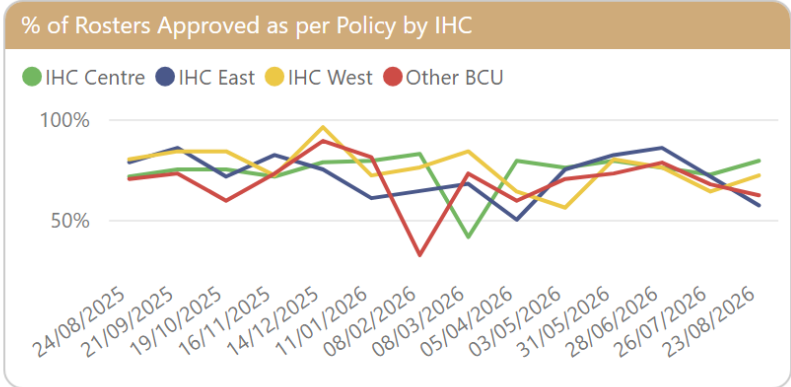


BCU had the second highest appraisal compliance rate out of the 6 largest health boards in June 2026 with a combined AfC and Medical Appraisal rate of 81.1% compared with the NHS Wales average of 78.1%.

Summary

	24/08/2025	21/09/2025	19/10/2025	16/11/2025	14/12/2025	11/01/2026	08/02/2026	08/03/2026	05/04/2026	03/05/2026	31/05/2026	28/06/2026	26/07/2026	23/08/2026
Approved in Policy %	75%	79%	71%	75%	85%	74%	61%	66%	63%	70%	78%	79%	69%	67%
Annual Leave %	84%	85%	90%	86%	57%	86%	67%	41%	74%	86%	89%	86%	72%	76%
Net Unused Hours %	99%	97%	99%	98%	98%	98%	97%	97%	98%	99%	100%	99%	99%	99%

IHC Summary



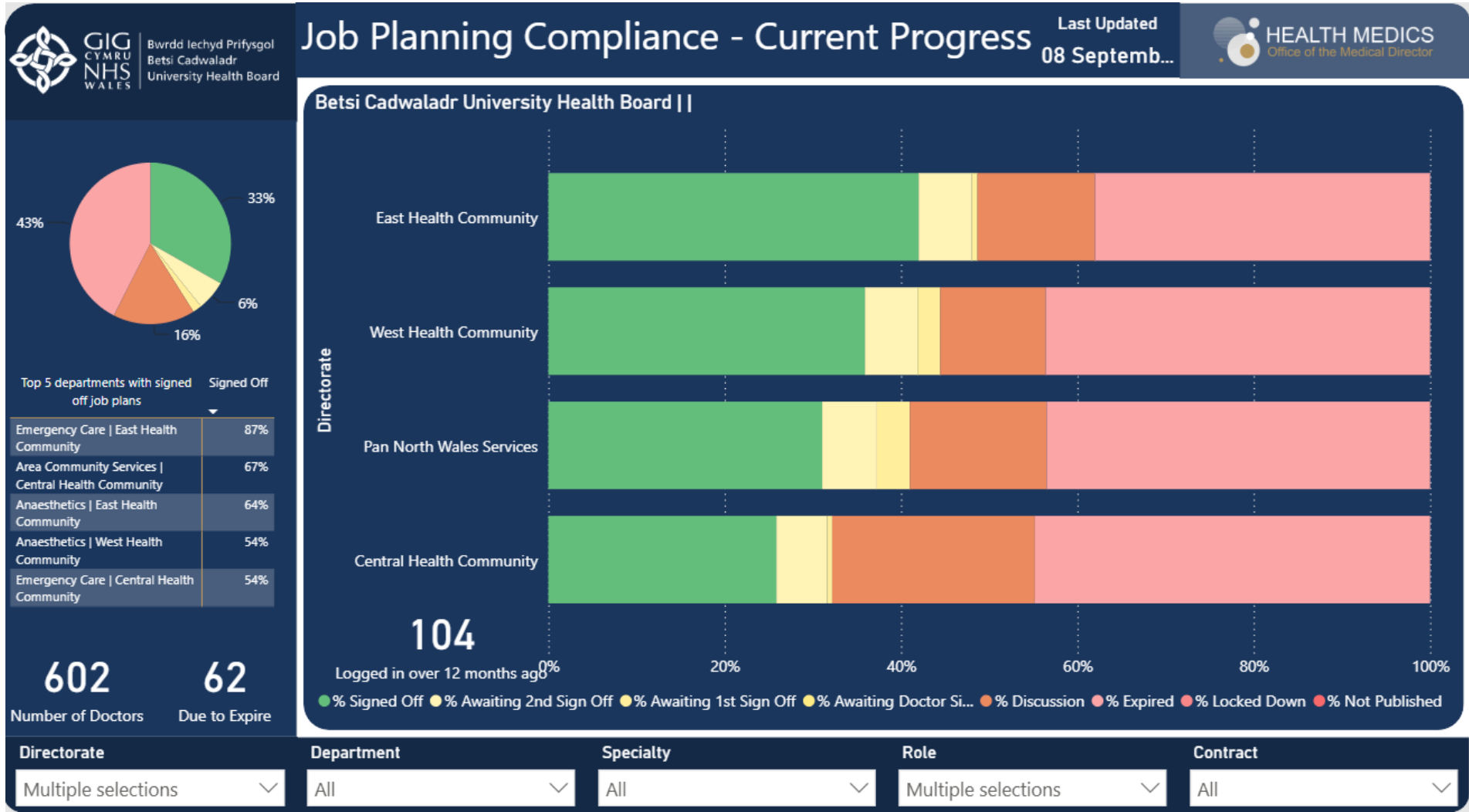
As per Lord Carter’s recommendations and the [Nursing & Midwifery E-Rostering Guidance 2019](#) it is recognised that a firmer grip of rostering will reduce the dependency on bank and agency staff whilst also improving the predictability and consistency of staff deployment even where recruitment is still a challenge. Whilst BCUHB report and monitor on seven rostering KPIs, for the purpose of this report, there will be three main areas of focus which are within the ward managers’ scope to control, Roster Approvals, Annual Leave & Net Unused Hours. The graphs are reflective of all 24/7 ward rosters across BCU and detail the percentage of rosters within each IHC that were approved in line with BCU policy, that were within the target annual leave allocation of between 11% - 16%, and that were below the target net unused hours range of less than 10% of total staff contracted time used.

Analysis: The percentage of Rosters approved currently stands at 67% and is 8% lower than it was during the same period in the previous year. The percentage of Rosters within the Annual Leave target is a figure that will fluctuate depending on the time of year. For instance, lower levels of compliance in February to March is possibly linked to the utilisation of annual leave prior to the new financial year. The percentage of net unused hours within target shows a positive picture with 99% of rosters compliant and has remained consistently high through the previous year.

Challenges: There are ongoing challenges around timely roster approval, compliance with roster processes, recording of staff availability, and rosters being locked ahead of payroll deadlines. These issues can impact payroll processing, workforce planning and the effective deployment of staff, while some services continue to show lower compliance than others.

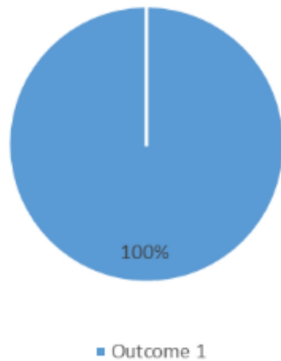
Progress: Performance remains strong in key areas, particularly net hours management, unused hours balances and annual leave management. Targeted support is being provided to high bank and agency using areas, roster compliance is being monitored more closely, and focused engagement with managers is helping to improve post-approval changes, roster optimisation and overall roster quality across services.

Consultant Job Plannin

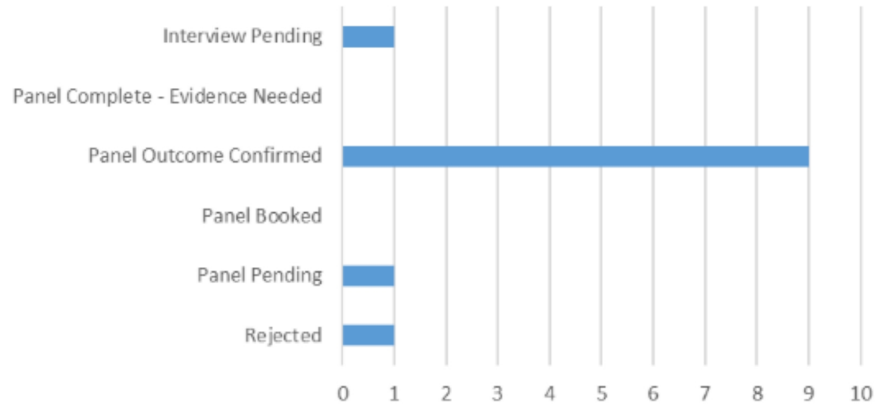


SAS Regrades

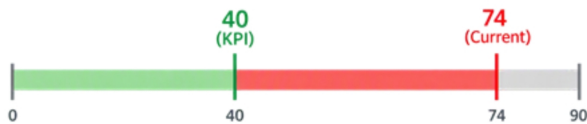
Panel Outcomes



Application Summary



Average time taken is 74 working days (KPI is 40)



Challenges: Although the panel pool has been expanded & panel coordination has now transferred to the Policies Team, securing availability from all panel members continues to be the principal challenge impacting turnaround times

Progress: Average processing time is currently 74 working days. This figure continues to be influenced by a small number of applications submitted through the national portal, prior to organisational roll-out of the process in late 2025. Four applications completed during the reporting period took between 149 and 189 working days to conclude and continue to have a significant impact on the overall average. More recent applications submitted following implementation of the revised process are being progressed considerably more quickly, with an average processing time of 25 working days. This provides early evidence that the revised panel arrangements, expanded panel membership and enhanced coordination by the Policies Team are having a positive impact on turnaround times.

Integrated Leadership Development Framework (ILDF) Delivery

Schedule Update

ILDF Programme Sessions	2026/2027			
	Q1	Q2	Q3	Q4
Moel Famau: Learning to Lead & Manage	Target: 3 cohorts Actual: Cohort 1 (April) Cancelled - Lack of numbers Cohort 2 (May) & Cohort 3 (June) - 26 attended	Target: 2 cohorts Actual: Cohort 4 (June) & Cohort 5 (Sept) - 20 attended	Target: 3	Target: 3
Mynydd Mawr: Fundamentals of Leadership & Management	Target: 3 cohorts Actual: Cohort 1 (April) Cancelled - Lack of numbers Cohort 2 (May) & Cohort 3 (June) - 23 attended	Target: 2 cohorts Actual: Cohort 4 (June) & Cohort 5 (Sept) – 25 attended	Target: 3	Target: 3
Cadair Idris: CLIP	Target: 1 cohort Actual: Cohort 2 (April) - 20 attended	X	Target: 3	Target: 3
Glyder Fawr: Senior Leadership Programme	X	X	X	Target:1

ILDF Workshops	2026/2027			
	Q1	Q2	Q3	Q4
The Coaching Approach	Target: 4 Actual: 1 4 Attended	Target: 3 Actual:0 0 Attended (Programme Updated)	Target: 4	Target: 2
Conversations with Care	Target: 3 Actual: 3 28 Attended	Target: 7 Actual: 5 46 Attended	Target: 9	Target: 3
Compassionate Leadership	Target: 4 Actual: 3 29 Attended	Target: 6 Actual: 6 58 Attended	Target: 7	Target: 6

People Managers Forum	Topic	Attended
April	Speaking Up Safely	145
May	Revised Disciplinary Policy	233
June	Corporate Governance	145
July	Sustainably Developing Our Teams	111
Aug	Sexual Safety Guidelines	122
Bespoke Training Sessions Q1 & Q2		A total of 5 bespoke sessions were delivered.

Culture and Engagement



GIG
CYMRU
NHS
WALES

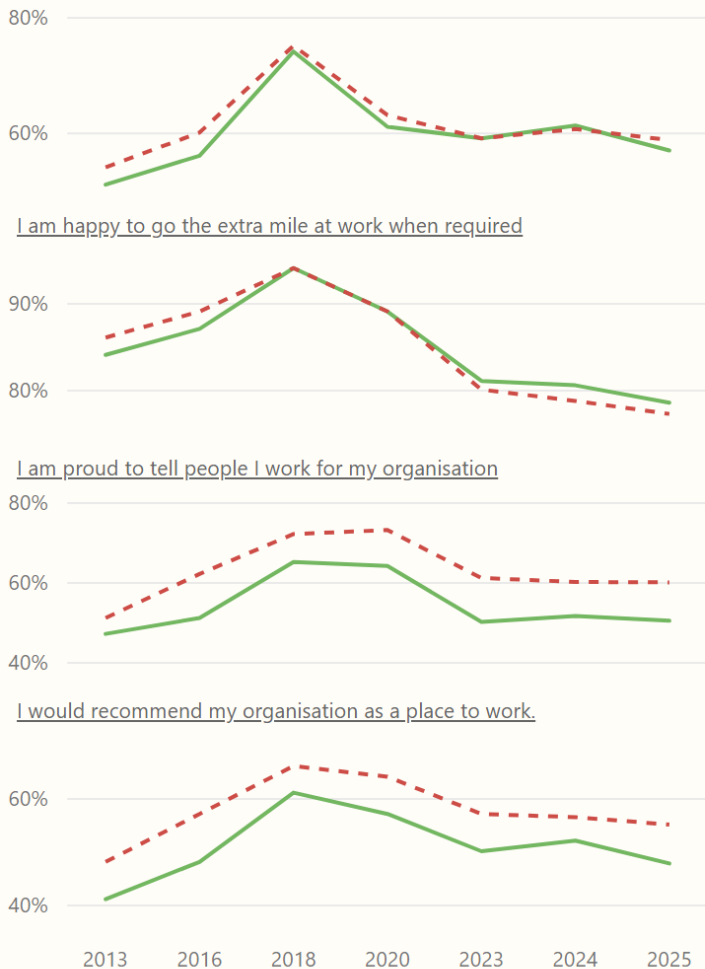
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Staff Survey BCU Staff Engagement Results

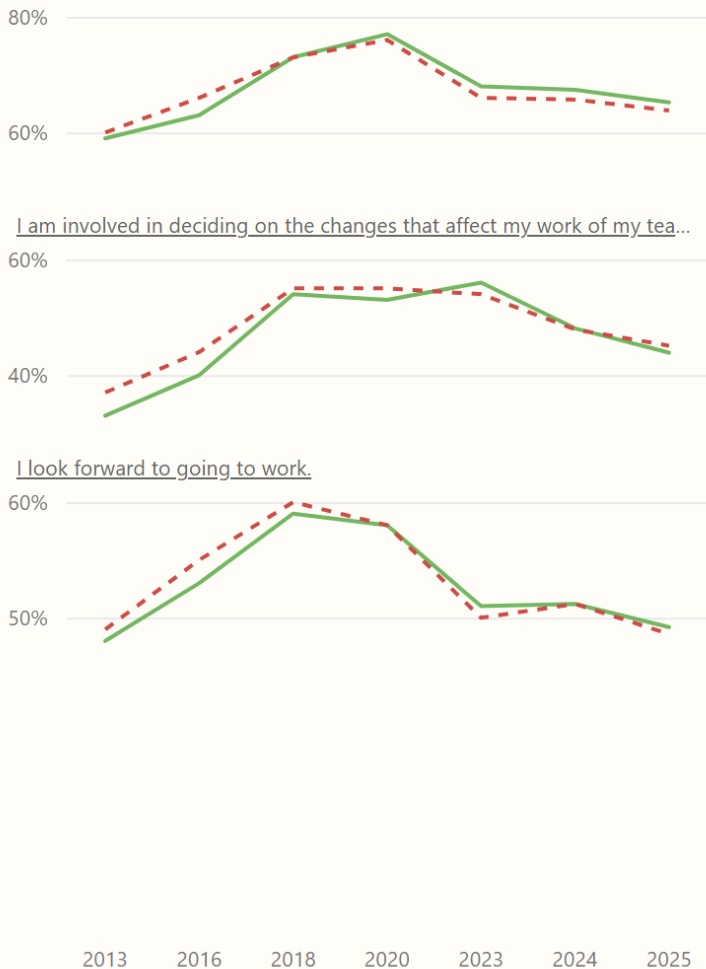
Staff Survey

Org ● BCUHB ● NHS Wales

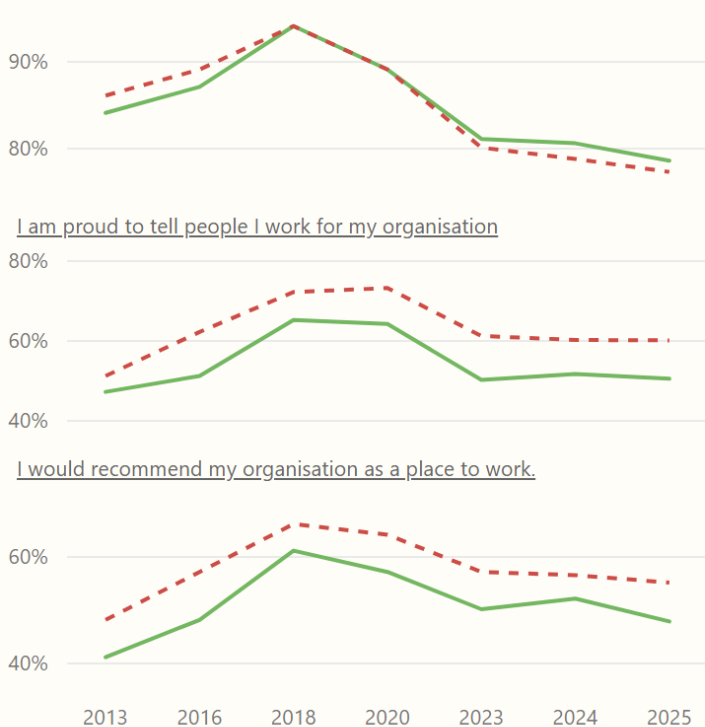
I am able to make improvements in my area of work.



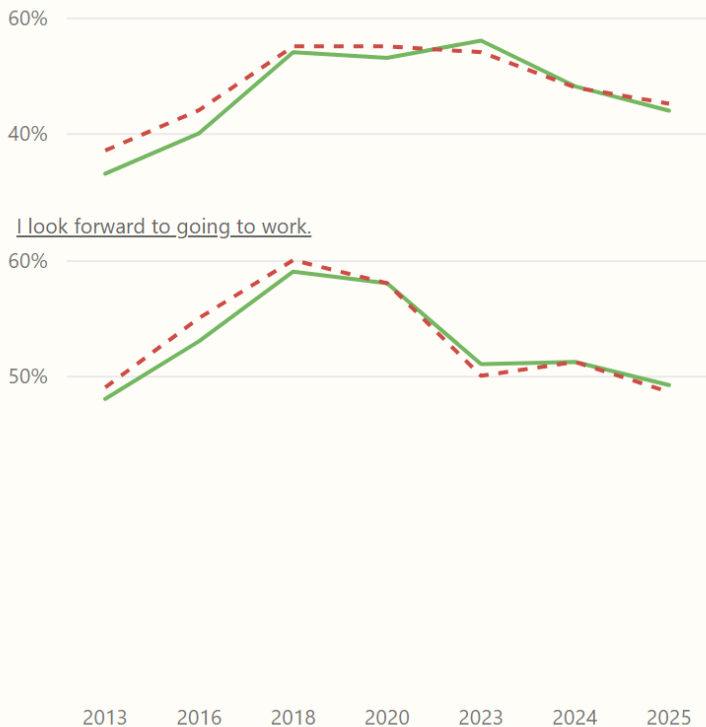
I am enthusiastic about my job.



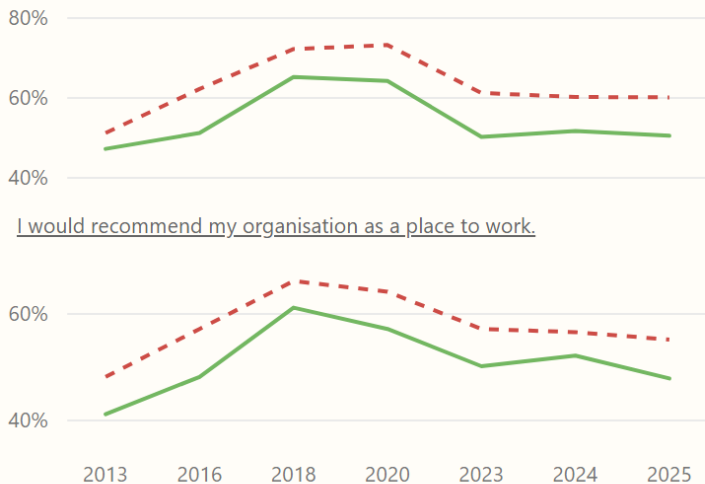
I am happy to go the extra mile at work when required



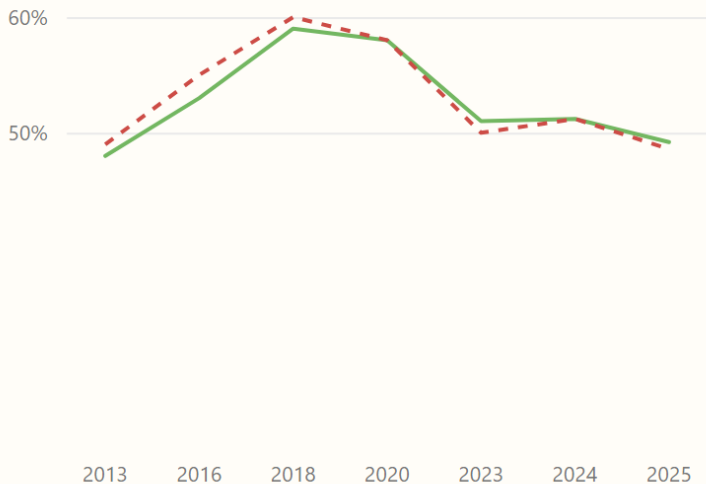
I am involved in deciding on the changes that affect my work of my tea...



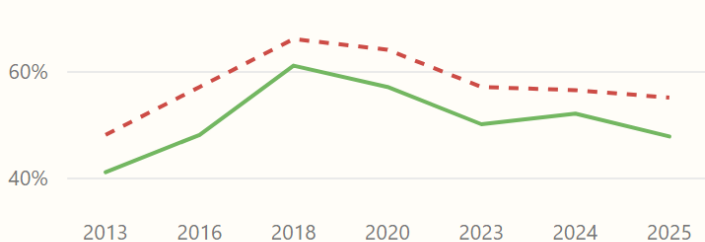
I am proud to tell people I work for my organisation



I look forward to going to work.



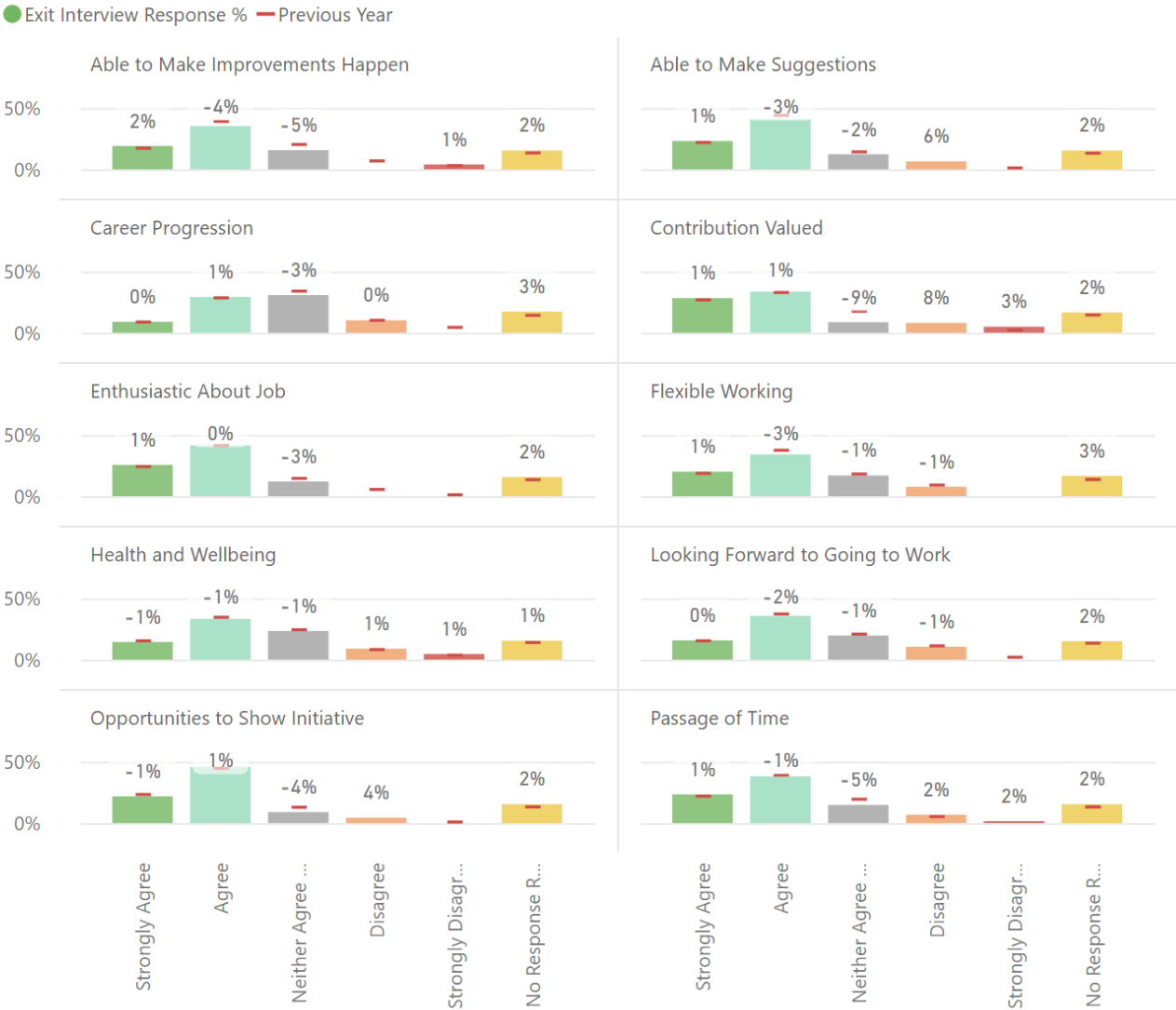
I would recommend my organisation as a place to work.



The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 11 years.

Analysis: Staff engagement results show a continued decline in positive responses across all seven key engagement questions since 2018, reflecting a trend that is broadly consistent with the wider NHS Wales position. All seven measures recorded lower positive response rates in the 2025 survey compared with 2024. The largest gaps in comparison to NHS Wales benchmarks relate to organisational advocacy and organisational pride, with positive responses to the statements *"I am proud to tell people I work for my organisation"* and *"I would recommend my organisation as a place to work"* trailing the NHS Wales average by 10% and 7% respectively. These findings indicate ongoing challenges in employee perception, engagement and organisational advocacy.

12 Month External Leavers - Data Labels Show Comparison v Previous Year



Exit Questionnaire Questions

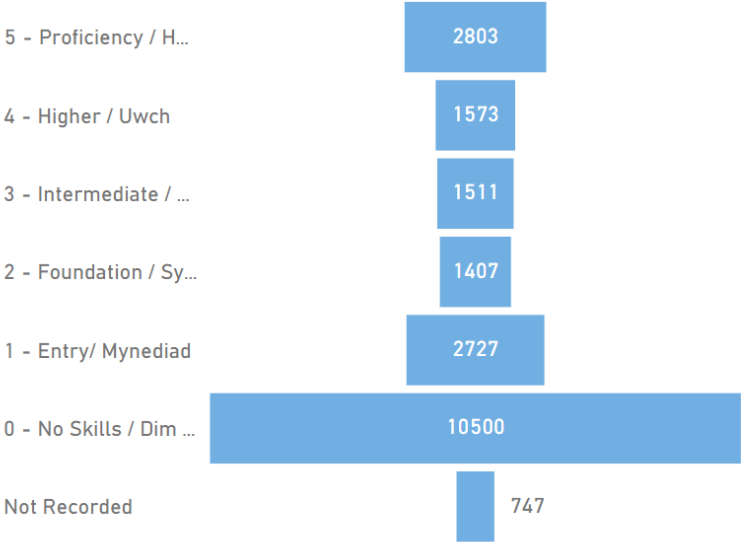
- There have been frequent opportunities for me to show initiative in my role
- I have been able to make suggestions to improve the work of my team / department
- I have been able to make improvements happen in my area of work
- I often/always looked forward to going to work
- I was often/always enthusiastic about my job
- Time often/always passed quickly when I was working
- Does your organisation take positive action on health and well-being?
- Does your organisation act fairly with regard to career progression / promotion
- Does your organisation provide opportunities for flexible working patterns?
- I felt my contribution was valued by my manager/team/organisation
- What is your reason for leaving?
- Is there anything that would have made you stay in your current role or organisation?

Analysis: Exit interview feedback remains generally positive, although results are mixed compared with the previous year. Opportunities to Show Initiative received the highest positive response at **67.7%**, broadly unchanged from **68.0%** last year, while Enthusiastic About Job increased by **1.6%** to **67.1%**. Contribution Valued recorded the largest improvement in positive feedback, increasing by **2.1%** to **61.9%**, although it also attracted the highest increase in negative responses, rising by **4.7%** to **12.9%**. Able to Make Improvements Happen received the highest negative response at **14.5%**, an increase of **4.6%**, while Career Progression continued to record the lowest positive response at **38.2%**.

Welsh Language Skills

BCU Data as at August 26

Org L4	Not Recorded	0 - No Skills / Dim Sgiliau	1 - Entry/ Mynediad	2 - Foundation / Sylfaen	3 - Intermediate / Canolradd	4 - Higher / Uwch	5 - Proficiency / Hyfedredd	Total
Health Community Centre (HCCX) L4	232	2738	751	359	364	197	379	5020
Health Community East (HCEX) L4	152	3661	600	190	194	121	185	5103
Health Community West (HCWX) L4	147	814	400	313	424	727	1277	4102
Integrated Clinical Delivery - Primary Care (ICDP) L4	8	94	28	7	18	14	36	205
Integrated Clinical Delivery - Regional Care (ICDR) L4	76	747	208	103	100	102	212	1548
Mental Health & LDS (MX00) L4	39	1062	323	174	192	169	289	2248
Midwifery and Womens Services (WXXX) L4	27	391	75	59	42	59	124	777
Corporate Services	66	993	342	202	177	184	301	2265
Total	747	10500	2727	1407	1511	1573	2803	21268

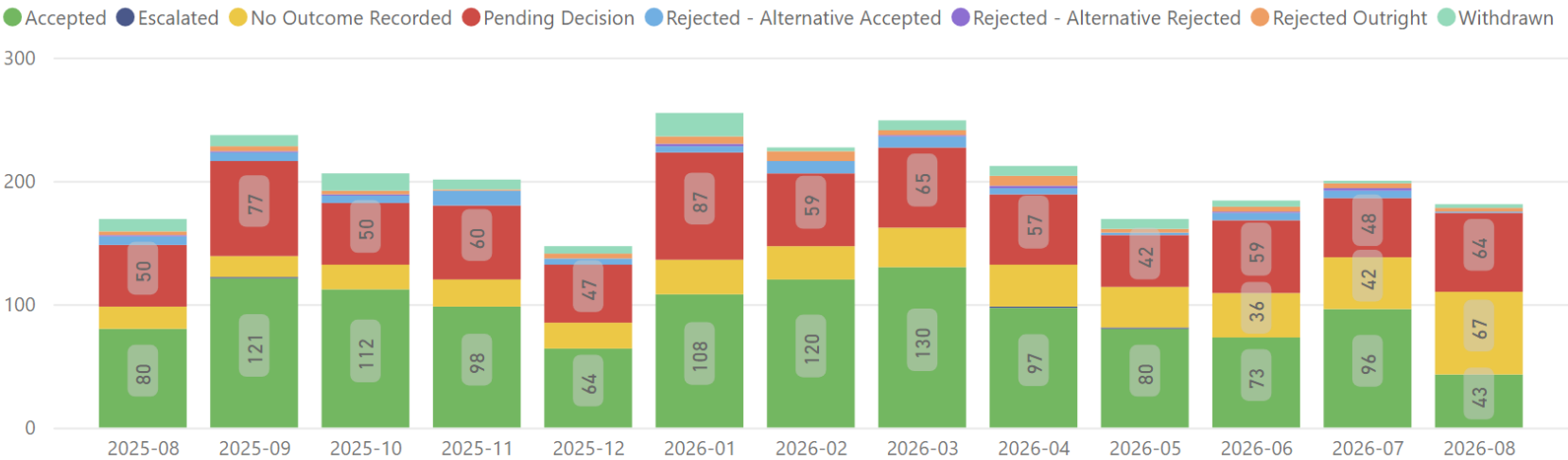


Analysis: The quality of Welsh language data recorded on ESR continues to improve, with the number of employees without a recorded Welsh language skill reducing from **780** in June 2026 to **747** in August 2026. This represents **3.5%** of the workforce. A further **10,500** employees, or **49.4%**, are recorded as having no Welsh language skills. Significant variation remains across localities, with **48.9%** of staff within IHC West recorded at Higher or Proficiency level, compared with **6.0%** within IHC East. Across BCUHB, **20.6%** of employees are recorded as having Welsh language skills at these levels.

Flexible Working Requests

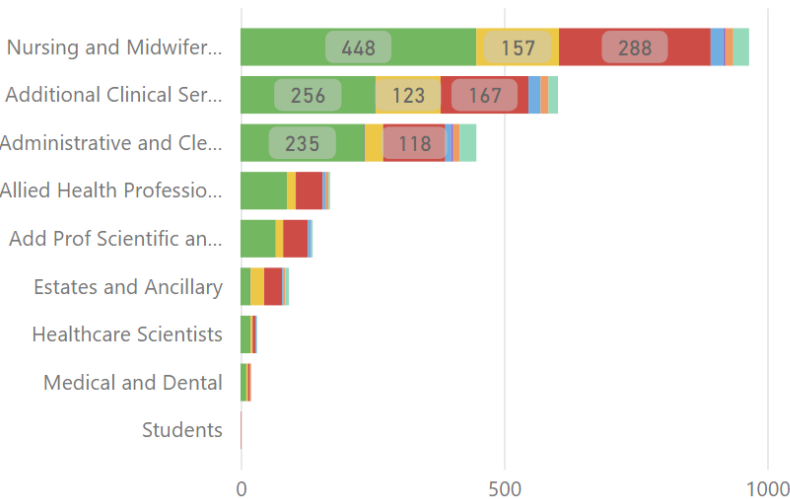
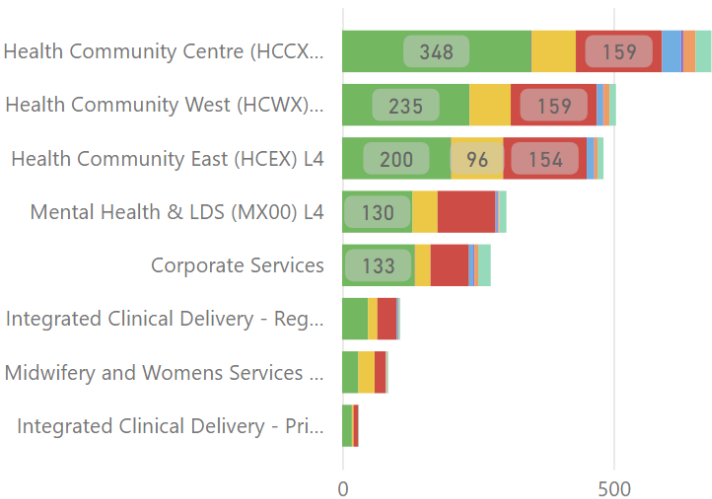
BCU Data as at August 26

ESR Flexible Working Requests by Date Submitted



ESR Flexible Working Requests by IHC Submitted Sep 2025 to Aug 2026

ESR Flexible Working Requests by Staff Group Sep 2025 to Aug 2026



Flexible Working data is sourced from ESR, however, it is not mandatory that requests are made via ESR and requests may be submitted via paper form which is then held in the personal file, and as such data presented is incomplete. Increases in Flexible Working requests evidenced in this data over the last 3 years may be the result of increased use of ESR rather than an increase in flexible working applications. Requests are reported by the date the request was submitted. There are a large number of requests submitted more than 6 months ago which are 'pending decision' suggesting that data held in ESR is incomplete.

Analysis: Between September 2025 and August 2026, **2,468** flexible working requests were submitted across BCUHB. Of these, **1,142 (46%)** were accepted, **715 (29%)** remain pending a decision, **379 (15%)** have no recorded outcome, **93 (4%)** were withdrawn and **52 (2%)** were rejected outright. IHC Centre recorded the highest number of requests at **681**, with **51%** accepted, while Primary Care had the highest acceptance rate at **58%**, based on **31** requests. Nursing & Midwifery submitted the greatest number of requests, with **448** accepted, although **288** remain pending and **157** have no recorded outcome, highlighting continued opportunities to improve decision-making timescales and data recording.

Challenges: A high number of flexible working requests remain pending or have no recorded outcome, indicating delays in decision-making and inconsistencies in case recording. Continued focus is required to ensure requests are managed within policy timescales.

Progress: Divisions are reviewing outstanding cases and working with managers to update outcomes within ESR. Ongoing monitoring and reminders are helping to improve data quality and reduce the number of unresolved requests.

People and Culture Committee

EMPLOYEE EXPERIENCE AND ENGAGEMENT REPORT REWARD AND RECOGNITION

Dyddiad y Cyfarfod Date of Meeting	08 October 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Katie Sargent Head of Employee Experience and Engagement
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People Services and Organisational Development
Pwrpas yr Adroddiad Report Purpose	For Assurance

Crynodeb Gweithredol Executive Summary

This report sets out recent progress on the *effective recognition* element of our Staff Experience Strategic Intent, which was approved by the Board in March 2026.

This is a key strategic aspiration for improving how valued by and connected our employees feel to the organisation. Numerous insights gathered by the Health Board indicate that work is required to improve metrics relating to morale and staff engagement, as highlighted by our 2025 NHS Wales Staff Survey findings and in feedback relating to how staff feel the organisation recognises and rewards colleagues' efforts.

This work is closely connected to the Culture and Leadership Programme and associated improvement plan.

Continued Committee support will ensure that recognising and rewarding colleagues as part of our employee engagement approach remains central during a period of substantial organisational change.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
People and Culture Executive Delivery Group	15.9.26	Report received and progress noted

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

N/A	
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EMPLOYEE EXPERIENCE AND ENGAGEMENT REPORT REWARD AND RECOGNITION

1 Y SEFYLLFA SITUATION

A key part of our strategic approach to improving the experience and engagement of our employees is effective, consistent recognition. We aspire to regularly and publicly acknowledge and celebrate employee efforts and achievements to cultivate a culture of appreciation.

Our Values and Behaviours Framework details how we will provide *a good place to work, learn and succeed* and *we say thank you and well done*.

We have a number of mechanisms in place to deliver this aspiration and progress to date, along with further work underway to strengthen our offer, is detailed in this report.

This report updates the Committee on the recent progress made in this area and plans for further improvement.

2 Y CEFNDIR BACKGROUND

Findings from the 2025 NHS Wales Staff Survey suggest that there is more to do to improve how valued by the organisation staff feel. Although 72 per cent of survey respondents agree that their immediate line manager values their work, only 44 per cent agree that their work is valued by the organisation. This represents a decline of 2.66 percentage points since 2024 and is 3.6 percentage points below the NHS Wales Health Board average.

Deliverables related to our work to improve employee reward and recognition are captured and monitored in the Culture, Leadership and Engagement Improvement Plan 2026-2029.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

3.1 Annual BCUHB Staff Achievement Awards

A record 535 nominations for 223 teams and 312 individuals were submitted this year, providing us with an array of examples of staff achieving excellence across the organisation, in all manner of roles and disciplines. Each year, we have seen the number of nominations received increase as has the standard of entries.

These stories provide us with shining examples and rich insight into innovation, good practice and team working that can be shared to inspire others and promote learning.

Each award category criteria includes the requirement to evidence the demonstration of our organisational values of compassion, openness and respect.

Every single member of staff or team who received a nomination but was not shortlisted has been written to by the Chief Executive, congratulating them on their efforts. This correspondence – sent to over 500 nominees - included a copy of their nomination and a special *BCUHB Staff Achievement Awards nominee* email signature to use to show their achievement.

Finalists and winners will receive *BCUHB Achievement Awards finalist* and *BCUHB Achievement Awards winner* email signatures which will demonstrate the organisational pride in their achievements both internally and externally.

The awards ceremony was held at Venue Cymru on Friday 25th September and around 400 guests included category finalists and their teams, Board members, event sponsors and partners.

Last year, almost 90 per cent of the cost of the event was covered by income generated by the Employee Experience and Engagement Team through sponsorship, ticket sales revenue and a grant from NHS Charities Together. Our ambition is to cover the majority of the costs of the 2026 event in the same way and over £36, 000 has been secured through sponsorship and ticket sales to date.

Each of the three finalists in the ten award categories featured in a short film, narrated by their nominator, to show guests why they were nominated and what they mean to their colleagues and patients.

To extend the reach of the celebration of colleagues on the night, a highlights video of the event will be produced and shared on BetsiNet so that it is widely accessible.

This provides an opportunity for colleagues to congratulate finalists on their achievement, helping to grow a culture of peer recognition.

3.2 External awards

We are fortunate to have a number of colleagues who are leading the way in their field of expertise. It is also important that we support and celebrate those who are recognised by external bodies for their work, therefore we have continued to promote and share success stories, as well as support colleagues to complete nominations.

3.3 Long service recognition

Following the 2025 Long Service Awards celebrations in October 2025, the need for change in our approach was identified due to a number of factors, notably:

- feedback from staff;
- the inequity of the established process - 75 per cent of eligible employees did not receive any recognition because they did not apply (due to being unaware of the process or unable to submit the required paperwork due to time constraints);
- the absence of designated funding to support the delivery of a sustainable Long Service recognition programme; and
- declining sentiment scores relating to staff morale in the NHS Wales Staff Survey 2025, as referred to above.

During discussions at the People and Culture Committee meeting in December 2025, it was agreed that a Task and Finish Group be established to carry out an assessment of a future approach to recognising our long serving employees and to make recommendations to the Executive Committee.

After gathering feedback from over 1,000 staff through surveys and during one-to-one and group conversations, the Task and Finish Group was convened, bringing together subject matter experts including Trade Union partners.

The Group worked through key issues to reach consensus regarding an organisational approach to recognising long serving NHS colleagues that is equitable, meaningful and sustainable.

Proposals were considered by the Executive Committee in May 2026 and were supported. It was agreed that this recognition would deliver benefits including improved morale, engagement and motivation which in turn will lead to improved experience and outcomes for patients.

It was agreed that 2026/27 would be an 'amnesty year' where colleagues who have missed out on the current 25 year recognition milestone under the existing process are captured. We will then focus solely on colleagues reaching 25 and 40 years service in 2027.

It was also agreed that costs would be met via charitable funding.

Key elements of the new approach

- the introduction of an automated system based on ESR data identifying eligible staff, where employees are contacted proactively, thus ending the requirement to self-nominate;
- recognising aggregated time in the NHS, not solely BCUHB, ceasing the requirement for at least five years' service of the 25 to be completed at BCUHB. It is understood that this approach may mean that some recipients of the award have already received recognition of their long service in other NHS

organisations. It should also be noted that ESR may not hold robust data on previous NHS service for all staff;

- the inclusion of all contracted, validated NHS employment. This does not include bank staff; and
- retaining the 25 years' service milestone and introducing 40 years as an additional milestone for recognition. This will be reviewed after three years.

2026 arrangements

At the time of writing, 720 staff have been identified for long service recognition this year, broken down by cohort in the table below.

Cohort	Number
25 years service in 2026	296
25 years service in 2025	146
40 years service in 2026	59
Amnesty year	220
Total	721

Figure 1: number of staff members who will be recognised for long service in 2026

Of these 721 members of staff, 513 have indicated they wish to attend a celebration event with 416 of these opting to bring a guest. Due to these high numbers, it is likely we will need to hold two sittings at each venue to accommodate the numbers:

- the West IHC event will take place in the Management Centre, Bangor University on November 4th (205 staff with 161 guests, totalling 366);
- the East area event will take place at the Grosvenor Pulford Hotel near Chester on November 10th (176 staff with 143 guests totalling 319); and
- the Central event is on November 16th at the Kinmel and Kinspa Hotel in Abergele (132 staff with 114 guests totalling 246).

An event schedule will be produced once final numbers are confirmed.

3.4 Monthly Seren Betsi Awards

We continue to recognise colleagues who demonstrate our organisational values of **compassion, openness and respect** in their work through our Seren Betsi awards. This helps to spread awareness of our values and behaviours across the organisation and connect them to staff by showcasing individuals and teams who personify them.

Winners are chosen from our existing pipelines including Staff Achievement Award nominations, EDoN Award nominations and Greatix nominations.

A Seren Betsi is awarded each month, with the award recipient's contribution celebrated with a surprise visit from a member of the Board and member of their local senior leadership team.

The related promotion on BetsiNet also attracts praise and congratulatory comments from staff across the organisation, supporting a growing positive culture of peer recognition.

3.5 Staff recognition and celebration boards

In order to help deliver demonstrable evidence that BCUHB recognises, promotes and values the efforts of our staff, and bolster efforts to improve morale and pride in colleagues' efforts at work, staff celebration display boards have been installed in 21 of our hospital locations over the summer.

These boards have been populated with short, bilingual case studies of BCUHB staff from a wide range of disciplines and grades, to publicly recognise and celebrate their excellent work and accomplishments.

The Employee Engagement and Experience Team selected the initial tranche of 144 staff and teams who will be featured on the boards. They reflect a broad range of job roles and achievements, incorporating:

- national recognition e.g. NHS Wales Award winners/finalists, Royal College Award recipients;
- Health Board recognition e.g. Staff Achievement Award winners, Seren Betsi recipients, GREAT-ix nominees, Welsh Language Award winners;
- patient feedback; and
- personal achievements.

By showcasing a wide range of staff and different types of achievements, we intended to encourage colleagues to utilise the 'call to action' on the posters' QR codes to submit nominations of colleagues via the existing well-established GREAT-ix system.

This is already fuelling increased numbers of nominations for staff recognition. During July, coinciding with about half of the planned boards going up, there was a 40 per cent increase in the number of Greatix nominations received.

The boards also present an opportunity to enable patients and service users to use an additional QR code to feed back to our Patient and Carer Experience Team.

The initiative has been developed in a way believed to be sustainable and affordable, with quarterly updates ensuring fresh staff achievements are celebrated.



Figure 2: staff at Denbigh Infirmary viewing the celebration board

3.6 Staff wellbeing benefits

As part of our commitment to deliver an improved staff benefits package, a new development to update on relates to becoming an Active Workplace. We have teamed up with parkrun to showcase how staff can take part – by walking, jogging, running, volunteering or even just spectating and supporting.

parkrun is a free, timed and volunteer-led 5k event, which takes place in venues across North Wales every Saturday at 9am. There's no time limit, and everyone can go at their own pace with no pressure.

We have actively promoted a different Parkrun each month amongst our colleagues, and shared what BCUHB Parkrunners and walkers love about taking part. This has sparked considerable enthusiasm amongst staff who are both seasoned Parkrunners and the parkrun curious.

We are also part of an NHS Wales-wide network to promote the physical benefits of Parkrun to staff.

We are also working with our local authority leisure and physical activity providers to co-ordinate sharing opportunities available locally to staff to participate in exercise and wellbeing activities. This includes promotion of preferential rates and offers which have been negotiated with local gyms and leisure facilities.

Conclusion

The organisation has made significant progress in strengthening staff recognition and reward. The next step is to ensure these efforts are aligned, coordinated and embedded consistently alongside connected culture and leadership workstreams.

Staff impact of these initiatives will be measured through our NHS Staff Survey outcomes and reduction in employee relations matters such as disciplinaries and Respect and Resolution (grievances) as well as reduction in sickness absence levels.

Further work will also be done to measure the impact of these approaches as part of the organisation's quality improvement methodology with the expectation that there will be a correlation to improvements in patient experience.

5 ARGYMHELLION RECOMMENDATIONS

Gofynnir i'r Pwyllgor:

The Committee is asked to:

- **CEFNOGI/SUPPORT** the approach outlined in the report as part of the wider Culture, Engagement and Leadership improvement work.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty.html Public Sector Equality Duty [HTML] GOV.WALES	If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?</i>	Do/Yes: ☒	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No: x
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Have the principles of the Armed Forces Covenant been addressed within WP8a		
Ansawdd A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?	Do/Yes: ☐	Naddo/No: ☒
Quality Have you undertaken a Quality Impact Assessment Screening?	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?	Do/Yes: ☐	Naddo/No: ☒
Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll?	Do/Yes: ☐	Naddo/No: ☒
Counter Fraud Impact	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

<i>Have you considered the counter fraud impacts</i>	If no, please include rationale:	
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	Choose an item.	
Effaith ar Adnoddau (Pobl / Ariannol) Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

People and Culture Committee

FOUNDATIONS FOR THE FUTURE

Dyddiad y Cyfarfod Date of Meeting	08 October 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Ffion Johnstone Programme Director Foundations for the Future
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People Services & Organisational Development
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary

The Foundations for the Future (FFTF) Programme continues to make progress across all workstreams and remains the Health Board's overarching transformation programme. Activity during this period has focused on organisational readiness, workforce planning, leadership development, cultural improvement and strengthening governance arrangements.

Progress has continued across the Strategy, Culture, People, Processes and Cross-Cutting workstreams, alongside further refinement of proposed organisational structures and implementation arrangements.

Executive Committee considered organisational readiness for consultation during September 2026 and discussed further work on organisational readiness and assessment of a potential phased approach to the consultation.

Internal Audit has completed a review of programme governance arrangements, and an agreed action plan is being progressed through Programme Board governance arrangements.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Executive Committee	16/09/26	Received and considered an update on consultation readiness, organisational capacity, leadership arrangements and programme risks associated with implementation of future organisational structures.

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

CSP	Clinical Services Plan
FFTF	Foundations for the Future
IEIA	Integrated Equality Impact Assessment
IMTP	Integrated Medium-Term Plan
OD	Organisational Development
PADR	Performance Appraisal and Development Review
QMS	Quality Management System
RACI	Responsible, Accountable, Consulted and Informed
TU	Trade Union
WG	Welsh Government
WTE	Whole Time Equivalent

SYLFEINI'R DYFODOL FOUNDATIONS FOR THE FUTURE

1. Y SEFYLLFA SITUATION

- 1.1 The Foundations for the Future (FFTF) Programme continues to progress across all workstreams. Activity during this reporting period has focused on organisational readiness, programme assurance, workforce development and implementation planning. Delivery continues to be monitored through established governance arrangements, with particular focus on organisational capacity, leadership capability and workforce impacts associated with future organisational change.
- 1.2 **Structures Workstream:** continues to refine future organisational structures, operating arrangements and supporting workforce documentation. Executive Committee considered organisational readiness for consultation during September 2026 and recognised that organisational capacity and leadership readiness remain the key risks to delivery rather than concerns regarding the proposed operating model. Further work is underway to review organisational readiness considering current organisational priorities, Executive leadership changes and anticipated outputs from the Well-led Review. The proposed operating model remains unchanged, and work continues to focus on implementation readiness and supporting documentation.
- 1.3 **Strategy Workstream:** progress has continued across the 10-Year Strategy, Integrated Medium-Term Planning (IMTP) and Clinical Services Plan products. Activity has focused on strategic planning capability, governance development, stakeholder engagement and preparation for future planning cycles. These products will provide the strategic framework to support long-term organisational transformation and sustainability.
- 1.4 **Culture Workstream:** progress continues to embed the Culture, Leadership and Engagement Improvement Plan through leadership development, Culture Change Leaders, Values and Behaviours activity and staff engagement initiatives. Work remains focused on supporting a positive organisational culture and improving staff experience as a key enabler of transformation.
- 1.5 **People Workstream:** continues to progress leadership development, talent management, succession planning and workforce planning activities. Development of organisational development resources and workforce tools continues to support organisational readiness and preparation for future implementation activity.

- 1.6 **Processes Workstream:** progress has continued across the Operational Governance Framework, Governance Pathways Framework, Decision-Making Framework and Quality Management System. These products are intended to strengthen governance, accountability, decision-making and organisational effectiveness across the Health Board.
- 1.7 **Cross-Cutting:** activity continues to support delivery across all FFTF workstreams through development of the organisational approach to change, operating model and communication and engagement arrangements. This work remains critical to organisational readiness and successful implementation.
- 1.8 **Internal Audit:** completed a review of programme governance and control arrangements. A management response and associated action plan have been agreed and are being progressed through Programme Board governance arrangements to further strengthen programme assurance and oversight.

2 **Y CEFNDIR BACKGROUND**

- 2.1 The FFTF Programme remains the Health Board's overarching transformation programme, providing the framework through which organisational redesign, strategic development, cultural improvement, workforce transformation and organisational effectiveness improvements are delivered. The programme comprises a number of interdependent workstreams, including Structures, Strategy, Culture, People, Processes and Cross-Cutting products, supported through established programme governance arrangements.

3 **MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION**

- 3.1 **Workforce and Organisational Readiness**
The Committee is asked to note that organisational readiness, leadership capacity and workforce support arrangements continue to be key considerations in determining the most appropriate approach to consultation and implementation activity. Work is underway to review organisational readiness considering recent organisational changes, ongoing recovery requirements and anticipated outputs from the Well-led Review.
- 3.2 **Organisational Development and Staff Experience**
The Committee is asked to note continued progress across the Culture and People Workstreams, including leadership development, talent

management, succession planning and organisational development initiatives designed to support staff through future organisational change.

3.3 **Programme Assurance**

The Committee is asked to note the outcome of the Internal Audit review and the implementation of agreed actions to strengthen programme governance, assurance and reporting arrangements. Internal Audit identified opportunities to further strengthen programme controls, reporting and oversight, with agreed actions now being progressed through Programme Board governance arrangements.

4 **RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS / MATTERS FOR ESCALATION**

4.1 The programme continues to operate within a moderate risk environment, with several consistent themes identified.

4.2 **Organisational Readiness and Capacity Risk**

There is a risk that organisational capacity and competing priorities may impact the programme's ability to progress consultation, implementation planning and wider transformation activity within anticipated timescales.

- Mitigation - *Organisational readiness continues to be reviewed through Programme Board and Executive Committee governance arrangements. Programme timelines, resource availability and implementation requirements are subject to ongoing review to ensure delivery remains aligned with organisational capacity and priorities.*

4.3 **Leadership Capacity Risk**

There is a risk that leadership capacity constraints, changes in leadership arrangements or competing organisational pressures may impact decision-making and delivery of programme objectives.

- Mitigation - *Executive oversight and sponsorship arrangements remain in place across all workstreams. Leadership requirements continue to be reviewed through established governance arrangements and additional support arrangements are being considered where required.*

4.4 **Staff Engagement and Change Risk**

There is a risk that staff may not feel sufficiently informed, engaged or supported during organisational change activity, resulting in uncertainty and reduced confidence in programme delivery.

- Mitigation - *A comprehensive Communication and Engagement Plan is in place. Ongoing engagement is being undertaken through staff communications, leadership engagement, workforce*

representatives, Culture Change Leaders and partnership working with Trade Union colleagues.

4.5 **Workforce Impact Risk**

There is a risk that organisational change activity may have an adverse impact on workforce wellbeing, morale, engagement or retention if changes are not appropriately managed and supported.

- Mitigation - *Workforce impact assessments continue to inform programme development. Organisational Development, leadership development, workforce planning and staff support arrangements remain key components of programme delivery.*

4.6 **Programme Delivery Risk**

There is a risk that dependencies across workstreams, competing organisational priorities or delays in key decisions may affect delivery of programme milestones and intended benefits.

- Mitigation - *Programme delivery is monitored through Programme Board governance arrangements, supported by milestone tracking, dependency management, benefits realisation activity and regular progress reporting.*

4.7 **Governance and Assurance Risk**

There is a risk that weaknesses in governance, reporting or programme controls could reduce assurance regarding delivery and achievement of programme objectives.

- Mitigation - *Programme governance arrangements continue to provide oversight of risks, issues and delivery. Actions arising from the recent Internal Audit review are being progressed through established Programme Board arrangements to further strengthen assurance and accountability.*

4.8 **Reputational Risk**

There is a risk to organisational reputation if programme delivery, organisational change activity or stakeholder engagement is perceived to be poorly managed, insufficiently evidenced or subject to ongoing delay. This could impact staff confidence and stakeholder trust.

- Mitigation - *The programme continues to maintain a strong focus on communication, engagement and transparency. Programme information, supporting evidence, workforce considerations and governance arrangements are communicated through established channels, supported by ongoing engagement with staff, stakeholders and Trade Union representatives.*

5 ARGYMHELLION RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:

- **GWNEUD SYLWADAU/COMMENT:**
 - Note progress across all FFTF workstreams.
 - Note progress in relation to organisational structures and organisational readiness activity.
 - Note the outcome of the Internal Audit review and associated management actions.
 - Note the workforce, organisational development and equality considerations associated with programme delivery.
- **CEFNOGI/SUPPORT**
 - Continued engagement with staff, Trade Unions and stakeholders.
 - Ongoing organisational development and leadership development activity.
 - The programme approach to workforce engagement and implementation readiness.
- **CYTUNO/AGREE**
 - To continue receiving regular updates on workforce, organisational development, culture and organisational change implications arising from FFTF.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: - Improve Access, Outcomes and Experience
Yr Egwyddorion Dylunio Design Principles	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: - Inclusive Design - Simplify, Standardise, and Adopt Best Practices - Consistency with Organisational Values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) Key programme risks relate to organisational readiness, workforce impacts, leadership capacity, programme delivery and organisational reputation. Risks continue to be reviewed through Programme Board and Executive Committee governance arrangements, with mitigating actions in place relating to workforce engagement, organisational development, communications, leadership support and programme assurance. Workforce impacts, staff engagement and organisational development considerations will continue to be monitored and reported through established governance arrangements.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome: Integrated Equality Assessment completed and subject to ongoing review	

three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty-html Public Sector Equality Duty [HTML] GOV.WALES	throughout programme delivery, organisational change and implementation activity. Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of their Socio-economic Duty when making strategic decisions?</i>	Do/Yes: ☒ Canlyniad/Outcome: Integrated Equality Assessment completed and subject to ongoing review throughout programme delivery, organisational change and implementation activity. Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Do/Yes: ☒ Canlyniad/Outcome: Integrated Equality Assessment completed and subject to ongoing review throughout programme delivery, organisational change and implementation activity. Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☒ Canlyniad/Outcome: Integrated Equality Assessment completed and subject to ongoing review throughout programme delivery, organisational	Naddo/No: ☐

	change and implementation activity.	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome: Integrated Equality Assessment completed and subject to ongoing review throughout programme delivery, organisational change and implementation activity.	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant <i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome: Integrated Equality Assessment completed and subject to ongoing review throughout programme delivery, organisational change and implementation activity.	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome: All Apply	
	Galluogwyr Ansawdd Enablers of Quality All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	Yes (Include further detail below)	
	Leading effective change is key. A focus on engagement and consultation is key.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Organisational change activity and implementation planning will continue to assess workforce impacts, leadership arrangements, organisational development requirements and staff experience considerations throughout the programme lifecycle.	

People and Culture Committee

HEALTH INSPECTORATE WALES, EMERGENCY DEPARTMENT IMPROVEMENT PLAN (PEOPLE AND CULTURE ELEMENT)

Dyddiad y Cyfarfod Date of Meeting	8 th October 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Steven Grayston, Director of Allied Health Professionals, Central IHC Naomi Holder Interim Deputy Executive Director of Nursing, BCUHB
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Clara Day Executive Medical Director
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

Following an unannounced inspection of the Emergency Department at Ysbyty Glan Clwyd in May 2026, by Health Inspectorate Wales, the department was escalated to a Service Requiring Significant Improvement. Part of the observations and required improvement activity related to the witnessed and reported culture within the Emergency Department and wider system support.

This paper is to provide the People and Culture Committee with an update of progression people and culture elements of the improvement plan implemented post the Health Inspectorate Wales (HIW) unannounced inspection of the Emergency Department (ED) at Ysbyty Glan Clwyd (YGC).

In addition to the initial inspection, HIW revisited the Emergency Department, unannounced, on the 24th and 25th August 2026, to review the improvements that had been made following their first inspection. This review provided early feedback that staff were feeling positive in relation to the culture work that had taken place.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
N/A		

Acronymau / Rhestr Termau
Acronyms / Glossary of Terms

HIW	Health Inspectorate Wales
ED	Emergency Department
YGC	Ysbyty Glan Clwyd
CIHC	Central Integrated Health Community

HIW CULTURE / OD PROGRESS REPORT

1. Y SEFYLLFA SITUATION

- 1.1 A 3-day inspection of the Emergency Department in YGC was undertaken during May 2026. Following the inspection, HIW designated the department as a Service Requiring Significant Improvement (SRSI), the highest level of escalation available under HIW's Service of Concern process.
- 1.2 As part of the inspection HIW undertook interviews with a range of staff which suggested the presence of a challenging workplace culture associated with senior management. Staff described behaviours and interactions they felt contributed to conflict, negativity and emotional distress, with potential implications for staff wellbeing and patient safety.
- 1.3 This report provides an update on the actions being taken arising from thematic analysis report and other people related issues arising from the HIW report.

2. Y CEFNDIR BACKGROUND

- 2.1 Following the Healthcare Inspectorate Wales (HIW) report, support from People and Organisational Development (POD) was commissioned to gain a deeper understanding of staff experiences and perspectives relating to culture within the Emergency Quadrant (EQ), and to help inform future improvement actions.
- 2.2 Over a two-week period (from 15/06/26-26/06/26), a group of facilitators from Culture, POD, and Organisational Development (OD) services worked collaboratively to engage directly with staff. Facilitators rostered their time to maximise coverage and accessibility, ensuring that as many staff as possible had the opportunity to share their experiences.
- 2.3 A total of 20 engagement sessions were delivered, operating daily between 08:30 and 16:30, from Monday to Friday, alongside three additional early morning sessions to capture feedback from staff working night shifts. This approach was designed to ensure inclusivity across different roles, shift patterns, and working arrangements.
- 2.4 In total, over 1,000 individual comments were captured, with approximately 176 members of staff engaged. Participants represented a broad range of roles within the EQ, including Domestic staff, House Keepers, Porters, Administrative teams, Nurses, Doctors, Consultants and Operational Leaders.

- 2.5** This breadth of engagement provides a rich and representative dataset, reflecting a wide range of lived experiences across the department.

MATERION PENODOL I'W HYSTYRIED

3.

SPECIFIC MATTERS FOR CONSIDERATION

Overview and Findings

- 3.1** The findings present a clear and consistent picture of a system operating under significant pressure, where operational challenges, workforce constraints, and cultural factors are closely interconnected.
- 3.2** At the centre of this is patient flow, which staff repeatedly identify as “the core of all the problems.” Poor flow is not experienced in isolation but drives and reinforces many of the issues described across the themes - including staffing pressures, workload intensity, burnout, and tensions between teams and departments.
- 3.3** A strong sense of injustice was evident throughout the process. Many staff described carrying the burden of public scrutiny, political attention and negative media coverage while feeling that they lacked the resources, staffing, capacity and system support necessary to address many of the issues for which they are often held accountable. Repeatedly, staff referred to decisions being made at a level of the organisation that felt distant from frontline realities and disconnected from the lived experience of those delivering care. This contributed to feelings of frustration, mistrust and a perception that the expertise of those closest to the work is not always sufficiently valued.
- 3.4** Despite these challenges, the overwhelming impression left by this engagement was not one of defeat, but of commitment and hope. Staff demonstrated a remarkable level of insight into both the problems facing the service and the potential solutions. Across conversations, there was a clear desire to work collaboratively to improve care, strengthen relationships and create a more sustainable future for both patients and staff. The message was consistent: meaningful and lasting improvement will only be achieved through partnership with the workforce, not through solutions imposed upon them.
- 3.5** Alongside system pressures, staff describe a working environment characterised by:
- Persistent staffing shortages and unsustainable workload pressures
 - Challenges relating to leadership visibility, accessibility and engagement
 - Low levels of psychological safety and reduced confidence in speaking up

- Staff concerns regarding potential repercussions when raising patient safety issues
- Inconsistencies in team behaviours and perceived inequities in treatment and opportunities, including perceptions of favouritism and clique dynamics
- Reports of bullying behaviours and concerns regarding leadership conduct
- Breakdowns and inconsistencies within escalation processes
- Perceived lack of accountability among senior staff

3.6 Despite these challenges, the findings also highlight an important protective factor: strong peer support and teamwork. Staff consistently describe colleagues as supportive and committed, often “pulling together” to manage difficult conditions.

3.7 The data therefore presents a dual narrative:

- A system under strain, where pressures have become normalised
- A committed workforce, maintaining care through resilience and teamwork

3.8 Importantly, staff feedback does not only describe problems. Across themes, there is a clear articulation of the conditions required for improvement - including better flow, safe staffing, visible leadership, and a more open and respectful culture. This highlights a workforce that is not resistant to change, but actively engaged in identifying solutions.

3.9 **Next Steps**

3.9.1 The thematic report has been shared with senior leaders across the IHC and specifically with the Emergency Quadrant leaders. An action plan has been developed to address the concerns raised within the report to improve culture within the department.

3.9.2 The outcomes from the report have been started to be fed back to staff within the department during arranged feedback sessions on the 16th and 17th September (more sessions are required). All staff are invited to attend one of the sessions delivered in person and via teams. Those staff who are not in work are also invited to attend. Feedback will be delivered by the Emergency Quadrant leadership team, assisted by people services colleagues and the IHC and Hospital Management Team.

3.9.2 Staff have been invited to comment on the actions identified from within the report to ensure that they are the actions that will make a difference and deliver improvements.



-
- 3.9.3 Staff from the Health and Wellbeing Service are also be present to provide support to staff along with staff side partners.
 - 3.9.4 Progress is being made to recruit into vacant posts across the quadrant. Vacancies are live for band 7 nurses, HCSW, and medics at clinical fellow and senior clinical fellow levels. This represents a significant investment in staffing levels across the staff groups, reducing the demand for temporary bank and agency workers. This was a significant theme in the review.
 - 3.9.5 Communications colleagues are working on producing an ED newsletter for staff to provide feedback on actions being undertaken in response to the HIW report and the thematic review. This will be available in hard copy and via electronic communications to ensure maximum accessibility.
 - 3.9.6 Staff development assessments will be undertaken and specific tailored interventions will be developed for new and existing staff in relation to staff leadership and management.
 - 3.9.7 The culture change leader's role is actively being promoted and staff are being encouraged to attend the next available cohort.
 - 3.9.8 Ripples effect training will be offered to all staff within the quadrant.
 - 3.9.9 The Clinical Director is exploring the opportunity to provide Human Factors training, which will be incorporated within the plan.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS / MATTERS FOR ESCALATION

- 4.1 There a number of key risks associated with the requirement to deliver the culture improvement plan.
- 4.2 The HIW inspection, and other pieces of intelligence, is suggestive of a culture of substantial concern in the ED at YGC. Delivering sustainable changes within a challenged culture is significantly more difficult that delivering change in a high trust environment.
- 4.3 The cultural change plan needs to be bespoke and tailored to the environment, context and be supported by local leadership and organisational development.
- 4.4 Workforce capacity may be a barrier to successful delivery of the improvement plan and associated changes required. Capacity in senior leadership in the CIHC is currently limited to oversee and support the delivery of the cultural improvement plan. This is due to a number of senior leadership

positions either being vacant or being held by individuals in temporary positions.

- 4.5 The knowledge, skills, leadership and confidence required to deliver the improvement plan (and sustain the changes) in some areas of local leadership may not currently be at the required level. This can be described as lack of change management experience, inexperience in translating strategy into action and inexperience in using data, metrics and performance reporting to support improvement.
- 4.6 Daily operational pressures further impact the capacity of the existing workforce to focus on delivery of improvement plans; the demands to meet other important performance and quality goals such as Handover 45 rely on highly function system that is able to risk manage dynamically.
- 4.7 Failure to deliver the improvements required carries risk to patient safety and experience, staff safety, delivery of regulatory requirements and organisational reputation.

5. **ARGYMHELLION RECOMMENDATIONS**

The Committee is asked to:

- **CONSIDER** the outputs reported from the diagnostic undertaken.
- **SUPPORT** and agree the methodology of sharing and co production of the associated improvement plan.
- **AGREE** any further organisational support required.

APPENDICES:

Appendix 1: Emergency Quadrant Staff Feedback Thematic Analysis Report

Appendix 2: Ysbyty Glan Clwyd Emergency Quadrant Culture Engagement Report

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Intentions	4. Create a Modern, People Centered Healthcare System 6. Developing Strategy and Long-Lasting Change 7. Creating Compassionate Culture, Leadership and Engagement 8. Improving Quality, Outcomes and Experience 9. Establishing an Effective Environment for Learning
Yr Egwyddorion Dylunio Design Principles	People First Inclusive Design Simplify, Standardise and Adopt Best Practice Equity and Accessibility Consistency with Organisational Values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales :

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	A socio-economic impact assessment has not been undertaken as part of this briefing report. The report

<i>Have you undertaken a Socio-Economic Impact Assessment</i>		is intended to provide an update/information on a programme of work and does not propose any immediate changes to service delivery, workforce arrangements, resource allocation, or policy that would be expected to have a direct socio-economic impact on patients, staff, communities, or wider stakeholders. Consequently, a socio-economic impact assessment is not considered necessary at this stage.
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Ansawdd Enablers of Quality All Apply	Meysydd Ansawdd Domains of Quality All Apply
<u>Deddf Llesiant</u> <u>Cenedlaethau'r Dyfodol -</u> <u>Nodau Llesiant</u> <u>Wellbeing of Future</u> <u>Generations Act – Wellbeing</u> <u>Goals</u>	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
	No - Not Applicable Os oes mwy nag un yn berthnasol, rhestrwch hynny:	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

	If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll? Counter Fraud Impact Assessment Have you considered the counter fraud impacts	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	Yes (Include further detail below)	
	As described in the risk section	
Effaith ar Adnoddau (Pobl / Ariannol) Resource Impact (People / Financial)	Yes (Include further detail below)	
	As described in the risk section	

Emergency Quadrant Staff Feedback Thematic Analysis Report - June 2026

1. Background

Following the Healthcare Inspectorate Wales (HIW) report, support from People and Organisational Development (POD) was commissioned to gain a deeper understanding of staff experiences and perspectives relating to culture within the Emergency Quadrant (EQ), and to help inform future improvement actions.

Over a two-week period (from 15/06/26-26/06/26), a group of facilitators from Culture, POD, and Organisational Development (OD) services worked collaboratively to engage directly with staff. Facilitators rostered their time to maximise coverage and accessibility, ensuring that as many staff as possible had the opportunity to share their experiences.

A total of 20 engagement sessions were delivered, operating daily between 08:30 and 16:30, from Monday to Friday, alongside three additional early morning sessions to capture feedback from staff working night shifts. This approach was designed to ensure inclusivity across different roles, shift patterns, and working arrangements.

In total, over 1,000 individual comments were captured, with approximately 176 members of staff engaged. Participants represented a broad range of roles within the EQ, including Domestic staff, House Keepers, Porters, Administrative teams, Nurses, Doctors, Consultants and Operational Leaders.

This breadth of engagement provides a rich and representative dataset, reflecting a wide range of lived experiences across the department.

2. Introduction

This report presents a thematic analysis of staff feedback relating to the Emergency Quadrant (EQ), exploring experiences of working conditions, team culture, leadership, and system pressures. The analysis draws on qualitative staff feedback and applies an organisational development (OD) lens to identify key patterns, underlying drivers, and opportunities for improvement.

The purpose of this report is to:

- Understand the lived experience of staff working within EQ
- Identify key cultural, leadership, and operational themes
- Highlight the relationship between system pressures and workforce experience
- Provide insight to inform improvement priorities at both departmental and organisational levels

An inductive thematic approach has been used to analyse the data, enabling themes to emerge directly from staff voice rather than being pre-defined. Throughout the report,

staff quotes have been integrated into the narrative to ensure that findings remain grounded in the realities of frontline experience.

3. Facilitator Experience

Facilitating these conversations with staff across the Emergency Quadrant has been both inspiring and deeply challenging for all facilitators involved. Throughout the engagement process, facilitators heard powerful accounts of commitment, professionalism and compassion. Staff spoke passionately about their patients, their colleagues and the care they strive to provide under exceptionally difficult circumstances. Alongside this dedication, however, were descriptions of exhaustion, frustration, disappointment and a growing sense of disconnection from the wider organisation.

The consistency of the experiences shared across staff groups was striking. The themes identified within this report were not isolated views or individual concerns; they emerged repeatedly and with significant strength across the engagement process. Staff described the realities of working in an environment characterised by sustained operational pressure, workforce challenges, corridor care, and a perception of limited influence over many of the factors affecting their day-to-day work. Listening to these experiences was, at times, difficult and emotional, particularly when staff spoke of feeling unable to provide the standard of care they aspire to deliver despite their best efforts.

One of the most powerful observations during the engagement was the extent to which conditions that would be considered unacceptable elsewhere have become normalised within the working environment. Witnessing vulnerable and unwell patients being cared for in corridors without the privacy, dignity and comfort that staff would wish for them prompted significant reflection. Perhaps most striking was the recognition of how quickly individuals can become accustomed to circumstances that should never feel routine, highlighting the extraordinary level of resilience that staff have been required to develop in order to continue delivering care.

The facilitation team leaves this work with profound respect for the staff who shared their experiences so openly and honestly. With that openness comes a responsibility to ensure that the trust placed in the engagement process is honoured. The experiences captured in this report deserve careful consideration and, most importantly, meaningful action. Staff have been clear about what matters to them and where they believe improvements can be made. The challenge now is to translate those insights into compassionate, visible and sustained change that enables both staff and patients to thrive.

4. Overview of findings:

The findings present a clear and consistent picture of a system operating under significant pressure, where operational challenges, workforce constraints, and cultural factors are closely interconnected.

At the centre of this is patient flow, which staff repeatedly identify as “the core of all the problems.” Poor flow is not experienced in isolation but drives and reinforces many of the issues described across the themes - including staffing pressures, workload intensity, burnout, and tensions between teams and departments.

A strong sense of injustice was evident throughout the process. Many staff described carrying the burden of public scrutiny, political attention and negative media coverage while feeling that they lacked the resources, staffing, capacity and system support necessary to address many of the issues for which they are often held accountable. Repeatedly, staff referred to decisions being made at a level of the organisation that felt distant from frontline realities and disconnected from the lived experience of those delivering care. This contributed to feelings of frustration, mistrust and a perception that the expertise of those closest to the work is not always sufficiently valued.

Despite these challenges, the overwhelming impression left by this engagement was not one of defeat, but of commitment and hope. Staff demonstrated a remarkable level of insight into both the problems facing the service and the potential solutions. Across conversations, there was a clear desire to work collaboratively to improve care, strengthen relationships and create a more sustainable future for both patients and staff. The message was consistent: meaningful and lasting improvement will only be achieved through partnership with the workforce, not through solutions imposed upon them.

Alongside system pressures, staff describe a working environment characterised by:

- Persistent staffing shortages and unsustainable workload pressures
- Challenges relating to leadership visibility, accessibility and engagement
- Low levels of psychological safety and reduced confidence in speaking up
- Staff concerns regarding potential repercussions when raising patient safety issues
- Inconsistencies in team behaviours and perceived inequities in treatment and opportunities, including perceptions of favouritism and clique dynamics
- Reports of bullying behaviours and concerns regarding leadership conduct
- Breakdowns and inconsistencies within escalation processes
- Perceived lack of accountability among senior staff

Despite these challenges, the findings also highlight an important protective factor: strong peer support and teamwork. Staff consistently describe colleagues as supportive and committed, often “pulling together” to manage difficult conditions.

The data therefore presents a dual narrative:

- A system under strain, where pressures have become normalised
- A committed workforce, maintaining care through resilience and teamwork

Importantly, staff feedback does not only describe problems. Across themes, there is a clear articulation of the conditions required for improvement - including better flow, safe staffing, visible leadership, and a more open and respectful culture. This highlights a workforce that is not resistant to change, but actively engaged in identifying solutions.

5. Themes:

5a) System Flow Failure Driving Unsafe Care *

Staff consistently identified patient flow as the primary factor underpinning many of the operational pressures experienced within the department. Flow was frequently described as *“the core of all the problems”*, with repeated accounts of patients *“sat for 2 days on chairs receiving ward-level care.”* These experiences reflect a system in which extended waits and corridor care have become increasingly normalised, despite widespread recognition among staff that such conditions are unsafe, undignified, and not conducive to delivering high-quality patient care.

Staff described the impact of poor patient flow on both operational performance and staff wellbeing. Participants highlighted delays in discharging patients from inpatient areas as a key contributor to ongoing pressures within the Emergency Department, resulting in increasing demand without a corresponding release of capacity elsewhere in the system. Some staff also expressed concerns about the potential impact of these pressures on patient safety and clinical outcomes. A number of participants reflected on occasions where they believed poor patient flow, delays in care, or clinical decision-making may have unintentionally contributed to patient harm, including concerns relating to patient deaths. While these views reflected staff perceptions rather than verified findings, the recurrence of these concerns across multiple pieces of feedback highlights the depth of staff anxiety regarding the risks associated with current system pressures.

“Flow is our biggest issue. The lack of discharging patients on wards slows everything down for us. Patients coming through the door does not slow-down in ratio with the speed of beds becoming available.”

There was also a strong perception that responsibility for managing these pressures often remains within the Emergency Department despite many of the underlying causes sitting elsewhere in the organisation. Staff expressed frustration that wider hospital services were not always seen to share ownership of the challenges associated with patient flow.

“Flow is the core of all the problems in ED. The lack of support from the wider hospital to respond to ED needs is very stressful... they have some accountability and should have a level of ownership or skin in the game of how we respond to the problem, but the accountability never seems to shift from ED staff and LT.”

Looking ahead, staff articulated a clear and consistent desire for improvement, frequently highlighting the need for *“better flow”* across the wider health and care system. There was a strong recognition that *“the solutions lie elsewhere”* beyond the Emergency Quadrant itself, reflecting a shared understanding that patient flow is a whole-system issue requiring coordinated action across organisational and professional boundaries.

Staff expressed a willingness to strengthen collaborative working relationships with other specialties and suggested several practical opportunities to improve pathways, reduce delays, and support more effective patient flow across the system. In addition, some participants identified a need for greater education and engagement around referral pathways, reporting a perception that a significant proportion of referrals from primary care were not sufficiently detailed or appropriate. Staff felt this contributed to demand pressures within the department and highlighted it as an area that would benefit from further exploration through collaborative system-wide working.

5b) Chronic Understaffing & Unsafe Workload *

Staff described persistent workforce challenges, with many reporting that the department has *“never been fully staffed.”* The impact of these pressures was reflected in accounts of *“1 nurse looking after 30 people at times,”* illustrating the significant imbalance between demand and available workforce capacity. Staff described these conditions as contributing to fatigue, increased stress, reduced morale, and heightened concerns about patient safety. There was also evidence of professional anxiety, with some staff expressing concern about the potential impact of these pressures on their professional registration, noting that they were worried about their PIN numbers and their ability to consistently deliver safe care within the constraints of the current environment. A number of staff spoke about how many of their colleagues are looking for jobs and are only still working in ED because they haven't found another job yet. *“We are carrying too many vacancies. When people move on there is no visible or formal plan/comms on who is covering what. We have had lots of band 7s leave in a short period of time because they could not stand working here anymore. There is tension within the nursing portfolio. There is a clique or favourites. The leavers have all moved on as sideways moves, not promotions - that speaks volumes.”*

The reputation of EQ doesn't help to attract staff to work there in fact actively puts them off.

Looking ahead, staff articulated a clear and consistent vision for improvement. There was a strong call for *“adequate staffing levels”* and *“more permanent staff,”* reflecting a desire for greater workforce stability, continuity, and resilience. Staff described the need for a staffing model that is proactive rather than reactive, enabling both safe patient care and a more sustainable working environment for the workforce.

5c) Leadership Disconnect & Lack of Visibility *

A recurring theme within the data is the perceived disconnect between leadership and frontline experience. Staff expressed that leaders *“don't understand the reality we are working in,”* highlighting a gap in visibility, engagement, and understanding of day-to-day operational pressures. This was evident across multiple leadership levels, ranging from local operational management through to the Hospital Management Team (HMT), Integrated Health Community Director team (IHC), and Executive leadership. Staff frequently described decisions being made by individuals perceived to be distant from frontline realities, with limited opportunity for meaningful consultation or staff influence. There was a common perception that accountability becomes diluted across layers of

leadership, creating uncertainty regarding roles, responsibilities, and ownership of key decisions and outcomes. Some participants also described prolonged periods of interim or acting leadership arrangements, high turnover within senior leadership roles, and vacant posts, which they felt contributed to fragile structures, reduced accountability, and a lack of continuity in support and decision-making.

Views regarding nursing leadership were mixed. A number of participants spoke positively about individual matrons, ward managers and senior nurses who were described as supportive, approachable and committed to helping staff. However, recurring concerns were raised regarding consistency of leadership behaviours, communication, responsiveness, and follow-through. Some staff described feeling unable to raise concerns safely, reporting that issues escalated to matrons, Band 7s or the Head of Nursing were sometimes perceived to disappear into a “*black hole*” or were met with defensiveness rather than support. Participants also described perceptions of favouritism, cliques, and inequitable access to opportunities, contributing to feelings of frustration, mistrust, and disengagement. Several staff linked these experiences to the departure of experienced nurses and leaders from the department and questioned whether sufficient attention had been given to understanding and addressing the underlying causes.

Alongside concerns regarding visibility and accountability, staff described experiences of a blame-focused culture when issues arose. Participants spoke of feeling unsupported when escalating concerns, with some expressing a fear of becoming a “*scapegoat*” for wider system failures. There was a perception amongst some staff that responsibility for operational challenges, service pressures, and inspection findings was often attributed to individuals or teams within EQ, rather than being recognised as symptoms of wider organisational and system issues. This contributed to feelings of mistrust, psychological insecurity, and reluctance to raise concerns or challenge decisions. These views were particularly evident in feedback relating to both local management practices and wider organisational responses to performance concerns, incidents and external scrutiny.

At HMT level, staff described concerns regarding visibility, responsiveness, and ownership of operational challenges. Participants reported that engagement from hospital leadership often felt task or target focused, rather than centred on understanding the realities of frontline care delivery. Some expressed frustration that issues repeatedly escalated through established routes did not result in visible action, while others highlighted perceived tensions between departments and inconsistent ownership of patient flow pressures across the wider hospital system.

Feedback relating to IHC and Executive leadership reflected concerns about strategic oversight, visibility and communication. Staff described a desire for greater executive presence within clinical areas and a stronger understanding of frontline pressures. Participants reported feeling that significant decisions were often made at a level that felt distant or disconnected from operational realities, with insufficient engagement of those closest to the work. Concerns were also raised regarding the communication of wider organisational plans, particularly where staff felt they were hearing about significant changes second-hand rather than being consulted directly.

“Staff feel unsupported by leadership. Feel this effort to listen to us is pointless as there will be no change.”

“I feel unwelcome to approach leadership. Leadership change the goal posts.”

“There is a lack of leadership presence. We see the medical director regularly in ED but no one else. We don’t want them to come and address us in a meeting, we want them to do a walk about and see the real authentic situation.”

“There are blocks in the whole hospital system which causes back up in ED. No awareness by IHC directors, who were invited to ED post the ‘Corridor Care’ documentary but they never came.”

“Leadership is lacking in terms of HMT level... when they come they are tasked with a specific mandate.”

Looking ahead, there is a need for greater visibility from executives and senior leaders, stronger operational and compassionate leadership culture and increased accountability at all levels of the organisation. Staff consistently described a desire for leadership that is not only communicative, but present, accessible, engaged, responsive to concerns, actively engaged in addressing the systemic challenges facing the Emergency Quadrant and willing to understand frontline realities firsthand. Participants also highlighted the importance of leaders actively listening to staff, involving them in decision-making, and demonstrating a commitment to translating feedback into meaningful action. They further expressed a desire for more consistent leadership behaviours, greater transparency in decision-making, improved psychological safety, and a culture in which concerns are welcomed as opportunities for learning and improvement rather than viewed as criticism or challenge. Staff were clear that sustainable improvement requires accountability and leadership not only within EQ, but across the wider hospital and organisational system, with shared ownership of both challenges and solutions.

5d) Low Psychological Safety *

Staff feedback highlights a culture in which speaking up is perceived as risky. This is reflected in statements such as being *“afraid to raise concerns”*, alongside a broader sentiment that staff *“want to be listened to.”* Participants described experiences in which concerns had been raised but were perceived to have been ignored, dismissed, or disappeared into a *“black hole”*, resulting in limited confidence that raising issues would lead to meaningful action. Several staff reported that previous attempts to escalate concerns had resulted in negative experiences, including feeling criticised, labelled as a troublemaker, excluded from opportunities, or experiencing changes in workplace relationships. These experiences were not confined to one staff group or one level of the organisation and were reported across a range of professional roles and leadership interfaces. Collectively, these views suggest a culture where feedback and challenge are not consistently experienced as opportunities for learning and improvement, which undermines openness, trust, accountability, and organisational learning.

Participants also described a reluctance to submit Datix reports or formally escalate concerns due to fears of repercussions, concerns about confidentiality, and perceptions that issues were frequently defended, minimised, or attributed to the individual raising them rather than the underlying problem. Several staff described feeling that their “*card was marked*” after speaking up, whilst others reported concerns about gossip, defensiveness, blame, or being treated differently following escalation. These experiences contributed to a wider perception that psychological safety is limited and that challenging unsafe practice, decision-making, or behaviours can come at a personal cost.

“There is a lack of psychological safety. I have escalated concerns in the past and been chastised for causing an issue. I feel like my card is marked.”

“Department unsafe. Been escalating for ages. Told to put it in writing and when you do there are negative repercussions.”

“Staff need to feel safe raising concerns without fear of being targeted. There are too many examples of people with good intent escalating concerns, but there being repercussions.”

“Speaking up = being seen as a trouble-maker; causing issues... fear of the establishment.”

“If you escalate a concern to managers about individual behaviour they don't handle sensitively... Feel unsafe.”

Looking ahead, staff describe a clear aspiration for improvement, emphasising the need to “*feel safe to escalate concerns*” without fear of repercussion. Participants expressed a desire for a culture where challenge is welcomed, concerns are acted upon transparently, and staff can speak honestly about patient safety, quality, and operational issues without fear of blame or retaliation. This reflects a strong desire to move towards a culture of openness, trust, learning, and psychological safety.

5e) Culture & Behaviour *

Staff described aspects of the working culture as inequitable and inconsistent, with references to a “*who you know culture*” indicating perceptions of favouritism and the influence of informal networks on decision-making and opportunities. These experiences were reported to contribute to reduced morale, frustration, and a sense of unfairness across staff groups.

Some staff expressed a lack of confidence that concerns raised through engagement or review processes would result in meaningful change, which further contributed to feelings of frustration and disengagement.

“I feel like I have participated in activities like this and with HIW in the past and see little change. I have a lack of faith that engaging in this will make any difference.”

Some staff described a culture in which accountability can feel focused on identifying individuals to blame rather than addressing underlying systemic issues. This was particularly evident in discussions following the HIW inspection, where participants reported a tendency for people to “*point the finger*” rather than collectively address challenges and learn from them.

“There is a blame culture here. Something goes wrong they will spend time looking for someone to blame. It feels like that with the HIW inspection. They are looking for someone to blame.”

Concerns were also raised regarding professional behaviours and workplace interactions. Some participants described behaviours that undermined positive working relationships and contributed to a less supportive culture.

“At times professional behaviours are lacking. Squabbling, stirring things behind backs at a senior level.”

Concerns were raised regarding levels of autonomy and decision-making. Some medical staff described a “*fear to act*” due to perceived risks associated with making decisions, resulting in delays and reduced flow through the department. Staff felt that this reluctance to make decisions could contribute to bottlenecks and increased pressure within the Emergency Department. In addition, one participant commented that “*the consultant body is the blocker to change*”; however, this was an isolated view and was not a theme consistently reported across the wider staff group.

Staff highlighted concerns relating to accountability, standards of work and professional behaviours. Examples cited included “*Doctors shopping online*”, and perceptions that some Doctors were “*not seeing patients as much or as fast as other Doctors*”, and reports of bullying behaviours. Participants also described a “*fear to act*” amongst some staff, alongside tensions with specialty teams who were perceived to be reluctant to review or receive patients. Additionally, some participants reflected on their experience of organisational processes and culture, commenting that at times it felt as though that the “*Workforce team is the enemy*”, contributing to feelings of frustration and mistrust.

Looking ahead, staff expressed a clear desire for a more supportive and inclusive culture, including being “*treated like adults*” and experiencing a more “*compassionate approach*.” These comments reflect a need for greater trust, empowerment, fairness, and consistency in behaviours, alongside a culture that supports constructive challenge, shared accountability, and respectful working relationships across all levels of the organisation.

5f) System working

There was a strong perception among staff that the Emergency Quadrant (EQ) is carrying a disproportionate share of wider system pressures. Participants described the “*system as broken*” and emphasised the need for “*whole hospital support*,” reinforcing the view that many of the challenges experienced within EQ cannot be resolved in isolation and require a coordinated organisational response.

Staff also highlighted concerns regarding organisational accountability and the support received from other parts of the hospital. Many felt that responsibility for system pressures was unfairly placed on EQ, despite the wider contributing factors across the health system.

“There is a lack of operational support from other areas of the hospital. A lack of accountability for the state of ED, the accountability is placed on us. We are made to feel like we are killing patients or providing uncompassionate care. It is an awful feeling.”

Staff identified a number of factors that they felt contribute to these pressures. These included a perceived need for greater engagement and education with community and primary care colleagues regarding referral pathways, alongside broader public awareness of how and when to access different services. Participants also reflected on the previous use of a streaming process that was subsequently discontinued due to the absence of a standard operating procedure (SOP), with some staff reporting that this has contributed to increased congestion and delays within the Emergency Department.

Participants described challenges relating to organisational decision-making and the pace of service improvement. While staff identified opportunities for change, some felt that implementation processes were overly complex and slowed progress.

“Progress and improvements are slow to implement. Leadership slows improvement decisions down. So many levels of approvals - even quick wins are hard to achieve, or ideas are instantly pushed back.”

Operational challenges relating to the physical environment were also highlighted. Staff described insufficient clinical space and consultation rooms for medical staff, together with limited access to computers and digital systems, which they felt restricted their ability to assess, manage, and process patients in a timely manner. Staff also reported difficulties accessing equipment and supplies when resources were not consistently distributed across departments.

“People are stock piling resources. Rather than a steady flow or replenishment, some departments hoard so distribution is not even or fair. Spend time tracking things down, beg borrowing and stealing.”

Relationships and communication between departments were identified as another contributing factor to operational pressure. Staff described tensions arising when transferring patients between areas and felt that stronger collaboration and communication between services would improve both staff experience and patient care.

“There can be conflict when transferring patients to wards and at times the patients hear the conflict between staff. Leadership of ED and wards don’t speak to each other.”

Looking ahead, staff consistently called for a “pan-hospital response” to addressing these challenges, with stronger collaboration across departments and services. Suggestions included earlier involvement from specialty teams, improved organisational

support for patient flow, and closer alignment between acute, community, and primary care services. Collectively, these views reflect a desire to move towards a more integrated, whole-system approach in which responsibility for patient flow and operational pressures is shared across the organisation and wider health system.

5g) Staff Experience & Wellbeing *

The emotional impact of current working conditions was evident throughout the data. Staff described the environment as *“feels like a war zone,”* highlighting the intensity, complexity, and sustained nature of pressure within the department. These experiences were often linked to chronic workforce pressures, with staff reporting that rotas are frequently not fully populated and that the department is rarely, if ever, fully staffed. Participants described the cumulative impact of working in an environment where demand consistently exceeds available capacity, contributing to exhaustion, stress, and concerns about their ability to provide the standard of care they aspire to deliver. The impact of these pressures on workforce retention was also highlighted, with some staff describing burnout as a key factor influencing colleagues' decisions to leave the department.

“Nursing staff move on because they are burnt out due to the demands of ED”

Staff also described the emotional burden associated with working in the current environment, including the impact of external scrutiny, public narratives, and regulatory processes. These experiences were reported to contribute to a sense of moral injury amongst some staff groups.

“The staff here carry a moral injury. We are medics, we do this because we are compassionate people. The headlines, the politics, the investigations from HEIW is bruising and takes a toll on our staff.”

Staff also highlighted concerns regarding the level of organisational support and recognition they receive. While many described receiving appreciation from patients and families, there was a perception that recognition from senior leaders is limited, with some reporting that leadership visibility tends to increase only when problems arise. This contributed to feelings of being undervalued and unsupported despite the significant efforts being made under challenging circumstances.

“There is a lack of operational support from other areas of the hospital. A lack of accountability for the state of ED, the accountability is placed on us. We are made to feel like we are killing patients or providing uncompassionate care. It is an awful feeling.”

Looking ahead, calls that *“staff need to be taken care of”* reflected a strong desire for greater attention to staff wellbeing, support, and recognition. Staff want to feel *“supported and valued,”* with greater emphasis on visible leadership, meaningful recognition, workforce investment, and improved working conditions. Collectively, these findings highlight the need to move from a culture of endurance and crisis management towards one that prioritises sustainable support, staff wellbeing, and workforce resilience.

5h) Training & Development

Staff feedback highlighted significant concerns regarding access to training, development, and professional growth. Many participants reported a noticeable reduction in learning opportunities, with comments indicating that *“no training has been provided for years”* and that there is *“no support for development anymore.”* Staff perceived this lack of investment in development as having a direct impact on both individual capability and the quality of care delivered, particularly within the high-pressure and high-acuity Emergency Department environment.

Opportunities for learning and development were described as few and far between, with some staff expressing the view that organisational focus is predominantly placed on mandatory corporate training as a *“tick-box exercise,”* rather than on meaningful professional development that enhances skills, competence, and career progression.

There was also a perception of inconsistency and inequity in access to development opportunities, contributing to feelings of frustration and disengagement. Staff reported that training and development pathways are often unclear, inaccessible, or insufficiently supported, limiting opportunities for progression and reducing confidence in role. Participants also highlighted the lack of structured induction, ongoing education, and skills development, noting that this can place additional strain on existing staff, particularly when workforce capacity and skill mix are already challenged. Staff identified a need for more structured development pathways, including preceptorship support and dedicated leadership development programmes. While some participants recognised that elements of leadership training may have been covered during professional education, there was a perception that ongoing leadership development and support for established staff is insufficient. Participants also reflected on a perceived disconnect between their day-to-day experience and the behaviours, culture and development expectations set out within the All-Wales compassionate leadership agenda and Health Board values, highlighting a desire for greater alignment between organisational aspirations and the lived experience of the workforce.

Looking ahead, staff articulated a clear vision for improvement, centred on structured development pathways, protected learning time, and equitable access to training opportunities. This included specific calls for clearer career progression routes, enhanced clinical education, including *“a Dr pathway + CPD,”* and greater organisational commitment to developing and retaining the skills of staff across all professional groups. These findings suggest a strong desire for a learning culture in which development is valued, actively supported, and recognised as essential to both workforce sustainability and the delivery of high-quality patient care.

5l) Teamworking & Peer Support

Despite the significant challenges described across the dataset, staff consistently highlighted the strength of peer relationships and teamwork within the Emergency Quadrant. There was a strong sense that colleagues *“pull together”* in difficult circumstances, with comments such as *“the team is amazing”* reflecting a high level of

mutual support and camaraderie, with nursing staff highlighted as “*brilliant*” and “*amazing*” in many comments received.

This team-based support was frequently described as a key factor enabling staff to cope with sustained pressure. In an environment characterised by high demand, staffing shortages, and operational challenges, peer support appears to function as a critical resilience mechanism. Staff described working collaboratively across roles and disciplines, often stepping beyond formal responsibilities to ensure patient care is maintained.

“Everyone in ED works their socks off and I won’t have a bad word said about any of them. The care and support each other.”

Staff also expressed pride in the department’s ability to attract and develop new staff despite the challenges and external scrutiny faced by the service. Participants described the ongoing commitment to supporting newly qualified staff and maintaining high standards of training and development.

“I feel proud that despite the headlines we are still expecting 10 stream-liners (newly qualified nurses) and are prepping fit for purpose training plans for them. People still aspire and want to work here.”

However, there is also an implicit risk within this theme. While strong teamworking mitigates some of the impact of system pressures, there is evidence that it is being relied upon to compensate for structural and organisational shortcomings. This raises concerns about sustainability, as the burden of maintaining performance is shifted onto staff goodwill and informal support networks.

These views were reinforced by comments suggesting that the primary barriers to improvement relate to workforce capacity, resources, processes, and training rather than team culture itself.

“Culture is not the problem. It is the need for better staffing, resource, process, training.”

While positive accounts of teamwork were dominant, there were also isolated reports of difficult interpersonal dynamics within some staff groups, indicating that experiences of team culture are not universally positive.

“There are some toxic relationships within nursing in ED.”

Looking ahead, staff continue to value and prioritise strong teamworking, but there is a clear expectation that this should be supported — rather than relied upon — by effective systems, leadership, and workforce planning. Strengthening team cohesion, while addressing the wider system issues identified in this report, will be critical to sustaining both staff wellbeing and service delivery.

**Denotes themes also sighted in Speak Up Safely submissions*

6. Recommendations

The recommendations set out below reflect both the priorities, ideas and improvement suggestions shared directly by staff working across the Emergency Quadrant throughout the engagement process, alongside observations and areas for consideration identified by the facilitation team. Together, they provide a framework for immediate action and longer-term development, highlighting where staff feel change is most needed and where additional interventions, support mechanisms or organisational development activity may help to strengthen culture, leadership, wellbeing, patient flow and service delivery. Areas should be further explored with specific actions to be co-produced alongside staff and leaders to ensure solutions are informed by frontline experience, shared ownership and sustainable improvement.

6a) Patient Flow and Whole-System Working

Recommendations centre on improving discharge processes, specialty engagement, alternative care pathways and organisational ownership of flow.

"Better supported from the wider hospital community. If we have a bed shortage in ED or long wait times for our very poorly patients there should be a pan YGC response to it."

"System symptoms manifest in EQ, but the solutions mostly lie in other parts of the system."

"Meaningful change, ED issues to be managed as site & trust problems rather than ED only."

"Full support from the entire hospital in speeding up patient flow."

Opportunities for improvement:

- o Establish a multidisciplinary Patient Flow Oversight Group with clear escalation arrangements.
- o Develop agreed specialty response standards to support earlier specialty involvement in patient decision-making.
- o Embed whole-system accountability for patient flow across acute, community and specialty services.
- o Review MIU opening times and opportunities to improve support to ED.
- o Review and redesign streaming arrangements and pathways to improve patient navigation and education.
- o Undertake a review of the EMPA system and identify opportunities for improvement.
- o Work with Primary Care colleagues to improve referral quality and understanding of referral pathways.
- o Develop public-facing information supporting appropriate use of urgent and emergency care services.
- o Strengthen coordination across acute, community and primary care services to support integrated pathways and effective discharge.
- o Review and optimise mental health pathways to ensure appropriate utilisation of MHLDS services.

- o Escalate wider policy issues impacting patient flow (e.g. social care, housing and discharge pathways) through regional and Welsh Government forums.

6b) Workforce Capacity, Staffing and Skill Mix

Staff repeatedly identified staffing levels as fundamental to improving patient flow, safety, wellbeing and morale. Recommendations focused on filling vacancies, improving skill mix, increasing permanent staffing and ensuring safe staffing escalations trigger action.

"Staffing levels need to improve. I would like to feel that there is enough staffing to allow for agility and responding to resource issues or spikes in care needs."

"Review staffing levels. Is 3 doctors for 60+ patients really enough or fair for the staff/patients?"

"Safe staffing escalation needs to actually trigger a response, not be ignored."

Opportunities for improvement:

- o Engage staff in discussions around future staffing models and workforce solutions.
- o Complete a workforce demand and capacity review using activity, acuity and attendance data.
- o Review workforce deployment arrangements to align staffing levels with peak periods of attendance and demand.
- o Review nursing overtime arrangements and workforce incentives to ensure equitable access to additional hours and support staffing resilience during peak demand periods.
- o Implement revised safe staffing model and reduce reliance on temporary staffing.

6c) Leadership Visibility, Accountability and Decision-Making

Staff called for visible leaders who understand operational realities, take action and remove barriers to improvement.

"I would like to see more leadership presence in ED so they are not just looking from afar. They should feel what we feel."

"We have a lot of ideas and know how about what to do to change things for the better but we get blocked by managers."

Opportunities for improvement:

- o Implement monthly executive and senior leader walkabouts within the Emergency Quadrant.
- o Implement a quarterly "Walk in My Shoes" programme requiring senior operational and executive leaders to spend time working alongside frontline teams within the Emergency Quadrant.
- o Ensure rotas are published within organisational timelines.

6d) Culture, Staff Voice, Engagement, Respect and Psychological Safety

Many recommendations reflected a desire for a more respectful, compassionate and psychologically safe culture. Staff wanted greater involvement in decisions affecting their work and clear evidence that feedback is acted upon.

"Any plans going forward should involve the staff body. Make it seem worthwhile."

"The solutions for problems usually are sitting with the staff."

"To be listened to, involved, appreciated, valued and consulted."

"A culture of radical candour would be utopia where professional challenge is met with curiosity or thanks."

Opportunities for improvement:

- o Identify and nominate Culture Change Leads (CCLs) across multidisciplinary teams.
- o Roll Ripple Effect workshops across multidisciplinary teams, bringing together staff across professions and bands to strengthen relationships, understanding, psychological safety and cross-team collaboration
- o Roll out Conversations with Care across clinical and non-clinical teams to support constructive dialogue, challenge and compassionate leadership.
- o Embed a Just and Learning Culture approach that promotes curiosity, reflection and improvement rather than blame.
- o Introduce monthly Datix learning reviews with feedback provided on actions taken and lessons learned.
- o Implement a psychological safety improvement programme, including pulse-checks, speaking-up conversations and leader development.

6e) Staff Wellbeing, Support and Recognition

Staff highlighted the need for wellbeing support, visible appreciation and acknowledgement of the emotional demands of working within EQ.

"Need nurses to feel valued and invested in."

"We need to be proud of our department & we all need to be supported."

Opportunities for improvement:

- o Introduce structured debriefs following traumatic incidents and significant events.
- o Implement a comprehensive wellbeing offer, including Occupational Health, SWSS and psychological support.
- o Introduce a formal staff recognition programme (e.g. Wonderwall, team recognition scheme).

6f) Education, Training and Professional Development

Recommendations focused on creating a learning culture through improved induction, development opportunities and leadership training.

"Wellbeing and development of staff needs more focus."

"Need more trainee doctors."

"Opportunity to develop EQ @YGC as an educational centre of excellence in North Wales."

Opportunities for improvement:

- o Develop and communicate a transparent process for accessing development opportunities.
- o Develop profession-specific development pathways (incl. Medical workforce), induction processes and CPD opportunities.
- o Introduce leadership development and coaching support for senior leaders and managers.

6g) Communication and Collaborative Working

Staff described communication as a key enabler of safe care, patient flow and team effectiveness.

"Improved communication between various areas of EQ."

"Need a Digital system that has one place to look and joint hand overs Nurse and doctors."

"Improving the forums in which the different disciplines can come together to support the running of ED."

Opportunities for improvement:

- o Introduce monthly multidisciplinary "You Said, We Did" forums.
- o Require senior clinical and operational leaders to attend regular huddles and team engagement events.
- o Develop a communications process for inspections, incidents and organisational reviews.

6h) Environment, Equipment and Infrastructure

Staff identified practical improvements to the physical environment, equipment availability and working conditions.

"More patient space."

"Get proper equipment."

Opportunities for improvement:

- o Complete a workplace environment review addressing temperature, privacy, clinical space and staff facilities.

6i) Governance, Risk and Continuous Improvement

Staff wanted stronger risk management, accountability, learning and continuous improvement processes.

"Datix should be welcomed and lessons learned put in place."

"Need a more dynamic, proactive approach to risk assessment and mitigation."

"Training need: Urgent requirement for Leadership Development and Continuous Improvement training to drive a better culture."

"SOPs need consistent adherence, training, and review when environments change."

Opportunities for improvement:

- o Communicate a clear complaints and escalation process for staff.

7. Overarching Staff Message

Across the dataset, staff articulated a clear and consistent vision for the future of the Emergency Quadrant: one in which responsibility for operational pressures is shared across the whole organisation rather than residing solely within ED. Staff called for meaningful action to address workforce shortages, improve patient flow, and strengthen collaboration between acute, community, primary care and specialty services. They expressed a strong desire for visible and compassionate leadership that listens to frontline expertise, acts on concerns, removes barriers to improvement, and fosters a culture of trust, respect and psychological safety. Alongside this, staff emphasised the importance of feeling valued, supported and invested in through improved wellbeing support, development opportunities and recognition. Underpinning many of the recommendations was a belief that the knowledge and solutions already exist within the workforce and that sustainable improvement will only be achieved through genuine staff engagement, whole-system working, and a commitment to translating feedback into meaningful change. There is a clear desire to move from a culture of crisis management and endurance towards one characterised by shared accountability, effective leadership, safe staffing, compassionate behaviours and high-quality patient care

8. Action plan / Next steps

The findings presented within this report represent the experiences, perspectives and priorities shared by staff across the Emergency Quadrant. In recognition of the openness and honesty with which staff engaged in this process, it is important that the findings are shared transparently and accessibly with the workforce. This will provide an opportunity to validate the themes identified, demonstrate that staff voices have been heard, and begin rebuilding confidence in the value of engagement and feedback.

A key next step will be to facilitate a series of follow-up engagement sessions with staff from across the Emergency Quadrant. These sessions should focus on reviewing the findings, exploring priorities for improvement, and collaboratively identifying practical actions that can be taken at local, organisational and system levels. Rather than solutions being developed in isolation, staff should be actively involved in shaping and informing improvement activity, drawing on their expertise and day-to-day experience of delivering care.

Through a co-production approach, the aim will be to develop a shared action plan that identifies clear priorities, responsibilities, success measures and timescales for delivery. This should include opportunities for regular feedback, progress updates and ongoing staff involvement, ensuring that improvement activity remains responsive to frontline experience. Visible communication of progress, including a clear "You Said, We Did"

approach, will be essential in maintaining momentum, building trust and demonstrating a commitment to meaningful and sustained change.

Ultimately, the success of any future improvement work will depend not only on the actions taken, but on the extent to which staff feel involved in shaping, influencing and owning the solutions designed to address the challenges highlighted throughout this report.

10. Conclusion

This analysis highlights a system in which operational pressures, workforce challenges, and cultural dynamics are deeply interconnected. At its core, the findings demonstrate that the current experience of staff is shaped not by isolated issues, but by a combination of systemic constraints and organisational factors that reinforce one another.

Patient flow emerges as the central organising challenge, influencing workload, staffing pressures, and the quality and safety of care. In parallel, leadership visibility, psychological safety, and team culture play a critical role in shaping how these pressures are experienced and managed.

The challenge is not a lack of understanding of what needs to change, but the alignment and delivery required to achieve it.

Overall, the report highlights both the urgency of addressing current conditions and the opportunity to build on existing strengths - particularly the commitment, resilience, and teamwork demonstrated by staff. Sustainable improvement will require coordinated action at system, organisational, and local levels, with a focus on enabling staff to deliver safe, high-quality care in a supportive and well-functioning environment.

YGC EQ

Culture Engagement Report - July 2026 Feedback Presentation



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Introduction



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Purpose

- Following the Healthcare Inspectorate Wales (HIW) report, People and Organisational Development (POD) was commissioned to better understand staff experiences and perceptions of culture within the Emergency Quadrant (EQ).
- Findings will inform future culture improvement and development actions.

Engagement Approach

- Conducted over a **two-week period (15-26 June 2026)**.
- Facilitated collaboratively by teams from **Culture, People and Organisational Development (POD), and Organisational Development (OD)**.
- Facilitators maximised accessibility and staff participation through flexible rostering and wide session availability.



Introduction



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Scale of Engagement

- **20 engagement sessions** delivered between **08:30 and 16:30**, Monday to Friday.
- **3 additional early morning sessions** held to capture feedback from night-shift staff.
- Designed to ensure inclusivity across different roles, shift patterns, and working arrangements.

Participation

- Approximately **176 staff members** engaged.
- More than **1,000 individual comments** captured.
- Participants represented a broad cross-section of the workforce, including domestic staff, housekeepers, porters, administrative teams, Nurses, Doctors, Consultants, Operational Leaders



Purpose of this presentation



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1. Share themes from what colleagues told us
2. Identify the themes that align with and support the work already underway through the HIW action plan
3. Identify additional key themes introduced by the Culture Report
4. Share the reflections of facilitators who met with staff
5. Summary and conclusions
6. Next steps / what we will commit to doing now
7. Questions, discussion



You said.....	You've asked for.....
Poor patient flow is the primary factor underpinning many of the department issues – <i>“the core of all problems”</i> .	Better flow across the wider health and care system
Chronic understaffing contributes to unsafe workload, stress, low morale, concerns about patient safety and negatively impacts our ability to attract and retain staff	Adequate staffing levels including more permanent staff. A proactive staffing model.
There is a leadership disconnect with front line experience. Lack of visibility and gaps in support, engagement and understanding of day-to-day operational pressures. Feedback shared included all levels of leadership – clinical, operational, HMT, IHC, executive.	Greater visibility of execs and senior leaders. Stronger clinical, operational and compassionate leadership culture showing accountability, consistency, engagement, transparency around decisions, responsiveness, being accessible and present - at all levels, across the Hospital, not just EQ.
Psychological safety is low – it can feel risky to speak up (<i>“afraid to raise concerns”</i>). When raised, concerns are often ignored or dismissed, and staff have experienced detriment and exclusion when speaking up.	Feeling safe to escalate concerns. Challenge is welcomed; concerns are acted on. A culture of openness, trust, learning and psychological safety.
Who you know culture – experiences of favouritism and inequitable influence on decision making and opportunities. Lack of autonomy and fear to act - blame culture, finger pointing, unprofessional behaviours. Impacts on morale, and sense of fairness and equity.	Inclusive and supportive culture, fairness, treating people as adults, a more compassionate approach. A culture that is consistent, supports constructive challenge
EQ is carrying a disproportionate share of wider system pressures. Lack of whole system accountability and support – EQ has become the ‘symptom bearer’ for wider system issues. Lack of engagement with primary care and community colleagues	A pan hospital approach to addressing challenges. Stronger collaboration acute, primary and community services.
Burden of current working conditions (<i>“like a war zone”</i>), operational pressures, scrutiny, public perceptions and culture having a negative impact on staff health and wellbeing	More attention on supporting staff wellbeing and improving working conditions. Feeling valued, recognised meaningfully, supported by leadership, invested in.
Limited, inconsistent and inequitable access to training, development and professional growth.	Structured career and development pathways, protected learning time, equitable access to training.
High levels of mutual support, strong peer relationships and teamworking helps us cope with adversity	Addressing systemic issues, effective leadership and workforce planning to better support

Culture Report vs HIW Action Plan



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1. **Operational Challenges Alignment:** Both reports highlight patient flow, staffing pressures, patient safety and leadership visibility as major Emergency Department challenges.
2. **Staffing and Workforce Issues:** Both reports recognise chronic workforce shortages, retention challenges, and the need for improved staffing models.
3. **Leadership and Psychological Safety:** Both reports stress leadership visibility, speaking up and psychological safety concerns affecting staff confidence and engagement.
4. **Cultural Insights and Governance Gaps:** Culture Report reveals workforce issues such as experienced favouritism, bullying, and loss of trust not fully addressed by HIW Action Plan.



Themes that align with and support the HIW Improvement Plan



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Patient Flow Challenges

Both reports identify patient flow issues as central causes of emergency department operational pressures and delays.

Workforce and Staffing Issues

Chronic understaffing, burnout, and retention concerns are noted, with plans for staffing reviews and recruitment initiatives.

Leadership and Engagement

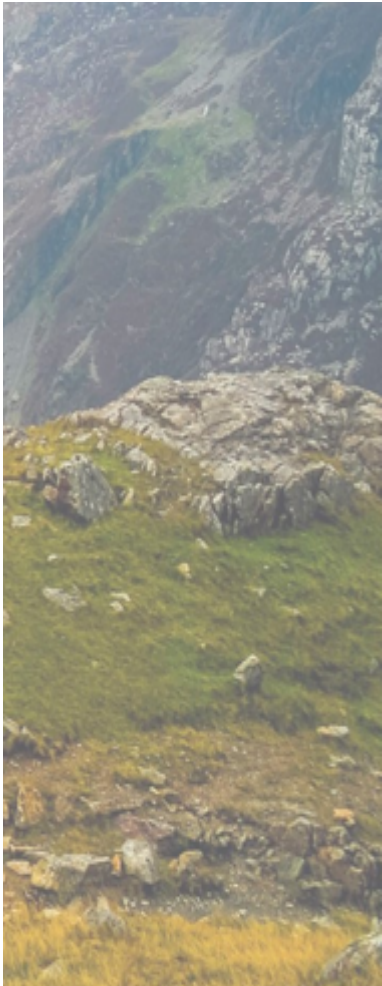
Reports call for increased leadership visibility, staff engagement, and executive participation in front-line activities.

Psychological Safety & Training

Concerns about speaking up and limited development opportunities are addressed with proposed training and safety culture improvements.

Governance and Organisational Learning

Emphasis on improving governance, audit processes, feedback loops, and incident learning to address concerns effectively.



Additional key themes introduced by Culture Report



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1. **Workplace Culture Issues:** The report highlights favouritism, cliques, and inequitable treatment influencing opportunities and decisions.
2. **Bullying and Leadership Conduct:** Defensive leadership and inconsistent behavioural standards contribute to negative workplace experiences.
3. **Emotional Strain and Moral Injury:** Staff report emotional exhaustion and moral injury from systemic pressures affecting care standards.
4. **Organisational Justice and Trust:** Reduced trust and frustration arise from perceptions of unfair accountability and eroding confidence in systems.



Contradictions and Tensions between Formal Systems and Staff Experience



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- 1. Governance vs Staff Trust:** Formal governance systems exist, but many staff feel concerns vanish without effective action.
- 2. Escalation Protocol Challenges:** While escalation pathways are documented, staff report inconsistent responses and lack of support.
- 3. Leadership Visibility Issues:** Organisational leadership structures exist, but frontline staff experience limited visible leadership and engagement.
- 4. Training and Development Gap:** Training programs are available, yet staff report inconsistent access and unclear career progression opportunities.



Facilitator Reflections from the experience of meeting with EQ staff



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Compassion



Agored
Openness



Parch
Respect

- Throughout the engagement process, facilitators heard powerful accounts of commitment, professionalism and compassion. Staff spoke passionately about their patients, their colleagues and the care they strive to provide under exceptionally difficult circumstances.
- Alongside this dedication, however, were descriptions of exhaustion, frustration, disappointment and a growing sense of disconnection from the wider organisation.
- The themes identified within this report were not isolated views or individual concerns; they emerged repeatedly and with significant strength across the engagement process and across different staff and professional groups.
- One of the most powerful observations during the engagement was the extent to which conditions that would be considered unacceptable elsewhere have become normalised within the working environment.
- The facilitation team leaves this work with profound respect for the staff who shared their experiences so openly and honestly.
- The experiences captured in this report deserve careful consideration and, most importantly, meaningful action.
- Staff have been clear about what matters to them and where they believe improvements can be made. The challenge now is to translate those insights into compassionate, visible and sustained change that enables both staff and patients to



Strategic Conclusions and Recommendations for Sustainable Improvement



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- 1. Operational and Cultural Balance:** Success depends on balancing operational improvements with deliberate cultural transformation for sustainable results.
- 2. Addressing Structural Causes:** The HIW Action Plan targets patient flow, workforce capacity, governance, communication, and accountability to improve safety and reduce delays.
- 3. Focusing on Human Dimensions:** Sustainable improvement requires strengthening psychological safety, leadership visibility, and addressing bullying and unfairness.
- 4. Building on Cultural Strengths:** Reinforce teamwork, peer support, resilience, and commitment to patients as foundational cultural assets.



Next steps (what we will commit to doing now?)



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1. **Share findings with Executive Colleagues:** Executive colleagues to have awareness of report findings, implications and next step plans
2. **Meet with members of the IHC Directors Team:** Review report and reflect on implications and responsibilities at an IHC Director level
3. **IHC Directors to meet with HMT and Triumvirate Colleagues:** IHC Director colleagues to meet with HMT and Triumvirate colleagues, review report, share feedback to individuals and agree follow up actions
4. **Senior Leaders to meet with EQ staff:** Share report summary, reflect on findings together and engage colleagues in agreeing a set of co-produced next step actions.





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Questions, discussion.....



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After hearing and reflecting on what has been shared, what questions, reflections and suggestions do you have?

Thank You.



People and Culture Committee

EQUALITY ANNUAL REPORT 2025-2026

Date of Meeting	08 October 2026
Publication Status	Open/ Public
	Draft Status - Final Version will be Published
Report Author name and title	Ceri Harris – Head of Equality and Human Rights
Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People Services & Organisational Development

Report Purpose	Endorse for Board Approval
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Executive Summary

This paper presents the Equality Annual Report 2025-2026 and provides assurance regarding the Health Board's compliance with the Equality Act 2010, Public Sector Equality Duty, Socio-economic Duty, Human Rights Act 1998 and associated Welsh Government policy requirements. The report details progress made during Year 2 of the Strategic Equality Plan (SEP) 2024-2028 and demonstrates how equality, diversity, inclusion and human rights have been embedded across organisational governance, workforce development, service delivery, population health initiatives and transformation programmes.

The report evidences significant progress in strengthening organisational capability to identify and reduce inequalities through improved equality intelligence, strengthened governance arrangements, enhanced scrutiny of Equality and Socio-economic Impact Assessments, implementation of the Workforce Race Equality Standard (WRES), preparation for the Workforce Equality Standard (WES), and alignment with key Welsh Government programmes including the Anti-racist Wales Action Plan, LGBTQ+ Action Plan, Code of Practice for Autism Services and Accessible Communication Standards.

The Health Board continues to strengthen its position as an Anchor Institution through programmes focused on prevention, population health management, social prescribing, inclusion health, homelessness prevention and reducing health

inequalities. Notable achievements include development of the Regional Anchor Charter, implementation arrangements for the revised Accessible Communication and Information Standards, expansion of equality monitoring within workforce and patient systems, and the continued use of co-production to shape policy, services and transformation programmes.

The report demonstrates measurable outcomes across workforce, patient and community activities, including:

- Delivery of 344 Integrated Equality Impact Assessments and Socio-economic Impact Assessments supporting informed and lawful decision-making.
- Ongoing improvement in compliance with the Socio-economic Duty, evidenced through annual audits and Welsh Government self-assessment returns.
- Establishment of governance arrangements to implement the revised Accessible Communication and Information Standards and improve accessibility for patients with communication needs.
- Progress in implementing recommendations arising from the Workforce Race Equality Standard and publication of race, disability and gender pay gap reporting.
- Growth and development of Staff Equality Networks, supporting staff voice, inclusion and belonging, with the Neurodiversity Network exceeding 400 members.
- Delivery of major engagement events including Diverse Together North Wales 2025 and equality-focused health fairs, strengthening partnerships and lived experience involvement.
- Increased use of equality data and population health management approaches to support intelligence-led planning and reduce health inequalities.

Despite positive progress, the report recognises continuing challenges relating to workforce inequalities, health inequalities experienced by marginalised populations, data quality and completeness, financial pressures and organisational capacity. Priorities for 2026-2027 focus on inclusive recruitment and progression, equality outcomes measurement, pay gap action planning and strengthening engagement with underrepresented communities.

The report provides assurance that the Health Board remains committed to embedding equality, diversity, inclusion and human rights as key enablers of organisational improvement, quality of care and population health outcomes.

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data
People and Culture Executive Delivery Group	15 Sept 2026	Endorsed for Board Approval

Acronyms / Glossary of Terms

WRES	Workforce Race Equality Standard
WES	Workforce Equality Standard
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer/questioning and plus to represent other groups.
SEP	Strategic Equality Plan

Equality Annual Report 2025-2026

1. SITUATION

- 1.1** The Equality Annual Report 2025-2026 is presented to the People and Culture Committee for scrutiny and assurance prior to submission to Executive Team and Board for approval and publication. The report fulfils statutory reporting requirements under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.
- 1.2** The report outlines progress made during the second year of the Strategic Equality Plan 2024-2028 and demonstrates how equality, diversity, inclusion, socio-economic considerations and human rights have been integrated into the Health Board's governance, planning, workforce and service improvement arrangements.
- 1.3** The report also demonstrates how equality objectives contribute to wider organisational priorities including Special Measures improvement programmes, the Integrated Medium-Term Plan, Foundations for the Future and the development of Strategic Intent Statements that will inform the future ten-year strategy for the Health Board.

2. BACKGROUND

- 2.1** As a listed public authority in Wales, the Health Board must publish an Annual Equality Report which demonstrates compliance with statutory equality duties and progress against published Equality Objectives. The report provides evidence of actions undertaken to eliminate discrimination, advance equality of opportunity and foster good relations between different groups.
- 2.2** The Strategic Equality Plan 2024-2028 established a framework of objectives and actions informed by engagement, equality evidence, population need, stakeholder feedback and Welsh Government priorities. The Equality Annual Report provides a transparent assessment of progress against these commitments and identifies areas requiring further development.
- 2.3** The report reflects a broad range of activity undertaken across services, workforce programmes and partnerships. It demonstrates increasing integration of equality considerations within organisational decision-making

and highlights the role of equality and human rights as enablers of sustainable organisational improvement whilst the Health Board remains in Special Measures.

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1 Statutory Compliance and Governance Assurance

The report provides assurance that the Health Board continues to discharge its duties under the Equality Act 2010, Public Sector Equality Duty, Socio-economic Duty and Human Rights Act 1998. Governance and accountability arrangements have been maintained through the Equality and Human Rights Strategic Forum, Equality Stakeholder Group and wider organisational governance structures.

The report evidences enhanced scrutiny of Integrated Equality Impact Assessments and records the completion of 344 assessments during 2025-2026, supporting informed and lawful decision-making across policies, service changes, strategies and operational developments.

3.2 Building an Effective Organisation

Significant progress has been made in strengthening equality intelligence and evidence-informed planning through the development of minimum equality data standards across patient and workforce systems. This work supports population health management, service planning and delivery of the Health Board's ambition to move towards a "tell us once" approach that better recognises and respects individual need.

The report also evidences continued progress in implementation of the Socio-economic Duty, demonstrated through annual audit arrangements, board development activity and increasing completion of Socio-economic Impact Assessments for strategic decisions. [https://nhs.uk/365-my.sharepoint.com/personal/ceri_harris2_wales_nhs_uk/Documents/Microsoft Copilot Chat Files/BCUHB 2025-26 EOY SEP feedback report.pdf](https://nhs.uk/365-my.sharepoint.com/personal/ceri_harris2_wales_nhs_uk/Documents/Microsoft%20Copilot%20Chat%20Files/BCUHB%202025-26%20EOY%20SEP%20feedback%20report.pdf)

3.3 Reducing Health Inequalities and Delivering Strategic Change

The report highlights substantial work to address health inequalities and improve access, outcomes and experience through:

- Inclusion Health assessments relating to asylum seekers, refugees, sex workers and people with learning disabilities.
- Development of social prescribing and community wellbeing approaches supporting people experiencing loneliness, financial hardship and wider determinants of poor health.
- Establishment of the Regional Anchor Charter supporting action on employment, procurement, sustainability and community wellbeing.
- Population Health Management programmes examining respiratory disease, pharmaceutical access and pre-diabetes inequalities.
- Preparatory work supporting implementation of new homelessness legislation and reducing inequalities experienced by vulnerable populations. [https://nhs.uk/healthcare/15/Doc.aspx?sourcedoc={84A37666-F5FD-4F3D-97FF-708E55212740}&file=Final Draft Annual Equality Report 2025-26 version 0.1.docx&action=default&mobileredirect=true](https://nhs.uk/healthcare/15/Doc.aspx?sourcedoc={84A37666-F5FD-4F3D-97FF-708E55212740}&file=Final%20Draft%20Annual%20Equality%20Report%202025-26%20version%200.1.docx&action=default&mobileredirect=true)

These programmes provide evidence that equality objectives are influencing both healthcare delivery and wider determinants of health.

3.4 Workforce Equality, Culture and Inclusion

The report demonstrates ongoing progress in creating a more compassionate, inclusive and equitable workplace through implementation of:

- Workforce Race Equality Standard recommendations.
- Publication of race, disability and gender pay gap reports.
- Staff Equality Networks and Equality Champions programmes.
- Anti-racism, neurodiversity, active bystander and inclusion education programmes.
- Culture Change Leadership Programme and Values and Behaviours Framework.
- Hate Crime Charter and Trust Mark accreditation.

The report provides assurance that equality considerations continue to influence organisational culture, leadership development and workforce experience

3.5 Improving Patient Experience and Inclusive Care

The report highlights a range of initiatives designed to improve patient experience and ensure equitable access to healthcare, including:

- Implementation arrangements for the revised Accessible Communication Standards.
- Expansion and assurance via the accessible patient information and Readers Panel quality assurance arrangements.
- Co-produced resources supporting autistic people, LGBTQ+ communities and people with communication needs.
- Delivery of Children's Rights initiatives and inclusive health resources.
- Enhanced engagement and co-production with patients, carers and community stakeholders.

These activities demonstrate progress in reducing barriers to access and improving patient experience through a human rights-based approach.

4. Conclusion

The Equality Annual Report demonstrates substantial progress during 2025-2026 in embedding equality, diversity, inclusion and human rights across the Health Board. The breadth of evidence presented demonstrates compliance with statutory duties, delivery of Strategic Equality Plan commitments and increasing integration of equality considerations into organisational planning and service delivery.

The report provides assurance that equality and human rights remain central to improvement activity, workforce development, patient experience and efforts to reduce health inequalities across North Wales. It also identifies clear priorities for further improvement and continuous development during 2026-2027.

5. KEY RISKS / MATTERS FOR ESCALATION

Whilst positive progress has been made, the report identifies continuing risks associated with:

- Delivery of statutory obligations under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.
- Delivery of the Health Board's commitments under the Anti-racist Wales Action Plan.
- Workforce inequalities affecting recruitment, progression and experience.

- Variability in equality monitoring data quality and completeness.
- Persistent health inequalities experienced by protected groups, inclusion health populations and communities experiencing socio-economic disadvantage.
- Financial and workforce pressures which may impact delivery pace and capacity.

The principal corporate risks remain:

- **Risk 1971:** Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011.
- **Risk 4986:** Failure to deliver Health Board obligations under the Anti-racist Wales Action Plan.

6. RECOMMENDATIONS

The People and Culture Committee is asked to:

- **NOTE** the Equality Annual Report 2025-2026 and the progress achieved during Year 2 of the Strategic Equality Plan 2024-2028.
- **RECEIVE ASSURANCE** that appropriate governance arrangements are in place to support compliance with the Equality Act 2010, Public Sector Equality Duty, Socio-economic Duty and Human Rights Act 1998.
- **RECEIVE ASSURANCE** regarding progress made in reducing inequalities, strengthening equality intelligence, improving workforce inclusion and embedding equality within service planning and transformation activity.
- **SUPPORT** the priorities identified for 2026-2027, including inclusive recruitment and retention, equality-based pay gap action planning, improved equality monitoring and strengthened engagement with underrepresented communities.
- **SUPPORT** onward submission of the Equality Annual Report 2025-2026 to Executive Team and Board for approval and publication.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	If more than one applies, please list below: 1. Focus on Health and Wellbeing 2. Enhance the Co-ordination of Care of People 4. Create a Modern, People Centred Healthcare System
Yr Egwyddorion Dylunio Design Principles	People First All Principles
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty.html Public Sector Equality Duty [HTML] GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Evidence is identified in both the Report and the EQIA completed on the SEP.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	An SEIA was undertaken on the SEP, identifying positive impacts to the

<i>economic Duty when making strategic decisions?</i>		population of North Wales if actions achieved.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlyniad/Outcome:	An EQIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	An EQIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Do/Yes: ☒	Naddo/No: ☐

Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant <i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>	Canlyniad/Outcome:	Recognition of the need to ensure that support and services meet the needs of current and previous serving military population.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Areas of compliance would be included in the EQIA
	Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A More Equal Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

<i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	Yes (Include further detail below)	
	The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

People and Culture Committee

WORKFORCE EQUALITY STANDARD (WES) ORGANISATIONAL REPORT

Date of Meeting	08 October 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Ceri Harris – Head of Equality and Human Rights
Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People Services & Organisational Development

Report Purpose	For Noting
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Executive Summary

This paper presents the Workforce Equality Standard (WES) Organisational Report for Betsi Cadwaladr University Health Board (BCUHB). In November 2025, Welsh Government and NHS Wales replaced the Workforce Race Equality Standard (WRES) with the Workforce Equality Standard (WES). Whilst WRES focused primarily on race equality, WES adopts a broader and more intersectional approach, assessing workforce experience across all protected characteristics and examining how multiple characteristics may combine to influence workplace outcomes.

The report concludes that BCUHB demonstrates a generally functional workforce system with no evidence of severe or systemic organisational inequity. However, it identifies moderate inequity across five of the six workforce domains assessed, indicating that inequalities are primarily driven by inconsistency in experience, application and trust in organisational systems rather than the absence of systems themselves.

The report found:



- Ethnic minority staff remain underrepresented within senior leadership pathways and are less likely to be appointed following shortlisting than White staff.
- Ethnic minority staff, some religious groups and staff who choose not to disclose information are less likely to receive appraisals and engage with development processes.
- Ethnic minority staff, disabled staff and staff recorded as "Prefer Not to Say" or "Unknown" report higher levels of bullying, harassment and discrimination, particularly in staff-to-staff interactions.
- Ethnic minority, disabled, LGBTQIA+ and non-disclosing staff consistently report lower confidence in speaking up and raising concerns despite reporting systems being available.
- Burnout, workload pressure and presenteeism are higher amongst ethnic minority and non-disclosing groups despite flexibility and workplace support arrangements being available.

The report also identifies organisational strengths, including relatively equitable disciplinary and capability processes, stable appraisal systems, accessible workplace support arrangements and effective incident-reporting mechanisms.

The findings provide an important evidence base to inform workforce planning, culture change programmes, implementation of the Strategic Equality Plan and organisational development priorities

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data
People and Culture Executive Delivery Group	15 Sept 2026	Noted

Acronyms / Glossary of Terms

WRES	Workforce Race Equality Standard
WES	Workforce Equality Standard
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer/questioning and plus to represent other groups.
SEP	Strategic Equality Plan

Workforce Equality Standard (WES) Organisational Report

1. SITUATION

- 1.1** This paper presents the BCUHB Workforce Equality Standard (WES) Organisational Report for consideration by the People and Culture Committee. The report provides analysis of workforce equality experiences and outcomes across all protected characteristics and forms part of NHS Wales' workforce equality assurance arrangements.
- 1.2** The report will support development of workforce equality priorities, delivery of the Strategic Equality Plan 2024-2028, implementation of the Anti-racist Wales Action Plan, LGBTQ+ Action Plan for Wales and wider organisational culture improvement programmes.
- 1.3** The findings will be incorporated within organisational planning processes and will contribute to ongoing monitoring of equality outcomes through established governance arrangements.

2. BACKGROUND

- 2.1** Since 2024 NHS Wales organisations have reported against the Workforce Race Equality Standard (WRES), which was developed as part of the Anti-racist Wales Action Plan to improve workplace experiences and outcomes for ethnic minority staff.
- 2.2** In November 2025 Welsh Government introduced the Workforce Equality Standard (WES), replacing WRES with a broader framework that measures workforce experiences across all protected characteristics. The new approach recognises that inequalities can be experienced through multiple and intersecting identities and provides a more comprehensive understanding of workforce inclusion across NHS Wales.
- 2.3** The WES framework groups indicators into six workforce domains and examines organisational performance through an intersectional lens. This enables organisations to identify patterns of inequity and prioritise targeted interventions designed to improve staff experience and workplace inclusion.

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1 Workforce Equality Overview

The Workforce Equality Standard assessed six workforce domains and identified the following organisational ratings:

Domain	Equity Rating
Leadership and Representation	Moderate Inequity
Professional Development	Moderate Inequity
Disciplinary and Capability	Mild Inequity
Workplace Behaviours	Moderate Inequity
Wellbeing and Safety	Moderate Inequity
Workplace Conditions	Moderate Inequity

The report concludes that workforce inequality within BCUHB is concentrated at key workforce gateways and within cultural and behavioural experiences rather than formal HR processes.

3.2 Leadership and Representation

Leadership and progression was identified as one of the strongest areas of workforce inequality.

The report found:

- Ethnic minority representation within the workforce is 8.7%, compared with an NHS Wales average of 11.3%.
- Ethnic minority staff are less likely to be appointed following shortlisting than White staff.
- Ethnic minority representation reduces further at senior and Executive pay grades, demonstrating a narrowing leadership pipeline.
- Staff who select "Prefer Not to Say" or "Unknown" consistently report lower confidence in progression and promotion opportunities.

The report concludes that BCUHB is experiencing "structural friction" within progression pathways and that workforce diversity is not consistently translating into leadership diversity. [https://nhs.wales365-my.sharepoint.com/personal/ceri_harris2_wales_nhs_uk/Documents/Microsoft Copilot Chat Files/BCUHB 2025-26 EOY SEP feedback report.pdf](https://nhs.wales365-my.sharepoint.com/personal/ceri_harris2_wales_nhs_uk/Documents/Microsoft%20Copilot%20Chat%20Files/BCUHB%202025-26%20EOY%20SEP%20feedback%20report.pdf)

3.3 Professional Development

Although appraisal systems are established and broadly comparable to NHS Wales performance, the report identifies variation in access and experience.

Key findings include:

- Ethnic minority staff have lower appraisal completion rates than White staff.
- Similar disparities were identified across some religious groups.
- Staff selecting "Prefer Not to Say" or "Unknown" demonstrate lower and less consistent engagement with appraisal and development processes.

The report attributes these variations primarily to differences in local management practice rather than organisational policy design.

3.4 Workplace Behaviours

The report identifies workplace behaviours as one of the areas requiring greatest improvement.

Key findings include:

- Ethnic minority staff report higher levels of harassment and discrimination compared with White colleagues.
- Disabled staff also report elevated levels of negative workplace behaviours.
- The most significant inequalities arise from staff-to-staff interactions rather than interactions with patients or the public.
- Staff who do not disclose personal characteristics experience some of the highest rates of discrimination, harassment and negative workplace experiences.

The report concludes that behavioural expectations are established organisationally, but application and enforcement is inconsistent between teams and services.

3.5 Wellbeing, Safety and Voice

The report identifies psychological safety as a significant theme.

Key findings include:

- Actual exposure to violence and workplace incidents is broadly aligned with NHS Wales patterns.
- However, confidence in speaking up is consistently lower amongst ethnic minority staff, disabled staff, LGBTQIA+ staff and non-disclosing staff.
- Staff who choose not to disclose personal information demonstrated some of the lowest confidence levels across all speaking-up indicators, suggesting a potential relationship between disclosure, trust and organisational culture.

The report notes that reporting systems exist and are being used, but staff do not consistently experience them as safe, supportive or effective.

3.6 Workplace Conditions and Wellbeing

The report identifies sustained workforce pressure across several staff groups. Findings include:

- Burnout and presenteeism are evident across the workforce and disproportionately affect ethnic minority staff and staff who do not disclose personal characteristics.
- Access to flexible working and workplace adjustments is broadly equitable and represents an organisational strength.
- However, support arrangements are not consistently translating into positive workplace experiences or reduced pressure for all groups.

The report concludes that workplace support structures are established but require more consistent implementation to achieve equitable outcomes.

3.7 Areas of Good Practice and Assurance

The report identifies several areas providing assurance to the Committee:

- No workforce domain was assessed as demonstrating severe inequity.
- Disciplinary and capability processes were rated as demonstrating only mild inequity, with no evidence of sustained disproportionality.
- Formal reporting arrangements are functioning and broadly aligned with NHS Wales averages.
- Flexible working arrangements and workplace adjustment processes are established and accessible.

- Appraisal and development systems remain operational and are broadly accessible across the organisation.

These findings indicate that the organisation has strong workforce equality foundations upon which targeted improvement actions can be built.

Conclusion

The Workforce Equality Standard report provides the first comprehensive assessment of workforce equality following the transition from WRES to WES in November 2025. The findings indicate that whilst BCUHB has many established workforce systems and no evidence of severe organisational inequity, there remain consistent inequalities relating to leadership progression, workplace behaviours, psychological safety and workforce wellbeing.

The report highlights that the most significant inequalities affect ethnic minority staff, disabled staff, LGBTQIA+ staff and staff who do not disclose personal characteristic information. The findings provide a robust evidence base to inform future Strategic Equality Plan actions, workforce planning priorities, organisational development programmes and workforce culture improvement initiatives.

4. KEY RISKS / MATTERS FOR ESCALATION

The report identifies potential risks associated with:

- Failure to address workforce inequalities identified through WES reporting.
- Reduced staff confidence in leadership, progression and organisational fairness.
- Continuing disparities in experiences of bullying, harassment and discrimination.
- Lower psychological safety and confidence in speaking up for some staff groups.
- Workforce retention, engagement and wellbeing risks associated with burnout and workload pressures.
- Continued underrepresentation of minority groups within senior leadership pathways.

The report should be viewed alongside existing risks relating to delivery of the Strategic Equality Plan, Anti-racist Wales Action Plan and organisational culture improvement objectives.

The principal corporate risks remain:

- **Risk 1971:** Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011.
- **Risk 4986:** Failure to deliver Health Board obligations under the Anti-racist Wales Action Plan.

5. RECOMMENDATIONS

The People and Culture Committee is asked to:

- **NOTE** the findings of the Workforce Equality Standard (WES) Organisational Report.
- **RECEIVE ASSURANCE** regarding workforce equality governance arrangements and monitoring.
- **RECEIVE ASSURANCE** that identified findings will be incorporated into workforce equality action planning, Strategic Equality Plan delivery and organisational development programmes.
- **SUPPORT** the development and implementation of targeted improvement actions focusing on leadership progression, workplace behaviours, psychological safety and workforce wellbeing.
- **ENDORSE** onward reporting of the Workforce Equality Standard findings through Executive Team and Board governance arrangements.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	If more than one applies, please list below: 1. Focus on Health and Wellbeing 2. Enhance the Co-ordination of Care of People 4. Create a Modern, People Centred Healthcare System
Yr Egwyddorion Dylunio Design Principles	People First All Principles
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty.html Public Sector Equality Duty [HTML] GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Evidence is identified in both the Report and the EQIA completed on the SEP for which the WES is an action.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	An SEIA was undertaken on the

<i>economic Duty when making strategic decisions?</i>	If no, please include rationale:	SEP, but this report in itself is not a strategic decision, as it comes from Welsh Government.
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlyniad/Outcome:	An EQIA was undertaken on the SEP, identifying positive impacts to the workforce. The WES is an action within the SEP.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	An EQIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Recognition of the need to ensure that support meets the

<i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>		needs of current and previous serving military population.
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Areas of compliance would be included in the EQIA
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	A More Equal Wales	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

<i>Have you undertaken a Data Protection Impact Assessment Screening?</i>		
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☐ Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
Cyfreithiol Legal	Yes (Include further detail below) The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

People and Culture Committee

EQUALITY PAY GAP REPORTS 2025-2026

Date of Meeting	08 October 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Ceri Harris – Head of Equality and Human Rights
Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People Services & Organisational Development

Report Purpose	For Noting
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Executive Summary

This paper presents the Equality Pay Gap Report as at 31 March 2026, providing analysis of gender, race and disability pay gaps across the Health Board workforce. The report exceeds statutory requirements by reporting not only on gender pay gaps, which are required under legislation, but also on race and disability pay gaps to support the Health Board's commitment to equality, diversity and inclusion and delivery of its Strategic Equality Plan 2024-2028.

The report demonstrates that the Health Board continues to maintain equal pay through nationally agreed NHS pay frameworks. However, the analysis highlights differences in average earnings between groups which are driven largely by workforce composition, occupational segregation and representation across different grades and staff groups.

Key findings include:

- A mean gender pay gap of **24.31%** and median gender pay gap of **4.68%**, both showing improvement compared to the previous reporting period.
- A mean race pay gap of **-42.61%** and median race pay gap of **-16.49%**, indicating that non-white staff have higher average hourly earnings than

white staff, primarily due to workforce distribution within medical and dental professions.

- A disability pay gap of **7.66%** in favour of staff who do not identify as disabled, highlighting the continued underrepresentation of disabled staff within higher-paid roles and quartiles.
- Improved workforce equality monitoring data, particularly disability declaration rates and ethnicity recording.
- The report provides an important baseline for understanding workforce inequalities and supports future development of a Pay Gap Action Plan aligned to workforce equality priorities, the Strategic Equality Plan and the Workforce Equality Standard (WES). Ethnic minority staff remain underrepresented within senior leadership pathways and are less likely to be appointed following shortlisting than White staff.
- Ethnic minority staff, some religious groups and staff who choose not to disclose information are less likely to receive appraisals and engage with development processes.
- Ethnic minority staff, disabled staff and staff recorded as "Prefer Not to Say" or "Unknown" report higher levels of bullying, harassment and discrimination, particularly in staff-to-staff interactions.
- Ethnic minority, disabled, LGBTQIA+ and non-disclosing staff consistently report lower confidence in speaking up and raising concerns despite reporting systems being available.
- Burnout, workload pressure and presenteeism are higher amongst ethnic minority and non-disclosing groups despite flexibility and workplace support arrangements being available.

The report also identifies organisational strengths, including relatively equitable disciplinary and capability processes, stable appraisal systems, accessible workplace support arrangements and effective incident-reporting mechanisms.

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data
People and Culture Executive Delivery Group	15 Sept 2026	Noted

Acronyms / Glossary of Terms

WRES	Workforce Race Equality Standard
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WES	Workforce Equality Standard
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer/questioning and plus to represent other groups.
SEP	Strategic Equality Plan

Equality Pay Gap Reports 2025-2026

1. SITUATION

- 1.1 This paper presents the Health Board's Equality Pay Gap Report as at 31 March 2026 for scrutiny, assurance and noting by the People and Culture Committee.
- 1.2 The report provides analysis of pay gaps relating to gender, race and disability across the workforce and supports the Health Board's commitment to understanding and addressing inequalities in workforce outcomes.
- 1.3 The findings will inform workforce equality priorities, delivery of the Strategic Equality Plan, implementation of Workforce Equality Standard improvement actions and development of future workforce planning interventions.

2. BACKGROUND

- 2.1 The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require employers with more than 250 employees to publish annual gender pay gap information. BCUHB complies with this requirement and continues to go beyond statutory reporting requirements by also publishing race and disability pay gap reports.
- 2.2 Pay gap reporting differs from equal pay. Equal pay concerns individuals undertaking comparable work receiving the same remuneration and is supported through national NHS pay frameworks and Agenda for Change job evaluation arrangements. Pay gap reporting provides insight into how different groups are represented across occupations, grades and salary levels.
- 2.3 The report provides workforce intelligence that supports our understanding of workforce representation, progression, recruitment, retention and development opportunities. It also provides valuable evidence to support delivery of the Strategic Equality Plan and workforce inclusion programmes.

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1 Gender Pay Gap

The Health Board workforce remains predominantly female, with women representing **80.57% (17,981 employees)** and men representing **19.43% (4,335 employees)** of the workforce.

The analysis identified:

- Mean gender pay gap: **24.31%**.
- Median gender pay gap: **4.68%**.
- The mean pay gap reduced by **0.18%** from the previous year.
- The median pay gap reduced from **6.16% to 4.68%**.

The report demonstrates that women continue to be underrepresented in a number of the highest-paid medical and senior roles. Whilst women comprise over 80% of the workforce, women account for only **33.66% of consultant posts**, which continues to influence the overall gender pay gap.

Encouragingly, representation of women within consultant roles has increased compared with the previous reporting period and the overall median pay gap continues to reduce.

3.2 Gender Bonus Gap

Bonus payments continue to demonstrate significant disparity:

- Average bonus gap: **59.76%**.
- Median bonus gap: **50.0%**.
- 4 women received bonus payments compared with 11 men.

The report notes that these bonus payments primarily relate to Clinical Excellence and Commitment Awards for medical staff and that very small cohort sizes significantly influence the reported percentage differences.

[https://nhs.wales365-my.sharepoint.com/personal/ceri_harris2_wales_nhs_uk/Documents/Microsoft Copilot Chat Files/BCUHB 2025-26 EOY SEP feedback report.pdf](https://nhs.wales365-my.sharepoint.com/personal/ceri_harris2_wales_nhs_uk/Documents/Microsoft%20Copilot%20Chat%20Files/BCUHB%202025-26%20EOY%20SEP%20feedback%20report.pdf)

3.3 Race Pay Gap

The workforce comprises:

- 18,989 white staff (85.09%).
- 2,145 non-white staff (9.6%).
- 1,183 staff with undeclared ethnicity (5.3%).

Key findings include:

- Mean race pay gap: **-42.61%**.
- Median race pay gap: **-16.49%**.

The negative pay gap indicates that non-white staff have higher average earnings than white staff. The report concludes that this is largely explained by the concentration of non-white staff within higher-paid Medical and Dental roles and growing representation within upper pay quartiles.

Notable findings include:

- Non-white staff comprise **15.23%** of the highest pay quartile compared with **9.6%** of the overall workforce.
- Representation of non-white staff in Quartile 4 increased from **11.93% in 2023-24 to 15.23% in 2025-26**.
- Representation of non-white staff in Quartile 3 increased from **6.38% to 11.79%** during the same period.

These findings provide positive evidence of increasing representation of ethnic minority staff within higher-paid positions.

3.4 Disability Pay Gap

The workforce includes:

- 1,757 staff who identify as disabled (**8.16%**).
- 18,528 staff who identify as not disabled (**86.06%**).
- 1,243 staff with unknown disability status (**5.77%**).
-

Key findings include:

- Mean disability pay gap: **7.66%** in favour of non-disabled staff.
- Disabled staff have the lowest mean and median hourly earnings of all disability declaration groups.
- Disabled staff represent **9.57%** of the lowest pay quartile but only **6.56%** of the highest pay quartile.

The report concludes that disabled staff remain underrepresented within higher paid grades and that this represents an area requiring further analysis and action.

3.5 Areas of Assurance

The report provides assurance that:

- Equal pay arrangements remain supported through Agenda for Change and NHS pay frameworks.
- Gender pay gaps continue to reduce year on year.
- Representation of ethnic minority staff within higher-paid quartiles continues to improve.
- Workforce equality monitoring data quality has improved, supporting increasingly robust analysis.
- The Health Board has committed, through the Strategic Equality Plan, to ongoing annual publication of equality pay gap reports and development of targeted actions.

3.6 Future Action

The report identifies priority actions including:

- Development and implementation of a Pay Gap Action Plan.
- Improving equality monitoring and declaration rates.
- Increasing representation of underrepresented groups within senior pay bands and leadership pathways.
- Strengthening understanding of the relationship between flexible working, progression and pay outcomes.

Increasing access to development and progression opportunities for underrepresented groups.

Conclusion

The Equality Pay Gap Report provides important workforce intelligence relating to gender, race and disability pay differences across the Health Board. Whilst the report confirms that nationally agreed pay systems continue to support equal pay, it highlights workforce inequalities relating to workforce composition, progression and representation within higher-paid roles.

The report demonstrates positive progress in reducing the gender pay gap and increasing ethnic minority representation within higher-paid grades. However, it also highlights continued disparities affecting disabled staff and the need for targeted action to ensure equitable opportunities for progression and career development.

4. KEY RISKS / MATTERS FOR ESCALATION

Failure to understand and address workforce inequalities identified through pay gap analysis may result in:

- Reduced workforce diversity at senior levels.
- Barriers to career progression for underrepresented groups.
- Reduced workforce engagement, wellbeing and retention.
- Failure to achieve Strategic Equality Plan objectives.
- Potential negative impacts on Workforce Equality Standard outcomes and workforce experience measures. <https://nhs.uk/healthcare-inequalities/2025-2026-equality-pay-gap-report>

The report should therefore be considered alongside:

- Corporate Risk 1971: Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011.
- Corporate Risk 4986: Failure to deliver obligations under the Anti-Racist Wales Action Plan.

5. RECOMMENDATIONS

The People and Culture Committee is asked to:

- **NOTE** the findings of the Equality Pay Gap Report 2025-2026.
- **RECEIVE ASSURANCE** regarding compliance with statutory gender pay gap reporting requirements.

-
- **RECEIVE ASSURANCE** that workforce equality data is being used to identify and understand inequalities relating to gender, ethnicity and disability.
 - **SUPPORT** the development of a Pay Gap Action Plan aligned to the Strategic Equality Plan, Workforce Equality Standard and workforce planning arrangements.
 - **SUPPORT** onward submission of the report through Executive Team and Board governance processes.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	If more than one applies, please list below: 1. Focus on Health and Wellbeing 2. Enhance the Co-ordination of Care of People 4. Create a Modern, People Centred Healthcare System
Yr Egwyddorion Dylunio Design Principles	People First All Principles
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty.html Public Sector Equality Duty [HTML] GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Evidence is identified and used from the report to support actions within the SEP, for which and EQIA has been completed.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

<i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	An SEIA was undertaken on the SEP, evidence from pay gap reports support actions.
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlyniad/Outcome:	An EQIA was undertaken on the SEP, evidence from pay gap reports support actions.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	An EQIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Recognition of the need to ensure that support meets the needs of current and

<i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	previous serving military population.
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Areas of compliance would be included in the EQIA
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A More Equal Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

<i>Have you undertaken a Data Protection Impact Assessment Screening?</i>		
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact <i>Have you considered the counter fraud impacts</i>	Do/Yes: ☐ Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
Cyfreithiol Legal	Yes (Include further detail below) The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

People and Culture Committee

STRENGTHENING SOCIAL PARTNERSHIP

Dyddiad y Cyfarfod Date of Meeting	08 October 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Kay Hannigan, Associate Director People Services and Jan Tomlinson Staff Side Chair
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eyitayo, Executive Director of People Services & Organisational Development
Pwrpas yr Adroddiad Report Purpose	For Approval

Crynodeb Gweithredol Executive Summary

The Health Board is required to submit an annual report to the Social Partnership Council in line with the Social Partnership duty under the Social Partnership and Public Procurement (Wales) Act (SPPP Act).

The intended effect of the legislation is to improve the economic, social, cultural, and environmental well-being of people in Wales by strengthening the role of social partnership within strategic decision-making. Involving both employers and workers in key discussions regarding improvements to wellbeing recognises and values the unique contribution and expertise brought by those directly engaged in public service delivery when addressing shared challenges and seeking innovative solutions.

The Act requires public bodies to include its recognised trade unions or other representatives of its staff in the process of setting objectives or making decisions by consulting at a formative stage of the process and involving them in the process.

The attached report evidences how we have complied with the duty and contains the results of the self-assessment tool, which was designed explicitly as a development tool. This provides a common framework for partners to develop a



jointly owned approach to tackling some of the barriers to effective partnership working.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Workforce Partnership Group	24th July 2026	Discussed the results of the assessment. Social Partnership is embedded in the group and the group were invited to participate in the initial survey and the results obtained.
People and Culture Executive Deliver Group (PC EDG)	15 September 2026	Agreed to progress through governance route to PCC

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

N/A

Strengthening Social Partnership

1. Y SEFYLLFA SITUATION

- 1.1 The Health Board is required to submit an annual report to the Social Partnership Council in line with the Social Partnership duty under the Social Partnership and Public Procurement (Wales) Act (SPPP Act). This paper, if approved for submission will be sent to the Social Partnership Council.
- 1.2 The intended effect of the legislation is to improve the economic, social, cultural, and environmental well-being of people in Wales by strengthening the role of social partnership within strategic decision-making. Involving both employers and workers in key discussions regarding improvements to wellbeing recognises and values the unique contribution and expertise brought by those directly engaged in public service delivery when addressing shared challenges and seeking innovative solutions.
- 1.3 The Act requires public bodies to include its recognised trade unions or other representatives of its staff in the process of setting objectives or making decisions by consulting at a formative stage of the process and involving them in the process.
- 1.4 The attached report evidences how we have complied with the duty and contains the results of the self-assessment tool, which was designed explicitly as a development tool. This provides a common framework for partners to develop a jointly owned approach to tackling some of the barriers to effective partnership working.

2 Y CEFNDIR BACKGROUND

- 2.1 The Social Partnership and Public Procurement (Wales) Bill became law in August 2022. The Act focusses on how organisations can work together in Wales to deliver public services in a fair and responsible way. The law came into force in 2024.
- 2.2 The Act sets up a Social Partnership Council for Welsh Ministers to talk with partners to meet social well-being goals. The council provides advice to the Welsh Ministers about the best ways social partnership can work. The council is made up of government, employers and workers including trade unions.
- 2.3 Under the regulation public bodies, are required to talk to their workers with the aim of agreeing their well-being goals and how they will achieve them.

Social partnership means workers and employees working together to solve problems.

- 2.4 In March 2025 the Welsh Government published a User Handbook outlining the duties of public bodies in relation to the Act introducing the Self-Assessment Tool as a simple way of assessing the effectiveness of Partnership working. A base line assessment was undertaken in 2024/25. A further assessment was undertaken using the Self-Assessment Tool to measure progress and inform this report.

3 **MATERION PENODOL I'W HYSTYRIED** **SPECIFIC MATTERS FOR CONSIDERATION**

3.1 **The Self-Assessment Tool**

- 3.2 The self-assessment tool was sent out to the 62 members of the Workforce Partnership Group for completion and discussion at the meeting. The full results are contained in appendix a. The response rate was 19% and the results were tested and discussed at the Workforce Partnership Group on the 24th July 2026. The number of responses remained identical to the 2024/25 assessment although in this year's assessment the number of TU responses increased by 1 and the number of management responses decreased by 1.

- 3.3 Results were measured across the 6 following domains and the scores across the 2 years are compared.

Domain	2024/25 score	2025 / 26 score	Difference
Clarity and Purpose	19.5	19.5	Identical
Social partnership Approach	20	19.5	Slight decrease
Relationships	20.5	20.5	Identical
Principles and Values	21.5	19.5	Decrease
Collaborative Action	20	19	Decrease
Reviewing Success	18	18	Identical

- 3.4 The results clearly demonstrated a cohesion between the results of management and trade union colleagues as can be seen in appendix a. In 20 of the 30 categories measured all parties agreed or strongly agreed with the statements in relation to partnership working in BCU. It is notable that in the 10 areas where the response was not sure rather than agreement in only 2 of the categories did the trade unions score lower than the managers. For each of the domains the assessment confirmed the following statement in relation to BCU.

- Clarity and purpose, there is reasonable understanding of purpose.

- Social partnership approach, the need for social partnership is recognised and accepted
- Relationships, good relationships are in place
- Principles and values, principles are understood and show signs of embedding
- Collaborative Action, arrangements for collaborative working and reasonably clear and robust
- Reviewing Success, the partnership monitors, measures and learns from its performance reasonably well.

3.5 As the parties present at the Workforce Partnership Group covered different staff groups and parts of the organisation it was determined that on the whole the outcomes reflected the strength of partnership working across the Health Board. All parties were in agreement that the partnership is reasonably healthy. A dialogue will continue to ensure that the standards are maintained and improved when the audit is next undertaken.

3.6 The results of the Self-Assessment Tool will be shared with the Local Partnership Forum to further test whether the results are agreed with at the most senior levels in the organisation.

3.7 **Social Partnership Working in Action**

3.8 Within BCU Trade Unions work closely with managers to embed the principles of social partnership through partnership working. William Nicholls, RCN representative sits on the Board as an independent member. This ensures that the partnership voice is heard at the most senior levels. As a Board Member the trade union independent member is expected to contribute fully to Board deliberations.

3.9 The BCUHB Local Partnership Forum is the formal mechanism through which management, trade unions and professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. The forum has established a regular and formal dialogue between the Board's Executive and the staff organisations relating to workforce and health service matters. The group meets quarterly and is jointly chaired by the Chair of Staff Side and the CEO.

3.10 The Workforce Partnership Group meets monthly to promote and deliver a regular dialogue between the People Services Directorate, senior managers and trade union partners on matters relating to the BCU workforce. The group enables managers and trade unions partners to put forward issues affecting the workforce for discussion and decision-making. All organisational changes and service reviews impacting upon the workforce

are overseen by and consulted upon within the group before being released to the wider organisation for full consultation.

- 3.11 Formal consultation between the organisation and the British Medical Association takes place through the Local Negotiating Committee. This is the opportunity for BMA representatives to meet with senior Health Board leaders to discuss in partnership matters specifically relevant to the medical workforce.
- 3.12 Each of the health communities have people and culture groups with local trade union representatives invited to be core group members. The purpose of the group is to advise and assure the local Senior Leadership Team on the development, implementation and effectiveness of strategies in relation to the workforce, organisational development and culture of the health community. The group also provides advice and assurance in relation to the alignment of strategies to Living Healthier Staying Well and relevant national strategies. The group is also responsible for providing the central IHC Senior Leadership team with evidence of impact of the improvement when implementing strategies.
- 3.13 Discussions are currently ongoing with a member of the Social Partnership Council to attend a meeting of the Workforce Partnership Group to share the vision, forward work plan and practical steps that BCU can take to ensure that we endorse and promote social partnership in practice.
- 3.14 **Social Well-being Goals**
- 3.15 Through effective social partnership arrangements, BCUHB is making a significant contribution to the social well-being goals set out within the Well-being of Future Generations (Wales) Act. Working collaboratively with recognised Trade Unions, staff, Public Services Boards, the Regional Partnership Board and third sector partners, the Health Board is focused on reducing inequalities, improving health and wellbeing, supporting cohesive communities and promoting fair work. BCUHB's well-being objectives place a strong emphasis on prevention, inclusion, community resilience and ensuring that workers are fairly rewarded, heard and represented within a healthy and supportive working environment. This is demonstrated through active partnership arrangements, staff wellbeing initiatives, compassionate leadership programmes and staff networks, with Trade Unions involved at a formative stage in discussions relating to workforce matters, organisational change and service developments in order to help shape decisions and identify solutions.
- 3.16 The Health Board is also using its role as a major Anchor Institution to maximise its contribution to the social well-being of North Wales. Through the Regional Wellbeing, Prevention and Anchor Framework, socially responsible procurement, social prescribing, community co-production

initiatives and support for local employment and skills development, BCUHB is helping to address the wider determinants of health and reduce inequalities. In addition, investment in Welsh language development, environmental sustainability and community-led approaches to wellbeing contributes to stronger, more resilient and cohesive communities across North Wales. These activities demonstrate how social partnership is supporting better outcomes for the workforce, patients and local communities while contributing to the social, economic, cultural and environmental well-being of the region.

4 **RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS / MATTERS FOR ESCALATION**

4.1 **Facilities Arrangements**

4.2 BCU is committed to ensuring trade union representatives are afforded reasonable paid time off to undertake trade union duties as outlined in WP15 Partnership and Recognition Agreement. The agreement identifies the framework for time off and facilities for accredited representatives of Trade Unions recognised by Betsi Cadwaladr University Health Board (BCUHB), in accordance with Agenda for Change Wales terms and conditions.

4.3 As part of the Health Board's commitment to the partnership working agenda, it recognises that investment in a Time Off and Facilities Agreement is a key aspect of the management of the people who deliver health services to the population of North Wales and visitors to the area. The agreement takes cognisance of the relevant statutory framework. The time off and facilities agreement is currently under review and will be revised within the coming year.

4.4 BCUHB recognises that provision of time off and facilities to carry out trade union duties and activities will be of mutual benefit to the Health Board and the trade union organisations. BCUHB recognises the significant increase in demands made upon Trade Union organisations as the partnership agenda has and continues to develop. It is committed to supporting representatives to undertake their roles and responsibilities.

5 **ARGYMHELLION RECOMMENDATIONS**

5.1 **RECOGNISE** and **ACKNOWLEDGE** that social partnership is embedded within BCU. The audit demonstrated that there are areas for improvement and the challenge is to maintain the standards we are achieving and strive for improvement.

-
- 5.2 **ENDORSE** Social Partnership. Ensure that it runs as a core through all leadership development programmes. A review of the programmes will be undertaken to ensure that social partnership is embedded.
- 5.3 **SUPPORT** trade unions representatives to obtain release to undertake their social partnership responsibilities, through a revised Time Off and Facilities agreement. BCU will support trade union members to gain accreditation to take on representative roles to work alongside current accredited representatives. Opportunities to become accredited representatives will be promoted.
- 5.4 Reports on social partnership activities will continue to be shared through the WPF, Local Partnership Forum and People and Culture Committee.
- 5.5 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:
- **CEFNOGI/SUPPORT**
 - The recommendations contained within the report and its submission to the Social Partnership Council.

ASESIAD / ASSESSMENT

Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	If more than one applies, please list below: Creating Compassionate Culture, Leadership, and Engagement
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	Not applicable

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS

Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty.html Public Sector Equality Duty [HTML] GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?</i>	Do/Yes: ☒	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
	Canlyniad/Outcome:	

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Not applicable
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant <i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Not applicable

<u>Deddf Llesiant</u> <u>Cenedlaethau'r Dyfodol -</u> <u>Nodau Llesiant</u> <u>Wellbeing of Future</u> <u>Generations Act –</u> <u>Wellbeing Goals</u>	Choose an item.	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	Not applicable
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal</i> <i>prawf Sgrinio o'r Asesiad o</i> <i>Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data</i> <i>Protection Impact</i> <i>Assessment Screening?</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable no personally identifiable data included
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr</i> <i>effeithiau ar atal twyll?</i> Counter Fraud Impact <i>Have you considered the</i> <i>counter fraud impacts</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Cyfreithiol Legal	Yes (Include further detail below) The Health Board is required to submit an annual report to the Social Partnership Council in line with the Social Partnership duty under the Social Partnership and Public Procurement (Wales) Act (SPPP Act).	
Enw Da Reputational	Yes (Include further detail below) Required to evidence and demonstrate commitment to partnership working to the Welsh Government led Social Partnership Council	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) Commitment to the release of Trade Union Representatives to undertake Social Partnership working.	

People and Culture Committee

CORPORATE RISK REGISTER

Dyddiad y Cyfarfod Date of Meeting	08 October 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Jody Evans, Assistant Head of Risk Management Anthony Hughes, Risk Assurance Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger, Director of Corporate Governance
Pwrpas yr Adroddiad Report Purpose	Endorse for Board Approval

Crynodeb Gweithredol **Executive Summary**

The Committee is asked to scrutinise and endorse two Corporate Risks within its remit prior to submission to the Audit Committee and Board:

- CRR25-02: Future Demand & Sustainable Workforce
- CRR25-07: Leadership and Operating Model

Both risks have been comprehensively reviewed with the Executive Director of People Services and Organisational Development to ensure they accurately reflect the current risk position, controls, gaps in assurance and mitigating actions. This review has strengthened the alignment between controls, action plans and intended outcomes.

Following the review, the current risk score for CRR25-02 Future Demand & Sustainable Workforce has increased from 16 to 20, reflecting deterioration in workforce performance indicators reported as at July 2026. Both risks remain outside the Health Board's approved risk appetite and therefore require continued Executive and Committee oversight. Of the 23 mitigating actions

in place across the two risks, 18 are progressing, two are yet to commence pending completion of a workforce demand and capacity review, and three have been completed.

The Committee is invited to review the risks, consider whether it is assured regarding the adequacy of controls and planned mitigations, and endorse the risks for onward submission to the Audit Committee and Board.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Executive Committee	23/09/2026	Full CRR presented to the Committee
Executive Committee	12/08/2026	Full CRR presented to the Committee
Executive Committee	15/07/2026	Full CRR presented to the Committee
Executive Committee	17/06/2026	Full CRR presented to the Committee
Informal EC Deep Dive	27/05/2026	Deep Dives held: • CRR25-02: Future Demand & Sustainable Workforce • CRR25-07: Leadership and Operating Model
Executive Committee	20/05/2026	Full CRR presented to the Committee
Risk Scrutiny Group	12/05/2026	Following review by the Risk Scrutiny Group (RSG) on the 12th May 2026, a full review of the risks has been undertaken by the service and approved by the Executive Director Lead.

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

CRR	Corporate Risk Register
RSG	Risk Scrutiny Group
KPI	Key Performance Indicator/s
BAF	Board Assurance Framework

CORPORATE RISK REGISTER

1. Y SEFYLLFA SITUATION

This report provides an update on the Corporate Risks falling within the remit of the People and Culture Committee.

Two Corporate Risks sit within the Committee's oversight:

- CRR25-02: Future Demand & Sustainable Workforce
- CRR25-07: Leadership and Operating Model

2. Y CEFNDIR BACKGROUND

The Committee is asked to scrutinise and endorse two Corporate Risks within its remit prior to submission to the Audit Committee and subsequently the Board:

- **CRR25-02: Future Demand & Sustainable Workforce**
- **CRR25-07: Leadership and Operating Model**

Both risks have been comprehensively reviewed and refreshed with the Executive Director of People Services & Organisational Development to ensure they accurately reflect the current risk position, associated control environment, and mitigating actions. This review has improved the clarity and consistency of the risk statements and strengthened the alignment between identified control gaps, mitigating actions, and intended outcomes.

As a result of the review, the current risk score for **CRR25-02: Future Demand & Sustainable Workforce** has increased from **16 to 20**, reflecting adverse workforce KPI performance as at July 2026.

To strengthen executive assurance, informal Executive Committee deep dives have been undertaken for both Corporate Risks.

The Committee is invited to review the risks, provide feedback, and endorse them for onward submission to the Audit Committee and Board.

3. MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

- Two actions identified under Corporate Risk 25-02, '*Future Demand and Sustainable Workforce*', have not yet commenced. Progress is dependent on completion of a preceding action: a full demand and capacity review to identify the true gaps within the workforce model. Both actions will be initiated following completion of this review.
- Increase in the current risk score for risk CRR25-02 following review of the risk from 16 (Likelihood x 4, Impact x 4 = 16) to 20 (Likelihood x 4, Impact x 5 = 20).

Risks above Health Board 24/25 appetite

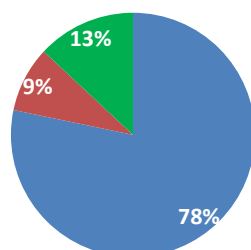
Both risks reported to the Committee are outside the tolerance levels set within the risk appetite.

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR25-02	Future Demand & Sustainable Workforce	Executive Director of Workforce	20	Quality <15
CRR25-07	Leadership and Operating Model	Executive Director of Workforce	16	Quality <15

Action Plan status of Corporate Risks

ACTION STATUS OF CORPORATE RISKS

■ Progressing ■ Not Started ■ Closed



Out of the 2 corporate risks, 23 actions have been developed to mitigate the risks, with 18 open actions progressing and on track, 2 actions due to commence and 3 closed actions.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO

KEY RISKS / MATTERS FOR ESCALATION

CRR25-02 Future Demand & Sustainable Workforce has increased following review and remains above risk appetite. Progress in reducing both CRR25-02 and CRR25-07 remains dependent on system-wide Demand and Capacity planning activity and the organisation's capacity to deliver mitigating actions alongside other strategic priorities, including Foundations for the Future. This may impact the pace at which assurance can be strengthened and risk exposure reduced.

5. ARGYMHELLION RECOMMENDATIONS

Gofynnir i'r Pwyllgor:
The Committee is asked to:

- **SCRUTINISE AND APPROVE** all of the corporate risks within the Appendix and provide feedback to the Corporate Risk Team and the Executive Lead on matters such as controls, gaps in controls and action plans for further refinement.

APPENDICES:

- 1: Dashboard
- 2: Heatmap
- 3: Corporate Risks

ASESIAD / ASSESSMENT

Cysylltiad â'r Bwriadau Strategol Link to Strategic Intentions	3. Improve Access, Outcomes and Experience
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	• CRR - CRR25-02 / CRR25-07 • BAF - BAF26-01 / BAF26-02 / BAF26-03 / BAF26-04 / BAF26-05 Corporate Risk Register and Board Assurance Framework - Betsi Cadwaladr University Health Board

IMPACT ASSESSMENTS

Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty-html Public Sector Equality Duty [HTML] GOV.WALES	Yes: ☐	No: ☒
	Outcome:	N/A
	If no, please include rationale:	<i>This report is purely administrative in nature.</i>
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?</i>	Yes: ☐	No: ☒
	Outcome:	N/A
	If no, please include rationale:	<i>This report is purely administrative in nature.</i>
<i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template	Canlyniad/Outcome: Do/Yes:	Naddo/No
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	N/A

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>This report is purely administrative in nature.</i>
Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i>	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>This report is purely administrative in nature.</i>
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant <i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>This report is purely administrative in nature.</i>
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Enablers of Quality Whole-systems Perspective	Domains of Quality Safe
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Environmental /Sustainability Impact (5Rs)	Yes - Refine	
	If no, please include rationale:	<i>This report is purely administrative in nature.</i>
Data Protection Impact Assessment	Yes: ☐	No: ☒
	Outcome:	N/A

<i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	If no, please include rationale:	<i>This report is purely administrative in nature.</i>
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: ☐	No: ☒
	Outcome:	N/A
	If no, please include rationale:	<i>This report is purely administrative in nature.</i>
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	As per detail relating to resources within risk	

Corporate Risk Register

People & Culture Committee – October 2026



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Corporate Risk Register

This report provides the People and Culture Committee with an update on the Corporate Risk Register (CRR) risks within its remit, specifically:

- **CRR25-02: Future Demand & Sustainable Workforce**
- **CRR25-07: Leadership and Operating Model**

Each risk sets out the current position, including progress against the delivery of associated mitigating actions.



Risk Framework, Procedures & Documents

Appendix 1 - Dashboard

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Action Progression			Risk Management Commentary
					Appetite Level		Total	Completed	Delayed or Overdue	
EDoW	CRR25-02	Future Demand & Sustainable Workforce	5x4 20	8	Quality (<15)	People & Culture Committee	13	0	2	Risk transferred and reviewed to updated template. Full review and update of the risk undertaken resulting in an increased current risk score
					Above Tolerance					
EDoW	CRR25-07	Leadership and Operating Model	4x4 16	8	Quality (<15)	People & Culture Committee	10	3	0	Risk transferred and reviewed to updated template. Full review and update of the risk undertaken
					Above Tolerance					

Key:

Executive	
Executive Director of Workforce	EDoW



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Appendix 2 - Heatmap

Corporate Risk Register Heat Map – August '26							
Impact	Catastrophic	5				Extreme • Future Demand & Sustainable Workforce • Timely Patient Access to Safe and Effective Care • Modernising our Infrastructure • Value Delivery and Financial Sustainability • ICT Failure and Cyber	Extreme
	Major	4			• Strategic Change – Impacting Care and Staff Delivery • Non-Compliance with Regulatory and Legislative Requirements	• Population Needs • Leadership and Operating Model • Health and Safety	Extreme • Safe Environment
	Moderate	3					
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain



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Appendix 3 - Corporate Risk Register P&C Committee – August 2026

CRR REF: 25-02		
Risk Title: Future Demand & Sustainable Workforce		
Director Lead: Executive Director of People and Organisational Development		Date Opened: 21/08/2025
Assuring Committee: People & Culture Committee		Date Last Committee Review: 11/06/2026
Date Last Reviewed: 26/08/2026	Link to BAF: BAF26-01 / BAF26-02 / BAF26-03 / BAF26-04 / BAF26-05	Target Risk Date: 31/03/2029
Risk Detail: There is a risk that the Health Board does not have an effective, coherent workforce plan and workforce supply, that is based upon an incorrect funded establishment. This may be caused by the organisation not undertaking effective demand and capacity planning, which may be compounded by high sickness rates and recruitment challenges. This may lead to staff burnout, reduced morale and retention and an inability to consistently deliver safe, high-quality care. This will likely place additional strain on services and impacting patient outcomes.		
Mitigations/Controls in place		
1. A new workforce planning framework has been agreed 2. A Healthy Workforce group is in place overseeing a comprehensive range of actions to improve sickness rates and employee wellbeing 3. The Foundations for the Future (FFTF) Board is in place to oversee the development of the future workforce model		



4. The Board has approved the three-year culture change programme
5. A Value & Sustainability programme is in place, overseeing a range of initiatives to improve productivity and financial efficiencies
6. A recently introduce Medical & Dental policy advisory service is in place
7. Work around retention initiatives has seen a reduction in avoidable turnover

Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G1 Implement a system-wide Workforce Planning service with reportable workforce plans across key services	Adoption of the workforce planning framework, based on the results of the demand and capacity review in conjunction with the clinical services plan	COO, EMD and Executive Director of Transformation and Improvement	31/03/2027	Will commence fully once D&C has been completed
G2 Demand and Capacity (D&C) forecasting	Full demand and capacity review is needed, that will identify true gaps in the workforce model. Work has begun on this review, however, is not expected to be ready by the end of the 2026/27 financial year.	Finance and Performance	31/03/2027	Progressing



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Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G3 An establishment review is required following D&C review	Undertake establishment reviews based on the outputs of the Demand & Capacity review	Finance and Performance	31/09/2027	Will commence fully once D&C has been completed
G4 An agreed operating model for the Health Board through the FFTF programme	Consultation and Implementation of the new operating model leadership structure. The first phase is Band 8c + The launch of the consultation is under consideration as part of the well-led review	Programme Lead for FFTF	31/03/2027	Progressing
G5 Clinical Service plan that outlines workforce requirements	Workforce planning has been identified as a key enabling strategic plan that will both inform and support delivery of the Strategy and CSP programmes. Initial CSP Programme engagement took place on 5 May 2026, with an output report produced and disseminated. A Clinical Services Planning (CSP) Programme PID has been developed to deliver a Future Clinical Services Model for North Wales, a CSP Framework and individual service area plans, with workforce requirements to be considered through service area planning. Programme establishment is underway, with	Executive Medical Director	01/04/27	Progressing



	delivery milestones and timescales currently being developed			
Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G6 M&D leadership and engagement is not fully effective	Strengthen the governance arrangements for the Medical Workforce Group, to report into the new Executive Delivery Group for People & OD The new People and Culture Executive Delivery Group is scheduled for 15 th September 2026. Links with reporting groups and committees will develop over the first few meetings	Medical Workforce Group Chair	31/12/2026	Progressing
	To scope and put forward proposals for a wider Medical Staffing function in the People Service directorate A review of the current resourcing function is underway and will be put forwards to the Executive Director of People & OD in Q3 2026/27	Senior Associate Director of People & OD	31/03/2027	Progressing



G7 M&D Job Planning policy	To approve and publish the new Job Planning procedure and meet the target of achieving 90% of M&D Job Plans being in place. The Job Planning procedure has been ratified and will be published imminently. Progress to achieving the target is underway but anticipated to take longer than March 2027.	Executive Medical Director	31/03/2027	Progressing
Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G8 More effective workforce pipelines in fragile services	Within the overarching OD plan, Values Based Recruitment (VBR), values based induction and transition are being introduced as part of the new Health Board values implementation Values-based induction is now embedded across the organisation and is in place for all new starters, supporting the consistent introduction of organisational values, behaviours, and cultural expectations from the outset of employment. Work is underway to develop an organisational Apprenticeship Strategy to support workforce planning priorities,	Executive Director of People and Organisational Development	31/03/2028	Progressing



	improve career pathways, and enhance talent development across the organisation. The strategy will align apprenticeship opportunities with current and future workforce needs, supporting succession planning, skills development, recruitment, and retention objectives.			
Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G9 Absence and sickness management to deliver on ministerial targets and enabling actions	Targeted management of sickness absence. A Healthy Workforce group is in place and is overseeing the action plan to target reducing sickness absence rates, in line with the Welsh Government requirements by March 2026. A range of long-term actions are being worked on through this group, which are taking longer than expected to be delivered.	Deputy Director, People & Organisational Development	31/12/2027	Progressing
	Early Intervention to target stress and anxiety absences to reduce the proportion of sickness absence back to pre-2026 levels (DMJ)	Deputy Director, People &	31/03/2027	Progressing

Turnover remains low compared to this time last year but has risen this month to 7.2%

Sickness rates currently 6.2%; Target 4.2%

Time to Hire currently 66.5 days; target 71 days – This metric is after the Establishment Control (EC) process. However, the additional EC measures (EEC) in place are causing significant delays in vacancy approval, when compared to pre-EEC.

Foundations for the future creating uncertainty – large numbers of people in temporary posts causing service fragility. Increased gaps and emerging fragility in the senior management team.



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CRR REF: 25-07			
Risk Title: Leadership and Operating Model			
Director Lead: Executive Director of People and Organisational Development		Date Opened: 21/08/2025	
Assuring Committee: People & Culture Committee (P&CC)		Date Last Committee Review: 11/06/2026	
Date Last Reviewed: 26/08/2026	Link to BAF: BAF26-04 / BAF26-05	Target Risk Date: 31/03/2029	
Risk Detail: There is a risk that the Health Board does not run effectively and cohesively if the leadership and culture of the organisation does not meet our values and expected standards of baviour. This may be caused by not building and maintaining an effective culture and leadership environment, or developing the necessary skills and knowledge of our leaders. In addition, impcting the availabilty of suitably experienced candidates for senior roles. This may lead to poor organisational culture and behaviours which in turn will lead to low staff morale, poor patient care and inefficient services for the population of North Wales. It will also impact the Health Boards ability to attract suitably experienced candidates to senior roles.			
Mitigations/Controls in place			
1. Speak Out Safely MDT and Work in Confidence platform for staff to raise concerns 2. Organisational Culture Change Plan and Behaviours Framework approved by Board and is being deployed 3. Integrated Leadership Development Framework (ILDF) in place 4. Improved nurse retention results over the last 2 years			



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5. Clear top-down commitment to reinforce leadership culture that prioritises staff wellbeing, inclusion, and psychological safety (Pledge signed)
6. Increased uptake on the 2025/26 staff survey
7. 60% of senior staff trained in leadership through conferences and masterclasses
8. New all Wales Flexible Working policy in place – monitored at the People and Culture Committee
9. OD plans are in place in 2026/27 to support recruiting well and joining well, for example Values Based Recruitment and Corporate induction

Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G1 - Leadership development pathways not fully integrated	Further embed the Integrated Leadership Development Framework (ILDF) and measure its effectiveness. HEIW is developing an NHS Management & Leadership Competency Framework, which was originally expected to launch in April 2026. However, the launch has been delayed and is now anticipated in Autumn 2026, although this has not yet been formally confirmed. Work is underway to align local leadership development programmes in preparation for its release.	Head of Organisational Development	30/04/27	Progressing



	• The Mid-Level Leadership Development Programme pilot, originally planned to commence in Q4 2025/26, was delayed due to financial restrictions on training budgets. The pilot is now underway, with a formal evaluation scheduled for Q3 2026/27. • Evaluations of the Lower-Level and Senior-Level ILDF programmes were completed for Q1 and Q2. A further update covering Q3 and Q4 was presented to People & Culture Committee (P&CC) in August 2026 and will be considered by the P&CC Executive Development Group (EDG) in September 2026. • A comprehensive evaluation of the ILDF across all leadership levels will be completed by April 2027 to assess overall effectiveness, impact, and future development requirements.			
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Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G2 Outdated PADR process and system in place	A new values and behaviours-based PADR system will be deployed in 2027. It is anticipated that the programme will begin to demonstrate measurable benefits within the first year following implementation. Current Progress • Pilot phases 1 and 2 have been successfully completed. • Final pilot testing of the enhanced PADR process, including the digital form and supporting toolkit, is currently underway. A formal evaluation of the pilot will take place in October 2026 to inform any final refinements prior to wider implementation. • A phased soft launch is planned between November 2026 and January 2027, commencing with selected areas such as Workforce and Organisational Development (WOD).	Head of Organisational Development	30/04/28	Progressing



	Organisation-wide communications and engagement activity will take place throughout Q4 2026/27 to support awareness and readiness. • The full launch of the new values and behaviours-based PADR process, together with associated resources and guidance materials, is scheduled for April 2027. • Ongoing monitoring and evaluation following implementation will assess the effectiveness of the new approach in embedding organisational values and behaviours within the performance and development review process.			
Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G3 Leadership taking on board and acting on staff survey results	Assess and agree the actions based on the 2025 staff survey results. The preliminary results are in. Services are operationalising localised actions in place to address the actions in their areas	Head of Employee Engagement and Experience	31/12/2026	Progressing



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	A paper detailing the key findings from the NHS Wales Staff Survey 2025 and suggested next steps in response to feedback (including areas of focussed action) was submitted to Board in Spring 2026. Directors received the results for their areas of responsibility in early March which informed the action for teams across the organisation have access to HEIW'S survey dashboard to review performance and identify improvement opportunities. Briefings on localised action plans have also been held through established forums including local People and Culture Committees.	Head of Employee Engagement and Experience	30/06/2026	Closed
G4 Capacity in delivering planned programmes of work alongside FFtF without any additional resource in OD, this may impact on the timelines for delivery	Review and prioritise workload in the OD & the HR function in 2026/27 to accommodate Foundation for the Future (FFtF) In the first instance the People & OD directorate are reviewing how to align some of the transactional support services to increase capacity. This will be undertaken as practicably	Deputy Director People & OD	30/03/27	Progressing

Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis
G5 Fully implemented culture change programme that will demonstrate improved KPIs	Implement Employee Engagement Plan with suite of indicators The actions underway listed below are part of the 2025-26 plan for culture and engagement. The 2025 staff survey result will be used to assess the impact these actions have had. It is expected the result will be available in early 2026. - Embedded new engagement listening approach including staff stories being shared at People and Culture Committee, Local Partnership Forum and more widely to support organisational understanding and learning. - Refreshed reward and recognition activity to introduce monthly recognition awards 'Seren Betsi' with Executive involvement, improved annual staff achievement awards event. A new approach to recognise 25 & 40 years service will be ratified in the April 2026 P&CC	Head of Employee Engagement and Experience	31/12/2026	Progressing



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	Staff survey champions will be trained to support local monitoring and reporting			
	Deliver Culture Change Plan with Comms and Engagement rollout. P&CC received an update on the plan in February 2026 and a revised plan was submitted back to P&CC in June 2026	Head of Organisational Development	30/06/2026	Closed
	Quarterly Culture, Leadership & Engagement Plans finalised and monitored P&CC received an update on the plan in February 2026 and a revised plan was submitted back to P&CC in June 2026	Head of Organisational Development	30/06/2026	Closed
	The 2026/29 culture change plan is now agreed and in place. Within the plan there are a suite of indicators that will inform the effectiveness	Head of Organisational Development	30/03/2029	Progressing



Gaps in Controls	Action	Action Owner	Due Date	Progression Analysis		
G6 Regular culture performance reporting at IHC/Directorate level	Introduce culture reporting at IHC level. A new dashboard to be deployed in Q1 26/27 to track Y1 performance against corporate and divisional target Local reporting in place but further work is needed to integrate the metrics into Services People Operations reports	Deputy Director People & OD	31/12/26	Progressing		
			Impact	Likelihood	Score	
25 20 15 10 5 0 07/12/2023. 13/12/2023. 25/03/2024. 25/04/2024. 28/08/2024. 29/10/2024. 14/01/2025. 24/02/2025. 06/05/2025. 21/08/2025. 25/08/2025. 03/12/2025. 08/01/2026. 30/04/2026. 26/08/2026. — Inherent — Current — Target		Inherent Risk Rating	4	5	20	
		Current Risk Rating	4	4	16	
		Target Risk Score	4	2	8	
		Risk Appetite	Quality <15			Not in Tolerance



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Position & Intended Outcome for Risk

The general feeling is culture and engagement had improved with the recent workstreams, however, the FFtF change programme is expected to impact this and will test organisational resilience. KPIs to that inform our risk in this area as of July 2026;

Staff retention 91.4% compared to 90.7% last year.

PADR compliance 79.9%, compared to 78.95% last year

The proportion of stress & anxiety absences remains high at 2.1% which is over 1.9% this time last year

The trend of speak out safely cases have remains static, but shows a 40% decrease from this time last year

A key metric is our three-year staff engagement index scores which have reduced to 69.3% in 2025 from 71.3% which is made up of positivity scores from the staff survey. all three markers have shown a slight decrease over the last three years.

People and Culture Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	08 October 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary
This report presents routine corporate governance matters for the Committee's consideration. These documents support good governance, accountability, continuous improvement and assurance to the Board regarding the effectiveness of the Committee's operation and oversight arrangements.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Not applicable for this report		

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms
N/A

CORPORATE GOVERNANCE REPORT

1. Y SEFYLLFA SITUATION

- 1 The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.
- 2 It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.

3 Y CEFNDIR BACKGROUND

- 3.1 The purpose of this report is to provide the Committee with an update on key corporate governance matters.

4 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

4.1 Summary of Business Considered in Private

- 4.1.1 Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.
- 4.1.2 The below items were considered in private at the meeting held on 13 August 2026:

Agenda Item	Subject (including narrative)	Committee Resolution	Rationale for item in Private
PC26.103	Job Planning Protocol	It was resolved that the Committee: • SUPPORTED the current proposal to pay part session payments to senior medical staff if contracted to do so as part of a managed job planning process. • AGREED ongoing Executive oversight,	Business Sensitive

Agenda Item	Subject (including narrative)	Committee Resolution	Rationale for item in Private
		including receipt of regular progress updates and escalation of any significant safety, capacity or assurance concerns.	
PC26.104	High Risk Employment Issues and Employee Relations (Senior Managers) Quarterly Professional Standards Report	It was resolved that the Committee: • NOTED the content of the report.	Business Sensitive
PC26.105	AAC Panel Consultant Appointments	It was resolved that the Committee: • AGREED the consultant appointments made on behalf of the Health Board during the period of the report. • NOTED the AAC Panels which were stood down, or did not make appointments, during the reporting period. • NOTED the forthcoming AAC panels which will be reported at the next meeting of the Committee.	Identifiable Information
PC26.107	Foundations for the Future Programme (Structures and Organisational Change)	It was resolved that the Committee: • RECEIVED assurance on the proposed consultation arrangements and supporting workforce, organisational development and equality considerations. • COMMENTED on whether the organisation has sufficient leadership capacity and stability to	Business Sensitive

Agenda Item	Subject (including narrative)	Committee Resolution	Rationale for item in Private
		support a meaningful consultation process and subsequent implementation, taking account of the risks identified within the report. • AGREED that the Committee continues to receive assurance on workforce, staff experience, equality and organisational development impacts throughout consultation and implementation.	

4.2 Committee Forward Work Plan

The Forward Work Plan sets out the Committee's priorities and scheduled business outside of the normal Cycle of Business, helping ensure a structured, timely, and transparent approach to decision-making and oversight. It collates suggested referral items from other Committees and the Board.

5 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS / MATTERS FOR ESCALATION

5.1 There are no matters for escalation.

6 ARGYMHELLION RECOMMENDATIONS

6.1 Gofynnir i'r Pwyllgor:
Members are asked to:

- **NOTE** the matters considered in private at the meeting held on 13 August 2026.
- **NOTE** the Committee Forward Work Plan.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol Link to Strategic Intentions	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
<u>Answadd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Answadd?</i> <u>Quality</u>	Galluogwyr Answadd Enablers of Quality All Apply	Meysydd Answadd Domains of Quality All Apply

Have you undertaken a Quality Impact Assessment Screening?	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
	Do/Yes: ☐	Naddo/No: ☒

Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	



Key Issues Report

Committee Date		08/10/2026	
Date of Committee		15/09/2026	Report of: People and Culture Executive Delivery Group (PCEDG)
Quoracy met:		Yes	
1	Agenda	The People and Culture Executive Delivery Group met on 15 September 2026 to provide oversight of workforce, leadership, culture, organisational development and equality priorities. The Group considered matters relating to workforce risk and governance, counter fraud, leadership and culture programmes, equality and inclusion, employee recognition, establishment control and workforce sustainability. The Group also received updates on Resident Doctor Contract implementation, Workforce IMTP delivery, workforce planning initiatives, value and sustainability programmes, and key workforce risks requiring ongoing executive oversight. The agenda for the meeting can be found within the following link: PC EDG Final Agenda 15.09.26.docx	
2a	Alert	The Group wishes to alert the Board that: • Significant risks remain regarding Resident Doctor Contract Pathway C rotas, where compliance may require substantial service redesign and workforce investment. • Consultant job planning remains a risk area, with incomplete and unsigned job plans impacting workforce governance and assurance. • Workforce Equality Standard findings continue to highlight challenges regarding leadership progression, psychological safety and representation of underrepresented groups. • Workforce culture improvement work requires further development of outcome measures and dashboards to evidence organisational impact.	
2b	Assurance	The Group wishes to assure the Board that: • Workforce-related risks continue to be actively monitored through established governance arrangements. • A draft Workforce and Counter Fraud protocol is being developed to improve management of investigations. • Progress continues against the Culture, Leadership and Engagement Improvement Plan, including expansion of the Culture Change Leader programme. • Agency expenditure reduction targets remain on track, with a reported reduction of approximately 27% year to date. • Workforce planning activity is progressing across identified fragile services.	
2c	Advise	The Group wishes to advise the Board that: • Objectives within the Integrated Leadership Development Framework for 2025/26 were achieved however further work	

		required to evaluate impact of the programmes on the Health Board's leadership capability. - Equality, diversity and inclusion activity is becoming more embedded within organisational planning and decision-making processes. - Long-service recognition arrangements have been redesigned following extensive staff engagement and feedback. Events to take place in November 2026 - Governance arrangements for the Education and Professional development to be reviewed to ensure alignment to the People and Culture Governance framework.
2d	Review of Risks	The Group reviewed: - Resident Doctor Contract compliance risks. - Consultant Job Planning compliance. - Future workforce sustainability and workforce supply challenges. - Equality and inclusion risks identified through the Workforce Equality Standard. - Workforce culture and organisational development risks. - Agency workforce dependency and workforce productivity measures.
2e	Sharing of learning	The Group received learning and good practice updates relating to: - Counter Fraud awareness and manager education. - Leadership development evaluation and talent management. - Culture change methodologies and cultural health assessments. - Values-based recruitment and inclusive leadership. - Staff recognition and engagement initiatives. - Welsh Language considerations within workforce policies and recruitment processes.
3	Actions to be considered by the Executive Committee	The Group agreed to escalate the following matters for Executive oversight: - Resident Doctor Contract Pathway C compliance and associated workforce/service risks. - Review of consultant job planning compliance. - Development of workforce, culture and equality outcome dashboards. - Workforce sustainability initiatives, including medical productivity and rate card review. - Ongoing monitoring of Workforce Equality Standard findings and associated action plans.