

Bundle BCU People and Culture Committee 9 April 2026

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PC26.28 Welcome and Apologies
Dyfed Jones, Chair
- 1.2 09:31 - PC26.29 Declarations of Interest
Dyfed Jones, Chair
- 1.3 09:32 - PC26.30 Unconfirmed Minutes of Meeting held on 12.02.26
Dyfed Jones, Chair
PC26.30 Minutes from P&C Committee 12.02.26 V0.2 (Public)
- 1.4 09:35 - PC26.31 Matters Arising & Action Log
Dyfed Jones, Chair
PC26.31 Action Log P&C Committee - Public (Updated 02.04.26)
- 2 09:40 - STAFF STORY
- 2.1 09:40 - PC26.32 Staff Story
Katie Sargent, Head of Employee Experience and Engagement
PC26.32 Coversheet - Staff Story April 2026
PC26.32.1 Staff Story April 26 FINAL
- 3 10:00 - STRATEGIC PRIORITIES
- 3.1 10:00 - PC26.33 Staff Survey 2025
Debbie Eytayo, Executive Director of People and Organisational Development
PC26.33 Staff Survey 2025
- 3.2 10:20 - PC26.34 People Operations Report
Debbie Eytayo, Executive Director of People and Organisational Development
PC26.34 People Operations Report - Cover
PC26.34 People Operations Report
- 3.3 10:35 - PC26.35 Three Year Culture, Leadership and Engagement Improvement Plan
Debbie Eytayo, Executive Director of People and Organisational Development
PC26.35 Three Year Culture, Leadership and Engagement Improvement Plan
- 3.4 10:55 - PC26.36 Foundations for the Future Programme
Ffion Johnstone, Programme Director, Foundations for the Future
PC26.36 Foundation for the Future Report FINAL
- 3.5 11:10 - PC26.37 BCUHB Becoming a Foster Partner
Debbie Eytayo, Executive Director of People and Organisational Development / Helen Stevens-Jones
PC26.37 BCUHB Becoming a Foster Partner
- 3.6 11:20 - BREAK
- 4 11:30 - GOVERNANCE, RISK AND ASSURANCE
- 4.1 11:30 - PC26.38 Consultant Job Planning

Clara Day, Executive Medical Director
PC26.38 Consultant Job Planning
PC26.38a Consultant Job Planning
PC26.38b Consultant Job Planning

- 4.2 11:45 - PC26.39 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
PC26.39 Corporate Governance Report
PC26.39a Workplan for P&C Committee (Live Version as at 03.02.26)
- 5 11:50 - CLOSING BUSINESS
- 5.1 11:50 - PC26.40 Agree Items for Referral to Board / Other Committees
Dyfed Jones, Chair
- 5.2 11:52 - PC26.41 Review of Meeting Effectiveness
Dyfed Jones, Chair
- 5.3 11:55 - PC26.42 Date of Next Meeting - 11.06.26
- 5.4 11:55 - PC26.43 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 12 February 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 (<i>via Teams</i>)
Paul Lambert	Independent Member
Clare Budden	Independent Member
In Attendance	
Jason Brannan	Deputy Director of People
Clara Day	Executive Medical Director (part meeting)
Dyfed Edwards	Chair of the Health Board (part meeting)
Debbie Eytayo	Executive Director of People and Organisational Development
Jody Evans	Assistant Head of Risk Management
Dave Harries	Head of Internal Audit (<i>via Teams</i>)
Stuart Keen	Director of Environment and Estates (<i>via Teams</i>)
Georgia Roberts	Senior Associate Director People Services
Katie Sargent	Head of Employee Engagement and Experience
Pam Wenger	Director of Corporate Governance
Committee Support	
Laura Jones	Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS
<p>PC26.01 Welcome and Apologies</p> <p>Apologies were noted for Teresa Owen and Tehmeena Ajmal.</p>
<p>PC26.02 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PC26.03 Unconfirmed Minutes of Meeting held on 4 December 2025</p> <p>It was agreed that the minutes of the meeting held on 4 December 2025 were a true and accurate record.</p>
<p>PC26.04 Matters Arising & Action Log</p> <p>The Committee reviewed the action log and agreed to close the actions that were proposed for closure.</p>
STAFF STORY

PC26.05 Staff Story

The Committee received the staff story and Head of Employee Engagement and Experience highlighted:

- Due to the sensitive nature of the subject matter, there was no video to accompany the story on this occasion.
- The 'Speak Up Safely' guardian had been consulted and the individuals involved in the story had decided not to escalate the issues further and wished to remain anonymous.
- Information and data had been gathered from colleagues across the Health Board regarding the issues being addressed.
- The issue highlighted took place in theatres and the Head of Employee Engagement and Experience read out the statement shared by the individuals involved.

In discussing the staff story, the Committee:

- Recognised the importance of addressing issues in this area noting the impact of the statement received. The statement refers to the language and culture within the organisation, highlighting which behaviours are considered acceptable or unacceptable.
- Confirmed the team's endorsement of the All Wales Communications and Engagement Strategy which outlines the appropriate methods for conveying such matters to staff.
- Referred to the 2024 Staff Survey data highlighting that 9.5% of employees reported unwanted sexual behaviour from patients, services users, or the public and 3.8% of employees reported unwanted sexual behaviour from colleagues noting that only 17% of the workforce completed the Staff Survey during this period therefore the actual figures could be higher.
- Acknowledged the need for an organisational approach to effectively manage Medical Workforce issues to review and align consultant behaviour with established standards, initiate constructive conversations and address persistent concerns across the organisation.
- Referenced the support required for International Medical Graduates joining the Health Board in relation to cultural norms and expectations to integrate international staff effectively and ensure all staff clearly understand what behaviours are considered acceptable or unacceptable as it is the responsibility of the organisation to foster a supportive workplace culture.
- Highlighted concerns around power dynamics and questioned whether the whistleblowing system is functioning as intended. It was confirmed that focus is required to implement the Culture Change Programme within the Medical Workforce to support and educate staff. The 80% female composition within the Health Board may underline an existing power imbalance prompting the need for ongoing staff education, implementation of consistent standards and urgent action against unacceptable and discriminatory behaviours.
- Noted the work taking place to promote a culture where staff feel safe to speak up and challenge inappropriate behaviour, including the need to roll out bystander training to empower employees with tools and support to intervene and uphold acceptable standards across the organisation.



- Stated that all new employees, regardless of heritage and background, need to have a clear understanding of the organisational norms, values and behavioural expectations and a commitment to work in accordance with these standards.
- Confirmed that targeted engagement may be required for international recruits to help people embed into the culture of living in North Wales. It was confirmed that work is taking place to help build communities and develop social activities for international recruits.

It was resolved that the Committee:

- **NOTED** the themes raised.

STRATEGIC PRIORITIES

PC26.06 People Operations Report

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

- Vacancy rates have increased by 8.3% as anticipated due to controls instigated around costs.
- Corporate services currently display the highest vacancy rate with Estates and additional Clinical Services also experiencing elevated vacancy rates.
- Monthly sickness rates remain high, a deep dive into sickness is underway following the sickness actions presented to the Committee in December 2025.
- There has been an increase in respiratory illness levels as expected during the Winter months and ongoing work is taking place around staff vaccinations.
- PADR completion rates remain at 80%, showing a 2% increase compared to last year.
- Mandatory Training compliance is consistently above the 85% target and currently stands at 91%.

In discussing the report, the Committee:

- Acknowledged the sickness figures and queried whether there are any persistent areas of concern that could identify issues at a strategic level and therefore could be targeted. It was confirmed that hot spot areas are identified and the information is correlated at operational level suggesting that hot spot reports could be reviewed in further detail to identify any trends over a length of time at strategic level.
- Queried when the new PADR system will be fully rolled out, it was confirmed that this is still in the testing phase, it is being trialled with local teams and is due to be launched between April and June 2026. A training and education programme will also be shared alongside the system to provide support.
- Challenged the outcome of the information being provided querying what action is being taken to address specific areas such as strengthening talent management, managing high application volumes and retaining quality candidates for future roles. It was noted that AI has had an impact on the volume of applications being received and this also has a consequence on the quality being provided.
- Referred to the Staff Survey results which indicate that staff pride in working for the organisation remain below the Welsh average, it was suggested a short-term plan may be required to address this issue as the Culture Change Programme will be a long-term process. It was also suggested that further work is completed to identify

staff interested in partial retirement and link this to succession planning and retention.

- Questioned whether there are unintended consequences of not appointing permanent employees and relying on bank and agency staff. It was confirmed that there are controls in place for bank and agency staff, a number of positions are being held as part of the Foundations for the Future programme however managers are being encouraged to permanently appoint staff to lower level posts.
- Highlighted that those areas rated with the lowest compliance figures need to be informed to ensure lead Directors are given the opportunity to share any action being taken to address percentage rates noting that the Corporate Governance Directorate is performing well and the statistics require context to provide the overall picture.

It was resolved that the Committee:

- **NOTED** the current position provided.

PC26.07 Employee Experience and Engagement Report

The Committee received the report and the Deputy Director of People and the Head of Employee Engagement and Experience highlighted:

- The content of the report aligns to the commitments in the Integrated Medium Term Plan to develop a sustained and compassionate culture, nurture culture change leaders and establish a Culture, Engagement and Leadership Improvement Plan for 2025-2028.
- Organisational improvements in employee engagement have focused on building staff connections, recognising achievements and fostering a sense of belonging, with Professor Michael West contributing to the learning and progress.
- A clear engagement approach is required defined by improved communication and involvement with employees, development of wellbeing and recognition noting that the Seren Betsi Award has been relaunched. It was also noted that engagement needs to be measured through the use of staff surveys and focus groups to ensure the process can be adapted as we move forward.
- Recent staff survey data indicates a downward trend in engagement, with core engagement at 69%, further feedback is expected next month to ensure this can be triangulated with the work being completed.
- There is a need to listen to staff and this area of work is being developed through the People Managers Forum, sessions with the Chair and Chief Executive and the use of staff engagement tools to ensure support is available for managers.
- A strategic framework is being utilised to provide alignment with Culture and Leadership Programme to ensure synergy in this area of work.
- The Staff Survey highlights that 70% of staff feel valued by their managers but only 40% of staff feel valued by the organisation therefore further work is required to enable local ownership for managers to address issues and provide support such as compassionate and awareness sessions.

In discussing the report, the Committee:

- Acknowledge the relaunch of the Seren Betsi award noting the value in engaging with and recognising staff contributions and understanding the importance of what

organisational culture means to individuals to develop a more positive outlook towards the organisation.

- Recognised the amount of activity completed and the aim to achieve more positive than negative outcomes suggesting this could be tested by opinion polls as we move forward on the improvement journey.
- Suggested workforce team initiatives could be implemented at local level such as providing drop-in sessions to involve staff more directly and provide assurance that engagement is taking place. It was confirmed that recent shifts have been seen following the last Staff Survey which has encouraged teams to take responsibility for areas of staff engagement such as providing time for staff to complete surveys and discussing culture and engagement at local People and Culture meetings to maintain the momentum.
- Referred to the “You Said, We Did” document suggesting this could be bolder and more honest by reflecting on the issues highlighted. It was confirmed that there are areas where managers are asking staff to complete short surveys around how they are feeling and suggested the need to encourage others to do the same to help identify and address issues in a timely manner.
- Noted the Strategic Intent and queried whether this has previously been shared. It was confirmed that this is part of the overarching Culture and Leadership Programme which aligns to the Synthesis Report. The Board have approved the Health Board Strategic Intentions therefore this work needs to align with the ongoing development of the organisation strategy.
- Queried the level of engagement within clinical and medical teams and whether these groups are encouraged to provide feedback on improving ways of working. It was confirmed that the clinical workforce are currently disengaged due to slow decision making processes but do want to contribute to change therefore timely progress is required around the Clinical Services Plan and the Foundations for the Future Programme to enhance engagement in this area.

It was resolved that the Committee:

- **SUPPORTED** the approach outlined in the report as part of the wider Culture Engagement and Leadership improvement work.

PC26.08 Three Year Culture, Leadership and Engagement Improvement Plan

The Committee received the report and the Deputy Director of People highlighted:

- The plan has been developed following feedback from the Board and now includes clear overarching objectives and identifies the measures for delivery.
- The objective owners will receive support from the Culture and Leadership team to ensure they are aware of their responsibilities aligned to this plan.

In discussing the report, the Committee:

- Agreed that the report requires further work to review and reprioritise the actions to ensure they support organisational change and provide assurance to the Committee against delivery of the actions going forward.
- Confirmed the need to align this work with the Foundations for the Future Programme.

Action:

- **PC26.08.1** Bring the Three Year Culture, Leadership and Engagement Improvement Plan back to a future meeting of the Committee once further work has been completed to review and reprioritise the actions.

It was resolved that the Committee:

- **SUPPORTED** and **AGREED** the Three-Year Culture, Leadership & Engagement Improvement Plan recognising that further work was required in terms of the 'actions'.

PC26.09 Strategic Workforce Planning Framework

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

- The report was shared with the Committee for noting and assurance not for approval.
- A verbal update has previously been shared with the Committee; the framework has now been developed and shared with the Executive Committee before being presented at the meeting.
- The framework sets out the position of the organisation and will be rolled out for implementation across service areas.

In discussing the report, the Committee:

- Suggested 'for noting' items could be shared outside of Committee meetings going forward. It was agreed that this would be discussed at the next Chair's Assurance Group.
- Queried whether the Committee should review the implementation and effectiveness, it was confirmed that the report provides assurance that the implementation will align to the Three-Year Culture, Leadership and Engagement Improvement Plan but suggested an annual update to the Committee would be useful commencing in April 2027.
- Confirmed that, subject to Audit Committee approval, the Internal Audit Team are planning to review Workforce Planning in 2026/27 due to it being previously deferred and this will be a key document to review the implementation.

Action:

- **PC26.09.1** Discuss at the next Chair's Assurance Group whether 'for noting' items could be shared outside of Committee meetings going forward.

It was resolved that the Committee:

- **SUPPORTED** the revised Strategic Workforce Planning Framework.

PC6.10 Education and Training Plan 2027-2028

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

- The report was shared with the Committee for noting not for approval.
- The information provides an update on the draft Education Training Plan numbers and the Workforce Planning response to Health Education Improvement Wales

(HEIW) for review ahead of being collectively submitted with all NHS Wales returns to Welsh Government.

- The final draft is due to be submitted by the end of February 2026 and Welsh Government will provide confirmation in August 2026.
- The information is currently contained within Workforce Planning but will require alignment going forward.

It was resolved that the Committee:

- **SUPPORTED** the submission of the 2027-2028 draft Education Training Plan to Health Education Improvement Wales by 31 January 2026.

PC26.11 Strategic Equality Plan 2024-2028

The Committee received the report and the Deputy Director of People highlighted:

- The report provided an update on progress in relation to the actions within the Health Boards Strategic Equality Objectives and Action Plan for 2024-2028.
- There is a need to align this work with the Culture and Leadership Programme noting that some areas of this work are completed on a National basis.
- The report highlights the area that require focus including reducing inequalities in access and embedding equality, diversity and inclusion into governance and decision-making. Work is taking place however significant progress is required in this area.
- The Team continue to review the processes and systems in place to ensure they are sufficient enough to make sure people do not feel discriminated.
- The Recruitment Team are working closely with the Equality, Diversity and Inclusion Team to identify the themes from the previous Workforce Race Equality Standard and provide communication and support where required.
- This work links in with the All-Wales Anti Sexual Harassment Policy as the Equality, Diversity and Inclusion Team have helped to shape the policy.
- Dedicated resource is now available to provide support and the Speak out Safely Guardians are available to signpost people where required.

In discussing the report, the Committee:

- Noted that there may be a gap in reporting, particularly around the breakdown of complaints by ethnicity and gender and whether the information relates to staff, patients or individuals within local communities. It was confirmed that the Equality, Diversity and Inclusion Team are responsible for both patients and staff noting that all Committees need to own elements of equity.
- Agreed to request that the Quality, Safety and Experience Committee review the breakdown of complaints by Ethnicity.

Action:

- **PC26.11.1** Referred an action to the Quality, Safety and Experience Committee to review the breakdown of complaints by Ethnicity.

It was resolved that the Committee:

- **NOTED** and **SUPPORTED** the actions within the Strategic Action Plan.



PC26.12 All-Wales Anti Sexual Harassment Policy

The Committee received the report noting that this had been discussed as part of the previous item on the Strategic Equality Plan 2024-2028.

It was resolved that the Committee:

- **SUPPORTED** the policy and work of the BCUHB Sexual Safety Task and Finish Group.

PC26.13 Foundations for the Future Programme

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

- Work is currently focussed on the structures workstream and Executive colleagues have been socialising the structure with individual teams.
- Feedback is now being received and correlated and the Executive Committee are meeting on a regular basis to discuss this in further detail.
- A deeper dive is due to take place into the current position of the structures and once this has been completed, the programme will move forward to consultation.

In discussing the report, the Committee:

- Acknowledged the need to welcome feedback and encourage direct discussions with staff to allow measured opinions to be reviewed and ensure staff feel as though they are being heard and action is being taken from the feedback provided as this is an opportunity to move forward as an organisation.
- Agreed the need to review how the work aligns with areas such as the Clinical Services Plan to ensure workstreams overlay.
- Confirmed the close connection to the Culture and Leadership Programme by engaging in a compassionate, open and honest manner which will enable engaged leaders.

It was resolved that the Committee:

- **NOTED** the verbal update provided.

GOVERNANCE, RISK AND ASSURANCE

PC26.14 Consultant Job Planning

The Committee received the report and the Executive Medical Director highlighted:

- This is a significant piece of work which is nearing the stage of having a Standard Operating Procedure agreed by the Medical Workforce Group and the British Medical Association noting that the financial elements need to be finalised before circulation.
- The main area of concern relates to work exceeding 10 sessions, which is being rounded down (e.g. 10.5 sessions counted as 10). It was noted that this discourages staff for completing additional sessions therefore work is taking place to enable sessions to be rounded up, this process is already in place across three other Health Boards.

- A series of workshops are being conducted to understand the new Standard Operating Procedure as significant variation currently exists across sites and services with particular issues in Central.
- A policy is now out for consultation at National level which differs from the local policy, a six month period has been set for reviewing and updating the working document.
- There is insufficient specialist capacity within the Health Board to support an understanding of Consultant contracts, and enhanced internal advocacy is required to provide the necessary expertise in job planning and wider workforce matters.
- A national target of 90% completion rate has been set and efforts are required to drive both quality and quantity however full implementation is expected to take two to three years due to the size and complexity of the work.

In discussing the report, the Committee:

- Queried what contracts are being provided for newly appointed Consultants. It was confirmed that there is a need for flexibility around base and travel to allow negotiations to take place if required.
- Agreed that due to the high level of risk, Consultant Job Planning would continue to be monitored by the Committee, to be provided for assurance rather than noting in future and will also be referred to in the Compliance Report to the Audit Committee.

Action:

- **PC26.14.1** The People and Culture Committee to continue to monitor progress against Consultant Job Planning to be provided for assurance rather than noting in future.

It was resolved that the Committee:

- **NOTED** the update provided.

PC26.15 Corporate Risk Register

Members received the report and the Director of Corporate Governance highlighted:

- There are two risks related to the Committee and going forward, deep dive sessions will take place to review individual risks.
- A wider approach to risk management is being taken forward where risk owners will be requested to confirm the actions being taken in relation to key areas over the next six months to drive down risks within the risk appetite set by the Board.

In discussing the report, the Committee:

- Suggested the need to focus on movement and progress, it was confirmed that there is a need to ensure risk owners are managing their risks and when Executive Directors are invited to provide updates at the Audit Committee, this will also include an update on risks.
- Stated that further work is required in relation to fragile services to ensure these are picked up, it was confirmed that a refresh across all of the risks will be completed to pick up any areas required and ensure clear actions are stated.

It was resolved that the Committee:

- **NOTED** the update on the two strategic risks **CRR25-02** and **CRR25-07** both scoring **16** and remaining above the Health Board's risk tolerance.
- **ENDORSED** both risks for submission to the Board, noting no proposed scoring changes.
- **APPROVED** the revised due dates for three actions and request short impact rationales.

PC26.16 Corporate Governance Report

The Committee received the report and it was resolved that the Committee:

- **NOTED** the summary of business considered in private session to be reported in public and the forward workplan.

CLOSING BUSINESS

PC26.17 Agree Items for Referral to Board / Other Committees

It was agreed to request that the Quality Safety and Experience Committee to look at the breakdown of complaints by Equality.

PC26.18 Review of Meeting Effectiveness

It was agreed that there had been a more succinct agenda that also allowed sufficient time for discussion.

PC26.19 Date of next meeting

Thursday 9 April 2026, 9.30am

PC26.20 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.'

People & Culture Committee Action Log (Public)

Updated 02.04.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC26.14	12.02.26	<p>Consultant Job Planning The People and Culture Committee to continue to monitor progress against Consultant Job Planning to be provided for assurance rather than noting in future.</p>	Clara Day	June 26	<p>Remain Open 24.03.26 Consultant Job Planning is included on the agenda for the P&C Committee in April 2026.</p>
2	PC25.130.1	04.12.25	<p>Sickness Actions Deep Dive An update on the Sickness Absence Deep Dive Action Plan to be presented to the Committee in six months time to highlight the progress made and the implementation achieved.</p>	Jason Brannan Georgina Roberts	June 26	<p>Remain Open 03.02.26 The Sickness Absence Deep Dive Action Plan has been included on the Committee forward workplan for the meeting in June 2026.</p>
3	PC25.132.1	04.12.25	<p>Education and Training Discovery Report Deputy Director of People to discuss with the Director of Corporate Governance the Education and Training reporting arrangements to the Committee once the framework has been developed and also confirm the metrics that will be required to be measured.</p>	Jason Brannan Pam Wenger	June 26	<p>Remain Open 04.02.26 A workshop was held at the end of January 2026 in Ysbyty Glan Clwyd with professional leads, facilitated by Jason Brannan. A paper will be developed with potential options for submission the Executive Committee in March 2026. The majority of professions were represented at the workshop. The Cycle of business will be now updated to align with the recently</p>



						Board approved IMTP.
4	PC25.134.1	04.12.25	On-Call Arrangements: Progress Report The outcome of the follow-up Internal Audit Review relating to on-call arrangements to be presented back to the Committee once completed and reported to the Audit Committee.	Tehmeena Ajmal	June 26	Remain Open 24.03.26 The report has now been issued as final and is scheduled for presentation to the Audit Committee on 21 April 2026. 05.02.26 The draft report has been issued and is scheduled for Executive clearance by 2 March 2026. The report is then due to be presented to the Audit Committee in April 2026 and then onward to the P&C Committee.
ACTIONS PROPOSED FOR CLOSURE						
5	PC26.08.1	12.02.26	Three Year Culture, Leadership and Engagement Improvement Plan Bring the Three Year Culture, Leadership and Engagement Improvement Plan back to a future meeting of the Committee once further work has been completed to review and reprioritise the actions.	Georgina Roberts	April 26	Action proposed for closure 24.03.26 This has been included on the agenda for the meeting being held in April 2026.
6	PC25.133.1	04.12.25	Consultant Job Planning Consultant Job Planning to be included as a standing item for the People and Culture Committee to monitor progress on a regular basis until improvements are made in this area.	Clara Day Karen Mottart	April 26	Action proposed for closure 12.02.26 It was agreed at the meeting in February 2026 that the Committee would continue to monitor progress against Consultant Job Planning. 04.02.26 Consultant Job Planning is included on the agenda for the meeting being held in February



						2026 where the Committee will confirm whether this requires further monitoring.
7	PC26.11	12.02.26	Strategic Equality Plan 2024-2028 Referred an action to the Quality, Safety and Experience Committee to review the breakdown of complaints by Ethnicity.	Philippa Peake-Jones	June 26	Action proposed for closure The request has been made and will be included in the Quality Report to QSE if possible.
8	PC26.09	12.02.26	Strategic Workforce Planning Framework Discuss at the Chair's Assurance Group whether 'for noting' items could be shared outside of Committee meetings going forward.	Philippa Peake-Jones	June 26	Action proposed for closure This was discussed at the Chair's Assurance Group, this will be taken forward as work commences on the trial of a "Consent Agenda"
Closed Actions (as agreed at meeting on 12.02.26)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC25.133.2	04.12.25	Consultant Job Planning An update relating to Consultant Job Planning and the difference in compliance figures across the sites to be provided to the Committee.	Clara Day Karen Mottart	Feb 26	04.02.26 This has been addressed in the report included on the agenda for the meeting being held in February 2026.
2	PC25/106.1	16.10.25	Workforce Race Equality Standard (WRES) Report The Strategic Equality Plan to come back to a future meeting to highlight progress and provide assurance that the issues and themes raised are being addressed.	Georgina Roberts	Feb 26	08.01.26 The Strategic Equality Plan is included on the agenda for the meeting being held in February 2026. 27.10.25 This is being taken forward with the Head of Equality and Human Rights.
3	PC25/107.1	16.10.25	Gender, Race and Disability Pay Gap Reports	Jason Brannan	Dec 25	04.02.26 This has now been completed and the document have



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

			Deputy Director of People to ensure the Race and Gender Pay Gap Reports are published on the website bi-lingually.			been published: link to website. 24.11.25 The documents are in the process of being translated and will be published on the website in due course.
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People and Culture Committee

STAFF STORY – SPEAKING UP WITH CONFIDENCE

Dyddiad y Cyfarfod Date of Meeting	09 April 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 Eytayo Executive Director of People and Organisational Development
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This staff story aims to provide Committee members with a first hand account of a member of staff who used the Speaking Up Safely platform to raise a concern about her experience in trying to suggest improvements as a result of feedback from patients. In it she describes the culture in her place of work and how this made her feel.

The story is supported by an account from our Lead Speaking Up Safely Guardian who shares her reflections on speaking up in the organisation and the reticence some colleagues approach this with.

The paper also includes a combination of hard and soft intelligence to help the Committee understand how staff currently feel about the organisation's approach to raising concerns. This work is supported by the Board-approved Culture and Leadership Programme, which is helping to strengthen our culture, leadership behaviours and engagement across the Health 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
N/A		

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

N/A

ASESIAD / ASSESSMENT

Cyswllt â'r Blaenoriaethau Strategol
Link to Strategic Priorities



3. Creating compassionate culture, leadership and engagement

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
If more than one applies, please list below:

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:

Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd
Corporate Risks and Board Assurance Framework

N/A

[Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant](#)
[Wellbeing of Future Generations Act – Wellbeing Goals](#)

A Healthier Wales

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS

Cydraddoldeb

A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar

Do/Yes:

Naddo/No:

Canlyniad/Outcome:

<p><i>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></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>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></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
<p>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></p>	<p>Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People</p>	<p>Meysydd Ansawdd Domains of Quality Efficient</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Healthier Wales</p>	

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny:</p>	

	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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	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 Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
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 (Pobl / Ariannol) Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

Staff story title	Staff story – speaking up with confidence
Staff story format	Written and video
Consent received to share staff story	<p>Yes</p> <p>Consent Level: All levels consented</p> <p>Level 1 – Any health and social care professionals within BCUHB</p> <p>Level 2 – Researchers for service evaluation and improvement beyond BCUHB</p> <p>Level 3 – Meetings and conferences with anyone present including public and journalists</p> <p>Level 4 – Anyone including online</p> <p>Any special considerations: None</p>

Staff story background

Introduction

Given that shaping organisational culture is a fundamental responsibility of the Board, this paper aims to provide Committee members with a combination of hard and soft intelligence to help them understand how staff currently feel about the organisation's approach to raising concerns. This work is supported by the Board-approved Culture and Leadership Programme, which is helping to strengthen our culture, leadership behaviours and engagement across the Health Board.

Speaking Up

Healthcare staff are usually motivated to enter their professions by a desire to make a difference for patients and service users. Why then, do they find it so hard to speak up when they see care that does not meet satisfactory standards?

According to social scientist Bev Fitzsimons, former King's Fund Fellow, the NHS has a history of 'deficit inquiry', rather than appreciative inquiry – quick to judge and blame when things go wrong - rather than focussing on systemic improvement, and slow to learn when things go right.

Numerous high profile national inquiries stretching back decades have documented examples of poor care, where some staff did not speak up and others were not listened to when they expressed their concerns. There are also examples of some NHS organisations being more focused on protecting their reputation than resolving the underlying issues.

There are a number of reasons that speaking up about concerns is challenging in the NHS. These include:

Fear of repercussions and retaliation

- staff raising concerns often report being met with hostility, personal threats, and aggressive responses rather than being welcomed.
- career damage – many fears, or experience, detrimental actions such as bullying and negative career consequences.
- challenging friends and colleagues can often be uncomfortable. Sometimes staff keep quiet because they wonder: *if I am saying this about my colleague's practice, what does it mean for my own?*
- fear of being formally identified.

- there is an "automatic shutdown" effect in some teams, where raising issues is viewed as troublemaking rather than professional duty.

Lack of trust in action being taken

- disillusionment - when staff see no changes following raising a concern, they become despondent, leading to a *what's the point?* attitude and subsequent disengagement.
- slow investigation – if concerns are met with apathy or long, drawn-out processes, future reporting can be discouraged.

Cultural and institutional factors

- deep-rooted hierarchy - structures often inhibit junior staff, trainees, and students from challenging more senior professionals, even when witnessing unsafe practices.
- resource pressures - high workload and staff shortages leave little time or energy for engaging in formal, stressful speak-up processes.

As discussed at the last Committee session where the Staff Story focused on sexual harassment in the workplace, certain staff groups feel significantly less confident in speaking up:

- minority ethnic staff often feel their voices are not heard, face disproportionate bullying, and fear they are not considered a permanent part of the team.
- locums and agency staff can be hesitant to raise issues, fearing that doing so will result in not being offered future work.
- longer-serving staff - in some reports, longer-serving staff report lower confidence in speaking up than newer employees, suggesting disengagement over time.

These barriers are particularly harmful because a speak up culture without action breeds distrust, while a hostile environment leads to silence, which compromises patient safety. This feedback will be discussed in the WRES task and finish group, to allow the current information to be considered within the action plans 26/27.

Speaking Up Safely – our approach to raising concerns

There are a number of ways colleagues can raise concerns:

- a conversation with the colleague/s involved, or their own line manager, or another manager in their service. Staff are encouraged to start with this option where possible to ascertain if their concern can be resolved informally and locally.
- our Respect and Resolution Policy (which replaces Dignity at Work and Grievance Policies) details a range of options. These support colleagues to resolve concerns as soon as they emerge by talking things through, and where possible, getting issues resolved without needing to use a formal policy or process route. This can include: Cuppa Conversations (informal chats); facilitated discussions (with a neutral person supporting the

conversation); mediation (for conversations that can be more challenging) and the final option of a formal process.

There is dedicated training available to colleagues on ESR which outlines three aspects of our approach to managing concerns. The Speak Up, Listen Up, Follow Up modules are quick to complete and allow managers to evidence their understanding and the roles leaders and colleagues play in the process.

Speaking Up Safely, launched in 2021, is our organisational approach to giving staff confidence to raise concerns in a constructive and supportive way.

Based on the Procedure for Staff to Raise Concerns, our approach to concerns is outlined for staff on our Speaking Up Safely homepage on BetsiNet. It aims to ensure that staff:

- are fully supported to report concerns and safety issues;
- are treated fairly, with empathy and consideration when raising concerns; and
- have their concerns listened to and addressed when they have been involved in an incident or have raised a concern.

2025 saw the highest number of concerns reported – 154 - to the Speaking Up Safely team since the programme began in June 2021 and an increase of 17 per cent on 2024.

Currently, 2.5 per cent of staff are registered on the Working in Confidence platform. Work is underway to increase awareness of the platform, including Speaking Up Safely information being delivered to all new starters during induction and an internal communications campaign will begin in quarter 1 2026/27. Information on the platform is available to all on BetsiNet.

Response rates and conversation closure times have improved significantly. In 2024 the average closure rate of concerns was 78 days. In 2025 this fell to 56 days, though it is noted that the Welsh Government Framework (2023) recommends 28 days as a timeframe within which to communicate outcomes to staff who raise concerns.

In 2024, it was recognised by senior colleagues in People Services and the wider executive team that we needed dedicated resources into speaking up. Tracey Eccles was appointed as our Speaking up Safely Guardian, working four days a week. This has improved coordination and supported speaking out. Subject to securing additional funding, the plan would be to increase capacity to 1.2 wte (six days) per week inclusive.

Staff story transcript

Speaking Up Safely – Lead Guardian, Tracey Eccles

The external Work In Confidence platform was introduced by the Health Board in June 2021 to provide staff with a safe, anonymous way to raise concerns online. Once a concern is submitted, colleagues can choose to continue the conversation with me directly.

Around two-thirds of those who use the platform say they do not feel able to speak to their manager—often because they perceive their manager to be part of the issue. Most concerns have underlying themes of behaviours, relationships and the quality of workplace interactions.

Listening is the most important aspect of my role. Much of my work involves reassuring colleagues that they are heard that their concerns matter, and that I will keep them updated on actions being taken. I rely on the appropriate policies to guide colleagues, and I place great importance on keeping my promises—this is essential for building trust in the process.

A key part of managing concerns is helping colleagues understand what outcomes are realistic. I always explore what they hope to achieve, focusing on seeking a fair and constructive resolution. Contact usually ends once an outcome has been reached, although concerns can be reopened when needed.

I am supported by a multidisciplinary team of senior colleagues who act as subject-matter experts. When we meet, we review key themes emerging across the organisation, share insights and experiences, and identify opportunities for learning and improvement. We also review the policies and procedures that guide our work.

We triangulate what we hear through Speaking Up Safely with other staff feedback mechanisms, such as the NHS Wales Staff Survey and information from Culture Change Leaders.

Before March 2026, concerns could be directed to any member of the multidisciplinary team, which made it difficult to maintain an overall view of the issues being raised. Now, I can access all concerns centrally, allowing us to use the available intelligence more effectively.

I work closely with People Services and Trade Union colleagues, ensuring that clear professional boundaries are maintained and that each discipline fulfils its specific responsibilities without duplication.

Over the four years I have been in this role, I have seen colleagues become more open and candid when speaking up. This is positive—it reflects growing confidence and supports our ambition to become a listening organisation. Their candour has empowered me to be bolder too, and to challenge appropriately when required.

Anonymous staff member

When the Guardian asked my permission to share my experience, I was really pleased. I hope that my coming forward will help change a situation for someone else.

I am a Healthcare Support Worker and I shared a concern in January 2026. I hadn't heard of Speaking Up Safely before, but a colleague said she had used it and found it helpful, so I checked online and found the external platform. I used my personal email to register and completed the online form which asked me to choose a category. I chose 'leadership and management issue'. After reading the detail I provided, the Guardian added additional categories which included 'behaviours and relationships' along with 'staff and patient safety'.

I'd described my working environment as oppressive, restrictive and how it was affecting my well-being. I described a culture of being spoken to rudely and regularly being pulled up for incomplete tasks by my department lead in front of colleagues and patients.

When that happened in front of the patient I was with, I wanted to cry. But I just went back to my work. The patient put her hand on my arm and said I was doing a great job and that she felt safe when I walked with her. I tried to ignore the 'pulling up' but really I just wanted to be told I was doing well.

It kept crossing my mind and I found my wellbeing was being affected. I just didn't feel happy coming to work. My partner also noticed that I was beginning to feel down and I did have a couple of days off work because I just felt sad about going in. This made me feel even worse as I felt I was letting down my colleagues and the patients I was looking after, as we can be so short of staff at times.

One evening, I was assisting a patient with their meal and got chatting to her and a couple of other ladies in the same bay. They shared with me their experiences as patients including some thoughts for improvement.

Following this, I wanted to raise some feedback related to the patients' perspective of their care, including making some suggestions for improvement.

As I had recently been reprimanded, I chose to share this with colleagues because I didn't feel confident, which was unusual for me as I am normally quite confident. I genuinely wanted to share the patients' perspective but needed reassurance that I was doing the right thing. Collectively my colleagues believed this could enhance the experience of patients in the future.

I was nominated to share the details with the department lead but their response was defensive and I was given no encouragement. I felt my offer of feedback was ignored. Initially this made me feel very sad, then I was angry and then I began to feel despondent, and thought 'why bother?'

I considered escalating the information but thought that raising this with the next management level would only lead to a similar experience as these members of senior staff had a very close relationship. Staff had reported within the clinical environment that it was pointless escalating from one to another.

Some days are a real challenge to come into work but I really enjoy the work that I do and my colleagues are a great team to work with.

Through a fear of detriment and concerns that my identity would be known, I made the decision not to proceed further with my attempts to escalate my experience of not being listened to. This would have been a good opportunity to share feedback, but it felt like nobody above me wanted to know. I closed the concern.

I do feel sad that I'm not able to see my concern even acknowledged or considered but I also want to continue working in this area without fear of detriment. It might sound like a coward's way out, but it's about survival.

I still don't feel confident to raise something in my workplace whilst the same leaders are in place. I am not sure to be honest if I would do it at all, the anxiety it made me feel sticks with you.

I am though really pleased that my story will be heard through the Guardian and I would definitely use the anonymous service again. I hope one day to have the confidence in the correct environment to speak up safely myself.

Organisational Reflections

Our ambition: improving culture, leadership and engagement

A healthy, constructive approach to raising concerns is essential for the improvement work happening across the Health Board. We want colleagues to feel psychologically safe to speak up and confident that the organisation will respond fairly and supportively.

We need to continue developing a culture that supports and values those who raise concerns, strengthens processes, and equips staff with the skills to challenge constructively. Staff must feel able to work together toward shared standards, knowing that the purpose of any challenge is to improve care.

Line managers play a crucial role in creating a culture where speaking up is normal and healthy. Leaders at all levels must model this behaviour and respond compassionately so that concerns can be resolved at the earliest opportunity.

Key themes emerging from Speaking Up Safely

- Leadership and management issues are the most common concern for the fourth consecutive year (21%).
- Bullying and harassment concerns increased by 3% in 2025 and are now the second most frequently raised issue.
- Many staff fear detriment or believe speaking up will not make a difference.
- Staff perceive a lack of compassionate response from managers and senior leaders, reinforcing the belief that “nothing will change.”

NHS Wales Staff Survey 2025: What it tells us

The *We are all able to speak up* theme contains ten questions, and BCUHB is the lowest-scoring Health Board in Wales at 63.9%, below the average of 65.6%, and down from 65.8% in 2024.

The *Raising concerns* sub-category highlights:

- 57.3% feel free to speak up – below the Wales average (60.2%).
- Scores have improved slightly since 2023 (56.7% → 57.3%).
- 74.4% feel secure raising concerns about unsafe clinical practice (similar to the Wales average).
- 74.3% feel secure raising concerns about unethical behaviour.
- Only 52.3% feel safe speaking up about *anything* that concerns them—a decline from 2024.
- 23.8% disagree that they feel safe to speak up—an increasing trend since 2023.
- Only 36.7% believe the organisation would address their concerns, significantly below the Wales average of 42.4%.

The storyteller’s experience illustrates why many staff may feel this way.

People and Culture Committee

NHS Wales Staff Survey 2025 report

Dyddiad y Cyfarfod Date of Meeting	09 April 2025
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 and Organisational Development

Pwrpas yr Adroddiad Report Purpose	For Noting The Committee is asked to: <ul style="list-style-type: none"> • NOTE AND DISCUSS the quantitative results of the NHS Wales Staff Survey 2025; • SUPPORT the planned next steps.
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Crynodeb Gweithredol **Executive Summary**

Part of our aim to improve culture, leadership and engagement is to listen to staff and demonstrate that they are being heard by the organisation. This includes collecting and analysing feedback on staff attitudes and experiences to inform improvements, a key part of which is the NHS Wales Staff Survey 2025.

This report details the initial findings of the survey and outlines suggested next steps for the Committee's consideration.

Many of the themes emerging from the survey have been expressed by colleagues through other feedback mechanisms including the Foundations for the Future discovery and design phase focus groups, engagement activity undertaken through the Culture and Leadership Programme, Speaking Up Safely and various surveys.



Therefore many of the themes and issues staff raise are already in the process of being addressed for example through major change programmes including Foundations for the Future as well as through the Culture, Leadership and Engagement Improvement Plan 2026-28.

**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	17.12.25	Discussion and feedback, which has been integrated into this report
People and Culture Committee	12.2.26	Feedback requesting the report to be more strategic for the Board
Executive Committee	11.3.26	Changes suggested which have been incorporated into the paper for April 2026 People and Culture Committee, with the intention for this paper to go to public Board in May 2026

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

HEIW	Health Education and Improvement Wales
IHC	Integrated Health Community
MHLD	Mental Health and Learning Disabilities
FftF	Foundations for the Future

1 Y SEFYLLFA SITUATION

- 1.1 The 2025 NHS Wales Staff Survey went live on Monday 6th October and closed on Monday 1st December. NHS Wales organisations received access to qualitative data via an insights dashboard created by HEIW on 23rd February 2026.
- 1.2 Full results, including qualitative (free-text comments) feedback which has been anonymised, is expected to be available at the end of March 2026. At the time of writing, we do not yet have access to the dashboard functionality to view results and run reports by staff group. This is expected in the coming weeks.
- 1.3 A national findings report, which gives an overview of quantitative results for Wales as a whole, is scheduled to be published by HEIW on April 30 2026.
- 1.4 This report provides the Board with **initial headline findings from the survey data received to date** and suggests next steps for responding to this staff feedback.

2 Y CEFNDIR BACKGROUND

- 2.1 The NHS Wales Staff Survey takes place annually and is administered independently of the Health Board through HEIW and provider IQVIA. This is important in creating trust in the confidentiality of the feedback staff provide.
- 2.2 The survey now enables greater analysis of the response data at different organisational levels and we intend to build on last year's shift towards greater local responsibility and accountability for acting on what colleagues told us.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

Response rate

- 3.1 Our aim was to improve the 2025 participation rate by at least 5 per cent compared to the 2024 survey across the Health Board. To embed local accountability, Directors and managers were set a target of achieving a 23 per cent participation rate in their respective areas.
- 3.2 In the 2025 NHS Wales, 5203 of our staff completed the survey which equates to a response rate of 24.9%. Although lower when compared overall NHS Wales response rate of 30%, it does represent an improvement for the Health Board from 2024 response rate of 17.4% and exceeds the Health Board's target of 23%.

- 3.3 The three Integrated Health Communities exceeded the target response rate of 23% with West securing 29.6%; Central 28.1% and East 24.9%.
- 3.4 Neither Ysbyty Glan Clwyd nor Wrexham Maelor Hospital achieved the target response rate of 23 per cent of staff participating in the survey, with Ysbyty Glan Clwyd achieving 19 per cent and Wrexham Maelor Hospital achieving 18 per cent. Ysbyty Gwynedd demonstrated much improved performance with 32 per cent of staff completing the survey. This was, in part, down to concerted efforts across the site to engage staff in promotional activities.

Staff Engagement Index score

- 3.5 We achieved a Staff Engagement Index score of 69.3% (70.9% in 2024). This compares to 70.8% NHS Wales staff index score. It should also be noted that there has been a general theme of a decline in Staff Engagement Index scores across Wales.

The staff engagement index score measures how connected staff are to the organisation. The table 1 below highlights staff responses in terms of their agreement with each statement.

Staff Engagement Index Scores

2025 Staff Survey Index Score: **69.3%**

■ 1.5 on NHS Wales Benchmark
■ 1.6 on BCUHB 2024 Index Score

Sub-theme	Positive Responses	Wales Average	Negative Responses	Wales Average
Ability to contribute towards improvement at work (Involvement)				
23a) I am able to make improvements in my area of work	56.9%	58.2%	18.2%	16.9%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department	43.9%	44.7%	29.8%	29.5%
Intrinsic psychological engagement (Motivation)				
22a) I look forward to going to work	49.2%	48.5%	17.9%	17.4%
22b) I am enthusiastic about my job	65.2%	64.1%	9.9%	10.3%
22c) I am happy to go the extra mile at work when required	78.5%	77.2%	5.7%	5.8%
Staff advocacy and recommendation (Advocacy)				
23b) I would recommend my organisation as a place to work	47.7%	53.2%	22.4%	19.2%
23c) I am proud to tell people I work for my organisation	50.3%	58.0%	20.6%	14.5%

■ Favourable performance against NHS Wales Average
■ Unfavourable performance against NHS Wales Average

Figure 1: Staff Engagement Index Scores 2025

3.6 BCUHB achieved an above NHS Wales Health Board average score in the intrinsic psychological engagement (motivation) element of the index:

- *I look forward to going to work* (49.2 per cent, which is above the NHS Wales Health Board benchmark of 48.5 per cent)
- *I am enthusiastic about my job* (65.2 per cent, which is above the NHS Wales Health Board benchmark of 64.1 per cent)
- *I am happy to go the extra mile at work when required* (78.5 per cent, which is above the NHS Wales Health Board benchmark of 77.2 per cent)

However, as seen in the 2024 survey results, staff responses to the staff advocacy and recommendation element of the index in the main draws the overall positivity of the score downward.

3.7 We have seen a deterioration in all ten of the survey themes between the 2024 and 2025 survey, although these are marginal reductions in most cases. These are shown in Table 2 below.

Further findings of note are:

- Although we are the lowest scoring Health Board in the in the *We are compassionate and inclusive* survey theme at 67.6 per cent – a drop of 1.47 per cent from 2024 – we remain just two per cent off the NHS Wales Health Board average.
- 82.9 per cent of survey respondents agree we are compassionate towards patients/service users. This is a small reduction of 0.41 per cent from 2024 and just beneath the NHS Wales Health Board average of 83.3 per cent.
- We are the lowest scoring Health Board in the *We are all able to speak up* theme at 63.9 per cent. This is a reduction of 1.85 per cent and below the NHS Wales Health Board average of 65.6 per cent.
- Our score in the *Staff Engagement* theme has fallen by 2.88 per cent to 55.9 per cent, compared to an NHS Wales Health Board average of 57.7 per cent.
- 2024 saw a 6.7 per cent improvement in our *Patient Safety* theme score, and this has pretty much held in 2025, with a decline of just 0.47 per cent to 58.6 per cent. This is just over one per cent off the NHS Wales Health Board average. However, some responses to questions within the survey connected to this are concerning. For example, question 17c shows that 44.4 per cent agree that they would be happy with the standard of care provided if a friend or relative needed treatment (27.7 per cent disagreed). This is a drop of 2.51 per cent on 2024 and 10.9 per cent below the NHS Wales Health Board average of 55.3 per cent.

3.8 **Headline findings are captured in the 2025 Staff Survey Snapshot document at Appendix 1.**

3.9 Evidence demonstrates that NHS culture improvement programmes typically require several years to yield significant, lasting results, demanding long-term investment in staff capability and leadership. Programmes such as our Culture and Leadership Programme aim to achieve effective transformation and are expected to achieve notable improvements in staff engagement after 12 to 24 months. It is important to recognise the impact that organisational change has on staff experience as we progress with the Foundations for the Future programme. It is also worth noting that our turnover is relatively low, indicating that colleagues are not leaving the organisation.

Theme	Year	Positivity score	Annual Trend	Wales Average	Variance
Morale	2023	55.0%		54.1%	↑ 0.87
	2024	55.0%	↑ 0.04	54.6%	↑ 0.37
	2025	53.6%	↓ 1.44	53.7%	↓ 0.09
Patient Safety	2023	52.6%		53.8%	↓ 1.21
	2024	59.1%	↑ 6.48	58.7%	↑ 0.42
	2025	58.6%	↓ 0.47	59.7%	↓ 1.13
Staff Engagement	2023	59.3%		60.3%	↓ 1.06
	2024	58.8%	↓ 0.46	59.6%	↓ 0.75
	2025	55.9%	↓ 2.88	57.7%	↓ 1.76
We are all able to speak up	2023	65.3%		65.8%	↓ 0.58
	2024	65.8%	↑ 0.54	66.2%	↓ 0.42
	2025	63.9%	↓ 1.85	65.6%	↓ 1.65
We are compassionate and inclusive	2023	68.4%		69.6%	↓ 1.22
	2024	69.1%	↑ 0.68	70.0%	↓ 0.91
	2025	67.6%	↓ 1.47	69.6%	↓ 2.01
We are continuously learning and improving	2023	64.2%		64.1%	↑ 0.06
	2024	63.5%	↓ 0.69	64.0%	↓ 0.48
	2025	62.4%	↓ 1.13	63.1%	↓ 0.79
We are stronger together	2023	69.3%		68.5%	↑ 0.87
	2024	70.4%	↑ 1.08	69.2%	↑ 1.25
	2025	68.5%	↓ 1.93	68.7%	↓ 0.26
We champion flexible working	2023	59.1%		58.1%	↑ 1.00
	2024	62.3%	↑ 3.23	61.5%	↑ 0.84
	2025	60.0%	↓ 2.32	60.8%	↓ 0.85
We nurture healthy working environments	2023	56.5%		56.1%	↑ 0.37
	2024	57.8%	↑ 1.27	57.8%	↓ 0.03
	2025	54.7%	↓ 3.10	54.9%	↓ 0.19
We recognise everyone's contribution	2023	62.3%		61.5%	↑ 0.83
	2024	62.5%	↑ 0.16	62.1%	↑ 0.37
	2025	60.5%	↓ 1.99	61.2%	↓ 0.72

Figure 2: Positivity scores by theme in 2025, 2024 and 2023, compared with the NHS Wales average for Health Board organisations

Comparisons by division

- 3.10 Responses from Operational Estates, particularly in the central area, stand out as showing low positivity scores across the majority of survey themes.
- 3.11 **Appendix 2** provides graphs for each of the ten survey themes and compares the performance across our biggest divisions, where around 75 % of total workforce are based. These are: the three acute sites of Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital; the three IHCs; MHLD; Corporate divisions; and Children's services.
- 3.12 Response rates against the ten survey themes are generally lower in the three district general hospitals than elsewhere in the organisation. The reason for this will need to be tested further but it may be due to hospital service demands and capacity pressures experienced at the time of the survey.

Staff responses within Wrexham Maelor showed improvements in key areas and was above the NHS Wales Health Board average in the following four themes; *Morale, Patient Safety, We Champion Flexible Working, We Nurture Healthy Working Environments*. This progress was not mirrored in Ysbyty Glan Clwyd and Ysbyty Gwynedd where staff responses were below the NHS Wales Health Board average in all ten themes.

- 3.13 Survey responses from staff within corporate services were more positive and significantly above NHS Wales Health Board average in the following areas; *Morale, Staff engagement, We are continuously learning and improving, We are stronger together, We champion flexible working, We nurture healthy working environments, We recognise everyone's contribution*.

Responses from staff who completed the survey in MHLD and Children's Services were generally around or above the NHS Wales Health Board average.

Next steps

- 3.14 Since receiving the raw, quantitative survey data at the end of February 2026, initial results by directorate/department have been shared with Directors and almost 100 local Staff Survey Leads in order for them to review their divisional/departmental data.

We plan to share high level data on the staff intranet following the discussion at People and Culture Committee.

- 3.15 It is anticipated that full survey findings are received (qualitative and qualitative data and full dashboard functionality) will be received in early April 2026. Once this data is analysed in full, plans on how best to respond to the staff survey results will be developed with oversight from the new People and OD delivery

group. In terms of responding to what we have heard, it is important that we are able to demonstrate practically to staff what difference they will see going forward.

- 3.16 Given the ongoing service pressures and this current period of organisational change through FFtF, it is proposed that the staff survey action plan focuses on identified key theme areas, where focus work can be undertaken which will make a tangible difference to staff experience prior to the next annual NHS Wales Staff survey.

The principle of local ownership which was introduced for the 2024 survey, will continue to be embedded with progress discussed and monitored through the established local People and Culture Committees. A guide has been developed to signpost colleagues to sources of information and inspiration to support action on local results. This will be built on once priority areas of focus are agreed.

- 3.17 The *We Said, We Did* approach to communicating action taken in response to the survey that was introduced last year will continue. We will also be highlighting exemplary work taking place across the organisation in order to share excellence in order to inspire others.
- 3.18 The committee will be aware that work is already underway to address a number of the themes emerging from the Staff Survey as part of the Culture, Leadership and Engagement Improvement Plan 2026-2028. Culture Change Leaders will play a key role in helping to drive local improvements.

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

The quantitative results of the 2025 NHS Wales Staff Survey demonstrate a decline in key areas, including the staff engagement index score. There is a risk of deteriorating levels of engagement and involvement from staff across the organisation due to operational pressures and competing priorities, including organisational change as a result of the Foundations for the Future programme.

5 ARGYMHELLION RECOMMENDATIONS

The Committee is asked to:

- **NOTE AND DISCUSS** the quantitative results of the NHS Wales Staff Survey 2025;
- **SUPPORT** the planned next steps.

Appendix 1

2025 Snapshot

Participation

5,203

BCUHB staff took part

- ↑ 45% increase in participants from 2024
- ↑ 24.9% of staff (1,626 additional voices heard, up from 17.4% in 2024)
- Respondents 75.4% female; 15.8% male; largest age group 51-65 (33.1%); 76.0% identify as white British; 17.1% have an impairment; and 13.3% consider themselves neuro diverse / divergent

Staff Engagement Index Score

69.3%

- ↓ Reduction on 2024 score of 70.9% and 2023 score of 71.3%
- ↓ 1.5% beneath Wales average of 70.8%
- ↓ Broadly in line with all Wales NHS engagement index score which has deteriorated by 0.8pp each year from 2023 onwards

Motivation



- Higher score than Wales HB average:
- ↑ 65.2% enthusiastic about their jobs (Wales HB avg. 64.1%)
 - ↑ 78.5% of staff happy to go the extra mile (Wales HB avg. 77.2%)
 - ↑ 87.5% feel trusted to do their job (down 1.17pp on 2024; just above the Wales HB avg. 87.4%)

	2024 score	2025 score	National average	
Morale	55.0	53.6	53.7	0.1 ↓
Patient Safety	59.1	58.6	59.7	1.1 ↓
Staff Engagement	58.8	55.9	57.7	1.8 ↓
We are able to speak up	65.8	63.9	65.6	1.7 ↓
We are compassionate and inclusive	69.1	67.6	69.6	2.0 ↓
We are continuously learning and improving	63.5	62.4	63.1	0.7 ↓
We are stronger together	70.4	68.5	68.7	0.2 ↓
We champion flexible working	62.3	60.0	60.8	0.8 ↓
We nurture healthy working environments	57.8	54.7	54.9	0.2 ↓
We recognise everyone's contribution	62.5	60.5	61.2	0.7 ↓

BCUHB performance by theme (%)



Caring, belonging and feeling valued

- Although we are the lowest scoring health board in the 'We are compassionate and inclusive' theme at 67.6% (a drop of 1.47pp from 2024), we are only 2pp from the national average
- 82.9% think we are compassionate towards patients / service users (down 0.41pp; just below Wales HB avg. of 83.3%)
- 72% feel that their immediate line manager values their work (down 1.86pp since 2024; Wales HB avg. 71.5)
- Only 44% feel their work is valued by the organisation (dropped 2.66pp since 2024; Wales HB avg. 47.6%)



Support through change

- Drop in positivity relating to involvement in deciding on changes that affect their work / area / team / department from 55.7% in 2023, 48.1% in 2024 to 43.9% in 2025
- Below national average (70.3%) relating to compassionate culture (67.4%), a drop of 1.38pp on 2024

Advocacy and feeling proud

- 50.3% are proud to tell people they work here (down 1.16pp since 2024; Wales HB avg. 58%)
- 47.7% would recommend BCUHB as a place to work (dropped 4.28pp since 2024; Wales HB avg. 53.2%)
- 44.4% would be happy with the standard of care provided if a friend or relative needed treatment (a fall of 2.51pp since 2024; 10.90pp below Wales HB avg. of 55.3%)

Speaking up



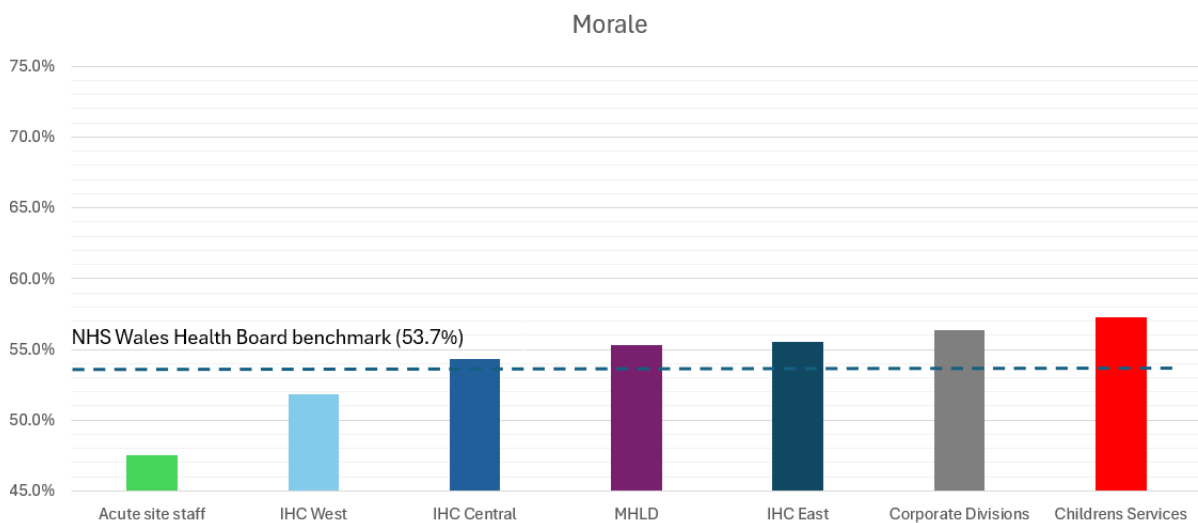
- We are the lowest scoring health board in the 'We are all able to speak up' theme
- 74.4% feel secure raising concerns about unsafe clinical practice (down 1.23pp on 2024 and just under the Wales HB avg. of 74.8%)
- 74.3% feel secure raising concerns about unethical behaviour (down 0.44pp from 2024; slightly under the Wales HB avg. of 75%)
- But only 52.3% feel safe to speak up about general concerns (a 2.36pp deterioration from 2024; 4.46pp below the Wales HB avg. of 56.7%)
- Only 36.7% feel that the organisation would address their concerns if they spoke up. This is a 0.61pp fall on our 2024 score; and is 5.67pp below the Wales HB avg. of 42.4%

Appendix 2

The graphs below show the performance against each of the ten survey themes of our biggest divisions, which are responsible for around 75 per cent of our staff. These are: acute site staff based at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital; the three IHCs; MHLD; corporate divisions; and children’s services.

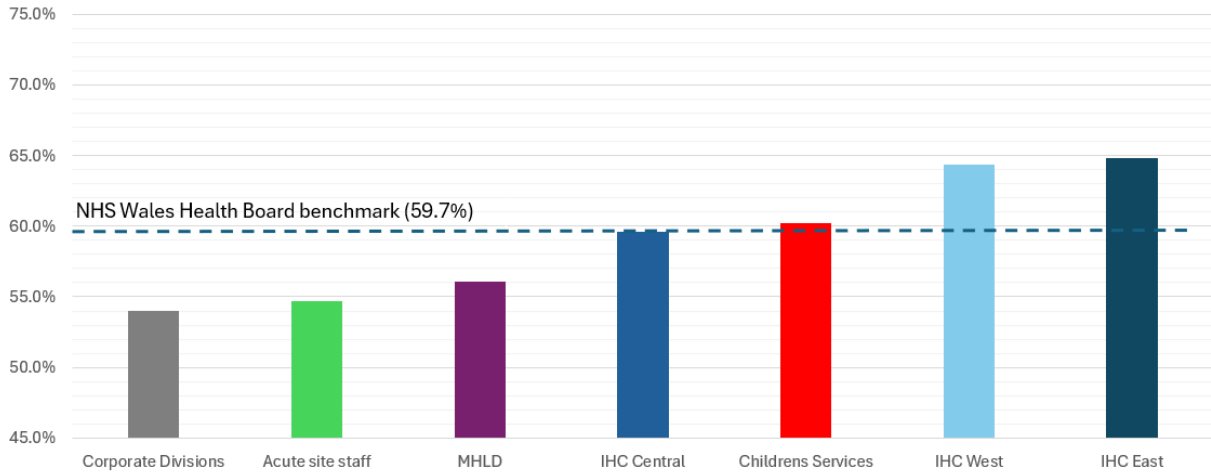
The broken blue line across each graph denotes the NHS Wales Health Board average, meaning that the bars exceeding this line are performing more positively than the NHS Wales Health Board average. The vertical y axis shows the positivity score achieved as a percentage of those who took part in the survey.

Although the positivity scores across each division vary depending on the survey theme, it is notable that generally, Children’s Services, Corporate Services and MHLD score more positively than IHC counterparts and generally some way higher than staff at acute sites. In several cases, they exceed the NHS Wales Health Board average.

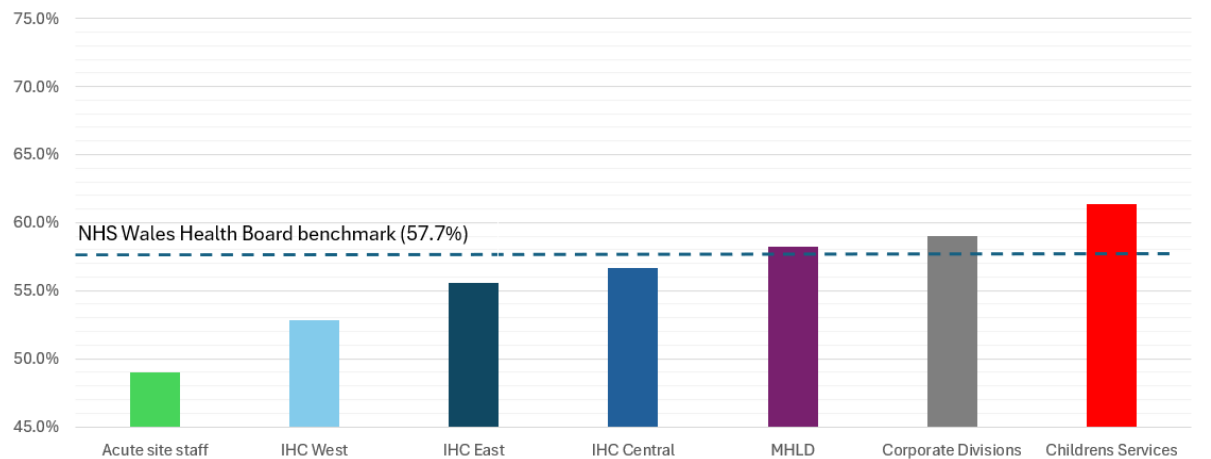




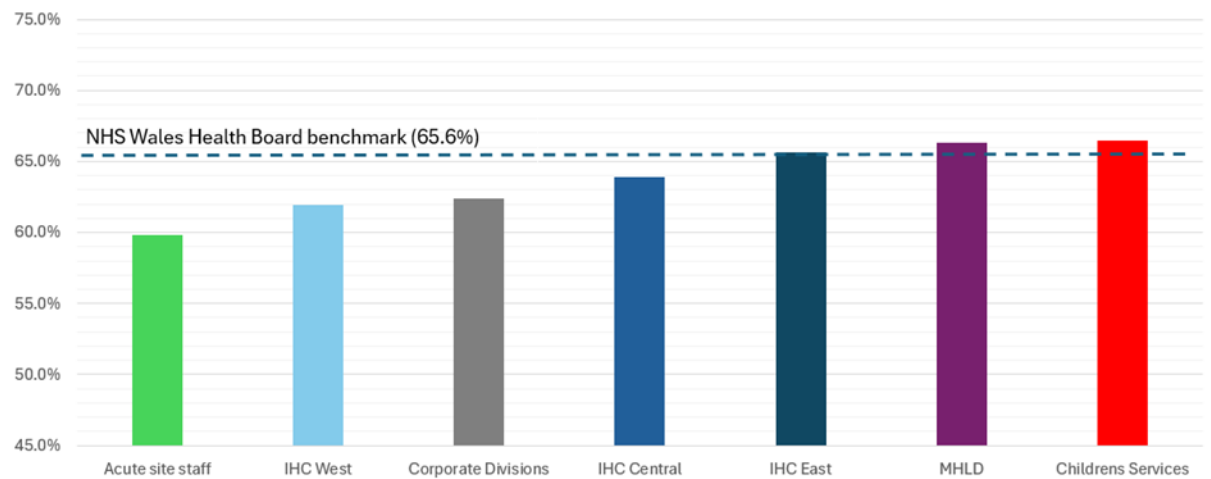
Patient safety



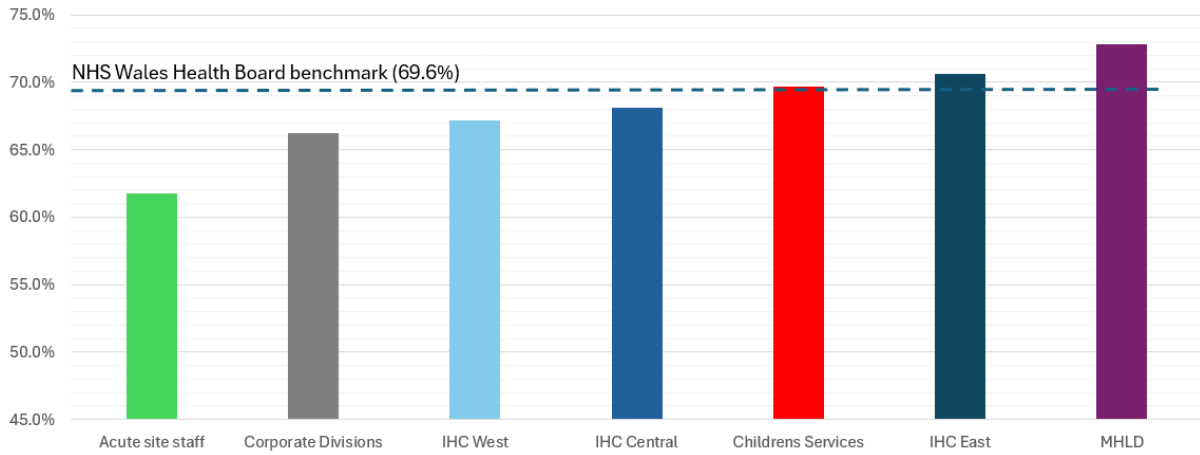
Staff engagement



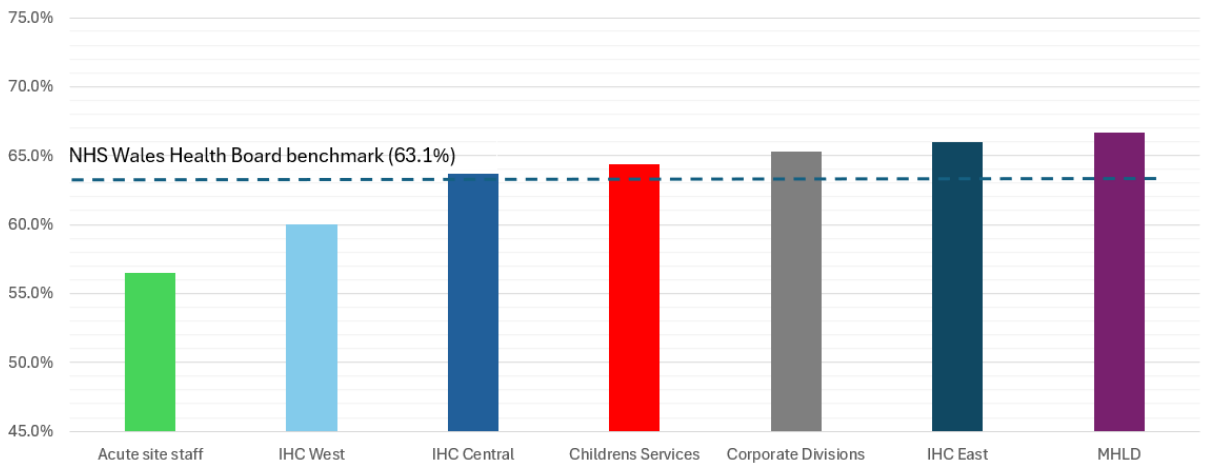
We are all able to speak up



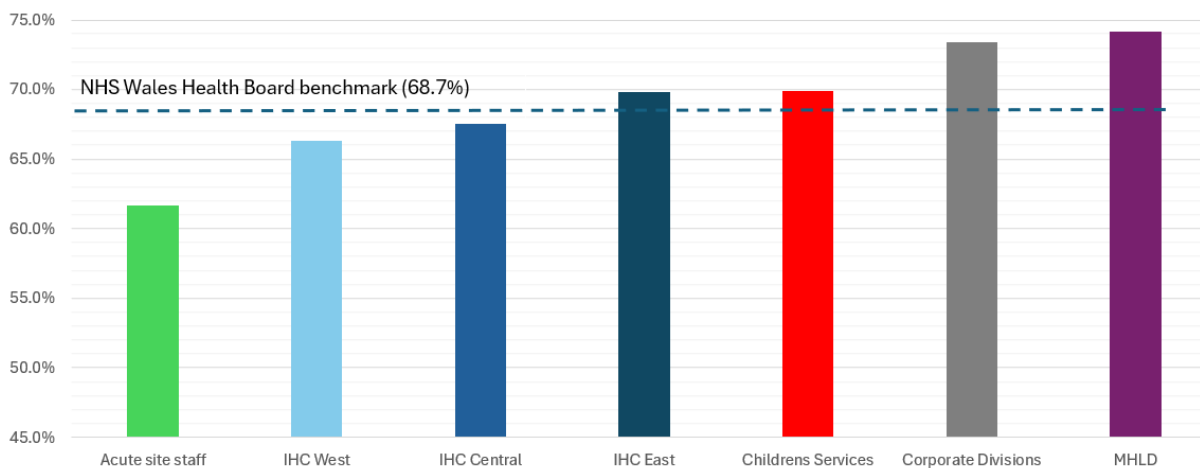
We are compassionate and inclusive



We are continuously learning and improving

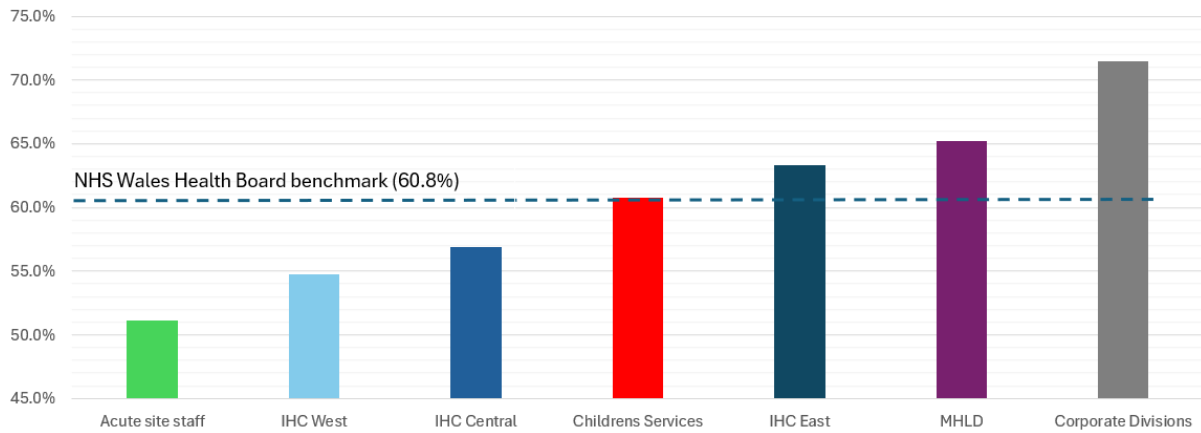


We are stronger together

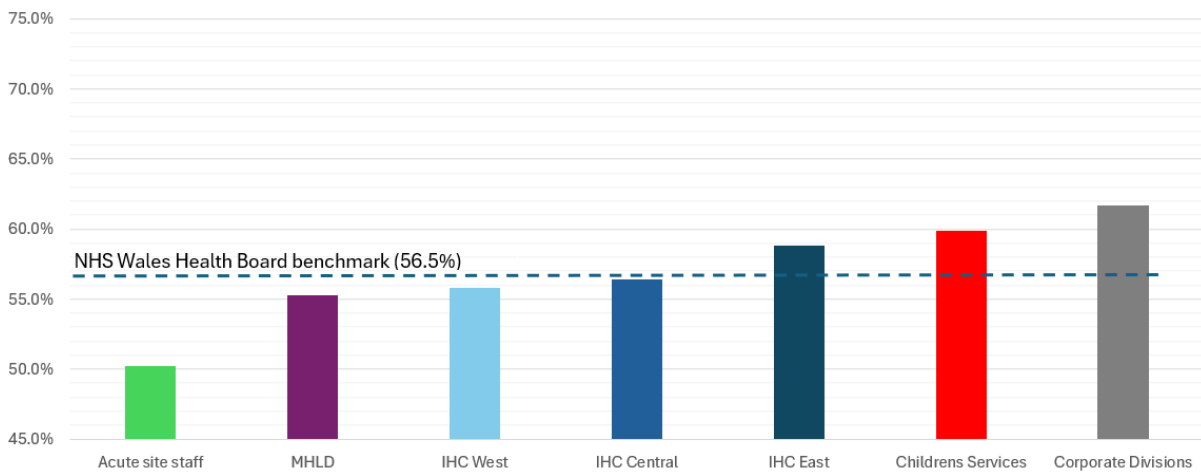




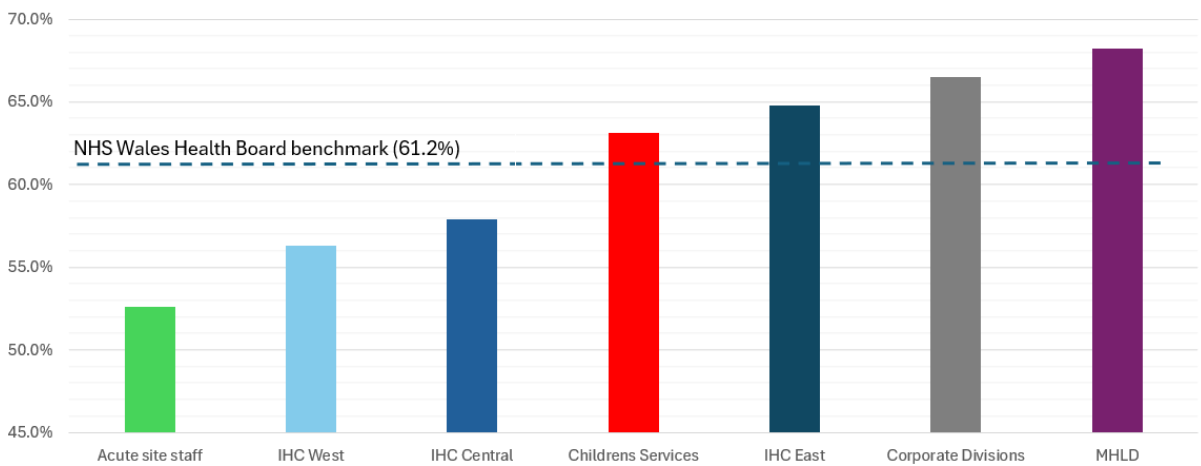
We champion flexible working








We nurture healthy working environments



We recognise everyone's contribution



ASESIAD / ASSESSMENT	
<p>Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities</p>	<div style="display: flex; justify-content: space-around; align-items: center;">      </div> <p>3. Creating compassionate culture, leadership and engagement</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p>Yr Egwyddorion Dylunio Design Principles</p>	<p>People First</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework</p>	<p>CRR24-01 - There is a risk that BCU do not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls, organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Healthier Wales</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<p>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></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>

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>	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>	Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People	Meysydd Ansawdd Domains of Quality Efficient
	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</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:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

Have you considered the Armed Forces Covenant Due Regard Duty?	If no, please include rationale:	
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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	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 Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
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 and Culture Committee

PEOPLE OPERATIONS REPORT






Dyddiad y Cyfarfod Date of Meeting	09 April 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 and Organisational Development
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eytayo, Executive Director for People Services and Organisational Development

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary
The purpose of this report is to outline the current workforce operational position as of end of March 2026.

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 Termau Acronyms / Glossary of Terms	

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>1. building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>People First</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>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</p>
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	<p>Not Applicable</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

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>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p><i>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</i></p>
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	

<i>Have you undertaken a Socio-Economic Impact Assessment</i>		
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i>	Galluogwyr Ansawdd Enablers of Quality Choose an item.	Meysydd Ansawdd Domains of Quality Choose an item.
<u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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>	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:	
	No - Not Applicable	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Ddiogelu Data	Do/Yes: <input type="checkbox"/>	Naddo/No: <input type="checkbox"/>
	Canlyniad/Outcome:	

<p><i>A ydych chi wedi cynnal prawf Sgrinio o'r Aseiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>N/A</p>
<p>Aseiad 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></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	<p>N/A</p>
<p>Cyfreithiol Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw Da Reputational</p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p>Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

People Operations Report March 2026

Debbie Eytayo

Executive Director of People Services & Organisational Development



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Executive Summary

- The vacancy rate currently stands at 8.1%, showing a slight improvement against the position during the same period last year. Clinical staff groups such as Registered Nursing, AHPs, and Add Professional Scientific and Technical are seeing positive reductions in vacancy FTE over the last year, however, increases in Add Clinical Services, Admin and Clerical and Healthcare Science are causing the vacancy rate to remain fairly static. The People Services team continue to promote BCU as an employer of choice through a number of channels and hold frequent recruitment events targeting roles with high levels of vacancies.
- Turnover stands at 7.1% and continues its downward trend. Registered Nursing staff group reporting the lowest turnover rate at 5.2%, whilst Estates and Ancillary see the highest rates of 11.3%. BCUHB has a Staff Retention Lead in post, a role commissioned as part of the non-pay elements of the 2022-4 collective agreement; a line of work at this time seeks to review processes surrounding Exit Interviews, to improve the volume and quality of the information captured.
- The Health Board wide Sickness Actions Deep Dive has been approved by the executive lead, aiming to support staff in attending work and to achieve a measurable decrease in our absence levels. A data informed process will target hotspots areas for intervention supported by a MDT with a clear focus on achieving a reduction in sickness. These actions aim to strengthen support for staff, improve operational resilience, and ensure alignment with national expectations for workforce health and well-being with progress reported via P&C.
- PADR compliance currently stands at 80%, a 1.1% improvement on the same period in the previous year. The PADR process is currently being reviewed to bring more of a focus on staff wellbeing and performance and align PADR to the new BCUHB values and behaviours framework. This process will also provide the opportunity to highlight talent across the organisation as we focus on Talent Management and Succession Planning. Rollout to pilot areas will commence over coming weeks.
- Level 1 mandatory training compliance remains above the target of 85% at 90.9%. There is a focus on compliance for bank staff, medics and targeted intervention in departments that are failing to achieve the 85% target.
- Time to recruit (from vacancy creation to ready for start date) just met the KPI target at 70.4 days during February 2026. However, this figure has been on an increasing trend over the previous year. Only 3 out of the 7 KPIs are now achieving the target with time to shortlist now being flagged as red and this may be linked to recent temporary recruitment restrictions that have been brought into effect. Time to shortlist is subject to further interventions by the People teams and the Enhanced Establishment Control process is being reviewed.

People

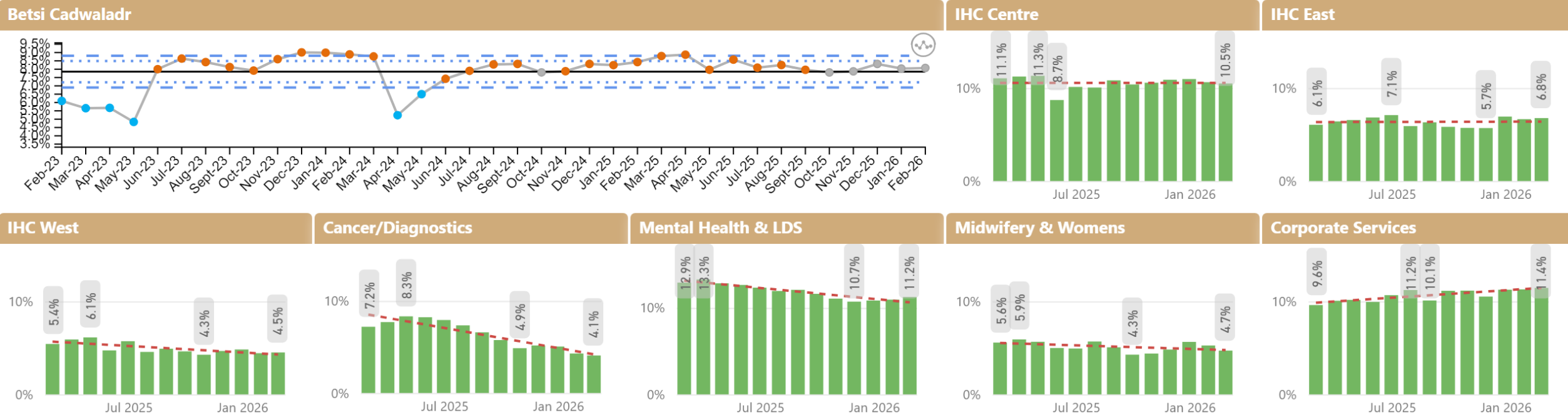


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Betsi Cadwaladr
University Health Board

Vacancy % by IHC

BCU Data as at February 26



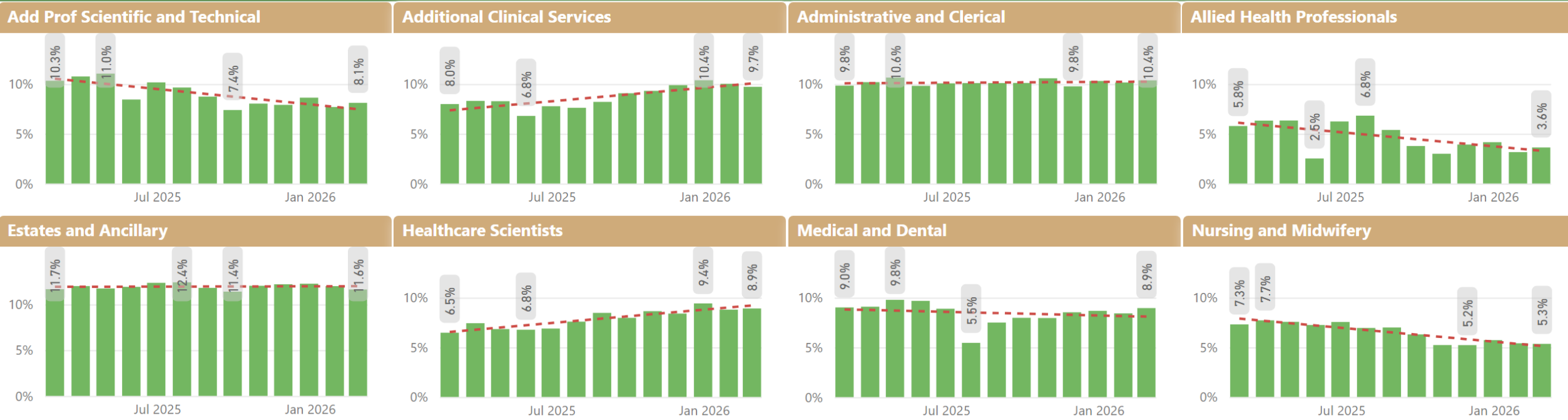
Analysis: The overall BCU vacancy rate for February 2026 stands at 8.1%, a decrease of 0.3% on the same period in the previous year. Corporate Services has the highest vacancy rate at 11.4%, an increase of 1.8% from the previous year. Whilst IHC Centre has the highest number of vacancies at 521.1 FTE with a vacancy rate of 10.5%, followed by IHC East with 326.6 FTE vacancies, equating to a vacancy rate of 6.8%, a growth of 0.7% from the previous year. There is a downward trend in the vacancy rate for Cancer/Diagnostics over the last year, with a reduction in vacancies of 43.1 FTEs bringing the vacancy rate down by 3.1% to 4.1%. West IHC has the lowest vacancy rate at 4.5%, which equates to 169.2 FTE, an improvement of 0.9% on the position reported in the previous year.

Challenges: The Enhanced Establishment Control process/approvals continues to impact the vacancy rate. Current restrictions on non clinical vacancies impacts the recruitment of ward clerks and admin support. There are additional delays in recruiting Ward Clerks where Welsh language skills are listed as an Essential criteria and the process to amend to Desirable takes time which prolongs vacancies.

Progress: High turnover continues in specific areas, with ongoing retention challenges impacting service stability, however, the Recruitment and Retention Working Group is providing targeted support to the most affected areas, focusing on identifying underlying issues and implementing tailored interventions to help improve stability and reduce turnover. PAN People Servies Teams are supporting with vacancies in difficult to recruit to Obs and Gynae posts with some success in Centre area with the recent onboarding of Consultants and Middle Grades.

Vacancy % by Staff Group

BCU Data as at February 26



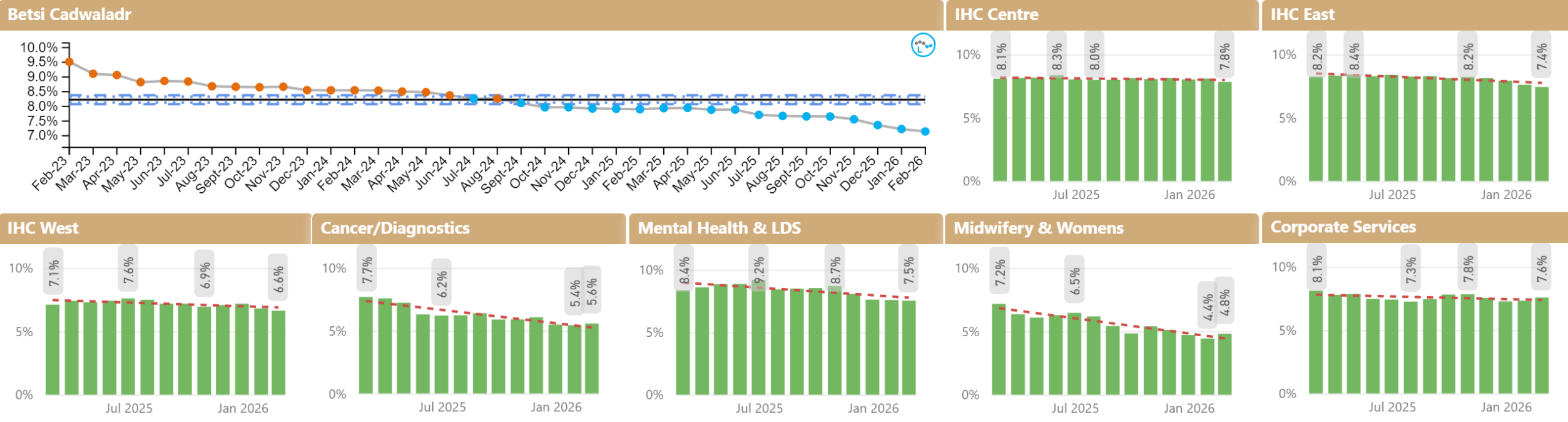
Analysis: Vacancy rates have remained consistently high within the Estates & Ancillary and Admin & Clerical staff groups which stand at 11.6% and 10.4% respectively. Healthcare Scientists have seen the largest growth in the vacancy rate from the previous year, 2.4%, which equates to an additional 9 vacancy FTEs. Additional Clinical Services have seen an increase of 1.7% in their rate, equating to 76.7 FTEs to show a vacancy rate of 9.7% in February 2026. Add Prof Scientific and Technical staff group has seen the greatest reduction in vacancy rate followed by Nursing and Midwifery which has reduced by 2% in the previous year to currently stand at 5.3%, giving a vacancy FTE of 337.4, an improvement of 123.3 vacancy FTEs on the previous year. The Medical and Dental vacancy rate is 8.9%, equating to 165.1 FTEs.

Challenges: The recent decision to temporarily restrict recruitment to only clinical facing roles will see the rate increase across staff groups where vacancy levels are already and issue i.e. Admin and Clerical and Estates and Ancillary. Vacancies for band 2 HCSWs and Facilities staff remains a challenge for IHCs. Medical posts are also an area of concern within some specialties such as Midwifery and Womens. Within the Central IHC there are increasing numbers of staff choosing to retire and return on reduced hours creating part time vacancies, which may be difficult to fill.

Progress: In MHL, People Services teams are supporting with the recruitment of Specialty Doctors through the CESR route. A HCA Retention Task and Finish group has been established with a resource plan to support recruitment and retention, looking at utilisation of fixed term contracts to Registrant Bank workers. There is engagement with Wellness Work and Us group to support with understanding hot spot issues and retention of workers. In West support is being provided by People Services for recruitment to patient facing roles in the acute sites and Tuag Adref to support patient flow. Within Cancer services a number of medical posts have been recruited to and the team are working with Workforce Planning colleagues to examine and test the market place for alternative recruitment opportunities.

Turnover % by IHC

BCU Data as at February 26



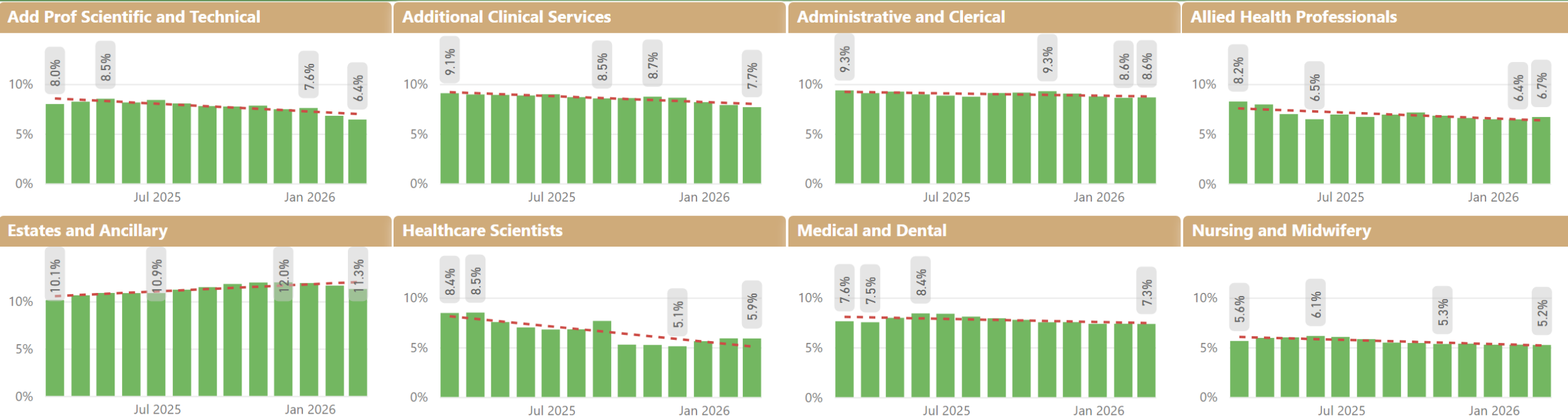
Analysis: The overall BCU turnover rate continues to reduce following the trend over the last 3 years and currently stands at 7.1%. All IHCs are showing an improvement on the position from the same period within the previous year. IHC Centre and Corporate Services have the highest rates at 7.8% and 7.6% respectively. Over the last 12 months IHC Centre has had the greatest number of leavers at 386.7 FTEs, followed by IHC East at 358.4 FTEs. Midwifery and Womens has seen the greatest improvement in turnover over the previous 12 months, falling by 2.4% to a rate of 4.8% as at February 2026. Cancer/Diagnostics also follows this improving trend reducing from 7.7% to 5.6% over the last year.

Challenges: Whilst overall turnover is on a downward trend, there remains challenges within some areas. Potentially, a hold on authorising some non-clinical/senior vacancies may be causing turnover to slow.

Progress: In MHLD a Task & Finish Group has been established working with Wellness Work and Us to improve retention. Recruitment Champions have also been established and teams are exploring the use of Volunteers within ward areas, identifying possible of types of activities or support that volunteers could offer with appropriate training. Volunteers already support in Cemlyn Ward, Cefni Hospital currently offering companionship, practical help with meals and emotional support. It is anticipated the release of the latest Staff Survey results will provide more insights around the Cultural aspects that can affect staff retention. Recent improvements in the Exit interviews completions will also provide greater insight into issues affecting retention. In West IHC turnover remains fairly low owing to it rurality and further progress has been seen over recent months as further vacancies have been filled.

Turnover % by Staff Group

BCU Data as at February 26



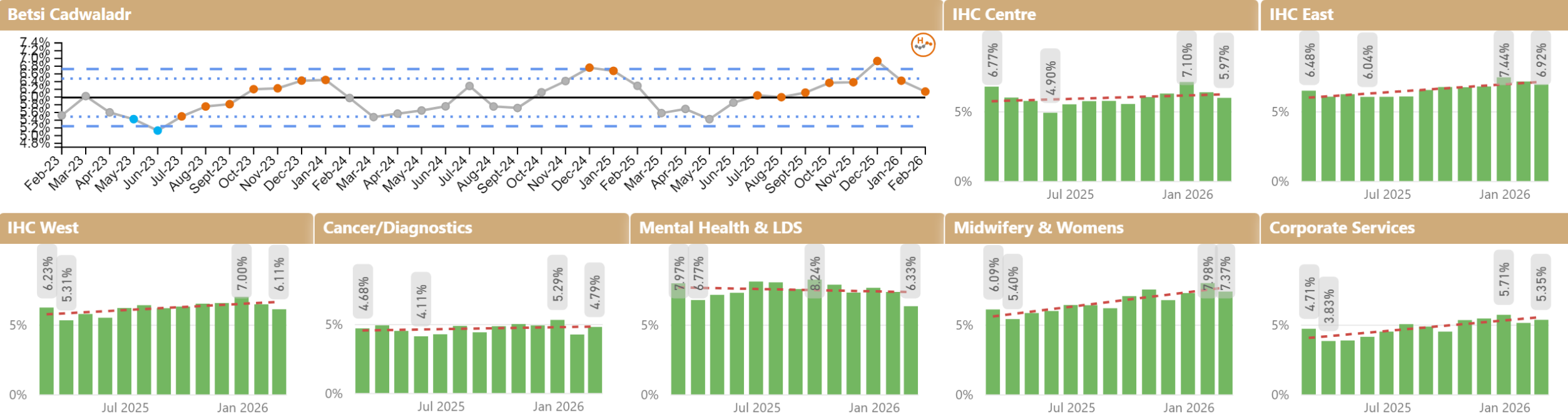
Analysis: Estates and Ancillary staff group is reporting a deteriorating position with regards to turnover increasing by 1.2% over the last 12 months to 11.3%, equating to 164.3 FTE leavers. Rates amongst this staff group are particularly high within East and West IHCs (13.2% and 12.3% respectively). All other staff groups are showing a positive trend with the turnover rate decreasing over the period. Healthcare Scientists have seen the biggest improvement in turnover across the last 12 months, reducing from 8.4% in February 2025 to 5.9% in February 2026. Nursing and Midwifery staff group continues to show improvement in the turnover rate and remains the best performing staff group at 5.2% turnover.

Challenges: Whilst overall turnover is on a downward trend, there remains challenges within some professional groups in certain areas, for instance over all Healthcare Science turnover on a downward trend to 5.9%, however, this is increasing in East IHC and is currently 13.1%. MHLD has seen increases in the Medical and Registered Nurse turnover in the latest month.

Progress: In MHLD there has been positive progress in the HCA and Admin & Clerical turnover rate.

Monthly Sickness % by IHC

BCU Data as at February 26



The charts above report the monthly sickness rate for BCU.

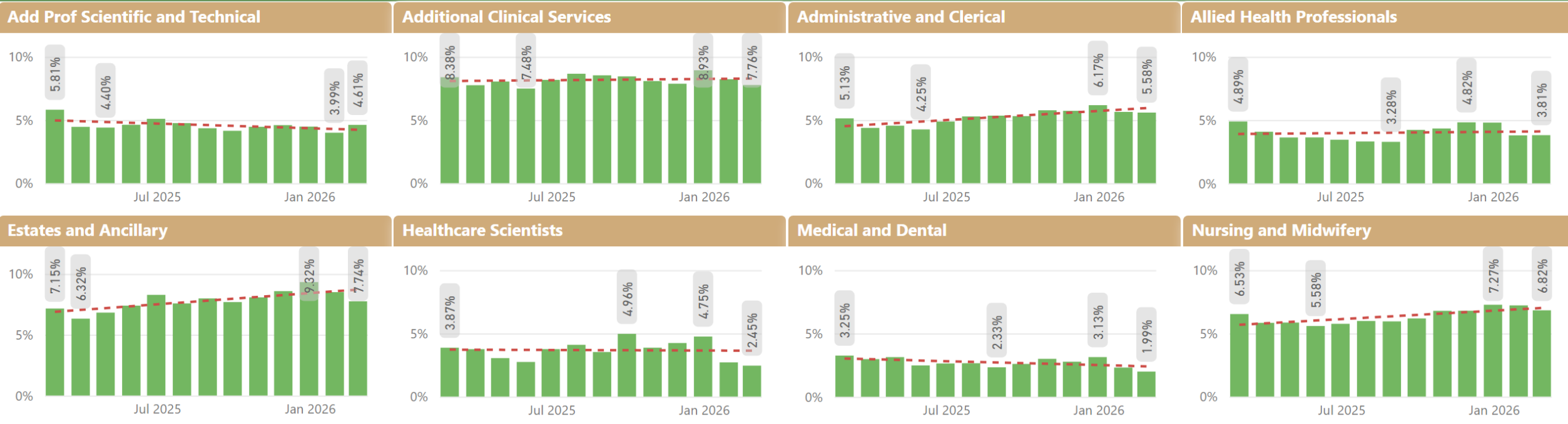
Analysis: The BCU monthly sickness absence rate currently stands at 6.14% and shows special cause for concern due to the previous 8 months all being above the 3 year average. The rolling sickness absence rate currently sits at 6.08%, a slight increase on the rate of 6.04% reported in February 2025. Midwifery & Womens shows the highest monthly rate at 7.37%, an increase of 1.28% on the rate reported at the same point in the previous year. Mental Health & LDS has seen the biggest improvements in rates when compared to February 2025, a drop of 1.64% means the monthly rate now stands at 6.33%. Stress related absence continues to be the most prolific reason for absence, accounting for 1.77% of absence during February 2026, however, this is the lowest monthly rate for this reason seen since June 2025.

Challenges: Sickness remains high across the IHCs, MHL and Midwifery and Womens. Stress, Anxiety and Depression continues to be the most prolific absence reason, however, a number of absences are recorded without a specific reason or as "other" limiting meaningful insight and the ability to provide targeted support. Return to work completion in some areas.

Progress: Work associated with the Sickness Deep Dive is ongoing with action plans developed for hot spot areas. People Services Team are contacting managers who have not recorded an absence reason and are following up with areas of low Return to Work Interview completion rates. In terms of managing sickness prompts, HR Officers continue to support managers at 1st where appropriate and 2nd, escalating to Business Partners for 3rd, where dismissal is seriously considered. HR BP's review data monthly within portfolios and hold accountability meetings with Service Leads querying what action has been taken by management to improve attendance. Focus on early intervention continues, with regular communication with absent employees and consideration given to redeployment opportunities to support employees getting back to work. Focussed attendance management work within IHC Centre has seen positive impact with the rate reducing to 5.97%.

Sickness % by Staff Group

BCU Data as at February 26



The charts above report the monthly sickness rate for BCU.

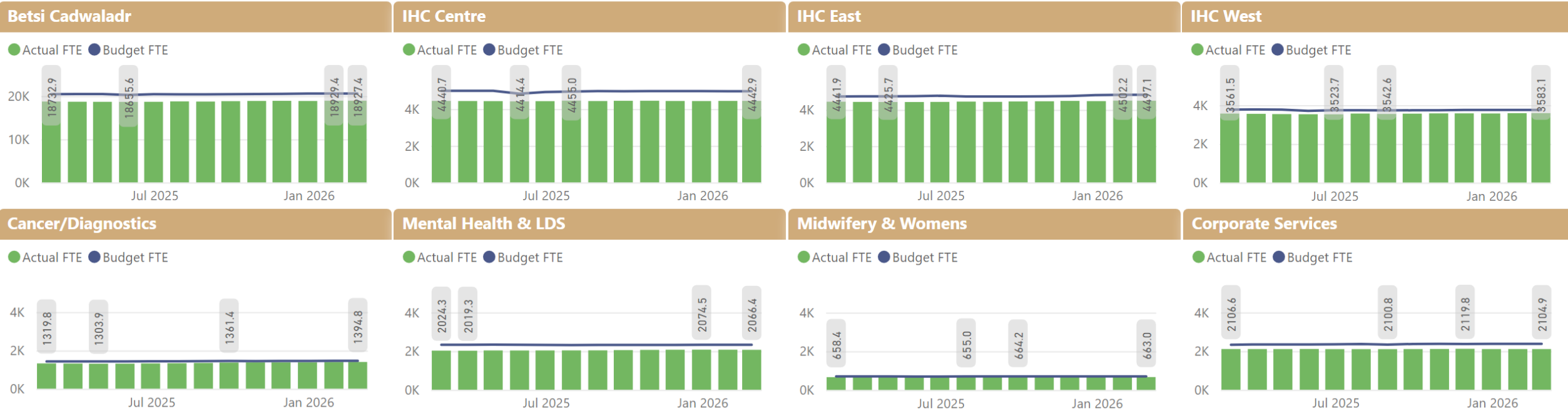
Analysis: Additional Clinical Services currently records the highest monthly sickness rate at 7.76%, however, this is a decrease of 0.62% from the position in February 2025. Estates and Ancillary has the second highest sickness rate at 7.74% in February, 0.59% higher than the rate reported for same period last year. Nursing and Midwifery sickness rate was also high during the latest month at 6.82%, this figure has been trending upwards over the period. Monthly sickness absence within Add Prof Scientific and Technical, Allied Health professionals, Healthcare Scientists and Medical and Dental all stand below 5%. Anxiety stress and depression remains the main reason for absence.

Challenges: Additional Clinical Services and Estates and Ancillary Staff Groups remain a challenge in terms of sickness absence levels. Medical and Dental sickness is low, possibly the result of absence not being recorded correctly.

Progress: Work associated with the sickness deep dive remains ongoing. The profile of this work has been discussed in the weekly ops meetings and has been added as standing agenda item for the People and Culture meeting. Emails have been sent to the Head of Ops for each of the hot-spot areas with a view to setting up a focus meeting with key stakeholders in the room to agree an action plan. There is continued roll out of the Managing Attendance at Work training programme with additional deliver bespoke sessions offered to specific areas in need. Sickness audits remain ongoing.

Budget v Actual FTE by IHC

BCU Data as at February 26



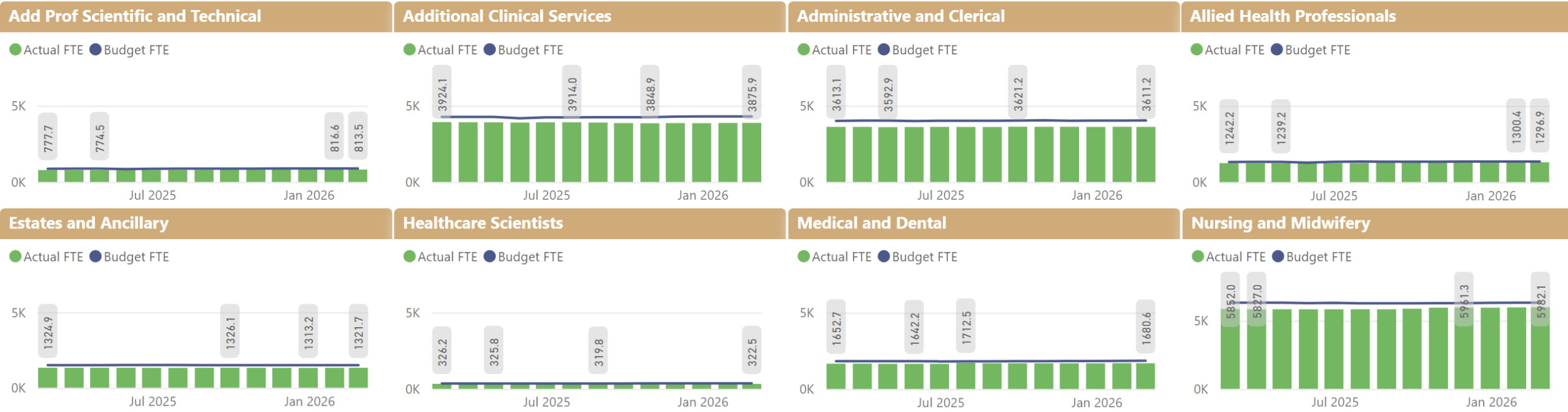
Analysis: In February 2026, budgets were 132.5 FTEs higher than February 2025 whilst actuals have increased by 195.4 FTEs, causing vacancies to fall by 62 FTEs. IHC East saw the greatest increase in budget, rising by 95.6 FTEs, whilst the actual also increased by 55.2 FTEs, this caused vacancies to rise by 40.4 FTEs. IHC Centre saw the biggest decrease in budget of 28.3 FTEs, a slight increase of 2.3 actual FTE meant that vacancies were 30.6 FTEs lower than the same period in the previous year. The largest increase in actuals from February 2025 can be seen in Cancer/Diagnostics which have an additional 75.1 FTE whilst budgets increased by 32 FTEs.

Challenges: Enhanced establishment control is slowing down progress in recruiting into roles causing vacancies to remain open for longer. As a result, IHC West currently has 169 vacancies open, impacting in particular, HCSW, Nursing and Facilities posts.

Progress: People Services Teams are working with areas at the moment to ensure that clinical vacancies are recruited to quickly to minimise the patient impact.

Budget v Actual FTE by Staff Group

BCU Data as at February 26



Analysis: Nursing and Midwifery have seen the largest increase in actuals when compared to the same period in the previous year of 130.1 FTEs with budgets increasing by only 6.8 FTEs this has caused vacancies to decline by 123.3 FTEs. Additional Clinical Services have seen their actuals decline by 48.2 FTEs when compared to February 2025, budgets have also grown by 28.5 FTEs meaning that vacancies have grown by 76.7 FTEs compared to the previous year. Medical and Dental have seen the largest increase in budget from the previous year of 29.3 FTEs with actuals also increasing by 27.9 FTEs.

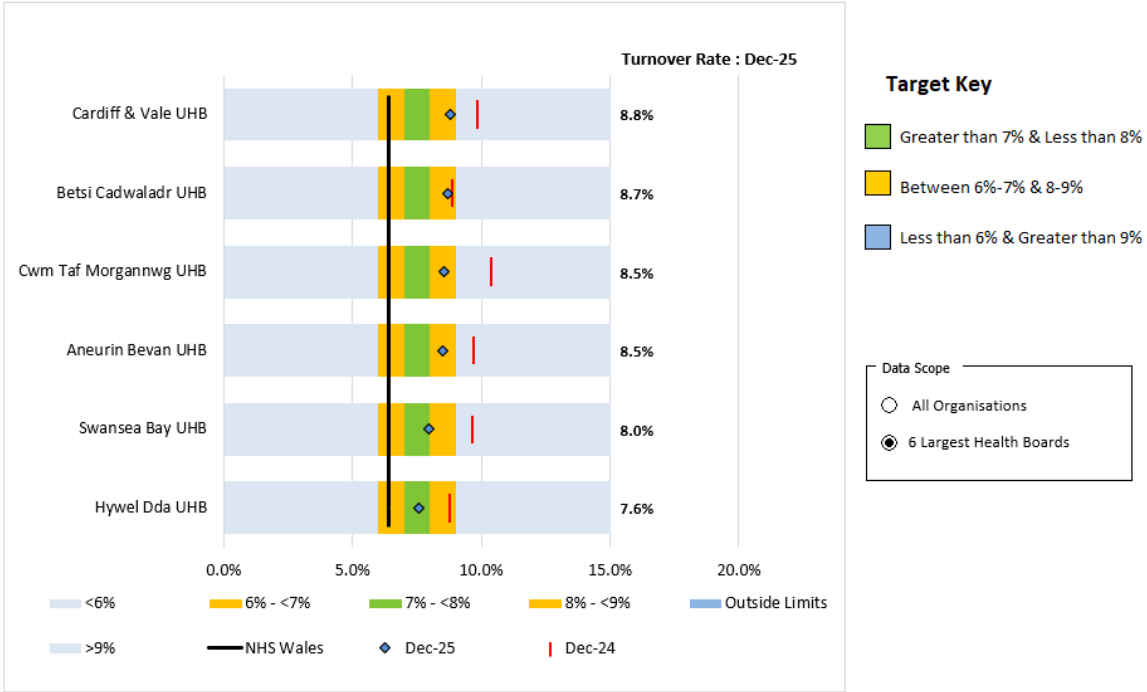
Challenges: As a result of EEC IHC West currently has 169 vacancies open, impacting in particular, HCSW, Nursing and Facilities posts. In Cancer and Diagnostics Additional Clinical Services staff group has seen a decline in actuals by 48.2 FTEs when compared to February 2025.

Progress: People Services Teams are working with areas at the moment to ensure that clinical vacancies are recruited to quickly to minimise the patient impact. In Womens and Midwifery, Nursing and Midwifery have seen the largest increase in actuals when compared to the same period in the previous year of 130.1 FTEs with budgets increasing by only 6.8 FTEs this has caused vacancies to decline by 123.3 FTEs.

Workforce Comparators

Turnover %

12 Month Turnover rate for All Staff Groups by Organisation comparing Dec-24 & Dec-25

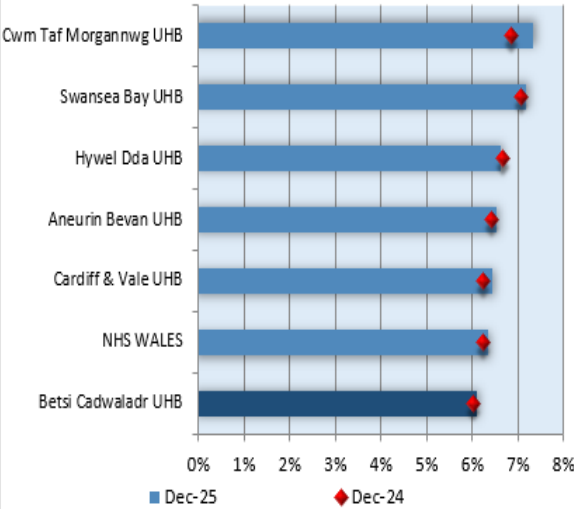


Of the 6 largest Health Boards in Wales, BCU had the second highest turnover rate in December 2025 at 8.7%.

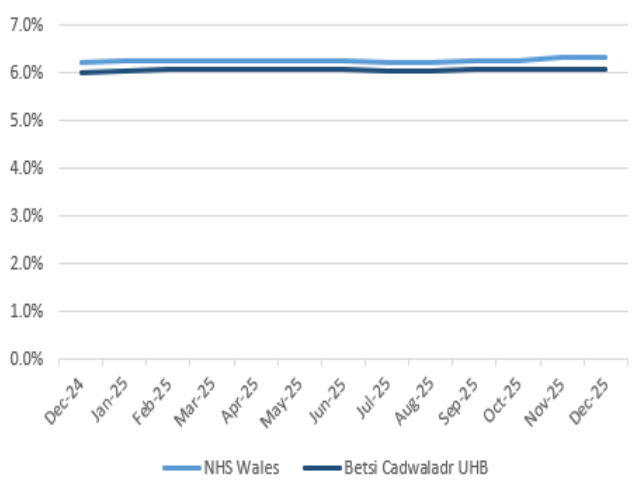
Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.

Sickness %

Rolling Sickness Rate by Health Board Dec 2025



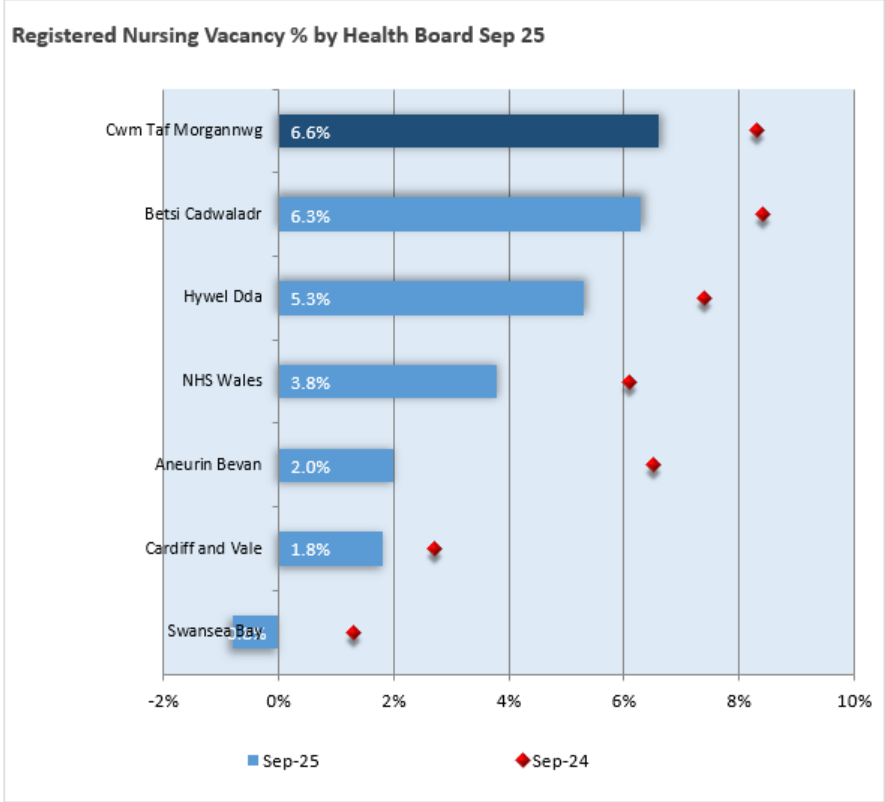
12 Month Rolling Sickness Rate BCU vs NHS Wales



During December 2025, BCU had the lowest rolling sickness rate of the 6 largest health boards at 6.1% and lower than the NHS Wales overall rate of 6.3%. Cwm Taf Morgannwg had the highest sickness rate at 7.3% followed by Swansea at 7.1%.

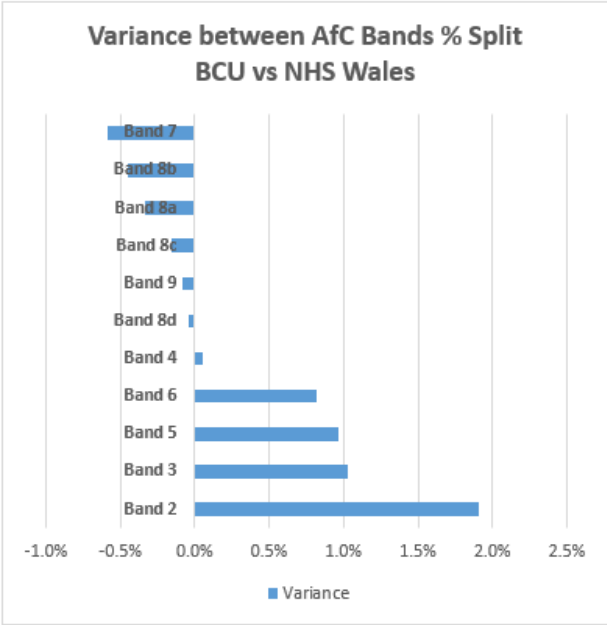
Workforce Comparators

Vacancy %



The BCU Registered Nursing Vacancy rate was showing as 2.5% above the NHS Wales average in September 2025 and was the second highest rate of the 6 largest health boards.

BCU % Workforce by Pay Band vs NHS Wales % Workforce by Pay Band



AfC Band	BCU % Staff in Post FTE Dec 2025	NHS Wales % Staff in Post FTE Dec 2025	Variance	BCU Staff in Post FTE Dec 2025
Band 2	16.8%	14.9%	1.9%	3087.0
Band 3	13.8%	12.7%	1.0%	2525.2
Band 5	20.6%	19.6%	1.0%	3770.2
Band 6	17.5%	16.6%	0.8%	3199.9
Band 4	8.3%	8.2%	0.1%	1515.9
Band 8d	0.4%	0.4%	0.0%	69.7
Band 9	0.2%	0.3%	-0.1%	31.4
Band 8c	0.8%	1.0%	-0.2%	148.6
Band 8a	3.6%	4.0%	-0.3%	667.8
Band 8b	1.1%	1.6%	-0.5%	207.0
Band 7	10.4%	11.0%	-0.6%	1915.2

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, 3, 5 and 6 than NHS Wales, band 2s account for 16.8% of the BCU workforce compared to 14.9% of the NHS Wales workforce. Bands 7 to 9 account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.6% vs 18.2%).

Leadership and Development

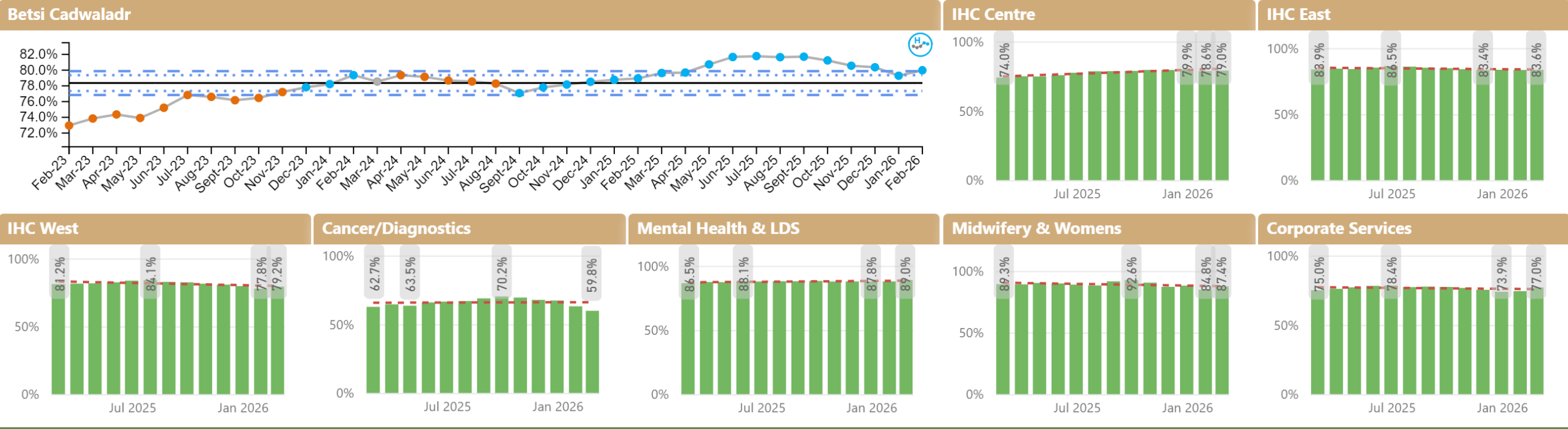


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

PADR % by IHC

BCU Data as at February 26



Analysis: Overall BCU PADR compliance currently stands at 80%, which is a 1.1% improvement since the same time last year. The best performing areas are Mental Health & LDS and Women’s and Midwifery, exceeding the target of 85% at 89% and 87.4% respectively. East IHC is just 1.4% below the 85% target whilst both IHC Centre and IHC West are both a little over 5% away from the target. Compliance is lowest in Cancer/ Diagnostics at 59.8%, declining performance in recent months means it is now 2.9% lower than the same period in the previous year.

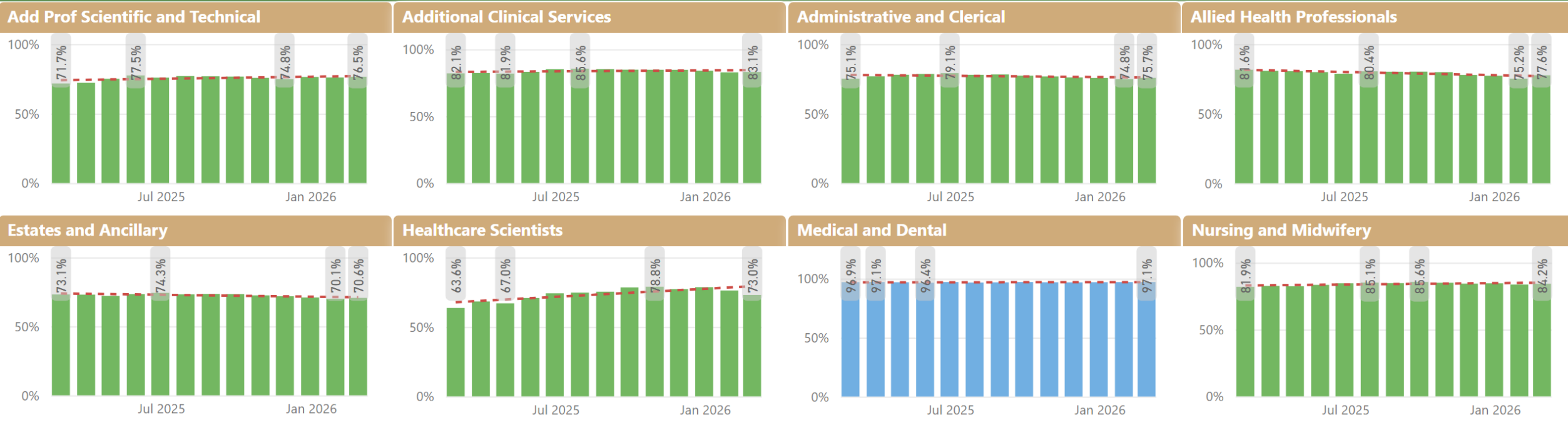
Challenges: There have been recent deteriorations in PADR compliance delaying progress against the 85% target.

Progress: People Services are actively identifying out of date and "never had" PADRs, and contacting the managers, as employees have the right to have a PADR and to have this recorded on ESR. Areas of concern are discussed in meetings involving Senior Managers.

Monthly PADR compliance summary reports are circulated to the SLT’s with discussion at monthly meetings and a focus on areas of low compliance. MHL West area continues to be an area of low compliance, however, there have been positive improvements in the compliance rate following the sharing of detailed report with the HOP and an additional support package in place. In IHC West Business Partners support conversations in local business meetings, with support from IHC directors in local accountability meetings.

PADR/MARS % by Staff Group

BCU Data as at February 26



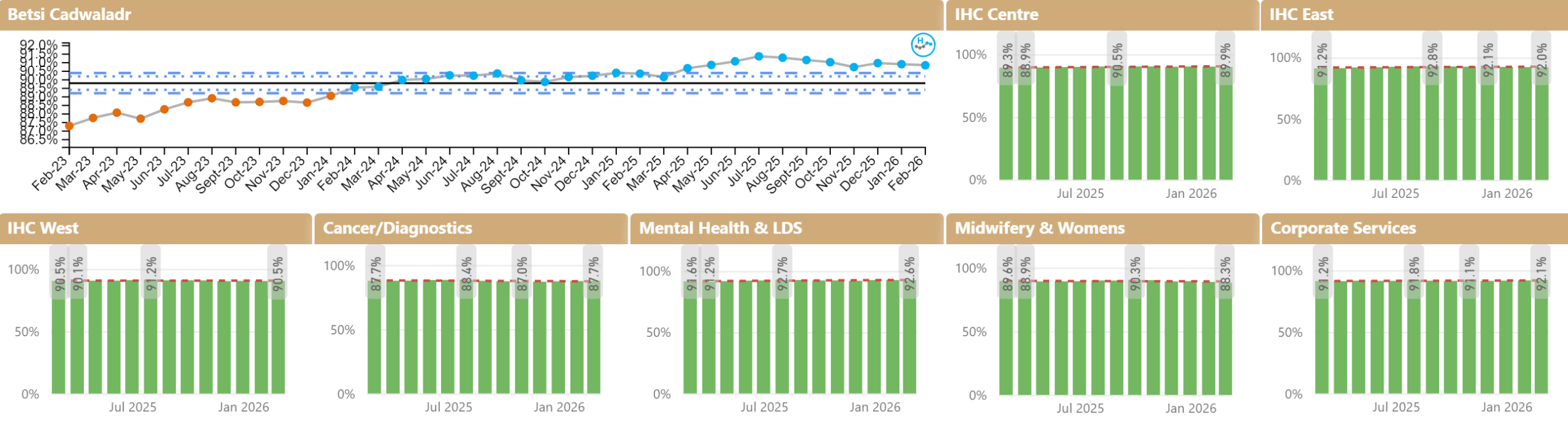
Analysis: At present, all staff groups are failing to meet the 85% PADR compliance target, however, Medical Appraisal Rate (MARS) currently stands at 97.1%. Additional Clinical Services and Nursing and Midwifery staff groups have previously achieved the 85% target but currently sit below at 83.1% and 84.2% respectively. Healthcare Scientists have seen the greatest improvement in PADR compliance over the last 12 months, increasing by 9.4% to 73%. Estates and Ancillary and Admin and Clerical staff Groups have the lowest PADR compliance rates at 70.6% and 75.7% respectively.

Challenges: Add Prof Scientific and Technical, Admin and Clerical and Healthcare Science staff groups are failing to achieve the 85% target across all IHCs.

Progress: People Services are actively identifying out of date and "never had" PADRs, and contacting the managers, as employees have the right to have a PADR and to have this recorded on ESR. Areas of concern are discussed in meetings involving Senior Managers. The West area is beginning to see improvements in the compliance rate following the sharing of detailed report with the HOP and an additional support package in place.

Mandatory Training % by IHC

BCU Data as at February 26



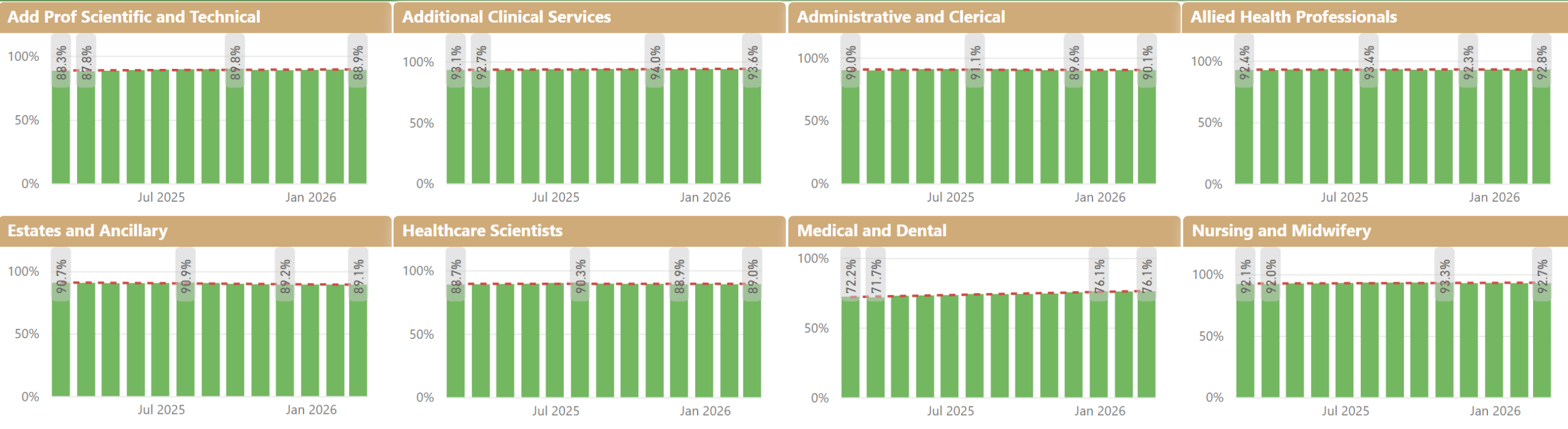
Analysis: BCU training compliance currently stands at 90.9% for Level 1 training and has been consistently above the 85% target across the last 12 months for all IHCs. Mental Health and East IHC have the best compliance rates, 92.6% and 92% respectively. There are pockets of non compliance against level 1 competencies in some areas; Cancer/Diagnostics are reporting a rate of 83.8% for Infection Prevention and 81.1% for Information Governance whilst Womens and Midwifery are reporting a rate of 81.2% for Information Governance. Overall, Level 2 compliance also exceeds the 85% target at 87.9%. However, overall compliance Infection Prevention level 2 and Moving and Handling Level 2 fall below the 85% target at 82.8% and 81% respectively.

Challenges: At IHC level, training compliance is above target, however, there are pockets of low compliance against some competencies within the services.

Progress: Monthly training compliance summaries are circulated to the SLTs and progress is discussed at monthly meetings with a focus on areas of low compliance.

Mandatory Training % by Staff Group

BCU Data as at February 26



Analysis: All staff groups have high compliance rates, exceeding the target throughout the last year with the exception of Medical and Dental. Despite improvement of 3.9% over the last year, Medical and Dental level 1 compliance rate falls 8.9% below the 85% target, with failure to meet the target against all level 1 mandatory competencies with the lowest levels of compliance for Medical and Dental staff being seen within Infection Prevention and Control and Moving and Handling at 67.3% and 69% respectively.

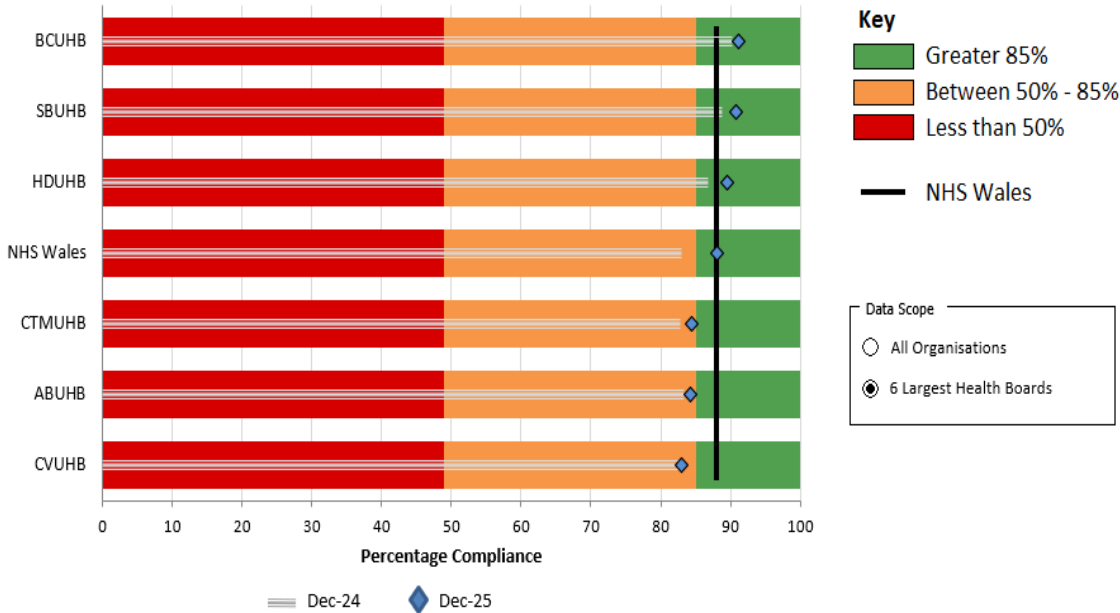
Challenges: Medical and Dental training compliance remains a significant challenge across all services and competencies.

Progress: People Services Teams are reviewing non compliant staff members and supervisors on a monthly basis and issuing detailed reports to the service for review an action. IHC Medical Directors are promoting Mandatory Training compliance through Job Plan conversations.

Workforce Comparators

Statutory & Mandatory Training %

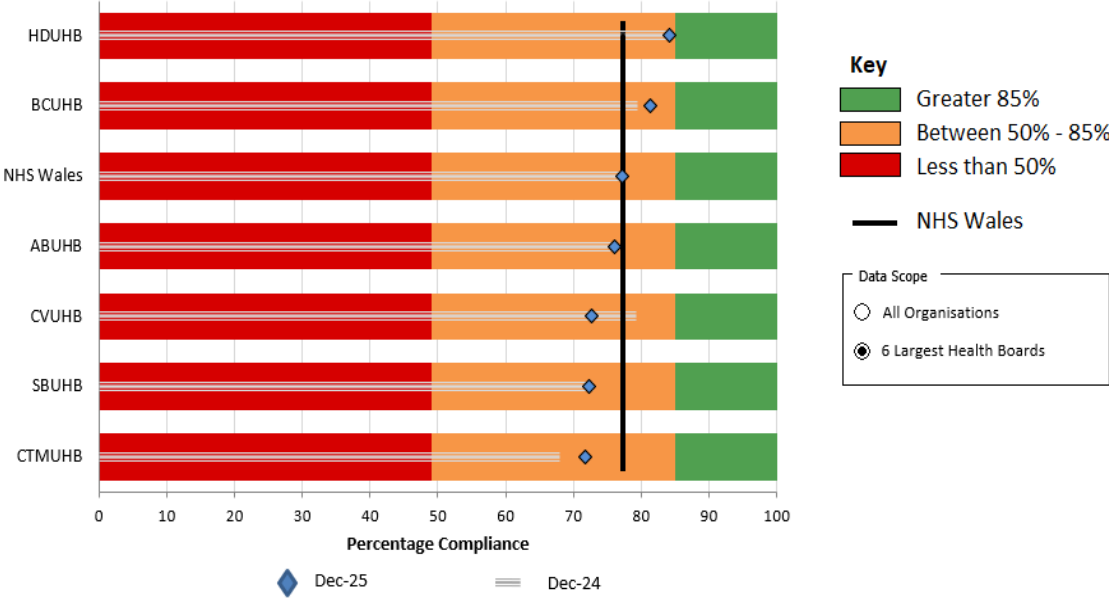
Statutory & Mandatory Training by Organisation for All Staff Groups



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in December 2025 and was 3.1% higher than NHS Wales average of 88%.

Appraisals %

Annual Appraisal compliance rate by Organisation for All Staff Groups



BCU had the second highest appraisal compliance rate out of the 6 largest health boards in December 2025 with a combined AfC and Medical Appraisal rate of 81.4% compared to the NHS Wales average of 77.3%.

Highlighted Areas

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
Emergency Care YG (HX11) L6						
2025-05	235.1	-5.2%	4.03%	62.9%	88.1%	4.0%
2025-08	223.2	0.2%	5.05%	78.9%	87.8%	4.3%
2025-11	227.7	2.1%	7.03%	78.7%	85.1%	4.8%
2026-02	225.8	3.0%	7.65%	70.7%	86.3%	5.0%
Facilities East (RX52) L6						
2025-05	321.3	10.7%	7.29%	96.9%	98.1%	9.4%
2025-08	319.0	11.5%	8.71%	95.6%	100.2%	11.6%
2025-11	319.0	11.5%	9.79%	93.9%	98.5%	13.4%
2026-02	325.4	9.7%	8.60%	93.2%	96.6%	12.8%
Facilities Portering - West (RX59) L6						
2025-05	61.7	12.7%	8.33%	60.9%	84.4%	10.6%
2025-08	58.8	16.8%	6.00%	86.4%	86.6%	14.2%
2025-11	57.8	18.2%	6.47%	89.4%	86.0%	14.7%
2026-02	55.4	21.7%	6.59%	79.0%	88.6%	17.2%
Chief Operating Officer (YX05) L6						
2025-05	46.8	1.1%	3.10%	69.4%	80.1%	8.3%
2025-08	46.0	1.8%	2.41%	71.7%	80.0%	8.6%
2025-11	43.8	9.8%	7.08%	58.7%	78.1%	6.7%
2026-02	42.6	10.6%	2.93%	63.0%	82.6%	9.3%

Analysis:

Emergency Care YG has seen the most deteriorations within the previous 4 quarters. However, the main concerns seen within the metrics would be an increasing monthly sickness rate which currently stands at 7.65% and a PADR rate that has fallen to 70.7%.

Facilities East have seen deteriorations in the vacancy, monthly sickness rates and turnover rates in previous quarters all these metrics remain high despite improvement within the latest period.

Facilities Portering – West shows cause for concern in all metrics with the exception of the mandatory training rate with especially high, and deteriorating, turnover and vacancy rates

Chief Operating Officer has seen a declining vacancy rate in all quarters whilst PADR rates remain low. There has also been deteriorations in the turnover rates in most quarters. However, monthly sickness rate are low within the latest quarter.

Progress: The deteriorating position within Portering West has been addressed at local business meetings with improvement targets set against which progress will be monitored over the next 3 months.

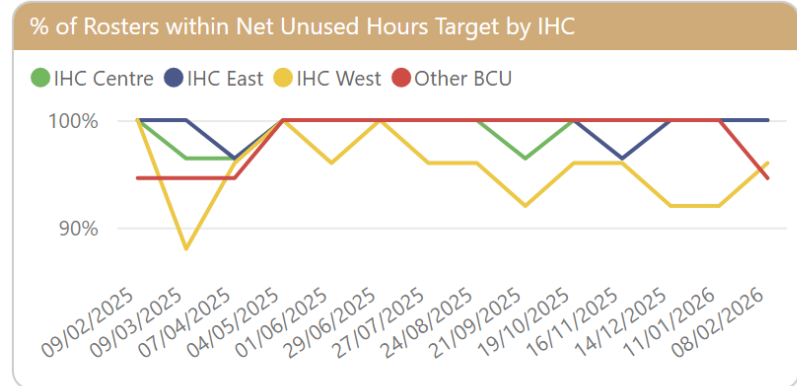
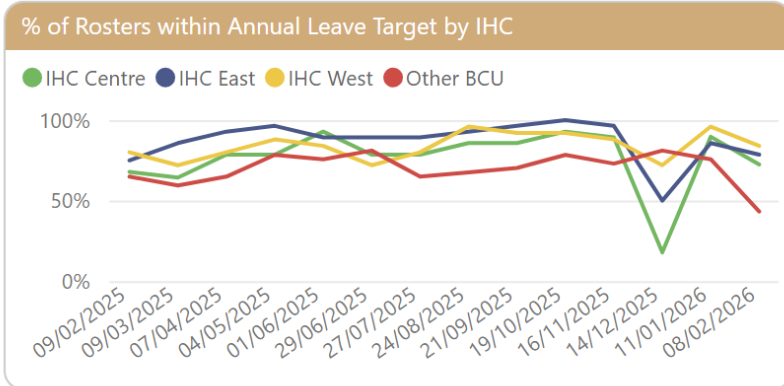
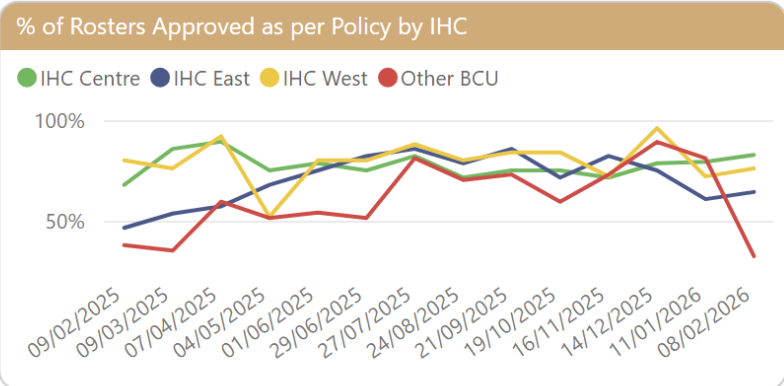
Emergency Care will be monitored as currently the sickness and PADR rate are the main areas of concern. Deteriorations within the vacancy and turnover do not yet warrant cause for concern as rates are relatively low.

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.

Summary

	09/02/2025	09/03/2025	07/04/2025	04/05/2025	01/06/2025	29/06/2025	27/07/2025	24/08/2025	21/09/2025	19/10/2025	16/11/2025	14/12/2025	11/01/2026	08/02/2026
Approved in Policy %	56%	60%	73%	61%	70%	70%	84%	75%	79%	71%	75%	85%	74%	61%
Annual Leave %	71%	69%	78%	85%	85%	81%	77%	84%	85%	90%	86%	57%	86%	67%
Net Unused Hours %	98%	95%	96%	100%	99%	100%	99%	99%	97%	99%	98%	98%	98%	97%

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 KPI’s, 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 hour’s range of less than 10% of total staff contracted time used.

Analysis : The percentage of Rosters approved currently stands at 61% and is 5% higher than it was during the same period in the previous year. There has been a noticeable drop in this figure for Other BCU IHCs in recent months with Mental Health & LDS standing at just 17% for February 26. 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 97% of rosters compliant and has remained consistently high through the previous year.

Challenges: Managers should ensure that annual leave is taken evenly amongst the team throughout the year to. Reminders are sent to all managers regarding the importance of leave management, and they are also made aware of the arrangement for the carry-over of leave into the this leave year. .

Progress: The Rostering team have been assisting with a number annual leave queries and have been actively cleansing data in readiness for ESRGo launch. A recent upgrade to HealthRoster caused numerous system issues which have now been addressed.

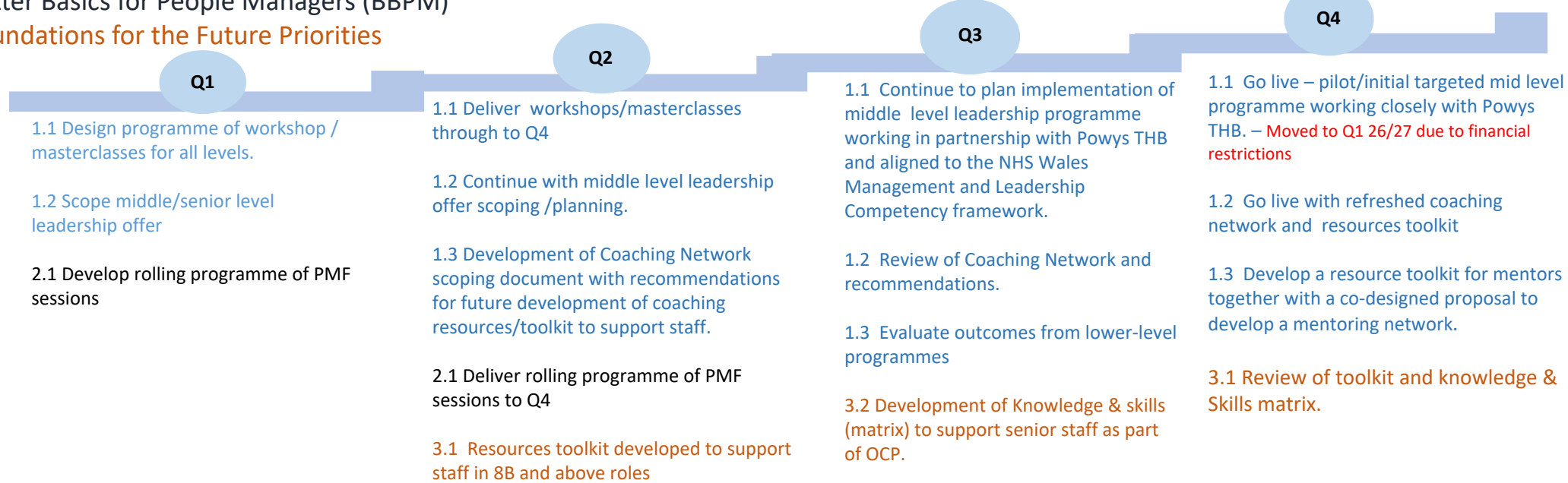
Integrated Leadership Development Framework (ILDF)



Delivery of IMTP requirements

1. Integrated Leadership Development Framework (ILDF)
2. Better Basics for People Managers (BBPM)
3. Foundations for the Future Priorities

High Level Priorities Delivered 25/26



ILDF Workshops	Q1	Q2	Q3	Q4
The Coaching Approach	x	2	3	3
Conversations with Care	x	4	5	5
Compassionate Leadership	x	4	7	7
PADR Training Sessions	Q1	Q2	Q3	Q4
Pilot Training	x	11	9	14

ILDF Programme /	Q1	Q2	Q3	Q4
Moel Famau: Learning to Lead and Manage	2	2	4	4
Mynydd Mawr: Fundamentals of Leadership and Management	1	2	3	3
Cadair Idris: Clinical Leadership Immersive Programme	x	x	x	x
Glyder Fawr: Advanced Clinical Leadership Programme	1 programme over 12 months			
Coaching CPD Workshops	x	x	x	1
Coaching Supervision	x	x	x	1

Date	People Managers Forum	Attended
17/04/2025	Improving Staff Engagement	98
15/05/2025	Wellbeing at Work	198
19/06/2025	Recognising and Promoting Equality and Diversity	118
17/07/2025	ESR - The Managers perspective	127
21/08/2025	Corporate Induction and the Line Manager's role	122
18/09/2025	Developing Our Teams	160
16/10/2025	Managing Attendance at Work	206
20/11/2025	Holding a facilitated discussion	128
18/12/2025	Using data to inform practice	1402
15/01/2026	Overcoming Winter Blues	120
19/02/2026	Q&A with Carol Shillabeer	148
19/03/2026	Shaping our Culture at BCUHB	105

Culture and Engagement



GIG
CYMRU
NHS
WALES

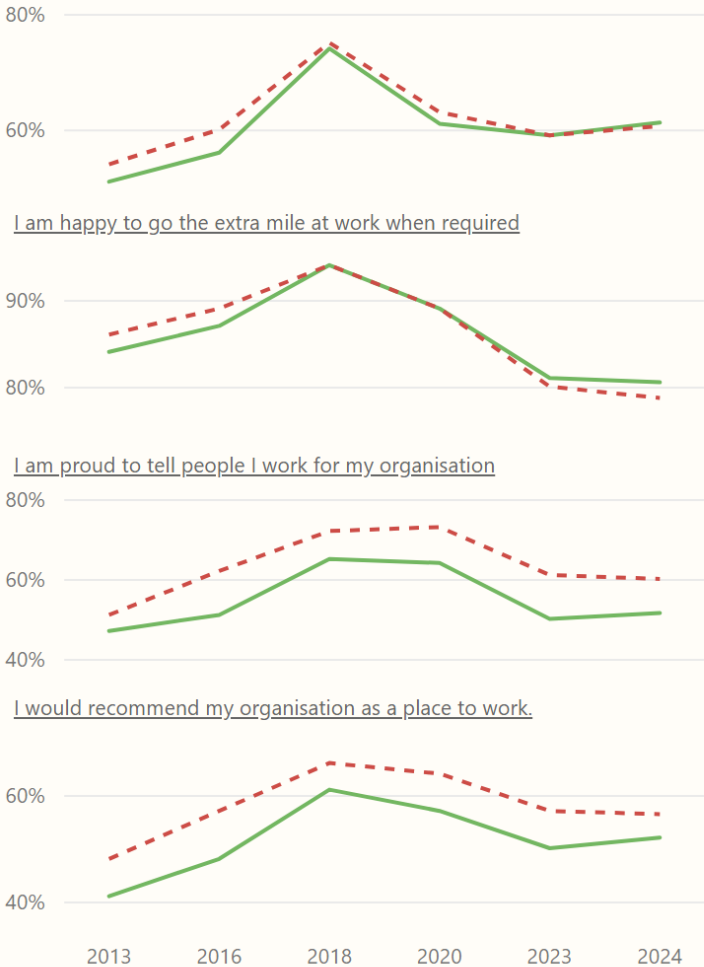
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Staff Survey BCU Staff Engagement Results

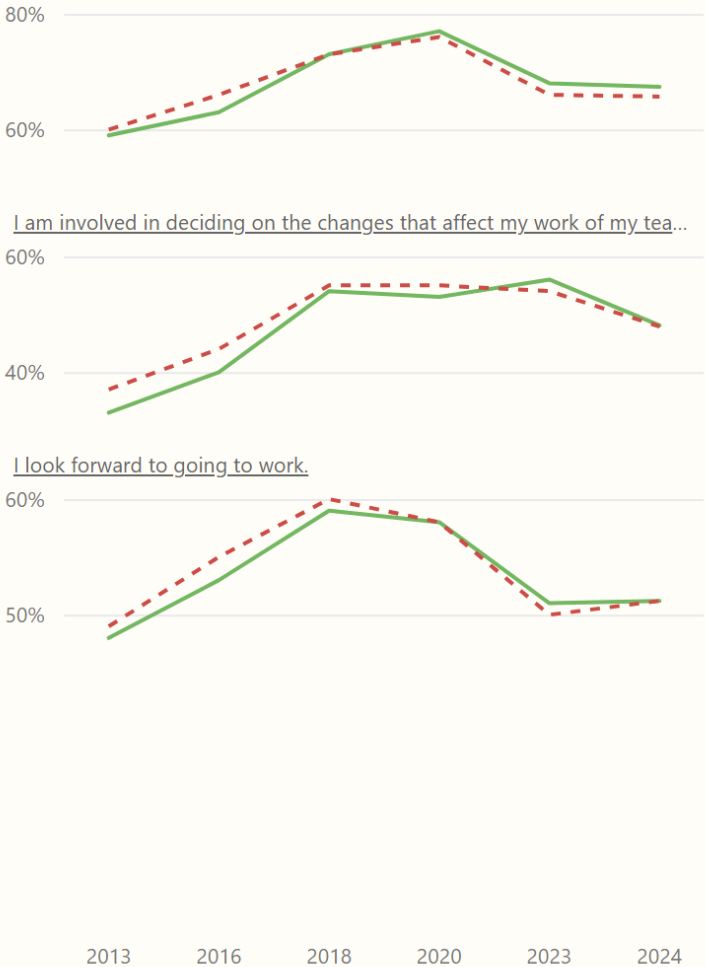
Staff Survey

Org ● BCUHB ● NHS Wales

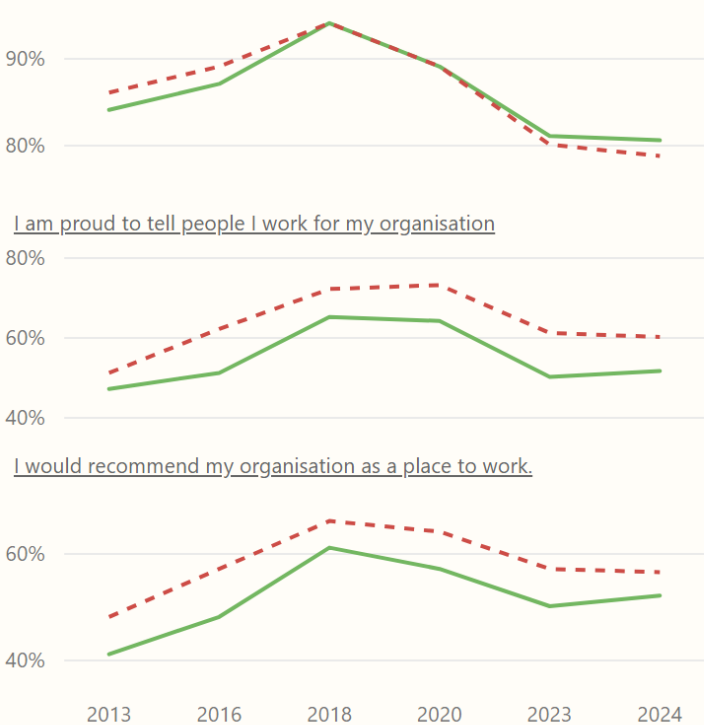
I am able to make improvements in my area of work.



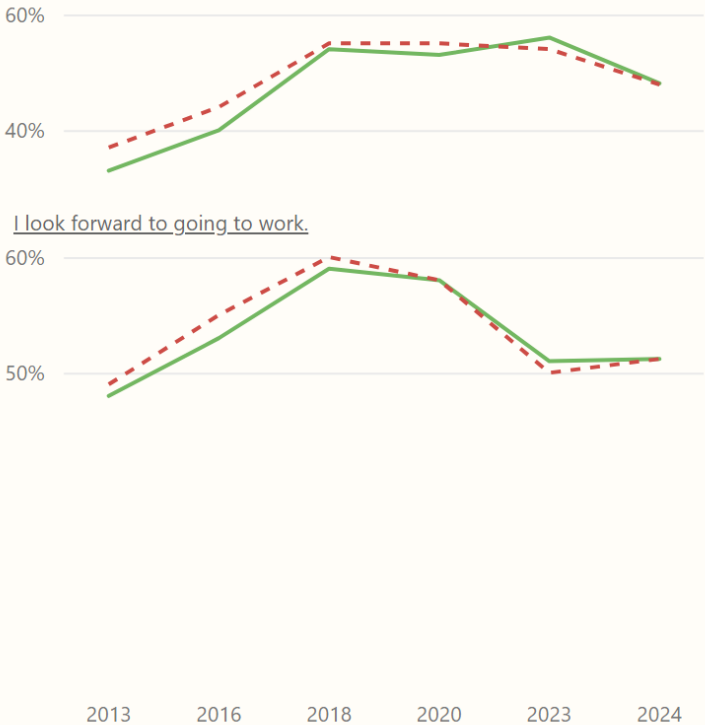
I am enthusiastic about my job.



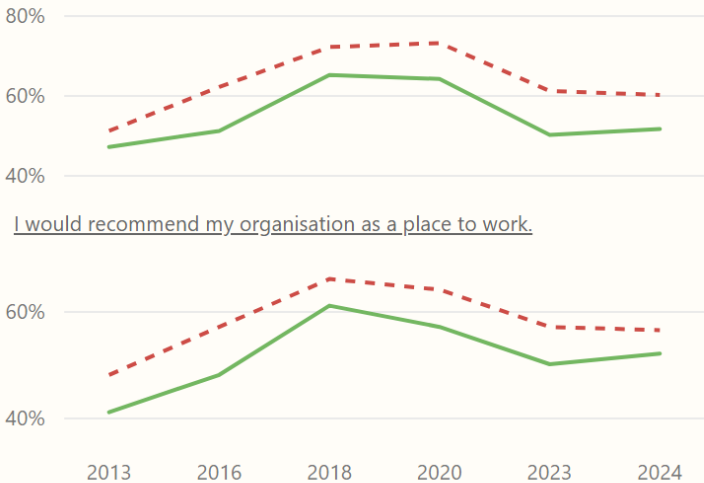
I am happy to go the extra mile at work when required



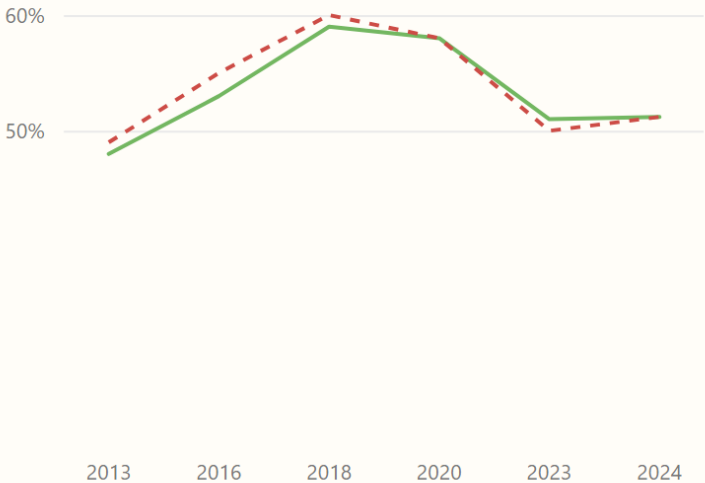
I am involved in deciding on the changes that affect my work of my tea...



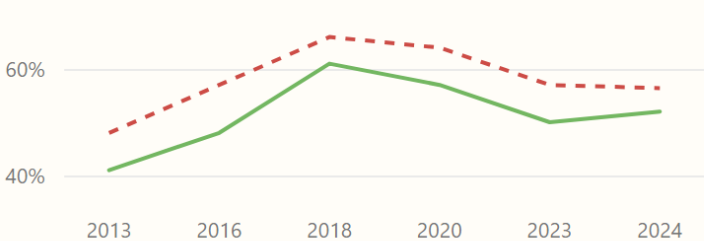
I am proud to tell people I work for my organisation



I look forward to going to work.



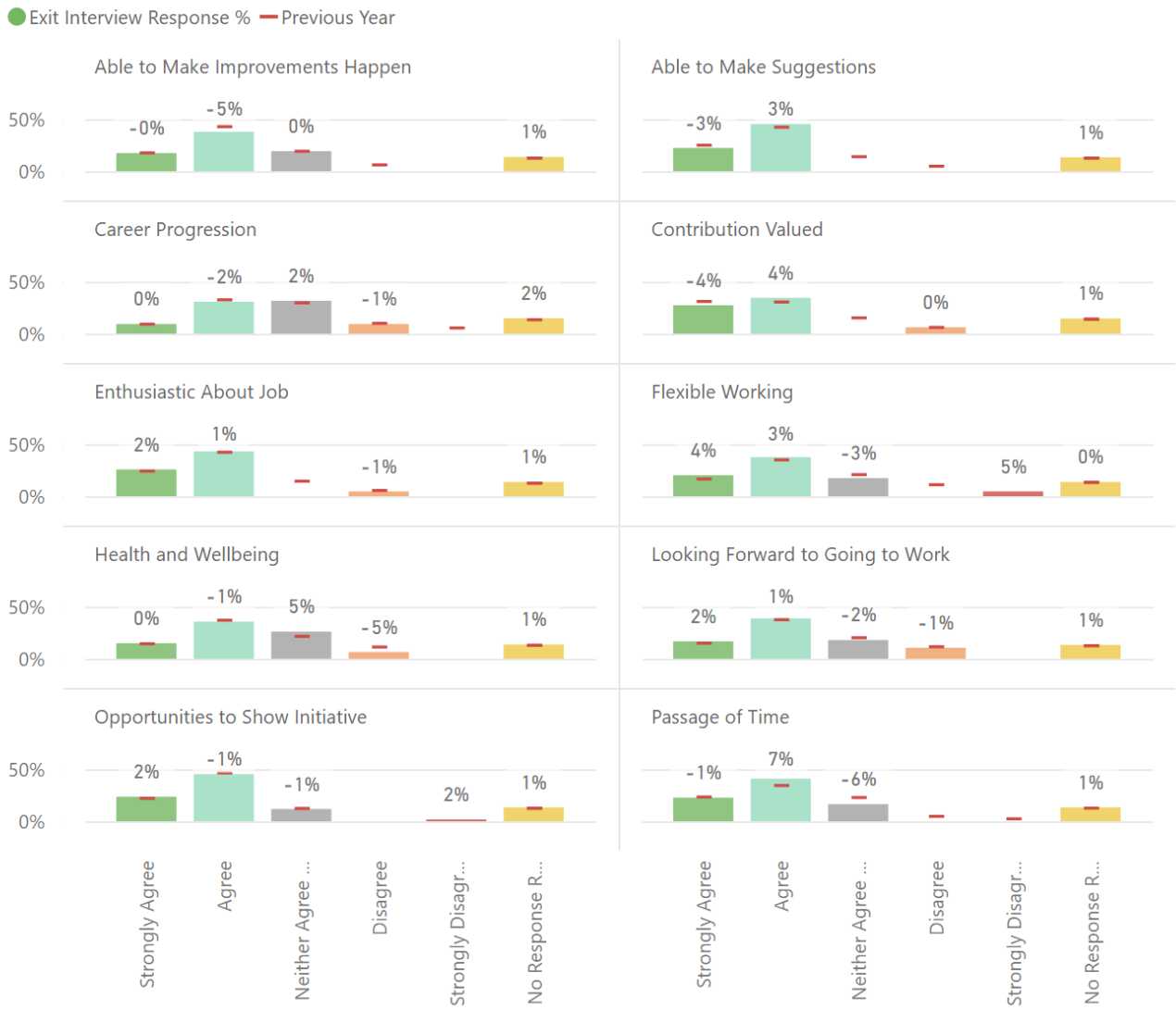
I would recommend my organisation as a place to work.



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

Analysis : Across the 7 Staff Engagement questions, there has been fall in the levels of positive responses to these questions since 2018. However, the 2024 results show an increase in staff who are proud to tell people they work for the organisation and that they would recommend it as a place to work.

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?

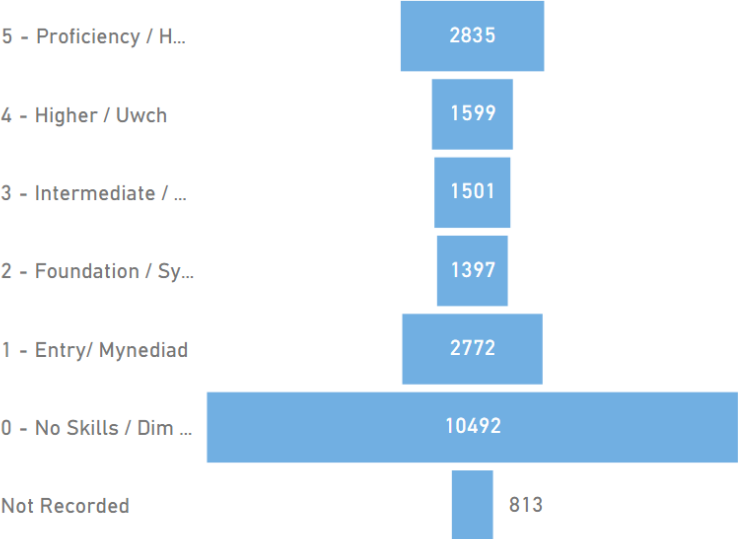
Analysis : Exit Interviews responses are generally more positive than negative. However, in February 2026 there was a 5% decrease in positive responses to being able to make improvements happen when compared to the previous year. The question regarding flexible working saw a 7% improvement across positive responses.

Challenges : Exit Interview Completion Rates are low at 18.3% with limits opportunity to draw insight around retention.

Welsh Language Skills

BCU Data as at February 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	245	2748	766	356	360	198	371	5044
Health Community East (HCEX) L4	163	3671	621	184	195	128	194	5156
Health Community West (HCWX) L4	154	789	402	308	425	741	1283	4102
Integrated Clinical Delivery - Primary Care (ICDP) L4	12	93	28	8	20	13	38	212
Integrated Clinical Delivery - Regional Care (ICDR) L4	93	740	209	102	99	103	214	1560
Mental Health & LDS (MX00) L4	41	1044	320	175	187	169	294	2230
Midwifery and Womens Services (WXXX) L4	31	390	80	61	40	57	127	786
Corporate Services	74	1017	346	203	175	190	314	2319
Total	813	10492	2772	1397	1501	1599	2835	21409



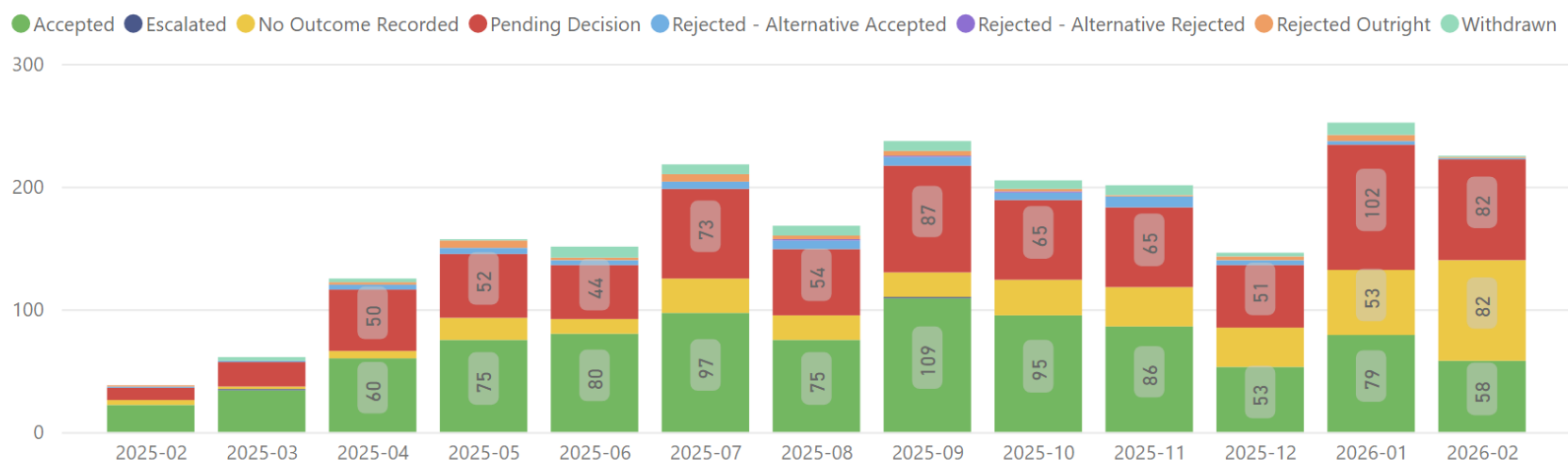
Analysis : The number of employees without Welsh Language Skills recorded in ESR continues to improve, reducing from 833 in December 2025 to 813 in February 2026. 3.8% of the workforce currently do not have Welsh Language skills recorded in the system. 10492 employees (49% of the workforce) do not hold any level of Welsh Language skills. 49.3% of staff within IHC West have Welsh language skills defined as ‘higher’ or ‘proficient’ compared with just 6.2% of the IHC East workforce.

Progress : This is monitored on an ongoing basis across all areas and teams encourage staff to develop and improve their Welsh language skills wherever possible.

Flexible Working Requests

BCU Data as at February 26

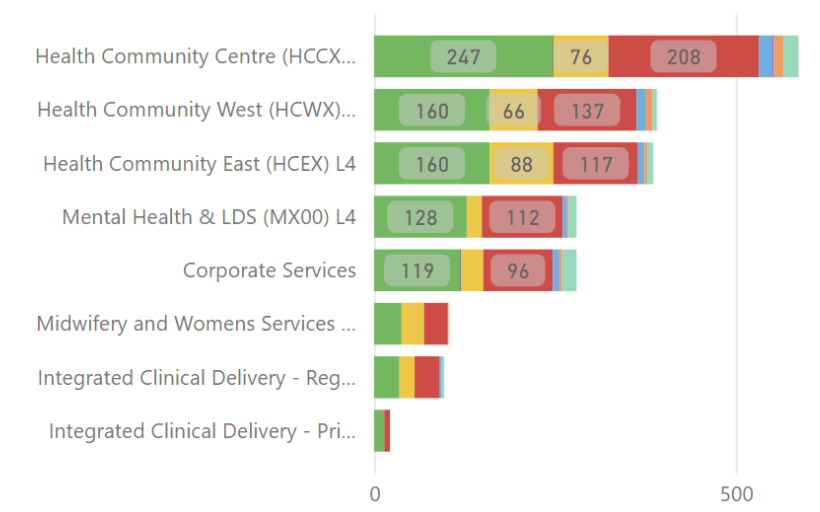
ESR Flexible Working Requests by Date Submitted



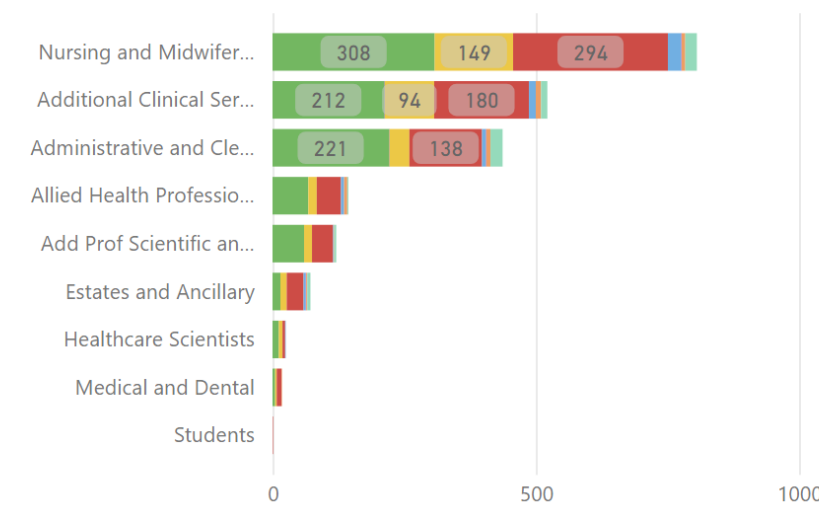
Flexible Working data is sourced from ESR, however, it is not mandatory that requests are made via ESR and requests may be submitted via paper form which is then held in the personal file, and as such data presented is incomplete. Increases in Flexible Working requests evidenced in this data over the 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.

Through March 2025 to February 2026 there were 2146 flexible working requests submitted, 901 were accepted, 745 are pending decision, 2 have been escalated, 334 have no outcome recorded, 69 were withdrawn, and 35 were rejected outright.

ESR Flexible Working Requests by IHC Submitted Mar 2025 to Feb 2026



ESR Flexible Working Requests by Staff Group Mar 2025 to Feb 2026



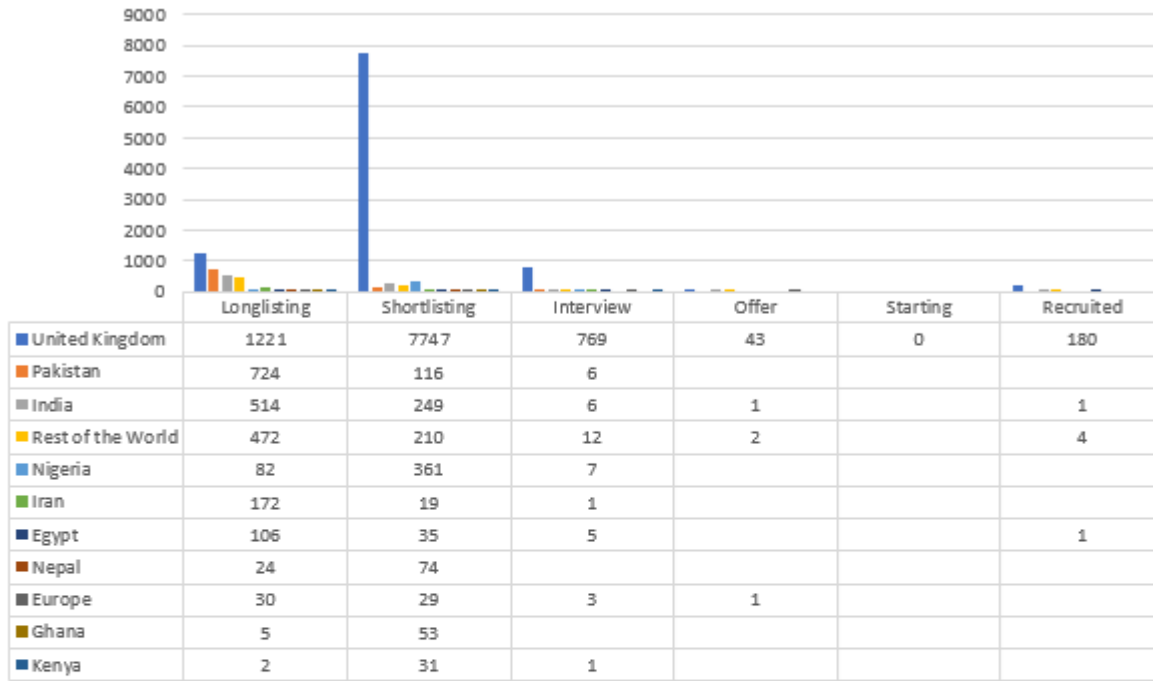
IHC Centre has the greatest number of flexible working requests recorded in ESR with 587 in the previous 12 months with 42% having currently been accepted. Primary Care has the greatest number of successful accepted requests over the last 12 months followed by MHLD with 45.7% of requests accepted. Whilst only 36% of requests were accepted within Cancer/Diagnostics.

Nursing and Midwifery staff group has made the greatest number of flexible working requests over the past 12 months, however, a significant proportion are 'pending decision'.

Challenges : Ensuring timely response to requests.
Progress: Flexible working requests discussed via the Culture Dashboard in Divisional People and Culture meeting with request to update ESR once decision has been reached. Flexible working promotion planned for Childrens services as part of the Culture work.

Overseas Recruitment

Applicant Recruitment Stage by Country of Residence

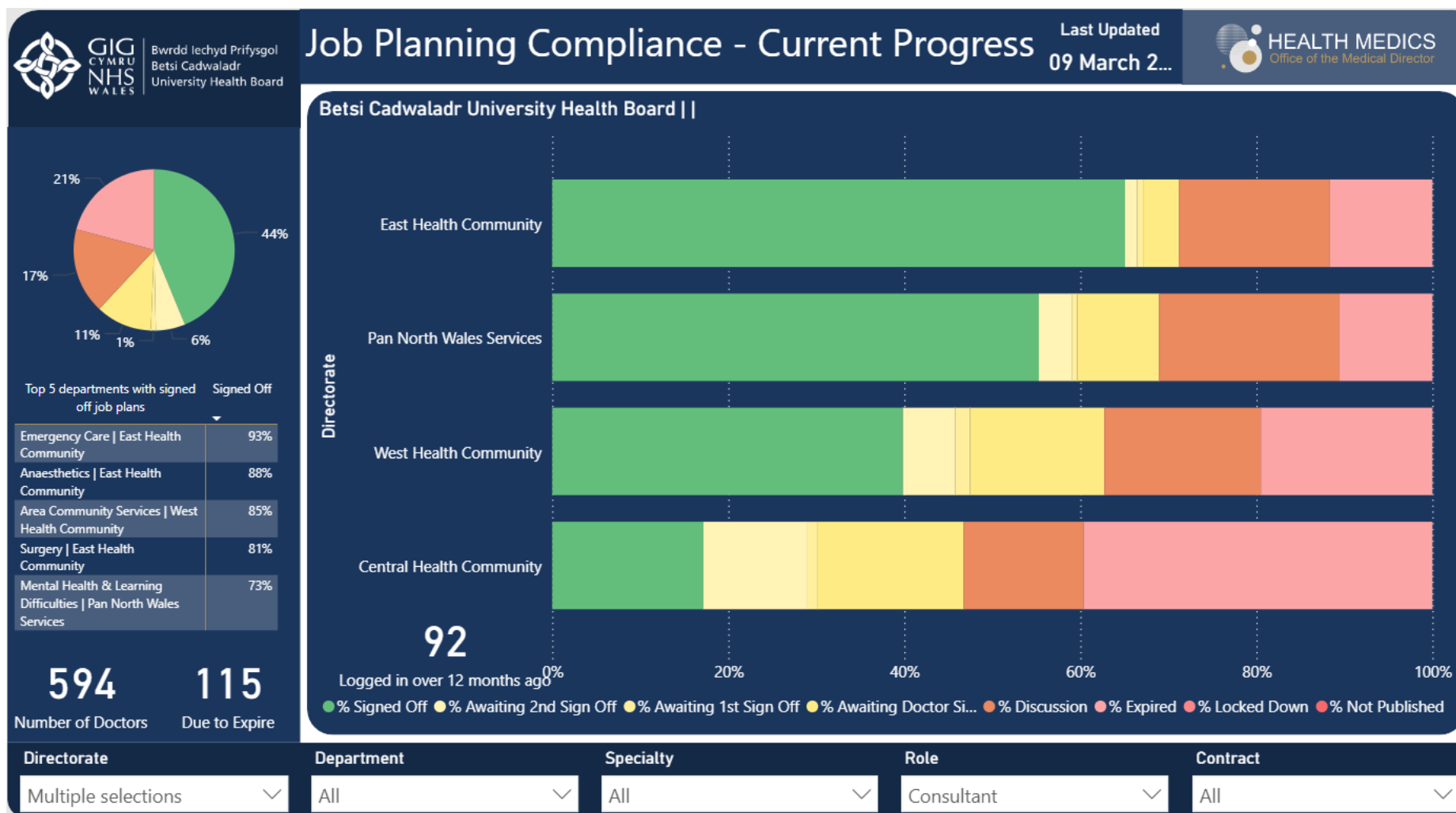


The Overseas Recruitment data is sourced from TRAC. The data provides a count of external applicants, and the stage in the vacancy process that they reached, for vacancies that were moved to outcome. Data collection for applicant country of residence at application date commenced at this time.

For the 186 vacancies that were moved to outcome during February 2026, there were 13319 external applications. 25% of these applicants were based outside of the UK. For vacancies moved to outcome during December 2025, 16% of applicants were based outside of the UK when comparing December 2025 to February 2026. Of the external applicants for vacancies moved to outcome in February 2026 only 186 have been recruited, 180 of whom were UK based at the point of making the application.

Country at Application	Longlisting	Shortlisting	Interview	Offer	Starting	Recruited
United Kingdom	12.26%	77.78%	7.72%	0.43%	0.00%	1.81%
Pakistan	85.58%	13.71%	0.71%	0.00%	0.00%	0.00%
India	66.67%	32.30%	0.78%	0.13%	0.00%	0.13%
Rest of the World	67.43%	30.00%	1.71%	0.29%	0.00%	0.57%
Nigeria	18.22%	80.22%	1.56%	0.00%	0.00%	0.00%
Iran	89.58%	9.90%	0.52%	0.00%	0.00%	0.00%
Egypt	72.11%	23.81%	3.40%	0.00%	0.00%	0.68%
Nepal	24.49%	75.51%	0.00%	0.00%	0.00%	0.00%
Europe	47.62%	46.03%	4.76%	1.59%	0.00%	0.00%
Ghana	8.62%	91.38%	0.00%	0.00%	0.00%	0.00%
Kenya	5.88%	91.18%	2.94%	0.00%	0.00%	0.00%
Grand Total	25.17%	67.00%	6.08%	0.35%	0.00%	1.40%

Consultant Job Planning

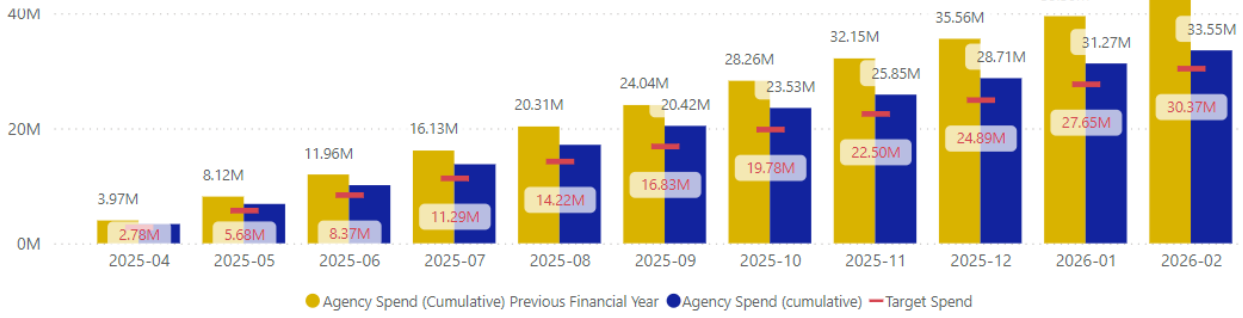


Analysis : Consultant Job planning Compliance is currently standing at 44% for BCU, a decrease on the previous December position where a figure of 52% was reported. IHC East are reporting the best performance at 65% and IHC Centre are the worst performing area at 17%.

Progress : While awaiting the job planning policy, recent discussions and advice has been given to support and strengthen some of the job planning conversations. In addition, several Job Plans have taken place within managed practices. Current Job Planning status continues to be reported through IHC People and Culture groups.

Enabling Actions

Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.

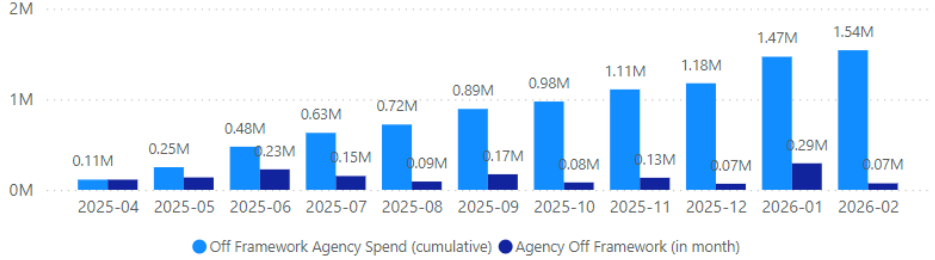


Month	Target Agency Spend	Agency Spend (cumulative)	Agency Reduction year on year (cumulative)	Agency Spend (in month)
2025-05	5,684,291	6,843,002	-16%	3,495,295
2025-06	8,374,978	10,106,266	-16%	3,263,265
2025-07	11,290,702	13,751,013	-15%	3,644,746
2025-08	14,217,476	17,122,497	-16%	3,371,484
2025-09	16,831,022	20,417,854	-15%	3,295,357
2025-10	19,780,266	23,529,341	-17%	3,111,487
2025-11	22,502,257	25,851,508	-20%	2,322,167
2025-12	24,890,793	28,711,499	-19%	2,859,991
2026-01	27,649,103	31,269,402	-21%	2,557,903
2026-02	30,365,265	33,547,303	-23%	2,277,902

Analysis : For the current financial year to the end of February 2026, there has been a 23% reduction in agency spend compared to the same period the 2024/25 financial year.

Nursing and Midwifery have achieved a 56% reduction in agency spend across the period whilst Medical has seen a 13% increase in spend, largely attributable to Consultants where spend is up 41% on the previous year.

Off Framework Agency Spend

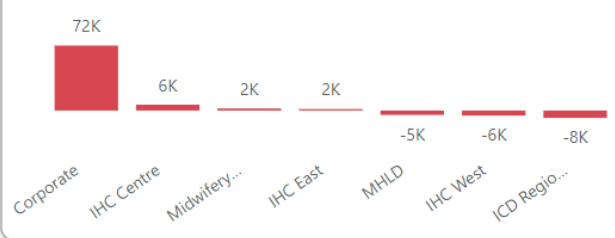


Month	On Framework (cumulative)	Off Framework (cumulative)	Unknown Framework (cumulative)	On Framework (in month)	Off Framework (in month)	Unknown Framework (in month)
2025-08	16,153,964	721,222	247,311	2,985,784	91,880	293,820
2025-09	19,627,381	893,544	-103,071	3,473,417	172,322	-350,382
2025-10	22,186,217	975,444	367,680	2,558,836	81,900	470,751
2025-11	24,465,129	1,109,224	277,155	2,278,912	133,780	-90,526
2025-12	26,925,173	1,176,800	609,526	2,460,044	67,576	332,371
2026-01	29,131,994	1,469,937	667,471	2,206,821	293,137	57,945
2026-02	31,206,259	1,541,791	799,254	2,074,265	71,854	131,783

Agency spend has increased on the previous year within Healthcare Science and Add Prof Scientific and technical staff Groups and AHPs have seen a 16% reduction.

There continues to be some off framework agency spend, a significant proportion of which relates to medical staff within Gastro in Centre.

Zero Agency Spend within A&C, E&A & ACS from Sep 25



Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.

Staff Groups		2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02
Additional Clinical Services (Nursing)	Agency Spend (cumulative)			-97	-97	-97	-97	-97	220	220	220	220
	Agency Spend (in month)			-97		0			318			
Estates & Ancillary	Agency Spend (cumulative)		-338	-3,789	-245	-245	-245	236	20,880	20,879	22,020	6,911
	Agency Spend (in month)		-338	-3,451	3,544		0	482	20,643	-1	1,141	-15,110
Administrative & Clerical	Agency Spend (cumulative)	105,192	180,857	227,313	342,153	332,910	405,106	396,420	395,290	464,723	476,832	461,108
	Agency Spend (in month)	105,192	75,665	46,456	114,840	-9,243	72,196	-8,686	-1,130	69,433	12,109	-15,725

There continues to be some agency spend in A&C beyond September 2025, however, this is linked to Planned Care funding.

Progress : Work is underway through the V&S Workforce programme to target the medical agency spend and utilizing the medical bank service which is now in house work will commence to expand bank supply and reduce reliance on medical agency staff.

IMPT Update

Annual Delivery Plan Quarter 3 - Overview by Sub-Objective

KEY:	High Delivery Confidence	Medium Delivery Confidence	Low Delivery Confidence	Complete
-------------	---------------------------------	-----------------------------------	--------------------------------	-----------------

2F Improving workforce planning and development	Executive Director of People Services and Organisational Development	Delivery Confidence
2F.1. Fully embed the training programme for workforce planning across the organisation with easy access guides and how to access support for teams to develop their plans.		Q2 *
2F.5. Conduct a comprehensive workforce analysis for therapy services in a prioritised manner.		Q2 *
2F.8. Fully implement Variable Pay and agency control framework and ensure a 30% reduction in agency expenditure during 2025/26. This will be supplemented by no off-contract expenditure and reductions to zero spend for specific staff groups		Q2 *
2F.9. Ensure effective implementation of job planning policy to include ensuring that 90% of all Consultants have an agreed job plan in place at all times		Q2 *
2F.3. Develop a suite of workforce planning tools to support teams and services develop and maintain their workforce plans.		Q3 *
2F.4. Develop an organisational strategic workforce planning framework, including integration into the other relevant organisational frameworks such as Planning and Quality.		Q3 *
2F.6. Development of therapy services plan, contributing to new clinical service models to support reductions in waiting times.		Q3 *
2F.10. Reduce sickness absence levels through adherence to key policies such as Attendance at Work		Q3
2F.2. Detailed workforce plans to be in place for all key services across the organisation.		Q4
2F.7. Develop a Governance Framework to guide the operationalisation of the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (for HCPC registered professionals)		Q4

Executive Statement:

2F.8 – Current performance which sits at 23% reduction in agency expenditure, £1.54M of off-framework agency spend and 468k of agency spend for the specific staff groups expected to be at zero. This was the position as of February 26. Whilst there has been a significant reduction in nursing spend, medical spend has increased year on year. Mitigation actions have been identified for medical staffing with the medical bank being brought back in house in September 25 and control measures with the RAMs group being in place but service pressures and recruitment gaps have led to a sustained reliance on medical agency provision. Senior workforce staff are working closely with senior OMD staff to look at how more effective control measures can be put in place in the near term, these include a tighter grip and control regime for agency bookings, more challenge with services who have a reliance on long term usage and improved job planning. Alongside this teams are looking at what longer term measures can be taken forward to effectively reduce the organisations reliance on medical agency usage. These will be mobilised through the V&S Workforce programme.

2F.9 – Current performance which sits at 46% as of February 26. The main constraint as to why the current performance is not meeting targets is the delay in getting an agreed job planning policy in place across the organisation. This delay can be directly attributed as to why performance is off track. Work is still ongoing with the new Exec Medical Director to agree an approved policy with the LNC and look at an implementation plan for consistent job planning within the organisation. This work is led by the OMD with workforce support where appropriate, however it should be noted that dedicated resource will need to be identified to support this work.

IMPT Update

2F.2 – Current performance. Despite significant engagement with key services from workforce teams and the initiation of a number of workforce plans there has been very few detailed workforce plans finalised. There are a number of contributory factors to this such as lack of clinical service plans across many services and the current service pressures ongoing across the organisation. The workforce planning function is reviewing what measures can be taken to better facilitate the development of plans working with HR business partners and key stakeholders and now that the strategic framework has been ratified by the Executive Committee this should make it easier to engage services going forward.

N.B. It is likely that delivery confidence for 2F.8, 2F.9 and 2F.2 will move to red for Q4.

2F.10. Current performance is at 6.09% the target for the end of the year is below 6.04%. A deep dive has been conducted to identify areas for improvement. These include monitoring adherence to key policies such as Attendance at Work, increasing return to work interview compliance, enhancing long-term absence management through monthly case reviews, hot spot interventions and additional training for managers.

Overview

- The Improving workforce planning and development sub objective includes 10 priorities delivering a wide range of benefits for the organisation.
- Outputs from this workstream includes ensuring detailed workforce analysis and plans are in place supported by a suite of framework documents, planning tools, guidance and training. These outputs will be enablers to deliver better outcomes for patients like improved access to services, seeing the right clinician first time etc Resulting in measurable reduction in agency expenditure, effective job planning and reduced sickness levels together with better outcomes for patients, improved access to services and ensuring the right care in the right place at the right place.

Current Position

- Draft Strategic Workforce Planning Framework developed and refined following Executive Committee feedback, with further review scheduled for February 2026 (2F.4)
- Workforce planning resources have been expanded, including templates aligned to the Skills for Health Six-Step Methodology and IMTP requirements (2F.1 / 2F.3)
- A new Betsinet guidance page has been prepared to provide accessible workforce-planning support once the Framework is approved (2F.1)
- Digital tools, such as, the Power BI Workforce Planning Intelligence Dashboard, O365 Forms, Teams channels, and Mentimeter have been deployed to support data capture and workforce-planning discussions (2F.3)
- The 6 B's Regeneration Framework Template and action plan being used across services, with a review planned for 2026/27 to streamline and integrate available tools (2F.3)
- Workforce Planning Dashboard has been aligned to key services, improving visibility and enabling more data-driven planning (2F.3)
- Training and support sessions have been delivered to People Services Business Partners, Allied Health Professionals (AHP), and Healthcare Science Professionals (2F.1 / 2F.3)
- Alignment with the Corporate Planning Team has strengthened through ongoing participation in the IMTP Development Collaborative Planning Group (2F.4)
- Engagement with key services has continued throughout the year, with early work begun with AHP and Health Science leaders on workforce and education commissioning analysis (2F.5 / 2F.6)
- A 19% reduction in agency usage has been achieved to date, supported by insourcing of the Medical Bank Team and continued optimisation of temporary medical staffing (2F.8)
- Workstreams continue progressing the Variable Pay and Agency Control Framework in support of achieving the 30% reduction target (2F.8)
- Local Job Planning guidance is in development for release in February 2026 (2F.9)
- A baseline assessment and action plan to reduce sickness absence has been completed and approved by the People & Culture Committee (2F.10)

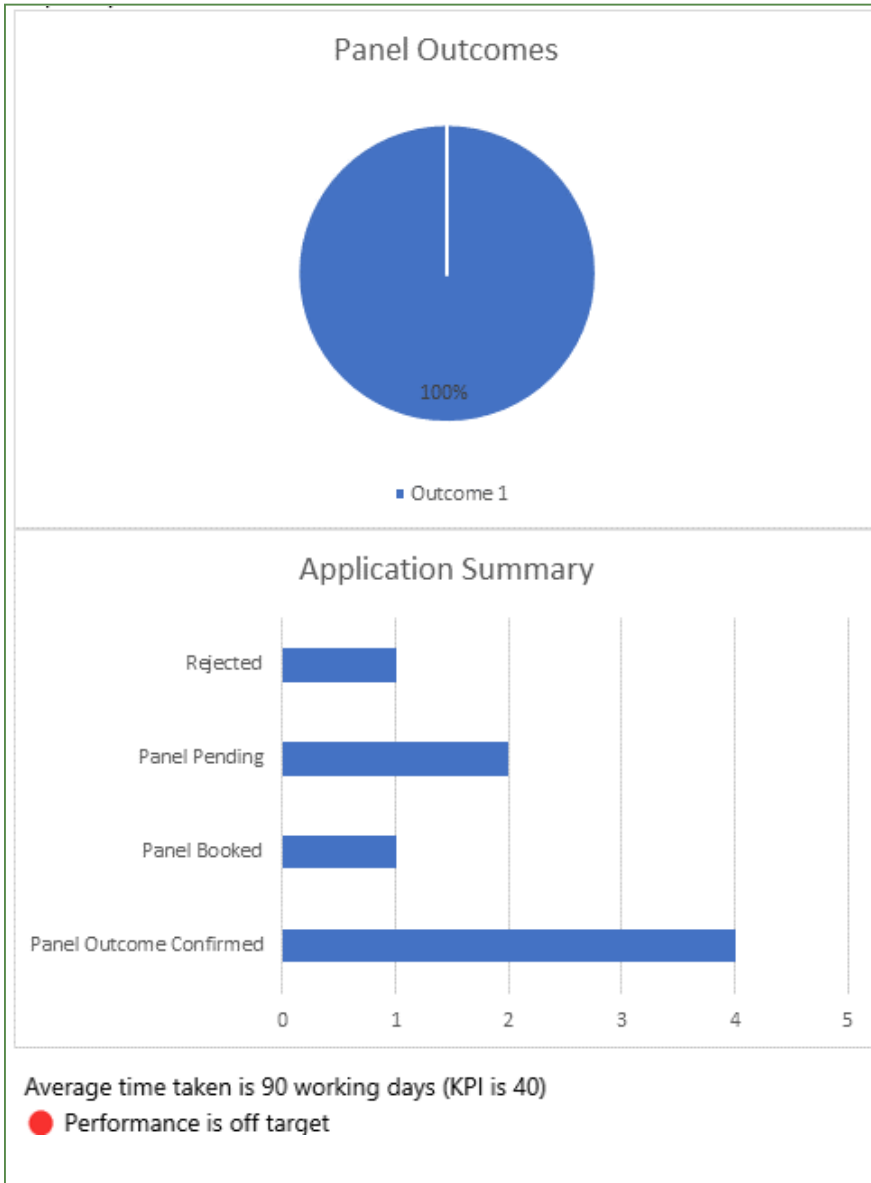
Remainder of the financial year

- The programme remains on track to deliver the majority of its overarching aim by March 2026, with improvements already achieved or foundations in place to complete outstanding components within this timeframe or early 2026/27
- The overall RAG rating reflects steady progress, with some areas requiring continued focus as work progresses

Impact

- Cost savings have been realised through more efficient deployment of staff, improvement in workforce productivity and a reduction in reliance on temporary or agency cover
- Staff wellbeing has improved, supported by actions developed to reduce sickness absence
- Strengthened relationships between departments have contributed to smoother service delivery and more coordinated approaches to workforce, finance and service planning
- Organisational awareness of the importance of workforce transformation has increased, encouraging more strategic thinking about skills, roles and workforce models of the future

SAS Regrades



Challenges

Eight applications have been received since 28th May 2025. The period from May to October experienced unavoidable delays because the policy was not yet live within Betsi and the process needed to be created before cases could move forward. This resulted in an initial backlog.

Coordinating availability for the three required panel members remains the main challenge, with clinical commitments, diary constraints, and leave affecting the ability to schedule meetings within the expected timeframe.

It is worth noting that from a national perspective, having an agreed outcome stops the clock, however the regrade needs to be reflected on ESR to finish the process and for the change in pay including backdating to be actioned. At the moment ECR is slowing completion. As yet none of the Outcome 1 applications has come through ECR with the change reflected on ESR, finance is aware for accrual purposes.

Progress

The process has strengthened significantly since the policy went live in October with applications received after this point meeting the 40-day KPI. Performance is expected to continue improving as the process becomes more embedded.

Sessions have been delivered to the People Operations team, to increase understanding of the process. Further information is being developed to support the panel itself including clear defined expectations for the panel members supported by new national guidance designed to ensure consistent interpretation and practical implementation of the published policy.

Work is underway to ensure ECRs are submitted earlier in the process to try to reduce delay after a panel outcome.

Options such as monthly diary holds are being explored to help secure availability more quickly and speed up panel scheduling.

People and Culture Committee

Three Year Culture, Leadership and Engagement Improvement Plan Update

Dyddiad y Cyfarfod Date of Meeting	09 April 2025
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Jason Brannan Deputy Executive Director of People and OD
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People and Organisational Development

Pwrpas yr Adroddiad Report Purpose	For Noting The Committee is asked to: <ul style="list-style-type: none"> 1. Note the progress made since the last meeting, including the executive review and OD-facilitated work. 2. Endorse the proposed timeline for final approval and submission. 3. Support continued investment in the Culture Change Leaders network. 4. Receive the revised People and Culture Plan at the June 2026 meeting for assurance.
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Crynodeb Gweithredol **Executive Summary**

The purpose of this paper is to provide the People & Culture Committee with a detailed update on progress relating to the People and Culture Programme, aligned to the King's Fund Culture and Leadership Framework developed by Professor Michael West. The paper outlines the work undertaken since the last Committee meeting, the actions agreed with the Executive Team, and the forward timeline for delivery and assurance.



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	01.04.25	Discussion and feedback

1 Y SEFYLLFA SITUATION

The People and Culture Programme was developed in 2025 using evidence gathered from staff and structured around the six core themes of the King's Fund Culture and Leadership Model. The original plan was approved by the Board in November 2025, with the intention that actions would be iteratively refined as the programme matured.

Recognising the strategic importance of this work, the Executive Team requested a more detailed review of action ownership, alignment with organisational priorities, and clarity of intended outcomes. This paper summarises the progress of that review.

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

At the meeting on **1 April**, the Executive Committee undertook a structured discussion on the People and Culture Plan. Key outcomes included:

- **Strengthening ownership:** Executives emphasised the need for clear accountability for each action, deliverables, and defined outcomes.
- **Alignment with Strategy & IMTP:** Actions must explicitly link to strategic priorities and the IMTP to ensure cultural development supports organisational objectives.
- **Refinement and consolidation:** Some actions were identified as duplicative or overly operational. Executives requested consolidation into a streamlined, strategic set of actions, supported by detailed operational delivery plans.
- **Clarifying ambiguous actions:** Where outputs or outcomes lacked specificity, these would be reframed to ensure measurable impact.

OD-Facilitated Review with Action Owners

Throughout April, the OD team will be coordinating a structured support process with each action owner. This includes:

Facilitated Review Sessions

Each owner is participating in facilitated sessions involving:

- An OD facilitator
- Relevant subject matter experts (e.g., Workforce, HR Policy, Leadership, Equality, QI)
- Data and improvement representatives where needed

These sessions examine:

- original intent
- strategic relevance
- dependencies and resourcing
- success measures
- alignment with ongoing transformation programmes

Governance and Timeline

The following timeline has been agreed:

Milestone	Date	Purpose
Action review and facilitated sessions	April 2026	Strengthen clarity and alignment
Revised plan to Executive Committee (formal)	May 2026	Approval of updated plan
Submission to People & Culture Committee	June 2026	Assurance and oversight

This sequencing ensures actions are owned, understood, and embedded in mainstream delivery structures.

External Validation – Professor Michael West

To maintain alignment with the King’s Fund methodology, Professor Michael West will review the revised People and Culture Plan. This review will provide:

- independent assurance
- validation that actions align to evidence-based culture change principles
- recommendations to strengthen leadership behaviours and organisational culture

This external perspective will support Board-level confidence in the plan.

3. Culture Change Leaders Network Update

Interest continues to grow, with a further 50 colleagues expressing a desire to join the July 2026 induction. This would increase the network to approximately:

- 220 Culture Change Leaders across BCUHB

This represents significant organisational capacity to support cultural improvement at local levels.

April Face-to-Face Event

A major face-to-face event is scheduled for April, featuring:






- Professor Michael West as keynote speaker
- group learning and peer support sessions
- opportunities to strengthen connections between Culture Change Leaders, Executives, and IM colleagues

The event aims to reinforce organisational commitment and accelerate momentum behind cultural transformation. Executive and IM colleagues have been invited to this event.

4. Recommendations

The Committee is asked to:

- **Note** the progress made since the last meeting, including the executive review and OD-facilitated work.
- **Endorse** the proposed timeline for final approval and submission.
- **Support** continued investment in the Culture Change Leaders network.
- **Receive** the revised People and Culture Plan at the June 2026 meeting for assurance.

ASESIAD / ASSESSMENT	
<p>Cyswilt â'r Blaenoriaethau Strategol Link to Strategic Priorities</p>	<div style="display: flex; justify-content: space-around; align-items: center;">      </div> <p>3. Creating compassionate culture, leadership and engagement</p> <hr/> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p>Yr Egwyddorion Dylunio Design Principles</p>	<p>People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework</p>	<p>CRR24-01 - There is a risk that BCU do not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls, organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people</p>
	<p>A Healthier Wales</p>

<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
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ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<p>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></p>	<p>Do/Yes: <input type="checkbox"/></p> <p>Canlyniad/Outcome:</p> <p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
<p>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></p>	<p>Do/Yes: <input type="checkbox"/></p> <p>Canlyniad/Outcome:</p> <p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
<p><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></p>	<p>Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Meysydd Ansawdd Domains of Quality Efficient</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u></p>	<p>A Healthier Wales</p>	

<p>Wellbeing of Future Generations Act – Wellbeing Goals</p>		
<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Asesiad o Effaith ar Ddiogelu Data Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Asesiad o Effaith ar Atal Twyll Counter Fraud Impact Assessment Have you considered the counter fraud impacts</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Cyfreithiol Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	



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

FOUNDATIONS FOR THE FUTURE PROGRAMME UPDATE

Dyddiad y Cyfarfod Date of Meeting	09 April 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Business Sensitive
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 progress the development of a coherent and sustainable operating model for BCUHB. During February–March 2026, work has focused on refining key design products, responding to extensive socialisation feedback on organisational structures, and strengthening alignment with wider planning and strategic activity, including the Integrated Medium-Term Plan (IMTP) / Annual Delivery Plan (ADP) and Clinical Services Plan (CSP).

Across the programme, delivery confidence remains varied. Culture and Processes continue to show strong momentum, with core frameworks, tools and resources further maturing. The People workstream is progressing but is impacted by current resourcing and financial constraints. The Structures workstream remains the critical dependency for the wider programme with preparation progressing for formal consultation, resource constraints remain a risk to delivery.

Strategic planning continues to advance, with IMTP/ADP preparation on track.

Key risks at this stage relate to the Structures workstream timelines, resource constraints within People and Culture, and the need to secure sustainable arrangements for core process-related products such as Quality Management System (QMS).

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**

ADP	Annual Delivery Plan
CCL	Culture Change Leader
CLIP	Clinical Leadership Improvement Programme
CSP	Clinical Services Plan
DMF	Decision-Making Framework
FFTF	Foundations for the Future
IHC	Integrated Health Community
ILDF	Integrated Leadership Development Framework
IMTP	Integrated Medium-Term Plan
IPF	Integrated Performance Framework
OD	Organisational Development
P&CC	People & Culture Committee
PFIG	Planning & Finance Investment Group
PPHP	Planning, Population Health & Partnerships Committee
QMS	Quality Management System
QSE	Quality, Safety & Experience Committee
SoRD	Scheme of Reservation & Delegation
SWPF	Strategic Workforce Planning Framework
WG	Welsh Government

MEWNOSODWCH DEITL YR ADRODDIAD INSERT REPORT TITLE

1. Y SEFYLLFA SITUATION

- 1.1 The following section provides a consolidated overview of progress across each FFTF workstream during February–March 2026. It highlights the current delivery position, dependencies, and areas where timelines or resourcing are affecting the shift from design to delivery. This situational summary is intended to support the Committee’s understanding of where assurance is strong, where constraints remain, and where adjustments to sequencing or support are required to maintain programme momentum.
- 1.2 **Structures Workstream:** Progress is slow in some areas due to resource constraints. Work continues with the Structures & Remits, and Organograms being updated after the socialisation feedback. The Clinical Leadership Model is moving forward as planned, and the Job Families work on hold until the Structure work is completed.
- 1.3 **People Workstream:** Leadership development, talent management and skills workstreams continue to progress but remain slowed by financial and resourcing constraints, with the Clinical Leadership Improvement Programme (CLIP) pilot delayed to May and reduced staffing impacting delivery. OD tools are complete and awaiting feedback, the competency and skills framework is being streamlined, and workforce planning continues to progress well and remains on track.
- 1.4 **Culture Workstream:** Strong progress continues across culture, values, and teamworking activities, with the revised three-year improvement plan advancing, the second cohort of Culture Change Leaders completing induction, and high assurance in teamworking delivery. Though all areas remain impacted by the ongoing absence of a non-pay budget.
- 1.5 **Processes Workstream:** Steady progress continues across governance pathways, QMS development, and the Integrated Performance Framework. With key frameworks under review, strengthened QMS infrastructure moving forward, and preparations underway for Board approval, though long-term resourcing and funding gaps remain a significant risk to sustained delivery.
- 1.6 **Strategy Workstream:** Strategy: Delivery confidence is mixed across the products, with delays to the 10-Year Strategy and Clinical Services Plan (CSP) Phase 2 due to competing priorities and capacity pressures, while the IMTP and Annual Delivery Plan remain broadly on track; CSP Phase 1 continues to deliver measurable service improvements and increased capacity.

1.7 **Cross-Cutting:** The Organisational Approach to Change paper has been well received at recent Informal Executive meetings, work now focuses on incorporating feedback, clarifying ownership, aligning with existing frameworks, and developing supporting tools before planning next steps and wider engagement. Work has begun on the Operating Framework and Operational Governance. The Communications and Engagement Plan continue be reviewed and delivered, including provision of a Foundations for the Future (FFTF) focused intranet hub and development of FAQs, and link in with CCLs to cascade and socialise information.

2 **Y CEFNDIR BACKGROUND**

2.1 The FFTF Programme was established to design and implement a coherent and sustainable operating model for BCUHB. The programme integrates Structures, Cultural, People, Process and Strategic components into a single phased transformation approach, providing clarity on organisational arrangements, leadership expectations, governance pathways, workforce capability and the tools required for delivering high-quality care.

2.2 Throughout 2025/26, the programme has focused on design, including the organisational structure, clinical leadership arrangements, workforce principles, governance requirements and the operational frameworks that support the new model. Extensive discovery activity, internal engagement and national expectations have shaped this work.

2.3 The programme remains primarily in the Design and preparation phase, with several products progressing toward readiness for implementation. While some components such as Culture, elements of People, and Process-related frameworks are continuing to mature, the overall operating model cannot move into delivery until the organisational structure is finalised and finalised in Q1/Q2 of 2026/27 post consultation phase. Socialisation feedback from February has informed the next stage of the structure refinement, and this work will determine the sequencing and readiness of related products before any formal transition to delivery can begin.

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

3.1 **Cross-workstream dependencies:** the structures design remains the critical dependency for the programme, influencing progress across People, Culture, Processes and Strategy, including job families, OD products, leadership development and wider operating model design.

3.2 **Structures workstream impacts:** the scale and complexity of the Structures changes, combined with limited resource, have required additional assurance work to ensure all teams, roles and engagement

feedback have been fully and accurately reflected. This has extended the time needed to finalise the Structures products.

- 3.3 **Revised timelines:** revised programme timelines will be necessary to ensure alignment across workstreams and effective management of interdependencies. The anticipated consultation start date has shifted to later in April, pending Executive approval.
- 3.4 **Governance and evidence requirements:** workstreams are continuing to refine programme plans, delivery confidence assessments, milestone updates, and evidence frameworks in preparation for benefits realisation activity in 2026/27.
- 3.5 **Engagement and communications:** clear, consistent, and timely communication remains essential to maintain confidence, support understanding of the case for change and manage organisational expectations as the structures design and timelines evolve.
- 3.6 **Culture resourcing constraints:** key Culture activity, including Values & Behaviours embedding, CCL mobilisation and associated communications is constrained by non-pay budget limitations that require resolution to sustain progress.
- 3.7 **People capacity pressures:** Talent Management, Skills/Competency development and leadership programmes remain resource-constrained. Further progress depends on confirming required posts and funding, including the revised ILDF/CLIP timetable.
- 3.8 **QMS sustainability:** while QMS continues to mature, securing long-term resourcing is essential to maintain momentum, support rollout and embed a consistent organisational approach.

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

4.1 PROGRAMME-LEVEL RISKS:






- 4.1.1 Communication and engagement challenges:** There is a risk that there will be silo short-term changes and reduced whole system change if the organisation places undue focus and importance on the structure (redesign) elements (not recognising the importance of the pillars of the operating model i.e. culture, process, people, strategy, governance).
Mitigations – ongoing engagement and executive support through; Programme Board oversight and balanced focus on all of the workstream activities, regular Executive Team oversight, an Engagement and Communications plan that supports staff to understand the changes and feedback concerns,

*implementation of Culture Change Programme and Values & Behaviours Framework.
(not for escalation - FFTF Programme Board risk)*

**5 ARGYMHELLION
RECOMMENDATIONS**

The Committee is asked to:

- **Note** overall February–March 2026 progress and delivery across all workstreams.
- **Note** Structures dependencies and rationale for re-phasing into 2026/27.
- **Support** the revised Structures timeline and associated communication/engagement approach.

ASESIAD / ASSESSMENT	
<p>Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities</p>	<div style="display: flex; justify-content: space-around; align-items: center;">      </div> <p>4. Create a modern, people Centred Healthcare System</p> <hr/> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:</p> <p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> - Improve Access, Outcomes and Experience
<p>Yr Egwyddorion Dylunio Design Principles</p>	<p>People First</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:</p> <p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> - Inclusive Design - Simplify, Standardise, and Adopt Best Practices - Consistency with Organisational Values
<p>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework</p>	<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p> <hr/> <p>Several key risks have been identified at this</p>

	<p>stage, linked directly to the Corporate Risk Register and Board Assurance Framework. These include the potential for ineffective communication of the case for change, the risk of undue focus on the structures redesign at the expense of wider cultural and process improvements, financial pressures emerging through consultation, possible impacts on operational service delivery during transition, and the need to ensure robust tracking of outcomes and benefits. Mitigations are in place through the Engagement and Communication Plan, Programme Board oversight across all workstreams, refreshed financial assessment, focused executive support for high-risk operational areas, and the development of a comprehensive benefits measurement framework.</p>
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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: <input checked="" type="checkbox"/>	Naddo/No: <input type="checkbox"/>
	Canlyniad/Outcome: Integrated Equality Assessment in draft for amendments and sign-off	
	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: <input checked="" type="checkbox"/>	Naddo/No: <input type="checkbox"/>
	Canlyniad/Outcome: Integrated Equality Assessment in draft for amendments and sign-off	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Do/Yes: <input checked="" type="checkbox"/>	Naddo/No: <input type="checkbox"/>
	Canlyniad/Outcome:	

<p><i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template</p>	<p>Integrated Equality Assessment in draft for amendments and sign-off</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i></p>	<p>Do/Yes: <input checked="" type="checkbox"/></p>	<p>Naddo/No: <input type="checkbox"/></p>
	<p>Canlyniad/Outcome: Integrated Equality Assessment in draft for amendments and sign-off</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i></p>	<p>Do/Yes: <input checked="" type="checkbox"/></p>	<p>Naddo/No: <input type="checkbox"/></p>
	<p>Canlyniad/Outcome: Integrated Equality Assessment in draft for amendments and sign-off</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>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></p>	<p>Do/Yes: <input checked="" type="checkbox"/></p>	<p>Naddo/No: <input type="checkbox"/></p>
	<p>Canlyniad/Outcome: Integrated Equality Assessment in draft for amendments and sign-off</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Ansawdd</p>	<p>Do/Yes: <input checked="" type="checkbox"/></p>	<p>Naddo/No: <input type="checkbox"/></p>

<p><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></p>	<p>Canlyniad/Outcome: All Apply</p>	
	<p>Galluogwyr Ansawdd Enablers of Quality All Apply</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Healthier Wales</p>	
<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>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></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not required</p>
<p>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></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not required</p>

Cyfreithiol Legal	<p>There are no specific legal implications related to the activity outlined in this report.</p>
Enw Da Reputational	<p>Yes (Include further detail below) Leading effective change is key. A focus on engagement and consultation is key.</p>
Effaith ar Adnoddau (Pobl / Ariannol) Resource Impact (People / Financial)	<p>Yes (Include further detail below) There looks to be a reduction in costs, however this remains subject to engagement and consultation process and refinement following that.</p>

People and Culture Committee

PROPOSAL TO BECOMING A MAETHU CYMRU / FOSTER WALES PARTNER AND FOSTER FRIENDLY EMPLOYER

Dyddiad y Cyfarfod Date of Meeting	09 April 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Choose an item.
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Helen Stevens Jones, Director of Partnerships, Engagement and Communications
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eytayo, Executive Director of People Services and Organisational Development
Pwrpas yr Adroddiad Report Purpose	Endorse for Board Approval

Crynodeb Gweithredol **Executive Summary**

This paper sets out a proposal for Betsi Cadwaladr University Health Board (BCUHB) to make a formal organisational commitment to becoming a Maethu Cymru/Foster Wales Partner and Foster Friendly Employer.

This commitment would recognise and strengthen the organisation's support for employees who are foster carers and contribute to wider regional and national efforts to increase the number of foster carers across North Wales.

BCUHB is already well positioned to make this commitment. Existing All-Wales NHS People policies — including the Special Leave Policy, Flexible Working Policy, — provide a strong and enabling framework to support employees who foster. Formalising this commitment through initially committing to becoming a Maethu Cymru/Foster Wales Partner (Level 2) would build on existing provision and align with the Health Board's Anchor Institution role, employee wellbeing priorities, and commitment to supporting the communities it serves.

Subject to Committee endorsement, it is proposed that the Board formally adopts this commitment at its May 2026 meeting, aligning with Foster Care Fortnight,

providing a clear and visible demonstration of organisational leadership and community 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
Executive Committee	25/03/26	Strengthen the links to the Welsh Language with reference to Maethru Cymru/Foster Wales.

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

PROPOSAL TO BECOMING A MAETHU CYMRU/FOSTER WALES PARTNER AND FOSTER FRIENDLY EMPLOYER

1. BACKGROUND AND STRATEGIC CONTEXT

Foster carers play a vital role in providing stability, care and support to children and young people who are unable to live with their families. Maethu Cymru/Foster Wales, the national network of local authority fostering services in Wales, works to recruit and support foster carers and improve outcomes for children in care.

There are currently approximately 7,000 children in care across Wales, supported by around 3,800 foster families. In North Wales, 532 foster families support approximately 1,300 children and young people. However, there is a recognised need for at least 50 additional foster households per year in North Wales to meet growing demand and ensure children can remain close to their communities.

Many foster carers combine fostering with employment. Around 40% of foster carers continue to work, including individuals employed within BCUHB. Employer flexibility and support are critical in enabling staff to undertake fostering responsibilities, which may include attending training, meetings, and responding to placement needs.

As one of the largest employers in North Wales, BCUHB has an opportunity to demonstrate leadership in supporting foster carers and contributing to regional efforts to improve outcomes for children and young people.

This aligns strongly with the Health Board's role as an Anchor Institution — supporting the wellbeing of communities not only through healthcare delivery, but through employment practices, social value, and partnership working.

Maethu Cymru/Foster Wales offers two complementary levels of organisational commitment to support fostering. The first, becoming a Foster Friendly Employer, focuses on ensuring that people services policies, guidance and organisational culture actively support employees who are foster carers, including enabling flexibility, providing appropriate leave, and raising awareness of fostering within the organisation.

The second, becoming a Maethu Cymru/Foster Wales Partner, would represent a broader strategic commitment aligned to the Health Board's role as an Anchor Institution. This would include not only supporting employees who foster, but also working in active partnership with Maethu Cymru/Foster Wales and local authorities to promote fostering, contribute to regional recruitment efforts, and demonstrate organisational leadership in improving outcomes for children and young people in care.

2. CURRENT POSITION

BCUHB already operates a comprehensive suite of All-Wales NHS People policies that provide a strong foundation for supporting foster carers.

These include:

Special Leave Policy (All-Wales)

The Special Leave Policy enables managers to grant paid or unpaid leave in a range of circumstances, including family responsibilities, domestic emergencies, and other exceptional circumstances. This provides flexibility to support employees attending fostering-related meetings, training, and responding to placement needs, this time would be unpaid.

Flexible Working Policy (All-Wales)

The Flexible Working Policy enables employees to request changes to working patterns, hours, or location, supporting work-life balance and enabling staff to manage caring responsibilities alongside their employment.

3. PROPOSAL – BECOMING A MAETHU CYMRU/FOSTER WALES PARTNER (LEVEL 2)

Becoming a Maethu Cymru/Foster Wales Partner would represent a formal organisational commitment to supporting foster carers and working in partnership with Maethu Cymru/Foster Wales North Wales.

This would include:

- Formal Board-level commitment to becoming a fostering-friendly organisation.
- Recognition of foster carers within workforce support and organisational culture.
- Partnership working with Maethu Cymru/Foster Wales North Wales.
- Raising awareness of fostering among staff and within the organisation.
- Supporting employees who foster or are considering fostering.
- Demonstrating the Health Board's role as a socially responsible Anchor Institution.

This commitment would align with BCUHB's organisational values and wider priorities relating to employee wellbeing, equality, and community engagement. This level would be achievable within current policies and resources.

4. FOSTER FRIENDLY EMPLOYER STATUS (LEVEL 1)

While BCUHB already has a strong foundation through its adoption of All-Wales Special Leave, Flexible Working policies, achieving formal Foster Friendly Employer status would require further work to ensure fostering is explicitly recognised and consistently supported within organisational policy, guidance, and practice. It is therefore proposed that this is explored following attainment of Maethu Cymru/Foster Wales Partner Level 2 status.

This would include reviewing existing People Services policies and associated guidance to ensure that fostering responsibilities are clearly referenced and supported, and that there is consistent organisational understanding of how existing provisions, including Special Leave and Flexible Working, can be applied to foster carers. It would also require engagement with People Services and Organisational Development, staff partnership colleagues, and Maethu Cymru/Foster Wales North Wales to ensure that any enhancements are appropriate, proportionate, and operationally deliverable.

Specific areas of work would include:

- Reviewing relevant people policies and guidance to ensure fostering is appropriately recognised within existing provisions.
- Developing supporting guidance for managers to promote consistent and supportive application of Special Leave and Flexible Working provisions for foster carers.
- Considering whether any additional discretionary provisions, such as a defined allocation of paid leave for fostering-related responsibilities, should be formally introduced, taking account of operational impact and equity with other caring responsibilities.

- Raising awareness among staff and managers of the support available, and promoting fostering as part of the Health Board's wider Anchor Institution and social value commitments.
- Working with Maethu Cymru/Foster Wales North Wales to formalise organisational recognition and partnership arrangements.

The work could be progressed following the Board's commitment and would ensure that BCUHB not only meets, but meaningfully embeds, Foster Friendly Employer standards in a way that is sustainable, equitable, and aligned with existing workforce frameworks.

5. NEXT STEPS

Subject to endorsement by the Executive Committee/People and Culture Committee, the following next steps are proposed:






- A recommendation will be brought to the Board in May 2026, seeking formal approval for BCUHB to become a Maethu Cymru/Foster Wales Partner (Level 2), aligning with Foster Care Fortnight and demonstrating the Health Board's commitment as an Anchor Institution to supporting children, young people, and foster carers across North Wales.
- Subject to Board approval of Level 2 Partner status, People Services and Organisational Development will undertake further work to review existing People Services policies, guidance, and organisational practice to support achievement of Foster Friendly Employer (Level 1) status.
- This work will include engagement with Maethu Cymru/Foster Wales North Wales, staff partnership colleagues, and relevant internal stakeholders, and will consider whether any enhancements to existing provisions, guidance, or communications are required to ensure fostering is explicitly and consistently supported across the organisation.
- A further update and recommendations relating to Level 1 Foster Friendly Employer status will be brought back to the People and Culture Committee for consideration and agreement, including any proposed policy clarifications, guidance, or implementation actions.
- Implementation of partnership, communications, and awareness activity will be progressed during 2026/27, with oversight through existing People Services and organisational governance arrangements.

6. RECOMMENDATIONS

The People and Culture Committee is asked to:

- Endorse the proposal for Betsi Cadwaladr University Health Board to become a Maethu Cymru/Foster Wales Partner (Level 2) and support the intention to seek formal Board approval for this commitment at the May 2026 Board meeting, aligning with Foster Care Fortnight.

- Note that becoming a Maethu Cymru/Foster Wales Partner reflects the Health Board’s role as an Anchor Institution, supporting the wellbeing of children and young people and contributing to regional fostering capacity across North Wales.
- Note that BCUHB already has a strong foundation through its adoption of All-Wales People Services policies, which provide flexibility and support for employees with caring responsibilities, including foster carers.
- Support further work in 2026/27, led by People and Organisational Development, to explore the requirements and implications of achieving Foster Friendly Employer (Level 1) status, including review of relevant policies, supporting guidance, and organisational practice.
- Agree that a further update and any associated recommendations relating to Foster Friendly Employer (Level 1) status are brought back to the People and Culture Committee for consideration and agreement in due course.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     Choose an item.
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Choose an item. 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	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)

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	Do/Yes: <input type="checkbox"/>	Naddo/No: <input type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

<p>Sector Equality Duty (General Duty): https://www.gov.wales/public-sector-equality-duty-htmlPublicSectorEqualityDuty [HTML] GOV.WALES</p>		
<p>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></p>	<p>Do/Yes: <input checked="" type="checkbox"/> Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
<p><i>Have you completed an Integrated Equality Impact Assessment WP8a?</i> WP8a Template</p>	<p>Canlyniad/Outcome: Do/Yes: Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Naddo/No:</p>
<p>Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i></p>	<p>Do/Yes: <input type="checkbox"/> Canlyniad/Outcome:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
<p>Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>

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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
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: <input type="checkbox"/>	Naddo/No: <input type="checkbox"/>
	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	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:	
	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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>

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>	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>	Choose an item.	

People and Culture Committee

MEWNOSODWCH DEITL YR ADRODDIAD SENIOR DOCTOR JOB PLANNING

Dyddiad y Cyfarfod Date of Meeting	08 April 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Dr Clara Day Executive Medical Director Dr Karen Mottart IHC Medical Director West; Chair Medical Workforce Group
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Dr Clara Day Executive Medical Director Debbie Eytayo Executive Director of People Services and Organisational Development
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This paper is to update People and Culture Committee in the progress around senior doctor job planning. Appendix A gives an update against internal audit recommendations.

The Welsh Government target of 90% compliance with consultant job planning by Sept 2025 was not met. Internal targets were approved at Audit Committee as follows; 50% signed off by end of quarter 3 (Q3), and greater than 90% by end of Q1 2026/27. The target for end Q4 of 75% is unlikely to be met.

Variability across the HB remains with particular issues within the centre IHC as illustrated in Appendix B.

This is primarily related to delays in sign off of the Job Planning Protocol (JPP) co-developed through Medical Workforce Group with endorsement by the Joint Local Negotiating Committee and the JLNC. This delay in approval relates to the payment of part sessions above the standard contract of 10 sessions as described within this paper. At present, this is paid as whole sessions only and rounded down; this means that a job plan of 10.7 sessions for example is paid as 10 sessions. Four other HB already include part session payment within their JPP.



It is recognised that there may be some financial implications of this agreement but that a job plan is a mutual agreement between the HB and the doctor; nothing above 10 sessions is contractual. However without the inclusion of part session payments, the JLNC and BMA are not minded to endorse the JPP. This will make implementation much more difficult and will mean loss of the ability to address several needed issues within senior doctor job planning.






A paper for decision is agended for discussion at Executive Committee on 08/04/26

**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
Audit Committee	21.10.2025	Verbal Update
Medical Workforce Group	21.01.2026	For Discussion
People & Culture	12.02.2026	For Discussion
Executive Committee	08.04.2026	For Discussion

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

Appendix A	Job Planning Audit recommendations update March 2026
Appendix B	Job Planning current progress report March 2026

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>1. building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>Wise Spending</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: People First</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>CRR25-01 Timely patient access to safe and effective care BAF24-07 Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	<p>A Healthier Wales</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

<i>Have you undertaken a Socio-Economic Impact Assessment</i>		
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i></p> <p><u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People</p>	<p>Meysydd Ansawdd Domains of Quality All Apply</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Healthier Wales</p>	

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Asesiad o Effaith ar Ddiogelu Data</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	

<p><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></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>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></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Cyfreithiol Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw Da Reputational</p>	<p>Yes (Include further detail below)</p>	
	<p>Effective working relationships with the JLNC and BMA are vital. Without these it will be very difficult to progress through discussions and actions that need to be taken to improve workforce productivity.</p>	
<p>Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)</p>	
	<p>As outlined within the paper this is extremely difficult to judge. We don't currently have a complete picture of all the money spent on senior doctor pay as comes from several different, currently unconnected pots. We know we have a huge reliance on WLI and will continue to do so until we reach a sustainable status quo of demand and capacity, at a productivity which is acceptable. This work needs to be done in concert with job planning. Discussions around resourcing of a medical workforce function to bring all this work together are also vital.</p>	

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
Objective 1: There is relevant and up to date procedures in place that are available to staff and align to the All-Wales guidance.				
1.	<p>Health Board Policy</p> <p>The Health Board has no Policy or Procedure detailing the expectations of both management and Consultant in discussing and agreeing the Job Plan in line with the nationally agreed Consultant Contract. Based on our review, it has not had a comprehensive Policy in place for thirteen years, per the original review undertaken by the former Wales Audit Office in 2011.</p> <p>Limited training is provided to all individuals involved in the job plan process.</p>	<p>Interim Medical Director</p> <p>31 May 2025</p>	<p>High</p>	<p>Current status – Not implemented Finding</p> <p>The Health Board does not have an agreed Policy/Standard Operating Procedure in place to support management, and consultants fulfil expected compliance with the nationally agreed Consultant Contract. This remains a significant gap in internal control.</p> <p>We are advised that the Health Board has not progressed with its own draft policy/procedure as it waited for nationally developed best practice guidance which has not materialised.</p> <p>With no policy or standard operating procedure in place, we recognise the decision not to develop a Health Board wide training needs analysis.</p> <p>We have seen evidence where the Job Planning Specialist undertakes ad-hoc training and note this as good practice.</p> <p>Revised Action, Responsibility and Timescale – Apr 2026</p> <p>The final draft of the BCU job planning procedure (JPP) which has been co-authored with LNC and BMA, as been scrutinised at both medical workforce group and JLNC in January 2026. It contains the proposal that payment for sessions above 10 should be paid to nearest 0.25 sessions. This is in line with 3 Health Boards in Wales with a 4th paying at 0.5 session It is also anticipated that this will form part of the updated All Wales job planning policy due in August 2026. There are concern regards the financial impact of such a proposal but it is difficult to predict the cost exactly. A paper is to be discussed at Executive Committee on 08/04/26</p> <p>The target for agreement is pressing as the next JLNC occurs 28 April 2026.</p> <p>The programme to train operational staff to be confident and competent to use Allocate is progressing at pace, with the training team providing targeted team training as need identified.</p> <p>Compliance is tracked locally by Medical Directors / Clinical Directors and Directorate General Managers (or equivalent). Rates will be monitored via local People and Culture and local workforce groups. At Health Board level compliance will be reported via Medical Workforce Group, highlighting any departments of concern.</p> <p>Job planning compliance as at 20 March 2026 was at 40% with a further 20% of job plans at 'sign off' stage</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
3.	<p>EJob Plan First and second sign-off</p> <p>Through a review of first and second sign off details in the EJob plan system, and verification with the seven clinical directorates / divisions, there were several issues noted with the accuracy of the information on the system. This includes gaps in second approvers, officers no longer in post, and inconsistency with operational management included as either first or second sign off. There was also test data included in the live system.</p>	<p>Interim Medical Director</p> <p>30 April 2025</p>	High	<p>Current status – Not implemented</p> <p>Finding</p> <p>There has been no formal review of first and second sign-off within the EJob Plan system. We were advised that Women’s Services have undertaken a review of their sign-off details but have not corroborated this.</p> <p>Our review of the information has again identified test and generic details in the system that compromises data quality. Only the training module should be used for test data to preserve the integrity of the live system.</p> <p>Revised Action, Responsibility and Timescale - Apr 2026</p> <p>Continued scrutiny of sign off process, optimising both appropriate operational and clinical line management review and sign off. For those staff who have a job plan that spans more than one service the facility of 3rd sign off has been put in place</p> <p>We have not yet found a method to implement the previously approved ‘distant’ sign off process within Allocate. Health Medics team continue discussions. If allocate are unable to provide the Health Board will need to find a ‘work around’ which would be in place within 4 months i.e. April 2026</p>
<p>Objective 2: Job plans accurately reflect both the individual and organisation activity requirements and are completed in a timely manner.</p>				
5.	<p>Job Plan annual review</p> <p>Through our review meetings, we were advised that undertaking the job plan within one month of the incremental date is not something that is actively followed as the system does not capture the data.</p> <p>The Health Board is not compliant with its responsibility for ensuring annual job plan reviews are undertaken every twelve months and ensuring adequate narrative is</p>	<p>Interim Medical Director and Deputy Director of People</p> <p>30 April 2025</p>	High	<p>Current status – Not implemented</p> <p>Finding</p> <p>Our review of Health Board data as of 1 September 2025 showed overall compliance of 42% (Image 1 above) where job plans have been agreed and signed off.</p> <p>We have been advised that review dates have not been amended to reflect the individual’s incremental date.</p> <p>It remains unclear how the Health Board will meet the 90% target of in-date job plans by 30 September 2025, set by Welsh Government.</p> <p>Revised Action, Responsibility and Timescale - Apr 2026</p> <p>The proposed trajectory for compliance of 50% end Q3, 75% end Q4, >90% by end Q1 was signed off at Medical Workforce Group 15 October 2025.</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	completed around additional SPA sessions and place of work.			<p>The trajectory of 75% at the end of Q4 may not be met, primarily due to the delay with approving the JPP. This has led to a delay with awareness and education for our senior leaders and doctors involved, and lack of clarity around some of our local agreements e.g. maximum sessions, anticipated evidence.</p> <p>Monitoring via Power BI in place and allows for drill down by team (but not to individual staff level) and is circulated monthly by OMD.</p> <p>Monitoring of compliance would be as above, via local processes and at HB level at Medical Workforce Group and People and Culture Committee</p>
6.	<p>Directorate/Specialty objectives are explicit</p> <p>There is a generic statement within the Service Outcomes section of job plans <i>“To ensure service and job plan aligned to deliver CPG and wider BCU Strategic direction”, (sic)</i>. The Service Outcomes section overall was either incomplete or noted <i>“During job plan discussions need to review this”</i>.</p> <p>From our review, we are unclear how management are approving job plans without expected service objectives.</p> <p>We note different approaches taken in agreeing team objectives where colleagues collectively agree on the service requirements and then meet individually as part of the job plan approach to agree individual objectives. These</p>	<p>Interim Medical Director</p> <p>30 April 2025</p>	High	<p>Current status – Not implemented</p> <p>Finding</p> <p>We reviewed a sample of one job plan from the three Integrated Health Communities and the four pan North Wales clinical directorates. We found four (57%) were in-date and current, however none had any directorate or speciality service objectives recorded.</p> <p>Revised Action, Responsibility and Timescale - Apr 2026</p> <p>There has been a gradual adoption of recording Health Board and directorate / speciality priorities, although this has not been formally audited. It is anticipated that compliance with recording and discussing priorities will improve at the point of roll out of the JPP. The JPP outlines importance of service demand / capacity discussion <i>prior</i> to an individual job plan timetabling meeting. Individuals PDP from appraisals will inform service and personal priorities and objective for the coming year.</p> <p>The need for service priorities to be clearly articulated and aligned within individual job plans will be a core expectation for the training program and roadshows. Compliance with this element will need to be monitored via a quality assurance process which is beyond current capability of PowerBI monitoring. A sustainable automated solution will be in place within 6 months <i>if DDaT colleagues have the capacity to prioritise this work</i>. <u>However, with the current focus on ePMA roll out there has been limited capacity to plan the next step</u></p> <p>It is anticipated that implementation of any operational structure following Foundations for the Future review may impact on a need to review service priorities and alignments</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	should be SMART and recorded in the system.			
Objective 3: Job plans include outcomes that are linked to the Health Board's organisational objectives, and the level of achievement is subject to appropriate assessment.				
7.	<p>Evidencing achievement of the Board objectives</p> <p>Whilst there were strategic goals detailed in the Board Outcomes section of the job plan, they did not reflect the current strategic objectives, and there were no measurable outcomes agreed from which it could be evidenced as being worked to/achieved.</p>	<p>Interim Medical Director</p> <p>30 April 2025</p>	High	<p>Current status – Implemented</p> <p>Finding</p> <p>The review of the seven job plans confirmed that all had the current Health Board objectives recorded. In addition, we found that three included Ministerial Priorities, with two also recoding the Values and Behaviours Framework.</p>
Objective 4: Completed job plans reconcile to system records and session payments are correct.				
8.	<p>Regular review of payments to agreed job plan commitments</p> <p>We identified six (27%) of the twenty-two job plans with a variance between the sessions paid and that recorded on the job plan.</p> <p>We also found a variance in Intensity Band payments and are unclear whether these payments are subject to annual review or simply roll-over.</p> <p>The payment of only whole sessions could adversely impact the Health Board to deliver against its waiting lists as this</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	High	<p>Current status – Not implemented</p> <p>Finding</p> <p>The Medical Dental and Elements pay report has not been developed for use across the Health Board.</p> <p>We have been advised a dashboard has been produced in conjunction with the Office of the Medical Director (OMD), Surgical IHC West, Finance and People Services. We are advised a meeting was held on 19 August 2025 with a further meeting scheduled for 25 September 2025 but have not corroborated this or requested sight of the draft dashboard.</p> <p>Revised Action, Responsibility and Timescale - Apr 2026</p> <p>The dashboard linking Allocate to ESR is now live. The SOP has been approved via Medical Workforce Group in January 2026, and identification of discrepancies is enabling focused discussions with the medical staff involved</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	does not always reflect the agreed job plan.			
Objective 5: The completion rates of job plans are monitored and reported to an appropriate forum, with further escalation if there is low compliance.				
10.	<p>Medical and Dental Job Plan reporting</p> <p>There is inadequate reporting of medical and dental job plan performance, across the Health Board from operational management to the Executive and associated scrutiny meetings up to Committee for assurance.</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	High	<p>Current status – Partially implemented</p> <p>Finding</p> <p>The OMD Job Planning team send out a monthly <i>Job Planning Compliance</i> email that includes a link for the job planning dashboard to a pre-determined circulation. We are unclear whether this circulation captures all relevant leads with responsibility/accountability for job plan compliance.</p> <p>We contacted the seven clinical service Directors to obtain details of their People and Culture meeting or to confirm where job plan performance and assurance was discussed.</p> <p>We received a reply for Centre, East and West IHCs and Women’s Services but received no reply from Mental Health and Learning Disabilities, North Wales Managed Clinical Services or Cancer Services.</p> <p>We noted limited assurance reporting at a local level within IHC West on job planning. The West IHC Medical Director (Chair of the MWG) provided evidence of follow-up compliance with job plan completion to West operational leads.</p> <p>Women’s Services hold monthly Centre, East and West Accountability Meetings where we noted job planning as an agenda item. We also noted a standing agenda item on the Clinical Directors bi-monthly meeting.</p> <p>Through our review of operational People and Culture meetings provided to us, we were unable to find any reference in the People Operations Report or any specific reporting on consultant job plan performance.</p> <p>Revised Action, Responsibility and Timescale - Apr 2026</p> <p>Monthly compliance figures are circulated to operational teams and the divisional and IHC medical leaders. It is tracked at Medical Workforce Group at Health Board Level, which has membership drawn from all IHCs and divisions. Further work is required to evidence that compliance and local plans are discussed at IHC and divisional meetings. It has not been formally audited by MWG</p> <p>Real time data is accessible via Allocate. How to access forms part of the Allocate ‘how to’ training.</p>
11.	<p>Medical Workforce Group & People & Culture Executive Delivery Group (EDG)</p> <p>The Medical Workforce Group (MWG) has responsibility in its Terms of Reference that it</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	High	<p>Current status – Not implemented</p> <p>Finding</p> <p>There is no evident reporting on consultant job plan performance to the Health Board’s People and Culture Committee through the People Operations Report. We note a verbal update was provided to the Committee by the Interim Executive Medical Director at the 14 August 2025 meeting (Agenda Item PC25/82).</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	<p>“...will receive regular reports (on job plans) as per its Cycle of Business” but we have been unable to verify they have actually received any reports for assurance recently.</p> <p>Of the ten MWG meetings scheduled to take place this calendar year, only three have taken place (April, June and September 2024).</p> <p>The MWG provides assurance to the People & Culture EDG although we have been advised this meeting has similarly not been taking place, exposing an operational gap in control and assurance across the Health Board.</p>			<p>The People & Culture Executive Delivery Group is still yet to be re-established. Consequently, assurance reporting from the Medical Workforce Group is not subject to any scrutiny or assurance to the Executive Committee and/or the Health Board People & Culture Committee.</p> <p>The Medical Workforce Group (MWG) is meeting regularly although we note its Terms of Reference require review as there has been a change in Chair that has not been reflected. A review of minutes has identified regular discussion on job plan performance. Of the minutes viewed, we noted the June 2025 meeting recorded “action...to recirculate the Power BI link to ensure all members could access and monitor their compliance data.”. We note in July and August 2025 meetings a focus on the Welsh Government set target of 90% completed job plans by 30 September 2025 with the draft August 2025 minutes noting “Current compliance was reported to be significantly below this target, prompting concern and a renewed focus on improvement.”</p> <p>Revised Action, Responsibility and Timescale - Apr 2026</p> <p>Medical Workforce Group continues to meet monthly. While it receives reports from the 4 Value and Sustainability workforce groups, it does not yet formally receive appropriate reports from locality / divisional groups. This is being addressed for April’s medical workforce group</p>

Job Planning Compliance - Current Progress

[View in Power BI](#) ↗

Last data refresh:
01/04/2026 14:01:48 UTC

Downloaded at:
01/04/2026 14:37:30 UTC



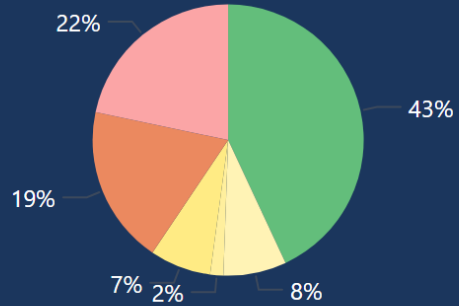


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Job Planning Compliance - Current Progress

Last Updated
31 March 2...

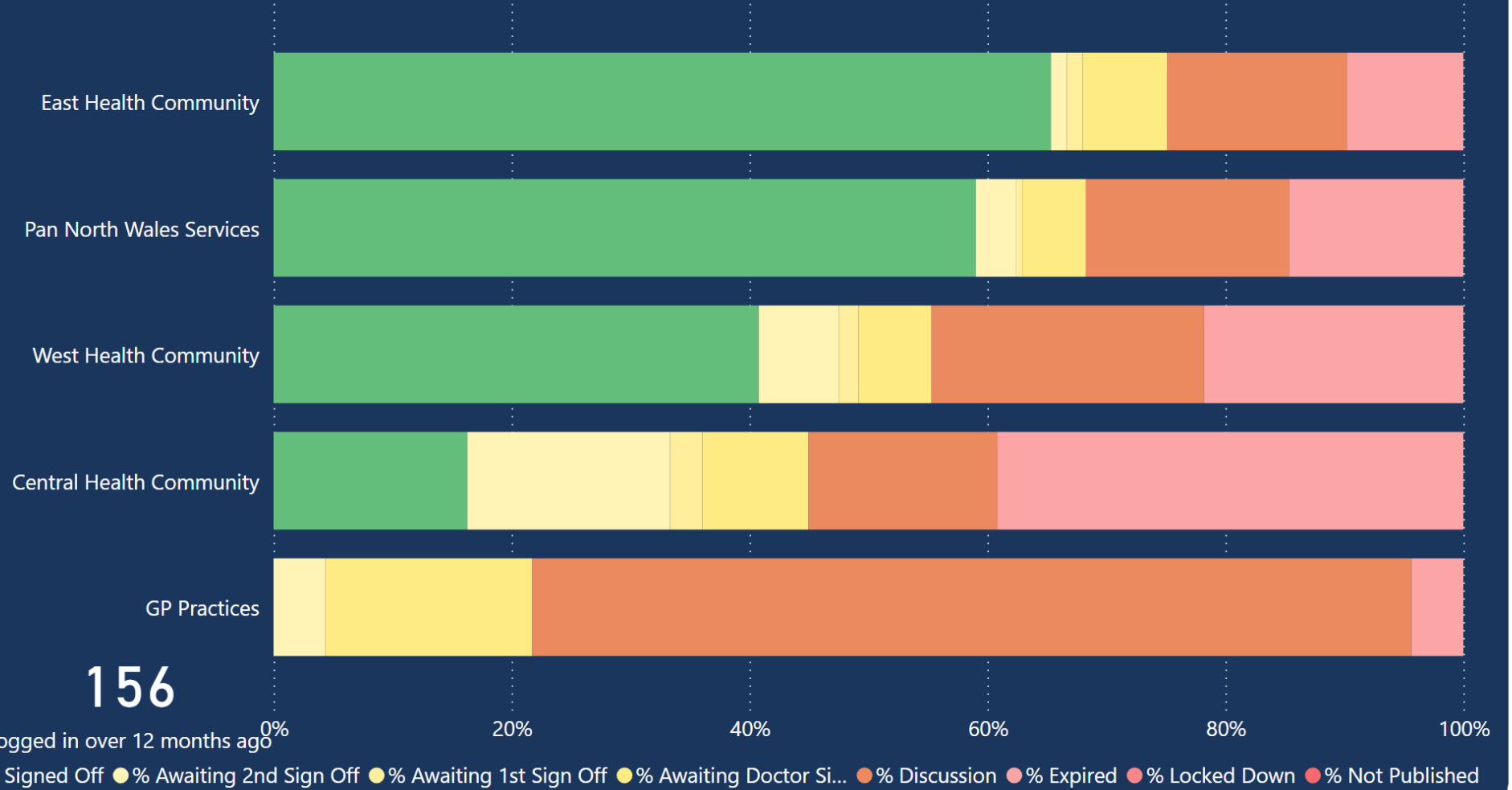


Top 5 departments with signed off job plans

Signed Off

11

Directorate



156

Logged in over 12 months ago

● % Signed Off ● % Awaiting 2nd Sign Off ● % Awaiting 1st Sign Off ● % Awaiting Doctor Sign Off ● % Discussion ● % Expired ● % Locked Down ● % Not Published

890

Number of Doctors

125

Due to Expire

Directorate

All

Department

All

Specialty

All

Role

All

Contract

All

People and Culture Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	09 April 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
Members are asked to: <ul style="list-style-type: none"> • NOTE the summary of business considered in private session to be reported in public • NOTE the forward workplan

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

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 item was considered in private at the meeting held on 12 February 2026:

- High Risk Employment Issues and Employee Relations (Senior Managers) Quarterly Professional Standards Report
- AAC Panel Consultant Appointments

4.2 Committee Forward Work Plan

4.2.1 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/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:

- **NOTE** the matters considered in Private at the 4 December 2025 meeting.
- **NOTE** The Committee forward workplan.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>1. Building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures</p>

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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	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: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
<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
	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	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report



Have you considered the Armed Forces Covenant Due Regard Duty?		
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: <input type="checkbox"/> Canlyniad/Outcome:	Naddo/No: <input checked="" type="checkbox"/>
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
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>	Do/Yes: <input type="checkbox"/> Canlyniad/Outcome:	Naddo/No: <input checked="" type="checkbox"/>
	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.	

People & Culture Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
31.12.25	Request from Teresa Owen via email	Teresa Owen	End of Year Report on Health Sciences Activity	To increase the visibility of Health Sciences. Report to go to the Committee and consider including as an annual item for the Committee CoB (discuss at meeting)	Helen Hughes	Teresa Owen	June 26	
04.12.25	Action PC25.130.1 from December P&C Committee	P&C Committee	Sickness Absence Deep Dive Action Plan	Sickness Actions Deep Dive: An update on the Sickness Absence Deep Dive Action Plan to be presented to the Committee in six months time to highlight the progress made and the implementation achieved.	Jason Brannan Georgina Roberts	Debbie Eyitayo	June 26	
31.07.25 18.11.24	Action from July 25 Board 25/129.1 Action from Nov 24 Board 24/204	Health Board	Recruitment & Development of Young People	25/129.1: People and Culture Committee to discuss opportunities to support young people into the workplace and report back to the Board. 24/204: Arrange for P&C Committee forward workplan to include Recruitment and Development of local young people in North Wales to meet the future needs of different service areas across BCUHB.	Katie Sargent	Georgina Roberts	April 26 June 26	GR and DJ agreed to move this from April to June 26 and will be the focus for the Staff Story, this needs to report back to the Board.
27.03.25	Action from Board 25/54.1 Action from P&C Committee PC25/106.1	Health Board P&C Committee	Equality Annual Report Workforce Race Equality Standard (WRES) Report	P & C to discuss the equality agenda in further detail and report back to the Board. The Strategic Equality Plan to come back to a future meeting to highlight progress and provide assurance that the issues and themes raised are being addressed.	Ceri Harris	Georgina Roberts	Feb 26	CLOSED This is included on the agenda for the Feb 26 meeting
27.03.25	Action from Board 25/56.1	Health Board	Request from Chair's Assurance Report from QSE Committee	People and Culture Committee to review the All-Wales Anti Sexual Harassment policy. GR and DJ agreed this should be a paper explaining the legislation and our duty including what steps have we taken and what more we need to do.	Ceri Harris	Georgina Roberts	Feb 26	CLOSED This is included on the agenda for the Feb 26 meeting