

## **Bundle BCU People and Culture Committee 10 April 2025**

- 1 14:00 - PRELIMINARY MATTERS
- 1.1 14:00 - PC25/25 Welcome and Apologies - Verbal (Chair)  
*Apologies from Billy Nichols*
- 1.2 14:01 - PC25/26 Declarations of Interest - Verbal (Chair)
- 1.3 14:02 - PC25/27 Unconfirmed Minutes of Meeting held on 03.03.25 - Attached (Chair)  
PC25.27 Minutes from P&C Committee 03.03.25 V0.01 Unconfirmed (Public)
- 1.4 14:05 - PC25/28 Matters Arising & Action Log - Attached (Chair)  
PC25.28 Action Log P&C Committee - Public (Updated 03.04.25)
- 2 14:10 - STAFF STORY
- 2.1 14:10 - PC25/29 Staff Story - Paper (Associate Director of Employee Experience and Engagement)  
*Improving Welsh Language Provision in Service Delivery*  
PC25.29 Committee Coversheet - Staff Story - April 25  
PC25.29.1 Staff Story April 25 FINAL
- 3 14:40 - STRATEGIC PRIORITIES
- 3.1 14:40 - PC25/30 Welsh Language Standards Compliance Paper - Paper (Executive Director of Allied Health Professionals and Health Science)  
*Eleri Hughes-Jones to join the meeting for this item*  
PC25.30 Welsh Language Standards Compliance Paper
- 3.2 15:10 - PC25/31 Strategic Occupational Health and Safety Group Chair's Report - Paper (Director of Environment and Estates)  
PC25.31 SOHSG Report to People and Culture April 2025 with BAF
- 3.3 15:20 - PC25/32 People Operations Report - Paper (Deputy Director of People)  
PC25.32 People Operations Report Coversheet - Final Version  
PC25.32.1 People Operations Report - Final
- 3.4 15:35 - PC25/33 NHS Wales Staff Survey 2024 - Paper (Deputy Director of People)  
PC25.33 Committee Coversheet - NHS Wales Staff Survey - April 25  
PC25.33.1 Staff Survey Plan April 2025  
PC25.33.2 Appendix 1 - Staff Survey overview  
PC25.33.3 Appendix 2 - Staff Survey Report - BCUHB
- 3.5 15:50 - PC25/34 Foundations for the Future Programme - Verbal (Chief Executive)
- 4 16:05 - GOVERNANCE AND ASSURANCE
- 4.1 16:05 - PC25/35 Audit Wales Workforce Planning Review - Paper (Associate Director of Workforce Optimisation)  
PC25.35 Audit Wales Workforce Planning Review Update - Coversheet - Final  
PC25.35.1 Audit Wales Workforce Planning Review Update - Final
- 4.2 16:15 - PC25/36 Board Assurance Framework - Paper (Director of Corporate Governance)  
PC25.36 Board Assurance Framework March 25 v11.8 with proposed ratings
- 4.3 16:25 - PC25/37 Committee Governance - Paper (Director of Corporate Governance)  
*Item to cover:*  
*Review of Terms of Reference*  
*P&C Committee Self Assessment*  
*Key messages for Annual Report*  
PC25.37 ToR for People & Culture Committee V0.02
- 5 16:35 - FOR INFORMATION

- 5.1 16:35 - PC25/38 Summary of Business to be Reported from Private - Paper (Head of Corporate Affairs)  
PC25.38 P&C Private Session Items Reported in Public
- 5.2 16:36 - PC25/39 Committee Forward Workplan - Paper (Head of Corporate Affairs)  
PC25.39 Workplan for P&C Committee (Live Version as at 03.04.25)
- 6 16:37 - CLOSING BUSINESS
- 6.1 16:37 - PC25/40 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 6.2 16:38 - PC25/41 Review of Meeting Effectiveness - Verbal (Chair)
- 6.3 16:40 - PC25/42 Date of Next Meeting - 12.06.25
- 6.4 16:40 - 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 3 March 2025  
 in the Boardroom, Carlton Court, St Asaph and via Teams

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Jones	Independent Member (Chair of People & Culture Committee)
Billy Nichols	Independent Member (Vice Chair of People & Culture Committee)
Karen Balmer	Independent Member ( <i>via Teams – part meeting</i> )
<b>In Attendance</b>	
Carol Shillabeer	Chief Executive ( <i>via Teams</i> )
Pam Wenger	Director of Corporate Governance
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Georgina Roberts	Senior Associate Director People Services
Nick Graham	Associate Director of Workforce Optimisation ( <i>via Teams</i> )
Dave Harries	Head of Internal Audit
Katie Sargent	Associate Director – Employee Experience & Engagement
Ceri Harris	Head of Equality & Human Rights
Nia Thomas	Head of Culture and Development
James Johnson	Staff Retention Lead
Nesta Collingridge	Head of Risk Management ( <i>via Teams – part meeting</i> )
<b>Committee Support</b>	
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Project Support Manager (Corporate Governance)

<b>Agenda Item</b>
<b>OPENING BUSINESS</b>
<b>PC25/01 Welcome and Apologies</b>
Apologies were noted for Clare Budden and Jason Brannan.
<b>PC25/02 Declarations of Interest</b>
No declarations of interest were raised.
<b>PC25/03 Unconfirmed Minutes of Meeting held on 19.12.24</b>
It was agreed that the minutes of the meetings held on 19.12.24 were a true and accurate record.
<b>PC25/04 Matters Arising &amp; Action Log</b>
The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

## STAFF STORY

### PC25/05 Staff Story

The Committee received the staff story and the Associate Director of Employee Experience & Engagement highlighted:

- This is the second staff story to be received by the Committee and as we move forward the stories will align with items for discussion included on the agenda.
- The theme for this staff story was based around inclusivity, equality and diversity and the staff members were thanked for giving their time to express their experiences.
- This provides the organisation with an opportunity to review how underrepresented groups can be supported going forward.
- One of the staff members provided suggestions around how the organisation can support different communities and staff with different cultures and backgrounds, this is an area that needs to be addressed by the Health Board.

In discussing the staff story, the Committee:

- Stated the importance of the Committee to receive challenging staff stories to allow the Health Board to discuss how the issues raised can be addressed.
- Confirmed that this story links in to the organisation's values, behaviours and culture programme.
- Acknowledged that where staff stories link to strategic items, this allows the Committee to understand current issues to inform discussion.
- Suggested a letter of thanks is sent from the Chair to the staff thanking them for their support.
- Queried how this links back into the wider strategic view of the organisation.
- Stated that staff support networks are crucial and the need to embed opportunities and protect time for staff to join these networks is important.
- Confirmed the need to balance initiatives and develop a strategic approach to changing and embedding culture across the Health Board.
- Agreed the need to demonstrate the strategic intent and systematic approach to the Board in March to provide a clear direction on how to drive this forward.

#### Action:

- **PC25/05.1** The Chair to write and thank staff who have shared their experience.

It was resolved that the Committee:

- **NOTED** the experiences of colleagues & considered the impact of these experiences on them & the wider workforce.

## STRATEGIC PRIORITIES

### PC25/06 Equality Update Report

In presenting the report, the Head of Equality & Human Rights highlighted:

- The Health Board is required to publish an Equality Annual Report and any comments received from the Committee will be included in the final draft.
- The Statutory Employment Report, the Gender Pay Gap Report and the Race Pay Gap Report have been included in the appendices.

- The report includes an update on the Strategic Equality Plan highlighting that 28 actions have been identified, there are currently 5 actions off track and 1 at risk. The action at risk relates to equality training for Board members and this is currently being addressed.
- The report also included an update on the recommendations relating to the Workforce Race Equality Scheme (WRES) and there is a focus on creating opportunities for staff to be recruited into roles and address diversity on recruitment panels.

In discussing the report, the Committee:

- Stated the need to provide Independent Members with the opportunity to comment on the report for onward consideration at the Board and suggested the report is shared with Independent Members not present at the meeting for their feedback.
- Confirmed that discussions are taking place in relation to Board member training requirements and the Board Development Programme.
- Suggested the need to streamline the appendices ahead of the report being presented to the Board to understand the requirements needed to ensure actions are completed.
- Agreed the need for clarity on what the data is telling us and what action is required to receive the greatest impact in specific areas.
- Highlighted the need to spend time developing a collaborative approach to these actions to help form plans going forward stating that the Board in March will be a great opportunity to publicly outline the commitment of the organisation to improve in this area.

**Action:**

- **PC25/06.1** Email Clare Budden and Karen Balmer requesting feedback on the report.

It was resolved that the Committee:

- **NOTED** the contents of the Draft Equality report.
- **CONSIDERED, REVIEWED** and **DISCUSSED** the proposed content of the Equality report.

### **PC25/07 Foundations for the Future Programme**

The Chief Executive provided a verbal update highlighting:

- The scope of the work is to create a more effective organisation.
- The programme is not primarily focused on structures but based around five key pillars which include strategy, culture, people, processes and structure and work is underway to ensure these align with the Annual Plan.
- The strategy element will focus on the 10 Year Plan and Clinical Services Plan, the Culture element is underway with the Values & Behaviours Programme, the People element will focus on leadership and development, the Processes element will be focused around the Scheme of Reservation and Delegation (SoRD) and the Structures element is a new feature which will be a focus going forward.
- The Discovery Report was issued in November 2024 and following discussions with staff, provides a clear evidence base as a guide.

- The Design phase commenced in December 2024 and a number of design workshops have now taken place.
- The Design principles have been agreed by the Board and final Design documentation will be formalised prior to consideration by the Board.
- It may be helpful to have a briefing session with Independent Members to discuss the design around the Programme.
- As part of the programme approach, discussions are taking place around leadership in key areas, risks, resourcing and scope to ensure staff are engaged and communication is shared.
- The programme is not be driven on a financial basis, the aim is to make the organisation more effective, taking into consideration the outcome of the Internal Audit review.

In discussing the report, the Committee:

- Highlighted the link to Audit Committee in terms of accountability, decision making and ensuring clarity on key documents such as the SoRD to enable the production of a toolkit to support staff, it was confirmed that work in this area has commenced.
- Suggested colleagues would benefit from an update on the programme in terms of progress and timelines, it was agreed that the Chief Executive would produce a video update for staff.

**Action:**

- **PC25/07.1** Arrange a briefing session with Independent Members to discuss the design around the Foundations for the Future Programme.
- **PC25/07.2** The Chief Executive to produce a video update on the Foundation for the Future Programme to update staff within the organisation.

It was resolved that the Committee:

- **NOTED** the update.

*Karen Balmer joined the meeting*

**PC25/08 People Operations Report**

Members received the report and noted the progress. In presenting the report, the Associate Director of Workforce Optimisation highlighted:

- Staff turnover continues to have a solid trend of reduction over time and the Retention Lead is starting to focus on wider staff groups.
- Staff absence continues to increase on a regular basis, the organisation compare well with other Health Boards however a deep dive is required in this area to develop a more targeted approach.
- PADR compliance continues to improve and the process is being discussed by the Integrated Performance Executive Delivery Group (IPEDG) to further increase performance in this area.
- Time to Recruit has seen a significant decrease over the past 12 months this is due to improvements in the system however further work is required.

- There is a need to triangulate what the data in the report is telling us and work is taking place with the Director of Performance & Commissioning to ensure the data feeds into a wider piece of work.

In discussing the report, the Committee:

- Stated the importance of the information included in the report to feed into all parts of the remit of the Committee.
- Queried the process for PADR, it was confirmed that these need to be scheduled by managers and those services that follow this process have a better rate of delivery. It was suggested that learning could be shared across the organisation by those services that have a higher rate, in particular for operational areas where this may be difficult.
- Referred to staff engagement results and queried whether any data is available, it was confirmed that the information has not been processed to date but will be included in the report going forward.
- Discussed exit interviews and it was confirmed that participation in this area is low, there is a need to review this with the Retention Lead to establish how improvements can be made and ensure staff are offered an exit interview before they leave the organisation.
- Considered the data received via the Wales Staff Survey and confirmed that over 1000 free text comments had been received noting that staff may feel more comfortable providing comments anonymously.
- Confirmed that the results of the Staff Survey are being reviewed and compared across Wales, there has been an improvement in returns and this will be discussed by the Executive Committee. It was agreed that there is a need for the Committee to discuss the results and proposed priority actions and this links to action PC24/96.2 already included on the action log.

It was resolved that the Committee:

- **NOTED** the current position provided and feedback regarding **ASSURANCE** required as a result of the reported positions contained in the report.

### **PC25/09 Culture, Organisational Development & Engagement Update**

Members received the report and noted the progress. In presenting the report, the Head of Culture and Development, the Staff Retention Lead and the Associate Director – Employee Experience & Engagement highlighted:

- In terms of culture, the Values & Behaviours Framework was approved by the Board in November 2024.
- The Communication and Embedding Plans have now been merged into a Deployment Plan and this will be discussed further by the Organisation Development Steering Group.
- A formal launch is due to take place in March 2025.
- There are currently 94 Culture Change Leaders in place who commenced their induction in January 2025. These leaders include a cross sections of bandings, professions and Clinicians and bespoke sessions have been made available taking into account clinical and time commitment for staff.

- A 12-month plan is being developed with support from the Chief Executive along with a tool kit that is being co-produced with the Culture and Leadership Design Group to support leaders.
- A leadership behaviour survey is also being developed to cross reference with the NHS survey and will provide a baseline to compare information received as we move forward.
- In terms of Organisational Development, work is continuing on the Integrated Leadership Development Framework (ILDF).
- A Venture Leadership Hub has been launched to host leadership development activities and feedback has been received from 400 colleagues.
- The People Manager Forum is progressing well and focusing on areas including retention and attendance and the Aspiring Programme is currently being finalised.
- Improvements are being made in relation to retention, underlying issues are being addressed as a key area of focus and work is taking place to increase the use of exit interviews to ensure learning is gained to improve job satisfaction.
- In terms of Engagement, the data has been received following the Staff Survey and there is a need to ensure the key messages are shared across the organisation.
- The Team are reviewing how Pulse Survey can be utilised to gain important feedback from staff.
- An induction video has been produced to welcome staff to the organisation ahead of commencing employment and it was agreed to share this outside of the meeting.
- The Team are also proposing to re-launch the Seren Betsi Award to spotlight colleagues who demonstrate the values and behaviours that are being promoted.

In discussing the report, the Committee:

- Acknowledged that the values and behaviours should be business as usual however recognition for staff who excel in this area is important.
- Queried whether the induction video is bilingual, it was confirmed that contact has been made with the Welsh Language team, and it was agreed to include Welsh subtitles.
- Highlighted the progress made and the focus on areas of improvement which provides assurance to the Board on the approach being taken.
- Discussed the amount of actions included in the documentation and queried delivery against the timescales. It was confirmed that the information is being transferred over to the Deployment Plan and a new Plan addressing this is due to be issued shortly.

**Actions:**

- **PC25/09.1** Share induction video with the Committee outside of the meeting.

It was resolved that the Committee:

- **NOTED** the information provided in the report.

**PC25/10 Education & Training Plan 2026/27**

Members received the report and noted the progress. In presenting the report, the Associate Director of Workforce Optimisation highlighted:

- Health Education and Improvement Wales (HEIW) is the strategic workforce and education body for NHS Wales and the annual Education and Training Plan (ETP) is a statutory requirement for HEIW.
- The detail included is being discussed further with HEIW to summarise what is being presented.
- There is a workforce planning element included in the Plan however further work is required in this area.
- There has been an improvement in engagement and assurance was provided in terms of visibility and transparency.

In discussing the report, the Committee:

- Acknowledged the breadth of education and training across the organisation.
- Highlighted that a new Education Steering Group is being established to provide a multi professional organisational approach to education and training. This will also address under graduate, post graduate and opportunities with Further Education to provide training within the organisation.
- Suggested a Committee Development Session is arranged to discuss this in more detail.
- Agreed that this should be included in the AAA Report to the Board to confirm the Plan has been received by the Committee.
- Queried how this links in to the training provided internally, it was confirmed that this is classed as formal external training and will feed into the Education Steering Group.

**Action:**

- **PC25/10.1** Arrange a P&C Committee Development session to focus on Medical Education and Training.

It was resolved that the Committee:

- **NOTED** the report.

## GOVERNANCE & ASSURANCE

### PC25/11 Corporate Risk Register Report

Members received the report and the Head of Risk Management highlighted:

- The Corporate Risk Register has been to the Risk Scrutiny Group and the Executive Committee and there has been no movement in score for the Committee.
- In relation to the People, Culture and Wellbeing risk it was confirmed that work is taking place to understand the data to ensure progress can be made.
- In relation to the Health & Safety risk, the new Director of Environment & Estates will take on the responsibility of this risk. A meeting has taken place with the Head of Health & Safety, further work is required in this area and a deep dive will take place at the Risk Scrutiny Group.
- Agreed that Stuart Keen, Director of Environment & Estates is invited to join the Committee as Health & Safety is a key objective for the Committee.

In discussing the report, the Committee:

- Queried the governance in terms of pushing back deadline dates for deliverables. It was confirmed that more realistic actions with reasonable dates should be being developed and any areas of concern will be highlighted from the Risk Scrutiny Group to the Executive Committee by the Director of Corporate Governance and the Head of Risk Management.
- Confirmed that the key message going forward will be to balance ambition and understand whether the risks being developed will provide the required assurance. It was confirmed that risks need to be signed off by Lead Executive in terms of accountability and the Executive Committee can then provide a level of assurance.

**Action:**

- **PC25/11.1** Invite Stuart Keen, Director of Environment & Estates to join the Committee to advise on the remit of Health & Safety.

It was resolved that the Committee:

- **RECEIVE ASSURANCE** for the progression of the corporate risks to which the Committee has overall accountability.

**PC25/12 Final Internal Audit Report on Consultant Job Planning**

Members received the report and the Associate Director of Workforce Optimisation highlighted:

- A Task & Finish Group has been established, this will be led by the Interim Executive Medical Director and will report via the Audit Committee.
- Significant work is required in this space, this is an important area for the organisation to address in terms of medical colleagues and key actions will need to be delivered.
- The Audit Committee will track the actions from this review and the P&C Committee will need to monitor and seek assurance against those actions. This item will be included on the forward workplan for this Committee and the level of reporting frequency will be agreed as we move forward.

**Action:**

- **PC25.12.1** Include the Consultant Job Planning review on the forward workplan.

It was resolved that the Committee:

- **NOTED** the report.

**FOR INFORMATION**

**PC25/13 Summary of Business to be Reported from Private**

It was resolved that the Committee **NOTED** the report.

**PC25/14 Committee Forward Workplan**

It was resolved that the Committee **NOTED** the forward workplan for information.



**PC25/15 Thematic Report on Equality Matter (Improving Inclusion and Accessibility in Public Services in Wales)**

It was resolved that the Committee **NOTED** the report.

**CLOSING BUSINESS**

**PC25/16 Agree Items for Referral to Board / Other Committees**

It was agreed that there were no items to be referred to the Board.

**PC25/17 Review of Meeting Effectiveness**

As part of the discussion, the Committee:

- Agreed there had been some good discussion, items are being refined and key issues are being addressed.
- Suggested further work is required at a strategic level to move forward in terms of performance and assurance.

**PC25/18 Date of next meeting**

Thursday 10<sup>th</sup> April 2025, 9.30-12.30pm

**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 03.04.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC25/05.1	03.03.25	<b>Staff Story</b> The Chair to write and thank staff who have shared their experience.	Dyfed Jones Pam Wenger	April 2025  Revised timescale June 2025	<b>Remain Open</b> <b>03.04.25</b> A letter of thanks is being drafted and a template will be developed for future use.
2	PC25/07.2	03.03.25	<b>Foundation for the Future Programme</b> The Chief Executive to produce a video update on the Foundation for the Future Programme to update staff within the organisation.	Carol Shillabeer	April 2025  Revised timescale June 2025	<b>Remain Open</b> <b>03.04.25</b> This is in progress.
3	PC25/10.1	03.03.25	<b>Education &amp; Training Plan 2026/27</b> Arrange a P&C Committee Development session to focus on Medical Education and Training.	Pam Wenger Laura Jones	April 2025  Revised timescale June 2025	<b>Remain Open</b> <b>03.04.25</b> Discussion ongoing between Director of Corporate Governance and Chief Executive to discuss whether this is a wider programme of work.
4	PC24/100.1	19.12.24	<b>On-Call Arrangements - Final Internal Audit Report</b> Final Internal Audit Report on On-Call Arrangements including the recommendations to come back to the Committee with a more comprehensive	Jason Brannan Pam Wenger Angela Wood Andrea Orme	April 2025  Revised timescale June 2025	<b>Remain Open</b> <b>24.03.25</b> A comprehensive update and response plan will be presented to the Committee at the next meeting in June 25. <b>29.01.25</b> This work remains



			update and response plan.			ongoing. People & OD colleagues are working with Emergency Preparedness, Planning and Response (EPPR) colleagues within the Executive Director of Public Health's department to draft an on-call management policy. Training sessions have been introduced for all on-call managers. Work is now commencing on reviewing posts included on the on-call rota and those that should be. Information will be shared at the Operational Leadership Team meeting, (chaired by the Chief Operating Officer) to help gain clarity on the most efficient way to enable discussions to commence with colleagues as necessary. An update on the response plan recommendations will be prepared for the June 2025 meeting.
5	PC24/80.1	10.10.24	<b>Review of Meeting Effectiveness</b> The fair work element of the Well-being Objectives being presented to the PPHP Committee to be included on the agenda for the People & Culture Committee.	Pam Wenger Paolo Tardivel	Dec-2024  Revised timescale June 2025	<b>Remain Open</b> <b>03.04.25</b> An email regarding the Well-being Objectives has been circulated to the P&C Committee. The outcome from



						<p>the review will be presented to the Executive Committee on 02.04.25, PPHP on 01.05.25 and submitted to Board for approval on 29.05.25. A paper will be scheduled for the P&amp;C Committee on 12.06.25 to provide assurance on the progress against the Fair Work element.</p> <p><b>25.11.24</b> This has been included on the P&amp;C Committee forward workplan. A review of the Well-being objectives will also be considered by the PPHP Committee.</p>
<b>ACTIONS PROPOSED FOR CLOSURE</b>						
1	PC25/06.1	03.03.25	<p><b>Equality Update Report</b> Email Clare Budden and Karen Balmer requesting feedback on the report.</p>	Georgina Roberts	April 25	<p><b>Action proposed for closure 17.03.25</b> Email sent to the relevant IMs and feedback received.</p>
2	PC25/07.1	03.03.25	<p><b>Foundation for the Future Programme</b> Arrange a briefing session with Independent Members to discuss the design around the Foundations for the Future Programme.</p>	Pam Wenger	April 25	<p><b>Action proposed for closure 03.04.25</b> This has been included on the Board Development Programme.</p>
3	PC25/09.1	03.03.25	<p><b>Culture Organisational Development and Engagement Update</b> Share induction video with the Committee outside of the meeting.</p>	Katie Sargent	April 25	<p><b>Action proposed for closure 03.04.25</b> The link to the staff induction video has been shared with the Committee via email.</p>



4	PC25/11.1	03.03.25	<b>Corporate Risk Register Report</b> Invite Stuart Keen, Director of Environment & Estates to join the Committee to advise on the remit of Health & Safety.	Philippa Peaker-Jones Laura Jones	April 25	<b>Action proposed for closure</b> <b>24.03.25</b> Email sent to Stuart Keen to confirm the request for Stuart to join the Committee, meeting invites have also been forwarded on to Stuart.
5	PC25/12.1	03.03.25	<b>Final Internal Audit Report on Consultant Job Planning</b> Include the Consultant Job Planning review on the forward workplan.	Pam Wenger Laura Jones	April 25	<b>Action proposed for closure</b> <b>24.03.25</b> The Final Internal Audit Report on Consultant Job Planning has been included on the forward workplan and will report to the Committee in June 25.
6	PC24/93.2	19.12.24	<b>Equality Report</b> Provide an update to the Committee on the Strategic Equalities Plan for assurance.	Jason Brannan Ceri Harris	Feb 2025	<b>Action proposed for closure</b> <b>29.01.25</b> An update has been provided as part of the Equality Update Report presented to the Committee at the Feb 25 meeting.
7	PC24/93.3	19.12.24	<b>Equality Report</b> Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance.	Jason Brannan Ceri Harris	Feb 2025	<b>Action proposed for closure</b> <b>29.01.25</b> Report shared with the Committee and update / progress to be reported at the Feb 25 meeting.
8	PC24/95.1	19.12.24	<b>People Operations Report</b> With regards to the new format of the paper, include what is being done about the issues raised in the report and include the mapping on where the workforce is recruited from.	Nick Graham	Feb 2025  Revised timescale April 2025	<b>Action proposed for closure</b> <b>01.04.25</b> This data has been included in the report for the April 25 meeting. <b>29.01.25</b> Issues have now been added to the report. Work has progressed on where our



						workforce is recruited from, as of yet we do not have enough data. This will be added to future reports once we have collated this over a reasonable time period.
9	PC24/96.2	19.12.24	<b>Culture, Leadership and Engagement Update</b> Bring the Staff Survey including the results to a future Committee linking into Staff Engagement.	Jason Brannan Katie Sargent	June 2025	<b>Action proposed for closure 21.03.25</b> This item has been included on the agenda for the April meeting. <b>29.01.25</b> In progress - we anticipate receipt of the HEIW dashboard with quantitative data by the end of this month. A plan to distribute the data amongst staff survey leads locally is in place and findings will inform action to address issues and to promote the positive findings. The qualitative data (the free text comments) is expected to be available to us by the end of March. We await confirmation from HEIW on the national reporting of overall 2024 results.
10	PC24/97.1	19.12.24	<b>Values &amp; Behaviours Engagement Plan</b> Provide assurance to a future Committee on the progress of implementation of the Values & Behaviours delivery plan.	Jason Brannan Nia Thomas	June 2025	<b>Action proposed for closure 17.03.25</b> The Values & Behaviours Deployment Plan is now in place and updates



						against the plan will be provided as part of the regular Culture, Leadership & Engagement update report. <b>29.01.25</b> An appendix is attached to the Culture, OD and Engagement being presented to the February 2025 Committee. The document details the high level values and behaviours embedding plan, along with a communications and socialisation plan.
11	PC24/75.1	10.10.24	<b>Amendments to Committee Terms of Reference</b> Amend TOR to state all professional registration rather than highlighting specific professions and include the Operating Model work.	Philippa Peake-Jones	Dec-2024 <del>Feb-2025</del>  Revised timescale April 2025	<b>Action proposed for closure</b> <b>03.04.25</b> The revised ToR have been included on the agenda for the April 25 meeting. <b>05.02.25</b> The ToR for all Committees are being revised and the P&C Committee ToR will be included on the agenda for the April meeting. <b>25.11.24</b> This will be taken forward as part of the review of all ToR which will take place by the end of March at which time further work regarding the Operating Model will be able to be considered.



12	PC24/73.1	10.10.24	<b>Audit Wales Workforce Planning Review Update</b> In relation to R2 on the Audit Wales Workforce Planning Audit Action Plan - Audit Service level workforce planning – bring this back to Committee in a wider form to include looking at workforce needs for the organisation for the next ten years.	Nick Graham	Dec-2024  Revised timescale April 2025	<b>Action proposed for closure 25.03.25</b> This has been included on the agenda for the April 25 meeting. <b>14.01.25</b> An update on the Q4 actions from the Audit Wales Workforce Planning Review will be presented to the Committee in April 25. <b>12.12.24</b> A report will be scheduled for a future meeting of the Committee.
<b>Closed Actions (as agreed at meeting on 03.03.25)</b>						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/73.4	10.10.24	<b>Audit Wales Workforce Planning Review Update</b> Link progress being made against internal and external audit reports, including the Audit Wales Workforce Planning Review from the People & Culture Committee to the Audit Committee.	Pam Wenger Jason Brannan	Dec-2024  Revised timescale Feb 2025	<b>06.02.25</b> The recommendations from the Review of Workforce Planning Arrangements are included on the audit tracker. An update on the Q4 actions will be presented to the April 25 meeting as per PC24/73.1. <b>12.12.24</b> Work is taking place to link this with the audit tracker which is presented to the Audit Committee.
2	PC24/92.1	19.12.24	<b>Staff Story</b> Start to align staff stories to strategic items included on the agenda going forward.	Jason Brannan Katie Sargent	Feb 2025	<b>29.01.25</b> The February staff story is focused on experiences of a LGBTQ+ staff member and a colleague from



						India to align with the agenda items on Equality, Diversity and Inclusion so that Committee members can consider how our EDI work and policies impact on staff.
3	PC24/92.2	19.12.24	<b>Staff Story</b> Share the learning relating to fixed term contracts via the People & Culture Sub Groups within the IHCs.	Jason Brannan Katie Sargent	Feb 2025	<b>29.01.25</b> This has been actioned.
4	PC24/93.1	19.12.24	<b>Equality Report</b> Share the WRES Report with the Committee outside of the meeting.	Ceri Harris Laura Jones	Feb 2025	<b>05.02.25</b> the report has been shared with Committee members outside of the meeting.
5	PC24/96.1	19.12.24	<b>Culture, Leadership and Engagement Update</b> Clarify that James Johnson has engaged with Trade Unions.	Jason Brannan Nia Harris	Feb 2025	<b>05.02.25</b> A response from James Johnson along with a Retention Project Initiation Document have been circulated outside of the meeting.
6	PC24/96.3	19.12.24	<b>Culture, Leadership and Engagement Update</b> Share an example of the Staff Survey from Northumbria Healthcare NHS Trust.	Philippa Peake-Jones Mike Parry	Feb 2025  Revised timescale April 2025	<b>06.02.25</b> National NHS Staff Survey shared via email from Mike Parry for information.
7	PC24/98.1	19.12.24	<b>Foundations for the Future Programme</b> Item to return to the next Committee with a formal paper and the Programme Director may also be in attendance.	Carol Shillabeer Ffion Johnson	Feb 2025	<b>06.02.25</b> A paper on the Foundations for the Future Programme has been included on the agenda for the February 25 meeting and Ffion



						Johnstone has been invited to attend.
7	PC24/73.3	10.10.24	<b>Audit Wales Workforce Planning Review Update</b> Share the link to the Workforce Intelligence Pack with the Committee.	Nick Graham	Dec 2024	<b>12.12.24</b> Link shared with Committee members.
8	PC24/76.1	10.10.24	<b>Corporate Risks for Committee</b> Circulate the risks that the Committee have oversight for noting that they are within tolerance.	Philippa Peake-Jones	Dec 2024	<b>25.11.24</b> This information has been circulated to the Committee via email.
9	PC24/80.1	10.10.24	<b>Review of Meeting Effectiveness</b> The fair work element of the well-being objectives being presented to the PPHP Committee to be included on the agenda for the next People & Culture Committee.	Pam Wenger	Dec 2024	<b>25.11.24</b> This has been included on the P&C Committee forward workplan for the February meeting. A review of the well-being objectives will also be included on the agenda for the PPHP Committee in February.
10	PC.24/80.2	10.10.24	<b>Review of Meeting Effectiveness</b> The Committee to understand the new duty in relation to sexual harassment and the risks and mitigating measures linked to this. Potential for a member of the team to join the next meeting to provide an overview.	Jason Brannan	Dec 2024	<b>26.11.26</b> This is addressed in the Equality Report included on agenda for the December meeting. The Head of Equality & Human Rights will be presenting the report.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Staff story - Improving Welsh Language Provision in Service Delivery			
<b>Adrodd i:</b> <i>Report to:</i>	People and Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 April 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>Aligned to the paper on Welsh Language (item 3.1) that will be considered by the Committee, this story comes from Lucy Handy, a Speech and Language Therapist based at Ysbyty Penrhos Stanley in Holyhead.</p> <p>Since taking up post, Lucy has made a concerted effort to immerse herself in the Welsh culture and learn the language. This effort has proved beneficial to her personally, but also to her team, her colleagues in the hospital and, importantly, the pre-school aged children she works with and their families and carers.</p> <p>Lucy is sharing her experience in the hope of inspiring and encouraging other Health Board staff to use their Welsh and learn Welsh.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Group is asked to note the themes raised in this story around the use of the Welsh Language across the Health Board.</p> <p>They are asked to consider what action might be taken to learn from and emulate what colleagues like Lucy and teams like the Speech and Language Therapy Team (West) are doing.</p>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Katie Sargent Assistant Director – Staff Experience and Engagement			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<ul style="list-style-type: none"> <li>• Creating compassionate culture, leadership and engagement</li> <li>• Improving quality, outcomes and experience</li> <li>• Establishing and effective environment for learning</li> </ul>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	N/A
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>No.</p> <p>This approach is in addition to a number of initiatives and workstreams to improve mechanisms for listening to staff and will be undertaken with support from Equality and Diversity colleagues and networks representing staff.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>No.</p> <p>N/A</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	N/A
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>There is no additional financial cost attached to this proposal.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	N/A
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	N/A

<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	N/A
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	N/A
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><b>Next Steps:</b> Following up with the Welsh Language Team about further work to support other teams who wish to improve their Welsh language skills.</p> <p>Preparing the next Staff Story, aligned to the Group's business wherever possible.</p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><b>List of Appendices:</b> None</p>	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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

### **Staff story background**

In healthcare, being able to say a few words in Welsh ‘dipyn bach yn y Gymraeg’ can go a long way – they can include words of comfort or simply offering a ‘panad’. It doesn’t matter how many words of Welsh colleagues have – what matters is that they use their Welsh. And even if colleagues don’t speak Welsh, a little bit of understanding about the needs of Welsh speakers can make a big difference to patients.

When individuals access and receive health and social care services, it is usually when they are at their most vulnerable and this is why language is important. The use of Welsh language in health and social care is about person-centred care based on emotional well-being and need.

Welsh Government have long established the aim to meet our population’s health and care needs increasingly through the medium of Welsh. At its core is the principle of ‘the Active Offer’. It places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to

have to request them. The Welsh language should be as visible as the English language.

Making an 'Active Offer' means not making assumptions that all Welsh speakers speak English anyway. It ensures Welsh-speaking patients are treated with dignity and respect by asking them what their preferred language is and acting on it. This helps to create the right environment where patients feel empowered and confident that their needs will be met.

The Welsh Language (Wales) Measure 2011 is the legislation that created the Welsh language standards. The Welsh language standards promote and facilitate the Welsh language and ensure that it is not treated less favourably than the English language in Wales.

The Welsh Language Commissioner is responsible for imposing standards on organisations. She does so by giving a 'compliance notice' – a legal document - to them that lists the standards that the organisation is required to comply with. The Commissioner consults with each organisation before giving them their compliance notice.

The final statutory step is to make sure that the requirements of a compliance notice are met.

As a part of the *More than just words* framework, Welsh Government identified seven vulnerable groups to whom providing services in Welsh is vital:

- Children and young people
- Older people
- People with learning disabilities
- Mental health service users
- Dementia services
- Stroke services
- Speech and language therapy services

With this in mind, this is the story of a Speech and Language Therapist in the West IHC who has made great efforts to improve her Welsh language skills for the benefit of her patients, colleagues and communities.

## **Staff story transcript**

### **Lucy's role**

I have been working for the Health Board since November 2018 and am currently a full time Paediatric Speech and Language Therapist in the West locality. I work with preschool aged children in an outpatient clinic setting of Ysbyty Penrhos Stanley in Holyhead.

Clear and effective communication is paramount in my role, primarily with the children and their families, but also with colleagues in the wider multi-disciplinary team. There is an identified need for offering Welsh language provision, particularly since more than half of households speak Welsh in Gwynedd and Ynys Môn. It is therefore essential to implement the Active Offer to the children and their families I work with at every available (and appropriate) opportunity.

Some colleagues and I worked on the Speech and Language Therapy stand - as part of the wider BCUHB stand - at the National Eisteddfod in Boduan in 2023, speaking to Eluned Morgan about our profession and role within the Health Board in Welsh.

I previously completed a secondment in the Ynys Môn Flying Start team from 2021 to 2022, which I enjoyed. During this time, I worked with families and professionals in supporting the speech, language and communication development of children in socially and economically deprived areas. A part of my role was referring on to my colleagues in the main department as and when necessary. Another part was expanding the Flying Start provision across the island. This role often required me to work to ensure families accessed Welsh language provision. I also won the Health Board's Welsh Learner of the Month award towards the end of this role, in October of 2022.

### **Lucy's Welsh connections**

I can remember my father introduced me to Welsh from the bits and bobs he could remember from school, when I was growing up in Herefordshire, as he grew up in Y Rhws in an English first-language family. We also regularly went down to Mumbles and along the Pembrokeshire coast on holiday as a family. My Uncle (Dad's younger brother) did a Welsh degree at Lampeter and continues to write birthday and Christmas cards in Welsh - just to keep me on my toes!

Since moving to Caernarfon in November 2018, then later to Llangefni in November 2022 for my job, I have made a concerted effort to learn the language. In particular, I often speak Welsh within my local community, particularly going to local cultural events like food and music festivals, playing tennis in Bangor and going swimming at Plas Arthur leisure centre. If I was moving to Spain, I would learn Spanish – so why is this any different? I do speak Spanish and can speak some German, which has helped.

### **Support from the Health Board**

I enrolled and completed my first proper course around the summer of 2019, following study leave approval. Since then, I am very lucky to have been given the

opportunity to do lots of Welsh courses in and outside of work - both online and face-to-face - to date.

Only last year I attended and resided at Nant Gwrtheyrn on a Codi Hyder course for health professionals across Wales, funded by the Health Board, which was incredible. This really immersed me into the history and culture of the language a lot more than a stand-alone course.

At present, I am doing a Canolradd/Uwch online level course with Eleri Hughes from Prifysgol Bangor during work time as part of an ongoing pilot project between the department and the National Centre for Learning Welsh.

I am also doing an online Canolradd course outside of work with Huw Gwyn from Coleg Cambria and occasionally attend some ad-hoc Cinio Clebran sessions on Wednesdays with the Health Board's Welsh Language Team tutor Beth Jones and Welsh Language Training Support Officer Sioned Jones. I was also nominated for Welsh Learner of the Year last year, which I am incredibly proud of!

Throughout my time in working for the Health Board, my managers have been very supportive of me learning Welsh, promptly approving any study leave requests to attend formal courses. They also give me every opportunity to practise and consolidate speaking Welsh.

Similarly, I regularly talk to colleagues (like porters and domestic staff) and members of the public in and around the hospital in Welsh as and when appropriate.

### **Tips for learners**

What I would recommend to new Welsh learners is to start by using apps on their mobile phones and/or electronic devices, and practice saying simple words and phrases, like *diolch* and *bore da* at work and doing everyday activities outside work – people really appreciate it.

Then from there, immerse your exposure to the language at your own pace – just by listening to music or reading books – these are really useful.

## Impact

### Impact

Being able to understand and use Welsh in my workplace has a significant impact day to day, particularly in healthcare settings where communication - spoken or otherwise - is fundamental.

My ability to offer bilingual services enhances the experience for Welsh speaking individuals and their families, ensuring they feel valued and understood in their preferred language. This enables me to provide appropriately focussed care, bridging language barriers that might otherwise impede clear communication or reduce patient satisfaction.

Bilingual service provision directly benefits my department (and all departments) by allowing staff to work with a wider range of individuals, ensuring inclusivity and promoting equal access to healthcare services for those who receive it.

As a result, it improves patient engagement and rapport, fosters trust and ensures individuals are fully informed about their care, leading to better health outcomes overall.

On reflection, other departments could easily utilise my department's approach to bilingual service provision by recognising the importance of linguistic diversity when providing comprehensive patient care.

By adopting and incorporating similar practices, all departments can enhance their ability to engage and work with a broader demographic, ultimately strengthening the overall quality and quantity of services available within the Health Board.

## Staff story – organisational reflections

### Expectations regarding Welsh language service provision

The Health Board is required to meet a number of expectations relating to the Welsh language in regards to service provision.

*Mwy na geiriau / More than just words 2022-2027* is five year framework for Welsh language services in health, social services and social care.

It is based on the principle that everyone who uses health and social care services in Wales should be treated with respect and dignity. Ensuring that patients are accurately assessed and their care needs met – including linguistically - is therefore vitally important.

*More than just words'* main vision is that Welsh speaking patients (along with their families and/or carers) should be able to receive services in their own language

throughout the care process, so that they can communicate their needs effectively, whilst receiving the best possible care.

This will improve outcomes for users and for the health service as a whole.

### **Work Welsh scheme: BCUHB SALT Team project**

The National Centre for Learning Welsh runs the Work Welsh scheme which provides fully funded courses in workplaces. It has been in operation for seven years and continues to go from strength to strength, aligning with the Welsh Government's Strategy to achieve one million Welsh speakers by 2050.

The Centre has formed a good partnership with Mwy na geiriau/More than just words officers over the years and aims to maximise the potential of extending the scheme within the health and care sector.

To this end, the Centre is working with BCUHB on a pilot scheme specifically tailored for our Speech and Language Therapy (SaLT) department in the West of the Health Board. SaLT is one of the priority groups listed in the Mwy na geiriau/More than just words plan.

The aim of the pilot is to raise awareness and use of Welsh with vulnerable patients and to monitor the impact of a whole team approach to learning Welsh and building confidence.

Our in-house Welsh language tutor has already provided language courses to the SaLT department and there is a good understanding of the importance of giving vulnerable patients a choice of language.

Increasing the number of Welsh speakers in the SaLT department will enable the team to provide more therapy through the medium of Welsh. Following work to gauge the levels of Welsh speaking and aspirations to learn or improve Welsh language skills within the department, the Centre appointed a full time tutor, Bangor University's Eleri Hughes, to lead the project in July last year. Eleri's role includes planning work, preparation and providing training.

Since September 2024, Eleri has met regularly with 18 members of the SaLT team either in groups or in one-to-one sessions. The main focus of all sessions is to raise participants' confidence to speak Welsh and provide support to ensure staff use their new Welsh language skills at work.

The success of this scheme could lead to good practice being shared with other therapy teams at BCUHB, as well as with SaLT teams across Wales.

### **Visibility for staff who are Welsh speakers and learners**

The Welsh Language team have a supply of the orange Cymraeg Gwaith badges. These badges denote that you are a Welsh speaker. They also have a supply of 'Dysgwr' or 'Learner' badges to show that you are a Welsh language learner.

Colleagues can also use a Teams background image to include the Cymraeg

Gwaith logo 'Hapus i siarad Cymraeg / Happy to Speak Welsh' or 'Dw i'n dysgu Cymraeg / I'm learning Welsh'.

We use the orange 'Working Welsh' speech bubble symbol to help staff identify Welsh-speaking patients.

### **Identifying Welsh speaking patients**

The Welsh Language Team has a supply of branded stickers and magnets and service managers are encouraged to arrange for such identifiers to be attached to a patient's notes / affixed to the white board beside a patient's bed to indicate that the patient is a Welsh speaker.

This will help to ensure that every member of staff is fully aware of that patient's linguistic needs.

Introducing processes like these support the implementation of the Active Offer, which is a cornerstone of our commitment to provide Welsh-medium services of the highest quality.

### **Learning basic phrases**

The team also have some basic Welsh phrase desktop cards to help you learn the basics such as 'Bore/Prynhawn da' (good morning/afternoon) etc. that can help colleagues with answering the phone and learning the basics.

Our Welsh Language tutor can meet with colleagues to personalise the 'answer the phone' vocabulary sheet and to practice pronunciation. She offers a variety of Welsh language learning courses and is able to tailor the course content to individual needs.

### **Monitoring our workforce's Welsh language skills**

It is essential that we have a record of everyone's Welsh language skills. All colleagues are asked to complete their Welsh language skills level on ESR.

### **Celebrating the achievements of learners**

The Welsh Language Team celebrate a [Dysgwr y Mis/Learner of the month](#) by highlighting a member of staff who has made progress in learning Welsh.

We also have a Welsh Language Award category in our annual Staff Achievements awards, which recognises those who make special efforts to promote the use of the Welsh language in the workplace.

In addition, every other year the Team organise a Welsh Language Awards ceremony to recognise the efforts of our Welsh learners.

### **Challenges and suggestions for improvement and spreading best practice – Beth Jones, Welsh Language Tutor**

- Many staff contact the Welsh Language Team asking how much courses cost. There is a need to raise awareness amongst all staff that Welsh language training is provided by the Health Board for free.

- A key message that needs to be shared widely is that that time allocated to attend Welsh language training is seen as compulsory and this is detailed in our Study Leave policy: *“Welsh language training has been identified as a key priority to ensure sufficient capacity within the Health Board to deliver services bilingually. Time must therefore be allocated to allow staff to attend Welsh language training as outlined in section 1.2 of the Study Leave policy WP52.”*
- Many staff face obstacles to attend lessons including not being granted the time to attend due to staff shortages; line managers not being supportive; and no access to a laptop/computer to log in and join sessions. How can we encourage managers to see the benefits of learning Welsh?
- Some colleagues that attend lessons and are committed to ‘dysgu Cymraeg’ then do not have the confidence to use their Cymraeg out in the workplace with colleagues/patients/on the phone etc). By sharing stories like this, running campaigns to encourage staff to use their Welsh, we can inspire individuals to use whatever Cymraeg they have.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Welsh Language Standards Compliance Paper
<b>Adrodd i:</b> <i>Report to:</i>	People and Culture Committee
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 April 2025
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Health Board operates within a legislative framework for Welsh language, in the form of compliance with Welsh Language Standards under the Welsh Language (Wales) Measure 2011.</p> <p>The Welsh Language Standards establishes the Health Board's required compliance within service delivery, policy decisions and internal operational activities. In ensuring that these requirements are well established, it will subsequently ensure that the correct framework is in place to deliver language appropriate care based on value, impact and patient safety.</p> <p>This paper provides a high-level overview of Welsh language legislative compliance across all three Integrated Health Communities (IHCs) within the Health Board. It also provides the baseline for further support and discussion at future People and Culture Committee meetings.</p> <p>The paper analysis the main themes arising from the monitoring work. The findings will be utilised to inform local action plans to address shortfalls and any areas of concern.</p> <p>Assurance is provided that the monitoring controls that have been applied are indicative of a long-term, scrutinising approach.</p> <p>It also demonstrates the value of an intense level of support provided by the Welsh Language Team. This intervention is fundamental to ensure that a sustainable planning process is adopted across the organisation.</p> <p>However, it also reflects the need for services to take ownership of Welsh language requirements. Normalising the use of Welsh internally, be it at strategic or grass roots level, would have a positive impact on how the language is perceived and considered across the organisation. Adopting an inward-looking approach would lead to a sense of ownership and shared responsibility across the organisation.</p>
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to consider the report for assurance.
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Teresa Owen, Executive Director of Allied Health Professionals and Health Science
<b>Awdur yr Adroddiad:</b>	Eleri Hughes-Jones, Head of Welsh Language Services Alaw Griffith, Welsh Language Standards Compliance Officer

<b>Report Author:</b>				
<b>Pwrpas yr adroddiad: Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd: Assurance level:</b>	<b>Arwyddocaol Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				
<b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):</b>		<ul style="list-style-type: none"> <li>• Building an effective organisation</li> <li>• Developing strategy and long-lasting change</li> <li>• Creating compassionate culture, leadership and engagement</li> <li>• Improving quality, outcomes and experience</li> <li>• Establishing an effective environment for learning</li> </ul>		
<b>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</b>		The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.  This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.  The Measure also: <ul style="list-style-type: none"> <li>• created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”)</li> <li>• established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance</li> <li>• gave the Commissioner power to investigate any allegations of</li> </ul>		

	<p>interference with someone's freedom to use the Welsh language</p> <p>The Commissioner is the main official regulatory body for scrutinising compliance. Any areas deemed as non-compliant are at risk of potential financial penalties.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the Welsh Language Services local Risk Register.</p> <p>Risks are focused on legislative non-compliance, patient experience, and workforce planning and development:</p> <ul style="list-style-type: none"> <li>• Potential for legislative non-compliance (CS3 1005)</li> <li>• Inability to provide language-appropriate care (CS3 2292)</li> <li>• Constraints in delivering the WP51 Bilingual Skills Policy and Procedure (CS3 2293)</li> </ul> <p>Actions have been identified to control and mitigate any potential areas of concern.</p> <p>The Risk Register is scrutinised quarterly and reported upon bi-annually to the Welsh Language Strategic Forum for consideration.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	There are no immediate financial implications.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	There are no immediate workforce implications.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A

<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	N/A
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	N/A
<b>Next Steps:</b> <ul style="list-style-type: none"> <li>• Continue with roll-out of the monitoring work across pan-North Wales services</li> <li>• Utilise the information gathered and analysed, as a baseline on how to normalise Welsh language and culture within the organisation</li> </ul>	
<b>Rhestr o Atodiadau:</b> Dim <b>List of Appendices:</b> None	

## Welsh Language Standards Compliance

This paper provides an overview of Welsh Language Standards' compliance across all three Integrated Health Communities (IHCs) within the Health Board. The paper also establishes the main themes arising from the monitoring work. The findings will be utilised to inform local-based action plans to allow for the planning of a continuous cycle of work for the following 12 months.

The content of this paper will form the baseline for future discussions on which the People and Culture Committee will be provided with assurances that legislative objectives and milestones are achieved, and are reflected in the impact of language appropriate care.

As the paper will demonstrate, there are some areas of concern that could be addressed by a reflective and engagement approach with the workforce. In increasing the use and visibility of the language, this would in turn strengthen the infrastructure whereby the workforce considers Welsh language as part of its core business.

### 1. Background

The Health Board operates within a legislative framework for Welsh language, in the form of compliance with Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

In addition to the statutory duties to ensure provision of Welsh language services for patients, the Health Board recognises the importance of promoting the Welsh language for the workforce.

Therefore, the vision of the service is focused on delivering services to patients and service users in their preferred language as a key factor in providing high quality care.

### 2. Legal Context

As a public sector organisation operating under the legislative framework of the Welsh Language (Wales) Measure 2011, it is the Health Board's duty to ensure that the Welsh language is treated no less favourably than the English language when accessing health care services.

This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language.

The Measure established the role of the Welsh Language Commissioner (the Commissioner) to scrutinise compliance, giving the Commissioner power to investigate any allegations of interference with someone's freedom to use the Welsh language.

The Commissioner is the main official regulatory body for scrutinising compliance.

The Health Board is required to comply with the following Standards:

- Service Delivery Standards – focusing on services provided to the public;
- Policy Making Standards – focusing on ensuring language requirements are taken into consideration at all stages of service planning, changes or development;

- Operational Standards – focusing on internal provision of bilingual services to the workforce;
- Record Keeping Standards – focusing on recording data, governance processes and complaints

These form the basis on which the services are built upon, both for external and internal provision and support.

### 3. Monitoring and Reporting Infrastructure

The Welsh Language Standards are a set of statutory requirements which are relevant to the Health Board. They state clearly our responsibilities to provide bilingual services to patients and the public.

To ascertain compliance with the Welsh Language Standards, a self-assessment monitoring form was created in order to gather as much detail and evidence as possible against all 121 Standards. This extensive evaluation exercise on compliance has been undertaken with all three IHCs across north Wales.

The evaluation allows a broader understanding of services' own compliance with the Standards. The self-assessment form was circulated for each department to complete to note their current compliance with each Standard. As part of the information gathering, services are required to provide evidence to support and validate their responses. Following completion of the self-assessment form, actions plans were produced with the support of the Welsh Language Standards Support Officer in order to improve compliance. This is a working document which every department will need to update annually.

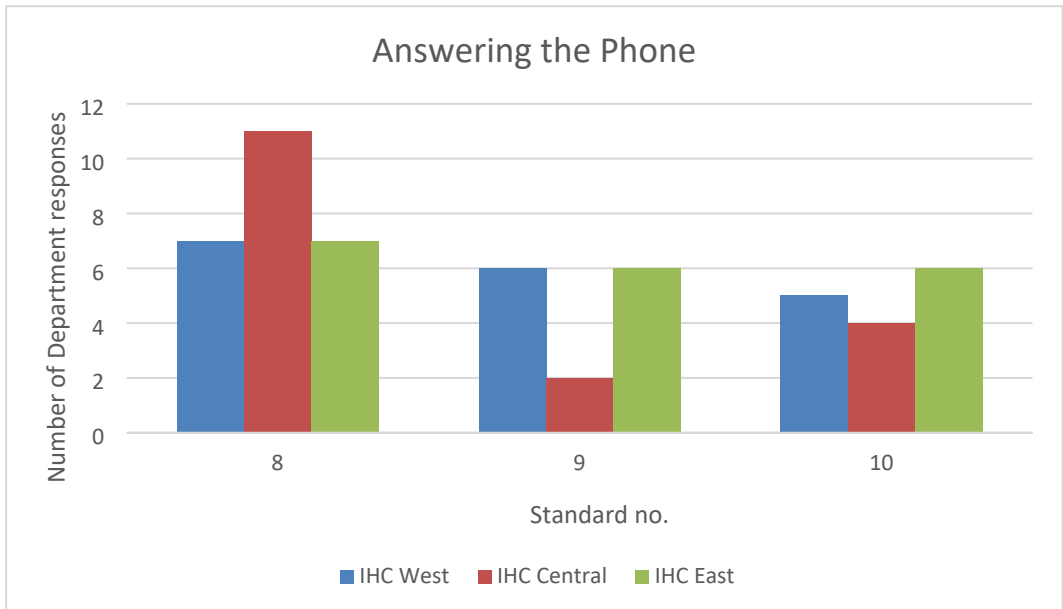
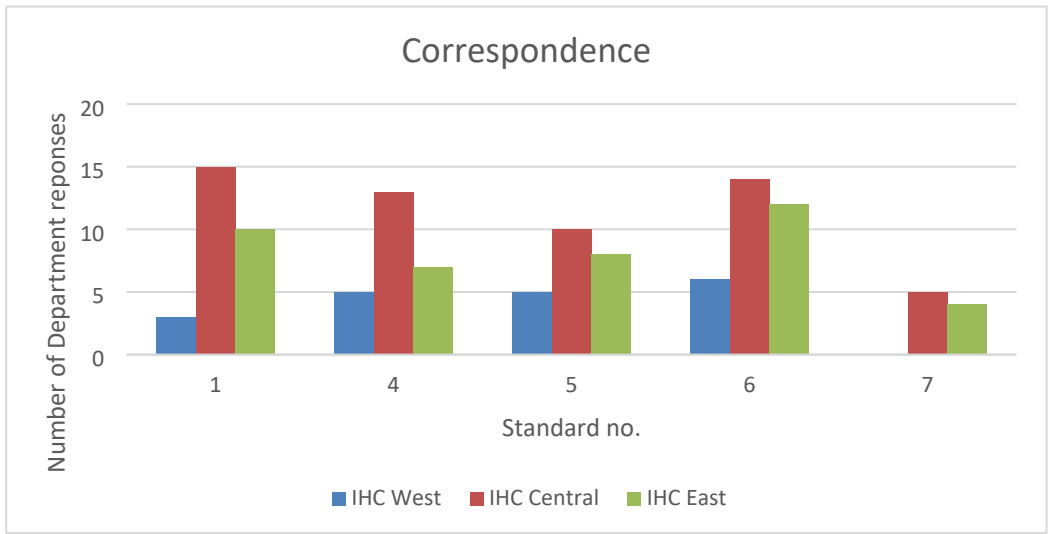
This report focuses on compliance against the Service Delivery Standards, i.e., public facing services.

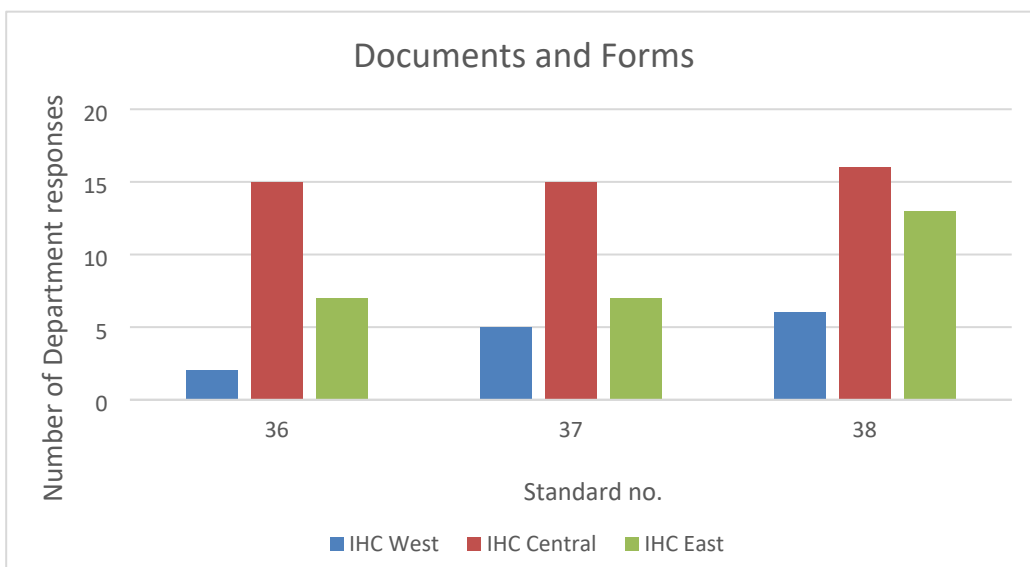
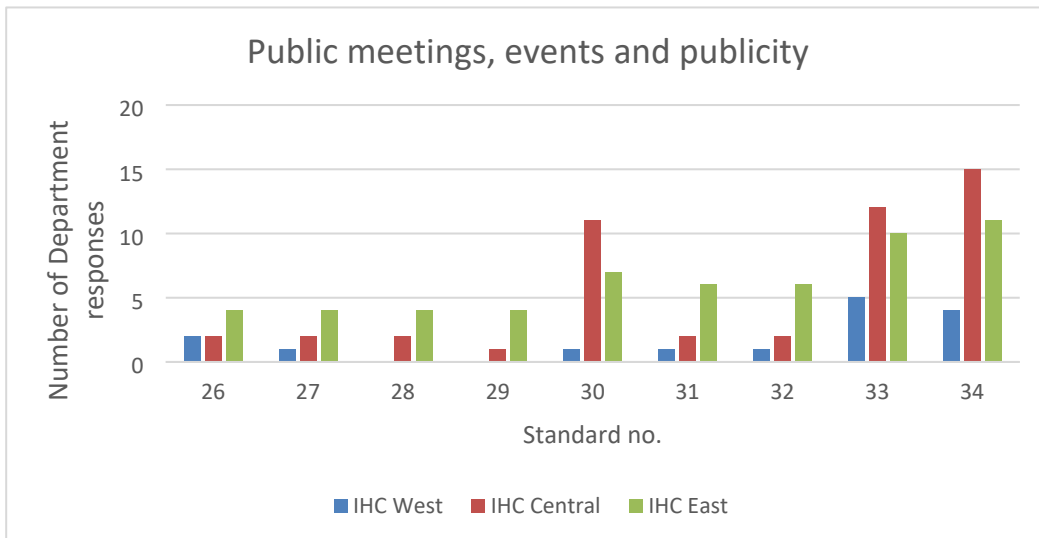
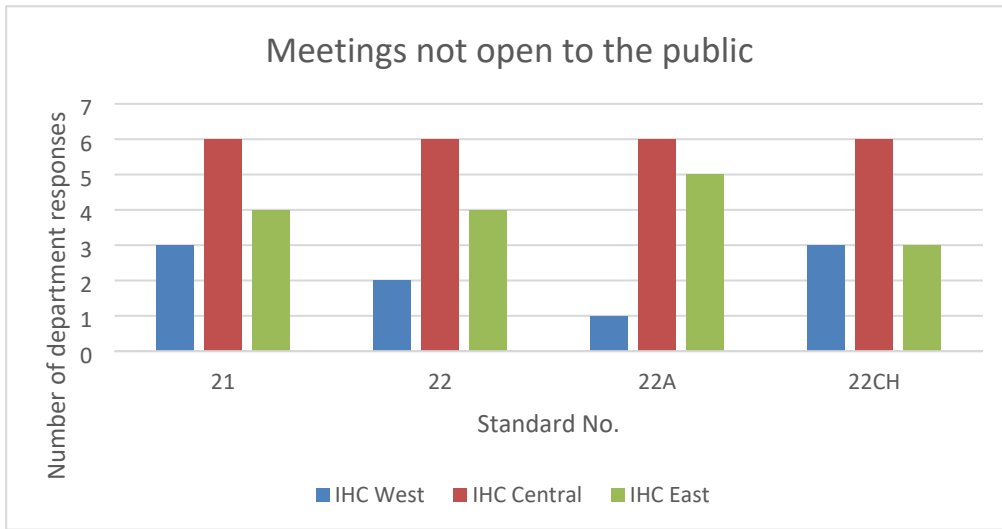
- Correspondence (Standards 1-7)
- Answering the Phone (8, 9, 10)
- Meetings not open to the public (Standards 21, 22, 22ch)
- Public meetings, events and publicity (Standards 26-34)
- Documents and forms (Standards 36-38)
- Website and online resources (Standards 39-43)
- Apps and Social Media (Standards 44, 45, 46)
- Signage (Standards 47-49)
- Reception services (Standards 50 – 53)

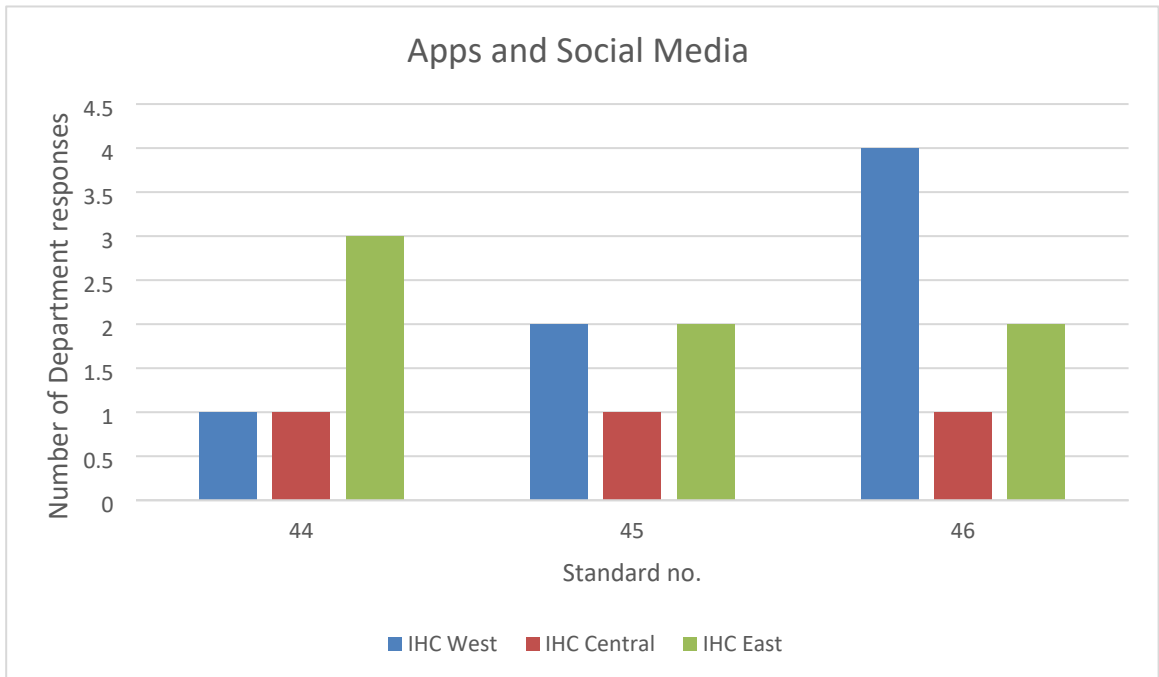
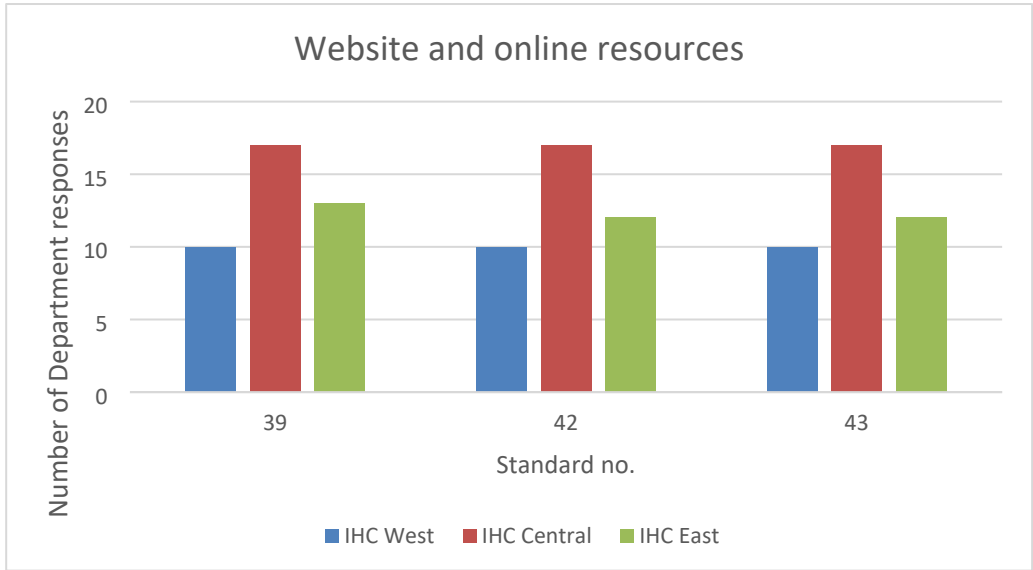
The charts below indicate the number of services who reported a RAG rating of green for each standard.

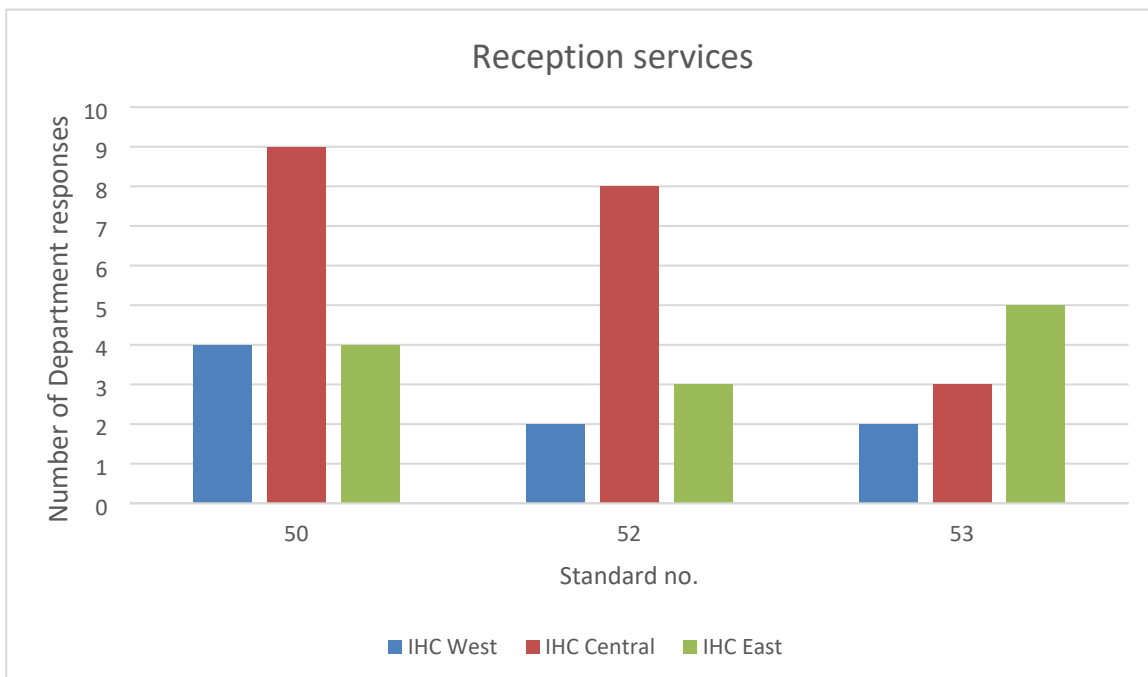
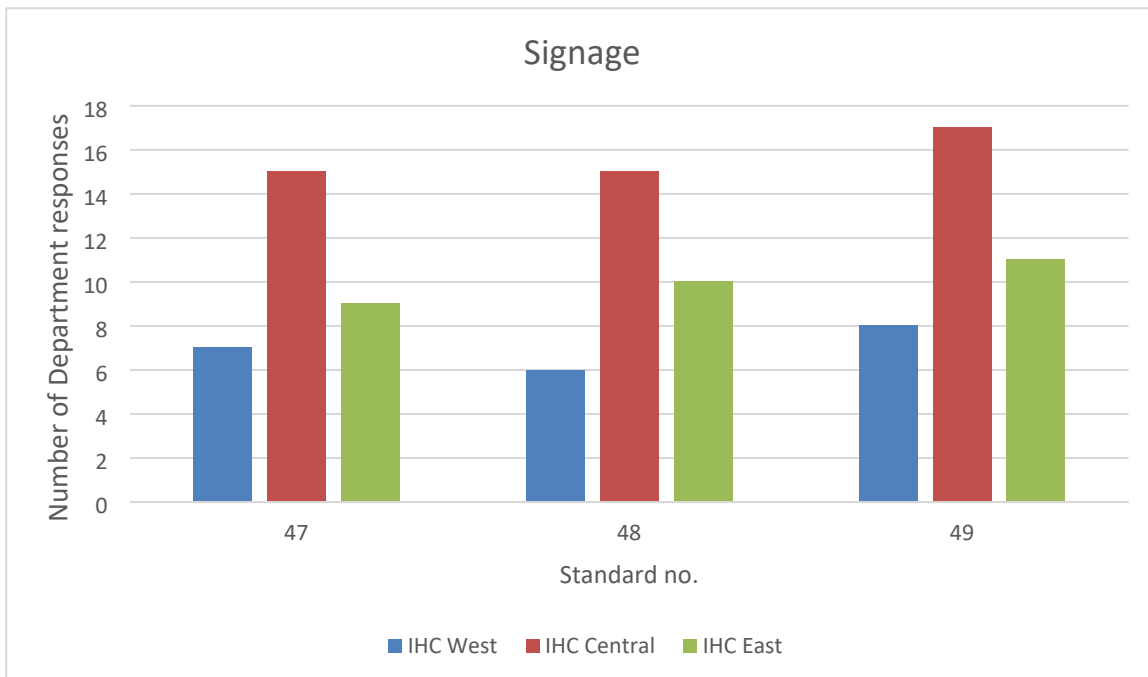
This is based on the following number of responses from services within the IHCs. It has been the responsibility of the individual IHCs on how best to divide services in order to gather the information required.

- IHC West – 10 services
- IHC Central – 18 services
- IHC East – 14 services









## 4. Analysis of Findings

### Analysis

As this was a self-assessment approach, the services identified their compliance with each standard following the guidance below:

Green....>90% or more  
Yellow....>70% or more  
Orange...>50% or more  
Red.....<50% or less

Services were also required to provide evidence to support their responses. Data was collated according to the number of Standards in each of the above categories in terms of compliance. This will be their working document that will be updated annually to track progress.

Following the completion of data gathering, the Welsh Language Standards Support Officer worked with each department on creating an action plan for every Standard in the red zone initially (<50% or less) in order to improve compliance. Further meetings were held to ensure that everyone was clear on the requirements and also provided the opportunity to address any service-specific barriers in their ability to fully comply.

Whilst analysing the results across all 3 IHCs, a few trends were identified which led to the creation of more specific guidance for certain Standards where a low level of compliance was identified.

For example, one common area of concern was the Standards relating to arranging meetings that are not open to the public. As a result, a Standard Operating Procedure was developed on the steps to take to comply with these set of standards, to achieve full compliance.

Further analysis per delivery area is provided below.

### **Correspondence**

Compliance around the standards relating to correspondence would be expected to be higher, as the awareness of the need to send out letters and leaflets bilingually is high. Interestingly the figures noted for the West IHC is lower than Central and East IHC.

For example, Standard 1 states –

*If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.*

Three out of 10 services in the West had provided a green rating, whereas in the Central area, 15 out of 18 services had provided a green rating and 10 out of 14 services in the East. It is uncertain why this is the case, whether it is based on evidence, or confidence that processes are in place to ensure that this would happen in each case. Further work will be undertaken to ascertain why and to ensure consistency in assessments across all services.

### **Telephony services**

Telephony services were the areas that demonstrated the highest example of mixed compliance. These areas continue to be a priority for the Team as they are first points of contact for the public and patients.

The Bilingual Skills Policy and Procedure supports this work, both from a workforce planning and an organisational development perspective. The Policy identifies front line posts where the ability to speak Welsh is an essential criteria. The areas are:

- Reception
- Switchboard
- Patient Appointment Booking Centres
- Ward Clerks

If services have not been successful in appointing Welsh speakers, following a robust approval process, posts can be advertised with Welsh language skills as a desirable criteria, with the

proviso that the successful candidate learns Welsh within the first 12 months of employment. A training programme has been put in place to support this.

### **Meetings not open to the public**

This area was highlighted as one that services required further support with to increase compliance. A Standard Operating Procedure was subsequently created, along with guidance and vocabulary to support using more Welsh in meetings. You Tube videos have also been created to aid pronunciation.

### **Public meetings, events and publicity and Providing Courses for Patients**

In some areas, compliance may seem low across all three IHCs, for example, relating to public meetings, events and publicity, and providing courses for patients. Several services have stated that these are not applicable and are not routinely provided by their services.

### **Documents and Forms**

It is surprising to note that compliance with Standard 36 is low within IHC West – *If you produce a form that is to be completed by an individual, you must produce it in Welsh.*

It is uncertain why this is the case, and it will be another area that will be monitored during the next round of monitoring.

### **Reception Services**

As with telephony services, this is also a priority area as it is a frontline service, and is supported by the recruitment process. Lower compliance also corresponds with the number of complaints received regarding the lack of Welsh language reception services.

### **Signage**

Compliance around bilingual signage should be higher, as again awareness on the need to provide signs bilingually is high. As with telephony, and reception services, this is monitored through our quarterly Mystery Shopper exercise which is reported through the Welsh Language Strategic Forum meetings, and compliance varies significantly, especially around temporary signage.

## **5. Conclusion**

This first round of monitoring has been an onerous task for services, but full co-operation and commitment was seen across all IHCs to gather information regarding compliance with the Welsh Language Standards, with many individuals arranging meetings throughout the process to seek further clarification. This has formed a baseline for services on which to build on to improve the quality of bilingual service provision for patients.

The main areas of concern were classed as 'front-line services' where the public and patients access services for the first time, namely over the phone or at reception areas. This confirms most recent concerns raised by the Welsh Language Commissioner within the Health Board, as part of their Concerns and Investigations Procedures.

This, therefore, has allowed the Welsh Language Team to identify actions that will target through direct intervention. Broader organisation-wide guidance and support has been delivered through the creation of a dedicated Welsh Language Training Programme for front-line staff, and additional Standard Operating Procedures for specific service areas.

Following the analysis of individual services, a programme of support was provided which sees intervention and support on these levels:

- working with individual departments on creating action plans to improve compliance
- individual meetings to provide further clarifications and advice

As an example, a feedback meeting was arranged with the East IHC to discuss the process and compliance rate at senior leadership level. This was a pivotal stage in the process as it ensured ownership at the most senior level within the IHC. Next steps were agreed, and as a result, work has now commenced on implementing the delivery of the action plans at local level.

## **6. Next steps and Recommendation**

This work is now progressing with pan-north Wales services to ensure a full picture of compliance across the Health Board. Providing high quality language-appropriate care is paramount and should be considered as part of the overall care package for patients.

Despite additional support and involvement having been provided from the Welsh Language Team, it is imperative that services adopt these practices as part of their internal processes.

It is proposed that that the Committee agree on the best approach to ensure:

- actions are adopted at the appropriate levels within the organisation
- legislative input is mainstreamed from the outset when considering any service, policy or strategy development
- increase the use and visibility of the language internally in order to normalise Welsh language and Welsh culture within the organisation



<b>Teitl adroddiad:</b>	<b>SOHSG Chair's Report to People and Culture Committee</b>
<b>Report title:</b>	
<b>Adrodd i:</b>	People and Culture Committee, April 2025
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 10 April 2025
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	Strategic Occupational Health and Safety (SOHSG) Group Chairs report to P&CC for information and escalation
<b>Executive Summary:</b>	
<b>Argymhellion:</b>	1. The Following Items were raised at SOHSG for escalation and noting,.
<b>Recommendations:</b>	<p>1.1: OH Counselling service: waits have increased, the <b>wait time for the general workforce, for a face-to-face appointment now is in excess of around 90 days</b>. Telephone appointments can be arranged sooner. Despite the use of external options such as Silverlight, we are not therefore enabling the early intervention which might enable some individuals to return to work sooner. <b>BAF24-04</b></p> <p>1.2: RPI training: From April 2025 RPI reporting (restrictive physical Intervention) will now apply to Verbal intervention and not just to physical restraint. This widens what is covered by restrictive intervention. This will require in each case where restrictive intervention is used that is reported to safeguarding. The issue will be that other than HMLD <b>the remainder of the Health Board does not have any RPI training provision</b>. There have been talks undertaken with PICCs within mental health as to how this could be managed as they are an accredited training provider. However PICCS lack the capacity to carry this forward: <b>BAF24-06</b></p> <p>A Revenue business case has been drawn up and will be presented to detail training for the whole of the Health Board. based on a comprehensive gap analysis carried out by the PICCS team</p> <p>1.3: Following an infection prevention and control visit the <b>Occupational Health department in Glan Clwyd has been ruled as unfit for purpose</b>. A time scale of nine months has been given to source new premises. The team are working with the IHC. However, no new premises have been identified. <b>BAF24-04</b></p> <p>1.4: <b>Manual handling Training remains a tier 1 risk</b> for manual handling training due to failure to recruit trainers and the availability of training rooms in the East, the issue has been made worse by the withdrawal of 80K from the manual handling budget under RIGA. A number of staff are out of date having not completed refresher training which now means they have to do the two-day course, in addition there have been insufficient training spaces for new recruits</p> <p>The situation is being addressed by means of an action plan, compliance has increased from 50% to 76% in the last eight months however issues remain. <b>BAF24-06</b></p>

	<p>1.5: The 2023/4 Internal audit of Health and Safety identified that <b>some divisions were failing to produce regular reports</b>. This remains an issue given that the SOHSG group performs the role of the statutory Health &amp; Safety committee to the Health Board despite numerous requests some areas are still not providing quarterly H&amp;S reports detailing the required self-assessments of health and safety within Divisions/services. <b>BAF24-01</b></p> <p><b>1.6: Further for Information:</b> The HSE will be making two site visits in the next quarter to both Ablett Unit and Hergest, in relation to Ligature and a staff member Assault, it is likely that these visits will result in FFI (Fees for intervention) if material breaches are found</p> <p>(Since the date of SOHSG HSE have informed the board that they are undertaking a formal investigation into the incident on Ablett Ward)</p> <p><u>Risk Management</u> There are two risks in the Board Assurance Framework (BAF) Security Services No 21-12 and Health and Safety BAF Reference No 21-13. These have now been recorded on datix and escalated to the risk team sign off is required by an Executive Director.</p>			
<p><b>Arweinydd Gweithredol:</b></p> <p><b>Executive Lead:</b></p>	<p>(Currently) Jason Brannan, Deputy Director of People Stuart Keen, Director of Environment &amp; Estates (In Attendance)</p>			
<p><b>Awdur yr Adroddiad:</b></p> <p><b>Report Author:</b></p>	<p>David Maslen-Jones A/Associate Director for Occupational Health Safety and Security</p>			
<p><b>Pwrpas yr adroddiad:</b></p> <p><b>Purpose of report:</b></p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p><b>Lefel sicrwydd:</b></p> <p><b>Assurance level:</b></p>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>	<p>Objective 1: Building an effective organisation Objective 4: Improving quality, outcomes and experience</p>			
<p><b>Goblygiadau rheoleiddio a lleol:</b></p>	<p>There is a risk of avoidable harm to patients and staff. This is may be caused by a failure of</p>			

<b>Regulatory and legal implications:</b>	the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation due to the lack of Health and Safety Leadership. The impact is patient and staff harm, financial implications, and reputational impact to the Health Board.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A Not required for this report
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A Not required for this report
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	CRR24-15 Health & Safety, staffing and competence, risk of prosecution
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	Potential Prosecution with fines in excess of £1,000,000
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	N/A; As the SOHSG forms the function of the Statutory Health & Safety Committee for the organisation this is the route for escalation in accordance with policy HS01
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	BAF referred to in respect of each item in exception report
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol  Not applicable
Camau Nesaf: Gweithredu argymhellion	

**Next Steps:**  
**Implementation of recommendations**

**Rhestr o Atodiadau:**  
Dim

**List of Appendices:**  
None

## Guidance:

### CYFARFOD CYHOEDDUS BWRDD Y CYFARWYDDWYR RHOWCH Y DYDDIAD TEITL YR ADRODDIAD

### **BOARD OF DIRECTORS MEETING IN PUBLIC INSERT DATE REPORT TITLE**

#### **1. Cyflwyniad / Cefndir**

Y cyd-destun sy'n esbonio pam fod yr adroddiad yn cael ei gyflwyno i'r Bwrdd/Pwyllgor, unrhyw gamau ymgynghori blaenorol, a'r pwrpas o'i gyflwyno i'r Bwrdd

#### **Introduction/Background**

Set the scene on why the report is submitted to the Board/committee, where it has been previously in terms of consultation, and the aim for its submission to Board

#### **2. Corff yr adroddiad / Body of report**

#### **3. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications**

3.1 Nid oes goblygiadau cyllidebol yn deillio o'r papur hwn. Mae'r adnoddau ar gyfer cynnal cydymffurfiaeth yn cael eu goruchwyllo gan ...

*There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by ...*

3.2 NEU Mae'r goblygiadau cyllidebol yn cael eu lliniaru'n llawn/rhannol drwy ...

*OR Budgetary implications are and fully/partially mitigated via....*

#### **4. Rheoli Risg / Risk Management**

Mae un risg ar Datix sy'n gysylltiedig â'r maes hwn, sef risg ID xxxx. Mae hon yn risg rannol

*There is one risk on Datix linked to this area which is risk ID xxxx. This risk is partially*

#### **5. Goblygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications**

5.1 Os yw'r adroddiad hwn yn ymwneud â 'phenderfyniad strategol', h.y. bydd y canlyniad yn effeithio ar sut mae'r Bwrdd lechyd yn cyflawni ei bwrpas statudol dros gyfnod sylweddol o amser ac ni ystyrir iddo fod yn benderfyniad 'o ddydd i ddydd', mae'n rhaid i chi gynnwys Dyletswydd Economaidd-gymdeithasol (SED), Asesiad o Effaith Cydraddoldeb (SEIA) yn ogystal ag asesiad Effaith Cydraddoldeb (EqIA) fel atodiad.

*If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include a Socio-economic Duty (SED) Impact Assessment (SEIA) as well as a completed Equality Impact (EqIA) as an appendix.*

5.2 Mae angen cydymffurfiaeth EqIA yn unol â Gweithdrefn WP7 er mwyn sicrhau bod cydraddoldeb a hawliau dynol yn cael eu hymgorffori i brosesau penderfynu a datblygu polisi'r sefydliad.

*EqIA compliance is required in accordance to Procedure WP7 to ensure equality and human rights are embedded into organisational decision-making and policy development processes.*



<b>Teitl adroddiad:</b> <i>Report title:</i>	People Operations Report			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 April 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce operational position as of February 2025.</p> <p>The report is still evolving following feedback from the committee and improvements around the content and information have been made for this report.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to NOTE the current position provided and feedback any observations regarding ASSURANCE required as a result of the reported positions contained in the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Objective 1: Building an effective organisation			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Not applicable			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>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>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is no additional costs associated with this paper at this time.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct implications associated with this paper at this time.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>Links to BAF SP12 and CRR 24-01</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b> <i>Ongoing refinement of this report to support committee oversight</i></p>	
<p><b>List of Appendices: People Operations Report</b></p>	

# People Operations Report      March 2025

Jason Brannan

Deputy Director of People



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Executive Summary

- Budgeted FTE grew by 91.1 FTEs in February with actual FTE growing by just 46.3 FTEs, leading to an increase in the vacancy rate of 0.2% to 8.4%. The People Services team, and colleagues in NWSSP, continue to actively recruit to approved vacancies via the approved ECR and EEC approval processes.
- Turnover has remained steady at 7.9% over the last 3 months, however, it is down 0.6% on the same period last year with Registered Nursing staff group reporting the lowest turnover rate at 5.6%. BCUHB has a specific programme of work focusing on staff retention as part of the non-pay elements of the 2022-24 collective agreement. A key project is to review current processes surrounding Exit Interviews with the aim of improving the volume and quality of the information captured to further understand themes of why staff leave the organisation and develop further initiatives for year 2 of the programme.
- BCUHB continues to have the lowest reported sickness absence levels in across NHS Wales. Rolling sickness absence is largely reflective of the same period last year, 5.9% in February 2024 compared to 6% in February 2025 with stress, anxiety and depression accounting for the largest proportion of absence. As part of the Value and Sustainability Workforce programme for 25/26, the Healthy Workforce project is being set up to support staff and managers in key services to support staff back to work in a timely manner. There is a focus on return to work interviews to improve their relevance and value.
- PADR compliance continues to improve, following a period of reducing rates through May to September 2024, and currently stands at 78.9%. PADR is currently being promoted via the Betsinet homepage and the latest Weekly Bulletin to encourage staff to contact their manager if their PADR have not been completed within the recommended time period.
- Level 1 mandatory training compliance remains above the target of 85% at 90.4%. There is a focus on manual handling training accessibility along with guidance around passports; there is some progress evident with manual handling compliance increasing by 1% over the last 3 months.
- Time to recruit (from vacancy creation to ready for start date) met the KPI target at 58.4 days across February 2025, performing better than the NHS Wales average of 66.7 days. All of the KPIs have shown improvement from February 2024 with the only exception being T9b – Time to check references, which along with T4- Time to shortlist are the only KPIs above the target.

# People

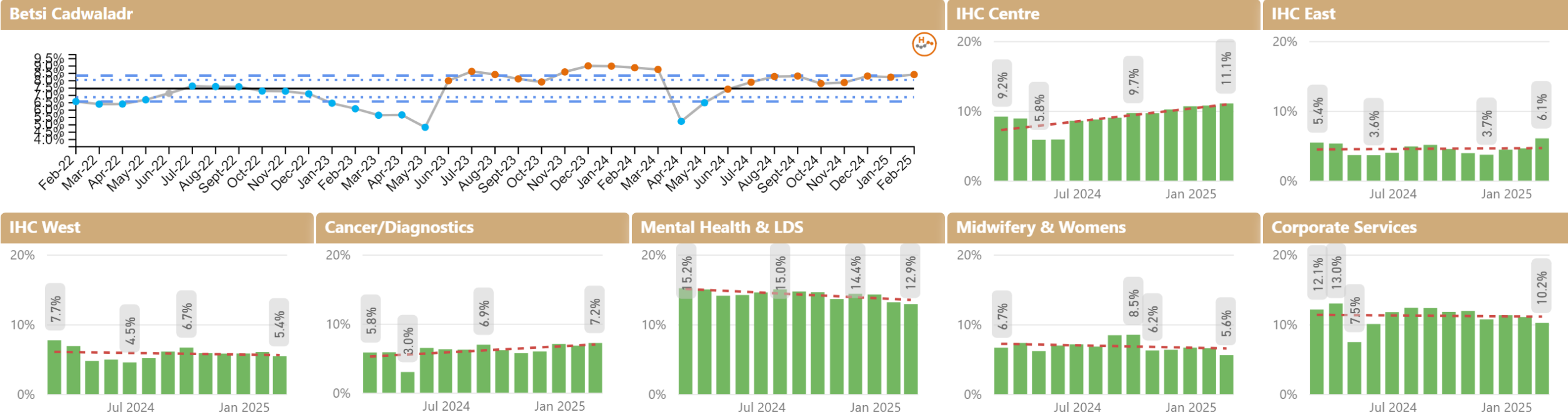


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NHS  
WALES

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Betsi Cadwaladr  
University Health Board

# Vacancy % by IHC

BCU Data as at February 25



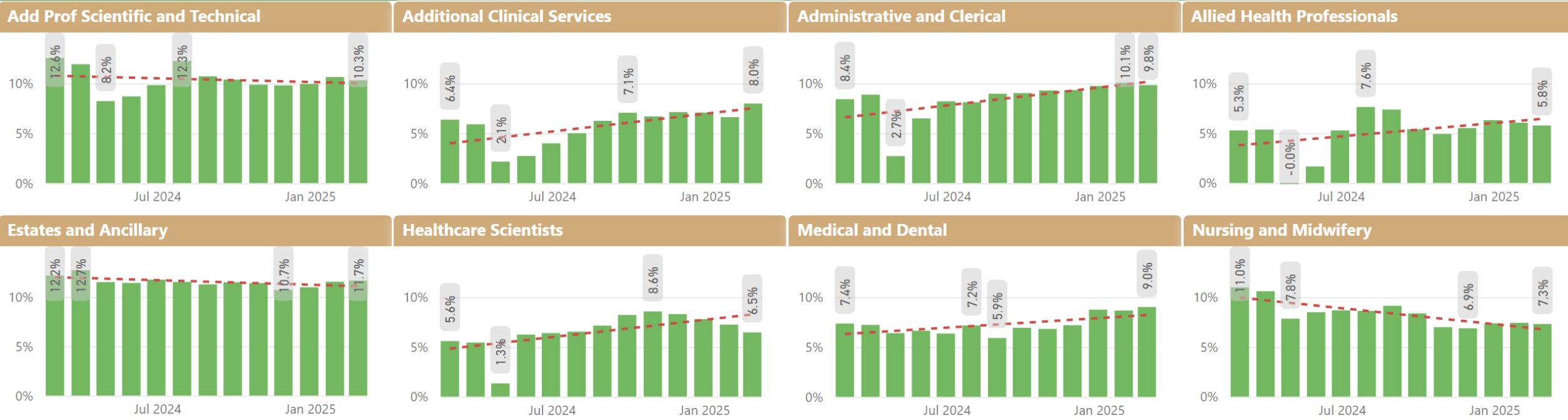
**Analysis :** In February 2024 the vacancy rate increased by 0.2% to 8.4% and continued to indicate special cause for concern. IHC Centre has seen the largest increase of vacancy rate within the previous year increasing to 11.1% from 9.2% at the same period in the previous year. The next largest increase is seen in Cancer/Diagnostics which has increased by 1.4% to 7.2%. MHLD showed the biggest decrease since Feb-24 with its vacancy rate dropping by 2.3% to 12.9%. The largest month on month increase in vacancy rate was seen in IHC East increasing 1.4% to 6.1%. The vacancy FTE is highest within IHC Centre where there are 551.7 vacancies. This is followed by MHLD at 299.8 FTE and IHC East at 286.2 FTE.

**Challenges :** Despite the improving vacancy rate over the latest month in some areas, vacancies remain a challenge within across some IHCs with national shortages within some specialism roles such as Cancer and Gynae.

**Progress :** The success of recruitment campaigns, international recruitment and student streamlining has led to a reduction in the nurse vacancy rate across all IHCs. A general BCU recruitment event in March attracted around 200 job seekers with support being provided around TRAC applications. Further recruitment events are planned over coming weeks. The teams continue to promote timely recruitment to vacancies and are exploring methods of attraction, supported by the Recruitment and Retention Group. Over recent weeks Midwifery and Womens has seen success through the adoption of an external tool to support recruitment into roles.

# Vacancy % by Staff Group

BCU Data as at February 25



**Analysis :** Medical and Dental has seen the largest increase in vacancy rate since Feb-24 with an increase of 1.6% and now currently stands at 9%. Additional Clinical Services has also increased by 1.6% in the same period to show a vacancy rate of 8%. The biggest decrease in rate during the period can be seen in Nursing and Midwifery which has fallen by 3.7% and now stands at 7.3%. This is followed by Add Prof Scientific and Technical which has decreased by 2.2%. Additional Clinical Services has seen the largest in month increase in vacancy rate by 1.4% which equates to 62.1 FTE. Nursing and Midwifery still has the highest vacancy FTE with 460.7 FTE with 240.6 of these being at Band 5. IHC Centre has the highest number of the total Nursing and Midwifery vacancies with 147.5 followed by IHC East at 100.8 and MHLD with 99.3. Administrative and Clerical has a vacancy FTE of 393.9 followed by Additional Clinical Services at 340.3.

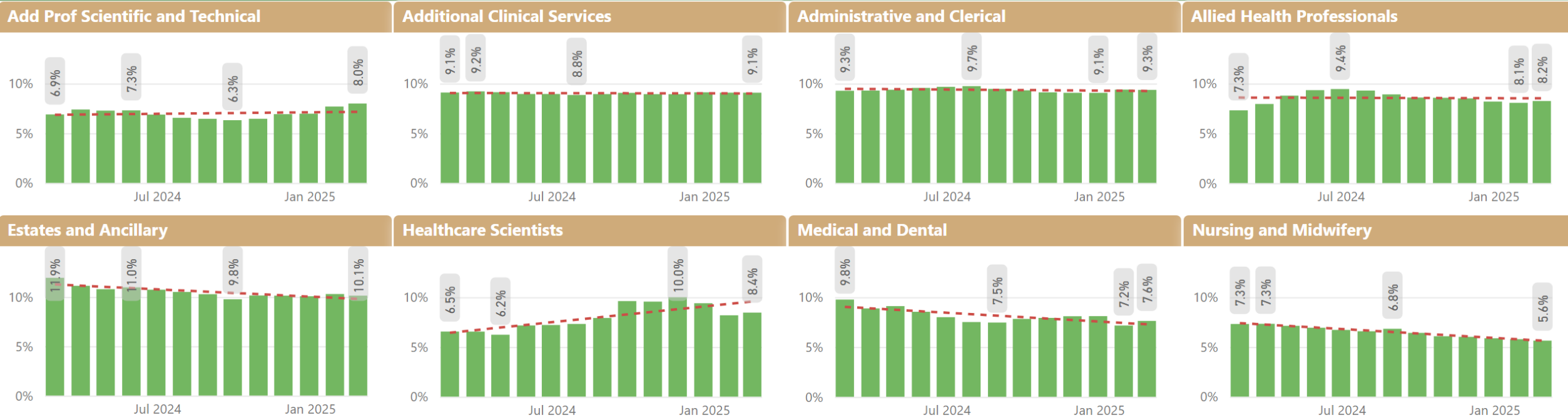
**Challenges :** There are national shortages within some specialism roles, the consultant vacancy rate is high across a number of IHCs; MHLD 30.4%, Midwifery & Womens 20.8% , Cancer Services 37.2% and IHC East 16.7%. In MHLD there has been significant improvement in the registered nursing vacancy rate with a reduction of 3.6% over the last 12months, however, the rate remains high at 10.6% in February 2025.

**Progress :** Recruitment of international nurses and student streamlining has reduced nursing vacancies over recent months and there are plans for further Nursing recruitment events over coming months to further reduce vacancies. Recruitment teams to continue to work with departments to understand difficulty in recruiting consultants and devise a plan to support. In MHLD, the Division continues to explore alternative roles to support services, such as the role of the wellbeing practitioner. Discussions are also ongoing regarding combining recruitment across MHLD where possible to streamline the process as much as possible and to create efficiencies in shortlisting and interviewing. Medical recruitment will form a key pillar of the Value & Sustainability Workforce programme for 25-26 and will work identified services highlighted to reduce vacancies.



# Turnover % by Staff Group

BCU Data as at February 25



**Analysis :** Nursing staff group has the lowest turnover rate at just 5.6% having reduced at a steady rate across the last 12 months from 7.3% in February 2024. Medical and Dental staff group has also seen an improvement in Turnover across the period reducing 2.2% from 9.8% in February 2024 to 7.6% in the previous month. Healthcare Scientists saw the largest increase in turnover rate rising 1.9% in the previous 12 months to 8.4%. Estates and Ancillary staff group have the highest turnover rate at 10.1%, however there has been some improvement since the same period in the previous year. Both Healthcare Scientist and Estates and Ancillary Staff Group have a high proportion of age related leavers, over the last 12 months 43% of leavers within these staff groups were retirement leavers which is far higher than the BCU average of 27%.

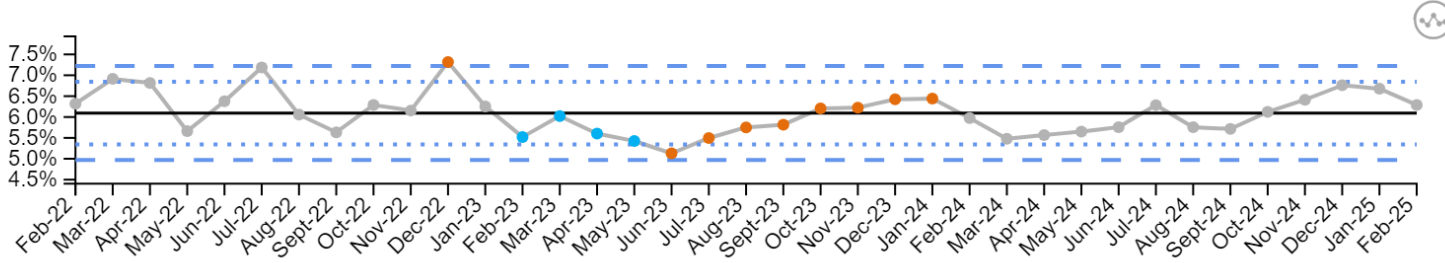
**Challenges :** Despite notable improvements in the turnover rate in Nursing , Medical and Estates & Ancillary, other staff groups either remain static or are seeing a deterioration in turnover rates.

**Progress :** In MHLD work continues to explore alternative roles and career development within the Division, such as the HCA career pathway and giving consideration to the introduction of B4 roles to support retention of this staff group.

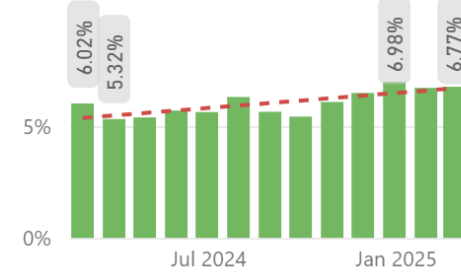
# Monthly Sickness % by IHC

BCU Data as at February 25

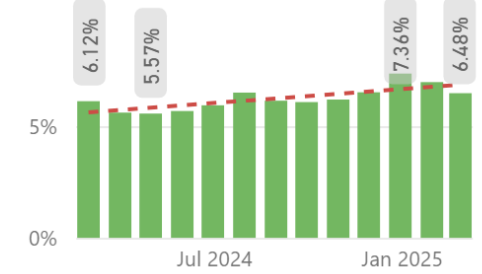
## Betsi Cadwaladr



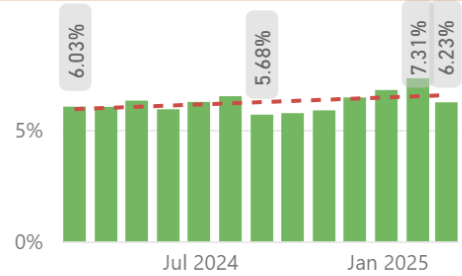
## IHC Centre



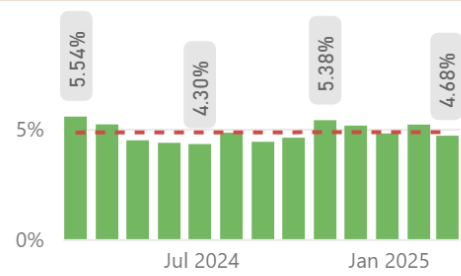
## IHC East



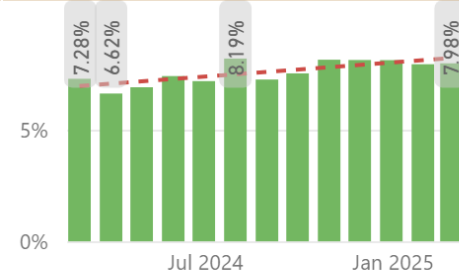
## IHC West



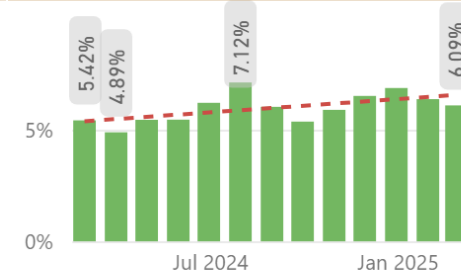
## Cancer/Diagnostics



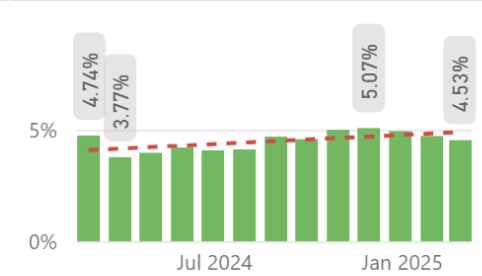
## Mental Health & LDS



## Midwifery & Womens



## Corporate Services



The charts above report the monthly sickness rate for BCU.

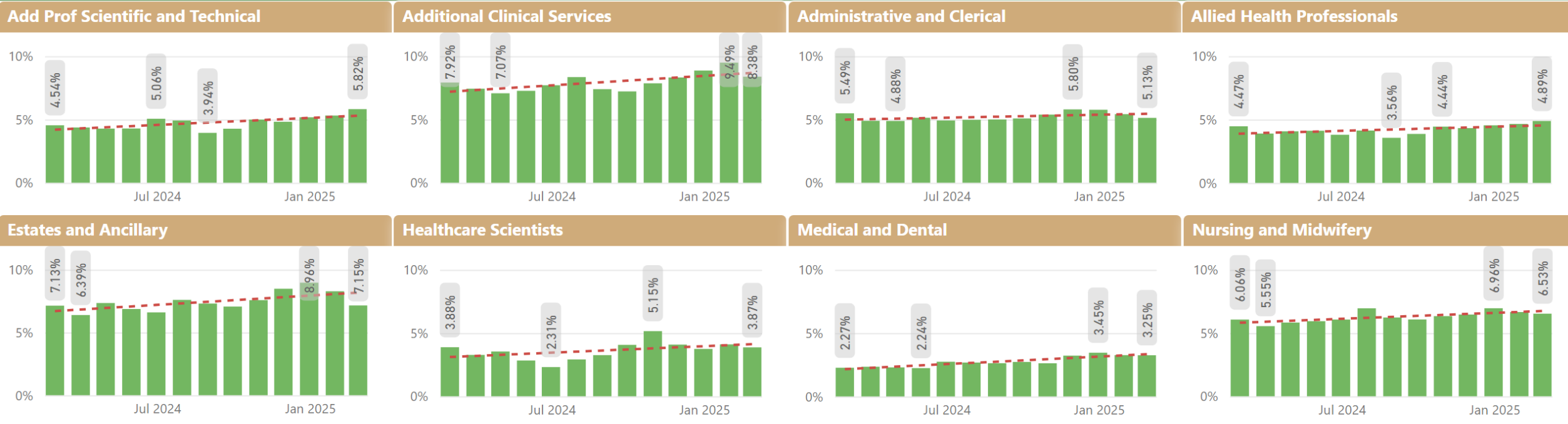
**Analysis :** The BCU monthly sickness rate sits at 6.3% in February 2024 and shows no special causes for concern or improvement based on the trend of previous months. The rolling absence rate remained steady at 6% which was an increase of 0.2% on the same period in the previous year. MHL has the highest sickness rate at 8% with stress and anxiety sickness absence currently standing at 2.6% compared to the BCU average of 1.8%. Corporate Services has the lowest sickness absence rate at 4.5%. Monthly sickness rates have increased across all IHCs against the same period in the previous year with the only exception being Cancer/Diagnostics. The largest increase compared to the previous year can be seen within IHC Centre which has increased by 0.8% to 6.8%.

**Challenges:** The sickness rate remains high across the Health Board, with Stress and Anxiety absence posing a particular challenge. There are a high number of long term sickness absence cases with which the teams are providing support.

**Progress :** Sickness absence both long and short term continues to be discussed on a monthly basis at Senior Leadership Team meetings and HR drop-in clinics have now been established across divisions, with re-launches in areas of low attendance. Following the results of a recent sickness audit, teams continue to work closely with hot spot areas providing targeted support on a regular basis along with dedicated training sessions and Business Partners are working with service leads to devise a clear plan for managing sickness. The Wellness Work and Us team continue to support staff offering access to a range of resources to support health and wellbeing of employees across the division.. Reviews are underway in all areas to work with teams around well-ness support and putting practises in place to try and avoid absence and working to improve those RTW discussions with individual's and their relevance and importance rather than a tick-box/form-filling exercise.

# Sickness % by Staff Group

BCU Data as at February 25

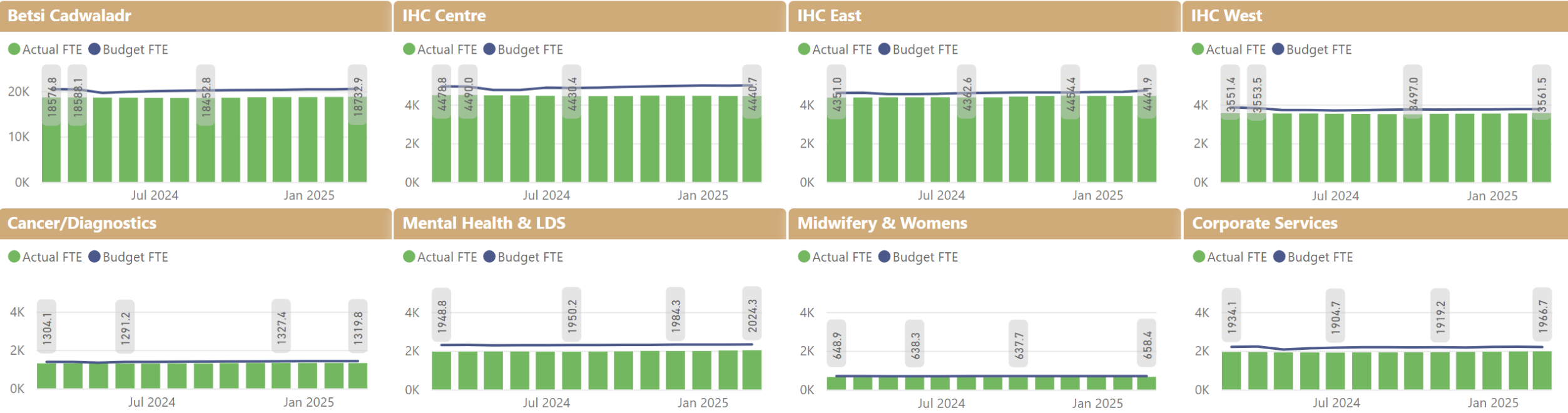


The charts above report the monthly sickness rate for BCU.

**Analysis :** The largest increase in sickness absence in comparison to the previous year can be seen within the Add Prof Scientific and Technical staff group with an increase of 1.3% and now stands at 5.8%. Additional Clinical Services staff group show the highest monthly rate at 8.4% with Anxiety/stress/depression accounting for 2.3% of this rate compared to only 1.8% of the overall BCU rate. Medical and Dental sickness absence is 1% higher than it was during the same period last year, increasing steadily across the period, and this is likely the result of better recording of absence within electronic systems.

# Budget v Actual FTE by IHC

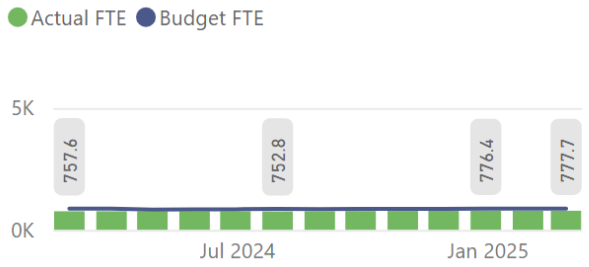
BCU Data as at February 25



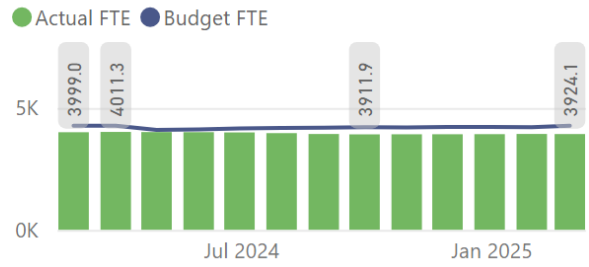
**Analysis :** The Budget FTE has increased by 91.1 FTE in the latest month whilst Actual FTE increased by just 46.3 FTEs. As a result, the Vacancy FTE grew by 44.8 FTEs and now stands at 1724 FTE in February 2024. IHC East accounted for much of the increase in this period with the Budget FTE rising by 75.3 FTEs whilst Actual FTE only increased by 3.6 causing a 71.7 FTE jump in the Vacancy FTE. A large proportion of the budget increases were within the scheduled and unscheduled care wards, Care of the Elderly and Dermatology. A reduction in the budget within Corporate Services of 14.5 FTEs, combined with an increase in actual FTE of 5.6 FTEs, caused the vacancy FTE to reduce by 20 FTEs.

# Budget v Actual FTE by Staff Group

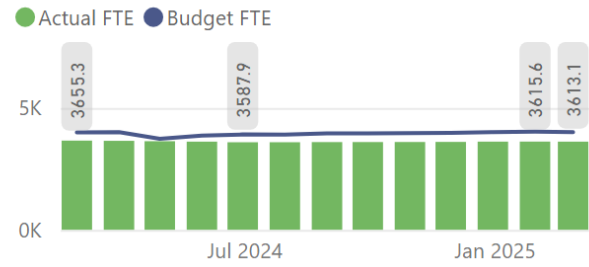
## Add Prof Scientific and Technical



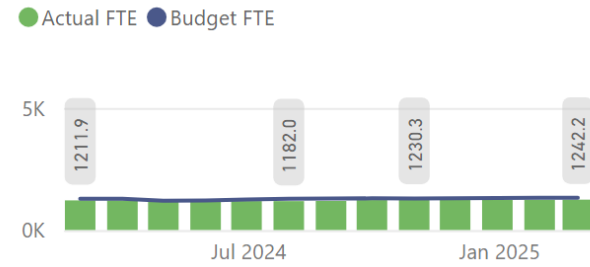
## Additional Clinical Services



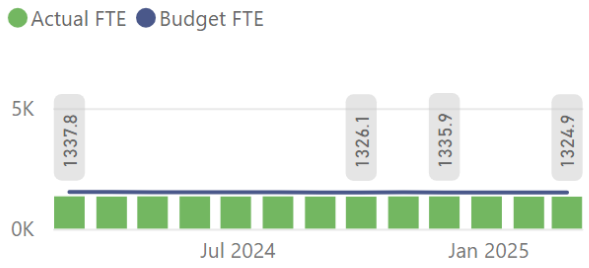
## Administrative and Clerical



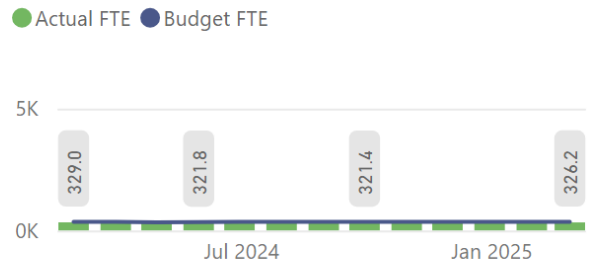
## Allied Health Professionals



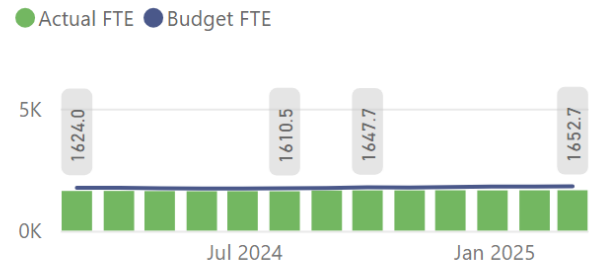
## Estates and Ancillary



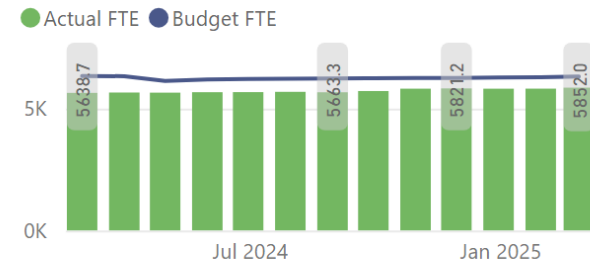
## Healthcare Scientists



## Medical and Dental



## Nursing and Midwifery

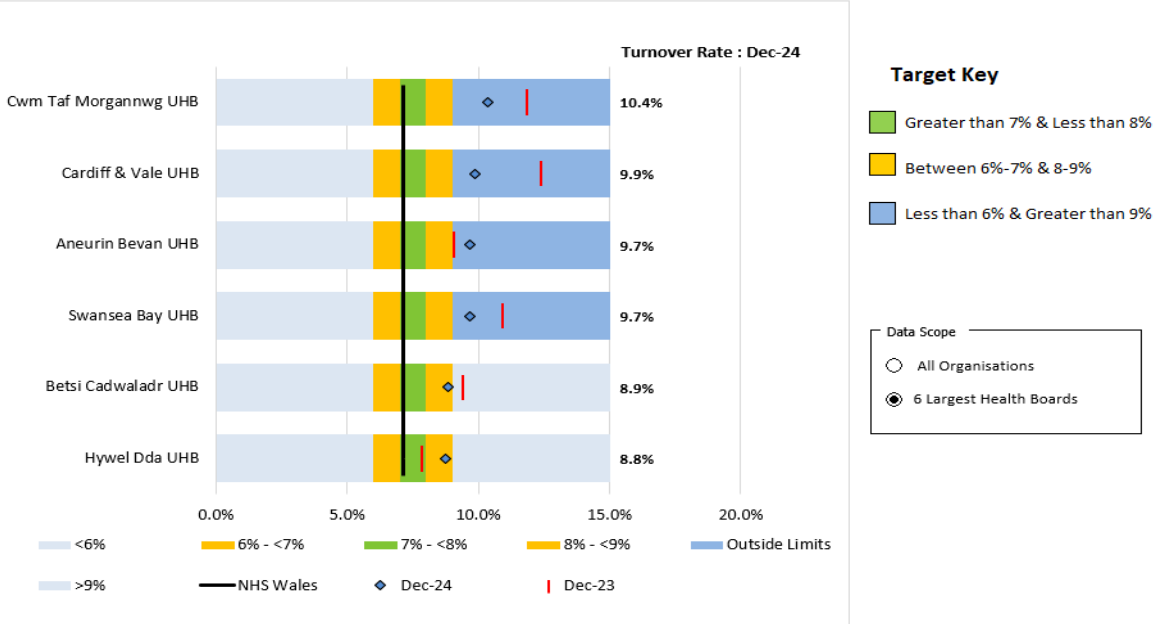


**Analysis :** Budget FTE grew by 91.1 FTEs in February with actual FTE growing by just 46.3 FTEs, leading to an increase in the vacancy rate of 0.2% to 8.4%. Increases were largely within the Nursing workforce; registered nursing budgets increased by 34.4 FTEs and actual FTE increased by 39.7 FTEs. Budgets increased by 58.3 FTEs within Additional Clinical Services staff group, however, actual FTE decreased by 3.7 FTEs. The Medical and Dental budget increased by 8.8 FTEs, causing an increase in Vacancy FTE as the Actual FTE only grew by 1.7 FTEs. Admin & Clerical and Healthcare Scientist staff groups saw reductions in budget FTE in February, reducing by 13.6 FTEs and 0.8 FTEs respectively.

# Workforce Comparators

## Turnover %

12 Month Turnover rate for All Staff Groups by Organisation comparing Dec-23 & Dec-24

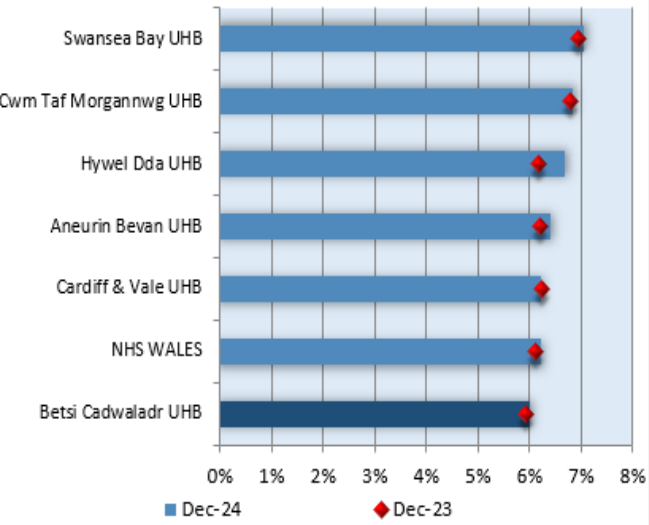


Of the 6 largest Health Boards in Wales, BCU had the second lowest turnover rate in December 2024 at 8.9% behind Hywel Dda at 8.8%. BCU's turnover rate is 1.5% lower than Cwm Taf Morgannwg.

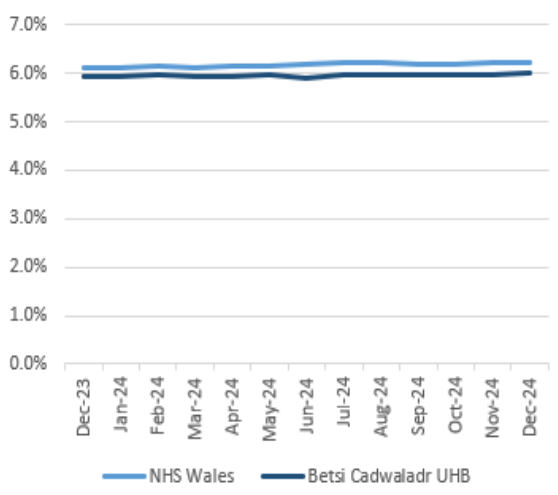
*Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.*

## Sickness %

Rolling Sickness Rate by Health Board Dec 2024



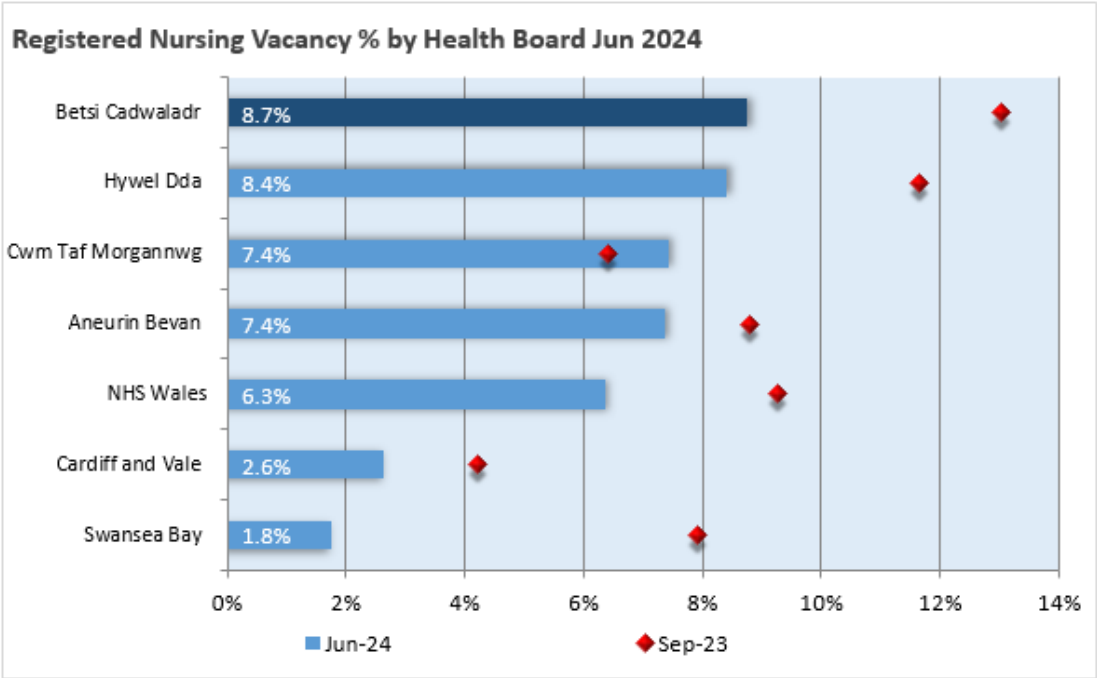
12 Month Rolling Sickness Rate BCU vs NHS Wales



During December 2024, BCU had the lowest sickness rate of the 6 largest health boards at 6% and lower than the NHS Wales overall rate of 6.2%. Swansea had the highest sickness rate at 7.1% followed by Cwm Taf Morgannwg at 6.8%.

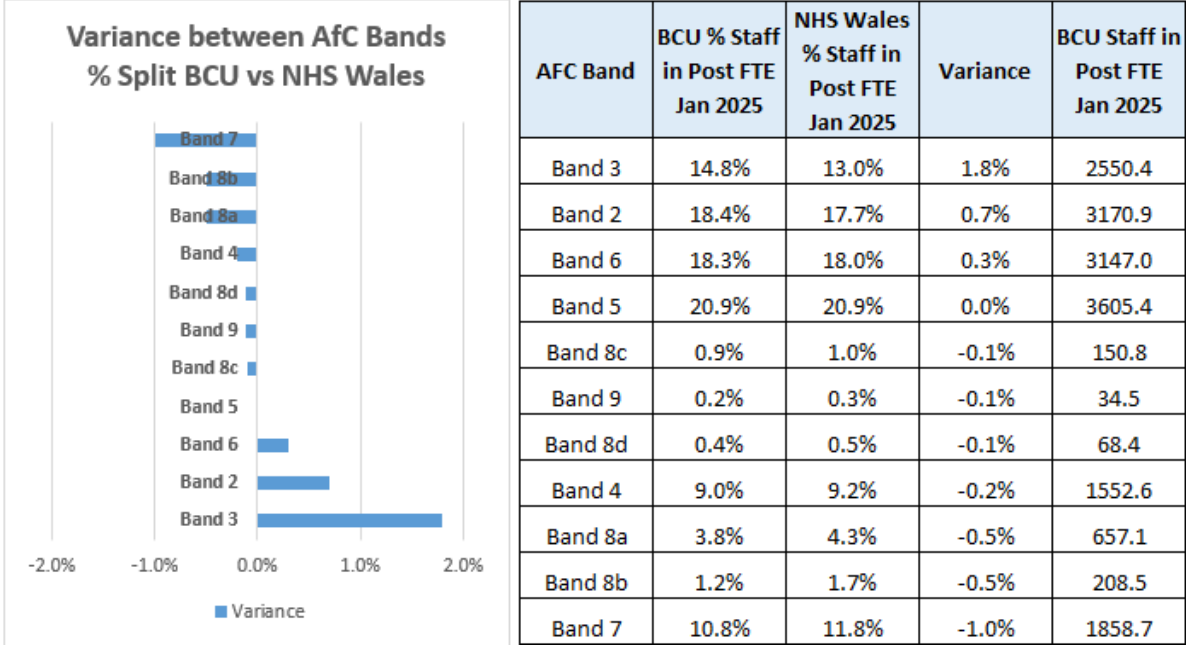
# Workforce Comparators

## Vacancy %



The BCU Registered Nursing Vacancy rate 2.4% above the NHS Wales average in June 2024 and was the highest rate of the 6 largest health boards. It can be seen that BCU has made real strides in reducing the vacancy position which stood at approx 13% in September 2023 to 8.7% as of June 24.

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



AFC Band	BCU % Staff in Post FTE Jan 2025	NHS Wales % Staff in Post FTE Jan 2025	Variance	BCU Staff in Post FTE Jan 2025
Band 3	14.8%	13.0%	1.8%	2550.4
Band 2	18.4%	17.7%	0.7%	3170.9
Band 6	18.3%	18.0%	0.3%	3147.0
Band 5	20.9%	20.9%	0.0%	3605.4
Band 8c	0.9%	1.0%	-0.1%	150.8
Band 9	0.2%	0.3%	-0.1%	34.5
Band 8d	0.4%	0.5%	-0.1%	68.4
Band 4	9.0%	9.2%	-0.2%	1552.6
Band 8a	3.8%	4.3%	-0.5%	657.1
Band 8b	1.2%	1.7%	-0.5%	208.5
Band 7	10.8%	11.8%	-1.0%	1858.7

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

BCU AfC workforce has a greater proportion of bands 3, 2 and 6 than NHS Wales, band 3s account for 14.8% of the BCU AfC workforce compared to 13% of the NHS Wales AfC workforce. Bands 7 and above account for a smaller proportion of the BCU workforce in comparison to NHS Wales (17.3% vs 19.6%).

# Highlighted Areas

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
<b>Emergency Quarter YMW (HX50) L6</b>						
2024-05	265.4	8.5%	5.75%	90.5%	91.6%	5.2%
2024-08	254.7	12.2%	7.09%	89.0%	93.8%	6.8%
2024-11	270.1	7.5%	7.52%	86.8%	92.2%	7.7%
2025-02	268.0	7.2%	6.33%	85.9%	92.5%	7.7%
<b>Regional CAMHS (AX2B) L6</b>						
2024-05	159.1	30.7%	7.46%	85.3%	91.8%	9.0%
2024-08	155.9	33.3%	7.46%	80.8%	93.5%	10.7%
2024-11	162.5	36.0%	8.92%	69.6%	92.5%	8.9%
2025-02	144.1	37.8%	11.00%	68.7%	90.9%	9.7%
<b>Medicine &amp; Unscheduled Care YGC (HX23) L6</b>						
2024-05	637.5	2.6%	4.82%	83.3%	91.2%	7.3%
2024-08	641.6	5.3%	4.00%	83.8%	91.0%	7.4%
2024-11	641.5	5.9%	4.96%	83.4%	90.2%	8.5%
2025-02	625.1	9.9%	6.13%	87.1%	91.3%	9.1%
<b>Childrens Central (AX27) L6</b>						
2024-05	510.5	0.7%	5.05%	82.4%	94.0%	7.0%
2024-08	497.2	8.2%	5.49%	80.0%	93.3%	8.4%
2024-11	486.6	11.1%	6.25%	78.5%	92.2%	9.0%
2025-02	501.6	11.2%	6.84%	76.5%	92.9%	8.7%

**Analysis :**

Emergency Quarter YMW has seen Turnover % increase in every quarter whilst also having a declining PADR %.

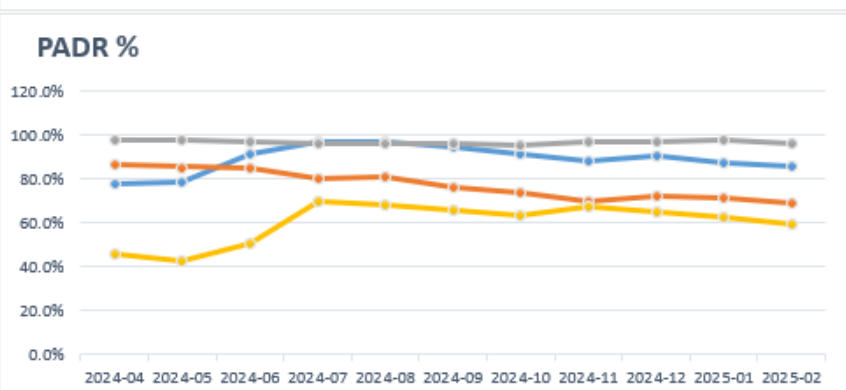
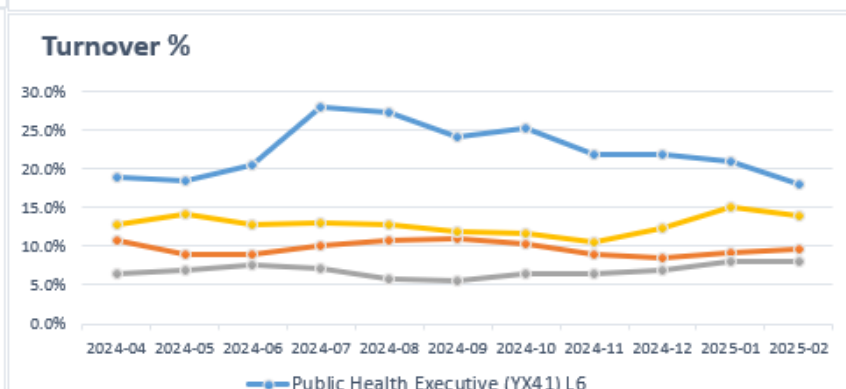
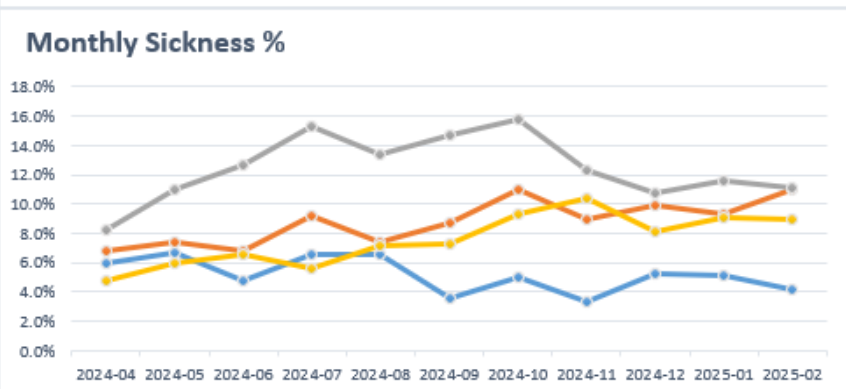
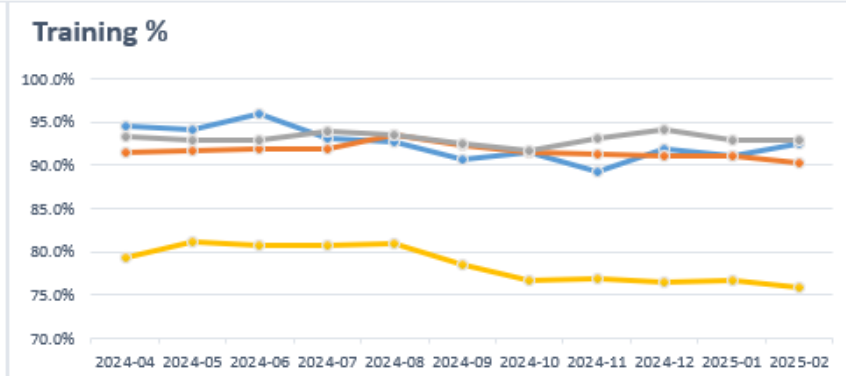
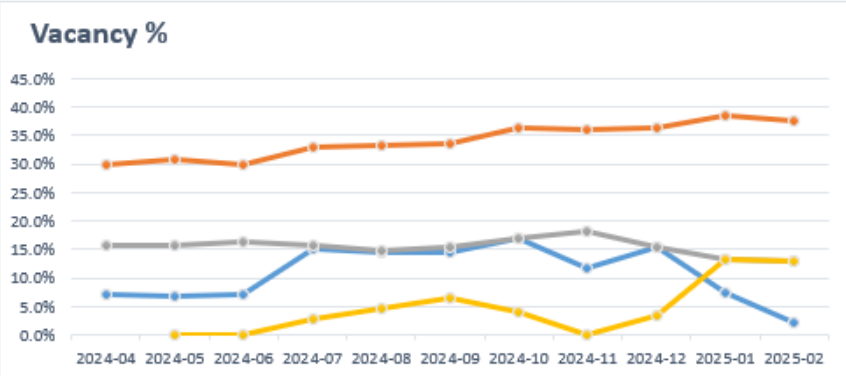
Regional CAMHS are still showing deteriorations across the key metrics after having previously been highlighted within the November report.

Medicine & Unscheduled Care YGC show an increasing Turnover % and Vacancy % throughout recent quarters.

Childrens Central have seen deteriorations across Vacancy %, Monthly Sickness % and PADR % and are all performing poorly when compared to the BCU position.

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.

# Highlighted Areas – November 2024



## Analysis :

From the Highlighted Areas in the November 2024 report Public Health Executive have seen improvements in all the metrics with the exception of PADR % which is down 5.2% and currently stands at 85.7%.

Regional CAMHS have continued to see deteriorations in all areas and feature again within the latest report.

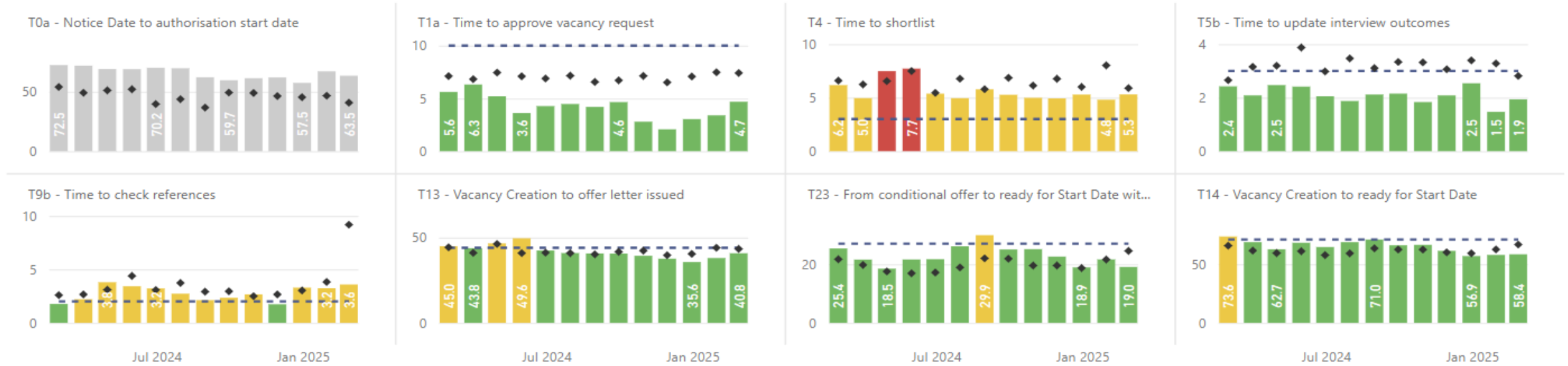
LD Inpatients have seen improvements against all the metrics with the exception of Turnover % which grew 1.5% to 7.9%.

NW Cancer Mgmt. & Admin have shown an increasing Vacancy % and Turnover % whilst also seeing declining Training and PADR % with only a slight improvement being shown in the Monthly Sickness % of .3% to stand at 9%.

# Recruitment KPIs

BCU Data as at February 25

● Average of Lapse time ● Measure Target ◆ NHS Wales



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

**Analysis :** All of the KPIs have shown improvement from February 2024 with the only exception being T9b – Time to check references, which along with T4- Time to shortlist are the only KPIs above the target. BCU performs well against the All Wales Average with all KPIs being lower except T0a – Notice Date to authorisation start date which takes 22.7 days on average longer than the All Wales figure. In February the BCU outperformed the NHS Wales average for Vacancy Creation to ready for Start date at 58.4 days compared to the NHS Wales average of 66.7 days.

**Challenges :** Time to shortlist remains challenging despite the work that the Recruitment team have undertaken, engaging with recruiting managers as part of the Recruitment Improvement work. Time to check references is also an issue locally with the target of 2 days being met just twice across the 13 month period.

**Progress :** The recruitment team are working closely with managers, sending regular reminders to ensure that vacancies are shortlisted in line with the KPIs and that referencing are checked promptly. Recruitment KPI reports are reviewed regularly by teams to further understand any difficulties that the services may be facing in relation to time to update interview and vacancy creation to offer letter. Further developments underway on use of Trac with Redeployment Process, Secondment Process, Fixed term Review as well as Retire and Return processes, the Health Board is actively involved in the All Wales Recruitment Modernisation – further work across Wales is being undertaken to review processes and continue to streamline, with further enhancements within Trac in progress. Future work involves capping of vacancies/automatic review of WTE for vacancies.

# Leadership and Development

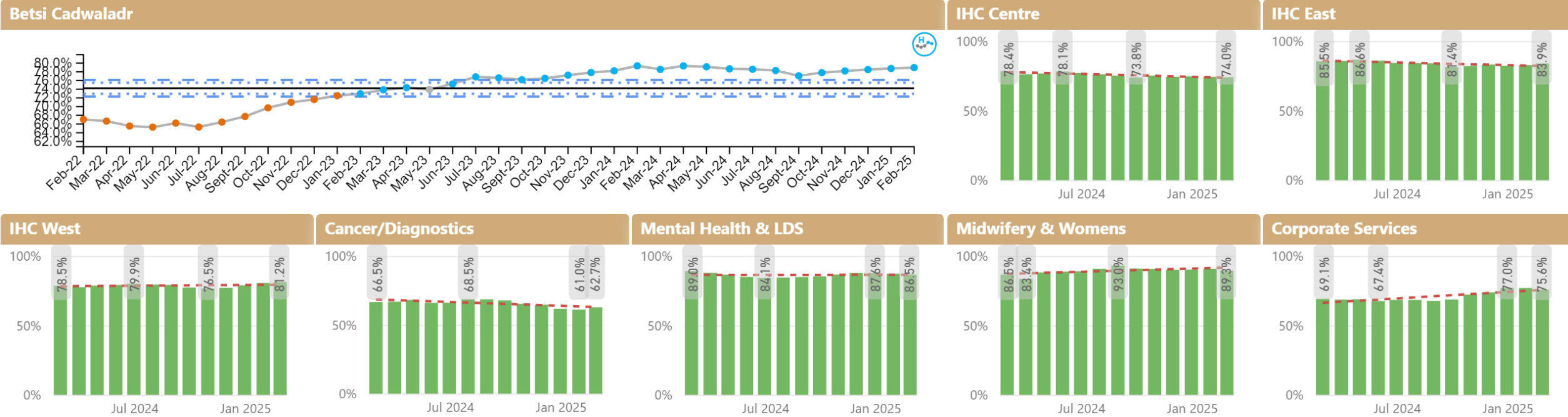


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# PADR % by IHC

BCU Data as at February 25



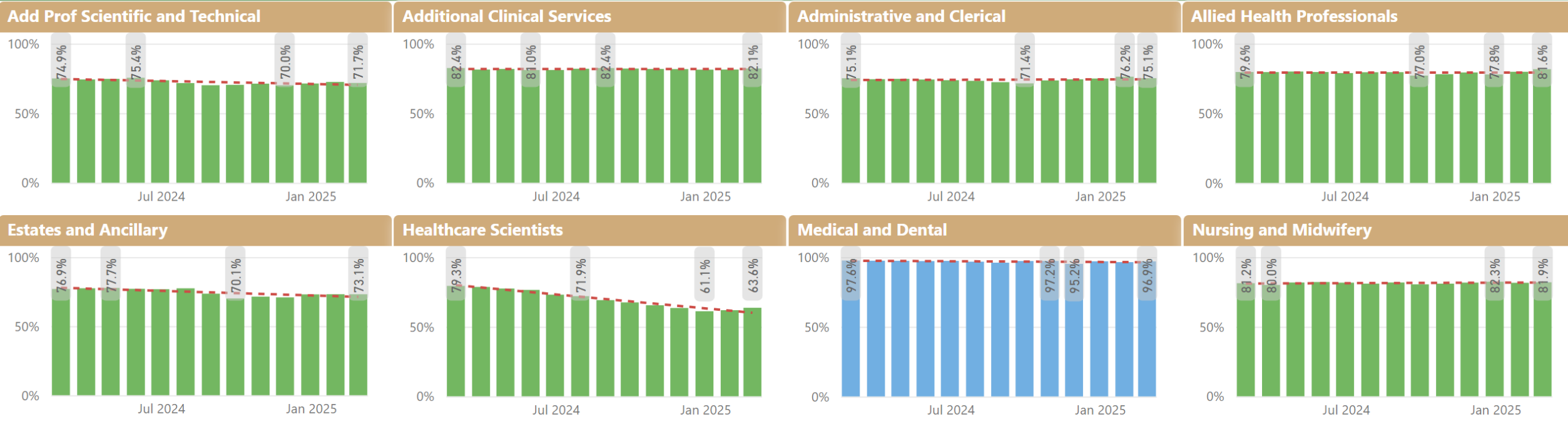
**Analysis :** The PADR % continues to show a special cause for improvement and stands at 78.9% in February 2025, however, at present, only Midwifery and Womens and MHLD are meeting the 85% target. Whilst currently compliant with the 85% target, MHLD have seen a decline in rates over the last year, from 89% to 86.5% and action will need to be taken to prevent the rate dropping below the target. IHC Centre has shown the largest decrease from the previous year falling by 4.4% to 74%. East IHC and Cancer/Diagnostics are also seeing decline in PADR rates since the same period last year, falling by 1.6% and 3.8% respectively. Corporate teams have seen improvement since February 2024 with an increase of 6.6% to 75.6% in February 2025. At present there are 4195 staff out of date with their PADRs with 1204 of these being within IHC Central.

**Challenges :** Whilst PADR rates across the IHCs have fallen over recent months, they continue to be monitored through People and Culture. Within IHC West, a large proportion of employees who have not had a PADR are new starters within their first 12 months.

**Progress :** Compliance is monitored across the IHC within local operational meetings, People and Culture, SLT, performance groups etc and Business Partners are working with services to develop improvement plans and target outliers in terms of areas with larger numbers of out of date PADRs.

# PADR/MARS % by Staff Group

BCU Data as at February 25

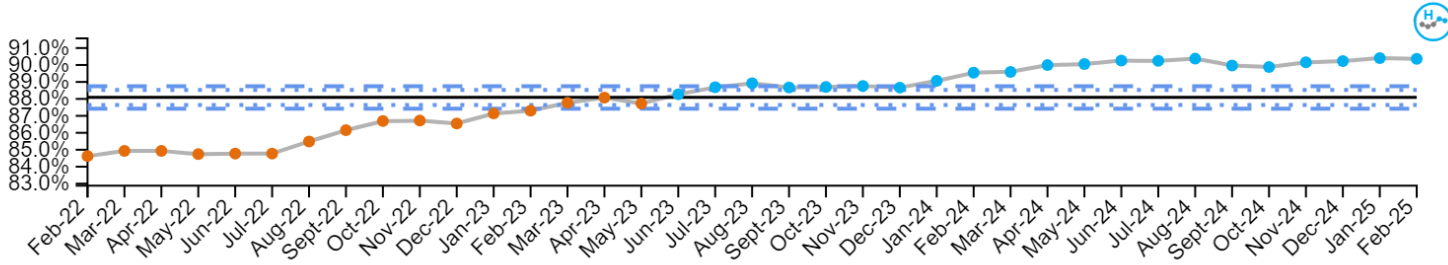


**Analysis :** PADR rates are highest within Additional Clinical Services staff group at 82.1%, followed by Nursing and Midwifery at 81.9%. Healthcare Scientist staff group is reporting the lowest compliance rate at 63.6% having reduced by 15.7% since February 2024. Add Prof Scientific and Technical and Estates and Ancillary staff groups have also seen a decline in rates over the last year, falling by 3.2% and 3.8% respectively.

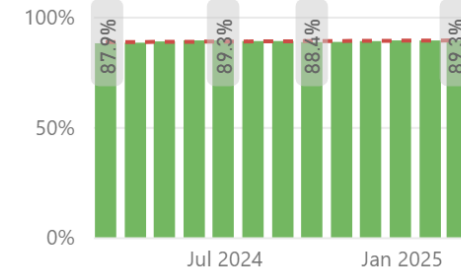
# Mandatory Training % by IHC

BCU Data as at February 25

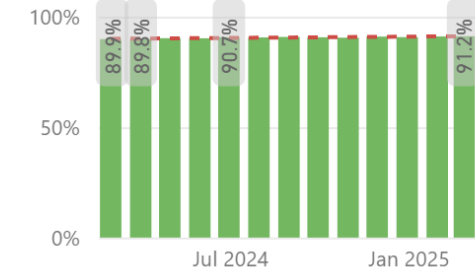
## Betsi Cadwaladr



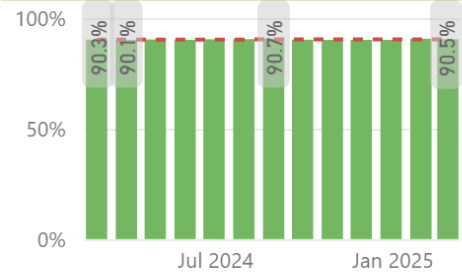
## IHC Centre



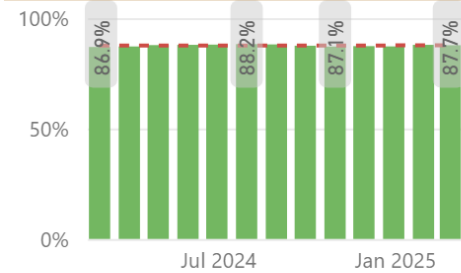
## IHC East



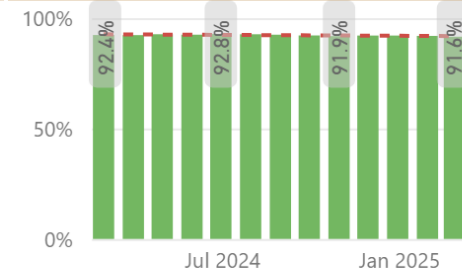
## IHC West



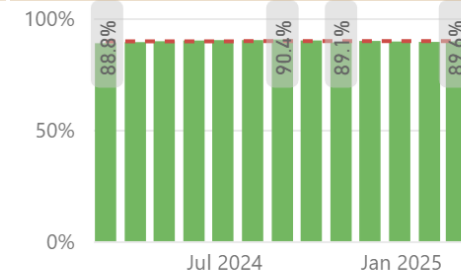
## Cancer/Diagnostics



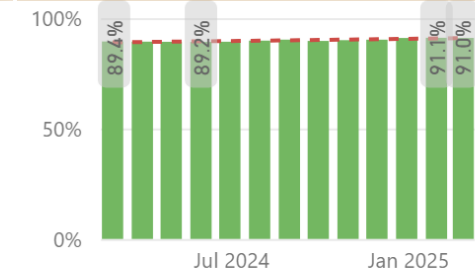
## Mental Health & LDS



## Midwifery & Womens



## Corporate Services



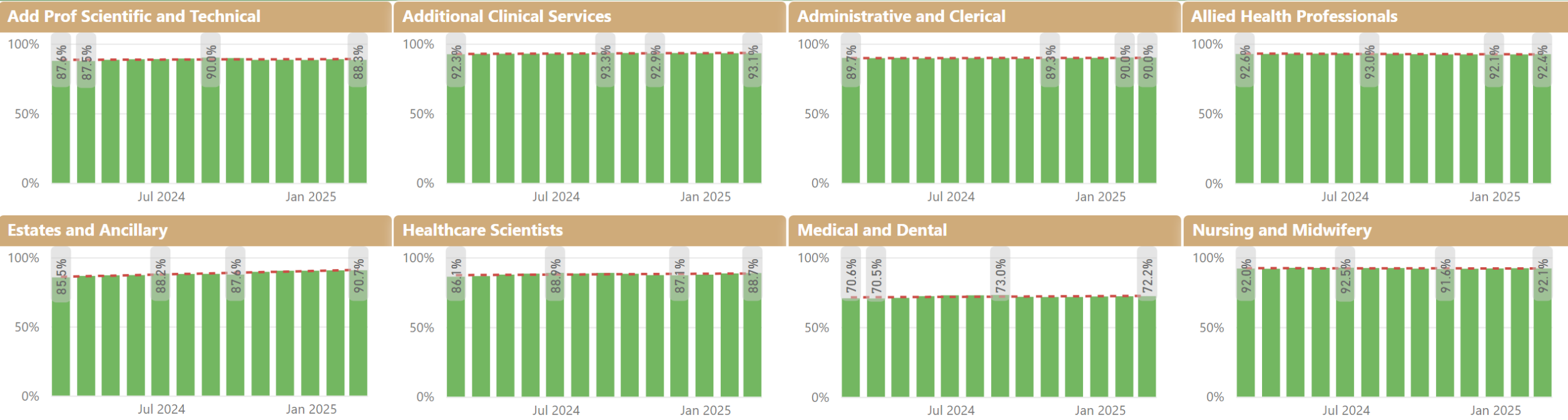
**Analysis :** The mandatory level 1 training compliance rate for BCU currently stands at 90.4% and all areas are compliant with the 85% target for mandatory level 1 training. Of the level 1 competencies, Information Governance is the lowest at 84.2%. Mandatory level 2 training currently stands at 86.8% with both Moving and Handling level 2 and Infection Prevention level 2 failing to meet the 85% target at 75.7% and 81.3% respectively.

**Challenges :** At Level 1, Information Governance requires some work to realise the 85% and at Level 2, Moving and Handline and Infection Prevention remain areas of challenge.

**Progress :** Compliance is monitored across the IHC within local operational meetings, People and Culture, SLT, performance groups etc and People Operations teams continue to identify specific areas and target specific training as needed and review through People and Culture. Work is ongoing to ensure appropriate mandatory training requirements aligned to roles are correct through the Training and Development group. Work has been undertaken with cleansing of Falls Data where staff will have this competency removed where it is not required – the quick map undertaken to attach to staff groups has now been actioned and this will hopefully see an increase in compliance levels and will only be for those staff that require the competency.

# Mandatory Training % by Staff Group

BCU Data as at February 25



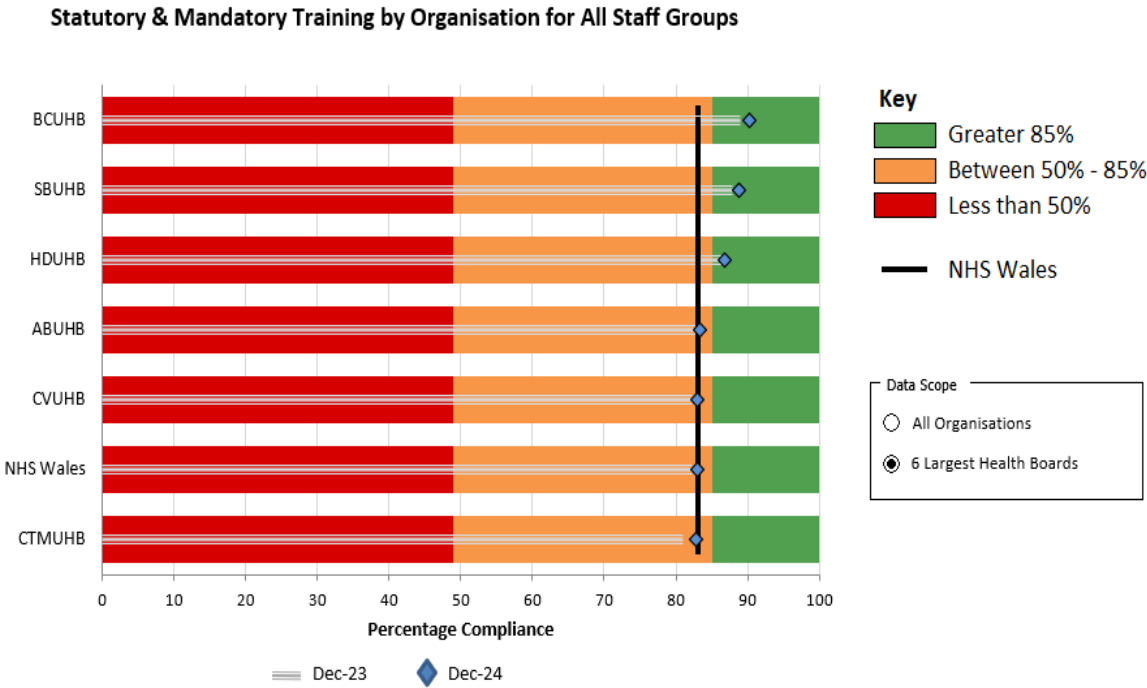
**Analysis :** All staff groups are meeting the 85% target for mandatory level 1 training with the exception of Medical and Dental staff group where compliance stands at 72.2% in February 2025.

**Challenges :** Medical and Dental staff group compliance remains a challenge.

**Progress :** A monthly training compliance summary is produced by the division and shared with the Senior Leadership Teams. Business Partner works with the relevant HOP / CD to flag hot spot areas. The Training and Development Group continue their work to ensure that the correct training requirements aligned to roles. The level 1 compliance rate for Estates and Ancillary continues to improve as new workbooks for modules become available.

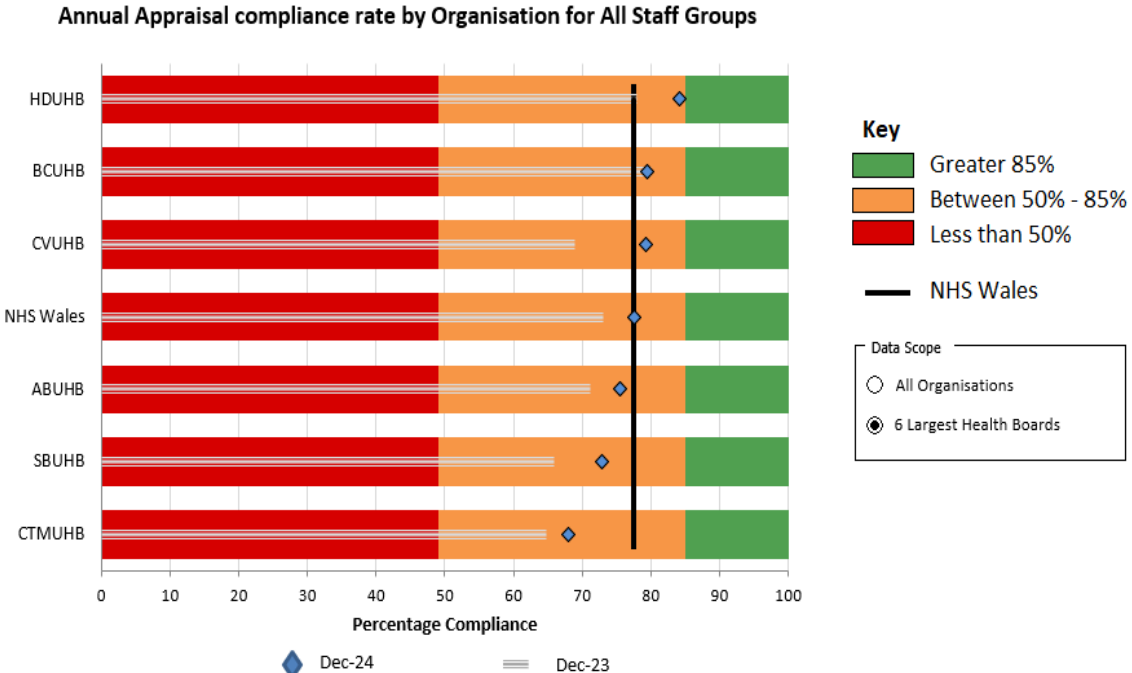
# Workforce Comparators

## Statutory & Mandatory Training %



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in December 2024 and was 7.2% higher than NHS Wales average of 83.1%.

## Appraisals %

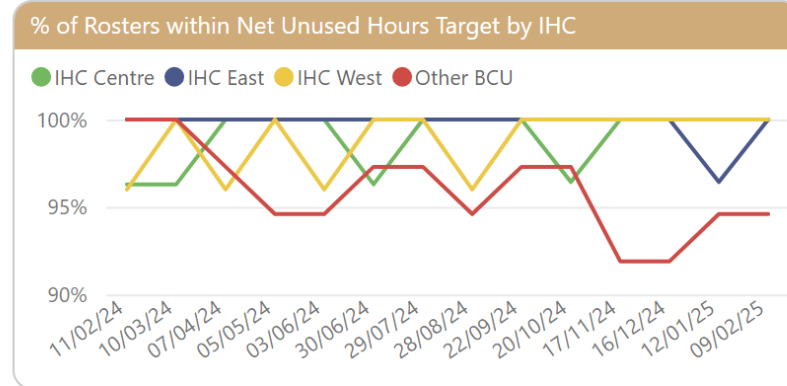
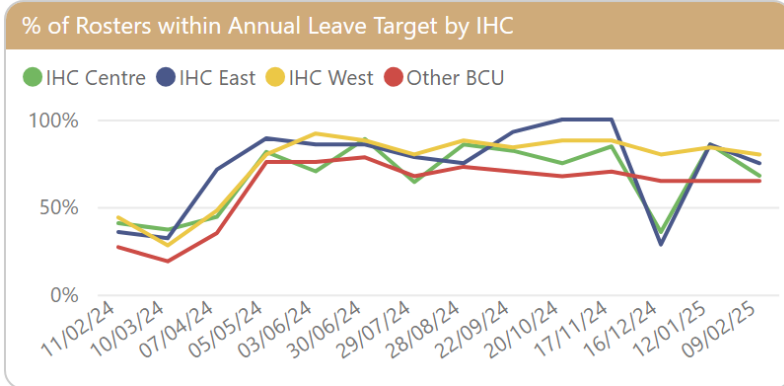
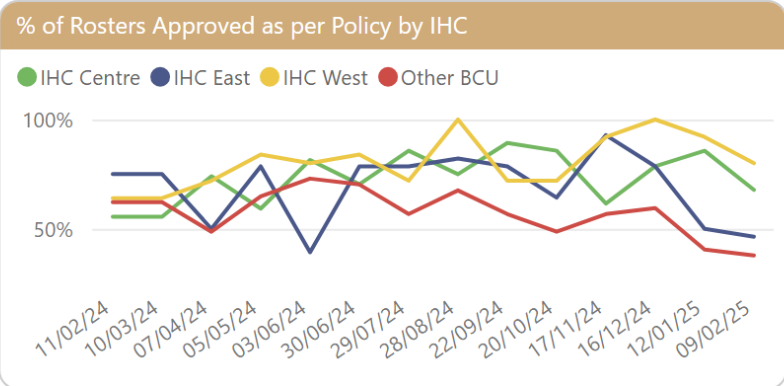


BCU had the second highest appraisal compliance rate out of the 6 largest health boards in December 2024 with a combined AfC and Medical Appraisal rate of 79.5% compared to the NHS Wales average of 77.5%.

## Summary

	11/02/24	10/03/24	07/04/24	05/05/24	03/06/24	30/06/24	29/07/24	28/08/24	22/09/24	20/10/24	17/11/24	16/12/24	12/01/25	09/02/25
Approved in Policy %	64%	64%	60%	71%	68%	75%	72%	80%	73%	66%	74%	77%	64%	56%
Annual Leave %	36%	28%	49%	81%	80%	85%	72%	80%	81%	81%	84%	53%	79%	71%
Net Unused Hours %	98%	99%	98%	98%	97%	98%	99%	97%	99%	98%	97%	97%	97%	98%

## 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 BCUIB 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 as per the policy has declined over previous months and is 9% lower than it was during the same period in the previous year. IHC East and Other BCU have declined by 29% and 24% respectively. The percentage of Rosters within the Annual Leave target is a figure that will fluctuate depending on the time of year. For instance low level of compliance in February to March is possibly linked to the utilisation of annual leave prior to the new financial year and ceasing annual leave carry over into subsequent years. The percentage of net unused hours within target shows a positive picture with 98% of rosters compliant and has remained consistently high through the previous year.

**Challenges :** Work is required in some areas where there is a high numbers of changes occurring after roster approval and to ensure that annual leave is distributed across the year to prevent high levels of leave being taken in the last quarter.

**Progress :** The rostering team have continued to promote loop throughout the Health Board and are working closely with departments to promote the sign up to loop. At present there are 10,324 users across the health board that have downloaded and logged into the app. Teams continue to promote good rostering practices and are working closely with departments to improve roster practice. Reminders are due to be sent to all managers regarding the importance of leave management with annual leave guides and useful quarterly reports that managers are able to complete.

# Culture and Engagement



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NHS  
WALES

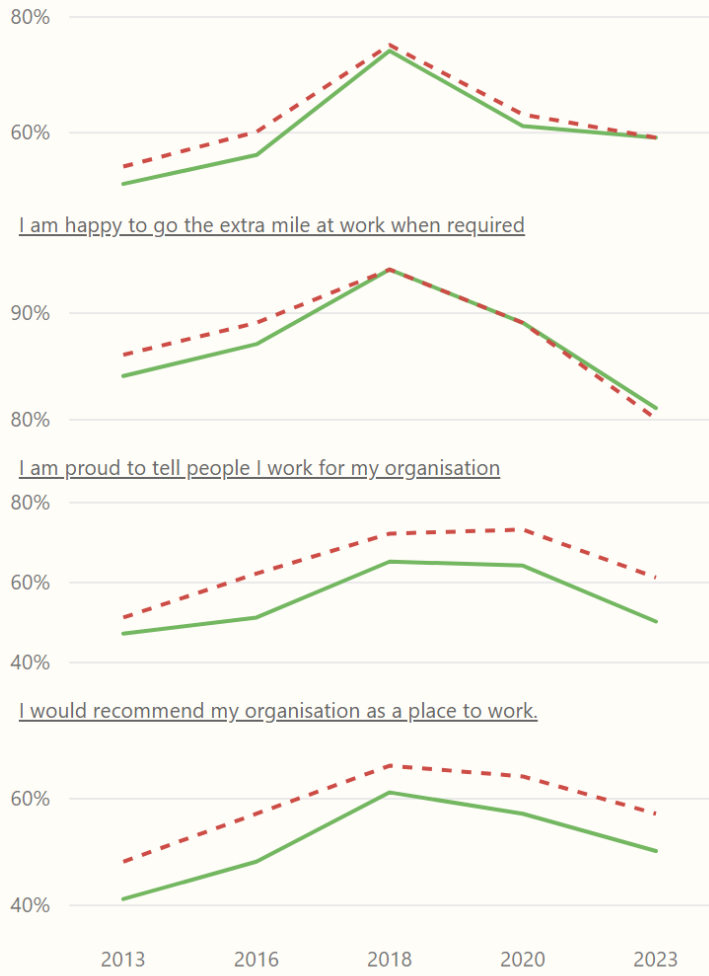
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University Health Board

# Staff Survey BCU Staff Engagement Results

## Staff Survey

Org ● BCUHB ● NHS Wales

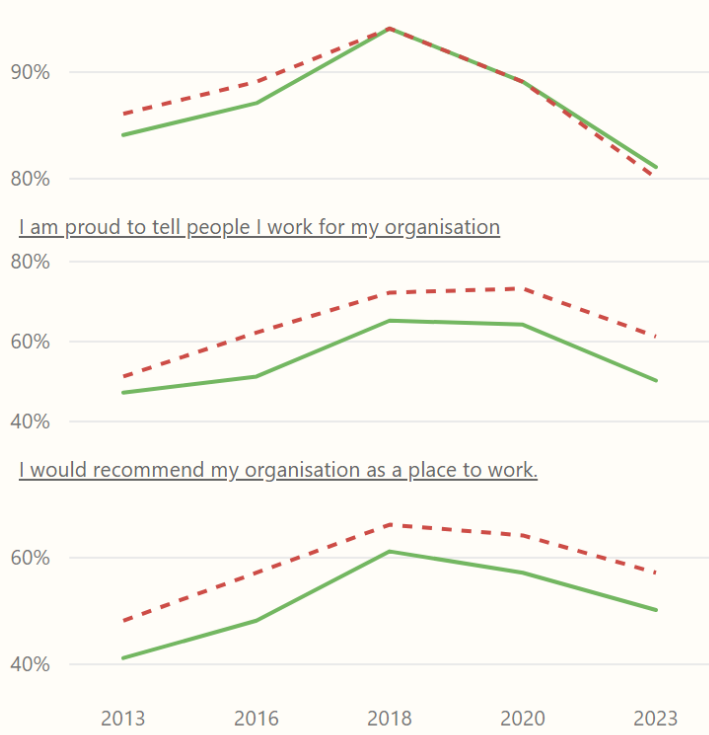
I am able to make improvements in my area of work.



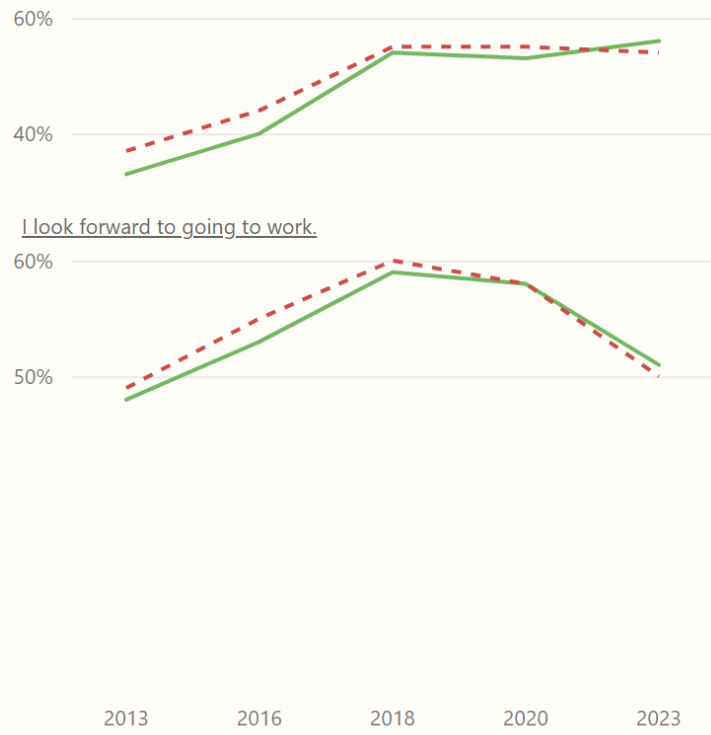
I am enthusiastic about my job.



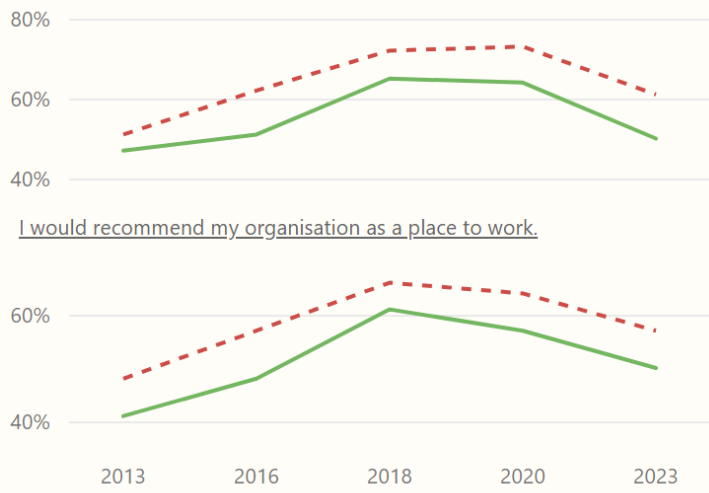
I am happy to go the extra mile at work when required



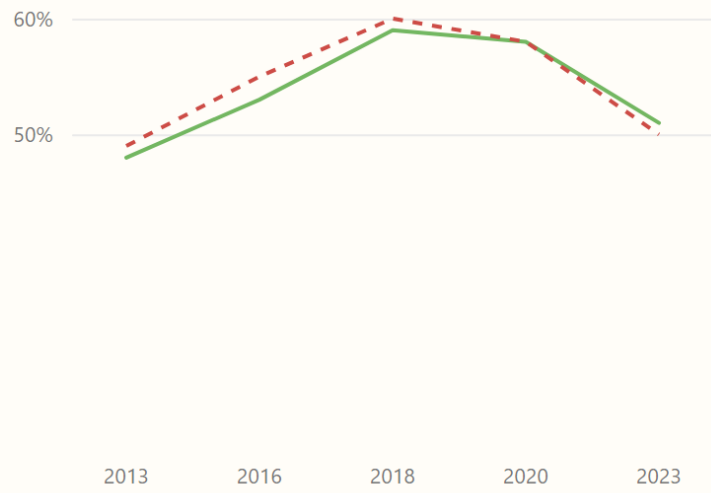
I am involved in deciding on the changes that affect my work of my tea...



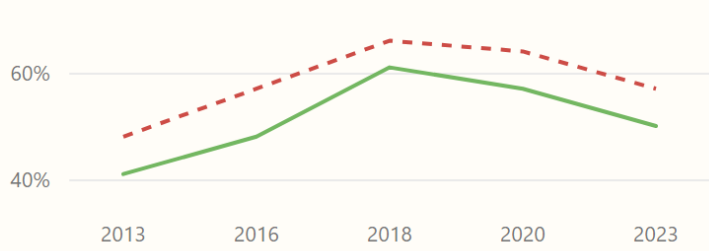
I am proud to tell people I work for my organisation



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 10 years.

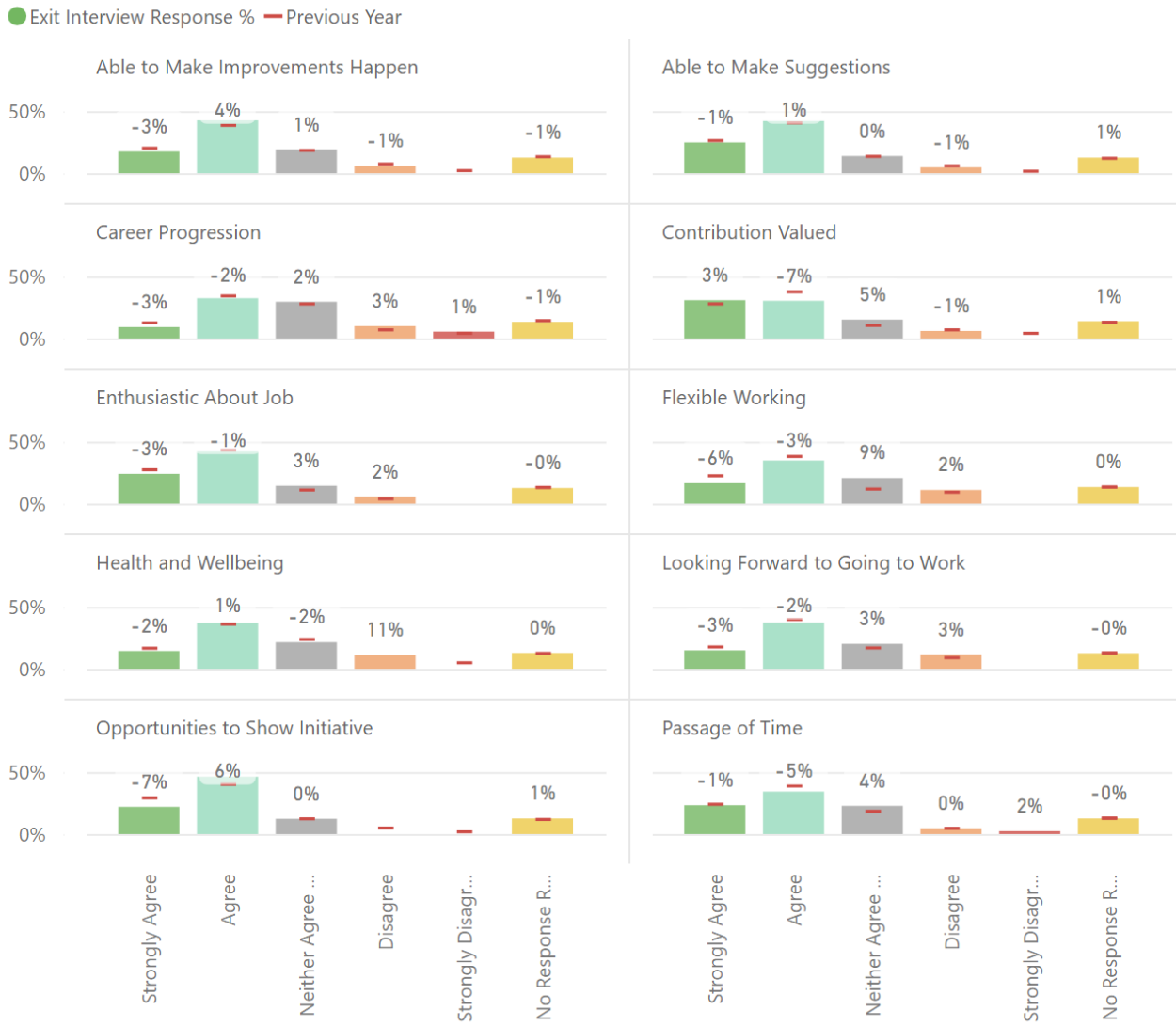
**Analysis :** Across the 7 Staff Engagement questions, there has been fall in the levels of positive responses to these questions since 2018, with the exception of the question relating to decision making involving an employee’s own work.

**Progress :** The Staff Engagement responses have been included in the newly developed Culture Dashboard for ongoing review and monitoring.

Staff Survey results covering the wider range of themes are available for review and future People Operations reports could provide a deep dive into other areas of interest if required.

Results for the 2024 Staff Survey will be added as soon as available.

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?

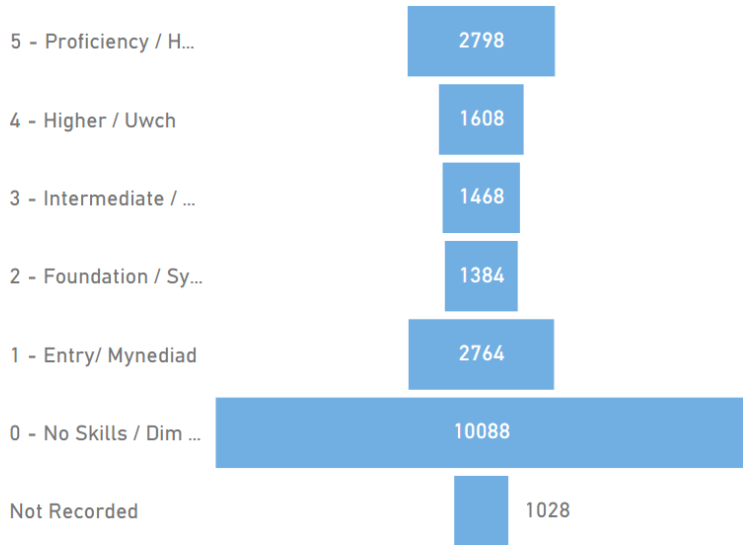
**Analysis :** Exit Interviews responses are generally more positive than negative, however, when compared to the previous year, the latest 12 month period shows a 9% decrease in positive responses for Flexible Working and 6% for Passage of Time. Able to Make Improvements Happen was the only response which showed an increase in positive responses of 1%.

**Challenges :** Low Exit Interview completion rates pose a challenge in identifying areas for improvement.

**Progress:** The new policy around this is almost nearing completion and it is anticipated to improve the volume of data from which actionable insights can be drawn.

# Welsh Language Skills

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	336	2645	776	357	344	188	365	5011
Health Community East (HCEX) L4	239	3554	599	187	193	122	195	5089
Health Community West (HCWX) L4	164	735	405	312	417	756	1255	4044
Integrated Clinical Delivery - Primary Care (ICDP) L4	16	197	60	21	30	27	71	422
Integrated Clinical Delivery - Regional Care (ICDR) L4	100	675	205	94	94	107	209	1484
Mental Health & LDS (MX00) L4	43	993	329	172	185	167	288	2177
Midwifery and Womens Services (WXXX) L4	42	387	79	54	41	62	118	783
Corporate Services	88	902	311	187	164	179	297	2128
<b>Total</b>	<b>1028</b>	<b>10088</b>	<b>2764</b>	<b>1384</b>	<b>1468</b>	<b>1608</b>	<b>2798</b>	<b>21138</b>



**Analysis :** The number of employees without Welsh Language Skills recorded in ESR reduced by 67 from 1095 to 1028 between December 2024 and February 2025. 4.9% of the workforce currently do not have Welsh Language skills recorded in the system which is an improvement of the 5.2% reported previously.

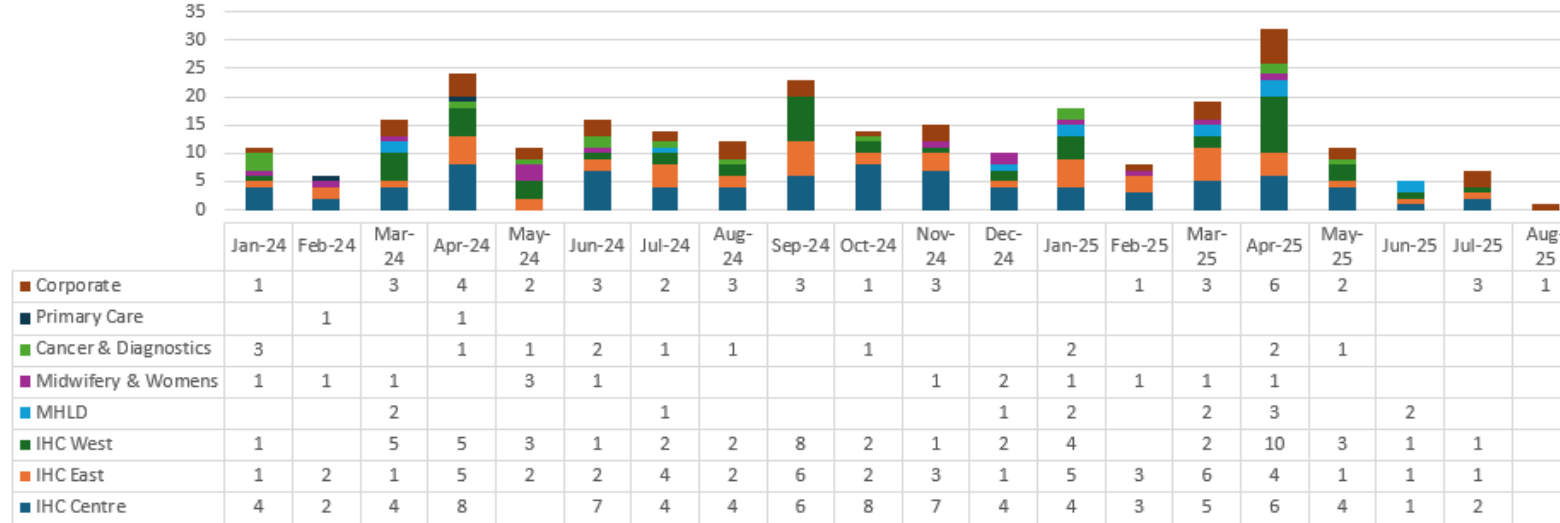
**Progress :** Work is been ongoing across the Health Board with the Welsh Language Standards along with the work ongoing with the Bilingual Skills Policy. There continues to be issues with the recruitment of Welsh Speakers, to alleviate the issues, a SOP has been developed whereby delegated authority has been given to both the Head of People Systems and Business Intelligence and the Head of Welsh Language Services, to allow individuals to appeal against the decision regarding the advertisement of the role.

The People Systems Team will be undertaking quality assurance checks for new starters and will be holding data quality improvement events from January 2025, to provide immediate support to staff on how to update their Welsh Language proficiency levels.

The People Services teams continue to work collaboratively with services to raise awareness and promote the Welsh language training within the Health Board.

# Partial Retirement Requests

Partial Retirements Requests by IHC

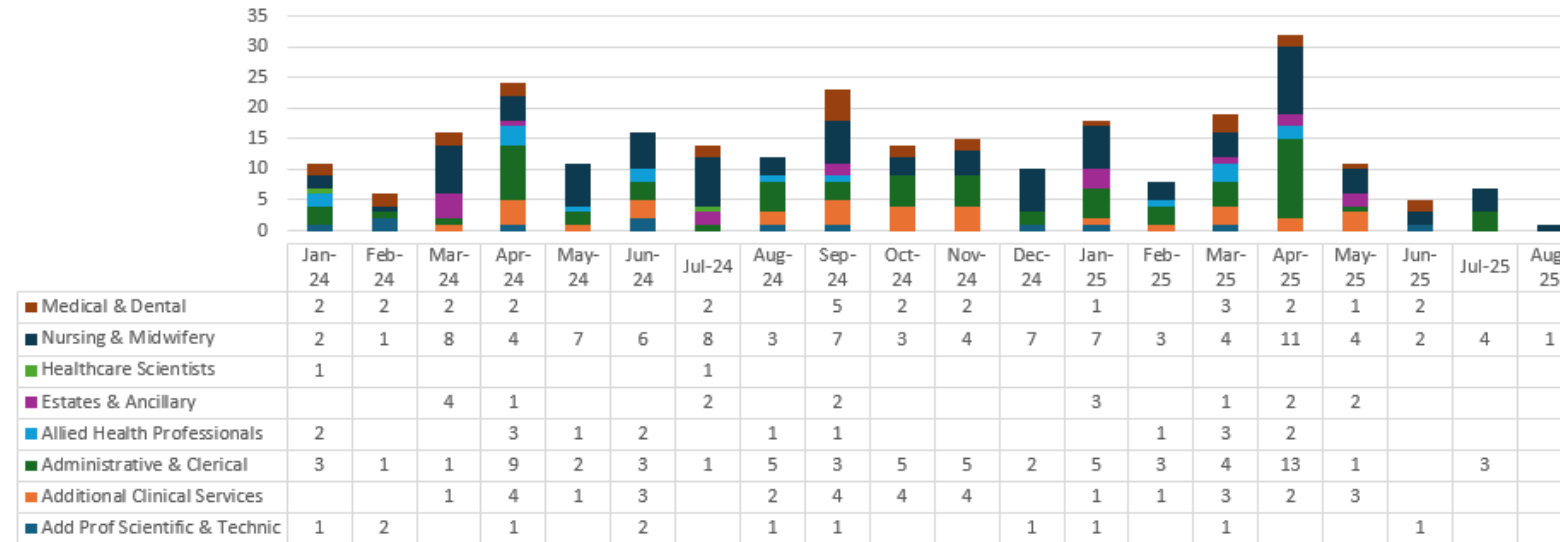


Partial Retirement data is sourced from NWSSP. The data shows both completed and 'in progress' partial retirement requests by proposed partial retirement date.

Over the last 12 months, IHC Centre has had the most partial retirement requests with a proposed effective date between March 2024 and February 2025, 59 requests in total. In April 2025, IHC West will potentially have 10 employees taking partial retirement, subject to the request reaching completion stage.

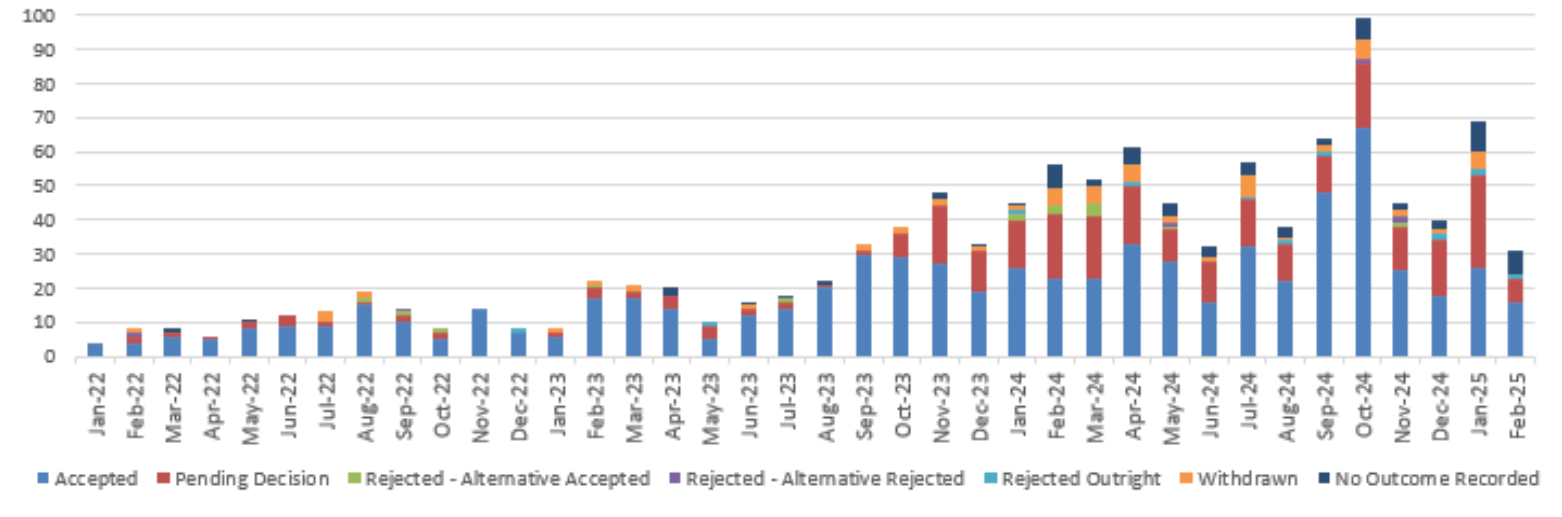
Nursing and Midwifery staff group has had the highest volume of partial retirement requests over the last 12 months and a further 11 employees have requested partial retirement with an effective date of April 2025.

Partial Retirements Requests by Staff Group



# Flexible Working Requests

## ESR Flexible Working Requests

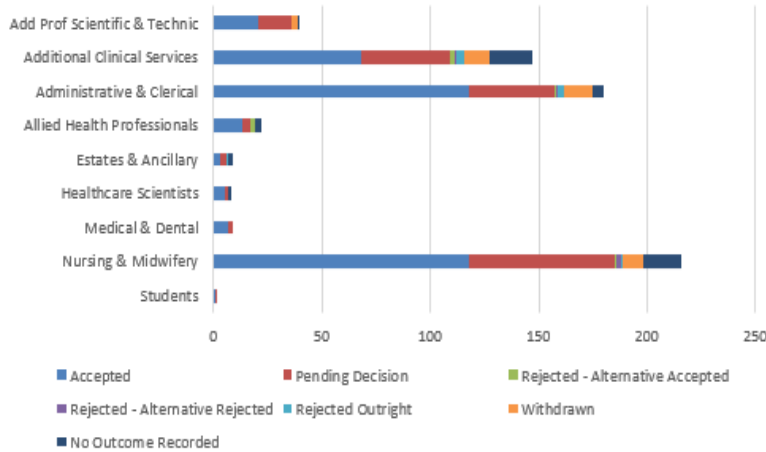


Flexible Working data is sourced from ESR, however, it is not mandatory that requests are made via ESR and requests may be submitted via paper form which is then held locally, and as such data presented is only a partial picture. Increases in Flexible Working requests evidenced in this data over the last 3 years may be the result of increased use of ESR rather than an increase in flexible working applications.

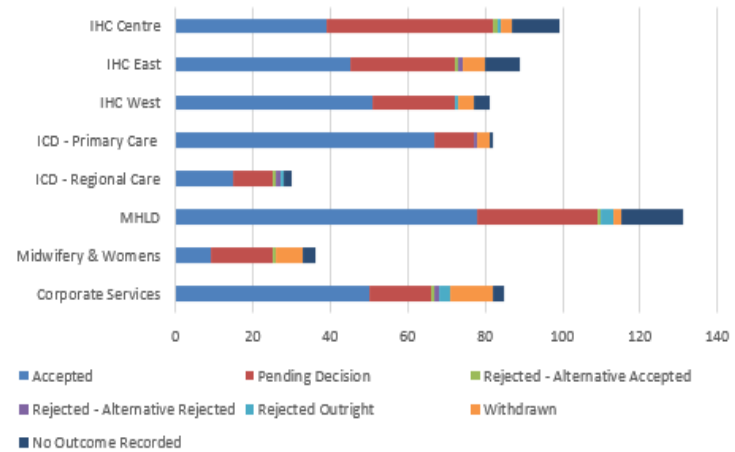
MHLD has the greatest number of flexible working requests recorded in ESR, and always has the greatest number of successful requests.

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'.

## Flexible Working Requests by Staff Group Mar 2024 to Feb 2025

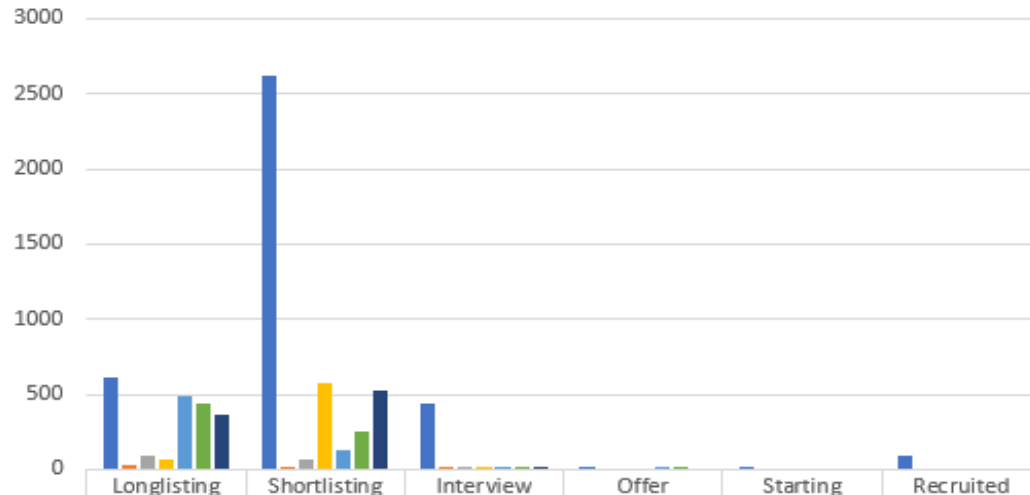


## Flexible Working Requests by IHC Mar 2024 to Feb 2025



# International Recruitment

Applicant Recruitment Stage by Country of Residence



	Longlisting	Shortlisting	Interview	Offer	Starting	Recruited
United Kingdom	611	2617	440	19	1	89
Europe	29	22	1			
Egypt	94	63	4			
Nigeria	72	577	10			
Pakistan	482	132	3	1		
India	442	247	6	2		
Rest of World	368	521	15			

United Kingdom Europe Egypt Nigeria Pakistan India Rest of World

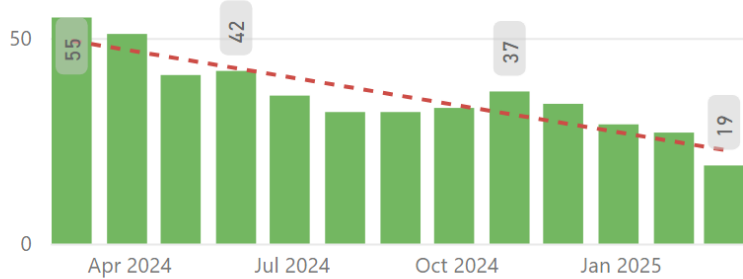
Country Group	Longlisting	Shortlisting	Interview	Offer	Starting	Recruited
United Kingdom	16.2%	69.3%	11.6%	0.5%	0.0%	2.4%
Europe	55.8%	42.3%	1.9%	0.0%	0.0%	0.0%
Egypt	58.4%	39.1%	2.5%	0.0%	0.0%	0.0%
Nigeria	10.9%	87.6%	1.5%	0.0%	0.0%	0.0%
Pakistan	78.0%	21.4%	0.5%	0.2%	0.0%	0.0%
India	63.4%	35.4%	0.9%	0.3%	0.0%	0.0%
Rest of World	40.7%	57.6%	1.7%	0.0%	0.0%	0.0%

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 during February 2025. Only applicants for vacancies that closed on or after 1<sup>st</sup> October 2024 are included in these figures as data collection for applicant country of residence at application date commenced at this time. It is anticipated that volumes and insights that can be drawn from this data will increase across subsequent reports. At present, successful applicants from abroad may still be in the recruitment process as the data is only capturing applications for vacancies closing from October 2024 onwards.

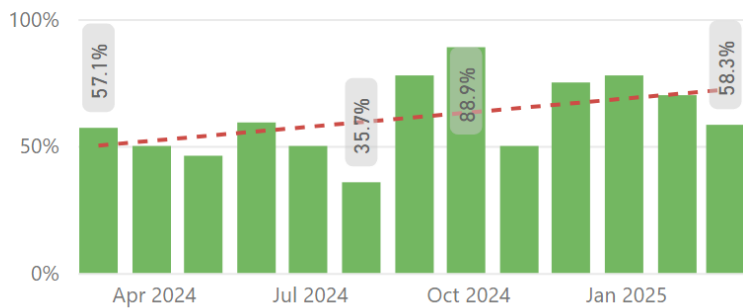
For the 251 vacancies that were moved to outcome during February 2025, there were external 6868 applications, a significant proportion of which withdrew at various stages of the recruitment process. 45% of these applicants were based outside of the UK, across 87 countries. Of the external applicants, only 112 were successful at interview, 109 of which were UK based at the point of making the application.

# Employee Relation Cases

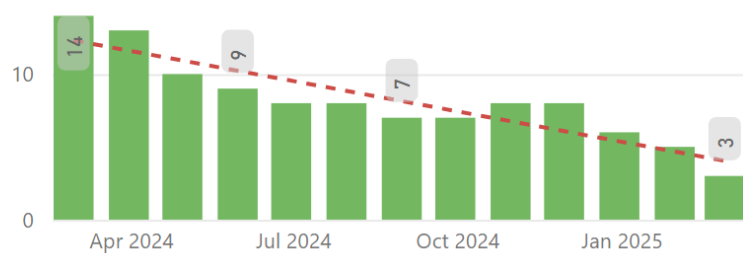
## Open Disciplinary Cases at End of Month



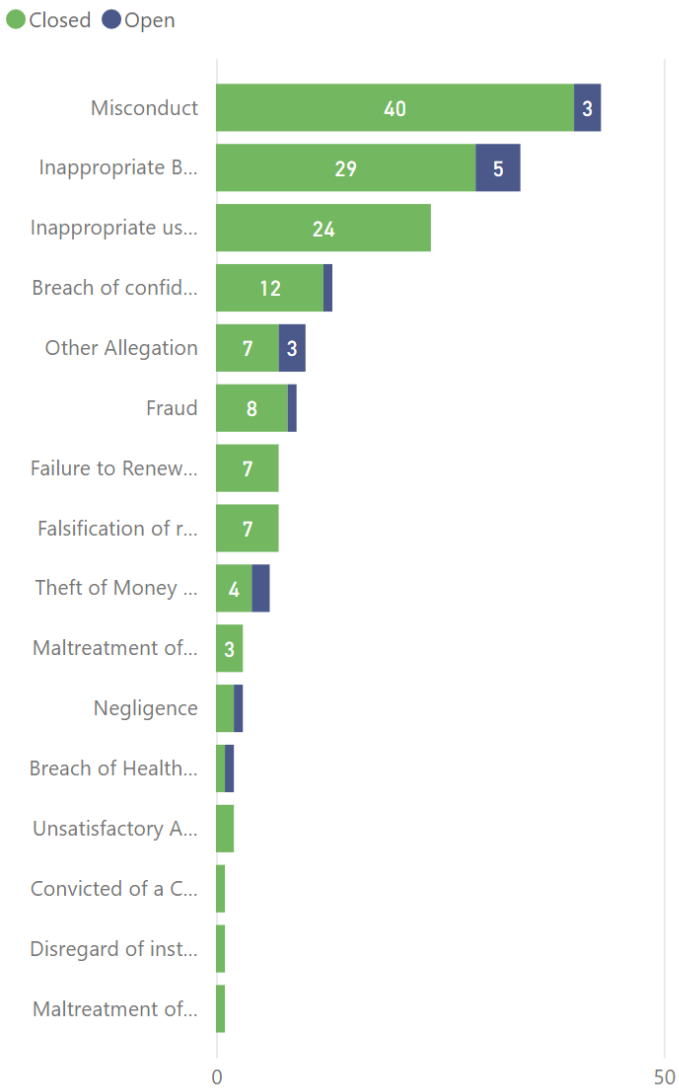
## Closed Cases within 12 Weeks %



## Open Cases with Employee Suspended



## Number of Cases in Previous 12 Months



There has been a steady decrease in the number of open cases across the last 12 months from 55 in March 24 to 19 in February 25.

Alongside this closed cases within 12 weeks has seen a steady increasing trend.

Misconduct is still the highest category across cases but again we seen a significant number of these closed over the last 12 months.



<b>Teitl adroddiad:</b>  <b>Report title:</b>	NHS Wales Staff Survey 2024 (Key findings and organisational response proposals)			
<b>Adrodd i:</b>  <b>Report to:</b>	People and Culture Committee			
<b>Dyddiad y Cyfarfod:</b>  <b>Date of Meeting:</b>	Thursday, 10 April 2025			
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<p>The NHS Wales Staff Survey, first carried out in 2013, helps to gather feedback from staff across all NHS Wales organisations about their jobs, satisfaction and wellbeing. From 2023 it became an annual survey to gather regular data on how staff are feeling, asking about things like workload, leadership, fairness and mental health.</p> <p>Initial survey findings were available to NHS Wales staff survey leads at the end of January 2025. Detailed qualitative data was expected to be shared by HEIW the end of March 2025. However, this was received by Health Board staff survey leads earlier than anticipated on 27<sup>th</sup> February 2025.</p> <p>We now need to review and understand findings and develop plans to share and address the issues raised – both good and bad – corporately and locally. If colleagues see that what they said has been heard and has made a difference, their engagement will increase, supporting further involvement and improvement.</p>			
<b>Argymhellion:</b>  <b>Recommendations:</b>	<p>It is critical that staff in each area of the Health Board feel confident that their voices have been heard and will effect change, where required.</p> <p>The Committee is asked to note the results and themes raised by over 3, 500 staff who completed the survey in November 2024.</p> <p>They are asked to consider what action might be taken in response to what colleagues are telling us and how local ownership of acting on results can be achieved.</p>			
<b>Arweinydd Gweithredol:</b>  <b>Executive Lead:</b>	Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b>  <b>Report Author:</b>	Katie Sargent, Assistant Director – Employee Experience and Engagement			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>

	High level of confidence/evidence in delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	No confidence / evidence in delivery
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>Listening to and acting on what the workforce tells us is critical to achieving all our strategic objectives.</p>			
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>N/A</p>			
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>No.</p>			
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>No.</p> <p>N/A</p>			
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>N/A</p>			
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>N/A</p>			
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>N/A</p>			
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>N/A</p>			
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> <b><i>(or links to the Corporate Risk Register)</i></b></p>	<p>N/A</p>			

<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><b>Next Steps:</b> To respond to the Committee's feedback in relation to sharing the survey findings and acting on them in a timely and effective way across the organisation, both corporately and locally.</p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <ol style="list-style-type: none"> <li>1. Powerpoint presentation – NHS Wales staff survey – BCUHB results overview</li> <li>2. NHS Wales staff survey dashboard report – BCUHB</li> </ol>	



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# NHS Wales Staff Survey 2024

Sharing, promoting and acting on what our  
colleagues told us



## Issue

The 2024 NHS Wales Staff Survey closed on 2 December 2024. This plan details what will happen next across the organisation to share the views of the 3,577 staff (17.4 per cent of our workforce) who took part.

The goal for the organisation was to get at least 30 per cent of the total workforce to respond, which was the same as the NHS Wales target. Overall, the response rate was lower than we had hoped, but is a reflection of the picture across Wales at this time.

We are working with colleagues across NHS Wales and HEIW to understand the reasons for this. Discussions to date point to:

- lack of awareness locally of the survey;
- apathy, given rise to by attitudes of “oh, another survey” or a belief that responses will not be acted upon;
- concerns about the confidentiality of the survey and remaining anonymous;
- significant work pressures preventing staff from having the time and space to complete the survey.

We attended an NHS Employers national conference late last year and were particularly struck by approaches in Trusts in England who achieve response rates of almost 60 per cent. The central message from colleagues was that although communications plans and incentives are ‘nice-to-haves’, what made the difference in their organisations was a belief amongst employees that their voices would be heard and that they could effect change by completing the survey.

From this, we have taken learning which will inform our plans for the 2025 survey and the associated preparation. This includes:

- addressing concerns about confidentiality and anonymity more prominently;
- talking about the survey all year round to embed awareness and key messages through a range of means including updates and “you said, we did”;
- choosing to focus on addressing, very thoroughly, a couple of key themes from the 2024 survey, rather than attempting a “mile wide, inch deep” responses;
- engaging teams to take local ownership and undertake staff survey floor-walking exercises across Health Board sites to raise awareness of the survey and boost completions by offering support including paper copies of the questionnaire or an iPad to complete online; and
- securing budget for incentives and marketing materials in advance. This year, 450 colleagues emailed in to confirm completion of the survey and be entered into a prize draw for three £50 High Street vouchers, funded by Awyr Las, our NHS charity.

## Background

The NHS Wales Staff Survey, first carried out in 2013, helps to gather feedback from staff across all NHS Wales organisations about their jobs, satisfaction and well-being. At first it was carried out every two years, but from 2023 it became an annual survey to gather regular data on

how staff are feeling. The survey asks about things like workload, leadership, fairness and mental health.

The survey has changed over time to deal with new challenges, like those during COVID-19. The feedback has helped improve workplace policies, support programmes and leadership training to make NHS Wales a better place to work. Sharing this information is important so that colleagues can see what is happening in their workplace and understand why changes are being made.

This document maps key milestones in the sharing the data gathered from the 2024 NHS Wales Staff Survey.

For context, the Health Board is in Special Measures following concerns around a number of areas, including our culture, leadership and engagement. We have comprehensive workstreams in place to drive improvement and the NHS Wales Staff Survey will be a key indicator of the impact of these efforts.

HEIW have worked with provider IQVIA to collect and format the information from the survey and below is a timeline for them to share this information with us through a results dashboard. We can use this dashboard to understand the survey results in great depth and create reports for sharing.

## HEIW timeline

Date	Key project milestones for receiving findings from HEIW
01/10/24	2024 Survey live
02/12/24	2024 Survey closed
02/12/24 - 22/12/24	IQVIA run tests on 2024 survey results (quantitative data) and prepare for handover to HEIW
23/12/24	IQVIA share 2024 survey results (quantitative data) with HEIW
01/12/24- 31/01/25	HEIW dashboard build
24/12/24	HEIW upload data to warehouse and begin tests
27/01/24	HEIW soft launch dashboard with Staff Survey Partnership Leads
31/01/24	HEIW officially launch 2024 Staff Survey dashboard with nominated persons across NHS Wales organisations
27/01/25 - 30/03/25	HEIW work on national survey findings report
By 28/02/25	Qualitative data (free comments) are received by HEIW from IQVIA
Expected end March but shared 27/02/25	Free comments are uploaded to dashboard
30/03/25	HEIW publish national findings report

## Survey findings

Initial survey findings were available to NHS Wales staff survey leads at the end of January 2025. Detailed qualitative data was expected to be shared by HEIW the end of March 2025. However, this was received by Health Board staff survey leads earlier than anticipated on 27<sup>th</sup> February.

We are now in the process of working through this data, which consists of 1, 085 separate free text comments. Given the limited time available to work through this data prior to the report submission, we have grouped key topics and themes from this data to provide an overview of what colleagues have told us. We will continue to explore the data in more detail.

Following on from this, we can begin to review findings and develop plans to share and address the issues raised – both good and bad – corporately and locally. If colleagues see that what they said has been heard and has made a difference, their engagement will increase, supporting further involvement and improvement.

Key questions:

- Are we making progress on improvement, holding steady or have our scores declined?
- How can progress be sustained?
- Are there any surprises?
- If feedback is worse than we might have expected, can we point to why?
- How can we best share learning from exemplary areas?

It is critical that staff in each area of our Health Board are confident that their voices have been heard and will effect change, where required.

The data from the survey will be cross-referenced with feedback gathered from senior colleagues as part of the Foundations for the Future discovery and design work and culture from improvement engagement activity to examine broader themes, for example retention, patient safety and freedom to speak up.

Although the NHS Wales Staff Survey is a useful tool for identifying what staff are saying, other approaches will be needed to explore this more deeply. To gain a more in-depth understanding, we intend to introduce focused, targeted local Pulse surveys in Quarter 1 2025/26.

### Engagement index score

Betsi Cadwaladr University Health Board achieved a Staff Engagement Index score of 71 per cent in 2024. This is compared with the 72 per cent average NHS Wales Staff Engagement Index score. This percentage point decline is in line with comparable Health Boards.

In 2023, the BCUHB score was 72 per cent and in 2020, it was 73 per cent.

The Staff Engagement Index score is calculated by weighting the responses to the seven questions based on their position on a five point scale (with one representing the least positive

response and five the most positive response). The Staff Engagement Index score therefore increases as the proportion of people responding positively to these questions increases.

Sub-theme and statement	% agreed or strongly agreed	NHS Wales average
<b>Ability to contribute towards improvements at work</b>		
23a) I am able to make improvements in my area of work.	61.2%	60.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	48.1%	47.9%
<b>Intrinsic psychological engagement</b>		
22a) I look forward to going to work.	51.2%	51.2%
22b) I am enthusiastic about my job.	67.4%	65.7%
22c) I am happy to go the extra mile at work when required.	80.5%	78.7%
<b>Staff advocacy and recommendation</b>		
23b) I would recommend my organisation as a place to work.	52.0%	56.4%
23c) I am proud to tell people I work for my organisation.	51.5%	60.0%

## Ownership and accountability for acting on survey findings

### Learning from the past

Consideration has been given to past experiences of a lack of ownership of staff feedback from surveys, with responsibility for galvanising action in response to it viewed as the remit of the People and Organisational Development Team (POD).

Corporate efforts to co-ordinate, manage and monitor action plans have also proved unsuccessful in the past.

### Suggested approach for discussion

We suggest that consideration is given to the process of playing back feedback to staff and the engagement of teams in the development of improvement plans being locally managed via management structures.

This approach would encourage open dialogue at departmental and team level to secure local ownership of survey feedback. It would ensure the inclusion and involvement of staff in the development and implementation of improvement plans.

Shared ownership will be essential if we are to drive change and motivate teams. Local conversations and the sharing of ideas would help to embed a sense of belonging and connection to a team. Colleagues would be part of the solution to problems and share in the success of things that are going well.

## Suggested reporting – for discussion

Each Integrated Health Community (IHC) and pan-BCUHB services hold monthly People and Culture Committee meetings. These form part of four delivery groups: People and Culture; Transformation; Finance and Performance; and Quality. They report in to the Senior Leadership Team who then report to the Executive Team.



The People and Culture Committees are chaired by senior leaders and attended by senior representatives from POD.

These meetings are an ideal forum in which to discuss and agree local action in response to the survey data because attendees will already be familiar with their live issues, challenges and successes. They are therefore in a position to build upon any improvement work already in train.

### Expectations

It is suggested that each People and Culture Committee could oversee the development and enaction of plans in response to survey findings and deliver, with support from POD colleagues, effective local staff engagement plans to share important messages from the survey and demonstrate a meaningful, positive response, including “You said, we did”.

Standardised templates could be provided by POD where local leaders can detail key themes raised by their staff and describe the actions they intend to take in response.

This approach would provide assurance that staff feedback is being discussed at a senior level in IHCs and pan-BCUHB services and that the progression of local improvement plans is being recorded and monitored.

### Role of local Staff Survey Leads

This year, divisions and departments across the Health Board have nominated Staff Survey Leads who are the point of contact for POD and have access to the HEIW data dashboard. All 91 local Leads have been invited to online training sessions to support them to get the best out of the data available to us.

Twenty sessions have been held and over 90 Leads have attended. Equipped with the confidence to use the dashboard, we are hopeful this will be a powerful enabler for colleagues interrogating their divisional and departmental data.

Colleagues from across NHS Wales have also been invited to attend these sessions and our 'how to' guides have been shared with them to support delivery of their training.

We suggest that, working closely with and supported by POD colleagues and specifically through established local People and Culture Committees described above, Staff Survey Leads support their respective divisions and sub divisions/departments to understand what the data is telling them (tier 2 and tier 3 level data). To assist, we have developed a template document for divisions to record their key local survey findings on which to act and monitor and report the impact of these actions.

### **Pan-organisational approach**

Concurrently, we suggest that pan-organisational results (which are comparable against the NHS Wales average) will be available to all staff via BetsiNet and key themes – both positive and negative – are shared once the data has been reviewed.

It is suggested that progress be reported through to the following groups:

- Executive Team
- Health Board People and Culture Committee
- Health Board
- Organisational Development Steering Group
- Local Partnership Forum
- Workforce Partnership Group

It is also suggested that the bi-annual accountability meetings attended by directors include updates on action in response to survey findings.

## **Sharing key messages**

### **All BCUHB staff:**

We will work closely with internal communications colleagues to deliver regular, timely and clear updates on the results of the survey and the actions put in place to address the results. Input by representatives from our Staff Networks and Trade Union colleagues will be crucial in order to share these messages.

Below is a list of channels we will use to maximise reach for our staff survey related messages:

- BetsiNet
- Leadership videos with the Chief Executive and other Executives
- Teams channels
- Virtual Teams meetings
- Staff Facebook group
- Weekly Bulletin and Bulletin Focus
- Existing newsletters, in particular IHC newsletters/updates
- Staff meetings/conferences
- Senior leadership meetings

- Departmental visits
- New staff inductions
- Posters
- Payslip messages

The table of activity below details the completed and planned actions to share, promote and demonstrate action on the feedback from staff.

Date	Audience	Channel and Action	Lead	Notes
13.12.2024	All BCUHB Staff	Thank you message on BetsiNet sharing the final number of participants and the winners of the shopping vouchers ( <a href="#">NHS Wales Staff Survey 2024 - thank you for taking part</a> )	Engagement Team KS/SP	Complete
13.12.2024	Trade Union Representatives  Staff Network Groups	Thank you email for helping raise awareness of the staff survey	Engagement Team KS/SP	Complete
17.1.2024	All BCUHB Staff	Message from Chief Executive to bring attention to the imminent Staff Survey results and to thank people again for taking part  <a href="#">17/01/2025 - Message from the Chief Executive</a>	Engagement Team / Internal Communications Team	Complete

Date	Audience	Channel and Action	Lead	Notes
17-23.1.2025	Individuals/groups who need access to the master dashboard showing the 2024 survey results	Confirm who will require access to the master survey results dashboard. Confirmation list shared with HEIW.	Engagement Team SP	Complete
27.1.2025	Staff Survey Leads	Soft launch of master results dashboard  Leads offered training sessions run by SP to familiarise themselves with the dashboard. This includes quantitative data for the entire organisation down to tier 3.	SP/KS	Complete
31.1.2025	Individuals/groups who need access to the master dashboard showing	Master survey results dashboard goes live.	Engagement Team SP	Complete

	the 2024 survey results	Link sent to everyone on the list who are permitted access.		
February/March 2024	Users with access to dashboard	Targeted engagement of local leads for details of their representative who will be writing their “So what?/ What next?” improvement plans. To be supported by their associate director of POD.  Share HEIW training video resource and user guide.	Engagement Team SP	In progress  Confirm local ownership of developing the various local action plans.
4.2.2025 – 31.3.2025	Users with access to dashboard/ stakeholders finding it difficult to access their information	Training sessions/drop in sessions held face to face or via Teams to support on how to use the dashboard and create reports. Invitations sent via Teams. (Dates TBC and 1:1 support available on request)	Engagement Team SP	In progress
12.03.25	Executive Team	Executive Team consider survey findings and next steps	KS	Originally on agenda for 19 <sup>th</sup> February but deferred.

				Deferred from 12 <sup>th</sup> March agenda - paper and presentation prepared.
w/c 17.03.25	Staff Survey Leads	Design and share template for divisions to record their key local findings for action and monitoring.	SP	Complete Feedback sought
March 2025 (date TBC following Executive Team discussion and agreement)	All staff	Message from Chief Executive to confirm that the Staff Survey results have been shared with IHC and Pan Services Leadership Teams. Identify and share key organisational themes.	Engagement Team SP / Internal Communications Team	Script can be provided to cover -participation rates - highlights - areas to improve - explanation that information has been shared with senior leadership and they will be working on an action plan over the coming weeks.
April 2025	Local Staff Survey Leads	Submit plans to address local findings for the survey to engagement team.	IHC and Pan Services Leadership Teams	Collect and check the reports ready to be put on BetsiNet

April 2025	All BCUHB Staff	Share 'So what?/What's next?' delivery from Executive Team and IHC/Pan directors on Betsi Net.	Internal Communications Team/Engagement Team SP/KS	Explain that building from this, more details on local plans and outcomes will follow
Date	Audience	Channel and Action	Lead	Notes
June TBC 2025	All BCUHB Staff	Update on action in response to staff survey findings. Regular progress updates are crucial to demonstrate that we are actively listening and acting on what colleagues are telling us.  Start to build awareness of 2025 NHS Wales Staff Survey coming around in November.	Internal Communications Team/Engagement Team SP/KS	"You said, we did" format  It is important this is evidenced throughout the year, not just when the staff survey is going live in order to encourage participation in future surveys.
September TBC 2025	All BCUHB Staff	Further update on actions in response to staff survey findings.  Continue to build awareness of 2025 NHS Wales Staff Survey.	Internal Communications Team/Engagement Team SP/KS	

Date	Audience	Channel and Action	Lead	Notes
October TBC 2025	All BCUHB Staff	Promotion of countdown to 2025 NHS Wales Staff Survey.	Engagement Team/Internal Communications Team	



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# NHS Wales Staff Survey 2024

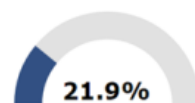
## Results overview

# Response rates

\*rates highlighted green and pink indicate rates higher and lower than the overall NHS Wales response rate.

Tier 1 (Organisation)	Sample size	Responses	Response rate*	vs. 2023 rate	2023 rate
Health Education and Improvement Wales (HEIW)	506	438	86.6%	▲ 11.40%	75.2%
Digital Health and Care Wales	1,271	792	62.3%	▲ 1.78%	60.5%
Public Health Wales	2,149	1,301	60.5%	▲ 6.79%	53.8%
NHS Wales Executive	455	237	52.1%	▼ -5.71%	57.8%
Welsh Ambulances Services University NHS Trust	4,314	1,520	35.2%	▲ 12.08%	23.2%
Velindre University NHS trust	1,837	619	33.7%	▼ -0.25%	33.9%
Powys Teaching Health Board	2,577	780	30.3%	▲ 2.28%	28.0%
Cwm Taf Morgannwg University Health Board	13,269	3,560	26.8%	▲ 8.70%	18.1%
Cardiff and Vale University Health Board	17,295	4,639	26.8%	▲ 5.40%	21.4%
Hywel Dda University Health Board	12,160	2,396	19.7%	▲ 7.68%	12.0%
<b>Betsi Cadwaladr University Health Board</b>	<b>20,591</b>	<b>3,577</b>	<b>17.4%</b>	<b>▼ -2.84%</b>	<b>20.2%</b>
NHS Wales Shared Services Partnership	6,182	936	15.1%	▼ -5.26%	20.4%
Aneurin Bevan University Health Board	15,318	2,030	13.3%	▼ -4.87%	18.1%
Swansea Bay University Health Board	15,601	2,008	12.9%	▼ -5.97%	18.8%
<b>NHS Wales Total</b>	<b>113,525</b>	<b>24,833</b>	<b>21.9%</b>	<b>▲ 1.13%</b>	<b>20.7%</b>

## Response rate: All Wales



21.9% of staff completed the survey in 2024, compared with 20.7% in 2023.

▲ 1.13%

## Voices heard: All Wales



24,833 staff voices were heard in 2024, compared with 22,535 in 2023.

▲ 2,298

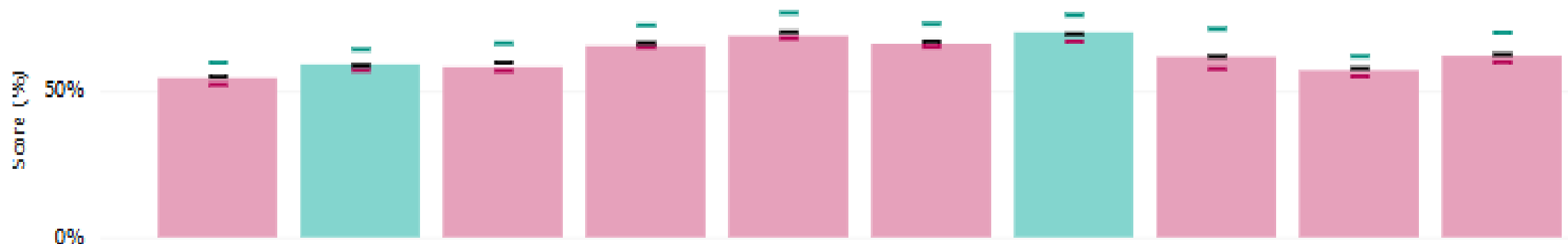
**3577 people** employed at Betsi Cadwaladr University Health Board completed the survey in 2024. This equates to a response rate of **17.4%**. This is compared with the 21.9% overall NHS Wales response rate for 2024.

# Positivity scores by theme 2024

Number of survey responses  
**3,577**

**Positivity scores (%) by theme: 2024 NHS Wales Staff Survey: Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups**

Green bars indicate scores above the NHS Wales organisational average\*, pink bars indicate scores below the NHS Wales organisational average\*. Hover over table for scores by sub-theme.



	Morale	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
Selection above	54.4%	59.0%	58.2%	65.4%	68.7%	66.0%	70.0%	61.6%	57.0%	62.0%
NHS Wales average*	54.8%	58.7%	59.6%	66.3%	70.1%	66.8%	69.4%	61.8%	57.7%	62.4%
Highest performing organisation	59.6%	64.1%	66.2%	72.5%	76.7%	72.9%	75.9%	71.2%	61.8%	69.9%
Lowest performing organisation	52.1%	57.0%	56.9%	64.9%	68.0%	65.1%	66.9%	57.5%	55.0%	59.8%

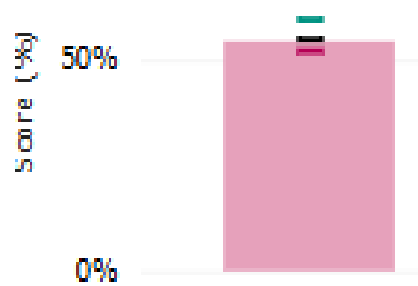
\*For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The highest and lowest performing organisations have also been calculated separately for these groups.

# Positivity scores: Morale

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	2023	54.7%		54.0%	0.7%
	2024	54.4%	-0.3% ▼	54.8%	-0.5%

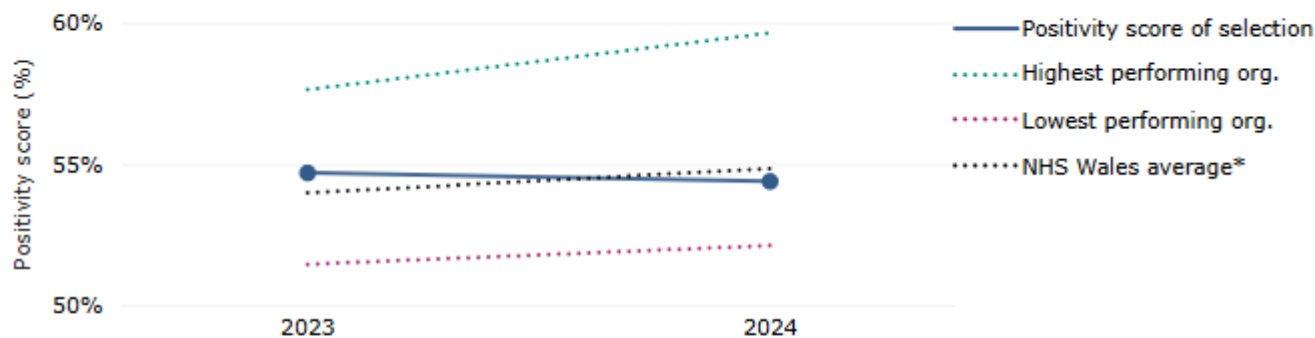
Positivity scores (%) by theme: 2024 NHS Wales Staff Survey: Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups

Green bars indicate scores above the NHS Wales organisational average\*, pink bars indicate scores below the NHS Wales organisational average\*. Hover over table for scores by sub-theme.



	Morale
Selection above	54.4%
NHS Wales average*	54.8%
Highest performing organisation	59.6%
Lowest performing organisation	52.1%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'Morale' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups

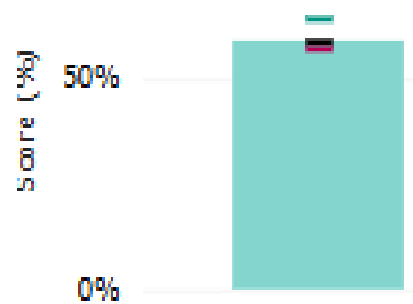


	2023	2024
Positivity score of selection**	54.7%	54.4%
Positivity score - NHS Wales average*	54.0%	54.8%
Positivity score - Highest performing organisation	57.6%	59.6%
Positivity score - Lowest performing organisation	51.4%	52.1%
Total responses	4,021	3,577

Number of survey responses  
**3,577**

# Positivity scores: Patient safety

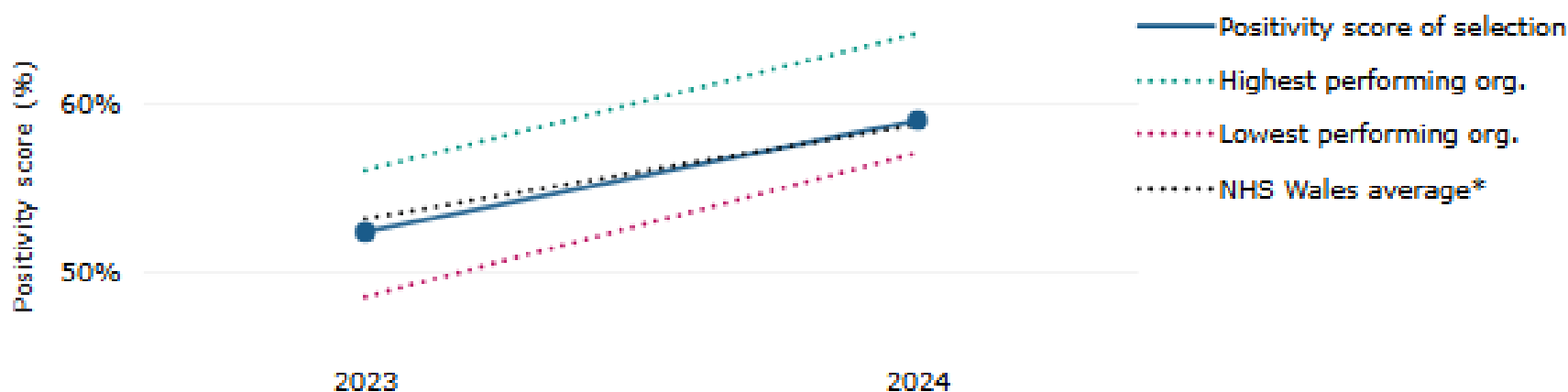
Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Patient safety	2023	52.3%		53.1%	-0.8%
	2024	59.0%	6.7% ▲	58.7%	0.3%



	Patient safety
Selection above	59.0%

- NHS Wales average\* 58.7%
- Highest performing organisation 64.1%
- Lowest performing organisation 57.0%

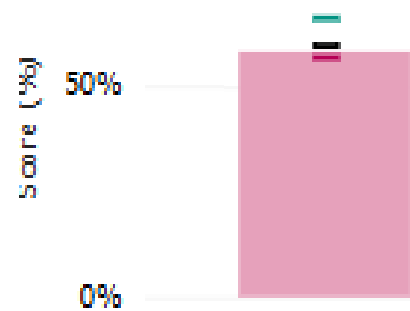
Positivity scores (%) over time, for NHS Wales Staff Survey theme 'Patient safety' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



	2023	2024
Positivity score of selection**	52.3%	59.0%
Positivity score - NHS Wales average*	53.1%	58.7%

# Positivity scores: Staff engagement

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Staff engagement	2023	58.8%		60.3%	-1.4%
	2024	58.2%	-0.6% ▼	59.6%	-1.4%



Sub-theme and statement	% agreed or strongly agreed	NHS Wales average
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### Ability to contribute towards improvements at work

23a) I am able to make improvements in my area of work.	61.2%	60.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	48.1%	47.9%

### Intrinsic psychological engagement

22a) I look forward to going to work.	51.2%	51.2%
22b) I am enthusiastic about my job.	67.4%	65.7%
22c) I am happy to go the extra mile at work when required.	80.5%	78.7%

### Staff advocacy and recommendation

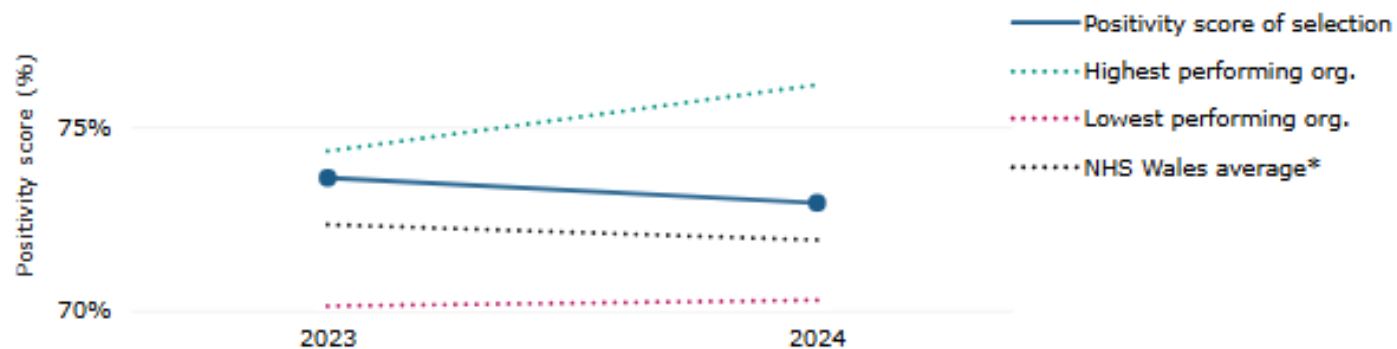
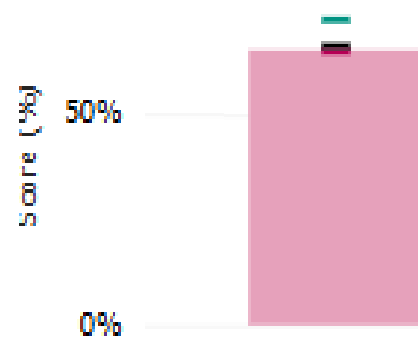
23b) I would recommend my organisation as a place to work.	52.0%	56.4%
23c) I am proud to tell people I work for my organisation.	51.5%	60.0%

Selection above	58.2%
NHS Wales average*	59.6%
Highest performing organisation	66.2%
Lowest performing organisation	56.9%

# Positivity scores: We are all able to speak up

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We are all able to speak up	2023	64.8%		65.7%	-0.9%
	2024	65.4%	0.6% ▲	66.3%	-1.0%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We are all able to speak up' (and sub-theme: Autonomy and control): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



	We are all able to speak up
Selection above	65.4%

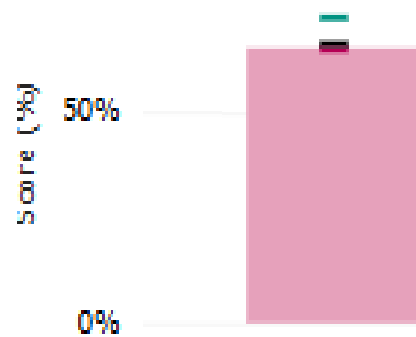
	2023	2024
Positivity score of selection**	73.6%	72.9%
Positivity score - NHS Wales average*	72.3%	71.9%

- NHS Wales average\* 66.3%
- Highest performing organisation 72.5%
- Lowest performing organisation 64.9%

Autonomy and control	
	14a) I always know what my work responsibilities are.
	14b) I am trusted to do my job.
	14c) There are frequent opportunities for me to show initiative in my role.
	14d) I have a choice in deciding how to do my work.
	23d) I am involved in deciding on changes introduced that affect my work/area/team/department.

# Positivity scores: We are all able to speak up

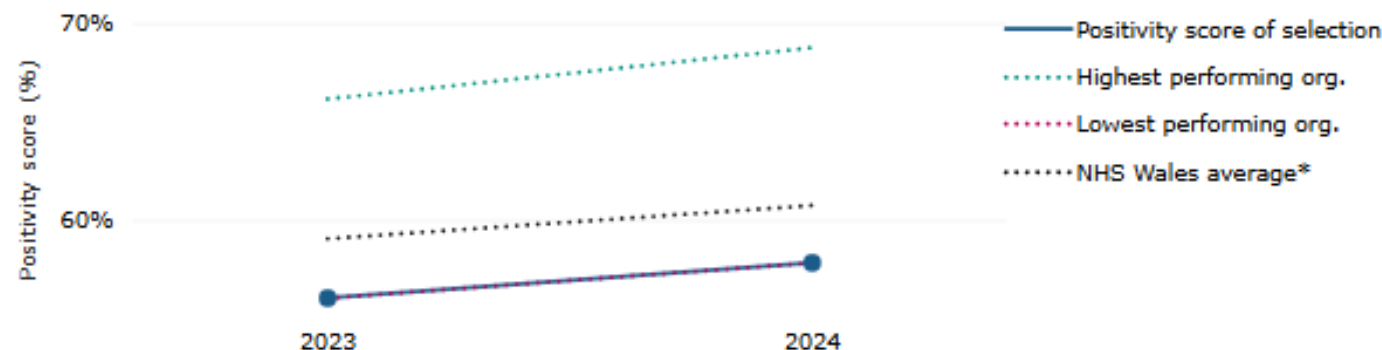
Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We are all able to speak up	2023	64.8%		65.7%	-0.9%
	2024	65.4%	0.6% ▲	66.3%	-1.0%



	We are all able to speak up
Selection above	65.4%

- NHS Wales average\* 66.3%
- Highest performing organisation 72.5%
- Lowest performing organisation 64.9%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We are all able to speak up' (and sub-theme: Raising concerns): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



	2023	2024
Positivity score of selection**	56.0%	57.8%
Positivity score - NHS Wales average*	59.0%	60.7%

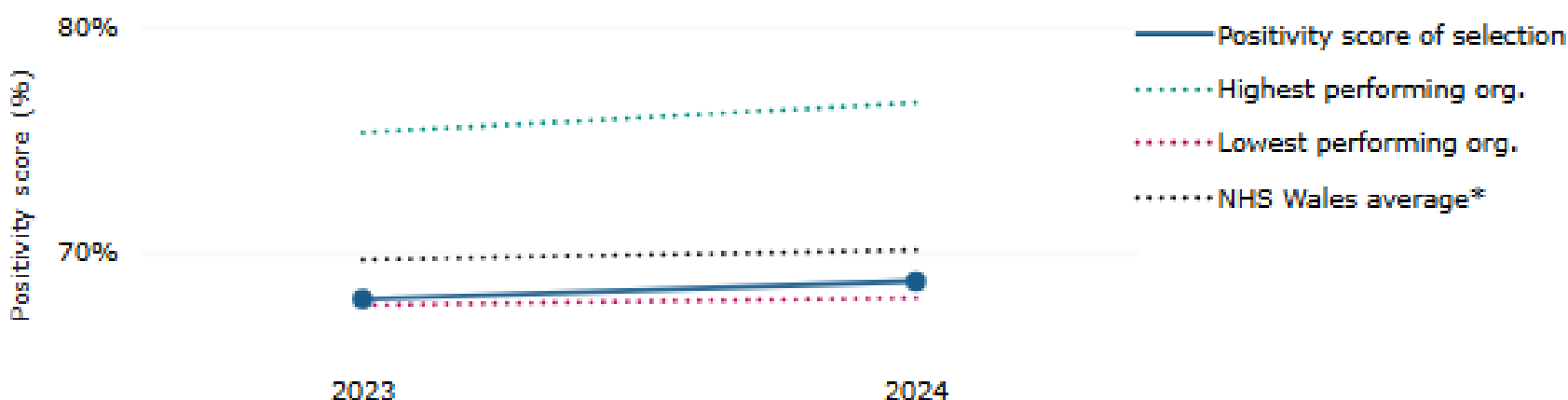
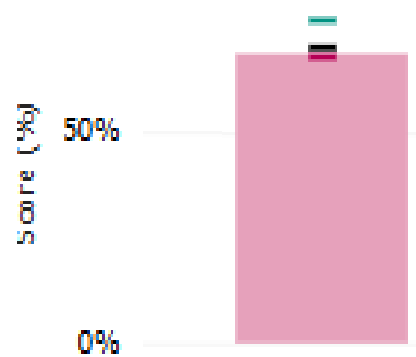
## Raising concerns

- 14i) I would feel secure raising concerns about unsafe clinical practice.
- 14j) I would feel secure raising concerns about unethical behaviour.
- 14k) I am confident my organisation would address my concern.
- 17d) I feel safe to speak up about anything that concerns me in this organisation.
- 17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.

# Positivity scores: We are compassionate and inclusive

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We are compassionate and inclusive	2023	67.9%		69.7%	-1.8%
	2024	68.7%	0.8% ▲	70.1%	-1.4%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We are compassionate and inclusive' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



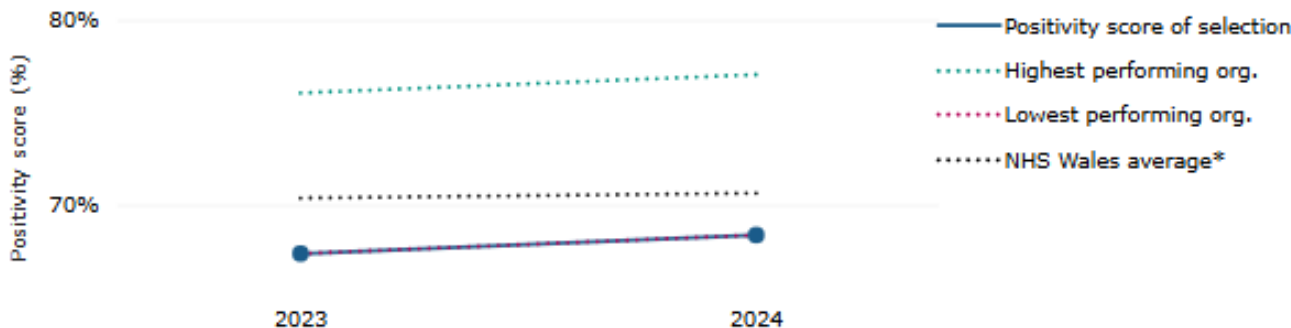
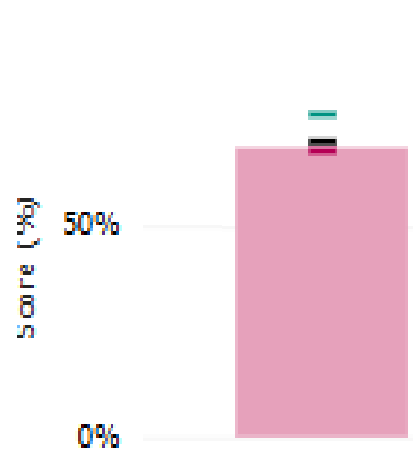
	2023	2024
Positivity score of selection**	67.9%	68.7%
Positivity score - NHS Wales average*	69.7%	70.1%

	We are compassionate and inclusive
Selection above	68.7%
- NHS Wales average*	70.1%
- Highest performing organisation	76.7%
- Lowest performing organisation	68.0%

# Positivity scores: We are compassionate and inclusive

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We are compassionate and inclusive	2023	67.9%		69.7%	-1.8%
	2024	68.7%	0.8% ▲	70.1%	-1.4%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We are compassionate and inclusive' (and sub-theme: Compassionate culture): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



	2023	2024
Positivity score of selection**	67.4%	68.4%
Positivity score - NHS Wales average*	70.4%	70.6%
Positivity score - Highest performing organisation	76.0%	77.0%
Positivity score - Lowest performing organisation	67.4%	68.4%

**We are compassionate and inclusive**

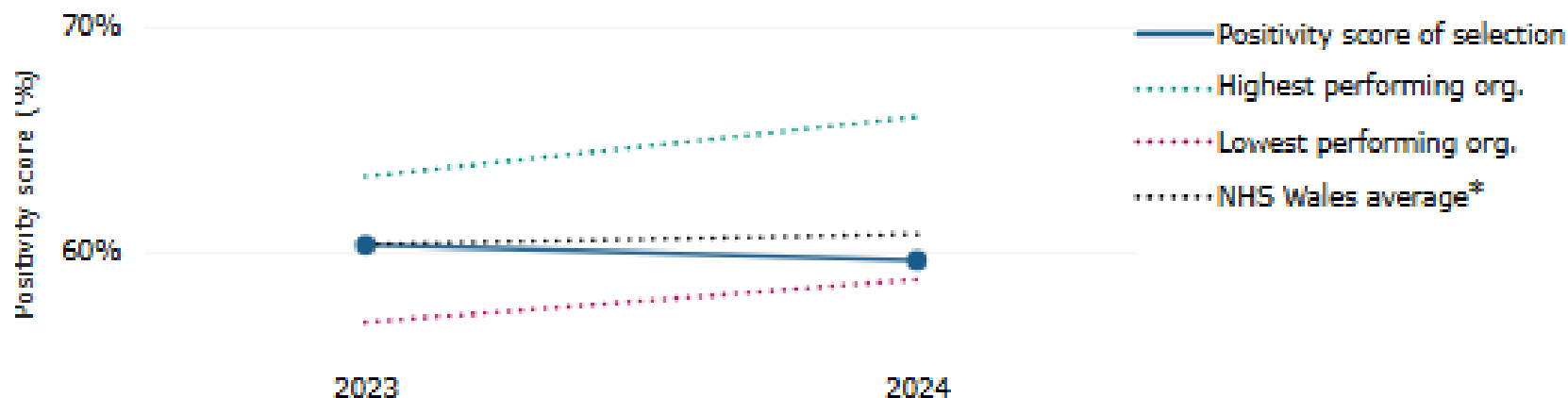
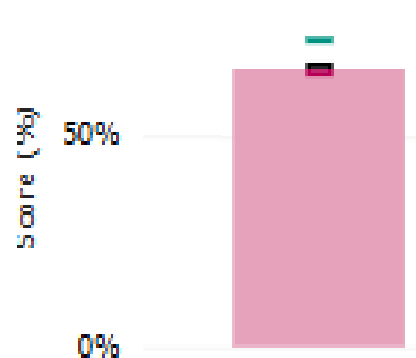
Selection above	68.7%
NHS Wales average*	70.1%
Highest performing organisation	76.7%
Lowest performing organisation	68.0%

Compassionate culture	01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.
	16a) People here are compassionate towards colleagues when they face problems.
	16b) People here give good support to colleagues who are distressed.
	16c) People here are compassionate in the way they behave towards patients/ service users.
	16d) People here take effective action to help patients/service users in distress.
	17a) Care of patients / service users is my organisation's top priority.
	17b) My organisation acts on concerns raised by patients / service users.
	17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
	17d) I feel safe to speak up about anything that concerns me in this organisation.

# Positivity scores: We are continuously learning and improving

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We are continuously learning and improving	2023	66.1%		66.0%	0.2%
	2024	66.0%	-0.1% ▼	66.8%	-0.9%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We are continuously learning and improving' (and sub-theme: Development): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



	We are continuously learning and improving
Selection above	66.0%

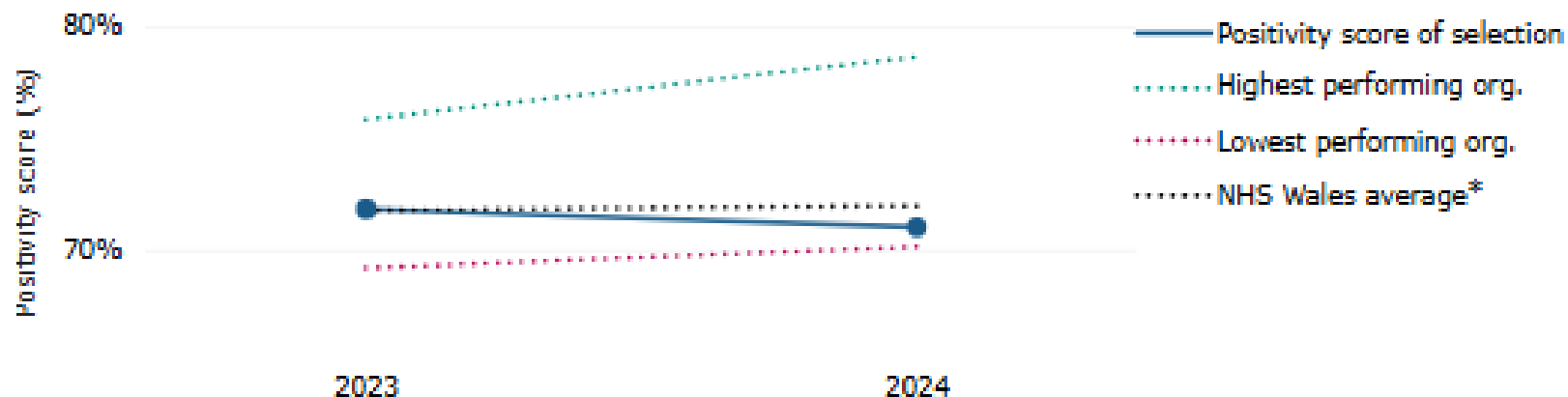
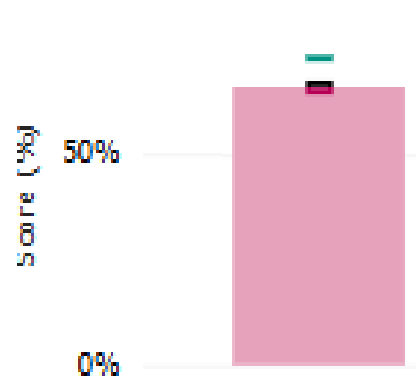
— NHS Wales average*	66.8%
— Highest performing organisation	72.9%
— Lowest performing organisation	65.1%

	2023	2024
Positivity score of selection**	60.3%	59.6%
Positivity score - NHS Wales average*	60.3%	60.8%
Positivity score - Highest performing organisation	63.3%	66.0%
Positivity score - Lowest performing organisation	56.8%	58.7%
Total responses	4,018	3,550

# Positivity scores: We are continuously learning and improving

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We are continuously learning and improving	2023	66.1%		66.0%	0.2%
	2024	66.0%	-0.1% ▼	66.8%	-0.9%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We are continuously learning and improving' (and sub-theme: PDR/Appraisal): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



	We are continuously learning and improving
Selection above	66.0%
NHS Wales average*	66.8%
Highest performing organisation	72.9%
Lowest performing organisation	65.1%

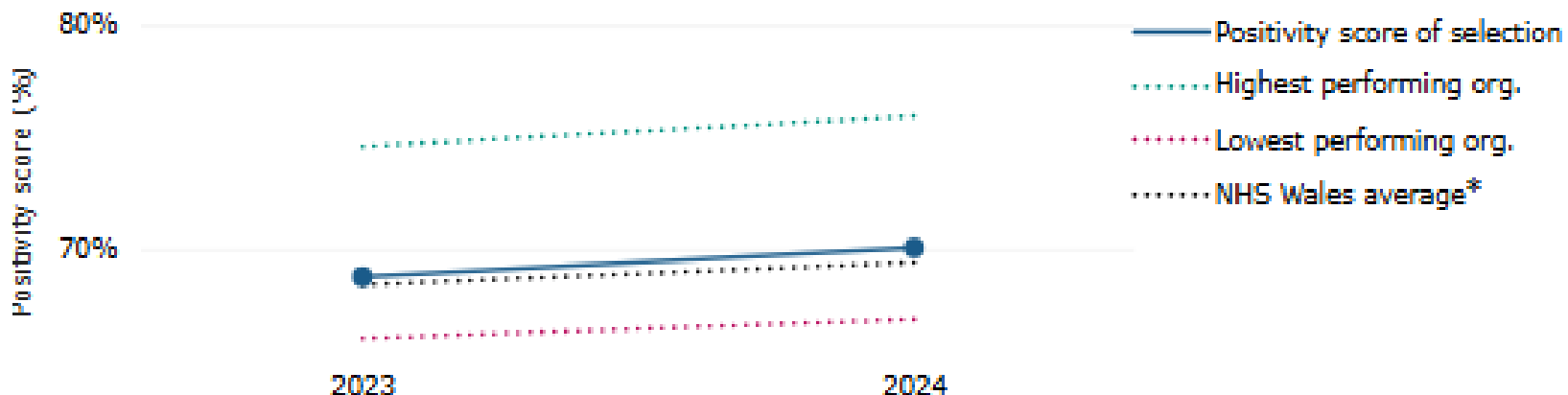
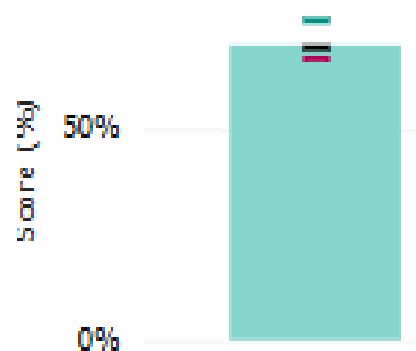
Selection above	66.0%
NHS Wales average*	66.8%
Highest performing organisation	72.9%
Lowest performing organisation	65.1%

	2023	2024
Positivity score of selection**	71.8%	71.0%
Positivity score - NHS Wales average*	71.8%	72.0%
Positivity score - Highest performing organisation	75.8%	78.6%
Positivity score - Lowest performing organisation	69.2%	70.1%
Total responses	4,017	3,571

# Positivity scores: We are stronger together

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We are stronger together	2023	68.7%		68.4%	0.4%
	2024	70.0%	1.3% ▲	69.4%	0.7%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We are stronger together' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



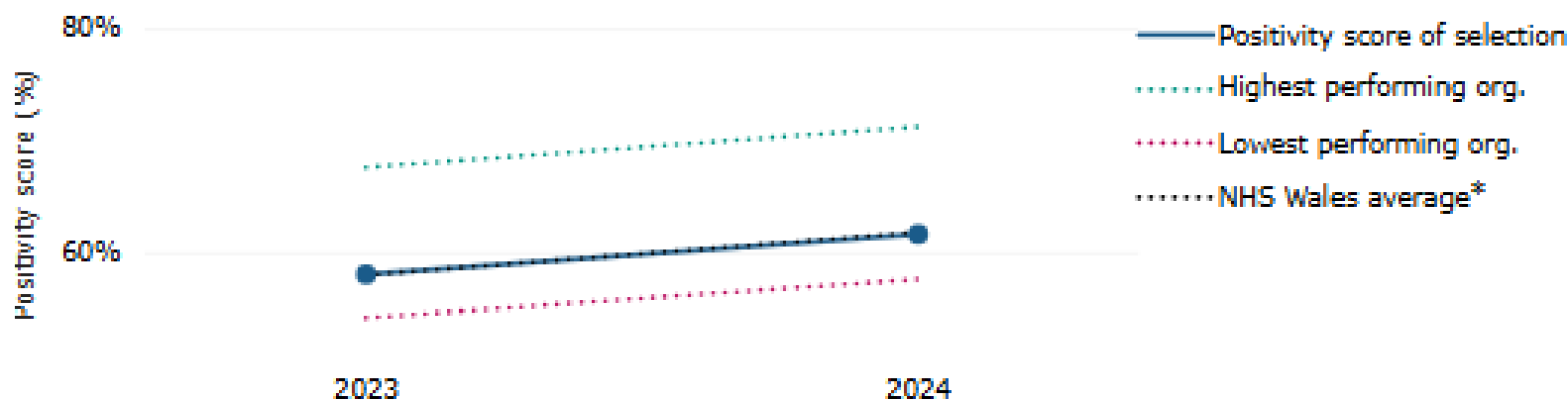
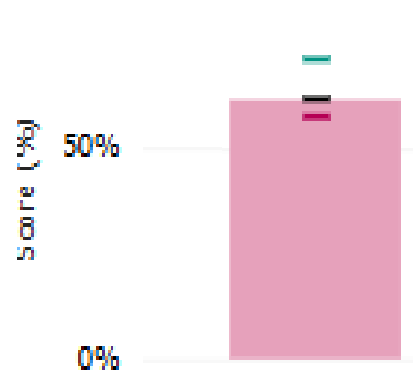
	We are stronger together
Selection above	70.0%
NHS Wales average*	69.4%
Highest performing organisation	75.9%
Lowest performing organisation	66.9%

	2023	2024
Positivity score of selection**	68.7%	70.0%
Positivity score - NHS Wales average*	68.4%	69.4%
Positivity score - Highest performing organisation	74.6%	75.9%
Positivity score - Lowest performing organisation	66.0%	66.9%
Total responses	4,021	3,575

# Positivity scores: We champion flexible working

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We champion flexible working	2023	58.0%		57.9%	0.1%
	2024	61.6%	3.6% ▲	61.8%	-0.1%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We champion flexible working' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



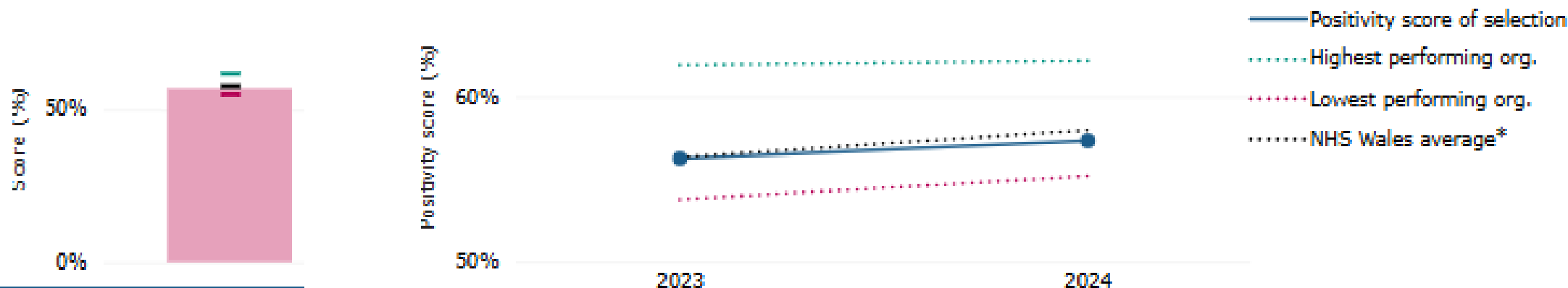
	2023	2024
Positivity score of selection**	58.0%	61.6%
Positivity score - NHS Wales average*	57.9%	61.8%
Positivity score - Highest performing organisation	67.5%	71.2%
Positivity score - Lowest performing organisation	54.1%	57.5%
Total responses	4,017	3,574

	We champion flexible working
Selection above	61.6%
NHS Wales average*	61.8%
Highest performing organisation	71.2%
Lowest performing organisation	57.5%

# Positivity scores: We nurture healthy working environments

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We nurture healthy working environments	2023	56.0%		56.0%	-0.1%
	2024	57.0%	1.1% ▲	57.7%	-0.6%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We nurture healthy working environments' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups



	We nurture healthy working environments
--	---

Selection above **57.0%**

— NHS Wales average\* 57.7%

— Highest performing organisation 61.8%

— Lowest performing organisation 55.0%

	2023	2024
Positivity score of selection**	56.3%	57.3%
Positivity score - NHS Wales average*	56.3%	58.0%
Positivity score - Highest performing organisation	61.9%	62.2%
Positivity score - Lowest performing organisation	53.8%	55.2%
Total responses	4,021	3,577

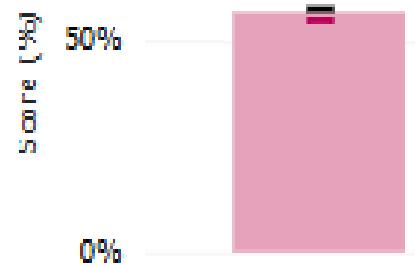
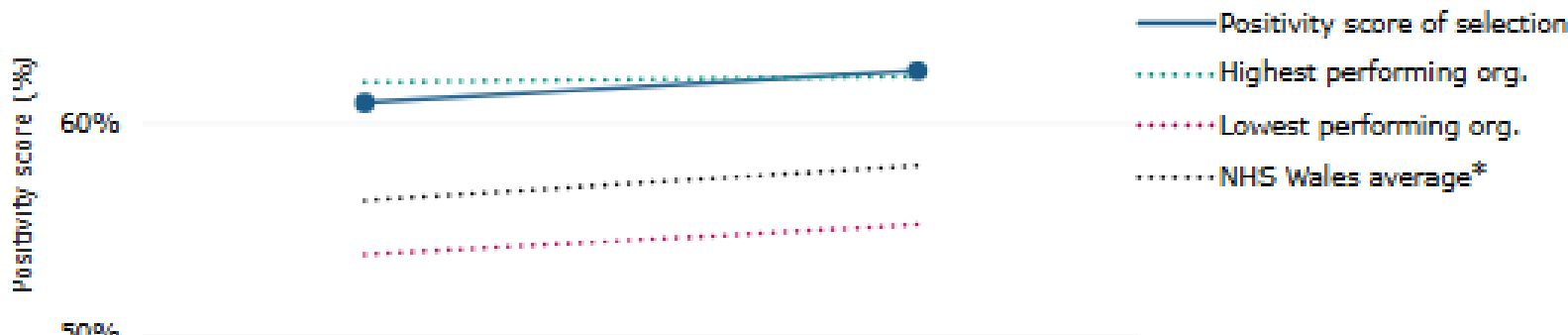
# Positivity scores: We nurture healthy working environments

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We nurture healthy working environments	2023	56.0%		56.0%	-0.1%
	2024	57.0%	1.1% ▲	57.7%	-0.6%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We nurture healthy working environments' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: Occupational group = Medical and Dental



Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We nurture healthy working environments' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: Occupational group = Administrative and Clerical



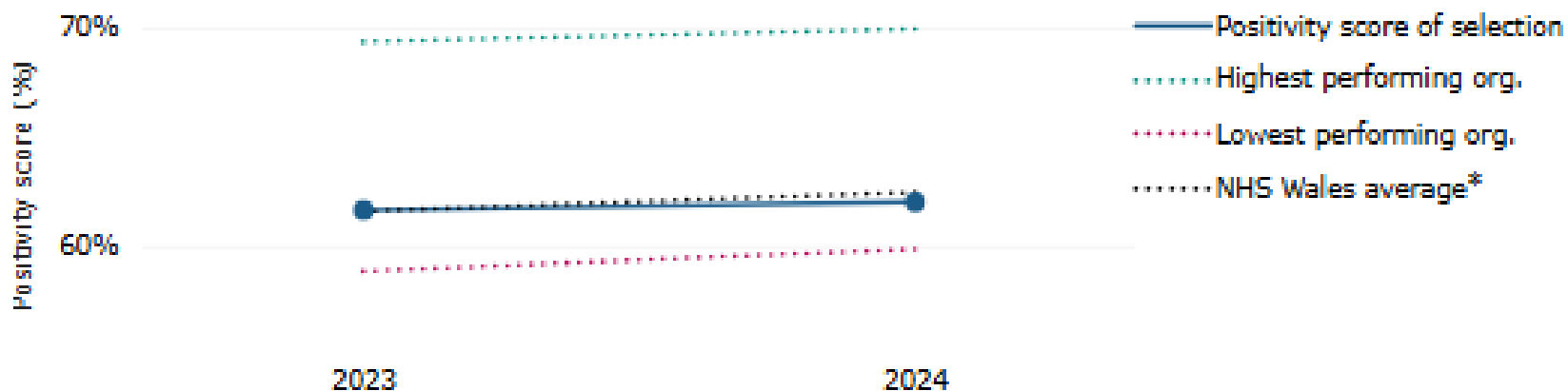
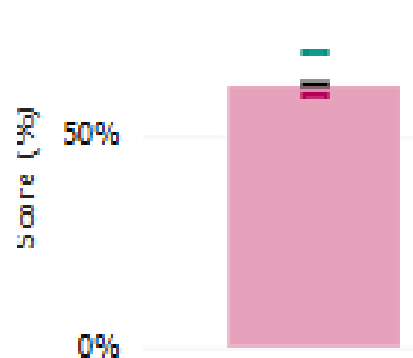
We nurture healthy working environments

Selection above	57.0%
NHS Wales average*	57.7%
Highest performing organisation	61.8%
Lowest performing organisation	55.0%

# Positivity scores: We recognise everyone's contribution

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We recognise everyone's contribution	2023	61.6%		61.6%	0.0%
	2024	62.0%	0.4% ▲	62.4%	-0.4%

Positivity scores (%) over time, for NHS Wales Staff Survey theme 'We recognise everyone's contribution' (and sub-theme: All): Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups

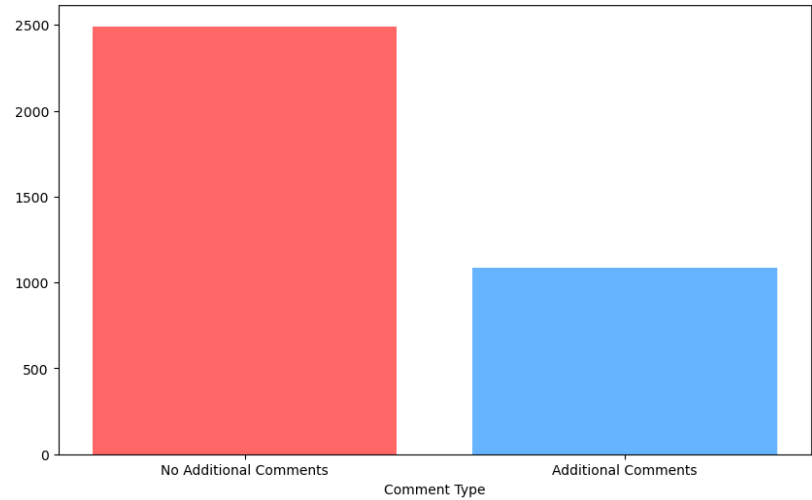


	2023	2024
Positivity score of selection**	61.6%	62.0%
Positivity score - NHS Wales average*	61.6%	62.4%
Positivity score - Highest performing organisation	69.3%	69.9%
Positivity score - Lowest performing organisation	58.8%	59.8%
Total responses	4,020	3,576

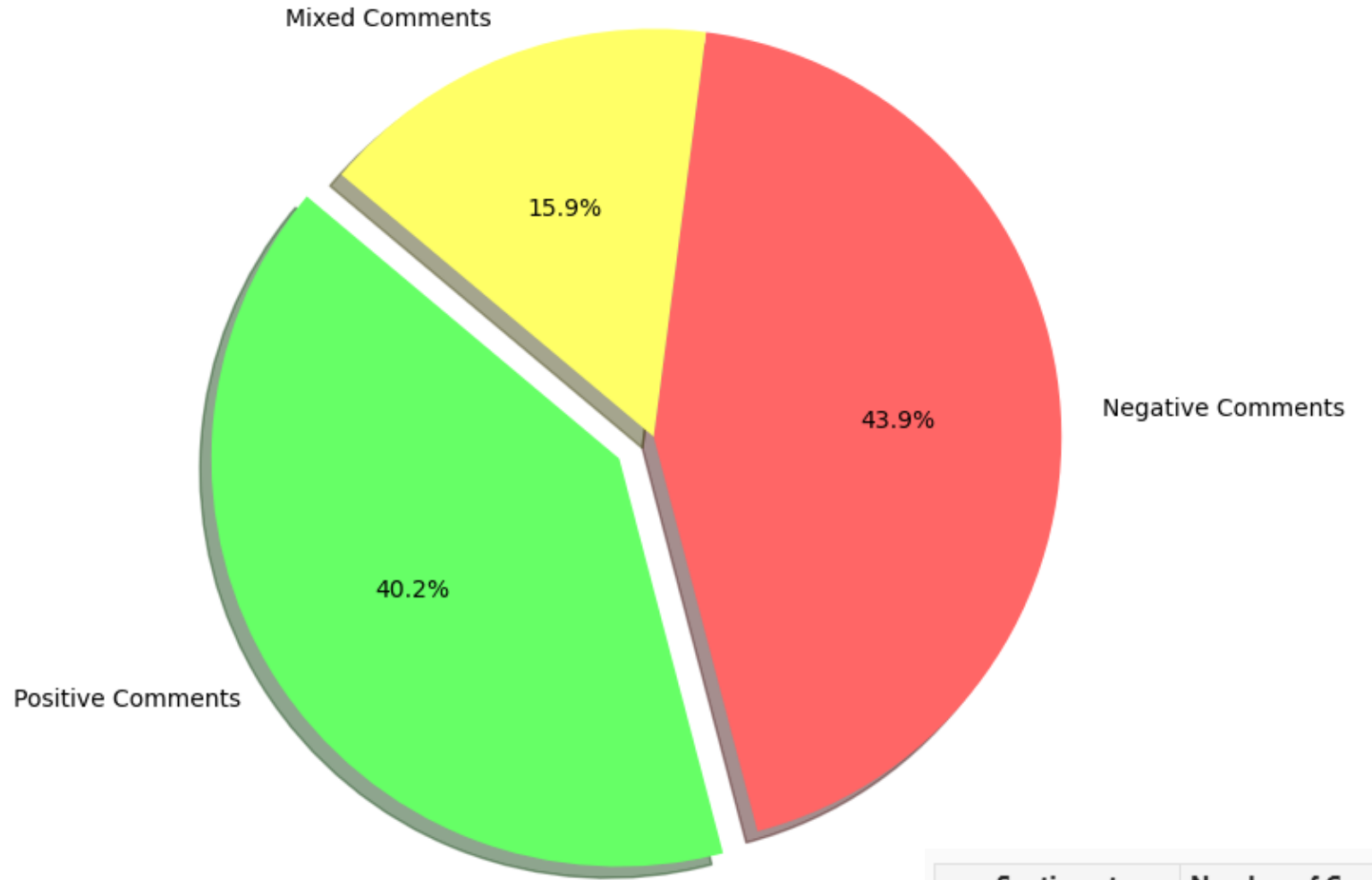
	We recognise everyone's contribution
Selection above	62.0%
NHS Wales average*	62.4%
Highest performing organisation	69.9%
Lowest performing organisation	59.8%

# Qualitative information / Free comments

Distribution of Additional Comments and No Additional Comments

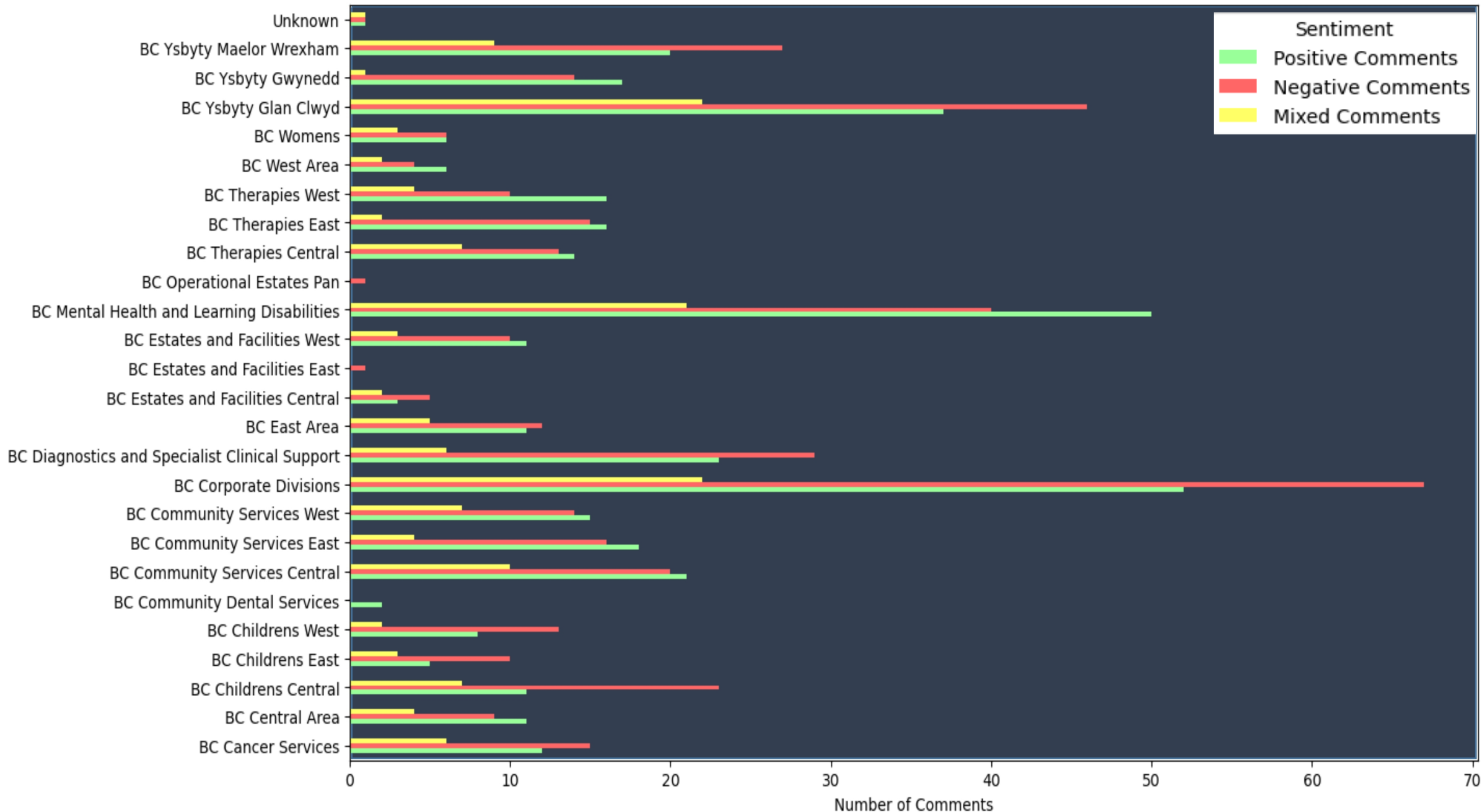


Distribution of Positive, Negative, and Mixed Comments



Sentiment	Number of Comments
Positive Comments	386
Negative Comments	421
Mixed Comments	153

# Qualitative information / Free comments



# Qualitative information / Free comments

Based on the analysis of the comments, the **top five positive themes** evident in the responses are:

## 1. **Pride and commitment**

- Many employees express pride in working for the NHS and their respective teams, highlighting their dedication and commitment to their roles.

## 2. **Supportive colleagues and management**

- Positive comments about supportive and understanding management, as well as the strong sense of teamwork and collaboration among colleagues.

## 3. **Opportunities for development**

- Employees appreciate the opportunities for professional development and career progression available to them.

## 4. **Positive work environment**

- Certain departments are described as having a welcoming and nurturing environment, contributing to a positive work atmosphere.

## 5. **Teamwork and collaboration**

- The importance of teamwork and collaboration is frequently mentioned, with employees valuing the support and cooperation of their colleagues.

# Qualitative information / Free comments

Based on the analysis of the comments, **the five most negative themes** evident in the responses are:

## 1. **Management and leadership**

- Significant concerns about poor management practices, lack of transparency, and ineffective leadership.
- Reports of bullying, favouritism and lack of support from managers.

## 2. **Staffing and workload**

- Issues with understaffing, high workloads and the negative impact on patient care and staff wellbeing.
- Delays in recruitment and the strain on existing staff due to unfilled vacancies.

## 3. **Work environment and conditions**

- Complaints about inadequate facilities, lack of proper equipment and poor working conditions.
- Frustration with outdated or inefficient systems and processes.

## 4. **Bullying and discrimination**

- Reports of bullying, harassment and discrimination, including racism and ageism.
- Concerns about the handling of grievances and the lack of timely and appropriate responses.

## 5. **Concerns about the future of the NHS**

- Worries about the sustainability of the NHS without adequate government support.
- Financial constraints impacting patient care and staff well-being.

## Contents of report

**This report contains information on the results of the 2024 NHS Wales Staff Survey for Betsi Cadwaladr University Health Board, including:**

- 1. Survey response rate**
- 2. Staff Engagement Index score**
- 3. Summary of responses by theme and sub-theme**
- 4. Summary of responses by question**
- 5. Equality, diversity and inclusion (EDI) information on respondents**

## For information

The 2024 NHS Wales Staff survey was open to all employees in NHS Wales for the 2 month period of between 1st October 2024 and 29th November 2024. The questions in the survey are organised by 10 themes and 20 sub-themes.

### Data source

The data presented in this report has been provided by IQVIA Inc., the organisation responsible for delivering the 2024 and 2023 NHS Wales Staff Surveys. The data is stored, and has been collected from, the Health Education and Improvement Wales (HEIW) data warehouse.

### Methodology

To ensure the anonymity of survey respondents, the data in section 5 of this report has been suppressed for instances of less than 10 responses. For example, where less than 10 people with a particular characteristic completed a survey, the number and % of people completing a survey with this particular characteristic is not shown. Any blank responses to questions have also been excluded from the analysis.

Positivity scores have been calculated for each theme and sub-theme, and are based on the percentage of people that responded positively to each question included in each theme and sub-theme. To calculate the Staff Engagement Index score, responses to the 7 relevant questions were weighted based on their scale position from 1 to 5 (on a scale of strongly disagree to strongly agree, or Never to Always). The index score was then calculated as the average of: (i) the weighted percentage score for questions 22a, 22b, and 22c, (ii) the weighted percentage score for questions 23a and 23d, and (iii) the weighted percentage score for questions 23b and 23c. The higher the staff engagement index score, the higher the proportion of people that responded positively to the questions.

For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The NHS Wales organisational average reported in this document therefore relates to Health Board organisations. The organisations included in this benchmark group are: Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys Teaching HB, and Swansea Bay UHB.

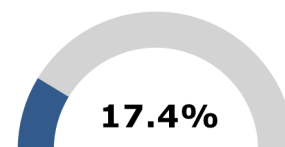
**Contact details:** This report has been developed by the Data and Analytics Team at Health Education and Improvement Wales (HEIW). Please contact [HEIW.ATeam@wales.nhs.uk](mailto:HEIW.ATeam@wales.nhs.uk) with any queries or feedback.



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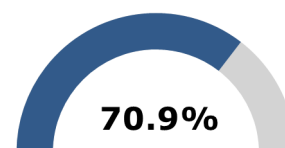
## 1. Survey response rate

**3577 people** employed at Betsi Cadwaladr University Health Board completed the survey in 2024. This equates to a response rate of **17.4%**. This is compared with the 21.9% overall NHS Wales response rate for 2024.



## 2. Staff Engagement Index score

Betsi Cadwaladr University Health Board achieved a **Staff Engagement Index score of 70.9%** in 2024. This is compared with the 72% average NHS Wales Staff Engagement Index score.



**Table 1:** Responses to Staff Engagement Index questions in the 2024 survey for Betsi Cadwaladr University Health Board, with questions asking "On a scale of 1 to 5 (from strongly disagree to strongly agree), to what extent do you agree with the following statements?"

Sub-theme and statement	% agreed or strongly agreed	NHS Wales average
<b>Ability to contribute towards improvements at work</b>		
23a) I am able to make improvements in my area of work.	61.2%	60.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	48.1%	47.9%
<b>Intrinsic psychological engagement</b>		
22a) I look forward to going to work.	51.2%	51.2%
22b) I am enthusiastic about my job.	67.4%	65.7%
22c) I am happy to go the extra mile at work when required.	80.5%	78.7%
<b>Staff advocacy and recommendation</b>		
23b) I would recommend my organisation as a place to work.	52.0%	56.4%
23c) I am proud to tell people I work for my organisation.	51.5%	60.0%

### About the Staff Engagement Index

The Staff Engagement Index score is calculated by weighting the responses to the seven questions based on their position on a 5-point scale (with 1 representing the least positive response, and 5 the most positive response). The Staff Engagement Index score therefore increases as the proportion of people responding positively to these questions increases. More information on how the Staff Engagement Index score is calculated is available on page 1 of this report.

### 3. Summary of responses by theme and sub-theme

**Table 2:** Positivity scores by theme in 2024 for Betsi Cadwaladr University Health Board (with bars highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Positivity score	NHS Wales average
Morale	54.4%	54.8%
Patient safety	59.0%	58.7%
Staff engagement	58.2%	59.6%
We are all able to speak up	65.4%	66.3%
We are compassionate and inclusive	68.7%	70.1%
We are continuously learning and improving	66.0%	66.8%
We are stronger together	70.0%	69.4%
We champion flexible working	61.6%	61.8%
We nurture healthy working environments	57.0%	57.7%
We recognise everyone's contribution	62.0%	62.4%

**Table 3:** Positivity scores by theme in 2024 and 2023 for Betsi Cadwaladr University Health Board (with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	2023	54.7%		54.0%	0.7%
	2024	54.4%	-0.3% ▼	54.8%	-0.5%
Patient safety	2023	52.3%		53.1%	-0.8%
	2024	59.0%	6.7% ▲	58.7%	0.3%
Staff engagement	2023	58.8%		60.3%	-1.4%
	2024	58.2%	-0.6% ▼	59.6%	-1.4%
We are all able to speak up	2023	64.8%		65.7%	-0.9%
	2024	65.4%	0.6% ▲	66.3%	-1.0%
We are compassionate and inclusive	2023	67.9%		69.7%	-1.8%
	2024	68.7%	0.8% ▲	70.1%	-1.4%
We are continuously learning and improving	2023	66.1%		66.0%	0.2%
	2024	66.0%	-0.1% ▼	66.8%	-0.9%
We are stronger together	2023	68.7%		68.4%	0.4%
	2024	70.0%	1.3% ▲	69.4%	0.7%
We champion flexible working	2023	58.0%		57.9%	0.1%
	2024	61.6%	3.6% ▲	61.8%	-0.1%
We nurture healthy working environments	2023	56.0%		56.0%	-0.1%
	2024	57.0%	1.1% ▲	57.7%	-0.6%
We recognise everyone's contribution	2023	61.6%		61.6%	0.0%
	2024	62.0%	0.4% ▲	62.4%	-0.4%

**Table 4:** Positivity scores by theme and sub-theme for Betsi Cadwaladr University Health Board (*with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations*)

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	Stressors	2023	58.0%		57.4%	0.6%
		2024	58.2%	0.1% ▲	57.8%	0.4%
	Thinking about leaving	2023	55.1%		54.3%	0.8%
		2024	55.2%	0.1% ▲	56.1%	-1.0%
	Work pressure	2023	47.5%		46.6%	0.9%
		2024	45.7%	-1.7% ▼	47.2%	-1.4%
Patient safety	No related sub-theme	2023	52.3%		53.1%	-0.8%
		2024	59.0%	6.7% ▲	58.7%	0.3%
Staff engagement	Ability to contribute towards improvement at work (Involvement)	2023	56.7%		56.0%	0.7%
		2024	54.2%	-2.5% ▼	53.9%	0.3%
	Intrinsic psychological engagement (Motivation)	2023	66.3%		65.6%	0.6%
		2024	65.9%	-0.3% ▼	64.9%	1.1%
	Staff Advocacy and recommendation (Advocacy)	2023	49.8%		56.4%	-6.6%
		2024	50.7%	0.8% ▲	57.5%	-6.9%
We are all able to speak up	Autonomy and control	2023	73.6%		72.3%	1.3%
		2024	72.9%	-0.7% ▼	71.9%	1.0%
	Raising concerns	2023	56.0%		59.0%	-3.0%
		2024	57.8%	1.8% ▲	60.7%	-2.9%
We are compassionate and inclusive	Compassionate culture	2023	67.4%		70.4%	-3.0%
		2024	68.4%	1.0% ▲	70.6%	-2.3%
	Compassionate Leadership	2023	66.4%		66.5%	-0.2%
		2024	68.9%	2.5% ▲	69.0%	-0.1%
	Diversity and Equality	2023	59.4%		62.4%	-3.0%
		2024	61.0%	1.6% ▲	64.3%	-3.3%
	Inclusion	2023	74.0%		73.2%	0.8%
		2024	72.1%	-1.9% ▼	71.6%	0.5%
We are continuously learning and improving	Development	2023	60.3%		60.3%	0.0%
		2024	59.6%	-0.7% ▼	60.8%	-1.2%
	PDR/Appraisal	2023	74.7%		74.2%	0.4%
		2024	74.9%	0.3% ▲	75.4%	-0.5%
We are stronger together	Line management	2023	65.7%		65.8%	-0.1%
		2024	68.8%	3.2% ▲	68.4%	0.4%
	Team working	2023	71.3%		70.5%	0.8%
		2024	71.1%	-0.2% ▼	70.1%	0.9%
We champion flexible working	Support for work-life balance	2023	58.0%		57.9%	0.1%
		2024	61.6%	3.6% ▲	61.8%	-0.1%

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We nurture healthy working environments	Burnout	2023	27.1%		27.0%	0.1%
		2024	30.3%	3.2% ▲	30.9%	-0.6%
	Health and safety climate	2023	42.2%		42.5%	-0.3%
		2024	41.3%	-0.9% ▼	43.7%	-2.4%
	Negative experiences	2023	80.7%		80.8%	-0.1%
		2024	81.5%	0.8% ▲	81.4%	0.1%
We recognise everyone's contribution	No related sub-theme	2023	61.6%		61.6%	0.0%
		2024	62.0%	0.4% ▲	62.4%	-0.4%

#### 4. Summary of responses by question

**Table 5:** Percentage of people that responded positively and negatively to likert scale questions included in the 2024 survey for Betsi Cadwaladr University Health Board, with questions organised by theme

Question	Year	Positive responses (%)	Positive responses (%) - NHS Wales average	Negative responses (%)
<b>Morale</b>				
02a) I have unrealistic time pressures.	2023	28.3%	27.6%	33.4%
	2024	29.2%	28.9%	29.5%
02b) I am able to meet all the conflicting demands on my time at work.	2023	52.7%	51.2%	15.4%
	2024	52.0%	51.5%	14.3%
02c) I have adequate supplies, materials and equipment to do my work.	2023	60.7%	59.2%	12.9%
	2024	57.2%	58.1%	16.9%
02d) There are enough staff at this organisation for me to do my job properly.	2023	29.9%	31.3%	39.0%
	2024	31.3%	34.2%	36.7%
04a) My immediate manager (line manager) encourages me at work.	2023	70.1%	69.6%	12.4%
	2024	72.1%	71.7%	11.8%
14a) I always know what my work responsibilities are.	2023	81.4%	81.2%	8.6%
	2024	82.1%	81.6%	8.5%
14d) I have a choice in deciding how to do my work.	2023	69.4%	67.2%	12.7%
	2024	73.6%	71.8%	10.7%
15f) Relationships at work are strained.	2023	46.6%	47.3%	26.2%
	2024	46.6%	47.3%	27.4%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	55.7%	54.2%	23.0%
	2024	48.1%	47.9%	27.1%
24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.	2023	57.2%	56.5%	18.0%
	2024	56.2%	57.1%	18.9%
24b) I often think about leaving this organisation.	2023	46.2%	47.0%	29.5%
	2024	46.2%	48.4%	29.5%
24c) I will probably look for a job at a new organisation in the next 12 months.	2023	55.2%	53.0%	19.0%
	2024	56.3%	56.0%	19.5%
24d) As soon as I can find another job, I will leave this organisation.	2023	61.5%	61.1%	13.8%
	2024	64.2%	63.9%	13.3%
<b>Patient safety</b>				
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.	2023	43.2%	43.7%	11.6%
	2024	51.6%	52.2%	14.0%
13c) My organisation encourages us to report errors, near misses or incidents.	2023	73.4%	73.9%	7.7%
	2024	77.2%	76.5%	9.3%

13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2023	50.4%	<div style="width: 50.4%;"></div>	53.0%	13.0%	<div style="width: 13.0%;"></div>
	2024	56.8%	<div style="width: 56.8%;"></div>	57.7%	15.5%	<div style="width: 15.5%;"></div>

13e) We are given feedback about changes made in response to reported errors, near misses and incidents.	2023	43.4%	<div style="width: 43.4%;"></div>	42.8%	19.9%	<div style="width: 19.9%;"></div>
	2024	50.0%	<div style="width: 50.0%;"></div>	48.8%	22.6%	<div style="width: 22.6%;"></div>

**Staff engagement**

22a) I look forward to going to work.	2023	51.0%	<div style="width: 51.0%;"></div>	50.7%	14.3%	<div style="width: 14.3%;"></div>
	2024	51.2%	<div style="width: 51.2%;"></div>	51.2%	14.4%	<div style="width: 14.4%;"></div>

22b) I am enthusiastic about my job.	2023	67.8%	<div style="width: 67.8%;"></div>	66.8%	7.5%	<div style="width: 7.5%;"></div>
	2024	67.4%	<div style="width: 67.4%;"></div>	65.7%	8.2%	<div style="width: 8.2%;"></div>

22c) I am happy to go the extra mile at work when required.	2023	81.0%	<div style="width: 81.0%;"></div>	80.0%	3.9%	<div style="width: 3.9%;"></div>
	2024	80.5%	<div style="width: 80.5%;"></div>	78.7%	4.3%	<div style="width: 4.3%;"></div>

23a) I am able to make improvements in my area of work.	2023	59.0%	<div style="width: 59.0%;"></div>	58.5%	14.2%	<div style="width: 14.2%;"></div>
	2024	61.2%	<div style="width: 61.2%;"></div>	60.6%	15.5%	<div style="width: 15.5%;"></div>

23b) I would recommend my organisation as a place to work.	2023	50.7%	<div style="width: 50.7%;"></div>	55.2%	20.1%	<div style="width: 20.1%;"></div>
	2024	52.0%	<div style="width: 52.0%;"></div>	56.4%	18.8%	<div style="width: 18.8%;"></div>

23c) I am proud to tell people I work for my organisation.	2023	49.9%	<div style="width: 49.9%;"></div>	58.8%	19.0%	<div style="width: 19.0%;"></div>
	2024	51.5%	<div style="width: 51.5%;"></div>	60.0%	18.6%	<div style="width: 18.6%;"></div>

23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	55.7%	<div style="width: 55.7%;"></div>	54.2%	23.0%	<div style="width: 23.0%;"></div>
	2024	48.1%	<div style="width: 48.1%;"></div>	47.9%	27.1%	<div style="width: 27.1%;"></div>

**We are all able to speak up**

14a) I always know what my work responsibilities are.	2023	81.4%	<div style="width: 81.4%;"></div>	81.2%	8.6%	<div style="width: 8.6%;"></div>
	2024	82.1%	<div style="width: 82.1%;"></div>	81.6%	8.5%	<div style="width: 8.5%;"></div>

14b) I am trusted to do my job.	2023	88.8%	<div style="width: 88.8%;"></div>	87.5%	4.2%	<div style="width: 4.2%;"></div>
	2024	88.6%	<div style="width: 88.6%;"></div>	86.9%	4.7%	<div style="width: 4.7%;"></div>

14c) There are frequent opportunities for me to show initiative in my role.	2023	74.1%	<div style="width: 74.1%;"></div>	72.6%	9.9%	<div style="width: 9.9%;"></div>
	2024	73.7%	<div style="width: 73.7%;"></div>	72.5%	11.3%	<div style="width: 11.3%;"></div>

14d) I have a choice in deciding how to do my work.	2023	69.4%	<div style="width: 69.4%;"></div>	67.2%	12.7%	<div style="width: 12.7%;"></div>
	2024	73.6%	<div style="width: 73.6%;"></div>	71.8%	10.7%	<div style="width: 10.7%;"></div>

14i) I would feel secure raising concerns about unsafe clinical practice.	2023	73.0%	<div style="width: 73.0%;"></div>	73.4%	9.3%	<div style="width: 9.3%;"></div>
	2024	75.6%	<div style="width: 75.6%;"></div>	74.5%	10.4%	<div style="width: 10.4%;"></div>

14j) I would feel secure raising concerns about unethical behaviour.	2023	75.8%	<div style="width: 75.8%;"></div>	76.7%	10.6%	<div style="width: 10.6%;"></div>
	2024	74.8%	<div style="width: 74.8%;"></div>	75.7%	12.2%	<div style="width: 12.2%;"></div>

14k) I am confident my organisation would address my concern.	2023	47.6%	<div style="width: 47.6%;"></div>	51.3%	20.9%	<div style="width: 20.9%;"></div>
	2024	49.4%	<div style="width: 49.4%;"></div>	53.5%	22.7%	<div style="width: 22.7%;"></div>

17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	51.8%	<div style="width: 51.8%;"></div>	55.8%	22.4%	<div style="width: 22.4%;"></div>
	2024	54.6%	<div style="width: 54.6%;"></div>	58.5%	20.7%	<div style="width: 20.7%;"></div>

17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	35.1%	<div style="width: 35.1%;"></div>	40.1%	28.9%	<div style="width: 28.9%;"></div>
	2024	37.3%	<div style="width: 37.3%;"></div>	43.6%	28.4%	<div style="width: 28.4%;"></div>

23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	55.7%	<div style="width: 55.7%;"></div>	54.2%	23.0%	<div style="width: 23.0%;"></div>
	2024	48.1%	<div style="width: 48.1%;"></div>	47.9%	27.1%	<div style="width: 27.1%;"></div>

**We are compassionate and inclusive**

01h) I feel valued by my team.	2023	69.0%	<div style="width: 69.0%;"></div>	67.4%	14.6%	<div style="width: 14.6%;"></div>
	2024	67.7%	<div style="width: 67.7%;"></div>	67.1%	16.5%	<div style="width: 16.5%;"></div>
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	74.4%	<div style="width: 74.4%;"></div>	75.3%	12.1%	<div style="width: 12.1%;"></div>
	2024	73.0%	<div style="width: 73.0%;"></div>	73.0%	14.8%	<div style="width: 14.8%;"></div>
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	66.8%	<div style="width: 66.8%;"></div>	66.9%	14.2%	<div style="width: 14.2%;"></div>
	2024	68.9%	<div style="width: 68.9%;"></div>	69.3%	13.8%	<div style="width: 13.8%;"></div>
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	69.8%	<div style="width: 69.8%;"></div>	69.8%	13.1%	<div style="width: 13.1%;"></div>
	2024	71.5%	<div style="width: 71.5%;"></div>	71.4%	13.7%	<div style="width: 13.7%;"></div>
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	65.9%	<div style="width: 65.9%;"></div>	65.5%	13.5%	<div style="width: 13.5%;"></div>
	2024	67.8%	<div style="width: 67.8%;"></div>	67.9%	14.3%	<div style="width: 14.3%;"></div>
14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	2023	59.9%	<div style="width: 59.9%;"></div>	62.9%	11.4%	<div style="width: 11.4%;"></div>
	2024	61.6%	<div style="width: 61.6%;"></div>	64.8%	11.9%	<div style="width: 11.9%;"></div>
15c) The people I work with are understanding and kind to one another.	2023	76.5%	<div style="width: 76.5%;"></div>	75.4%	8.6%	<div style="width: 8.6%;"></div>
	2024	74.3%	<div style="width: 74.3%;"></div>	73.8%	9.1%	<div style="width: 9.1%;"></div>
15d) The people I work with are polite and treat each other with respect.	2023	76.3%	<div style="width: 76.3%;"></div>	76.3%	8.5%	<div style="width: 8.5%;"></div>
	2024	74.5%	<div style="width: 74.5%;"></div>	73.8%	9.2%	<div style="width: 9.2%;"></div>
16a) People here are compassionate towards colleagues when they face problems.	2023	75.6%	<div style="width: 75.6%;"></div>	76.5%	7.7%	<div style="width: 7.7%;"></div>
	2024	75.4%	<div style="width: 75.4%;"></div>	75.7%	8.6%	<div style="width: 8.6%;"></div>
16b) People here give good support to colleagues who are distressed.	2023	77.2%	<div style="width: 77.2%;"></div>	77.5%	7.7%	<div style="width: 7.7%;"></div>
	2024	77.2%	<div style="width: 77.2%;"></div>	77.5%	8.4%	<div style="width: 8.4%;"></div>
16c) People here are compassionate in the way they behave towards patients/ service users.	2023	82.9%	<div style="width: 82.9%;"></div>	83.4%	3.1%	<div style="width: 3.1%;"></div>
	2024	83.3%	<div style="width: 83.3%;"></div>	83.5%	3.8%	<div style="width: 3.8%;"></div>
16d) People here take effective action to help patients/service users in distress.	2023	82.6%	<div style="width: 82.6%;"></div>	82.9%	2.8%	<div style="width: 2.8%;"></div>
	2024	83.8%	<div style="width: 83.8%;"></div>	83.1%	3.1%	<div style="width: 3.1%;"></div>
17a) Care of patients / service users is my organisation's top priority.	2023	63.5%	<div style="width: 63.5%;"></div>	67.2%	15.0%	<div style="width: 15.0%;"></div>
	2024	64.2%	<div style="width: 64.2%;"></div>	67.3%	14.7%	<div style="width: 14.7%;"></div>
17b) My organisation acts on concerns raised by patients / service users.	2023	57.6%	<div style="width: 57.6%;"></div>	63.3%	12.2%	<div style="width: 12.2%;"></div>
	2024	60.4%	<div style="width: 60.4%;"></div>	64.2%	12.0%	<div style="width: 12.0%;"></div>
17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	2023	44.4%	<div style="width: 44.4%;"></div>	54.1%	25.5%	<div style="width: 25.5%;"></div>
	2024	46.9%	<div style="width: 46.9%;"></div>	55.3%	25.2%	<div style="width: 25.2%;"></div>
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	51.8%	<div style="width: 51.8%;"></div>	55.8%	22.4%	<div style="width: 22.4%;"></div>
	2024	54.6%	<div style="width: 54.6%;"></div>	58.5%	20.7%	<div style="width: 20.7%;"></div>

**We are continuously learning and improving**

18a) This organisation offers me challenging work.	2023	71.3%	<div style="width: 71.3%;"></div>	71.2%	7.0%	<div style="width: 7.0%;"></div>
	2024	70.8%	<div style="width: 70.8%;"></div>	71.3%	8.0%	<div style="width: 8.0%;"></div>
18b) There are opportunities for me to develop my career in this organisation.	2023	52.2%	<div style="width: 52.2%;"></div>	51.6%	22.7%	<div style="width: 22.7%;"></div>
	2024	50.6%	<div style="width: 50.6%;"></div>	51.7%	25.1%	<div style="width: 25.1%;"></div>
18c) I have opportunities to improve my knowledge and skills.	2023	67.1%	<div style="width: 67.1%;"></div>	67.6%	13.7%	<div style="width: 13.7%;"></div>
	2024	67.6%	<div style="width: 67.6%;"></div>	68.2%	14.7%	<div style="width: 14.7%;"></div>

18d) I feel supported to develop my potential.	2023	54.9%	<div style="width: 54.9%;"></div>	55.3%	19.8%	<div style="width: 19.8%;"></div>
	2024	54.0%	<div style="width: 54.0%;"></div>	56.0%	21.5%	<div style="width: 21.5%;"></div>
18e) I am able to access the right learning and development opportunities when I need to.	2023	56.2%	<div style="width: 56.2%;"></div>	55.7%	18.1%	<div style="width: 18.1%;"></div>
	2024	54.7%	<div style="width: 54.7%;"></div>	56.2%	19.2%	<div style="width: 19.2%;"></div>
19a) In the last 12 months, have you had an appraisal, PADR, annual review or development review?	2023	81.6%	<div style="width: 81.6%;"></div>	80.3%	16.3%	<div style="width: 16.3%;"></div>
	2024	84.9%	<div style="width: 84.9%;"></div>	84.2%	13.9%	<div style="width: 13.9%;"></div>
<b>We are stronger together</b>						
01a) The team I work in has a set of shared objectives.	2023	75.4%	<div style="width: 75.4%;"></div>	75.1%	10.4%	<div style="width: 10.4%;"></div>
	2024	76.9%	<div style="width: 76.9%;"></div>	75.4%	11.2%	<div style="width: 11.2%;"></div>
01b) The team I work in often meets to discuss the team's effectiveness.	2023	62.9%	<div style="width: 62.9%;"></div>	62.7%	22.6%	<div style="width: 22.6%;"></div>
	2024	65.3%	<div style="width: 65.3%;"></div>	63.6%	22.4%	<div style="width: 22.4%;"></div>
01c) Team members trust each other.	2023	67.0%	<div style="width: 67.0%;"></div>	67.1%	15.1%	<div style="width: 15.1%;"></div>
	2024	67.3%	<div style="width: 67.3%;"></div>	66.3%	15.9%	<div style="width: 15.9%;"></div>
01d) Team members understand each other's roles.	2023	71.4%	<div style="width: 71.4%;"></div>	70.8%	14.6%	<div style="width: 14.6%;"></div>
	2024	71.1%	<div style="width: 71.1%;"></div>	70.4%	15.4%	<div style="width: 15.4%;"></div>
01e) Team members take time out to reflect and learn.	2023	54.1%	<div style="width: 54.1%;"></div>	52.2%	22.2%	<div style="width: 22.2%;"></div>
	2024	56.2%	<div style="width: 56.2%;"></div>	54.2%	21.5%	<div style="width: 21.5%;"></div>
01f) Team members are able to communicate closely with each other to achieve the team's objectives.	2023	70.2%	<div style="width: 70.2%;"></div>	69.7%	13.5%	<div style="width: 13.5%;"></div>
	2024	70.6%	<div style="width: 70.6%;"></div>	69.6%	14.5%	<div style="width: 14.5%;"></div>
01g) I enjoy working with the colleagues in my team.	2023	82.1%	<div style="width: 82.1%;"></div>	81.4%	5.1%	<div style="width: 5.1%;"></div>
	2024	80.1%	<div style="width: 80.1%;"></div>	79.7%	7.5%	<div style="width: 7.5%;"></div>
01h) I feel valued by my team.	2023	69.0%	<div style="width: 69.0%;"></div>	67.4%	14.6%	<div style="width: 14.6%;"></div>
	2024	67.7%	<div style="width: 67.7%;"></div>	67.1%	16.5%	<div style="width: 16.5%;"></div>
01i) I feel able to ask other members of this team for help when I need it.	2023	85.0%	<div style="width: 85.0%;"></div>	83.7%	6.1%	<div style="width: 6.1%;"></div>
	2024	82.5%	<div style="width: 82.5%;"></div>	81.7%	8.1%	<div style="width: 8.1%;"></div>
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	74.4%	<div style="width: 74.4%;"></div>	75.3%	12.1%	<div style="width: 12.1%;"></div>
	2024	73.0%	<div style="width: 73.0%;"></div>	73.0%	14.8%	<div style="width: 14.8%;"></div>
01k) Team members work well with other teams.	2023	73.4%	<div style="width: 73.4%;"></div>	70.8%	9.3%	<div style="width: 9.3%;"></div>
	2024	72.7%	<div style="width: 72.7%;"></div>	71.7%	10.6%	<div style="width: 10.6%;"></div>
04a) My immediate manager (line manager) encourages me at work.	2023	70.1%	<div style="width: 70.1%;"></div>	69.6%	12.4%	<div style="width: 12.4%;"></div>
	2024	72.1%	<div style="width: 72.1%;"></div>	71.7%	11.8%	<div style="width: 11.8%;"></div>
04b) My immediate manager (line manager) gives me clear feedback on my work.	2023	62.2%	<div style="width: 62.2%;"></div>	62.7%	16.7%	<div style="width: 16.7%;"></div>
	2024	65.4%	<div style="width: 65.4%;"></div>	65.2%	16.4%	<div style="width: 16.4%;"></div>
04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.	2023	56.1%	<div style="width: 56.1%;"></div>	57.0%	23.2%	<div style="width: 23.2%;"></div>
	2024	60.1%	<div style="width: 60.1%;"></div>	60.2%	22.0%	<div style="width: 22.0%;"></div>
04d) My immediate manager (line manager) takes a positive interest in my health and well-being.	2023	68.5%	<div style="width: 68.5%;"></div>	68.3%	14.9%	<div style="width: 14.9%;"></div>
	2024	72.6%	<div style="width: 72.6%;"></div>	71.2%	13.1%	<div style="width: 13.1%;"></div>
04e) My immediate manager (line manager) values my work.	2023	72.2%	<div style="width: 72.2%;"></div>	71.3%	10.9%	<div style="width: 10.9%;"></div>
	2024	73.8%	<div style="width: 73.8%;"></div>	73.0%	11.1%	<div style="width: 11.1%;"></div>

04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	66.8%	<div style="width: 66.8%;"></div>	66.9%	14.2%	<div style="width: 14.2%;"></div>
	2024	68.9%	<div style="width: 68.9%;"></div>	69.3%	13.8%	<div style="width: 13.8%;"></div>
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	69.8%	<div style="width: 69.8%;"></div>	69.8%	13.1%	<div style="width: 13.1%;"></div>
	2024	71.5%	<div style="width: 71.5%;"></div>	71.4%	13.7%	<div style="width: 13.7%;"></div>
04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.	2023	69.9%	<div style="width: 69.9%;"></div>	69.7%	13.6%	<div style="width: 13.6%;"></div>
	2024	72.3%	<div style="width: 72.3%;"></div>	71.5%	13.8%	<div style="width: 13.8%;"></div>
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	65.9%	<div style="width: 65.9%;"></div>	65.5%	13.5%	<div style="width: 13.5%;"></div>
	2024	67.8%	<div style="width: 67.8%;"></div>	67.9%	14.3%	<div style="width: 14.3%;"></div>

**We champion flexible working**

14e) I am satisfied with the opportunity for flexible working patterns.	2023	59.9%	<div style="width: 59.9%;"></div>	59.1%	19.0%	<div style="width: 19.0%;"></div>
	2024	63.5%	<div style="width: 63.5%;"></div>	63.8%	17.3%	<div style="width: 17.3%;"></div>
14f) My organisation is committed to helping me balance my work and home life.	2023	50.5%	<div style="width: 50.5%;"></div>	51.5%	22.1%	<div style="width: 22.1%;"></div>
	2024	55.0%	<div style="width: 55.0%;"></div>	56.0%	19.9%	<div style="width: 19.9%;"></div>
14g) I achieve a good balance between my work life and my home life.	2023	57.7%	<div style="width: 57.7%;"></div>	57.3%	21.2%	<div style="width: 21.2%;"></div>
	2024	59.3%	<div style="width: 59.3%;"></div>	59.7%	20.8%	<div style="width: 20.8%;"></div>
14h) I can approach my immediate manager (line manager) to talk openly about flexible working.	2023	68.2%	<div style="width: 68.2%;"></div>	68.1%	13.2%	<div style="width: 13.2%;"></div>
	2024	71.5%	<div style="width: 71.5%;"></div>	71.0%	13.0%	<div style="width: 13.0%;"></div>

**We nurture healthy working environments**







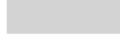




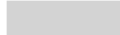


















02a) I have unrealistic time pressures.	2023	28.3%	<div style="width: 28.3%;"></div>	27.6%	33.4%	<div style="width: 33.4%;"></div>
	2024	29.2%	<div style="width: 29.2%;"></div>	28.9%	29.5%	<div style="width: 29.5%;"></div>
02b) I am able to meet all the conflicting demands on my time at work.	2023	52.7%	<div style="width: 52.7%;"></div>	51.2%	15.4%	<div style="width: 15.4%;"></div>
	2024	52.0%	<div style="width: 52.0%;"></div>	51.5%	14.3%	<div style="width: 14.3%;"></div>
02c) I have adequate supplies, materials and equipment to do my work.	2023	60.7%	<div style="width: 60.7%;"></div>	59.2%	12.9%	<div style="width: 12.9%;"></div>
	2024	57.2%	<div style="width: 57.2%;"></div>	58.1%	16.9%	<div style="width: 16.9%;"></div>
02d) There are enough staff at this organisation for me to do my job properly.	2023	29.9%	<div style="width: 29.9%;"></div>	31.3%	39.0%	<div style="width: 39.0%;"></div>
	2024	31.3%	<div style="width: 31.3%;"></div>	34.2%	36.7%	<div style="width: 36.7%;"></div>
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	72.9%	<div style="width: 72.9%;"></div>	72.6%	25.4%	<div style="width: 25.4%;"></div>
	2024	76.6%	<div style="width: 76.6%;"></div>	75.9%	22.3%	<div style="width: 22.3%;"></div>
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders	2023	79.6%	<div style="width: 79.6%;"></div>	79.4%	16.8%	<div style="width: 16.8%;"></div>
	2024	82.8%	<div style="width: 82.8%;"></div>	81.7%	14.4%	<div style="width: 14.4%;"></div>
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	75.0%	<div style="width: 75.0%;"></div>	76.4%	21.3%	<div style="width: 21.3%;"></div>
	2024	76.4%	<div style="width: 76.4%;"></div>	78.0%	20.6%	<div style="width: 20.6%;"></div>
10a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	90.3%	<div style="width: 90.3%;"></div>	89.9%	8.7%	<div style="width: 8.7%;"></div>
	2024	89.9%	<div style="width: 89.9%;"></div>	90.7%	9.5%	<div style="width: 9.5%;"></div>
10b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	94.1%	<div style="width: 94.1%;"></div>	94.7%	4.6%	<div style="width: 4.6%;"></div>
	2024	95.6%	<div style="width: 95.6%;"></div>	95.5%	3.8%	<div style="width: 3.8%;"></div>












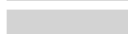




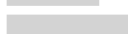
















11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?	2023	82.2%		82.3%	16.6%	
	2024	72.8%		73.2%	26.4%	
11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?	2023	41.9%		41.4%		
	2024	49.2%		48.7%		
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public	2023	91.6%		91.2%	7.8%	
	2024	93.5%		92.4%	6.2%	
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders	2023	99.2%		99.3%	0.4%	
	2024	99.5%		99.2%	0.3%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues	2023	98.6%		98.8%	0.9%	
	2024	99.1%		99.0%	0.6%	
20a) How often, if at all, do you find your work emotionally exhausting?	2023	18.9%		18.8%	42.8%	
	2024	21.0%		21.0%	36.5%	
20b) How often, if at all, do you feel burnt out because of your work?	2023	26.3%		26.0%	38.0%	
	2024	30.3%		30.8%	31.5%	
20c) How often, if at all, does your work frustrate you?	2023	15.8%		15.5%	47.4%	
	2024	20.2%		20.3%	38.4%	
20d) How often, if at all, are you exhausted at the thought of another day/shift at work?	2023	31.5%		31.9%	33.5%	
	2024	38.6%		39.6%	26.5%	
20e) How often, if at all, do you feel worn out at the end of your working day/shift?	2023	18.3%		17.6%	44.7%	
	2024	22.2%		21.7%	38.4%	
20f) How often, if at all, do you feel that every working hour is tiring for you?	2023	47.9%		48.3%	21.2%	
	2024	53.4%		54.8%	17.9%	
20g) How often, if at all, do you not have enough energy for family and friends during leisure time?	2023	31.5%		32.0%	31.9%	
	2024	30.0%		30.2%	33.6%	
21a) My organisation takes positive action on health and wellbeing.	2023	41.1%		46.6%	20.6%	
	2024	41.6%		49.4%	20.6%	
21d) In the last three months have you ever come to work despite not feeling well enough to perform your duties?	2023	37.7%		38.9%	62.3%	
	2024	38.0%		39.5%	62.0%	
21e) Have you felt pressure from your manager to come to work?	2023	80.6%		79.0%	19.4%	
	2024	79.9%		79.3%	20.1%	
<b>We recognise everyone's contribution</b>						
04e) My immediate manager (line manager) values my work.	2023	72.2%		71.3%	10.9%	
	2024	73.8%		73.0%	11.1%	
15a) I get recognition for good work.	2023	58.0%		57.3%	18.3%	
	2024	58.7%		58.4%	18.7%	
15b) The organisation values my work.	2023	45.8%		47.9%	20.8%	
	2024	46.7%		49.6%	20.6%	

15e) The people I work with show appreciation to one another.
















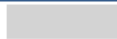










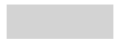




2023	73.3%		72.0%	9.0%
2024	70.8%		70.5%	10.1%





























**Table 6:** Number and percentage of responses to each question for Betsi Cadwaladr University Health Board. %s are rounded so may not add up to 100%.























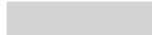





Question and response	Total responses	%	
<b>01a) The team I work in has a set of shared objectives.</b>			
Strongly agree	975	27%	
Agree	1766	50%	
Neither agree nor disagree	423	12%	
Disagree	266	7%	
Strongly disagree	134	4%	
<b>01b) The team I work in often meets to discuss the team's effectiveness.</b>			
Strongly agree	929	26%	
Agree	1395	39%	
Neither agree nor disagree	436	12%	
Disagree	511	14%	
Strongly disagree	287	8%	
<b>01c) Team members trust each other.</b>			
Strongly agree	971	27%	
Agree	1428	40%	
Neither agree nor disagree	600	17%	
Disagree	365	10%	
Strongly disagree	203	6%	
<b>01d) Team members understand each other's roles.</b>			
Strongly agree	937	26%	
Agree	1593	45%	
Neither agree nor disagree	480	13%	
Disagree	375	11%	
Strongly disagree	175	5%	
<b>01e) Team members take time out to reflect and learn.</b>			
Strongly agree	660	19%	
Agree	1342	38%	
Neither agree nor disagree	793	22%	
Disagree	545	15%	
Strongly disagree	221	6%	
<b>01f) Team members are able to communicate closely with each other to achieve the team's objectives.</b>			
Strongly agree	928	26%	
Agree	1578	44%	
Neither agree nor disagree	530	15%	
Disagree	331	9%	
Strongly disagree	183	5%	

Question and response	Total responses	%	
<b>01g) I enjoy working with the colleagues in my team.</b>			
Strongly agree	1436	40%	
Agree	1420	40%	
Neither agree nor disagree	439	12%	
Disagree	145	4%	
Strongly disagree	124	3%	
<b>01h) I feel valued by my team.</b>			
Strongly agree	562	32%	
Agree	646	36%	
Neither agree nor disagree	281	16%	
Disagree	159	9%	
Strongly disagree	137	8%	
<b>01i) I feel able to ask other members of this team for help when I need it.</b>			
Strongly agree	1460	41%	
Agree	1475	41%	
Neither agree nor disagree	333	9%	
Disagree	152	4%	
Strongly disagree	136	4%	
<b>01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.</b>			
Strongly agree	544	31%	
Agree	754	42%	
Neither agree nor disagree	216	12%	
Disagree	143	8%	
Strongly disagree	120	7%	
<b>01k) Team members work well with other teams.</b>			
Strongly agree	1053	30%	
Agree	1536	43%	
Neither agree nor disagree	594	17%	
Disagree	235	7%	
Strongly disagree	144	4%	
<b>02a) I have unrealistic time pressures.</b>			
Always	169	10%	
Often	355	20%	
Sometimes	733	41%	
Rarely	387	22%	
Never	132	7%	
<b>02b) I am able to meet all the conflicting demands on my time at work.</b>			
Always	208	12%	
Often	718	40%	
Sometimes	599	34%	

Question and response	Total responses	%	
Rarely	189	11%	
Never	65	4%	
<b>02c) I have adequate supplies, materials and equipment to do my work.</b>			
Always	391	22%	
Often	622	35%	
Sometimes	460	26%	
Rarely	228	13%	
Never	71	4%	
<b>02d) There are enough staff at this organisation for me to do my job properly.</b>			
Always	167	9%	
Often	390	22%	
Sometimes	569	32%	
Rarely	395	22%	
Never	257	14%	
<b>03a) How many hours a week are you contracted to work?</b>			
30 or more hours	2914	82%	
I am a bank worker	48	1%	
Up to 29 hours	584	16%	
<b>03b) On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? Please include paid overtime, bank shifts, and additional paid hours on-call.</b>			
0 Hours	2600	73%	
11 or more hours	176	5%	
6-10 hours	234	7%	
Up to 5 hours	528	15%	
<b>03c) On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call.</b>			
0 Hours	1692	48%	
11 or more hours	132	4%	
5	1	0%	
6-10 hours	291	8%	
Up to 5 hours	1429	40%	
<b>04a) My immediate manager (line manager) encourages me at work.</b>			
Strongly agree	628	35%	
Agree	659	37%	
Neither agree nor disagree	287	16%	
Disagree	126	7%	
Strongly disagree	85	5%	

Question and response	Total responses	%	
<b>04b) My immediate manager (line manager) gives me clear feedback on my work.</b>			
Strongly agree	1109	31%	
Agree	1220	34%	
Neither agree nor disagree	647	18%	
Disagree	384	11%	
Strongly disagree	200	6%	
<b>04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.</b>			
Strongly agree	1041	29%	
Agree	1104	31%	
Neither agree nor disagree	638	18%	
Disagree	481	13%	
Strongly disagree	304	9%	
<b>04d) My immediate manager (line manager) takes a positive interest in my health and well-being.</b>			
Strongly agree	1360	38%	
Agree	1228	34%	
Neither agree nor disagree	512	14%	
Disagree	267	7%	
Strongly disagree	200	6%	
<b>04e) My immediate manager (line manager) values my work.</b>			
Strongly agree	661	37%	
Agree	654	37%	
Neither agree nor disagree	269	15%	
Disagree	113	6%	
Strongly disagree	85	5%	
<b>04f) My immediate manager (line manager) works together with me to come to an understanding of problems.</b>			
Strongly agree	616	35%	
Agree	611	34%	
Neither agree nor disagree	309	17%	
Disagree	148	8%	
Strongly disagree	98	6%	
<b>04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.</b>			
Strongly agree	647	36%	
Agree	627	35%	
Neither agree nor disagree	264	15%	
Disagree	142	8%	
Strongly disagree	102	6%	
<b>04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.</b>			
Strongly agree	1377	39%	

Question and response	Total responses	%	
Agree	1196	34%	
Neither agree nor disagree	494	14%	
Disagree	274	8%	
Strongly disagree	216	6%	
<b>04i) My immediate manager (line manager) takes effective action to help me with any problems I face.</b>			
Strongly agree	622	35%	
Agree	587	33%	
Neither agree nor disagree	319	18%	
Disagree	148	8%	
Strongly disagree	107	6%	
<b>05a) Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?</b>			
Don't know	913	26%	
No	478	13%	
Prefer not to say	142	4%	
Yes	2019	57%	
<b>05b) In the last 12 months have you sought a progression opportunity in your workplace?</b>			
Don't know	107	3%	
No	2076	58%	
Prefer not to say	135	4%	
Yes	1248	35%	
<b>05d) In the coming 12 months would you consider applying for a progression opportunity in your workplace?</b>			
Don't know	662	19%	
No	1261	35%	
Prefer not to say	123	3%	
Yes	1521	43%	
<b>06a) In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?</b>			
No	3137	88%	
Prefer not to say	139	4%	
Yes	289	8%	
<b>07a) In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?</b>			
4	1	0%	
No	2963	86%	
Prefer not to say	239	7%	
Yes	248	7%	

Question and response	Total responses	%	
<b>08a) In the last 12 months have you personally experienced discrimination at work from other colleagues?</b>			
No	2994	87%	
Prefer not to say	187	5%	
Yes	264	8%	
<b>09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public</b>			
1-2	474	13%	
3-5	172	5%	
6-10	51	1%	
More than 10	89	3%	
Prefer not to say	39	1%	
Never	2701	77%	
<b>09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders</b>			
1-2	285	8%	
3-5	112	3%	
6-10	54	2%	
More than 10	56	2%	
Prefer not to say	99	3%	
Never	2921	83%	
<b>09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues</b>			
1-2	435	12%	
3-5	152	4%	
6-10	53	2%	
More than 10	81	2%	
Prefer not to say	103	3%	
Never	2672	76%	
<b>09d) The last time you experienced harassment or bullying at work, did you or a colleague report it?</b>			
Don't know	60	3%	
No	846	48%	
Yes, a colleague reported it	102	6%	
Yes, I reported it	737	42%	
<b>10a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public</b>			
1-2	242	7%	
3-5	64	2%	
6-10	20	1%	

Question and response	Total responses	%
More than 10	14	0%
Prefer not to say	18	1%
Never	3203	90%

**10b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues**

1-2	96	3%
3-5	22	1%
6-10	6	0%
More than 10	11	0%
Prefer not to say	21	1%
Never	3400	96%

**11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?**

1-2	575	16%
3-5	193	5%
6-10	71	2%
More than 10	98	3%
Prefer not to say	27	1%
Never	2586	73%

**11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?**

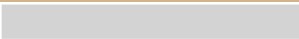














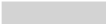













Don't know	33	4%
No	458	49%
Yes, a colleague reported it	50	5%
Yes, I reported it	390	42%






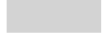




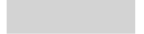
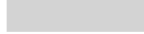



















**12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public**

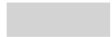









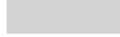



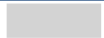
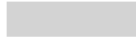
















1-2	138	4%
3-5	42	1%
6-10	19	1%
More than 10	23	1%
Prefer not to say	10	0%
Never	3338	94%









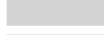




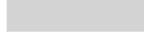


















**12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders**











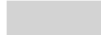




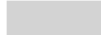
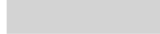




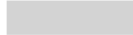




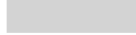



1-2	7	0%
3-5	2	0%
6-10	1	0%
More than 10	1	0%
Prefer not to say	7	0%













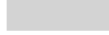



















Question and response	Total responses	%	
Never	3539	99%	
<b>12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues</b>			
1-2	19	1%	
3-5	2	0%	
6-10	1	0%	
More than 10	1	0%	
Prefer not to say	9	0%	
Never	3520	99%	
<b>12d) The last time you experienced physical violence at work, did you or a colleague report it?</b>			
Don't know	7	3%	
No	70	29%	
Yes, a colleague reported it	26	11%	
Yes, I reported it	137	57%	
<b>13a) In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?</b>			
No	1904	58%	
Prefer not to say	148	5%	
Yes	1207	37%	
<b>13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.</b>			
Strongly agree	465	15%	
Agree	1089	36%	
Neither agree nor disagree	1033	34%	
Disagree	285	9%	
Strongly disagree	137	5%	
<b>13c) My organisation encourages us to report errors, near misses or incidents.</b>			
Strongly agree	933	29%	
Agree	1537	48%	
Neither agree nor disagree	430	13%	
Disagree	186	6%	
Strongly disagree	113	4%	
<b>13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.</b>			
Strongly agree	597	19%	
Agree	1174	38%	
Neither agree nor disagree	863	28%	
Disagree	306	10%	
Strongly disagree	179	6%	

Question and response	Total responses	%	
<b>13e) We are given feedback about changes made in response to reported errors, near misses and incidents.</b>			
Strongly agree	521	17%	
Agree	1032	33%	
Neither agree nor disagree	852	27%	
Disagree	439	14%	
Strongly disagree	264	8%	
<b>14a) I always know what my work responsibilities are.</b>			
Unknown	1	0%	
Strongly agree	558	31%	
Agree	909	51%	
Neither agree nor disagree	167	9%	
Disagree	107	6%	
Strongly disagree	46	3%	
<b>14b) I am trusted to do my job.</b>			
Strongly agree	1513	42%	
Agree	1651	46%	
Neither agree nor disagree	237	7%	
Disagree	96	3%	
Strongly disagree	73	2%	
<b>14c) There are frequent opportunities for me to show initiative in my role.</b>			
Strongly agree	1106	31%	
Agree	1520	43%	
Neither agree nor disagree	532	15%	
Disagree	285	8%	
Strongly disagree	119	3%	
<b>14d) I have a choice in deciding how to do my work.</b>			
Strongly agree	507	28%	
Agree	806	45%	
Neither agree nor disagree	282	16%	
Disagree	131	7%	
Strongly disagree	60	3%	
<b>14e) I am satisfied with the opportunity for flexible working patterns.</b>			
Strongly agree	1002	28%	
Agree	1262	35%	
Neither agree nor disagree	685	19%	
Disagree	342	10%	
Strongly disagree	274	8%	
<b>14f) My organisation is committed to helping me balance my work and home life.</b>			
Strongly agree	747	21%	

Question and response	Total responses	%	
Agree	1215	34%	
Neither agree nor disagree	898	25%	
Disagree	435	12%	
Strongly disagree	274	8%	
<b>14g) I achieve a good balance between my work life and my home life.</b>			
Strongly agree	738	21%	
Agree	1377	39%	
Neither agree nor disagree	711	20%	
Disagree	489	14%	
Strongly disagree	254	7%	
<b>14h) I can approach my immediate manager (line manager) to talk openly about flexible working.</b>			
Strongly agree	1191	33%	
Agree	1352	38%	
Neither agree nor disagree	553	16%	
Disagree	249	7%	
Strongly disagree	213	6%	
<b>14i) I would feel secure raising concerns about unsafe clinical practice.</b>			
Strongly agree	1112	31%	
Agree	1582	44%	
Neither agree nor disagree	500	14%	
Disagree	221	6%	
Strongly disagree	148	4%	
<b>14j) I would feel secure raising concerns about unethical behaviour.</b>			
Strongly agree	1087	31%	
Agree	1567	44%	
Neither agree nor disagree	461	13%	
Disagree	256	7%	
Strongly disagree	178	5%	
<b>14k) I am confident my organisation would address my concern.</b>			
Strongly agree	609	17%	
Agree	1148	32%	
Neither agree nor disagree	993	28%	
Disagree	491	14%	
Strongly disagree	317	9%	
<b>14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)</b>			
Strongly agree	531	15%	
Agree	1664	47%	
Neither agree nor disagree	945	27%	

Question and response	Total responses	%	
Disagree	291	8%	
Strongly disagree	133	4%	
<b>15a) I get recognition for good work.</b>			
Strongly agree	603	17%	
Agree	1491	42%	
Neither agree nor disagree	807	23%	
Disagree	471	13%	
Strongly disagree	195	5%	
<b>15b) The organisation values my work.</b>			
Strongly agree	440	12%	
Agree	1220	34%	
Neither agree nor disagree	1164	33%	
Disagree	524	15%	
Strongly disagree	210	6%	
<b>15c) The people I work with are understanding and kind to one another.</b>			
Strongly agree	941	26%	
Agree	1708	48%	
Neither agree nor disagree	594	17%	
Disagree	232	7%	
Strongly disagree	92	3%	
<b>15d) The people I work with are polite and treat each other with respect.</b>			
Strongly agree	943	26%	
Agree	1712	48%	
Neither agree nor disagree	578	16%	
Disagree	234	7%	
Strongly disagree	95	3%	
<b>15e) The people I work with show appreciation to one another.</b>			
Strongly agree	905	26%	
Agree	1600	45%	
Neither agree nor disagree	676	19%	
Disagree	259	7%	
Strongly disagree	98	3%	
<b>15f) Relationships at work are strained.</b>			
Strongly agree	276	8%	
Agree	702	20%	
Neither agree nor disagree	924	26%	
Disagree	1093	31%	
Strongly disagree	569	16%	

Question and response	Total responses	%	
<b>16a) People here are compassionate towards colleagues when they face problems.</b>			
Strongly agree	869	24%	
Agree	1819	51%	
Neither agree nor disagree	568	16%	
Disagree	228	6%	
Strongly disagree	80	2%	
<b>16b) People here give good support to colleagues who are distressed.</b>			
Strongly agree	969	27%	
Agree	1776	50%	
Neither agree nor disagree	515	14%	
Disagree	217	6%	
Strongly disagree	81	2%	
<b>16c) People here are compassionate in the way they behave towards patients/ service users.</b>			
Strongly agree	1131	32%	
Agree	1825	51%	
Neither agree nor disagree	456	13%	
Disagree	90	3%	
Strongly disagree	46	1%	
<b>16d) People here take effective action to help patients/service users in distress.</b>			
Strongly agree	1172	33%	
Agree	1787	51%	
Neither agree nor disagree	462	13%	
Disagree	66	2%	
Strongly disagree	44	1%	
<b>17a) Care of patients / service users is my organisation's top priority.</b>			
Strongly agree	796	22%	
Agree	1493	42%	
Neither agree nor disagree	753	21%	
Disagree	388	11%	
Strongly disagree	136	4%	
<b>17b) My organisation acts on concerns raised by patients / service users.</b>			
Strongly agree	615	17%	
Agree	1532	43%	
Neither agree nor disagree	982	28%	
Disagree	314	9%	
Strongly disagree	112	3%	

Question and response	Total responses	%	
<b>17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.</b>			
Strongly agree	442	12%	
Agree	1227	34%	
Neither agree nor disagree	996	28%	
Disagree	609	17%	
Strongly disagree	287	8%	
<b>17d) I feel safe to speak up about anything that concerns me in this organisation.</b>			
Strongly agree	260	15%	
Agree	711	40%	
Neither agree nor disagree	437	25%	
Disagree	244	14%	
Strongly disagree	125	7%	
<b>17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.</b>			
Strongly agree	359	10%	
Agree	971	27%	
Neither agree nor disagree	1222	34%	
Disagree	646	18%	
Strongly disagree	366	10%	
<b>18a) This organisation offers me challenging work.</b>			
Strongly agree	697	20%	
Agree	1811	51%	
Neither agree nor disagree	752	21%	
Disagree	221	6%	
Strongly disagree	62	2%	
<b>18b) There are opportunities for me to develop my career in this organisation.</b>			
Strongly agree	436	12%	
Agree	1358	38%	
Neither agree nor disagree	861	24%	
Disagree	577	16%	
Strongly disagree	311	9%	
<b>18c) I have opportunities to improve my knowledge and skills.</b>			
Strongly agree	616	17%	
Agree	1775	50%	
Neither agree nor disagree	626	18%	
Disagree	353	10%	
Strongly disagree	165	5%	
<b>18d) I feel supported to develop my potential.</b>			
Strongly agree	536	15%	
Agree	1376	39%	

Question and response	Total responses	%	
Neither agree nor disagree	865	24%	
Disagree	507	14%	
Strongly disagree	254	7%	

**18e) I am able to access the right learning and development opportunities when I need to.**

Strongly agree	509	14%	
Agree	1431	40%	
Neither agree nor disagree	926	26%	
Disagree	474	13%	
Strongly disagree	206	6%	

**19a) In the last 12 months, have you had an appraisal, PADR, annual review or development review?**

Can't Remember	46	1%	
No	495	14%	
Yes	3030	85%	

**19b) If yes, to what extent do you agree with the following statements? It helped me to improve how I do my job.**

No	1084	36%	
Yes, definitely	518	17%	
Yes, to some extent	1423	47%	

**19c) It helped me agree clear objectives for my work.**

No	728	24%	
Yes, definitely	846	28%	
Yes, to some extent	1443	48%	

**19d) It left me feeling that my work is valued by my organisation.**













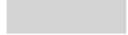





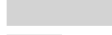



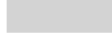







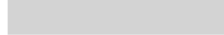
No	804	27%	
Yes, definitely	900	30%	
Yes, to some extent	1319	44%	



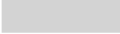

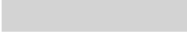
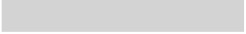


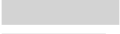








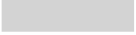










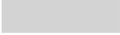



**20a) How often, if at all, do you find your work emotionally exhausting?**


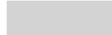




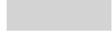




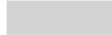


















Always	302	8%	
Often	998	28%	
Sometimes	1515	43%	
Rarely	538	15%	
Never	210	6%	

**20b) How often, if at all, do you feel burnt out because of your work?**

Always	280	8%	
Often	842	24%	
Sometimes	1361	38%	
Rarely	757	21%	
Never	321	9%	

Question and response	Total responses	%	
<b>20c) How often, if at all, does your work frustrate you?</b>			
Always	330	9%	
Often	1037	29%	
Sometimes	1470	41%	
Rarely	505	14%	
Never	215	6%	
<b>20d) How often, if at all, are you exhausted at the thought of another day/shift at work?</b>			
Always	265	7%	
Often	677	19%	
Sometimes	1239	35%	
Rarely	930	26%	
Never	443	12%	
<b>20e) How often, if at all, do you feel worn out at the end of your working day/shift?</b>			
Always	416	12%	
Often	948	27%	
Sometimes	1400	39%	
Rarely	583	16%	
Never	206	6%	
<b>20f) How often, if at all, do you feel that every working hour is tiring for you?</b>			
Always	213	6%	
Often	423	12%	
Sometimes	1015	29%	
Rarely	1249	35%	
Never	644	18%	
<b>20g) How often, if at all, do you not have enough energy for family and friends during leisure time?</b>			
Always	325	9%	
Often	868	24%	
Sometimes	1293	36%	
Rarely	710	20%	
Never	353	10%	
<b>21a) My organisation takes positive action on health and wellbeing.</b>			
Strongly agree	234	7%	
Agree	1240	35%	
Neither agree nor disagree	1340	38%	
Disagree	519	15%	
Strongly disagree	209	6%	
<b>21b) In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?</b>			
No	2623	74%	

Question and response	Total responses	%	
Yes	920	26%	
<b>21c) During the last 12 months have you felt unwell as a result of work-related stress?</b>			
No	2149	61%	
Yes	1401	39%	
<b>21d) In the last three months have you ever come to work despite not feeling well enough to perform your duties?</b>			
No	1356	38%	
Yes	2210	62%	
<b>21e) Have you felt pressure from your manager to come to work?</b>			
No	1768	80%	
Yes	444	20%	
<b>22a) I look forward to going to work.</b>			
Always	440	12%	
Often	1388	39%	
Sometimes	1226	34%	
Rarely	375	11%	
Never	139	4%	
<b>22b) I am enthusiastic about my job.</b>			
Always	958	27%	
Often	1440	40%	
Sometimes	868	24%	
Rarely	225	6%	
Never	68	2%	
<b>22c) I am happy to go the extra mile at work when required.</b>			
Always	1551	44%	
Often	1307	37%	
Sometimes	538	15%	
Rarely	115	3%	
Never	39	1%	
<b>23a) I am able to make improvements in my area of work.</b>			
Strongly agree	474	13%	
Agree	1706	48%	
Neither agree nor disagree	831	23%	
Disagree	387	11%	
Strongly disagree	164	5%	
<b>23b) I would recommend my organisation as a place to work.</b>			
Strongly agree	461	13%	
Agree	1391	39%	
Neither agree nor disagree	1042	29%	
Disagree	413	12%	
Strongly disagree	256	7%	















Question and response	Total responses	%	
<b>23c) I am proud to tell people I work for my organisation.</b>			
Strongly agree	566	16%	
Agree	1259	35%	
Neither agree nor disagree	1063	30%	
Disagree	432	12%	
Strongly disagree	227	6%	
<b>23d) I am involved in deciding on changes introduced that affect my work/area/team/department.</b>			
Strongly agree	160	13%	
Agree	411	35%	
Neither agree nor disagree	295	25%	
Disagree	204	17%	
Strongly disagree	117	10%	
<b>24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.</b>			
Strongly agree	687	19%	
Agree	1307	37%	
Neither agree nor disagree	885	25%	
Disagree	430	12%	
Strongly disagree	241	7%	
<b>24b) I often think about leaving this organisation.</b>			
Strongly agree	289	8%	
Agree	757	21%	
Neither agree nor disagree	863	24%	
Disagree	1005	28%	
Strongly disagree	632	18%	
<b>24c) I will probably look for a job at a new organisation in the next 12 months.</b>			
Strongly agree	229	6%	
Agree	461	13%	
Neither agree nor disagree	856	24%	
Disagree	1096	31%	
Strongly disagree	893	25%	
<b>24d) As soon as I can find another job, I will leave this organisation.</b>			
Strongly agree	198	6%	
Agree	271	8%	
Neither agree nor disagree	792	22%	
Disagree	1088	31%	
Strongly disagree	1176	33%	

## 5. Equality, diversity and inclusion (EDI) information on respondents

This section of the report provides demographic information on people employed at Betsi Cadwaladr University Health Board that completed a survey in 2024. This includes a breakdown of the number and percentage of people who completed a survey in 2024 by the following characteristics:

- Age
- Gender
- Gender reassignment
- Sexual orientation
- Ethnicity
- Religion
- Disability
- Neurodiversity

**Table 7:** Number and percentage of responses to survey questions related to equality, diversity and inclusion (EDI) characteristics, for people employed at Betsi Cadwaladr University Health Board that completed a survey in 2024

Question and response	Total responses	%	
<b>25) What best describes your gender?</b>	<b>3544</b>		
Female	2661	75%	
Male	595	17%	
Non-binary	<10	<10	
Prefer not to say	259	7%	
Prefer to self describe (please specify)	21	1%	
<b>26) Is this the same as the sex you were assigned at birth?</b>	<b>3533</b>		
No	23	1%	
Prefer not to say	200	6%	
Yes	3310	94%	
<b>27) Which of the following terms best describes your sexual orientation?</b>	<b>3537</b>		
Asexual	37	1%	
Bisexual	80	2%	
Gay or lesbian	84	2%	
Heterosexual or Straight	2949	83%	
Prefer not to say	347	10%	
Prefer to self-describe (please specify)	40	1%	
<b>28) Age</b>	<b>3561</b>		
16-20	11	0%	
21-30	379	11%	
31-40	686	19%	
41-50	916	26%	
51-65	1245	35%	
66+	46	1%	
Prefer not to say	278	8%	
<b>29) Which race or ethnicity best describes you?</b>	<b>3553</b>		
Another race or ethnicity – please identify	13	0%	
Arabic	<10	<10	

Question and response	Total responses	%
Asian / British Asian: Bangladeshi	<10	<10
Asian / British Asian: Chinese	<10	<10
Asian / British Asian: Indian	29	1%
Asian / British Asian: Other	11	0%
Asian / British Asian: Pakistani	<10	<10
Black / British Black: African	23	1%
Black / British Black: Caribbean	<10	<10
Mixed Race: Asian & White	<10	<10
Mixed Race: Black & White	<10	<10
Mixed Race: Other	120	3%
Prefer not to say	277	8%
Traveller: Gypsy or Roma	<10	<10
Traveller: Irish	<10	<10
White: British (British / Engl	27	1%
White: British (British / English / Northern Irish / Scottish / Welsh)	2798	79%
White: European	204	6%
White: Irish	17	0%
<b>30) What do you consider your religion to be?</b>	<b>3518</b>	
Buddhist	13	0%
Christian	1573	45%
Hindu	17	0%
Jewish	25	1%
Muslim	13	0%
No religion	1384	39%
Prefer not to say	422	12%
Prefer to self-describe (please specify)	69	2%
Sikh	<10	<10
<b>31) Do you have an impairment that can affect day-to-day activities, this can be either a physical or hidden disability?</b>	<b>3552</b>	
No	2643	74%
Prefer not to say	331	9%
Yes	578	16%
<b>33) Do you consider yourself Neurodiverse or Neurodivergent? (E.g., Autism, ADHD, Dyslexia)</b>	<b>3487</b>	
No	2792	80%
Prefer not to say	274	8%
Yes	421	12%



<b>Teitl adroddiad:</b> <i>Report title:</i>	Audit Wales Workforce Planning Review - Update			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 April 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this report is to provide an update of progress against the actions outlined in the management response to the review carried out in December 23 and reported on in quarter 1 of 2024.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to NOTE the current update provided and progress against the actions to date. Also to feedback any observations regarding the update shared at this time.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></small>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	Objective 1: Building an effective organisation			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	Not applicable			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>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>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is no additional costs associated with this paper at this time.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct implications associated with this paper at this time.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>Links to BAF SP12 and CRR 24-01</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps: N/A</b></p>	
<p><b>List of Appendices:</b></p> <p>2025_03_25 Audit Wales Workforce Planning Review Update - Final</p>	

26<sup>th</sup> March 2025

# Audit Wales Workforce Planning Review Update

Deputy Director of People – Jason Brannan



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Workforce Planning Action Plan Update – March 25

Ref	Recommendation	Organisational response	Completion date	Responsible Officer	Update as of end of Quarter 4 (March 25)
R1	<p>Delivery of the People Strategy</p> <p>The Health Board should strengthen and further develop their current implementation plan for delivery of the People Strategy that:</p> <p>a) Sets out clear goals and targets and prioritised activities, with clear delivery timelines and accountabilities. (High priority)</p> <p>b) Incorporates actions to deliver the 30 recommendations made in the Assessment of key areas of workforce agenda. (High priority)</p>	<p>a) The Health board has set out its clear goals, targets and prioritised activities as part of its special measures programme in 23/24 and has built them into the annual plan for 24/25. Clear delivery timelines and accountabilities will be set out as part of the delivery of the annual plan.</p> <p>b) The identified recommendations will be reviewed in light of the work already carried out under Special Measures and will developed into actions as part of the ongoing work with the Annual Plan and as part of the delivery work overseen by the Organisation Development Steering Group chaired by the CEO and reporting into the newly established People &amp; Culture Committee</p>	<p>End of July 24</p> <p>End of September 2024</p>	<p>Deputy Director of People</p> <p>Deputy Director of People</p>	<p>Timelines have been set and full accountability is in place through the internal monitoring via Workforce Directors meetings on a monthly basis and the external monitoring through the annual plan updates provided and the quarterly directorate performance reviews carried out with the executive team. <b>This action is completed.</b></p> <p>The 30 recommendations made have been fully reviewed and are have and are built into the relevant plans and actions to ensure the workforce agenda is being fully delivered to best support the organisation now and going forward. <b>This action is completed and will be monitored on an ongoing basis as part of the organisational performance framework.</b></p>



# Workforce Planning Action Plan Update – March 25

Ref	Recommendation	Organisational response	Completion date	Responsible officer	Update as of end of Quarter 4 (March 25)
R2	<p>Service level workforce planning</p> <p>In order to better understand its current and future workforce requirements the Health Board should:</p> <p>a) Undertake analysis to understand its current workforce requirement and future service models to determine the workforce needed to create sustainable and efficient acute and community services. This will require:</p> <ul style="list-style-type: none"> <li>– forecasting of service demand;</li> <li>– service modelling; and</li> <li>– analysis of capacity requirements, by specialism and profession. (High priority)</li> </ul> <p>a) Ensure there is sufficient capacity and capability within the Health Board to support effective workforce planning; this should include identifying where scope exists to re-deploy existing staff resources and ensure there are clearer remits within existing job specifications. (High priority)</p>	<p>a) There is a baseline position now in place as a result of the work done on the workforce dashboards and development of local plans as part of the annual plan development, further analysis will be carried out through 2024 to ascertain demand and capacity requirements across services by specialism and profession.</p> <p>b) This work will be picked up as part of the ongoing embedding of the new people services structure with dedicated resource identified to support specialised workforce planning and further development via a specified training programme of the People Service Business Partners and identified planning leads across the organisation. Job Descriptions across these key roles will be made clearer in the relevant job specifications associated with the identified roles.</p>	<p>End of December 2024</p> <p>End of December 2024</p>	<p>Associate Director of Workforce Optimisation</p> <p>Associate Director of Workforce Optimisation</p>	<p>Alongside the Workforce Planning Intelligence Dashboard, Challenged Services data packs have been developed and distributed to the services to support development of each Challenged Service Plan as part of the IMTP submission for 2025-28. First phase capacity and demand modelling has been completed with services and this will be ongoing as part of the annual planning cycle forthwith. <b>This is action is completed.</b></p> <p>The dedicated workforce planning lead is now in place and alongside the dedicated analytical resource has been working with services in the development of key workforce plans. The workforce planning lead has also developed and implemented a training plan for people service business partners and identified planning leads across the organisation. <b>This is action is completed.</b></p>



# Workforce Planning Action Plan Update – March 25

Ref	Recommendation	Organisational response	Completion date	Responsible officer	Update as of end of Quarter 4 (March 25)
R3	<p>Support and training</p> <p>The Health Board should develop an evaluation framework to measure the success of the workforce planning training programme it intends to roll out. The evaluation of the training programme should incorporate an early assessment of whether the training is achieving it's intended aims. (Medium priority)</p>	<p>This action will be built in to the training programme outlined in R2b.</p>	<p>End of December 2024</p>	<p>Associate Director of Workforce Optimisation</p>	<p>This work is delivered as part of the training programme that has been rolled out. <b>This action is now completed.</b></p>
R4	<p>Exit and pulse surveys</p> <p>To better understand issues affecting staff turnover the Health Board should:</p> <p>a) Develop an approach to increase exit survey response rates and ensure feedback from the surveys informs retention activities. (Medium priority)</p> <p>b) Conduct regular pulse surveys/stay interviews to gauge how staff are feeling and identify any improvements it can make to support retention and manage staff turnover. (Medium priority)</p>	<p>a) This work will be incorporated into the wider retention work plan being developed by the organisation and will be rolled out across 2024/2025.</p> <p>b) This work will be incorporated into the wider retention work plan being developed by the organisation and will be rolled out across 2024/2025.</p>	<p>End of December 2024</p> <p>End of March 2025</p>	<p>Deputy Director of People</p> <p>Deputy Director of People</p>	<p>The initial retention work plan is now in place and initial work has been completed in this area. Further elements of how to engage staff to respond to the exit survey before they leave the organisation are being worked on. <b>The initial action is completed. It is recommended that this area is still monitored to ensure future developments are incorporated.</b></p> <p>This work is in train but has been delayed due to the ongoing Foundations for the Future work. This is because the discovery phase findings needs to be taken into account to shape the next phase of this audit action.</p>



# Workforce Planning Action Plan Update – March 25

Ref	Recommendation	Organisational response	Completion date	Responsible officer	Update as of end of Quarter 4 (March 25)
R5	<p>Monitoring and oversight</p> <p>The Health Board should strengthen its approach to monitoring delivery of the People Strategy and associated implementation plans and workforce programmes. The monitoring approach should have a focus on whether the Strategy is achieving its desired aims and outcome, include engagement with the new People Committee and incorporate implementation of the recommendations from the external 'assessment of key areas of workforce agenda review.' (Medium priority)</p>	<p>The monitoring of the delivery of the Health Boards workforce priorities will be overseen through the revised governance structures now in place. These will outlined as part of this management response and the new People Report being developed for the People and Culture Committee will incorporate this monitoring.</p>	<p>End of September 2024</p>	<p>Deputy Director of People</p>	<p>The People and Culture committee is now in place and the People Operations report is received on a regular basis by the committee. The report is currently covers key metrics to assess the current position of the workforce across the organisation. It is still evolving in terms of capturing the impact of interventions and will move to further inform our approach to workforce risk management and future workforce planning as we move forward.</p> <p><b>The initial action is completed. It is recommended that this area is still monitored to ensure future developments are incorporated.</b></p>





<b>Teitl adroddiad:</b> <i>Report title:</i>	Board Assurance Framework			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 April 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Board.</p> <p>The one risk to which the committee is responsible: BAF24-04 was suggested to have a limited assurance rating and rationale detailed in the body of the report.</p> <p>The Board Assurance Framework will be submitted to the Board in May 2025.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>To <b>receive</b> and <b>consider</b> the contents and assurance rating of the Board Assurance Framework.</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p>				



<p><b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</b></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>	<p>Detailed in the BAF report and how the CRR aligns to the revised BAF</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>	<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b></p>	<p>Not applicable for this report</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</b></p>	<p>Not applicable for this report</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>Board Assurance Framework paper</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>Executive Committee feedback 26/03/2025 informed this version of the BAF and suggested ratings agreed. Feedback was received on separating out the BAF24-04 'threat' into two risks which will be considered further by the Directorate and supported by the risk team.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>Board Assurance Framework risks linked to corporate risks</p>

**Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)**

***Reason for submission of report to confidential board (where relevant)***

**Camau Nesaf:**

***Next Steps:***

1. Assurance ratings to be presented to the Board for agreement.
2. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Team meeting, monitoring of actions within risks. Reporting to Committee quarterly and Board bi-annually as per Risk Management Framework.

**Rhestr o Atodiadau:**

***List of Appendices:***

Appendix 1 – Board Assurance Framework



# Board Assurance Framework





# Board Assurance Framework Report

## Purpose

The Board Assurance Framework (BAF) serves as a strategic tool, designed to support the Health Board (BCUHB) in achieving its overarching goals and objectives. The BAF provides a structured approach for identifying, managing, and mitigating risks that may impact the successful delivery of our strategic priorities. Through clear alignment with our organisational strategy and key initiatives, the BAF enables us to maintain an accountable, transparent, and proactive approach to risk management.

The purpose of this BAF is threefold:

- To provide assurance that effective controls are in place to manage risks to our strategic objectives.
- To support informed decision-making by presenting clear, current risk insights to the Board and stakeholders.
- To align risk management efforts across the organisation, ensuring consistency with our vision of delivering high-quality, accessible healthcare services.

By integrating the BAF with our strategic priorities and operational plans, we can ensure that our risk management efforts directly support our mission to improve health outcomes, enhance patient safety, and foster a culture of accountability within BCUHB.

The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Board.

## Introduction

Board Assurance risks were developed by the Executive Team based on the Health Board's 5 strategic objectives. This report presents the first iteration of the BAF risks which align with the Health Board's approved Three-Year Plan and Strategic Objectives. The report has been approved by the Board 30 Jan 2025 and will be subsequently updated by action handlers and Executives on an on-going basis.

## What is Assurance in Relation to Board Assurance Risks?

In the context of the Board Assurance Framework, **assurance** refers to the level of confidence the Committee can place in the effectiveness of the current risk treatment strategies to mitigate identified threats to strategic objectives. It is based on the extent of evidence available—internal or external—that demonstrates that key controls are in place and working effectively, and that actions to address gaps are progressing as intended.

Assurance levels help the Board determine whether risks are being managed effectively and inform decisions about resource allocation, priority areas, and potential escalations.

The four levels of assurance used are as noted in the key on page 6 of this report.

### Proposal from the Executive Committee

Following its review, the Executive Committee proposes that each of the risks on the Board Assurance Framework currently be rated as having *Limited Assurance*.

### Rationale for Proposed Rating

The recommendation of **Limited Assurance** reflects a realistic and cautious assessment of the current position. Specifically:

- While some progress has been made on risk treatment strategies, there remain to be identified **key gaps in controls** that remain unresolved.
- More **evidence is required** particularly external or independent validation that controls are fully effective.
- Several actions remain as progressing and not yet complete before the risk scores can be confidently reduced.
- As such, the **likelihood of these risks materialising remains**, and further assurance is required before a higher assurance rating can be justified.

This rating encourages focused attention and targeted action in key areas while recognising that progress is underway.

### Recommendation

The Committee is asked to **review and agree** the proposed assurance ratings of **Limited Assurance** for each risk on the Board Assurance Framework. If agreed, these ratings will be presented to the Board for final review.

People and Culture Committee are asked to review and agree the proposed assurance ratings of **Limited Assurance** for BAF24-04 on the Board Assurance Framework

### Next Steps

- Committees will be asked to score level of assurance in relation to risks.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Team (bi-monthly) and Committees (quarterly) and Board (quarterly) as per the Risk Management Framework on an on-going basis.
- Re-aligned to the new plan once approved.

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the HBs risk framework (with corresponding corporate and operational risks)
- Risk ratings – current (residual), tolerable and target levels. Risks are scored in line with the HB approved scoring matrix.
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (Averse = aim to avoid the risk entirely; Minimal = insistence on low-risk options; Cautious = preference for low risk options; Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment identified for each threat and opportunity, each assigned to an Risk Lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate: (1) Management (those responsible for the area reported on); (2) Risk and compliance functions (internal but independent of the area reported on); and (3) Independent assurance (Internal audit and other external assurance providers).
- Unlike corporate risks where target dates are key for mitigation, risks will remain reported as the Board seeks assurance accordingly until the risk is sufficiently mitigated. Actions are based on quarters for the year.
- Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating.
- The RACI clarifies roles and responsibilities for tasks and deliverables and is utilised for sub-risks however the responsibility of the overall BAF risks of the lies with the **Executive Team** and accountability lies with the lead committee.

Likelihood score and descriptor					
	Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
<b>Frequency</b> How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
<b>Probability</b> Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

Key to lead committee assurance ratings:



**Substantial Assurance**

The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.



**Reasonable Assurance**

The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.



**Limited Assurance**

The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.



**Unsatisfactory Assurance**

The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High

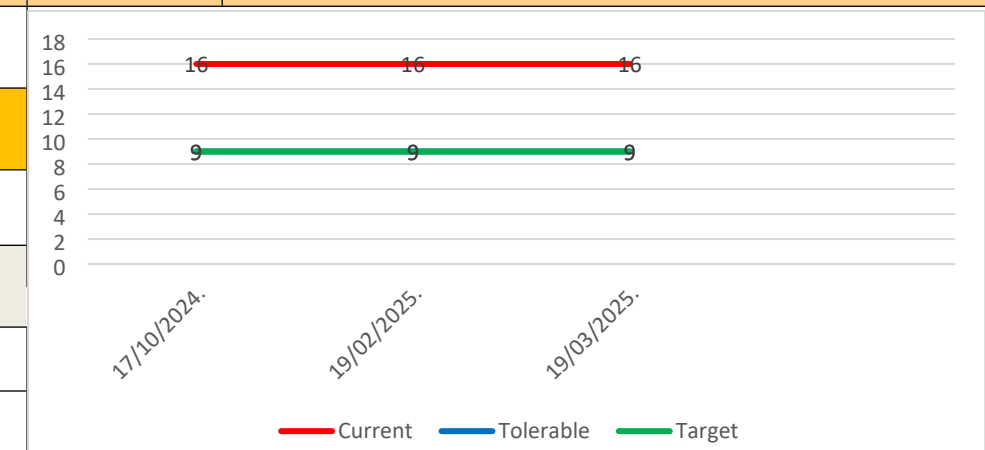
This BAF includes the following Risks to the HBs strategic priorities:

Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive Team	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance and Executive Team oversight	Performance, Finance and Information Governance	20/10/2024	19/03/2025	4x 3= 12	<b>4x 3= 12</b>	2x 2= 4
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	19/03/2025	5x 4= 20	<b>5x 4= 20</b>	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainable	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	19/03/2025	5x 4= 20	<b>5x 4= 20</b>	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Deputy Director of People Services	<b>People &amp; Culture</b>	20/10/2024	19/03/2025	4x 4= 16	<b>4x 4= 16</b>	3x 3= 9
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships/Communications and Engagement	Planning, Population Health & Partnership	20/10/2024	19/03/2025	2x 3= 6	<b>2x 3= 6</b>	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnership	20/10/2024	19/03/2025	5x 4= 20	<b>5x 4= 20</b>	5x 2= 10
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	19/03/2025	4x 4= 16	<b>4x 4= 16</b>	4x 2= 8
BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Director of Nursing & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	19/03/2025	4x 3= 12	<b>4x 3= 12</b>	3x 2= 6


### 3: Creating compassionate culture, leadership and engagement

Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.

<b>Principal risk</b> (what could prevent us achieving this strategic objective)	<b>BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability</b> A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.			<b>Strategic objective</b>	3: To have a compassionate culture, leadership & engagement (3A Compassionate Leadership and Organisational Development & 1G Workforce Planning)
<b>Lead Committee</b>	People & Culture Committee		<b>Risk type</b>	Quality	
<b>Risk Lead</b>	Deputy Director of People's Services		<b>Risk appetite</b>	Seek 15-19	
<b>Related Corporate Risks:</b>	CRR24-01 People, Culture and Wellbeing /CRR24-16 Leadership/Special Measures				
<b>Risk rating</b>				<b>Review Dates</b>	
	<b>Current exposure</b>	<b>Tolerable</b>	<b>Target</b>		
<b>Consequence</b>	4. Major	3. Moderate	3. Moderate	<b>Initial date of assessment</b>	20/10/2024
<b>Likelihood</b>	4. Somewhat likely	3. Possible	3. Possible	<b>Last reviewed by Committee:</b>	19/12/2024
<b>Risk rating</b>	16. High	9. Medium	9. Medium	<b>Last updated by Executive:</b>	17/02/2025

N.B. Tolerable and Target score lines stacked as both are 9.

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we <b>already</b> have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Sources of assurance (and date) ( <b>Evidence</b> that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Head Of Policy, Practice & Compliance-WOD	Accountable:		Deputy Director of People's Services
<p><b>Threat:</b> that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.</p>	<ul style="list-style-type: none"> <li>• Workforce Planning Framework in collaboration with HEIW</li> <li>• Skill-mix review and capacity-building programmes</li> <li>• Strategic partnership with Bangor University</li> <li>• Integrated Leadership Development Framework</li> <li>• Staff Engagement Plan</li> <li>• Continuous feedback loops for leadership performance</li> <li>• All Wales International Recruitment programme for nurses and doctors.</li> <li>• Improved Internal Audit Assurance with recruitment of senior and interim staff</li> <li>• Staff counselling / Occupational Health support</li> <li>• Strategic Equality Plan key driver in the culture change required for a compassionate and inclusive culture.</li> </ul>	<ul style="list-style-type: none"> <li>• Critical vacancies, particularly in clinical and leadership roles</li> <li>• Underdeveloped retention and progression pathways</li> <li>• Further embedding of Integrated Leadership Development Framework</li> <li>• Further leadership development initiatives</li> <li>• Current Equality governance arrangements require strengthening</li> </ul>	<p><b>Management:</b></p> <ul style="list-style-type: none"> <li>• Service Led skill-mix efficiency and commissioning requirements</li> <li>• Annual staff engagement surveys and reports to Committee and Board</li> <li>• People &amp; Culture Dashboard to Committee</li> </ul> <p><b>Risk and compliance:</b></p> <ul style="list-style-type: none"> <li>• Corporate risks CRR24-01 People, Culture and Wellbeing CRR24-16 Leadership/Special Measures reported to committee.</li> <li>• Review of all Organisational Development risks reported. Local Workforce and Organisational Development risk meeting.</li> <li>• Quarterly performance reviews to CEO of Directorates/ Divisions</li> <li>• Freedom to Speak Up Guardian report</li> </ul> <p><b>Independent assurance:</b></p> <ul style="list-style-type: none"> <li>• Annual workforce plan reviews with HEIW</li> <li>• Internal Audit reports</li> </ul>	<ul style="list-style-type: none"> <li>• Limited Assurance Internal Audit report for Review of Workforce Planning Arrangements</li> </ul>	<p><b>Limited Assurance</b></p>
	<p><b>Plans to improve control</b> (are further controls possible in order to reduce risk exposure within tolerable range?)</p>		<b>Action Handler</b>	<b>Status of Actions</b>	<b>Date when action will be completed</b>
Prioritise workforce plans for 'challenged services'		Georgina Roberts/ Nick Graham	Progressing	31/03/2026	
Continue reducing agency usage and improve value and sustainability of workforce		Georgina Roberts/ Nick Graham	Progressing	31/03/2026	
Implementing Values and Behaviours Framework		Georgina Roberts	Progressing	31/03/2026	
Embedding Integrated Leadership Development Framework		Georgina Roberts	Progressing	31/03/2026	



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

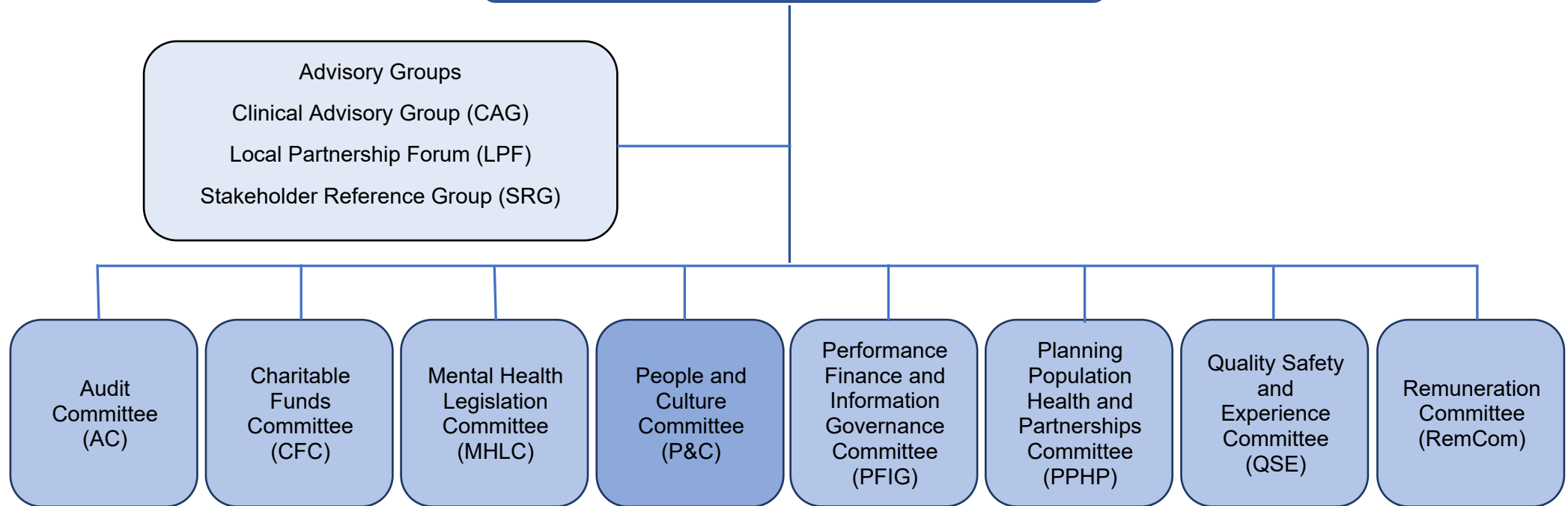
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# PEOPLE AND CULTURE COMMITTEE

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

**Date approved by Health Board :**

# Betsi Cadwaladr University Health Board



## Version Control

Version	Issued to	Date	Comments
V0.01			

## TERMS OF REFERENCE

### 1 INTRODUCTION

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees
- 1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the People and Culture Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.
- 1.3 Due to the nature of the business being considered at the RC these meetings will be held in private and papers/minutes will not be made publicly available. A summary highlight report will be received at the Public Board meeting that follows.

### 2 PURPOSE

- 2.1 The purpose of the Committee is to act on behalf of the Board to:
- 2.2 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and Organisational Development (OD) agenda including:
  - **Foundations for the Future**
  - Culture
  - Leadership Development
  - Engagement
  - Workforce Planning
  - Recruitment and Retention
  - Wellbeing
  - Welsh Language and Culture;
- 2.3 provide assurance to the Board on the implementation of the Health Board’s People and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board’s overall strategic direction and with any requirements and standards set for NHS bodies in Wales;
- 2.4 provide assurance to the Board on the organisation’s ability to create and manage a strong, high performance organisational culture for all its people (including workforce, volunteers and stakeholders); and
- 2.5 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

### 3 DELEGATED POWERS

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the People and Culture Committee will comment specifically upon:

- 3.1 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and OD agenda, learning from work undertaken nationally and internationally, ensuring the Health Board is continually improving;
- 3.2 provide assurance to the Board on the implementation of the Health Board's People and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales;
- 3.3 provide assurance to the Board on the implementation and monitoring of the Health Board's Equality, Diversity and Inclusion arrangements;
- 3.4 provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board in relation to staff development;
- 3.5 provide assurance that there are appropriate arrangements to ensure education and commissioning meet future workforce needs;
- 3.6 receive assurance on delivery against all relevant People Planning Objectives;
- 3.7 recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report;
- 3.8 receive assurance through any Committee Update Reports (that may be in existence or developed) and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate);
- 3.9 assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions from a quality perspective;
- 3.10 provide oversight, delivery and monitoring of Health and Safety strategies, planning, policies, performance and regulatory compliance; and
- 3.11 have delegated powers to consider reports on the position in regard to whistleblowing and Speaking Out Safely.
- 3.12 Monitor compliance with issues of professional registration, including the revalidation process for medical and dental staff and registered nurses, midwives and health visitors and all other registered professionals.

#### **4 AUTHORITY**

- 4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
- Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

## 5 SUB-COMMITTEES

5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

## 6 MEMBERSHIP

6.1 Formal membership of the Committee shall comprise of the following:

<b>MEMBERS</b>
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

6.2 The following should attend Committee meetings:

<b>IN ATTENDANCE</b>
Executive Director of Workforce and Organisational Development (Executive Lead)
Chief Executive
<del>Executive Director of Operations</del> Chief Operating Officer
<del>Director of Environment and Estates</del>
Executive Director (with responsibility for Welsh Language)

6.3

The attendance of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

6.4 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation whom the Committee considers should attend, taking into account the matters under consideration at each meeting.

## 5. COMMITTEE MEETINGS

### 5.1 Quorum

- A quorum shall consist of no less than two of the membership, and must include as a minimum the Chair or Vice Chair of the Committee.

### 5.2 Frequency of meetings

- The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.

- Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

## **5.2 Withdrawal of individuals in attendance**

- The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **5.3 Meeting arrangements**

- The agenda and papers will be distributed/published seven days in advance of the meeting.
- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director of Workforce and Organisational Development at least six weeks before the meeting date.
- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

## **6. REPORTING AND ASSURANCE ARRANGEMENTS**

The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

6.1 The Committee Chair, supported by the Committee Secretary, shall:

- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
- Bring to the Board's specific attention any significant matter under consideration by the Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

6.2 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

## **7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS**

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for these matters.

7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

7.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 7.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.
- 7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
  - Quorum

## **9. REVIEW**

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

## **10. CHAIR'S ACTION ON URGENT MATTERS**

- 10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with all Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	People and Culture Committee					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Summary of business considered in private session to be reported in public					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Pam Wenger, Director of Corporate Governance					
<b>Awdur yr Adroddiad Report Author:</b>	Philippa Peake-Jones, Head of Corporate Affairs					
<b>Craffu blaenorol: Prior Scrutiny:</b>	None					
<b>Atodiadau Appendices:</b>	None					
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
<b>Argymhelliad / Recommendation:</b>						
The Committee is asked to note the report.						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b> ✓
<b>Sefyllfa / Situation:</b>						
To report in public session on matters previously considered in private session.						
<b>Cefndir / Background:</b>						
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.						
<b>Asesiad / Assessment</b>						
The Committee considered the following matters in private session:						
<b>3 March 2025</b>						
<ul style="list-style-type: none"> <li>Employee Relations (Senior Managers) Quarterly Professional Standards Report</li> <li>Verbal update on the HSE Impending Prosecution</li> </ul>						

## 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
11.09.24	Request from Pam Wenger (see email from Pam W 11.09.24)	Pam Wenger	Medical Education Update This may form part of P&C Development Session - TBC	Following Pam's discussion with Emma Woolley it was agreed to add these items to the forward plan.	Emma Woolley	Pam Wenger	10.04.25	PW to confirm
07.11.24	Discussion at P&C agenda setting meeting	Committee	Partnership Arrangements (Private Session)	Health of Partnership Arrangements with Joint LNC and Trade Unions inc Job Planning policy	Jason Brannan	Jason Brannan	10.04.25	Checking with CS
10.10.24	Discussion at P&C Committee on 10.10.24	P&C Committee	Fair Working **See email from Pam 03.04.25 to confirm assurance on the progress against Fair Work will go to the June meeting	Present the Fair Work Element of the well-being objectives to the P&C Committee. (The review of well being objectives is going to PPHP in May)	Paolo Tardivel	Jason Brannan	12.06.25	On Track
27.01.25	Suggestion from Dyfed Edwards	Dyfed Edwards via email 27.01.25	Workforce Data Feed into People Ops Report	Review detail of Workforce data and recruitment and discuss (as per Nick G and Dyfed E discussion)	Nick Graham	Jason Brannan	12.06.25	On Track
20.03.25	Suggestion from Georgina Roberts at agenda setting	Email from Gill Querci 20.03.25	Social Partnership and Public Procurement Act	Verbal update with a full paper to be received at the June meeting.	Kay Hannigan	Georgina Roberts Jason Brannan	12.06.25	On Track
23.01.25	Request from Gareth Williams after the CAMHS Strategy Improvement & Development Group	Gareth Williams via P&C Committee	Approved establishment posts vacant Update from Louise Bell to be discussed further – email sent to PW and DJ to check	Posts being advertised and having few or no applicants (MHL, CAMHS and elsewhere) – presentation from CAMHS Strategy Improvement & Development Group	Louise Bell Steve Riley Nick Graham	Jason Brannan	10.04.25	On Track
18.11.24	Action from QSE Committee 24.10.24 – QSE24/120 (see email from PPJ 30.10.24)	QSE Committee	H&S Update / Progress Report (to include Manual Handling Training) Discussed with PW & DJ 03.03.25 – focus to be an update on H&S Plans and outcome from HSE Prosecution from Stuart Keen	Refer the monitoring of Manual Handling Training to the P&C Committee.	Lynne Bushell David Maslen-Jones	Stuart Keen	12.06.25	On Track
20.01.25	Suggestion from Pam via email 20.01.25	Pam Wenger	Final Internal Audit Report on Consultant Job Planning	This is going to Feb meeting for info and Pam suggested a substantive update to the June meeting.	Nick Graham Sree Andole	Pam Wenger Jason Brannan	12.06.25	On Track
14.01.25	Action PC24/100.1 from P&C Committee on 19.12.24	P&C Committee	On-Call Arrangements - Final Internal Audit Report See email from Andrea Orme 03.04.25 and copy Andrea into call for papers	Agreed at Dec meeting that this comes back to the Committee with a more comprehensive update and response plan. Suggested at agenda setting that this includes EPRR and On-Call. Andrea confirmed this is joint work with Sharon Scott.	Nick Graham Angela Wood Andrea Orme	Jason Brannan	12.06.25	On Track
18.11.24	Action from Nov Board 24/204	Health Board	Recruitment & Development of Young People Potential for Development Session	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.	Georgina Roberts	Jason Brannan	12.06.25	On Track

07.11.24	Discussion at P&C agenda setting meeting and Action from Board 24/203	Committee / Health Board	Welsh Language	Focus for April meeting - Strategic approach – position paper on compliance focussing on the three IHCs. Possible focus for August meeting - P&C to facilitate discussion on how the organisation could widen opportunities to increase and incorporate the use of Welsh language. How are BCU developing services to meet language needs / how to provide SALT and other services in Welsh / Welsh language in Healthcare	Teresa Owen	Teresa Owen	Aug 25	On Track
19.12.24	Action from P&C Committee 19.12.24 – PC24/93.3	P&C Committee	WRES Report	Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance.	Ceri Harris	Jason Brannan	10.04.25	<b>CLOSED</b> Went to Comm 10.04.25 Include the WRES Report on the CoB
19.12.24	Action from P&C Committee 19.12.24 – PC24/96.2	P&C Committee	Staff Survey	Bring the Staff Survey including the results to a future Committee linking into Staff Engagement.	Katie Sargent	Jason Brannan	10.04.25	<b>CLOSED</b> Went to Comm 10.04.25
16.12.24 14.01.25	Action from P&C Committee PC24/73.1 and email from GQ Also suggestion from Pam and confirmation from Nick G	P&C Committee	Audit Wales Workforce Planning Report	An update on the Q4 actions from the Audit Wales Workforce Planning Review will be presented to the Committee in April 25.	Nick Graham	Jason Brannan	10.04.25	<b>CLOSED</b> Went to Comm 10.04.25
07.11.24	Discussion at P&C agenda setting meeting – Action from Dec meeting PC24/97.1 Email from Nia T 17.03.25	Committee	Values and Behaviours (Nia Thomas confirmed that the V&B Deployment Plan is now in place and updates on the plan will be provided as part of the CLE update report)	Provide assurance to a future Committee on the progress of implementation of the Values & Behaviours delivery plan (A paper highlighting next steps)	Nia Thomas	Jason Brannan	April / June 2025	<b>CLOSED</b> See note from Nia Thomas
21.11.24	Email from PPJ / Pam / Gill Q (see email from PPJ 21.11.24)	Ceri Harris	Equality Annual Report (may also include Gender Pay report)	Included in one equality item: Presentation on key messages / update (if final report not available)	Ceri Harris	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
07.11.24	Discussion at P&C agenda setting meeting	CEO	Strategic Equalities Plan	Included in one equality item: Focus on how this links to the biggest challenges, be clear on specific issues for focus (and so what?), how to position this for the Committee and include the new legislation.	Ceri Harris	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
07.11.24	Discussion at P&C agenda setting meeting	Committee	Workforce Commissioning Numbers	This will be covered under the Education Training Plan item. Links to Medical Education	Jason Brannan	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
18.11.24	Action from Board 24/199	Health Board	Staff Turnover – this is included on the People Operations Report	Jason checking whether staff turnover is already included in the People Operations Report - Arrange for P&C Committee forward workplan to include Staff Turnover report.	Georgina Roberts	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
15.12.24	Email from Gill Querci 15.12.24	Gill Querci	Education Training Plan	Initial draft of the Education Training Plan to go to Committee for noting.	Nick Graham	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25

09.10.24	Email from Pam Wenger 09.10.24	Pam Wenger	Worker Protection	Worker Protection (Amendment of Equality Act 2010) Act 2023 Covered in Equality Report to Dec meeting	Pam Wenger	Pam Wenger	19.12.24	<b>CLOSED</b> Went to Comm 19.12.24
10.10.24	Discussion at P&C Committee on 10.10.24	P&C Committee	Sexual Harassment	An overview of the risks and mitigating factors linked to the new duty in relation to sexual harassment.	Ceri Harris	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 19.12.24
13.06.24	Request from Audit Committee & PC24/29.1 Action from June P&C Committee	Phil Meakin	Internal Audit Report – On-Call Arrangements	Original request from Audit Committee for report to be considered by P&C Committee	Andrea Orme discussing with Angela Wood	Jason Brannan	19.12.24	<b>CLOSED</b> Went to Comm 19.12.24
12.09.24	Speaking Up Safely / Whistle Blowing Arrangements	Audit Committee	Review of Speaking Up Safely / Whistle Blowing Arrangements focussing on themes, hot spots and actions	Item went to Audit Committee on 12.09.24 and AC suggested this is presented to P&C Committee	Jason Brannan	Jason Brannan	19.12.24	<b>CLOSED</b> Went to Comm 19.12.24
06.08.24	Discussion with LJ and PPJ	Philippa Peake-Jones	P&C Committee.1 ToR	Amendments to P&C Committee ToR from RemCom	Pam Wenger	Pam Wenger	10.10.24	<b>CLOSED</b> Went to Comm 10.10.24
22.07.24	Request from Gill Querci / Jason Brannan via email	Jason Brannan	DPA (Dental Practice Adviser) Salary	To be discuss in Private session	Maxine Wright	Jason Brannan	10.10.24	<b>CLOSED</b> Verbal update at Oct meeting
08.08.24	PC24/54 Committee Forward Workplan	Carol Shillabeer / Dyfed Jones	Additional items for future Committee meetings	Assessment of Special Measures Welsh Language Equality Health & Safety	Philippa Peake-Jones	Relevant Executive Directors	10.10.24	<b>CLOSED</b> For discussion at Development Session 19.11.24
11.04.24	PC24/12.3 Action from April P&C Committee	Jason Brannan	Progress of the Audit Wales Report - Review of Workforce Planning Arrangement	Factor in a mid-year / end of year assurance report on progress against the recommendations for assurance up to the Board to ensure Audit Wales are sighted on progress	Jason Brannan	Jason Brannan	10.10.24	<b>CLOSED</b> Went to Comm 10.10.24 with a focus on Q2
25.06.24	Email on the Latest Bevan Commission Report – The Values and Value of the Third Sector (see email from Gill Q 22.07.24)	Pam Wenger / Jason Brannan / Kirsty Thomson	Staff Wellbeing Grant Scheme	Update to the Committee – Kirsty Thomson pulling together a paper to share with Angela, Helen & Jason – Philippa discussing with Pam	Kirsty Thomson	Jason Brannan	10.10.24	<b>CLOSED</b> Went to Comm 10.10.24
13.06.24	PC24/38.2 Action from June P&C Committee (Private)	P&C Committee	Health & Safety Annual Report	Item pulled from Aug P&C and went straight to Board in Sept Item went to June meeting (private) needs to go to Aug meeting (public) before Board in Sept	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Pulled from Aug agenda, went to Board in Sept
07.05.24	Via Carol Shillabeer	Georgina Roberts	Discussion on Staff Recognition	Verbal update	Jason Brannan	Carol Shillabeer	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24
02.05.24	Action from RemCom	Philippa Peake-Jones	Report on BCU being a Living Wage Employer and details of BCUs Apprenticeship Scheme	To close down action transferred from RemCom	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24
18.06.24	Gill Querci email / HEIW	Jason Brannan	Compassionate Leadership Pledge	Going to ET 03.07.24 and then to Sept Board via Chairs Assurance Report	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24
18.06.24	Gill Querci email	Jason Brannan	'Time to Shortlist' Improvement Project	Request from Jason Brannan – links to discussion at June P&C	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24