

## **Bundle BCU People and Culture Committee 12 February 2026**

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PC26.01 Welcome and Apologies  
*Dyfed Jones, Chair*
- 1.2 09:31 - PC26.02 Declarations of Interest  
*Dyfed Jones, Chair*
- 1.3 09:32 - PC26.03 Unconfirmed Minutes of Meeting held on 04.12.25  
*Dyfed Jones, Chair*  
PC26.03 Minutes from P&C Committee 04.12.25 V0.1 (Public) Draft
- 1.4 09:35 - PC26.04 Matters Arising & Action Log  
*Dyfed Jones, Chair*  
PC26.04 Action Log P&C Committee - Public (Updated 04.02.26)
- 2 09:40 - STAFF STORY
- 2.1 09:40 - PC26.05 Staff Story  
*Katie Sargent, Head of Employee Experience and Engagement*  
PC26.05 Staff Story (Coversheet) Feb 26  
PC26.05.1 Staff Story Feb 26 FINAL
- 3 09:55 - STRATEGIC PRIORITIES
- 3.1 09:55 - PC26.06 People Operations Report  
*Georgina Roberts, Interim Executive Director of People Services and Organisational Development*  
PC26.06 People Operations Report v4
- 3.2 10:05 - PC26.07 Employee Experience and Engagement Report  
*Georgina Roberts, Interim Executive Director of People Services and Organisational Development*  
PC26.07 Employee Experience and Engagement Report Feb 26 FINAL
- 3.3 10:20 - PC26.08 Three Year Culture, Leadership and Engagement Improvement Plan  
*Georgina Roberts, Interim Executive Director of People Services and Organisational Development*  
PC26.08 Three Year Culture, Leadership and Improvement Plan 2026-2029  
PC26.08.1 Culture, Leadership and Improvement Plan 2026-29 (Detail of plan)
- 3.4 10:35 - PC26.09 Strategic Workforce Planning Framework  
*Georgina Roberts, Interim Executive Director of People Services and Organisational Development*  
PC26.09 SWFP Strategic Workforce Planning Framework (Coversheet)  
PC26.09 SWFP- Integrated Planning Framework 2025 v4  
PC26.09.1 Appendix 1 - Sample WFP Template  
PC26.09.2 Appendix 2 - HEIW WfP Toolkit
- 3.5 10:45 - PC26.10 Education and Training Plan 2027-2028  
*Georgina Roberts, Interim Executive Director of People Services and Organisational Development*  
PC26.10 Education and Training Plan 2027-28 v2
- 3.6 10:55 - BREAK
- 3.7 11:05 - PC26.11 Strategic Equality Plan 2024-2028  
*Georgina Roberts, Interim Executive Director of People Services and Organisational Development*  
PC26.11 Strategic Equality Action Plan 12.02.26 V2.0
- 3.8 11:20 - PC26.12 All-Wales Anti Sexual Harassment Policy

*Georgina Roberts, Interim Executive Director of People Services and Organisational Development*

PC26.12 All-Wales Anti Sexual Harassment Policy

- 3.9 11:35 - PC26.13 Foundations for the Future Programme (Verbal)  
*Carol Shillabeer, Chief Executive*
- 4 11:40 - GOVERNANCE, RISK AND ASSURANCE
- 4.1 11:40 - PC26.14 Consultant Job Planning  
*Clara Day, Executive Medical Director*  
PC26.14 Consultant Job Planning  
PC26.14.1 Appendix A Job Planning table for update - Feb 2026 KM CD v2  
PC26.14.2 Appendix B Job Planning Compliance - Current Progress
- 4.2 11:55 - PC26.15 Corporate Risk Register  
*Pam Wenger, Director of Corporate Governance*  
PC26.15 Corporate Risk Register Report February 2026
- 4.3 12:00 - PC26.16 Corporate Governance Report  
*Pam Wenger, Director of Corporate Governance*  
PC26.16 Corporate Governance Report  
PC26.16.1 Workplan for P&C Committee (Live Version as at 03.02.26)
- 5 12:05 - CLOSING BUSINESS
- 5.1 12:05 - PC26.17 Agree Items for Referral to Board / Other Committees  
*Dyfed Jones, Chair*
- 5.2 12:07 - PC26.18 Review of Meeting Effectiveness  
*Dyfed Jones, Chair*
- 5.3 12:10 - PC26.19 Date of Next Meeting - 09.04.26
- 5.4 12:10 - PC26.20 Resolution to Exclude the Press and Public  
*"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*

**Betsi Cadwaladr University Health Board (BCUHB)**  
**UNCONFIRMED Minutes of the People & Culture Committee**  
**held in Public on 4 December 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 Committee)
Billy Nichols	Independent Member
Paul Lambert	Independent Member
Clare Budden	Independent Member
<b>In Attendance</b>	
Tehmeena Ajmal	Chief Operating Officer
Jason Brannan	Deputy Director of People
Lynne Bushell	Head of Health, Safety and Risk
Nesta Collingridge	Head of Risk Management ( <i>part meeting</i> )
Dyfed Edwards	Chair of the Health Board
Dave Harries	Head of Internal Audit
Eleri Hughes-Jones	Head of Welsh Language Services
Karen Mottart	IHC Medical Director, West / Lead for Urgent and Emergency Care
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Georgia Roberts	Interim Executive Director of People Services and Organisational Development
Katie Sargent	Head of Employee Engagement and Experience
<b>Committee Support</b>	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

<b>OPENING BUSINESS</b>
<p><b>PC25.122 Welcome and Apologies</b></p> <p>Apologies were noted for Carol Shillabeer, Clara Day (Karen Mottart to represent) and Stuart Keen.</p>
<p><b>PC25.123 Declarations of Interest</b></p> <p>No declarations of interest were raised.</p>
<p><b>PC25.124 Unconfirmed Minutes of Meeting held on 16 October 2025</b></p> <p>It was agreed that the minutes of the meeting held on 16 October 2025 were a true and accurate record.</p>
<p><b>PC25.125 Matters Arising &amp; Action Log</b></p> <p>Members received the action log and noted progress against the actions.</p>

## Staff Survey

- The Head of Employee Engagement and Experience provided an update on the staff survey noting that the survey closed on Monday 1 December 2025. The rate of completion last year was 17.4%, the team set a target this year to improve by 5% which is a total of 23%. It was confirmed that the completion rate reached 24.7% which is 5172 staff members and the organisation received the second highest rate in Wales. A variety of approaches have been taken to improve the completion rate including pull up banners highlighting QR codes, asking managers to allow staff time to complete the survey and providing incentives for those who do complete the survey. It was noted that staff want to see changes as a result of the staff survey therefore tangible action is required as an outcome of the survey.

It was resolved that the Committee:

- AGREED** to close the actions that were proposed for closure.

## STAFF STORY

### PC25/126 Staff Story

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

- The story focusses on the experiences of a member of the Health and Safety Team and an Operational Manager in navigating a new, collaborative approach to embedding the NHS Employers Workplace Health and Safety Standards.
- The story aligns to the Health and Safety Mid-Year Progress Report which is also being presented to the Committee at this meeting.
- The new approach to the Health and Safety standards enables shared responsibility and partnership working across the organisation to provide the best outcomes for patients and staff in protecting their health, safety and wellbeing.
- The Health and Safety Team have been working hard to encourage local ownership of workplace health and safety and the story provides an example of staff working together in this space to make improvements.

In discussing the staff story, the Committee:

- Acknowledged the improvements that have been made within the Health and Safety Team noting that the story links with embedding culture across the organisation.

It was resolved that the Committee:

- NOTED** the themes raised by the two storytellers about their experiences of working differently and together, to change the approach to Health and Safety in the organisation.

## STRATEGIC PRIORITIES

### PC25.127 Management of Health and Safety Mid-Year Progress Report

The Committee received the report and the Head of Health, Safety and Risk highlighted:

- The report provides a progress update on the work undertaken to deliver against the 2025/26 Annual Delivery Plan and respond to legislative requirements.

- A Health and Safety Improvement Plan has been developed aligned to the Health and Safety policy.
- A paper was presented to the Committee in June 2025 highlighting the organisation's transition over to the NHS Employers' Workplace Health and Safety Standards. These standards have now been rolled out across the organisation via two cohorts in the form of a Health and Safety Self-Assessment with the second cohort nearing completion.
- The report focuses on cohort one as this is now a complete cycle noting the four key areas that have been reviewed and the findings have been included in the appendices.
- A full Health and Safety Review has been completed across 30 wards, departments and services via a one day review, a wide range of staff have been engaged with the self assessment process and action plans are now being developed.
- The report highlights the questions that were used as part of the self-assessment noting the average scores and action plans in place. The exercise provided some areas of learning and the need for an awareness of risks and hazards.
- The audit of the top 5% of responses from each region provided important data in terms of validation and all areas saw a reduction in scores following the Health and Safety Review.
- The outcome of the review will go to the Strategic Health and Safety Group to allow the recommendations to be reviewed in further detail and the team will also engage with the Infection Prevention Control team to identify any themes and trends.

In discussing the item, the Committee:

- Acknowledged the approach and the work completed to date stating that this provides assurance to the Committee and noted that going forward the work will become business as usual. It was confirmed that the self-assessment has been used as a benchmarking exercise to identify the current position and where areas of improvement are required.
- Queried how to ensure there is a level of awareness across the organisation noting the need to consider the areas of greatest risk. It was confirmed that the team have been linking in with the Royal College of Psychiatrists review as the review highlighted areas of risk that are currently being addressed.
- Stated that further work is required to develop a robust Health and Safety Strategy, Risk Assessment and Framework to align with the wider governance infrastructure.
- Referred to mandatory training and queried whether there are any issues in this area. It was confirmed that mandatory training including Health and Safety training is above the threshold set by the organisation however further work is required to ensure tailored training packages are developed to provide the appropriate level of training for the relevant staff.
- Suggested there is wider use of QR codes rather than leaflets and posters. It was confirmed that the organisation have a broad spectrum of staff, QR codes have been used for the staff survey however not all staff have access to a smartphone or tablet therefore leaflets and posters are require for targeted campaigns.
- Noted the areas of improvement and queried how progress is being monitored. It was confirmed that this is part of the Health and Safety governance structure where information is disseminated to the divisional groups to monitor and provide feedback



to the Strategic Health and Safety Group, this information will also feed into the Executive Delivery Group once this has been established.

- Highlighted the areas of red included in the appendices, it was confirmed that the team are focussed on these areas, the information has been shared with the relevant teams and progress will be monitored over the next twelve months.

It was resolved that the Committee:

- **REVIEWED** the content of the report.

### **PC25.128 Identifying Posts as 'Welsh Essential' and Supporting Training Framework**

Members received the report and the Executive Director of Allied Health Professionals & Health Science and Head of Welsh Language Services highlighted:

- The report provides an overview of the current arrangements in place noting that the Bilingual Skills Policy and Procedure has now been implemented to deliver the operational standards required.
- The Health Board are in a positive position in relation to training however there is a need to focus on Welsh Language in relation to recruitment.
- As part of the Welsh Language Standards, the organisation are required to assess the Welsh Language requirements for staff posts. A Welsh essential criteria is now in place for specific posts with a process to go back out to recruit if applicants are not able to speak Welsh with the option to offer Welsh Language training as required, further work is required in this area.
- The Welsh Language Commissioner has requested that Health Board's move towards the statutory requirement of increasing the capacity to deliver clinical consultations in Welsh. A baseline assessment has been completed via the ESR system where 95.8% of staff have recorded their language skill level. The assessment highlighted the need to focus on vulnerable groups and specific training and support is being provided in those areas.
- A pilot framework has been established for staff who are appointed into band 8c and above posts to specify the need to learn Welsh to a specific level when appointed to demonstrate leadership in this level of the Health Board structure.
- The recommendations included in the report have been developed following discussion at the Executive Committee.

In discussing the report, the Committee:

- Acknowledged the importance of being able to deliver clinical services in Welsh noting the significance of patients being able to discuss their condition using their native language. It was confirmed that there is a need to focus on those staff who have Welsh Language skills at the lower levels to ensure a basis level of Welsh is available across the organisation, in particular for clinical and patient facing colleagues.
- Referred to the process of advertising post as Welsh essential and highlighted the issues with recruitment if posts need to go back out to advert when Welsh speakers are unable to be appointed. It was confirmed that there are Welsh websites available to advertise posts however there is a cost implication and the team are working hard to ensure this process does not cause delays in recruitment.

- Highlighted the need for the Committee to be aware of other languages staff are able to speak to provide services to patients where required. It was confirmed that there are staff from approximately 64 nationalities working in Ysbyty Gwynedd noting that further work is required to capture this information.
- Queried what is taking place in schools to promote health as a career linking to the work around career pathways. It was confirmed that the Health Board engage with a wide range of schools and careers fayres and an item is included on the forward workplan for a report to be presented to the Committee next year focused on the recruitment of young people. It was also confirmed that the team work closely with Careers Wales and promote the advantages of speaking Welsh within the Health Service.
- Noted the ambition and progress highlighted in the report confirming that the Health Board is an anchor organisation and work in this area will extend into local communities.
- Highlighted that where staff are provided with support to learn Welsh there is a need to ensure those staff are able to use the Welsh Language on a daily basis as part of their job. The number of staff speaking Welsh provides an important service for patients and also contributes to the Welsh Government's 'More than just words' initiative.
- Confirmed that a new Workforce planning template is being introduced which refers to the percentage of Welsh speakers required within specific teams.
- Referred to the pilot framework of ensuring band 8c and above staff have a specific level of Welsh Language. It was confirmed that there is a need to formalise the support being provided as this highlights an area of leadership across the organisation. Online courses are available and the team are also linking in with local colleges and Wrexham University to provide additional support.

It was resolved that the Committee:

- **SUPPORTED** the four recommended actions to:
- **STRENGTHEN** the current process by setting clear expectations for staff appointed to posts designated as 'Welsh to be learnt.
- **REVIEW** language skills of staff within priority-based groups to inform designation of language requirement when recruiting to vacant posts.
- **FORMALISE** the pilot established with positions at Pay Band 8c and above.
- **CONSIDER** capacity and resource allocation to ensure that the infrastructure is in place to implement in the long term.

### PC25.129 People Operations Report

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

- The vacancy rate currently stands at 7.8% and the turnover rate stands at 7.7% which is a continual downward trend.
- The Health Board continues to have the lowest reported sickness absence levels in Wales.
- PADR rates show a very slight decrease in recent months but the overall trend is still positive with compliance currently standing at 81.2%. The new PADR

documentation is due to be launched early next year to bring more of a focus on staff wellbeing and performance and align to the values and behaviours framework.

- A corporate growth analysis has been included as an appendix following a request from the Board for the Committee to discuss the increase in corporate functions and costs in relation to job evaluation.
- Overall Corporate Services Teams have increased by almost 500 full time equivalents and registered nursing staff have increased by 101 full time equivalents between 2020 and 2025. Additional information was provided in the appendix.
- A vacancy analysis has also been included as an appendix following a request from the Committee to receive an update on the increase in vacancy rates.

In discussing the report, the Committee:

- Referred to the new PADR process and queried how this aligns with the future strategy in relation to performance management and Welsh Language requirements. It was confirmed that the new PADR will be launched as part of the Foundations for the Future programme as performance and development will be a key aspect of the programme and will align to the strategy.
- Acknowledged the balance between corporate teams and growth but queried whether this links to an increase in productivity and performance. It was confirmed that this has been discussed by the Executive Committee noting the need to gain further information in relation to productivity and increase in staffing.
- Noted the increase confirmed in the report highlighting 132.6 full time equivalents within the Digital, Data and Technology Team and referred to previous discussions where it has been stated that there is a lack of resource within the team. It was confirmed that this has been discussed as part of the Foundations for the Future programme noting the volume of staff required to manage legacy systems however going forward there is a need for a more generic skill set within this team to allow staff to move into areas where required.
- Highlighted the amount of time spent by staff to sift through applications and queried the current process. It was confirmed that the team are reviewing ways of filtering applications and are looking across Wales at the use of Artificial Intelligence.

It was resolved that the Committee:

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

### PC25.130 Sickness Actions Deep Dive

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

- A report relating to sickness was presented to the Committee in August 2025 and it was requested that an action plan came back to the Committee to highlight what the Health Board are looking to achieve as a result of the deep dive and what outcomes will be monitored.
- The Health Board's overall sickness absence rates are positive however the overall absence exceeds the national target and there is a need to manage sickness in line with the Cabinet Secretary priorities.

- The six key areas of focus include: Policy Management and Cultural Change, Hotspot Interventions, Reporting and Accountability, Communications and Culture, Measures of Success and Accountability Framework.
- The importance of managing the policy correctly was recognised and the report provides a focus on improving compliance in relation to return-to-work meetings, ensuring consistent application of policy triggers, using the policy as a support mechanism and highlighting any variations from the policy.
- There is a need to use resources in the right place, identify the hot spot areas to ensure support can be provided where required and assist line manager in the application of the policy.
- Work is taking place to ensure the basic processes are followed consistently in line with the values and behaviours work to ensure managers feel more confident.

In discussing the report, the Committee:

- Noted that hot spot areas may be due to culture issues and queried whether a focus on whistleblowing may allow issues to be addressed. It was confirmed that this area of work is included in the support package and further work is taking place to identify culture and leadership issues with support from the culture change team.
- Referred to the long term sickness process noting that staff have reported they are not receiving correspondence to confirm a decrease in pay after six months of sickness absence. It was confirmed that this is the responsibility of the line manager to ensure letters are sent out and this will be addressed as part of this work.
- Agreed an update is provided back to the Committee in six months time to highlight the progress made and the implementation achieved.

**Action:**

- **PC25.130.1** An update on the Sickness Absence Deep Dive Action Plan to be presented to the Committee in six months time to highlight the progress made and the implementation achieved.

It was resolved that the Committee **NOTED** the following actions:

- **Policy Compliance:** Ensure the sickness absence policy is applied correctly, particularly regarding triggers and return-to-work meetings led by line managers.
- **Ownership and Accountability:** Confirm that sickness absence is owned and managed by line managers, with professional support from People Services.
- **Policy Deviations:** Any deviation from policy must be recorded and reviewed by a member of the People Services team.
- **Hotspot Identification:** Establish clear processes to identify sickness absence hotspots and agree targeted interventions to reduce absence.
- **Occupational Health Referrals:** Ensure prompt referrals to Occupational Health by line managers.
- **Staff Experience:** Improve the experience of staff on long-term sickness absence through proactive support and engagement.

**PC25.131 Organisational Strategic Workforce Planning Framework**

The Committee received a verbal update from the Interim Executive Director of People Services and Organisational Development highlighting that the report has been received by

the Executive Committee and further information is required therefore the report will come back to the Committee at the next meeting in February 2026.

It was resolved that the Committee:

- **RECEIVED** the verbal update provided.

### **PC25.132 Education and Training Discovery Report**

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

- The Programme Director for Education Partnerships and Projects has undertaken a review in relation to education and training linked to the work of the Education Steering Group.
- The review highlighted a lack of strategic alignment to education across professional groups, a lack of coordination in terms of opportunities for learning and new ways of working and fragmented oversight, with no single line of reporting to the Executive Committee or Board making it difficult to assess organisation-wide education needs and outcomes.
- There is a need to develop an interprofessional approach to strengthen health systems through collaborative working and allow health professionals to learn together to support effective practice.
- It was agreed at the Education Steering Group that there is also a need to implement an appropriate governance process to ensure arrangements relating to education are in place for all relevant professional groups and this aligns to the governance framework.
- As part of the next steps, the Education Steering Group will create a clear vision for education and training, develop an overarching strategic plan with defined aims and objectives aligned to services and training needs and ensure the values and behaviours work links in to all components of the plan.

In discussing the report, the Committee:

- Noted the work completed to date and queried what the key risks and opportunities are. It was confirmed that as this area of work progresses, clarity will be able to be provided in terms of the gaps and the level of resource required to take this forward.
- Highlighted that the report focuses internally and queried what work is taking place with external services to provide opportunities for staff to learn and progress. It was confirmed that there is a need to make connections with external partners to ensure that opportunities for learning are available.
- Agreed that a further report would be reported back to the Committee once the framework has been developed which will highlight the metrics and how these will be monitored.

#### **Action:**

- **PC25.132.1** Deputy Director of People to discuss with the Director of Corporate Governance the Education and Training reporting arrangements to the Committee once the framework has been developed and also confirm the metrics that will be required to be measured.

It was resolved that the Committee:

- **NOTED** the work of the Education Steering Group and the proposed work to progress the approach to education and training across the Health Board.

## GOVERNANCE AND ASSURANCE

### PC25.133 Consultant Job Planning

The Committee received the report and the Integrated Health Community Medical Director, West highlighted:

- An Internal Audit Review was completed during 2024 which highlighted issues in relation to Consultant Job Planning. A follow-up Review was then completed during August 2025 highlighting the progress required in this area.
- The Office of the Medical Director are currently working with the Local Negotiating Committee to develop a collaborative job planning procedure which is due to be approved by the end of December 2025.
- A training needs analysis is currently underway to support roll out of the procedure once approved and a revised trajectory has been proposed aiming to increase the percentage of job plans signed off from 50% to 90% by the end of quarter one during 2026/27.

In discussing the report, the Committee:

- Queried whether this links to an issue with performance management. It was confirmed that without robust job planning in place, it is difficult to match capacity however the Local Negotiating Committee are supportive of the expectation of individual doctors to share performance figures and evidence during job planning meetings to provide a level of assurance,
- Noted this is an ongoing issue and queried the confidence level of making progress in this area. Internal Audit confirmed that this is a significant area of risk and will be reviewed against during 2026 subject to approval by the Audit Committee. It was confirmed that there is focus in certain areas however there is a need for the Committee to review improvements and progress on a regular basis going forward.
- Highlighted the variability in figures across the sites in particular the low figures noted in the Central area. It was agreed that further information is required outside of the meeting to understand the difference in figures across the site.
- Agreed that the Executive Medical Director has a focus on this area of work recognising the work completed to date and the time it will take to address this issue.

#### Action:

- **PC25.133.1** Consultant Job Planning to be included as a standing item for the People and Culture Committee to monitor progress on a regular basis until improvements are made in this area.
- **PC25.133.2** An update relating to Consultant Job Planning and the difference in compliance figures across the sites to be provided to the Committee.

It was resolved that the Committee:

- **NOTED** the revised plan for Senior Doctor Job Planning.

## PC25.134 On-Call Arrangements: Final Internal Audit Report June 2022 – Progress Report

The Committee received the report and the Chief Operating Officer highlighted:

- An Internal Audit Review was completed in 2022 in relation to on-call, in addition to a collective resolution concern submitted by Silver on-call colleagues which has now concluded.
- Work is currently ongoing within the Health Board to review the Silver on-call and numbers of participants on the rota. This work will address both the respect and resolution concerns and the audit recommendations.
- On-call arrangements also align with the Emergency Preparedness, Resilience and Response team to operationally deliver services in and out of hours.
- Due to the need to increase the numbers of participants on the Silver on-call rota, a review of all posts band 8c and above has taken place noting that further work is required to address areas of concern.
- On-call arrangements will continue to be reviewed and amended as part of the Foundations for the Future programme as the new Operating Model is established. There will be a need to ensure on-call arrangements are included in the appropriate job descriptions to provide a more balanced rota going forward.

In discussing the report, the Committee:

- Noted that Internal Audit are currently undertaking a follow-up review in this area and this will initially be reported back to the Audit Committee in due course.
- Highlighted that this is a significant issue and there is a need for the Committee to receive assurance that the appropriate levels of support are in place for staff when there is a need to escalate issues via the on-call arrangements. It was confirmed that there is a need to ensure those on-call are partnered with staff who have clinical expertise, knowledge and confidence especially those who are new to the on-call rota. Staff also need clarity on the plans being utilised and the escalation arrangements a required.
- Agreed that this will be presented back to the Committee once the follow-up Internal Audit review has been completed and reported to the Audit Committee.

### Action:

- **PC25.134.1** The outcome of the follow-up Internal Audit Review relating to on-call arrangements to be presented back to the Committee once completed and reported to the Audit Committee.

It was resolved that the Committee:

- **NOTED** the proposed position against the actions.

## PC25.135 Board Assurance Framework

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

- The Committee have a strategic risk relating to Culture, Leadership, Engagement and Workforce. The score for this risk remains the same and the actions are progressing well.

- The acts are due to be updated in March 2026 and it was suggested that the Committee potentially review the level of assurance at this time.
- The layout of the report is due to be revised to ensure accessibility and will also be reviewed to align to the strategic objectives once these have been approved by the Board.

In discussing the report, the Committee:

- Queried that when the Board Assurance Framework is realigned with the future strategy, will there be a transition period to track through the risks. It was confirmed that there will be a need for the Risk team to continually monitor the risks during this period and highlight areas of concern to the Board as required.

It was resolved that the Committee:

- **RECEIVED** and **CONSIDERED** the contents and assurance rating of the Board Assurance Framework.

### **PC25.136 Corporate Governance Report**

The Committee received the report and the Head of Corporate Governance highlighted that the report is provided to note the summary of business considered in private and the forward workplan.

It was resolved that the Committee:

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

### **CLOSING BUSINESS**

#### **PC25.137 Agree Items for Referral to Board / Other Committees**

It was agreed to alert the Board to the discussions held in relation to the Consultant Job Planning and On-call Arrangements.

#### **PC25.138 Review of Meeting Effectiveness**

It was agreed that a number of important items had been discussed by the Committee and there is a need to monitor progress in specific areas.

#### **PC25.139 Date of next meeting**

Thursday 12 February 2026, 9.30am

#### **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.'

Unconfirmed

## People & Culture Committee Action Log (Public)

Updated 04.02.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC25.130.1	04.12.25	<b>Sickness Actions Deep Dive</b> An update on the Sickness Absence Deep Dive Action Plan to be presented to the Committee in six months time to highlight the progress made and the implementation achieved.	Jason Brannan Georgina Roberts	June 26	<b>Remain Open</b> <b>03.02.26</b> The Sickness Absence Deep Dive Action Plan has been included on the Committee forward workplan for the meeting in June 2026.
2	PC25.132.1	04.12.25	<b>Education and Training Discovery Report</b> Deputy Director of People to discuss with the Director of Corporate Governance the Education and Training reporting arrangements to the Committee once the framework has been developed and also confirm the metrics that will be required to be measured.	Jason Brannan Pam Wenger	April 26	<b>Remain Open</b> <b>04.02.26</b> A workshop was held at the end of January 2026 in Ysbyty Glan Clwyd with professional leads, facilitated by Jason Brannan. A paper will be developed with potential options for submission the Executive Committee in March 2026. The majority of professions were represented at the workshop.
3	PC25.133.1	04.12.25	<b>Consultant Job Planning</b> Consultant Job Planning to be included as a standing item for the People and Culture Committee to monitor progress on a regular basis until improvements are made in this area.	Clara Day Karen Mottart	April 26	<b>Remain Open</b> <b>04.02.26</b> Consultant Job Planning is included on the agenda for the meeting being held in February 2026 where the Committee will confirm whether this requires further monitoring.
4	PC25.134.1	04.12.25	<b>On-Call Arrangements: Progress</b>	Tehmeena	June 26	<b>Remain Open</b>



			<b>Report</b> The outcome of the follow-up Internal Audit Review relating to on-call arrangements to be presented back to the Committee once completed and reported to the Audit Committee.	Ajmal		<b>05.02.26</b> The draft report has been issued and is scheduled for Executive clearance by 2 March 2026. The report is then due to be presented to the Audit Committee in April 2026 and then onward to the P&C Committee.
<b>ACTIONS PROPOSED FOR CLOSURE</b>						
1	PC25.133.2	04.12.25	<b>Consultant Job Planning</b> An update relating to Consultant Job Planning and the difference in compliance figures across the sites to be provided to the Committee.	Clara Day Karen Mottart	Feb 26	<b>Action proposed for closure</b> <b>04.02.26</b> This has been addressed in the report included on the agenda for the meeting being held in February 2026.
2	PC25/106.1	16.10.25	<b>Workforce Race Equality Standard (WRES) Report</b> The Strategic Equality Plan to come back to a future meeting to highlight progress and provide assurance that the issues and themes raised are being addressed.	Georgina Roberts	Feb 26	<b>Action proposed for closure</b> <b>08.01.26</b> The Strategic Equality Plan is included on the agenda for the meeting being held in February 2026. <b>27.10.25</b> This is being taken forward with the Head of Equality and Human Rights.
3	PC25/107.1	16.10.25	<b>Gender, Race and Disability Pay Gap Reports</b> Deputy Director of People to ensure the Race and Gender Pay Gap Reports are published on the website bi-lingually.	Jason Brannan	Dec 25	<b>Action proposed for closure</b> <b>04.02.26</b> This has now been completed and the document have been published: <a href="#">link to website.</a> <b>24.11.25</b> The documents are in the process of being translated and will be published on the website in due course.
<b>Closed Actions (as agreed at meeting on 04.12.25)</b>						
Action	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status



No.						
1	PC25/102.1	16.10.25	<b>Staff Story</b> Director of Corporate Governance to provide information on the work being completed by Legal Services to provide support to staff including those who are requested to attend Coroner's Court.	Pam Wenger Matt Joyes	Dec 25	<b>25.11.25</b> A briefing note has been circulated to members outside of the Committee.
2	PC25/104.1	16.10.25	<b>Job Evaluation Update</b> Interim Executive Director of People Services and OD to make contact with Internal Audit to check whether the required evidence relating to the audit recommendations has been provided and approved.	Georgina Roberts	Dec 25	<b>27.10.25</b> This has been reviewed and all recommendations have been completed.
3	PC25/102.2	16.10.25	<b>Staff Story</b> Director of Corporate Governance and Interim Executive Director of People Services and OD to facilitate a wider discussion on aligning the strategic priorities of the Health Board with the content of the Staff Story.	Pam Wenger Georgina Roberts	Dec 25	<b>25.11.25</b> Work is taking place to align the staff stories to the cycle of business. At the October meeting there was a focus on culture change and the December meeting will have a focus on implementing Health and Safety standards aligned to the Health and Safety Mid-Year Progress Report that is being presented.
4	PC25/73.1	14.08.25	<b>Staff Story</b> The People Managers Forum to review real life scenarios and explore the support that can be provided for staff and managers in terms of training, support and learning from staff experience to align with the culture	Georgina Roberts	Dec 25	<b>27.10.25</b> This is being actioned by the Team after each Staff Story has been presented to the P&C Committee, where permission from the storyteller is provided. <b>09.10.25</b> This is being taken forward with the People Managers Forum.



			approach and discuss how this can be managed going forward.			
5	PC25/74.1	14.08.25	<b>Sickness Deep Dive Report</b> An action plan relating to the sickness deep dive to come back to the Committee to highlight what the Health Board are looking to achieve as a result of the deep dive and what outcomes will be monitored.	Nick Graham Georgina Roberts	Dec 25	<b>24.11.25</b> The sickness deep dive action plan has been included on the agenda for the December meeting. <b>09.10.25</b> The action is on track and will be presented to the Committee in December 25.
6	PC25/75.1	14.08.25	<b>People Operations Report</b> A detailed report to come back to a future meeting of the Committee in relation to the increase in vacancy rates to provide an understanding of vacancies across the organisation.	Nick Graham	Dec 25	<b>24.11.25</b> A Vacancy Analysis Report has been included as an appendix to the People Operations Report. <b>09.10.25</b> The action is on track and will be presented to the Committee in December 25.
7	PC25/82.1	14.08.25	<b>Progress on Consultant Job Planning Internal Audit Report</b> Progress on Consultant Job Planning to be reported back to the Committee for onwards submission and assurance to the Audit Committee.	Clara Day	Dec 25	<b>24.11.25</b> A paper on Consultant Job Planning has been included on the agenda for the meeting in December 2025. <b>07.10.25</b> This will be a priority area of focus for the new Executive Medical Director and will be reported to the Committee in December 2025.
8	PC25/31.1	10.04.25	<b>Strategic Occupational Health &amp; Safety Group Chair's Assurance Paper</b> Bring a strategic paper back to the Committee which addresses the key issues, risks and actions.	Stuart Keen	June 25  Revised timescale Dec 25	<b>24.11.25</b> A Management of Health and Safety Mid-Year Progress Report has been included on the agenda for the meeting in December 2025. <b>07.10.25</b> The Director of



						<p>Environment and Estates is developing a strategic paper to be presented to the Committee in December 2025.</p> <p><b>29.07.25</b> The Committee received a presentation on the Strategic Occupational Health &amp; Safety Report at the meeting in June 25. The Health &amp; Safety Improvement Plan will be presented to the Committee in December 25 in line with item 1C on the CoB.</p> <p><b>05.06.25</b> An initial presentation outlining the approach to Health &amp; Safety has been included on the agenda for the June meeting, suggest a strategic paper comes back to a future meeting and is aligned to the CoB under item 1C – Responding to Legislative Requirements.</p>
9	PC24/100.1	19.12.24	<p><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 update and response plan.</p>	<p>Jason Brannan Pam Wenger Angela Wood Andrea Orme</p>	<p><del>April 2025</del></p> <p>Revised timescale Dec 25</p>	<p><b>25.11.25</b> The On-Call Arrangements: Final Internal Audit Report June 2022 – Progress Report has been included on the agenda for the December 25 meeting.</p> <p><b>07.10.25</b> A report has been included on the agenda for the October 25 meeting for discussion and agreement of the most appropriate</p>



					<p>route for progress of the required actions going forward.</p> <p><b>12.07.25</b> Work continues, a draft on call policy has been prepared and will be shared with colleagues and staffside for review in the next few weeks. 150 managers have attended training sessions for on call managers to date. IHC Directors are reviewing those posts that are not on the on call rota to understand the rationale. Discussions will be taking place with post holders to ask if they would consider joining the rota to increase numbers. Longer term there may need to be an organisational change process to include the requirement to participate on the on call rota to be included in job descriptions. Corporate Directors have also been approached about posts that might be considered for the on call rota. This is due to come to the Committee in October 25.</p> <p><b>24.03.25</b> A comprehensive update and response plan will be presented to the Committee at the next meeting in June 25.</p> <p><b>29.01.25</b> This work remains ongoing. People &amp; OD colleagues</p>
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						<p>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.</p> <p>An update on the response plan recommendations will be prepared for the June 2025 meeting.</p>
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## People and Culture Committee

### STAFF STORY – PROMOTING SEXUAL SAFETY IN THE HEALTH BOARD

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	12 February 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> <b>Report Author name and title</b>	Katie Sargent Head of Employee Experience and Engagement
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Debbie Eyitayo Executive Director of People and Organisational Development
<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Noting

#### **Crynodeb Gweithredol** **Executive Summary**

Today's story is about sexual safety and connects to item 3.5 on the agenda, the All-Wales Anti Sexual Harassment Policy. This policy sets out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by staff (which may include consultants, contractors and agency workers) and also by third parties such as suppliers or visitors to NHS premises.

It also makes clear that NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. It states that NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

Details about reporting and data in BCUHB follow the account below of an anonymous member of staff who witnessed, and addressed, behaviour towards a colleague that she felt was inappropriate.






This is a written account and there is no accompanying short film.



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

<b>Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals</b>	<b>Dyddiad Date</b>	<b>Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data</b>

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


ASESIAD / ASSESSMENT	
<b>Cyswllt â'r Blaenoriaethau Strategol</b> <b>Link to Strategic Priorities</b>	     3. Creating compassionate culture, leadership and engagement
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b>Yr Egwyddorion Dylunio</b> <b>Design Principles</b>	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd</b> <b>Corporate Risks and Board Assurance Framework</b>	N/A
<a href="#">Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</a> <a href="#">Wellbeing of Future Generations Act – Wellbeing Goals</a>	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Cydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> <b>Socio-Economic Impact Assessment</b>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

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

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

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



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CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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

## Staff story background

### What is sexual harassment and sexual misconduct?

Sexual harassment is unwanted behaviour of a sexual nature. Sexual misconduct is uninvited or unwelcome behaviour of a sexual nature or which can reasonably be interpreted as sexual, that offends, embarrasses, harms, humiliates or intimidates an individual or group. It also includes any sexual activity that takes place without consent.

Sexual misconduct encompasses elements of harassment, violence and abuse and can be physical, verbal or visual. It can take place within and across different genders.

Cultural or social norms, such as rigid gender roles, can also increase the risk of misconduct and people with protected characteristics may experience sexual misconduct alongside other forms of discrimination.

Power dynamics reinforce harassment as acceptable in some areas, normalising misconduct.

This can happen in any organisation. It can have a significant impact on the workplace by undermining performance, decreasing organisational commitment and influencing employees' intentions to leave. It can also be traumatic and undermine health and wellbeing through increased stress, anxiety and reduced job satisfaction.

### How widespread is it?

Sexual harassment can impact anyone, regardless of age, gender, race, ability and or impairment, sexual orientation or gender identity. It is important to recognise the unique challenges faced by marginalised groups, including women, ethnic minorities, LGBTQ+ individuals, disabled staff and junior or temporary workers. These are borne out in the [2020 Sexual Harassment Survey](#) from the Government Equalities Office. It found that:

- nearly three-quarters (72 per cent) of the UK population experienced at least one form of sexual harassment in their lifetime;
- two-in-five (43 per cent) experienced at least one sexual harassment behaviour in the last 12 months;
- the three most commonly experienced sexual harassment behaviours both within individuals' lifetimes and within the last 12 months were: unwelcome sexual jokes, staring or looks, and sexual comments; and
- certain demographic groups were significantly more likely to have experienced at least one form of sexual harassment in the last 12 months, these include: women, young people (ages 15 to 24 and 25 to 34), ethnic

minorities (excluding White minorities), LGB individuals, and those who are disabled.

2023 analysis by the University of Exeter, the University of Surrey and the Working Party on Sexual Misconduct in Surgery found that nearly two-thirds of women surgeons who responded to researchers said they had been the target of sexual harassment and a third had been sexually assaulted by colleagues in the past five years. They said they feared reporting incidents would damage their careers and lacked confidence the NHS would take action.

Surviving in Scrubs is an organisation that shares survivor stories of sexism, harassment and sexual assault in the UK healthcare workforce. There are currently 239 stories describing real-life experiences on their website.

It's first report, [\*Surviving healthcare: sexism and sexual violence in the healthcare workforce\*](#) analyses the stories of 150 survivors and details the incidents, factors and challenges unique to healthcare. It also makes recommendations to healthcare organisations to better support survivors and end these behaviours.

### **How are workers protected?**

The Worker Protection (Amendment of Equality Act 2010) Act, came into effect on 26 October 2024. It introduced a new legal duty on employers to take reasonable steps to prevent sexual harassment of their workers, also known as the 'preventative duty'. Previously there was no proactive legal obligation on employers to take steps to prevent sexual harassment at work. The change in legislation also gives the Equality and Human Rights Commission power to take enforcement action where there is evidence of organisations failing to take reasonable steps to prevent sexual harassment.

Details about reporting and data in BCUHB follow the account below of an anonymous member of staff who witnessed, and addressed, behaviour towards a colleague that she felt was inappropriate.

The NHS Wales Anti Sexual Harassment policy sets out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by staff (which may include consultants, contractors and agency workers) and also by third parties such as suppliers or visitors to NHS premises.

It also makes clear that NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. It states that NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

This will be discussed by the Committee today.

**Staff story transcript**  
**Anonymous**

I overheard a discussion in theatres about the way a consultant colleague had been behaving towards an operating department practitioner (ODP).

I heard staff discussing that his inappropriately flirtatious conduct towards the ODP (who was 30 years younger) had made her really uncomfortable.

When I asked the team about it they said no-one had challenged the behaviour at the time.

I chose to speak to the ODP confidentially and said I did not like the sound of what I'd heard and offered to speak to the consultant about the matter. She was reticent at first and said she wasn't sure, largely because of the imbalance of power between her and the consultant.

She didn't want to be seen to be making a fuss or as a problem.

In the end, I did approach the consultant one-to-one and when I mentioned our ODP colleague he said, "Oh, yes, a very pretty girl."

I explained that she found the episode difficult and was made to feel very uncomfortable by what he said. He was horrified to hear this and didn't seem to understand how his actions might have made her feel.

He asked "why didn't she say anything?" It had not occurred to him that she didn't feel able to challenge him, a senior consultant, in that environment, in front of colleagues.

I think it really made him reflect that what he might have thought of as playful teasing or flattery landed very differently. He thanked me for addressing the issue.

In the healthcare environment, which is often high risk, being distracted while at work can have serious consequences. Distraction and distress affects both the recipient of the behaviour and the witnesses. It's crucial we're all able to focus on what we are doing and carry out our roles without feeling demeaned, embarrassed, upset, or humiliated.

I do feel we all have a role to play in encouraging everyone to call this sort of behaviour out, particularly for staff from overseas, who are a vulnerable group.

We have to let all colleagues know that these are the behaviours we want to know about so that we can feed back to each other and effect meaningful behavioural and cultural change early. But I think the tolerance we have for what might be seen as acceptable workplace banter is changing. It needs to continue to change.

## Organisational reflections

Colleagues have attended training on the duty to prevent sexual harassment in the workplace delivered by Bristol-based barrister Adam Pincott, an expert in employment and discrimination law. His presentation is attached at **Appendix 1**.

He highlighted that anything done by a person in the course of their employment must be treated as also done by their employer. This includes things done in the workplace but also social events such as team meals and Christmas parties.

### **Examples of unacceptable behaviour** (further examples in the presentation.)

- Unwelcome sexual advances
- Sexual gestures and jokes
- Talking about your sex life or asking questions about someone else's
- Touching
- Suggestive looks or leering
- Sending emails containing material of a sexual nature or sharing it on social media

### **Information and guidance to support staff**

The Health Board is committed to robustly dealing with any unwanted, inappropriate and/or harmful sexual behaviours - by anyone - towards our colleagues. Visible leadership commitment is essential to signal that harassment will not be tolerated.

All BCUHB employees have a legal duty to report violence against women or men, domestic abuse and sexual violence.

Advice and guidance on sexual safety is accessible to all staff via [BetsiNet](#) and workplace concerns can be raised anonymously via our [Work In Confidence platform](#). However, we know that fear of retaliation, perceptions of a lack of trust and minimisation of the behaviour can deter victims from seeking support, creating barriers to staff speaking up and reporting concerns.

Our Speak Up Safely Guardians have received only three contacts from staff related to sexual harassment in the past two years. One involved a relationship between a manager and a direct report that had broken down; and another was connected to sexist remarks made by a colleague but the victim did not engage further when asked to disclose more details.

We want colleagues to trust that it is safe to come forward and share concerns via the Speak Up Safely platform as it is anonymous and they will be supported.

Educating staff on sexual safety, workplace behaviours and raising awareness of reporting mechanisms and the support available is a crucial step in stamping this

behaviour out. Also important is empowering individuals to speak up and challenge inappropriate behaviour.

To help raise awareness, the Equalities team offer staff the opportunity to attend bi-monthly Sexual Safety Awareness sessions. Four sessions were held last year and over 170 staff members attended. These sessions were delivered across NHS Wales organisations by Welsh Women’s Aid (WWA) and are designed to raise awareness of the issues of domestic abuse, sexual violence and workplace sexual harassment and what to do if you witness or experience it.

**NHS Wales Staff Survey findings**

The majority of our staff report never experiencing unwanted sexual behaviour. However, a small but significant percentage do.

The 2024 survey, completed by 3, 577 (17 per cent of staff), showed that:

- 9.5 per cent of employees reported unwanted sexual behaviour from patients, service users or the public (compared to a Wales average of 8.6 per cent); and
- 3.8 per cent of employees reported unwanted sexual behaviour from colleagues (against a Wales average of 4.1 per cent).

This indicates that 135 staff members said they had experienced unwanted behaviour of a sexual nature from colleagues during the previous twelve months.

11 individuals disclosed that they had experienced this unwanted sexual behaviour on more than ten occasions in the previous year.

This data suggests that frontline staff are at a higher risk therefore are a key group for intervention.

Despite relatively low numbers of incidents reported in the survey, under reporting is likely to be a significant issue.

**Cases in BCUHB**

Area	No of cases in past 12 months	Details
<b>Central</b>	1	Case reported to People Services in December and is currently under investigation by North Wales Police.
<b>East</b>	1	A female employee reported a number of unwanted comments made to her by an older male colleague, whom she had a friendly relationship with. He allegedly commented that ‘she looked nice’ and he would ‘sweep her off her feet if she was 10 years

		<p>younger'. There were no witnesses to any of the comments.</p> <p>The case was investigated and the male colleague denied making the comments, stated there was no untoward intention to cause distress, and approached the female colleague to apologise.</p> <p>The initial assessment concluded that there was insufficient evidence to pursue via disciplinary policy. Following a formal Respect and Resolution, a facilitated discussion was agreed and held between both parties and a senior manager.</p> <p>This was not successful in reaching resolution and the impact on the male colleague was significant. He was temporarily redeployed to another area under a risk assessment and then requested permanent redeployment due to his mental health. Wider cultural issues in the department were identified around acceptable communications and boundaries. OD colleagues were contacted for support and values training was carried out in the team.</p>
<b>West</b>	1	<p>Male employee made a female member of staff uncomfortable after approaching her and saying she looked attractive in her Facebook profile picture, although they were not friends on Facebook. This was the third reported incident involving the same member of staff so a fast track hearing was convened. A First Written Warning was issued and request to complete the Sexual Harassment in the Workplace training.</p>
<b>Pan services</b>	3	<p>All three cases in MHLD in 2024:</p> <ol style="list-style-type: none"> <li>1. alleged inappropriate unwanted physical contact with female colleagues in workplace, unwanted communications of a sexual nature and abusing position to influence working environment. Safeguarding processes were implemented, employee suspended and North Wales Police investigation commissioned which remains ongoing.</li> <li>2. allegations of inappropriate unwanted sexual harassment both in and outside of the workplace with same action taken as above.</li> <li>3. employee producing explicit media in the workplace and sharing it with a female colleague, sending inappropriate communication with a female colleague in the workplace and disclosing intimate details regarding a female colleague to other colleagues. Safeguarding process implemented and North Wales Police investigation completed (outcome - no further</li> </ol>

		action) and safeguarding process concluded with allegations unsubstantiated. Internal investigation led to one of the concerns proceeding to a disciplinary hearing and first written warning given.
<b>Corporate</b>	2	<ol style="list-style-type: none"> <li>1. Manager made physical contact with a member of his team which caused her mental distress. The case was investigated and concluded under the disciplinary policy. Manager resigned from his post.</li> <li>2. Allegation that a team leader made inappropriate comments to a team member and made physical contact when they met outside of work. The physical contact allegation was investigated under the disciplinary policy and concluded due to insufficient evidence. The comments made to team members is being investigated under the respect and resolution policy and training and support to the team leader and team members is being progressed.</li> </ol>

### **Next steps**

To further promote awareness of this matter, we are:

- working to develop clear, accessible materials and messaging including posters and guides describing examples of unacceptable behaviours and reporting procedures;
- looking to use real-life, anonymised scenarios to illustrate the definitions of harassment and highlight the reporting pathways;
- incorporating principles into onboarding and induction sessions;
- collaborating with staff networks to highlight stories and data that reflects the experiences of under-represented groups; and
- regularly update on NHS Wales staff survey findings and actions taken to address concerns.

We will continue to look at:

- completion rates for e-learning modules and attendance at workshops;
- NHS Wales staff survey responses and patterns;
- HR cases;
- Speak Up Safely contacts; and
- feedback from exit interviews

to monitor reporting of sexual harassment and misconduct and uptake of education/awareness opportunities.

# People Operations Report January 2026

George Roberts

Interim Executive Director of People Services and OD



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Bwrdd Iechyd Prifysgol  
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University Health Board

# Executive Summary

- The vacancy rate currently stands at 8.3%, showing little improvement against the position during the same period last year. Clinical staff groups such as Registered Nursing, AHPs, and Add Professional Scientific and Technical are seeing positive reductions in vacancy FTE over the last year, however, increases in Add Clinical Services, Admin and Clerical, Estates and Ancillary and Healthcare Science are causing the vacancy rate to remain fairly static. The People Services team continue to promote BCU as an employer of choice through a number of channels and hold frequent recruitment events targeting roles with high levels of vacancies.
- Turnover stands at 7.4% and continues its downward trend from 10% in December 2022. Registered Nursing staff group reporting the lowest turnover rate at 5.3%, whilst Estates and Ancillary see the highest rates of 11.9%. BCUHB has a Staff Retention Lead in post, a role commissioned as part of the non-pay elements of the 2022-4 collective agreement; a line of work at this time seeks to review processes surrounding Exit Interviews, to improve the volume and quality of the information captured.
- BCUHB continues to have the lowest reported sickness absence levels in Wales NHS, however, in December 2025 rolling sickness absence was 0.55% higher than during same period last year. Whilst Stress, anxiety and depression accounts for the largest proportion of absence, an increase in Cold Cough and Flu in December 2025 contributed to a spike in sickness levels. The People services operations teams continue to support managers in accordance with the Managing Attendance at Work policy and local audits are underway to better understand the underlying factors in current Stress, Anxiety and Depressions absence cases to inform options available to better support individuals.
- PADR compliance has seen a slight decline over recent months, currently standing at 80.4%. The PADR process is currently being reviewed to bring more of a focus on staff wellbeing and performance and align PADR to the new BCUHB values and behaviours framework. This process will also provide the opportunity to highlight talent across the organisation as we focus on Talent Management and Succession Planning. Rollout to pilot areas will commence over coming weeks.
- Level 1 mandatory training compliance remains above the target of 85% at 91%. There is a focus on compliance for bank staff, medics and targeted intervention in departments that are failing to achieve the 85% target.
- Time to recruit (from vacancy creation to ready for start date) met the KPI target at 65.5 days during December 2025. Only Time to shortlist and Time to check references both fail to meet the KPI target. Recent changes have been made to the Enhanced Establishment Control Process to streamline the process for managers and reduce delays in the recruitment process.

# People

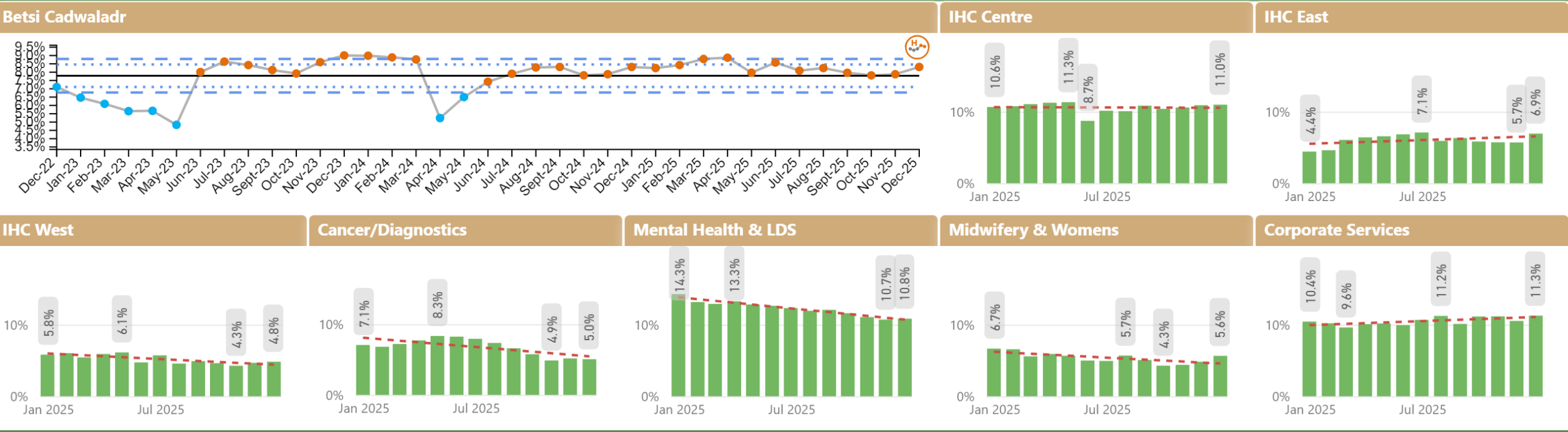


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# Vacancy % by IHC

BCU Data as at December 25



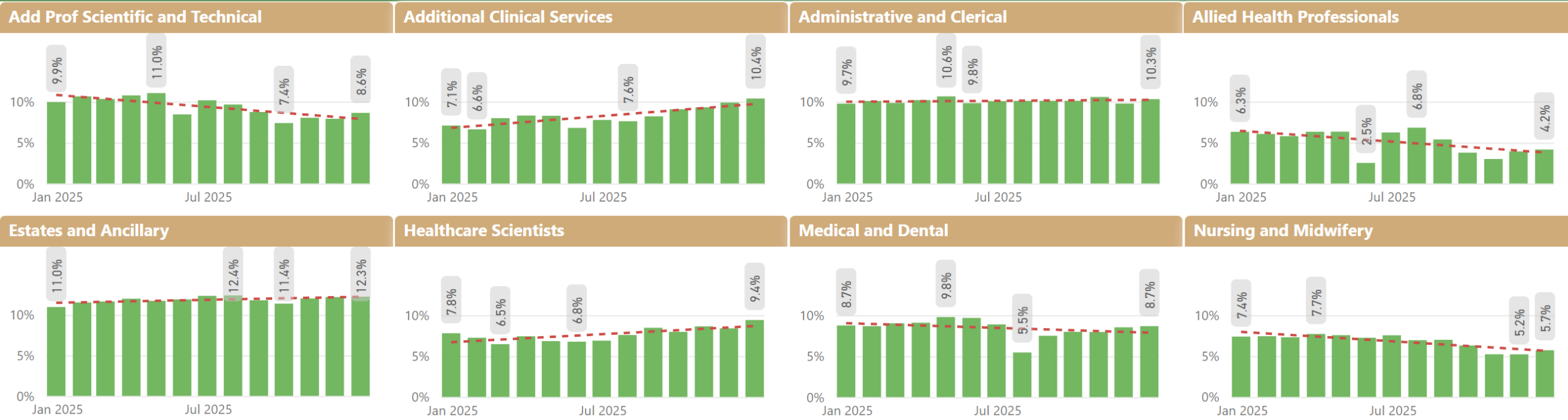
**Analysis:** The overall BCU vacancy rate has increased to 8.3% in December 2025, the highest rate reported since June 2025. Corporate Services has the highest vacancy rate at 11.3% equating to 267.1 FTE vacancies. IHC Centre has the highest number of vacancies at 546.3 FTE with a vacancy rate of 11.0% and East IHC has the second highest number of vacancies at 333.4 FTE with a vacancy rate of 6.9%; both IHCs are showing a deteriorating position over recent months. There is an overall downward trend in the vacancy rate for Mental Health IHC over the last year, with a reduction in vacancies of 78.3 FTEs bringing the vacancy rate down by 3.5% to 10.8%. West IHC has the lowest vacancy rate at 4.8%, which equates to 181.1 FTE vacancies and is an improvement of 1% on the position reported in December last year.

**Challenges:** High volumes of applications remain an ongoing challenge, with some vacancies receiving in excess of 800 applications, particularly for HCA roles. This significantly increases the time required for appointing managers to complete shortlisting and contributes to a prolonged recruitment process overall. The introduction and rollout of pre-filtering questions is urgently needed to ensure unqualified applicants can be removed at the longlisting stage. The overall quality of applications remains low, resulting in very few candidates being shortlisted for interview. A significant number of AI-generated applications are further impacting managers' capacity to complete the shortlisting process.

**Progress:** BCUHB continues to work on introducing filter questions to the application process which will prevent the submission of applications where the individual does not meet the defined criteria for employment in the role. This will alleviate some of the pressure on manager time, speeding up the recruitment process and improving compliance with KPIs. Within IHCs, weekly Recruitment and Retention meetings are underway with a view to better understanding the reasons that staff are leaving and support retention.

# Vacancy % by Staff Group

BCU Data as at December 25



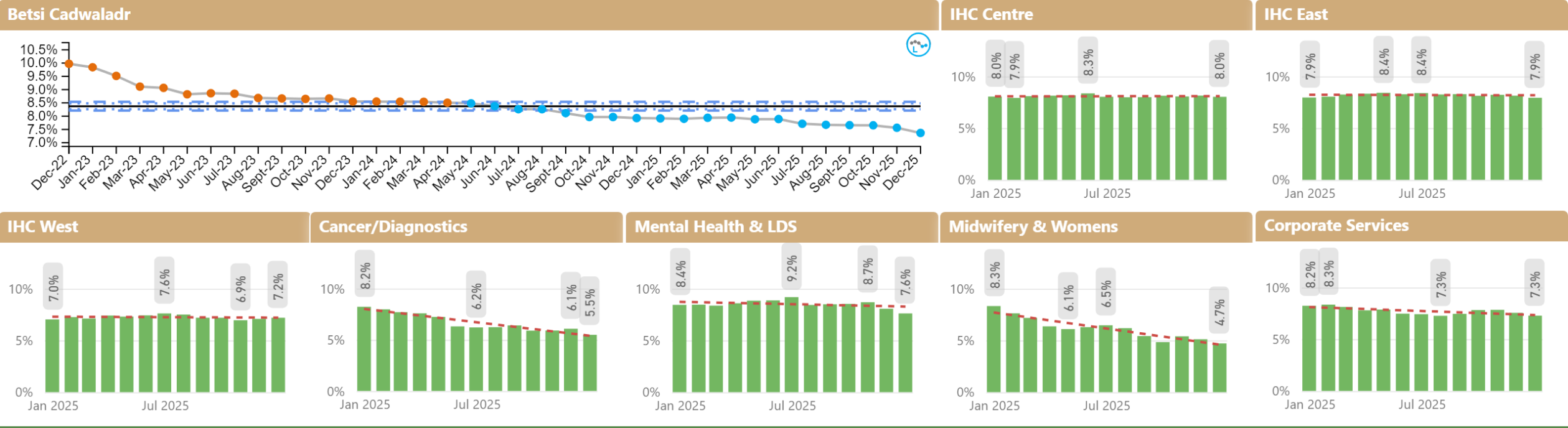
**Analysis:** Vacancy rates for all staff groups have increased between November 2025 and December 2025. Vacancy rates are highest amongst Estates and Ancillary at 12.3% (183.3 vacancy FTEs), followed by Additional Clinical Services at 10.4% (446.1 vacancy FTEs) and Administrative and Clerical at 10.3% (414.3 vacancy FTEs). Additional Clinical Services has seen the greatest increase in vacancies over the last 12 months, increasing by 147.5 FTEs to 446.1 FTEs in December 2025. Nursing and Midwifery staff group has seen the greatest reduction in vacancies reducing by 102.1 FTEs to 360.8 FTEs across the last year with the rate currently at 5.7%. Healthcare Science are seeing a deteriorating position with regards to the vacancy rate, up 1.6% on the previous year. Medical and Dental Staff show little progress over the last year with the December 2025 vacancy position similar to that reported in December 2024, a vacancy rate of 8.7% and 159 FTE vacancies.

**Challenges:** Estates and Ancillary vacancy rates remain a challenge as rates continue to deteriorate within this staff group. Increases in the Admin and Clerical vacancy rate are, in part, due to cost savings schemes and delays caused by the EEC process. Within MHLD, there are ongoing problems with significant volumes of AI generated applications, with evidence of false NMC numbers being included. The recent decision to restrict recruitment to only clinical facing roles will see the rate increase over coming months.

**Progress:** The in flow of registered nurses via streamlining and international recruitment has had a positive impact on Nursing vacancy rates with the position continuing to improve. Teams continue to provide promote the Health Board through planning of recruitment events working in collaboration with Bangor University, Gwaith Gwynedd and Careers Wales.

# Turnover % by IHC

BCU Data as at December 25



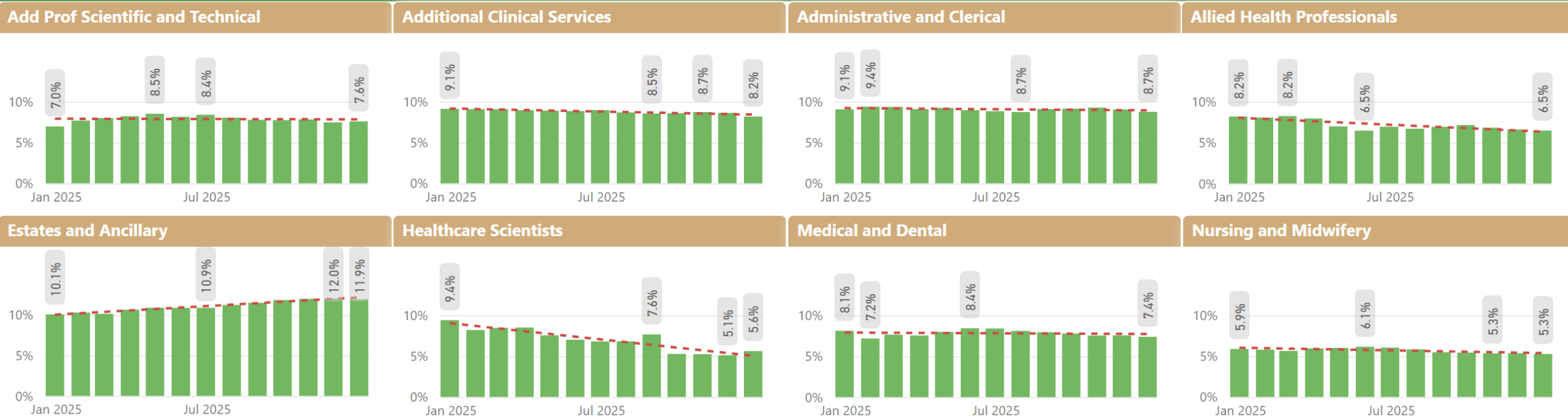
**Analysis:** The overall BCU turnover rate continues to reduce following the trend over the last 3 years and currently stands at 7.4%. IHC Centre and IHC East have the highest rates at 8% and 7.9% respectively; both are showing no change on the position 12 months previous. Over the last 12 months IHC Centre has had the greatest number of leavers at 365.3 FTEs, followed by IHC East at 350.2 FTEs. West IHC also remains at a fairly static trend of 7.2% with 266.7 FTE leavers across 2025. MHLD is currently showing a rate of 7.6% and this is a 0.8% improvement on the position in December 2024. Midwifery and Womens has seen the greatest improvement in turnover over the previous 12 months, falling by 3.6% to a rate of 4.7% as at December 2025. Cancer Services also follows this improving trend reducing from 8.2% to 5.5% over the last year.

**Challenges:** Despite an improving turnover rate overall, there are areas of high turnover which require investigation and further support.

**Progress:** People Services teams will be working with areas with higher levels than expected turnover levels to review exit interview information to identify areas for concern with a particular focus on the reasons provided by those who choose to leave BCUHB within 2 years.

# Turnover % by Staff Group

BCU Data as at December 25



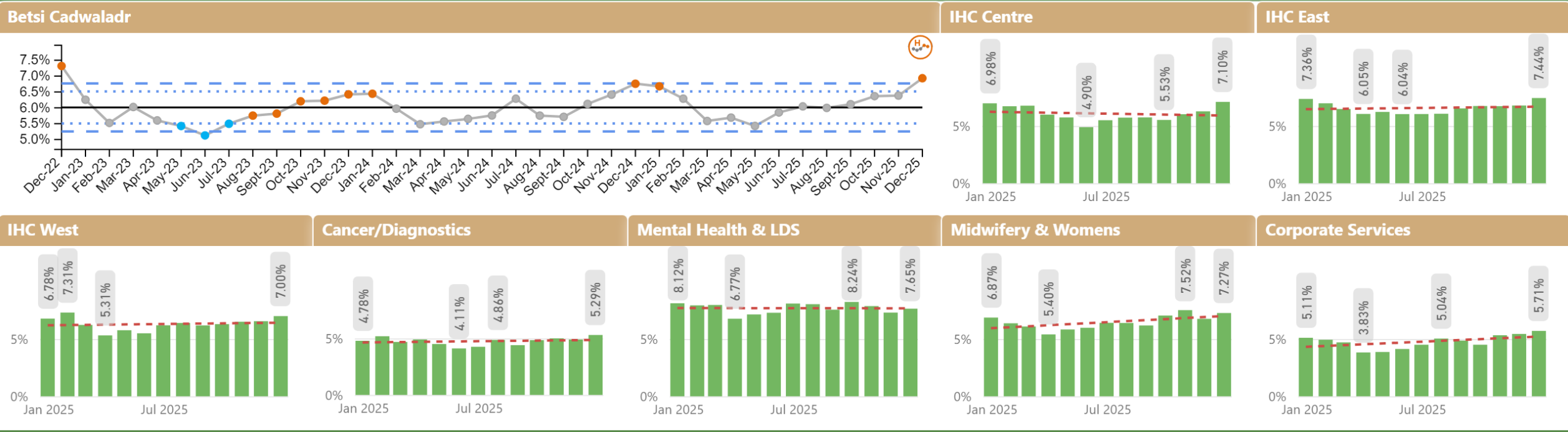
**Analysis:** Estates and Ancillary staff group is reporting a deteriorating position with regards to turnover increasing by 1.8% over the last 12 months to 11.9%; rates amongst this staff group are particularly high within East and West IHCs (13.7% and 13.6% respectively). Additional Professional Scientific and Technical staff group has also seen a deterioration in rates compared to the same period last year, up 0.6% to 7.6%. All other staff groups are showing some degree of improvement across the last 12 months. Despite a small uptick in the turnover rate in December 2025, Healthcare Scientists have seen the biggest improvement in turnover across the last 12 months, reducing from 9.4% in December 2024 to 5.6% in December 2025. Nursing and Midwifery staff group continues to show improvement in the turnover rate and remains the best performing staff group at 5.3% turnover.

**Challenges:** Retention within Estates and Ancillary staff group remains a challenge across the organisation.

**Progress:** Weekly recruitment and retention group continue to support IHCs with retention and are looking at ways of engaging with staff. People Services teams are exploring exit interview data and leaving reasons to gain a better understanding of the driving factors causing high levels of turnover within Estates and Ancillary staff group.

# Monthly Sickness % by IHC

BCU Data as at December 25



The charts above report the monthly sickness rate for BCU.

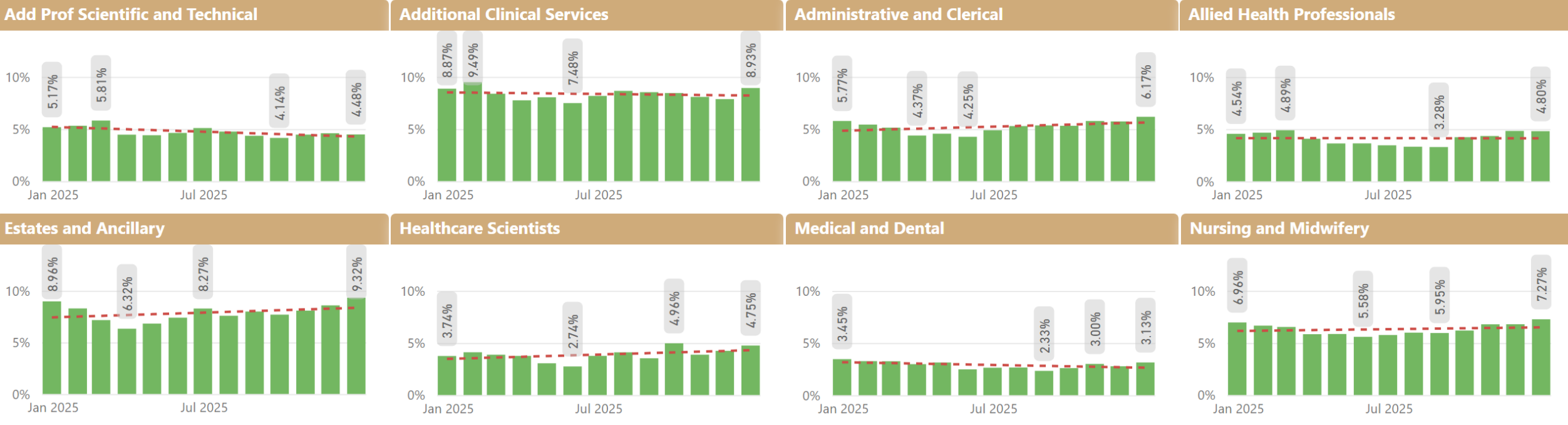
**Analysis:** The BCU monthly sickness absence rate has been on an upward trend since May 2025 and rose sharply in December 2025 by 0.55% to 6.93%; as such the SPC chart is showing special cause for concern as the latest rate falls outside of the upper control limit. The rolling sickness absence rate currently sits at 6.12%, an increase on the rate of 6.00% reported in December 2024. Mental Health IHC continues to show the highest monthly rate, at 7.65%, however, this is an improvement on the rate of 8.12% reported during December 2024. All other IHCs are reporting an increase in rates in December 2025 compared to the same period the previous year. All areas, with the exception of Cancer/Diagnostics and Corporate are reporting sickness rates in excess of 7%. Stress related absence continues to be the most prolific reason for absence, accounting for 2.1% of absence during December 2025, an increase on the previous month. In addition, there was an uptick in absence related to cough cold and flu in December 2025, up 0.24% on the previous month, which contributed to the sharp rise in the monthly rate.

**Challenges:** There are high volumes of long term sickness absence for which Teams are providing support, in addition to supporting short term absence though early intervention.

**Progress:** IHC Sickness hotspot areas have been identified by the Healthy Workforce Group for targeted intervention over the coming months. Performance against these areas are to be reviewed quarterly with the Chief Operating Officer and Directors of Operations to ensure operational ownership. People Services Teams will work closely with managers to identify and address where possible, the underlying factors contributing to high levels of sickness absence.

# Sickness % by Staff Group

BCU Data as at December 25



The charts above report the monthly sickness rate for BCU.

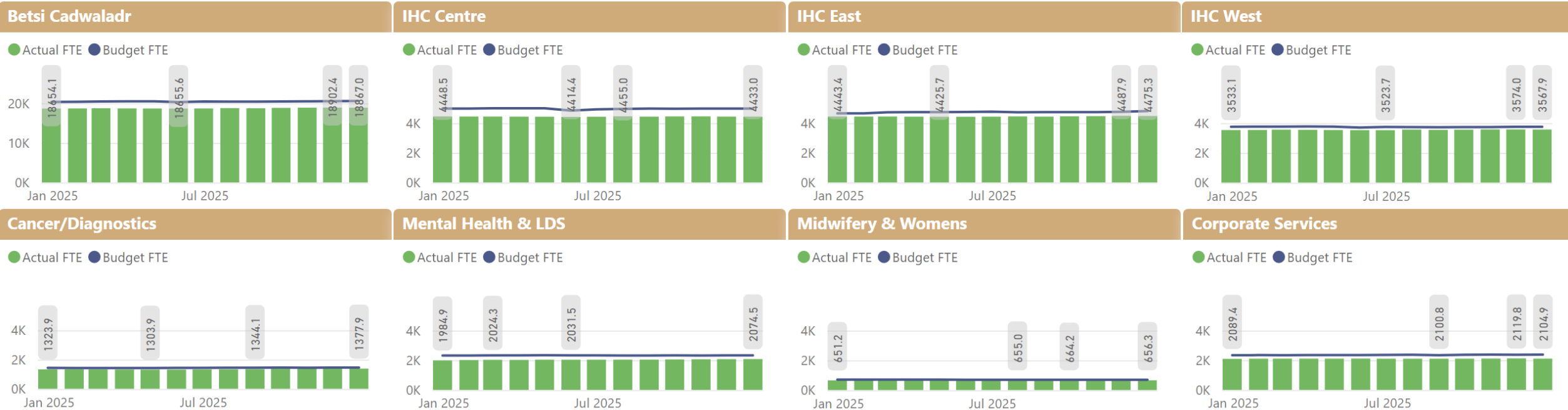
**Analysis:** Estates and Ancillary currently records the highest monthly sickness rate at 9.32%, an increase of 0.35% from the position in December 2024. This is the highest rate of any IHC since December 2022 when the rate was 10.39% in Estates and Ancillary. Additional Clinical Services has the second highest sickness rate at 8.93% in December, up 1.08% on the previous month and higher than the rate of 8.87% reported for same period last year. Nursing and Midwifery sickness rate was also high during December 2025 at 7.27%; this is 0.3% higher than the figure reported for December 2024. Add Prof Scientific and Technical and Allied Health professionals saw a slight reduction in sickness absence rates between November 2025 and December 2025 and are currently reporting rates of 4.48% and 4.75% respectively. The Healthcare Scientist sickness rate is 4.75%, an increase of 1% on the position in December 2024.

**Challenges:** Absence remains high within Estates and Ancillary, Additional Clinical services and Registered Nursing.

**Progress:** Teams continue to roll out Managing Attendance at Work training sessions, are undertaking absence audits and are supporting managers with developing plans to facilitate return to work. Early workforce intervention for all S10 stress/anxiety/depression absences are also in progress in an attempt to support an earlier return to work. Long and short term absence reports are shared with the SLT's on a monthly basis and absences are discussed at monthly WOD meetings with the SLT's. Managers have been asked to avoid use of the "other" category (S98 and S99) within ESR and teams are engaging with managers where it has been selected to understand the reasons behind the categorisation and encourage more specific recording of absence reasons going forward.

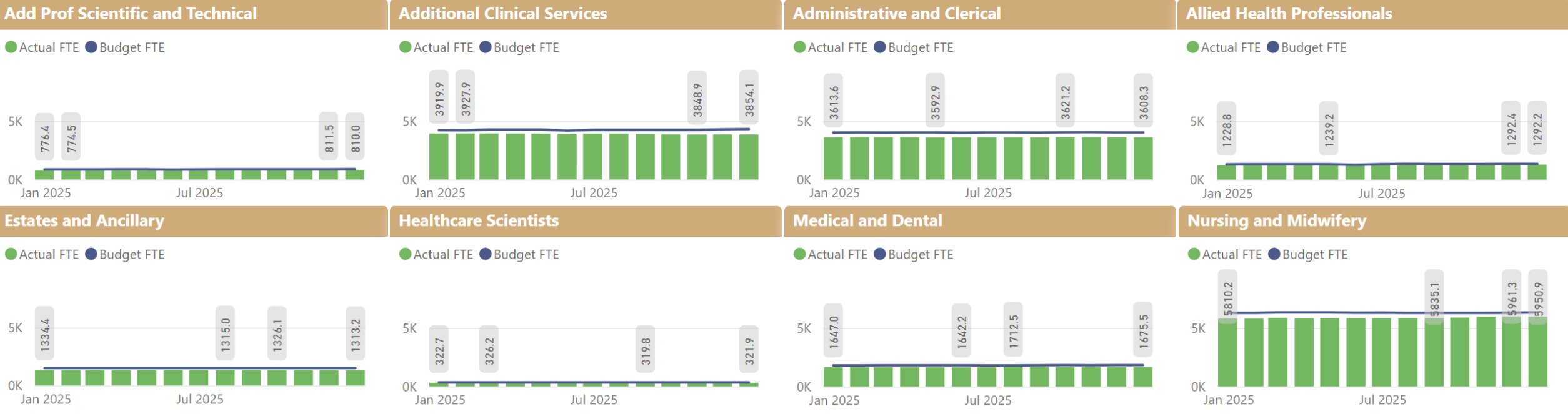
# Budget v Actual FTE by IHC

BCU Data as at December 25



**Analysis:** In December 2025, budgets increased by 60.8 FTEs whilst staff in post FTE reduced by 35.4 FTEs, causing the vacancy rates to rise and the vacancies FTEs to increase by 95.5 FTEs. East IHC saw the greatest increase in budget, rising by 49.6 FTEs, whilst the actual FTE reduced by 12.7 FTEs causing the vacancy rate to rise by 62.2 FTEs to 333.4 FTEs. Mental Health IHC actual FTE grew by 3.6 FTEs during December, however, an increase in budget of 7.3 FTEs overall caused the vacancy FTE to increase. Corporate saw the biggest reduction in actual staff in post in December 2025, losing 14.9 FTEs which was accompanied by a slight increase in budget of 2.9 FTEs, which ultimately increased the vacancy position by 17.8 FTEs. Over the last 12 months actual staff in post FTE has grown by 212.9 FTEs, however, growth in budgets of 232.35 across the same period means the overall vacancy rate remains unchanged between December 2024 and December 2025.

# Budget v Actual FTE by Staff Group

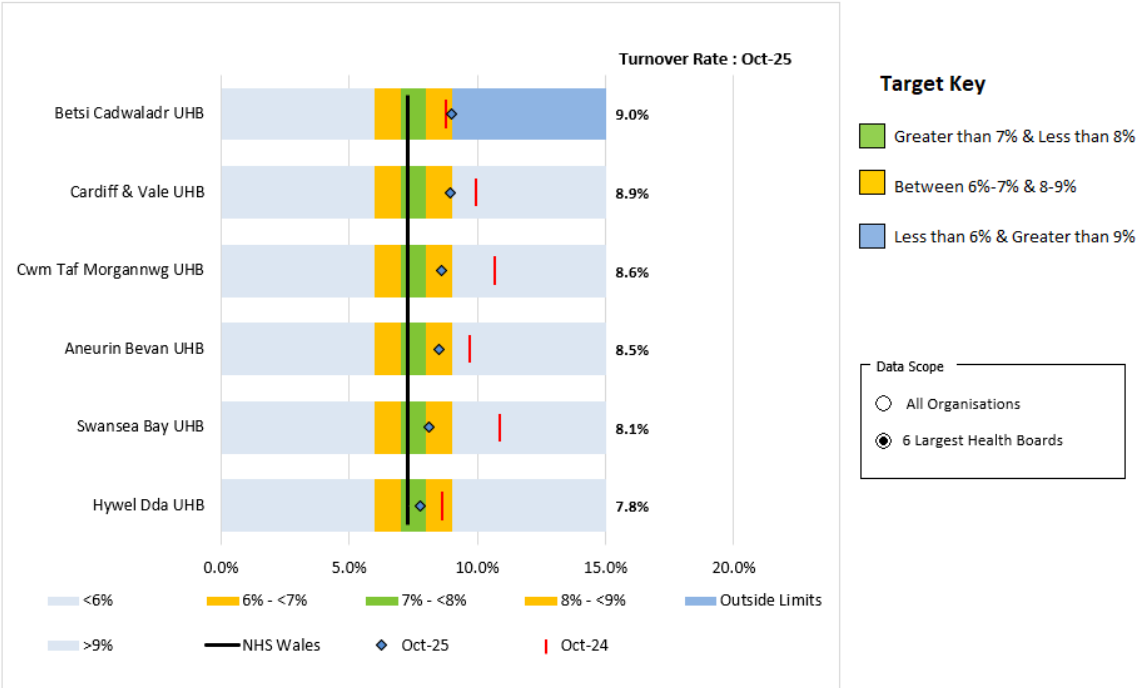


**Analysis:** Nursing and Midwifery staff group saw the greatest increase in budget in December 2025, increasing by 22.5 FTEs, whilst staff in post FTE reduced by 10.4 FTEs, causing vacancies to grow by 32.9 FTEs. Over the last 12 months the nursing workforce has grow by 140 FTEs, whilst budgets have grown at a slower pace, increasing by just 38.6 FTEs, which has had a positive impact on the overall vacancy rate across the period. Additional Clinical Services and Admin and Clerical staff groups saw increases in budget between November 2025 and December 2025 (16.4 FTEs and 12.5 FTEs respectively) along with small reductions in actual FTE, causing increases in vacancy FTEs. Over the last 12 months, Additional Clinical Services staff group budgets have increased by 81.8 FTEs which has been compounded by a loss in actual FTE of 65.8 FTEs causing the vacancy FTE to rise by 147.5 FTEs to 446.1 FTEs.

# Workforce Comparators

## Turnover %

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

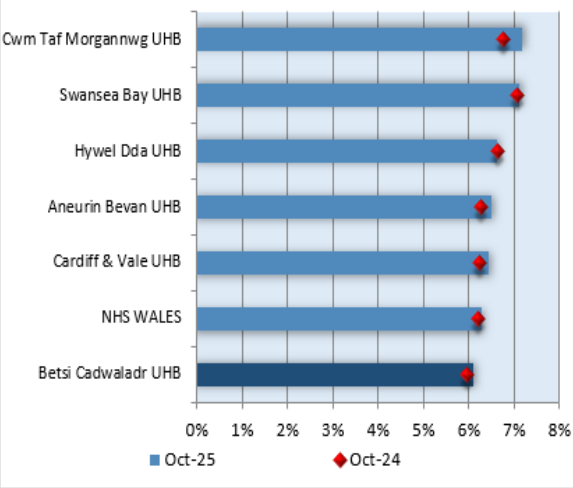


Of the 6 largest Health Boards in Wales, BCU had highest turnover rate in October 2025 at 9%.

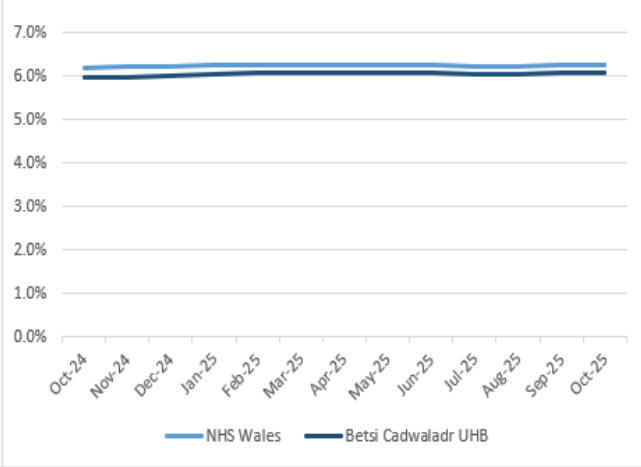
Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.

## Sickness %

Rolling Sickness Rate by Health Board Oct 2025



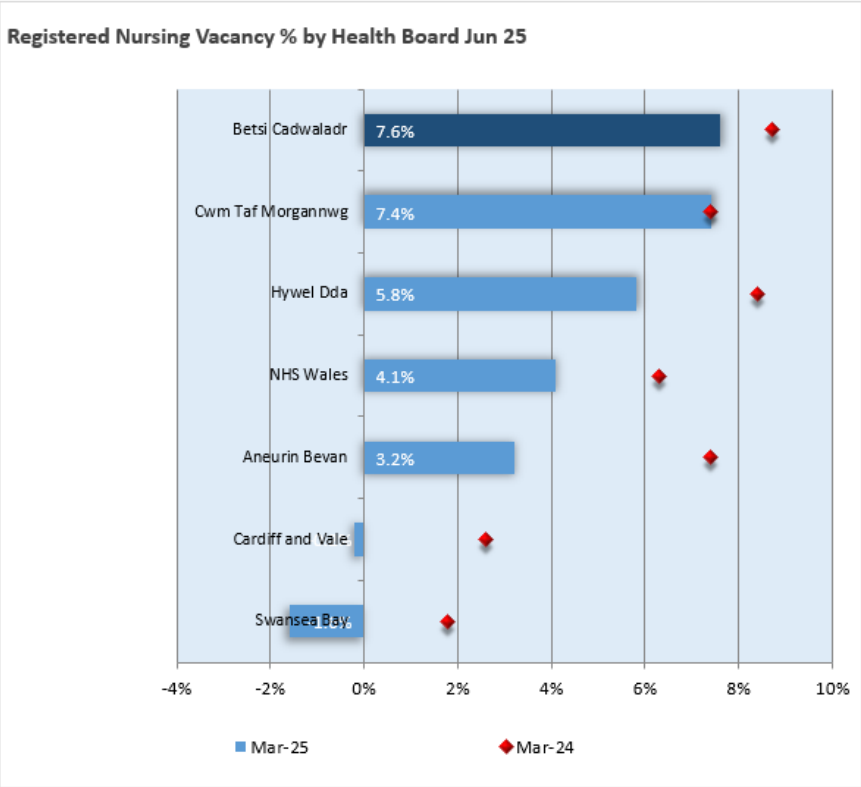
12 Month Rolling Sickness Rate BCU vs NHS Wales



During October 2025, BCU had the lowest rolling sickness rate of the 6 largest health boards at 6.1% and lower than the NHS Wales overall rate of 6.3%. Cwm Taf Morgannwg UHB had the highest sickness rate at 7%.

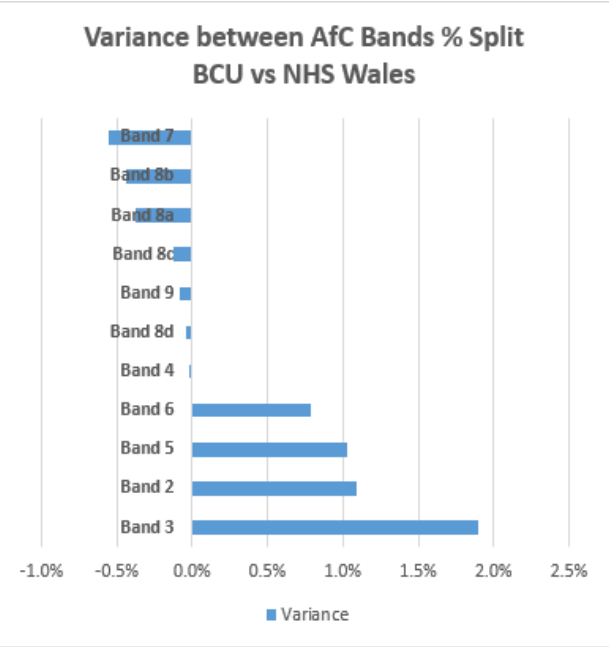
# Workforce Comparators

## Vacancy %



The BCU Registered Nursing Vacancy rate was showing as 3.5% above the NHS Wales average in June 2025 and was the highest rate of the 6 largest health boards.

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



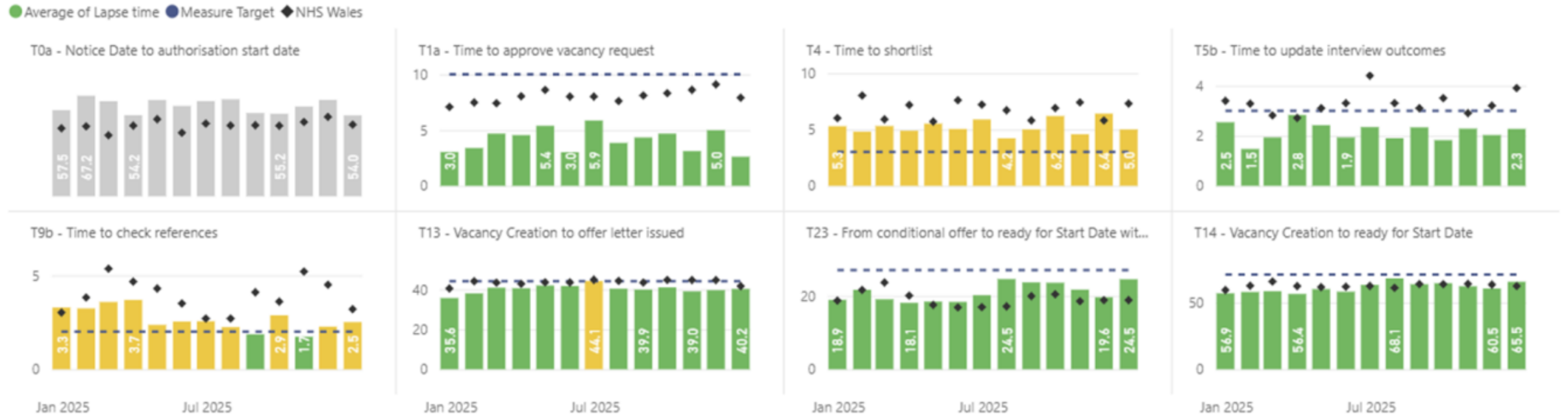
AfC Band	BCU % Staff in Post FTE Oct 2025	NHS Wales % Staff in Post FTE Oct 2025	Variance	BCU Staff in Post FTE Oct 2025
Band 3	13.7%	11.8%	1.9%	2519.1
Band 2	16.9%	15.8%	1.1%	3105.7
Band 5	20.6%	19.6%	1.0%	3775.3
Band 6	17.4%	16.6%	0.8%	3197.8
Band 4	8.3%	8.3%	0.0%	1516.9
Band 8d	0.4%	0.4%	0.0%	69.6
Band 9	0.2%	0.2%	-0.1%	30.4
Band 8c	0.8%	1.0%	-0.1%	153.9
Band 8a	3.6%	4.0%	-0.4%	657.5
Band 8b	1.1%	1.6%	-0.4%	206.5
Band 7	10.5%	11.0%	-0.6%	1917.7

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, 5 and 6 than NHS Wales, band 3s account for 13.7% of the BCU AfC workforce compared to 11.8% of the NHS Wales AfC workforce. Bands 7 to 9 account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.5% vs 18.2%).

# Recruitment KPIs

BCU Data as at December 25



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:** BCU is performing better than the NHS Wales against 5 out of the 8 recruitment metrics and is compliant across 5 of the 7 measures with a defined target. BCU performance against time to approve vacancy request, time to update interview outcomes and vacancy creation to offer letter sent is better than the NHS Wales average and within target. Time to shortlist does not meet the target of 3 days, however, BCU performs better than the NHS Wales average of 7.3 days. Similarly, time to check references is lower for BCU than the NHS Wales average, however, at 2.5 days, it fails to meet the target of 2 days. BCU meets the KPI for both conditional offer to ready for start and for vacancy creation to ready for start date, however, both fall short of the NHS Wales average. Both measures have seen an increase on the same period last year.

**Challenges:** High volumes of applications, often AI generated and of low quality, continues to impact negatively on the recruitment KPIs as managers spend a significant amount of time shortlisting with few candidates being suitable for interview. The EC and pre-employment processes are also contributing to delays in time to hire and impacting on progress with the Right to Work data quality project.

**Progress:** Progress includes ongoing Wellness Work and Us to better understand turnover drivers and development of a GP recruitment SOP which is nearing completion. There are several planned recruitment events confirmed in partnership with Bangor University, Gwaith Gwynedd and Careers Wales. The introduction and rollout of pre-filtering questions will improve shortlisting efficiency and reduce managerial burden.

# Leadership and Development

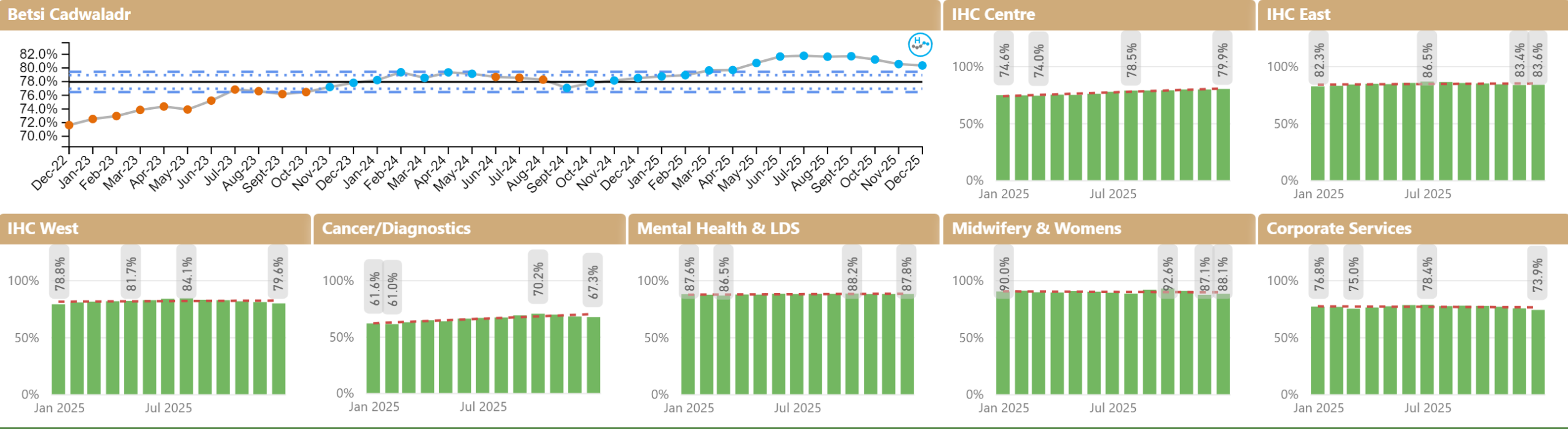


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# PADR % by IHC

BCU Data as at December 25



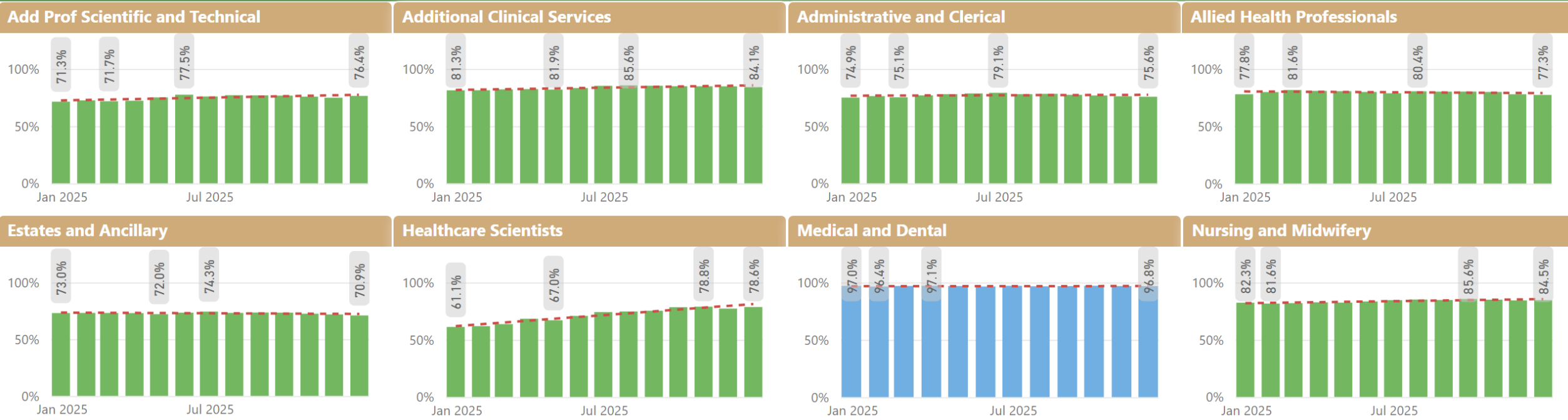
**Analysis:** Overall BCU PADR compliance currently stands at 80.4%, which is a 2% improvement since the same time last year. The best performing areas are Women’s and Midwifery and Mental Health IHCs, exceeding the target of 85% at 88.1% and 87.8% respectively. East IHC is just 1.4% below the 85% target whilst both IHC Centre and IHC West are both a little over 5% away from the target. Compliance is lowest in Cancer/ Diagnostics at 67.3%, however, improvement has been made with an increase of 6% on the same time last year. Corporate services is seeing a deteriorating position with compliance falling by almost 3% over the last 12 months.

**Challenges:** There are areas where compliance remains low with higher numbers of staff who have never had a PADR.

**Progress:** People Services Teams continue to circulate monthly PADR compliance summary reports to the SLT's. Compliance is discussed at monthly training and development group meetings and areas of low compliance discussed with the relevant SLT. Hotspot areas are routinely identified for targeted intervention, particularly where there are a high numbers of staff who have never had a PADR, though provision of detailed reports and development of action plans to support improvements in compliance rates.

# PADR/MARS % by Staff Group

BCU Data as at December 25



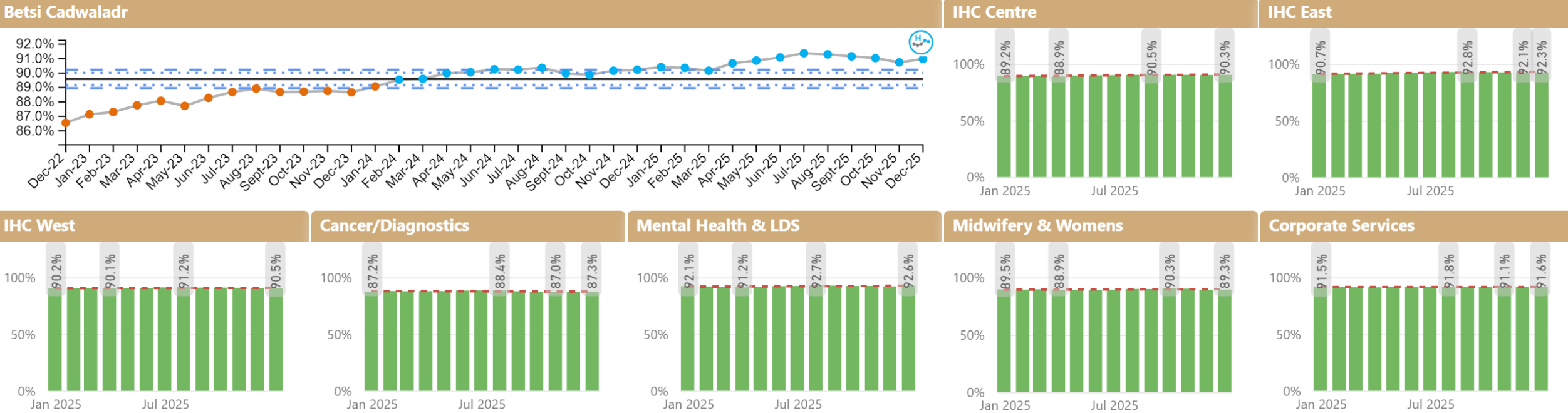
**Analysis:** At present, all staff groups are falling to meet the 85% PADR compliance target, however, Medical Appraisal Rate (MARS) currently stands at 96.8%. Additional Clinical Services and Nursing and Midwifery staff groups have previously achieved the 85% target but currently sit below at 84.1% and 84.5% respectively. Health Science staff group has seen the greatest improvement in PADR compliance over the last 12 months, increasing by 17.5% to 78.6%. Estates and Ancillary and Admin and Clerical staff Groups have the lowest PADR compliance rates at 70.9% and 75.6% respectively.

**Challenges:** Compliance rates within Estates and Ancillary staff group remains a challenge and is an ongoing area of focus.

**Progress:** People Services are actively identifying out of date and "never had" PADRs and contacting managers as employees have the right to have a PADR and to have this recorded on ESR. Areas of concern are discussed in meetings involving Senior Managers. There is a focus on improving compliance through improved communication, earlier planning and regular reminders to managers and employees which appears to be having a positive impact in some areas.

# Mandatory Training % by IHC

BCU Data as at December 25



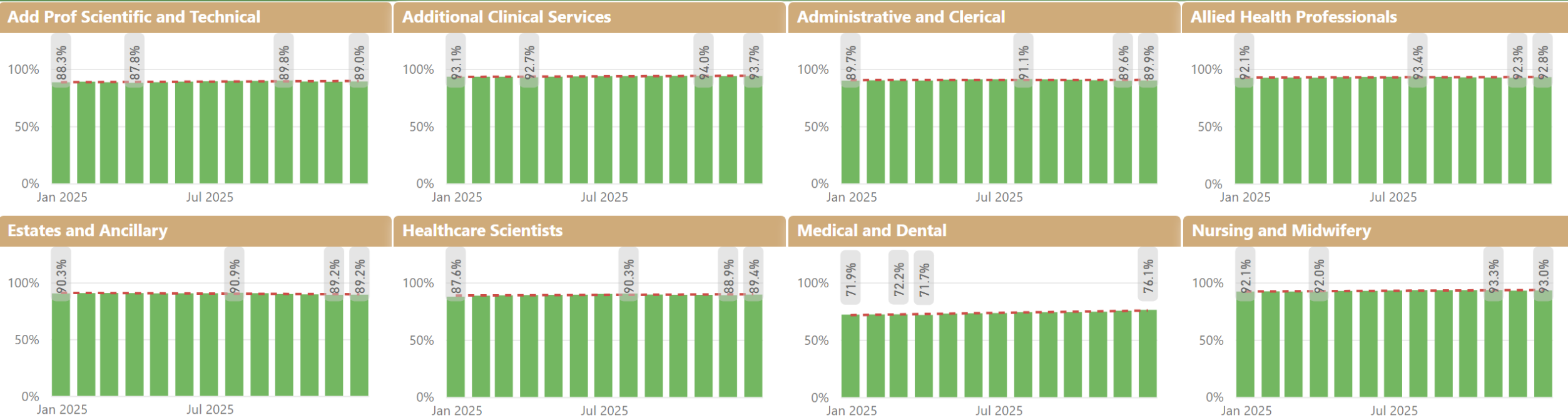
**Analysis:** BCU training compliance currently stands at 91% for Level 1 training and has been consistently above the 85% target across the last 12 months for each IHC. Mental Health and East IHC have the best compliance rates, both just over 92%. There are pockets of non compliance against level 1 competencies in some areas; Cancer/Diagnostics are reporting a rate of 84% for Infection Prevention and 81.5% for Information Governance whilst Womens and Midwifery are reporting a rate of 81.3% for Information Governance. Overall, Level 2 compliance also exceeds the 85% target at 88%, consistent over the last 6 months, however, all IHC are failing to meet the 85% target for Infection Prevention level 2 and only 2 IHCs are achieving the 85% target for Moving an Handling Level 2.

**Challenges:** Despite overall compliance at IHC level, there are areas which fail to meet the 85% target across level 1 competencies.

**Progress:** Work continues to improve the focus on improving communication, accessibility, compliance monitoring, and the overall learner with an aim to ensure all staff complete mandatory training in a timely manner and understand its importance in maintaining patient safety, quality standards, and regulatory compliance. People Services Teams circulate training compliance reports to the SLTs on a monthly basis and work with areas of low compliance to develop action plans to improve compliance, particularly in supporting individuals returning to work following absence. In addition, compliance is discussed at monthly divisional training and development meetings where hot spot areas of low compliance are identified.

# Mandatory Training % by Staff Group

BCU Data as at December 25



**Analysis:** All staff groups have high compliance rates, exceeding the target throughout the last year with the exception of Medical and Dental. Despite improvement of 4.2% over the last year, Medical and Dental level 1 compliance rate falls 8.9% below the 85% target, with failure to meet the target against all level 1 mandatory competencies. Whilst all other staff groups are achieving the level 1 mandatory training compliance target overall, there are areas for improvement against specific competencies. Estates and Ancillary staff group is failing to achieve the target for Fire Safety at 84.2% and Add Professional Scientific and Technical and Health care Scientists are failing to achieve the target for level 1 Infection Prevention at 83% and 84.7% respectively.

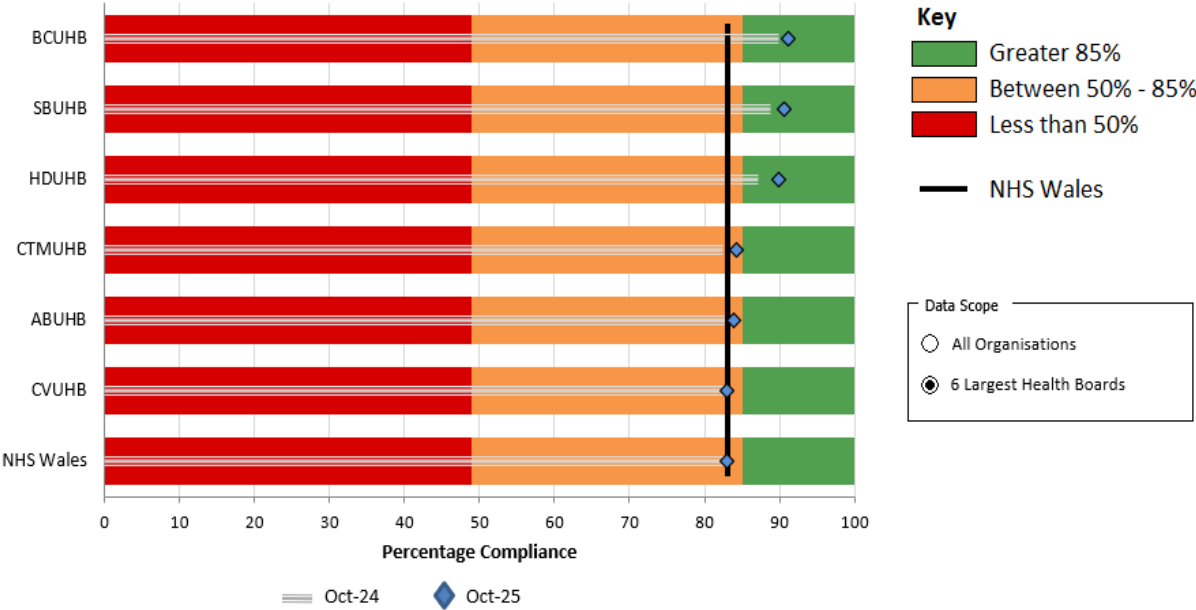
**Challenges:** Medical and Dental Staff Group compliance rates remain a challenge. In West IHC, Emergency Care, in particular Acute Med, has been challenging and due to the nature of the current climate, focus time for training has dropped off.

**Progress:** There has been a focus on training through clearer communication of expectations, improved tracking and reporting, and regular reminders to both employees and managers regarding timely completion. Completion will be monitored more closely, with follow-ups built into management routines and escalation where required. Work to improve the mandatory compliance rate for Medical & Dental continues; Measures have been put in place to restrict medical and dental staff picking up additional shifts until their mandatory training compliance is at a satisfactory level. We are yet to see an improvement in compliance as a result of this measure as of yet.

# Workforce Comparators

## Statutory & Mandatory Training %

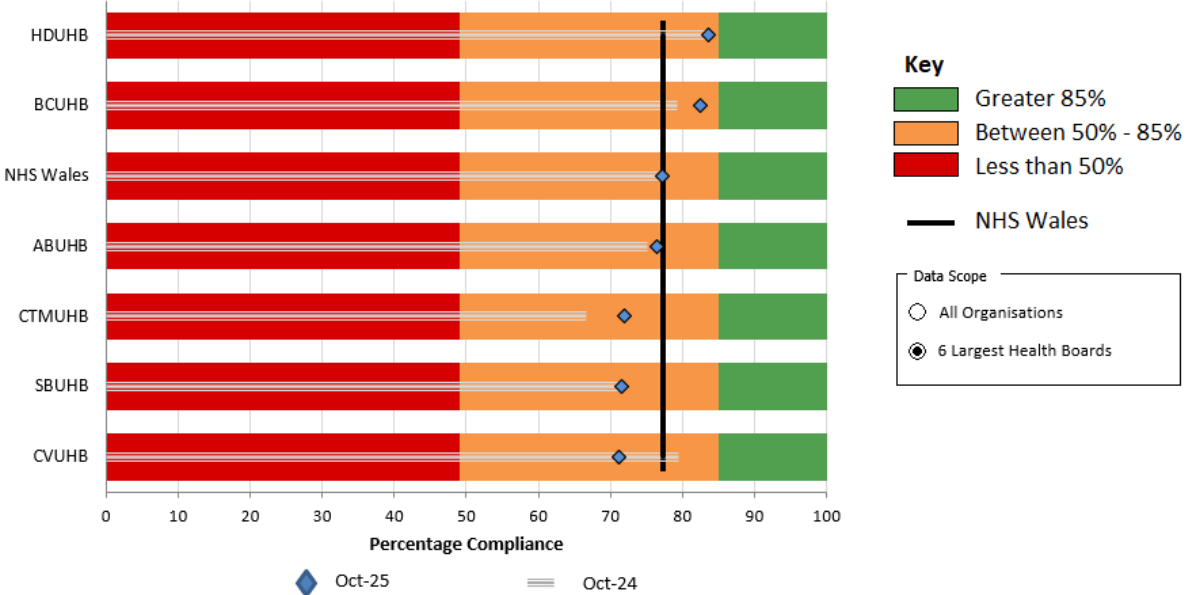
Statutory & Mandatory Training by Organisation for All Staff Groups



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in October 2025 and was 8.1% higher than NHS Wales average of 83.1%.

## Appraisals %

Annual Appraisal compliance rate by Organisation for All Staff Groups



BCU had the second highest appraisal compliance rate out of the 6 largest health boards in October 2025 with a combined AfC and Medical Appraisal rate of 82.5% compared to the NHS Wales average of 77.3%.

# Highlighted Areas

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
☐ Corporate Governance (YX51) L6						
2025-03	52.7	10.7%	3.78%	81.1%	69.8%	6.6%
2025-06	52.5	13.4%	6.12%	78.8%	68.1%	4.0%
2025-09	52.5	13.7%	4.50%	58.5%	73.4%	7.7%
2025-12	52.4	12.3%	6.52%	54.7%	70.0%	9.4%
☐ Facilities Domestics - West (RX56) L6						
2025-03	153.3	11.8%	5.01%	81.3%	96.0%	11.2%
2025-06	152.1	12.5%	6.40%	90.4%	94.8%	11.2%
2025-09	151.2	13.0%	7.97%	93.8%	94.5%	13.2%
2025-12	147.4	15.2%	9.38%	78.2%	92.6%	14.7%
☐ GMS Central (AX31) L6						
2025-03	115.4	14.4%	4.86%	76.7%	84.7%	5.8%
2025-06	111.7	9.0%	5.93%	72.4%	87.1%	7.4%
2025-09	113.2	8.4%	6.80%	66.9%	85.2%	7.0%
2025-12	107.5	13.0%	6.37%	63.6%	82.6%	10.7%
☐ Area Management East (AX42) L6						
2025-03	29.3	0.2%	5.34%	89.7%	86.6%	3.2%
2025-06	28.9	7.6%	8.60%	85.7%	85.6%	9.4%
2025-09	28.7	8.2%	8.71%	77.8%	86.7%	6.2%
2025-12	27.5	16.1%	1.64%	69.2%	85.0%	6.3%

**Analysis:**

Corporate Governance is showing quarterly deteriorations across 2025 against a number of metrics. Vacancy rates have been in excess of 10% across the period, however, there has been a slight improvement in December 2025. Monthly sickness rates are increasing, however, at 6.5% for December 2025, they are lower than the BCU average of 6.9%. PADR compliance is low at 54% and level 1 mandatory training fails to achieve the 85% target. Turnover is on an increasing trend over the last 6 months and exceeds the BCU average rate.

Domestics in West are seeing a deteriorating vacancy position across 2025 with rates currently at 15.2%. Sickness is also increasing and is in excess of the BCU average at 9.4%. PADR was previously above the 85% target but has dropped below in December 2025, however, level mandatory training remains well above target at 92.6%. Turnover rates are far higher than the BCU average at 14.7%.

GMS Central remains in the top 4 deteriorating areas due to consistent quarterly declines in PADR, and increasing vacancy and turnover rates in December 2025. Level 1 mandatory training was previously compliant with the 85% target but has dropped to 82.6% in December 2025.

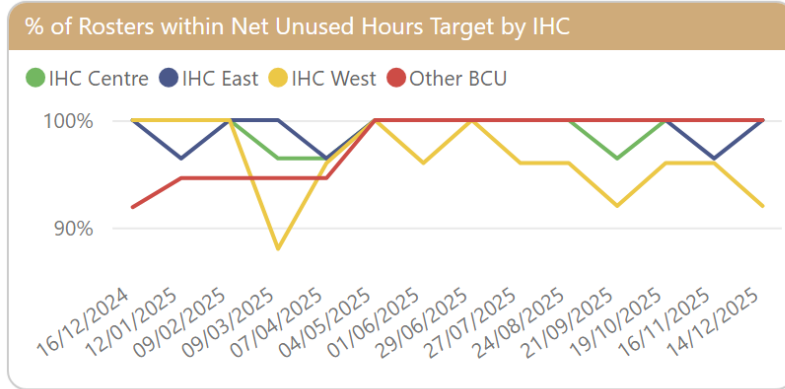
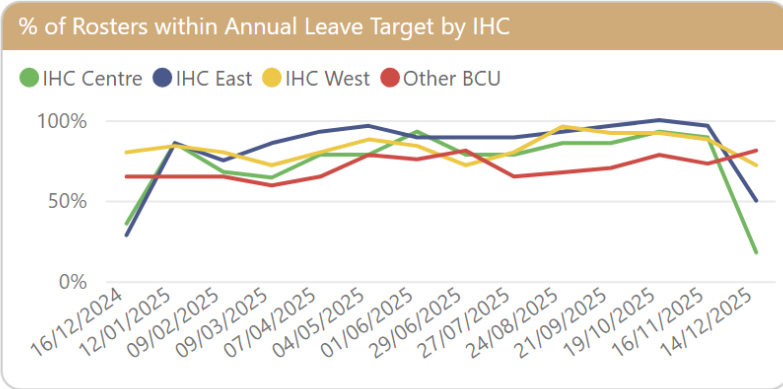
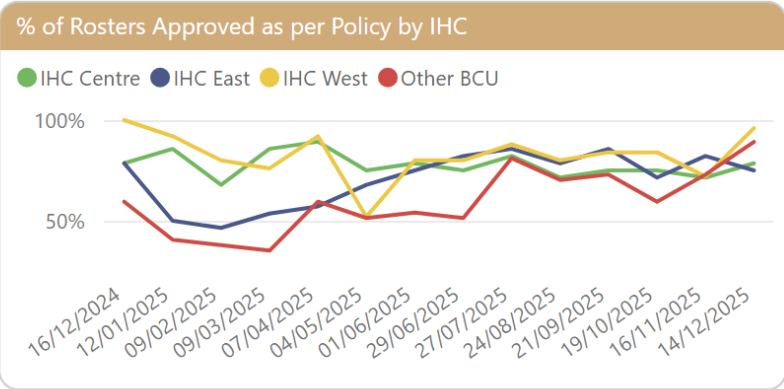
Area Management East has seen a rapidly increasing vacancy, almost doubling in December 2025 to 16.1% which equates to 5.3 FTE vacancies. PADR rates were previously compliant with the 85% target but have dropped to 69.2% in December 2025. Sickness is very low compared to the BCU average and has shown marked improvement in December 2025 and turnover is also below the BCU average.

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

## Summary

	16/12/2024	12/01/2025	09/02/2025	09/03/2025	07/04/2025	04/05/2025	01/06/2025	29/06/2025	27/07/2025	24/08/2025	21/09/2025	19/10/2025	16/11/2025	14/12/2025
Approved in Policy %	77%	64%	56%	60%	73%	61%	70%	70%	84%	75%	79%	71%	75%	85%
Annual Leave %	53%	79%	71%	69%	78%	85%	85%	81%	77%	84%	85%	90%	86%	57%
Net Unused Hours %	97%	97%	98%	95%	96%	100%	99%	100%	99%	99%	97%	99%	98%	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 BCUHB report and monitor on seven rostering KPI’s, for the purpose of this report, there will be three main areas of focus which are within the ward managers scope to control, Roster Approvals, Annual Leave & Net Unused Hours. The graphs are reflective of all 24/7 ward rosters across BCU and detail the percentage of rosters within each IHC that were approved in line with BCU policy, that were within the target annual leave allocation of between 11% - 16%, and that were below the target net unused hour’s range of less than 10% of total staff contracted time used.

**Analysis :** The percentage of Rosters approved currently stands at 85% and is 7% higher than it was during the same period in the previous year. All IHCs have seen improvement in this figure over recent months with the exception of East IHC where the rate dropped in December 2025. The percentage of Rosters within the Annual Leave target is a figure that will fluctuate depending on the time of year. For instance lower levels of compliance in February to March is possibly linked to the utilisation of annual leave prior to the new financial year. The percentage of net unused hours within target shows a positive picture with 98% of rosters compliant and has remained consistently high through the previous year.

**Challenges:** Capacity issues in some teams is causing delays to roster rollout, with enhanced training and quality scrutiny being paused while focus remains on maintaining core services.

**Progress:** Training continues to be offered to managers and there is evidence of improving roster quality and compliance over the period. Preparatory work continues for ESR Go launch (end of January 2025), with data cleansing and testing to ensure readiness for go-live and payroll accuracy.

# Culture and Engagement



GIG  
CYMRU  
NHS  
WALES

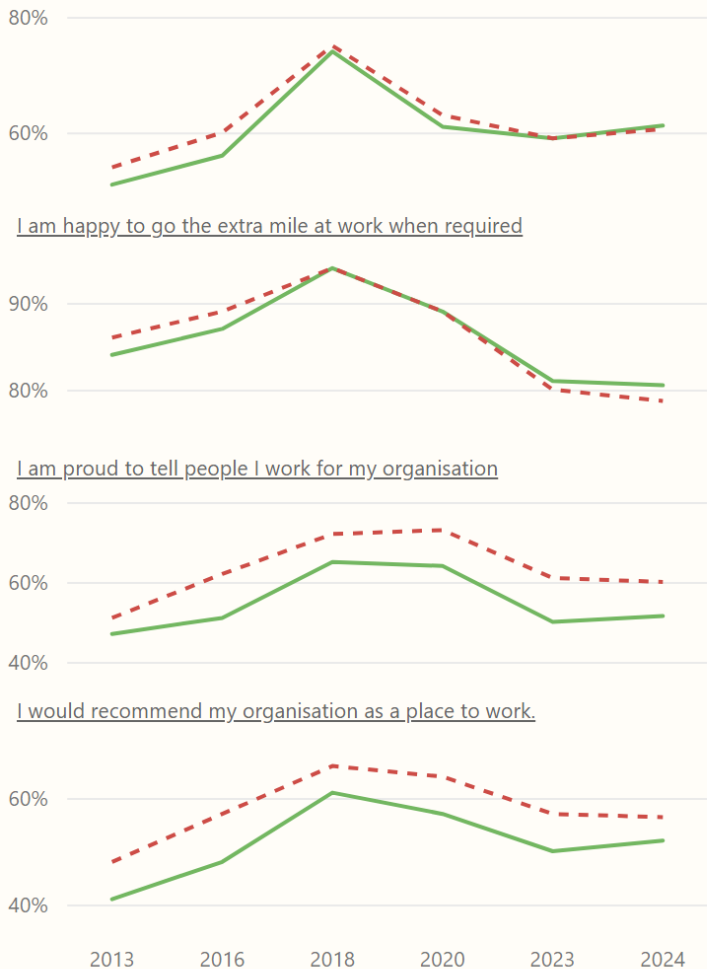
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Staff Survey BCU Staff Engagement Results

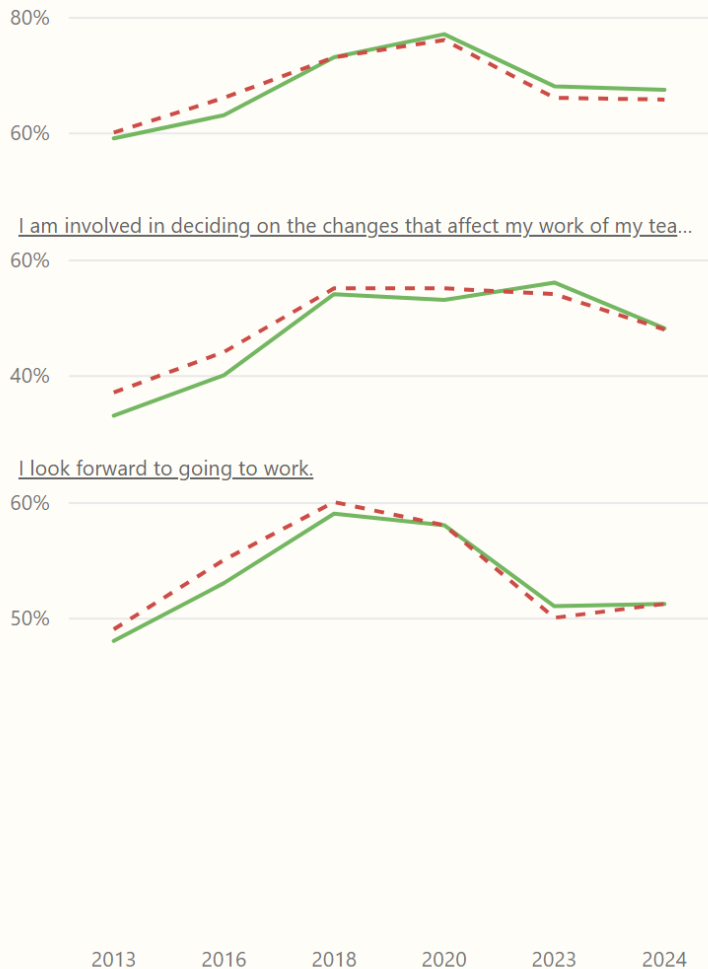
## Staff Survey

Org ● BCUHB ● NHS Wales

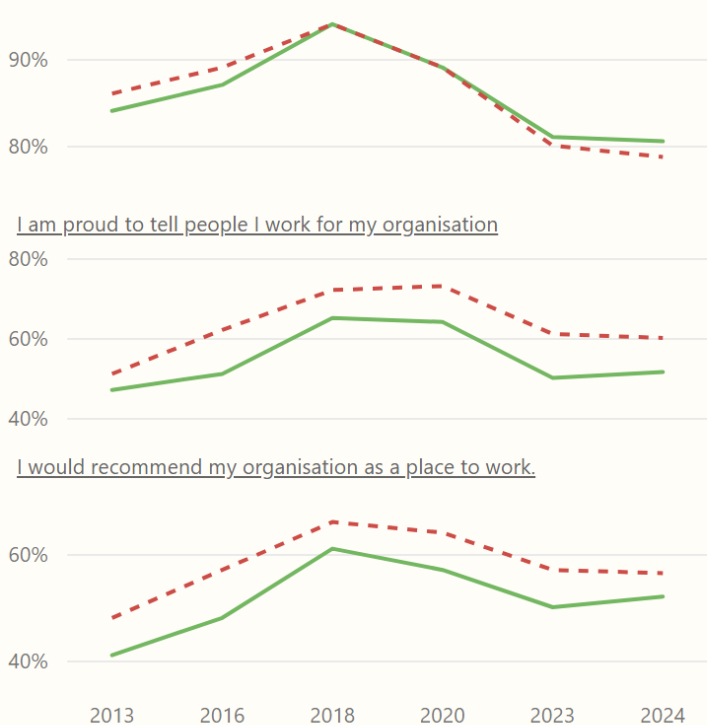
I am able to make improvements in my area of work.



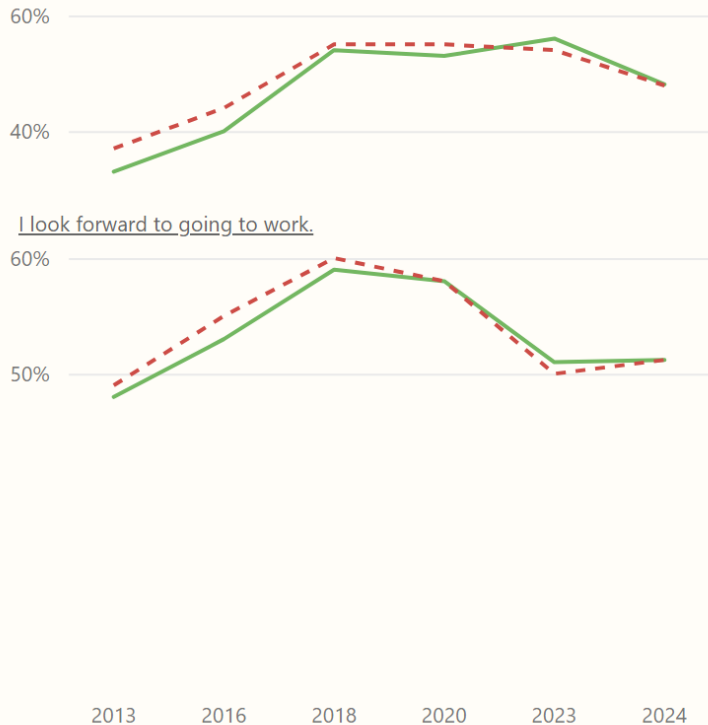
I am enthusiastic about my job.



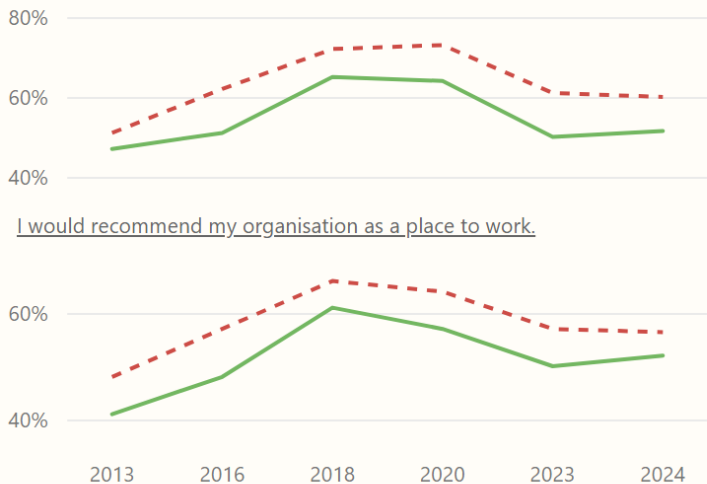
I am happy to go the extra mile at work when required



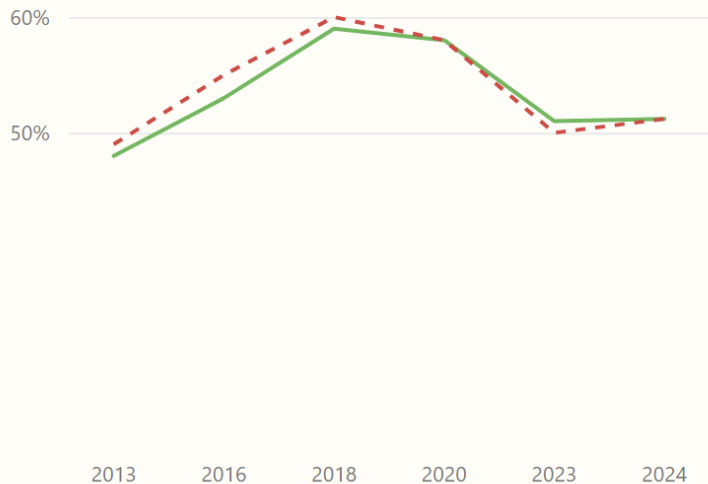
I am involved in deciding on the changes that affect my work of my tea...



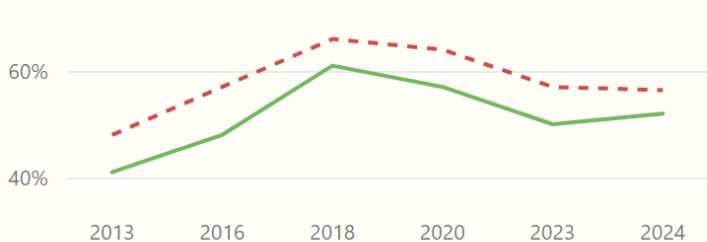
I am proud to tell people I work for my organisation



I look forward to going to work.



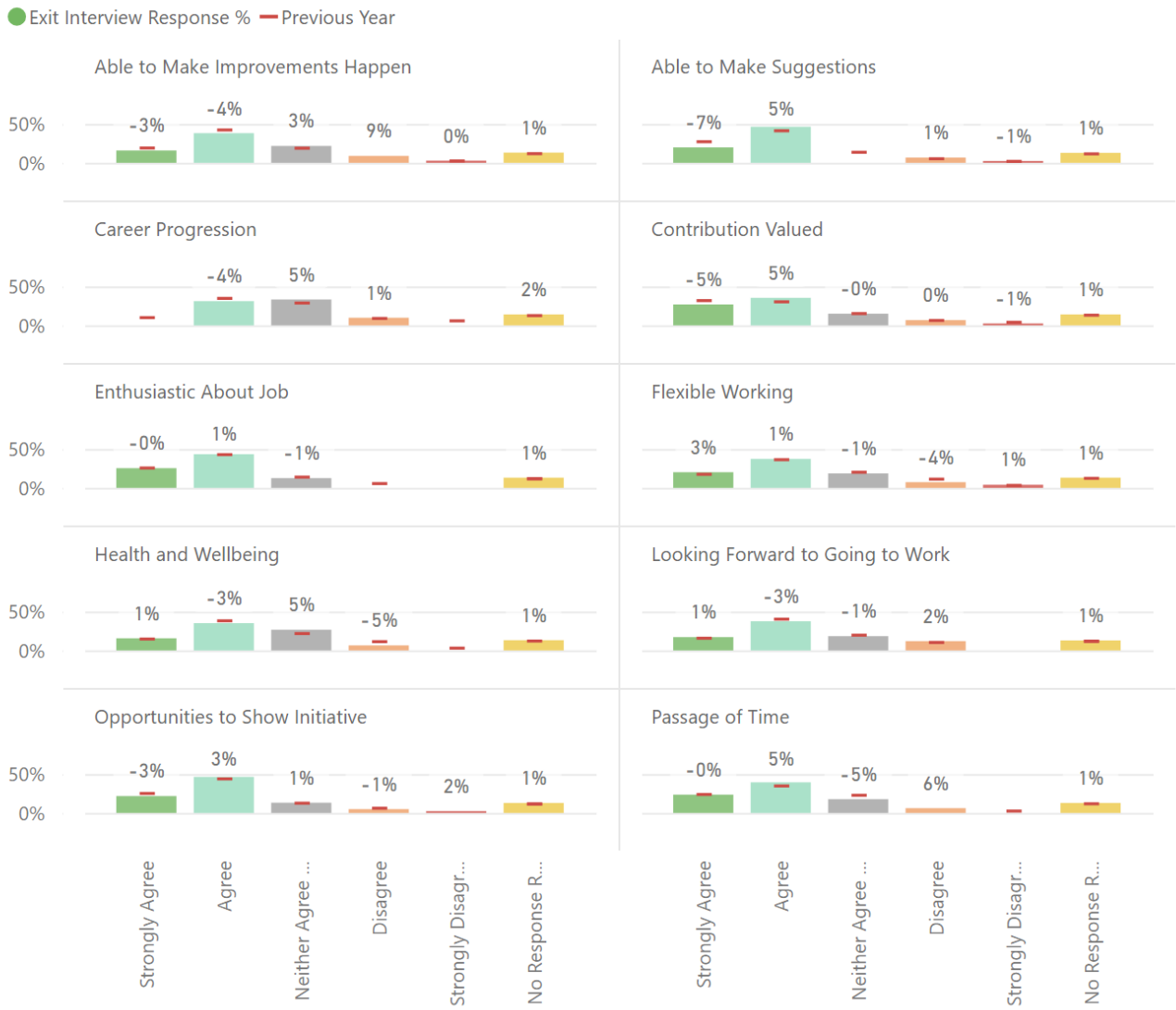
I would recommend my organisation as a place to work.



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

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

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



## Exit Questionnaire Questions

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

**Analysis :** Exit Interviews responses are generally more positive than negative, however, in December 2025 there was a 7% drop in leaves responding with ‘strongly agree’ to the question ‘able to make suggestions’, however, responses to this question were still overwhelmingly positive. The question regarding flexible working saw improvements across positive responses.

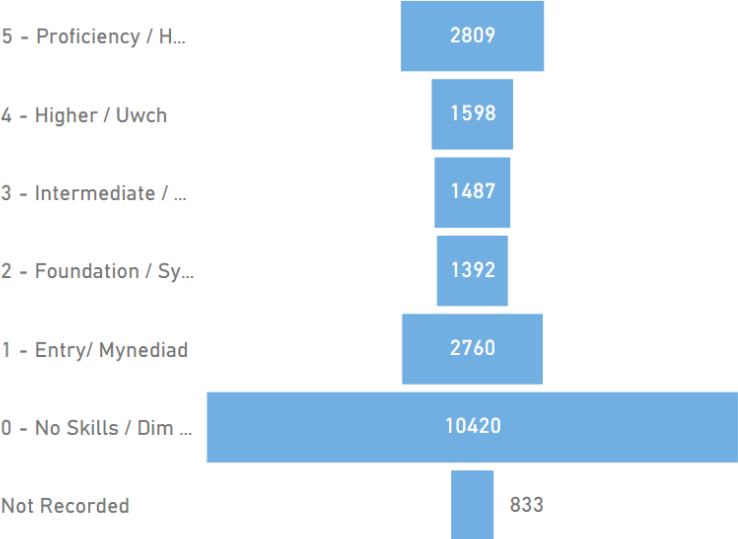
**Challenges :** Exit interview completion rates remain low.

**Progress:**

# Welsh Language Skills

BCU Data as at December 25

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	249	2734	766	359	357	198	366	5029
Health Community East (HCEX) L4	173	3635	615	185	190	127	190	5115
Health Community West (HCWX) L4	154	772	401	310	420	740	1275	4072
Integrated Clinical Delivery - Primary Care (ICDP) L4	12	96	27	8	21	13	37	214
Integrated Clinical Delivery - Regional Care (ICDR) L4	91	743	207	97	96	102	209	1545
Mental Health & LDS (MX00) L4	43	1038	324	176	189	170	292	2232
Midwifery and Womens Services (WXXX) L4	31	385	78	58	40	57	123	772
Corporate Services	80	1017	342	199	174	191	317	2320
<b>Total</b>	<b>833</b>	<b>10420</b>	<b>2760</b>	<b>1392</b>	<b>1487</b>	<b>1598</b>	<b>2809</b>	<b>21299</b>

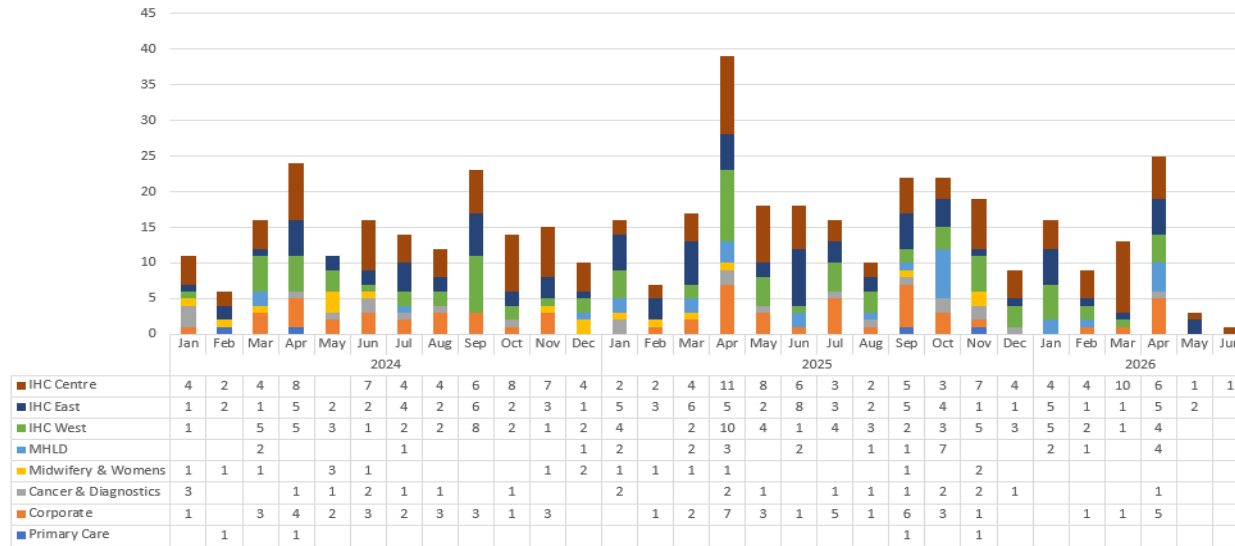


**Analysis :** The number of employees without Welsh Language Skills recorded in ESR continues to improve, reducing from 1095 in December 2024 to 833 in December 2025. 3.9% of the workforce currently do not have Welsh Language skills recorded in the system which is an improvement of the 5.2% reported 12 months previous. 10420 employees (48.9% of the workforce) do not hold any level of Welsh Language skills. 49.5% of staff within IHC West have Welsh language skills defined as ‘higher’ or ‘proficient’ compared with just 6.2% of the IHC East workforce.

**Progress :**

# Partial Retirement Requests

Partial Retirements Requests by IHC

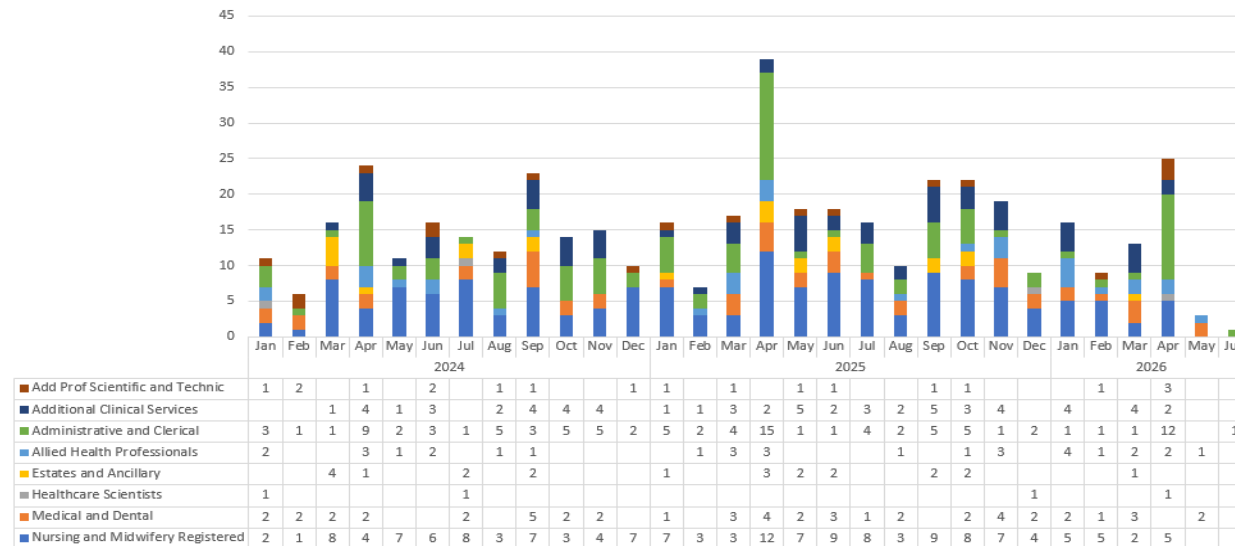


Partial Retirement data is sourced from NWSSP. The data shows both completed and 'in progress' partial retirement requests by proposed partial retirement date. Please note, data presented is subject to change as requests are added retrospectively and changes to proposed partial retirement dates are made.

Over the last 12 months, IHC Centre has had the most partial retirement requests with a proposed effective date between January and December 2025, 57 requests in total. Over the next few months 26 employees in IHC Centre will be taking partial retirement, subject to the requests reaching completion stage.

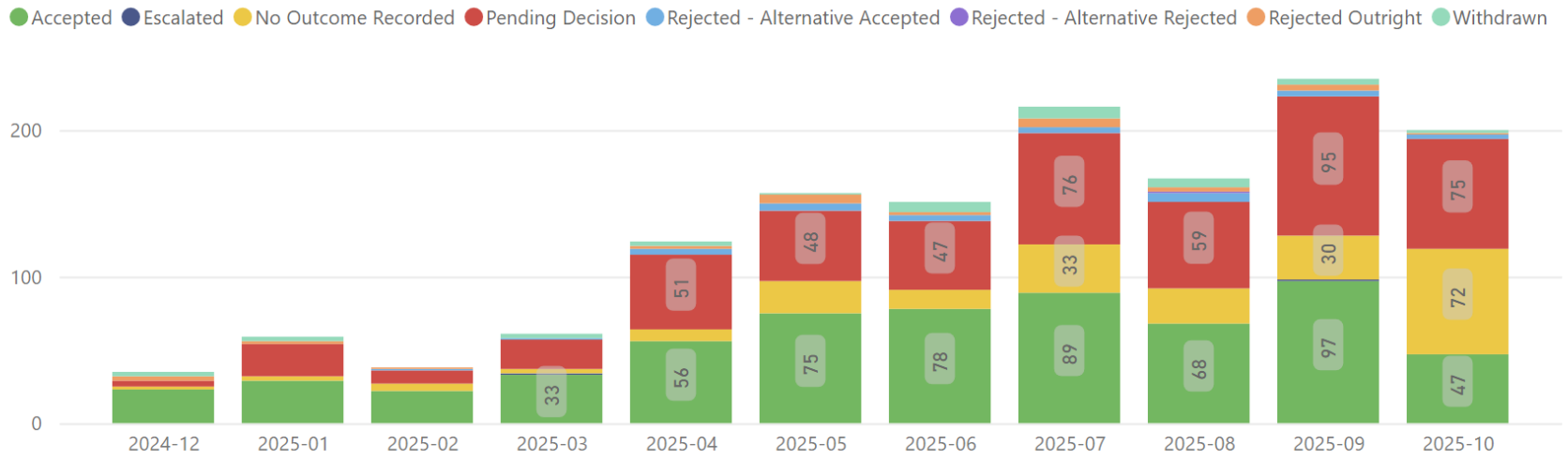
Nursing and Midwifery staff group has had the highest volume of partial retirement requests over the last 12 months at 80 requests and a further 17 employees have requested partial retirement, due to take effect over coming months, again subject to the requests reaching completion stage.

Partial Retirements Requests by Staff Group



# Flexible Working Requests

ESR Flexible Working Requests by Date Submitted

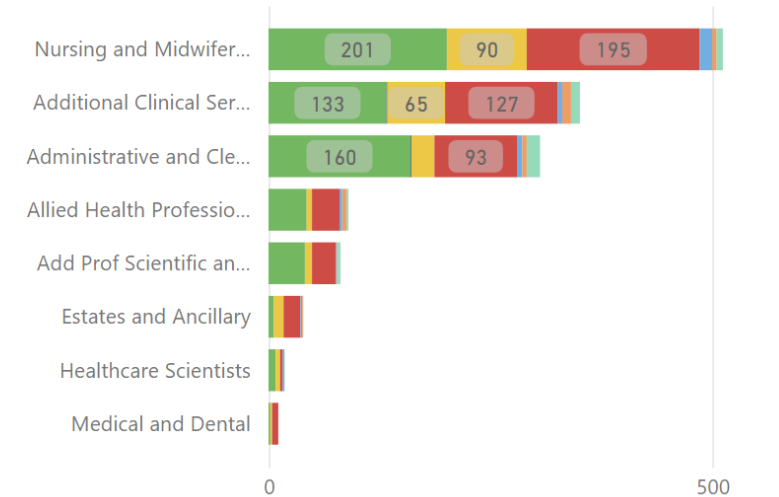
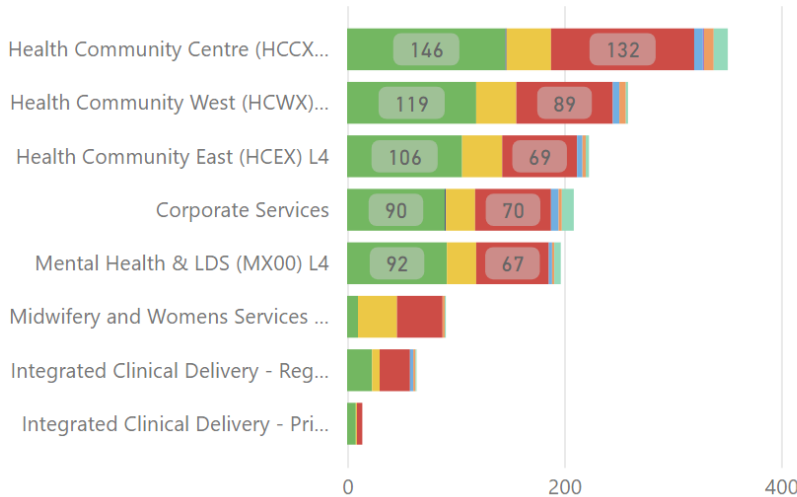


Flexible Working data is sourced from ESR, however, it is not mandatory that requests are made via ESR and requests may be submitted via paper form which is then held in the personal file, and as such data presented is incomplete. Increases in Flexible Working requests evidenced in this data over the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

Requests are reported by the date the request was submitted. There are a large number of requests submitted more than 6 months ago which are 'pending decision' suggesting that data held in ESR is incomplete.

ESR Flexible Working Requests by IHC Submitted Jan 2025 to Dec 2025

ESR Flexible Working Requests by Staff Group Jan 2025 to Dec 2025



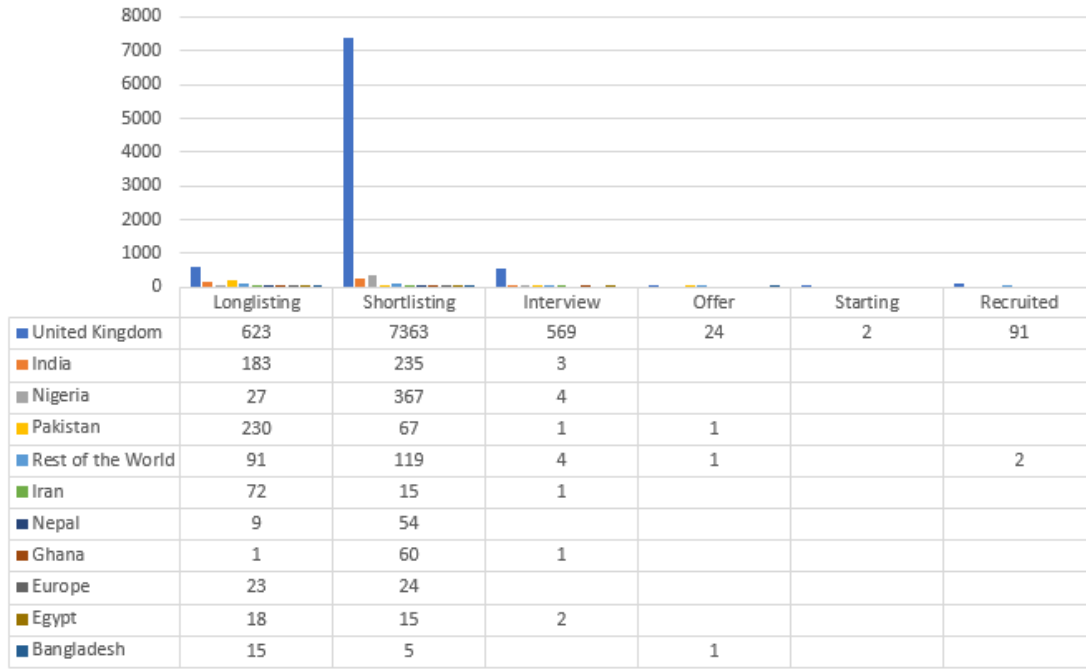
Through 2025 there were 1758 flexible working requests were submitted, 781 were accepted, 612 are pending decision, 2 have been escalated, 228 have no outcome recorded, 52 were withdrawn, and 32 were rejected outright.

IHC Centre has the greatest number of flexible working requests recorded in ESR with 461 in the previous 12 months with 41% having currently been accepted. Primary Care has the greatest number of successful requests with 55% of requests accepted over the last 12 months followed by MHLD with 48.3% of requests accepted.

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'.

# Overseas Recruitment

Applicant Recruitment Stage by Country of Residence

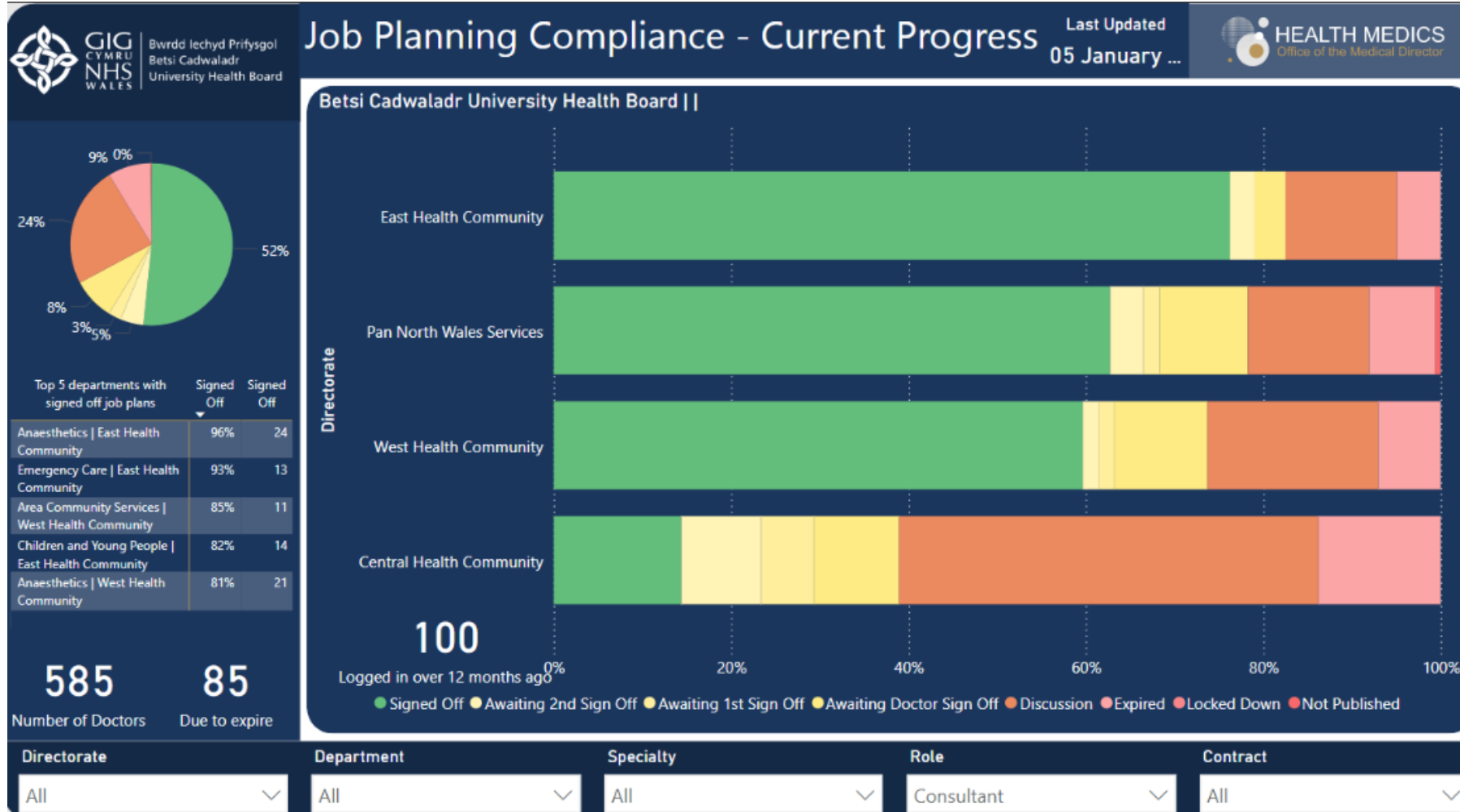


Country at Application	Longlisting	Shortlisting	Interview	Offer	Starting	Recruited
United Kingdom	7.18%	84.91%	6.56%	0.28%	0.02%	1.05%
India	43.47%	55.82%	0.71%	0.00%	0.00%	0.00%
Nigeria	6.78%	92.21%	1.01%	0.00%	0.00%	0.00%
Pakistan	76.92%	22.41%	0.33%	0.33%	0.00%	0.00%
Rest of the World	41.94%	54.84%	1.84%	0.46%	0.00%	0.92%
Iran	81.82%	17.05%	1.14%	0.00%	0.00%	0.00%
Nepal	14.29%	85.71%	0.00%	0.00%	0.00%	0.00%
Ghana	1.61%	96.77%	1.61%	0.00%	0.00%	0.00%
Europe	48.94%	51.06%	0.00%	0.00%	0.00%	0.00%
Egypt	51.43%	42.86%	5.71%	0.00%	0.00%	0.00%
Bangladesh	71.43%	23.81%	0.00%	4.76%	0.00%	0.00%
<b>Grand Total</b>	<b>12.52%</b>	<b>80.64%</b>	<b>5.67%</b>	<b>0.26%</b>	<b>0.02%</b>	<b>0.90%</b>

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 October 2025. Data collection for applicant country of residence at application date commenced at this time.

For the 227 vacancies that were moved to outcome during December 2025, there were 10323 external applications. 16% of these applicants were based outside of the UK. For vacancies moved to outcome during October 2025, 26.1% of applicants were based outside of the UK, pointing to a reduction in applications from outside of the UK between October 2025 and December 2025. Of the external applicants for vacancies moved to outcome in December 2025 only 93 have been recruited, 92 of whom were UK based at the point of making the application.

# Consultant Job Planning



**Analysis** : Consultant Job planning Compliance is currently standing at 52% for BCU, which is improved from the September position where a figure of 42% was reported. IHC East are reporting the best performance at 73% and IHC Centre are the worst performing area at 14.4%.

## People and Culture Committee

### Employee Experience and Engagement Report

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	12 February 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> <b>Report Author name and title</b>	Katie Sargent Head of Employee Experience and Engagement
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Debbie Eyitayo Executive Director of People and Organisational Development

<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Noting
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#### **Crynodeb Gweithredol** **Executive Summary**

This report updates the Committee on the action undertaken and progress made in relation to the ongoing work to deliver improvements in employee engagement and experience.

This work is closely connected to the Culture and Leadership Programme, which the Board were updated on in their November 2025 meeting by way of the Synthesis Report. The associated Culture, Leadership and Engagement Improvement Plan 2025-2028, which has been updated in response to comments from the Board in November, describes key activity to improve engagement and details how it will be measured.

This report outlines key strategic initiatives designed to engage and listen to staff and demonstrate that they are valued by the organisation. This includes collecting and analysing feedback on staff attitudes and experiences to inform improvements.

It describes a strategic framework for improving staff engagement and experience, involving creating a supportive culture, promoting clear and open communication, providing opportunities for development and growth and empowering staff to have a voice in decision-making.



The report also provides progress updates on:

- ongoing work to strengthen listening to staff including key learning points from the NHS Wales staff survey, the results of which are expected in mid-February;
- development of a structured, consistent staff reward and recognition programme including the annual Staff Achievement awards ceremony, redesigning our organisational approach to recognising long service, and the monthly Seren Betsi award;
- sharing and learning from Staff Stories; and
- reviewing and improving our staff benefits offer.

**Appendix 1** – Excerpts from the Culture, Engagement and Leadership Improvement Plan 2025-2028 that relate to engagement

**Appendix 2** – *We Said, We Did* poster to highlight improvement action

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

<b>Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals</b>	<b>Dyddiad Date</b>	<b>Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data</b>
Executive Committee	17.12.25	Discussion and feedback, which has been integrated into this report

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


## 1 Y SEFYLLFA SITUATION

1.1 Our ambition is to be the employer of choice in North Wales by providing every member of our diverse staff with the support, information, facilities and environment they need to develop in their roles and careers, and recruit and retain people needed to deliver high-quality services to our patients and other service users.

1.2 This report outlines key strategic initiatives designed to engage staff and demonstrate that they are valued by the organisation. This includes collecting and analysing feedback on staff attitudes and experiences to inform improvements.

1.3 It is important to acknowledge at the outset that achieving a largely engaged and motivated workforce is a challenge in any organisation, but particularly so in a large, dispersed, complex NHS organisation like BCUHB. We know that many colleagues are a long way from being feeling engaged, involved and listened to.

1.4 We must also consider the impact of change on senior colleagues, namely the Foundations for the Future programme and the sense of uncertainty and concern about what the future holds for them career-wise.

## 2 Y CEFNDIR BACKGROUND

2.1 In September 2023, the Board committed to focus on and improve culture, leadership and engagement as it set out nine areas of strategic intent, within Strategic Objective 3 *Creating a Compassionate Culture, Leadership, and Engagement*.

2.2 The Integrated Medium Term Plan 2025-2028 describes how developing and fostering a compassionate culture, supported by effective leadership that engages well with colleagues across the organisation, will be the bedrock of a healthy and sustainable organisation.

2.3 There have been a number of key developments including the establishment of the structured Culture and Leadership Programme and the appointment of over 200 Culture Change Leaders to spearhead change across our organisation. The Board were updated on the Programme's progress at its last meeting in November 2025.

2.4 The associated Culture, Leadership and Engagement Improvement Plan 2025-2028, which has been updated in response to comments from the Board in November, describes key activity to improve engagement and details how it will be measured. The workstreams that the Staff Experience and Engagement Team will deliver or support delivery of are details at **Appendix 1**.



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

#### **Strategic approach**

3.1 Our strategic approach to staff engagement and experience involves creating a supportive culture, promoting clear and open communication, engaged line managers, empowering staff to have a voice and using feedback to adapt.

3.2 These are all themes which are being addressed as part of the Culture, Leadership and Engagement Programme improvement plan discussed at the last Board meeting. They are also key considerations of the Foundations for the Future Programme to improve the way we work together across the organisation.

3.3 Culture Change Leaders are playing a pivotal role in improving listening and engagement across local teams in a variety of ways. They have been promoting participation in the NHS Wales Staff Survey and have been piloting the Culture Health Assessment survey which was developed using our values and behaviour statements to help teams understand their culture and identify areas for improvement. The next steps involve finalising the guide and preparing the survey for broader use, while continuing to explore how the results can inform improvement initiatives.

3.4 Our culture, leadership and engagement improvement work also connects with developments underway on staff wellbeing, including through the Staff Wellbeing and Support Service, which is designed to provide wrap-around support to enable colleagues to stay psychologically healthy and feel connected to the organisation.

3.5 This multi-pronged approach requires active senior leader buy-in and line manager support, with clear goals, regular feedback mechanisms, and holistic practices focused on employee wellbeing and purpose.

3.6 Aligned to the findings of the Culture and Leadership Programme's synthesis report based on feedback from staff, our approach for developing the engagement element of our Culture, Leadership and Engagement Programme improvement plan is described in Figure 1 below. These intentions align with best practice as defined by the Chartered Institute of Personnel and Development (CIPD).



Figure 1: Staff engagement and experience strategic intent

3.7 The report also summarises early, as yet unvalidated results from the NHS Wales Staff Survey conducted in October and November 2025. 2025 saw a 45 per cent increase in the number of employees who completed the survey compared to 2024 and the number of survey completions was the second-highest in Wales.

3.8 The results indicate that the Health Board scored below the NHS Wales Health Board average psychological across all ten themes covered by the survey and achieved a staff engagement index score of 69.3 per cent (down from from 70.9 per cent in 2024 and 71.3 per cent in 2023).

### Listening to staff

3.9 Our staff are best placed to feel whether or not tangible progress is being made in our organisation. Through national listening tools such as the annual NHS Wales staff survey and by developing our own structured, robust listening approaches, our aim is to understand, respond and improve employee experience to make working at BCUHB a fulfilling and rewarding career.

3.10 Listening is important but it is only effective if employees feel heard. Responding to employee feedback creates a sense of being heard. Our ambition is to create a cycle of listening, involvement, action and feedback.

3.11 As well as gaining an insight into what employees are thinking, feeling, and doing, we also need to understand the reasons behind why they do so. This will enable us to identify issues such as emerging skills gaps, issues with burnout,

wellbeing, and team culture. Crucially, it provides a sound evidence base for taking any remedial initiatives or action with confidence.

3.12 Care needs to be taken not to induce survey fatigue, which research defines as lower levels of engagement in colleagues who are asked their opinion frequently, but who see nothing change as a result. As such, regular local and organisation-wide updates about tangible, positive action being taken in response to feedback such as the *We Said, We Did* poster at **Appendix 2** will be required.

3.13 Critical to success will be empowering leaders and teams locally to make changes and communicate them to their colleagues. Local People and Culture Committees have been established and are a key forum in which to lead change locally.

3.14 Our Executive team has acted on staff feedback to increase visibility and engagement. As of January 2026, the Chair and Chief Executive are holding drop-in sessions at each of our district general hospitals to hear directly from staff and provide an opportunity for them to ask questions.

The Chief Executive also hosts leadership briefings via MS Teams for senior colleagues to hear updates and ask questions. Executives also attend and lead sessions at the People Managers Forums, which have seen a positive increase in attendance and engagement in recent months.

Opportunities to connect with staff are also undertaken through senior leadership locality visits. Executive Directors also meet with and hear from staff about their work as part of our reward and recognition programme including our Long Service Awards, monthly Seren Betsi Awards and the annual Achievement Awards.

Executive team members are also routinely engaged in shaping Health Board programmes, such as the Primary Care cluster and collaborative development. Senior leaders are active members and contributors to our bimonthly People and Culture Committee, and the Chair and Chief Executive both report on retrospective engagement activities with staff at each Board Meeting as part of their respective report papers.

### **Measuring staff experience**

3.15 The annual NHS Wales staff survey measures employee engagement and its drivers. It is a robust mechanism to listen to employees and understand a collective view. While nationally administered surveys provide an effective mechanism for large numbers of staff to have their say, wider listening and measuring mechanisms are also available to staff. These include:

- culture dashboard (which has been developed to track key indicators of our organisational culture)
- new starter and exit interviews/surveys
- 'stay conversations' to identify staff considering leaving and the reasons behind this
- Performance Appraisal and Development Reviews (PADRs) which are in the process of being updated
- Schwartz Rounds
- one-to-ones between managers and direct reports
- Speaking Up Safely platform
- Staff Wellbeing and Support Service contacts including team support sessions
- Chief Executive/leadership briefings with Q&A
- staff forums including online e.g. People Manager's Forum and staff Facebook group
- staff networks.

3.16 The [Staff Engagement toolkit](#) and the [Values and Behaviours toolkit](#) are available to colleagues across the organisation to inspire and guide local engagement and have been positively received. As part of the Culture Change Leaders induction programme, participants have received comprehensive training on using and embedding these tools locally.

**Appendix 1** describes the actions being taken to improve the engagement element of the Culture, Leadership and Engagement and the measures and timescales by which impact will be assessed.

### **NHS Wales Staff Survey**

3.17 With the right question set, survey data can be used to build predictive or causative models of employee behaviour. A good example of this is questions related to intent to stay which can be predictive of attrition and questions related to engagement levels which point to morale.

3.18 The NHS Wales Staff Survey takes place annually and is administered independently of the Health Board through Health Education and Improvement Wales (HEIW) and provider IQVIA. This is important in creating trust in the confidentiality of the feedback staff provide.

3.19 The survey now enables greater analysis of the response data at different organisational levels and we intend to build on last year's shift towards greater local responsibility and accountability for acting on what colleagues told us.

## Survey timeline

3.20 The 2025 NHS Wales Staff Survey went live on Monday 6<sup>th</sup> October and closed on Monday 1<sup>st</sup> December. HEIW have advised that we will receive final validated quantitative results (covering the multiple-choice parts of the survey) by 23<sup>rd</sup> February 2026.

Full results, including qualitative (free-text comments) data which has been anonymised and sanitised, is expected to be available from the middle of March 2026.

A national findings report is scheduled to be published by HEIW on April 30 2026.

## Response rate

3.21 It is recognised that the response rates in Wales are significantly below those of our English NHS counterparts and we have been engaging with colleagues from Trusts in England to try to understand why and learn from their approach.

3.22 Our aim was to improve the 2025 participation rate by at least 5 per cent compared to the 2024 survey across the Health Board. To embed local accountability, Directors and managers were set a target of achieving a 23 per cent participation rate in their respective areas.

3.23 This year, we improved on our 2024 completion rate of 17.4 per cent (3,577 staff) and achieved **24.9 per cent (5, 203 staff)**, exceeding the target of 23 per cent and securing a 45 per cent increase on surveys completed compared to 2024.

3.24 This is the second highest participation rate ever achieved in the Health Board after 2018 achieved 73 more survey completions with 5, 276. It was the second highest number of survey completions of all NHS organisations in Wales in 2025, after Cardiff and Vale University Health Board.

## The Engagement Index score

3.25 This is the core indicator of how connected staff are to the organisation, and in particular the positivity with which they respond to key questions. This is an important indicator to track as our improvement journey continues in order to establish long-lasting change.

3.26 The score for the 2024 survey was 70.9 per cent - down approximately 0.5 percentage points from 2023. Initial results from the 2025 survey that have been shared by HEIW and are still subject to validation demonstrate that our engagement score has declined further in 2025 to 69.3 per cent. This is a pattern seen across Health Boards in Wales, with the exception of Aneurin Bevan, with the NHS Wales Health Board benchmark at 70.8 per cent.

Last year, a stretch target of 72 per cent for 2025 and 73 per cent for 2026 for our organisational staff engagement index score was agreed, meaning that we are 2.7 per cent off our target.

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## **Staff Stories**

3.27 In order to actively listen to staff across the organisation and to understand their experiences as employees on a more human level, we began sharing Staff Stories last year.

We employ people in a wide range of roles and disciplines and aim to ensure that a variety of colleagues are represented in order to highlight the different perspectives and the breadth of work undertaken across the Health Board.

Staff stories are first presented to the Board's People and Culture Committee at the beginning of every meeting. They are also shared at the quarterly Local Partnership Forum meetings and with local People and Culture Committees so that organisational learning can be shared.

Each forum will hear from a member of staff at each meeting to gain an understanding of their experience of working here and their perspectives on what is working well, as well as where there is a need for improvement.

We have developed a [Staff Stories hub](#) on BetsiNet, making the stories available to all staff to read and view the accompanying short films alongside further relevant information and guidance on the topic. This is promoted through the People Manager's Forum, where these stories are also shared.

## **Rewarding and recognising staff**

3.28 We want to improve how valued colleagues feel in their workplace by actively encouraging both organisational and peer recognition. Bolstering a positive workplace culture of appreciation that contributes to staff engagement and ultimately to job satisfaction is something we have focused on over the past few months.

This is a core component of our efforts to deliver a better culture, leadership and engagement. Over the course of the past few months we have undertaken targeted surveys about the organisational approach to rewarding and recognising colleagues and this is informing our approach going forward.

## **Staff Achievement Awards 2025**

3.29 450 nominations across ten categories were submitted this year – the highest number ever. Friday 26<sup>th</sup> September saw almost 500 guests gather at Llandudno's Venue Cymru to celebrate the achievements of the 30 finalists in this year's Staff Achievement Awards.

3.30 87.5 per cent of the costs of the £44, 000 cost of the event were funded by income generated by the Staff Experience and Engagement Team through sponsorship, ticket sales and a grant from NHS Charities Together.

3.31 Every member of staff who was nominated for an award received a personal letter from the Chief Executive, alongside a copy of their nomination. There has been a warm response to this.

### **External awards**

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

### **Long service awards**

3.33 Recognising long service is an opportunity for us to thank dedicated colleagues who have served communities in North Wales over many years.

A task and finish group has been established to agree a way forward for a future organisational approach to long service recognition that is meaningful, equitable and sustainable. The group will report to the Board's People and Culture Committee in the Spring with recommendations for the future.

### **Seren Betsi**

3.34 As of April last year, we have been recognising colleagues who demonstrate our organisational values of **compassion, openness and respect** in their work. This will help to spread awareness of the values and behaviours across the organisation and connect them to staff by showcasing staff who personify them.

A Seren Betsi is awarded each month to an individual or team, with the award recipient's contribution celebrated with a visit from a member of the Board and member of their local senior leadership team. They receive a certificate, Seren Betsi pin badge and slate trophy and the details of their nomination and what they mean to their colleagues is also read out.

### **Reviewing our staff benefits offer**

3.35 NHS Wales colleagues benefit from competitive pay and conditions including a generous annual leave entitlement, sick pay and pension. There are also benefits available such as flexible working, access to lease car and cycle-to-work schemes, and the option to purchase annual leave.

We are undertaking work to review and improve the staff benefits package for BCUHB staff and have been exploring what some other leading NHS employers offer in this regard. This includes investigating access to other benefits such as leisure and shopping discounts for staff.

We aim to have a complete approach to staff benefits in place by the end of 2026.



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

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

#### 5 **ARGYMHELLION** **RECOMMENDATIONS**

a. Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:  
The Committee is asked to:

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

This will allow us to build on the early work undertaken to monitor, measure and feed back to staff from the range of mechanisms described above and intend to carry out further engagement work to shape our approach to key workstreams including listening to staff and employee reward and recognition. This will include the involvement of key groups including Culture Change Leaders and People Manager's Forum membership.

As the organisation continues its journey of improvement and transformation through the Foundations for the Future programme, we intend to build in to our future operating model the approach outlined in this paper. This will support clarity about our aims and expectations for employee engagement and experience from the outset.



## Appendix 1 – Excerpts from the Culture, Engagement and Leadership Improvement Plan 2025-2028 that relate to engagement

Engagement Deliverables from Culture, Leadership and Engagement Three Year Plan					
Ref.	Objective	Start	Target	Required outcome	Measures
1.1	Design and deliver psychological safety training, focussing on specific and actionable behaviours that support psychological safety within teams and across the organisation, with at least 80% of participants reporting increased confidence in applying these behaviours post-training feedback.	Q1 2026	Q4 2026	A culture where staff at all levels feel they can speak up and call out inappropriate behaviours in order to continue to develop the culture we want to see.	3% increase in NHS Wales staff survey participation rates. A year on year increase in scores in the NHS Wales staff survey relating to the theme <b>We are all able to speak up</b> (Q14a-14d; 23d; 14-14k; 17d-17e). Baseline in 2024 - 65.4%. Target in 2025 - 67.4%; 2026 - 69.4%; 2027 - 71.4%; 2028 - 73.4%.
1.2	Develop and publish a clear organisational vision that aligns board-level ambition with frontline reality. Communicate the vision internally and externally to stakeholders.	Q1 2026	Q2 2026	All staff have an awareness of the organisational vision and understand how the work they do connects/aligns to the wider organisational vision.	Staff understand the vision and how they contribute to it through the PADR process.
1.5	Implement a consistent cultural approach across the health board by further implementation of the shared values and behaviours framework. Embedding them through training, leadership communication, and internal policies.	Q3 2026	2028	Teams living and displaying the organisational values through their everyday interactions with one another. Staff accountability to adhere to the framework. Inclusion of a Values & Behaviours section within the PADR documentation, to aid staff reflection on behaviours with a focus on 'what they did to achieve their goals, as well as 'how they achieved this through their behaviours.	85% of staff will report a consistent culture across their team and/or department measured via the NHS Wales staff survey relating to the theme <b>We are compassionate and inclusive - Compassionate culture</b> . A year on year increase in scores in the NHS Wales staff survey participation rates. Baseline in 2025 - 24.9%. Target in 2026 - 30%; 2027 - 35%; 2028 - 40%; 2029 - 45%.
2.1	Complete a review and streamlining of governance processes across the organisation. This will involve mapping current governance procedures, identifying duplication and delays, and implementing at least five process improvements to reduce administrative burden and increase efficiency.	Q1 2026	Q2 2026	Clear governance processes in place. Staff feeling empowered to influence local decisions/change.	A year on year increase in scores in the NHS Wales staff survey relating to the theme <b>We are all able to speak up - Autonomy and control</b> (Q14a - 14d; 23d). Baseline in 2024 - 72.9%. Target in 2025 - 74.9%; 2026 - 76.9%; 2027 - 78.9%; 2028 - 80.9%.
2.2	Develop and implement a set of meaningful organisational metrics that demonstrate the impact of initiatives on staff engagement. This will include at least 10 key metrics EG engagement scores, retention, well-being indicators, participation rates tracked monthly with quarterly reporting to senior leadership.	2027	2027	Staff feel PADR/Mandatory training are meaningful. Support staff wellbeing and work-life balance.	A year on year increase in staff engagement index scores in the NHS Wales staff survey. Baseline in 2024 - 70.9%. Target in 2025 - 72%; 2026 - 73%; 2027 - 75%; 2028 - 77%.

Engagement Deliverables from Culture, Leadership and Engagement Three Year Plan					
Ref.	Objective	Start	Target	Required outcome	Measures
2.5	Implement a process to celebrate and share positive feedback more widely across the organisation, including patient experience data.	2027	2027	Embed process to capture positive feedback from patients and service users. Increased staff morale.	80% of staff reporting increased awareness of patient feedback in a staff survey.
2.6	Implement a structured staff recognition programme that promotes greater recognition of staff achievements across the organisation.	Q1 2026	Q4 2026	Boosts morale and motivation. Supports improved mental health and wellbeing. Enhanced productivity and engagement.	A year on year increase in scores in the NHS Wales staff survey relating to the theme <b>We recognise everyone's contribution</b> (Q 04c; 15a-15b; 15e). Baseline in 2024 - 62%. Target in 2025 - 64%; 2026 - 66%; 2027 - 68%; 2028 - 70%.
2.1.1	Develop and implement compassionate feedback mechanisms, including a structured 360° feedback process for leaders and key roles. This will include training on giving and receiving compassionate feedback, clear guidance on how feedback is used, and an anonymised system for collecting feedback.	2027	2027	Increase self-awareness and identify leadership strengths and development needs.	A year on year increase in scores in the NHS Wales staff survey relating to the theme <b>We are compassionate and inclusive - Compassionate Culture</b> (Q01j; 16a-16d; 17a-17d). Baseline in 2024 - 68.4%. Target in 2025 - 70.4%; 2026 - 72.4%; 2027 - 74.4%; 2028 - 76.4%. and <b>Compassionate Leadership</b> (Q04f; 04g; 04i). Baseline in 2024 - 68.9%. Target in 2025 - 70.9%; 2026 - 72.9%; 2027 - 74.9%; 2028 - 76.9%.
4.6	Develop and implement a structured inclusion programme that ensures all voices across the organisation are heard. This will include regular staff listening sessions, inclusive forums, and anonymous feedback channels, with at least 75% of departments participating.	2028	2028	Ensuring the views and ideas of all staff and patients are heard and integrated into developing our services.	A year on year increase in scores in the NHS Wales staff survey relating to the theme <b>We are all able to speak up</b> (Q14a-14d; 23d; 14-14k; 17d-17e). Baseline in 2024 - 65.4%. Target in 2025 - 67.4%; 2026 - 69.4%; 2027 - 71.4%; 2028 - 73.4%.
5.2	Improve how leaders and managers cascade information and key messages to their teams.	Q2 2026	Q3 2026	Develop more engaging and two-way communication where staff feel informed, involved and listened to.	Measure TBC.

Appendix 2 – We Said, We Did poster to highlight improvement action

# We Said, We Did

## Employee Experience and Engagement



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<h3 style="margin: 0;">Wellbeing and Balance</h3> 	<p><i>"We really appreciate the flexible working options and wellbeing support, but a lot of us still feel emotionally drained. It's hard to switch off, and sometimes we're just running on empty."</i></p> <p><b>What we've done:</b></p> <ul style="list-style-type: none"> <li>Held wellbeing workshops and roadshows and offered coaching</li> <li>Promoted the flexible working guidance and policy</li> <li>Expanded our wellbeing champion network</li> <li>Publicised the 'Living Well, Working Well' handbook</li> </ul> <p><b>What we're going to do:</b></p> <ul style="list-style-type: none"> <li>Improve emotional wellbeing support</li> <li>Review support available through wellbeing programme</li> <li>Develop tailored offerings for male/female staff e.g. menopause cafes and health roadshows</li> <li>Produce targeted plan to manage sickness absence</li> </ul>	 <p style="font-size: 0.8em; margin: 0;">Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p>
<h3 style="margin: 0;">Voice and Value</h3> 	<p><i>"Most of the time we feel we can share ideas, but we're scared about speaking up sometimes — especially when it comes to reporting bad behaviour. We want to feel heard and know our feedback leads to change."</i></p> <p><b>What we've done:</b></p> <ul style="list-style-type: none"> <li>Delivered training on speaking up and listening to concerns</li> <li>Equipped managers with information and tools via the People Managers Forum e.g. staff engagement toolkit</li> <li>Celebrated staff achievements by reintroducing the 'Seren Betsi' award and promoted colleagues' efforts widely</li> <li>Amplified staff voices by sharing stories of their experiences to promote learning and improvement</li> </ul> <p><b>What we're going to do:</b></p> <ul style="list-style-type: none"> <li>Invest in the 'Speaking Up Safely' service</li> <li>Enhance staff recognition, particularly for those with long service</li> <li>Deliver local action plans to address staff feedback</li> </ul>	 <p style="font-size: 0.8em; margin: 0;">Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p>
<h3 style="margin: 0;">Culture and Compassion</h3> 	<p><i>"We're starting to see more kindness and respect in the way people treat each other. Managers are listening more, and the new values are helping. But we still need to do better."</i></p> <p><b>What we've done:</b></p> <ul style="list-style-type: none"> <li>Launched new organisational values (Compassion, Openness and Respect) and a behavioural framework</li> <li>Recruited and trained almost 100 Culture Change Leaders</li> <li>Updated policies to embed new values</li> <li>Held manager masterclass training in compassionate leadership and shared toolkit to support staff</li> </ul> <p><b>What we're going to do:</b></p> <ul style="list-style-type: none"> <li>Update corporate induction with a focus on compassion so all new starters understand expectations</li> <li>Analyse staff feedback from a range of sources to make improvement recommendations to shape the future</li> </ul>	 <p style="font-size: 0.8em; margin: 0;">Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p>
<h3 style="margin: 0;">Growth and Connections</h3> 	<p><i>"We're proud of our teams — we trust each other and enjoy working together. We're motivated and want to grow, but it's not always clear how. We'd like to shape how things work and develop our careers."</i></p> <p><b>What we've done:</b></p> <ul style="list-style-type: none"> <li>Established the Foundations for the Future programme to improve our ways of working</li> <li>Prioritised staff retention, career development and talent management to maximise staff skills and potential</li> <li>Developed improved PADR (appraisal) process for launch to support discussions about training and progression</li> </ul> <p><b>What we're going to do:</b></p> <ul style="list-style-type: none"> <li>Equip managers with the skills and tools to lead effectively through learning programmes including the Integrated Leadership Development Framework (ILDF)</li> <li>Redefine roles, responsibilities and accountability</li> </ul>	 <p style="font-size: 0.8em; margin: 0;">Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p>



GIG CYMRU NHS WALES

GIG Cymru  
Arolwg Staff  
Mae eich llaith yn bwysig

NHS Wales  
Staff Survey  
Your voice matters



# Dywedom Ni, Gwnaethom Ni



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Profiadau Staff ac Ymgysylltu â Hwyl

### Lles a Chydbwysedd



*"Rydym yn gwerthfawrogi'r opsiynau i weithio oriau hyblyg a'r cymorth â llesiant, ond mae llawer ohonom ni wedi ymlâdd yn emosiynol serch hynny. Mae'n anodd ymlacio, ac ar brydiau, byddwn yn dal ati er bod y tanc yn wag."*

#### Beth rydym wedi'i wneud:

- Cynnal gweithdai a sioeau teithiol ynghylch lles a chynnig sesiynau cymell
- Hyrwyddo canllawiau a pholisi ynghylch oriau gwaith hyblyg
- Ehangu ein rhwydwaith hyrwyddwyr lles
- Hyrwyddo llawlyfr 'Byw'n Dda, Gweithio'n Dda'

#### Beth rydym yn bwriadu ei wneud:

- Gwella cymorth â lles emosiynol
- Adolygu'r cymorth a gynigir trwy'r rhaglen lles
- Cynnig arlwy wedi'i deilwra ar gyfer aelodau benywaidd a gwrywaidd o'r staff, e.e. caffis menopos a sioeau teithiol ynghylch iechyd
- Llunio cynllun sy'n cynnwys targedau i reoli absenoldebau oherwydd salwch

### Llais a Gwerth



*"Gan amlaf, byddwn yn teimlo y gallwn rannu syniadau, ond byddwn yn ofni codi llais ar brydiau - yn enwedig yn achos rhoi gwybod am gamymddwyn. Rydym yn dymuno teimlo fod rhywun yn gwrandao amom ni ac y gwnaiff ein hadborth sicrhau newid."*

#### Beth rydym wedi'i wneud:

- Rhedeg hyfforddiant ynghylch codi llais
- Sicrhau bod gan reolwyr y wybodaeth a'r offerynnau trwy'r Fforwm Rheolwyr Pobl, e.e. pecyn cymorth ynghylch ymgysylltu â staff
- Dathlu llywyddiannau staff trwy ailsefydlu gwobrau 'Seren Betsi' a hyrwyddo ymdrechion cydweithwyr yn eang
- Sicrhau bob mwy o bobl yn clywed lleisiau'r staff trwy rannu straeon am eu profiadau i annog dysgu gwersi a gwella

#### Beth rydym yn bwriadu ei wneud:

- Buddsoddi yng ngwasanaeth 'Codi Llais Heb Ofn'
- Gwella'r gydnabyddiaeth a gaiff aelodau o'r staff, yn enwedig y rhai sydd wedi gwasanaethu'r bwrdd am gyfnodau hir
- Cyflawni cynlluniau gweithredu lleol er mwyn ymateb i adborth gan staff

### Diwylliant a Thosturi



*"Mae'n amlwg fod pobl yn trin y naill a'r llall yn fwy caredig a pharchus erbyn hyn. Mae rheolwyr yn gwrandao mwy, ac mae'r gwerthoedd newydd yn fuddiol. Ond mae angen i ni wneud yn well fyth."*

#### Beth rydym wedi'i wneud:

- Lansio gwerthoedd newydd y sefydliad (Tosturi, Bod yn Agored a Pharch)
- Recriwtio a hyfforddi bron i 100 o Arweinwyr Newid Diwylliant
- Diweddarau polisiâu er mwyn gwreiddio'r gwerthoedd newydd
- Cynnal sesiynau hyfforddiant 'dosbarth meist' ynghylch arweinyddiaeth dosturiol ar gyfer rheolwyr a rhannu pecyn cymorth i gynorthwyo staff

#### Beth rydym yn bwriadu ei wneud:

- Diweddarau'r broses gynefino gorfforaethol er mwyn rhoi sylw i dosturi er mwyn sicrhau y bydd yr holl aelodau newydd o'r staff yn deall y disgwyliadau
- Dadansoddi adborth gan staff o amrywiaeth o ffynonellau er mwyn gwneud gwelliannau argymelledig i lywio'r dyfodol

### Twf a Chysylltiadau








*"Rydym yn ymfalchïo yn ein timau - rydym yn ymddiried yn y naill a'r llall ac yn mwynhau cydweithio. Mae ein cymhelliant yn gryf ac rydym yn dymuno datblygu, ac ni fydd hi'n eglur bob amser sut y gallwn wneud hynny. Rydym yn dymuno dylanwadu ar sut mae pethau'n gweithio a datblygu ein gyrfaoedd."*

#### Beth rydym wedi'i wneud:

- Sefydlu rhaglen Sylfeini'r Dyfodol er mwyn gwella ein ffyrdd o weithio
- Blaenoriaethu cadw staff, datblygu gyrfaoedd a rheoli doniau er mwyn mwyafo sgiliau a photensial y staff
- Datblygu proses PADR (gwerthuso) well i'w lansio i gynorthwyo i gynnal trafodaethau am hyfforddiant a chyfluoedd i gamu ymlaen

#### Beth rydym yn bwriadu ei wneud:

- Sicrhau bod gan reolwyr y sgiliau a'r offerynnau sy'n ofynnol i arwein yn effeithiol trwy gyfrwng rhaglenni dysgu, gan gynnwys y Fframwaith Datblygu Arweinyddiaeth Integredig (ILDF)
- Aiddiffinio rolau, cyfrifoldebau ac atebolrwydd

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

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Cydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	

<p><i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> <b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p><b><u>Ansawdd</u></b> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p><b>Galluogwyr Ansawdd</b> <b>Enablers of Quality</b> Culture and Valuing People</p>	<p><b>Meysydd Ansawdd</b> <b>Domains of Quality</b> Efficient</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><b><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u></b> <b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b></p>	<p>A Healthier Wales</p>	

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

Have you considered the Armed Forces Covenant Due Regard Duty?		
<b>Asesiad o Effaith ar Ddiogelu Data</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> <b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o Effaith ar Atal Twyll</b> <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> <b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Cyfreithiol Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw Da Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith ar Adnoddau</b> (Pobl / Ariannol) <b>Resource Impact</b> (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

## People and Culture Committee

### THREE YEAR CULTURE, LEADERSHIP & ENGAGEMENT IMPROVEMENT PLAN

<b>Date of Meeting</b>	12 February 2026
<b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Report Author name and title</b>	Nia Thomas, Head of Culture Development Nia Harris, Senior OD Manager - Culture
<b>Lead Executive Team Member name and title</b>	George Roberts, Interim Executive Director People & Organisational Development Services

<b>Report Purpose</b>	For Approval
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#### Executive Summary

The report provides an amended and more detailed three-year Culture, Leadership & Engagement Improvement Plan following feedback at the Board Meeting in November 2025. The Improvement Plan was presented to Board members as part of the wider Synthesis report which brings together findings from the Discovery phase of the Culture & Leadership Programme and staff feedback from other sources, including the NHS Wales Staff Survey 2024, Staff Wellbeing support services (SWSS) and the Foundations for the Future programme discovery engagement work.

The Improvement Plan contains objectives, measures and timescales along with an identified Executive owner for each objective. Pending approval from the People & Culture Committee, the next stages in line with the principles of the NHS Culture & Leadership Programme, the design and deliver phase will require wider engagement to shape and co-design the identified objectives from subject matter experts, Culture Change Leaders (CCLs) and staff across the organisation.

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data
Board Meeting	27/11/2025	Approved pending additional detail within the Improvement Plan



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Executive Team Meeting	15/10/2025	Suggested additional details ahead of Board meeting
Foundations for the Future Programme Board	06/10/2025	Suggested additional details ahead of Executive Team meeting

<b>Acronyms / Glossary of Terms</b>	
CCLs	Culture Change Leaders
SWSS	Staff Wellbeing Support Services

## **THREE YEAR CULTURE, LEADERSHIP & ENGAGEMENT IMPROVEMENT PLAN**

### **1. SITUATION**

- 1.1 Following submission of the Synthesis report and associated Improvement plan to the Board in November 2025, this paper provides a more detailed Improvement plan containing objectives, measures and timescales along with an identified Executive owner for each objective.
- 1.2 The Action Detail (column C) field has been left vacant as this requires shaping and co-design from subject matter experts, staff and Culture Change Leaders (CCLs) from across the organisation.

### **2 BACKGROUND**

- 2.1 In September 2023, the Board approved the development of an evidence-based Culture and Leadership Programme to strengthen organisational culture, leadership, and staff engagement. Designed by leading experts, including Professor Michael West, and supported by NHS Improvement, Centre for Creative Leadership and the King's Fund, the programme enables us to understand our culture through robust diagnostics and develop tailored approaches to foster compassionate, inclusive, and collective leadership. The programme is delivered and monitored through the Foundations for the Future major change programme.
- 2.2 The Synthesis report presented to the Board in November 2025 summarised findings from the Discovery Phase of the Culture & Leadership Programme and drawing on multiple feedback sources including the NHS Wales Staff Survey 2024, Foundations for the Future engagement, and staff wellbeing data, identified key themes, challenges, and opportunities. This informed the three-year improvement plan, which is aimed at embedding cultural change, improving staff experience, and ultimately improving patient outcomes.

### **3 SPECIFIC MATTERS FOR CONSIDERATION**

- 3.1 Does the amended three-year Improvement Plan presented to the committee contain the required detail following the feedback from the Board.

### **4 KEY RISKS / MATTERS FOR ESCALATION**






- 4.1 Next stages of design and delivery requires engagement from staff across the organisation. There is a risk of a lack of engagement from staff across the organisation due to organisational pressures and conflicting priorities.

## 5 **RECOMMENDATIONS**

- 5.1 The Committee/Meeting/Group is asked to:

- **SUPPORT** and **AGREE** the Three-Year Culture, Leadership & Engagement Improvement Plan



ASSESSMENT	
<b>Link to Strategic Priorities</b>	    
	3. Creating compassionate culture, leadership and engagement
	If more than one applies, please list below:
<b>Design Principles</b>	People First If more than one applies, please list below: Inclusive design Wise spending Simplify, standardise and adopt best practices Consistency with organisational values
<b>Corporate Risks and Board Assurance Framework</b>	<p><b>CRR24-01</b> - There is a risk that BCU do not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls, organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people</p> <p><b>CRR24-16</b> - There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.</p>
<b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b>	A Prosperous Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
<b>Equality</b> <i>Have you undertaken an Equality Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	

<p><i>Screening (which includes the requirements of the Welsh Language Standards)</i></p>	<p>If no, please include rationale:</p>	<p><i>Each individual objective will require a EQIA once plan is approved</i></p>
<p><b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	
	<p>If no, please include rationale:</p>	<p><i>Each individual objective will require a SEIA once plan is approved</i></p>
<p><b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p><b>Enablers of Quality</b> Culture and Valuing People</p>	<p><b>Domains of Quality</b> All Apply</p>
	<p>If more than one applies, please list below:</p>	<p>If more than one applies, please list below:</p>
<p><b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b></p>	<p>A Prosperous Wales</p>	



<b>Environmental /Sustainability Impact (5Rs)</b>	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
<b>Armed Forces Covenant Due Regard Duty</b> Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report presents a more detailed Culture, Leadership & Engagement Improvement Plan therefore the associated public sector duties are not engaged
<b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report presents a more detailed Culture, Leadership & Engagement Improvement Plan therefore the associated public sector duties are not engaged
<b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report presents a more detailed Culture, Leadership & Engagement Improvement Plan therefore the associated public sector duties are not engaged
<b>Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Reputational</b>	Yes (Include further detail below)	
	This work is directly linked to achieving organisational objective 3 which is <b>Creating a compassionate culture, leadership and engagement</b> , therefore there is a reputational risk if we do not achieve the objective and improve the culture of the organisation.	



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<b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

**Culture, Leadership & Engagement 3 Year Improvement Plan**

Ref.	Objective	Action Detail - to be worked through by the Objective owner/SMF, and in collaboration with staff groups	Executive Owner	Start date	Target completion date	Required outcomes	Measures
<b>1: Vision &amp; Values</b>							
1.1	Design and deliver psychological safety training, focussing on specific and actionable behaviours that support psychological safety within teams and across the organisation, with at least 80% of participants reporting increased confidence in applying these behaviours post-training feedback.		EDP&OD	Q1	Q4	A culture where staff at all levels feel they can speak up and call out inappropriate behaviours in order to continue to develop the culture we want to see	1. Training completion rate of 85% of year on year target of 20% of staff 2. A year on year reduction in number of Speak out Safely submissions which relate to feeling unable to speak up directly with line managers 3. 3% increase in NHS Wales staff survey participation rates. 4. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are all able to speak up</b> (Q14a-14d; 23d; 14i-14k; 17d-17e). <b>Baseline</b> in 2024 - 65.4%. <b>Target</b> in 2025 - 67.4%; 2026 - 69.4%; 2027 - 71.4%; 2028 - 73.4%
1.2	Develop and publish a clear organisational vision that aligns board-level ambition with frontline reality. Communicate the vision internally and externally to stakeholders.		EDT&SP	Q1	Q2	All staff have an awareness of the organisational vision and understand how the work they do connects/aligns to the wider organisational vision	1. Staff understand the vision and how they contribute to it through the PADR process. National target of 85% PADR rates
1.3	Implement Values-based recruitment across all hiring processes by introducing structured pre-screening assessment, structured interviews, scenario-based questions and psychometric testing where appropriate.		EDP&OD	Q1	Q2	Attracting and selecting employees whose personal values and behaviours align with the organisation's values	1. 90% of hiring managers will be trained in values-based recruitment. 2. 100% of new hires will be assessed using the values-based approach. 3. In 12 months following implementation, see a reduction of 10% in early turnover
1.4	Implement a values based appraisal process across the organisation that evaluates staff performance against core organisational values through structured appraisal templates 360° feedback and evidence based examples, at least		EDP&OD	Q1	Q2	Reinforce the core elements of culture in the organisation. Ensure everyone is clear about what is most important, help staff to stay focussed on the areas that ensures organisational effectiveness	1. 90% of managers will complete training on the new process. 2. 95% of staff appraisals will use the values based format 3. Success will be measured by a minimum 80% staff satisfaction rate with the appraisal process in post appraisal surveys 4. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are continuously learning and improving - PDR/Appraisal</b> (Q19a; 19b; 19c; 19d). <b>Baseline</b> in 2024 - 71%. <b>Target</b> in 2025 - 73%; 2026 - 75%; 2027 - 78%; 2028 - 81%
1.5	Implement a consistent cultural approach across the health board by further implementation of the shared values and behaviours framework. Embedding them through training, leadership communication, and internal policies.		EDP&OD	Q3	Yr 3	Teams living and displaying the organisational values through their everyday interactions with one another. Staff accountability to adhere to the framework. Inclusion of a Values & Behaviours section within the PADR documentation, to aid staff reflection on behaviours with a focus on "what" they did to achieve their goals, as well as "how" they achieved this through their behaviours.	1. 90% of teams will complete a Values & Behaviours training package to achieve cultural alignment 2. 85% of staff will report a consistent culture across their team and/or department measured via the NHS Wales staff survey relating to the theme - <b>We are compassionate and inclusive - Compassionate culture</b> 3. 10% reduction in grievance cases. 4. A year on year increase in NHS Wales staff survey participation rates. <b>Baseline</b> in 2025 - 24.9%. <b>Target</b> in 2026 - 30%; 2027 - 35%; 2028 - 40%; 2029 - 45% 5. 50% of teams utilising cultural health assessment diagnostic
1.6	Implement a values based induction and transition programme for all new starters and internal role changes. The programme will include values focused orientation sessions, mentoring and structured check-ins at 1, 3 and 6 months.		EDP&OD	Q1	Q2	A realistic induction programme that enforces the importance of value alignment. A transition process over 12mths that helps to make the staff member feel psychologically safe and supported with clarity of expectations and goals	1. 90% completion of the programme by all new starters 2. 85% positive feedback from participants regarding clarity of values and support during orientation and transition 3. 10% reduction in early staff turnover 4. A year on year increase in <b>staff engagement index</b> scores in the NHS Wales staff survey. <b>Baseline</b> in 2024 - 70.9%. <b>Target</b> in 2025 - 72%; 2026 - 73%; 2027 - 75%; 2028 - 77%
1.7	Implement a structured succession planning process for identified key roles across the organisation. This will include identifying critical positions, creating talent pools and developing individual development plans for identified successors.		EDP&OD	Q1	Q2	Provides continuity and sustained performance. Right people in the right roles. Supports organisation learning and performance	1. Individual development plans in place for at least 80% of identified successors. 2. Success will be measured by 90% readiness rates for key roles and reduced time-to-fill vacancies 3. 2% reduction in number of external appointments to identified key roles 4. 5% reduction in number of interim positions filling the identified key roles 5. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are continuously learning and improving - Development</b> (Q18a - 18e). <b>Baseline</b> in 2024 - 59.6%. <b>Target</b> in 2025 - 61.6%; 2026 - 63.6%; 2027 - 65.6%; 2028 - 67.6%
1.8	Implement an annual talent review cycle across the organisation where managers and leaders assess staff performance and potential using a standardised process and tools. The cycle will include calibrated talent discussions, documented outcomes, and development plans.		EDP&OD	Q1	Q3	Enable informed approaches to recruitment, talent management and leadership development	1. 90% of staff success will be measured by 100% completion of the talent review process and improved leadership confidence in talent decisions (measured via PADR completion rates) 2. 2% reduction in number of external appointments 3. 5% reduction in number of interim positions
<b>2: Goals &amp; Performance</b>							
2.1	Complete a review and streamlining of governance processes across the organisation. This will involve mapping current governance procedures, identifying duplication and delays, and implementing at least five process improvements to reduce administrative burden and increase efficiency		DoCG	Q1	Q2	Clear governance processes in place. Staff feeling empowered to influence local decisions/change.	1. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are all able to speak up - Autonomy and control</b> (Q14a - 14d;23d). <b>Baseline</b> in 2024 - 72.9%. <b>Target</b> in 2025 - 74.9%; 2026 - 76.9%; 2027 - 78.9%; 2028 - 80.9%
2.2	Develop and implement a set of meaningful organisational metrics that demonstrate the impact of initiatives on staff engagement. This will include at least 10 key metrics EG engagement scores, retention, well-being indicators, participation rates tracked monthly with quarterly reporting to senior leadership.		EDP&OD and COO	Yr 2	Yr 2	Staff feel PADR/Mandatory training are meaningful. Support staff wellbeing and work-life balance	1. A year on year increase in <b>staff engagement index</b> scores in the NHS Wales staff survey. <b>Baseline</b> in 2024 - 70.9%. <b>Target</b> in 2025 - 72%; 2026 - 73%; 2027 - 75%; 2028 - 77% 2. Trend analysis of culture dashboard metrics which shows month on month improvements with targeted support to outliers.
2.3	Develop and implement local decision making frameworks that clarify accountability and enable decisions to be made closer to teams and patients. The framework will define decision authority levels, escalation routes, and supporting governance documentation.		DoCG	Q1	Q2	Staff feel empowered to make decisions at a local level whilst feeling valued and trusted. Decisions are made at pace and closer to patient care. Teams can adapt quickly to changing patient needs or local conditions. Encourage ownership and continuous improvement.	1. Success will be measured by at least 80% of teams surveyed reporting improved decision-making speed and clarity in a post implementation survey and a 20% reduction in decision escalation to senior leadership.

2.4	Conduct a full review of the Establishment Control process to identify inefficiencies and ensure accurate workforce planning and budget alignment. The review will include stakeholder consultation, mapping of current workflows, and a clear improvement plan.		EDP&OD	Q1	Q2	Reviewed process leading to a continuation of service provision	<p>1. Success will be measured by a 25% reduction in processing time</p> <p>2. Improved accuracy of establishment records (target 95% accuracy)</p> <p>3. 80% stakeholder satisfaction with a new process within six months of implementation</p> <p>4. 25% reduction in time to hire data</p>
2.5	Implement a process to celebrate and share positive feedback more widely across the organisation, including patient experience data.		EDP&OD	Yr 2	Yr 2	Embed process to capture positive feedback from patients and service users. Increased staff morale.	<p>1. 80% of teams receiving positive feedback summaries on a quarterly basis</p> <p>2. 80% of staff reporting increased awareness of patient feedback in a staff survey</p>
2.6	Implement a structured staff recognition programme that promotes greater recognition of staff achievements across the organisation.		EDP&OD	Q1	Q4	Boosts morale and motivation. Supports improved mental health and wellbeing. Enhanced productivity and engagement	<p>1. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We recognise everyone's contribution (Q 04e; 15a-15b; 15e)</b> . <b>Baseline</b> in 2024 - 62%. <b>Target</b> in 2025 - 64%; 2026 - 66%; 2027 - 68%; 2028 - 70%</p>
2.7	Develop and implement a talent management process that aligns with workforce planning to ensure the organisation has the right skills and leadership capacity for the future. This will include talent identification, development pathways, and succession planning linked to workforce forecasting.		EDP&OD	Q1	Q2	Provides continuity and sustained performance. Right people in the right roles. Supports organisation learning and performance	<p>1. 50% of key roles having identified successors.</p> <p>2. 10% increase in internal promotions</p> <p>3. Improved workforce planning accuracy (target within 5% variance between forecast and actual staffing needs)</p>
2.8	Redesign leader roles across the organisation to clearly define responsibilities, decision-making authority, and leadership expectations. The redesign will involve consultation with at least 20 leaders, creation of standardised role profiles, and alignment with organisational values and strategic priorities.		COO	Q1	Q2	Designing leadership roles to deliver direction, alignment and commitment	<p>1. Success will be measured by 100% of leader roles having updated job descriptions</p> <p>2. 85% of leaders reporting clarity in their role and accountability in a post implementation survey</p>
2.9	Implement an inclusive recruitment strategy to increase diversity and reduce bias in hiring. This will include inclusive job advertising, diverse interview panels, unconscious bias training for all hiring managers, and accessible application processes.		EDP&OD	Q1	Q2	Ensuring a proactive approach to redress the balance in recruitment and promotion	<p>1. Success will be measured by a 25% increase in diverse candidates applications.</p> <p>2. 90% of hiring managers trained in inclusive recruitment</p> <p>3. 15% increase in diversity of new hires within 12 months</p>
2.10	Implement an annual leadership forecast update process to review current leadership capacity, future needs, and potential gaps. The process will involve collecting input from all executive and senior leadership teams, updating leadership talent pipelines, and producing a forecast report shared with the Executive Team.		COO	Yr 3	Yr 3	Annual update of leadership forecast to ensure changing needs inform our leadership strategy and talent management programmes	<p>1. Success will be measured by 100% completion of the annual forecast update and a clear action plan to address identified gaps within 3 months of the report</p>
2.11	Develop and implement compassionate feedback mechanisms, including a structured 360° feedback process for leaders and key roles. This will include training on giving and receiving compassionate feedback, clear guidance on how feedback is used, and an anonymised system for collecting feedback.		EDP&OD	Yr 2	Yr 2	Increase self-awareness and identify leadership strengths and development needs	<p>1. Success will be measured by at least 90% of leaders completing the 360° feedback process</p> <p>2. 85% of leaders reporting an improved feedback culture in a post implementation survey</p> <p>3. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are compassionate and inclusive - Compassionate Culture</b> (Q01; 16a-16d; 17a-17d); <b>Baseline</b> in 2024 - 68.4%. <b>Target</b> in 2025 - 70.4%; 2026 - 72.4%; 2027 - 74.4%; 2028 - 76.4% and <b>Compassionate Leadership</b> (Q04f-04g; 04i). <b>Baseline</b> in 2024 - 68.9%. <b>Target</b> in 2025 - 70.9%; 2026 - 72.9%; 2027 - 74.9%; 2028 - 76.9%</p>
2.12	Develop and implement mechanisms to measure compassion within the organisation. This will include designing a compassion measurement framework (e.g. staff and patient surveys, observational checklists, and feedback tools) piloting it in at least 3 departments, and integrating the metrics into quarterly performance reporting.		EDP&OD	Yr 2	Yr 2	To provide a consistent and standard baseline of practices and behaviours across the organisation. Staff will feel supported in-line with organisational values and guidance. Staff will feel empowered to demonstrate Compassionate behaviours. Increase self-awareness across the organisation	<p>1. Success will be measured by 100% implementation of the framework in pilot departments.</p> <p>2. 80% of staff and patient respondents reporting compassion-related improvements within 12 months</p> <p>3. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are compassionate and inclusive - Compassionate Culture</b> (Q01; 16a-16d; 17a-17d); <b>Baseline</b> in 2024 - 68.4%. <b>Target</b> in 2025 - 70.4%; 2026 - 72.4%; 2027 - 74.4%; 2028 - 76.4% and <b>Compassionate Leadership</b> (Q04f-04g; 04i). <b>Baseline</b> in 2024 - 68.9%. <b>Target</b> in 2025 - 70.9%; 2026 - 72.9%; 2027 - 74.9%; 2028 - 76.9%</p>

### 3: Learning & Innovation

3.1	Establish and implement collaborative working mechanisms across the organisation by creating cross-functional working groups, joint planning sessions, and shared project dashboards.		EDT&SP	Yr 2	Yr 2	Reduce silo working. Sharing of best practice. Support the drive towards a Learning Organisation	<p>1. 85% positive feedback from staff on collaboration effectiveness in a post implementation survey</p>
3.2	Develop and embed a reflective practice programme across the organisation to support continuous learning and improvement. This will include training on reflective practice, regular reflective sessions within teams, and a reflective practice toolkit.		EDP&OD	Yr 3	Yr 3	Support the drive towards a Learning Organisation. Support organisational development. Support existing reflective practice interventions across BCUBH	<p>1. Success will be measured by at least 50% of teams conducting reflective sessions monthly</p> <p>2. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are stronger together - Teamworking</b> (Q01a-01k). <b>Baseline</b> in 2024 71.1%. <b>Target</b> in 2025 - 73.1%; 2026 - 75.1%; 2027 - 77.1%; 2028 - 79.1%</p>
3.3	Conduct a full review of current staff development pathways to identify gaps, duplication, and opportunities for improvement.		EDP&OD	Yr 3	Yr 3	Staff feel valued and invested in. To provide a consistent and standard baseline of performance and behaviours across the organisation. Staff will feel supported in-line with organisational values and guidance. Staff will feel equipped with the knowledge and skills to fulfil roles and responsibilities	<p>1. Gather feedback from at least 150 staff across roles, mapping existing development routes, and producing a revised development framework with clear progression options.</p> <p>2. Success will be measured by at least 90% of staff reporting clarity in development pathways in a post review survey</p> <p>5. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are continuously learning and improving - Development</b> (Q18a - 18e). <b>Baseline</b> in 2024 - 59.6%. <b>Target</b> in 2025 - 61.6%; 2026 - 63.6%; 2027 - 65.6%; 2028 - 67.6%</p>
3.4	Develop and embed a culture of innovation across the organisation by launching an innovation programme that includes ideas submission channels, innovation workshops, and pilot projects.		EDT&SP	Yr 3	Yr 3	Culture of innovation requires a wide programme of activities and approaches: Inspiring vision and strategy Compassionate and collective leadership Positive inclusion and participation Enthusiastic team and cross-boundary working Skills, capabilities, systems and processes for innovation Support and autonomy	<p>1. 5% increase in score in the NHS Wales staff survey relating to the theme - <b>Staff Engagement - Ability to contribute towards improvements at work</b> (Q23a; 23d) <b>Baseline</b> in 2024 - 54.2%. <b>Target</b> in 2025 - 56.2%; 2026 - 58.2%; 2027 - 60.2%; 2028 - 62.2%</p> <p>2. An increase in nominations received in the Transformation category of the Staff achievement Awards</p>

3.5	Develop and deliver a leadership development programme focused on leading innovation and quality improvement. The programme will include training modules, practical improvement projects, and coaching support.		EDT&SP	Yr 2	Yr 2	Leaders having key knowledge, skills, abilities and behaviours that ensure high levels of innovation in teams	<p>1. At least 80% of senior and middle leaders will complete the programme and 75% will demonstrate improved capability in leading innovation and QI through project outcomes and post-programme assessments.</p> <p>2. Success will be measured by a 20% increase in improvement projects led by trained leaders and positive feedback from participants (minimum 85% satisfaction)</p>
<b>4: Support &amp; Compassion</b>							
4.1	Increase Executive and Senior Leadership visibility across the organisation through structured engagement activities.		CEO & EDP&O	Q1	Q4	Strengthen the connection between Board members and the wider workforce. Raise awareness and clarity of roles across the organisation	<p>1. Each executive and senior leader will complete at least 4 visibility activities per year, and all sites will host at least one leadership visit quarterly.</p> <p>2. Success will be measured by 85% of staff reporting improved visibility and accessibility of leaders in a post initiative survey</p>
4.2	Mandate the 'Fundamentals of Leadership and Management' programme for all People Managers.		EDP&OD	Yr 2	Yr 2	To provide a consistent and standard baseline of management practices and behaviours across the organisation. Staff will feel supported in-line with organisational values and guidance. Managers will feel equipped with the knowledge and skills to manage teams effectively	<p>1. Success will be measured by 100% completion rates for both existing and new managers and at least 85% positive feedback on programme relevance and usefulness</p> <p>2. All existing managers must complete the programme within 6 months, and all new managers must complete it within their first 6 months in post.</p> <p>2. 5% increase in score in the NHS Wales staff survey relating to the theme - <b>We are stronger together - Line management</b> (Q04a - 04i). Baseline in 2024 - 68.8%. Target in 2025 - 70.8%; 2026 - 72.8%; 2027 - 74.8%; 2028 - 76.8%</p>
4.3	Create and publish a clear definition of "Senior Leadership" within the organisation, including role levels, responsibilities, decision-making authority, and expected behaviours. This will be developed through consultation with HR, executive leadership, and relevant stakeholders, and communicated via internal channels.		CEO	Q1	Q2	Conducting leadership workforce analysis, succession planning, talent management and forward forecasting	<p>1. success will be measured by 100% of senior leadership roles being clearly defined and at least 85% of staff reporting clarity in a staff survey</p>
4.4	Develop and implement an adequate and suitable well-being support service for all staff across BCUHB that focuses on treating the cause, not just the symptoms, and includes trauma-informed care. This will include a needs assessment, service redesign, staff training in trauma-informed practice, and expanded access to mental health and wellbeing support.		EDP&OD	Q3	Q4	Staff feeling supported and valued by the organisation. Staff more able to manage their own psychological distress and therefore stay in work	<p>1. Success will be measured by at least 90% of staff being aware of and having access to well-being services.</p> <p>2. 10% reduction in staff reported work related stress within 12 months</p> <p>3. 80% positive feedback on the effectiveness of the support service</p> <p>4. 5% increase in score in the NHS Wales staff survey relating to the theme - <b>We nurture healthy working environments - Health and safety climate</b> (Q02a-02d; 21a). Baseline in 2024 - 41.3%. Target in 2025 - 43.3%; 2026 - 45.3%; 2027 - 48.3%; 2028 - 51.3%</p>
4.5 *	Develop and implement a leadership development programme focused on compassionate, inclusive leadership and emotional intelligence. The programme will include training modules, practical application exercises and coaching support for senior and middle leaders.		EDP&OD	Yr 2	Yr 2	Modelling compassionate, collective and inclusive behaviours. Awareness and modelling behaviours associated with greater emotional intelligence	<p>1. 80% of leaders will complete the programme</p> <p>2. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are compassionate and inclusive - Compassionate Culture</b> (Q01; 16a-16d; 17a-17d); Baseline in 2024 - 68.4%. Target in 2025 - 70.4%; 2026 - 72.4%; 2027 - 74.4%; 2028 - 76.4% and <b>Compassionate Leadership</b> (Q04f-04g; 04i). Baseline in 2024 - 68.9%. Target in 2025 - 70.9%; 2026 - 72.9%; 2027 - 74.9%; 2028 - 76.9%</p>
4.6 *	Develop and implement a structured inclusion programme that ensures all voices across the organisation are heard. This will include regular staff listening sessions, inclusive forums, and anonymous feedback channels, with at least 75% of departments participating.		EDP&OD	Yr 3	Yr 3	Ensuring the views and ideas of all staff and patients are heard and integrated into developing our services	<p>1. 80% of staff reporting that their views are heard and valued in a staff survey and a minimum of 10 actionable improvements implemented from staff feedback within 10 months.</p> <p>2. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are all able to speak up</b> (Q14a-14d; 23d; 14i-14k; 17d-17e). Baseline in 2024 - 65.4%. Target in 2025 - 67.4%; 2026 - 69.4%; 2027 - 71.4%; 2028 - 73.4%</p>
4.7 *	Strengthen formal coaching and mentoring opportunities across the organisation by establishing a structured coaching and mentoring programme where leaders develop leaders. The programme will include training for coaches/mentors, matching processes, and clear objectives for each pairing.		EDP&OD	Yr 2	Yr 2	A collaborative approach to learning and development which empowers staff to set their own goals and explore their own solutions to problems.	<p>1. 50% of leaders will participate as mentors or mentees</p> <p>2. 80% of participants will report improved leadership capability and confidence in post programme feedback</p>
4.8 *	Review the current internal training offer and develop a refreshed programme on compassionate and civil behaviours. This will include updated training content, delivery methods, and supporting resources.		EDP&OD	Q1	Q4	To provide a consistent and standard baseline of compassionate behaviours across the organisation. Staff will feel equipped with the knowledge and skills to fulfil roles and responsibilities in line with values and behaviours framework	<p>1. 25% of staff completing the programme.</p> <p>2. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are compassionate and inclusive - Compassionate Culture</b> (Q01; 16a-16d; 17a-17d); Baseline in 2024 - 68.4%. Target in 2025 - 70.4%; 2026 - 72.4%; 2027 - 74.4%; 2028 - 76.4% and <b>Compassionate Leadership</b> (Q04f-04g; 04i). Baseline in 2024 - 68.9%. Target in 2025 - 70.9%; 2026 - 72.9%; 2027 - 74.9%; 2028 - 76.9%</p>
<b>5: Teamwork</b>							
5.1	Conduct a comprehensive review of the organisational structure to ensure it supports strategic goals, improves operational efficiency, and enhances accountability. The review will include stakeholder consultation, role mapping, and identification of duplication or gaps.		CEO	Q1	Q4	As defined in Foundations for the Future	<p>1. Success will be measured by a clear new structure proposal with defined roles and reporting lines, approved by the Board</p> <p>2. 50% improvement in operational efficiency indicators such as decision-making speed and role clarity within 12 months of implementation</p>
5.2	Improve how leaders and managers cascade information and key messages to their teams.		DoPc&E	Q2	Q3	Develop more engaging and two-way communication where staff feel informed, involved and listened to	<p>1. success will be measured by a 25% increase in staff satisfaction and communication measured by a staff survey</p>
5.3	Improve Board communication and transparency around decision-making, objectives, roles, and development. This will include publishing clear decision-making summaries, board objectives, role descriptions, and development plans on internal communication channels, plus regular updates in staff communications.		CEO	Yr 2	Yr 2	Strengthen the connection between Board members and the wider workforce. Raise awareness and clarity of roles across the organisation. Awareness of decision-making processes	<p>1. 85% of staff reporting improved clarity, understanding and transparency in a staff survey.</p>
5.4 *	Develop and implement selection mechanisms to assess team leadership capability during recruitment and internal promotion processes. This will include structured leadership interviews, role-based scenario assessments and leadership capability frameworks.		EDP&OD	Yr 2	Yr 2	Develop strong team leadership skills for good team performance. Select people with knowledge, skills, abilities and values for teamworking.	<p>1. 100% of team leader roles being recruited using the new mechanisms</p> <p>2. 90% of hiring managers trained in their use</p> <p>3. 5% increase in score in the NHS Wales staff survey relating to the theme - <b>We are stronger together - Line management</b> (Q04a - 04i). Baseline in 2024 - 68.8%. Target in 2025 - 70.8%; 2026 - 72.8%; 2027 - 74.8%; 2028 - 76.8%</p>

5.5 *	Develop and implement a team leadership training programme for all team leaders. The programme will include modules and effective leadership, communication, performance management and inclusive team practices.		EDP&OD	Yr 3	Yr 3	Ensure leaders have the knowledge, skills and abilities to develop and structure teams, to facilitate and maintain healthy team processes and to develop positive team climates and relationships	<p>1. 85% of team leaders will complete the programme</p> <p>2. 80% of participants will report improved leadership confidence and capability in post training feedback</p> <p>3. 5% increase in score in the NHS Wales staff survey relating to the theme - <b>We are stronger together - Line management</b> (Q04a - 04j). Baseline in 2024 - 68.8%. Target in 2025 - 70.8%; 2026 - 72.8%; 2027 - 74.8%; 2028 - 76.8%</p>
5.6 *	Develop and implement teamwork training and team-based appraisal processes across the organisation. The training will include modules and collaboration, conflict resolution and shared accountability. Implement a team development programme focused on well-being including wellbeing workshops resilience training and team reflection sessions.		EDP&OD	Yr 3	Yr 3	Developing good communication, co-ordination and collaboration in healthcare teams. Supporting effective leadership through collaboration	<p>1. 90% of team-based appraisals will be completed using a standardised template.</p> <p>2. A year on year increase in scores in the NHS Wales staff survey relating to the theme - <b>We are stronger together - Teamworking</b> (Q01a-01k). Baseline in 2024 71.1%. Target in 2025 - 73.1%; 2026 - 75.1%; 2027 - 77.1%; 2028 - 79.1%</p> <p>3. 50% of teams will participate in team development programmes</p> <p>4. 80% of staff will report improved well-being and team support in a post programme survey</p> <p>5. 5% reduction in sickness absence</p>



## People and Culture Committee

### STRATEGIC WORKFORCE PLANNING FRAMEWORK

<b>Date of Meeting</b>	12 February 2026
<b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Report Author(s) name and title</b>	Nick Graham, Associate Director of Workforce Added revisions Jason Brannan, Deputy Director of Workforce Louise Foulkes, Senior People Services Manager – Workforce, Education & Commissioning
<b>Lead Executive Team Member name and title</b>	Georgina Roberts Interim Executive Director of Workforce & OD
<b>Report Purpose</b>	For Approval

#### Executive Summary

The draft Strategic Workforce Planning Framework (SWPF) was presented to the Executive Committee on 12 November 2025 and 10 December 2025. It informed that is in development as part of the Foundation for the Future programme and delivery in line with the annual delivery plan 25/26 and presented the proposed approach to workforce planning that would be adopted across the organisation.

Feedback from the previous meetings outlined the need to connect with service planning, national and local information market data, new roles and the need for competencies to develop new ways of working in addition to new roles or like for like recruitment. To align with the planning/risk framework, include governance routes and better details on roles, responsibilities and the forum.

The Strategic Workforce Planning Framework has been revised and is seeking Executive Committee support to enable the SWPF to be taken forward as part of the Foundations for the Future programme.



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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
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<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome, Evidence and Data</b>
Executive Committee	10/12/25	Feedback provided and revisions required
Executive Committee	12/11/25	Feedback provided and revisions required
Executive Committee	28/01/26	Feedback provided and revisions actioned

<b>Acronyms / Glossary of Terms</b>	
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SWPF	Strategic Workforce Planning Framework

## STRATEGIC WORKFORCE PLANNING FRAMEWORK

### SITUATION

The Strategic Workforce Planning Framework (SWPF) has been revised and is seeking Executive Committee support to enable the SWPF to be taken forward as part of the Foundations for the Future programme and Annual Delivery Plan 25/26.

### BACKGROUND

The Strategic Workforce Planning Framework was presented to the Executive Committee on 12 November 2025 and 10 December 2025 as part of the Foundation for the Future programme and delivery in line with the annual delivery plan 25/26.

Feedback from the previous meetings outlined the need to connect with service planning, national and local information market data, new roles and the need for competencies to develop new ways of working in addition to new roles or like for like recruitment. To align with the planning/risk framework, include governance routes and better details on roles, responsibilities and the forum.






### KEY RISKS / MATTERS FOR ESCALATION

Links to BAF SP12 and CRR 24-01

### RECOMMENDATIONS

The Committee/Meeting/Group is asked to:

- **SUPPORT** the revised Strategic Workforce Planning Framework

<b>ASSESSMENT</b>	
<b>Link to Strategic Priorities</b>	    
	1. Building an effective organisation
<b>Design Principles</b>	People First
<b>Corporate Risks and Board Assurance Framework</b>	Links to BAF SP12 and CRR 24-01
<b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b>	A Resilient Wales
	:



IMPACT ASSESSMENTS		
<b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
<b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
<u><b>Quality</b></u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Enablers of Quality</b> All Apply	<b>Domains of Quality</b> All Apply
<u><b>Wellbeing of Future Generations Act – Wellbeing Goals</b></u>	A Resilient Wales	
<b>Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
<b>Armed Forces Covenant Due Regard Duty</b> <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for



		information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
<b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
<b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups).
<b>Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	If workforce planning is not embedded the future supply and transformation of the workforce may be interrupted.	

# INTEGRATED WORKFORCE PLANNING FRAMEWORK

2026



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## Contents

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Contents .....	2
Introduction .....	3
Broader strategic context .....	6
Quality Management System.....	9
Types of plans .....	10
Lifecycle of a plan .....	15
Impact assessments .....	17
Roles and responsibilities.....	18
Organisational capability.....	22
Implementation and review .....	26

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## Introduction

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### Overview

The Strategic Workforce Planning Framework (SWPF) clarifies and confirms the Health Board's approach to strategic workforce planning within the organisation and working with partners on a regional and national basis.

The Health Board is committed to ensuring that robust, integrated workforce planning is at the centre of the Health Board's practice, and is a core component in developing, delivering and commissioning health services and improving the health of the population of North Wales, ensuring Health Board plans are aligned, sustainable, and capable of meeting the changing needs of the population.

The Strategic Workforce Planning Framework (SWPF) sets out the approach to workforce planning and the principles by which the Health Board will operate in this area. It should be noted that when considering the impact upon the Health Board consideration will be given to the wider strategic positioning of the Health Board and the context that it operates in.

This framework will guide how the Health Board strengthens its workforce planning capability and embeds workforce planning into everyday practice. This includes, the data provided by Health Education and Improvement Wales (HEIW) on the make-up of the employment market, (education, qualifications and age). Market workforce supply will also help inform the gap that needs to be closed from within the Health Board.

Effective workforce planning is not simply about meeting annual requirements; it is central to shaping strategic direction, commissioning and delivering high-quality services, and improving outcomes for the communities in North Wales.

The operationalisation of this framework will align to new models of service delivery the Health Board plans to implement. Defining clearly new skills, roles and competencies that will be needed in the future. This will allow the Health Board to consider if new roles, or new ways of working could be implemented. An example of this may be moving to have a higher number of SAS Doctors and reducing the need for Locally Employed Doctors going forward.

This will be particularly important to support the changes to the operating model under the Foundations for the Future programme, where the organisation moves towards pan-North Wales services. Workforce Planning will be a core part of the role for those leading these services and this framework and its underpinning collateral will seek to support consistent application of best practice across the organisation.

The SWPF defines the principles and methodology that will underpin workforce planning, sets the context within national policy and legislation, and provides a structured foundation for continuous improvement. By embedding workforce planning as a discipline, the Health Board will enhance resource stewardship, strengthen partnership working, and ensure the organisation is equipped to deliver sustainable, person-centred healthcare and well-being services well into the future.

Supporting the SWPF are more detailed guidance that focus on specific aspects of workforce planning. There is the NHS Wales Six-Step Methodology and the three year Integrated Medium-Term Planning (IMTP). More information on these supporting materials can be found on the Workforce Planning [Welcome to the Home for Workforce Planning](#) site.

The Health Board is on a journey to build the right foundations in effective planning. The Audit Wales Review of Workforce Planning Arrangements in March 2024 (which can be found [Betsi Cadwaladr University Health Board – Review of Workforce Planning Arrangements | Audit Wales](#) highlighted the need to strengthen its implementation plan, capacity and capability, to oversee the delivery of strategic and operational workforce plans. There have been improvements over the last year with stakeholder engagement. There is still more to do particularly in development of organisation-wide workforce planning capability and links with IMTP.

Workforce Planning therefore needs to deliver effective, consistent and high standard workforce plans across the Health Board and this framework will be part of that drive for improvement.

## **Other frameworks**

This framework is designed to work in conjunction with and to complement other organisational frameworks:

- 1) **Risk Management Framework** – Important for plans to support mitigation of organisational risks and for the risks to delivery of the plans themselves to be appropriately identified and managed.

- 2) **Integrated Performance Framework** – Crucial to ensure that every plan identifies and tracks the intended impact and value in relation to outcomes, experience and cost.
- 3) **Integrated Planning Framework** – Crucial to ensure that service plans and workforce plans are appropriately aligned to develop and deliver sustainable health services, to meet the changing needs of the population and working population.

There are a number of other frameworks in development that are also important to ensure they are aligned e.g., Decision Making and Prioritisation and the Organisational Approach to Change.

## Legislative requirements

There are a number of legislative requirements that need to be taken into consideration. Some relate to specific workforce planning activity, such as the development of an Integrated Medium-Term Plan (IMTP), whereas others are more generally applicable to all activity. The main relevant legislation is listed below, further information can be found on the Welsh Government web site.

- [Welsh Language Act 1993 and Welsh Language Standards, Section 26 of the Welsh Language \(Wales\) Measure 2011](#) – Statutory duty to deliver services to the public in both Welsh and English.
- [Equality Act 2010](#) – a legal framework that the Health Board must follow to protect the workforce from discrimination and harassment and that policies and practices do not disadvantage any employee, worker or applicant.
- [NHS \(Wales\) Act 2006](#) – Contains the primary statutory duty to prepare an integrated plan for improving the health as well as the provision of health care to the population.
- [NHS Finance \(Wales\) Act 2014](#) - annual statutory requirement for expenditure not to exceed resource limits over a 3-year period.
- [Social Services and Well-being \(Wales\) Act 2014](#) - Requires health boards to cooperate with Partners in the formation of a Regional Partnership Board (RPB) to prepare and publish a 5-Year Area Plan.
- [Well-being of Future Generations \(Wales\) Act 2015](#) - Relates to improving the social, economic, environmental and cultural well-being of Wales. Requires health boards to: 1) consider the long-term impact of decisions, 2) to achieve the seven Well-being Goals, applying the '5 Ways of Working' to do so, 3) to set out well-being objectives

and to work in partnership through Public Service Boards to develop a local Well-being Plan.

- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) – Relates to the [Duty of Quality](#) - ensuring health boards improve the quality of services, and the [Duty of Candour](#) – requiring health boards to be open and honest with people receiving care and treatment.
- [Employment Rights Act 2025](#) - changes how the Health Board deals with people, policies and legal risk, from daily HR decisions to long-term workforce strategy.

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## Broader strategic context

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When planning it is important to take into consideration the broader strategic context. This can take many forms, but some of the main elements to consider can be found below.

### National

- [A Healthier Wales \(link\)](#) – Our Workforce Strategy for Health and Social Care’, which sets out the ambition to have a motivated, engaged and valued health and social care workforce with the capacity, competence and confidence to meet the needs of the people of Wales.
- [National Clinical Framework \(link\)](#) – Published in 2021, this sets a coherent vision for the strategic and local development of NHS clinical services.
- [NHS Wales Workforce Trends – \(link\)](#) – Published in March 2025
- [Chief Scientific Advisor for Health report – NHS in 10+ years \(link\)](#) – Published in September 2023, the report outlines the changes in population demographics and health care needs expected over the next decade.
- [Ministerial Priorities](#) – Each year the Cabinet Secretary for Health and Social Care publishes their priorities focusing on the following financial year.
- [NHS Wales Escalation Status \(link\)](#) – Covering the requirements associated with the 5 levels of escalation a Health Board could be in, from Level 1 (Routine Arrangements) to Level 5 (Special Measures).
- [NHS Wales Planning Framework](#) – Alongside the annual publication of the Cabinet Secretary’s priorities, NHS Wales produce a technical planning framework that details the activity required to satisfy the conditions of producing an approvable 3-Year Integrated Medium-Term Plan (IMTP).

- **NHS Wales Performance Framework** – This accompanies the NHS Wales Planning Framework and sets out the measures and targets expected to be achieved for the following financial year.
- **Quality Statements ([link](#))** – Set out the Welsh Government’s policy and commissioning expectations for health boards to plan towards. Demonstrating delivery of services in line with the quality statements through Health Boards’ IMTPs evidences delivery against the Duty of Quality.
- **Workforce Observatory - ([link](#))** – Supports identifying workforce trends, labour market statistics and Welsh Government strategic intents
- **HEIW Education Commissioning ([link](#))**– Supports the forward-looking process for Graduate, Post Graduate and other Education critical to supporting the future workforce.
- **More than just words: Five Year Plan 2022-27 ([link](#))** is a framework which sets out how we will drive forward progress under the overarching theme of culture and leadership.
- **The digital strategy for Wales ([link](#))** is for all of Wales. It is aimed at anyone creating, designing, providing or using digital tools and services.
- **Horizon Scanning** – Involves identifying emerging roles, technologies, population and market trends to help inform future planning.

## Regional

It is important to take into consideration the strategic landscape across North Wales and adjacent areas. This includes:

- 1) **Joint population needs assessment ([link](#))** - Produced with partners via the Regional Partnership Board (RPB).
- 2) **Partner strategies and long-term plans** – Taking into consideration public sector, third sector and voluntary sector strategies and long-term plans – including but not limited to Regional Partnership Board (RPB) and Public Service Boards (PSBs).

## Local

Any plans developed need to fit with and further the Health Board’s long-term local strategy and plans:

- 1) **Strategic Intent co-developed with Partners (in development)** – Outlining a joint purpose and vision with partners, detailing a number of strategic intent statements.
- 2) **Health Board 10-Year Strategy (in development)** – Covering a 10-Year period, this document sets out the agreed choices and principles which will help the Health Board realise its strategic intent and fulfil its other obligations. It will be delivered through a number of underpinning plans e.g., Clinical Services Plan.
- 3) **Health Board Clinical Services Plan (in development)** - Set over three years and regularly refreshed, the CSP details how, aligned with the Health Board’s strategy, clinical services will be configured to maximise quality and performance.
- 4) **Health Board Integrated Medium-Term Plan (IMTP)** - A three-year plan outlining how the Health Board will use its resources including people to deliver healthcare services that fulfil its strategic objectives and other obligations.
- 5) **Organisational Design Principles** - These design principles serve as a common and consistent set of considerations to be applied during planning and service development.

Principle	Overview	Considerations
1) <b>People centred</b>	Prioritise a people centred approach to support better health and well-being outcomes.	<ul style="list-style-type: none"> <li>▪ Am I improving outcomes for people?</li> <li>▪ Whose life am I making better?</li> <li>▪ The Health Board’s Wellbeing Objectives</li> </ul>
2) <b>Inclusive</b>	Bring together the right people to collaborate and co-design services.	<ul style="list-style-type: none"> <li>▪ Have key stakeholders’ been involved? For example, service users, carers, families, staff, other partners and those with relevant technical expertise.</li> </ul>
3) <b>Wise spending</b>	Best value (outcomes, experience, cost)	<ul style="list-style-type: none"> <li>▪ Will this decision improve value in terms of outcomes, wise spending, and cost</li> </ul>
4) <b>Simplify, standardise and adopt best practice</b>	Recognise complexity, streamline and reduce inappropriate variation.	<ul style="list-style-type: none"> <li>▪ Learn from others and apply best practice</li> <li>▪ Is there a recognised standard, process or policy to benchmark against?</li> <li>▪ Have the different aspects/consequences of change been considered?</li> <li>▪ Keep it simple for the public</li> </ul>
5) <b>‘Digital first’</b>	Adopt and promote new ways of working, harnessing the potential of digital innovation.	<ul style="list-style-type: none"> <li>▪ Seek advice and guidance from the Health Board’s Digital, Data and Technology Team.</li> </ul>
6) <b>Equity and accessibility</b>	Equitable and accessible services which take account of the diverse needs of the communities we serve.	<ul style="list-style-type: none"> <li>▪ Does this decision promote fairness and equality of access?</li> <li>▪ Seek advice and guidance from the Health Board’s Equalities Team</li> </ul>

<b>7) Consistent with the Health Board's Values</b>		<ul style="list-style-type: none"> <li>Consider the requirements of the Welsh Language Standards</li> </ul>
	The Health Board values, guide behaviours and decision making.	<ul style="list-style-type: none"> <li>Does this decision align with the organisation's values?</li> </ul>

Table 1: Organisational Design Principles

## Quality Management System

The Duty of Quality Act applies to all NHS bodies in Wales, with two overarching aims:

- To improve the quality of healthcare services.
- To improve outcomes for people in Wales.

The guidance sets out a definition of quality and describes the need for NHS bodies to strengthen their Quality Management Systems (QMS) to achieve these aims.

A QMS enables an organisation to maintain a consistent and coordinated approach to meet the needs and expectations of the local communities. This will be achieved through joined up structures, systems and processes that allow for quality to be built into all activities with people and patients at the heart of all decision making and planning.



As can be seen in the graphic above, there are four elements to a QMS: Quality Planning, Quality Improvement, Quality Control and Quality Assurance. This framework focuses on ensuring effective Quality Planning but also touches on other areas in less detail.

Quality Planning is all about understanding needs and can be summarised into:

- Understand the standards and models that provide the best outcomes and experience.
- Evaluate current services with the input of those who provide and use them.

- Assess the gap between current and potential quality.
- Design services to meet the needs and provide the best outcomes and experience, as well as sustainability for the longer term.
- Identify the culture, systems, processes and structures needed to deliver the best quality model.

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## Types of plans

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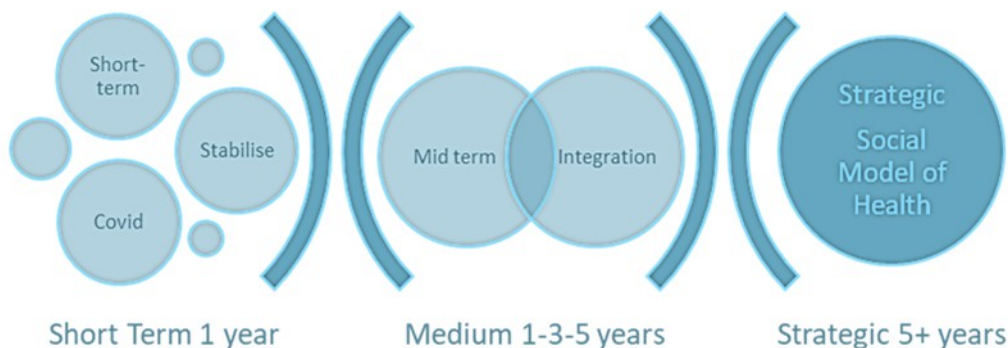
There are different types of plans, in Workforce planning these will typically be:

- **Strategic Workforce Planning** - These represent the longest time horizon plans that span multiple years to support delivery of the Health Board's 10-Year Strategy. There will be a small number of strategically important plans that align with and deliver the organisation's strategic objectives, such as the Clinical Services Plan (CSP) and Digital Strategic Plan.
- **Corporate plans** – The 3-Year Integrated Medium-Term Plan (IMTP) and the 1-Year Annual Delivery Plan (ADP).
- **Operational Workforce plans** – These are more detailed Service or Regional Group (e.g., Medicine / Surgery etc) and individual Service (e.g., Dermatology / Vascular etc) plans. They have a reciprocal relationship with the more strategically focused Corporate Plans in that they both inform and support delivery of the higher-level priorities. Modelling is an important part of this activity, to ensure there is a collective endeavour to produce connected activity, performance, workforce and finance projections for the service. These are multi-faceted plans that describe the approach for effective management of a service or department, covering people and finance.

## Integrated Workforce Planning Methodology

Integrated workforce planning is a fundamental component of ongoing service planning, delivery and development. The diagram(s) below identifies how workforce planning aligns with both operational and strategic objectives of the Health Board.

There are different levels at which the health board undertakes workforce planning, with strategic workforce planning setting the direction and linking longer term strategy with the service delivery objectives of the organisation.



### WORKFORCE PLANNING

#### Three Horizons



The horizon planning model provides a stepping stone model into workforce planning and can be used by People Services and Managers to understand and connect the workforce planning journey.

### Horizon 1 - Resource Planning

Having the appropriate level so staff to deliver the service - Right People, Place, Skills and Time supporting with managing absence, re-deployments, flexible working, recruitment and retention, training and education

## **Horizon 2 - Operational Planning**

Thinking about the next 12 months – Retirements, Maternity/Paternity/Adoption leave, change management, skill mixing, role redesign

## **Horizon 3 – Strategic Workforce Planning**

How are our services changing, how do we align and prepare our workforce, do we have vacancies for our graduates, what do we need from education in the future

Workforce Planning should be considered an all-year iterative process. However, in the Health Board formal Workforce Planning should take place September to November to enable services to plan ahead, align and consider workforce challenges and requirements with the 3 year Integrated Medium Term Plan (IMTP), Year 1 Annual Delivery Plan (ADP) and the annual HEIW Education Training Plan (ETP) Commissioning Process.

There are typically two types of workforce planning:

### **Operational Workforce Planning**

Operational workforce planning is the process of implementing strategic plans and objectives to reach specific goals in the short term. An operational workforce plan describes the specific steps to be taken to deliver the service right now and identifies what resources are required and how any identified challenges will be overcome to ensure operational delivery in a given period.

Operational workforce planning has 4 key components

#### Data-Driven Demand Forecasting

- Use existing workforce data, service activity levels, and business and operational plans to inform required workforce demand.
- Apply scenario modelling to anticipate future workforce needs across primary, secondary, and community care relative to the service.

#### Supply Analysis & Gap Identification

- Map current workforce by role, skill, location, and age profile.
- Identify critical gaps in recruitment, retention, and skill mix—especially in areas with specific geographic challenges.

#### Gap Analysis and Associated Risk Quantification

- Highlight methods to close current gaps through specific interventions.
- Ensure all risks are clearly identified ensuring the impact is clearly quantified and mitigations are articulated.

### Developing the plan and interventions

- Ensure a fully developed plan is in place with key deliverables, timelines and actions
- Establish interventions such as establishment management, capacity and demand management, recruitment, retention, staff development and wellbeing to support effective plan delivery.

A sample workforce planning template is included as appendix 1.

## Strategic Workforce Planning

Strategic Workforce Planning is the process of determining an organisation’s medium to long-term workforce goals and identifying the best approach for achieving those goals.

NHS Wales has adopted the Six-Step Methodology to strategic workforce planning as the process of translating aspirations and workforce need, into actionable plans by specifying, planning and securing workforce supply to best support the needs of the Health Board over the medium to long term.

Adoption of the Six-Step Methodology utilised by HEIW for NHS Wales:

1. Define the plan
2. Map the service change
3. Define the workforce and roles required
4. Understand workforce supply
5. Define the actions required
6. Implement and monitor

In health board strategic workforce plans, it is expected that we clearly articulate the workforce we require to ensure quality, safety, value and sustainability to ensure effective service delivery.

Appendix 2 outlines the data set for collection to help determine the strategic approach, to then develop the operational plan proposed for use.



## **Enabling Actions**

Other elements need to be in place across the organisation to maximise opportunities and enable the delivery of a workforce best placed to meet the needs of the organisation now and in the future. Some of these are listed below;

- Digital Upskilling: Prepare staff for AI, telehealth, and data-driven care.
- Flexible Career Pathways: Support multi-professional roles and portfolio careers.
- Wellbeing & Retention: Embed mental health support, flexible working, and leadership development.
- Education: Foster collaboration with universities, colleges, and other care providers
- Innovation & Continuous Improvement: Pilot new workforce models and encourage feedback loops from frontline staff and service users

## **Governance & Leadership**

Clear Workforce Planning governance arrangements will be deployed across the Health Board through the establishment of a quarterly Workforce Planning Forum commencing in 2026.

The Workforce Planning Forum will be Chaired by Executive Director of Workforce and Deputy Chair Executive Director of Nursing. The Forum will report to the People & Culture Committee (P&CC) as per the P&CC Terms of Reference.

Key representatives will include Board Members, Senior Leadership Teams, Management teams, Corporate (Planning and Finance) and Operational staff, and Trade Unions.

Members of the following established groups will be invited to join: Establishment Control, Medical Workforce Group, Education Commissioning Group, Education Steering Group, Workforce Oversight Group, Public Sector Future Workforce Group and HEIW to complement and provide national, regional and local updates.

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## Lifecycle of a plan

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Strategic Workforce Planning is integrated across workforce, finance and services. It is an iterative process to design, develop and deliver a sustainable workforce of the right size, with the right skills and diversity, organised in the right way, within an affordable budget and who can deliver the services needed to provide patient care to required quality standards.

Effective workforce planning will help create a sustainable workforce, prepare for future changes, identify and plan for any workforce gaps, whilst managing risk and exploring new innovative workforce opportunities.

The Six Step Methodology is based on the following Principles that support effective workforce planning: -

- Sustainability – plans should be realistic and affordable
- Encourages innovative thinking
- A focus on what skills and competences are needed rather than what we currently have
- Based on evidence and information
- Integrated planning across finance, service and workforce
- Iterative process
- Requires effective leadership
- Promotes Collaboration and shared solutions

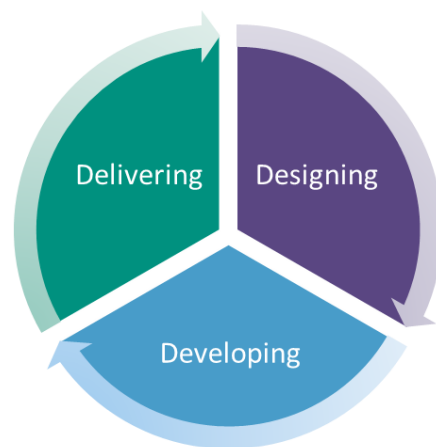
Workforce Planning must be integrated across workforce, finance and service, it is not just about designing or re-designing a service and staffing it appropriately with a skilled and diverse workforce, it's also about understanding the impact that service changes and demographic changes will have on the current and future workforce.

Utilising known business models workforce plans should consider the following supporting tools:

- SMART Principles – Objectives should be (Specific, Measurable, Achievable, Relevant and Timebound).
- STEEPLE – Considers external influences (Social, Technological, Economic, Environment, Political, Legal and Ethical)
- SWOT – Considers internal influences (Strengths, Weaknesses, Opportunities & Threats)

An effective workforce plan should have well defined stages:

*Designing* – For strategic workforce planning it's also about understanding the impact that service changes will have on the current and future workforce and ensuring that these workforce implications are considered as part of the wider integrated planning process so it's achievable and sustainable and meet the needs of patients and service users.



- Plans should include horizon scanning to take a forward-looking assessment of internal and external factors, anticipate recruitment or skills challenges, identifying opportunities and adapt accordingly.
- They should integrate long-term service activity and projections, financial and workforce resources, with regional working requiring consideration
- Digital (AI & Robotics) and change management considerations, assessing current and future workforce skill and competency requirements
- Ensures plans are owned, designed, developed and delivered by the services themselves
- Risks sustainability challenges and any gaps that could impact performance or outcomes.

*Developing* - Understanding what skills and competences will be needed to deliver planned services, where these skills and competences will come from and making provision and plans to develop these skills and competences if they are not already available within the current workforce

- Understanding the external population and labour markets
- Utilise Workforce Modelling and People Analytics Data and tools
- Embracing innovative strategies and technology
- Shaping a resilient and adaptive multi-generational workforce
- Participation with PADR's
- Reviewing education commissioning and internal development offers
- Promoting Welsh Language requirements

*Delivering* - The management actions which are needed to ensure that the workforce are engaged; staff wellbeing is promoted; new ways of working are achieved; workforce development plans are delivered; and good practice is identified, shared and adopted.

- Consideration around multi-generational workforce and generational needs such as flexible working and well-being
- Growing our own, supporting and using new and emerging roles
- Engaging with the workforce on transformation and learning from others
- Continually monitoring and review any emerging risks and mitigating actions
- Plans should be monitored after they have been deployed to measure and assess their impact, taking any learning in order to adapt.

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## Impact assessments

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There are a number of important impact assessments that need to be considered during workforce planning. These impact assessments should be completed early in the process to proactively inform the plan.

**Equality Impact Assessment (EQIA)** - Ensures that plans consider and address the needs of a diverse workforce, promoting fairness and eliminating discrimination. It should consider:

- Has any adverse impact been identified? If so, is it justified and lawful?
- Describe any measures taken to mitigate or remove the adverse impact.
- Have the effects of the policy decision (whether positive or adverse) been considered in terms of the opportunities for people to use the Welsh Language and treating the Welsh Language no less favourably than the English Language.
- Explain how the document eliminates unlawful discrimination, harassment and victimisation, promotes equality of opportunity and/or good relations between different group
- **Quality Impact Assessment (QIA)** - Evaluates how proposed changes may affect the service and workforce. In particular with the Establishment Control process.
- **Well-being of Future Generations** - The statutory duties under the Well-being of Future Generations (Wales) Act 2015 should be considered, addressed, and referenced.
- **Data Protection Impact Assessment (DPIA)** – General Data Protection Regulation (GDPR) stipulates that organisations must complete a DPIA when data processing is likely to result in a high risk to the rights and freedoms of individuals

- **Socio-economic Impact Assessment (SEIA)** - Assesses how plans may affect individuals and communities experiencing socio-economic disadvantage, supporting efforts to reduce health inequalities and improve equity.
- **Environmental Impact Assessment (EIA)** - Considers the environmental consequences of plans, including carbon emissions, resource use, and sustainability, aligning with NHS Wales' decarbonisation and climate goals. Environmental Impact Assessments may be needed. If so, contact the Environment Officer for the respective geographical area, for further support.

It is worth noting that **Health Impact Assessments (HIA)** will become a statutory requirement from April 2027. HIAs act as an assessment of the likely effect, both in the short-term and in the long-term, of a proposed action or decision on the physical and mental health of the people of Wales or of some of the people of Wales.

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## **Roles and responsibilities**

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Whilst this framework applies to all Health Board staff. It is key that all participants involved in strategic workforce planning understand their role and responsibility in the process. This is outlined below:

### **Health Board**

Collectively responsible for the leadership, governance, and strategic direction of the Health Board's strategic workforce plans.

- Sets strategic priorities aligned with national policy.
- Approves the 3-Year Integrated Medium-Term Plan (IMTP) and ensures it reflects workforce needs, financial sustainability and service and role transformation.
- Provides oversight and assurance on delivery, risk management, and performance.
- Ensures public accountability and transparency in decision-making.
- Promotes a culture of quality, safety, and continuous improvement.

### **Independent Members**

Bring independent scrutiny, community insight, and governance expertise to the development and delivery of key strategic plans.

- Challenge and support the Executive Team in developing and delivering key strategic plans.
- Ensure plans are evidence-based, equitable, and patient-centred.
- Represent the public interest, advocating for transparency and inclusion.
- Chair and participate in Board Committees to monitor strategic plan delivery, progress and risks.
- Promote collaboration with external partners and community stakeholders.

## **Executive Team**

Strategic oversight and successful delivery of the Health Board's approach.

- Develops key strategic plans, ensuring alignment with national, regional and local priorities.
- Leads service transformation, workforce planning, and financial strategy.
- Oversees performance, quality, and risk management.
- Engages with stakeholders to ensure plans are co-produced and inclusive.
- Drives innovation, digital transformation, and value-based healthcare.

The Executive Owner is the Executive Director of People Services or equivalent, appointed by the Chief Executive. Executive ownership ensures that workforce planning is strategically aligned, sustainable and supports the organisation's current and future objectives.

The Executive Owner is accountable for:

### Strategic Leadership

- Providing clear executive leadership and sponsorship for workforce planning across the organisation.
- Ensuring workforce planning aligns with IMTP, Service Plans and Annual Delivery Plans.
- Championing workforce planning as a critical enabler of organisational performance and sustainability.

### Governance and Accountability

- Establishing and maintaining appropriate governance arrangements for workforce planning.
- Ensuring clear ownership and championing accountability, roles and responsibilities as defined across all services.

### Decision-Making and Assurance

- Providing executive oversight and challenge to workforce plans, assumptions, and risks.

- Approving workforce planning frameworks, methodologies and key assumptions.
- Ensuring workforce plans are evidence-based, financially viable and deliverable.

#### Integration and Alignment

- Ensuring workforce planning is integrated with financial planning, service planning, transformation programmes through the IMTP and Annual Delivery Plans.

### **Workforce Planning Team**

The Workforce Planning Team provide specialist advice, data analysis, modelling and support. Supports services to ensure that workforce planning is connected and supports organisational strategy, service delivery and long-term sustainability.

Workforce Planning is a key priority within BCUHB and is integrated with the IMTP, Service Planning and Annual Delivery Plan Objectives.

The Workforce Planning Team is the designated owner of the workforce planning process and is accountable for:

- Designing and maintaining the workforce planning framework, methodology, and tools
- Providing data analytics to create more efficient, responsive and strategic workforce management decisions
- Ensuring consistency, quality and compliance of workforce planning activities across the organisation
- Acting as the central point of coordination for workforce planning activity

Overall executive accountability remains with the relevant Executive Sponsor (e.g., Executive Director of People), with operational ownership delegated to the Workforce Planning Team.

The Workforce Planning Team will:

- Lead the development, implementation and review of the workforce planning process
- Produce and maintain workforce planning guidance, templates, and standards
- Analyse workforce data to identify trends, gaps, risks, and opportunities
- Support services to develop workforce plans
- Ensure workforce plans align with organisational strategy, service plans and financial planning
- Monitor the delivery of workforce plans

- Report progress, risks, and outcomes of workforce planning to the Executive Board
- Drive continuous improvement of workforce planning practices

### **People Services Business Partners:**

People Services Business Partners act as strategic partners to operational leaders, ensuring workforce plans align with organisational priorities, service delivery models, and financial sustainability. Their role is pivotal in translating workforce intelligence into actionable strategies that address current and future workforce plans.

The People Services Business Partners will:

- Act as a liaison between People Services and operational teams, promoting a consistent approach to workforce planning across all divisions.
- Support operational teams with understanding wider people services initiatives including succession planning, talent management, skills development, and recruitment to support services with having the right people with the right skills at the right time to maintain a resilient and adaptable workforce.
- Support operational teams with understanding their workforce data to help identify risks and forecast workforce plans.
- Facilitate discussions relating to legislation changes or employment issues which services must be aware of when planning their workforce
- Facilitate discussions with services to include role redesign, new and emerging roles, transformation activities connected with service change and support services to look at team roles and structures to contribute to proactively to the current service whilst preparing for the future workforce
- Work with leadership teams to integrate workforce planning with the Integrated Medium-Term Plan.
- Escalate risks and issues through the People Services structures

### **Corporate Teams**

Teams supporting the planning, monitoring, and reporting processes across the organisation.

- Provide technical expertise and infrastructure to support integrated planning across areas such as: Planning, Performance, Finance, Digital, Governance and Risk, Estates, Quality, Commissioning.
- Ensure compliance with national frameworks, reporting, and assurance processes.
- Support data analysis, modelling, and forecasting.
- Facilitate internal and external engagement and communications.
- Enable digital transformation and financial governance.

## Senior Leadership Teams

Leadership Teams design strategic objectives and translate into operational delivery plans and oversee performance across divisions, departments, or service areas.

- Translate strategic plans and objectives into operational delivery plans.
- Establish an action plan and mechanisms to deliver the plan
- Manage budgets, workforce, and service performance.
- Lead change management and service redesign initiatives.
- Be accountable to deliver workforce plans for their areas
- Monitor KPIs, risks, and improvement actions.
- Ensure staff engagement and alignment with organisational priorities.

## Clinical and Operational Teams

Clinical and operational team engagement is crucial to ensure that their expertise, and frontline insights support planning and performance monitoring.

- Local workforce planning and implementation
- Identify workforce pressures, risks, and improvement opportunities.
- Provide clinical leadership in role redesign and patient pathway development.
- Engage in multi-profession planning and delivery.
- Provide feedback, development on designs
- Champion quality improvement, patient safety, and compassionate leadership.

By clarifying these roles, the framework ensures:

- A common baseline for how workforce planning should be conducted.
- Consistency and integration of plans across all levels of the organisation.
- A shared workforce planning approach for delivering a workforce that is engaged and supported to deliver safe, high-quality, patient-centred services that are aligned with strategic objectives.

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## Organisational capability

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Organisational capability in workforce planning within the Health Board is critical for delivering a motivated and sustainable workforce to delivery key clinical priorities. The Health Board is committed to strengthening the organisational workforce planning capability across the whole organisation, so every service is capable of planning for the future and delivering against those plans. By focusing on developing consistent workforce planning approaches, embedding best practice, and building confidence and

expertise across teams, the Health Board can foster a culture of proactive and effective workforce planning that supports short, medium, and long-term workforce priorities.

The efforts to improve the organisational capability in workforce planning are focused in the areas outlined below.

## Strategy development

A crucial part of effective workforce planning is ensuring that workforce plans align with and contribute to the delivery of the organisation’s overarching strategy. At the time of writing in December 2025, the organisation is in transition with the Foundations of the Future organisation design model.

This strategy development work introduces three interlinked strategic products, which will in turn provide a framework for the development of the Health Board’s Integrated Medium-Term Plan (IMTP) and Annual Delivery Plan (ADP).

- 1) **Strategic Intent:** The ‘big things’ (strategic aims) the Health Board will seek to deliver over the next 5 to 10 years; a cornerstone of the Strategy. A ‘Strategic Intent for health and wellbeing for the population of North Wales co-created with partners.
- 2) **10 Year Strategy:** The choices and principles that will enable the Health Board to realise its Strategic Intent and fulfil its other obligations.
- 3) **Clinical Services Plan (CSP):** One of the Health Board’s strategic plans which details how clinical services will be configured to maximise quality, performance and value.



Figure 1 – Strategy Programme

This strategy work will act as a 'North Star' for all the other plans across the organisation to align to.

## **Embedding Workforce Planning in the Annual Planning Cycle**

To ensure workforce planning becomes part of everyday business across the organisation, there are a number of structural and cyclical processes that help with embedding planning practices.

This includes services developing local workforce plans which should be included within the Integrated Medium-Term Plan (IMTP) and Annual Delivery Plan, this will help to focus on what resources, skills and competencies are required to deliver the strategic priorities throughout the year or to plan ahead regarding service changes linked to these priorities and identifying the gaps and actions required to address.

Being part of the annual planning cycle to help inform workforce planning as a business as usual activity and to contribute to the earlier planning regarding Education Commissioning to engage services with critical analysis of the current workforce and giving consideration to the potential future workforce gaps, considering skills and competencies aligned with service change, role change and skill loss due to retirements.

## **Investing in Staff Skills and Training**

It is important to ensure that all managers across the organisation have the necessary skills, tools, guidance and support to enable them to develop and deliver the various types of plans outlined in this framework

A toolkit of resources to support good workforce planning is being developed to support the consistent implementation of this framework. Relevant workforce planning training will be provided informally through the Health Board workforce planning network to support managers along with access to further advice and guidance from the People Services Teams.

Formal training and qualifications in Workforce Planning will be supported through the HEIW training programme. The Health Board is committed to supporting development of skills and sharing of learning through this programme.

It is envisaged that there will be tiers of workforce planning training available in order to cater for the different requirements as well as existing knowledge and experience across the organisation.

- **Level 1 – Introduction to Strategic Workforce Planning:** An online course introducing the main concepts, principles and processes in workforce planning as a discipline - <https://ytydysgu.heiw.wales/courses/26a87b90-9194-443e-99ba-f91423b354eb>
- **Level 2 – Workforce Planning Basics:** A series of virtual / face to face sessions building upon the Bitesize course with some practical application of planning in action, using the tools and templates. Supported by Workforce colleagues and where required with partner teams including Finance and Planning.

## Numerate Plans

Whilst it is important to have appropriate narrative within plans, it is equally if not more important for plans to be numerate. This means that appropriate workforce and service modelling has taken place on things like forecast demand, planned productivity and service model to generate activity profiles, performance trajectories and workforce and finance forecasts. This unified modelling approach gives complete line of sight from key assumptions, planned improvements and intended impact. This will require specialist support from Corporate Teams in order to make the data, tools and processes available to teams to work with. This will be a key part of the investment in skills and training.

## Planning Maturity Matrix

The Welsh Government Planning Maturity Matrix self-assessment tool provides a useful barometer of where the organisation is and where it needs to be in regards to Planning, across the six domains in the table below. The self-assessment process is conducted once a year and submitted to Welsh Government, with an accompanying action plan of improvements to be made over the subsequent year.

Domain	Description
<b>A) Strategy Development/Clarity of Purpose, Vision and Strategy</b>	<ul style="list-style-type: none"> <li>▪ Evidence of a clear purpose, vision and strategy for the organisation.</li> <li>▪ Responds to national, regional, local and partnership priorities, and the wider determinants of health.</li> <li>▪ Translates national policies into local strategy, planning, and delivery.</li> </ul>
<b>B) Strategy Alignment and Development of an IMTP</b>	<ul style="list-style-type: none"> <li>▪ Evidence of alignment of strategy with components of the plan.</li> </ul>

<b>C) Dynamic and Engaged Planning</b>	<ul style="list-style-type: none"> <li>▪ Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.</li> <li>▪ Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models e.g. via regional solutions, consolidation of services etc.</li> </ul>
<b>D) Operational Planning</b>	<ul style="list-style-type: none"> <li>▪ Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance.</li> <li>▪ Embedding a culture of reducing unwarranted variation, improved performance and outcomes end evaluation of improvements</li> </ul>
<b>E) Best Practice Approach to Improvement</b>	<ul style="list-style-type: none"> <li>▪ Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.</li> </ul>
<b>F) Realistic and Deliverable:</b>	<ul style="list-style-type: none"> <li>▪ Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.</li> </ul>

*Table 3: Welsh Government Planning Maturity Matrix six domains and descriptors*

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## Implementation and review

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### Implementation

The Framework will be disseminated through the Health Board management structures and the People Services networks. The implementation of the framework will commence through the annual planning cycle for development of corporate plans. It is recognised that it will take time to implement fully all the requirements of the framework and it is intended to support incremental improvement.

Action	Timeframe
Finalise the organisational strategic workforce planning framework	By February 2026
Strategic workforce planning framework outlined and communicated across the organisation	By March 2026
Detailed workforce resources to support the framework available on Betsinet	By March 2026

Strategic Workforce Planning Framework rolled out across the organisation as part of IMTP development for 2026/2027	From April 2026
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## Monitoring & Evaluation

The monitoring and evaluation of plans is key to the successful delivery of services across the Health Board.

Methods to ensure this are:

- Annual workforce planning reviews aligned with IMTP cycles.
- Regular and consistent reporting of KPIs reported such as vacancies, turnover, retention, leaver profiles and training uptake through performance meetings
- Staff wellbeing metrics
- Patient access and outcomes

## Review

The framework will initially be reviewed after one year in order to assess how this is being embedded and to refine the content and approach. Subsequently it is expected the framework will be reviewed on a three yearly basis. Any changes to the framework will be brought through the appropriate Board and committee governance route



## Workforce Planning Template

**A Current Workforce** In order to plan for the future, service areas must take a snapshot of where they are currently. This baseline will help service areas to predict likely / possible changes in the future.

**1 Service Area / Team Priorities-** What are the key priorities for the service area in the lifespan of this workforce plan?  
What are the performance indicators contributing to corporate priorities?  
*(please refer to your Service Area Business Plan if applicable)*

What goals and priorities does the service area have for next three years and how can these be delivered in people terms?

**2 Composition of Staff-** What is the current composition of the Workforce in your team / service area?

i) **Contract Information** members of staff

This statistical information will be provided by Workforce and considers the total number of staff in your service area, whether they are full time or part time, the gender profile of the full time/part time numbers, and also the contractual make up of the workforce (temporary, permanent, fixed term, casual/relief, and agency).

ii) **Age Profile** Are there areas of concern e.g. does your age profile indicate any future areas with high retirement rates? What action plans are there or which need to be put in place to address concerns?  
Have you considered Graduate and Apprentice recruitment?

This statistical information will be provided by Workforce and considers the number of staff and the gender profile of staff within the age groups under 19, 20-29, 30-39, 40-49, 50-59, and 60+. The estimated no. of leavers (excl. retirements) is taken from your turnover figure. Estimated no. of retirements taken from your age profile-staff in the category 60+. This information along with the number of estimated leavers will highlight any problem areas in the future with an aging workforce and increasing retirements.

iii)

**Diversity Profile** How closely does your Service Workforce profile reflect the community? What issues need to be addressed?

This statistical information will be provided by Workforce and considers the eight Protected Characteristics. This information should give some indication of whether the service area/team has a representative number of people and whether or not these figures could be improved by encouraging a wider response level with future vacancies.

***The importance of involving people that reflect the diversity of the area which the organisation serves.***

**Involvement**

**3 Welsh Language Profile-** What is the Welsh language competency within the Service area? What and how many posts are Welsh essential?  
Will this change in the future?

**A Wales of vibrant culture and thriving Welsh language**

This statistical information will be provided by Workforce and considers the number of employees able to speak, listen/understand, read and write the Welsh language. Figures for the number of Welsh essential posts and the details of these posts will be provided by HR. How many of your teams require a Welsh speaking employee? This information should give some indication of whether the service area has the right number of Welsh speaking people and whether or not these figures will fulfil the Welsh language demands of the Service in the future.

***A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.***

4

**Recruitment and Retention-**

What are the levels within the service area? Are they increasing / decreasing? In which areas are you having problems in recruiting staff and why (national/local issues)? Are employees able to progress within the service? Are there any blockage areas? Where are you having difficulty retaining people and at what level? Is your current turnover a cause for concern? Are there any specific areas of high turnover? Why do people leave your service?



What is the annual turnover as a percentage for your service area, how many vacancies are there and how many of these had to be re-advertised? Is there a reason for these vacancies (e.g. shortage of qualified, experienced staff, market forces, lack of capacity, etc) and why did they have to be re-advertised? In looking at recruitment statistics (provided by Human Resources), what is the no. of applications from ethnic groups, disabled and women. How many people from each of these categories got short listed and how many in the end got appointed? Do internal staff apply for vacant positions and are they ready to work at higher level? How many appointments last year were internal and how many were external?

*The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.*

5

**Temporary, Bank and Agency Staffing-**

What is the balance between permanent staff and temporary, bank and agency staffing? How will this change? What issues are there around partnership working?

Firstly how many of the temporary workers in your Service are covering established posts in the establishment? Secondly look into how much the bank and agency staff working in your Service is costing you. Is there a better way of providing this service? The second column looks at current employees who are in receipt of either regular overtime and/or honorarium payments. Is there a better way of providing this service? This information should provide more detail of the contractual make-up of the workforce and highlight inefficient or costly use of resources.

6

**Working Patterns –**

Are there any peaks and troughs in workforce delivery? (*e.g. Seasonal fluctuations, Service Increase, etc*) How far do current work patterns/practice help or hinder the service? What patterns will be needed by the service for the future? Are there any changes planned to location of work?

Is your current established structure for your service area/team sufficient in meeting ongoing demands? Are there any times in the year where you may require more or less staff as a result of busier periods or increased expectations of service delivery. How are these situations managed effectively and are there any problems / issues in recruiting and / or retaining staff? Look into what working patterns might be needed in the future.

7

**Absence-**

What is the current rate of sickness absence? What are the reasons? Are there problem areas or trends?

This information will be provided by Workforce and considers the average days lost per employee and the actual days lost figure. Actual days lost can then be broken down into the separate reasons for absence. This information should highlight any problem areas or trends in workforce absence that should be addressed.

8

**Current Skill Gaps –**

With reference to the completed Performance Appraisals (PADR), what skill / knowledge gaps

were highlighted?

Do the skills possessed by employees match service/business requirements now? Identify the areas of the service where skills match requirements and areas where skills don't match requirements?

Do you have sufficient managers with potential to progress? What gaps have you identified in your managers leadership skills?

Identify areas of the service where skills are likely to become obsolescent? What are the priority requirements?

The completion of the PADR should indicate the current competency / skill levels. Are these sufficient in order to meet the goals and objectives of the service area (as highlighted in box 1 above). If not, what are the main skills gaps? Please note: this does not need to be a prescriptive list of individual gaps, but a summary of the current issues.

9 **Risk Management** – With reference to the Service Risk register, what are the current people associated risks?

Using the Risk Register, please identify those risks that have a direct impact on people (e.g. High Turnover levels, Ageing Workforce, loss of skill, Increased Sickness Absence, etc). Can these risks be assessed and resolved through this process?

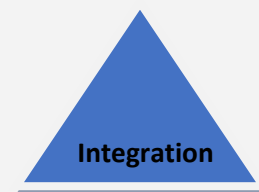
10 **Partnerships** - Do you act in partnership with any other departments/services? How are your policies integrated?



Please identify any details relating to collaboration on a day to day basis, on a policy basis etc.

*Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.*

*Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies*



**B Future Workforce (November 2035). What issues are your staff likely to face in the future as a result of internal and external influence? How can these be managed? Will jobs need to be redesigned to accommodate new areas/ways of working?**

11 **Political Dimension** How does the political dimension at both local & national levels impact upon the workforce and service delivery in general?

What is happening in the Service Area in which you operate? How do these factors impact upon the workforce and service delivery in general? How do you envisage that these factors will be resolved?

12 **Economic Dimension** What are the financial trends and issues facing your Service/BCU Area and how may this influence strategy?

How may these trends and issues influence strategy and your workforce? Are there specific issues surrounding financial information / budgets that are known at this moment in time. Are there any financial cuts required? How can these be met and do they have an impact on the workforce / service delivery? Are there any proposed / potential changes to internal / external funding levels?

**13 Sociological Dimension** How can you ensure that services take account of the needs of the local demography & how can this be improved? How can the Service Area ensure that the workforce matches the environment in which they serve?

A more equal Wales

What is occurring socially in the area in which you operate? How can you ensure that your service takes account of the changing needs of the local demography? How can the Service Area ensure that the workforce matches the environment in which it serves? How can the service area/team ensure that there are no hidden barriers, either in recruitment/retention or in service delivery to all ethnic groups? Are groups consulted, and were there any recommendations. How can the council work together to achieve improvement.

This links in to the gender, age and equality profile of both internal staff and prospective job applicants and helps us to see whether or not the job opportunities appeal to everybody, and if not, whether anything can be done to improve it (e.g. open days, job fairs, community meetings, job trials, secondments, etc).

*A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).*

**14 Technological Dimension** How does the development of technology impact on the workforce?

Has it increased expectations for a speedy response, for example? Has the impact of technology helped or hindered service delivery? Can services be provided via web/mobile technology?

**15 Legal Dimension** Are there any legislative issues that are going to impact on the workforce?

Legislation effects us all, but with the exception of generic law (e.g. Employment / Health and Safety), are there any specific legislative issues that effect your service area/team. If so, what are they and what impact do they have?

**16 Environmental Dimension** Are there any ecological and environmental issues that are going to impact on the workforce?

A prosperous and resilient Wales

What impact are these issues having/likely to have? What are the implications of their impact on your Service Area?

*An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.*

**17 Comparison** How has Service Area developed in last 3 years and how do the jobs compare to similar internal / external posts?

How does the service area/team compare to what it was three years ago. Does it have more/less staff? What have been the main HR issues? Have these been resolved? Do you anticipate this will change/develop further over the next three years? How do jobs compare to similar jobs – either within the authority or with other neighbouring authorities?

**18 Succession** What plans are in place to capture the knowledge, and expertise of leavers?

What plans are in place to capture the knowledge and expertise of leavers (e.g. Succession Planning, Secondments, Coaching/Mentoring Schemes etc) and does the service area/team have potential capacity to ensure consistent improvement? Are there training plans / shadowing opportunities in place to promote continuous professional development?

**NOTE: DO QUESTION 20 AFTER QUESTION 22**

**19 Composition of Staff** What is the predicted composition of the Workforce for your service area / team?

This is the opposite of Box 2 &3 and is in effect a prediction of the workforce you would aspire to have in three years. These figures could also be used as targets, particularly should the service area/team wish to improve gender/ethnicity balance, etc.

**C Gap Analysis** What are the gaps between the current and likely future workforce, and how can these gaps be resolved?

**20 Learning and Development Needs-** Is there a vision for how services will be delivered in the future? Do skills possessed by employees match service/business for the future? What skills/competencies are required to deliver objectives of 3 year Service plan? Identify the soft skills (e.g. approach style) and hard skills (e.g. qualifications, knowledge, technical) required.

What is the vision for your Service in the next three years? What are the main skills and competency needs that were highlighted by managers and employees during implementation of the Performance Appraisals? This does not need to be an individual account, but merely a summary of the main issues and topics identified. How will these needs be met? Can they be met by alternative methods as opposed to classroom training (e.g. Shadowing, Secondments, Coaching, Mentoring, Job Rotation, Conferences, Research, Case Studies, etc)?

**21 Organisational Design-** Is the current structure (including Job Design, Job Descriptions) sufficient to deliver Business Plan?

Is the current service area structure 'fit' in order to successfully deliver the objectives of the business plan? Are the jobs and the duties contained for each individual right, or is your service area/team likely to need new skills, new competencies. Is there, or could there be a requirement to review roles in the future as a result of any of the issues identified in boxes 11-19 above?

**NOTE: DO QUESTION 20 NOW**

**22 Resource Plan** – What is the predicted number of leavers and how can the service area/team develop internal/external supply?

Using the last two years turnover figures as guidance, what is the predicted number of leavers for this forthcoming year. How many staff are aged over 60 and is there potential for some of these to leave in the next twelve months. How do we / can we capture the knowledge that these individuals have acquired? Is there scope for a handover period during transition? Can the service area begin developing groups of people for future roles within the service area / team?

*How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.*



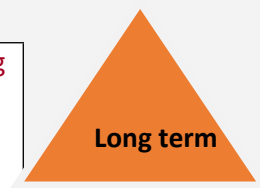
**23 Retention Strategy** – How can Service Area/Team improve retention? Is exit information used? What are the reasons for turnover?

What are the levels of turnover within the service area? Are they increasing? If so what are the reasons? Does the service area/team know why staff are leaving? Are exit questionnaires/interviews used? How can these issues be addressed / resolved? Is there any cause for concern?

**24 Growth and Succession Planning** – How far does management capability and capacity meet future needs? What opportunities could be available to build capacity and support Career Progression? Is talent identified and what development is available? Is career progression managed? Is partnership working delivering added value?

How can the service area/team proactively manage future recruitment activity by building internal and external capacity today for job opportunities that will appear tomorrow? How can flexibility be improved and how can management support individuals in developing a career path.

*The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.*



**25 Vacancy Management** – What processes are in place to cover short and long term absence (e.g. Sickness, Maternity, and Vacancies)?

This considers the processes that are currently in place to cover short and long term absences. Is there flexibility within the team to cover this on a short term basis, or would the service area/team recruit a temporary member of staff for a particular period. Is there a large availability of temporary workers at short notice and what are the cost implications? Is it possible to improve staff knowledge of different teams through a job rotation package?

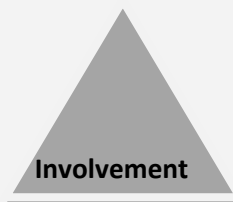
*How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.*



**26 Equality and Diversity** – Outline future recommendations for improvement (Age, Gender, Sexual Orientation, Race, Disability, Religion, & Language)

Is there a difference of the Equality and Diversity makeup between boxes 2 and 19, and if so what can the service area/team propose to do in order to meet these targets?  
(Please refer to separate work / action plans being undertaken on Equality and Diversity for the Service Area if necessary)

*The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.*



**27 Monitoring and Improvement** – How will this workforce plan be reviewed, by whom and how and how will success be measured?

In this constantly changing work environment, workforce plans often become out of date as soon as they are completed. Therefore how can your service area/team ensure that this is reviewed to ensure that any suggested recommendations are effective?

**D Service Summary** What priority areas have been uncovered?

**28 What are the Priorities/ risks?** - Rate each area out of 10 (10 being the highest) in terms of risk.

Reviewing this process so far identify the priorities/risks that have come to the fore. Rate each of these out of 10 (10 being the highest) in terms of severity. This information will act as a summary of the workforce planning process thus far and provide the skeleton for the subsequent action plan for your Service.

Area	Rate
Leadership, capability and capacity	
Skills	
Turnover	
Recruitment and Retention	
Absence	
Finance	

Area	Rate
Work patterns	
Perm/contract staffing	
Age profile	
Management capacity	
Diversity	
Training and development	

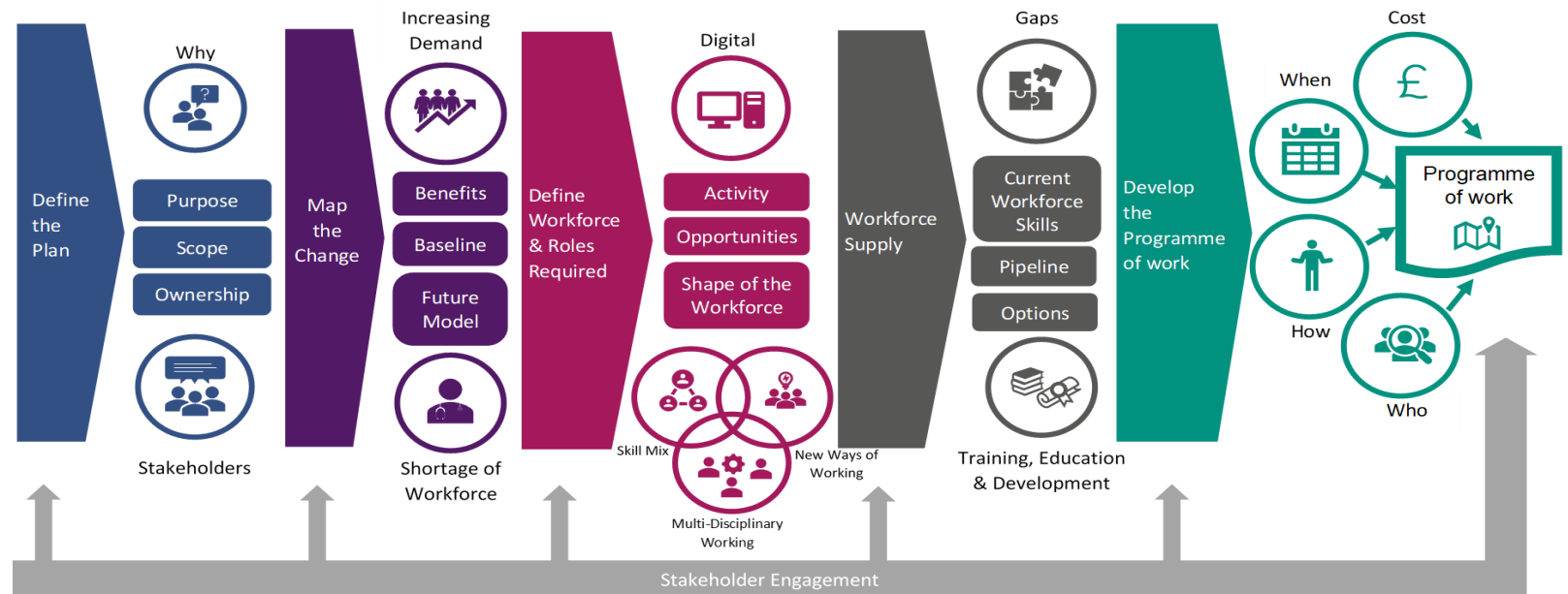
# Health Education and Improvement Wales

## An Interactive Toolkit to Support Workforce Planning

Alongside each step you will find useful resources, depending on the type of plan you are developing you can select those that best support your plan

Click on the links below to jump to each section

Our Approach to Planning	1. Define Your Plan	2. Map The Service Change	3. Define the Workforce	4. Understand Workforce Supply	5. Define Required Actions	6. Implement and Monitor
	Your Plan Summary		Your Staff Profile		<a href="#">Click here to go to HEIW Workforce Planning Resource Page</a>	



OUR AMBITION

"By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population"

Source: A Healthier Wales - Workforce Strategy for Health and Social Care (click to view)

Workforce planning in NHS Wales is based on the Skills for Health Six Step Methodology. In secondary care it is linked to the requirements of the Integrated Medium-Term Plans (IMTPs). In primary care, this approach has been adapted for use in Clusters and to support the requirements of Cluster Integrated Medium-Term Plans. This toolkit will help in the development of local workforce plans in applying the six steps methodology.

60% of the future workforce are already in

Workforce Planning is not an add on it is a part of every Leader / Manager job

Workforce Planning needs to be based on what skills and competencies are

The workforce needs to be flexible across organisational and professional boundaries

The six step model fits within the NHS Wales Planning Framework and can support development of Operational Plans in the short, medium and longer term



**Short Term Planning up to 12 months ahead**

Could also be described as establishment monitoring, typically includes headcount, budget management and is usually reactive to immediate service demand.

**Medium Term Planning up to 3 years**


Likely to be linked to IMTP planning, focusses on workforce required to meet IMTP aims and objectives. Typically includes planned recruitment, succession planning, and organisation change plans.

**Long Term Planning up to 10 years**

Usually developed to meet longer term strategies. Typically includes scenario planning for future service models, longer term projects, predictions in availability of future workforce, increasing demand for services aligned to population changes.



Back to Main Menu	Step 1 - Define your Plan	
	<p>Clarify the rationale and scope of your plan. Be clear on why a workforce plan is required, what the scope of your plan is and what it will be used for. This is the <u>critical</u> first step in any planning process. You must be clear why a workforce plan is required and what it will be used for. You must determine the scope of the plan, whether it will cover a single service area, a particular patient pathway or a whole health economy and given this, be clear who is responsible for ensuring the plan is delivered and who else will need to be involved in the planning process.</p>	<p><b>Potential Outputs at this stage:-</b>  Project Initiation Document (PID) - Commenced  Stakeholder Analysis  PEST Analysis  SWOT Analysis  Impact Assessment (s - Commenced)  Risk Assessment - Commenced  Strategic Workforce Plan - Commenced</p>
	<p><b>Tips, Tools and Resources to help you - you will find a range of templates tools and links to useful resources on the HEIW Workforce Planning Resources Page</b></p>	<p><a href="#">Click here to go to HEIW Workforce Planning Resource Page</a></p>
	<p>A <b>SWOT</b> Analysis is when you look at your organisations Strengths, Weaknesses, Opportunities and Threats and can help to identify what could impact on your plan.</p>	<p>Do you know who all your stakeholders are? a <b>Stakeholder Analysis</b> can help you to identify who you need to engage with in developing your plan.</p>
	<p>A <b>PEST</b> or <b>PESTEL Analysis</b> helps to consider the Political; Economical; Social; Technical; Environmental and Legal aspects and help to identify what is influencing your plan.</p>	<p>An <b>Impact Assessment</b> can help you to identify any issues that you need to address e.g. equality impact, privacy impact, quality impact.</p>
	<p>Your <b>IMTP</b> is NHS Wales Integrated Medium Term Plan, you may also have an Annual Plan or Service Plan for your department that you need to consider.</p>	<p>You will need to consider what the <b>Risks</b> are, you may have identified these in your SWOT and impact assessments. Does your organisation have a Risk Management Process that you need to follow?</p>
	<p>A <b>Project Initiation Document (PID)</b> provides an outline of your project. Many organisations will have a template for a tailored PID, if not there is a Project Resource available.</p>	<p>A <b>Strategic Workforce Plan Template</b> is available if you are using this toolkit to help develop your Strategic Workforce Plan</p>
	<p>What <b>Strategy</b> or <b>Initiative</b> documents do you need to think about for your workforce plan? e.g. A Healthier Wales, Digital Wales, what is your organisations strategy?</p>	<p>What <b>Policies</b> do you need to consider e.g. NHS Wales Policies, Organisation Policies</p>
	<p>Do you participate in Peer Reviews, Quality &amp; Safety Reviews, Staff Surveys or Service User Experience Feedback? use <b>Feedback</b> from these to identify improvements, benefits and issues for your workforce plan</p>	<p>If you are developing a longer term strategic plan you will probably need to think about the 'what if' and undertake future <b>Scenario Planning</b> e.g. to identify advances in technology, new treatments or potential increased numbers of service users.</p>
<p><b>What you need to include</b></p>	<p><b>Things to consider:-</b></p>	<p><b>Define Your Plan - use this space to make notes (this information will automatically be added to your workforce plan summary)</b></p>
<p>Plan Purpose</p>	<ul style="list-style-type: none"> <li>● Why are you doing this? What are you trying to fix?</li> <li>● What is driving this change? <ul style="list-style-type: none"> <li>- Is it a change in service, or a new service?</li> <li>- Do you need to change the way things need to be done?</li> <li>- Is it because of external influences such as Government Policy or Strategy?</li> </ul> </li> <li>● What are the goals/aims/objectives of the plan?</li> <li>● What will the plan enable you to do?</li> <li>● Who will the plan affect, both directly and indirectly?</li> </ul>	

Back to Main Menu	Step 2 - Map The Service Change	
	<p>This is about the service redesign in response to service user need and/or changes in service delivery. This is the first of three inter-related steps. You must be very clear about current costs and outcomes and identifying the intended benefits from service change. You should identify those things that support the change or may hamper it. There must be a clarity about whether the preferred model better delivers the desired benefits or is more likely to be achievable, given anticipated constraints.</p>	<p><b>Potential Outputs at this stage:-</b>            Project Initiation Document (PID) - Continued            Options Appraisal            Literature Review/Research            Strategic Workforce Plan - Continued            Impact Assessments - Continued            Risk Assessment - Continued</p>
	<p><b>Tips, Tools and Resources to help you - you will find a range of templates tools and links to useful resources on the HEIW Workforce Planning Resources Page</b></p>	<p><a href="#">Click here to go to HEIW Workforce Planning Resource Page</a></p>
	<p>You will need to think about current budget, future budget and if you have any cost savings plans. Speak to your finance team who will be able to help you with the <b>Financial</b> aspects of your plan</p>	
	<p>Do you have any performance <b>measures</b>, targets, outcomes you currently monitor that should be included?</p>	
	<p>It may be worth thinking about undertaking a literature review or doing some field <b>research</b>. Has anyone already done what you are planning to do? does this help you in developing your plan?</p>	
<p>You might want to refer to some national <b>statistics</b> and data. Find some links to Stats Wales, Office for National Statistics and <b>population health</b> information on the HEIW resources page</p>		
<p>An <b>option appraisal</b> can help you to evaluate different the options. Your organisation may have it's own process to do this, if not there is guidance available via the HEIW resource page</p>		
What you need to include	Things to consider:-	Map the Service Change - use this space to make notes (this information will automatically be added to your workforce plan summary)
<p><b>Goals/ Benefits of Change</b></p>	<ul style="list-style-type: none"> <li>• What are the benefits to this change?</li> <li>• Will there a more positive outcome, who for?</li> <li>• What are the choices?</li> <li>• What will good look like? Will your workforce feel valued and supported?</li> <li>• How will this align to the Workforce Strategy for Health and Social Care?</li> </ul>	
<p><b>Current Baseline/ Summary</b></p>	<ul style="list-style-type: none"> <li>• What are the current costs and outcomes under the current model? what things are working well? and what are not?</li> <li>• What are planning to build on?</li> <li>• What does you staff profile look like? what are your critical workforce points/risks e.g. an ageing workforce, too high turnover, too many specialist posts that can't be covered? Is multi-disciplinary teamworking embedded in your organisation?</li> <li>• Is there any research that can support you in this mapping?</li> <li>• Is there any National policies and strategies that could assist you?</li> </ul>	
<p><b>Future Model Design, the Drivers and Constraints</b></p>	<ul style="list-style-type: none"> <li>• Challenge the driver(s) and ensure there are benefits to proceeding</li> <li>• What was the result of your options appraisal?</li> <li>• Think about the risks</li> <li>• Does this service change support the Future Generations Act wellbeing goals?</li> </ul> 	

Back to Main Menu	Step 3 - Define the Workforce	
	<p>This step involves identifying the workforce needed to deliver the future or reconfigured services. What skills are needed the type of workforce and numbers of staff required. This step involves mapping the new service activities and identifying the skills needed to undertake them and the types and numbers of staff required. This will involve consideration of which types of staff should best carry out particular activities in order to reduce costs and improve the patient experience even where this leads to new roles and new ways of working.</p>	<p><b>Potential Outputs at this stage:-</b>  Skill Mix Analysis  Pathway Mapping (Process Map)  ESR Workforce Reports  Patient Needs Assessment  Activity Analysis  Research/Workforce Trends  Strategic Workforce plan - Continued  Impact Assessments - Continued  Risk Assessment- Continued</p>
	<p><b>Tips, Tools and Resources to help you - you will find a range of templates tools and links to useful resources on the HEIW Workforce Planning Resources Page</b></p>	<p><a href="#">Click here to go to HEIW Workforce Planning Resource Page</a></p>
	<p>Review your <b>Skill Mix</b> in relation to roles e.g. doctors, nurses, healthcare support workers. HEIW have a tool that can help with this go to the resources page to find the link.</p>	<p>When considering the potential options for <b>Workforce Re-design</b> it may be helpful to analyse the type of work/activity required e.g. new work or existing work to help determine the type of workforce you need.</p>
	<p><b>Pathway Mapping</b> is a useful tool to help you to analyse what skills are needed for a specific activity. Tasks are broken down into the competences required to meet the patient/service user needs</p>	<p>NHS Wales has developed <b>guidance for delegation</b>, which can help you to design your required skill mix and task redistribution.</p>
	<p>A <b>Patient Needs Assessment</b> in the context of workforce planning is looking at what each patient may need at a point in the patient pathway, this can also be linked to population based needs.</p>	<p>NHS Wales has in place an <b>Advanced Practice Framework</b> for Nursing, Midwifery and Allied Health Professional Staff which can help you to identify advanced practice roles and what development is needed to support them</p>
	<p><b>Workforce Profile</b>. ESR is the electronic system used across NHS Wales for employee data. Most managers will have access to information and reports via the Business Intelligence Tool.</p>	<p>Your organisation can guide you through the process of <b>role redesign</b> which may include developing job descriptions for your roles. There is specific standards and guidance for NHS Wales covering role redesign.</p>
	<p>HEIW publishes reports on <b>Workforce Trends</b> for NHS Wales, you can find the link for this on the resources page. There may also be other workforce trends outside of NHS Wales related to specific professions that you might want to consider e.g. Society of Radiographers, BMA, RCN</p>	<p><b>Activity Analysis</b>, this will help to determine what has changed in service demand</p>
What you need to include	Define Your Workforce - use this space to make notes (this information will automatically be added to your workforce plan summary)	
<p><b>Activity Analysis</b></p>	<p><b>Things to consider:-</b></p> <ul style="list-style-type: none"> <li>• What is your activity telling you about your service and your current workforce? has demand changed or are there new activities that require new skills and knowledge?</li> <li>• What are the key tasks within the new service delivery model? do they meet population/service user needs?</li> <li>• Have the activities been broken down into tasks, skills, competences and knowledge? Do the right people in your current workforce have the knowledge or skills?</li> <li>• Do you know your workforce trends (links to your workforce baseline profile), how does your workforce compare to other similar organisations?</li> <li>• What support do you need e.g. business intelligence support, workforce planning expertise</li> </ul>	
<p><b>The New Way of Working</b></p>	<ul style="list-style-type: none"> <li>• Has productivity implications been considered based on technology, patterns of working, clinical and service models, skills mix and/or redistribution of tasks and training requirements?</li> <li>• Are there any process/system developments that need to be taken into account, new technology, non-staffing considerations e.g. estates/equipment</li> <li>• Have you considered the here and now as well as the long term future e.g. population needs, sustainability and resilience</li> <li>• What are the timeframes to consider e.g. training time, leading time for technology and building the digital capability of the workforce</li> </ul>	
<p><b>Type and Numbers of Staff Required</b></p>	<ul style="list-style-type: none"> <li>• Have you identified the roles required against the patient/ service user pathway? what type and size workforce do you need? is it multi-disciplinary?</li> <li>• Is there evidence/research base or regulations that can support you in defining the workforce requirements</li> <li>• What roles could you introduce? What will the effect of these roles be on other staff? What training or development does your current workforce require?</li> <li>• Will this affect other services, teams or individuals? What will be the impact?</li> <li>• What is the size and composition of the workforce needed to deliver the service?</li> </ul>	

Back to Main Menu	Step 4 - Understand your Workforce Supply	
	<p>This step involves identifying the workforce needed to deliver the future or reconfigured services. What skills are needed the type of workforce and numbers of staff required. This involves describing the existing workforce in the areas under consideration, its existing skills and deployment, plus assessing any problem areas arising from its age profile, turnover or other critical workforce points. It may be the case that the ready availability of staff with particular skills, or, alternatively, the shortage of such staff itself contributes to service redesign and steps 2 and 3 will need to be revisited. Consideration should be given to the practicalities and cost of any re-training, redeployment and/or recruitment activities that could increase or change workforce supply.</p>	<p><b>Potential Outputs at this stage:-</b>  Staff Profile  Benchmarking  Strategic Workforce Plan - Continued  Impact Assessments - Continued  Risk Assessment - Continued</p>
	<p><b>Tips, Tools and Resources to help you - you will find a range of templates tools and links to useful resources on the HEIW Workforce Planning Resources Page</b></p>	<p><a href="#">Click here to go to HEIW Workforce Planning Resource Page</a></p>
	<p>If you haven't already a conversation with your organisations <b>Workforce Planning Specialists</b> who can offer advice and guidance on workforce supply</p>	<p>Identify your <b>workforce supply pipelines</b> e.g. do you know how many students there are in the different professions in Wales? Where does your workforce come from?</p>
	<p>Do you have an organisation <b>Succession Planning Strategy</b>, if not you can find a link to the NHS Wales National Succession Planning Strategy on the HEIW resources page</p>	<p>Your organisation may have in place a Workforce <b>Education Strategy</b> that can help you to plan any training and development requirements for your plan.</p>
	<p><b>Benchmarking</b> can be a useful way to look at how your organisation compares with other similar organisations. There are also other ways to check e.g. Nurse Staff Levels Act Wales or SCoR Principles of safe staffing. Radiographers. You can also benchmark to see if your workforce is representative of your community using the NHS Employers tool. You find a link to this on the resources page.</p>	<p>What are your recruitment concerns, are your workforce on the <b>Governments Shortage Occupation List?</b></p>
What you need to include	Things to consider:-	Workforce Supply - use this space to make notes (this information will automatically be added to your workforce plan summary)
<p><b>Current Workforce</b></p>	<ul style="list-style-type: none"> <li>• What are the skills of the current workforce? Describe the current workforce in terms of numbers of certain types of: staff, skills, competences, services – do you know the current workforce well?</li> <li>• Are you working effectively now?</li> <li>• What current vacancies are there within the service area? What impact are these having? Do they represent a significant recruitment issue?</li> <li>• Do you have any critical workforce points e.g. ageing workforce, small number of specialist staff, limited succession planning, access to suitable education, leadership development? or skills gaps e.g. non-medical prescribing</li> <li>• Is your workforce representative of your community?</li> </ul>	
<p><b>Workforce Forecasting</b></p>	<ul style="list-style-type: none"> <li>• Do you know what skills, training and qualifications are required for the workforce?</li> <li>• What turnover/attrition is expected?</li> <li>• What numbers are in the training/education pipeline?</li> <li>• What influences on supply are there even with no service change (e.g. flexible working trends)</li> <li>• What is the anticipated competition for skills with other employers in the local/national labour market? Do you know the wider environment and the supply?</li> <li>• Will this help you to have the right people, in the right place with the right skills?</li> </ul>	
<p><b>What are the Options</b></p>	<ul style="list-style-type: none"> <li>• What do you need to ensure resilience and sustainability?</li> <li>• What options for retention, retraining, recruitment, redeployment etc. can be realistically developed?</li> <li>• What are the options for expanding roles e.g. advanced practice, introducing assistant roles?</li> <li>• Have the options for working differently been analysed and costed?</li> </ul>	

Back to Main Menu	Step 5 - Define your Actions	
	<p>Your plan for delivering the right staff, with the right skills in the right place needs to be developed with milestones and timescales. This step involves reflecting on the previous 3 steps and determining the most effective way of ensuring the availability of staff to deliver redesigned services, even if this means some further service redesign. You should also include in your plan an assessment of anticipated problems and how you will build momentum for change, including clinical engagement.</p>	<p><b>Potential Outputs at this stage:-</b>            Gap Analysis            Action Plan            Strategic Workforce Plan - Completed            Impact Assessments - Completed            Risk Assessment - Completed</p>
	<p><b>Tips, Tools and Resources to help you - you will find a range of templates tools and links to useful resources on the HEIW Workforce Planning Resources Page</b></p>	<p><a href="#">Click here to go to HEIW Workforce Planning Resource Page</a></p>
	<p>Many organisations will have <b>Project Management Resources</b> available tailored to their organisations, but there are also project management resources available via the HEIW resources page under Step 6 Implement &amp; Monitor</p>	<p>Is your workforce representative of your community? you can use the NHS Employers tool to benchmark against. Find the link on the resources page</p>
	<p>NHS Wales has in place an <b>Organisational Change Policy</b>. This process supports implementation of change that affects employees and may help you to plan your change</p>	<p>Link to your Workforce Team for <b>Change Management</b> and give consideration to the length of time it will take to achieve the changes you have identified</p>
	<p>There is a basic <b>Action Plan</b> template included in the toolkit on page 6 Implement and Monitor</p>	<p>A <b>Gap Analysis</b> will be needed to consider the current state-v-the future state to identify the gaps so that you can work out actions that will need to be taken to deliver your plan.</p>
What do you need to do?	Things to consider:-	Define your Actions - use this space to make notes (this information will automatically be added to your workforce plan summary)
<p><b>Gap Analysis</b></p>	<ul style="list-style-type: none"> <li>• Has a gap analysis been undertaken of each scenario? has the gap analysis identified any gaps between demand and supply of your workforce. What changes or action are needed to the current workforce to address the gaps, what about leadership roles and succession planning</li> <li>• Has the gap analysis identified any new skills, knowledge and competences required for the current and future workforce?</li> <li>• Have you or do you need to develop job descriptions? Do you need a training plan? or to develop a recruitment plan? or can you opt for a less traditional route (e.g. apprenticeships)</li> <li>• Have you considered all the equality aspects? is your workforce representative of your community? have you considered the Welsh Language Standards?</li> </ul>	
<p><b>Priority Planning</b></p>	<ul style="list-style-type: none"> <li>• What are the most significant areas for change (to reduce the gap in Supply &amp; Demand)?</li> <li>• What is the cost? Is there a Cost Improvement Plan in place</li> <li>• What are the least significant areas for change (to reduce the gap in Supply &amp; Demand)?</li> <li>• Have you considered National Issues – national shortages?</li> <li>• What are your critical workforce points?</li> </ul>	
<p><b>Managing Change</b></p>	<ul style="list-style-type: none"> <li>• Has momentum been built in for change? mandated/endorsed from senior leadership? do you have support from key stakeholders? Workforce, OD? Planners? Financial resources?</li> <li>• How will momentum and engagement for change be sustained?</li> <li>• How will you support wellbeing for all those involved in the change?</li> <li>•What are the risks?</li> <li>•Are you properly engaged with your stakeholders?</li> </ul>	

<b>Implement</b>	<ul style="list-style-type: none"> <li>• How are you going to monitor delivery and quality</li> <li>• How will you monitor risks</li> <li>• How does this fit into your wider organisation planning requirements (e.g. IMTP)</li> </ul>	
<b>Monitor</b>	<ul style="list-style-type: none"> <li>• What will you measure? (e.g. Budget; Surveys; Activity; Sickness)</li> </ul>	
<b>Evaluate</b>	<ul style="list-style-type: none"> <li>• When will you evaluate your plan, how will you manage changes to the plan? How will you know your plan is working? Who will you involve in the evaluation? Did you identify any lessons learned?</li> </ul>	

**fy the Actions Required**

[Back to Main Menu](#)

## Your Plan Summary

Department/Service/Owner

Date Prepared:

Use the text collected here to build your workforce plan, you can highlight and copy the text into the Strategic Workforce Plan Template.

### 1. Define your Plan

[Click here to return to Step 1](#)

Purpose

Scope

Ownership

0

0

0

### 2. Map the Service Change(s)

[Click here to return to Step 2](#)

Goals/Benefits of Change

Current Baseline/ Summary

Future Model Design, the Drivers and Constraints

0

0

0

### 3. Define the Workforce Required

[Click here to return to Step 3](#)

Activity Analysis

Type and Numbers of Staff Required

The New Way of Working

0

0

0

### 4. Understand the Workforce Supply

[Click here to return to Step 4](#)

Current Workforce

Workforce Forecasting

What are the Options





Use this blank page to add your staff profile charts and staff lists downloaded from ESR

You may want to think about including:-

ESR Staff Profile Data



## People and Culture Committee

### EDUCATION AND TRAINING PLAN 2027-2028

<b>Date of Meeting</b>	12 February 2026
<b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Report Author(s) name and title</b>	Nick Graham Associate Director Workforce Optimisation
<b>Lead Executive Team Member name and title</b>	George Roberts Interim Executive Director of Workforce
<b>Report Purpose</b>	For Approval

#### Executive Summary

This paper provides an update to the Executive Team on the 2027/28 draft Education Training Plan (ETP) numbers and Workforce Planning question responses to Health Education Improvement Wales (HEIW), and seeks Executive Team approval to note the updates provided and support the submission of the 2027/28 draft to HEIW.

The Betsi Cadwaladr University Health Board (BCU) draft ETP is required to be returned to HEIW by 31<sup>st</sup> January 2026, with final numbers by 31<sup>st</sup> March 2026.

The BCU draft has been developed alongside local Workforce Plans for integration into the BCU IMTP. The health board has undertaken a data gathering exercise over recent months to identify our Education and Training Plan requirements for 2027/28, ensuring education commissioning requests factor in the financial operating context, reflect the need for future workforce, as well as the organisational capacity to training, and provide future employment for the graduates and trainees.

Professional leads have submitted draft education commissioning figures which have been supported by the relevant Executive Lead and if approved at Executive Team will be submitted to HEIW via a SharePoint Portal by 31<sup>st</sup> January 2026. Following this, the figures will be finalised and undergo further formal approval

prior to the submission of the final BCU Education and Training Plan to HEIW on 31<sup>st</sup> March 2026.

Following submission of final ETP on 31st March 2026, HEIW will validate and collate NHS Wales returns for sharing with partners and stakeholders prior to submission to Welsh Government on 1st August 2026.

Health Education and Improvement Wales (HEIW) is the statutory education body for NHS Wales and is responsible for advising Welsh Government on commissioning recommendations for undergraduate and postgraduate programmes for the healthcare workforce and for implementing the agreed Education and Training Plan (ETP). The creation of the annual Education and Training Plan (ETP) is a statutory requirement for HEIW. The purpose of the plan is to address workforce requirements on behalf of NHS Wales and it is a companion piece to the Integrated Medium-Term Plan (IMTP).

Engagement with NHS health boards, trusts and wider stakeholder groups including Social Care Wales is an integral part of creating and informing the plan. It is, however, ultimately HEIW's responsibility to produce a plan that is deliverable within the context of the education and training capacity available.

Through investment in the ETP NHS Wales has a strong supply pipeline of healthcare professionals which has helped reduce workforce gaps and improve patient care. However, more recently the system is experiencing fluctuations in graduate employment, especially among Paramedics, Physician Associates, and Nurses which is reflecting ongoing challenges in aligning graduate output with workforce needs. An NHS Wales Workforce Supply Oversight Group with membership from an Executive Director for each NHS Health Board and Trust organisation: (Workforce and Finance Director or Clinical Executive) has been established to provide a collective NHS Wales approach to planning workforce supply, including the implementation of the education and training pipeline in NHS Wales.

The Executive Team is asked to note and support the submission to HEIW.

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

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome, Evidence and Data</b>
Workforce Directors	19/01/2026	Supported to be presented to Executive Directors

#### **Acronyms / Glossary of Terms**

ETP	Education Training Plan
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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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HEIW	Health Education Improvement Wales
BCU	Betsi Cadwaladr University Health Board
IMTP	Integrated Medium-Term Plan

## EDUCATION AND TRAINING PLAN (ETP) 2027-2028

### SITUATION

The 2027-28 ETP process in BCUHB will follow the below timeline.

**2nd – 5th January 2026** – Draft ETPs by Professional Group will be shared with Executive Professional Lead to request formal sign off by January 9th 2026.

**9th January 2026** – BCU Workforce Planning Team will receive Templates signed off by Executive Professional Lead.

**28th January 2026** – ETP submission will be presented to Executive Team for approval prior to final submission via HEIW Portal on 31st March 2026.

**31st January 2026** – BCU Workforce Planning Team will complete final review of Draft ETP figures entered in the HEIW SharePoint site.

**12th February 2026** – Draft ETP submission will be presented to People and Culture Committee for approval prior to final submission via HEIW Portal on 31st March 2026.

**26th March 2026** – Final ETP along with IMTP submission will be submitted to Board for noting.

**31st March 2026** – Final Submission via HEIW Portal.

This paper provides the details on the 2027/28 draft Education Training Plan numbers and Workforce Planning questions and seeks Executive Team approval to note the updates provided and support the submission of the 2027/28 draft to HEIW by 31<sup>st</sup> January 2026.

### BACKGROUND

#### All Wales ETP Update

Welsh Government have not yet confirmed to HEIW the commissioning requests for 2026/27, the confirmed details are expected in early 2026 and these will be shared with Health Boards once confirmed.

Through investment in the ETP NHS Wales has a strong supply pipeline of healthcare professionals which has helped reduce workforce gaps and improve patient care. However, more recently the system is experiencing fluctuations in graduate employment, especially among Paramedics, Physician Associates, and Nurses which is reflecting ongoing challenges in aligning graduate output with workforce needs.

An NHS Wales Workforce Supply Oversight Group with membership from an Executive Director for each NHS Health Board and Trust organisation: (WOD, DOF or Clinical Executive) has been established to provide a collective NHS Wales approach to planning workforce supply, including the implementation of the education and training pipeline in NHS Wales.

HEIW are developing a Nursing supply and demand modelling dashboard to support informing local and national priorities and have been developing a dashboard to support monitoring the education into employment rate. It is expected that HEIW will share wider intelligence on these with Health Board's during 2026.

## **SPECIFIC MATTERS FOR CONSIDERATION**

### **BCUHB 2027-28 ETP Update**

To support the 2027/28 Education Commissioning process with greater alignment to Workforce Planning, Allied Health Professionals and Health Care Science Professionals received some short support sessions. The sessions provided an opportunity for Professional Leads to highlight ETP risks and issues and covered the importance of utilising data analytics to create more efficient, responsive and strategic education commissioning decisions. A summary of the findings has been shared with Sue Brierly-Hobson, Teresa Owen and Nick Graham and follow up sessions will be facilitated during 2026.

The draft 2027/28 Education Commissioning numbers have been submitted by the relevant Professional Lead and further reviewed and supported by the Executive Professional Lead who has authorised the draft requests to update in the HEIW SharePoint Portal as per below table.



ETP 2027-28 Return		
Professional Area	Executive Lead	Additional Comments
Allied Health Professionals	Teresa Owen	
Healthcare Science	Teresa Owen	
Psychology	Teresa Owen	
Scientific Training Programme	Teresa Owen	
Community Nursing (SPQ SCPHN)	Angela Wood	*Some information submitted from Primary Care not reviewed by Executive Lead
Nursing and Midwifery	Angela Wood	
Mental Health	Angela Wood / Teresa Owen	
Prescribing (NMP)	Angela Wood / Teresa Owen	
Dental	Clara Day	
Optometry	Clara Day	
Primary and Community Care	Clara Day	
Pharmacy	Lois Lloyd	
Estates	Stuart Keen	*Delay with engaging with service, data is due to be returned 23 January 2026
Facilities	Tehmeena Ajmal cc Stuart Keen	*WBL only submission
Digital Data	Justine Parry	*Additional Requests only
Organisational Development	George Roberts	*Additional Requests only
Post Registration Health Professional Education (PG HPE): Advanced, Enhanced & Consultant Practice (Adv&Ext) linked to PGHPE Adv,Enh&ConsPracEd Course List	As per relevant Executive Lead	
WBL Learning Courses: Education Requirements / Resource Requirements / Staffing Requirements	As per relevant Executive Lead	*The process for coordination changed for this commissioning return t and each Professional area have sent returns individually instead of a centralised nursing coordination
Additional Requests	As per relevant Executive Lead	

Please find below a high-level summary of the 2027/28 commissioning requests by Professional Group. Please note this summary table does not include courses available to be commissioned for which services do not have a requirement for in 2027/28. The full details can be provided via a Microsoft excel spreadsheet under separate cover due iBabs limitations.

Professional Group Return	Number of Commissioned Courses	2027-28 Requirements
Allied Health Professionals	10	112
Dental	7	47
Healthcare Science	14	62
Mental Health WF	6	111
Nursing & Midwifery	13	668
Bachelor of Nursing/Bachelor of Science (FT & PT)	7	518
Bachelor of Midwifery (BM)	1	34
Master of Science/Post Graduation Diploma	3	29
Re-registration with the NMC	1	9
HE Certificate	1	78
Community Nursing ( SN/HV/DN/GP/CMH)	12	164
Optometry	7	61
Pharmacy	46	216
Primary and Community Care	3	108
Psychology	3	50
Non Medical Prescribing	2	160
Advanced & Enhanced Practice	2	286
Post Reg HPE	4	30
Clinical Photography	1	2
IABT	1	10
Critical Care	1	12
Medical Ultrasound	1	6
STP Training Programme	7	8
Direct entry	7	6
Current employees		2
STP Routes to Registration	9	60
Number of Modules (Degree/Masters/Doctoral)		12
Full Degrees/Masters/PhDs		0
Training Schemes	9	6
Experiential Learning		12
Registration Portfolios		18
Specialist Examinations		12
Work Based Learning Education	59	2271 (+ 4000 Units)
Facilities	16	473
Healthcare Science	5	7
Other - Pharmacy	1	4
Primary & Community Care	34	557
Nursing Clinical Induction	1	1200
Nursing Clinical Skills	2	30
Nursing Additional Units	various	4000
Work Based Learning Resource Requirements		1506
Work Based Learning Staffing Requirements		14
Additional Requests (Various Professional Groups/Courses)	150	1072

Additionally, HEIW posed three questions relating to Workforce Planning and the Education Training Plan for 2027/28, these questions are different to those last year, however, key themes from this year's questions for approval are:

**Q1. In relation to your workforce need for 2030, where have you increased or decreased your education commissioning numbers and what are the reasons for this?**

Education commissioning plans for 2030 remain broadly stable across the organisation, with increase/decreases made where workforce modelling, service transformation, or specialist shortages demonstrate a need. While many services reported no change, this was supported by steady student pipelines, improved retention, and increased use of retire-and-return option. Specific areas have increased commissioning to address ageing workforce profiles, succession risks, and the growing complexity of clinical care.

Key areas of increased commissioning include Pharmacy where roles have expanded in line with national reforms and Primary and Community services to support the strategic shift toward community-based care, including hospital-at-home, IV therapies, frailty, chronic disease management, and rapid response. The need to build specialist capacity across cardiology, respiratory, stroke, gastroenterology, cancer services and renal services. CAMHS increased commissioning driven by rising complexity and ND comorbidity. Continued expansion of work-based learning placements to support internal career pathways.

In line with service development increasing, change in practice/safety, digital platforms and AI initiatives, include:

- Clinical Photography trainees increase from 1 to 2
- Clinical Scientific Computing STP – new request
- STP in Nuclear Medicine (anticipated demand increase for PET and molecular radiotherapy practice)
- MPE training place in diagnostic radiology & radiation safety to keep up with growth in numbers and complexity of equipment – new request

Commissioning reductions are concentrated in areas with low turnover, saturated training needs, or financial constraints with the following services noting they have reduced numbers following workforce reviews, including Women's services, East Paediatrics, West Physiotherapy and Speech and Language Therapy. Pharmacy have decreased the independent prescribing courses, as this qualification will now be completed during foundation training for 2026 Pharmacy registrants onwards.

Some areas have noted internal organisational decisions that may reshape future workforce configuration.

**Q2. Are there any specific services or roles where you anticipate issues around training and placement capacity?**

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Across the organisation, training and placement capacity is under pressure due to workforce shortages, rising service demand and a rising demand for undergraduate placements. While many areas continue to support learners effectively, several services anticipate challenges that may impact the ability to train, supervise and retain the future workforce.

Several clinical areas anticipate future pressures linked to service redesign, reduced supervisory capacity linked to vacancies, burnout, rising clinical complexity and financial constraints.

Psychology faces some of the most acute pressures, with a very lean baseline workforce, low trainee retention, high supervisory burden, and increased movement to the private sector. These factors significantly limit placement capacity and threaten long-term workforce sustainability.

Pharmacy anticipates national credentialing requirements and short-term funding models to place additional strain on training infrastructure

Nursing services are seeing challenges in relation to:

- 7 days working
- Requirement for more advance practitioners and nurse prescribers to support enhanced care model to manage patients with complex needs in their own homes or community settings rather than admitting them to hospital (virtual ward models) and new clinical pathways
- Retirements anticipated within Specialist Nursing teams in specialist areas Diabetes, Rheumatology & Dermatology and concerns training is not available via HEIW Commissioning
- National introduction of Personal Development Budgets within CHC services, which will have significant workforce implications for training and capacity. Awaiting national guidance from WG.
- Respiratory - specifically with the sleep service and Gastro - specifically the IBD service have wider service vulnerabilities, which may impact capacity. However, mitigation is in place to reduce the risk of any adverse impact on learners.

Placement sustainability is further challenged by long placement durations, overlapping university cohorts, structural and environmental constraints and the need for intensive supervision for lower-performing students.

Services are reporting higher number of students within the department creates challenges to provide meaningful learning opportunities and creating relentless pressure on staff.

In particular ODP placements exceed local capacity due to university demand, and theatre environments must limit student numbers to comply with AfPP infection-control standards.

Psychology are seeing an increase in demand on supervisors when clinicians are expected to provide more placements and training, pressure to address waiting lists compliance for patients, and in some areas cover clinical gaps due to vacancies, compounded with increasing demand for flexible and part time working, increased demand for reasonable adjustments, and increase in acuity and complexity of clinical presentations in clinical services, which in turn impacts training and placement capacity. We would recommend some level of tie in for trainees by HEIW to fill BCUHB vacancies at the end of their Doctorate training.

Biomedical Scientists face recruitment shortfalls and difficulty recruiting registered and specialist Biomedical Scientists has increased the training burden through reliance on pre-registration staff employed as Trainee Biomedical Scientists under Annex 21. Workload, capacity and compromising service delivery prevents the release of staff for training. This is impacting staff progression and development in addition to staff morale and role satisfaction. Placement limitations and capacity restraints make it difficult to offer sufficient training placements, ultimately hindering future employment pipeline of Biomedical Scientists.

Despite these pressures, many services report no immediate concerns and continue to support learners effectively. Strong partnerships with universities and social care, Local Authorities are working to expand placement capacity for Occupational Therapy in response to HEIW commissioning to support cross sector working, and the and the third sector in conjunction with the university to enhance the regional placement capacity and innovative models such as long-arm supervision and simulation are being developed to mitigate constraints in Allied Health Professional services.

Workload pressures are a recurring theme, with multiple services reporting difficulty releasing staff for training without compromising service delivery. Consideration needs to be given to release of staff to ensure practice pressures so not limit their opportunity for development.

### **Q3. What education and training is required to support your organisation to develop primary care and care within the community?**

The development of primary care and community-based services across BCUHB requires a coordinated, well-resourced programme of education and training that

strengthens workforce capability, supports safe practice, and enables care to be delivered closer to home.

A summary of the education and training required to develop primary care and care within the community includes:

### **Catering Workforce**

Educating catering staff with commensurate knowledge of food safety, HACCP, allergens, and special dietary requirements to support in the safe delivery of patient feeding and facilitate patient recovery and subsequent pathways of care.

### **Psychological Workforce**

- Qualified psychological staffing to provide governance, supervision, and delivery of evidence-based psychological interventions.

### **Nursing Workforce**

- Training in the National CHC Legal Framework for CHC nursing teams to ensure safe, timely, and legally robust decision-making
- Community nursing development, including:
  - Community Nursing Degrees
  - Nurse prescribing
  - HCSW training (health screening, phlebotomy)
  - Structured preceptorships
- Specialist paediatric community training in epilepsy, asthma, allergy, continence, and general community nursing
- SACT training for RNs (12-month competency) to meet rising cancer treatment demand.
- MSK and vascular training, particularly for Band 5 staff, to support early intervention and reduce acute pressures
- Frailty, stroke, and neurological training to support emerging community models.
- IV therapy training to expand community-based IV services and reduce acute hospital attendance
- Further GPN training for newly qualified going into primary care as not all have placements within this area

### **Allied Health Professionals and Healthcare Science Workforce**

- Audiology (wax removal, aural care, advanced practice modules)
- Orthoptics (refraction to move services closer to home)
- Radiography postgraduate training (aligned to primary care diagnostics)
- Dietetics (progression to independent prescribing)

- Exploring apprenticeship upholstery technologist (no clear training route)

**Generalist skills training** across professions: prevention, early intervention, health promotion, understanding of social care processes and partnership working. Including education to support sustainability equipping staff with motivational interviewing skills & having that " what matters conversation" - enabling behaviour change, supporting patients to self-manage and promoting patient activation.

**Training for other environments** (e.g., HMP Berwyn) in older persons' care and long-term condition management.

**Leadership Development** including succession planning and CPD.

**Workforce Data** - Access to PCWIS for services outside of the Health Board/Managed Practices is essential to support the workforce planning effectively.






## KEY RISKS / MATTERS FOR ESCALATION

Failure to provide a response to HEIW would compromise BCU's Education and Training supply and impact on safety, compliance and workforce development.

## RECOMMENDATIONS

1.1 The Committee/Meeting/Group is asked to:

- **SUPPORT** the submission of the 2027/28 draft Education Training Plan to HEIW by 31<sup>st</sup> January 2026.

ASSESSMENT	
<b>Link to Strategic Priorities</b>	<div style="display: flex; justify-content: space-around; align-items: center;">      </div> <p>1. Building an effective organisation</p>
<b>Design Principles</b>	People First
<b>Corporate Risks and Board Assurance Framework</b>	
<b><u><a href="#">Wellbeing of Future Generations Act – Wellbeing Goals</a></u></b>	A Resilient Wales



IMPACT ASSESSMENTS		
<b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups)
<b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	<i>This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups)</i>
<u><b>Quality</b></u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Enablers of Quality</b> All Apply	<b>Domains of Quality</b> All Apply
<u><b>Wellbeing of Future Generations Act – Wellbeing Goals</b></u>	A Resilient Wales	
<b>Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
<b>Armed Forces Covenant Due Regard Duty</b> <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for



		information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups)
<b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups)
<b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	This report is purely administrative in nature and submitted for information only. The associated public sector duties are not engaged (there are no associated impacts on any of the protected groups)
<b>Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	If education and training is not supported supply of workforce may be interrupted.	

## People and Culture Committee

### STRATEGIC EQUALITY PLAN 2024-28

<b>Date of Meeting</b>	12 February 2026
<b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Report Author name and title</b>	Ceri Harris – Head of Equality and Human Rights
<b>Lead Executive Team Member name and title</b>	Georgina Roberts - Interim Executive Director of People Services and Organisational Development

<b>Report Purpose</b>	For Noting
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<b>Executive Summary</b>
<p>The aim for this paper is to provide an update and assurance of the progress regarding the actions within the Health Boards Strategic Equality Objectives and Action plan. <b>Achieving Equity: Strategic Equality Plan 2024-2028</b></p> <p>The Health Board is now in the second year of the action plan. This update focuses on Year two, Quarter three progress, as well as upcoming year three developments and actions.</p> <p>Key Drivers within the Strategic Equality Action Plan are:</p> <ul style="list-style-type: none"> <li>• Welsh Government Anti-racist Wales Action Plan (Which includes the Workforce Race Equality Standard}</li> <li>• Welsh Government LGBTQ+ Action Plan</li> <li>• Code of Practice for Autism Services</li> <li>• Welsh Government Women’s Plan</li> </ul> <p>New and revised areas for inclusion</p> <ul style="list-style-type: none"> <li>• All Wales Accessible Communication and Information Standards</li> <li>• Disabled People’s Rights Plan 2025-2035</li> </ul>

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

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome, Evidence and Data</b>
Equality and Human Rights Strategic Forum	Nov 25	Request for revision of Anti-racist Action plan and focus for Jan 26 meeting.
WRES Task & Finish Group	Dec 25	Focus on transfer of Trac to ESR data, showed gaps in data files being successfully exported into ESR, leading to lower reporting of ethnicity within ESR and then into the WRES report and recommendations for the Health Board.

<b>Acronyms / Glossary of Terms</b>	
WRES	Workforce Race Equality Standard
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer/questioning and plus to represent other groups.
SEP	Strategic Equality Plan

## Strategic Equality Plan 2024-28 – Update

### 1. SITUATION

- 1.1 This paper provides assurance on progress made in delivering BCUHB's Strategic Equality Objectives and associated Action Plan for 2024–2028. It summarises key achievements to date, highlights areas of demonstrable improvement, and identifies any emerging risks or actions required to maintain momentum and compliance with statutory equality duties. Overall, progress is **mostly on track**, with tangible improvements in governance, data quality, engagement with protected characteristic groups, and integration of equality considerations into planning and service delivery.

### 2. BACKGROUND

- 2.1 The Health Board published its fourth Strategic Equality Objectives and Action Plan in April 2024.

BCUHB's Strategic Equality Objectives and Action Plan 2024–2028 align with:

- The Equality Act 2010 [Statutory Duties] [Wales] Regulations
- The Public Sector Equality Duty [PSED]
- Welsh Government priorities on equity, inclusion, and population health
  - Welsh Government Anti-racist Wales Action Plan
    - [Which includes the Workforce Race Equality Standard]
  - Welsh Government LGBTQ+ Action Plan
  - Code of Practice for Autism Services
  - Welsh Government Women's Plan

New and revised areas for inclusion

- All Wales Accessible Communication and Information Standards
- Disabled People's Rights Plan 2025-2035



- 2.2 The Strategic Equality Action Plan focuses on:

- Reducing inequalities in access, experience, and outcomes
- Embedding equality, diversity, and inclusion (EDI) into governance and decision-making
- Strengthening workforce equality and inclusive leadership
- Improving engagement with communities and staff with protected characteristics

Progress is monitored through established governance routes including:

- Equality Stakeholder Group
- Equality and Human Rights Strategic Forum
- IHC People and Carer Experience Group
- Local Partnership Forum
- People and Culture Committee
- Executive Committee

### 3. SPECIFIC MATTERS FOR CONSIDERATION

<p><b>Governance and Leadership</b></p>	<p>Regular reporting and escalation routes in place, providing Board-level oversight and scrutiny.</p> <p>Equality objectives embedded within corporate planning, Integrated Medium-Term Plan (IMTP), and committee reporting structures.</p>	<p>Equality representation at planning meetings to ensure equality is embedded within IMTP</p> <p>EQIA's underway on each action plan within the developing IMTP.</p> <p>Board has received Equality and Human Rights training by Head of Wales at Equality and Human Rights Commission in December 2025.</p> <p>Full Integrated Equality Impact Assessments were presented to Tywyn and Penley Oversight Group to inform options appraisals, expert equality support provided for balanced room sessions and a series of Integrated Equality Assessment workshops held.</p>	
<p><b>Data, Evidence, and Monitoring</b></p>	<p>Improved collection and analysis of equality data across key protected characteristics (e.g. age, disability, sex, race).</p> <p>Equality Impact Assessments (EIAs) strengthened and applied consistently to strategies, service changes, and policies.</p>	<p>Minimum Standards for Equality Data Collection in Systems draft being piloted in MHLD systems procurement.</p> <p>Establishment of WRES Task and Finish Group, key aim to audit data collection and work to improve data quality. Deep dive into October data of transfer of equality information from Trac into ESR identified gaps in ethnicity data for example transferring across. A manual transfer was made. ESR team are not ensuring that this is reviewed monthly going forward.</p>	

	<p>Use of data to identify inequality hotspots and inform targeted improvement actions.</p>	<p>The outcome will be an expected improvement in ethnicity data in the next WRES Report.</p> <p>The WRES report highlighted negative experiences and potential barriers in ethnic minority staff progressing through the organisation, {focus on internal recruitment}. In June 25 two new training modules were developed on NHS Job Application and Interview Skills. This training was offered to International Nursing cohorts, via their pastoral care lead, and BCUnity Staff networks members in the first few months. With the training now being offered wider.</p> <p>Recruitment Workshops are also a key element of the first BCUHB Ethnic Minority Health Information Fair being held in Wrexham in February 26. Funded by the East Community Cohesion Team based in Wrexham Council.</p> <p>Published Pay reports on Gender, Race and Disability – workplan developed on deeper analysis of data.</p>	
<p><b>Workforce Equality and Inclusion</b></p>	<p>Progress against Workforce Equality objectives, including:</p> <ul style="list-style-type: none"> <li>○ Focused awareness aimed to increase uptake of equality monitoring information.</li> <li>○ Targeted actions to address disparities in recruitment, progression, disciplinary</li> </ul>	<p>As identified above the establishment of the Health Boards WRES Task and Finish Group, focused on targeted actions to address disparities etc</p> <p>Appointment of Culture, Education and Training Lead for Equality, leading to increase of training offer. For example:</p> <ul style="list-style-type: none"> <li>● Combination of online and on-site Active Bystander training, - more than 300 Estates and Facilities colleagues have been engaged, alongside several virtual sessions open to all staff.</li> </ul>	

	<p>processes, and staff experience.</p> <p>Delivery of EDI training for leaders and managers, with a focus on inclusive leadership and psychological safety</p>	<ul style="list-style-type: none"> <li>Delivered equality modules for nursing students at both Bangor University and Wrexham University, strengthening early-career awareness and capability in inclusive practice.</li> <li>Introduced Incel – Impact of Extreme Misogyny with over 250 staff attending session held during 2025.</li> </ul> <p>In August 2025, BCUHB were awarded with the Hate Crime Charter Trust Mark, from Victim Support. This Trust Mark demonstrates the ongoing commitment to the Hate Crime Charter to reduce hate crime/incidents and support victims of such acts.</p> <p>International Day of Disabled People online webinar held – 146 people attended</p> <p>Establishment of Sexual Safety Task and Finish Group to develop policy, guidance and identify training need.</p> <p>Speak Up Safely identification of patterns of negative experiences for equality areas.</p>	
<p><b>Patient Access, Experience, and Outcomes</b></p>	<p>Actions implemented to improve equitable access to services, including reasonable adjustments for disabled people.</p> <p>Engagement with service users from protected characteristic groups to inform service design and improvement.</p>	<p>Establishment of Accessible Communication Standards Task and Finish Group in April 2025 to prepare for revision of previous standards which were published in September 2025. Group has now expanded and amended to implementation.</p> <p>The Health Board's Equality Team have met with Transport for Wales and discussed opportunities for joint working. Two projects are currently being explored:</p>	

	<p>Equality considerations embedded within quality improvement and service transformation programmes.</p>	<p>Joint accessibility information to be held on the Transport for Wales website about hospital sites in the form of No Surprises Documents as they are produced.</p> <p>Development of a travel chaperone scheme. Plans are being developed to work in partnership with the volunteer team at BCUHB and local volunteer associations.</p> <p>Wrexham Maelor Hospital now enrolled in the “Accessible Wrexham” partnership scheme</p> <p>Supported North West Access Panel to deliver ten accessibility surveys with 224 recommendations made.</p>	
<p><b>Engagement and Co-production</b></p>	<p>Strengthened engagement with communities, voluntary sector partners, and staff networks.</p> <p>Co-production approaches used to shape priorities and actions within the Equality Action Plan.</p> <p>Feedback mechanisms in place to ensure lived experience informs ongoing improvement.</p>	<p>LGBTQ+ Health Information Fair held in Bangor in October 2025, over 100 attendees, including third sector, community groups and individuals. Event was funded by West Community Cohesion Team based in Ynys Y Mon Council.</p> <p>Funding via Staff Wellbeing fund – NHS Charities Together. Celebrating Diversity and creating a sense of Belonging was used to build a programme of Cultural and Diversity Engagement with our staff, aiming to improve understanding and inclusion.</p> <p>Key areas to note:</p> <ul style="list-style-type: none"> <li>• Pride celebrations</li> <li>• Presence at Pride events through May-July</li> </ul>	

		<ul style="list-style-type: none"> <li>• Focus on LGBTQ+ and Welsh Language – event will be held on the 19<sup>th</sup> Feb – spaces available <a href="#">LGBTQ+ Inclusive Welsh Language</a></li> <li>• South Asian History Month and celebrations</li> <li>• Bollywood film night on the 15<sup>th</sup> August at Theatre Colwyn.</li> <li>• Diwali Celebrations in East and West North Wales</li> <li>• Onam event in Sept recognising the impact from our Kerela workforce</li> <li>• Black History month events</li> <li>• Recognising upcoming anniversary of 25 years of Filipino staff working in the health board.</li> <li>• Celebrating Disability History Month in December – panel session and Arts project working with local young people.</li> </ul> <p>Ethnic Minority Health Information Fair planned for 26<sup>th</sup> February 2026. Planning group formed with 50% of membership from ethnic minority representation. Event externally funded.</p> <p>Coproduced Neurodivergent: Conversations we need to have training provide by Autism UK provide to 400 staff. More training to be available in 2026.</p>	
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#### 4. KEY RISKS / MATTERS FOR ESCALATION

- Variability in data completeness across some protected characteristics.
- Capacity pressures impacting the pace of delivery in some areas.
- Ongoing need to ensure consistency of EIA quality across all services.

**Mitigation:** Targeted focus on data gaps identified in year 3 actions within the Strategic Equality Action Plan.






- Support, strengthened quality assurance, with review of membership of Equality and Human Rights Strategic Forum
- Prioritisation within annual delivery plans on measurable outcomes.

#### 5. RECOMMENDATIONS

a. The Committee/Meeting/Group is asked to:

- **NOTE AND SUPPORT** the actions within the Strategic Action Plan.  
[bcuhb.nhs.wales/about-us/key-documents/equality-and-human-rights/strategic-equality-plans/strategic-equality-plans/strategic-equality-plan-2024-28/](https://bcuhb.nhs.wales/about-us/key-documents/equality-and-human-rights/strategic-equality-plans/strategic-equality-plans/strategic-equality-plan-2024-28/)



ASSESSMENT	
<b>Link to Strategic Priorities</b>	    
	<p>1. Building an effective organisation</p> <p>If more than one applies, please list below:</p> <p>Developing strategy and long lasting change Creating compassionate culture, leadership and engagement Improving Outcomes and Experiences Establishing an effective environment for learning</p>
<b>Design Principles</b>	<p>People First</p> <p>If more than one applies, please list below:</p> <p>All principles</p>
<b>Corporate Risks and Board Assurance Framework</b>	<p>The risks associated with this paper are:</p> <p>1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</p> <p>4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan</p>
<b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b>	A More Equal Wales
	<p>If more than one applies, please list below:</p> <p>All Apply</p>

IMPACT ASSESSMENTS		
<b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	An EQIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
	If no, please include rationale:	
<b>Socio-Economic Impact Assessment</b>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	An SEIA was undertaken on the SEP, identifying



<i>Have you undertaken a Socio-Economic Impact Assessment</i>		positive impacts to the population of North Wales if actions achieved.
	If no, please include rationale:	
<b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Enablers of Quality</b> All Apply	<b>Domains of Quality</b> All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
<b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b>	A More Equal Wales	



<b>Environmental /Sustainability Impact (5Rs)</b>	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
<b>Armed Forces Covenant Due Regard Duty</b> Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	Recognition of the need to ensure that support and services meet the needs of current and previous serving military population.
	If no, please include rationale:	
<b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	N/A for this report
<b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	N/A for this report
<b>Legal</b>	Yes (Include further detail below)	
	The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011  4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan	
<b>Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report.	

## People and Culture Committee

### ALL-WALES ANTI SEXUAL HARASSMENT POLICY

<b>Date of Meeting</b>	12 February 2026
<b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Report Author name and title</b>	Ceri Harris – Head of Equality and Human Rights
<b>Lead Executive Team Member name and title</b>	Georgina Roberts - Interim Executive Director of People Services and Organisational Development

<b>Report Purpose</b>	For Noting
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#### Executive Summary

##### Update on the Worker Protection (Amendment of Equality Act 2010) Act 2023.

To provide an update to the People and Culture Committee explaining the Worker protection Act legislation and the duty on the Health Board, to provide assurance of the actions being undertaken in the Health Board and what more work is needed.

##### Context:

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace. This area of work is also variously referred to as sexual safety or anti-sexual harassment work.

The aim of this report is to inform the committee of work already undertaken, work in progress at a national level, and to recommend further actions at Health Board level to ensure that due regard is paid to this legislation.

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



Committee / Group / Individuals	Date	Outcome, Evidence and Data
BCUHB Sexual Safety Task and Finish Group	February 2024	Identification of need for specific policy. Evidence from Breaking the Silence, 2023 report, Surviving in Scrubs data, Unison It's Never Ok report 2019 and EHEC <a href="#">Equality and Human Rights Commission (EHRC) guidance</a> for reference.
All-Wales People Network	October 2024	As above
The policy has been through extensive consultation, including by the British Medical Association (BMA), the Wales Safeguarding Network, the Welsh Government <i>Violence Against Women, Domestic Abuse and Sexual Violence</i> (VAWDASV) team and Legal and Risk.		Over 225 pieces of feedback was received and considered in the development of the policy.

Acronyms / Glossary of Terms	
BMA	British Medical Association
VAWDASV	<i>Violence Against Women, Domestic Abuse and Sexual Violence</i>
CAVUHB	Cardiff and Vale University Health Board
EPOG	Executive Policy Oversight Group

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## All-Wales Anti Sexual Harassment Policy – Paper

### 1. SITUATION

1.1 The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace. This area of work is also variously referred to as sexual safety or anti-sexual harassment work.

- Employers have a positive legal duty to take **reasonable steps to prevent** sexual harassment of their workers.
- The **preventative duty** is designed to improve workplace cultures by requiring employers to anticipate how sexual harassment might happen in their workplace and take proactive reasonable steps to prevent.
- **Everyone has a right to feel safe and supported at work.**

BCUHB has a legal obligation to comply with the requirements of the Worker Protection Act.

This paper summarises the work undertaken to date, and what further actions are required to ensure that the Health Board is satisfying the requirements of the Act as illustrated above.

### 2. BACKGROUND

2.1 A BCUHB task and finish group was established in February 2024 to review the measures in place in BCUHB that related to sexual safety, and to identify what new actions would be needed, using the [Equality and Human Rights Commission \(EHRC\) guidance](#) for reference.

The EHRC recommends an 8-step approach to preventing sexual harassment at work:

- Step 1 – Develop an effective anti-harassment policy
- Step 2 – Engage your staff – making sure that all workers are aware of:
  - How they can report sexual harassment
  - Your sexual harassment policy
  - The consequences of breaching the policy
- Step 3 – Assess and take steps to reduce risk in your workplace
- Step 4 – Reporting
- Step 5 – Training
- Step 6 – What to do when a harassment complaint is made
- Step 7 – Dealing with harassment by third parties

- Step 8 – Monitor and evaluate your actions

2.2 A significant action arising from the task and finish group was to develop a specific anti-sexual harassment policy, which was underway by September 2024.

In October 2024, a series of task and finish groups was set up by the All-Wales People Network, which report into the NHS Wales Deputy Workforce Directors Group to develop actions under the following objectives:

- Development of an All-Wales anti-sexual harassment policy.
- Development of a suitable Initial Assessment (this work later integrated into the 'management review', developed in the Disciplinary Policy review work.
- Creation of a learning plan for All-Wales Spotlight Sessions.
- Creation of an All-Wales Communications and Engagement Strategy to support the implementation of all elements of this work.
- Development of an All-Wales Sexual Safety Charter and Principles.
- Creation of an All-Wales sexual safety risk assessment.
- Establishment of an All-Wales anonymous reporting system (BCUHB already uses the Work in Confidence platform).
- Creation of an All-Wales e-learning module.

2.3 The BCUHB work in these areas, was redirected into the All-Wales work to avoid duplication of work and help establish an all-Wales approach to implementing the requirements relating to the act.

As BCUHB and CAVUHB had already started work on anti-sexual harassment policies it was agreed that BCUHB would lead the policy development project. Following extensive collaboration and consultation the policy was approved by the all-Wales People Network for publication across NHS organisations in Wales in August 2025.

2.4 The development of WP32 - NHS Wales Anti-sexual Harassment Policy -V1.0 was led by Nick Such, Equality and Inclusion Manager, within the Equality team at BCUHB. The policy has been designed in partnership to support a range of colleagues who may be the victims of or witnesses to a wide variety of incidents that constitute sexual harassment, and also managers and People Services colleagues and others.

The policy has been through extensive consultation, including by the British Medical Association (BMA), the Wales Safeguarding Network, the Welsh Government *Violence Against Women, Domestic Abuse and Sexual Violence* (VAWDASV) team and Legal and Risk. Over 225 pieces of feedback was received and considered in the development of the policy.

This policy sets out to:

- Raise awareness and provide guidance for staff to identify behaviors that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.
- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

The policy was approved by the Executive Policy Oversight Group (EPOG) on 23<sup>rd</sup> October 2025 and is available via the usual BetsiNet workforce policies pages.

#### **2.4 Additional Work undertaken in BCUHB**

Additional work has been conducted in BCUHB in the following areas:

- BetsiNet sexual safety [resources and guidance](#) pages created.
- Bi- monthly [sexual safety awareness sessions](#) established in March 2025 in partnership with Welsh Women's Aid and the Live Fear Free Helpline. These sessions are open to all staff and held for one hour over lunchtime and will continue throughout 2026. To date, 174 staff members have attended these sessions.
- Sexual safety information included in the recently developed staff induction handbook.
- Raising awareness through updates at IHC People and Culture meetings

#### **2.5 Progress of National Work**

Several areas of work intended to be completed by the All-Wales groups have yet to be completed. These are:

- Creation of a suitable Initial Assessment (this work later integrated into the 'management review', developed in the Disciplinary Policy review work.

- Creation of a learning plan for All-Wales Spotlight Sessions.
- Creation of an All-Wales Communications and Engagement Strategy.
- Development of an All-Wales Sexual Safety Charter and Principles.
- Creation of an All-Wales sexual safety risk assessment.
- Creation of an All-Wales e-learning module (though this is very close to being released at the time of writing).

## 2.6 Newly Developing All-Wales Work

Work is currently in progress via the National Safety Board to establish a new national program of work to improve sexual safety across NHS Wales.

This work proposes to involve:

1. **National Sexual Safety Charter/Guiding Principles** covering **staff, patients, students, carers, and visitors**.
2. **Central Governance and Assurance**
  - Establish a national sexual safety workstream reporting into the National Programme Board.
  - Develop an annual self-assessment against the Charter/Guiding Principles using a national framework (aligned with NHS England's approach).
  - Embed sexual safety metrics in workforce and patient safety governance.
3. **Consistency of application for Principles, Resources and Training**
  - Develop shared training, e-learning, and awareness campaigns.
  - Provide a national toolkit/resource to compliment the Policy.
4. **National Reporting and Support Mechanisms**

Current evidence indicates detriment continues to be a barrier and reality for those who speak up generally, with those who raise sexual misconduct concerns often report being moved or leaving.

  - Strengthen data collection and analysis to identify patterns and trends.
  - Develop centralised, trauma-informed support for individuals raising concerns, ensuring confidentiality and consistency.
5. **Culture Change and Engagement**
  - Co-design actions with Trade Unions, representatives from organisations represented on the National Programme Board, staff networks, and patient representatives.
  - Promote open reporting and psychological safety.

### **3. SPECIFIC MATTERS FOR CONSIDERATION**

- 3.1 The following recommendations are made in order to ensure that the organisation remains proactive in its efforts to take reasonable steps to comply with the requirements of the Worker Protection Act:
- For BCUHB to be involved in the national workstreams – potentially via the BCUHB Equality and Inclusion Manager (People) and a representative from Health, Safety and Security team.
  - That agreement be sought for regular updates to be brought to The Executive People and Culture Committee with an additional aim of highlighting any delays in the national work and initiating appropriate local contingencies.
- 3.2 Issues of sexual safety predominantly affect women. This is recognised in the policy and as part of the Communication and Engagement Strategy, to support the implementation of all elements of this work. The Charter and principles by default will also provide protections and support for all impacted by Sexual Safety issues, regardless of protected characteristics.
- 3.3 Implementation of the NHS Wales Anti-sexual Harassment Policy has been incorporated as an objective and action within the Health Boards Strategic Equality Objectives and Action Plan for 2024-28. Further actions related to sexual safety will be incorporated into the year 3 phase of the plan.

### **4. KEY RISKS / MATTERS FOR ESCALATION**

There is one corporate risks in relation to this work:






- a. 1971 - Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011

The Equality team works closely with IHC's and Pan Services to provide equality advice and support to enable them to meet their responsibilities under the Equality Act, Public Sector and Socio-economic Duty and the Welsh Government action plans, however, it should be highlighted that the Worker Protection Act puts a duty on the whole organisation and therefore the expectation would be that all people services colleagues would provide advice and guidance to managers and staff to ensure compliance with the Act.



## 5. RECOMMENDATIONS

- a. The Committee/Meeting/Group is asked to:
  - **SUPPORT** the policy and work of the BCUHB Sexual Safety Task and Finish Group.

ASSESSMENT	
<b>Link to Strategic Priorities</b>	    
	3. Creating compassionate culture, leadership and engagement
	If more than one applies, please list below: Improving quality, outcomes and experience Establishing an effective environment for Learning
<b>Design Principles</b>	Consistency with Organisational Values If more than one applies, please list below: People First Simplify, Standardise, and Adopt Best Practices Equity and Accessibility
<b>Corporate Risks and Board Assurance Framework</b>	1971 - Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011
<b><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></b>	A More Equal Wales
	If more than one applies, please list below: A Healthier Wales A Wales of Cohesive Communities

IMPACT ASSESSMENTS		
<b>Equality</b> <i>Have you undertaken an Equality Impact Assessment (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	Positive impact for all staff, with clear lines of protection, recognising the proportionate impact will be protections for women.
	If no, please include rationale:	
<b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	<i>This was a paper and not a strategic decision.</i>
<b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Enablers of Quality</b> Culture and Valuing People	<b>Domains of Quality</b> Equitable



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	If more than one applies, please list below:	If more than one applies, please list below:
	Leadership	Person Centred Safe
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A More Equal Wales	

<b>Environmental /Sustainability Impact (5Rs)</b>	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
<b>Armed Forces Covenant</b> Have you considered the Armed Forces Covenant ?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	The policy would provide protections to staff who are currently serving or have previously served, recognising service impacts on mental health and wellbeing.
	If no, please include rationale:	
<b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	Not Applicable
<b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	Not Applicable
<b>Legal</b>	Yes (Include further detail below)	
	Advice was sought by Legal and Risk during the development of the policy.	
<b>Reputational</b>	Yes (Include further detail below)	
	High profile sexual harassment cases will attract media interest, resulting in reputational damage.	
<b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a potential financial risk to the organisation if no policy in place or protected provided via legal redress.	

## People and Culture Committee

### CONSULTANT JOB PLANNING

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	12 February 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> <b>Report Author name and title</b>	Dr Clara Day Executive Medical Director Dr Karen Mottart IHC Medical Director West; Chair Medical Workforce Group
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Dr Clara Day Executive Medical Director
<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Noting

#### **Crynodeb Gweithredol** **Executive Summary**

This paper is to update the People and Culture Committee of the actions associated with Senior Doctor job planning across BCUHB. It specifically addresses questions raised during the December 2025 P&C Committee and actions against internal audit requirements.

The Welsh Government target of 90% compliance with consultant job planning by Sept 2025 was not met. Internal targets were approved at Audit Committee as follows; 50% signed off by end of quarter 3 (Q3), and greater than 90% by end of Q1 2026/27. Q3 target was met at BCUHB level, reaching 51% compliance with a 16% at 'awaiting sign off' stage

The variability across areas of the HB persists (% in brackets are previously reported compliance figures): East IHC 76% (69%) with a further 7% (7%) awaiting sign off whereas Central IHC 17% (11%) signed off with 24% (15%) awaiting sign off. All other IHCs and divisions achieved the 50% compliance.

The variability impacting Central IHCs has been reviewed; a key cause is likely to be linked to the instability of operational staff within the IHC, resulting in a loss of trained staff to lead on job planning discussions. This will be addressed by additional support for training



A Job Planning protocol, co-developed by the Office of the Medical Director with the chair of the Joint Local Negotiating Committee (JLNC) and local BMA representation, has been approved at Medical Workforce Group, with final comments from JLNC received 04/02/26. JLNC comments will not derail the document being accepted by OMD and will provide a working version to be circulated w/b 09/02/26, with formal approved at JLNC in March 2026. Job planning will continue (as evidenced by the increasing compliance figures) as this outlines process rather than a change in medical contracting.

A training programme to orientate medical and operational staff to our e job planning system is underway (see Appendix A:Job Planning Audit recommendations update Feb 2026). Job planning protocol awareness training dates are being confirmed for senior medical and operational staff in February 2026. A series of roadshows to be delivered collaboratively with OMD, LNC and BMA colleagues, for all appropriate medical and operational staff, are also being programmed across IHCs and divisions. These roadshows will clearly discuss the link between job planning, appraisal, performance and service improvement / delivery.

A draft national job planning policy is in confidential circulation for comments from Medical Directors with discussions underway. The OMD will participate in this discussion. It is anticipated that any national approval will take several months.

Appendices:

Appendix A - Job Planning Audit recommendations update Feb 2026

Appendix B - Job Planning current progress report

**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)**

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

<b>Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals</b>	<b>Dyddiad Date</b>	<b>Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data</b>
JLNC Meeting	16.01.2026	For Discussion
Medical Workforce Group	21.01.2026	For Discussion
Audit Committee	21.10.2026	Verbal update

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

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**ASESIAD / ASSESSMENT**

**Cyswllt â'r Blaenoriaethau Strategol**  
**Link to Strategic Priorities**



1. building an effective organisation

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:

If more than one applies, please list below:

**Strategic Goal 2:** Developing strategy and long-lasting change

**Strategic Goal 3:** Creating compassionate culture, leadership and engagement

**Strategic Goal 4:** Improving quality, outcomes and experience

**Strategic Goal 5:** Establishing an effective environment for Learning

**Yr Egwyddorion Dylunio**  
**Design Principles**

Simplify, Standardise, and Adopt Best Practices

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:

If more than one applies, please list below:

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

This work links to the following Strategic Risk;

**BAF24-01:** Not Fully Building an Effective and Accountable Organisation

Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive organisation.

**BAF24-03:** Not Achieving Long Term Financial Sustainability

**BAF24-04:** Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability

A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.

	<p><b>BAF24-06:</b> Not Delivering the Required Improvements to Transform Care and Enhance Outcomes</p> <p>Risk of ineffectively delivering consistent high quality of patient care across the HB resulting in incidents of avoidable harm and poor clinical unmet patient needs, regulatory non-compliance, and reputational harm.</p> <p><b>BAF24-07:</b> Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk</p> <p>Risk of ineffectively delivering timely access to care resulting in potential clinical harm, poor delivery of performance targets and reputational risk</p> <p><b>BAF24-08:</b> Not Implementing Evidenced Based Improvement and Innovation</p> <p>Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care</p>
<p><a href="#"><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></a></p>	<p>Not Applicable</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

#### ASESIADAU O EFFAITH / IMPACT ASSESSMENTS

<p><b>Cydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i></p> <p><b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i></p>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>

<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> <b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b><u>Ansawdd</u></b> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <b><u>Quality</u></b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Galluogwyr Ansawdd Enablers of Quality</b> All Apply	<b>Meysydd Ansawdd Domains of Quality</b> All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<b><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></b>	Not Applicable	

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

Have you considered the Armed Forces Covenant Due Regard Duty?		
<b>Asesiad o Effaith ar Ddiogelu Data</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> <b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o Effaith ar Atal Twyll</b> <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> <b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Cyfreithiol Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw Da Reputational</b>	Yes (Include further detail below)	
<b>Effaith ar Adnoddau</b> <i>(Pobl / Ariannol)</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
<b>Objective 1: There is relevant and up to date procedures in place that are available to staff and align to the All-Wales guidance.</b>				
1.	<p><b>Health Board Policy</b></p> <p>The Health Board has no Policy or Procedure detailing the expectations of both management and Consultant in discussing and agreeing the Job Plan in line with the nationally agreed Consultant Contract. Based on our review, it has not had a comprehensive Policy in place for thirteen years, per the original review undertaken by the former Wales Audit Office in 2011.</p> <p>Limited training is provided to all individuals involved in the job plan process.</p>	<p>Interim Medical Director</p> <p>31 May 2025</p>	<b>High</b>	<p><b>Current status – Not implemented Finding</b></p> <p>The Health Board does not have an agreed Policy/Standard Operating Procedure in place to support management, and consultants fulfil expected compliance with the nationally agreed Consultant Contract. This remains a significant gap in internal control.</p> <p>We are advised that the Health Board has not progressed with its own draft policy/procedure as it waited for nationally developed best practice guidance which has not materialised.</p> <p>With no policy or standard operating procedure in place, we recognise the decision not to develop a Health Board wide training needs analysis.</p> <p>We have seen evidence where the Job Planning Specialist undertakes ad-hoc training and note this as good practice.</p> <p><b>Revised Action, Responsibility and Timescale – Feb 2026</b></p> <p>The final draft of the BCU job planning policy (JPP) (co-authored with LNC / BMA) was reviewed and approved at Medical Workforce Group in December 2025. It was taken to JLNC in January 2026, where some detail was finalised, and some small updates made. This was updated by LNC and shared with EMD early February 2026. The document will become a working document and circulated to use w/b 09/02 ahead of being formally approved at March 2026 JLNC meeting. Job planning has continued during this period with improvements in compliance figures</p> <p>The programme to train operational staff to be confident and competent to use Allocate has commenced, with the training team providing targeted team training as need identified.</p> <p>Dates for awareness sessions to familiarise senior medical leaders and operational staff will be rolled out as soon as the JPP is in working format, but targeted discussions are already in place to support teams who have raised concerns. There are targeted dates set up to support operational and clinical leaders in Centre in February.</p> <p>Compliance is tracked locally by Medical Directors / Clinical Directors and Directorate General Managers (or equivalent). Rates will be monitored via local People and Culture and local workforce groups. At Health Board level compliance will be reported via Medical Workforce Group, highlighting any departments of concern.</p> <p>Attached is Job Planning Compliance report as at today is at 44% and was reported at 47% at last MWG</p>

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			<b>High</b>	<p>JP update from Debbie: <a href="#">Job Planning update - DS.docx</a> - to note the training compliance in report is at 19/01/26.</p> <p>Further Allocate JP training dates have been scheduled monthly between Feb – June.</p> <p>Updated training % below, following YGC session:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="background-color: #e0e0e0;">Last updated 05/02/2026 1:49:00hrs</td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>Allocate JobPlan System Training - January 2026</b></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><b>YG</b></td> <td style="text-align: center;"><b>Teams</b></td> <td colspan="2" style="text-align: center;"><b>YGC</b></td> </tr> <tr> <td style="background-color: yellow;"><b>Total Attendees (%)</b></td> <td colspan="2" style="background-color: yellow; text-align: center;"><b>13 (10%)</b></td> <td style="background-color: yellow; text-align: center;"><b>6 (5%)</b></td> <td colspan="2" style="background-color: yellow; text-align: center;"><b>9 (7%)</b></td> </tr> <tr> <td></td> <td style="text-align: center;">YG (AM)</td> <td style="text-align: center;">YG (PM)</td> <td style="text-align: center;">Teams (AM)</td> <td style="text-align: center;">YGC(AM)</td> <td style="text-align: center;">YGC (PM)</td> </tr> <tr> <td>dates:</td> <td style="text-align: center;">13/01/2026</td> <td style="text-align: center;">13/01/2026</td> <td style="text-align: center;">19/01/2026</td> <td style="text-align: center;">21/01/2026</td> <td style="text-align: center;">21/01/2026</td> </tr> <tr> <td>Total Accepted</td> <td style="text-align: center;">11</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> <td style="text-align: center;">11</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Total Tentative</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Total Declined</td> <td style="text-align: center;">24</td> <td style="text-align: center;">24</td> <td style="text-align: center;">15</td> <td style="text-align: center;">28</td> <td style="text-align: center;">26</td> </tr> <tr> <td>Total No response</td> <td style="text-align: center;">102</td> <td style="text-align: center;">106</td> <td style="text-align: center;">108</td> <td style="text-align: center;">91</td> <td style="text-align: center;">100</td> </tr> <tr> <td>Total Invitations sent</td> <td style="text-align: center;">136</td> <td style="text-align: center;">133</td> <td style="text-align: center;">133</td> <td style="text-align: center;">132</td> <td style="text-align: center;">132</td> </tr> <tr> <td>On the day'</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>No shows</td> <td style="text-align: center;">1</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Total Attended</td> <td style="text-align: center;">11</td> <td style="text-align: center;">2</td> <td style="text-align: center;">6</td> <td style="text-align: center;">8</td> <td style="text-align: center;">1</td> </tr> </table>	Last updated 05/02/2026 1:49:00hrs						<b>Allocate JobPlan System Training - January 2026</b>							<b>YG</b>		<b>Teams</b>	<b>YGC</b>		<b>Total Attendees (%)</b>	<b>13 (10%)</b>		<b>6 (5%)</b>	<b>9 (7%)</b>			YG (AM)	YG (PM)	Teams (AM)	YGC(AM)	YGC (PM)	dates:	13/01/2026	13/01/2026	19/01/2026	21/01/2026	21/01/2026	Total Accepted	11	2	9	11	5	Total Tentative	0	0	1	2	1	Total Declined	24	24	15	28	26	Total No response	102	106	108	91	100	Total Invitations sent	136	133	133	132	132	On the day'	4	0	0	0	0	No shows	1	4	0	5	5	Total Attended	11	2	6	8	1
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3.	<p><b>EJob Plan First and second sign-off</b></p> <p>Through a review of first and second sign off details in the</p>	Interim Medical Director	<b>High</b>	<p><b>Current status – Not implemented</b></p> <p><b>Finding</b></p>																																																																																				

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

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

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	requirements and then meet individually as part of the job plan approach to agree individual objectives. These should be SMART and recorded in the system.			
<b>Objective 3:</b> Job plans include outcomes that are linked to the Health Board's organisational objectives, and the level of achievement is subject to appropriate assessment.				
7.	<p><b>Evidencing achievement of the Board objectives</b></p> <p>Whilst there were strategic goals detailed in the Board Outcomes section of the job plan, they did not reflect the current strategic objectives, and there were no measurable outcomes agreed from which it could be evidenced as being worked to/achieved.</p>	<p>Interim Medical Director</p> <p>30 April 2025</p>	<p style="text-align: center; background-color: red; color: white;"><b>High</b></p>	<p><b>Current status – Implemented</b></p> <p><b>Finding</b></p> <p>The review of the seven job plans confirmed that all had the current Health Board objectives recorded. In addition, we found that three included Ministerial Priorities, with two also recoding the Values and Behaviours Framework.</p>
<b>Objective 4:</b> Completed job plans reconcile to system records and session payments are correct.				
8.	<p><b>Regular review of payments to agreed job plan commitments</b></p> <p>We identified six (27%) of the twenty-two job plans with a variance between the sessions paid and that recorded on the job plan.</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	<p style="text-align: center; background-color: red; color: white;"><b>High</b></p>	<p><b>Current status – Not implemented</b></p> <p><b>Finding</b></p> <p>The Medical Dental and Elements pay report has not been developed for use across the Health Board.</p> <p>We have been advised a dashboard has been produced in conjunction with the Office of the Medical Director (OMD), Surgical IHC West, Finance and People Services. We are advised a meeting was held on 19 August 2025 with a further meeting scheduled for 25 September 2025 but have not corroborated this or requested sight of the draft dashboard.</p>

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	<p>We also found a variance in Intensity Band payments and are unclear whether these payments are subject to annual review or simply roll-over.</p> <p>The payment of only whole sessions could adversely impact the Health Board to deliver against its waiting lists as this does not always reflect the agreed job plan.</p>			<p><b>Revised Action, Responsibility and Timescale - Feb 2026</b></p> <p>The dashboard linking Allocate to ESR is now live. The SOP has been approved via Medical Workforce Group in January 2026</p>
<p><b>Objective 5:</b> The completion rates of job plans are monitored and reported to an appropriate forum, with further escalation if there is low compliance.</p>				
10.	<p><b>Medical and Dental Job Plan reporting</b></p> <p>There is inadequate reporting of medical and dental job plan performance, across the Health Board from operational management to the Executive and associated scrutiny meetings up to Committee for assurance.</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	<p><b>High</b></p>	<p><b>Current status – Partially implemented</b></p> <p><b>Finding</b></p> <p>The OMD Job Planning team send out a monthly <i>Job Planning Compliance</i> email that includes a link for the job planning dashboard to a pre-determined circulation. We are unclear whether this circulation captures all relevant leads with responsibility/accountability for job plan compliance.</p> <p>We contacted the seven clinical service Directors to obtain details of their People and Culture meeting or to confirm where job plan performance and assurance was discussed.</p> <p>We received a reply for Centre, East and West IHCs and Women’s Services but received no reply from Mental Health and Learning Disabilities, North Wales Managed Clinical Services or Cancer Services.</p> <p>We noted limited assurance reporting at a local level within IHC West on job planning. The West IHC Medical Director (Chair of the MWG) provided evidence of follow-up compliance with job plan completion to West operational leads.</p> <p>Women’s Services hold monthly Centre, East and West Accountability Meetings where we noted job planning as an agenda item. We also noted a standing agenda item on the Clinical Directors bi-monthly meeting.</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
				<p>Through our review of operational People and Culture meetings provided to us, we were unable to find any reference in the People Operations Report or any specific reporting on consultant job plan performance.</p> <p><b>Revised Action, Responsibility and Timescale - Feb 2026</b></p> <p>Monthly compliance figures are circulated to operational teams and the divisional and IHC medical leaders. It is tracked at Medical Workforce Group at Health Board Level, which has membership drawn from all IHCs and divisions.</p> <p>Real time data is accessible via Allocate. How to access forms part of the Allocate 'how to' training.</p>
11.	<p><b>Medical Workforce Group &amp; People &amp; Culture Executive Delivery Group (EDG)</b></p> <p>The Medical Workforce Group (MWG) has responsibility in its Terms of Reference that it <i>"...will receive regular reports (on job plans) as per its Cycle of Business"</i> but we have been unable to verify they have actually received any reports for assurance recently.</p> <p>Of the ten MWG meetings scheduled to take place this calendar year, only three have taken place (April, June and September 2024).</p> <p>The MWG provides assurance to the People &amp; Culture EDG although we have been advised this meeting has similarly not been taking place, exposing an operational gap in control and</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	High	<p><b>Current status – Not implemented</b></p> <p><b>Finding</b></p> <p>There is no evident reporting on consultant job plan performance to the Health Board's People and Culture Committee through the People Operations Report. We note a verbal update was provided to the Committee by the Interim Executive Medical Director at the 14 August 2025 meeting (Agenda Item PC25/82).</p> <p>The People &amp; Culture Executive Delivery Group is still yet to be re-established. Consequently, assurance reporting from the Medical Workforce Group is not subject to any scrutiny or assurance to the Executive Committee and/or the Health Board People &amp; Culture Committee.</p> <p>The Medical Workforce Group (MWG) is meeting regularly although we note its Terms of Reference require review as there has been a change in Chair that has not been reflected. A review of minutes has identified regular discussion on job plan performance. Of the minutes viewed, we noted the June 2025 meeting recorded <i>"action...to recirculate the Power BI link to ensure all members could access and monitor their compliance data."</i> We note in July and August 2025 meetings a focus on the Welsh Government set target of 90% completed job plans by 30 September 2025 with the draft August 2025 minutes noting <i>"Current compliance was reported to be significantly below this target, prompting concern and a renewed focus on improvement."</i></p> <p><b>Revised Action, Responsibility and Timescale - Feb 2026</b></p> <p>Medical Workforce Group continues to meet monthly. It now receives reports from 4 Value and Sustainably sub groups related to medical work force, of which job planning is one.</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	assurance across the Health Board.			

# Job Planning Compliance - Current Progress

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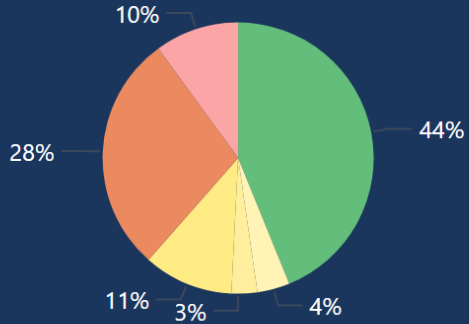


GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Job Planning Compliance - Current Progress

Last Updated  
05 Februar...



Top 5 departments with signed off job plans

Signed Off

Emergency Care   East Health Community	100%
Anaesthetics   East Health Community	83%
Area Community Services   West Health Community	79%
Mental Health & Learning Difficulties   Pan North Wales Services	74%
Children and Young People   East Health Community	68%

878

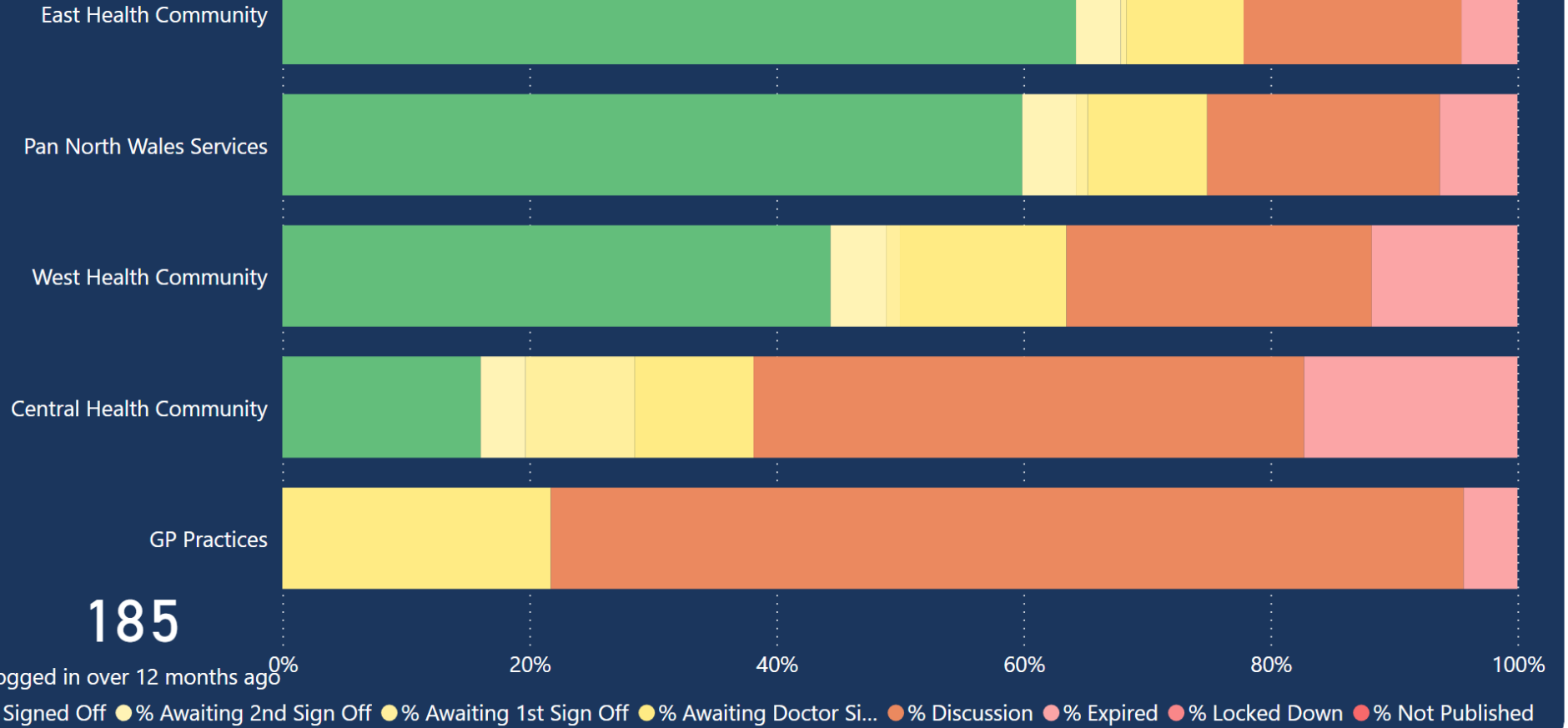
147

Number of Doctors

Due to Expire

11

Directorate



185

Logged in over 12 months ago

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

Directorate

Department

Specialty

Role

Contract

All

All

All

All

All

## People and Culture Committee

### CORPORATE RISK REGISTER

<b>Dyddiad y Cyfarfod</b> <b>Date of Meeting</b>	12 February 2026
<b>Statws Cyhoeddi</b> <b>Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad</b> <b>Report Author name and title</b>	Nesta Collingridge, Head of Risk Management
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol</b> <b>Lead Executive Team Member name and title</b>	Pam Wenger, Director of Corporate Governance
<b>Pwrpas yr Adroddiad</b> <b>Report Purpose</b>	For Assurance

#### **Crynodeb Gweithredol** **Executive Summary**

The Committee is asked to **receive assurance** of the two updated Corporate Risks and will fall under the remit and oversight of the People and Culture Committee (see appendix 2):

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

No proposed changes in risk scoring. Both risks have a current risk score which sits outside the risk tolerance level set within the risk appetite.

Both consolidated Corporate Risks are scheduled to be subject to their second deep dive at the Risk Scrutiny Group during the February 2026 meeting.

A number of actions are due in March 2026 and require monitoring or assessing to ensure this is the correct action date. All actions are progressing but Committee is asked to note three revised dates.

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

<b>Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals</b>	<b>Dyddiad Date</b>	<b>Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data</b>
Head of Risk Management	16/01/2026	The Head of Risk Management conducted an assessment on all corporate risks, this has been presented to RSG and the risk leads. The risk action plans are both due to be updated and should be outcome focused and measurable (including metrics where possible).

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

CRR	Corporate Risk Register
RSG	Risk Scrutiny Group
BAF	Board Assurance Framework

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## Corporate Risk Register

### 1. Y SEFYLLFA SITUATION

The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

Two consolidated Corporate Risks will fall under the remit and oversight of the People and Culture Committee (see appendix 2):

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

### 2. Y CEFNDIR BACKGROUND

Following two informal Executive Committee Development sessions to review the Corporate Risk Register, held on the 16<sup>th</sup> July and 20<sup>th</sup> August, it was decided that the current Corporate Risk Register would benefit from consolidation of the current 26 risks to a more strategic Corporate Risk Register for presentation to the Board and oversight at relevant committees.

As a result the Corporate Risk Register now consists of 11 strategic risks, of which 2 risks will fall under the remit of the People & Culture Committee.

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

#### Overdue/Delayed Actions

None

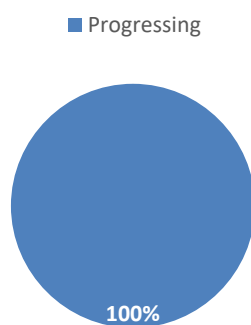
### Risks above Health Board 25/26 appetite

All two risks reported to committee score outside the tolerance range set in the appetite

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

### Action Plan status of Corporate Risks

#### ACTION STATUS OF CORPORATE RISKS



Out of the 2 corporate risks, 11 actions have been developed to mitigate the risks, with all 11 open actions progressing and on track. However 3 actions have revised due dates.



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

All risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring. Both risks have a current risk score which sits outside the risk tolerance level set within the risk appetite.

Both consolidated Corporate Risks that fall under the remit and oversight of the People and Culture Committee are scheduled to be subject to a deep dives at the Risk Scrutiny Group during the February 2026 meeting.

#### 5. ARGYMHELLION RECOMMENDATIONS






Gofynnir i'r Pwyllgor:

The Committee is asked to:

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

#### 6. CAMAU NESAF NEXT STEPS

1. Risk Scrutiny Group deep dive and considering feedback from the group and Head of Risk Management.
2. Approved Corporate Risks to be monitored as business as usual by senior risk leads, Executives, the Risk Scrutiny Group and the Executive Committee
3. Submission of Corporate Risks to Board.

ASESIAD / ASSESSMENT	
<b>Cyswilt â'r Blaenoriaethau Strategol</b> <b>Link to Strategic Priorities</b>	     <p>3. Creating compassionate culture, leadership and engagement</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<b>Yr Egwyddorion Dylunio</b> <b>Design Principles</b>	<p>People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<b>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd</b> <b>Corporate Risks and Board Assurance Framework</b>	<p>Corporate Risks linked to Board Assurance Framework risks</p>
<a href="#">Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</a> <a href="#">Wellbeing of Future Generations Act – Wellbeing Goals</a>	<p>Not Applicable</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Cydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

<b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	If no, please include rationale:	
<u><b>Ansawdd</b></u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u><b>Quality</b></u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Galluogwyr Ansawdd Enablers of Quality</b> All Apply	<b>Meysydd Ansawdd Domains of Quality</b> All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<u><b>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</b></u>	Not Applicable	

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

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



### Appendix 1 - Corporate Risk Register Dashboard - People & Culture Committee (P&C) – January 2026

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type  Appetite Level	Lead Board Committee	Action Progression			Risk Management Commentary
							Total	Completed	Delayed or Overdue	
EDoW	CRR24-02	Future Demand & Sustainable Workforce	4x4 16	8	Quality (<15) Above Tolerance	People & Culture Committee	7	0	0	
EDoW	CRR24-07	Leadership and Operating Model	4x4 16	8	Quality (<15) Above Tolerance	People & Culture Committee	5	0	0	

**Key:**

Executive	
Executive Director of Workforce	EDoW



# Corporate Risks People and Culture Committee



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

CRR 25-02	<b>Risk Title: Future Demand &amp; Sustainable Workforce</b>		<b>Date Opened:</b> 21/08/2025 <i>(version 2 refined from 2023)</i>
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> 16/10/2025
<b>Date Last Reviewed:</b> 08/01/2026	<b>Director Lead:</b> Executive Director of People and Organisational Development	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2027
<p>There is a risk that the organisation will not have a sustainable workforce to meet future patient demand. This may be caused by ongoing recruitment challenges (particularly in specialist roles), limited workforce planning to match future service needs, and increasing operational pressures across teams and departments. This may lead to staff burnout, reduced morale and retention, and an inability to consistently deliver safe, high-quality care placing additional strain on services and impacting patient outcomes.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Strategic Recruitment Team supporting senior leadership, medical and dental consultant posts</li> <li>2. Local IHC (Integrated Health Community) resourcing teams delivering recruitment activity against divisional priorities.</li> <li>3. Recruiting Well / Joining Well programmes and recruitment campaigns.</li> <li>4. Nurse Retention Lead and retention plan.</li> <li>5. All-Wales Flexible Working policy implemented.</li> <li>6. Speak Out Safely Multi-Disciplinary Team and Work in Confidence platform in place for staff concerns.</li> </ol>		<ol style="list-style-type: none"> <li>a) Implement a system-wide Workforce Planning Framework that aligns health and social care workforce requirements with service demand and capacity modelling.</li> <li>b) Medical and Dental workforce engagement and management not fully effective.</li> <li>c) Fragile workforce pipelines in specialist services (ophthalmology, vascular, orthodontics, ND, diagnostics) (cross-theme).</li> </ol>	



<p>7. Workforce reviews underway in challenged specialties (ophthalmology, vascular, orthodontics, Neurodevelopment (ND), diagnostics).</p>	<p>d) Retention measures not yet delivering consistent impact. e) Absence and sickness management requires stronger controls (linked to new Absence risk created Feb 2025).</p>		
<p><b>Actions</b></p>	<p><b>Action Owner</b></p>	<p><b>Due Date</b></p>	<p><b>Progression Analysis</b></p>
<p>Deliver “Recruiting Well, Joining Well, Leaving Well” programme across staff journey</p> <p>Due to resource being allocated to the Foundations for the Future programme, the remaining workstreams within this action will continue to be worked on but the expected completion is delayed until later in 2025</p> <ul style="list-style-type: none"> <li>a. The leaving well booklet</li> <li>b. Improving shortlisting timescales</li> <li>c. Advertising well in recruitment</li> </ul> <p><a href="#">This action will be reviewed as part of a deep dive in January 2026</a></p>	<p>Head Of Policy, Practice &amp; Compliance, Workforce &amp; Organisational Development</p>	<p>31/03/2026</p>	<p>Progressing</p>
<p>Targeted management of sickness absence, linked to new Absence risk</p> <p>The Healthy Workforce group is in place and is overseeing the action plan to target reducing sickness absence rates, in line with the Welsh Government requirements by March 2026</p>	<p>Head Of Policy, Practice &amp; Compliance, Workforce &amp; Organisational Development</p>	<p>31/03/2026</p>	<p>Progressing</p>



<p>Workforce modelling and specialty service plans for Ophthalmology, Vascular, ND and Orthodontics</p> <p>Workforce planning templates have been issued out to services and engagement is underway to support the completion. Vascular services are so far further along with this, having held an away day on 3<sup>rd</sup> September. There are challenges in service leads having time/capacity to work on their workforce plans</p>	Associate Director Workforce Optimisation, Workforce & Organisational Development	31/03/2026	Progressing
Develop Vascular workforce strategy and Phase 2 Business Case	Vascular Network Manager, Vascular Services	31/03/2026	Progressing
Recruitment and workforce model development for Orthodontics Academy model	Chief Operating Officer	Ongoing	Progressing
<p>ND workforce business case approval via Executive Team. Business case submitted to the Executive Team, decision on the case deferred pending a broader review of funding priorities</p> <p>No approval received in relation to business case submitted, focus for this financial year is on utilising additional non-recurrent funding received from WG to reduce longest waiters</p>	Fiona Wright, C&YP	31/03/2026	Progressing (revised date from 31/12/2025)
<p>Establish revised Radiology workforce model. Updated operational Diagnostic risk to be presented at divisional meeting to discuss on the 10/10/2025.</p> <p>This action is revised due to service focus on 8-week backlog reduction and supporting OPD programme. Proposed revise due date to Q1 2026-27</p>	Associate Director, Diagnostics	30/06/2026	Progressing (revised date from 20/10/2025)



<p>Legend: <span style="color: red;">—</span> Inherent <span style="color: blue;">—</span> Current <span style="color: green;">—</span> Target</p>	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	4	5	20	Current Risk Rating	4	4	16	Target Risk Score	4	2	8	<p>Risk Appetite</p> <p>Quality &lt;15</p>	<p>Not in Tolerance</p>
	Impact	Likelihood	Score																
Inherent Risk Rating	4	5	20																
Current Risk Rating	4	4	16																
Target Risk Score	4	2	8																
<p><b>Position &amp; Intended Outcome for Risk</b></p>																			
<p>KPIs to that inform our risk in this area as at Oct 2025;</p>																			

Overall Vacancy rate of 8.2%, slight improvement from 8.8% since the April 25. Clinical staff groups such as Registered Nursing, and Professional Scientific and Technical are seeing positive reductions in vacancy FTE (Full time equivalent) over the last year, however, increases in Clinical Services, Admin and Clerical, Estates and Ancillary and Medical and Dental are causing the vacancy rate to remain fairly static.

Turnover stands at 7.7% and continues its downward trend from 10% in December 2022.

BCUHB continues to have the lowest reported sickness absence levels in Wales NHS, however, in August 2025 rolling sickness absence was 0.08% higher than during same period last year with Stress, anxiety and depression accounting for the largest proportion of absence.

CRR25-07	<b>Risk Title: Leadership and Operating Model</b>		<b>Date Opened:</b> 21/08/2025 <i>(version 2 refined from 2023)</i>
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> 16/10/2025
<b>Date Last Reviewed:</b> 08/01/2026	<b>Director Lead:</b> Executive Director of People and Organisational Development	<b>Link to BAF:</b> BAF25-04	<b>Target Risk Date:</b> 31/03/2027
<p>There is a risk that patients may experience delays, reduced quality of care, or fragmented services if the organisation does not have an operational model to deliver its strategic objectives</p> <p>This may be caused by fragile management structures, workforce shortages, leadership capabilities and competence and rising demand in high-need areas.</p> <p>This may lead to diminished organisational resilience, reduced capability to deliver foundations for the future, low staff morale, and risks to safe, high-quality care.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Strategic Recruitment team for senior leadership, medical and dental consultant posts</li> <li>2. Local IHC resourcing teams driving recruitment priorities</li> <li>3. Recruiting Well and Joining Well programmes</li> <li>4. All-Wales Flexible Working policy implemented</li> <li>5. Speak Out Safely MDT and Work in Confidence platform for staff to raise concerns</li> <li>6. Organisational Culture Change Plan and Behaviours Framework approved by Board</li> <li>7. Integrated Leadership Development Framework (ILDF) with measurement metrics</li> </ol>		<ol style="list-style-type: none"> <li>a) Need for further embedding of workforce planning function</li> <li>b) Leadership development pathways not fully integrated</li> <li>c) Engagement and operational effectiveness with Medical and Dental workforce inconsistent</li> <li>d) Absence management requires stronger controls Compassionate leadership adoption requires measurable indicators across organisation</li> <li>e) <b>Monitor any harm that arises to patient and service users due to the operating model changes.</b></li> </ol>	



<p>8. Increased nurse retention</p> <p>9. Clear top-down commitment reinforced leadership culture that prioritises staff wellbeing, inclusion, and psychological safety (Pledge signed)</p> <p>10. 60% senior staff trained in leadership through conferences and masterclasses</p>			
Actions	Action Owner	Due Date	Progression Analysis
<p>Implement Employee Engagement Plan with suite of indicators</p> <p>The actions underway listed below are part of the 2025-26 plan for culture and engagement. The 2025 staff survey result will be used to assess the impact these actions have had. It is expected the result will be available in early 2026.</p> <ul style="list-style-type: none"> <li>• Embedded new engagement listening approach including staff stories being shared at People and Culture Committee, Local Partnership Forum and more widely to support organisational understanding and learning</li> <li>• Refreshed reward and recognition activity to introduce monthly recognition awards 'Seren Betsi' with Executive involvement, improved annual staff achievement awards event (26.9.25) and currently reviewing approach to the celebration of long serving colleagues while holding ceremonies for those who have reached 25 years service in October 2025</li> <li>• Involved local teams and introduced new local responsibility for actions in response to the 2024 NHS Wales Staff Survey to prepare the ground for the 2025 survey (goes live 6.10.25)</li> </ul>	<p>Head of Employee Engagement and Experience - Corporate Office</p>	<p>31/03/2026</p>	<p>Progressing</p>



<ul style="list-style-type: none"><li>As of August 2025, two members of staff joined the team, bringing additional capacity to proceed with work to further develop and deliver employee engagement and experience-related improvements which will include mechanisms for both improving engagement and measuring engagement such as Pulse surveys</li></ul>			
<p>Further embed ILDF and measure effectiveness</p> <p>HEIW will release a Management Competency Framework due to be launched September 25. This will be used to inform the mid-level management ILDF leadership courses / resources design.</p>	Head Of Organisational Development Workforce & Organisational Development	31/03/2026	Progressing
Roll out Compassionate Leadership resources and embed into development programmes	Director of People and Organisational Development	31/03/2027	Progressing
<p>Deliver Culture Change Plan with Comms and Engagement rollout</p> <p>The synthesis report was submitted to EC then P&amp;CC and then board on 27<sup>th</sup> November. The report was accepted and endorsed at Board. The next step is to provide a more detailed improvement plan and submit to P&amp;CC for approval. This is expected to have been submitted by 31<sup>st</sup> March 26.</p>	Information Manager, Workforce & Organisational Development	31/03/2026	Progressing (revised date from 31/12/2025)
<p>Quarterly Culture, Leadership &amp; Engagement Plans finalised and monitored</p> <p>The-2025/26 plan was in operation and overseen by ODSG. This will be superseded by the 3 year improvement plan noted above</p>	Information Manager, Workforce &	31/03/2027	Progressing



		Organisational Development		
<p>Legend: Inherent (Red), Current (Blue), Target (Green)</p>	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	2	8
	Risk Appetite	Quality <15		Not in Tolerance
	<b>Position &amp; Intended Outcome for Risk</b>			



KPIs to that inform our risk in this area as at [April 2025](#);

Staff retention is 90.6% In April 2025 compared to 90.2% last year.

PADR compliance showed improvement increasing to [9.6%](#)

The number of Grievance cases has dropped in the previous three months to [3](#), from a spike of 17 in July 2024.

The percentage of stress & anxiety absences remains high at [1.6%](#) although has [dropped 0.2% since January](#). Avoidable turnover has dropped from 5.9% to [4.5%](#) compared to January 2023.

Speak out safely cases have [dropped from 9 to 6 since the last report in January 2025](#)

## People and Culture Committee

### CORPORATE GOVERNANCE REPORT

<b>Dyddiad y Cyfarfod Date of Meeting</b>	12 February 2026
<b>Statws Cyhoeddi Publication Status</b>	Open/ Public
	Not Applicable
<b>Enw a theitl Awdur(on) yr Adroddiad Report Author name and title</b>	Philippa Peake-Jones, Head of Corporate Governance
<b>Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title</b>	Pam Wenger, Director of Corporate Governance

<b>Pwrpas yr Adroddiad Report Purpose</b>	For Noting
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<b>Crynodeb Gweithredol Executive Summary</b>
Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the summary of business considered in private session to be reported in public</li> <li>• <b>NOTE</b> the forward workplan</li> </ul>

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

<b>Acronymau / Rhestr Termiau Acronyms / Glossary of Terms</b>

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## CORPORATE GOVERNANCE REPORT

### 1. Y SEFYLLFA SITUATION

1 The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.

2 It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.

### 3 Y CEFNDIR BACKGROUND

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

### 4 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

#### 4.1 Summary of Business Considered in Private

4.1.1 Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.

4.1.2 The below item was considered in private at the meeting held on 4 December 2025:

- High Risk Employment Issues and Employee Relations (Senior Managers) Quarterly Professional Standards Report
- AAC Panel Consultant Appointments
- Regular Verbal Update from the Local Partnership Forum

#### 4.2 Committee Forward Work Plan

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






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

5.1 There are no matters for escalation.

## 6 ARGYMHELLION RECOMMENDATIONS

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

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

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

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<b>Cydraddoldeb</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening (which includes the</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report



<i>requirements of the Welsh Language Standards)</i>		
<b>Asesiad o'r Effaith Economaidd-gymdeithasol</b> <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> <b>Socio-Economic Impact Assessment</b> <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
<u><b>Ansawdd</b></u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u><b>Quality</b></u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<b>Galluogwyr Ansawdd Enablers of Quality</b> All Apply	<b>Meysydd Ansawdd Domains of Quality</b> All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<u><b>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</b></u>	Not Applicable	

<b>Effaith Amgylcheddol / Cynaliadwyedd (5Rs)</b> <b>Environmental /Sustainability Impact (5Rs)</b>	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
<b>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog</b>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	



<p>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: <b>Armed Forces Covenant Due Regard Duty</b> Have you considered the Armed Forces Covenant Due Regard Duty?</p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not necessary for this report</p>
<p><b>Asesiad o Effaith ar Ddiogelu Data</b> <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> <b>Data Protection Impact Assessment</b> <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Do/Yes: <input type="checkbox"/> Canlyniad/Outcome:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not necessary for this report</p>
<p><b>Asesiad o Effaith ar Atal Twyll</b> <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> <b>Counter Fraud Impact Assessment</b> <i>Have you considered the counter fraud impacts</i></p>	<p>Do/Yes: <input type="checkbox"/> Canlyniad/Outcome:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not necessary for this report</p>
<p><b>Cyfreithiol</b> <b>Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw Da</b> <b>Reputational</b></p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p><b>Effaith ar Adnoddau</b> <i>(Pobl / Ariannol)</i> <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

## People & Culture Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

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

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